



OPPORTUNITY

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Drive public innovation by reigniting civil society

CAN COMMUNITY-LEVEL INTERVENTIONS HELP TO REDUCE THE HARMFUL EFFECTS OF BINGE DRINKING?

South Africans have a complex relationship with alcohol. Historically, it has been a tool for propagating inequality through repressive labour systems in the alcohol industry, and the unregulated supply of alcohol in vulnerable communities through the ‘dop’ system¹. Today, while many South Africans do not drink at all², alcohol continues to permeate and threaten our families and communities. This is because those who do drink tend to do so often and in ways that are harmful both to themselves and to others. Trying to reduce the harms of excessive drinking is no easy task – particularly given the underlying structural drivers of poverty and inequality. But, as this learning brief shows, interventions at the community level have an important role to play and warrant further development in the national effort to curb binge drinking.

The World Health Organisation (WHO) places South Africa among the countries with the highest per capita alcohol consumption in the world³. We are especially prone to binge drinking⁴: the South African Demographic and Health Survey 2016 found that 22.8% of men and 9% of women drank more than five drinks or more on at least one occasion in the past 30 days. Among 20-30 year-olds, that percentage increased to one-third of men⁵.

The cost of alcohol-related harms is a burden that adds to an already unmanageable load on the public health system; it is estimated that the economic, social and health costs

associated with alcohol-related harms comprise about 12% of South Africa’s GDP⁶. As of July 2020, we have seen a two-third decline in hospital trauma admissions since the alcohol ban that was implemented during levels 5 and 4 of the COVID-19 national lockdown⁷.

Alcohol contributes to South Africa’s burden of diseases as alcohol abuse is an underlying cause of both interpersonal violence and unsafe sex. Alcohol harm (7%) is third only to unsafe sex (32%) and interpersonal violence (8%) in contributing to the national risk profile (expressed as disability-adjusted life years or DALYs).

1 Larkin, A. 2014. Ramifications of South Africa’s Dop System. Available at: <https://www.sahistory.org.za/article/ramifications-south-africas-dop-system-alexandra-larkin>

2 Vellios, N.G. and Van Walbeek, C.P. 2018. Self-reported alcohol use and binge drinking in South Africa: Evidence from the National Income Dynamics Study, 2014-2015. South African Medical Journal, 108(1), pp.33-39.

3 World Health Organisation (WHO). 2014. Global status report on alcohol and health 2014. Available at: https://apps.who.int/iris/bitstream/handle/10665/112736/9789240692763_eng.pdf?sequence=1

4 Binge drinking = five drinks or more for men and four drinks or more for women per occasion, at least monthly.

5 National Dept of Health, Statistics South Africa, SA Medical Research Council and ICF. 2017. South African Demographic and Health Survey 2016. Key indicators report. Pretoria South Africa and Rockville USA. Available at: <https://www.statssa.gov.za/publications/Report%2003-00-09/Report%2003-00-092016.pdf>

6 Matzopoulos, R.G. et al. 2014. The cost of harmful alcohol use in South Africa. South African Medical Journal, Vol. 104(2): 127-132.

7 Maliba, A. Covid-19: Ban on alcohol sees trauma unit numbers significantly lowered, say healthworkers. Sunday Independent, 21 April 2020. Available at: <https://www.iol.co.za/sundayindependent/news/covid-19-ban-on-alcohol-sees-trauma-unit-numbers-significantly-lowered-say-healthworkers-46980267>

Changing systems to reduce alcohol harm by reducing excessive drinking is difficult in a context where decision-makers and policy-makers are reluctant to concede that the economic costs outweigh the benefits. Against this backdrop, interventions at a community level have an important role to play. This brief looks at two such interventions by the Philani Maternal Child Health and Nutrition Trust and the South African Catholic Bishops Conference (SACBC), highlighting both the difficulties in implementing these programmes as well as promising findings that warrant further development of these programmes.

PHILANI'S MENTOR MOTHERS: Pioneering home visits

Philani⁹ has a long history of implementing a community health worker programme, known as the Mentor Mothers (MMs) programme. Mentor Mothers conduct home visits to monitor children's nutrition, growth and health, as well as to monitor mother's nutrition and health.

Philani's alcohol harms reduction programme started in 2019 when groups of 25 Mentor Mothers from Khayelitsha were trained to conduct a short alcohol intervention in the home. Dr Ingrid le Roux, Philani's Director, points out that as far as she knows, this is the first time a home-based alcohol intervention has been attempted in South Africa.

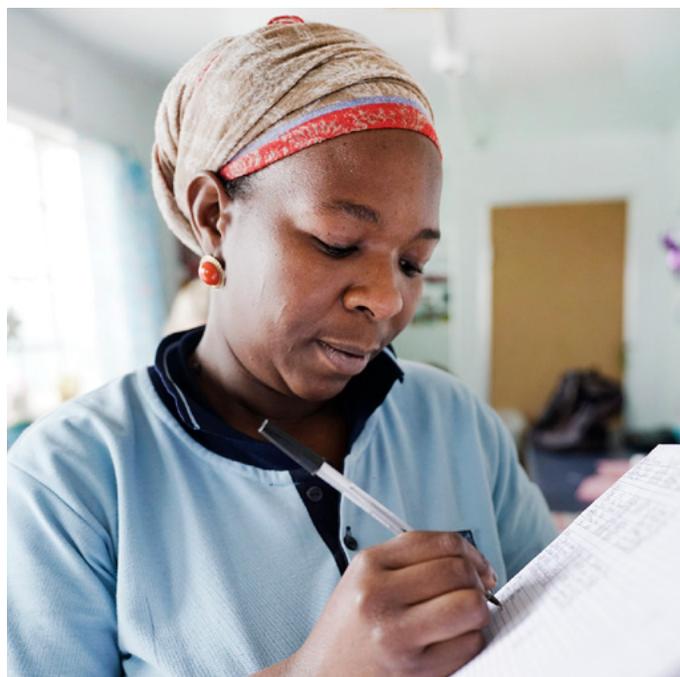
When Mentor Mothers conduct maternal and child health visits, they share information about alcohol abuse with adults in the home. An assessment tool allows them to rate low, medium or high-risk drinkers and the associated risks are then discussed. If the client wishes to take steps towards changing their drinking patterns, the Mentor Mother will help them to set goals and methods to achieve them. The Mentor Mother checks up on these goals in subsequent visits, and facilitates access to counselling and health services.

The strength of Philani's intervention is in the relationships that Mentor Mothers build with the families and individuals in the community. This creates a well-primed opportunity for the intervention to have an impact by providing support at an interpersonal level and identify referral pathways that can address some of the underlying drivers of alcohol abuse.



“People are shocked when they are rated as binge drinkers and high-risk drinkers. We try to make them understand that alcohol results in many losses and that there are many gains to be made by reducing their drinking. Then we set goals towards achieving that reduction.”

Nokwanele Mbewu,
Philani Senior Programme Manager
and Mentor Mother Trainer



Boniwe Faith Soteshe is a Philani Mentor Mother at a clinic in Blikkiesdorp. As part of her health assessment of children she engages with parents on the dangers of alcohol abuse and refers them to counseling and health services.

For more information on alcohol harm in South Africa and systemic changes that can reduce it, read the learning brief: *“One step forward, two steps back: How alcohol abuse diminishes the work of civil society and what we can do about it”⁸.*

⁸ To read the full learning brief, visit: <https://dgmt.co.za/wp-content/uploads/2019/11/Alcohol-Harms-Reduction-September-Opp1-single-FinalDigital.pdf>

⁹ “The Philani Maternal, Child Health and Nutrition Trust has been addressing family, maternal, child health and nutrition problems in the informal settlements outside Cape Town since 1979. Philani is committed to providing a caring and supportive community-based service where families’ and mothers’ health are protected and they are empowered to raise healthy, well-nourished children.” <http://www.philani.org.za/>

Milestones

- › Philani Mentor Mothers have visited 27 250 households and evaluated 54 500 people on their patterns of consumption in Khayelitsha, with 710 people participating in the intervention programme. While this is 1.3% of the people evaluated, it is progress worth noting. This correlates with the rate at which we aim to reduce binge drinking over 10 years (13%) through our interventions as DGMT.
- › Philani has established strong relationships with Rape Crisis, local clinics and social workers in order to build a responsive referral system. It has also incorporated counselling training into the Mentor Mothers programme and trained close to 125 Mentor Mothers on the alcohol harms intervention method.

THE SOUTH AFRICAN CATHOLIC BISHOPS CONFERENCE:

Reaching out in taverns

The South African Catholic Bishops Conference (SACBC)¹⁰ implements its intervention in taverns by fostering relationships between tavern owners and law enforcement officers in order to reduce violence and encourage responsible trading. The organisation also conducts brief interventions by facilitating discussions and information sessions on alcohol abuse and harmful patterns of consumption with patrons in taverns. To reach students, it works in university residences, providing education on alcohol harms and psychosocial support for students participating in their discussions through referrals to SANCA (South African National Council for Alcohol Abuse and Drug Dependence) and university counselling services.

The SACBC's intervention has a three-pronged approach:

- › individual;
- › community; and
- › municipal.

At the **individual level**, it has trained 8 ambassadors (coordinators) and 60 change-makers (facilitators) who engage tavern patrons and university students in dialogues about alcohol abuse. Robert Mafinyori, SACBC Project Manager, explains: "The heart of our method is to say: 'How do we promote responsible drinking?' If we say: 'Stop drinking' we would end up fighting with the tavern owner, who would regard us as a threat to their business.

But this way, we can engage with both patrons and tavern owners." They provide psychosocial support to the participants by facilitating a dialogue to create awareness about alcohol harms, and providing patrons and students with a safe space to talk about their patterns of consumption as well as the drivers behind their harmful relationships with alcohol. If necessary, they refer the client for counselling with their partner, SANCA.

The SACBC mobilises a **community-level** response to alcohol abuse through local community radio platforms and law enforcement. In Klerksdorp, SACBC works with Life FM and Star FM¹¹ to get listeners to open up about their issues with alcohol abuse and to spread the message of responsible drinking. It also works with Community Policing Forums (CPFs) and sector patrols to monitor tavern opening and closing times, and with the surrounding neighbourhood to track alcohol-based violence. "We think we have managed to influence the CPF agenda and make the streets safer," comments Mafinyori. Churches are another community focus for SACBC. Representatives from the organisation present 15-minute talks to different congregations about the dangers of alcohol. Congregants are invited to speak to them afterwards and if necessary, are referred to SANCA.

Working with **municipalities**, the police and tavern owners, the SACBC seeks to see the enforcement of local bylaws created specifically to reduce alcohol harms in the area i.e. the opening and closing times of taverns, and the selling of alcohol to pregnant women¹² and minors. Mafinyori says tavern owners have agreed to cooperate because they feel this will make their taverns safer, and because their licenses can be revoked for operating outside legal opening hours, or for serving minors.



Tavern owners meet with the SACBC and Law Enforcement to discuss the progress and success of their interventions.

¹⁰ The Southern African Catholic Bishops' Conference (which is comprised of the Catholic Bishops of Botswana, South Africa and Swaziland) is an organisation, approved by the Holy See, of diocesan Bishops and others equivalent in Canon Law, serving in the ecclesiastical Provinces of Cape Town, Durban, Pretoria, Johannesburg and Bloemfontein.

¹¹ Local radio stations with a combined coverage of over 200 000.

¹² This is not effected by the national liquor act, but SACBC aims to bring this into local municipal bylaws through their advocacy work

Milestones

- › 164 taverns are participating in the SACBC programme and 60 young people have been recruited as change agents. All of the taverns are consistently adhering to the agreed trading times: 10:00-22:30 during the week and 10:00-23:30 on weekends. The taverns have all also stopped selling to minors and intoxicated patrons. They report decreased violence in and around their taverns as a result.
- › Between July 2019 and 15 March 2020, the SACBC referred 584 of the 13 824 patrons who participated in the dialogues in Klerksdorp to SANCA. They referred 334 of 4 671 patrons who participated in the dialogues in Port Elizabeth to SANCA and Alcoholics Anonymous.

SACBC has supported better relationships between the liquor authority, the South African Police Service, Community Policing Forums (CPFs) and tavern owners in Port Elizabeth (Eastern Cape) and Klerksdorp (North West province).

THESE TWO DIFFERENT APPROACHES HAVE YIELDED IMPORTANT LEARNINGS:

1 Building trust is key; knowing someone cares is healing.

The SACBC says building trust has been the key ingredient to gaining traction in their recent expansion of the project in Port Elizabeth.



“The tavern owners are still studying us and saying: ‘Are you guys for real? Are you here to fight my business?’ Some of the patrons are saying: ‘Aren’t you using our stories for your own benefit?’ It takes time to build up trust”.

Robert Mafinyori, SACBC Project Manager

In both their student and patron discussions, the majority of people are unwilling to be referred for further assistance. Often individuals are meeting and experiencing the SACBC team for the first time. It sometimes takes multiple sessions

before individuals start to engage and share. It takes even longer for individuals to request or agree to be referred for further assistance.

Although the Philani Mentor Mothers have been working in their communities for years, even they experience distrust from their clients when it comes to their alcohol harms reduction intervention. Little more than 1% of the people visited and evaluated in their intervention have agreed to participate in the intervention process. Philani Mentor Mothers have also noted a lack of trust in institutions that can help people with alcoholism. “We’ve had great difficulty in referring people to that kind of help. There is a big distrust there, which we need to explore further to understand better,” shares Dr Le Roux.

Community interventions should focus on developing a personal relationship. As both the Philani Mentor Mothers and SACBC team members have experienced, giving support to someone who engages in harmful patterns of consumption, being present and consistent, can allow for a healing effect to take place. They are then able to unearth underlying issues from this place of trust that has been established. “I think having someone who cares is a big first step,” says Nokwanele Mbewu, Philani Senior Programme Manager and Mentor Mother Trainer.

Reducing the number of drinks consumed by a person in one sitting¹³ is difficult to bring about through a once-off exchange. It requires sustained engagement with consistent discussions that provide psychological and emotional support. To get an individual to change their relationship to alcohol is a long and challenging process that requires this type of interpersonal intervention over time.

2 Responding to the drivers and effects of alcohol abuse is a complex task

Debt is intricately linked with alcohol abuse in South Africa. Socio-economic inequality and systemic impoverishment forces many families into debt, which has emerged as one of the major stressors that leads to heavy and binge drinking in SACBC’s programme. To make matters worse, debt and alcohol abuse form a vicious circle: debt is one of the main drivers of alcohol abuse, while alcohol abuse pushes people further into debt.

SACBC has learnt from its partnership with SANCA that many people prefer to identify themselves as needing debt counselling, rather than alcohol counselling. However, debt counselling can still illustrate the negative financial effects of alcohol abuse. “We have added debt counselling to our provision of alcohol counselling. We are very encouraged by this intervention. Through our partnership, people who need debt counselling are able to get it and can now meet their debts or at least try to budget,” shares Mafinyori.

For Philani Mentor Mothers, repressed trauma, unemployment and aspirational images of alcohol consumption have proved

13 The definition of binge drinking is having more than five drinks in one sitting.

to be key drivers of alcohol abuse in their communities. The socio-economic situation of many clients in both programmes also means they experience great hopelessness and despair. As Dr Le Roux explains: “When you ask them why they drink, they often say it gives them relief from the hopelessness and depression for a little while – even if they know that the next day things will be even worse.”

3 Knowledge of the damaging effects of alcohol is persuasive

Mentor Mothers have long recognised the impact of alcohol in their client’s lives. In fact, the Mentor Mothers often struggled to achieve maternal and child outcomes in the field because of the risky consumption of alcohol in the client’s home. Dr Le Roux explains that the programme has raised a lot of interest in communities.

“There was a curiousness about the pamphlets, booklets and videos that Mentor Mothers had to share. I think there is a widespread lack of understanding and knowledge about what alcohol is really doing to a person, their health, mind and body.”
Dr Ingrid le Roux, Philani Director

Once people were educated about the negative effects of alcohol, many of them demonstrated a willingness to change. Mbewu stresses that they would not agree to stop drinking completely, but to cut down. That is a positive step, but the challenge is that alcohol is an addiction and it is very difficult to break an addictive habit.

Mbewu suggests that more local leaders (such as street committees) need to be taught about the negative effects of alcohol because they are close to the community. Dr Le Roux says an encouraging sign is that the Department of Health has shown an interest in extending the training to all community health workers. This would certainly contribute to widespread education.

THERE HAVE ALSO BEEN SOME CHALLENGES:

1 Finding alternative options for stress relief in resource-strapped communities is difficult

People give a variety of reasons for drinking such as debt, peer pressure and unemployment, which are frequently cited in SACBC and Philani’s interventions. The availability of alternative

forms of recreation and stress relief is therefore crucial in the fight against alcohol abuse. However, the country’s spatial inequality, coupled with its material inequality, means that vulnerable communities live in abject conditions not conducive to good, mental and physical health. Sport is a form of recreation that many civil society organisations use as a tool to change the trajectories of young people, but sport facilities are not widely available in poverty-stricken areas.

2 Illegal shebeens are widespread and don’t play by the rules

The majority of tavern owners regard opening early and closing late as the best way to maximise profits. The SACBC has managed to get many partner taverns to observe legal operating hours. However, illegal shebeens are open at any time of the day or night. The challenge for the SACBC is how to encourage tavern owners to continue cooperating when they see illegal shebeens making more profit. One option is to report illegal shebeens to the police, but this has limited success as the number in operation is not widely known and reporters fear violent reprisal from shebeen owners.

According to mapping work done by Philani, there are 18 500 households and 69 shebeens, but only 43 educare, and nine schools in Tembani, IKwezi Park and Site C in Khayelitsha. This illustrates a severe lack of regulation and oversupply of alcohol.

HOW DO WE MOVE FORWARD?

Alcohol is a complex and challenging issue to tackle. In a society that is riddled with trauma and poverty caused by systemic inequality, the prevalence of alcohol abuse and related violence is a symptom of its condition. The failure of public institutions to provide basic services, psycho-social support and resources to communities further compounds the problem. Alcohol is therefore simultaneously a systemic and interpersonal issue that needs to be tackled at both levels.

Community-led interventions are well-positioned to intervene on both fronts. Philani’s Mentor Mothers and SACBC’s tavern interventions offer promising examples of the critical support and information that can influence individuals to change their patterns of consumption, which in turn can have ripple effects to the broader community. At the same time, working within and together with community stakeholders, challenges communities to be proactive about reducing alcohol harms and take responsibility for broader changes. This is difficult work that takes time, patience and resources, but it is work that can be done effectively and strategically if the right interventions are in place.



*“I don’t think that we have an alternative. We cannot avoid taking up this issue because it is enormous. The only way to eat an elephant is one bite at a time. It is an individual decision, so you have to reach the individual. That is the way we have to go, even if it is challenging...
One individual at a time.”*

Dr Ingrid le Roux, Philani Director

Brief developed by **Daniella Horwitz** and **Onesisa Mtwana**.

This is the learning experience of DGMT.



FIVE URGENT MEASURES TO CURB THE ABUSE OF ALCOHOL LINKED TO GENDER-BASED VIOLENCE:

1. A ban on advertising of alcohol (except on the site of sale, where it should not be visible to those under 18 years).
2. Increase the price of alcohol, both through excise taxes and by introducing a minimum price per unit of pure alcohol in liquor products.
3. Reduce the legal limit for drinking and driving to a blood alcohol content of 0.02% or below.
4. Reduce the availability of alcohol, especially in residential areas (by limiting the density of liquor outlets, shorter trading hours, and ending the sale of alcohol in larger containers like 1-litre bottles of beer).
5. Intensify the availability of counselling and medically assisted treatment for persons struggling with dependence.

From a public appeal to Government compiled by DGMT, the South African Medical Research Council (SAMRC), and the Public Health Association of South Africa (PHASA). Submitted on 24 June 2020. Signed by 164 medical and academic researchers/practitioners and members of civil society. Find the appeal and read updates on the outcome here: <https://dgmt.co.za/public-appeal-to-government-urgent-measures-to-curb-the-abuse-of-alcohol-linked-to-gender-based-violence/>