An Examination of South African Alcohol Policy

OCCASIONAL PAPER 13
July 2003
1. Introduction

Prior to the colonial era, alcohol consumption in South Africa was restricted to cultural and religious use by the indigenous black people. The Dutch and British colonists introduced social drinking to the country and later used alcohol as a means of payment for poor farm laborers. Eventually, alcohol was used as a method for controlling certain parts of the population. The topic of alcoholism was considered a dark secret during apartheid and only in the past nine years has it begun to receive the attention it deserves on a national government level. This paper will examine alcohol policy in South Africa, its effectiveness and consequences, and the outlook for future success.

2. Historical Background

One of the first instances of alcohol being used for non-communal or non-ceremonial purposes was by the Dutch when attempting to convert the local people to Christianity. The Dutch enticed the Khoikhoi population and slaves from Southeast Asia to attend Christian religious education classes by providing a daily tot of brandy and chewing tobacco. The colonial period also brought the advent of the dop system by which farm workers were partially paid in alcohol (typically wine) for their labour. Naturally, this created a heavy dependency on alcohol in rural, agricultural areas. By the end of the 19th century, alcohol had become so serious a societal problem that the British colonial government prohibited drinking by blacks because they believed it caused social decay and disorder among this group.

In the early 20th century, the government used alcohol as a means of social control. By law, blacks were only allowed to drink in ‘African’ beerhalls, and were strictly prohibited from drinking in bars or other public areas. In 1909 in Natal, the Native Beer Act was passed which stipulated that legal consumption of traditional African beer was allowed only within the municipal beerhalls in Durban. This became the model for alcohol legislation throughout South Africa during the early 1900s. In addition to closely regulating consumption, the government ensured that alcohol was more freely available for sale to Indians and ‘Coloureds’, but not to Africans. Due to the restrictions placed on them, brewing and consuming alcohol became an act of defiance for Africans under apartheid and led to the creation of shebeens.

3. Alcohol Policy Formation

Prior to 1994, the vast majority of alcohol policy formation was made solely by the state. The decision making process was highly fragmented with various government parties making their own policies and applying them only in their direct sphere of influence. Since the end of apartheid, alcohol policy formation is being influenced by a greater number of players, making use of parliamentary portfolio committees.

---

2 Ibid, pg. 4.
3 Ibid, pg. 4.
4 Ibid, pg. 5.
As is the case in most nations, current alcohol policy is being influenced by organizations with a vested interest in the industry, such as South African Breweries (the world’s second largest brewer by volume). The alcohol industry influences policy-formation through both direct engagement with policy makers, as well as indirectly through the Industry Association for Responsible Alcohol Use. This organization is funded entirely by the major producers of alcohol in South Africa and was established to “coordinate and direct the liquor industry’s efforts to reduce and prevent the abuse of its products.”6 The alcohol industry has a large degree of influence over policy formation. The prevalence of advertising in the townships demonstrates that little has been done to curtail the efforts of the alcohol industry to exploit the part of the population that can least afford to buy alcohol and which has the highest rate of alcoholism.

In October of 1997, the Department of Health hosted a workshop to look into the need for greater restrictions on alcohol advertising, promoting counter-advertising and health promotions on alcohol use. At the workshop, four main proposals were offered:

1. The alcohol industry should be required to place warning labels on alcohol containers
2. There was a need for increasing health promotion regarding responsible alcohol consumption
3. Serious consideration should be given to the imposition of a ban on sports sponsorships by the alcohol industry
4. There should be restrictions on the air times for alcohol advertisements on radio & TV

While the second two proposals have had some impact on policy formation since 1997, the first two have not.7

4. Policy Initiatives- prior to 1994

The majority of alcohol legislation prior to 1994 was focused on controlling the sale of alcohol, limiting its consumption by Africans and enforcing drunk driving and related laws. Outside of the NGO arena, there was very little, if any, attention paid to combating the growing problem of alcohol dependence in the country. As a result, funding from the national government for treatment centers was inadequate and the quality of care varied widely by region.

In 1980, the first major attempt at developing public policy to address the country’s growing alcohol problem was made. The National Plan to Combat Alcohol Abuse and Alcoholism was introduced in March of 1980. However, it suffered from the fact that it was narrow in scope; it did not address ‘risky’ drinking; and it lacked a feasible implementation plan. ‘Risky drinkers’ are defined as “persons who are periodic binge drinkers, regular heavy drinkers, or those who fit into the psychiatric diagnostic categories of ‘alcohol abuse’ or alcohol dependence.”8 An improved version of the 1980 policy was drafted in 1988 under the name ‘National Plan to Prevent and Combat Alcohol and Drug Abuse in South Africa’. But while it was drafted in 1988, the government did not address the issue of implementation until 1992. At this time, the Minister of National Health and Population Development convened a colloquium to discuss implementation, but too few major groups and political parties attended. Consequently, the program received inadequate funding and the policy had little of its intended effect.

---

7 Ibid, pgs. 14-19.
8 Ibid, pg. 33.
One piece of useful legislation that was passed in 1992 was the Prevention and Treatment of Drug Dependency Act which created the Drug Advisory Board. The Drug Advisory Board advised the Minister of Welfare on matters pertaining to alcohol and drug abuse. This represented the first time alcohol abuse and dependence was given a voice at the national government level.

5. Policy Initiatives- post 1994

During Nelson Mandela’s opening address to Parliament in 1994, he specifically singled out alcohol and drug abuse as two of the important ‘social pathologies’ that the country needed to address.9 In 1995, the South African Alliance for the Prevention of Substance Abuse (SAAPSA) was established. SAAPSA was defined as a network of government departments, NGOs and CBOs who wished to work together on common projects to address substance abuse.10 The alliance was supported by the World Health Organization and other international public health institutions and was a major step towards bringing the extent of the alcohol problem in South Africa to the forefront.

In addition to the creation of SAAPSA in 1995, the Department of Welfare produced its second draft of the National Substance Abuse Strategy. It was designed to “prevent and combat substance abuse, through the intervention of all concerned parties in order to improve quality of life and thereby promote peace and development in line with the Reconstruction and Development Programme (RDP).”11 The National Substance Abuse Strategy outlined four areas of need: prevention, treatment and rehabilitation, information and research and enforcement and control. While the strategy detailed the role of the national government in combating substance abuse, no attention was paid to the role of provincial or local governments.

The importance of addressing the country’s alcohol problem was significantly increased when health care was adopted as a constitutional right under both the 1993 and 1996 Constitutions. The 1996 Constitution provides that it is the state’s responsibility to take reasonable legislative and other measures within its available resources to achieve progressive realization of the right to health care.12 Therefore, the Constitution added to the pressure on the state to provide services to help treat and prevent alcohol abuse.

6. The National Drug Master Plan

The National Drug Master Plan evolved out of the earlier National Substance Abuse Strategy. In drafting the document, the national government paid particular attention to incorporating provincial and local governments into a piece of legislation that would have the scope necessary to combat the problem.

The South African National Drug Master Plan “aims to bring about the reduction of substance abuse and its related harmful consequences. In order to address the drug problem effectively however, there should be a balance between actions which bring about a decrease in the availability of drugs (control and law enforcement) and the demand for drugs (prevention, treatment and rehabilitation).”13

---

9 National Drug Master Plan, Republic of South Africa, 1999-2004, pg. 1
10 Parry, pg. 201.
11 Ibid, pg. 200.
12 Ibid, pg. 8.
13 National Drug Master Plan, pg.6.
main areas targeted by the National Drug Master Plan are crime, youth, community health and welfare, research and information dissemination, and international involvement and communication. In contrast to the National Substance Abuse Strategy, the National Drug Master Plan includes specific proposals for implementation which incorporate provincial and local governments:

It seeks to:

- Establish a national Central Drug Authority with an appropriate budget, resources and management infrastructure which will
  - Be independent
  - Answer to Parliament
  - Oversee and monitor the implementation of the National Drug Master Plan

- Establish an adequately resourced Secretariat to oversee the administration of the National Drug Master Plan

- Facilitate the establishment of an action committee in each of the 382 magisterial districts in the country, consisting of a magistrate or a senior representative from his or her office and seconded government and non-government persons that will:
  - Liaise with the CDA (via the Secretariat)
  - Facilitate and monitor the implementation of the NDMP and the uniform spread of information and policies in every part of the country

- Strengthen existing provincial substance-abuse forums and to facilitate the establishment of forums where they do not exist.

The National Drug Master Plan, as a public policy document, is a success. It has a broad reach and contains the mechanisms necessary to have a significant impact on the alcohol problem in the country. However, its level of success in meeting its objectives has been somewhat mixed. One of the main problems impeding successful implementation of the National Drug Master Plan is funding. When compared to some of the country’s other pressing problems, such as HIV/AIDS, crime and unemployment, alcohol and drug abuse can appear almost secondary. Exact national or provincial budgets for alcohol and drug abuse are tough to come by as they are typically included in broader categories such as welfare.

However, in talking to members of the South African National Council on Alcoholism and Drug Dependence (SANCA), it is clear that funding from the national government is a very real problem. Over the past seven years, the total subsidy SANCA has received from the national government has remained constant. Because the government subsidy does not even keep up with the inflation rate, NGOs like SANCA struggle to raise the funds to carry out research and pay their employees. Currently social workers at the state level are paid approximately twice the salary of workers at the NGO level. This dramatic gap between state salaries and NGO salaries creates a situation where educated, intelligent workers at the NGO level typically remain at the NGO for only a year or two before applying for a state job and a higher salary. Consequently, NGOs such as SANCA spend significant amounts of time and money training new employees instead of enabling experienced employees to stay in the private sector.

---

14 Ibid, pg. 6.
15 Ibid, pg. 8.
16 Taken from an interview on 30 June, 2003 with Mr. Tertius Cronje, of SANCA of the Western Cape
An easily measurable area of progress is the amount of alcohol and drug abuse research being conducted. In doing research for this paper, I found both the number of people doing alcohol and drug research and the number of publications on the topic to be comparable to the numbers prior to the implementation of the National Drug Master Plan.

7. Current Alcohol Problem in South Africa

By many accounts, the alcohol problem in the country is worsening. Alcohol consumption has been growing faster than population growth and adult per capita consumption has risen to 10 liters/yr (as of 1996). This amount places South Africa among the higher alcohol consuming nations in the world. Additionally, the prevalence of risky drinking is disturbingly high. In certain high-risk groups such as adult residents of townships, the level of risky drinking can be as high as 25%.

The factors contributing to the alcohol problem are a combination of universal factors and South African-specific factors. Among the universal factors are poverty and boredom. The South African specific factors include the informal sale of alcohol through shebeens, the dop system, a reduction in the real price of beer and other alcoholic beverages over the past 20 years and inadequate health education and other forms of health intervention.

The alcohol problem is not restricted to excessive consumption. Alcohol related deaths are a major problem, claiming thousands of lives each year. The most recent data on alcohol-induced death show mixed results. On the positive side, the percentage of ‘Coloureds’ who died from alcohol-related incidents decreased from 57% (1999) to 53% (2001). In all of the other race groups, except whites, the percentage of alcohol-related deaths decreased: Africans (47% to 39%) and Asians (29% to 26%). The white population showed a dramatic increase from 29% to 44%. One of the troubling findings was that while the percentage of alcohol-related deaths is decreasing overall, the level of alcohol consumption in those killed has increased.

Pedestrian deaths are another major problem in the country and alcohol has a significant impact on the prevalence of these deaths. The leading cause of death for a drunk South African male between the ages of 30-34 is as a pedestrian on a South African road. According to the 2001 National Injury Mortality Surveillance, drunken pedestrians account for the highest number of casualties on South African roads. The same report indicated that of the 40% of transport related deaths caused by pedestrians, approximately two thirds of them had consumed alcohol.

8. Conclusion and Future Outlook

Only in the past 20 years has the issue of alcohol abuse started to receive the attention it deserves in this country and only since 1994 has there been meaningful legislation that could be implemented. The colonial and apartheid governments had a significant role in worsening the prevalence of alcohol abuse.

---

17 Parry, pg. 222.
18 Ibid, pg. 222.
21 Ibid.
Due to policies that effectively overlooked or ignored addiction, the damage to South African society has been severe.

Over the past nine years, the national government has gradually taken steps to make alcohol and drug abuse a priority issue. Current policy, such as the National Drug Master Plan, can make significant improvements in the situation. The primary problem facing both national and local governments is finding the funding necessary to implement useful legislation and policy. South Africa is currently coping with numerous major problems, especially HIV/AIDS, which require large amounts of attention and money. The degree of success in combating the alcohol problem in the future does not depend solely on new legislation. The national government, and even foreign governments, will need to balance carefully the resources available and the severity of the problem. As long as the current trend towards more attention and exposure for alcohol abuse continues, the country can succeed in improving the overall welfare of its citizens.

__________________________
Gregory Singer
University of Notre Dame
CPLO Research Intern: June - July 2003