



# BACKGROUND

During 2015, the Western Cape Provincial Cabinet agreed that an Alcohol-Related Harms Reduction Policy Green Paper should be made available for public comment. When the Green Paper was issued for comment the **Learning Network through the Health and Human Rights unit at UCT**, in collaboration with a range of social formations responded to the call for submissions and hosted a series of community dialogues as a necessary step in assisting and empowering vulnerable groups to have their voices and views heard.

The Green Paper provides a way to implement a number of things in an attempt to curb alcohol related harms in the province. Broadly, these include: (a) providing for the restriction on how alcohol can be advertised; (b) a change in the age restriction on who can sell alcohol and to whom alcohol can be sold; (c) creating a National Liquor Regulator to make regulation more efficient; (d) extending liability for what happens at an unlicensed shebeen to the companies supplying the shebeen with liquor; (e) and (f) giving enforcement powers to other kinds of inspectors (e.g. health inspectors) and officials (e.g. SAPS and traffic police). A number of discussions, conversations, dialogues and workshops were held, key themes emerged and recommendations were made by communities that were involved in the process in putting the joint submission together.

The dialogues, conversations inputs with its recommendations happened in various ways. In some of the dialogues, community groups were big enough to be broken into smaller groups where discussion on specific questions took place and group members reported back to the bigger group, whilst in other dialogues we had specific sectoral representatives that gave their input, as part of a process to not only make recommendations on the Green Paper but used the dialogues as a mechanism to educate communities. In some areas we took facilitators through a process to enable them to run their own dialogues. In other instances we had community organisations

that had their own dialogues and sent us their inputs to be included as part of our joint submission.

It should be noted that communities, organisations and sectors (women, disability and children) were clear and coherent on the issues and challenges with regards to alcohol use and abuse in their communities and its impact on society, whether directly or indirectly. Their inputs are informed by their daily struggles and experiences of liquor trade in their environments. This submission provides an important example of communities, organisations and higher education institutions coming together to influence legislation. The summary of the discussions, conversations, dialogues and workshops held with members of the communities are outlined below. In some instances the language used in the description of these reflections has been unchanged, to provide for a true reflection of what stemmed out of the dialogues.

### **Overview of Communities:**

**Community of Lavender Hill on the Cape Flats in the Western Cape:** The population of Lavender Hill, Seawinds and Vrygrond was 32,600 according to the 2011 census. There were 6,500 households. The vast majority of the population was classified colored under apartheid. Less than one in five residents older than 20 have at least a matric. More than half the residents have a monthly income of R3, 200 or less. There were 43 murders reported at the Steenberg Police Station in 2015. This encompasses several areas, including Lavender Hill. By calculation the murder rate in the areas served by this station is approximately 60 per 100,000, which is much higher than the national average of between 30 to 40 per 100,000. Houses are usually tiny and overcrowded, and in most areas, there are blocks upon blocks of flats which are equally tiny, additionally there are a number of informal settlements, all of which serve as a breeding ground for gang and other unsavory activities.

**Hillview informal settlement in Lavender Hill:** Overcome Heights is home to 6 500 people living in 3 500 shacks, while Hillview is home to some 700 people. These are two informal settlements are located in one community. The Greater Lavender Hill area

is known for its high levels of unemployment, poverty, gangsterism, substance abuse and crime.

**Community of Philippi on the Cape Flats** in the Western Cape: Philippi today is one of the largest townships in Cape Town. Its boundaries follow along Lansdowne Road, Duinefontein Road, Vanguard Drive and the R300 and the area is situated in what is referred to as the Cape Flats. Philippi is one of a number of previously disadvantaged communities and the rate of unemployment, poverty and alcohol and drug abuse is rife in such communities. Alcohol abuse is known to have a contributing factor to many diseases of lifestyle. Like most black South African Townships, the history and development of Philippi is linked to apartheid policies. Most people in Philippi townships came from the former Ciskei and Transkei homelands and settled in Nyanga, Langa, and Gugulethu and later in new squatter areas such as Crossroads, Browns Farm and Samora Machel.

**Community of Khayelitsha; Cape Flats:** Khayelitsha is a mix of old and new, formal and informal and affluent and poor. There are housing projects which are continuously on the go, to alleviate the housing problems, but shacks are continuously being erected by the steady stream of people arriving from the Eastern Cape.

More than half of Cape Town's unemployed live in the notoriously high crime area of Khayelitsha, a township just outside Cape Town that means 'new home'. Created during apartheid as a dormitory area for migratory workers, today it is the biggest and youngest black township on the Cape Flats.

Today Khayelitsha has a population of 391,749(as of 2011) and runs for a number of kilometres along the N2. The ethnic makeup of Khayelitsha is approximately 90.5% Black African, 8.5% Coloured and 0.5% White, with Xhosa being the predominant language of the residents. Khayelitsha has a very young population with fewer than 7% of its residents being over 50 years old and over 40% of its residents being under 19 years of age. In 2011 around 62% of residents in Khayelitsha were rural to urban migrants,[14]:6 most coming from the Eastern Cape. In the communities of Enkanini and Endlovini over 85% of the residents were born in the Eastern Cape.

**Community of Klapmuts, Cape Winelands** The Cape Winelands District Municipality, formerly the Boland District Municipality, is a district municipality located in the Boland region of the Western Cape province of South Africa. As of 2011, it had a population of 787,490.[2] The largest towns in the municipality are Paarl, Worcester, Stellenbosch and Wellington. Klapmuts is the name of both a hill, and a town which formed at its foot. They are located in Cape Winelands District Municipality in the Western Cape province of South Africa. Klapmuts is a small hamlet with a population of approximately 6000, centrally located approximately 15km from the towns of Paarl, Stellenbosch and Kraaifontein. It has experienced slow growth as a residential area considering its proximity to Cape Town and other towns in the Winelands. It has lacked basic services infrastructure, such as water, until very recently and has historically been “viewed by planners as a deconcentration point for metropolitan Cape Town”. Large plots of land within the village are undeveloped and vacant. The local setting of Klapmuts, however forms an important sector of the „Greater Simonsberg“ wine route. Historic werfs (Eisenburg, Muldersvlei and Natte Vallei) are located to the west and south of the village. Klapmuts itself is a poor community, however in recent years it has been seen as a potential growth point at which a number of more upmarket developments are proposed.

# The unforgiving days of too much wine and never enough roses

23 AUG 2016 00:00 MIA MALAN



Bleak outlook: (Above left) Charmaine Kok's\* son, Smallie (10), was born with fetal alcohol syndrome. (David Harrison, M&G)

third child. The family's shack is in the backyard of a ground-level municipal flat in Roodewal, a mainly coloured township in Worcester in the Western Cape.

A cruel, unrelenting cycle of poverty, drinking and fetal alcohol syndrome robs families of all hope.

Charmaine Kok\* (34) lifts herself out of a rusted metal chair in her houthok's (wooden shack) kitchen and trudges to her son, Smallie. He's turning 11 in August and is sitting at a small table in front of an old desktop computer.

Kok is preparing to begin her child's favourite computer game, involving cars.

Smallie owes his name to his appearance: he's smaller and shorter than his peers and looks about eight years old. He's Kok's

# COMMUNITY INPUTS, FEED BACK AND RECOMMENDATIONS

## **Community awareness campaigns and programmes:**

The communities spoke about the festive season alcohol awareness programmes and shebeen projects that were run by government through the department of Community Safety and Security. During these programs community members were given stipends to run holiday programs and assist with crime prevention in the different areas. Communities believe that as soon as these projects came to an end and people's stipends were taken away, crime increased in the areas. Communities also felt that outsiders often came and ran programmes in their communities, which meant it was unsustainable.

## **Recommendations:**

1. Communities want these awareness programs and crime prevention campaigns to run throughout the year.
2. The implementation of projects, programs and campaigns have to run on a long term basis as it stabilizes communities and ensures that people are informed on a range of issues in relation to alcohol, which includes crime.
3. Communities want these programmes to be run by people who live in the community

## **Lack of positive role models; leadership and skills:**

Communities believe there is a lack of leaders and positive role models in their communities as people have not acquired the kind of leadership skills needed to deal with real community issues but they have the experiences of alcoholism. For Example people who have been involved in gangs and who are alcoholics but who are now in

recovery need to speak out and motivate communities and show that it is possible to lead the fight against substance abuse in their areas.

### **Recommendations**

1. Ongoing practical workshops to assist people to lead in their own communities. Such places and platforms could include religious institutions such as churches, mosques, community organizations and community centers where people gather. For example churches need to preach about healthy life styles, raise awareness and educate communities about alcohol and life skills. This will assist parents to start being role models in their homes and talk more to their children on a range of issues including alcohol.
2. Programs must be run for parents so that these parents can assist in educating their children with regards to alcohol.
3. Provincial Government in collaboration with all spheres of government and other social partners should set up regular road shows to allow communities to participate in decision-making around issues in relation to alcohol abuse in our communities and how to combat it.

### **Training and capacity building a multi-sectoral approach to monitor and evaluate alcohol use and abuse**

In communities drunk people drive and kill small children and innocent people. Tavern owners do not limit their customers even if they see that they are drunk. Tavern owners and their patrons sometimes rob people when they are drunk or watch these crimes being carried out in their taverns. Another serious issue is the abuse of SASSA grants on alcohol when people drink and give cards over to shebeen owners to pay their liquor Green Papers.

### **Recommendations:**

1. Provincial government should set up regular dialogues as part of road shows to allow communities to participate in decision making on how to combat alcohol abuse

2. Provincial government in collaboration with other spheres of government, particularly including Local government housing and town planning should involve communities when allocating land for liquor trading
3. Consultative forums should be conducted and sponsored by government and liquor businesses
4. Bottom up approach on any Green Paper or amendment and by-laws
5. More public participation on granting of alcohol trading licenses – the advert on the local papers or government is not enough – people hardly see these adverts
6. Decisions taken must be enforceable.
7. Statistics on alcohol related deaths should be made available to communities as a deterrent through regular newsletters.
8. A forum must be established and meet regularly - regular feedback mechanisms to be in place e.g. whats app, notices, Facebook page, government websites.
9. All government departments must work together with communities, organisations, and sectors to address the ills that alcohol has created; this includes all spheres of government.

### **Children and alcohol in communities**

Community experience is that there is not enough outlets for children who have Down syndrome and that the therapy sessions are expensive with a very long waiting list for up to six to nine months before you get an appointment at a government run institution. Instead what safe homes for children must do is to raise funds in order for children to be able to go for therapy sessions; otherwise children will wait for years in the system.

When children are placed in foster care there is not enough transparency from the social worker in that social workers do not disclose that children are alcohol babies because there are dangers as well as extra cost implications for taking on that child. Currently social welfare is struggling with the children in the system. The R800-00 that is given for a child is not enough to cover a child with fetal alcohol syndrome as one therapy session cost about R700-00.

If people are able to drink like they want to, then it should become governments' responsibility for the women who produce these children with alcohol fetal syndrome, especially if there is no legislation around women and their consumption of alcohol during pregnancies. None of the government centers that is being listed that is supposed to assist children with fetal alcohol syndrome is free.

Social workers of today are not adequate enough to deal with fetal alcohol syndrome babies. There is also a high turn-over of staff in the field, every time you find that you have to deal with a new social worker. Social workers needs to be honest with information related to a child when children are put in foster care and not withhold information about the child because you normally find out after you have accepted the child that it is a fetal alcohol syndrome baby which is very costly and with no support.

**Recommendations:**

1. More outlets are needed to assist children with fetal alcohol syndrome.
2. Government must give more money towards supporting organizations and homes with fetal alcohol syndrome babies and children.
3. Government needs to take responsibility for those children born with fetal alcohol syndrome.
4. We also need free crèches in place for children with fetal alcohol syndrome that is funded by government that will pay people to run these facilities and it should be in our communities so that our people have access to these facilities for our children with fetal alcohol syndrome.
5. An independent educational plan is needed for children with fetal alcohol syndrome.
6. We need an early warning system where health care workers are actively involved with mothers who abuse alcohol while being pregnant because our children need to be diagnosed from birth. This system must be at community, primary care level to reduce the impact of alcohol on our babies.
7. Free alcohol rehab centres. None of the government centers that are being listed that is supposed to assist youth with alcohol addiction are free. People have to pay a lot of money.

8. Government must put subsidized community rehab programs in place (treatment centers). Government should also look at those community members that cannot pay for rehabs, how they can pay back socially through community projects, programs or services.

### **Advertisements of alcohol**

Currently the adverts do not show how much harm alcohol does. For example: In communities you find a lot children with fetal alcohol syndrome and this is not shown anywhere.

It does not mean if you take away the advertising that there will be a lack of funding because advertising can be sponsored by someone or something else.

The drive alive campaign comes across more as an advertiser for alcohol rather than against it.

### **Recommendations:**

1. The health prospects must also be shown on the bill boards so that people, especially the young people, can see the danger of alcohol and that it is not only a form of celebration but that there is also harm in it. All the dialogues, conversations, inputs and recommendations proposed that advertising must show harmful effects.
2. There are too many bill boards advertising alcohol in communities. These adverts attract people of different age groups who think that alcohol is something to relieve you from some stress.
3. Adverts on alcohol of any form should not be allowed just like in tobacco, a heavy penalty must be given to transgressors.
4. In case a total ban on alcohol advertising is not going to be allowed, advertising on bill boards should not allowed near any schools or in communities, unless it will be educational in that it shows the harms and side effects of alcohol when used irresponsibly.

5. Some communities and organization want a total ban of alcohol adverts on television as well as bill board advertising at all.
6. Advertising restrictions must be in line with cigarette regulatory laws for TV and Radio and the print media.
7. Supermarkets and food shop outlets should not be allowed to advertise alcohol and food on the same page, paper or leaflet.
8. Promotion activities and goods should also be prohibited - Linking alcohol with sporting activities , clubs that are supported by liquor companies with their logos and branding is wrong, children are also supporters of football this sends a wrong message and brainwash children.
9. There must be clear harms of alcohol written in big letters in all community spaces like on the containers, e.g. no drinking when pregnant, alcohol cause violent behavior, physical damage and conflict, etc.
10. Bill boards, TV and radio slots should advertise harms of alcohol, as this increases social responsibilities on the side of the liquor traders.
11. There must be no alcohol adverts on bill board near to schools.
12. A notice inside the businesses ( legal taverns/liquor outlet) should be visible and state all harms of alcohol
13. Percentage of alcohol content in the drink must be disclosed **BOLDLY**.
14. Access to information through adverts on where to seek help if you have an alcohol problem should be advertised widely, on bill boards and all social places and spaces for those that does not know where services are available (Helpline as well). These adverts should also list the services that are truly free and not when government say it's free, you still have to pay.

### **Knowingly selling alcohol to a person under 21 years of age**

Under age children are drinking alcohol, and they are drinking irresponsibly and then they become violent toward one another and physically abuse their parents. You find a lot of domestic disputes and violence as a result of alcohol abuse by young people. For all the years there have been loopholes in the system where the drinking age is

concerned. Community experiences are that you irrespective of the legal age, alcohol will still be sold to children.

**Recommendations:**

1. Alcohol should not be sold to children under the age of 21 years.
2. Putting in place stricter regulations may assist for example young people under the age of 21 years of age who willingly buy or consume alcohol, who are caught with alcohol or identified as an alcohol abuser should be charged, fined or perform community service work.
3. Make it illegal to knowingly sell alcohol to persons under the age of 21 years should be enforced.
4. Proof of identification must be a requirement.
5. Even if 21 and the buyer are in a school uniform, alcohol may not be sold to this person.
6. Age restrictions must also apply to the elderly e.g. cut off for drinking in public to be 70 years.
7. Minors under 21 who are being assisted by irresponsible adults to obtain alcohol on their behalf must be penalized with serious consequences for that particular adult.
8. A big sign must be placed at shebeens and taverns advertising under aged drinking and its consequences.
9. Parents and community members should also be encouraged to report or lay charges against those people that sell alcohol to children in communities that are under the age of 21 years.

**Ensure there is a Provincial regulator who must operate without fear, favor or prejudice**

**Recommendations:**

1. Provincial government should set up local committees on liquor just like there are health committees
2. Committees to be strategically placed to cover all areas where liquor is trading

3. Government to provide support for these committees to be trained on norms and standard and monitoring and evaluation
4. Liquor committees to advise minister and provincial authorities on transgression of by-laws and regulations
5. Corruption in the regulators office must be eradicated.
6. An Ombudsman for society to lodge complaints against the Regulator.
7. Review of Liquor licenses issued irregularly in residential areas.
8. Liquor committees to work with law enforcement, neighborhood watch, SAPS, HAWKS etc.
9. Trade License of the tavern is to be renewed annually, a grading system should be introduced, e.g. if a person dies in the shebeen or tavern, the owner loses certain points and eventually loses the license.
10. Opening and closing times must be strictly regulated, community representatives must enforce trading hours
11. Noise levels especially at night should be controlled and avoided at all costs
12. Liquor places to be between 600 and 1000 meters from schools, places of worship, children's parks, sport fields etc. Existing liquor stores that do not meet the criteria should have their licenses reduced to takeaway services or find alternative places of trade
13. Town planning must involve communities especially around allocating land for liquor trading

### **Liability for companies who sell intoxicating substances**

Yes it is justified to hold companies liable, because alcohol is destroying homes, breaking up families and communities and leave children and youth vulnerable and broken. If companies take liability, hopefully the selling of liquor to unlicensed places will decrease.

Years ago there was a law that stated that we should not have shebeens in certain community areas, even at the RDP houses there was not supposed to have been shebeens or liquor licenses was not supposed to be given to anybody in these areas.

It is not about protecting the next person but about making money as we know some of our children have a lot of money these days.

**Recommendations:**

1. Government must work with communities in that they do not issue any new licenses and close down all the illegal places that sell alcohol
2. Alcohol trading licenses have to be very expensive.
3. Strictly, one person, one liquor trading license
4. Previous convicted criminals should not own a liquor trading license.
5. Government and liquor businesses must introduce an alcohol fund just like RAF; the fund must be ring-fenced to ensure that it takes care of victims of alcohol abuse; children born with FAS, people who are disabled through violent acts of people under the influence of alcohol.
6. Prohibit liquor companies from selling alcohol products to illegal shebeens and a heavy penalty should be imposed to both illegal shebeen and the supplier
7. Not only confiscate alcohol from illegal shebeens, but confiscate the fridges that are supplied by the liquor traders and a heavy penalty be imposed on these companies as well as the shebeens; which should be enforceable
8. There must be a levy on alcohol that will provide for rehabilitation of alcoholics and the impacts of alcohol

**Hours of operation for distributors should be determined by regulations?**

Alcohol is counterproductive; people get lazy to wake up when drinking during the week and late at night. Communities neighboring shebeens suffer from noise levels; it becomes difficult to lead normal daily life. Shebeens operate from shacks and noise levels are very high -\_Usually these shacks do not have proper addresses and are sometimes deliberately inaccessible by normal transport, making it difficult for police or law enforcement to reach the areas The absenteeism rate at schools and at the workplace on a Monday is very high because people are 'babbelas' (still drunk and smelling of liquor) on Mondays. They don't come to work and the parents is so drunk

that their children stay out of school or their school clothes or uniforms are not clean for school on a Monday.

**Recommendations:**

1. Hours of operation for distributors must be legislated to ensure that the police can enforce it.
2. There should be a limit on the operations of time as well as the monitoring of times at all liquor outlets.
3. Communities should NOT have a say because of undue influences on the community.
4. Alcohol should not be sold on Sundays
5. Noise levels where shebeens are should also be regulated and penalties must be put in place against the perpetrators.
6. Security at the shebeens must be screened, if the place is not safe for the community, licenses should not be issued.
7. Rape and violence cases, especially against women that take place at the shebeens needs to be screened and reported on.
8. The price of liquor should be increased; hopefully this will allow people to be able to buy more food than liquor.
9. Other things that should be noted and regulated are the ALL PAY cards that shebeen owners have possession of. The Green Paper must also speak to social grant beneficiaries and prohibit elderly people who receive SASSA grants to get alcohol credits against their grants in the shebeens. Tavern/shebeen owners keep SASSA cards and withdraw the money to pay the liquor debts.
10. Health and well-being of elderly should be protected as it is very likely that the elderly at this age may have one or two chronic illness.

### **Vendors who are registered and the supply of information to Government**

1. Incidences emanating around respective outlets need to be notified in order for government to act against perpetrators of crime such as stolen goods, drugs trading and prostitution.
2. There is still too much corruption between shebeens and police officers
3. Communities should have more of a VOICE as they are the most affected by weak regulations and requirements on liquor trade
4. Build communication channels with legal alcohol traders and community to promote fair and responsible trading
5. Increase transparency in granting liquor licenses

### **Enforcement of measures to control alcohol abuse**

The community experience is that Law Enforcement is applying the laws, rules and regulations inconsistently. An example is that when police officers confiscate people's alcohol, some officers will give people's alcohol back whilst other officers do not give people's alcohol back. This also alludes to corruption somewhere in the chain.

Other examples are that some officers search your home without a search warrant. Corruption is also not reported due to fear of victimization. There is also a lack of knowledge when it comes to reporting corruption cases. People do not always know where to go for help.

Police do not see alcohol or illegal smuggling of alcohol as serious enough but they see other drugs as being more serious. The police do not send out a van or a vehicle when cases of alcohol or abuse thereof are being reported. Illegal smugglers must be given a jail sentence instead of giving them a fine; hopefully there will be less smuggling with alcohol.

### **Recommendations:**

1. We need more awareness campaigns on what steps to take when you want to report corruption at community level.
2. If liquor licensing is not going to be limited there must be a proper screening process in place, including things like the location before a license is granted.

3. Every community must have a Community Policing Forum (CPF) in place and that must part of our legislation (meaning it must be legal) so that it can be enforced.
4. Every community must have a CPF that will work with the communities in fighting crime and this must include alcohol and the abuse thereof. In the forum the police will report to the community and the community will report to the police and joint efforts will be put together to make communities safer.
5. Consideration should be given on how we enable and empower communities and their leaders to better deal with alcohol abuse and monitoring in our communities because of the distrust between communities and law enforcement.
6. If law enforcement agencies have the law behind them, communities could then apply due pressure for them to act appropriately. It will help to weed out the illegal operators.

**Other problems experienced in communities regarding alcohol and alcohol abuse**

1. Mothers who are pregnant who are abusing alcohol is a huge problem in communities. Pregnant mothers who drink alcohol while pregnant or being caught for possession of alcohol while being pregnant or being identified by health care workers of abusing alcohol, must be heavily penalized (do community service work) and or receive a jail sentence.
2. Liquor companies supply illegal shebeens with free fridges to make it easy to sell alcohol, that means everyone can be drawn into selling alcohol without having a lot of money
3. As a result of the high rate of alcohol abuse amongst young children, advertising must be banned and proper alcohol prevention programs must be put in place at schools, community organizations and all platforms and community spaces that young people utilize in the community. These alcohol prevention programs must start at Crèche level as well so that our children know that it is not right to use or abuse alcohol.
4. Some people get so drunk that they don't even know where their children are. If children are being abused and neglected as a result of alcohol abuse by parents, these parents must be seriously dealt with.
5. Alcohol must be clearly identified as a harmful substance such as drugs.

6. Other problems related to alcohol in communities are: Urinating in the streets, broken bottles damaging car tyres in the streets and parks where children are playing, drunkards hanging around in the parks discourage healthy social activity and as a result children are kept away from these areas for their safety, young students whose studies are disrupted by drunk parents in the home, neighborhood brawls, young inebriated school girls are abused after school by the taxi drivers who convey them home, principles have been complaining about school goers who openly drink in school.
7. The impoverishing impact on families where breadwinners spend their earnings on alcohol. For example Friday they receive pay and Monday they are broke.
8. Shebeens and outlets must be obliged to send home customers who over indulge. The amount of consumption to be limited by the vendor so that the customer does not spend his entire wages for the week.
9. A mechanism to be put in place to report alcohol abusers for social rehabilitation.
10. The high rate of fetal disposals reported in the local media.
11. The enormously high accident rate and road carnage leading to loss of life which is directly attributable to alcohol consumption.
12. The battle to eradicate poverty is undermined by the levels of alcohol abuse.
13. Doctors reporting huge weekend intakes at hospital as a result of stabbings due to alcohol consumption.
14. Traffic officers who take bribes and tamper with blood tests taken on the road.
15. Workers with a problem losing their jobs as a result of absenteeism.

**In conclusion**, the dialogues, conversations, inputs and recommendations that were made were very real, honest and emotional for people as some of the individuals disclosed intimate information of how alcohol has broken up their families and are destroying their communities. People want change and are willing to work together to better their communities they live in but they need assistance and support. This submission is a true reflection of what was captured during these dialogues, conversations and workshops and we hope that people's voices, inputs and recommendations will be taken into consideration.

Communities who participated and organisations that facilitated the series of dialogues are looking forward to the outcomes of their recommendations and input and the final Green Paper. They are hoping that the Provincial Cabinet and government, or whoever has the authority, will consider their genuine inputs and come up with much stricter regulations that are genuinely enforceable with no loopholes. They demand feedback sessions and further engagement, they claimed that this is one of the rights that they will make sure they claim, the right to a healthy environment that is conducting responsible liquor trading, as well as the right to have a say in decisions affecting their health and well-being.

## Cape Town dubbed ‘drinking capital of SA’

Western Cape / 15 March 2012, 1:24pm by Barbara Maregele



Shebeens could be relocated to business hubs in residential areas. Photo: Lulama Zenzile

Cape Town has been dubbed the “drinking capital” of the country, with a study by the Department of Health finding that more than 50 percent of its people consume alcohol – and that a third of this group abuse it. “Alcohol consumption generally leads to violence, which can be stressful, as well as people turning to alcohol when they are stressed,” said Joanne Corrigan, senior public specialist with the department. “Access to alcohol is so easy and readily available.” A beer cost the same as a cool drink, Corrigan said. The study, carried out earlier this year, also found that alcohol abuse among schoolchildren was a much bigger problem than drugs. About 66 percent of pupils in the Western Cape in Grades 8 to 10 drank alcohol. Of them, a quarter admitted to binge drinking two weeks before the study took place. “It was fascinating to note that only 2 percent of the pupils who participated admitted to using tik,” Corrigan said. Officials said violence, mental health problems and HIV/Aids were all part of a cycle driving more than half of Cape Town’s population to drink. “There are a few major factors that contribute to people drinking,” Corrigan said. “Everywhere you go, alcohol is advertised without pointing out the real dangers of irresponsible consumption.” [ barbara.maregele@inl.co.za - Cape Times]

# ACKNOWLEDGEMENTS: PARTNER ORGANISATIONS

The following organisations and people contributed to coordinating the dialogues and the final submission

<p>Prof Leslie London Jacky Thomas Fundiswa Kipido Fredalene Booysen Mayara Fontes Amina Saban</p>	<p><b>The Learning Network</b> for Health and Human Rights, is a network of civil society organizations and universities working towards identifying best practice for realizing health as a human right (see <a href="http://www.salearningnetwork.uct.ac.za">www.salearningnetwork.uct.ac.za</a>). The Health and Human Rights programme, is aimed at empowering vulnerable groups, particularly disadvantaged women, people with disabilities and female farmworkers to improve their knowledge of the Right to Health. The programme seeks to give vulnerable groups a voice and power in decision-making processes to enable them to take charge of their health and claim their rights.</p>
<p>Maurice Smithers Aadielah Maker</p>	<p><b>SAAPA:</b> A collaborative initiative between seven Southern African countries, the Southern African Alcohol Policy Alliance, SAAPA, is a network which aims to address the challenge of harmonizing and accelerating alcohol policy development in the region.</p>
<p>Anne Barron</p>	<p><b>The Women’s Circle (TWC)</b> is a network of community based ‘women’s circles’ established in 2006. TWC provides services to learning circles located in communities on the Cape Flats in the Western Cape Province. It works with grassroots groups of women in communities, working to empower women by promoting respect for women’s rights.</p>
<p>Lee-Anne Rodgers; Ricardo Titus and Lucinda Jaftas: Charmaine Pretorius Gerry Rodgers</p>	<p><b>Socio Economic Development Initiatives (SEdi) Lavender Hill:</b> SEdi is an impact vehicle which enables groups of people as families, communities, organizations and networks to connect, collaborate and share ideas, information and resources. All projects and programmes are income generated. SEdi builds communities (of practice) that embody common values needed: to strengthen relationships, establish collectives, encourage contribution, inspire growth and catalyze development, innovation and social change.</p>
<p>Mike Hamnca</p>	<p><b>Treatment Action Campaign (Western Cape):</b> The Treatment Action Campaign (TAC) is a South African HIV/AIDS activist organization. Their objectives are to campaign for equitable access to affordable treatment for all people with HIV/AIDS; campaign for and support the prevention and elimination of all new HIV infections; services for and equal treatment of all people with HIV/AIDS; challenge by means of litigation, lobbying, advocacy and all forms of legitimate social mobilization, any barrier or obstacle, including unfair discrimination, that limits access to treatment for HIV/AIDS in the private and public sector; educate, promote and develop an understanding and commitment within all communities of developments in HIV/AIDS treatment; campaign for access to affordable and quality health care for all people in South Africa; train</p>

	<p>and develop a representative and effective leadership of people living with HIV/AIDS on the basis of equality and non-discrimination irrespective of race, gender, sexual orientation, disability, religion, sex, socio-economic status, nationality, marital status or any other ground; and campaign for an effective regional and global network comprising of organizations with similar aims and objectives</p>
<p>Emily Basson Karen Roos</p>	<p><b>Women On Farms Project</b> works to promote women’s rights in farming communities, ensuring that women, are treated with respect and dignity, access services like water, electricity and basic health services, have secure employment, food, land and housing and preserve the environment for future generations, restore a healthy social life in agricultural communities. Women on Farms Project supports building of social movements of farm women, so that they organize and speak for themselves, and are able to sustain their needs. WFP educates women about their rights and participates in lobbying and advocacy activities</p>
<p>Alison Alexander</p>	<p><b>Rainbow of Hope:</b> Every day children are abused and abandoned in South Africa. For these children, emergency places of safety such as Rainbow House in Cape Town provide invaluable refuge. Rainbow of Hope (Rainbow House) operates as a place of safety for abused and abandoned children.</p>
<p>Wendy Nefdt Berenice Berry</p>	<p><b>Epilepsy SA, Western Cape</b> Branch was established in 1969 and has been running successfully for 39 years. Regional office, its protective workshops and projects has developed into a beacon of hope for people with epilepsy. Their vision is to provide integrated services that are equitable; acceptable; sustainable and people-centered with and for people with epilepsy and other disabilities and all affected by epilepsy to promote social justice.</p>