

# Soul City Round Table Discussion, Pinetown KZN, 1 March 2010

## Understanding and addressing the link between alcohol (mis)use and violence

**Prof Charles Parry**  
*Alcohol & Drug Abuse Research Unit*  
*SA Medical Research Council*



South African Medical Research Council

BUILDING A HEALTHY NATION THROUGH RESEARCH



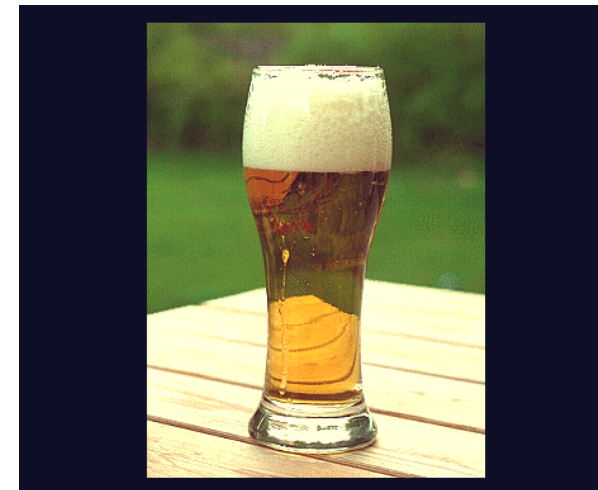


- **Background**
  - **Statistics on alcohol use in SA (3 slides)**
  - **Statistics on violence in SA (2)**
- **Review of literature on alcohol & crime/violence link**
  - **South African data (7)**
  - **Theoretical issues (4)**
- **How do we reduce alcohol-related violence**
  - **General introduction & background to Sober SA initiative (5)**
  - **Recommendations from Sober SA initiative (5)**
  - **Additional strategies/action steps (2)**
- **Concluding comments (1)**



## Brief review of alcohol use in South Africa

- **SADHS 2003**
  - High rates of abstinence: 51% for males, 78% for females
  - 21% of adult males & 7% adult females experience *symptoms of alcohol problems*
  - *1 in 4 drinkers in SA drink @ hazardous/harmful levels over weekends*
- **SASH 2002-4**
  - 14% of South Africans experience *alcohol abuse or dependence* in lifetime (6% in past year)
- **YRBS 2002**
  - 29% of males in Grs 8-11 report *past month binge drinking* (18% for females)
  - 2008 data indicates this has got worse



## Alcohol use in South Africa-2



How much?

- Rehm et al.
- 2009

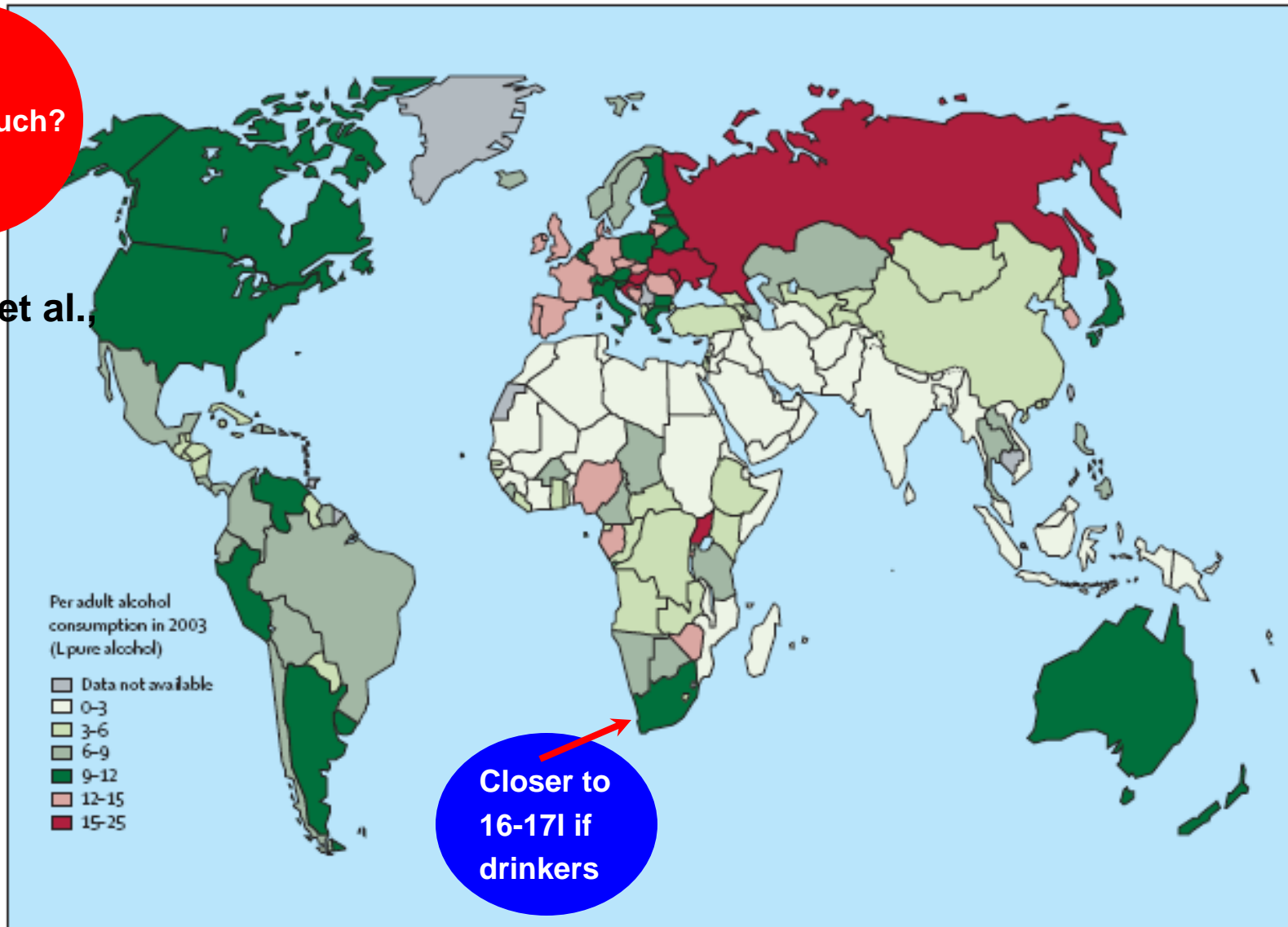
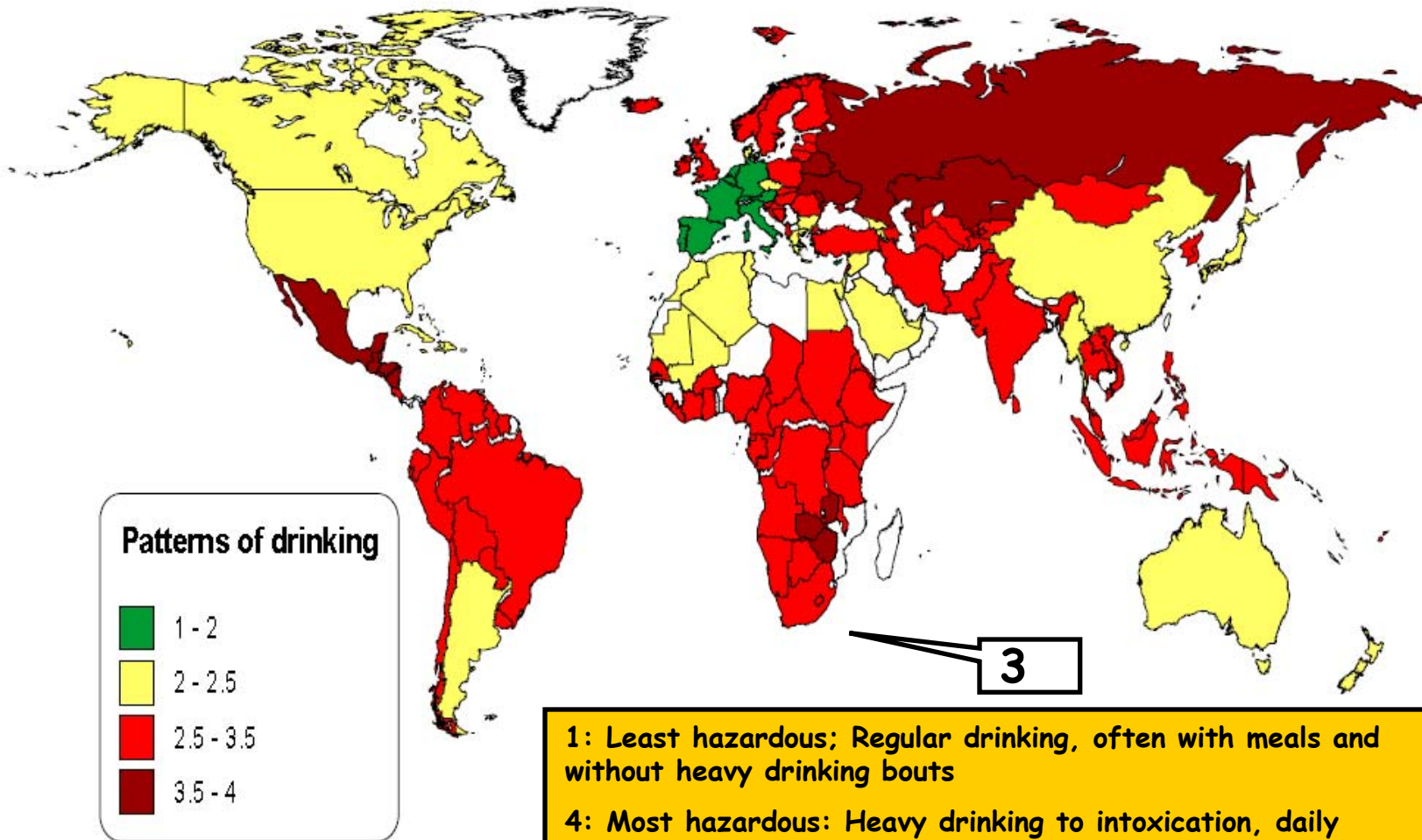


Figure 1: Exposure to alcohol—recorded and unrecorded adult consumption by country



# Patterns of drinking 2003



**1: Least hazardous; Regular drinking, often with meals and without heavy drinking bouts**

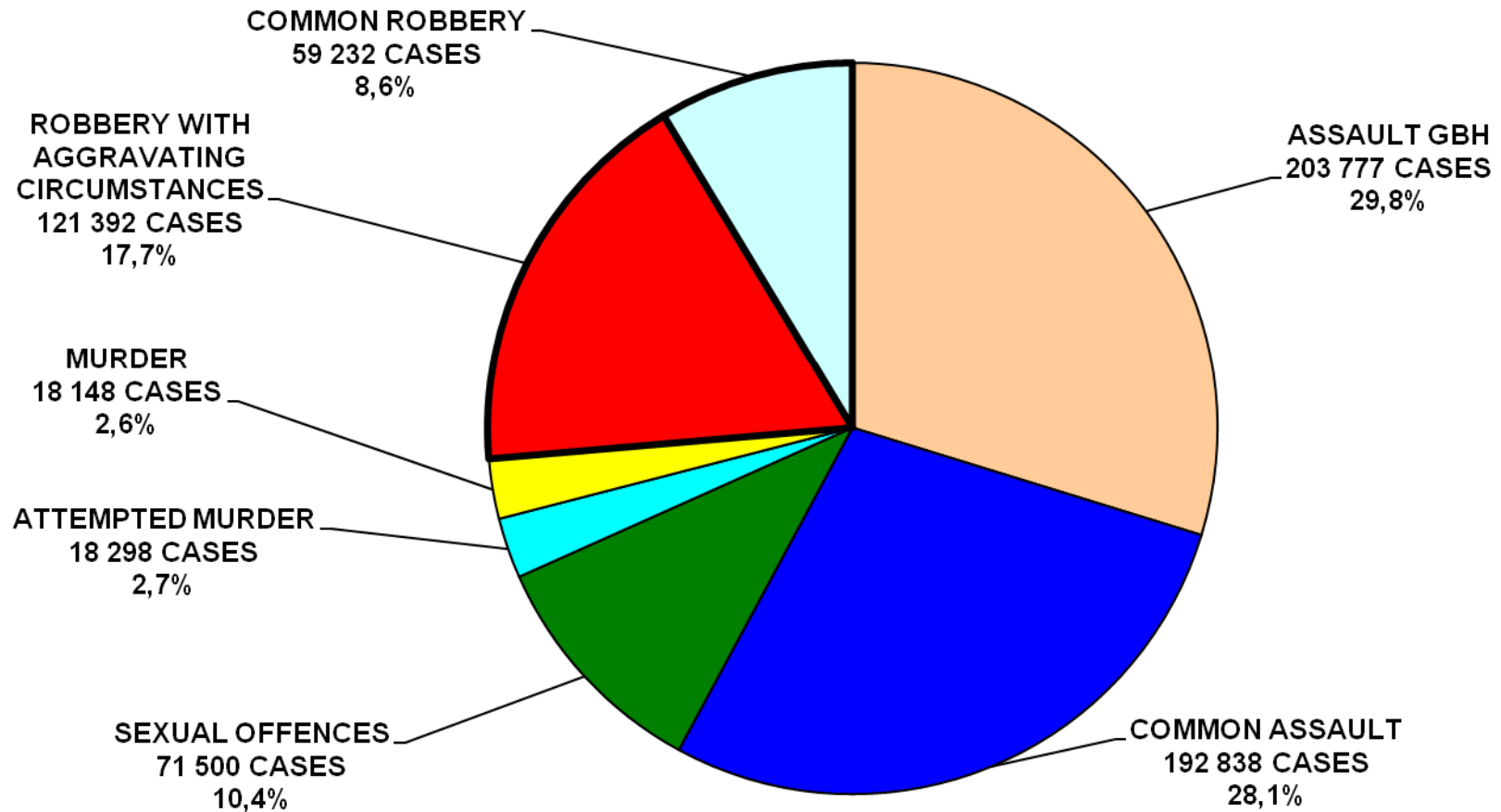
**4: Most hazardous: Heavy drinking to intoxication, daily drinking, drinking in public, drinking apart from meals, etc.**

## Snapshot on crime and violence in SA

- Of +/- 2.1 million cases of crime reported in SA between April 2008 and March 2009, “contact” crimes (murder, attempted murder, rape, assault with intent to inflict grievous bodily harm, common assault, indecent assault, aggravated robbery, and other robbery) accounted for 32.7% of all crimes (**SAPS, 2009**)
- While the incidence of all contact crimes showed a decrease between 2007/8 and 2008/9 as compared to 2006/7, the incidence of violent crime remains unacceptably high
  - For example, the annual homicide rate per 100 000 for South Africa is 37 per 100 000, ranking 9<sup>th</sup> highest out of 140 countries for which data are currently available (**Wikipedia, 2010**)



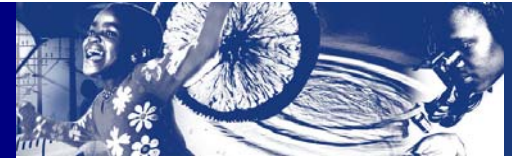
### CONTACT CRIME IN THE RSA: 2008/2009 685 185 (32,7%) – SAPS, 2009





- Non-natural death (victims) - MRC (2004)
  - 51% of non-natural deaths in 2004 had BAC  $\geq$  0.00 g/100ml (35 mortuaries)

Blood alcohol level by external cause of violent death: 2004		
Cause of death	BAC+	Mean BAC
Firearm	38%	0.14
Sharp	72%	0.19
Blunt	50%	0.18
Strangulation	33%	0.19
Burns	57%	0.15
Total (44.4% of cases)	51%	0.17



## Trauma

- 39% of trauma patients in 2001 in CT, Durban & PE had BrAC  $\geq$  0.05 g/100ml (CT: 36%)



**% positive for alcohol by type of injury: 2001**

Injury type	Cape Town	PE	Durban
Violent	61	73	43
Transport	46	41	16
Other	41	27	21

## Alcohol-crime nexus in South Africa (3)

### Self-reported alcohol use by offence categories: MRC/ISS 3-metros study of drugs & crime: 1999-2000



	Under influence of alcohol at time alleged crime committed (%)		
	Phase 1	Phase 2	Phase 3
<b><i>Violent Offence</i></b>			
Murder*	25	21	17
Assault*	28	28	14
Robbery	24	18	10
Weapons	24	24	25
Rape*	21	23	22
Family violence	-	<b>35</b>	<b>49</b>
<b><i>Property Offence</i></b>			
Shoplifting	18	27	3
Theft of motor vehicle	22	16	12
Housebreaking	36	16	22
Other thefts	-	22	13
<b>Drug/Alcohol Offence</b>	24	33	20
<b>Immigration/documents</b>	8	7	1
<b>Other</b>	28	17	14
<b>Overall</b>	22	22	15

“Consumed substances to give them courage to commit crimes”

\* - includes attempted crimes

## Alcohol-crime nexus in SA (4)

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- **ISS National Victim Survey (serious assaults): 2003**
  - 44% of victims felt assailant was under influence of AODs (& 1/3 conceded to being under influence themselves)
- **Family violence (MRC, early 90's)**
  - 67% - 76% of domestic violence alcohol-related
- **Abrahams et al. (2006)**
  - Research into intimate partner violence found that men who reported problem alcohol use were twice as likely to have committed violent acts against their partners in the past 10 years
- **Kalichman & Simbayi (2004)**
  - Women who had been sexually assaulted were twice as likely to have consumed alcohol
- **Morojele & Brook (2006)**
  - The more frequently adolescents consumed alcohol, the more violent acts they experienced

## **Alcohol-crime nexus in SA (5)**

- **N. Cape study of alcohol & violence (ISS '97)**
  - **Alcohol linked with violence (child abuse/rape), role of shebeens**
- **SAPS study in W. Cape ('96)**
  - **Link between alcohol/shebeens & murder**
- **6 neighbourhood study in Johannesburg (UNISA '98)**
  - **Violence attributed to unemployment, poor housing, environmental conditions & excessive alcohol consumption**
- **Budlender, 2009**
  - **Alcohol-related costs directly attributable to Community Safety (provincial) and Justice/Correctional Services and Community Safety (national): R3.7 billion (37% of all alcohol-related costs incurred by gov't departments. Excl. violence-related costs incurred by provincial Health depts)**

## Burden attributable to alcohol use in SA (Deaths in 2004) – broken down by disease category (Rehm et al., 2009b)

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Disease category	M	F	T	M%	F%
TB	7,529	1,028	8,5572	20.3	11.2
HIV/AIDS	4,439	3,002	7,441	12.0	32.8
Lower resp. infections	714	355	1,069	1.9	3.9
Maternal/perinatal conditions	19	15	32	.1	.2
Cancer	1,585	634	2,219	4.3	6.9
Diabetes mellitus	7	-59	-53	0	-.6
Neuropsychiatric d/os	733	195	927	2.0	2.1
Cardiovascular diseases	1,657	2,115	3,771	4.5	23.1
Liver cirrhosis	851	311	1,162	2.3	3.4
Unintentional injuries	6,881	630	7,512	18.6	6.9
<b>Intentional injuries</b>	<b>12,595</b>	<b>919</b>	<b>13,514</b>	<b>34.0</b>	<b>10.0</b>
All alcohol-attributable net deaths	37,010	9,144	46,154		
All deaths	371,702	358,488	730,191		
<b>% All net deaths attributable to alcohol</b>	<b>10.0%</b>	<b>2.6%</b>	<b>6.3%</b>		

## Burden attributable to alcohol use in SA (DALYS) in 2004 (1000s) – broken down by disease category (Rehm et al., 2009b)

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Disease category	M	F	T	M%	F%
TB	216	27	243	20.4	10.5
HIV/AIDS	102	71	173	9.7	27.8
Lower resp. infections	17	8	25	1.6	3.3
Maternal/perinatal conditions	0.5	0.4	0.9	0.0	0.2
Cancer	38	15	524	3.5	5.9
Diabetes mellitus	167	-1	-1	0.0	-0.6
Neuropsychiatric d/os	126	31	158	11.9	12.4
Cardiovascular diseases	41	51	91	3.8	20.0
Liver cirrhosis	22	9	30	2.0	3.4
Unintentional injuries	191	20	211	18.0	8.0
<b>Intentional injuries</b>	<b>307</b>	<b>23</b>	<b>329</b>	<b>29.0</b>	<b>9.1</b>
All alcohol-attributable net DALYS	1059	253	1312		
All DALYS	10559	10429	20988		
% All net DALYS attributable to alcohol	10.0%	2.4%	6.3%		2% of HIV DALYS

# Alcohol's role in violence and crime (1)

- Alcohol's close association with violent events has been documented (as above) but does not = causality
- 3 groups of researchers have used epidemiological technique of *meta-analysis* to establish a causal link between alcohol use, crime and violence

% of violent events <u>attributed</u> to alcohol use			
Type of violence	English et al., '95	Schultz et al., '91	Single et al. '98
Homicide or purposeful injury	47	46	27
Suicide	41 (m), 16 (f)	28	27 (m), 17 (f)

# Alcohol's role in violence and crime (2)

- **McClelland & Teplin (2001) observed 2365 police-citizen encounters in USA. Used Alcohol Symptom Checklist to determine the level of alcohol intoxication or impairment**

<b>Alcohol involvement by type of encounter (N= 1236)</b>	
<b>Crime type</b>	<b>% alcohol involved*</b>
Violent crime & sexual assault	43
Spousal assault	43
Robbery	39
Public order/vandalism	46
Other non-violent	23
Total	34

**\*-1 or more principals were intoxicated (BAC GE 0,05) or if any of principals not present, intoxication judged to be a contributing factor (n=223)**

## Rates of intoxication by police-citizen encounter & citizen role (McClelland & Teplin, 2001)

Crime type	% intoxicated (GE 0.05)		Odds Ratio (suspect vs victim=1)
	Suspects	Victims	
Violent crime & sexual assault	27	15	2.0 (s)
Spousal assault	25	6	4.9 (s)
Robbery	15	18	0.8 (ns)
Public order/vandalism	38	5	12.9 (s)
Other non-violent	17	3	6.3 (s)
Total	26	7	4.3 (s)

# Links between alcohol use and violence (4)

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## Five possible explanations:

1. Alcohol leads to violence (aggression) due to its psychopharmacological effects - disinhibitory effects
2. Individuals predisposed to heavy drinking, also predisposed to violence
3. Drinking contexts predispose people to engage in violent acts (e.g. cleanliness, roominess, permissive social contexts)
4. Social and cultural attitudes, expectations, norms (e.g. expectancies - alcohol leads to aggression; alcohol used for "Dutch courage" to engage in violent acts)
5. Combination of above factors (Graham et al., 1998)

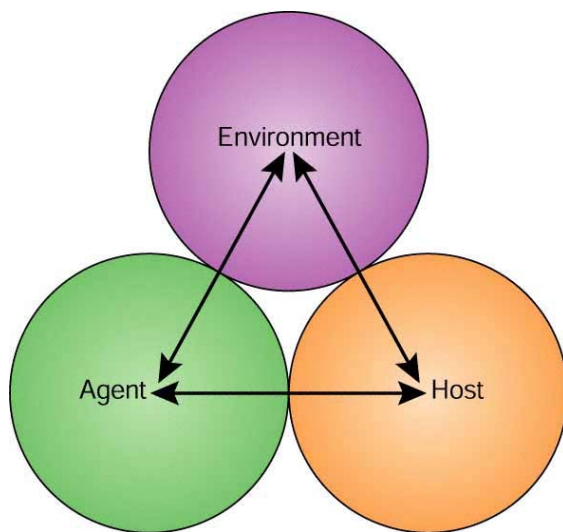
- Magic bullet

No single strategy to reduce burden of alcohol misuse.

- WHO

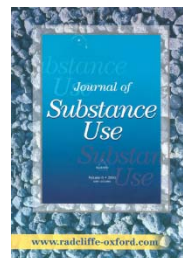


“Need individual & population based approaches that target high risk groups/situations + reduce per capita consumption in general (given prevention paradox)”



FEATURE ARTICLE  
**Making the link:  
 a public health  
 approach to  
 preventing alcohol-  
 related violence and  
 crime**

J. Mosher and D. Jernigan

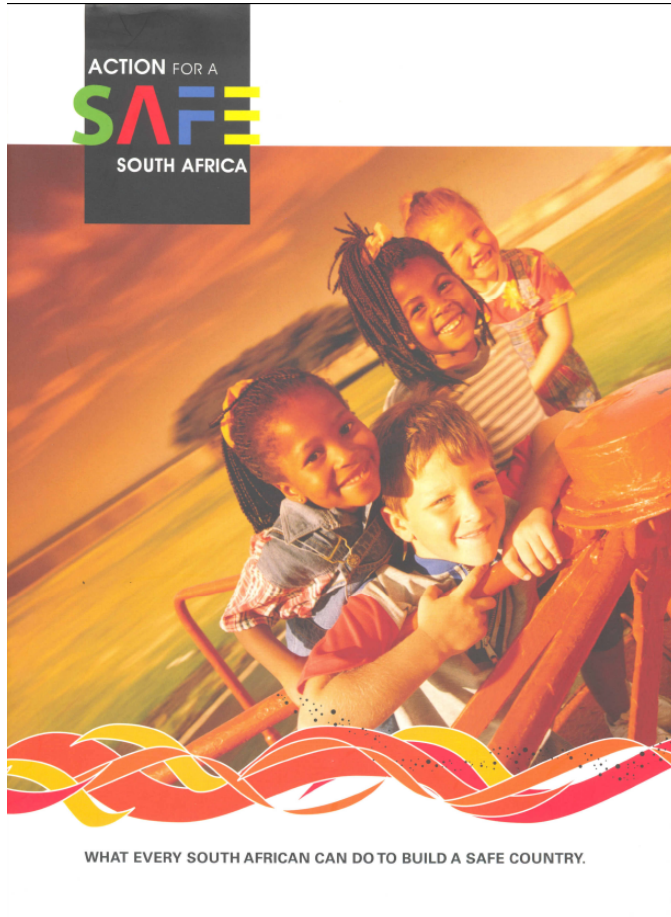
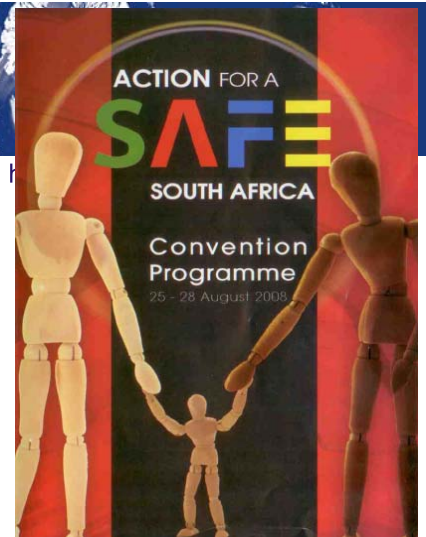


The public health and criminal justice fields have an unprecedented opportunity for collaboration. Both the 'broken windows' and the public health perspectives focus attention on actions in local communities to change the environmental factors that breed both alcohol problems and the crime and violence often associated with them. The paper introduces the public health perspective by reviewing the history of conceptualizations of alcohol problems in the United States, and showing how the public health perspective builds on and expands earlier views. Following a summary of research regarding causal links between alcohol and crime and violence, the paper summarizes research findings demonstrating the efficacy of policy options to influence alcohol environments, breaks down into measures that counter each of the marketing elements of production, promotion and product. The paper concludes by underlining the importance of local action, organization and the development of advocacy skills, as well as the tremendous potential inherent in the nascent coming together of criminal justice and public health sectors to prevent alcohol-related crime and violence.

Keywords: alcohol; crime; violence



# Focus of the “Sober South Africa” workshop: August 2008



- On alcohol rather than on all substances
- Aim of the “Sober South Africa” working group was to
  - strategise on how to create an alcohol safe South Africa



# Structure of the workshop

- **Trained facilitator:**
  - **Adius Ncube**
- **4 resource persons**
  - **Charles Parry (ADARU, MRC)**
  - **Neo Morojele (ADARU, MRC)**
  - **Richard Matzopoulos (CVILP, MRC)**
  - **David Jernigan (Johns Hopkins U, USA)**
- **Over 2 two days 30+ participants strategized on how to create an alcohol safe SA**
  - **academics, public and private health and social service providers, representatives of liquor traders associations, persons working for NGOs (such as the AA, Road Safety Foundation, SADD, SMART), advocacy and intervention groups (e.g. Soul City), police, SARS, experts on advertising and the built environment, etc.**





- **Interventions were considered in five broad areas for which there is good evidence for their effectiveness based on international experience and which are likely to have a good chance of having a positive impact on crime & violence in South Africa**
  1. **drinking and driving countermeasures,**
  2. **brief treatment for problem drinkers (especially those convicted of drink driving offences or being trauma unit patients having breath alcohol concentrations greater than or equal to 0.05g /100ml),**
  3. **addressing the retail sale of alcohol from shebeens and taverns**
  4. **reducing the density of liquor outlets in South Africa**
  5. **reducing the impact of alcohol industry marketing**



- In addition, strategies that would increase political will by the government to address alcohol misuse were also considered
- Recognized that there are other areas for which there is evidence of effectiveness (raising alcohol excise taxes to increase the price of alcohol and brief interventions through PHC (e.g. antenatal, STI or HIV clinics))
- They were not specifically addressed but should be considered in an national strategy to address alcohol-related crime and violence

# Outcomes from group discussions (1)

- While individual behaviour was recognized as being NB, we prioritized systemic level interventions
- Two big ideas were put forward:
  1. We need to facilitate greater community ownership of the alcohol environment in our communities (*community mobilization & empowerment*)
    - Community members need to become much more involved in making decisions around the licensing of liquor outlets:
      - issues like selling hours (elab) and even days of sale
      - communities should have a say in whether they want alcohol sold on social grant payout days
      - could also pressure outlets directly or the regulating authority in areas where alcohol-related crime and injuries are high to reduce hours of alcohol sales
      - Communities need to get more involved in monitoring alcohol marketing in their areas
    - Will involve advocacy/sensitizing community members, addressing acceptance & fatalism, supporting community projects/activism

# Outcomes from group discussions (2)

- 2. Action at various levels needs to be supported by a strong national commitment in the form of a single body, possibly an Alcohol Health Promotion Foundation [Commission] (*establish supporting/enabling structure*)**
- 1. Could be funded by a 1% levy on profit from the major manufacturers of alcohol (“1% for health”) [or from Treasury]**
  - 2. National Liquor Act requires alcohol manufacturers in their license application to state how they intend to contribute to combating alcohol abuse. Needs to be strengthened by adding a levy to facilitate new initiatives to reduce alcohol related crime more directly by organizations without a competing interest**
  - 3. Levy would be related to the amount of alcohol produced**
  - 4. Would not replicate existing programmes, but used to kickstart, support and maintain the proposed community mobilization efforts & various new initiatives [+Capacity building/training]**
    - stimulating alternative economic activities for persons who are involved in survivalist selling of alcohol**
    - supporting counter-advertisements**
    - providing funding for policy-oriented research**
    - establishing new networks for persons and agencies broadly involved in addressing alcohol abuse**
    - promoting alcohol policy information exchange**
  - 5. Public accountability is important**
  - 6. Facilitate a partnership between civil society & government**

# *Listing of key areas for intervention and priority strategies within each area (1)*

Area	Strategies
Drinking and Driving	Place stronger limits on novice drivers, e.g. 0.00g/100ml for first three years after obtaining a drivers license [consider zero-tolerance for drinking & driving]
	Increase (a) random breath testing, (b) compulsory testing at all crash scenes and other serious moving traffic offenses
	Marketing, education and communication: (a) develop a culture of social host responsibility, (b) institute a social marketing campaign to change behaviour around drinking and driving, (c) institute evidenced-based driver education in schools
Treatment for persons convicted of DUI	Redevelop and standardize alcohol/drug safety intervention programmes for persons convicted of driving under the influence (DUI)
	Establish a toll free number for where people can get help
Treatment for persons arriving intoxicated at trauma units	Provide training to health care workers (in public and private settings e.g. trauma units) in proper screening, brief intervention and referrals, increase capacity of treatment centres to address alcohol problems, increase access to detoxification and long term treatment
	Establish a toll free number for where people can get help

## *Listing of key areas for intervention and priority strategies within each area (2)*

More responsible retail sector	Strengthen community participation in licensing (e.g. decrease hours in problem areas, bans on selected days e.g. election/grant payout days)
	Bring unlicensed outlets into regulated market
	Enforce existing laws about responsible liquor sales and be proactive around training, defusing violence before it happens
	Conduct outreach and training to servers and sellers
Reduce physical availability of alcohol	Stimulate alternative small business activities in other sectors
	Mandate alcohol free school zones (no sales or use by anyone, youth or adult) and ban alcohol use on local public transport [+@ petrol stations on highways]
Alcohol marketing counter-measures	Ban (a) alcohol sponsorship of sporting events entirely or at least where more than 15% of the viewing audience are under age; (b) dangerous products, e.g. alcopops, sachets; (c) alcohol industry sponsorship of events appealing to children or families or involving motor sports; (d) alcohol industry funding of government functions
	Require <i>external</i> regulation of alcohol advertisements (pre-approval)
	Impose physical placement restrictions on alcohol marketing, i.e. outdoor advertising near schools, libraries, playgrounds
	Require “equal time” for public health counter-advertising, paid for by earmarked levy on liquor advertisements



## Concluding thoughts from Safer SA initiative

- Increase media advocacy around alcohol issues and generally raise public awareness around the problems associated with alcohol abuse & need for more responsible behaviour
- Many of the initiatives involve civil society, but government agencies will need to step up to the plate in several ways
- We are not united against alcohol use, but were rather united for:
  - community participation (for community members to play a role in how alcohol is sold and used in their communities)
  - children's rights – the right to live in environments where they are safe and do not have to be exposed to alcohol-related violence or to alcohol-related poverty
  - for parents not having to lie awake at night wondering if their children will be victims of a drink driving incident or alcohol-related assault
  - for creating a society into which future generations would be happy to be born

# What is missing, but also important for reducing alcohol-related crime (selected from DoH's draft intersectoral alcohol strategy) -1

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Priority area	Strategy	Action steps	Respon	Time
Leadership, awareness	Develop compr. nat'l alcohol strategy	Finalise draft intersectoral strategy	DoH	ST
	Strengthen work place interventions	Engage with EAPS to screen & addr at-risk clients	DoL,coys unions	ST
	Public info campaigns	Messaging @ point of sale	DoH	ST
Health sector response	Screening+BI @ PHCs	Screening for alcohol at PHC services incl. psychiatric emergency & ODPs	DoH	ST-MT
Reducing availability of alcohol	Address problem sales to minors	Active enforcement of underage drinking laws with swift punishment	DTI,SAPS ,DoJ	ST
	Reduce hours of sale (differing for on/off consumption) & by site & possibly DoW	Amend provincial legislation to 10-18 for off-consumption, 3 tiers for on-consumption (21.30,23.30, 01;00)		

# What is missing, but also important for reducing alcohol-related crime (selected from DoH's draft intersectoral alcohol strategy) -2

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Area	Strategy	Action steps	Respon	Time
Pricing policies	Alcohol taxation	Incr. benchmarks, reduce tax on low alcohol products, revisit sorghum	National Treasury	ST
	Restr marketing that reduces cost of alcohol	Restrict price promotions discount sales, below cost sales, happy hours [min price]	DTI, Econ Affairs	ST
Harm redn	Responsible server pgm	ID rogue outlets/suppliers of alcohol responsible for greater prop of problems & intervene directly	SAPS	MT
	Regulate drinking context to minimise violent behav	Safety oriented design of premises & employment of security staff	Traders assoc, ARA, prov liquor authorities	ST
		In certain places recommend use of shatter proof glass or plastic containers		ST
		Encourage on cons. outlets to sell food		ST
	Alcohol industry to promote more resp. use	Discontinue cheap packages that promote excessive consumption & produce more low alc beverages	DTI, ARA, industry	ST
	Better inform public of contents in containers	Require industry to indicate # std drinks, coloric contents	DTI, DoH, ARA, Ind.	MT

## Conclusion



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Increasing global interest in supporting governments to become actively involved in alcohol control e.g. WHO

Strong evidence on effective intervention strategies, that are relatively feasible, and of low to moderate cost to implement.

However,

- Drinking is entrenched in South African society
- Address resistance from industry, advertising companies
- More research is needed on effectiveness of strategies to reduce burden of alcohol on society in general, and among youth and women in particular
- We need to move now - based on what we know. Focus on small wins
- Measure & report on successes

Political will + greater community involvement is essential  
As is leadership, coordination of activities, accountability