Reducing Alcohol Harms to Children and Adolescents in South Africa: Evidence for Action

Literature Review

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hold my hand
Action for Children and Teens

Rethink Your Drink

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Hold My Hand is a national campaign and call to action that puts children and teens first, in everything it does. The campaign supports and is guided by the National Strategy to Accelerate Action for Children (NSAAC). Hold My Hand addresses critical issues identified in the strategy, like child protection and teen development and works hand-in-hand with government, civil society and the private sector in an all of society approach, to drive meaningful change.

Rethink Your Drink is a reimagined alcohol harms reduction campaign by DGMT to challenge the norms, policies and industry practices that promote and normalise heavy drinking. The campaign doesn't oppose alcohol consumption entirely – it targets the conditions that make excessive drinking widespread, especially among young people and in under-resourced communities.

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1. Introduction

During the course of 2023 and 2024, the government of South Africa embarked on a consultative process to develop a National Strategy to Accelerate Action for Children (NSAAC). This strategy identifies 10 key priorities to accelerate action for children and teenagers, and presents 10 interventions which will make the most impact on children and teenagers. The strategy aims to target the many urgent needs of children in South Africa, so that the country might escape the inequality trap and build a thriving society where they have a bright future.

Along with other critical needs, alcohol harms reduction is a core priority of the NSAAC. Priority number 7 of the strategy is to "Protect children & adolescents from all forms of abuse, violence, injuries and harmful substances". Specific alcohol harms reduction strategies are among the 10 interventions likely to have the biggest impact on children. Intervention number 8 proposes to "Ban alcohol advertising (except at point of sale), introduce a minimum unit price for alcohol and restrict on-site liquor hours to midnight".

The DG Murray Trust (DGMT) spearheads numerous civil society actions to reduce heavy drinking in South Africa, and in partnership with the Presidency, has established an Accelerator to drive specific aims of the NSAAC. This literature review, commissioned by DGMT, feeds into this important endeavour. Its purpose is to detail the evidence for the harms caused by heavy drinking on children and adolescents, and to outline which policies, practices and advocacy interventions could reduce alcohol-related harms to children and adolescents. This literature review also informs a policy brief which seeks to enhance the aims of the NSAAC.

2. Study approach and methods

This study used a desk-based approach to review relevant literature and document the extent to which alcohol policy, practice and advocacy interventions can reduce alcohol-related harms on children in South Africa. The desktop review consisted of a thorough search of several online scholarly databases, especially Google Scholar and Refseek. Various key phrases were used to identify key literature on alcohol harms on children and on policies to combat such harms. The following search phrases were used:

- Alcohol harm on children
- Alcohol harms reduction policy
- Alcohol harms in South Africa
- South African alcohol policy
- Alcohol harms on children in South Africa
- Alcohol and the brain
- Alcohol impact on children in the home
- Alcohol impact on children in the home in South Africa
- Alcohol impact on children in the community

Almost 200 academic articles, theses, NGO reports, policy documents, news reports and presentations were identified through these searches. Literature from the last 10 years was prioritised to ensure that the current state of knowledge was captured. Other "grey literature"

documents not on the internet were also supplied by DGMT. This literature was analysed thematically, based on the research questions and other themes that emerged.

3. Literature review findings

3.1 Overview of the current context of binge drinking and alcohol harms

The latest World Health Organization (WHO) Global Status Report on alcohol and health estimates that 32.5% of South Africans drink alcohol.[1] Alcohol use is most popular among men, of whom 43.4% consume alcohol, while a growing number of women (22.6%) drink.[2] While by no means the highest rate of alcohol consumption in Africa, a high proportion of South Africans who drink alcohol (43%) engage in binge drinking, defined as consuming five or more standard drinks on an average drinking day.[3] Of those who report any alcohol consumption, 48.2% of males and 32.4% of females report binge drinking.[4] This means that at least 22.8% of adult men and 6.4% of adult women in South Africa are binge drinkers.[5] South African drinkers consume 8.8 litres per capita of pure alcohol per year – currently the sixth highest in Africa.[6] The alcohol per capita (APC) consumed has increased from 7 litres in 2015 and is more than the current global and African APC.[7]

The structural, social and cultural drivers of problem and binge drinking in South Africa are complex and inextricably linked to our country's colonial and apartheid history. Understanding this context and the resultant dynamics is critical if the issue of binge drinking is to be effectively addressed.[8] The establishment of the centuries-old wine industry in the Cape after colonial subjugation continues to influence drinking patterns today. The "dop system", which saw farm workers being paid in alcohol, is no longer used, but its legacy is still visible in drinking cultures and intergenerational patterns of addiction in the Cape provinces, and their associated alcohol harms.[9] The colonial migrant labour system, which intensified after the discovery of gold and diamonds in the South African interior, was also highly disruptive to families and communities, fostering family fragmentation and stress, which fed into the abuse of alcohol.[10] Apartheid only entrenched this dynamic further in the second half of the 20th Century, adding forced removals, "separate

[1] World Health Organization (WHO). 2024. *Global Status Report on alcohol and health and treatment of substance use disorders*. Geneva: WHO.https://iris.who.int/bitstream/handle/10665/377960/9789240096745-eng.pdf?sequence=1 p. 180.

[2] World Health Organization. 2024. *Global Status Report.*

[3] Vellios, N.G. and van Walbeek, C.P., 2018. Self-reported alcohol use and binge drinking in South Africa: Evidence from the National Income Dynamics Study, 2014-2015. *South African Medical Journal*, 108(1), p. 33-39.

[4] Vellios and van Walbeek. 2018. *Self-reported alcohol use*, p. 34.

[5] Ibid.

[6] World Health Organization. 2024. *Global Status Report*, p. 166.

[7] World Health Organization (WHO). 2018. *Global Status Report on alcohol and health*. Geneva: WHO. https://iris.who.int/bitstream/handle/10665/274603/9789241565639-eng.pdf?sequence=1.

[8] Herrick, C., 2012. The political ecology of alcohol as "disaster" in South Africa's Western Cape. *Geoforum*, 43(6), p.1045-1056.

[9] May, P.A. et al. 2019. "The Dop System of Alcohol Distribution is Dead, but Its Legacy Lives On...". *International Journal of Environmental Research and Public Health* 16(19), 3701. https://doi.org/10.3390/ijerph16193701.

[10] Govera, H., 2021. The association between socioeconomic factors, alcohol use and alcohol-related outcomes in South Africa. Unpublished PhD Thesis, UWC, p. 75.

development", Bantu education and other dehumanising and disruptive stressors into the lives of those classified black, coloured or Indian by the system.[11] This fuelled a heavy drinking culture as a way of dealing with the stress of dislocation, economic exploitation and social and cultural oppression. Among other effects, the migrant labour system and the particular kind of industrial urbanisation it produced also gave rise to the phenomenon of "shebeen queens" – women who made a living selling illicit alcohol to migrant working men.[12] This entrenched a still pervasive culture of illicit alcohol trading in townships today.

Although apartheid ended in 1994, its legacy is still highly influential on patterns of alcohol use and abuse. Scholars have examined how apartheid "produced" black people as heavy drinkers through its social engineering project and its socio-economic consequences.[13] South Africa's high rate of urbanisation, with rural-urban migrants occupying the lower socio-economic positions in society, has also fed into widespread and unhealthy drinking patterns.[14] Studies have found that binge drinking is more prevalent among men from poorer communities than those from better-off areas,[15] while the rise of binge drinking among young mothers is also partially attributed to the residual impacts of apartheid policies and the resilience of structural and spatial apartheid 30 years after the advent of democracy.[16] While globally, some young people appear to be rejecting the use of alcohol,[17] many South African studies point to an alarming growth in binge drinking among school-going youth in both rural and urban areas.[18,19] Although this is driven in part by factors such as an aspirational consumerist youth culture (in which poorly restrained alcohol industry marketing plays a large part[20,21]), South Africa's ongoing economic malaise, with its high inequality, youth unemployment, and limited life prospects, also plays a role.[22]

[11] Govera, H., 2021. The association between socioeconomic factors, alcohol use and alcohol-related outcomes in South Africa. Unpublished PhD Thesis, UWC, p. 76

[12] Edwards, I. 1988. Shebeen Queens: Illicit Liquor And The Social Structure of Drinking Dens In Cato Manor. *Agenda*, 3(3), p. 75-97. https://doi.org/10.1080/10130950.1988.9675041.

[13] Mager, A., 2004. 'White liquor hits black livers': meanings of excessive liquor consumption in South Africa in the second half of the twentieth century. *Social Science & Medicine,* 59(4), p.735-751.

[14] Setlalentoa, B.M.P., Pisa, P.T., Thekisho, G.N., Ryke, E.H. and Loots, Du T. 2010. The social aspects of alcohol misuse/abuse in South Africa. *South African Journal of Clinical Nutrition*, 23(sup2), p. 11-15.

[15] Fontes Marx, M., London, L., Harker, N. and Ataguba, J.E. 2021. Assessing intertemporal socioeconomic inequalities in alcohol consumption in South Africa. *Frontiers in Public Health*, 9, 606050.

[16] Jacobs, L. and Jacobs, J., 2013. Narratives on alcohol dependence in the family in post-apartheid South Africa. *Journal of Addiction Research & Therapy*, 4(3), p. 1-6.

[17] Holmes, J. et al. 2022. Youth drinking in decline: What are the implications for public health, public policy and public debate? *The International Journal on Drug Policy*, 102, 103606. https://doi.org/10.1016/j.drugpo.2022.103606.

[18] Van der Heever, H., Chauke, T.M. and Hoque, M.E., 2015. Alcohol use amongst learners in rural high school in South Africa. *African journal of primary health care and family medicine*, 7(1), p. 1-6.

[19] Mmereki, B., Mathibe, M., Cele, L. and Modjadji, P. 2022. Risk factors for alcohol use among adolescents: The context of township high schools in Tshwane, *South Africa. Frontiers in Public Health*, 10, 969053.

[20] Morojele, N.K., Lombard, C., Harker Burnhams, N., Petersen Williams, P., Nel, E. and Parry, C.D.H. 2018. Alcohol marketing and adolescent alcohol consumption: Results from the International Alcohol Control study (South Africa). *South African Medical Journal,* 108(9), p. 782-788.

[21] Osuafor, G.N., Okoli, C.E. and Chibuzor, G. 2023. Exposure to alcohol advertising and alcohol consumption among children and early teenagers in South Africa. *BMC Res Notes* 16, 144. https://doi.org/10.1186/s13104-023-06364-5.

[22] Mostert, C.M. 2023. Macroeconomics and health: understanding the impact of a declining economy on health outcomes of children and young adults in South Africa. *SSM-Population Health* 22, 101404.

These dangerous patterns of alcohol consumption give rise to a number of serious harms to the individuals who indulge in problem drinking; to those close to them; to people in their neighbourhoods and communities; and to society at large. Studies have attempted to characterise alcohol harms for the drinkers themselves: "Harms from alcohol and other drugs can be classified into those which are: (i) 'acute,' comprising injuries, poisonings and/or acute illnesses partly caused by an episode of heavy use; (ii) 'chronic,' comprising a range of chronic and relapsing conditions including liver disease, cancers, strokes and gastrointestinal diseases which are caused by the overall volume of alcohol consumed over time, and; (iii) 'social,' which may involve problems in the spheres of housing, finances, relationships, the law, and workplace."[23] As pointed out by the WHO, such harms go beyond health problems, causing significant social and economic costs such as those to the justice sector; lost workforce productivity; unemployment, and; pain and suffering.[24] There are also considerable harms to others, such as family members, friends, coworkers and strangers.[25] Among the worst of these are traffic and other injuries, including those caused by interpersonal violence, and the consequences of prenatal alcohol exposure. Such harms may be very tangible, specific and time-bound, or less tangible – resulting from suffering, poor health or the social consequences of drinking.[26] In the case of injuries and other harms caused by alcohol, these are not only intentional, but also unintentionally caused.[27] When considering the impacts of heavy drinking on children, it is important to bear in mind this multi-faceted framework for understanding alcohol harms.

Given the levels of binge drinking in South Africa and its associated harms, scholars have attempted to calculate the tangible and intangible costs of harmful alcohol use to society. One of most influential calculations estimates that in 2009, the total direct cost of harmful alcohol use in South Africa was R37.9 billion, which equates to 1.6% of the country's gross domestic product (GDP) in that year. When all the intangible and indirect costs were factored in (e.g. crime, labour costs, drink-driving damage), it was estimated that alcohol harms cost 10-12% of the GDP (over R270 billion).[28] While these calculations have been contested in some quarters,[29] it is irrefutable that the costs of heavy drinking far exceed any economic benefit. Public health specialists have also calculated the burden of disease attributable to alcohol in South Africa.They have found that in 2012, alcohol attributable harm accounted for approximately 7.1% of all deaths, and 5.6% of all disability-adjusted life years

[23] Kouimtsidis, C., Pauly, B., Parkes, T., Stockwell, T. and Baldacchino, A.M. 2021. COVID-19 social restrictions: an opportunity to re-visit the concept of harm reduction in the treatment of alcohol dependence. A position paper. *Frontiers in Psychiatry*, 12, 623649.

[24] World Health Organization. 2024. *Global alcohol action plan* 2022-2030. https://www.who.int/publications/i/item/9789240090101.

[25] WHO, *Global alcohol action plan*.

[26] Ibid.

[27] Van Niekerk, A. and Mathews, S. 2019. Violence, injury and child safety: The new challenge for child health. *South African Child Gauge,* p. 114-130.

[28] Matzopoulos, R.G., Corrigall, J. and Bowman, B., 2014. The cost of harmful alcohol use in South Africa. *South African Medical Journal,* 104(2), p. 127-132.

[29] Murray, M. and Barr, G.D.I. 2022. The cost of harmful alcohol use in South Africa: A commentary. SAMJ: *South African Medical Journal* 112(3), p. 187-188.

(DALYs).[30] Deaths attributed to alcohol were split fairly evenly between infectious diseases, non-communicable diseases and injuries, while alcohol attributable DALYs were caused by TB (22.6%); HIV (16%); road traffic injuries (15.9%); interpersonal violence (12.8%); cardiovascular disease (11.1%); cancer (4%); and cirrhosis of the liver (4%).[31] Alcohol thus ranked fifth in terms of its contribution to the burden of disease in South Africa. Importantly, scholars have pointed to an "alcohol harms paradox", where such harms are "increased along the socio-economic gradient, with increased alcohol-related harms experienced by those with low socioeconomic status."[32,33] The implications are clear: implementing a set of policies designed to reduce heavy drinking will result in both social and economic windfalls for the country.

Academics and activists have been trying for a long time to influence the South African government to improve its alcohol policy and practice. Alcohol policy in the first two decades of democracy was described as piecemeal and overly influenced by the alcohol industry and other interests.[34] Authors called for a coordinated alcohol strategy that was independent of industry influence. Yet, even where strategies such as the South African National Drug Masterplan (2013-2017) were put in place, academics argued that its provisions were impractical and absolved the government of the responsibility to address core structural issues, since it placed the blame for addiction on individuals.[35] Campaigners have been pushing for the government to fully adopt the recommendations of the WHO's global alcohol strategy, which was adopted in 2010, and its "SAFER initiative", which calls for countries to prioritise the strengthening of restrictions on alcohol availability; advance and enforce drink-driving countermeasures; facilitate access to screening, brief interventions and treatment; enforce bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion; and raise prices on alcohol through excise taxes and pricing policies.[36]

While the South African government made moves towards adopting new alcohol taxation measures,[37] and tabled a draft Control of Marketing of Alcoholic Beverages Bill in 2013, strong alcohol industry influence meant that no progress was made in the ensuing years, much

[30] Matzopoulos, R., Cois, A., Probst, C., Parry, C. D. H., Vellios, N., Sorsdahl, K., Joubert, J. D., Pillay-van Wyk, V., Bradshaw, D., & Pacella, R. 2022. Estimating the changing burden of disease attributable to alcohol use in South Africa for 2000, 2006 and 2012. *South African Medical Journal*, p. 662-675. https://doi.org/10.7196/AMJ.2022.v112i8b.16487.

[31] Matzopoulos et al. 2022. The changing burden of disease. p 663.

[32] Govera, 2021. Socioeconomic factors, alcohol use and alcohol-related outcomes. p. 2.

[33] Probst, C., Parry, C.D., Wittchen, H.U. and Rehm, J. 2018. The socioeconomic profile of alcohol-attributable mortality in South Africa: A modelling study. *BMC Medicine* 16, p. 1-11.

[34] Parry, C.D. 2010. Alcohol policy in South Africa: A review of policy development processes between 1994 and 2009. *Addiction* 105(8), p. 1340-1345.

[35] Howell, S. and Couzyn, K. 2015. The South African National Drug Master Plan 2013-2017: A critical review. *South African Journal of Criminal Justice*, 28(1), p. 1-23.

[36] Matzopoulos, R., Cois, A., Probst, C., Parry, C.D., Vellios, N., Sorsdahl, K., Joubert, J. and Pacella, R. 2021. Estimating the burden of disease from alcohol use in South Africa in 2000, 2006, 2012. *Available at SSRN* 3854745.

[37] National Treasury. 2014. A Review Of The Taxation Of Alcoholic Beverages In South Africa. Pretoria: Government of South Africa.

to the concern of campaigners.[38,39,40] While these campaigners hoped that alcohol restrictions during the COVID-19 pandemic would give rise to new opportunities for better alcohol policy,[41,42] lack of political will continues to be a concern.[43] Encouragingly, however, the National Treasury released a discussion document in 2024 in which it pledges support to the SAFER initiative guidelines and the WHO "best buys" for alcohol policy.[44]

Despite this overall policy evolution, measures specifically tackling alcohol harms on children remain limited, especially outside of the two issues of foetal alcohol spectrum disorder and youth alcohol consumption. This paper discusses recommended policies, strategies and approaches for addressing alcohol harms on children. But first, it outlines the major impacts of heavy drinking on children and adolescents.

3.2 The impact of heavy drinking on children and adolescents in South Africa

A detailed body of literature exists which examines the implications of heavy and problem drinking for reproductive, maternal, newborn, child and adolescent health. This literature shows that there are five major areas of harm affecting children and adolescents as a result of problem drinking, as outlined below.

a. Maternal drinking and foetal alcohol spectrum disorders (FASD)

The intake of alcohol can interfere with the fertility of prospective parents and their ability to conceive,[45] but there is now evidence that alcohol exposure in the weeks before conception also reduces foetal growth.[46] The neurological and physical risk for the baby is highest in the embryonic phase of pregnancy (the first two months) but continues throughout pregnancy. "Alcohol readily crosses the placenta to the amniotic fluid and foetus. The foetus will typically be exposed to higher concentrations of alcohol than the mother due to accumulation of alcohol and its metabolites in the amniotic fluid, and comparatively reduced foetal metabolic enzyme activity."[47] This kind of alcohol exposure in utero gives rise to a "continuum of disease characterized by behavioural and cognitive deficits, craniofacial anomalies, and growth

[38] Parry, C., London, L. and Myers, B. 2014. Delays in South Africa's plans to ban alcohol advertising. Letter outlining delay risk on Bill.

[39] Bertscher, A. 2017. Exploring the complex policy formulation process of the draft Control of Marketing of Alcoholic Beverages Bill in South Africa. Unpublished MPH thesis, University of Cape Town.

[40] Bertscher, A., London, L., and Orgill, M. 2018. Unpacking policy formulation and industry influence: the case of the draft control of marketing of alcoholic beverages bill in South Africa, *Health Policy and Planning* 33, Issue 7, p. 786-800, https://doi.org/10.1093/heapol/czy049

[41] Bartlett, A., Lesch, M., Golder, S. and McCambridge, J. 2023. Alcohol policy framing in South Africa during the early stages of COVID-19: Using extraordinary times to make an argument for a new normal. *BMC Public Health*, 23(1), p. 1877.

[42] Matzopoulos, R., Walls, H., Cook, S., London, L. 2020. South Africa's COVID-19 Alcohol Sales Ban: The Potential for Better Policy-Making, *International Journal of Health Policy and Management*, 9(11), pp. 486-487. doi: 10.34172/ijhpm.2020.93.

[43] Matzopoulos et al, Estimating the burden of disease.

[44] National Treasury. 2024. The Taxation of Alcoholic Beverages. Government of South Africa.

[45] Van Heertum, K. and Rossi, B. 2017. Alcohol and fertility: how much is too much? *Fertility Research & Practice 3*, article 10. https://doi.org/10.1186/s40738-017-0037-x.

[46] Pielage, M., El Marroun, H., Odendaal, H.J. et al. 2023. Alcohol exposure before and during pregnancy is associated with reduced fetal growth: the Safe Passage Study. *BMC Med* 21, 318. https://doi.org/10.1186/s12916-023-03020-4.

[47] Van Heertum and Rossi, 2017. *Alcohol and fertility,* p. 2.

retardation."[48] The umbrella term for these diseases is foetal alcohol spectrum disorder (FASD), and it includes foetal alcohol syndrome (FAS) at the most severe end of the spectrum; partial foetal alcohol syndrome (PFAS); alcohol-related neurodevelopmental disorder (ARND); and alcohol-related birth defects (ARBD). A mother does not even have to be a binge drinker to expose her child to the risk of FASD. Studies show that "maternal drinking of two or more drinks per drinking day is also significantly associated with a FASD diagnosis, as is drinking in first, second, or all trimesters."[49]

Although there is currently no reliable national estimate of the burden of FASD in South Africa,[50] studies have shown that South Africa has the highest rate of FASD in the world.[51] A 2021 scoping review found a FASD prevalence of between 29 and 290 cases per 1 000 live births,[52] while a recent regional sample of over 1 000 Grade 1 children in the Western Cape found a total FASD prevalence of 310 per 1 000 live births, or 31%.[53] The Western Cape – which has the most entrenched legacy of the "dop system" and where a high proportion of wine farms and liquor distilleries are located – has been identified for some time as the province most affected by FASD.[54] Broader provincial samples have shown that the Northern Cape is also highly impacted (199.3 FASD cases per 1 000 live births), while the Eastern Cape is the least affected (57.4 cases per 1 000 live births).[55] To put this into perspective, a 2017 systematic review of global literature found that the global prevalence of FASD among children and youths was 7.7 per 1 000, and it also notes that South Africa has the highest FASD prevalence in the world.[56] Yet scholars who have undertaken repeat sampling in the Western Cape have found that although overall FASD rates between 2017 and 2022 held steady, there was a downward trend in the most severe FAS cases, while ARND cases increased.[57]

As with alcohol use, there are complex structural and systemic drivers for such alarmingly high rates of FASD in South Africa. Authors point to the need for a strong understanding of these drivers, especially the social determinants of FASD: "Key intersecting social determinants that facilitate drinking during pregnancy among

[48] Ibid.

[49] May, P.A., de Vries, M.M., Marais, A.S., Kalberg, W.O., Buckley, D., Hasken, J.M., Abdul-Rahman, O., Robinson, L.K., Manning, M.A., Seedat, S. and Parry, C.D. 2022. The prevalence of fetal alcohol spectrum disorders in rural communities in South Africa: A third regional sample of child characteristics and maternal risk factors. *Alcoholism: Clinical and Experimental Research* 46(10), 1819-1836.

[50] Louw J.G., Broodryk M., White L., Acker D., Viljoen D.L., Olivier L. 2024. A multi-year, multi-site study of the prevalence of fetal alcohol syndrome in South Africa. *Alcoholism: Clinical and Experimental Research* 48(5), p. 867-879. doi: 10.1111/acer.15306. Epub 2024 Mar 28. PMID: 38548386.

[51] Olivier, L., Curfs, L. M. G., & Viljoen, D. L. 2016. Fetal alcohol spectrum disorders: Prevalence rates in South Africa. *South African Medical Journal* 106(6), p. 103. https://doi.org/10.7196/SAMJ.2016.v106i6.11009.

[52] De Jong, M., George, A., and Jacobs, T. 2021. A scoping review of the determinants of foetal alcohol spectrum disorder in South Africa: An intersectional perspective. *Health Policy and Planning* 36 (9), p. 1459-1469. https://doi.org/10.1093/heapol/czab101.

[53] May et al. 2022. The prevalence of fetal alcohol spectrum disorders in rural communities, p. 14.

[54] McKinstry, J. 2005. Using the past to step forward: fetal alcohol syndrome in the Western Cape Province of South Africa. *Am J Public Health* 95(7): p. 1097-1099. doi: 10.2105/AJPH.2004.056366. PMID: 15983266; PMCID: PMC1449323.

[55] Louw et al. 2024. Multi-site FASD study.

[56] Lange, S., Probst, C., Gmel, G., Rehm, J., Burd, L., Popova S. 2017. Global Prevalence of Fetal Alcohol Spectrum Disorder Among Children and Youth: A Systematic Review and Meta-analysis. *JAMA Pediatrics* 171(10), p948-956. doi:10.1001/jamapediatrics.2017.1919

[57] May et al. 2022. The prevalence of fetal alcohol spectrum disorders in rural communities, p. 14.

marginalised populations in South Africa… include social norms and knowledge around drinking and drinking during pregnancy, alcohol addiction and biological dependence, gender-based violence, inadequate access to contraception and abortion services, trauma and poor mental health, and moralisation and stigma."[58] These authors point to the need for intersectoral responses which are compassionate, rather than judgemental. Similarly, others have argued that women are not knowledgeable about the dangers of drinking during pregnancy, or about FASD and how it is caused, and can feel alienated and judged by current approaches to the issue.[59] Another factor feeding into maternal alcohol use is the stress that many women face as a result of their marginalised socio-economic positions in post-apartheid South Africa,[60] and the strain on young mothers of bringing up children, often on their own.[61]

There is a large body of literature exploring the various impacts that FASD has on children who are born with this condition. Brain scientists have shown that alcohol consumption results not only in structural and volumetric changes in the brain – such as thinning of the corpus callosum and enlargement of ventricles, and lower grey and white matter volume along with increased thickness and density of cortical grey matter – but also to changes in the way the brain functions in relation to such factors as reward processing, impulsivity and emotional regulation.[62] Far more severe disruption to neurodevelopment comes from prenatal exposure to alcohol than from exposure at any other stage of life.

These structural and functional changes in the brain have profound implications for the development, life course and future prospects of children whose mothers drink alcohol during pregnancy. South African scholars have shown that prenatal alcohol exposure appears to alter the relationship between white matter microstructure and early language skills in toddlers, potentially leading to language deficits later in their development.[63] Others have found that prenatal alcohol exposure is associated with motor coordination deficits in the first two years of life.[64] And hazardous alcohol use during pregnancy has also been associated with stunting, which continues to be a major challenge in South Africa.[65] In fact, researchers have found

[58] De Jong, George & Jacobs. 2021. Determinants of foetal alcohol spectrum disorder, p. 1460.

[59] Watt, M.H., Eaton, L.A., Dennis, A.C., Choi, K.W., Kalichman, S.C., Skinner, D. and Sikkema, K.J. 2016. Alcohol use during pregnancy in a South African community: Reconciling knowledge, norms, and personal experience. *Maternal and Child Health Journal* 20, p. 48-55.

[60] Jacobs, L. and Jacobs, J. 2013. Narratives on alcohol dependence in the family in post-apartheid South Africa. *Journal of Addiction Research & Therapy* 4(3), p. 1-6.

[61] Rochat, T.J., Houle, B., Stein, A., Mitchell, J. and Bland, R.M. 2019. Maternal alcohol use and children's emotional and cognitive outcomes in rural South Africa. *South African Medical Journal* 109(7), p. 526-534.

[62] Nutt, D., Hayes, A., Fonville, L., Zafar, R., Palmer, E.O., Paterson, L. and Lingford-Hughes, A. 2021. Alcohol and the brain. *Nutrients* 13(11), 3938.

[63] Scholten, C., Ghasoub, M., Geeraert, B., Joshi, S., Wedderburn, C. J., Roos, A., Subramoney, S., Hoffman, N., Narr, K., Woods, R., Zar, H. J., Stein, D. J., Donald, K., & Lebel, C. 2024. Prenatal tobacco and alcohol exposure, white matter microstructure, and early language skills in toddlers from a South African birth cohort. *Frontiers in Integrative Neuroscience* 18. https://doi.org/10.3389/fnint.2024.1438888.

[64] Hendricks, G., Malcolm-Smith, S., Stein, D.J. et al. 2020. Prenatal alcohol exposure is associated with early motor, but not language development in a South African cohort. *Acta Neuropsychiatrica* 32(3), 145-152. doi:10.1017/neu.2019.51

[65] Myers, B., Koen, N., Donald, K.A., Nhapi, R.T., Workman, L., Barnett, W., Hoffman, N., Koopowitz, S., Zar, H.J. and Stein, D.J. 2018. Effect of hazardous alcohol use during pregnancy on growth outcomes at birth: findings from a South African cohort study. Alcoholism: *Clinical and Experimental Research*, 42(2), p. 369-377

that growth restriction due to prenatal alcohol exposure is not influenced by feeding and nutritional practices after birth, suggesting that the damage done in utero cannot be undone.[66] These cognitive and physical impediments have profound implications for a child's ability to develop, do well at school, interact well with peers, and realise their full potential. Studies show that children with FAS do significantly worse in primary school than those not suffering from the disease.[67]

Maternal alcohol consumption and its outcomes are thus a major contributor to South Africa's current struggles to help every child develop successfully and ultimately contribute positively to society.

b. Impacts of parental drinking on development outcomes in early childhood

Even if a child avoids FASD and the other implications of maternal alcohol consumption, heavy drinking by parents or other adults in the household also has a significant impact on young children growing up in such circumstances.[68] The literature chronicles a host of impacts such as physical and emotional neglect, abuse, stress, trauma, conflict and insecurity: issues all magnified in the context of poverty, marginalisation and scarcity of effective support structures and social services.[69] Psychologists and related professionals show clearly that problem alcohol use by one or both parents is highly likely to result in children growing up in a chaotic, unstable, traumatic and insecure household at the very time when they need security, routine and connection with parental figures. Alcohol misuse by parents causes lack of responsibility, disruption of healthy family roles, violence, aggression and family conflict; the entire family system can become toxic.[70] This has major psychosocial impacts on the developing child, such as avoidant and insecure attachment to parents; neuroticism; insecure relationships with peers; struggles with aggression; poor coping mechanisms; low self-esteem; and problems adapting to school and achieving academic success.[71] Likewise, several psychopathological impacts are also experienced, such as antisocial and aggressive behaviours; depression; anxiety; attention deficit and hyperactivity disorder (ADHD); externalising and internalising disorders, early alcoholism, and suicidality for older children.[72]

Scholars have pointed out that the impacts of parental alcohol abuse are often hidden and not

[66] Edwards, A.C., Jacobson, S.W., Senekal, M., Dodge, N.C., Molteno, C.D., Meintjes, E.M., Jacobson, J.L. and Carter, R.C. 2023. Fetal alcohol-related postnatal growth restriction is independent of infant feeding practices and postnatal alcohol exposure in a prospective South African birth cohort. *Nutrients* 15(9), p. 2018.

[67] Lubbe, M., Van Walbeek, C. and Vellios, N. 2017. The prevalence of fetal alcohol syndrome and its impact on a child's classroom performance: A case study of a rural South African school. *International Journal of Environmental Research and Public Health* 14(8), p. 896.

[68] Laslett, A.M., Mugavin, J., Jiang, H., Manton, E., Callinan, S., MacLean, S. and Room, R. 2015. *The hidden harm: Alcohol's impact on children and families*. Canberra: Foundation for Alcohol Research and Education.

[69] Jones, L., and Sumnall, H. 2016. *Understanding the relationship between poverty and alcohol misuse*. Centre For Public Health, John Moores University. Liverpool.

[70] Şen-Aslan, H. 2021. A family problem: The effects of parental alcohol on children. *Nesne-Psikoloji Dergisi* 9(19), p. 127-138.

[71] Rochat, T. J., Houle, B., Stein, A., Mitchell, J., & Bland, R. M. 2019. Maternal alcohol use and children's emotional and cognitive outcomes in rural South Africa. *South African Medical Journal* 109(7), 526. https://doi.org/10.7196/SAMJ.2019.v109i7.13120.

[72] Şen-Aslan, H., 2021. A family problem.

easily identified by those outside the family.[73] When parental judgement is impaired by alcohol, children suffer both intermittent and chronic abuses such as inconsistency, rejection, and verbal, emotional and physical abuse. As a result of the ongoing family crises that alcohol misuse gives rise to, children develop dysfunctional coping mechanisms – such as parentification, where they adopt the role of parent to their drunken caregivers.[74] Such children struggle with emotional, behavioural and social adjustment issues. They develop anxiety, depression, aggression and academic problems; they also become more at risk of physical and sexual assault, and more likely to develop a substance abuse problem themselves.[75] Researchers have shown that boys and girls are affected differently. Girls typically develop internalising problems (become anxious or depressed, or withdrawn and suffer somatic complaints), while boys develop externalising problems such as attention issues and aggression.[76] South African studies have shown that children with behavioural and developmental disorders (BDD) "were 3 times more likely to have mothers who currently drink and over 4.5 times more likely to have mothers who had binged in the past 6 months than control children."[77] These authors acknowledge that drinking could be caused by the stress of raising a child with a BDD, but that it is more likely that "drinking status, especially binge drinking, may be a proxy for an unstable home environment and other social factors that could lead to, or exacerbate, behavioural issues in the children."[78]

Studies from African countries explore how problem drinking inhibits proper parenting, and introduces negative emotions such as shame into parent-child relationships, with consequences for healthy child development and self-image.[79] The reduced ability of parents, and fathers in particular, to provide for their families when they abuse alcohol also introduces conflict, uncertainty and instability into family settings.[80] South African researchers have found similar dynamics among both urban and rural families in which there is problem drinking.[81,82] Some authors have explored the strong association between problem drinking by

[73] Lakshmamma, V.T. and Kalavati, S. 2018. Parental alcohol-impact on children. *International Journal of Nursing Education* 10(1), p. 37-42.

[74] Kaur, D. and Ajinkya, S. 2014. Psychological impact of adult alcoholism on spouses and children. *Medical Journal of Dr. DY Patil University* 7(2), p. 124-127.

[75] Lakshmamma, V.T. and Kalavati, S. 2018. Parental alcohol-impact on children.

[76] Sidhu, J., Dutta, E., Naphade, N.M. and Shetty, J.V. 2016. The impact of parental alcohol dependence on the development and behavior outcome of children in a tertiary care hospital. *Medical Journal of Dr. DY Patil University* 9(1), p. 17-22.

[77] Katwan, E., Adnams, C. and London, L. 2011. Childhood behavioural and developmental disorders-association with maternal alcohol consumption in Cape Town, South Africa. *South African Medical Journal* 101(10), 724-727.

[78] Ibid.

[79] Sirera, M.A. and Mwenje, M. 2014. Effects of alcohol abuse on parental guidance of children. *IOSR Journal of Humanities and Social Science* 19 (8): p. 15-23

[80] Mehus, C.J., Wieling, E., Thomas Oloya, O., Laura, A. and Ertl, V. 2021. The impact of alcohol misuse on fathering in Northern Uganda: An ethnographic study of fathers. *Transcultural Psychiatry* 58(1), p. 14-26.

[81] Nzimande, L. 2022. The effects of alcohol consumption on family instability amongst the community of Harding, KwaZulu-Natal. SSRN Electronic Journal. doi.org/10.2139/ssrn.4062877, 21 Mar. 2022.

[82] Mudau, T.J. 2018. Challenges faced by young people living with alcoholic parents: A case of Tzaneen around Mamokgadi. *African Renaissance* 15(4), p. 253-271.

the primary caregiver and behavioural problems among their children,[83] while others have outlined how binge drinking by parents has a range of short, medium and long-term impacts due to parental absence and child neglect, and the consequences of growing up in a socially, emotionally and physically dangerous environment.[84] Child neglect, for example, has consequences for child safety, as children may go hungry and lack the basic care they need; they may suffer injuries such as burns and fractures while parents are drinking or intoxicated. Children in such environments also witness violence and abuse, or may themselves suffer abuse. Intoxicated parents may also use the Child Support Grant to buy alcohol, and be poor role models, ultimately undermining their relationship with their growing children.[85] Scholars have found a strong link between caregiver substance abuse and child sexual abuse,[86] while the experience of these kinds of adverse childhood conditions is also strongly associated with the risk of suicide later on in childhood.[87]

c. Direct and indirect impacts of gender-based and interpersonal violence on children

Households in which caregivers and other adults engage in problem and binge drinking not only experience the chronic outcomes of a toxic family system, but are also highly likely to be host to interpersonal and gender-based violence. According to the WHO, "Evidence suggests that alcohol use increases the occurrence and severity of domestic violence."[88] International studies have also shown that alcohol use by one or both in a couple increases the risk of severe intimate partner violence (IPV).[89] In South Africa, related to the above-outlined history of the colonial and industrial processes, certain harmful notions of masculinity have become entrenched that normalise both heavy drinking and various forms of violence against women.[90] The combination of such harmful notions of masculinity (in which a man feels entitled to dominate and control women, including in relation to sex) and

[83] Azevedo Da Silva, M., Alexander, E.C., Martins, S.S., Naidoo, S., Gruver, R.S., Desmond, C. and Davidson, L.L. 2023. Association between caregiver and household alcohol use and child behavior problems in KwaZulu Natal, South Africa. *Child Psychiatry & Human Development* 54(5), p. 1438-1445.

[84] Choi, K.W., Watt, M.H., Skinner, D., Kalichman, S.C. and Sikkema, K.J. 2015. "Wine you get every day, but a child you can't replace": The perceived impact of parental drinking on child outcomes in a South African township. *Journal of Child & Adolescent Mental Health* 27(3), pp.173-187.

[85] Choi et al. 2015. Wine you get every day.

[86] Ward, C.L., Artz, L., Leoschut, L., Kassanjee, R. and Burton, P. 2018. Sexual violence against children in South Africa: a nationally representative cross-sectional study of prevalence and correlates. *The Lancet Global Health,* 6(4), pp.e460-e468.

[87] Cluver, L., Orkin, M., Boyes, M.E. and Sherr, L. 2015. Child and adolescent suicide attempts, suicidal behavior, and adverse childhood experiences in South Africa: A prospective study. *Journal of Adolescent Health* 57(1), p. 52-59.

[88] World Health Organization. 2006. Who Facts on: Intimate Partner Violence and Alcohol. Geneva: WHO.

[89] McKinney, C.M., Caetano, R., Rodriguez, L.A., and Okoro, N. 2010. Does alcohol involvement increase the severity of intimate partner violence? *Alcohol Clinical and Experimental Research* 34(4): p. 655–658. doi:10.1111/j.1530-0277.2009.01134.

[90] Morrell, R., Jewkes, R., & Lindegger, G. 2012. Hegemonic Masculinity/Masculinities in South Africa: Culture, Power, and Gender Politics. *Men and Masculinities*, 15(1), p. 11-30. https://doi.org/10.1177/1097184X12438001

alcohol fuels risky behaviour, as well as extreme forms of violence against women and children. Scholars have estimated that between 25% and 40% of South African women have experienced sexual and/or physical IPV in their lifetime.[91]

Alcohol plays a significant role in gender-based violence (GBV), which has been referred to as an "epidemic" in South Africa.[92,93,94] According to Sonke Gender Justice, "women with male partners who 'come home drunk frequently' are four to seven times more likely to suffer violence; intimate-partner violence (IPV) perpetrators are five times more likely than non-perpetrators to consume alcohol; men with alcohol problems are generally more likely to commit IPV; and male-to-female aggression is 11 times more likely to occur on days when perpetrators were drinking alcohol."[95]

Table 1, based on recent South African Police Service (SAPS) crime statistics (Quarter 1, 2024), illustrates that, of the overall contact crime categories, a high proportion involved alcohol use. Rape in particular was found to be associated with alcohol use in 25% of the reported cases, while 13.5% cases of assault with intent to cause grievous bodily harm involved alcohol.

Table 1: Contact crimes related to alcohol[96]

Type of contact crime	Total Contact Crimes Reported (Q1 2024)	Contact crimes related to alcohol use (Q1 2024)	Percent of overall contact crimes related to alcohol use
Murder	6 198	214	3.5%
Attempted murder	6 876	393	5.7%
Rape	9 309	2 358	25.0%
Assault with intent to cause GBH	39 738	5 376	13.5%

International studies have shown that in families where IPV and GBV occur, there are direct and indirect impacts on children in those homes. A study of evidence from nine countries found that in households with a heavy or harmful drinker (usually a man), one in 25 reported violence to a child related to the drinking.[97] South African scholars have referred to IPV and alcohol use as "dual

[91] Jewkes, R., Levin, J., and Penn-Kekana, L.. Risk factors for domestic violence: findings from a South African cross-sectional study. Social *Science and Medicine*, 2002 55(9), p. 1603-1617.

[92] Dlamini, N.J., 2021. Gender-based violence, twin pandemic to COVID-19. *Critical Sociology* 47(4-5), p. 583-590.

[93] Ramsoomar-Hariparsaad, L., and Maker-Diedericks, A. 2021. *Alcohol availability and Gender Based Violence (GBV) in Southern Africa: An evidence review.* South African Medical Research Council (SAMRC) and Southern African Alcohol Policy Alliance (SAAPA). https://www.samrc.ac.za/news/clear-link-between-alcohol-abuse-and-gender-based-violence-evidence-review-finds.

[94] Zungu, N. et al. 2024. *The First South African National Gender-based Violence Study*, 2022. Human Sciences Research Council. https://hsrc.ac.za/media-pack-first-south-african-national-gender-based-violence-study-2022/.

[95] Wasserman, Z. 2016. "Alcohol abuse is linked to gender-based violence, so why are increased alcohol prices not in the Liquor Amendment Bill?" Sonke Gender Justice, 19 Dec. 2019. https://genderjustice.org.za/article/alcohol-abuse-linked-gender-based-violence-increased-alcohol-prices-not-liquor-amendment-bill/.

[96] South African Police Service. 2024. Police recorded crime statistics: first quarter of the 2024–2025 financial year (April 2024–June 2024). https://www.gov.za/sites/default/files/crimestats.pdf.

[97] Laslett, A.M. et al. 2019. Children's experience of physical harms and exposure to family violence from others' drinking in nine societies. *Addiction Research & Theory* 28(4), p. 354–364. https://doi.org/10.1080/16066359.2019.1704272.

disasters", finding a consistent relationship between excessive drinking patterns and IPV, especially physical and emotional abuse.[98] Others have attempted to trace the links between violence against women and violence against children, noting that alcohol use is a common risk factor in both.[99] Children's exposure to IPV has now been recognised as a distinct form of maltreatment, with researchers finding that "both heavy alcohol consumption and IPV created a toxic family environment in which the safety of children [is] compromised. Children may experience both direct and indirect harms associated with men's drinking. The former includes examples where men's drinking [is] linked to disinhibition, aggression, and physical assault. In the latter, men were absent resulting in being emotionally unavailable due to drinking."[100]

South African scholars have explored in depth the association between a father's alcohol misuse and adverse consequences for his children.[101] Highlighting the link between IPV and alcohol misuse, they outline how a father who drinks often demonstrates behaviour which is unpredictable and can be abusive. Importantly, because the father is often the breadwinner, other family members have to tolerate him to receive ongoing material provision, which feeds into abuse as the victims feel they cannot leave.[102] Studies of battered women in rural South Africa have found that alcohol and drug use lead to a raised risk of violence, and that violence is more likely to be directed toward children as a means to get at the mother.[103] Not surprisingly, an indirect consequence of the experience of IPV and GBV by children is that they develop behavioural issues that can impact their development and educational journey.[104] Psychologists have found that children who lose a parent due to alcoholism need special attention to help them deal with the feelings of complex grief and guilt that they hold.[105]

The social and economic cost of children growing up in these chaotic and violent environments is enormous, amounting to an estimated 5% of South Africa's GDP in 2015.[106] Scholars have estimated that preventing children from witnessing family violence and experiencing violence or neglect could lead to a 14% reduction in later drug abuse. In a child's later years, it could see a 23% reduction

[98] Backe, E.L., Bosire, E. and Mendenhall, E. 2022. "Drinking Too Much, Fighting Too Much": The dual "disasters" of intimate partner violence and alcohol use in South Africa. *Violence against women* 28(10), p. 2312-2333.

[99] Mathews, S., Makola, L. and Megganon, V. 2021. *Connecting the dots: informing our understanding and response to the intersections between violence against women and violence against children*. Cape Town: Children's Institute, University of Cape Town.

[100] Hopkins, C., Haugland, S.H., Greenfield, T.K., Tamutienė, I., Hettige, S. and Laslett, A.M. 2024. Harms to children from men's heavy drinking: A scoping review. *International Journal of Alcohol and Drug Research* 12(2), pp. 85-100, p. 89.

[101] Maketekete, T.S. 2023. *The Association Between the Father's Alcohol Misuse and Adverse Consequences on His Family and Young Adult Children* (Master's thesis, University of Johannesburg (South Africa).

[102] Ibid.

[103] Peltzer, K. and Pengpid, S., 2013. The severity of violence against women by intimate partners and associations with perpetrator alcohol and drug use in the Vhembe district, South Africa. *African Safety Promotion: a Journal of Injury and Violence Prevention* 11(1), p. 13-24.

[104] Chander, P., Kvalsvig, J., Mellins, C.A., Kauchali, S., Arpadi, S.M., Taylor, M., Knox, J.R. and Davidson, L.L. 2017. Intimate partner violence and child behavioral problems in South Africa. *Pediatrics* 139(3).

[105] Bache, M. and Guldberg, A. 2012. Young people who have lost a parent because of alcoholism need special attention. *Nordic Psychology* 64(1), p. 58-71.

[106] Hsiao, C. et al. 2018. Violence against children in South Africa: the cost of inaction to society and the economy. *BMJ Global Health* 3(1), e000573. https://doi.org/10.1136/bmjgh-2017-000573.

in self-harm, a 10% reduction in anxiety, a 14% reduction in alcohol abuse, and a 16% reduction in interpersonal violence.[107] This shows that the harms children suffer can also translate into a significant cost to society.

d. Injuries to children directly related to alcohol

Injury is a significant cause of death or disability among children and adolescents. Low- and middle-income countries experience a much higher global child-injury mortality (41.8 per 100 000) than high-income countries (8.6 per 100 000).[108] South Africa's child-injury mortality is 38.9 per 100 000 children, with children under five years and older adolescents being the most susceptible. The leading causes of child injury deaths are road traffic injuries (36%), homicide (28.2%), unintentional injuries such as burns and drowning (27.3%), and suicide (8.5%).[109] As high as the child-injury mortality rate is, many more who survive these traumas are left with disabilities, which come at a great cost to them and their families.

Road traffic accidents

Africa has the highest rate of road traffic deaths in the world, despite owning just 3% of the global motor vehicle fleet. In 2021, the continent's road traffic fatality rate was 19.4 per 100 000 people. South Africa fares even worse, with 25 deaths per 100 000. In 2017, nearly 14 000 people died in road accidents in South Africa; over 1 100 (8%) of them were children under 15. Young adults aged 15-29 made up over 4 300 deaths. By 2023, overall fatalities had dropped to 11 883, but troubling patterns remained: 45% were pedestrians, 67.5% were men, 10.2% were children under 15, and most deaths happened over weekends. While overall deaths declined, the proportion of child fatalities rose — a deeply concerning trend.[110]

Scholars have examined the causes of such high mortality on the roads. While factors such as driver behaviours – speeding in particular – and other driver risks have been found to be significant, driving while intoxicated with alcohol is also a major cause of fatal accidents.[111] While fatal crashes attributed to alcohol intoxication have been estimated at only 5.5%, scholars have recently argued that this is a "gross underestimate". Extrapolating from local data, scholars estimate that 27% of fatal crashes can be attributed to alcohol intoxication, and therefore the costs of alcohol-related accidents is much higher than officially recognised.[112]

A high proportion of pedestrian deaths are also attributed to drunk driving,[113] a finding of great concern for school-age children (6-12)

[107] Ibid.

[108] Van Niekerk, A. and Mathews, S. 2019. Violence, injury and child safety: The new challenge for child health. *South African Child Gauge*, pp. 114-130, p. 115.

[109] Ibid.

[110] Prinsloo, M., Matzopoulos, R., Laubscher, R., Dempers, J. and Joubert, J. 2024. *Injury mortality in South Africa*. Cape Town: South African Medical Research Council, p. 5.

[111] Govender, R., Sukai, A. and van Niekerk, A. 2020. *Driver intoxication and fatal crashes: alcohol intoxication as a risk factor for fatal crashes and fatalities. Road Traffic Management Corporation*. https://www.rtmc.co.za/images/rtmc/docs/research_dev_rep/Driver%20intoxication%20and%20fatal%20crashes%20Report%20-%20March_2020.pdf.

[112] Ibid., p. 33.

[113] Ibid., p. 2.

for whom traffic injuries are a particular risk. One in five pedestrian fatalities involve children younger than 15 years. The risk is amplified by the fact that an estimated 68% of South African children, mostly from poorer socio-economic backgrounds, walk to school through crowded and poorly maintained neighbourhoods and informal settlements where alcohol consumption is also high.[114] Authors have noted that adolescents face increased risk for road traffic injuries, with the highest number of such deaths falling in the 15-19 age category. They argue that "despite their increasing physical and cognitive capacities, adolescents are still at risk because they may overestimate their ability to negotiate often complex and hazardous traffic environments, while risk-taking behaviour is also a mark of this age group."[115]

Certain metropolitan areas and provinces have a particularly poor record when it comes to road fatalities. A study in the Western Cape, for example, showed that of the fatalities recorded between January 2016 and December 2017 (pedestrians and drivers/passengers), 54% tested positive for a blood alcohol concentration (BAC) of at least 0.01g/100mL.[116] Gauteng and KwaZulu-Natal have also been noted as provinces with high road fatalities, with speeding and drunk driving being the main causes.[117]

Interpersonal violence injuries

Interpersonal violence and abuse is also a major cause of injury to children in South Africa, which has an extremely high and disproportionate incidence of interpersonal violence against children. The country has an estimated child homicide rate of 5.5 homicides per 100 000 children, which is twice the global average.[118] Infants and very young children are particularly at risk: South Africa has one of the highest rates of infanticide in the world at 28.4 per 100 000 live births.[119]

Non-fatal "intentional" injuries are also very high: a 2016 study carried out by the Optimus Foundation found that "one in five children (19.8%) experienced sexual abuse, compared with a global average of 18% in the global average for girls and 8% for boys, one in three (34.4%) experienced physical abuse, a notable increase from the global average of 23%, one in six (16.1%) reported experiencing emotional abuse compared with the global average of 36%, one in eight (12.2%) reported being neglected in comparison with the global average of 16% and one in six (16.9%) reported witnessing violence."[120]

More recently, a Statistics South Africa report has indicated that rape is the most frequently

[114] Van Niekerk and Mathews, Violence, injury and child safety, p. 120.

[115] Ibid., p. 118.

[116] Malomane, R. 2020. *Investigating the role of alcohol in road traffic collision fatalities in Western Cape, South Africa*. Unpublished MPhil thesis, University of Cape Town.

[117] Busayo, E.T. and Oyelana, A.A. 2018. Alcohol Impaired Driving: Its Consequences and Potential for Reduction in South Africa. *Studies in Ethnomedicine* 12 (1), p. 10-16.

[118] Hsiao et al, *Violence against children in South Africa*.

[119] Van Niekerk and Mathews, Violence, injury and child safety, p. 117.

[120] Hsiao et al, Violence against children in South Africa p. 1-2.

reported crime for children aged 17 and below, followed by common assault, and assault resulting in GBH.[121] These authors found that the per capita rate of rape among children was 95 per 100 000 children in 2019/20, compared to 70 per 100 000 of the whole population. While less common, per capita sexual assault was nearly twice as high (20 per 100 000 children) than it was for the total population.[122] Girls are more likely to experience abduction, rape, sexual assault, child trafficking and attempted common robbery, while boys are more likely to be the victims of murder, assault with GBH, attempted murder, common robbery and common assault.[123] As explored in the next section, the risk of violent injury and homicide intensifies in adolescence, especially for boys.[124] This is particularly visible in community contexts where teens use weapons and engage in fighting and gangsterism.

As with IPV and GBV, all of these "intentional" interpersonal injuries have been strongly linked to alcohol abuse by caregivers and other adults, along with cross-cutting and intersecting risks such as poor socio-economic opportunities and gender inequalities. Studies have found that children are at the highest risk of violence when they are living in households where neither parent is present, where financial resources are scarce and where they are exposed to drugs, alcohol, crime and conflict. Children are also more at risk if they have greater exposure to community members involved in drugs, alcohol and crime.[125] Studies in the Western Cape have also shown that not only are parental drug and alcohol abuse associated with high numbers of child deaths, but that injuries and deaths experienced by adolescents are also strongly linked to alcohol and drug abuse.[126]

"Unintentional" injuries are also common among children, including various types of burns, falls, and drowning. Deaths from these kinds of accidents are most common among children aged 1-4 years.[127] As noted previously, many of these injuries – while associated with the kind of risks taken and developmental/reasoning level of young children – can also be enhanced in a context of child neglect and inadequate parenting. For adolescents, drowning can also be a factor. Authors have noted that about 40% of drowning cases involve a positive BAC level.[128]

e. Direct and indirect harms experienced by adolescents

While younger children are exposed – intentionally or unintentionally, directly or

[121] Statistics South Africa. 2024. *Child series volume II: crime against children*. https://www.statssa.gov.za/publications/92-02-02/92-02-022022.pdf.

[122] Ibid.

[123] Ibid.

[124] Van Niekerk and Mathews, *Violence, injury and child safety*.

[125] Mathews S., Govender R., Lamb G., et al. 2016. *Towards a more comprehensive understanding of the direct and indirect determinants of violence against women and children in South Africa with a view to enhancing violence prevention*. Safety and Violence Initiative, University of Cape Town.

[126] Mathews, S. No Date. *The Child Death Review Project: Child Murders in the Western Cape*. The Children's Institute: Cape Town.

[127] Ibid.

[128] Busayo and Oyelana, *Alcohol Impaired Driving*.

indirectly – to harms caused by problem alcohol use by others, adolescents become exposed directly to the opportunity to start using alcohol themselves. There is no safe amount of alcohol consumption for adolescents, so the early adoption of binge drinking while still in one's teens has a range of major consequences for life trajectories, as well as long-term health and wellbeing. Although there is evidence that teen drinking globally has recently declined, scholars are still calling for urgent action to protect adolescents from alcohol harms.[129]

In South Africa, adolescent binge drinking rates are unacceptably high, with around 30% of teen boys and 20% of teen girls found to binge.[130] A study of rural high schools found that at least a third of the learners were binge drinking.[131] Studies from urban township environments show that binge drinking rates are similarly high, especially among older adolescents.[132] Youth in peri-urban areas also commonly binge drink; this behaviour is enabled by the ease with which they access alcohol, which is sold in close proximity to where they live, and the lack of age checks and other controls in the drinking venues they frequent.[133] Youngsters are not only consuming commercially-made alcohol; in rural areas home-brewed alcohol consumption is also used in both ritual and social contexts.[134,135] While this form of communal drinking is normalised, scholars have shown that there is more alcohol use by teens in rural communities with high crime and violence than in more peaceful communities.[136]

There are many factors that drive the early adoption of problem and binge drinking by adolescents in South Africa, and that contribute to the impact of alcohol harms. Research shows that not only do adolescents with parents from lower socio-economic backgrounds have a greater chance of early drinking, but that parental drinking is also a major influence on their children's drinking habits.[137] Some scholars have found that children brought up by grandparents and other family members due to family disruption and disintegration (often resulting from urbanisation, migration, family death and the like) can be at greater risk of early drinking. This is often due not only to the psychological impacts of family breakup and parental absence, but also the fact that grandparents and other caregivers feel helpless

[129] Kronsten, V.T., Murray, F.E., Zelber-Sagi, S., Krag, A. and Shawcross, D.L. 2024. Adolescent sobriety under siege–an urgent call to protect children from alcohol harms. *Journal of Hepatology*.

[130] Morojele, N. K., & Ramsoomar, L. 2016. Addressing adolescent alcohol use in South Africa. *South African Medical Journal* 106(6). https://doi.org/10.7196/SAMJ.2016.v106i6.10944.

[131] Van der Heever, H., Chauke, T.M. and Hoque, M.E. 2015. Alcohol use amongst learners in rural high schools in South Africa. *African Journal of Primary Healthcare and Family Medicine* 7(1), p. 1-6.

[132] Mmereki, B., Mathibe, M., Cele, L. and Modjadji, P. 2022. Risk factors for alcohol use among adolescents: The context of township high schools in Tshwane, South Africa. *Frontiers in Public Health* 10, p. 969053.

[133] Mathibe, M., Cele, L. and Modjadji, P. 2022. Alcohol use among high school learners in the peri-urban areas, South Africa: A descriptive study on accessibility, motivations and effects. *Children* 9(9), p. 1342.

[134] Onya, H., Tessera, A., Myers, B. and Flisher, A. 2012. Community influences on adolescents' use of home-brewed alcohol in rural South Africa. *BMC Public Health* 12, p. 1-8.

[135] Mudau, M.D. 2020. *Factors contributing to alcohol abuse and health effects among the youth at Makhado Municipality, South Africa* (Doctoral dissertation).

[136] Ibid.

[137] Ngepah, R. and Saba, C.S. 2024. Parental health risk preferences, socio-economic status and offspring's alcohol behavior in South Africa. *Heliyon* 10(13).

to positively influence the problem behaviour of teens.[138] This dynamic is common in South Africa: according to StatsSA's 2019 General Household Survey, a fifth of children aged 17 or below did not live with their biological parents, with migrant labour and low marital rates of mothers contributing to this pattern.[139] Teens in social settings such as schools and entertainment venues have been found to use alcohol as a way of gaining social confidence and to assist them in sexual approaches, contributing to their choice to binge drink.[140] At the same time, researchers have found that the recent rise in smartphone and social media use—particularly texting and video calling—is associated with early substance experimentation among adolescents.[141] Feeding into such drivers is the ubiquity of formal and informal liquor advertising targeting young people and emphasising harmful cultures of alcohol consumption.[142]

The early use of alcohol by adolescents exposes them to a number of harms which can have profound impacts on their healthy development into adulthood, and further life pathways. Brain scientists have found that the critical period of brain development in adolescence means that alcohol intake at this stage, especially binge drinking, has damaging effects.[143] These may not even be identified during adolescence, but the impacts manifest later in life. Scientists have detailed why alcohol intake impacts neurodevelopmental trajectories for adolescents. They explain that typical brain maturation involves the loss of grey matter as a result of "synaptic pruning", and the concurrent growth of white matter as the surviving connections are myelinated.[144] For adolescents who engage in heavy or binge drinking, grey matter volume decreases more than it should, while white matter does not increase as it normally would. Moreover, it has been found that the microstructure of the white matter is disturbed in young people who binge drink.[145] Even moderate alcohol intake has been found to have these effects. Brain function consequently changes for drinkers, leading to problems with impulsivity, reward processing and emotional regulation – all critical areas that if negatively impacted can undermine a young person's ability to negotiate many social, emotional and physical risks, and prevent a healthy transition to adulthood.[146] Early drinking also opens up

[138] Hlengwa, W.M. and Mbele, P.B., 2023. Child rearing practices and perceptions of parents on alcohol abuse by black adolescents in Northern KwaZulu Natal, South Africa. *OIDA International Journal of Sustainable Development* 16(12), p. 21-32.

[139] Statistics South Africa. 2021. Families and parents are key to well-being of children. https://www.statssa.gov.za/?p=14388.

[140] Carels, C., Florence, M., Adams, S., Sinclair, D.L. and Savahl, S. 2022. Youths' perceptions of the relation between alcohol consumption and risky sexual behaviour in the Western Cape, South Africa: A qualitative study. *Child Indicators Research* 15(4), p. 1269-1293.

[141] Nagata, J. M., Shim, J., Low, P., Ganson, K. T., Testa, A., He, J., Santos, G.-M., Brindis, C. D., Baker, F. C., & Shao, I. Y. 2025. Prospective association between screen use modalities and substance use experimentation in early adolescents. *Drug and Alcohol Dependence 266*, article 112504. https://doi.org/10.1016/j.drugalcdep.2024.112504.

[142] Osuafor et al, *Exposure to alcohol advertising*.

[143] Hermens, D.F., Lagopoulos, J., Tobias-Webb, J., De Regt, T., Dore, G., Juckes, L., Latt, N. and Hickie, I.B. 2013. Pathways to alcohol-induced brain impairment in young people: A review. *Cortex* 49(1), p. 3-17.

[144] Nutt, D. et al. 2021. Alcohol and the brain. *Nutrients* 13(11), article 3938, p. 4.

[145] Ibid.

[146] Ibid.

young people to the risk of later substance dependence and addiction, which are associated with poor mental health.[147]

The brain and brain function are not the only aspects of physical development that are affected by binge drinking during adolescence. Early binge drinking opens a young person up to a range of chronic diseases and conditions that can manifest later in life. Not only has bone density been found to be compromised in early drinkers, but alcohol also causes liver function to deteriorate.[148] Binge drinking in adolescence has also been found to substantially increase the risk of diabetes in young adulthood, setting up drinkers for a lifetime of metabolic disease.[149] A range of cancers, including breast and liver cancer, have also been linked to teen alcohol consumption.[150]

There is also a wealth of literature on binge drinking's role in radically increasing young people's risk of contracting communicable diseases,[151,152] not only because of poor decision-making during intoxication, but also because of problems in brain function relating to reward processing and impulsivity. Studies have found that binge drinking during the time when young people become sexually active is a particular risk factor for HIV infection. In one model, an estimated 54% of new infections during the period 2000-2021 occurred in binge drinkers.[153] While inequitable gender norms feed into this situation, binge drinking also reduces the condom use negotiation power of adolescent girls, exposing them to high-risk sexual encounters with men who have multiple sexual partners.[154] Binge drinking also exposes young women to the risk of sexual assault, along with unplanned pregnancies.[155] Despite antiretroviral treatment being available in South Africa, adolescent girls and young women are still recognised as a key population in need of concerted HIV prevention measures, because of the disease's potential to negatively impact their futures.[156]

[147] Epstein, M., Bailey, J.A., Furlong, M., Catalano, R.F. and Toumbourou, J.W. 2020. Does adolescent alcohol harm minimisation policy exposure reduce adult alcohol problems? A cross-national comparison. *Journal of Adolescent Health* 66(6), p. 713-718.

[148] National Research Council and Institute of Medicine. 2004. *Reducing underage drinking: a collective responsibility*. In: R.J. Bonnie and M.E. O'Connell (eds), chapter 3: Health consequences of adolescent alcohol involvement. Washington, DC: National Academies Press. https://www.ncbi.nlm.nih.gov/books/NBK37610/.

[149] Liang W, Chikritzhs T. 2014. Alcohol consumption during adolescence and risk of diabetes in young adulthood. *BioMed Research International 2014*, article 795741. https://doi.org/10.1155/2014/795741.

[150] Alimujiang, A. and Colditz, G.A. 2019. What can we learn from the association between adolescent alcohol consumption and breast cancer risk? *Expert Review of Anticancer Therapy* 19(4), p. 287-289.

[151] Letsela, L., Weiner, R., Gafos, M. and Fritz, K. 2019. Alcohol availability, marketing, and sexual health risk amongst urban and rural youth in South Africa. *AIDS and Behavior* 23, p. 175-189.

[152] Chersich, M.F. and Rees, H.V. 2010. Causal links between binge drinking patterns, unsafe sex and HIV in South Africa: Its time to intervene. *International Journal of STDs & AIDS* 21(1), p. 2-7.

[153] Johnson, L. F., Kubjane, M., de Voux, A., Ohrnberger, J., & Tlali, M. 2023. An agent-based model of binge drinking, inequitable gender norms and their contribution to HIV transmission, with application to South Africa. *BMC Infectious Diseases* 23(1). https://doi.org/10.1186/s12879-023-08470-y.

[154] Singer, S.E., Wechsberg, W.M., Kline, T., Browne, F.A., Howard, B.N., Carney, T., Myers, B., Bonner, C.P. and Chin-Quee, D. 2023. Binge drinking and condom negotiation behaviours among adolescent girls and young women living in Cape Town, South Africa: Sexual control and perceived personal power. *BMC Public Health* 23(1), p. 2282.

[155] Morojele, N. K. and Ramsoomar, L. 2016. *Addressing adolescent alcohol use in South Africa*.

[156] Birdthistle, I. et al. 2021. Evaluating the impact of DREAMS on HIV incidence among adolescent girls and young women: a population-based cohort study in Kenya and South Africa. *PLoS Medicine* 18(10), e1003837. https://doi.org/10.1371/journal.pmed.1003837.

Exposure to various forms of violence is also strongly associated with teen alcohol use. In a study in the United Kingdom, it was found that 29% of 15-16 year-olds experienced violence while drunk. A strong correlation was also found between the number of negative experiences and cheap alcoholic drinks.[157] In South Africa, there are also strong links between teen alcohol use and violence.[158] Adolescent males are particularly at risk of being killed in public spaces, by a perpetrator known to them, while having a significantly high mean blood alcohol level (0.10g/100ml) than adolescent females.[159] The proliferation of cheap alcoholic drinks aimed at young drinkers is concerning in this regard. As has been outlined in the previous section, motor vehicle accident injuries are also common in this age group. Finally, an indirect harm caused by binge drinking to adolescents is the high likelihood of disruption of their educational journeys and future prospects. Alcohol and substance abuse by school learners is becoming a growing concern, and it feeds directly into the country's high school dropout rate.[160] Drug abuse was the second leading reason for school dropout after pregnancy at 24% of those who dropped out.[161] In turn, leaving school early due to financial pressures also fuels teen binge drinking as a coping strategy,[162] further destroying the drinkers' future prospects, and giving rise to further harms to themselves and others.

3.3 Policies, practices, and advocacy interventions to reduce alcohol related harms to children and adolescents

Before outlining what specific interventions for each area of child harm are recommended, it is useful to describe the overall policy framework that these should feed into. As mentioned previously, the WHO's SAFER initiative is seen as the most comprehensive approach to alcohol harms reduction. It argues for the following five pillars:

- Strengthening of restrictions on alcohol availability;
- Advancing and enforcing drink-driving countermeasures;
- Facilitating access to screening, brief interventions and treatment;
- Enforcing bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion;
- Raising prices on alcohol through excise taxes and pricing policies.

South African scholars have called on the government to fully adopt these measures,[163] a

[157] Bellis, M.A. et al. 2009. Teenage drinking, alcohol availability and pricing: a cross-sectional study of risk and protective factors for alcohol-related harms in school children. *BMC Public Health* 9, p. 1-12.

[158] Mathews, S. No Date. *The Child Death Review Project*: Child deaths in the Western Cape. Cape Town: The Children's Institute.

[159] Van Niekerk, A. and Mathews, S. 2019. Violence, injury and child safety: The new challenge for child health. *South African Child Gauge*, p. 114-130.

[160] Khoza, A. and Shilubane, H.N. 2021. Substance use and associated factors among in-school adolescents in South Africa. *The Open Public Health Journal* 14(1).

[161] School Dropout: Advocacy to Action. (2025). Zero Dropout. https://zerodropout.co.za/school-dropout-advocacy-to-action/

[162] Desai, R. et al. 2019. Reasons for leaving school and alcohol use among out of school youth in South Africa. *Health Psychology Bulletin* 3(1), p. 48-57. https://doi.org/10.5334/hpb.12.

[163] Matzopoulos, R., Cois, A., Probst, C., Parry, C.D., Vellios, N., Sorsdahl, K., Joubert, J. and Pacella, R. 2021. Estimating the burden of disease from alcohol use in South Africa in 2000, 2006, 2012. *Available at SSRN* 3854745.

path it finally seems willing to explore. The WHO SAFER initiative has been examined by global scholars, who have found that all of the pillars are backed by strong evidence. The strongest evidence has been found for increasing alcohol taxes; government monopolies for the retail sale of alcohol; restricting the density of outlets and the days and hours of sale; increasing the minimum age of purchase; lowering the legal BAC levels for driving; introducing random breath-testing for driving; implementing widespread brief advice for hazardous and harmful alcohol consumption; and ensuring treatment for alcohol use disorders. The same authors found reasonable evidence to support the introduction of a minimum price per gram of alcohol; restricting the volume of commercial communications; and enforcing the restrictions of sales to intoxicated and under-age people.[164] The WHO "Best Buys" have also been examined to determine if they are still valid. A 2018 study concluded that increasing excise taxes; restricting availability and marketing; enforcing drink-driving laws and BAC limits via sobriety checkpoints; and brief psychosocial interventions were all still highly cost-effective in both high and low-income settings.[165]

There is also a wealth of literature exploring the costs, benefits and implementation dynamics of minimum unit pricing (MUP), including in South Africa. It is clear that this would be a major method of curbing heavy drinking among low socio-economic drinkers in particular.[166,167,168] These authors argue that provinces such as the Western Cape should explore adopting such measures, even if they are not all taken up at national level. The literature also strongly supports other areas of the SAFER initiative, including the reduction in availability of cheap alcohol through limits on production and marketing, and the serving of alcohol in large containers, along with clearer labelling of alcohol content.[169] It also points to the need to curb illicit alcohol production,[170] and raises concerns about new trends in the marketing and growing popularity of sweet alcoholic drinks among young people and female drinkers.[171] Many authors have written about the contribution of alcohol advertising and marketing in driving

[164] Anderson, P. 2011. Policy implications of the WHO strategy to reduce the harmful use of alcohol. *Sucht* 57(2), p. 85-98.

[165] Chisholm, D. et al. 2018. Are the "best buys" for alcohol control still valid? An update on the comparative cost-effectiveness of alcohol control strategies at the global level. *Journal of Studies on Alcohol and Drugs* 79(4), p. 514-522. https://doi.org/10.15288/jsad.2018.79.514

[166] Van Walbeek, C. and Chelwa, G. 2021. The case for minimum unit prices on alcohol in South Africa. *South African Medical Journal* 111(7), pp.680-684.

[167] Van Walbeek, C. and Gibbs, N. 2021. Modelling the impact of a minimum unit price (MUP) on alcohol consumption in the Western Cape. Report prepared for the DG Murray Trust, Cape Town.

[168] Gibbs, N.et al. 2022. Equity impact of minimum unit pricing of alcohol on household health and finances among rich and poor drinkers in South Africa. *BMJ Global Health* 7(1), e007824.

[169] Trangenstein, P.J. et al. 2018. Heavy drinking and contextual risk factors among adults in South Africa: findings from the International Alcohol Control study. *Substance Abuse Treatment Prevention Policy* 13(43). https://doi.org/10.1186/s13011-018-0182-1.

[170] Ferreira-Borges, C., Parry, C.D. and Babor, T.F. 2017. Harmful use of alcohol: a shadow over sub-Saharan Africa in need of workable solutions. *International Journal of Environmental Research and Public Health* 14(4), p. 346.

[171] Parry, C. 2025. Industry data on alcohol sales in South Africa between 1995 and 2022 and its value in detecting the impact of policy interventions. *International Journal of Alcohol and Drug Research*.

heavy drinking, including among the youth.[172,173] They argue strongly for a total ban on alcohol advertising,[174] and bemoan the stalling of the draft Control of Marketing of Alcoholic Beverages Bill, largely due to alcohol industry lobbying.[175] It is clear that industry influence on alcohol policy needs to be addressed, and that alcohol marketing and advertising – including through informal and social media platforms – needs urgent curtailing.

While such overall societal measures are crucial, when it comes to protecting children from alcohol harms, there are a range of further bottom-up strategies and practices that need to be adopted at individual, family and community level. Global scholars have discussed the "Icelandic prevention model" for youth.[176] This uses a bottom-up ecosystem prevention approach based on analysing and responding to local data, the inclusion of parents, and the provision of leisure activities, among other things. While not every element may translate to a very different South African context, the principle of whole-of-community efforts, which address the entire socio-ecological context, is widely recognised.[177] Although some studies have found only modest success in such approaches,[178] there is clearly a need to treat the problem in a holistic manner that addresses not only the symptoms but also the causes.[179] Unfortunately scholars have found that whole-of-community and intersectoral interventions are not common in lower and middle-income countries.[180] If South Africa wishes to protect its children and adolescents from the alcohol harms presented above, it is clear that a holistic, multi-sectoral and socio-ecological approach is necessary, which combines the cost-effective broad society-level policy approaches outlined above with possibly more costly interventions aimed at individual, family and community level.[181]

We now present specific prevention recommendations at individual, family and community level for each of the identified areas of alcohol harms for children and adolescents.

[172] Morojele, N.K. et al. 2018. Alcohol marketing and adolescent alcohol consumption: Results from the International Alcohol Control study (South Africa). *South African Medical Journal* 108(9), p. 782-788.

[173] Osuafor et al, Exposure to alcohol advertising.

[174] Parry, C., Burnhams, N.H. and London, L. 2012. A total ban on alcohol advertising: Presenting the public health case. *South African Medical Journal* 102(7), p. 602-604.

[175] Bertscher, A., London, L., and Orgill, M. 2018. Unpacking policy formulation and industry influence: the case of the draft control of marketing of alcoholic beverages bill in South Africa, *Health Policy and Planning* 33(7), p. 786-800, https://doi.org/10.1093/heapol/czy049.

[176] Koning, I.M. et al. 2021. Implementation of the Icelandic Prevention Model: a critical discussion of its worldwide transferability. Drugs: Education, *Prevention and Policy* 28(4), p. 367-378. https://doi.org/10.1080/09687637.2020.1863916.

[177] Okeyo, I. et al. 2022. Whole-of-community interventions that address alcohol-related harms: protocol for a scoping review. *BMJ Open* 12(7), p.e059332.

[178] Stockings, E. et al. 2018. Whole of community interventions to reduce population level harms arising from alcohol and other drug use: a systematic review and meta analysis. *Addiction* 113(11), p. 1984-2018.

[179] Herrick, C. 2012. The political ecology of alcohol as "disaster" in South Africa's Western Cape. *Geoforum* 43(6), p. 1045-1056.

[180] Walmisley, U. et al. 2024. Whole-of-community and intersectoral interventions that address alcohol-related harms: A scoping review. *Global Public Health* 19(1), p. 2357211

[181] Van Niekerk and Mathews, Violence, injury and child safety, p. 123.

a. Maternal drinking and foetal alcohol spectrum disorders (FASD)

Although FASD is increasingly being considered in South African policy,[182] there is still no specific FASD policy in the country.[183] Authors have therefore developed strong FASD policy recommendations based on the principle of a multi-sectoral approach and strong collaboration between different government departments, given that foetal alcohol exposure has medical, social and economic consequences.[184] They also emphasise that the social determinants (e.g. poverty, GBV, unemployment) of maternal drinking are diverse and intersectional, meaning that isolated interventions are not likely to be as successful as multi-pronged interventions that are nuanced, innovative, comprehensive, intersectional and compassionate.[185,186,187] With this in mind, the following interventions are supported:

- **Behaviour change communication (BCC) for young women, pregnant mothers, partners and community members:** African studies have found that targeted communications strategies for pregnant women can be effective in reducing binge drinking and alcohol consumption.[188] Given the strong social determinants of drinking and the high levels of ignorance of its consequences, continuous reinforcement of locally relevant messaging about binge drinking, maternal alcohol consumption and FASD are necessary. The messaging should be delivered through multiple trusted and reliable platforms and approaches such as mass media campaigns and community radio shows, social media, billboards and even participatory approaches.[189] A good example of such a supportive participatory approach is the antenatal classes offered by Grow Great in their Flourish programme.[190] These include sessions on the dangers of smoking and drinking to foetal development. Anti-alcohol messaging should ensure the right balance is struck to persuade the target audience to avoid long-term consequences of drinking.[191] Messaging should also be compassionate rather than judgemental.

[182] Adebiyi, B.O., Mukumbang, F.C. and Beytell, A.M., 2019. To what extent is fetal alcohol spectrum disorder considered in policy-related documents in South Africa? A document review. *Health Research Policy and Systems* 17, p. 1-12.

[183] Adebiyi, B.O., Mukumbang, F.C. and Beytell, A.M. 2021. Policy requirements for the prevention and management of fetal alcohol spectrum disorder in South Africa: A policy brief. *Frontiers in Public Health* 9, p. 592726.

[184] Ibid.

[185] De Jong, M., George, A., and Jacobs, T. 2021. A scoping review of the determinants of foetal alcohol spectrum disorder in South Africa: an intersectional perspective. *Health Policy and Planning* 36(9), p. 1459-1469, https://doi.org/10.1093/heapol/czab101.

[186] Hutton, F., Wright, S. and Saunders, E. 2013. Cultures of intoxication: Young women, alcohol, and harm reduction. *Contemporary Drug Problems* 40(4), p. 451-480.

[187] Popova, S. et al. 2022. Why do women consume alcohol during pregnancy or while breastfeeding?. *Drug and Alcohol Review* 41(4), p. 759-777.

[188] Agiresaasi, A. et al. 2022. Effect of a communication intervention on alcohol use during pregnancy in post conflict Northern Uganda: a quasi experimental study. *Substance Abuse Treatment Prevention Policy* 17(80). https://doi.org/10.1186/s13011-022-00505-y.

[189] Akpan, U. J., 2021. "The Role of Communication in Addressing Sociocultural Factors that Influence Pregnant Women to Drink Alcohol in Durban, KwaZulu-Natal." Unpublished PhD Thesis: University of KwaZulu-Natal.

[190] *The Flourish journey: antenatal*. 2024. Flourish Network. https://flourishnetwork.org.za/flourish-mom-baby-group/flourish-journey-antenatal/.

[191] Dunstone, K. et al., 2017. Alcohol harm reduction advertisements: a content analysis of topic, objective, emotional tone, execution and target audience. *BMC Public health* 17, p. 1-13.

- **Brief interventions:** Brief interventions are opportunistic short-duration sessions targeting people who have not sought assistance, but who have been identified through screening and assessment at a health facility or in the community, often by a community health worker or allied healthcare worker.[192] They are most effective for those identified as "at risk" of developing dependence, rather than those who already have an alcohol use disorder. Examples of brief interventions which have been found to work in South Africa include Project ASPIRE in Cape Town, which used peer-led counselling to reduce alcohol use among young women,[193] and Philani Mentor Mothers, which uses community health workers to reach pregnant women.[194] Brief interventions should be offered at public clinics, especially at Adolescent and Youth Friendly Services (AYFS) youth zones, and sexual and maternal health services. Community Health Workers (CHWs), Social Auxiliary Workers (SAWs), Child and Youth Care Workers (CYCWs) and Learner Support Agents (LSAs) should also be trained to run brief interventions in community settings and schools. These interventions should focus on addressing the social determinants driving binge drinking to ensure they do not only focus on alcohol harms.[195]
- **Alcohol use screenings:** These should be conducted at primary health centres and during outreach services. These should make use of tools such as the Alcohol Use Disorders Identification Test (AUDIT), but such tools should also be adapted to be as relevant as possible to local drinking cultures.[196] FASD screening for children should also take place at clinics and in early childhood development and primary school facilities to detect it early and introduce relevant management plans.
- **Alcohol use disorder (AUD) treatment:** This should be provided to pregnant women and all girls and women identified with an AUD at screening. Treatment mainly takes the form of behavioural interventions such as motivational enhancement therapy, brief interventions, and cognitive behavioural therapy.[197] Such individuals should also be provided with mental health support,[198] as well as psychosocial support which helps them to understand their pain and suffering, and the structural reasons for their drinking.[199]

[192] Rodgers, C. 2018. Brief interventions for alcohol and other drug use. *Australian Prescriber* 41(4), p. 117-121. https://doi.org/10.18773/austprescr.2018.031.

[193] Sorsdahl, K. et al. 2024. Project ASPIRE: A feasibility randomised controlled trial of a brief intervention for reducing risk of depression and alcohol-related harms among South African adolescents. *Psychotherapy Research* 34(1), p. 96-110.

[194] Rotheram-Borus, M. J. et al. 2023. Maternal depression, alcohol use, and transient effects of perinatal paraprofessional home visiting in South Africa: Eight-year follow-up of a cluster randomised controlled trial. *Social Science & Medicine* 324, 115853. https://doi.org/10.1016/j.socscimed.2023.115853.

[195] Derges, J. et al. 2017. Alcohol screening and brief interventions for adults and young people in health and community-based settings: a qualitative systematic literature review. *BMC Public Health* 17, p. 1-12.

[196] Seekles, M. L. et al. 2023. Measuring alcohol use among adolescents in Africa: A systematic scoping review of consumption, screening and assessment tools. *Drug and Alcohol Review* 42(6), p. 1375-1394. https://doi.org/10.1111/dar.13715.

[197] DeVido, J., Bogunovic, O. and Weiss, R.D. 2015. Alcohol use disorders in pregnancy. *Harvard Review of Psychiatry* 23(2), p. 112-121. https://doi.org/10.1097/HRP.0000000000000070.

[198] Corrigall, J. and Matzopoulos, R., 2012. Violence, alcohol misuse and mental health: gaps in the health system's response. *South African Health Review* 2012(1), p. 103-114.

[199] De Jong et al, *A scoping review of the determinants of foetal alcohol spectrum disorder*.

- **Restriction on alcohol sales:** Apart from societal-level measures to restrict the availability of cheap alcohol (through taxes and MUP, as well as through trading time restrictions and regulating the density of outlets), there is need for specific measures to further discourage the sale of alcohol to pregnant women at the community level. To this end, the provisions of the National Liquor Act regarding the sale of alcohol to visibly pregnant women should be better enforced.
- **Alternative opportunities for livelihoods, socialising and leisure:** Young women and mothers need to have alternative opportunities for socialising and leisure. Safe spaces offering this opportunity need to be established in collaboration with community members.[200] Such places should offer a holistic approach, allowing young women to access health-enhancing coping mechanisms for their everyday stress. Skills development and economic opportunities provision are also an important focus of this support, complementing the overdue adoption of the maternal support grant by the government.[201]

b. Parental drinking and development outcomes in early childhood

Parental drinking and alcohol misuse is also fuelled by a variety of intersecting socio-economic determinants, and it consequently also needs a multi-sectoral and holistic response, incorporating the society-level approaches presented above, as well as individual, family and community approaches.

The following approaches are recommended in the literature:

- **Brief interventions:** As with pregnant mothers, brief interventions which include both parents in screening and programming are recommended. Studies show that these have been successful: "Evidence of brief interventions in primary care including brief psychoeducational sessions, parenting skills interventions and psychoeducational groups, generally report positive results in encouraging affected parents into treatment and in improving family members' psychosocial functioning, compared to treatment as usual."[202] Various cohorts of community-based workers could incorporate this work into their home visits, and refer identified families for further treatment with alcohol use disorders, where identified.
- **Alcohol use disorder (AUD) treatment:** As with pregnant women, a variety of behavioural interventions and mental health support should be used to treat AUDs in parents of young children. This should target fathers as well as mothers.

[200] Ibid.

[201] *Pregnant women in South Africa should be offered social grants – it'll save the state money in the long run.* 2024. The Conversation, 25 Feb. https://theconversation.com/pregnant-women-in-south-africa-should-be-offered-social-grants-itll-save-the-state-money-in-the-long-run-223117.

[202] Syed, S., Gilbert, R. and Wolpert, M. 2018. Parental alcohol misuse and the impact on children: a rapid evidence review of service presentations and interventions. London: Great Ormond Street Institute of Child Health, p. 4.

- **Psychosocial support to families:** European studies have shown that "family-based interventions focusing on systemic and behavioural couples' therapy provide consistent positive evidence of improved family functioning and reductions of parental alcohol misuse, compared to interventions focusing on the problem drinker alone."[203] Engaging parents and families has been found to be more effective than individual psychiatric or medical care for an individual parent.[204] Other studies have shown that early intervention and referral to community-based intensive support groups can help families with a low socio-economic status to overcome alcohol problems.[205] In South Africa, this kind of family strengthening work has been successfully developed by organisations such as Arise Family.[206]
- **ECD and school identification of family alcohol issues:** To ensure early intervention and effective child protection, it is essential that early childhood development practitioners or early-grade teachers can identify signs of child abuse and neglect associated with alcohol use, and to understand internalising and externalising behaviours, behavioural and developmental disorders, ADHD, or suicidal ideation in children, as well as their implications. Schools should then be enabled to provide psychosocial support and other referral services for children in particular, and for their caregivers.[207] Schools can also incorporate ways to help such children build resilience and overcome some of the harms they experience at home.[208]

c. Gender-based and interpersonal violence

This is one of the most complex issues in South Africa; to solve it requires involvement from all sectors of society, as well as a working criminal justice system.[209] The society-level cost-effective alcohol harms reduction strategies promoted in the SAFER initiative are a good foundation to ensure that GBV and IPV are not fuelled by alcohol use. However, we must bear in mind that some of these approaches may lead to unintentional negative outcomes. It is been pointed out, for example, that "higher alcohol prices or restrictions on hours and days of sale in licensed on-premises venues may reduce problems in licensed premises; however, these policies could also shift alcohol consumption into private homes, which could then increase harm to women and

[203] Ibid.

[204] Rochat, T. J. et al. 2019. Maternal alcohol use and children's emotional and cognitive outcomes in rural South Africa. *South African Medical Journal* 109(7), p. 526. https://doi.org/10.7196/SAMJ.2019.v109i7.13120.

[205] Dumaret, A.C., Constantin-Kuntz, M. and Titran, M. 2009. Early intervention in poor families confronted with alcohol abuse and violence: Impact on families' social integration and parenting. *Families in Society* 90(1), p. 11-17.

[206] *Courses*. No date. ARISE. https://arisefamily.org/courses/

[207] Jones, A.S. 2007. Maternal alcohol abuse/dependence, children's behavior problems, and home environment: Estimates from the national longitudinal survey of youth using propensity score matching. *Journal of Studies on Alcohol and Drugs* 68(2), p. 266-275.

[208] McLaughlin, A. et al. 2015. Parental alcohol use and resilience in young people in Northern Ireland: A study of family, peer and school processes. *Policy* 12(13), p. 1-147.

[209] Sanger, C. 2021. *The scourge of GBV and the criminal justice system response in South Africa*: Jesse Hess and Chris Lategan. University of the Western Cape. https://www.uwc.ac.za/news-and-announcements/news/the-scourge-of-gbv-and-the-criminal-justice-system-response-in-south-africa-jesse-hess-and-chris-lategan.

children."[210] Addressing the entrenched "hegemonic masculinities" in South Africa, which can fuel GBV, is also an endeavour that needs to involve every aspect of society, and go beyond alcohol restrictions.[211]

The following approaches are recommended:

- **Alcohol availability restrictions:** As shown in the COVID-19 pandemic, trauma cases went dramatically down when there was an outright ban on alcohol sales, before rising significantly again when alcohol was merely restricted.[212] This strongly suggests that keeping men with a propensity to commit GBV away from alcohol – through reducing their access either through pricing or through limiting drinking opportunities in time and space — is a key strategy. Young men and poorer consumers who are most likely to binge drink, and for whom cheaply-priced high alcohol beverages are most available, should be targeted with pricing measures.[213]
- **Advertising bans:** A ban on alcohol advertising is also a crucial strategy to ensure that the alcohol industry is not able to perpetuate harmful drinking cultures, especially among those most prone to binge drinking.[214]
- **Interventions to change the drinking context:** In public drinking contexts, several methods of protecting women from GBV and other harms related to men's drinking have been tested. Bystander intervention training for staff of licensed facilities is one method to protect women that should be used alongside effective policing and enforcement, peer-focused approaches targeting individuals, and comprehensive community approaches.[215]
- **Alcohol use disorder (AUD) treatment:** The identification and early treatment of AUDs through behavioural interventions and mental health support is also an important strategy to reduce the likelihood of alcoholism-fuelled GBV and IPV. In addition to individual treatment, behavioural couples therapy and alcohol-focused behavioural couples therapy are two specialised approaches for addressing AUDs that can be used with care in the right context.[216]
- **Gender-transformative men's programmes:** Community-based and peer-led gender-transformative men's programmes are also recommended to address hegemonic and toxic masculinity and gender norms. Examples include the SASA! approach (Start, Awareness, Support and Action), which has been used in South Africa to train community leaders and peer

[210] Karriker-Jaffe, K.J. et al. 2023. Can alcohol policy prevent harms to women and children from men's alcohol consumption? An overview of existing literature and suggested ways forward. *International Journal of Drug Policy* 119, 104148, p. 4.

[211] Morrell et al, *Hegemonic Masculinity/Masculinities in South Africa*.

[212] Van Hoving, D.J.et al. 2021. Temporal changes in trauma according to alcohol sale restrictions during the South African national COVID-19 lockdown. *African Journal of Emergency Medicine* 11(4), p. 477-482.

[213] Karriker-Jaffe et al, Can alcohol policy prevent harms to women and children?

[214] Morojele et al, *Alcohol marketing and adolescent alcohol consumption*.

[215] Karriker-Jaffe et al, *Can alcohol policy prevent harms to women and children*, p. 8.

[216] Ibid.

influencers to address GBV.[217] Another is an intimate partner violence prevention programme called "Respect 4 U", a 17-lesson course for adolescents.[218]

- **Behavioural Change Communications (BCC):** Widespread BCC campaigns (using mass media, social media, community radio, etc.) targeting toxic forms of masculinity should also be undertaken, focusing on school children and youths. These should partner with campaigns such as Sonke Gender Justice's "Safe at Home, Safe in Relationships" creative activism campaign.[219]
- **Parenting programmes:** Parenting programmes such as those offered by Arise Family, FAMSA and others are important to reduce both alcohol consumption and violence within the home, and to focus parents on protecting and nurturing their children. An open access parenting programme run by the WHO with local partners, called "Parenting for Lifelong Health", is also valuable in targeting parental violence in low-income settings.[220]
- **Economic strengthening for women:** Economic strengthening and livelihood enhancement programmes for young women have also been found to empower them to avoid GBV and IPV, as they no longer have to rely on abusive men for survival or other needs.[221]

d. Child and adolescent injuries related to alcohol

As shown above, alcohol consumption leads to a number of intentional and unintentional injuries for children and adolescents. These are either directly related to alcohol (physical violence, abuse, neglect), or are caused "unintentionally" through various alcohol-induced accidents, including on the roads. The suite of measures needed to prevent intentionally caused injuries is similar to those described above in the previous two risk areas, including parenting programmes, AUD treatment and brief interventions. Preventing "unintentional" injuries such as those sustained in motor vehicle accidents requires another set of interventions.

The following approaches are recommended:

- **Behaviour Change Communications:** There is a wealth of literature exploring the efficacy of changing social norms on drink-driving through communications campaigns. Some authors have shown that such communications are most effective if they have a high fear factor,

[217] *The SASA! approach*. No date. Raising Voices. https://raisingvoices.org/women/sasa-approach/.

[218] *Respect 4 U*. No date. South African Medical Research Council. https://www.samrc.ac.za/article-other/respect-4-u

[219] WyzeUp. No date. Sonke Gender Justice. https://genderjustice.org.za/wyzeup/.

[220] Parenting for lifelong health. No date. World Health Organization. https://www.who.int/teams/social-determinants-of-health/parenting-for-lifelong-health.

[221] Hartnack, A., McLoughlin, J., Pretorius, A. and Hausler, H. 2024. Giving adolescent girls and young women a foothold: Economic strengthening as a key protection strategy against HIV infection in South Africa. *African Journal of AIDS Research* 23(3-4), p. 115-127.

incorporating realism, visuals, sound and shock.[222] Others argue that positive and negative messaging is necessary[223] to appeal to different personality types who resonate more with either promotion or prevention messaging.[224] Speed reduction strategies are also needed.

- **Lowering BAC limits:** South Africa currently has a legal blood alcohol concentration (BAC) limit for all drivers of 0.05 grams per 100 millilitres of blood (0.05% BAC), while professional drivers have a stricter limit of 0.02g/100ml. There are strong calls to lower this even further, or even to introduce a zero BAC limit, something the government is exploring.[225] Such a radical measure could be used in a more targeted way for new and inexperienced drivers (or those under 21),[226] and it might also have the advantage of drawing attention to the dangers of driving while under the influence of alcohol. This option, however, has its detractors – and some argue that the high number of pedestrians who die while under the influence of alcohol also needs to be addressed.[227] A pragmatic, phased approach has been suggested to ensure the best balance is obtained.[228]

- **Better enforcement of drink-driving laws:** The WHO rates enforcement of BAC limits in South Africa at only 25%.[229] There is clearly a need to substantially improve the enforcement of drink-driving laws through regular roadside sobriety checks and campaigns, in order to show the public that drink-driving is not tolerated.[230] Punishments such as fines and the revocation of licenses should also be strictly enforced.[231]

- **Urban upgrading approaches:** In a number of low socio-economic settings and informal settlements, smart urban upgrading and design approaches have been applied to good effect. These prioritise the use of urban space in a way that makes it safer for citizens to navigate, and more difficult for harmful behaviours and elements to thrive. As such it, and a suite of accompanying measures such as "Walking Bus" interventions and safe spaces for children and mothers, have been recommended as an approach for child injury prevention.[232]

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[222] Viljoen, E.N., Terblanche-Smit, M. and Terblanche, N.S. 2009. Good idea, bad idea: A study of young adults' opinions on anti-drunken driving campaigns. Communication: *South African Journal for Communication Theory and Research* 35(1), p. 119-137.

[223] Yousef, M., Dietrich, T. and Torrisi, G. 2021. Positive, negative or both? Assessing emotional appeals effectiveness in anti-drink-driving advertisements. *Social Marketing Quarterly* 27(3), p. 195-212.

[224] Teng, L., et al. 2019. Positive versus negative messaging in discouraging drunken driving: Matching behavior consequences with target groups. *Journal of Advertising Research*, 59(2), pp.185-195.

[225] Ngobeni, T. 2025. *SA faces drunk driving crisis as calls for zero tolerance grow.* Channel Africa. http://web.sabc.co.za/sabc/home/channelafrica/news/details?id=1a797837-2002-4e66-a637-ed12333a3ac8&title=SA%20faces%20drunk%20driving%20crisis%20as%20calls%20for%20zero%20tolerance%20grow

[226] Ramsoomar, L. and Morojele, N.K. 2012. Trends in alcohol prevalence, age of initiation and association with alcohol-related harm among South African youth: Implications for policy. *South African Medical Journal* 102(7).

[227] Klopper, H. 2021. *Are you over the limit? South African law and blood alcohol content*. De Rebus. https://www.derebus.org.za/are-you-over-the-limit-south-african-law-and-blood-alcohol-content/

[228] Sukhai, A., Van Niekerk, A. and Seedat, M. 2022. Zero-tolerance drink-driving and road safety in South Africa: What are the options?. *South African Journal of Science* 118(9-10), p. 1-6.

[229] Ibid.

[230] de Abreu, L. and Hoeffler, A. 2021. Safer Spaces: The impact of a reduction in road fatalities on the life expectancy of South Africans. *Accident Analysis & Prevention* 157, p. 106142.

[231] Busayo and Oyelana, *Alcohol Impaired Driving*.

[232] Van Niekerk and Mathews, *Violence, injury and child safety*, p. 123.

- **Stronger community policing:** Allied to the above, there is a need to strengthen community policing to better manage public drunkenness and to protect children on roads and in public spaces.[233] Such localised and community-participatory policing approaches should also better regulate informal and formal liquor outlets in low socio-economic settings, especially to ensure the protection of children close to those facilities.[234]
- **Family strengthening and parenting programmes:** As with the recommendations in previous sections, there is a need to prioritise parenting and family strengthening programmes to prevent child neglect and poor supervision in the home, which feed into other unintended injuries including near-drownings, burns, electric shocks, poisonings, and fractures.

e. Harms experienced by adolescents

Approaches to address alcohol harms for adolescents must be pragmatic and reflect an understanding of the complex and varied contexts in which young people are growing up. Different kinds of rural and urban contexts have specific drivers needing consideration, as do socio-historical factors.

At the same time, it is vital that all adolescents are protected from alcohol and its impacts for as long as possible, given their physical vulnerabilities (e.g. brain development), their psychosocial immaturity, and their propensity for risk-taking behaviours. Some of the strategies discussed in the previous sub-sections feed directly into these harm reduction approaches for adolescents. For example, the prevention of alcohol-related harms to brain structure and function in utero or in early childhood, and the protection of children from experiencing or witnessing violence and abuse in the home as a result of drinking, are critical measures for ensuring they themselves are less at risk of developing harmful alcohol use and addiction patterns in adolescence. Strengthened drink-driving laws which do not allow young drivers to drive with any level of blood alcohol is also a preventive factor for adolescents.

The following approaches are recommended:

- **Advertising bans:** Early teens have been found to be particularly influenced by alcohol advertising.[235] Given the power of the alcohol industry to promote harmful drinking cultures and perpetuate the notion that drinking is "cool" and a hallmark of maturity, desirability and adulthood, a total advertising ban is advisable. Measures to curtail alcohol advertising on foreign streaming platforms and on social media must also be sought.

[233] Ramsoomar and Morojele, *Trends in alcohol prevalence.*

[234] Nkosi, B. 2024. A review of liquor licensing legislation in South Africa with reference to the right of the child to a safe environment versus the licensing of taverns in residential areas. *Child Abuse Research in South Africa* 25(1), p. 52-68.

[235] Osuafor et al, *Exposure to alcohol advertising*.

- **Restricting teen access:** While there are currently laws preventing a child under the age of 18 from drinking alcohol, it is still too freely available to underage drinkers in both urban and rural settings. Numerous studies have found high rates of binge drinking among school-going adolescents in South Africa. Reducing the commercial and social access of teens to alcohol through ensuring better regulation of those who provide them with alcohol is needed.[236]
- **Raising the price of desirable drinks:** Raising the prices of specific drinks favoured by young people through taxation measures and MUP is advisable. This applies especially to sweetened alcoholic drinks and cheaper options like beer.
- **Behaviour Change Communication:** BCC targeting adolescents with alcohol harms messaging is important – and should focus on both the long term dangers of binge drinking in particular, and on healthy living. Such messaging and campaigns must be broadcast on mass media and on platforms used by the youth, including social media, podcasts, TiKTok, Instagram and the like. Parents and other adults must also be reached with messaging about the dangers of giving young teens access to alcohol.[237]
- **School health and alcohol harms reduction programmes:** School psychosocial support workers, such as Learner Support Agents and other Child and Youth Care Workers should be trained to run brief interventions for children attending high school. These must be tailored to the needs and contexts of young people, and based on the real experiences of children and the social drivers of drinking.[238] Similar approaches have been found to work in Britain,[239] and psychosocial interventions have been found to improve abstinence, even if reducing the frequency and amount of alcohol consumed was less successful.[240] Afterschool programmes can also focus on alcohol harms reduction. Referral to treatment for AUDs should also be made in these programmes.
- **Youth clubs:** Youth clubs hosted at health facilities' Youth Zones, and run by Adolescent and Youth Friendly Services champions and other peer educators, can also reach out-of-school adolescents and other specific target groups regularly using health facilities. Brief interventions should also be run in these clubs, and screening and treatment for AUDs should be prioritised.[241]

[236] Komro K.A. and Toomey T.L. 2002. Strategies to prevent underage drinking. *Alcohol Research & Health* 26(1), p. 5-14.

[237] Onya, H. et al. 2012. Community influences on adolescents' use of home-brewed alcohol in rural South Africa. *BMC Public Health* 12, p. 1-8.

[238] Fischer, N.R. 2022. School-based harm reduction with adolescents: a pilot study. *Substance Abuse Treatment, Prevention, and Policy* 17(1), p.79.

[239] McKay, M. et al. 2014. The differential impact of a classroom-based, alcohol harm reduction intervention, on adolescents with different alcohol use experiences: a multi-level growth modelling analysis. *Journal of Adolescence* 37(7), p. 1057-1067.

[240] Ghosh, A.et al. 2024. Effectiveness of psychosocial interventions for alcohol use disorder: A systematic review and meta-analysis update. *The American Journal of Drug and Alcohol Abuse* 50(4), p. 442-454. https://doi.org/10.1080/00952990.2024.2350056

[241] Morojele, N. K. and Ramsoomar, L. 2016. Addressing adolescent alcohol use in South Africa. *South African Medical Journal* 106(6). https://doi.org/10.7196/SAMJ.2016.v106i6.10944.

4. Conclusion

This paper has outlined the state of knowledge on alcohol harms and children, based on an in-depth review of academic, civil society, activist and other available literature. It has set out the main areas of harm experienced by children as a result of others' and their own drinking during the course of childhood. It also explores the key drivers and social, cultural, economic and historical determinants of problem and binge drinking. The paper shows that exposure to alcohol and the consequences of drinking, especially problem and binge drinking, have deleterious impacts on the life course of children. It outlines the costs and argues that the complex drivers of binge and problem drinking require urgent action through a whole of society approach.

Scholars have bemoaned that the response of most African governments and societies has been weak, with very few currently having adopted the WHO best buys.[242]

This paper argues for the South African government to implement the WHO's SAFER initiative steps as a crucial society-level suite of responses to curb alcohol harms on children. In addition, it argues for an evidence-based set of individual-, family- and community-level responses targeting each of the five areas in which children are at risk of alcohol harms. These must be implemented by state, civil society, NGO and community-based role players, something envisaged in the new National Strategy to Accelerate Action for Children. This multi-sectoral response requires some investment, but given the costs of maintaining the rising costs and burden of disease associated with harmful alcohol use and binge drinking, the investment will be worth making.

[242] Morojele, N.K., Dumbili, E.W., Obot, I.S. and Parry, C.D., 2021. Alcohol consumption, harms and policy developments in sub-Saharan Africa: The case for stronger national and regional responses. *Drug and Alcohol Review*, 40(3), pp.402-419.

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Action for Children and Teens

Rethink Your Drink