



Reducing alcohol-related harms in the Western Cape

Adapted from the Western Cape Alcohol-Related Harms Reduction Policy White Paper





Alcohol causes more damage to our communities than we realise. and despite past attempts to address the harms its negative consequences remain a substantial health, social and economic burden. Our existing laws and policies focus on the regulations of licensing, production, distribution and sale of alcohol, but do not address the **impact and** consequences of alcohol-related harms on society. The Western Cape Alcohol-Related Harms Reduction Policy will tackle a wide range of issues to reduce harms.

OUR PROBLEM

South Africans drink more alcohol than people from most other countries, and we do it in risky patterns, such as binge drinking. The average consumption of pure alcohol per drinker is estimated at 27.11 per year, placing South African drinkers at the upper end of global consumption. When consumption increases, so does alcohol-related harm.

Alcohol is the most commonly abused drug countrywide. In 2015 alcohol was identified as the fifth leading risk factor for death and disability in South Africa and contributes substantially to the top 10 risk factors. It's also a dominant substance of abuse in the Western Cape. Cases of Foetal Alcohol Spectrum Disorder recorded in the Western Cape are among the highest in the world.

- 35.2% of Western Cape learners in Grades 8 -11 were found to have binge drank - more than any other province.
- **54%** of injury-related deaths in South Africa involved persons with positive blood alcohol concentration and the average was double the legal limit.
- 61% of violent fatalities are linked to high levels of alcohol.
- 56% of transport related deaths are linked to high levels of alcohol.
- 18-26% of Grade 1 learners in certain high-risk communities showed signs of Foetal Alcohol Spectrum Disorder.
- 7-10% of our GDP or R165-236 billion is the estimated loss to South Africa's economy due to alcohol-related harms.

The Western Cape Government has made alcohol harm reduction a priority issue, and the Western Cape Provincial Cabinet has made the reduction of alcohol-related harm one of its "game changers".

"Alcohol-related harms destroy lives, tear apart communities and limit socioeconomic development - but there is a lack of integrated, sustained support for effective interventions to reduce alcoholrelated harms "



The recommended target areas for policy and intervention are:

- Leadership, awareness and commitment
- 2. Health services
- 3. Community action
- 4. Drink-driving policies
- 5. Availability of alcohol
- 6. Marketing of alcohol
- 7. Pricing policies
- 8. Reducing the negative consequences of drinking and drunkenness
- Reducing the public health impact of illegal alcohol and informally-produced alcohol
- 10. Monitoring and surveillance

Comments from 200 public participation submissions were considered and incorporated into the White Paper, as well as the results of a Regulatory Impact Assessment.



1. PRICING AND ECONOMY

The alcohol sector contributes to our economy. A recent study showed that the production and sale of alcohol contributed R93.2 billion to the economy or 2.9% to GDP. This contribution is important, especially in the Western Cape, but the **cost of alcohol-related harms outweighs the contribution.** The financial, tangible and intangible, cost of alcohol to the economy was estimated as a **net loss 7-10% of our GDP or R165-236 billion.**

- Encourage a national ban on alcohol advertising that is visible to anyone under the age of 18, and restrict sports advertising and promotion that links alcohol to success or popularity.
- Advertising, marketing and the promotion of alcohol at all events organised by the WCG are prohibited.
- Support the application of levies paid on promotional spending to cover alcoholrelated harms counter messaging.
- Budget progressively made available for alcohol-related harms and communication action interventions at all public health and social service facilities.
- Set maximum limits for trading hours/days in line with an alcoholrelated harms reduction approach.
- Pilot regulating the

- amount of outlets in each area based on zoning requirements, population size, the area type and contextspecific factors.
- Encourage the increase of alcohol pricing through excise tax or minimum unit pricing and consider a provincial tax.
- Encourage the reduction of ethanol content in alcoholic beverages.
- Lobby the national government to tighten the definitions and regulations of ales and beer.
- Use research to evaluate efficient ways to increase the cost of taking legally produced alcohol into the illegal market and thereby disrupt the illegal supply.
- Enforce liquor license conditions, particularly stopping licensed outlets selling liquor to unlicensed outlets.

"The number of licensed liquor outlets in the Western Cape in December 2015 was 9 296. A number of concerns emanate from the unlicensed and illicit liquor sector, such as a lack of regulation leading to increased harm and the loss of tax and licence revenue that can be used to mitigate harms."

2. ILLICIT LIQUOR TRADE

- Bring responsible unlicensed liquor outlets into the regulated market in a sustainable and responsible manner to facilitate compliance with minimum requirements.
- Pinpoint the supply chain of the unlicensed liquor industry- Work with municipalities to identify mechanisms and criteria to rezone liquor outlets in residential areas
- Spread awareness of alternative economic opportunities to unlicensed outlet owners.
- Implement tougher punishments for liquor law transgressions.



3. ENFORCEMENT

Enforcement is a combination of compliance and law enforcement. It ensures that liquor licence holders and applicants follow the law and it assists in addressing the issue of unlicensed liquor outlets.

- Strengthen liquor enforcement units through increased resources, such as those provided by increased license fees
- Increase enforcement of underage drinking laws.
- Implement innovative strategies to reduce harms from problematic liquor outlets.
- Lobby for the South African Police Services to report on numbers, cases and convictions of alcohol-related crimes.
- Encourage cooperation between the spheres of government and departments to transfer enforcement powers to all public service peace officers.
- Bring officials' working hours in line with operational requirements.
- Train all enforcement officials in liquor legislation, liquor control and liquor enforcement and develop a handbook to be made available for prosecutors and other state officials.
- Encourage liquor consultants to establish a mandatory association to regulate the conduct of liquor consultants.
- Amend legislation to bring sentencing in line with the seriousness of the alcoholrelated harms and tackle barriers to prosecution.
- Lobby for the Chief Magistrate for each district to identify one district court to deal with all

- liquor-related matters.
- Implement an alternative dispute resolution as a sanction negotiated by prosecutors for lower-level alcohol transgressions such as drinking and/or being drunk in public for first time offenders who have not caused serious harm.
- Require enforcement officers to use compliance fines to address the poor compliance with the law.
- All spheres of government to work together to clamp down on unlicensed outlets and the supply of liquor to these unlicensed liquor outlets.
- Arrange hotlines or sms lines to promote the involvement of communities in stopping unlicensed liquor sales and to provide access to the WCLA complaints mechanism.
- Increase and strengthen the number of trained liquor law enforcement officers in each sphere of government to work together, with additional enforcement authority and wellprepared police dockets.
- Establish one primary liquor enforcement centre for operational coordination.
- Liquor licence requirements should be adjusted to guarantee that licence holders, and the managers who will be on site, are trained on the Western Cape Liquor Act 2008.



4. ALCOHOL AND ROAD ENVIRONMENT

Numerous reports and studies on Western Cape road fatalities have shown the prevalence of alcohol. It is estimated that if drivers were not driving under the influence of alcohol, 24 per cent of South African driver deaths and non-fatal injuries would be prevented.

- Expand and strengthen random breath testing
- Place liquor licensing restrictions in areas with high occurrences of alcohol-related road trauma.
- Legislate mandatory collection of blood samples for BAC testing if a crash involves a fatality or injury
- Place restrictions on the sale of alcohol at outlets on national or provincial roads.
- Encourage a stricter alcohol limit and/or zero tolerance licensing system for young or new drivers.
- Place an alcohol limit on certain classes of road for pedestrians, between certain hours.
- Introduce alcohol-detecting ignition interlocks (vehicle starting system breathalysers) to public transport vehicles and goods vehicles over a certain weight.
- Integrate law enforcement and road safety awareness action.
- Lobby for alcohol-related harms awareness material to be included in the content for licence testing.
- Develop interventions for first-time DUI offenders.

5. HEALTH AND SOCIAL SERVICES

Health and social services play a critical role in all prevention, treatment and rehabilitation services for individuals with alcohol-related conditions.

- Improve access to treatment services for alcohol-related conditions.
- Encourage prevention, early intervention, detoxification and aftercare.
- Provide evidence-based interventions at antenatal clinics to reduce alcoholexposed pregnancies.
- Promote early screening and referral services at schools in high-risk areas.
- Expand specialised treatment services and interventions for youth at care centres.
- Establish a referral system to services provided by departments and NPOs to provide long-term treatment and prevention activities.
- Strengthen community outreaches and outpatient care for clients on rehabilitation treatment.
- Provide programmes for screening, information, brief motivational interventions and appropriate treatment services for hazardous and harmful drinking.



6. COMMUNITY-BASED ACTION

Substance abuse affects an individual's health as well as their family, community and workplace. Treatment should therefore not only focus on the individual, but also on their environment.

- Expand the community-based model for substance abuse treatment and rehabilitation.
- The Provincial Substance Abuse Forum and Local Drug Action Committees (LDACs) to coordinate integrated community programmes.
- Strengthen the capacity of municipalities through the establishment of LDACs.
- Leverage neighbourhood watch structures to assist in gathering and spreading information.
- Increase community input in the management of social disruptions linked to liquor outlets.
- Provide further support to the Western Cape Families at Risk Programme.
- Roll out the successful aspects of the AHR community-based action projects in Khayelitsha, Gugulethu, Nyanga and Paarl East to other areas.
- Use the Policing Needs and Priorities meetings as an opportunity to develop policing strategies to reduce alcohol-related harms.
- Community Policing Forums to play a more active role in problem liquor outlet identification and the licensing application process.
- The Department of Social Development will maintain an easily accessible Substance Abuse Resource Directory to inform the public where they can access effective community-based and inpatient services.

7. EDUCATION AND AWARENESS

We support a whole-of-society approach to education and awareness. We aim to educate the public about the negative consequences of harmful alcohol use while providing awareness of effective interventions, and to mobilise support to reduce these harms.

- Prioritise the Provincial Substance Abuse Forum and LDACs as platforms for referral pathways and reciprocal communication.
- Improve the reach and ease of access to education and awareness material.
- Strengthen schools' education and awareness interventions.
- Develop norms and standards for school-based prevention programmes.
- Leverage the after-school space for education and awareness programmes, like clean fun campaigns
- Support education and awareness at the post-school education level.
- Mainstream education and awareness in all departments.
- Expand and strategically direct addiction care education courses.
- Continue education programmes on foetal alcohol syndrome.

8. INFORMATION, DATA COLLECTION, MONITORING AND EVALUATION

The efficient and coordinated collection, management, analysis and sharing of alcohol-related information is vital to monitor and evaluate the trends and impact of interventions.

- Lobby for a three-sphere (national, provincial and local) governmental structure to collect alcohol-related information and data for monitoring and evaluation. An expert forum of officials from all three spheres of government and researchers is established to make recommendations to a national liquor policy forum to strengthen data collection and management.
- Assist in the formulation of a national

- strategy, grounded on baseline data, to set target indicators for harm reduction.
- Implement a provincial purposebuilt monitoring-and-surveillance system to provide information on the alcohol economy and alcoholrelated harms, inform the planning and implementation of interventions and to monitor the impact of interventions.

9. INSTITUTIONAL ARRANGEMENTS

These arrangements include policies, systems and processes. Institutional arrangements should focus on cooperation across all spheres of government, relevant departments and role-players, and support effective measures to reduce alcohol-related harms.

- Restructure the Western Cape Liquor Authority to be more efficient and effective
- Shift the administrative burden and cost of liquor licence applications from the South African Police Service, municipalities and the Western Cape Liquor Authority to the applicant.
- Introduce a relationship between liquor licensing, trading hours, lighting and pedestrian infrastructure to promote safer spaces.
- Pilot a nuanced approach that considers the type of area and

- weighing up of contextual factors (such as the rate of harms) to determine if new liquor licences should be approved in that municipal ward.
- Ensure that licensing legislation keeps up to date with developments relating to technology, marketing and commercial development.
- Fee structures to be based on actual processing cost, and renewal fees based on volume category to provide additional resources to address alcohol-related harms proportionally.

THE WAY FORWARD

The way forward involves regulating alcohol in terms of its production, distribution and consumption, as well as developing or enhancing plans and programmes within the province's competence. A cooperative governance and whole-of-society approach is critical in addressing this complex social issue.

Our communities, especially our youth, are at risk. Alcohol continues to be a legal product that is often abused, which causes substantial harm. We currently have laws in place to regulate the licensing, production, distribution and sale of alcohol, but these laws fail to recognise the impact and consequences of alcohol on society. There is no simple or single solution. All these interventions working together, from better enforcement of liquor laws to reduced trading hours and easy access to liquor will contribute to a safer and healthier society.

The Alcohol Harms Reduction White Paper will guide the rewriting of the current laws and regulations, and change the way the Western Cape will function in terms of alcohol. It seeks to change the behaviours of producers, distributors, retailers and also consumers in relation to alcohol, whilst continuing to acknowledge its contribution to agriculture and the economy. We are doing this to protect the rights of individuals, families and communities.



Following a three-month public participation process, a diverse public sector working group was established to develop this White Paper. The working group included representatives from relevant provincial departments, local government, the South African Police Services, the Western Cape Liquor Authority, the South African Medical Research Council, various stakeholder groups and academia.

An international and domestic evidence-based, rights-based and whole-of-society approach, guided by cooperative governance and the World Health Organisation's Global strategy to reduce the harmful use of alcohol, was taken to develop this policy.

For more information, or to access the full policy document:

visit: www.westerncape.gov.za

email: alcohol.whitepaper@westerncape.gov.za or

call: Vicki-Lee Erfort on 021 483 6287

By reducing alcohol-related harms, we can build safer communities **BETTER TOGETHER**.

