hold my hand
Action for Children and Teens

Rethink Your Drink

CHANGE Ideas
A DGMT INITIATIVE

HOLD MY HAND
POLICY BRIEF SERIES

How South Africa can stop hurting its children: The Prevention of Alcohol Harms

SEPTEMBER 2025

03

NSAAC's ten priorities to accelerate progress for children and teenagers

1. Strengthen families and enable parents & caregivers to care for their children.
2. Reduce infant and child deaths.
3. Eliminate HIV transmission to babies.
4. Improve child nutrition.
5. Grow children's brain power through early learning and language development.
6. Prevent disability in children and give those with disabilities the same opportunities as others.
7. Protect children & teens from all forms of abuse, violence, injuries and harmful substances.
8. Give teenagers good access to health care, including sexual & reproductive health.
9. Increase participation in quality education and training and link school-leavers to work.
10. Build teenagers' sense of identity, agency and connectedness.

The Accelerators

Five Initial Strategies

1. Close the food gap
2. Support responsive caregiving and language development for very young children
3. Protect children and teens by reducing heavy drinking
4. Provide early hearing and vision screening and referral for young children
5. Build identity, agency and connectedness for teenagers

Policy Briefs

1. Close the Food Gap
2. Advancing maternal and child health through Multiple Micronutrient Supplementation (MMS)
3. The Prevention of Alcohol Harms

Hold My Hand Accelerator

Every day, 3 000 children are born in South Africa, which equates to 1 million every year whose childhood experiences will shape both their future and the nation's. Ensuring they thrive would unlock massive opportunities – a stronger economy and a safer, happier society. Global experience shows that progress accelerates when the president leads, society unites behind a national programme for children and a dedicated, energetic organisation drives action. This is the logic behind the National Strategy to Accelerate Action for Children (NSAAC), led by the Presidency and the Department of Social Development. The Strategy identifies 10 key priorities and calls for broad partnerships across government, civil society, trade unions and the private sector.

A key mechanism is the Hold My Hand Accelerator for Children and Teens, established through a partnership between the Presidency and DGMT. It fast-tracks critical strategies that require public-private collaboration, focusing on closing the food gap, supporting responsive caregiving and language development for very young children, protecting children and teens by reducing heavy drinking, providing early hearing and vision screenings and referrals for young children, and building identity, agency, and connectedness for teenagers. A series of policy briefs is being developed to support this work.

Rethink Your Drink is an alcohol harms reduction campaign by DGMT.
DG Murray Trust (DGMT) is a foundation and public benefit organisation working with others in civil society to create a South Africa where every person is given the opportunity to fulfil his or her life potential.

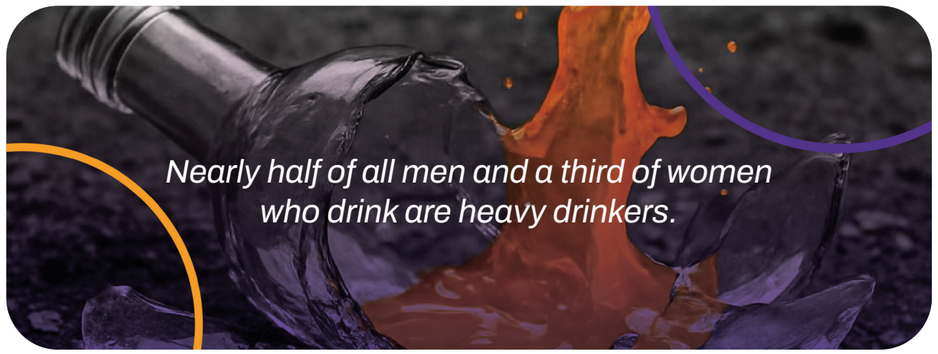
POLICY BRIEF SERIES

Introduction: The need for urgent action on heavy drinking in South Africa

Children, particularly those from low socio-economic backgrounds, bear the brunt of alcohol-related harms in South Africa. These begin with prenatal exposure, which can lead to foetal alcohol spectrum disorders, and extend into early childhood through neglect, abuse, and trauma in homes where caregivers binge drink. Alcohol-related violence, traffic incidents, and social breakdown all contribute to an environment in which children are directly and indirectly harmed.

The World Health Organization (WHO) estimates that 32.5% of South Africans drink alcohol, of which 43% engage in binge drinking (i.e. more than five units of alcohol in a sitting). Of those who drink, 48.2% of males and 32.4% of females report binge drinking (22.8% of all adult men and 6.4% of adult women). Alcohol leads to a range of harms for the drinkers themselves: acute harms (injuries, poisonings, illness); chronic harms like liver disease, cancers, strokes and gastrointestinal conditions; and 'social' harms experienced in the home, at work or in relationships. But these consequences extend far beyond the individual. Family members, friends, coworkers and strangers are all affected, but the most persistent and devastating impacts are often felt by children.

Understanding these harms requires a multi-faceted lens: one that accounts for both intentional and unintentional consequences, and for both the tangible and less visible impacts of alcohol on individuals, households, and communities.



It has been estimated that the total direct cost of harmful alcohol use in South Africa in 2009 was R37.9 billion (R79.4 billion in today's terms), which translates to 1.6% of the country's gross domestic product (GDP). With intangible and indirect costs, it was estimated that alcohol harms cost 10-12% of the GDP (over R270 billion according to calculations in 2014). The burden of disease related to alcohol is also high. In 2012, alcohol-attributable harm accounted for approximately 7.1% of all deaths, and 5.6% of all disability-adjusted life years. Deaths attributed to alcohol were split between infectious diseases, non-communicable diseases and injuries, and alcohol ranked fifth in terms of its contribution to the burden of disease in South Africa. An "alcohol harms paradox" results in increased alcohol-related harms experienced by those with low socio-economic status. The implications are clear: the implementation of a set of policies designed to reduce heavy drinking would reap both social and economic windfalls for the country.

Alcohol industry-aligned researchers have questioned the calculation of alcohol harms, based on differing opinions on the value of a statistical life. One thing is indisputable, and that is that heavy drinking is bad for society and bad for the economy. Its costs far outweigh any economic benefit from greater sales.

Despite an overall policy evolution toward implementing several WHO-backed alcohol harms reduction measures, those specifically tackling alcohol harms on children remain limited. However, the new National Strategy to Accelerate Action for Children (NSAAC) identifies 10 key priorities to accelerate action for children and teenagers, and presents 10 interventions that will make the most impact on children and teenagers. Alcohol harms reduction is a core priority of the NSAAC, which proposes to "ban alcohol advertising (except at point of sale), introduce a minimum unit price for alcohol and restrict on-site liquor hours to midnight." To accelerate the aims of the NSAAC, Hold My Hand through the DG Murray Trust (DGMT) commissioned an in-depth review of the literature on alcohol harms against children, and what policies, practices and advocacy interventions are required to address them. This policy brief, which is informed by the literature review, provides a summary of alcohol harms experienced by children and adolescents, and presents recommended policies, strategies and approaches for addressing alcohol harms on children.

5 categories of alcohol harm

Detailed research shows how heavy and problem drinking affects children and adolescents in five major ways, with implications for reproductive, maternal, newborn, child- and adolescent health.

01

Maternal drinking & FASD

Drinking during pregnancy may lead to FASD, leaving children with lifelong learning and health challenges.

02

Parental drinking & early childhood

When parents drink heavily, children face neglect, trauma and poor development.

03

Gender-based & interpersonal violence

Alcohol fuels domestic violence, putting women and children at greater risk of harm.

04

Child & teen injuries

Alcohol is a major cause of child deaths and injuries from crashes, violence, burns and drowning.

05

Harms to teens

Teen drinking damages the brain, drives risky behaviour and derails future prospects.

Overview of alcohol harms on children and adolescents

a. Maternal drinking and foetal alcohol spectrum disorders (FASD)

The following alcohol harms are most significant:

- Alcohol exposure pre-conception and in utero gives rise to a continuum of disease characterised by behavioural and cognitive deficits, craniofacial anomalies and growth retardation. The umbrella term for these diseases is foetal alcohol spectrum disorders (FASD).
- The global prevalence of FASD among children and youth is 7.7 per 1 000 population.
- South Africa has the highest rate of FASD in the world, with a prevalence of between 29 and 290 cases per 1 000 live births dependent on region; some communities in provinces like the Western Cape and Northern Cape experience a FASD prevalence of 200-310 per 1 000 live births, or 20-31%.
- Brain scientists have shown that alcohol consumption results not only in structural and volumetric changes in the brain – such as thinning of the corpus callosum, enlargement of ventricles, lower grey and white matter volume, and increased thickness and density of cortical grey matter – but also to changes to the way the brain functions in relation to factors like reward processing, impulsivity and emotional regulation.
- The structural and functional changes in the brain have profound implications for the development, life course and future prospects of children whose mothers drink alcohol during pregnancy. It adversely affects early language skills in toddlers, as well as motor coordination, physical growth, and a child's ability to do well at school and interact healthily with peers.
- Maternal drinking and its outcomes are thus a major contributor to South Africa's current struggles to help every child develop successfully and ultimately contribute positively to society.

b. Parental drinking and development outcomes in early childhood

The following alcohol harms are most significant:

- Heavy drinking by parents or other adults in a household has a significant impact on young children, including physical and emotional neglect, abuse, stress, trauma, conflict and insecurity; these issues are all magnified in the context of poverty, marginalisation and scarcity of effective support structures and social services.
- Excessive alcohol use by one or both parents is highly likely to result in children growing up in a chaotic, unstable, traumatic and insecure household at the very time when they need security, routine and connection with parental figures.Such toxic family systems have major psychosocial impacts on the developing child, such as avoidant and insecure attachment to parents, neuroticism, insecure relationships with peers, struggles with aggression, poor coping mechanisms, low self-esteem and problems adapting to school and achieving academic success. Psychopathological impacts are also common, such as antisocial and aggressive behaviours, depression, anxiety, attention deficit and hyperactivity disorder (ADHD), externalising and internalising disorders, early alcoholism and suicidality for older children. Children from such families are much more likely to develop a behavioural or developmental disorder and to struggle with addiction in later years.
- When parental judgement is impaired by alcohol, children suffer both intermittent and chronic abuses such as inconsistency, rejection, and verbal, emotional and physical abuse. They are also commonly neglected emotionally and physically, exposing them to the risk of injury, abuse or malnutrition.

c. Gender-based and interpersonal violence

The following alcohol harms are most significant:

- Alcohol use increases the occurrence and severity of domestic violence and severe intimate partner violence (IPV).
- In South Africa, harmful notions of masculinity have become entrenched which normalise both heavy drinking and various forms of violence against women.
- Between 25% and 40% of South African women have experienced sexual and/or physical IPV in their lifetime.
- Women with male partners who frequently arrive home drunk are four to seven times more likely to suffer violence; IPV perpetrators are five times more likely than non-perpetrators to consume alcohol; men with alcohol problems are generally more likely to commit IPV; and male-to-female aggression is 11 times more likely to occur on days when perpetrators were drinking alcohol.
- 2024 crime statistics suggest alcohol was involved in 25% of reported rape cases and 13.5% of cases of assault with the intent to cause grievous bodily harm.

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- Children's exposure to IPV is recognised as a distinct form of maltreatment, resulting in both direct and indirect harms. The former is linked to disinhibition, aggression and physical assault; the latter to parents being absent or emotionally unavailable.
- The social and economic cost of children growing up in chaotic and violent environments amounts to an estimated 5% of South Africa's GDP. On the other hand, preventing children from witnessing and experiencing violence or neglect could lead to a 14% reduction in later drug abuse; a 23% reduction in self-harm, a 10% reduction in anxiety, a 14% reduction in alcohol abuse, and a 16% reduction in interpersonal violence in a child's later years.

d. Child and adolescent injuries related to alcohol

The following alcohol harms are most significant:

- Low- and middle-income countries experience a much higher global child-injury mortality (41.8 per 100 000) than high-income countries (8.6 per 100 000). South Africa's child-injury mortality is 38.9 per 100 000 children, with children under five years and older adolescents being most at risk.
- The leading causes of child injury deaths are road traffic injuries (36%), homicide (28.2%), unintentional injuries such as burns and drowning (27.3%) and suicide (8.5%).
- Alcohol use plays a significant role in child and adolescent injuries, especially in road traffic and interpersonal violence injuries.
- South Africa has among the highest road traffic fatality rates globally, at 25 deaths per 100 000 of the population. In 2023 there were 11 883 fatalities on South Africa's roads, of which 45% were pedestrians, 67.5% were male, and 10.2% were children up to the age of 14. The majority (60.4%) of all road fatalities occurred over the weekend.
- Drink driving is a major cause of fatal car crashes, with an estimated 27% attributed to alcohol intoxication. A high number of pedestrian deaths are also attributed to drink driving, and one in five pedestrian fatalities involve children younger than 15 years. This puts the 68% of South African children who walk to school in significant danger.
- Interpersonal violence is also a major cause of injury to children in South Africa. The country has an estimated child homicide rate of 5.5 homicides per 100 000 children – twice the global average. Infants and very young children are particularly at risk: South Africa has one of the highest rates of infanticide in the world at 28.4 per 100 000 live births. Non-fatal injuries are also common – 19.8% of South African children experienced sexual abuse, compared to the global average of 18% for girls and 8% for boys; 34.4% experienced physical abuse (global average 23%); 16.1% reported experiencing emotional abuse (global average 36%); 12.2% reported being neglected (global average 16%); and 16.9% reported witnessing violence.

- These injuries are strongly linked to alcohol abuse. Children are at the highest risk of violence when they are living in households where neither parent is present, where financial resources are scarce and where they are exposed to drugs, alcohol, crime and conflict. Children are also more at risk if they have greater exposure to community members involved in drugs, alcohol and crime.
- "Unintentional" injuries are also common among children, including various types of burns, falls, and drownings. About 40% of drowning cases amongst adolescents involve a positive blood alcohol content (BAC) level.

e. Harms experienced by adolescents

The following alcohol harms are most significant:

- The critical period of brain development in adolescence means that alcohol intake at this stage, especially binge drinking, has damaging effects. Even moderate alcohol intake interferes with brain maturation, as it changes brain function and can lead to problems with impulsivity, reward processing and emotional regulation — all critical areas that if negatively impacted can undermine a young person's ability to negotiate many social, emotional and physical risks, and prevent a healthy transition to adulthood.
- There is no safe amount of alcohol consumption for anyone, but especially for adolescents, and the early adoption of binge drinking while still in their teenage years has consequences for life trajectories, long-term health and well-being.
- In South Africa, adolescent binge drinking rates are unacceptably high, with around 30% of teenage boys and 20% of teenage girls found to binge. Adolescent binge drinking is common in urban, peri-urban and rural settings, driven by a number of social, economic and psychological determinants.
- Early binge drinking also exposes adolescents to a range of chronic diseases and conditions which manifest later in life. This includes compromised bone density and liver function, and a substantial increase in the risk of diabetes and various cancers.
- Binge drinking also radically increases the risk of adolescents contracting communicable diseases, not only because of poor decision-making during intoxication, but also because of problems in brain function relating to reward processing and impulsivity. The risk of HIV is particularly high for adolescent girls and young women.
- Exposure to various forms of violence is also greatly amplified among adolescents who drink. Adolescent males are particularly at risk of being killed in public spaces, and by a perpetrator who is known to them.
- An indirect harm caused to adolescents by binge drinking is the high likelihood that their educational journeys and future prospects will be disrupted. In turn, leaving school early due to financial pressures can fuel teenage binge drinking as a coping strategy, further destroying the drinker's future prospects, and giving rise to further harms to themselves and others.

Recommended policies, practices, and advocacy interventions to reduce alcohol-related harms to children and adolescents

Measures tackling binge drinking and the reduction of alcohol harms to children must be holistic, multi-sectoral and focused on a socio-ecological approach that addresses issues at a societal, community, family and individual level. Below, we discuss the broad society-level approaches that must be prioritised, before outlining specific interventions and practices that must be adopted to address each of the risk areas.

1. Broad societal measures

The WHO's SAFER initiative is the most comprehensive and effective approach to alcohol harms reduction at a societal level. It argues for the following five pillars:

- Strengthening restrictions on alcohol availability;
- Advancing and enforcing drink driving countermeasures;
- Facilitating access to screening, brief interventions and treatment;
- Enforcing bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion;
- Raising prices on alcohol through excise taxes and pricing policies.

The strongest evidence for the initiative's efficacy has been found in the increasing of alcohol taxes; adopting government monopolies for the retail sale of alcohol; restricting the density of outlets and the days and hours of sale; increasing the minimum age of purchase; lowering the legal BAC levels for driving; introducing random breath-testing for driving; implementing widespread brief advice for hazardous and harmful alcohol consumption; and ensuring treatment for alcohol use disorders. There is also reasonable evidence to support introducing a minimum price per gram of alcohol; restricting the volume of commercial communications; and enforcing the restrictions of sales to intoxicated and under-age people. The WHO "Best Buys" – increasing taxes on alcoholic beverages, enforcing alcohol advertising bans, and restricting physical availability – have all been found to be highly cost-effective in both high and low-income settings.

Having been called on to fully adopt the SAFER initiative for some time, the South African government is now exploring these measures. It is clear that in order for these interventions to succeed, the ability of the alcohol industry to influence policy must be curtailed.

2. Measures tackling harm areas at community, family and individual level

While overall societal measures are crucial when it comes to protecting children from alcohol harms, a range of bottom-up strategies and practices also need to be adopted at an individual, family and community level. Successful international models have used a bottom-up ecosystem prevention approach based on analysing and responding to local data, the inclusion of parents, and the provision of leisure activities, among other things. While not every element may translate to South Africa's unique context, the principle of whole-of-community efforts that address the entire socio-ecological context is widely recognised. There is also clearly a need to treat the problem in a holistic manner that addresses not only the symptoms but also the causes. If South Africa wishes to protect its children and adolescents from alcohol harms, it is clear that a holistic, multi-sectoral and socio-ecological approach is necessary, combining the cost-effective, broad society-level policy approaches outlined above with possibly more costly interventions aimed at an individual, family and community level.

a. Measures tackling maternal drinking and foetal alcohol spectrum disorders (FASD)

Although FASD is increasingly being considered in South African policy, there is still no specific FASD policy in the country. Strong FASD policy recommendations have been developed, based on the principle of a multi-sectoral approach and strong collaboration between different government departments, given that foetal alcohol exposure has medical, social and economic consequences. These also emphasise that social determinants (e.g. poverty, gender-based violence (GBV), unemployment) of maternal drinking are diverse and intersectional, meaning that isolated interventions are not as likely to succeed as multi-pronged interventions that are nuanced, innovative, comprehensive, intersectional and compassionate. With this in mind, the following interventions are supported:

Recommended measure	Justification and implementation dynamics
Behaviour change communication for young women, pregnant mothers, partners and community members	Targeted communications strategies for pregnant women are effective in reducing binge drinking and alcohol consumption. Given the strong social drivers of alcohol use and widespread lack of awareness about its consequences, there is a clear need for continuous, locally relevant messaging, especially around binge drinking, maternal alcohol use, and FASD. This messaging must be delivered consistently across multiple trusted platforms, including mass media campaigns, community radio, social media, billboards, and participatory approaches. To be effective, anti-alcohol messaging must strike the right balance: persuasive enough to shift behaviour, but compassionate rather than judgmental. The goal is to support informed choices and help communities avoid the long-term harms of drinking, not to shame or alienate those most at risk.
Brief interventions	Brief interventions are opportunistic short-duration sessions targeting people who have not sought assistance, but who have been identified through screening and assessment at a health facility or in the community, often by a community health worker or allied healthcare worker. They are most effective for those identified as "at risk" of developing dependence, rather than those who already have an alcohol use disorder. Examples of brief interventions found to work in South Africa include Project ASPIRE in Cape Town. Brief interventions should be offered at public clinics, especially in the Adolescent and Youth Friendly Services (AYFS) youth zones, and sexual and maternal health services. Community Health Workers (CHWs), Social Auxiliary Workers (SAWs), Child and Youth Care Workers (CYCWs) and Learner Support Agents (LSAs) should also be trained to run brief interventions in community settings and schools. These interventions should focus on addressing the social determinants that drive binge drinking, and not only on alcohol harms themselves.
Alcohol use screenings	These should be conducted at primary health centres and during outreach services. They should make use of tools such as the Alcohol Use Disorders Identification Test (AUDIT), but such tools should also be adapted to be as relevant as possible to local drinking cultures. FASD screening for children should also take place at clinics and in early childhood development and primary school facilities to pick up disorders early and introduce relevant management plans.
Alcohol use disorder (AUD) treatment	This should be provided to pregnant women and all girls and women identified with an AUD at screening. Treatment mainly takes the form of behavioural interventions such as motivational enhancement therapy, brief interventions, and cognitive behavioural therapy. Individuals should also be provided with mental health support and psychosocial support, which helps them to understand their trauma, pain and suffering, and the structural reasons for their drinking.
Restriction on alcohol sales	Apart from societal level measures to restrict the availability of cheap alcohol, there is need for specific measures to further discourage the sale of alcohol to pregnant women at the community level. To this end, the provisions of the National Liquor Act regarding the sale of alcohol to visibly pregnant women must be better enforced.
Alternative opportunities for livelihoods, socialising and leisure	Young women and mothers need to have alternative opportunities for socialising and leisure. Safe spaces need to be established in collaboration with community members to offer a holistic approach that allows young women to access health-enhancing coping mechanisms for their everyday stress. Skills development and economic opportunities provision are also an important focus of this support, complementing the introduction of a Maternal Support Grant by the government.

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b. Measures tackling parental drinking and development outcomes in early childhood

Parental drinking and alcohol misuse is also fuelled by a variety of intersecting socio-economic determinants, and it consequently also requires a multi-sectoral and holistic response, incorporating the society level approaches presented above, as well as individual, family and community approaches. The following approaches are recommended:

Recommended measure	Justification and implementation dynamics
Brief interventions	Brief interventions that include both parents in screening and support programmes are recommended. There is evidence that such interventions — delivered in primary care settings and including brief psychoeducational sessions, parenting skills training, and group-based support — can encourage affected parents to seek treatment and improve the psychosocial functioning of family members. Community-based workers are well positioned to integrate this approach into their home visits and refer families for further treatment where alcohol use disorders are identified.
Alcohol use disorder (AUD) treatment	A variety of behavioural interventions and mental health support should be used to treat AUDs in parents of young children. This should target fathers as well as mothers.
Psychosocial support to families	Family-based interventions, particularly those using systemic and behavioural couples' therapy, have shown stronger outcomes in improving family functioning and reducing parental alcohol misuse than approaches that focus solely on the individual drinker. Early intervention and referral to intensive, community-based support groups can also be especially effective for low-income families struggling with alcohol-related issues. In South Africa, this kind of family-strengthening work has been successfully implemented by organisations such as Arise Family.
Early childhood development and school identification of family alcohol issues	To enable early intervention and effective child protection, early childhood development and early grade teachers must be equipped to recognise the signs of abuse and neglect linked to alcohol use. This includes identifying internalising and externalising behaviours, developmental and behavioural disorders, ADHD, and signs of suicidal ideation — along with understanding their implications for a child's well-being. Schools should be supported to offer psychosocial support and referral services not only for affected children, but also for their caregivers. In addition, schools can play a key role in helping children build resilience and begin to recover from the harms experienced at home.

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c. Measures tackling gender-based and interpersonal violence

This is one of the most complex issues in South Africa, and its solution requires all sectors of society to be involved, as well as a working criminal justice system. The cost-effective society-level alcohol harms reduction strategies used in the SAFER initiative are a good foundation to ensure that GBV and IPV are not fuelled by alcohol use. However, we must bear in mind that certain approaches might have unintentional negative outcomes, for example an increase in harms to women and children experienced in the home as a result of restricting alcohol use at on-consumption venues. Addressing the entrenched "hegemonic masculinities" in South Africa, which can fuel GBV, is also an endeavour that needs to involve every aspect of society and go beyond alcohol restrictions. The following approaches are recommended:

Recommended measure	Justification and implementation dynamics
Alcohol availability restrictions	As shown during the Covid-19 lockdowns, trauma cases dropped dramatically when there was an outright ban on alcohol sales, and rose again significantly when alcohol was merely restricted. This strongly suggests that keeping men with a propensity to commit GBV away from alcohol — by reducing their access either through pricing or through limiting drinking opportunities in time and space — is a key strategy. Young men and poorer consumers who are most likely to binge drink, and for whom cheap high-alcohol beverages are most available, should be targeted with pricing measures.
Advertising bans	A ban on alcohol advertising is also a crucial strategy to ensure that the alcohol industry is not able to perpetuate harmful drinking cultures, especially among those most prone to binge drinking.
Interventions to change the drinking context	Several methods to protect women from GBV and other harms related to men's drinking have been tested in public drinking contexts. Bystander intervention training for staff of licensed facilities is one of them, and should be used alongside effective policing and enforcement, peer-focused approaches targeting individuals, and comprehensive community approaches.
Alcohol use disorder (AUD) treatment	The identification and early treatment of AUDs through behavioural interventions and mental health support is also an important strategy to reduce the likelihood of alcohol-fuelled GBV and IPV. In addition to individual treatment, behavioural couples therapy and alcohol-focused behavioural couples therapy are two specialised approaches for addressing AUDs that can be used with care in the right context.
Gender transformative men's programmes	Community-based and peer-led gender-transformative men's programmes are also recommended to address hegemonic and toxic masculinity and harmful gender norms. Examples include the SASA! approach, which has been used in South Africa to train community leaders and peer influencers to address GBV. Another is the intimate partner violence prevention programme for adolescents called "Respect 4 U".

Behavioural change communications	Widespread campaigns (using mass media, social media, community radio etc.) that target toxic forms of masculinity should also be undertaken, focusing on school children and youth. These can partner with campaigns such as Sonke Gender Justice's "Safe at Home, Safe in Relationships" creative activism campaign.
Parenting programmes	Parenting programmes such as those offered by Arise Family, FAMSA and others are important to reduce both alcohol consumption and violence within the home, and to focus parents on protecting and nurturing their children. An open access parenting programme run by the WHO with local partners called "Parenting for Lifelong Health" is also valuable in targeting parental violence in low-income settings.
Economic strengthening for women	Economic strengthening and livelihood enhancement programmes for young women have also been found to empower them to avoid GBV and IPV, as they no longer have to rely on abusive men for survival or other needs.

d. Child and adolescent injuries related to alcohol

The suite of measures needed to prevent intentionally caused injuries is similar to those described above in the last two risk areas, including parenting programmes, AUD treatment and brief interventions. Preventing injuries such as those caused by motor vehicle accidents requires another set of interventions. The following approaches are recommended:

Recommended measure	Justification and implementation dynamics
Behaviour change communications	The effectiveness of communication campaigns in shifting social norms around drink driving is well established. Campaigns that use high-impact tactics such as fear-based messaging, vivid visuals, sound, and shock can be particularly persuasive. However, some evidence suggests that a mix of both positive and negative messaging may be more effective, appealing to different personality types who respond differently to promotion- versus prevention-focused approaches. Complementary speed reduction strategies are also essential to reduce alcohol-related road harm.
Lowering BAC limits	South Africa currently has a legal blood alcohol concentration (BAC) limit for all drivers of 0.05 grams per 100 millilitres of blood (0.05% BAC), while professional drivers have a stricter limit of 0.02 grams per 100ml. There are strong calls to lower this even further, or even to introduce a zero BAC limit, a proposal the government is exploring. Such a radical measure could be used in a more targeted way for new and inexperienced drivers (or those under 21), and it might also have the advantage of drawing attention to the dangers of driving while under the influence of alcohol. However, this option also has its detractors – and some argue that the high number of pedestrians who die whilst under the influence of alcohol also needs to be addressed. A pragmatic, phased approach has been suggested to ensure the best balance is obtained.

Better enforcement of drink driving laws	The WHO rates enforcement of BAC limits in South Africa at only 25%. There is clearly a need to substantially improve the enforcement of drink driving laws through regular roadside sobriety checks and campaigns, in order to show the public that drink driving is not tolerated. Punishments such as fines and the revocation of licenses should also be strictly enforced.
Urban upgrading approaches	In several low socio-economic settings and informal settlements, smart urban upgrading and design approaches have been applied with positive results. These strategies prioritise the use of urban space in ways that enhance safety and make it harder for harmful behaviours and environments to take root. As part of a broader package of interventions — including Walking Bus initiatives and the creation of safe spaces for children and mothers — urban design has been recommended as a valuable tool for preventing child injury.
Stronger community policing	There is a need to strengthen community policing to better manage public drunkenness and to protect children on roads and in public spaces. Such localised and community-participatory policing approaches should also better regulate informal and formal liquor outlets in low socio-economic settings, especially to ensure the protection of children close to those facilities.
Family strengthening and parenting programmes	There is a need to prioritise trauma-informed parenting and family strengthening programmes to prevent child neglect and poor supervision in the home, which feed into other unintended injuries such as drownings, burns, electrocutions, poisonings, and fractures.

e. Measures tackling harms experienced by adolescents

Approaches to address alcohol harms for adolescents must be pragmatic and take into consideration the complex and varied contexts in which young people grow up. Different rural and urban contexts have distinct drivers that must be carefully considered, alongside the influence of broader socio-historical factors. At the same time, it is vital that all adolescents are protected from alcohol and its impacts for as long as possible, given their physical vulnerabilities (e.g. brain development), their psychosocial immaturity, and their propensity for risk-taking behaviours. Some of the strategies discussed in previous sub-sections feed directly into these harm reduction approaches for adolescents. For example, preventing alcohol-related harm to brain structure and function in utero or early childhood, and protecting children from witnessing or experiencing violence and abuse in the home due to drinking, are critical steps in reducing their risk of developing harmful alcohol use or addiction patterns later in adolescence. Strengthened drink-driving laws which do not allow young drivers to drive with any level of blood alcohol is also a preventive factor for adolescents. The following approaches are recommended:

Recommended measure	Justification and implementation dynamics
Advertising bans	Early teens have been found to be particularly influenced by alcohol advertising. Given the power of the alcohol industry to promote harmful drinking cultures and perpetuate the notion that drinking is “cool” and a hallmark of maturity, desirability and adulthood, a total advertising ban is advisable. Measures to curtail alcohol advertising on foreign-based streaming platforms and on social media must also be sought.
Restricting teenage access	Although laws prohibit alcohol consumption by anyone under 18, underage drinking remains widespread in both urban and rural areas due to easy access. Reducing teens’ commercial and social access to alcohol requires stronger enforcement and tighter regulation of those who supply it.
Raising the price of desirable drinks	Raising the prices of specific drinks favoured by young people through taxation and MUP is advisable. This applies especially to sweetened alcoholic drinks and cheaper options like beer.
Behaviour change communication	Campaigns targeting adolescents with messaging about alcohol harms are essential, particularly around the long-term risks of binge drinking and the value of healthy living. To be effective, these campaigns must appear on platforms that young people actually use, including social media, podcasts, TikTok, Instagram, and other youth-driven channels. At the same time, parents and other adults need to be reached with clear messaging about the dangers of giving alcohol to young teens and normalising underage drinking.
School health and alcohol harms reduction programmes	School psychosocial support workers, such as Learner Support Agents and Child and Youth Care Workers, should be trained to deliver brief interventions for high school learners. These interventions must be tailored to the realities young people face, grounded in their lived experiences, and responsive to the social drivers of drinking. Similar approaches have proven effective elsewhere, with psychosocial interventions shown to support abstinence, even when reductions in frequency and volume of alcohol use are harder to achieve. After-school programmes can also play a role in reducing alcohol-related harms, and should include clear referral pathways for adolescents with alcohol use disorders.
Youth clubs	Youth clubs — hosted at health facilities’ Youth Zones and run by Adolescent and Youth Friendly Services champions — and peer educators have the potential to reach out-of-school adolescents and other target groups that use public health facilities. Brief Interventions should also be run in these clubs, while screening and treatment for AUDs should also be prioritised.

Conclusion

Children in South Africa experience substantial harm as a result of others’ and their own drinking of alcohol during the course of childhood.

Alcohol is bad for health, for public safety and for our children. South Africa has 10 times the world prevalence of foetal alcohol spectrum disorder, caused by drinking during pregnancy. Our murder, GBV and car accident rates are also higher than the global average.

The common factor is…alcohol! Evidence has shown that these things are all linked to heavy drinking.

We need to support good policies that protect public safety. By implementing the WHO’s SAFER initiative steps, South Africa can have a crucial society-level suite of responses to curb alcohol harms on children. An evidence-based set of individual-, family- and community-level responses targeting each of the five areas in which children are at risk of alcohol harms must be implemented by state, civil society, NGO and community-based role players, something envisaged in the new National Strategy to Accelerate Action for Children. This multi-sectoral response requires some investment, but given the costs of maintaining the rising costs and burden of disease associated with harmful alcohol use and binge drinking, the investment will be worth making.

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