

Alcohol and Healthy Cities CityLab workshop

African Centre for Cities, University of Cape Town

Workshop report

28 November 2013



Table of contents

1. Programme.....	3
2. Attendees.....	4
3. Workshop report	5
3.1 Welcome and introduction	5
3.2 Alcohol, poverty and development, project and findings	5
3.3 The Healthy Cities CityLab: Understanding the links between the urban environment and health.....	7
3.4 The Burden of Disease Reduction Project- Violence prevention and alcohol harm reduction.....	9
3.5 Sustainable Livelihood Foundation – The Shebeen paradox	10
3.6.1 Alcohol Interventions: City of Cape Town.....	12
3.6.2 Control of Undertakings that Sell Liquor to the Public, 2013	12
By-Law, Policy and SOP	13
3.7 Discussion and future research directions (Chair: Professor Robert Morrell, UCT)	15
3.7.1 Discussion.....	15
3.7.2 Future research directions	17

1. Programme

09.00-09.30	Coffee
09.30-10.00	Clare Herrick, King's College London – Alcohol, Poverty and Development project
10.00-10.20	Warren Smit, African Centre for Cities – The African Centre for Cities Healthy Cities CityLab work
10.20-10.40	Richard Matzopoulos, UCT Public Health – Social and Health Impacts of Alcohol: Selected alcohol research from the School of Public Health and Family Medicine
10.40-11.00	Coffee break
11.00-11.20	Andrew Charman, Sustainable Livelihoods Foundation – Shebeen Paradoxes
11.20-11.50	Letitia Bosch and Lauren Uppink, City of Cape Town Substance Abuse Team, City Health
11.50-13.15	Discussion on future research directions (Chair: Professor Robert Morrell, UCT)
13.15	Lunch

2. Attendees

1. **Clare Herrick**, Department of Geography, King's College London:
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2. **Warren Smit**, African Centre for Cities, UCT: warren.smit@uct.ac.za
3. **Laura Drivdal**, PhD student, Centre of Criminology, UCT: laura.drivdal@gmail.com
4. **Shari Daya**, Department of Environmental and Geographical Science, UCT:
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5. **Andrew Charman**, Sustainable Livelihoods Foundation: Andrew.charman@slf.org
6. **Gordon Pirie**, African Centre for Cities, UCT: Gordon.pirie@uct.ac.za
7. **Robert Morrell**, Programme for the Enhancement of Research Capacity, UCT:
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8. **Michael Cardo**, Director Policy Research and Analysis, Policy and Strategy,
Department of the Premier Michael.cardo@westerncape.gov.za
9. **Letitia Bosch**, Substance Abuse Coordinator, City Health, City of Cape Town:
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10. **Chris O'Connor**, Manager Development Inegration, Economic, Environmental and
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11. **Lauren Kim Uppink**, Professional Officer Projects, Development Integration Unit,
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12. **Thys Giliomee**, CEO Western Cape Liquor Authority: thysg@live.com
13. **Richard Matzopoulos**, UCT Public Health: Richard.matzopoulos@gmail.com
14. **Joanne Corrigan**, School of Public Health and Family Medicine: joannecor@gmail.com
15. **Jonny Myers**, Centre for Occupational and Environmental Health Research, School of
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16. **Linda Noah**, UCT: aluwauna@gmail.com
17. **Taru Jaroszynski**, Policy Analyst: Social Cluster, Strategic Policy Unit, Office of the
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18. **Mirjam van Donk**, Director, Isandla Institute: mirjam@isandla.org.za
19. **Mida Kirova**, District Spatial Planner, Spatial Planning and Urban Design Department,
City of Cape Town: mida.kirova@capetown.gov.za
20. **Ms Leatitia Petersen** : Deputy Director, Liquor Licensing Administration, Western Cape
Liquor Authority: Leatitia.petersen@westerncape.gov.za
21. **Francisca Zimmermann**, UCT Centre of Criminology francisca87@gmail.com

3. Workshop report

3.1 Welcome and introduction

The workshop is opened by Professor Gordon Pirie, African Centre for Cities.

3.2 Alcohol, poverty and development, project and findings

Clare Herrick, King's College London

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The 'alcohol and healthy cities citylab workshop' has two main purposes:

- 1) The first purpose is to share findings of studies within the project on alcohol, development and poverty in South Africa.
- 2) The second purpose is to bring together a group of professionals from different disciplines to discuss the topic from different perspectives.

The project on alcohol, development and poverty in South Africa (2011- 2013) has been funded and designed in collaboration between King's College London, ESRC Economic and Social Research Council, UKaid and the African Centre for Cities (ACC). The project has been conducted from a mainly social science perspective with an interdisciplinary character and using mainly qualitative research methods.

The goal is to examine which knowledge on alcohol and health is available for researchers and policy makers, which gaps can be found within this knowledge, and which understanding and information is needed to fill these gaps.

Central research questions in the project are:

- 1) What are the lived relationships between the alcohol control agenda, poverty and development in South Africa?
- 2) How are 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 does this become 'problematic'?

Three scales of investigation are used:



- 1) A global scale; drinking as the latest inclusion within the Global Health and development remits
- 2) A regional and national scale; focusing on legislative and policy debates on alcohol in South Africa
- 3) A local scale; focusing on township areas and informal settlements in Cape Town.

Methodological approaches:

With a qualitative focus, several research methods are used to study the issues and questions mentioned above. The following methods have been used in the study: Initial analysis of health survey data to access the scale and scope of harmful and hazardous drinking in the province (by demographic group and relative to other provinces) , stakeholder interviews, case study development, focus groups, spatial analysis of outlets, participant observation on public transport, ethnography at homeless shelter/ locies/ shebeens, media/ legislative discourse analysis, collaboration with SLF through joint-authored publications and collective analysis of SLF data. .

Headline findings

The headline findings of the study so far, can be divided in five areas:

- 1) *Data gaps:* The 1998- 2003 SADHS is inadequate in ascertaining the micro-dynamics of local scale spatial and social risks. The data available also tells us very little about recent consumption trends (i.e. by age, gender and class) . Data on smaller geographical scales- and data focussing on the relationship between income / education and alcohol consumption and alcohol-related harms would be useful.
- 2) *Hearsay and speculations:* Gaps of knowledge are filled by speculations, reinforced by gaps between stakeholders and those most 'at risk'. How do we bridge that gap?
- 3) *Control of shebeens v. relation of entire system:* Are shebeens a sign of deeper structural problems? What will be the results of removing shebeens? What livelihood alternatives will remain? Residents' calls for greater order and control, yet residual tensions with the police that undermine this. Disparities in access to licenses in poorer areas are reinforcing the existing geographical gap between legitimate and illegitimate retailing. What is the influence of regulation? Blockages in judicial system cause problem.
- 4) *Information and education:* Debate continues over a possible full-scale ban on alcohol advertising due to its adverse effect on drinking uptake and continuation. More information and education on the risks of alcohol and the ways young people could avoid/resist drinking were demanded in focus group settings . Stakeholders showed a diminished appetite for funding these programmes, especially given that the evidence for the efficacy of education is mixed and often contradictory (depending on context and setting). However, education is still a very important component of

broader development and empowerment work. Examples of educational possibilities are space within the 'life orientation' syllabus, and teacher training.

Next steps

- A comparative study between South Africa and Botswana will provide insight into the effects of high taxation and clamp down on shebeens on drinking cultures, attitudes and trends. The study will explore changes in drinking habits and attitudes towards liquor and its regulation since the imposition of the alcohol levy.
- More detailed research on the role of the liquor industry and its trade associations/ social aspects organisations in shaping policy responses at the national and regional level. There is scope for further research on the ways in which industry creates and mobilises evidence and, in so doing, shapes and defines notions of risk with regards to alcohol consumption. .
- What economic and social alternatives to shebeening might be developed ? How can recreation and employment opportunities actually be generated and made workable alternatives to drinking? Or, finally, how might social norms around drinking changed so as to normalise “responsible drinking”?

3.3 The Healthy Cities CityLab: Understanding the links between the urban environment and health

Warren Smit, African Centre for Cities
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The Healthy Cities Citylab programme derives from a lack of knowledge, specifically on health issues apart from HIV/AIDS. The goal of the programme is to bring together researchers from different disciplines to undertake research on health and the urban environment of Cape Town and engage with policy makers.

Cape Town has to deal with a high level of socio-spatial inequality and large difference in physical urban environment, which results in major health inequalities within the city.

Key dimensions of relationship between physical urban environment and health are:

- Housing (shelter, water and sanitation)
- Spaces for outdoor activities
- The urban environment's impact on diet/nutrition
- The built environment's impact on safety
- The urban environment's impact on mental health

Methods and goals



The fieldwork of the Healthy Cities CityLab programme has been conducted in three parts of Khayelitsha; Section A, Site B and Taiwan.

In Section A people have formal houses, running water, flush toilets and electricity. The streets are relatively clean.

In Site B the housing has been upgraded to formal housing, and in Taiwan people live in shacks with only access to communal taps and toilets.

A five day workshop was held in each area, using a 'body mapping' methodology combined with a picture project and in-depth interviews.

Key points in the study were:

- Perceptions of health and well being
- The various ways in which the physical urban environment impacts on health and wellbeing
- Choice

Preliminary findings of the fieldwork

- The project highlights that health and wellbeing needs to be understood in a more nuanced and context- specific way.
- Neighbourhood physical urban environments have a significant impact on health/well-being of residents and residents understand these links better than anyone.
- The relationship between the neighbourhood physical urban environment and health/well-being is made more complex by the local social context, e.g. fear of violent crime greatly constrains use of outdoor space.
- Most low-income households in Cape Town live in spatially marginalized areas cut off from socio-economic opportunities, which has a profound impact on health/well-being of residents.

Creating healthier neighbourhoods

- Everyone should have adequate access to water and sanitation and other basic services and neighbourhoods need to be designed/ retrofitted to make them safer, more conducive to outdoor activity and more conducive to better diet and nutrition.
- Possible interventions to create safer outdoor spaces that are more conducive to outdoor activity include: redesign of streets for pedestrians/ cyclists, better street lighting, greening of public spaces.
- Possible interventions to increase food security include better infrastructure for food markets / street food sellers and better support for urban agriculture.

- In order to enhance opportunities for residents there should be accessible clusters of information resources and government services (such as the “lighthouses of knowledge” and “citizenship streets” found in some Latin American cities.
- At city-wide scale, densification, compaction and integration of land uses/socio-economic groups are required (through participatory processes that use disaggregated health data, and utilizing tools such as slum upgrading, inclusionary zoning, and land taxation) to ensure that all residents have easier access to socioeconomic opportunities and to reduce health inequities.

Discussion

In the discussion the following points are discussed:

- The impact of the size of housing
- Trade- offs between healthy and unhealthy food
- Changes of body health state over a week
- Mental health as cause and consequence

In the discussion Andrew Charman starts with two questions on the study; the first question is on the impact house sizes on peoples drinking behaviour and the second one on alcohol as a nutritional source for food.

Warren Smit explains that the size of houses has an impact on peoples drinking behaviour. The size of houses differs enormously in Cape Town and people with less living space have less opportunity to undertake a range of recreation activities, such as drinking, in their houses.

Trade-offs between healthy and unhealthy food (or alcohol) seem to happen among the participants of the study. However, people showed with the body maps that they were well aware of the differences between health and unhealthy food. Clare Herrick adds that trade-offs are often gender based; men tend to spend money on alcohol and women on food to provide their family.

Joanne Corrigan adds the importance of paying attention to the reasons for drinking, the factors that drive people to drink. She emphasizes the importance (and neglect within research) of mental health problems as cause and consequence of alcohol consumption.

3.4 The Burden of Disease Reduction Project- Violence prevention and alcohol harm reduction

Richard Matzopoulos, UCT Public Health
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The problem of violence can be studied from different approaches, focusing on risk factors that derive from an ecological, structural, societal, behavioural or biological level.

This presentation emphasizes the importance of prevention of alcohol problems, by showing the costs and dangers of alcohol and described selected research and advocacy activities of the UCT School of Public Health, i.e. 1) the Burden of Disease Reduction Project, 2) the costing of alcohol harm, 3) demand and supply side interventions, and 4) conflict of interest.

Alcohol is a substantial contributor to most of the leading causes of premature mortality in the Western Cape, including violence and injuries, HIV, tuberculosis and other major infectious diseases and also important non-communicable diseases, e.g. cardio-vascular, cancers and mental health problems.

The relationship between alcohol and violence has a bidirectional character, meaning that in some instances alcohol causes violence and that experiencing violence might cause alcohol abuse. Similarly there are bi-directional relationships between mental health and alcohol and also between mental health and violence.

Alcohol typically increases the risk of violence through four mechanisms: 1. by making them emotional, 2) irrational, 3) lowering their inhibitions, and 4) by making them vulnerable.

This is extremely important as violence is the largest contributor to alcohol-attributable DALYs in the Western Cape. The other major contributors are the major infectious diseases (e.g. HIV and TB), neuropsychiatric disorders and other injuries.

The right policy on alcohol can make a large difference; it can save a lot of costs, both financial and 'tangible' costs. It is estimated that alcohol costs the state R17 billion per year (Budlender 2009), but provides an income of only R16 billion per year representing a net cost of R1 billion per year to government alone. The total tangible costs to SA society is R38 billion and the total intangible costs (e.g. the value of life) are more than R204 billion per year (Matzopoulos et al. SAMJ in press).

How do we intervene?



A multidimensional approach is needed that will reduce both demand and access. Examples of activities include brief interventions in trauma units, Booza TV in Elsie's River, suggestion of minimum pricing and use of the WCLA to regulate the hours and days of trade (although it was acknowledged that this has recently been relaxed).

Argued that it is really only the national and to a lesser extent the provincial and then municipal government that has the authority to instigate meaningful supply-side regulation to reduce alcohol-related harms. Ongoing evaluation of the WCLA in Khayelitsha is underway, but it is unclear with the new by-law whether there will be any effect.

The alcohol industry is extremely influential in shaping alcohol policy and regulations from a national to a community level. The rule of thumb for engagement with the industry is that any industry money should only be received at arm's length, i.e. so that the industry cannot influence the scope, methods, and results.

Discussion

Andrew Charman, Sustainable Livelihoods Foundation, notes that it is important to not study the effects of alcohol in isolation, but in the environment and combination with other drugs like marijuana, and tik. Richard Matzopoulos responds that not knowing the exact effects of the myriad combinations of poly-drug use does not obviate the responsibility to apply effective evidence based practice for drugs known to have the dramatic population level effects – in this instance alcohol.

3.5 Sustainable Livelihood Foundation – The Shebeen paradox

Andrew Charman, Sustainable Livelihood Foundation
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The presentation starts with a movie (from the 'digital story telling workshop'), showing the complex decision making of the illegal selling of alcohol and the dilemmas shebeen owners are struggling with.

From the perspective of the shebeen owner, several considerations are discussed concerning alcohol licencing in the township areas of Cape Town. Key considerations are:

- Even if shebeen owners apply for a liquor licence, it's very hard to get one, due to the zoning of their shebeens inside residential rather than 'commercial land'.

- Most shebeen owners can also never afford to use a liquor consultant to help get a license (and this is the reason why SAB have stepped in to facilitate this process)
- They would also need local political consent to get a license.
- Many shebeen owners don't want to formalize their shebeen because they don't see their shebeen as a business – rather a small scale form of subsistence - and don't want to start a formal business due to the attendant risks and need for capital and reinvestment.
- A large part of the local economy exists from the sale of liquor, which makes it hard to change from owning a shebeen to working in another sector. This is especially as shebeens often form about 30% of local micro-enterprises
- Many people don't have liquor at home as they worry that others will drink it. Instead, they use the shebeens to store their drinks, shebeens are used as a local or community 'fridge'. Does this function change the ways in which we characterise these spaces?

Will law enforcement reduce the frequency of shebeens? Probably not, because the police is unreliably and corrupt in many township areas. Therefore, '*micro control strategies*' will be more successful in limiting the harm caused by alcohol use in the shebeens. Shebeens have to take responsibilities for the impact of their consumers. So far, '*micro control strategies*' are applied, but still limited. One example cited was the use of a high shelf in a shebeen to place drinks and thus avoid fights over spilt drinks.

3.6.1 Alcohol Interventions: City of Cape Town

Letitia Bosch, Substance Abuse Coordinator, City Health, City of Cape Town
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The presentation starts with an overview of the City's policy context; showing the vision behind the policy strategies. Substance Abuse Work Group is a transversal work group established to coordinate the implementation of the City of Cape Town's Alcohol and Other Drug Strategy which is informed by the:

- Prevention of & Treatment for Substance Abuse Act, 2008
- National Drug Master Plan 2013- 2017
- PGWC Blueprint
- OneCape 2040

The Alcohol and Drug Harm Minimization and Mitigation Strategy 2011- 2014 can be divided in six main objectives

The overriding goal of the strategy is '*to contribute towards minimizing the harm and mitigating the impact of alcohol and other drugs on individual users, families and society in the Metro through the provision of targeted supply and demand reduction interventions*'.

The six main objectives of the strategies are:

- 1) Safety and security capability: within the Metro strengthened and enhanced to reduce alcohol and drug related crime and harms.
- 2) Aspects of safety within Public Infrastructure environment improved to reduce AOD burden.
- 3) Access to evidence-based treatment interventions enhanced within the Metro.
- 4) Evidence based prevention services provided within the Metro to build coping skills, enhancing knowledge and AOD disorders and risks and providing information about services.
- 5) Institutional capacity strengthened to enhance inter-departmental action and monitoring of AOD initiatives.
- 6) Co-ordination of actions and AOD minimization and mitigation strengthened at Metro and local level with or spheres of government, institution, private sector role-players and NGO/CBO/FBO agencies.

in a recent review of the AOD Strategy activities, the City found that 49% of the activities are completed or on-going, 23% of the activities are incomplete or no longer relevant. An 28% of activity is over and above the work set out by the strategy

Additional activity includes monitoring drug criminal cases; research on vulnerability of the City's ports of entry; drug reporting call line; partnerships with SAPS and DOCS in rental stock; workplace trauma responses; employee wellness run support groups for staff and their families; policy, procedures and employee reps to deal with AOD abuse by employees.

The next step is the full review of the AOD Strategy which is planned to start in December 2013.

3.6.2 Control of Undertakings that Sell Liquor to the Public, 2013

By-Law, Policy and SOP

Lauren Uppink, Technical Working Group

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Within the policy context which has been described in the presentation of Letitia Bosch, a 'delicate balance' has to be found within the municipal by-laws on restriction of opening hours of licenced liquor stores, bars, restaurants and clubs.

Both longer hours and days – and shorter hours and days have advantages and risks that need to be taken into consideration when trying to:

‘address negative effects of alcohol misuse on society, and its related social and health costs, while acknowledging the economic value of the liquor industry and the fact that alcohol is often used for recreational and cultural purposes’.

How can the laws be regulated and what can the working group do?

The By-law ‘allows for the control of undertakings that sell liquor to the public through: control for trading days and hours, more comprehensive provisions, more ‘teeth’ for the Liquor Enforcement Unit of CCT to enforce the By-law, suspension of extended trading days and hours due to contravention of the by-law or non-compliance, the by-law allows for the seizure of liquor and prevention of sale of liquor, and provides the Right to Appeal to ensure officials do not administer the By-law inconsistently. *Policy* promotes the balanced approach and responsible trading based on four guiding principles. *SOP* ensures streamlined transversal approach (minimisation of red tape) and consistent implementation.

Standard and extended trading times

Under the by-law, application for extended trading times is possible for a fee of R5700 (50% reduction for off-consumption premises). Standard trading times are:

On-consumption: any day a week and during hours set out in Schedule; liquor between 8-11am as part of an organised function or meal, bar facility in hotels or guest accommodation.

Off-consumption: Monday - Saturday 09.00 – 18.00h.

Extended days and hours can be requested; on an annual basis, for a fee, as a subject to limitations, exclusions and conditions. Decisions are made, considering: the valid liquor licence, the valid business licence, location category, previous complaints or suspension, proximity to sensitive facilities, community consultation, impact on surrounding environment, applicant’s motivation and public interest.

With ‘encouraging responsible trading and consistent enforcement’ as a goal, the policy aims at providing a consistent and balanced approach towards liquor trading. This approach will promote ‘safety and security, health, nuisance and aims at reducing high-risk consumption and irresponsible sale of alcohol’. The City’s public consultations have also highlighted a need for better and clearer public information on the licensing and enforcement process.

The draft by-law will be tabled at council in December 2013, and (if accepted) it will be implemented from 1 February 2014.

3.7 Discussion and future research directions (Chair: Professor Robert Morrell, UCT)

3.7.1 Discussion

The discussion starts with an introduction by Robert Morrell, followed by a debate on the effects of the liquor laws in Cape Town and the results of the changes in 2012.

What has been the effect of more regulation?

Andrew Charman, Sustainable Livelihoods Foundation, emphasizes that the main challenge in alcohol policy is informality. Most businesses operate outside of the formal alcohol market, which makes it a challenge to apply theories that would work in a formal setting. In Andrew Charman's study, it turned out that very few illegal businesses actually closed down permanently even after having been raided by the police, but the size of businesses has been affected by the act. This makes the effect of the law debatable, but clearly there is a need for greater comprehensive evaluation of the act.

In response, Thys Giliomee, CEO Western Cape Liquor Authority, argues that the demand for alcohol will stay despite the Act. Will society will be better and safer with more regulation? After all, many fights and shootings take place at 'licensed premises', the most recent of which occurred the week before the workshop. Richard Matzopoulos refuted the suggestion that supply side interventions have little effect.

Do supply-side interventions work?

In response to the question of whether supply side interventions work and the points made above, Richard Matzopoulos argues that there is substantial evidence to support this approach. He suggests that a state monopoly on liquor sales is the clearest example of this, but there was no political appetite for this kind of approach. Increased tax has also been shown to work and interest in this approach seems to be growing in SA. He argues that the only available option to the province within the current system is one of access restriction and, in this regard the WCLA seems to have had an effect. He cites three forms of evidence for this:

1. SAB immediately reported a drop in sales in the Western Cape following the implementation of the Act;
2. Andrew Charman indicated that shenbeeners had had to downsize their operations;
3. Lauren Uppink highlighted submissions in the by-law process in which businesses were having to close and/or retrench staff because they could not sustain their sales.

Land use

The effect of land use and geographic planning on alcohol consumption and illegal trading is discussed. Jonny Myers asked whether there was any attempt by the province to change land use regulations to legalise shebeens (as set out originally in the draft WCLB). In response, Mida Kirova, Spatial Planning and Urban Design Department, City of Cape Town, explained the importance of investigating the impact of urban design, the ‘high street bill’, rezoning foot traffic and land use planning. The applicability of this high street model, was questioned by Andrew Charman. He argued that high streets cannot be imposed upon urban environments and that a model that emerged organically in Europe would have limited success in Africa. For example, how would businesses gain access to the high streets? How would safety issues that emerge between high streets and houses be dealt with?

Harmonization between Cape Town and Western Cape

A tension between liquor law enforcement in Cape Town and the Western Cape is noticeable, there seems to be a need for harmonization. As Thys concurs, one of the main issues is that the province issues the licenses and is responsible for policing these, but the control of the premises relates to the municipality. There are only 53 dedicated liquor enforcement officers in the Western Cape.

Changes in applications

Thys Giliomee explains the changes in applications they have received since the implementation of the act in 2012. At the time of the new Act, there were 4484 applications outstanding which had to be judged according to the old act, of which the majority were applied for by SAB on behalf of shebeeners. 60% of these have since been rejected. A large decrease in residential applications has taken place.

Concern with latest changes in city by-laws

Concerns were raised (Jonny Myers, Richard Matzopoulos) about the most recent relaxation of the city by-laws that will allow premises to apply for extended opening hours. This will reverse gains in access restrictions made through the WCLA. The rationale for the change in opening hours was traced back to a survey of business owners undertaken by the City that suggested that commerce had been adversely affected by the impact of the Act on trading hours. This was greeted with some scepticism.

Next steps

Lauren Uppink states that alcohol is particularly problematic as it acts as the basis for a huge number of livelihoods. Are there any alternatives to alcohol? Are there case studies done on potential alternatives to liquor that have been successful in reducing demand and changing behaviour that would be applicable to the Western Cape?

- Richard Matzopoulos answers that a state retailing monopoly is the most effective way of reducing alcohol consumption, restrictions on advertising, and removing promotion activities on alcohol.
- Laura Drivdal, UCT Centre of Criminology, explains that there are several alternatives for alcohol. Internet cafes, gaming, better infrastructures to move around, are good ways of offering people alternatives to drinking alcohol.
- Andrew Charman highlights the importance of trying to understand a culture of drinking and the possibility of changing drinking cultures.
- *Drunk driving*: The last decades some developments have taken place, with regulation of drunk driving as an example. 'Safely home programs', as initiatives to reduce harm caused by alcohol consumption, make it easier to drink without large risks on accidents. However, there are still many drunk drivers on the road. Regular random testing of people on the road, instead of testing 'people that look drunk', has a proven impact on the incidence of drink driving (Richard Matzopoulos).
- *Neighbourhood watch*: Laura Drivdal explains how neighbourhood watches, patrolling by night, guiding safety and bringing drunk people home, can serve as a good addition to regulation by police only. They can play a role in regulating shebeens and limiting alcohol harm.

3.7.2 Future research directions

The following topics and questions have been indicated as potential future research subjects:

- What have been the impacts of the alcohol interventions in the Western Cape so far?
- What alternatives to shebeens and excessive drinking can be created?
- How can the culture of drinking be better understood and altered to reduce its riskiness? For example, why are there so few restaurants in poorer areas? Why is it not possible to drink with food? Why are drinking and eating seen as separate activities that happen in different spaces (which is not the case elsewhere in Africa)?

- How can notions of masculinities be used to explain and understand the use of social spaces?
- What is the effect of generalization and racialization of aspects of violence and alcohol misuse?
- What is the role of street markets in informal communities?
- How can social justice be injected into the regulation of liquor? How can people have been access to the law? Why should people be prosecuted under the 1977 Criminal Procedure Act, asked to be signed an admission of guilt, fined R1500 for trading without a license and acquire a criminal record in a case that rarely makes it to court for shebeening? Are the longer term negative consequences of this on individual's life chances greater than the effects of liquor retailing?