

OPPORTUNITY

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Release systemic
chokes that trap us
in inequality

STARVING THE FUEL TO ITS FIRE WHY CURBING HEAVY DRINKING CAN HELP LOWER GENDER-BASED VIOLENCE IN SOUTH AFRICA

About a third of South African women over 18 have experienced physical or sexual violence in their lifetime. Added to that is the fact that about seven women are killed in the country every day — in about 90% of cases at the hand of an intimate partner or family member. Gender-based violence (GBV) is not just a problem in South Africa; it's officially considered a national disaster. Yet progress on ending it has been discouragingly slow. Could using the momentum for alcohol policy reform help to create urgency for addressing GBV?

This learning brief looks at the links between GBV and heavy drinking, what evidence tells us about how limiting the flow of alcohol in communities can help us get a grip on violence against women, and what effective interventions might be.

NUMBERS WE DON'T WANT TO KNOW

Labelling gender-based violence (GBV) as a problem in South Africa is an understatement. In fact, in 2025, the government classified violence against women as a national disaster, which needs to be dealt with through “exceptional measures”.¹

The severity of the situation is clear from the statistics. In 2022, results from the first national survey on GBV in South Africa showed that 35% of women over 18 had experienced physical or sexual violence in their lifetime.² About a quarter of women surveyed said the perpetrators were men with whom they were or had been in an intimate relationship, such as a spouse, boyfriend or lover, and just over a fifth of men interviewed reported having been physically violent with their partners.³

Moreover, data from 2020/21 shows that about seven women are killed in South Africa every day — in about 90% of cases at the hand of an intimate partner or family member.⁴ The rate of this type of femicide was 4.5 times higher than the world’s average at the time and double what was seen in the rest of Africa, which is already the region with the most such murders relative to the size of the female population.⁵

These numbers have changed little over the last 15 years,⁶ and earlier research has shown that GBV costs the country between 0.9% and 1.3% of its GDP.⁷ But beyond the economic costs, violence against women destroys families and creates intergenerational trauma,⁸ and not snuffing it out perpetuates inequality and strips women of their agency.

A VICIOUS CYCLE

Research shows that situations at the individual, relationship, community and societal level can all trigger GBV, and specifically when the perpetrator is an intimate partner.⁹ But these exist on top of deeper-rooted constructs such as patriarchy and a culture of interpersonal violence, which often operate with poverty as a structural driver that fuels alcohol use.¹⁰ In turn, drinking stokes GBV and a vicious cycle ensues.

Heavy drinking is a problem in South Africa to start with. In 2019, the country’s drinkers consumed, on average, about 27 litres of pure alcohol each,¹¹ which puts us among the top 10 spots in the world in terms of heavy consumption.¹² In addition, an analysis of data from 2014/15 also shows that 43% of alcohol consumers in South Africa qualify as heavy drinkers,¹³ meaning that they have five or more standard drinks a day or in one sitting in a month. (A standard drink is a beverage that contains 15 ml of pure alcohol and works out to roughly 125 ml of wine, one 330 ml can of beer, or about 40 ml of hard liquor.) In 2019, four out of 10 drinkers reported bingeing on alcohol by having five or more drinks in one sitting.¹⁴

Heavy drinking is a bigger problem among men than women. Nearly half of adult men binge drink, compared with about 12% of women, and mostly between the ages of 20 and 44.¹⁵ Research also shows that poorer communities are disproportionately affected by alcohol use and that more than 50% of men who are unemployed or get paid in cash binge drink.¹⁶

1 See: <https://www.gov.za/blog/violence-against-women-national-disaster-demands-national-action>

2 Zungu, N.P. et al. 2024. The first South African National Gender-Based Violence Study, 2022: A baseline survey on victimisation and perpetration. Cape Town: Human Sciences Research Council.

3 Ibid.

4 Abrahams, N. et al. 2024. 20 years of femicide research in South Africa. Research brief. Pretoria: Medical Research Council of South Africa.

5 UNODC. 2021. Killings of women and girls by their intimate partner or other family members: Global estimates 2020. https://www.unodc.org/documents/data-and-analysis/statistics/crime/UN_BriefFem_251121.pdf; The global rates have changed little by 2024. See: UNODC and UN Women. 2025. Femicides in 2024: Global estimates of intimate partner/family member femicides. United Nations.

6 Abrahams, N. et al. 2024. 20 years of femicide research in South Africa. Research brief. Pretoria: Medical Research Council of South Africa.

7 Oosthuizen, M., Martin, L. and De Villiers, D. 2024. Towards a gender-based violence index for South Africa: An overview and proposed way forward. Commission for Gender Equality.

8 See: <https://www.gov.za/blog/violence-against-women-national-disaster-demands-national-action>

9 Ramsoomar-Hariparsaad, L. and Maker-Diedericks, A. 2021. Alcohol availability and gender-based violence (GBV) in Southern Africa: An evidence review. Medical Research Council and South African Alcohol Policy Alliance.

10 Gibbs, A. et al. 2020. New learnings on drivers of men’s physical and/or sexual violence against their female partners, and women’s experiences of this, and the implications for prevention interventions. *Global Health Action* 13(1): 1739845. doi: <https://doi.org/10.1080/16549716.2020.1739845>

11 World Health Organization. 2025. Global Health Observatory: Alcohol levels of consumption. [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-drinkers-only-per-capita-\(15-\)-consumption-in-litres-of-pure-alcohol](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-drinkers-only-per-capita-(15-)-consumption-in-litres-of-pure-alcohol)

12 Ibid.

13 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). <https://doi.org/10.7196/samj.2018.v108i1.12615>

14 World Health Organization. 2024. Global status report on alcohol and health and treatment of substance use disorders. Geneva: WHO. Data for the WHO report is sourced from the South African Wine Industry Information and Systems.

15 Theron, M., De Man, J., Harker, N. and Swart, R. 2024. Predictors of harmful, hazardous or dependent alcohol use in South African adults: National Dietary Intake Survey 2022, University of the Western Cape. Paper presented at the 50th Annual Epidemiology Symposium of the Kettill Bruun Society, Glasgow, Scotland. 9–13 June 2025; National Department of Health (NDoH), Statistics South Africa (Stats SA), South African Medical Research Council (SAMRC) and ICF. 2017. South African Demographic and Health Survey 2016: Key indicators report. Pretoria, South Africa, and Rockville, Maryland, USA.

16 Probst, C., Parry, C., Wittchen, H.U. and Rehm, J. 2018. The socio-economic profile of alcohol-attributable mortality in South Africa: A modelling study. *BMC Medicine* 16, 97.

These statistics don't mean that lower levels of consumption are safe. The risk of intentional injury¹⁷ or death from an alcohol use disorder¹⁸ more than doubles for every two drinks consumed. Health authorities typically define moderate drinking as fewer than two drinks per day for men and one drink per day for women, but caution that no level of consumption can be seen as safe because of the carcinogenic properties of alcohol.¹⁹



CAN TACKLING TWO NEGATIVES MAKE A POSITIVE?

This background presents GBV as part of a syndemic – the convergence of two or more problems in a population due to similar root causes. But if heavy drinking feeds into GBV, does it then also follow that if we can get unchecked alcohol use under control, we could make inroads in the fight against GBV too?

Yes, says Kashifa Ancer, project lead for Rethink Your Drink, the alcohol harms reduction campaign incubated by DGMT. “Our argument is that we cannot adequately deal with GBV and femicide reform if we’re not looking at alcohol legislation. If we don’t deal with the alcohol issue, we won’t see a major decrease in the statistics.”

The reasoning is simple. Alcohol is a proximal aggravator of GBV, says DGMT’s CEO, David Harrison. It sits on top of deep layers of historical and societal norms, systemic inequalities and economic marginalisation that perpetuate male dominance and power imbalances in families and communities.²⁰ “Alcohol fuels the expression of these in the moment,” he says. “Although we know that all these levels must be addressed if we’re going to combat GBV, working only on the deep-lying bottom levels isn’t the quick solution. But what we **can** do now is to work at that top level. And while it’s not the whole answer, addressing alcohol use in communities can be a mitigator that can yield a significant reduction in the short term.”

Statistics from Covid-19 lockdown periods back up the link between alcohol, injuries and violence. For example, trauma admissions to the emergency department of a large regional hospital in the Western Cape fell by between 60% and 70% during complete alcohol bans compared with times when alcohol flowed freely.²¹ When both alcohol restrictions and curfews were in place — even for fairly modest durations — unnatural deaths dropped by 26%.²² When researchers zoomed in on femicides specifically, they found that complete alcohol bans led to cases dropping by between half and two-thirds, depending on the movement restrictions implemented. When alcohol sales were partly restricted and some form of night-time curfew held, fewer femicides were reported too, although the change was not statistically significant.²³ However, a marked drop in cases was noted even during partial alcohol restrictions and curfews when numbers were compared with pre-pandemic conditions.²⁴

Despite South Africa’s historically high GBV statistics, as well as the strong local and international evidence on the link between alcohol use, trauma and interpersonal violence, action on both GBV and alcohol reform has been discouragingly slow.

17 Taylor, B. et al. 2010. The more you drink, the harder you fall: A systematic review and meta-analysis of how acute alcohol consumption and injury or collision risk increase together. *Drug and Alcohol Dependence* 110(1-2): 108–116. doi: <https://doi.org/10.1016/j.drugalcdep.2010.02.011>

18 Carr, T. et al. 2024. The risk relationships between alcohol consumption, alcohol use disorder and alcohol use disorder mortality: A systematic review and meta-analysis. *Addiction* 119(7): 1174–1187. doi: <https://doi.org/10.1111/add.16456>

19 Centers for Disease Control and Prevention. 2025. About moderate drinking, 14 January. <https://www.cdc.gov/alcohol/about-alcohol-use/moderate-alcohol-use.html>; Ortola, R., Sotos-Prieto, M. and Garcia-Equinas, E. 2024. Alcohol consumption patterns and mortality among older adults with health-related or socioeconomic risk factors. *JAMA Network Open* 7(8): e2424495. doi:10.1001/jamanetworkopen.2024.24495; World Health Organization. 2023. Joint statement by WHO/Europe and IARC to the European Parliament – raising awareness of the link between alcohol and cancer, 6 November. <https://www.who.int/europe/news/item/06-11-2023-joint-statement-by-who-europe-and-iarc-to-the-european-parliament---raising-awareness-of-the-link-between-alcohol-and-cancer>

20 Zungu, N.P. et al. 2024. The first South African National Gender-Based Violence Study, 2022: A baseline survey on victimisation and perpetration. Cape Town: Human Sciences Research Council.

21 Chu, K.M. et al. 2022. Trauma trends during COVID-19 alcohol prohibition at a South African regional hospital. *Drug and Alcohol Review* 41: 13–19.

22 Moultrie, T.A. et al. 2021. Unnatural deaths, alcohol bans and curfews: Evidence from a quasi-natural experiment during COVID-19. *South African Medical Journal* 111(9): 834–837. <https://journals.co.za/doi/epdf/10.7196/SAMJ.2021.v111i9.15813>

23 Abrahams, N. et al. 2025. Association between alcohol use and femicide in South Africa during the COVID-19 pandemic: A cross-sectional study. *Lancet Global Health* 13(7): e1291–1300. [https://doi.org/10.1016/S2214-109X\(25\)00115-9](https://doi.org/10.1016/S2214-109X(25)00115-9)

24 Ibid.

The economic value of the alcohol industry is often wielded as an argument, with a recent cost–benefit analysis — with funding from the South African Liquor Brand Owners Association — showing that making and selling alcohol has a net positive effect on the country’s economy.²⁵ This study contradicts an earlier analysis by health economists demonstrating a significant net cost to society.²⁶ On review, it’s clear that the industry-funded analysis substantially underestimated direct costs (such as the healthcare and educational costs of foetal alcohol spectrum disorder and welfare costs linked to GBV and child abuse). It also based its calculations of indirect societal costs on far lower estimates of the value of a statistical life.²⁷ “While the assumptions underlying both economic benefit and indirect societal costs may be argued,” says Harrison, “the notion that the pursuit of wealth and wellbeing of a nation pulls in different directions is wrong.”

Studies by the Organisation for Economic Co-operation and Development (OECD) show that although increased alcohol manufacturing and sales do bolster countries’ GDP, economic costs overtake the benefit curve from about 23 grams of pure alcohol, which is the same as about 1.5 standard drinks, and then far outweigh the benefit trend as alcohol consumption increases.²⁸ What this tells us is that moderate drinking can indeed contribute economically, but that heavy drinking — like what we see in South Africa — costs a society more than it contributes in terms of healthcare, social welfare, crime prevention and management, productivity losses and community dysfunction. “For these reasons,” says Harrison, “DGMT’s focus on alcohol reform is to reduce heavy drinking, not kill the industry.”

But arguing for alcohol reform purely from a numbers perspective is hard, says Ancer. “We can’t look at people’s lives only in terms of money. Life is so much more. How many jobs is a death worth? How many jobs is an assault worth? Because that’s essentially what the economic argument says: that what is happening in the country is okay, because at least it’s creating jobs, at least it’s maintaining some sort of economic benefit.”

A CLUSTER OF INTERVENTIONS

How then do we create the urgency that will drive change? For one, GBV has been classified as a national disaster. This means government has to fast-track its response and can use disaster regulations.

Trauma injuries, unnatural deaths and femicides all dropped when alcohol was less available, and outlets had to close earlier during lockdown restrictions. Government’s response to the Covid-19 pandemic showed that things can be done fast.

But a big part of the problem with restricting alcohol availability, outside of national disaster periods, is that national, provincial and local governments all have a say about different parts of liquor legislation. For example, national laws make the rules about alcohol manufacturing and wholesale distribution, whereas provincial governments make laws about retail sales and micro-manufacturing. Local governments usually make laws that regulate how, where and when liquor is sold to the public.

“We need a coherent legal framework for alcohol across the country,” says Harrison.

“Ultimately though, especially with the emergence of e-commerce, a constitutional amendment may be needed to bring retail sales under the ambit of national government as well,” Harrison explains.

There is also political will to act now, and it’s important to take advantage of the current policy space, says Ancer. “The fact that President Cyril Ramaphosa specifically mentioned the harms of alcohol and the need to address alcohol policy in his 2026 State of the Nation Address is a major win for alcohol harms reduction advocates.”³⁰

In September, President Ramaphosa instructed five key departments to deliver a coordinated legislative and enforcement package to curb alcohol-related violence. He set a 60-day deadline for it to be presented to Cabinet.

25 Barr, G. 2024. A cost–benefit analysis for alcohol in South Africa for the year 2019. *South African Journal of Economic and Management Sciences* 27(1): a5314. <https://doi.org/10.4102/sajems.v27i1.5314>

26 Matzopoulos, R. et al. 2022. Estimating the changing burden of disease attributable to alcohol use in South Africa for 2000, 2006 and 2021. *South African Medical Journal* 221(8b): 662–675.

27 Matzopoulos, R., Truen, S., Bowman, B. and Corrigan, J. Right of reply: The cost of harmful alcohol use in South Africa: A reply to Murray and Barr (2022). *South African Medical Journal* 2022:112(7): 451–452. <https://samajournals.co.za/index.php/samj/article/view/9>

28 OECD. 2021. Preventing harmful alcohol use. OECD Health Policy Studies. Paris. <https://doi.org/10.1787/6e4b4ffb-en>

29 See: Disaster Management Act, 2002. Chapter 3. https://www.gov.za/sites/default/files/gcis_document/201409/a57-020.pdf

30 See: <https://www.thepresidency.gov.za/state-nation-address-president-cyril-ramaphosa-1>

It's clear from DGMT's perspective that the conditions for urgency exist; the next issue requiring consensus is the type of interventions needed. DGMT's focus is on a cluster of interventions, says Harrison. "Firstly, we need to stop cheap alcohol from flooding communities, particularly in poorer areas, because we know that there's a strong association between low socio-economic status and heavy drinking. Secondly, we need to restrict availability. And thirdly, we want children and teenagers protected from exposure to alcohol and advertising."

STOPPING CHEAP ALCOHOL FROM FLOODING COMMUNITIES

A 2015 analysis shows that people, and especially men, in poorer communities drink more, and often at binge levels.³¹ But the harm from excessive alcohol consumption in these communities has a disproportionate effect, with more than four times as many alcohol-related deaths occurring in low-income groups than in high-income groups.³²

Beer dominates the consumer market. In 2024, it accounted for 75% of total sales by beverage volume and about 55% by pure alcohol volume.³³ And with it being fairly cheap — a quart (750 ml) costs about the same as a 700 g loaf of white bread³⁴ — people might well choose to buy a drink over food. In fact, according to the consumer price index for June 2026, households spent about the same amount of their income on beer as on vegetables.³⁵

Industry pricing strategies also encourage drinking larger volumes at a time.³⁶ For example, a 750 ml bottle of lager costs around R22, which means at an alcohol volume of 5%, it contains 37.5 ml of pure alcohol. This translates to 2.5 standard units of alcohol. At R22, it therefore means each unit of alcohol costs R8,80.

However, a six-pack of 330 ml bottles of lager costs about R90, with a single one amounting to R15. A bottle like this contains 16.5 ml of pure alcohol, which is 1.1 standard units; so, a single unit of alcohol (15 ml) costs R13,60 when beer is sold in a 330 ml bottle — 1.5 times more than what a unit of alcohol costs in a 750 ml bottle.

Alcohol is cheap and widely available, so making it more expensive can influence consumer behaviour. This can be achieved by taxing drinks more, setting a minimum price for alcoholic beverages or implementing a combination of these. Minimum unit pricing is an especially attractive measure in South Africa, as it can target both heavy drinking linked to cheap alcohol (which tends to be drunk disproportionately by the people who consume the highest amounts) and high-strength drinks.³⁷



³¹ Probst, C. et al. 2018. Socio-economic profile of alcohol-attributable mortality. *BMC Medicine*.

³² Ibid.

³³ South African Wine Industry Information and Systems. SA Wine Industry 2024 Statistics NR 49. https://www.sawis.co.za/info/download/Statistiek_boek_2024.pdf. 2024

³⁴ You can buy a 750 ml bottle of beer for R20–R30, depending on the brand and where you buy. A 700 g loaf costs between R19 and R25, also depending on the brand and where you buy.

³⁵ See: Statistics SA. Consumer Price Index, June 2026. Pretoria: Statistics SA. <https://www.statssa.gov.za/publications/P0141/P0141June2026.pdf>

³⁶ Prices of Castle Lager as advertised by major retail chains on 27 August 2026. A standard unit of alcohol is 15 ml.

³⁷ Harrison, S. Minimum unit pricing. Policy brief 11. Cape Town: DGMT; Gibbs, N. et al. 2022. Equity impact of minimum unit pricing of alcohol on household health and finances among rich and poor drinkers in South Africa. *BMJ Global Health* 7(1):e007824. <https://gh.bmj.com/content/7/1/e007824>

MAKING ALCOHOL LESS AVAILABLE

Getting a drink in South Africa is easy. Studies show that in some residential areas, you can expect to find around three to six liquor outlets per square kilometre,³⁸ and in some places even as many as 33 in an area of this size.³⁹ Research also shows that the more available alcohol is, the more people drink — and the more harm it causes.⁴⁰

Availability is a key driver in the link between alcohol use and GBV, with both outlet density and trading hours contributing to the amount people drink. Modelling studies show that the negative consequences of alcohol use can drop markedly when liquor outlets like bars, taverns and clubs, where alcohol is bought and drunk on site, close earlier. For example, a local study by the Research Unit on the Economics of Excisable Products⁴¹ at the University of Cape Town shows that if current laws were to change in the Western Cape so that bars, clubs or restaurants would have to stop selling alcohol by midnight, up to 380 500 fewer cases of intentional injuries (e.g. domestic violence and assault) linked to drinking and up to 44 300 deaths could be avoided over the next 20 years.⁴²



- 38 Ramsoomar, L. et al. 2024. Mapping alcohol outlet density and outlet trading times in two South African communities: A community centred approach. South African Medical Research Council. <https://saapa.africa/mapping-alcohol-outlet-density-and-outlet-trading-times-in-two-south-african-communities-a-community-centred-approach>; Bowers, Y. et al. 2020. Alcohol outlet density and deprivation in six towns in Bergrivier Municipality before and after legislative restrictions. *International Journal of Environmental Research and Public Health* 17(3), 697. doi: 10.3390/ijerph17030697
- 39 Ramsoomar et al. 2024. Mapping alcohol outlet density.
- 40 Campbell, C.A. et al. 2009. The effectiveness of limiting alcohol outlet density as a means of reducing excessive alcohol consumption and alcohol-related harms. *American Journal of Preventive Medicine* 37(6), 556–569. doi: 10.1016/j.amepre.2009.09.028; Taylor, B. et al. 2010. The more you drink the harder you fall. *Drug and Alcohol Dependence*.
- 41 See: <https://commerce.uct.ac.za/reep>
- 42 Filby, S. et al. March 2023. The impact of reducing trading times of retailers selling alcohol for onsite consumption: Western Cape analysis. The study was commissioned by DGMT and submitted as part of expert evidence in legal proceedings brought against Kannaland Local Municipality in 2024.

PROTECTING CHILDREN AND TEENAGERS FROM EXPOSURE TO ALCOHOL

The Draft Liquor Amendment Bill, which was first introduced for comment in 2016, was set to help protect children against the harms — and temptation — of early drinking, with provisions that would restrict alcohol marketing in places where children hang out; prevent bars, taverns or liquor shops from operating close to schools or churches; and raise the legal drinking age from 18 to 21 years.⁴³ But the proposed Bill has been in limbo for a decade, with analyses pointing to the alcohol industry having had a strong hand in its stalling.⁴⁴

Underage drinking is risky, research shows. Teenagers who drink, and especially those who drink heavily, are more likely to find themselves in situations where impaired judgement leads to violence, crime, traffic accidents and risky sexual behaviour, including intimate partner violence.⁴⁵ Experiencing or witnessing violence can also fuel harmful alcohol use as a way of coping, and being in crowded, poorly managed drinking venues can lead to more aggression among drinkers.⁴⁶

But more than that: starting to drink heavily before the age of 21 has long-term consequences. Research shows that starting to use alcohol during adolescence can harm the brain structures that control planning, decision-making, memory and attention — functions that are important for learning and work performance — and up the chances of alcohol dependence in adulthood.⁴⁷ This can affect someone's earning potential and mental health, which, in turn, can aggravate situations that lead to violent behaviour.

- 43 Department of Trade and Industry. Draft Liquor Amendment Bill, 2016. Invitation for public comment published in Government Gazette, 30 September 2016. https://www.gov.za/sites/default/files/gcis_document/201609/40319gon1206.pdf
- 44 Mitchell, G. et al. 2025. Alcohol industry involvement in the delayed South Africa Draft Liquor Amendment Bill 2016: A case study based on freedom of information requests. *Globalization and Health* 21:11. <https://doi.org/10.1186/s12992-025-01097-5>
- 45 National Research Council (US) and Institute of Medicine (US) Committee on Developing a Strategy to Reduce and Prevent Underage Drinking; Bonnie RJ, O'Connell ME, eds. Reducing underage drinking: A collective responsibility. Washington, DC: National Academies Press; 2004: 3 – Consequences of underage drinking. <https://www.ncbi.nlm.nih.gov/books/NBK37591/>; World Health Organization. 2016. WHO Facts on youth violence and alcohol. Geneva: WHO; Hingson, R, Heeren, T and Zakocs R. 2001. Age of drinking onset and involvement in physical fights after drinking. *Pediatrics* 108(4):872–877; Salas-Wright, C.P. et al. 2016. Age-related changes in the relationship between alcohol use and violence from early adolescence to young adulthood. *Addictive Behaviors Reports* 4: 13–17.
- 46 World Health Organization. 2016. WHO Facts on youth violence and alcohol.
- 47 See: National Research Council (US) and Institute of Medicine (US) Committee on Developing a Strategy to Reduce and Prevent Underage Drinking. Reducing underage drinking; Chapter 3. <https://www.ncbi.nlm.nih.gov/books/NBK37591/>

LESSONS LEARNT

Relative to the researchers and advocates who have been working towards GBV reform for years, DGMT is a new voice in this policy space. But DGMT's connection to community-based organisations across South Africa allows it to channel their voices to shape policy to improve the lives of all South Africans. It's the synthesis of their experiences and that of other countries that equips DGMT to help fast-track efforts to drive down GBV.

Here are five things the organisation has learnt about combining alcohol reform and GBV advocacy:

1 TAKE ADVANTAGE OF THE CURRENT POLICY SPACE

The Covid-19 data on the links between GBV and alcohol availability provided credible evidence that bolstered the policy argument for stricter regulations, says Ancer. High-level political will to curb heavy drinking for the good of South Africa's future, as expressed through the President's 2026 State of the Nation Address and the National Strategy to Accelerate Action for Children (NSAAC), has opened a policy window that can lead to real change. DGMT has leveraged this opportunity by presenting to several government bodies including National Treasury, Cabinet and Parliament's Interministerial Committee on GBV, demonstrating evidence that not only supports the link between heavy drinking and GBV but also offers interventions that can help to curb excessive alcohol use. "Our hope is that there's going to be a convergence, that dots are going to connect in people's minds because they'll see that there's a common theme — harmful drinking — that needs to be addressed," explains Harrison.

2 MOVE FROM AWARENESS-RAISING TO CAPACITY BUILDING

"People experience alcohol harm every day; they don't need to be made more aware of it. What we need to do now is capacitate people to participate in public processes," says Ancer. This means equipping people with knowledge on, for example, how liquor policy and licensing processes work, so that communities can stand up for change and mobilise against the free flow of alcohol in their neighbourhoods. That's why Rethink Your Drink is bringing together civil society players working in the GBV space to make clear the link to heavy drinking, amplifying the voice for policy reform.

3 POSITION MESSAGES WISELY

It's important to position alcohol reform as one of many measures that need to be in place to end GBV. "We don't want to create the impression that if stricter liquor laws are passed, GBV will just be gone," says Ancer. "It's somewhat of a double-edged sword: if we say drinking is not the direct cause of violence, then people might well say, 'Then why are we bothering?' But the other side of it is that if we do say alcohol is a direct cause of GBV, we may undo the goals of advocates trying to address the deeper societal and systemic roots of violence against women and girls. So, we're in the process of investigating and learning, so that we can get to that one sentence that will neither undermine GBV advocacy nor downplay the urgency needed for alcohol reform."

The same goes for the message about the role of the alcohol industry in South Africa, explains Harrison. "We're not trying to say that the alcohol industry is not a contributor to economic benefit in South Africa. But there's a tipping point at which the costs outweigh the benefits, and so we're really trying to reframe the argument around alcohol reform as being about optimising the net economic benefit while reducing social and health costs."

4 LEVERAGE POLICY WINDOWS

"Opportunity arises when empirical evidence built over a long time, public demand and political interest come together. That's where we are now and why it's important to keep on building the evidence base," says Harrison. Bringing people together with seemingly different goals and helping them see the common theme in their work is a big part of this. "When we started getting involved in GBV advocacy, we found a reticence among activists to talk about alcohol harm, almost as if talking about the role of alcohol would somehow undermine the argument that GBV is about male attitudes and behaviour. But what we've seen over time, aided by the results from the Covid-19 lockdowns, was a growing fusion of analyses between activists in the GBV space and those working towards alcohol reform," he explains.

National Treasury has also proposed raising excise taxes and introducing a minimum price on alcohol, and the Department of Trade, Industry and Competition is formulating amendments to the Liquor Act. "These are huge policy wins that are happening in small parts. It's been years since we've seen this kind of political momentum in the alcohol space and our hope is that we can really latch onto this and push something forward," says Ancer.

5

BE PRAGMATIC IN YOUR APPROACH

We have to accept that industry has a strong voice in South Africa, says Harrison, and therefore it's important to be realistic about proposing interventions that can work in the country's context. "But you can only be pragmatic if you have a very clear north star."

"We're driven by specific objectives, and that means that sometimes we'll be working closely with government, but sometimes we will actually be challenging them. Having the moral legitimacy to do that is critical." And this means that the organisation has to be clear on what the goals are, what compromises it will accept, and then "be willing to be bold and be brave", he concludes.

WHAT'S NEXT?

In 2026, Rethink Your Drink convened a dialogue with civil society organisations working in the GBV space, where data on the link between heavy drinking and violence against women and girls was presented. As a next step, they will be working towards turning the discussions into concrete ways to amplify the kind of reform needed to address both GBV and heavy drinking. The team has also submitted a formal request to the Constitutional Review Committee to ask that liquor licensing be moved from a provincial function to a national competency.

This brief was written by Linda Pretorius and edited by Rahima Essop, with contributions from Kashifa Ancer and David Harrison.



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