

Is alcohol threatening health and development in South Africa?

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Research jointly supported by the ESRC and DFID



Overview

1. Context
2. A note on the project
3. A note on Cape Town's development
4. South African drinking
5. Threats and opportunities
6. More questions

Context

- Project acknowledges and builds on the significant volume of work in Public Health/epidemiology on alcohol
- BUT adopts a multidisciplinary (social science) perspective to alcohol as:
 - An issue that calls into question how urban space is regulated and managed (not just *how built*)
 - An issue which directly challenges development policies and aspirations.

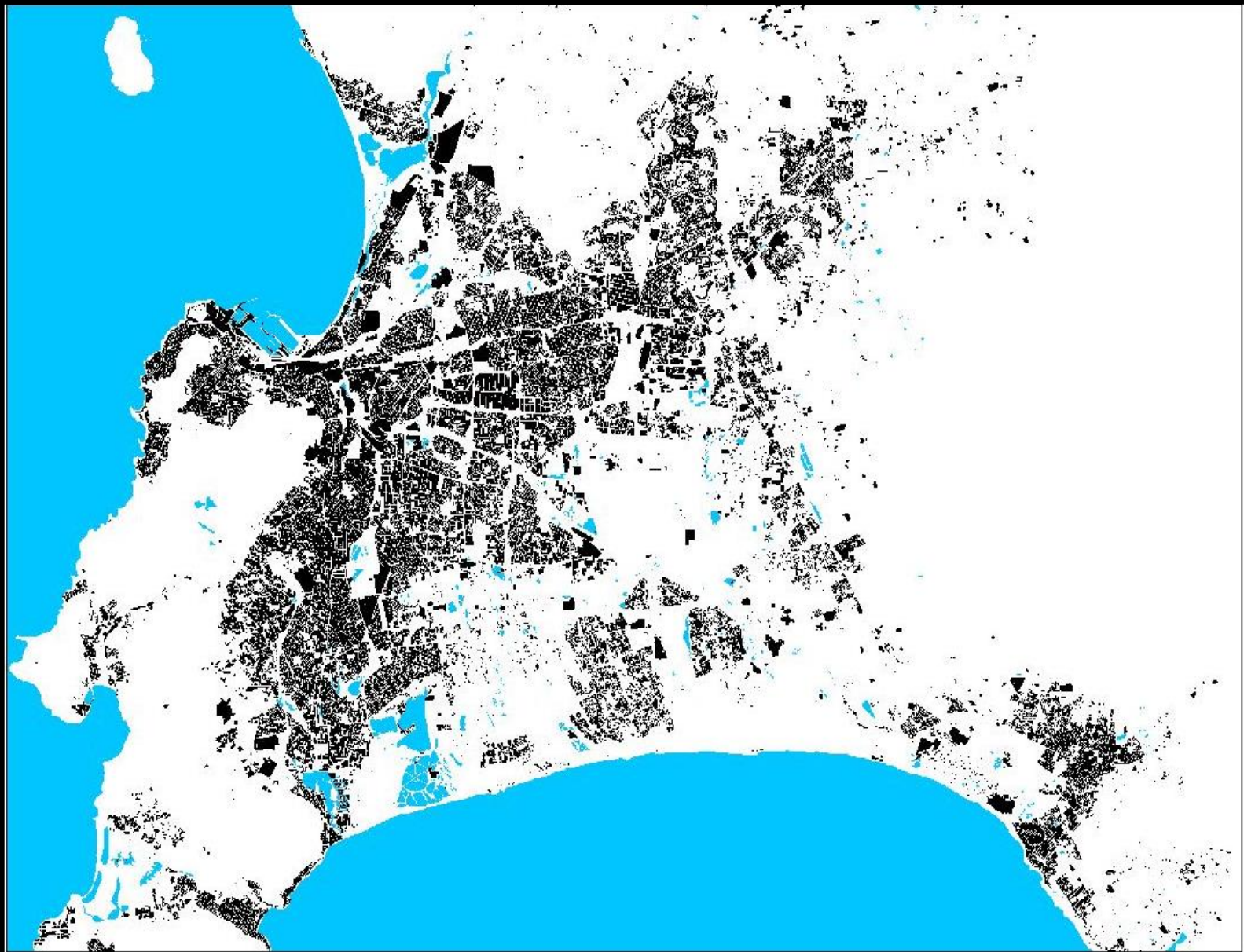
The project

- 2011-2013: Alcohol, poverty and development in the Western Cape – ESRC-DFID
- Why DFID? Alcohol problems are a direct manifestation of deeper structural inequalities, opportunities and barriers
- The differential distribution of risks and hazards relating to drinking are a direct reflection of developmental issues
- Drinking emerges from and reinforces poverty
- BUT also offers tantalising opportunity to escape from it.
- Spatial understanding of SDH and direct contribution to Urban Health agendas

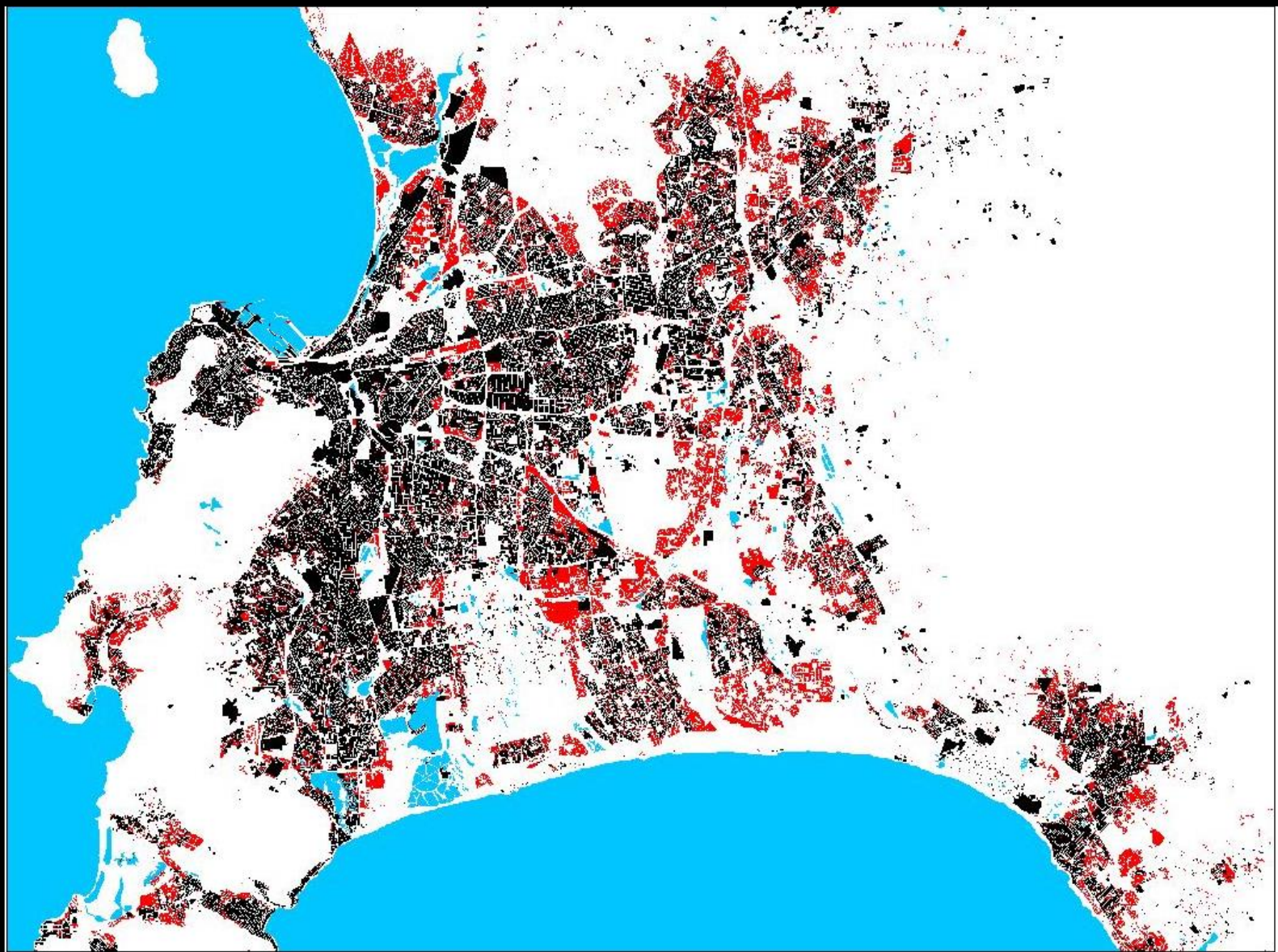
Demographic features & trends in CT

Population in 2011	3,740,026
Population in 2001	2,893,247
Population in 1996	2,563,612
Ave annual population growth (2001-2011)	2.92%
Ave annual pop growth (1996-2001)	2.45%
Ave annual pop growth (1970-96)	2.97%
Ave annual pop growth (1946-70)	3.70%

CAPE TOWN 1985

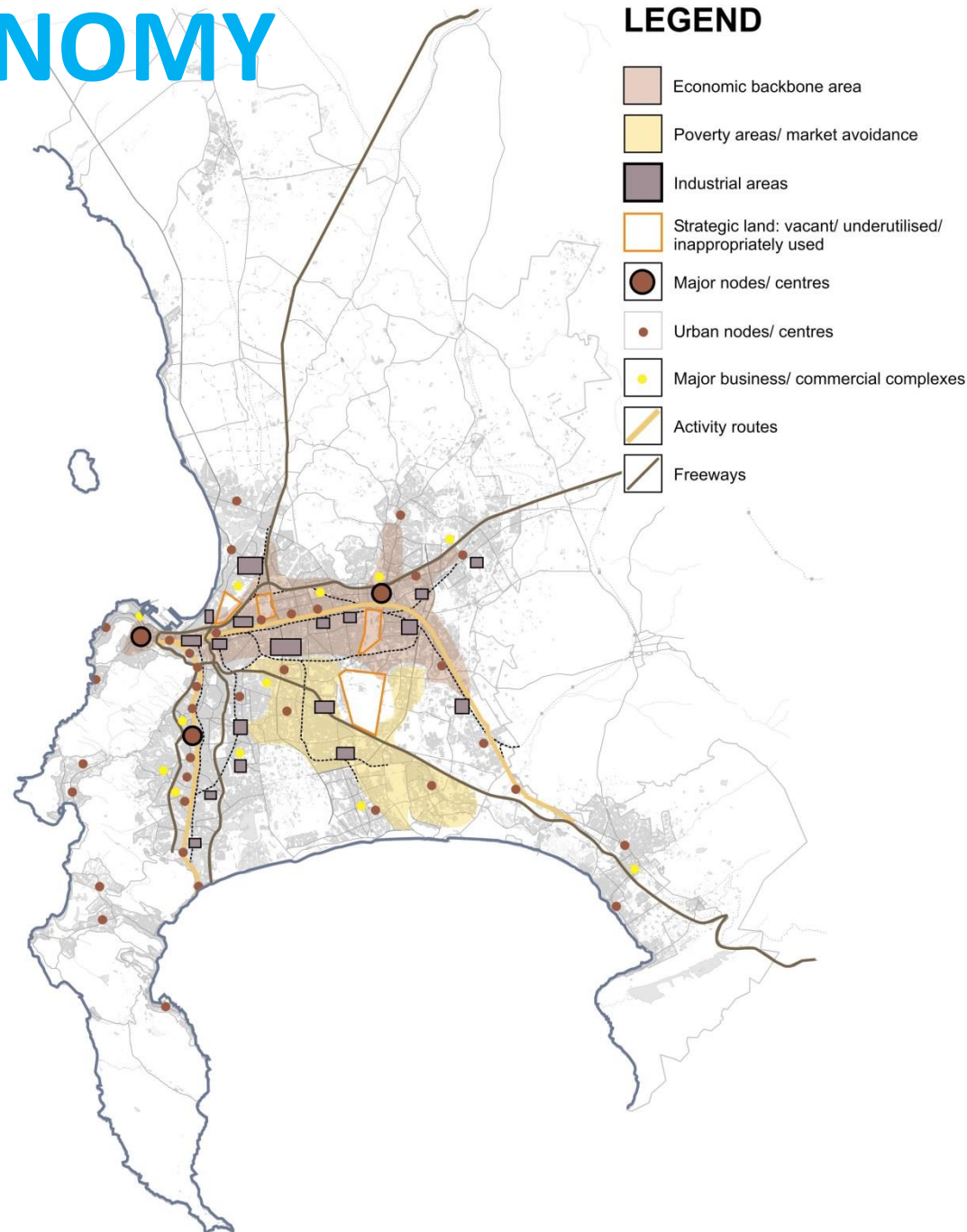


CAPE TOWN 2005



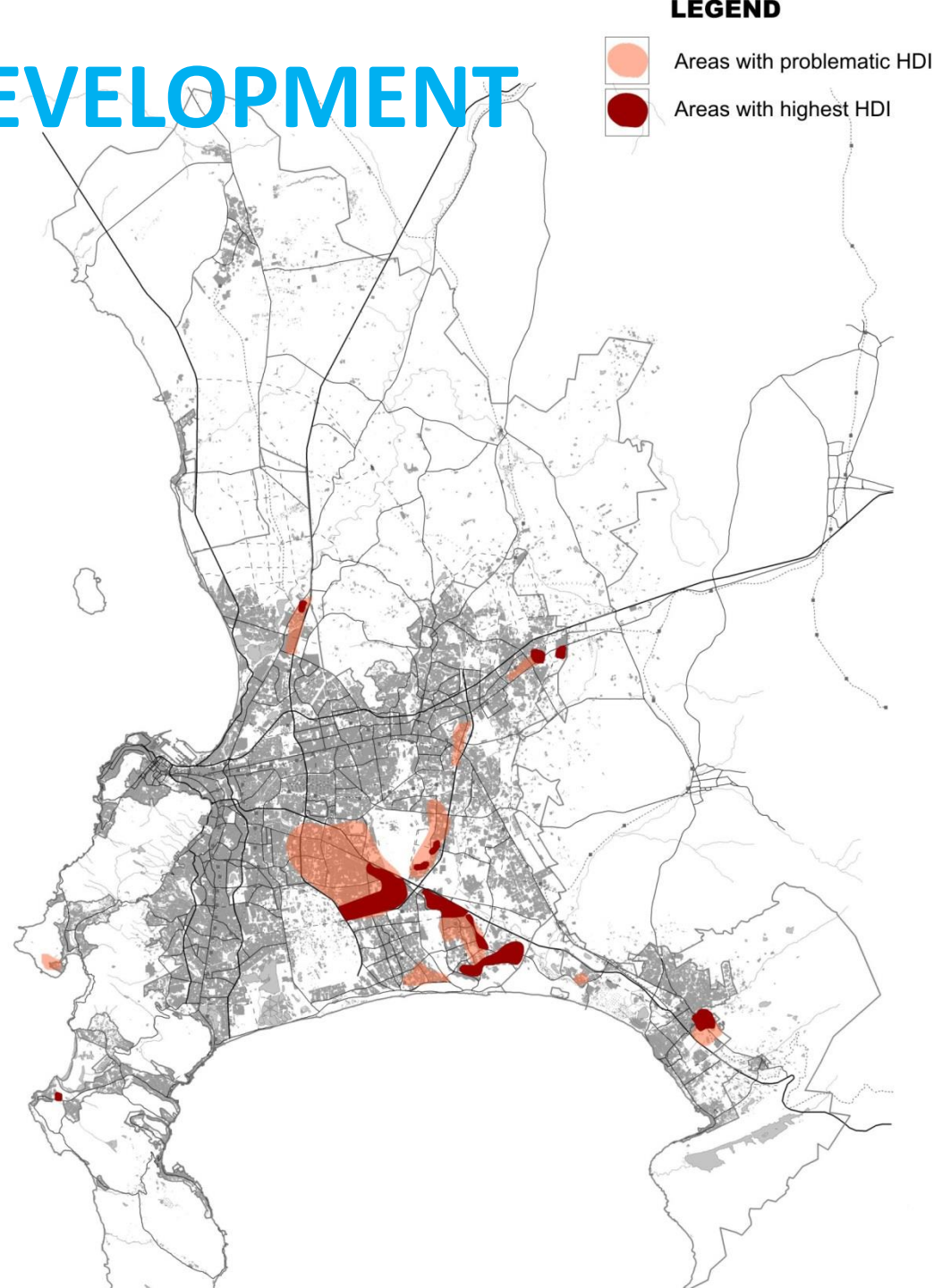
ECONOMY

- Economic core of city extending eastwards
 - Growth in employment in Epping, Bellville/ Durban Rd etc.
 - Growth in building plans passed and property rates revenues in Koeberg & Durban Rd corridors; Brakenfell/ Kraaifontein
- Increasing geographical and structural complexity of economy – including suburbanisation of economic activity
- Estimated 500 000 new jobs possible if:
 - Unnecessary 'red tape' removed
 - Good governance (billing, reliable basic services etc.)
 - good public transport



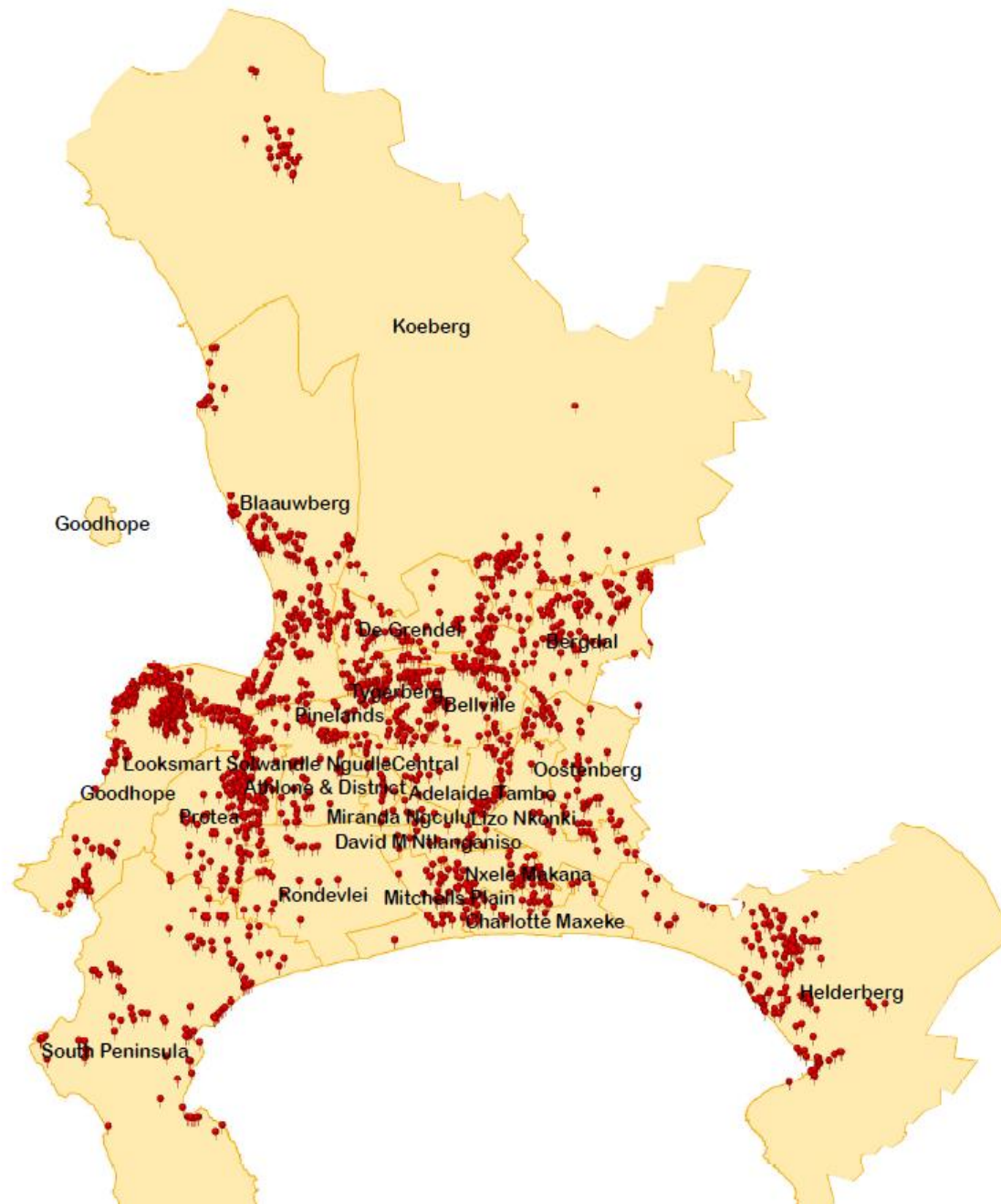
HUMAN DEVELOPMENT

- Quadruple burden of disease: NCD, infectious, perinatal and maternal
- AIDS impact increasing and heaviest among poor households (0.8% pregnant women HIV+ in 1990 and 27% in 2003; 33% pregnant women in Khayelitsha HIV+)
- High unemployment (29%, 52% youth); large poorly skilled labour pool (30%)
- Challenges geographically concentrated among new poor arrivals to the city.
- Drugs, crime, injury, violence
- Poorest areas = illegitimate liquor sales.



South African drinking

- Dual and inequitable political economy of liquor: formal and informal
- 78% of alcohol outlets are unlicensed
- 86% of licenses in Western Cape are white-held – legacy of colonial and apartheid regulations.
- Alcohol and its regulation intensely political – deeply ambiguous commodity.

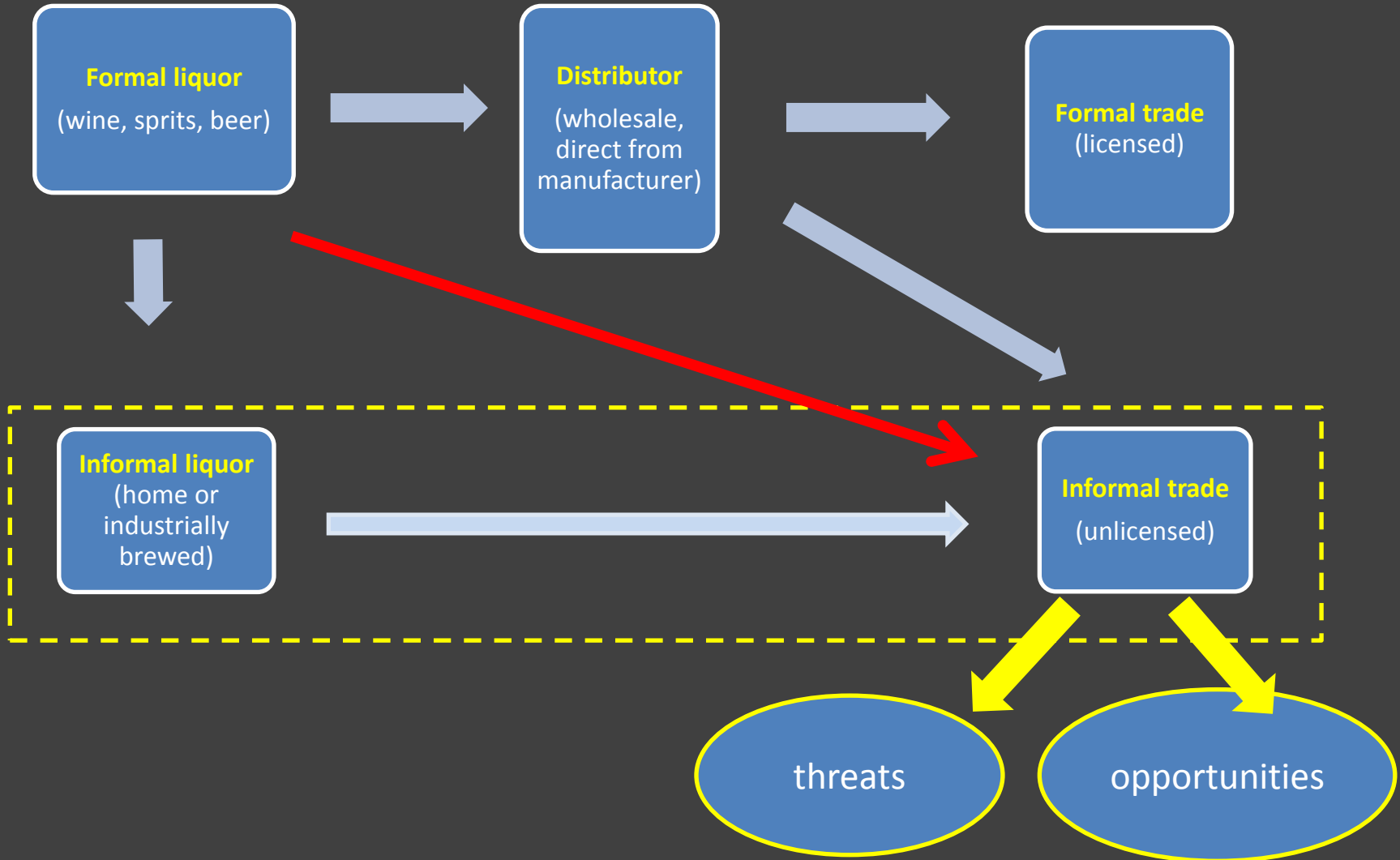


Licensed
premises in
Cape Town
(2011).





Supply chain







**I SEEING YOU
LATER FOR A BEER?**

Slow Brewed.
Extra Matured.





South African drinking: regulating the ambiguities

Threats: 51% men and 74% women lifetime abstainers, but 41% of female and 48% of male drinkers do so to hazardous levels (3/4 pattern)

- 5th highest levels of consumption in world
- One third drink Friday - Monday
- Alcohol implicated in 39% IP violence, responsible for 7% of mortality and DALYs (#3)
- Cost = R9 billion

Opportunities: significant consumer market, world's second largest industry player, tourism, subsistence/ entrepreneurial livelihoods

- **Threats:** violence, rape, injury, RTAs and drunk driving, crime, absenteeism, drugs, quadruple burden of disease, unlicensed trade exists outside legal and tax codes (PH, WHO, Social Development etc).
- **Opportunities:** 80% of beer produced by SABMiller is consumed through unlicensed (BoP) channels, 74% of SA's 200,000 outlets are unlicensed. SABMiller contributes more in tax than SA's mines. Licensing whole industry could create 600,000 jobs. Spaces of female employment, leisure and socialisation (DTI and tourism).

SA Alcohol Policy response

- Context: WHO's Global Strategy, NCD focus, Target-setting (and exceeding), national concern and hardening of public opinion
- 2003 National Liquor Act
- Need to update 1989 Provincial Acts
- 2012 Western Cape Liquor Bill promulgated
- City of Cape Town municipal by-laws
- 2013 – advertising, legal drinking age and blood alcohol limit.

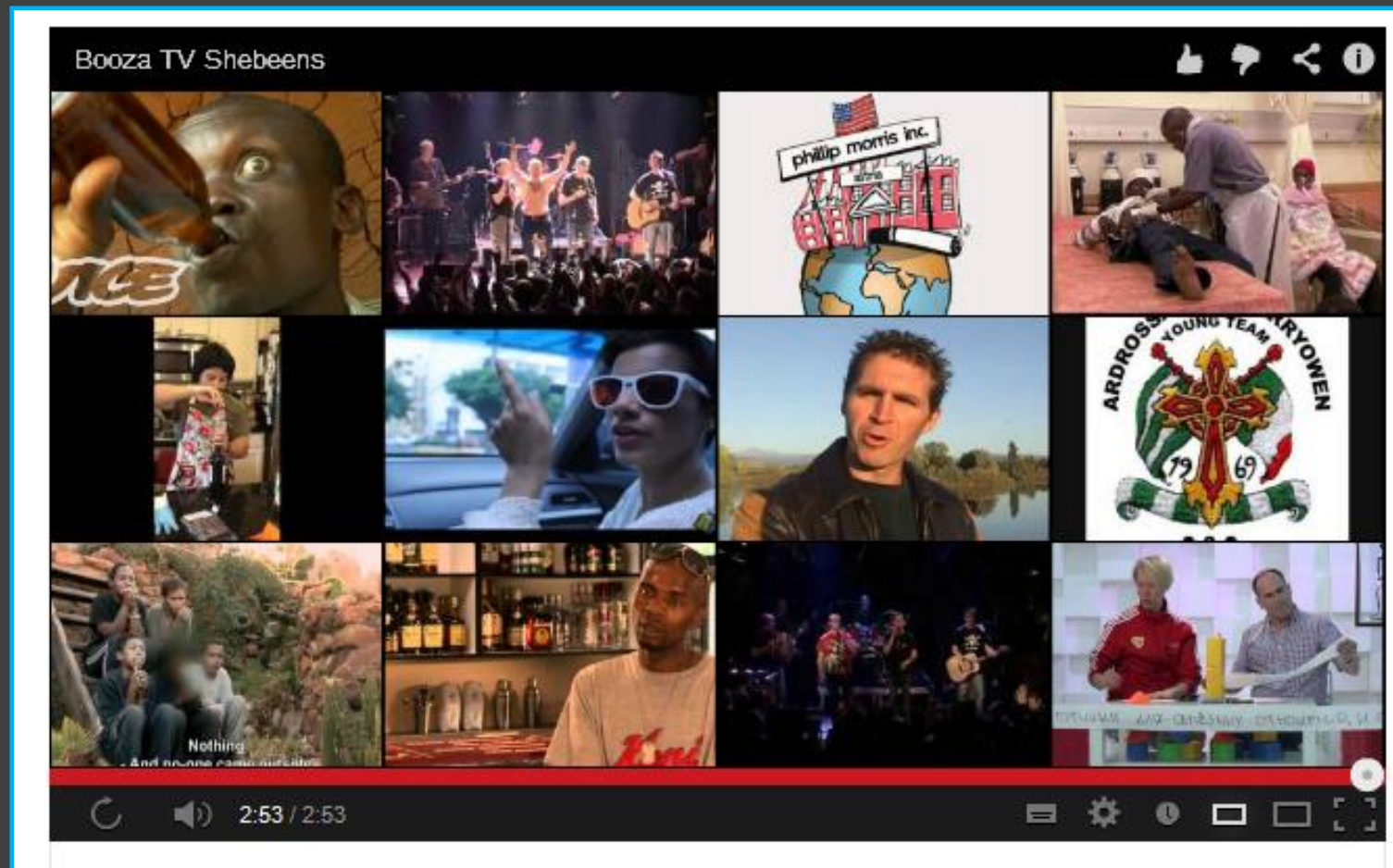
Western Cape Liquor Act 2012

- Five years and 360 submissions
- Raids and closure of shebeens = “blitzes”
- Land use zoning
- Restricted opening hours
- Limits on licenses in residential areas
- Community involvement in licensing applications
- enforcement at metro scale - complaints and tip offs - but conflict with SAPS.
- No education/demand reduction component.

Academic/ WHO response

- Cross-sectional research examining correlations between violence, hospital admissions, arrests, drunk driving and liquor consumption.
- Lobbying for supply-side control and removal of funding for education.
- Clear anti-industry stance (papers in *Addiction* about “vested interests” in the trade and collusion in writing national strategies)

Booza TV shebeens



SABMiller Response

- Lobbying Gauteng for shebeen permits
- DTI-funded Mahlasedi programme – supports shebeeners in applying for licenses and trains them to run businesses more “efficiently”
- Those who attend the course increase sales by 31% and savings by 41% (allowing expansion)
- CSR – training in “responsible sales practices”.

“No-one would contest the desirability to uplift and empower a huge number of micro-entrepreneurs, but this has to be carefully balanced with the equally recognised need to promote and entrench responsible drinking habits”

(SABMiller, 2008)

Concerns

- Realising public health aspirations to reduce alcohol-related harms:
 - Effectively impose neo-prohibitionism on townships/informal settlements
 - Does not replace shebeening with alternative economic activities
 - Raids drive shebeens underground as coping strategy, reduce profit-making ability and growth potential (undermine entrepreneurial capacity)
 - Inadequacy of enforcement
 - Address the drink, but not the reasons why people consume it – the “causes of the causes”

Is alcohol threatening health and development?

- Better question: are current approaches to alcohol control prioritising security at the expense of broader approaches to health and development?
- Some good examples: Violence Prevention through Urban Upgrading (VPUU)
- What are the real 'causes of the causes'? Would alcohol sale/ consumption be reduced if employment increased.
- Eradication or formalisation? Industry influence on policy.
- Surfeit of regulations, but poorly policed and enforced.