

# Creating interdisciplinary and international research: crossing the public health/ social science gap

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# Overview

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# Rationale and context

# Rationale

- “Alcohol is about to get the type of attention usually reserved for AIDS and Malaria” (Science Magazine, Grimm, 2008: 862)
- 2010 WHO ‘Global Strategy to Reduce Harmful use of Alcohol’
- Globally, 3.8% of mortality and 4.6% of disability-adjusted life years (DALYs) are attributable to alcohol, disproportionate burden in middle-income countries
- Rising rates of NCDs and persistence of infectious disease.

# 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.

# Why the Western Cape?

- 51% men and 74% women lifetime abstainers, but 41% of female and 48% of male drinkers do so to hazardous levels (3/4 pattern)
- 5<sup>th</sup> 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/ yr
- significant consumer market, world's second largest industry player, tourism, subsistence/entrepreneurial livelihoods

- Development and deployment of the WCLA – charting moment in alcohol control agenda
- Opportunity to document debates – protractors, detractors, narratives, justifications etc
- Important as gives sense of competing issues at play in the urban governance of alcohol
- Alcohol as a barrier to health and social development as well as implementation of Zuma’s electoral promises of ‘social transformation’.

# The project details



# 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

# Research questions

1. What are the lived relationships between the alcohol control agenda, poverty and development in SA?
2. How are the lived experiences of drinking understood and taken up in the policy making process?
3. How, why and where do the poor drink and under what conditions do they become “problematic”?

# Scales of investigation

- (a) Drinking as the latest inclusion within the Global Health and development remit
- (b) Regional and national legislative and policy debates on alcohol in SA
- (c) The drinking practices of township/informal settlement dwellers in CT.

# Funder demands

- **ESRC:** Impact
- (1) health and wellbeing; (2) collaborative work; and (3) understanding individual behaviour
- **DFID:** poverty alleviation and capacity building
- Health and social exclusion and inequality and poverty reduction



# Methodological approaches

# Methods

Series of work packages:

1. Data analysis
2. Stakeholder interviews
3. Case study development
4. Focus groups
5. Spatial analysis of outlets
6. Participant observation on public transport
7. Ethnography at homeless shelter/ locie/ shebeens
8. Media/ legislative discourse analysis
9. Co-working with SLF

# Theoretical interdisciplinarity



# Interdisciplinary perspectives?

- 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.
  - A problem that requires qualitative engagement.

## Critical approach to epidemiology...

### 1. Ecological study of health and place

(Environment, not individual. How risk behaviours shape place, embedded practice)

### 2. Urban political ecology and cities of the South

(contemporary challenges of the southern city, “pathologies of urban form”, coping strategies and vulnerability)

# In reality

- Urban studies
- Public health/ biomed/ epidemiology
- Geography
- Sociology
- Anthropology
- History
- (Political) economics
- Urban planning
- Development/
- Southern African Studies
- Global Health
- Psychology
- Criminology
- Behavioural economics
- **Alcohol studies**

# Alcohol studies

- Epidemiology
- Addiction studies
- Public health
- Hardening line with regards to appropriate methods, evidence and policy recommendations
- Concern with the ‘unhealthy commodity industries’ and their products, strategies, role in policy and influence at the WHO
- Limits range of perspectives that are acceptable.

# 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)

# Reflections

# Project Challenges

- Politics
- Focus groups
- RA recruitment
- Access to communities
- Timing and time off
- Publication outlets (territoriality and time lags)
- Co-working at a distance
- Making collective sense of the data
- Narrow field and critical mass

# Outputs

- South African Geographical Journal
- Critical Public Health
- Antipode
- Geoforum
- The Geographical Journal
- Cultural Geographies
- South African Crime Quarterly



# Follow-ons

- Wellcome Trust
- NIH?
- Outlets for funding exploring industry?

# SAB?

- 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)

# Follow-ons

- Wellcome Trust
- NIH?
- Outlets for funding exploring industry?
- Findings sharing
- Workshop

[www.alcoholsouthafrica.wordpress.com](http://www.alcoholsouthafrica.wordpress.com)

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