

Table 2. Further details regarding problem areas and strategies for intervention

Areas	Drinking and Driving
Highlight problem	Problems with law enforcement (capacity issues, corruption, not enough staff on duty at key times, focus on fines); judicial issues (alcometers not accepted in all provinces); community knowledge, values, attitudes, norms (not clear on standard drinks, accepting drunk driving); poor role models in government
What will it look like fixed?	Drinking and driving become socially unacceptable, decrease in crash rates, empty trauma units, less deaths
Policy solutions (priorities)	<ol style="list-style-type: none"> <li>1. Legislation (a. place stronger limits on novice drivers, e.g. 0.00g/100ml)</li> <li>2. Increase certain law enforcement practices (a. Increase random breath testing, b. compulsory testing at all crash scenes and other serious moving traffic offenses)</li> <li>3. Marketing, education and communication (a. culture of social host responsibility, b. social marketing campaign to change behaviour, c. evidenced-based school based education)</li> </ol>
Strategy to move forward (who, projects)	<ol style="list-style-type: none"> <li>1. DoTransport</li> <li>2. SAPS</li> <li>3. Various (Road Traffic Management Corporation (+provincial structures), Central Drug Authority (+provincial forums))</li> </ol>
How to know if fixed	<ol style="list-style-type: none"> <li>1. Legislation passed</li> <li>2. Increases in alcohol-related traffic offenses, then a decrease (a), SAPS data (b) ?</li> <li>3. Market research, increased use in night time taxis (a), from the evaluation (b), data on implementation from schools?????</li> <li>4. Overall: Decrease in driver deaths</li> </ol>
How to sustain	<p>Through measurement and reporting (1, 2)</p> <p>Through community leadership, involvement of public broadcasters (3)</p>
Areas	Treatment for persons convicted of DUI or arriving intoxicated at trauma units
Highlight problem	<ol style="list-style-type: none"> <li>1. No standard intervention for convicted DUIs</li> <li>2. Brief treatment not being used at opportune times, practitioners not trained, no standard intervention for convicted DUIs, families do not know help is available, trauma units over-burdened and people are not tested, hospitals unwilling to do detox</li> </ol>
What will it look like fixed?	<ol style="list-style-type: none"> <li>1. Standardised intervention programme for persons convicted of DUI will exist</li> <li>2. At any entry point in state, hospital, or law enforcement system – possible to screen and intervene</li> </ol>
Policy solutions (priorities)	<ol style="list-style-type: none"> <li>1. Redevelop and standardize alcohol/drug safety intervention programmes for persons convicted of driving under the influence of alcohol (DUIs)</li> <li>2. 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 detox and long term treatment</li> <li>3. Establish a toll free number for where people can get help</li> </ol>
Strategy to move forward (who, projects)	<ol style="list-style-type: none"> <li>1. Get drunk drivers assessed by a health/social professional post conviction, provide training to prosecutors and magistrates on how to direct persons convicted of DUI, evaluate current pilot studies for “Alcohol Safety Schools”, design standard for Alcohol Safety Schools. Department of Transport to direct, also prosecutors, magistrates</li> <li>2. NDoH, provincial health to raise issue of link of alcohol to other health priorities, need to train new people, also Department of Social Development</li> </ol>
How to know if fixed	<ol style="list-style-type: none"> <li>1. –?????</li> <li>2. Data collection at points of entry, number of health workers doing screening, brief interventions (BI), % of people presenting with alcohol problems who receive BI, nurses check off on alcohol in trauma units,</li> </ol>

	number of referrals from toll free number
How to sustain	<ol style="list-style-type: none"> <li>1. Self sustaining</li> <li>2. Sustainability: make part of standard and ongoing (CE) training curricular of target populations, advocacy by civil society orgs, Soul City, see TAC model (better organized and coordinated voice of civil society)</li> </ol>
Areas	Alcohol marketing/advertising
Highlight problem	Advertising creates new markets – e.g. young people and black people, adverts not truthful, they create the experience of reality, they encourage and legitimise drunkenness and encourage drinking excess amounts, they link alcohol to success (sports, patriotism, financial success, masculinity, positive lifestyles), they normalise alcohol consumption. No balance in the message (all from industry point of view)
What will it look like fixed?	No adverts around schools, no adverts at all, no adverts during times when children are viewing TV, responsible adverts, no adverts except in magazines dealing with hospitality industry, external regulation of content of adverts, price promotion ???? would disappear, no sports sponsorship, lively counter-advertising initiatives, age of initiation would be later, alcohol delinked to masculinity, etc.
Policy solutions (priorities)	<ol style="list-style-type: none"> <li>1. Ban <ol style="list-style-type: none"> <li>a) Alcohol sponsorship of all sporting events or at a minimum where more than 15% of the viewing audience are under age</li> <li>b) Ban dangerous products, e.g. alcopops, sachets, etc.</li> <li>c) Ban alcohol industry sponsorship of events, especially those appealing to children or families</li> <li>d) Ban alcohol industry funding of government functions</li> <li>e) Ban all alcohol advertising/marketing – distal goal</li> </ol> </li> <li>2. External regulation of alcohol advertisements (pre-approval)</li> <li>3. Physical placement restrictions, i.e. outdoor advertising near schools, libraries, playgrounds</li> <li>4. “Equal time” for public health counter-advertising, paid for by earmarked tax</li> </ol>
Strategy to move forward (who, projects)	<ol style="list-style-type: none"> <li>1. Re (sachets) make the problem visible – call enforcement authority (DTI) – give them a chance to respond – if not, call media. Undergo research to facilitate the banning of alcopops. <u>Soul City will be focusing on various policy issues – including these issues.</u> They can fit it into one legislative process/concrete project</li> <li>2. Get GCIS to mandate this process. First advocacy is required – the idea must be in the public discourse – i.e. show that what is fixed is broken – e.g. targeted research project. <u>Grant Jardine to put together a 4 page briefing paper with adverts.</u></li> <li>3. Provincial Economic Affairs is responsible.</li> <li>4. Get Alcohol Health Promotion Foundation to coordinate many of these issues, independent of commercial interests.</li> </ol>
How to know if fixed	<ol style="list-style-type: none"> <li>1. Partial restrictions – have clear plan to evaluate because often these do not happen, community monitoring – e.g. billboard counts in poor versus wealthy neighbourhoods, warning labels will include number of units, calories etc.</li> <li>2. Adverts will be appropriate.</li> <li>3. –</li> <li>4. -</li> </ol>
How to sustain	<ol style="list-style-type: none"> <li>1. Have clear plan to evaluate because often these do not happen, community monitoring – e.g. billboard counts in poor versus wealthy neighbourhoods,</li> <li>2. Community based monitoring of alcohol adverts</li> </ol>
Areas	More responsible retail sector
Highlight problem	Largely unregulated, too many, cheap products, sales to underage youth/pregnant women, intoxicated people, trading hours too long, site of

	crime, site of other criminal activities and traffic injuries, situated near roads/schools, overcrowded, SMMEs are promoted by DTI (but problems incurred by SAPS and Health), promotions which encourage heavy use, availability of homebrews with dangerous additives, public drinking, exposure to children/drinking normalized, licenses not linked to volume sold. The problem does not only reside in shebeens and taverns. It also comes from bars, clubs, airlines, etc.
What will it look like fixed?	Responsible trading, outlets regulated, no drinking to intoxication, less outlets in residential areas, sense of culture and history uncoupled from alcohol sales and abuse, less money spent on alcohol, 70-80% fewer outlets, more food sales, less access by children to alcohol, more coordinated efforts to address retail sales of alcohol in townships and other key locations.
Policy solutions (priorities)	<ol style="list-style-type: none"> <li>1. Strengthen community participation in licensing (e.g. decrease hours in problem areas, bans on selected days e.g. election days, grant payout days). Bring unlicensed outlets into regulated market</li> <li>2. Alcohol free school zones and ban alcohol use on public transport</li> <li>3. Enforce existing laws about responsible liquor sales and be proactive around training, defusing violence before it happens.</li> <li>4. Outreach and training to servers and sellers</li> </ol>
Strategy to move forward (who, projects)	<ol style="list-style-type: none"> <li>1. Engage existing structures (CPFs), make explicit community powers (Prov Econ Affairs), flood existing oversight bodies with complaints, case studies of success stories, mentor other communities, develop model policies (legislation)</li> <li>2. Voluntary action by traders, voluntary action by schools, community action, legislation, no temporary licenses in schools. Build a coalition, involving DoE, Children's Rights Organisations, Health Promoting Schools</li> <li>3. Develop action plan for safe outlets (Coalition to develop and engage DTI and Liquor Traders Association).</li> <li>4. Mandatory CE for servers and sellers linked to licensed renewal (D of Econ Affairs), take vested interests out of existing initiatives????</li> </ol>
How to know if fixed	<ol style="list-style-type: none"> <li>1. Number of complaints, register of community based bodies</li> <li>2. Schools register, publicise</li> <li>3. .?????</li> <li>4. Accreditation, line in provincial legislation</li> </ol>
How to sustain	<ol style="list-style-type: none"> <li>1. .???</li> <li>2. Community pressure</li> <li>3. Getting trade to adopt</li> <li>4. ???</li> </ol>
<b>Areas</b>	<b>Reduce physical availability of alcohol</b>
Highlight problem	Too many people trying to make a living out of alcohol (often subsistence enterprises); too much alcohol available for too much of the time; limited job/business opportunities
What will it look like fixed?	Alternative economic opportunities will exist
Policy solutions (priorities)	Stimulate alternative small business activities in other sectors
Strategy to move forward	Engage DTI, D of Labour, Big Business. Training in entrepreneurship, micro-lending, re-introduce learnerships, small business preferential bidding, BBBEE initiatives
How to know if fixed	Many new small businesses will have been set up by former traders
How to sustain	Not enough time to talk about this topic
<b>Areas</b>	<b>Increasing political will to address alcohol problems</b>
Highlight problem	Have good legislation on the books but almost all regulatory/enforcement bodies do not take a firm stand on legislation that exists, politicians do not see, to understand the impact of alcohol on their constituencies, misunderstanding between impact of alcohol versus revenue generated, alcohol misuse among some policy makers and leaders themselves, prevention not a priority, limited work place safety initiatives, sympathy for drinkers – it is almost seen as a

	game, strong producers' lobby
What will it look like fixed?	Alcohol is high on leaders' agendas; alcohol is one of the 5 priorities of our country along with HIV, poverty, etc.; there will be a government coordination body looking at these areas. If leaders are caught abusing alcohol (e.g. drinking and driving) they resign – accountability, there would be clear strategy with specific emphasis on alcohol, policy made free of commercial interests, we will have a South Africa without a crisis of alcohol, there will be funding to conduct programmes and treatment, we would have reduced violence and crime
Policy solutions (priorities)	<ol style="list-style-type: none"> <li>1. Health Promotion Foundation</li> <li>2. Raise public awareness</li> <li>3. Promote recognition of alcohol as a drug through use of language of alcohol and other drugs rather than “substance abuse,” “alcohol and drugs” etc.</li> </ol>
Strategy to move forward (who, projects)	<ol style="list-style-type: none"> <li>1. Must not be driven by industry as they have commercial interests (no industry on governing body). Aadielah Maker proposed solution which includes research sector, civil society, government (from both social and economic clusters). This small committee will explore existing institutions. Include National Council Against Tobacco (Saloojee) which has experience with tobacco legislation. <u>Bill Rogers (Addiction Action Campaign) and Aadielah Maker (Soul City) to set up small committee.</u> Then, have interest group looking on alcohol safety schools, possibly. Adius Ncube's company may be able to assist in future processes</li> <li>2. Float leading proposals to generate debate (e.g. AA's recent media release); Media campaign including emerging media such as airport advertising, smsing; outreach with the news media (SANEF specifically); Insertion of communication with the public to SARS; communication in government buildings; This should all be research driven and evidence-based. There should be formative research. Find synergies; Specific engagement with public service and administration and trade unions. <u>Soul City will institute a wellness campaign.</u> Public Opinion polls can be useful to tag on media events and give a sense of opinion of public</li> </ol>
How to know if fixed	<ol style="list-style-type: none"> <li>1. There will exist a strong body with terms of reference; The body will be part of the convention initiative.</li> <li>2. We will see it.</li> </ol>
How to sustain	<ol style="list-style-type: none"> <li>1. Funding</li> <li>2. Health promotion foundation and community action</li> </ol>