

Country snapshot Namibia

Alcohol and health



This snapshot provides an overview of alcohol consumption in Namibia, its health effects, the current policy response and key opportunities for action. The snapshot was developed to accelerate progress in the implementation of five high-impact **SAFER** interventions (1), in the context of the **Global Alcohol Action Plan** (2)¹.

As part of the **SAFER** initiative, country teams, supported by WHO, identified opportunities to advance action on alcohol policies and interventions. These cross-disciplinary country teams were nominated from different ministries or agencies with a mandate to work on alcohol, such as ministries of health, finance, trade, justice and transport.

The **SAFER** initiative supports the, **Framework for Implementing the Global Alcohol Action Plan, 2022-2030** in the WHO African Region (3).

► Opportunities for action



Finalize national alcohol control policy. Draft policy is currently under review.



Strengthen restrictions on alcohol availability, particularly access to minors and in residential areas as stipulated in the Liquor Act No 6 of 1998.



Facilitate access to screening, brief interventions and treatment by incorporating harm from alcohol use as a risk factor in the draft adapted mhGAP and the PEN guidelines.

¹ The Global Alcohol Action Plan 2022-2030 was adopted by Member States at the Seventy-fifth World Health Assembly.



Country context

Namibia's commitment to improving public health has resulted in an increase in the country's life expectancy at birth by 7 years between 2000 and 2021 (4). Investment in HIV pandemic control saw a

54% decline in new infections between 2010 and 2023 (5). Namibia has a high burden of communicable and noncommunicable diseases (NCDs) with the latter making up approximately 30% of deaths in 2021 (6).

► Alcohol consumption patterns

- In 2022, total alcohol per capita consumption was 12.0 litres of pure alcohol per year (l/yr) (15+ years) compared to 3.5 l/yr at regional level and 5.0 l/yr at global level (7).
- In 2019, 26.9% of adults (15+ years) consumed¹ alcohol, 36.3% of males compared to 18.4% of females (7).
- In 2019, 12.7% of people (15+ years) engaged in heavy episodic drinking², 20.0% of males compared to 6.5 % of females (7).
- In 2019, 61.7% of people (15+ years) were lifetime abstainers, 51.6% of males compared to 70.7% of females (7).
- In 2019, unrecorded per capita consumption was 0.9 l/yr (15+ years, pure alcohol) (7).

► Young people

- Approximately 18% of the population were people aged between 15-24 years in 2023 (8).
- In 2019, the prevalence of alcohol consumption among young people aged 15–19 years was 11.0%, 12.1% in males compared to 9.9% in females (9).
- In 2019, 6.3% of young people aged 15-19 years engaged in heavy episodic drinking (9).

► Culture and tradition

- Traditional homebrew is available country-wide and is made with various products in different regions. It is not regulated and therefore is widely available to everyone at all hours and in residential areas (unpublished observation [December 2024]³).
- Traditional homebrew can have serious health consequences (unpublished observation [December 2024]).

¹ 'Consumed alcohol' in this context refers to having drunk alcohol in the past 12 months.

² Heavy episodic drinking refers to consuming 6 or more drinks on any occasion in the past 30 days.

³ Unpublished observations refer to unpublished observations or information collected by multisectoral country teams that mapped policies and interventions across the SAFER interventions as part of the inter-country learning initiative.

Health and social consequences of alcohol consumption

► Health information system



The country faces a challenge with having a health information system that **does not address alcohol consumption as a risk factor for health conditions** (unpublished observation [December 2024]).

► Gender-based violence



Alcohol consumption is associated with an increased **risk of gender-based violence** (10).

► Screening, brief interventions and treatment



In the past year (2023–2024), approximately 443 individuals, **421 men and 22 women**, received medical treatment for **mental and behavioural disorders associated with the use of alcohol** (unpublished data, Ministry of Health and Social Services [December 2024]).

In the past year (2023–2024), regional social workers **reported 3420 interventions for alcohol use**, ranging from **88 interventions in April 2023 to 1230 interventions in March 2024** (unpublished data, Ministry of Health and Social Services [December 2024]).

► Alcohol-attributable deaths



In 2019, there **were 1199 alcohol-attributable deaths** in the population **aged 15+ years**. That is approximately **70.5 alcohol-attributable deaths per 100,000 population** (9).

► Road traffic deaths



In 2023, there were **423 road traffic fatalities** (11).

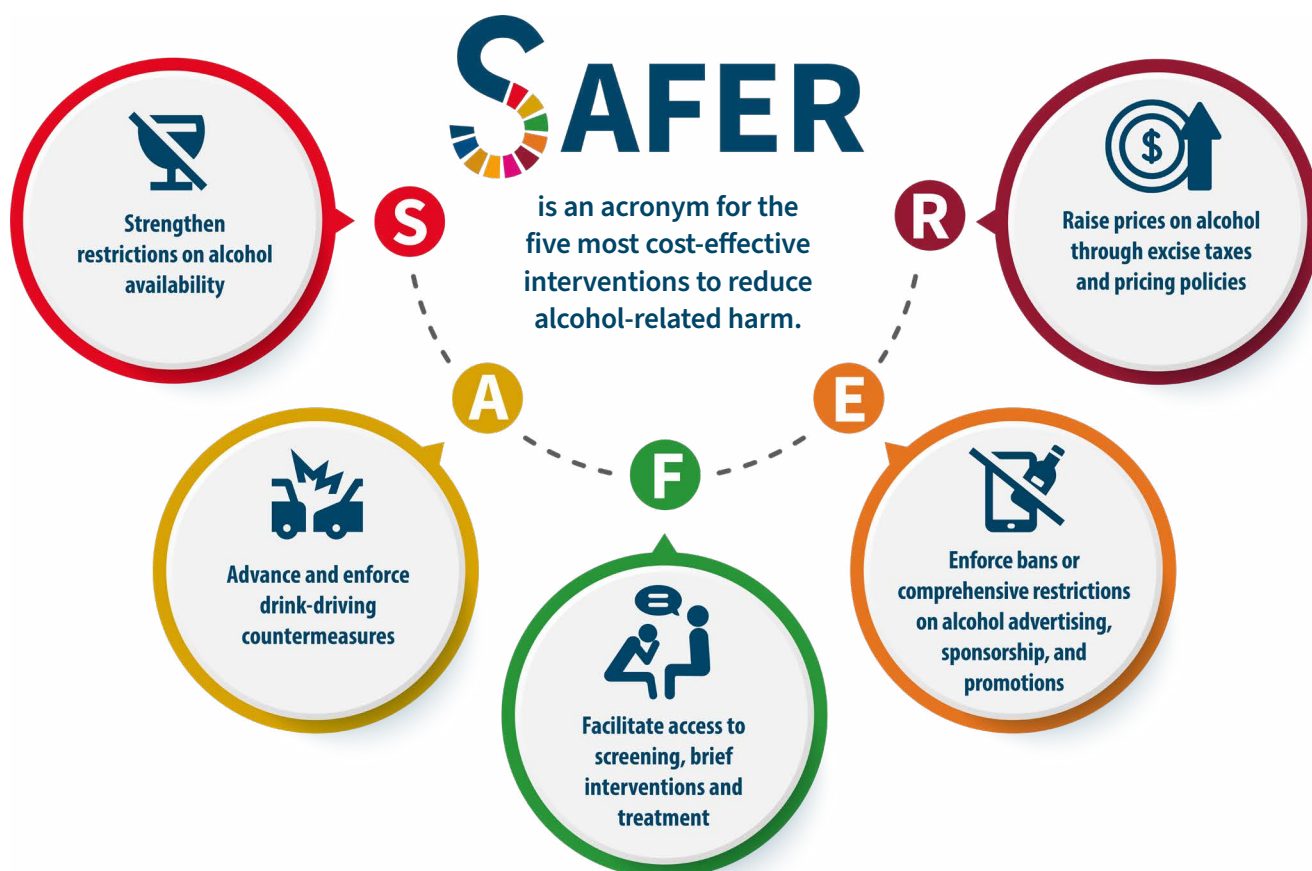
There were **2068 drink driving arrests from April 2024 to March 2025** (unpublished data, Namibian Traffic Law Enforcement Division [April 2025]).

The consumption of alcohol and problems related to alcohol vary widely around the world, but the burden of alcohol-related disease and death remains significant in most countries (9).

Alcohol consumption can result in significant harm to individuals, their families and societies. Alcohol (ethanol) is a psychoactive and toxic substance that impacts multiple biological systems. The consumption of alcohol is a causal factor in more than 200 disease and injury conditions (12). Worldwide, 2.6 million deaths resulted from alcohol consumption in 2019 (9). A significant proportion of the disease burden attributable to alcohol consumption arises from unintentional and intentional injuries, including those due to road traffic crashes, violence and suicide, particularly in young people (12, 13). Alcohol consumption presents a significant challenge for

countries, mainly due to its economic burden on the health system, criminal justice system and labour productivity.

Cultural, social and religious norms influence alcohol consumption, as well as its normalization (acceptability), ease of purchase (availability) and price (affordability). Addressing this multidimensional causality requires a portfolio of high-impact interventions. **SAFER** is a technical package that comprises five population-based interventions to reduce alcohol-related harm, allowing countries to reduce alcohol consumption and related health, social and economic consequences (1).



Policy mapping in the context of SAFER interventions¹

The government of Namibia is in the process of drafting a bill titled “The Prevention and Treatment of Substance Use”. The bill aims to curb the harms caused by both legal and illegal substances (unpublished information [December 2024])².

Strengthen restrictions on alcohol availability

- Alcohol is available in many and varying outlets (shebeens³, grocery shops, fuelling stations), which promotes the availability and subsequent increased consumption of alcohol².
- The Liquor Act 6 1998 (14) and Liquor Regulations 2001 (15) are key pieces of legislation. There is also a licensing system (section 2-41) which administers several on-consumption and off-sales licenses and procedures for application, renewal and removal of licenses.
- Alcohol is available from Monday to Friday from 12:00 to 18:00 and Saturday from 9:00 to 13:00. People aren't allowed to consume alcohol in public places or sell and supply alcohol to people under 18 years of age². There is no selling of alcohol on Sundays or during public holidays.
- Enforcement of the Liquor Act is challenging².

Advance and enforce drink-driving countermeasures

- The blood-alcohol concentration limit for the general population, young people and commercial drivers is 0.079 g/dl (16).
- Road Traffic and Transport Act No 22 of 1999 (17), Motor Vehicle Accident Fund Act, 2007 (18) and the Criminal Procedure Act 51 of 1977 (19) are key pieces of legislation for this intervention.

Facilitate access to screening, brief interventions and treatment

- Brief Motivational Interventions were introduced at anti-retroviral treatment (ARV) clinics in 2009 and then from 2015 were rolled out more broadly to primary health settings².
- Various trainings on brief interventions and screening have occurred with professionals across Namibia².
- Namibia has one state owned inpatient centre and two private owned inpatient treatment centres².

Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotions

- Provisions made in the draft Prevention and Treatment Bill on Substance Use include banning the marketing and sponsorship of alcohol. There is also a national draft school policy to ban the selling, marketing and the sponsorship of alcohol in school grounds².
- The alcohol industry has a strong presence in Namibia and utilizes musicians and media influencers as their ambassadors to promote responsible drinking².

Raise prices on alcohol through excise taxes and pricing policies

- Alcoholic beverages are subjected to various charges such as stamp duties, custom and excise duties and value added tax².
- Alcohol tax increases annually as per the type of alcohol beverage².
- Beer, wine and sparkling wine (not exceeding 16.5%) a specific tax per volume is applied².
- Spirits, except brandy are subjected to a specific tax by alcohol volume².

¹ Policy mapping was conducted as part of a landscape assessment report for the SAFER inter-country learning initiative. Multisectoral country teams were comprised of nominated representatives from ministries and agencies with a mandate to work on alcohol such as health, finance, trade, justice and/or transport.

² Unpublished observation. Refers to unpublished observations or information collected by multisectoral country teams that mapped policies and interventions across the SAFER interventions as part of the inter-country learning initiative.

³ Shebeens refers to illegal alcohol outlets.

Opportunities for Action

As part of the SAFER inter-country learning initiative, country teams, supported by WHO, identified opportunities to advance action on policies and interventions. The following are key areas that could be explored for future action.

Finalize national alcohol control policy

- Reviewing and finalizing draft national alcohol control policy.

Strengthen restrictions on alcohol availability

- Restricting access to alcohol for minors and in residential areas as stipulated in the Liquor Act No 6 of 1998.
- Developing a strategy to monitor and evaluate alcohol sales.
- Restricting sales of alcohol at petrol stations.

Facilitate access to screening, brief interventions and treatment

- Incorporating harm from alcohol use as a risk factor in the draft adapted mhGAP and the PEN guidelines.

National resource policies

- National Multisectoral Strategic Plan for the Prevention and Control of Non-Communicable Disease (NCDs) in Namibia 2017/18–2021/22 (20).
- Namibia's Vision 2030 (21).
- Namibia's Fifth National Development Plan 2017/2018–2021/2022 (NDP5) (22).
- *Ministry of Health and Social Services Strategic Plan 2017/2018–2021/2022* (23).
- National One Health Plan (24).

Regional resources

- Framework for Implementing the Global Alcohol Action Plan, 2022-2030 in the WHO African Region (3).

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