

# **Alcohol abuse and interventions strategies in Botswana and China: A preliminary study.**

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## **Abstract**

*Alcohol abuse is a prevalent social problem in both Botswana and China. Research has shown that there are significant costs associated with alcohol abuse that impact on individual users, their families and the society as a whole. Despite the existing intervention strategies in the two countries, alcohol abuse and its related problems continue to escalate. Based on a review of the literature, this paper explores the extent and nature of alcohol abuse experienced in Botswana and China as well as the current strategies used to address alcohol abuse. The literature shows that in both Botswana and China there is a high rate of alcohol abuse, but relatively weak intervention strategies. As a result, this paper concludes by proposing a comparative study based on collaborative research into the strategies of addressing alcohol abuse in both countries with a view to informing public policy.*

**Key words:** Alcohol abuse, alcohol intervention strategies, Botswana, China

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## **Introduction**

Alcohol abuse has become an enormous public health concern worldwide, and is a leading cause of global mortality and morbidity (Zhou et al., 2011). In 2002 it was established that alcohol abuse was the cause of 1.8 million annual deaths worldwide and of 58.3 million disability conditions (World Health Organisation, 2002). According to the National Institute of Alcohol Abuse and Alcoholism (2013), alcohol use involves drinking beer, wine, or hard liquor while alcohol abuse is a pattern that involves problems of controlling drinking, being preoccupied with alcohol, continuing to use alcohol even when it causes problems, having to drink more to get the same effect, or having withdrawal symptoms when not drinking. It may result in failure to fulfil major work, school, or home responsibilities as well as drinking in situations that are physically dangerous. In addition, alcoholism, or alcohol dependence, is the most severe form of alcohol abuse. It is considered to be a chronic disease characterized by the consumption of alcohol at a level that interferes with physical and mental health and with family and social responsibilities. An alcoholic will continue to drink despite serious health, family, or legal problems.

According to the Global Status Report on Alcohol 2014 (World Health Organization, 2014), there is an alarming increase in the statistics of alcohol abuse with approximately 3.3 million deaths globally recorded every year. This report shows that alcohol abuse is the cause of 5.1% of the global burden of disease, noting a significant increase in alcohol per capita consumption in the world. Medically a low to moderate consumption of alcohol is said to lower the rates of coronary heart diseases and type II diabetes, while excessive consumption is linked to more than sixty adverse health outcomes (Zhou et al., 2011; Klatsky, 2007; Rehm et al., 2003). The Dietary Guidelines for Americans (2010) recommend that up to one drink per day for women and the elderly, and up to two drinks per day for men constitute moderate drinking. In contrast, excessive drinking is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days.

Furthermore, alcohol abuse has been found to not only have negative health consequences, but to also inflict significant social and economic losses on individuals and the society (World Health Organisation, 2014). People who abuse alcohol may not have a physical dependence on alcohol, but they are more focused on intoxication than on safely enjoying alcoholic beverages. Alcohol abuse can affect relationships and lead to failure to meet obligations at home, work,

or school. People who abuse alcohol often have legal or financial troubles related to their drinking. Long-term alcohol abuse may lead to alcoholism. Alcohol abuse is considered a diagnosable condition when it impacts relationships, causes harm or injury, or has a negative effect on a person's quality of life. Diagnosing alcohol abuse can be subjective. Often, concerned family and friends will help the person understand that drinking has gotten out of control, although he or she might not believe it (Giorgi 2013).

In order to diagnose alcohol abuse or dependence, medical practitioners ask about drinking habits and health history, conduct tests to assess overall health, and pay special attention to parts of the body most impacted by alcohol: the brain, heart, liver, and nervous system (Giorgi, 2013; Klatsky, 2007).

Botswana and China are both developing countries experiencing rapid economic growth, and alcohol abuse is a common issue. These countries need effective public health strategies and interventions to address alcohol abuse and its related problems. This paper explores alcohol abuse in Botswana and China with a view to identifying the existing strategies in both countries. It begins by providing a brief overview of the extent and nature of alcohol abuse in Botswana and China. Secondly it identifies drinking patterns and matches these with the current strategies that address alcohol abuse in both countries. Finally, the paper proposes that a comparative study be conducted on this topic in order to obtain empirical data on the extent of alcohol abuse in the two countries, and help formulate public policy and/or recommend strategies that the two countries can adopt to combat the phenomenon, individually or in cooperation with each other.

### **Recent alcohol and drinking culture in Botswana**

Historically, alcohol has always been part of Botswana culture, and there are no ceremonies held without it. It plays a role in initiation ceremonies, weddings, parties and other traditional rituals. In 2005 it was estimated that an individual in Botswana drinks in excess of twenty litres of alcohol per year. This is considered as excessive alcohol consumption (Mompoti, 2006; Parry, Rehm, Poznyak & Room, 2009). Despite interventions made in the past by tribal leaders, excessive alcohol consumption remains one of the major public health issues in Botswana. For example, in 1982 the *Botswana Daily News* quoted the Paramount Chief of the Bakwena tribe raising his concerns about the alarming rate of alcohol consumption in his community, and urging

his tribe to reduce their drinking (Mompoti, 2006). Similarly, other paramount chiefs have made attempts to reduce alcohol consumption in their villages, but their efforts have been in vain as the production and consumption of alcohol continued to increase (Mompoti, 2006). Limited published research has been carried out on alcohol abuse with the exception of the population-based study on alcohol and high-risk sexual behaviours in Botswana, which was conducted in populations aged fifteen to forty-nine years. The study states that alcohol was the most heavily abused drug in the country with 31% of men and 17% of women indulging in heavy alcohol consumption (Weiser et al., 2006).

### **Recent alcohol and drinking culture in China**

According to Chinese history, alcohol use dates back to the Stone Age. Just like in Botswana, alcohol is regarded as an important part of Chinese culture (Hao, Chen and Su, 2005; Hao and Young, 2000). Alcohol consumption in China is increasing faster than other parts of the world. Data from recent decades show a steady increase in alcohol production and consumption and in the rates of alcohol related health conditions. Alcohol is closely linked to various traditional festivals such as the Spring Festival (Chinese New Year). It is one of the many beverages used in wedding celebrations, and it is also common in recreational activities such as dance, poetry and music (Zhou et al., 2011; Hao, Chen and Su, 2005; Hao and Young, 2000). China has experienced a rapid increase in alcohol production and consumption in recent decades. This has been attributed to its rapid economic development and the rise in the per capita income level since the 1980s (Tang et al., 2013; Hao, Chen and Su, 2005). The changes in the drinking behaviour of the Chinese have been attributed to modernization. Currently the Chinese business world has grown and become highly competitive, and alcohol has become a significant commodity, and its communal consumption is believed to assist in maintaining good working relations among competitors and colleagues, something that is associated with the necessary behaviour for success (Hao, Chen and Su, 2005).

### **A comparison of alcohol consumption levels in Botswana and China**

Alcohol consumption levels for Botswana and China indicate the significance of the problem in these countries according to data in the Global Status Report on Alcohol 2014 (World Health Organisation, 2014). It is reported that in Botswana the average alcohol consumption per capita of regular drinkers aged fifteen years and older (in litres of pure alcohol) between 2008 and 2010 was found to be 20.2. Beer was

the most heavily consumed type of alcoholic beverage in 2010, used by 56% of the total population, followed by other alcoholic beverages such as traditional brews, which are popular in Botswana, and spirits, which were consumed by only 11% of the total population. Additionally, in 2010 heavy episodic drinking was undertaken by 7.2% of the whole population and by 17.2% of regular drinkers.

According to the Global Status Report, in China the total alcohol consumption in 2010 for regular drinkers aged fifteen years and above was 15.1 litres of pure alcohol. A greater number of men than women were found to be regular drinkers. In contrast to the Botswana situation where beer is the most popular beverage, spirits were the most heavily consumed beverage in China, used by 69% of the total population followed by beer at 28%, while wine was only consumed by 3%. Moreover, heavy episodic drinking was practiced by 7.6% of the whole Chinese population and by 17.3% of regular drinkers. From the statistics, we can conclude that alcohol consumption patterns are similar in Botswana and China, with moderate differences observed among the types of alcohol preferred by consumers in the two countries. In both countries the rate of alcohol consumption seems to consistently on the rise.

### **Risks associated with alcohol abuse**

Excessive alcohol consumption is linked to negative health outcomes (Zhou et al., 2011). As noted earlier, research indicates that low to moderate alcohol use is said to have the benefits of lowering the rates of coronary heart diseases and type II diabetes. However, high levels of alcohol consumption lead to intentional and unintentional injuries to both the users and their families and friends. Alcohol abuse is neurotoxic as it affects brain development and reduces brain volume in middle age (Faden and Goldman, 2005). Furthermore, it increases the risk of contracting communicable diseases such as tuberculosis (Parry et al., 2009). In the case of Botswana, the country experienced a triple increase in road accidents between 1981 and 2000 from 9.9 to 32.4 deaths per 100,000 members of the population, and alcohol was found to be a leading factor in this increase (Sebego et al., 2014). In China, alcohol contributed to 22.2% of male and 4.4% of female deaths in road traffic accidents (World Health Organisation, 2014). Alcohol abuse also contributes to the spread of sexually transmitted infections due to the risky sexual behaviours that result from drinking excessively.

In addition, a national survey of drinking in China revealed that

55.6% of the men and 15.0% of the women were drinkers. Among respondents who endorsed alcohol consumption, 62.7% of the men and 51.0% of the women reported excessive drinking, 26.3% and 7.8%, respectively, reported frequent drinking, and 57.3% and 26.6%, respectively, reported binge drinking. These figures show that China experienced dramatic increases in the consumption of alcoholic beverages since the late 1970s (Tang, 2013). High-risk drinking behaviour has reached epidemic proportions in China. The sex ratio in the rates of alcohol abuse and dependence in China is particularly interesting. On the basis of the above-mentioned studies, the male to female ratio in the rate of alcohol dependence is approximately 33:1 (Tang et al., 2013).

According to a report by the Republic of Botswana (2008) there is a concern about increasing and irresponsible use of alcohol especially among the youth. Under-age drinking and binge drinking are becoming a cause for concern (Matsapa, 2013). The results of youth surveillance study conducted in 2010 in Botswana among youth aged between thirteen to eighteen years found that 60.5 % of boys and 64.5% of girls said that they use alcohol before engaging in sexual activity (Ministry of Education Skills and Development, 2011). According to the Botswana AIDS Impact Survey III (BAIS III), 12.3% of children aged ten to fourteen years and 30.5% of youth aged fifteen to nineteen years reported being intoxicated at least once in the past four weeks (Botswana Central Statistics Office, 2009). Furthermore, roughly 6% of high school students report drinking before they reach the age of thirteen (Botswana Youth Risk Behaviour Surveillance Survey, 2010). The survey showed that alcohol abuse affects adolescents' sexual behaviours. This is further explained by the respondents from the study who said that after drinking excessive alcohol, one does not make sound decisions regarding their sexual behaviour (Campbell, 2004). This is because alcohol lowers the mind's alertness and despite the fact that one knows about sexual transmitted infections, including HIV/ AIDS, individuals engage in behaviours that put them at risk of contracting sexually transmitted infections, including HIV/ AIDS. In addition, the study states that there is a co-relation between alcohol consumption and reckless sexual behaviour. The number of times the youth engage in sexual intercourse increased according to the number of times that they drank alcohol. According to the survey, males who drank at least once in a week had two times more sex than their non-drinking counterparts (Campbell, 2004). The literature shows that the abuse of alcohol causes

significant harm and is therefore a public health problem that requires public policy responses and interventions (Tang et al, 2013).

**Strategies for combating alcohol abuse**

Both the Botswana and Chinese governments acknowledge that alcohol abuse is a major public health concern that requires strategies to address the problem. Below is a comparative table that indicates similarities and differences in the policies and interventions strategies of Botswana and China.

**Table 1: Policies and interventions related to alcohol in Botswana and China**

<b>Policies and interventions</b>	<b>Botswana</b>	<b>China</b>
Written national policy	Yes (2010)	None
National action plan	No	None
Tax/levy on beer/wine/spirits	Yes	Yes
National legal minimum age for off-premises sales of alcohol beverage (beer/wine/spirits)	18	Not specified
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18	Not specified
Restrictions for on-/off-premise sales of alcoholic beverages: Hours, days / places, density/special events/petrol stations	Yes	None
Legally required health warning labels on alcohol advertisements / containers	None	None
National government support for community action	Yes	None
National monitoring system(s)	Yes	None

Adapted from World Health Organization. *Global Status Report on Alcohol 2014*.

**Written national policy**

According to Table 1, Botswana has a national alcohol policy while China does not. Botswana’s national alcohol policy intends to “address issues of production, retailing, distribution, marketing and consumption of alcohol” (Ministry of Trade and Industry, 2010, ii). The government of Botswana came up with a national alcohol policy after taking into consideration the rights of individual to drink alcohol, while at the same time safeguarding the vulnerable groups, especially the youth (Pitso and Obot, 2011). The purpose of the policy is not to deny people the right to drink alcohol, but rather to encourage moderate alcohol consumption. The policy seeks to achieve this through public education

and information dissemination on the dangers of alcohol (Kutil, 2014). Furthermore the policy includes measures such as the alcohol levy, restrictions for on or off premises sales as well as emphasis on the national minimum age for one to buy alcohol or enter alcohol premises.

However, it is questionable whether the policy has achieved its intended results. From the 2012 state of the nation address, the President of Botswana indicated that the rate of alcohol consumption in Botswana went down by 12% between 2008 and 2011, partly due to the introduction of the alcohol levy (Ministry of Trade and Industry (2008). Meanwhile, in 2012, Anja Mirkovic, an American student enrolled at the Associated Colleges of the Midwest Botswana programme investigated whether the imposed alcohol policies in Botswana were effective in reducing alcohol consumption, and what Botswana's perceptions of their effectiveness were. According to Mirkovic, "almost 60 per cent of participants reported that they [were] drinking the same as they did before the tax was imposed as opposed to only 27 per cent who reported they [were] drinking less than before due to the price increase." Both price increase and shortening of alcohol business operating hours had no effect on the rate of alcohol consumption, and the shortening of alcohol business operating hours policy was slightly more effective than the increase in the price of alcohol. Therefore, the study concluded that "Botswana tend to consume the same amount of alcohol regardless of the price and working hours of liquor stores (*Sunday Standard* Reporter, 26 July 2015).

### **Tax on alcoholic beverages**

Both countries have a tax/levy on alcoholic beverages. In 2008 the government of Botswana introduced what is referred to as the alcohol levy which was set at 30%. The introduction of the alcohol levy was aimed at making alcohol less affordable, especially for young people. Proceeds from the levy were to be used to finance projects and activities designed to combat alcohol abuse and minimize its negative consequences. An Alcohol Consumption Control Unit was established to educate the public about alcohol-related harm and addictions associated with excessive consumption of alcohol. It was also meant to tighten the regulation of the alcohol industry and to reduce the proliferation of liquor outlets and the consumption of intoxicating liquor (Pitso and Obot, 2011). The alcohol levy increased from the initial 30% to current 55% (Lemmenyane, 2015). Taxation on alcohol in China is one of the lowest in the world, but this was not always the case. In 1994 when

China joined the World Trade Organization, they were compelled to reduce their tax on spirits from a range of 40-40% to 14-25%. This resulted in an increase in alcohol consumption (Jiang, et al., 2015). The tax was increased in 2000, resulting in decreased consumption, and then decreased in 2006 to a flat rate of 20%, resulting in an increase in consumption of alcohol.

### **National legal minimum age for on/off-premises sales of alcohol beverage**

Table 1 also shows that China does not have a national legal minimum age for on-premise or off-premises sales of alcoholic beverages. Tang et al. (2013) state that regulations whose aim was to ban the sale of alcohol to minors were put in place in 2006. They proved ineffective as no penalties for violations were stipulated. The minimum drinking age is thus said to be ambiguous. Meanwhile Botswana restricts the purchase of alcohol to persons aged eighteen years and older. However, laws against the sale of alcohol to minors are very difficult to enforce. Individuals and young people continue to abuse alcohol; the punishments for such offences are light and do not serve as deterrents. When people enter alcohol outlets they are usually not required to show an identity card as proof of their legal age to purchase alcohol.

### **Restrictions on the on-/off-premise sales of alcoholic beverages**

In Botswana there are stipulated business hours, days, and places for the sale of alcohol in bars and bottle-stores (off-licence retailers). Through a number of regulations such as the Liquor Regulations of 2005, and the Intoxicating Liquor (Levy) (Amendment) Regulations of 2008, opening and closing times for hotels, liquor clubs and bars are regulated. The regulations introduced tight controls which were perceived to be harsh and business unfriendly. According to Pitso and Obot (2011), the regulations sought to impose strict controls upon the operation of bars, bottle stores, depots, discotheques/nightclubs and temporary liquor outlets. Issues of facilities provided within the premises; security, safety and protection of patrons; and cleanliness of and around business premises are the main targets of these regulations. This is in stark contrast to what obtains in China where alcohol can be bought in ubiquitous businesses with lengthy opening hours such as supermarkets and petrol stations and there are no regulations to restrict alcohol sales.

### **National government support for community action**

The Botswana national government provides support for community action, while China does not. In Botswana, the national alcohol policy is an instrument that provides guidance on how to operate the various programmes and activities that need to be carried out and timeframes of such actions as well as the agencies that have to act upon these in the community regarding alcohol consumption. It also provides guidelines on the linkages between various implementing agencies and stakeholders in the processes of curbing excessive alcohol consumption. The programmes are implemented with the funds derived from the alcohol levy. As an example, in the past years, the Ministry of Health was funded to tackle health problems associated with alcohol abuse. They have run some health awareness campaigns with the purpose of educating the public and disseminating information on the abuse of alcohol through peer education on alcohol and drug abuse, performing arts, road safety awareness campaigns just to mention a few programmes that are funded by the alcohol levy (Sebonego, 2015).

### **National monitoring system(s)**

For national policy on alcohol to yield positive results there is need for close monitoring and evaluation. Although Botswana has a monitoring system, its operation is somewhat limited. The national monitoring system entails monitoring both the collection and allocation of alcohol levy funds as well as the projects that are undertaken by those who have been funded as well as monitoring the effectiveness of the alcohol policy, Liquor Act, and other policies and programmes. However, the literature review has not been able to unearth any systematic, comprehensive reviews or evaluation of the successes or lack thereof, of the measures put in place to curb alcohol abuse.

### **Discussion**

Botswana and China have alcohol abuse issues and both countries have put in place what seem to be rather limited intervention strategies. It is evident that both countries need to put in place coherent, comprehensive measures to curb alcohol abuse. For instance, China needs to develop a national policy that can be used for the coordination and enforcement of laws and regulations that would curb alcohol abuse. In addition, it is important that China support alcohol-related research as a starting point for identifying appropriate strategies for addressing alcohol abuse and treatment services for people with alcohol related health problems. New policies are needed in areas such as taxation, alcohol drink and

driving laws, alcohol sales to minors, marketing controls, licensing and regulation of the availability of alcohol. To implement these strategies, the Chinese government should follow World Health Organisation's Global strategy to reduce the harmful use of alcohol as guiding tool for the planning and implementation of a public health approach to alcohol control. Further, universal measures intended to reduce the affordability, availability, and accessibility of alcohol can also be used. These strategies could have a significant public health impact, especially if the informal market and illegal production of alcoholic beverages can be controlled. Similarly, Botswana needs to review the existing national policy to consider whether it meets its stated objectives. These measures include reviewing the National Policy on Alcohol, public education campaigns on the dangers of excessive alcohol consumption, and stiffer penalties for alcohol related offences, as well as the monitoring of the implementation of the programmes.

### **Conclusion**

This paper has considered the extent of alcohol abuse in both Botswana and China, and it has also identified some of the intervention strategies that are in place from existing literature. It is clear that more research needs to be conducted on the extent and impact of alcohol abuse in both countries. Further, both countries have shortcomings in their strategies for addressing the problem of alcohol abuse. Research is required to inform the two governments on critical areas related to alcohol abuse such as the effects of alcohol on work performance, health, and families, amongst others. Both countries can learn from comparative research to address the problem of alcohol abuse through improved intervention strategies. The conclusion of this paper is that more research needs to be conducted to provide a deeper understanding of the extent of alcohol abuse, and the effectiveness or ineffectiveness of the intervention strategies that are in place in both countries. It is data from such research that could provide baseline information useful for formulating interventions against alcohol abuse. This calls for a comparative empirical research using a baseline assessment and a tracer study in order to inform public policy and lead to the development of effective intervention strategies. Such a study would be more effective if it involves collaborative participation of Botswana and Chinese researchers.

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