



Western Cape
Government

Community Safety



The harms and risks of alcohol in Khayelitsha

Department of Community Safety

Alcohol is one of the key risk factors for the Western Cape's exceptionally high level of interpersonal violence and serves as an important contributor to the disease burden. This mixed-methods study examines the nature and extent of alcohol use in Khayelitsha.



INTRODUCTION

The pattern of drinking and the volume of alcohol consumed drive a range of direct and indirect harms that impose a substantial burden on health, development and the economy. This is particularly true in low-income areas, such as Khayelitsha (the Western Cape's largest township), where binge drinking is rife and the alcohol trade is largely unregulated.

On the recommendation of the *Commission of Inquiry into Policing in Khayelitsha*, the Department of Community Safety (Western Cape) commissioned research to inform a strategy to alleviate the risks and harms from drinking. The research explores community attitudes to liquor outlets, excessive drinking and the community's receptiveness to policy formulation in Khayelitsha.

THE HARMS AND RISKS OF ALCOHOL IN KHAYELITSHA

Control and reform policies should take community perceptions into account

Scholars often investigate the links between alcohol and:

- criminality (including interpersonal violence)
- health-related outcomes
- economic factors
- socio-spatial management
- gender
- youthfulness

All these aspects should be considered collectively to appreciate the full extent of alcohol harms and the opportunities to prevent abuse.

WOMEN AT RISK

This is a growing area of concern

There is a notable increase of women (of all ages) frequently drinking, including mothers accompanied by children. Some male drinkers suggest underage drinking among females is linked with unplanned pregnancies. Another concern was the exchange of alcohol for sex. Female unemployment is cited as the driving factor for agreeing to this swap.



This research comprises several sub-studies to describe the nature and extent of the alcohol trade in Khayelitsha, including a literature review, household surveys of older adults and young people (18 to 32 years old), the mapping of legal and illegal alcohol outlets, a review of alcohol-related trauma occurring at health facilities serving Khayelitsha, and focus group discussions.

Khayelitsha is home to approximately 400 000 residents, situated 35km outside of Cape Town. Khayelitsha means new home in isiXhosa. It is one of the city's poorest areas, suffering five-fold exclusion – social, cultural, economic, institutional and spatial – as a result of apartheid planning. Only 60 percent of the population lives in formal houses. Violent crimes are a daily reality and the sale of alcohol, a known risk factor for violence, is poorly regulated.

THE COMMUNITY PERCEPTIONS

More than 3 400 older and 1 400 young adults from Khayelitsha households were surveyed between 2013 and 2015

The survey shows a clear association between violence (including rape, murder and assault with and without a weapon) and depression.

People's concerns include:

- alcohol and drug use is attributable to violence
- alcohol is easily available throughout the week
- people in Khayelitsha drink too much

Most people support interventions to reduce alcohol consumption by:

- restricting access to alcohol (days and times of trading)
- restricting marketing
- increasing enforcement



YOUNG PEOPLE AT RISK

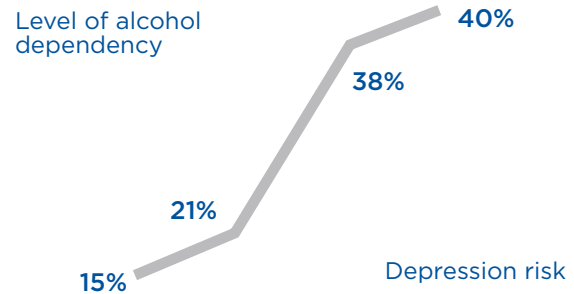
Alcohol, depression, crime and violence are inter-related

Drinkers – as young as 13 – celebrate the end of school term by drinking. Shebeens are largely unregulated and sell alcohol to school goers (even during school hours). Shebeens are preferred to taverns by the youth as the music and atmosphere is more vigorous.

Higher alcohol dependency is directly correlated with higher depression

There is a clear relationship between problematic drinking patterns and negative mental health experiences. The greater the alcohol dependency the higher the risk of depression (see graph below). It is advisable to treat alcohol dependency along with mental disorders, such as anxiety and depression, and vice versa.

Mental health by alcohol dependency



The CESD-D depression scale is used to measure the level of depression symptoms. With potential scores ranging between 0 and 30, a score of 11 or more usually reflects mild or significant symptoms of depression. People who experience crime are also more likely to be depressed. One in six young adult respondents demonstrated mild or significant symptoms of depression.

Experience of likely depression, by crime experience

Crime experienced	Proportion with likely depression (CESD≥11)	
	YES	NO
Property taken with actual or threatened violence	25%	14%
Anyone close to you murdered	23%	15%
Injured with a weapon on purpose	25%	15%
Injured without a weapon	29%	15%
Violence within the household	33%	15%
Rape or the fear of rape	42%	15%



62%
OF YOUNG PEOPLE DRINK



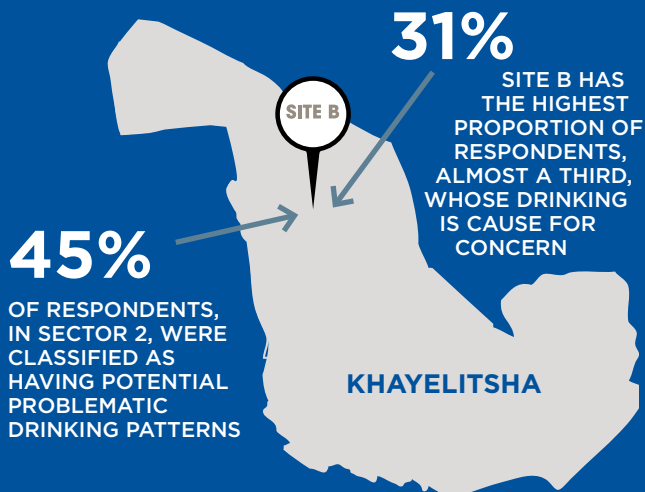
35%
OF DRINKERS DRINK AT LEAST ONCE A WEEK



42%
OF DRINKERS HAVE BEEN INVOLVED WITH THE POLICE WITHIN THE LAST SIX MONTHS DUE TO DRINKING



R151
IS SPENT ON AVERAGE PER DRINKING SESSION BY YOUNG PEOPLE



OUTLETS

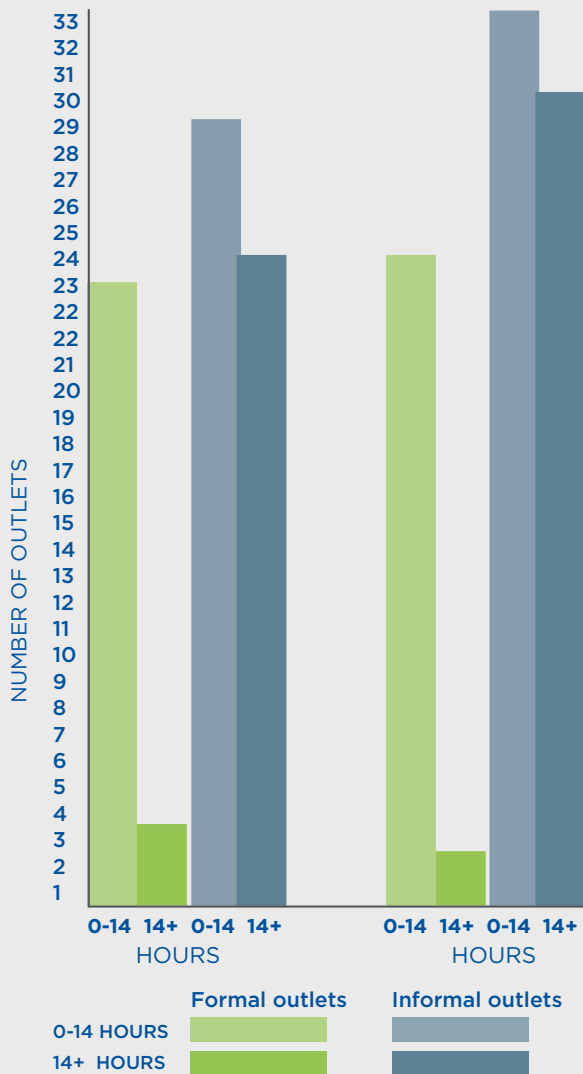
Legal and illegal outlets

Taverns and shebeens are the most common source of alcohol across Khayelitsha, although formal retailers have increased their footprint in the community. Taverns are regarded as formal, licensed outlets while shebeens are viewed as informal, unlicensed and easily accessible. Shebeens are far more prominent in informal settlements.

A total of 1 045 outlets were identified:

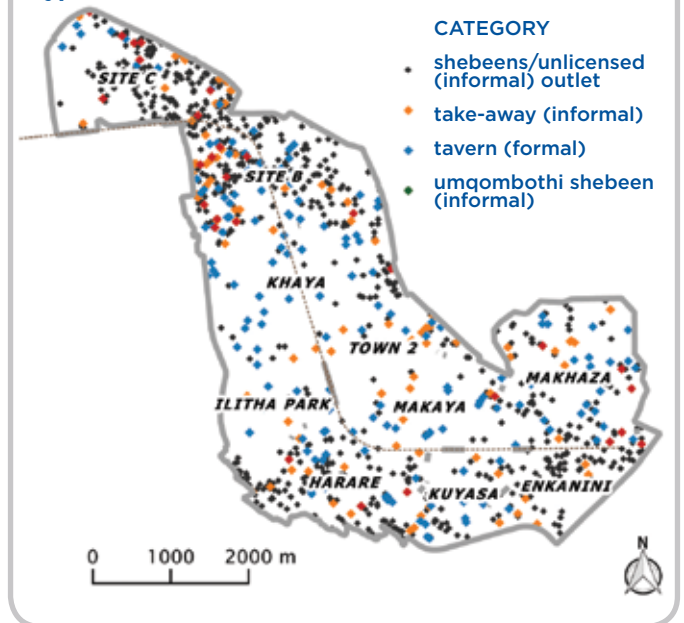
- 452 (Harare)
- 133 (Lingeletu West)
- 460 (Site B)

Competitive operating hours (week days vs weekends and formal vs informal)

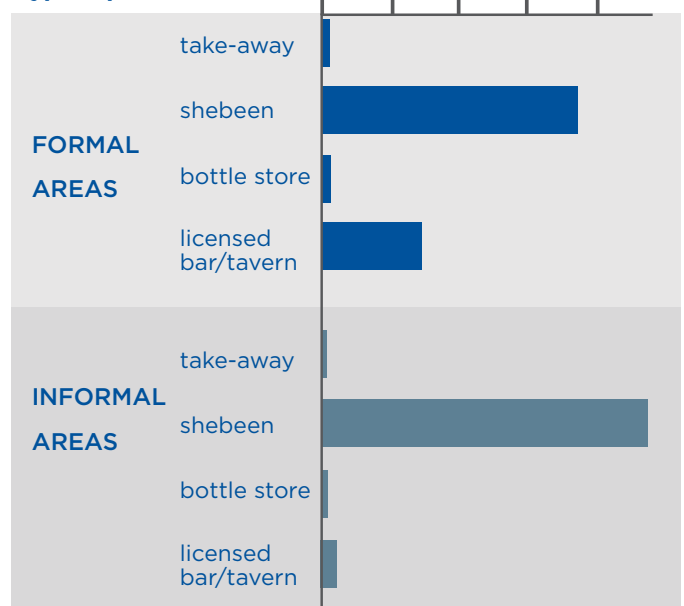


Informal outlets have longer trading hours than formal outlets. On weekends most informal outlets trade for more than 14 hours per day, whereas the vast majority of formal outlets have much shorter trading hours.

Types of Outlets



Count of outlet type reported



Shebeens have unregulated trading hours, tend not to enforce age restrictions on drinking and have no dress code. Tavern owners, on the other hand are licensed by the Western Cape Liquor Authority and are expected to comply with laws and by-laws. This is cited as the reason they are unable to compete with the levels of consumption experienced at shebeens. Patrons are mostly male beer drinkers, between 25 and 34 years of age. The average business life per outlet is a decade.

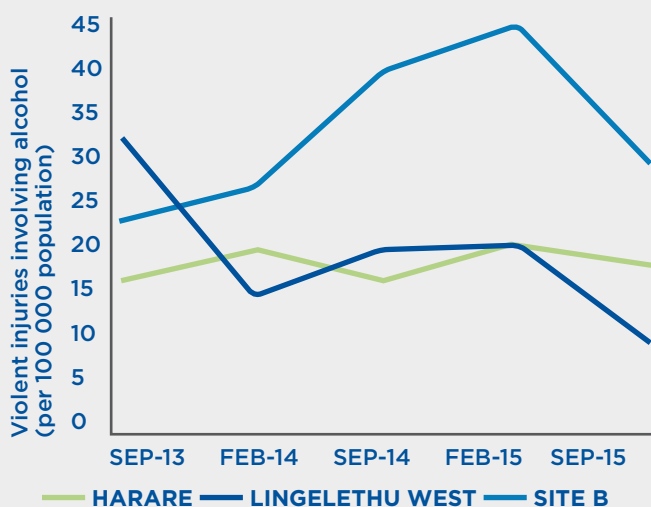
Unlicensed outlets have smaller capacity, but most have entertainment equipment. There is, however, significant interest in acquiring formal liquor licenses.

ALCOHOL-RELATED TRAUMA

Within Khayelitsha's health facilities

Cross-sectional studies at Khayelitsha health facilities conducted from 2013 to 2015 found that more than half of the patients reporting violence-related injuries were under the influence of alcohol.

Weekly rate of alcohol-related violence (per 100 000 population) by police precinct during study period



The highest percentage of alcohol-related cases (57%) was from Site B, and studies show an increase from 2013 to 2015.

Focus group discussions reveal a stereotypical view of the gendered-nature of violence:

- violence usually occurs between male and female drinkers who actively pursue alcohol for sex (rape is often a consequence)
- domestic violence occurs when drinkers are humiliated by having spent all their money and there is none left for their families at home
- men usually fight with each other over women

PREVENTION STRATEGY

Focus groups included shebeeners, tavern owners, security agencies (including CPFs and NHWs, the church and community safety groups like, South African National Civic Organisation), young male drinkers and female drinkers - as well as non-drinkers

The groups acknowledge the potential harms of unregulated distribution and consumption of alcohol. They recognise that the alcohol trade is a key part of the Khayelitsha economy.

Strategies to reduce harms should try to mitigate the economic impact. Young mothers are particularly vulnerable due to their socio-economic circumstances and limited employment opportunities.

COMMUNITY RECOMMENDATIONS

Tavern and Shebeen Regulations

Liquor outlets must take responsibility for regulating patrons, preventing underage drinking and adhering to trading hours. No weapons should be allowed on the premises.

Policing and Liquor Act Regulations

Police must enforce the rules and regulation of the National and Western Cape Liquor Acts. They must monitor and ensure adherence to trading hours, prevent underage drinking and confiscate alcohol sold at illegal outlets through routine patrols. Shebeeners, tavern owners and drinkers all believe that SAPS are important players in keeping Khayelitsha safe: people found with weapons and patrons who are drunk on the streets must be punished.

Community Policing Forum (CPF) and Neighbourhood Watch (NHW)

The CPF and NHW have important supporting roles to play, like assisting SAPS monitor the area.

Participants agree there should be:

- stricter licensing processes and regulations, on all points in the distribution chain
- enforced trading hours
- an increase in the age limit of drinkers, from 18 to 21 years of age
- more support towards NHWs and CPFs
- an increase in the Department of Community Safety's (DoCS) involvement

The community was familiar with DoCS as an information gatherer, but identified the need for a more action-oriented response.

“THE POLICE ARE HELPFUL. BECAUSE WE WOULD INFORM THEM THAT SUCH AND SUCH A SHEBEEN NEVER CLOSES, THE MUSIC PLAYS TILL EARLY IN THE MORNING AND THERE ARE COMPLAINTS WITH A PARTICULAR SHEBEEN.

SO WE WOULD LIKE YOU TO TAKE THE ALCOHOL SO THEY CAN CLOSE. THERE ARE TIMES WHEN WE WOULD IDENTIFY ALL THE SHEBEENS DURING THE PATROLS. WE WOULD THEN MAKE A LIST AND GIVE IT TO THE POLICE TO CONDUCT OPERATIONS AT THOSE SHEBEENS.”

- FOCUS GROUP DISCUSSANT

CONCLUSION

The study confirms the high levels of consumption and substantial harms that unhindered access to alcohol imposes on the residents of Khayelitsha.

Stakeholders in the community require a far more coordinated approach to optimise enforcement and prevent corruption. The community strongly supports the protection of children from easy access to alcohol. There is also vast support for interventions to reduce harm, limit availability, disrupt the unfettered supply of high volumes of alcohol, increase visible policing, and significant resources being put toward healthier recreational alternatives to drinking alcohol. These should be aligned with the Alcohol Harm Reduction Game Changer led by DoCS and the policy development process led by the Department of the Premier, which follows an evidence-based and whole-of-society approach.

- Future research is needed to understand the impact of interventions to reduce alcohol related harms.
- DoCS and WCLA should work together to strengthen licencing regulations and processing and enforcement around liquor licencing.
- Ongoing systematic monitoring of liquor outlets and their trading times is needed from relevant law enforcement authorities.



ABOUT THE RESEARCH

This research is based on a report prepared for the Western Cape Department of Community Safety by the University of Cape Town in collaboration with:

- University of the Witwatersrand School of Human and Community Development
- Health Systems Trust
- Violence Prevention through Urban Upgrading
- Simon Fraser University Department of Geography (Canada)
- SA Medical Research Council



A mixed-methods study of the nature and extent of the alcohol trade in Khayelitsha - and community perceptions is obtainable from the Department of Community Safety

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