

**COVID-19 AND THE BAN OF ALCOHOL SALES
IN SOUTH AFRICA: A CRITICAL OVERVIEW****Patrick Bashizi Bashige Murhula¹ and Reema Nunlall²****ABSTRACT**

In response to the COVID-19 pandemic, similarly to countries worldwide, the South African government initiated several measures to slow down the spread of the virus. One such measure was a total lockdown for several weeks across the country. A total lockdown meant ceasing operations of several businesses including the alcohol industry. The ban on the sale and distribution of alcohol in South Africa revealed complex and unexpected outcomes largely related to medical, ethical, economic, legal and social dimensions. Three primary viewpoints emanated from the ban of the sale of alcohol, namely: i) public health perspective; ii) human rights perspective; and iii) a criminological perspective. Public health dilemmas stemming from the COVID-19 pandemic were to reduce the spread of the virus. The human rights-related dilemmas centred around whether the South African government had the right, in a democratic country, to infringe on individual autonomy on the grounds of public health. In addition, the criminological perspective saw the re-emergence of criminological exploration of the link between alcohol and crime. A qualitative desk study to provide a holistic view on the ban of alcohol sales from the three identified perspectives was conducted. The resulting discussion was informed by the Theory of Harm Reduction. While the study demonstrated that the limitation of certain rights during the lockdown period was in accordance with the South African Constitution and international human rights law, further discussion led to the conclusion that the alcohol sales ban during the lockdown had several policy implications.

Keywords: *COVID-19; societal lockdown; South Africa; alcohol ban; public health; human rights; crime; Harm Reduction Theory.*

INTRODUCTION

The novel coronavirus (COVID-19) disease outbreak was declared a public health emergency of international concern on 30 January 2020 and on 11 March 2020 declared as a global pandemic. The deadly COVID-19 affects the respiratory system, which is caused by the coronavirus and spreads from person to person mainly via respiratory droplets produced by an infected person. Numerous restrictions were imposed to slow down the spread of the virus and to ‘flatten the curve’ in affected countries. Many countries, including South Africa, followed the measures recommended by the WHO to reduce the spread of the disease and enforced a ‘total lockdown’ (World Health Organisation (WHO), 2020(a): np).

A total lockdown meant stringent restriction of movement as a means to reduce human contact. South Africa was viewed as an example of the more restrictive interventions. Accordingly, on 26 March 2020 a 21-day nation-wide lockdown was instituted with all businesses and other entities having to cease all operations. The exception to this was for businesses involved in manufacturing and the supply of essential goods and services (The Presidency, 2020(a): np).

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The sale of alcohol did not fall under essential goods and was, therefore, banned. However, in several North American and European countries, alcohol was declared an essential product as part of a harm reduction approach for people with alcohol dependence (Neufeld, Lachenmeier, Ferreira-Borges & Rehm, 2020: 1907).

In South Africa, the hashtag #AlcoholHasFallen circulating on Twitter expressed the public's responses regarding the medical, economic, and human rights' dimensions of the ban of the sale of alcohol. Concerns during the lockdown about rising crime rates, such as: looting of liquor stores; illegal alcohol sales; high-risk behaviour; increases in gender-based violence (GBV); and police brutality, were also highlighted by the media. The diverse response to the alcohol sales ban highlights the complexity of the issue. On one end, governments have to deal with society's safety by way of compulsion and control of the sale and consumption of alcohol to stop the spread of the virus, while on the other end have to try to ensure that human rights are not violated. Therefore, the present article attempts to add to the emerging discussion on the ban of alcohol sales in South Africa during the COVID-19 pandemic lockdown. The aim is to provide a holistic view on the ban of alcohol sales during the COVID-19 pandemic in South Africa from public health, human rights, and criminological perspectives. Public health dilemmas around this situation are to reduce the spread of COVID-19. The human rights-related dilemmas are centred around whether the South African government has the right to impinge on individual autonomy on the grounds of public health. The criminological perspective is concerned with outlining the link between alcohol and crime. The primary question posed for the discussion in this article was: What are the implications of the ban of alcohol sales in South Africa?

In order to present the aim in a logical format, an overview of the COVID-19 pandemic and the ban of the sale of alcohol in South Africa are firstly provided. This is followed by the theoretical framework section which presents an overview of the theory that informed this article's discussion, namely: the Harm Reduction Theory. Next, the research method employed was outlined. Lastly, the findings of the study are presented and discussed, and policy considerations are proposed before some conclusions are drawn.

COVID-19 IN SOUTH AFRICA

The African continent reported the first case of COVID-19 in February 2020, just a few months after the first case was announced in Wuhan City in China in December 2019 (WHO, 2020(a): np). On 5 March 2020 the first case of COVID-19 was confirmed in South Africa by the National Institute for Communicable Diseases after a thirty-eight-year-old man returned from a trip to northern Italy. By 15 March, South Africa had 61 confirmed cases of people infected with the virus (WHO, 2020(a): np). On Sunday 15 March 2020, the South African president, Cyril Ramaphosa, acknowledging the severity of the virus, the need to protect the people of South Africa and to reduce the impact of the virus on society, declared the COVID-19 pandemic to be a national disaster (Department of Co-operative Governance and Traditional Affairs, 2020(b): 4). As part of South Africa's COVID-19 Disaster Management Strategy, initial steps to reduce the spread of the disease included, amongst others: restriction of international travel; cancellation of visas to visitors from high-risk countries, such as: China; Italy; Iran; South Korea; prohibition of gatherings; closure of schools and partial care facilities; and the limitation on the sale, dispensing or transportation of alcohol (Department of Co-operative Governance and Traditional Affairs, 2020(a): 12). Owing to the increase in confirmed cases from 61 to 402 cases over an eight-day period, the South African President announced a nation-wide lockdown as a means to "flatten the curve" and reduce the spread of the virus. The lockdown, starting from 26 March 2020, was

initially planned to last for 21 days, but was later extended for a further two weeks (The Presidency, 2020(a): np).

The nation-wide lockdown was introduced on the five-level COVID-19 alert system to manage the gradual opening up of the economy in South Africa. Under the Risk-Adjusted Strategy, the level of lockdown was determined by several criteria, including, amongst others, the level of infection and transmission rate and the capacity of health facilities (The Presidency, 2020(b): np). On 26 March 2020 Level 5 was implemented, which meant that all businesses and other entities had to cease operations, except for those involved in the manufacturing, supply, or provision of essential goods and services. Subsequently, Level 5 was extended for a further two weeks. Under Level 5, the sale of alcohol and the manufacturing of alcohol did not fall under essential goods, and, therefore, was prohibited.

From 1 May to 31 May 2020 South Africa moved to Level 4, which allowed some activity to resume in such sectors with a low rate of transmission and high economic or social value. On 1 June 2020 the government lowered the alert level to Level 3 which meant that the ban on alcohol sales was revoked but only to be sold under strict conditions and on specific days. However, on 12 July 2020, without any prior warning, the government reinstated the ban on alcohol sales. In the President's Address to the Nation, he stated that the resumption of alcohol sales had resulted in significant pressure being put on hospitals, including trauma and intensive care units, due to motor vehicle accidents and violence. To conserve hospital capacity, the government decided that the sale, dispensing and distribution of alcohol would be suspended with immediate effect (The Presidency, 2020(c): np).

The Southern African Alcohol Policy Alliance in South Africa (SAAPASA) supported the prohibition of the sale and distribution of alcohol and highlighted three key reasons, namely:

- i) restricting the sale of alcohol would help behavioural changes, since it would assist in people practising social distancing. In South Africa, alcohol is accessed in areas where people reside, and when accessed from '*shebeens*'¹ the risk of spreading the virus is high due to the lack of physical distancing and the lack of running water – for washing of hands – in such facilities (Diedericks, 2020: np).
- ii) South Africa has a high prevalence rate of HIV-positive individuals (Statistics South Africa, 2019: 28) and a high estimate of tuberculosis burden (WHO, 2019: 22), both of which means that a high percentage of the population are at increased risk of COVID-19 since their immune systems are weak. Consumption of alcohol by those individuals can further compromise their immune systems, which again makes it easier for them to contract COVID-19 and possibly die.
- iii) The use of alcohol increases tensions, which may result in violent confrontations and increase incidents of domestic violence, especially when under stress and having to stay home (under the lockdown) may raise tensions between people in home confinement. Diedericks (2020: np) also recognised the binge drinking culture in South Africa, which impacts on inhibitions and judgement resulting in such drinkers to often fail to comply with the protective measures in place during COVID-19 lockdown – for instance social distancing and mask wearing – and in such social binge-drinking situations it is a norm for people to share drinking bottles and glasses, thereby increasing the risk of spreading COVID-19.

The consequences of the ban on alcohol sales in South Africa were demonstrated by news headlines. A wave of attacks and looting of liquor stores became a common occurrence. Illegal alcohol sales amplified with a growing black market for alcohol. Examples of high-risk behaviour were also reported in the media which was highlighted by: rising crime rates; loss of jobs; loss in taxes; and police brutality toward people who were drinking in public. For instance, during the first ban on the sale of alcohol, 16 liquor stores in the Western Cape were broken into and looted (Hlati, 2020). Furthermore, the ban on the sale of alcohol led to a fully functioning illegal alcohol market estimated at over R13 billion a year with an annual tax loss of R6 billion to the fiscus. The ban on the sale of alcohol offered criminals an opportunity to grow their illicit activities which resulted in further losses for the legal trade (Ndlovu, 2020: np).

Furthermore, according to alcohol industry organisations, the ban of alcohol sales in South Africa placed constraints on international trade. South Africa ranks eighth in overall volume production of wine and produces 3.3 percent of the world's wine. In 2018, South Africa exported R9.1 billion worth of wine, a volume of 420.2 million litres (6.3%) with the United Kingdom being the lead export market, followed by Germany. In 2015, approximately 300 000 people were employed both directly and indirectly in the wine industry (Wines of South Africa, 2019: np). The alcohol sales ban resulted in 18 000 job losses in the wine industry (Allcock, 2020: np). The multinational brewing and beverage company Distell reported 118 000 jobs lost and approximately 800 small and medium-sized alcohol liquor manufacturers faced bankruptcy as a result of the alcohol sales regulations (ANA Reporter, 2020: np). The consequence of the alcohol sales regulation posed long-term challenges, such as: increased levels of crime. Research has shown poverty and unemployment to be linked to violent crime, such as: domestic violence (Msibi, 2017: 2; Peprah & Koomson, 2016: 227). Unemployment is also a cause of many other conflicts noted in South Africa, such as: xenophobia and violent confrontations (Mamabolo, 2015: 143).

THEORETICAL FRAMEWORK: HARM REDUCTION THEORY

Harm Reduction Theory is a public health approach that emphasises reducing the negative effects of drug use rather than eliminating drug use or attaining abstinence (Riley, Sawka, Conley, Hewitt, Mitic & Poulin, 1999: 10). It is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs. Harm reduction incorporates a spectrum of strategies that includes: safer use; managed use; abstinence; meeting people who use drugs; and addressing conditions of use along with the use itself. Since harm reduction demands that interventions and policies be designed to serve people who use drugs by reflecting specific individual and community needs. However, there is no universal definition of, or formula for, implementing harm reduction (National Harm Reduction Coalition, 2020: 1).

Harm reduction has been adopted around the world to mitigate the effects of epidemics and emergencies, such as: the HIV/AIDS pandemic and hepatitis outbreaks, on people who use drugs and the broader community (Schlosser & Harris, 2020: 1). In the face of the COVID-19 pandemic, a significant consequence of the pandemic is the way that individuals, communities, and organisations have been forced to rethink and change their lifestyle. For instance, by looking at the unavoidable harms involved in consuming (abusing) alcohol during the initial phase of the COVID-19 pandemic, the South African government applied a harm reduction approach to reduce the spread of the COVID-19 during levels 5 and 4 of the lockdown by prohibiting alcohol sales. This recommendation, however, affected human rights and the health of people who consume alcohol. However, at the same time, the harm reduction approach applied by the government provided several possible tactics to reduce alcohol consumption and risky behaviours by South Africans, including policy reformulation.

RESEARCH METHODOLOGY

To fulfil the aim of this article, a qualitative research approach was adopted. This approach was influenced by Patton's (2002: 4) understanding of optimum qualitative research, whereby qualitative findings grow out of three kinds of data collection, namely: i) in-depth, open-ended interviews; ii) direct observation; and iii) written documents. In the case of this paper, the source of information came solely from written documents (secondary data). The motivation for using secondary data rests largely with the fact that the COVID-19 pandemic was an unprecedented event and the first step for action research is the exploratory phase. The aim was to conceptualise the outcomes surrounding the ban of the sale of alcohol and thereby to improve the understanding of the impact the COVID-19 pandemic regulations had in South Africa.

Since this research falls under basic research, the criminological; sociological; psychological; human rights; and public health literature on the COVID-19 pandemic and alcohol sales ban, was reviewed. Research articles were found through online searches in a variety of databases, namely: EBSCOhost; *Google Scholar*; Science Direct; and Research Gate. Websites such as those maintained by the United Nations (i.e., WHO) were consulted. In addition, national and international newspaper archives were also explored. Search terms used were: pandemic; coronavirus; COVID-19; alcohol, alcohol ban; South Africa; human rights; human rights' experts; health; public health; and health experts. Many of these terms relate specifically to the aim of this study. Inclusion criteria were applied to narrow down the number of articles found to those most relevant to the study. Studies, emphasising the possible impact of the spread of COVID-19 due to the sale of alcohol, were also included in this review. Exclusion criteria were unpublished studies.

Trustworthiness was addressed by selecting articles from reliable sources, such as: the United Nations websites and accredited academic journals. Media articles that are known to be South Africa's leading news sites (e.g., *IOL*, *Daily Maverick*) enhanced the accuracy and veracity of the findings. In addition, multiple data sources were cross checked for consistency purposes. Since the study did not involve human subjects and based on secondary sources, no ethical dilemmas were faced by the authors.

In the study, a deductive content analysis approach for the data analysis was used. This was as a result of utilising previously undertaken research, theories, and conceptual frameworks to formulate the ensuing discussion. Deductive content analysis helps to enhance existing knowledge and generate new insight for action research, more specifically policy development. The analysis was done manually through organising the secondary data into codes relevant to the selected topic, which were then interpreted and discussed. The next section presents findings and discussion to the primary research question: What are the implications of the ban of alcohol sales in South Africa on public health, human rights and crime?

FINDINGS AND DISCUSSION

This section presents and discusses the findings of the study conducted to provide views on the alcohol sales ban during the COVID-19 pandemic in South Africa. The discussion is presented under three themes, namely: i) public health perspective on the ban of alcohol sales; ii) human rights perspective on the ban of alcohol sales; and iii) the criminological perspective on the ban of alcohol sales. Furthermore, the discussion is based on the Harm Reduction Theory.

Public health perspective on the ban of alcohol sales

The fundamental public health-based approach to limit the spread of COVID-19 was to prohibit the sale of alcohol during the lockdown in South Africa, which was largely a protective measure. Public health is the "science and art of preventing disease, prolonging life and promoting health

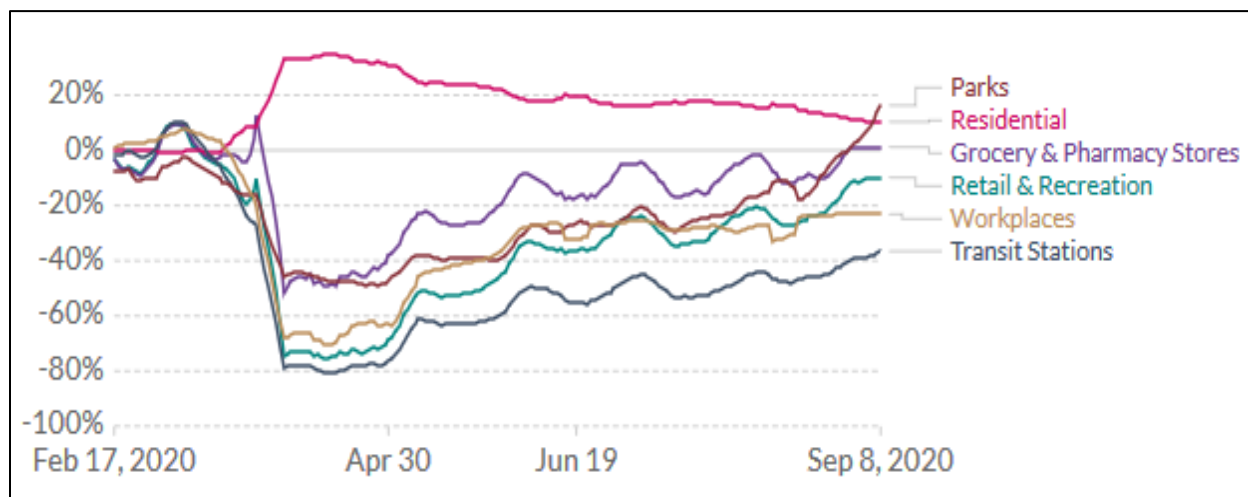
through the organized efforts of society” (Acheson Report, 1988: 1). Harm reduction is described as being rooted in public health, which is a set of policies to prevent a certain disease, such as: AIDS (Hunt, 2004: 232), and during COVID-19 pandemic, to reduce the spread of the coronavirus. Two sub-themes that were considered fundamental by the South African government to reduce the spread of the virus under the public health perspective were identified, namely: reduced hospital admission; and increased social distancing.

Reduced hospital admission

The South African government imposed the ban on the sale of alcohol during levels 5 and 4 of the lockdown as a harm-reduction approach to reduce the spread of COVID-19. The harm-reduction approach to alcohol aims to diminish the negative consequences of intoxication which can lead, in the case of COVID-19, to an increased risk of spreading the virus. For instance, under the influence of alcohol, people may not follow protective measures, such as: social distancing; wearing facemasks; and performing frequent hand hygiene, to stop the spread of COVID-19. Further, patient admission contributes to hospital overcrowding, and during the COVID-19 pandemic, increase the risk of transmission of the virus between patients and staff (Nematundani, Moosa, Parry, Moeng, Nodikida, Matzopoulos, Smithers, Nicol & Besada, 2020: 3).

Besides, harm reduction was an efficient approach, since it often focuses on minimising heavy-drinking occasions and its negative consequences on the health system. For instance, according to Parry (2020(a): 5), there is evidence that the ban of alcohol sales eased the burden on the health care system. Trauma presentations at hospitals were reduced by more than a third in many of the provinces. For example, in the: Eastern Cape; Gauteng; KwaZulu-Natal; and the Western Cape (Maliba, 2020: np). This permitted health practitioners to be able to focus more on COVID-19 patients. For instance, in the Eastern Cape, in the two-week period after the start of lockdown on 27 March 2020, a 40 percent drop in emergency medical services calls were recorded (Ellis, 2020: np). The drop in emergency calls when compared to the 2019 statistics for the same period, showed ambulances attending to 24 motor vehicle accidents and 42 shootings, which could be directly attributed to alcohol use (Ellis, 2020: np).

However, while South Africa saw a decline in hospital admissions during levels 5 and 4 of the nationwide lockdown, medical experts were uncertain whether to give all the credit to the alcohol sales ban. Instead, it is more likely that the reduction of patient numbers was due to the limitation of movement under this period, which prevented people from interacting, getting into conflict situations, and travelling on the roads. Furthermore, it was noted that South Africa’s drop in trauma cases under levels 5 and 4 of the lockdown was in line with other countries that also implemented tight lockdowns but did not ban the sale of alcohol. In England for instance, there was a 25 percent reduction in general accident and emergency presentations at hospital services in the week following the implementation of their national lockdown (Thornton, 2020: 369). Jenkins (2020: np) reported a 23 percent reduction in the number of orthopaedic surgeries performed for trauma at his hospital in Glasgow in the week following the implementation of the lockdown measures in Scotland. Sound judgment would suggest that, where physical movement and congregating are limited, the likelihood of traffic accidents and violence drops. The mobility of South Africans to different places, such as: transit stations; workplaces; as well as retail and recreation sites, during lockdown decreased significantly (Anon., 2020: np) (as shown in Figure 1 below), and this can also be one of the reasons of the decrease of hospital admissions.

Figure 1: Mobility of South Africans during lockdown due to COVID-19

(Source: Anon., 2020: np).

Increased social distancing

The term ‘social distancing’ basically means one needs to keep their distance from others. This includes avoiding public spaces, such as: shopping malls; social events; as well as recreational areas, where people usually gather. One needs to avoid handshakes, hugs and other forms of direct physical contact, as well as keeping a distance of at least two metres from others. This practice is particularly important to stop the spread of COVID-19 pandemic where the virus spreads from person-to-person via an infected person spreading droplets into the air through sneezing or coughing or by coming into contact with a surface that has been infected with the virus (WHO, 2020(a): np).

Recognising the popularity of alcohol in South Africa and its relation to social interaction, banning the sale of alcohol meant less gathering at places where alcohol is sold thus reducing the chance for the person-to-person transmission of the virus. The rationale in South Africa for implementing stricter measures was founded partly on alcohol’s role in undermining social distancing and compromising immune response. For instance, in enforcing the second ban of alcohol sales, the government ‘scolded’ South Africans who had been hosting parties, contravening lockdown regulations and thereby contributing to the spread of the virus. Therefore, liquor stores and bars across the country were asked to shut down. The ostensible reason was to avoid congregation since, with consumption of alcohol, people become ‘less careful’ and ‘less responsible’ which could then lead to a sudden spike in COVID-19 cases. Furthermore, South Africa has several townships where many people, mostly poor, live in relatively congested conditions. These townships have taverns and ‘*shebeens*’ where people congregate and drink alcohol without respecting social distancing and other anti-COVID-19 preventative measures.

Human rights perspective on the ban of alcohol sales

Alcohol is a legal drug in South Africa and its consumption is a matter of personal choice. Within a democracy, the choice to consume alcohol is a fundamental right. However, section 36 of the Constitution of the Republic of South Africa states that the rights embedded in the Bill of Rights may be limited only in terms of the law of general application to the extent that the limitation is reasonable and justifiable in an open and democratic society. Furthermore, international human rights law recognises that during serious public health threats and public emergencies threatening

the life of a nation, restrictions on some rights can be justified (Human Rights Watch, 2020: np). But they must have a legal basis; be strictly necessary; be based on scientific evidence; be neither arbitrary nor discriminatory in the application; of limited duration; respectful of human dignity; subject to review; and proportionate to achieve the desired objective.

In terms of the COVID-19 pandemic, according to human rights experts, the ban on the sale of alcohol was justifiable since it helped to prevent the spread of the COVID-19 (France & Dewhurst, 2020: np). However, the ban in South Africa during the lockdown on the sale of alcohol led to different reactions. South Africa came under a lot of criticism since several countries across the world, while also going into lockdown, allowed the sale of alcohol. Based on the scientific evidence from some human right activists, Canada, in comparison to South Africa, responded to the pandemic by expanding consumer choice, and ensuring that Canadians would continue to have access to alcohol during the lockdown. Ontario, which is Canada's largest province, declared that their state-owned liquor stores were essential, mandated that they remain open throughout the lockdown, and even went so far as to liberalise the hours of sale to offer consumers more choice and to avoid overcrowding (Clement & Van Staden, 2020: np). According to Nadkarni, Kapoor and Pathare (2020: 3), the human rights dilemma that forced the withdrawal of alcohol from alcohol-dependent individuals on the grounds of public health during a pandemic is neither appropriate or proportionate especially since adults have the right to live life as they wish, provided they do not violate the rights of others.

Furthermore, questions have been asked by experts whether the ban on the sale of alcohol is truly a public health measure as part of reducing the spread of the virus or is it based on the prohibitionist drug policy. According to law expert, Prof Pierre De Vos, it was based on both public health measures and prohibitionist drug policy. The ban was authorised by the Disaster Management Act and, so long as it is rationally related to reducing the spread of COVID-19, it was valid. De Vos argued that based on the rising of COVID-19 cases and the increasing number of people being admitted to hospital, it was likely, in the eyes of the government, a rational decision to ban the sale of alcohol. De Vos further argued, however, that the decision to stop the sale of alcohol during Level 5 of the lockdown, when cases were low, could be invalid and also contributed to the backlash the government faced from the public, since the ban was not necessary to deal with the destructive effects of COVID-19 and may have been invalid. In addition, De Vos stated that the Level 5 ban may also have been a strategic mistake, since it may have contributed to the public hardening of attitudes towards the lockdown, thus, in the eyes of the public, turning a public health emergency into a matter of human rights violation (Mlambo, 2020: np).

The sole credible purpose of the public health and prohibitionist's argument, namely: reducing the spread of COVID-19 and protecting the wellbeing of South Africans, could be achieved, during the Level 5 of lockdown, without violating the rights of people who consume alcohol. Thereby, the government could encourage responsible drinking instead of prohibiting the sale of alcohol. Encouraging responsible drinking is admittedly a broad claim and a vague objective, thus the South African government could have laid out a few steps that could be achieved in this direction. These steps refer, namely to:

- i) during the State of Emergency the government, could have licensed the consumption of alcohol and imposed penalties (as is done in Australia) for any sale or assistance in the sale of alcohol to anyone who is unduly intoxicated;
- ii) the sale of alcohol could be capped, to prevent excessive drinking.

With seven percent of South African adults suffering from alcohol use related disorders and two percent are physically or psychologically dependent on alcohol (WHO, 2018: 102), the implications of prohibiting the sale of alcohol could have resulted in alcohol-dependent persons experiencing alcohol withdrawal symptoms; impulsively harm themselves out of frustration; or consume illicit or non-consumable alcohol, making any consumption of alcohol more dangerous for their health (Nadkarni et al, 2020: 3). Alcohol withdrawal syndrome (AWS) commonly occurs after intentional or unintentional abrupt cessation of heavy and constant drinking. Although the common symptoms of AWS include tremors, excessive sweating, nausea etc., 15 percent of those experiencing AWS develop more severe symptoms, such as: epileptic seizures and delirium tremens (Chan, Hoffman, Gold, Whiteman, Goldfran & Nelson, 2009: 1). In the COVID-19 lockdown situation, applying a harm-reduction principle would provide a way of resolving these dilemmas and could avoid the government violating the rights of its citizens to consume alcohol during the Level 5 of lockdown where cases of COVID-19 were low.

Criminological perspective of the alcohol sales ban during the COVID-19 pandemic in South Africa

The alcohol sales ban also brought to the fore the criminological exploration of the link between alcohol and crime. There is evidence to suggest that alcohol use correlates with the perpetration of several types of crime, such as: violent attacks; murder; family and domestic violence; and inter-partner violence (Mayshak, Curtis, Coomber, Tonner, Walker, Hyder, Liknaitzky & Miller, 2020: 12; Lancia, Suadoni, Rosati, Franceschetto, Cirocchi & Carlini, 2019: 2; Bennett & Holloway, 2018: 4502; Davis, Rotheram-Borus, Weichle, Rezai & Tomlinson, 2017: 177).

Since 27 March 2020 the imposition of the ban on alcohol sales as part of lockdown measures to reduce the spread of COVID-19 significantly decreased the crime rate of reported crime in South Africa. As indicated in Table 1 below, during the first quarter of 2020, the South African Police Service (SAPS) crime statistics indicated major decreases in most of the crime categories when compared to the same period in 2019. However, the deployment of the military forces and an increase in police presence could have attributed to the decrease of specific crimes in South Africa. It was, however, highlighted by INTERPOL that criminals will exploit the COVID-19 pandemic and a spike in counterfeit medical products, fraud and cybercrime subsequently occurred (De Coning & Rupiya, 2020: np).

Table 1: Case difference between 27 March to 19 May 2019 and 27 March to 19 May 2020

Crime	Percentage change
Murder	-63.9 %
Rape	-82.8 %
Attempted murder	-56 %
Assault GBH	-80.4 %
Robbery with aggravating circumstances	-63.6 %

(Source: South African Police Service (SAPS), 2020: 8).

At the time, according to the Minister of Police, Bheki Cele, the decrease in the crime rate in South Africa was primarily attributed to the ban on alcohol sales. However, after the retraction of the ban on the sale of alcohol on 1 June 2020, the Minister noted an increase in murder and GBV. Cele cited a mass shooting in Jabulani in Soweto and two gender-based murders, as well as

the spike in trauma cases at two Cape Town hospitals (Grobler, 2020: np). However, when one looks at contact-related crimes during the lockdown period, such as: murder; rape; and assault, one cannot discard the contribution of the restriction of movement to the reduction in those crimes. Sexually-related crimes, however, pose additional challenges including the lack of reporting. In addition, given the restriction of movement, access to police or any reporting channels could have influenced the decrease in the rate of reported rapes. What is, however, certain is that alcohol plays a significant role in the victimisation or perpetration of sexual violence, and female homicide (Movendi International, 2019: np; Mathews, Abrahams, Jewkes, Martin & Lombard, 2009: 323). During the 2019/20 financial year, 348 rapes, 6 298 common assault, 11 128 assault with intent to cause grievous bodily harm (GHB), 838 attempted murders, and 844 murders occurred in liquor outlets (shebeen/tavern/pub/night clubs/bars) (SAPS, 2020: 8-9). Crime undermines public safety and if controlling alcohol availability during lockdown was in the interest of the public good it suggests that the impact of alcohol has become apparent for future response to alcohol-related crimes (Matzopoulos, Walls, Cook & London, 2020: 1).

There is a wealth of research coming out of South Africa indicating a very strong association between alcohol, crime and injury (Parry, Morojele & Jernigan, 2008: 2). A study on the relationship between alcohol use and specific crimes was carried out by the Medical Research Council and the Institute for Security Studies in Cape Town, Durban and Johannesburg in three phases between 1999 and 2000 (Parry, Plüddemann, Louw & Leggett, 2004: 167). The primary focus of the research was the link between drug use and crime, but arrestees in the three cities were also asked whether they were under the influence of alcohol at the time that the alleged crime took place. Overall, for 15 percent of the alleged crimes, arrestees indicated that they had been under the influence of alcohol. Regarding violent offences, arrestees indicated that they were under the influence of alcohol for 25 percent of weapons-related offences; 22 percent of rapes; 17 percent of murders; 14 percent of assault cases; and ten percent of robberies. Levels of alcohol-related crime were particularly high for family violence offences at 49 percent (Parry et al, 2008: 2). Arrestees also indicated that they were often under the influence of alcohol in cases involving property offences. For example: 22 percent of cases involving housebreaking and 12 percent of cases involving the theft of a motor vehicle. When asked why they consumed alcohol or other drugs in relation to crimes, many arrestees indicated they consumed these substances to give them the courage to commit the crimes (Parry et al, 2008: 3).

Despite the decrease of certain categories of crime due to the ban on the sale of alcohol, it is unfortunate that South Africa saw an increase in GBV during the same period of lockdown (27 March to 19 May 2020), since many victims were left vulnerable and in danger within their own residence. A shocking 2 320 calls and complaints were registered within the first five days of the lockdown. The numbers were concerning, since it was 37 percent higher than the weekly average when compared to 2019, and the concern needed to be addressed, since the numbers continued to rise. Nearly 148 suspects were charged, and the Family Violence, Child Protection and Sexual Offences Units at police stations were asked to be ready with full capacity to respond to future complaints (Trellidor, 2020: np).

Furthermore, due to the ban of alcohol sales, there was an increase in violence against civilians by security forces enforcing the ban of alcohol measures. One such example is the online and in-person protests over the death of Collins Khosa. Khosa was found to have died from blunt force trauma to the head after the members of the South African National Defence Force entered his home and violently assaulted him, suspecting he was drinking alcohol in his yard (Trippe, 2020: np). It is evidenced that the debate around alcohol is a multi-faceted one, one that requires ongoing research for intervention purposes.

POLICY CONSIDERATIONS

The ban of the sale of alcohol in South Africa under COVID-19 lockdown regulations makes one revisit the discussion around alcohol and public health. The emerging discussion on the sale of alcohol is related to the long-term public health, safety and well-being of the people of South Africa that existed prior to COVID-19. In 2015, 62 300 adults died from alcohol-attributed causes in South Africa (Reuter, Jenkins, De Jong, Reid & Vonk, 2020: 25). South Africa is also regarded to have one of the riskiest patterns of alcohol consumptions in the world with 29.9 litres of pure alcohol consumed in 2018 alone and 65.4 percent of drinkers engaged in heavy episodic (binge) drinking (WHO, 2018: 102). The high alcohol consumption in South Africa highlights a festering problem that has long been ignored by the government, namely: South Africa is ranked 14th lowest in terms of restrictions on alcohol (Reuter et al, 2020: 1). Moreover, legislation has always been side tracked, for example, the 2013 Control of Marketing of Alcoholic Beverages Bill has yet to be passed.

It is evidenced that the ban on the sale of alcohol in South Africa has direct policy implications. More so the ban offers the South African government ways to revise and pass laws relating to the consumption and sale of alcohol. The 2016 Liquor Amendment Bill, the 2020 Road Traffic Amendment Bill and the 2013 Control of Marketing of Alcoholic Beverages Bill are some of the relevant laws that should be reviewed by the government. The 2016 Liquor Amendment Bill is concerned with better regulating the marketing of alcohol products and aimed to reduce exposure to minors, raising the drinking age to 21 years and forbidding liquor licenses to premises at petrol stations, near public transport facilities, within 500 metres of schools, places of worship or substance abuse treatment centres. The 2020 Road Traffic Amendment Bill aims to reduce to zero the maximum blood alcohol content (BAC) levels for drivers. The 2013 Control of Marketing of Alcoholic Beverages Bill aims to prohibit the marketing of alcoholic beverages (Parry, 2020(b): np). The Southern African Alcohol Policy Alliance in South Africa also called on the South African government to fast-track legislation to introduce permanent measures to reduce alcohol-related harm which will contribute to the long-term protection of the public health, safety and well-being of all South Africans (Southern African Alcohol Policy Alliance in South Africa (SAAPSSA), 2020: 56).

From a harm-reduction approach the South African government could also reduce alcohol-related harm by introducing a policy on alcoholism treatment programmes. This is fundamental in South Africa when one weighs in on the drinking population, since South Africa is regarded as having one of the riskiest patterns of alcohol consumption in the world (WHO, 2018: 102 & 181). According to the harm reduction approach, alcohol prevention and treatment programmes do not require complete abstinence, as was the case during levels 5 and 4 of the lockdown, but instead aims at training consumers to control their drinking habits (National Harm Reduction Coalition, 2020: 1). Such programmes generally are aimed at drinkers whose alcohol use is becoming a cause for concern because of alcohol-related problems, rather than at severely alcohol-dependent drinkers. Providing a controlled-drinking programme as a treatment alternative for people with alcohol problems is considered a harm-reduction measure, although it has been argued that harm from drinking is eliminated, not merely reduced if drinking is controlled successfully. In many ways, the often-acrimonious debate concerning controlled drinking versus abstinence as a treatment goal for people with alcohol problems parallels the conflict between harm-reduction and zero-tolerance approaches in alcohol use prevention. In each case, the former option makes allowances for (or at least tolerates) the continued use of alcohol, while the latter (i.e., abstinence and zero-tolerance) violate the rights of the consumers because it aims to halt use altogether.

CONCLUSION

On 29 March 2020, as part of its public health response to contain the spread of COVID-19, the South African government implemented a ban on the sale of alcohol. The ban faced unrelenting opposition from the beginning of its enforcement since it was felt that the South African government had impinged on individual autonomy (freedom of choice) on the grounds of public health. However, in terms of the South African constitution, all rights can be limited. The limitation of certain freedoms, such as: alcohol consumption and sales during the lockdown period, is in accordance with section 36 of the Constitution. Such limitation does not violate the rights of South Africans, since stopping the spread of the COVID-19 virus takes precedence. In the long-term, alcohol sales in South Africa need to be monitored to prevent a subsequent surge in drinking and its negative consequences in society. The balance between the contribution to society and the economic and social costs of alcohol use and, in particular, the harmful use of alcohol, is not straightforward, since, in addition to the economic contribution from alcohol, some even posit potential health and social benefits from responsible drinking. This creates the possibility of an optimal level of alcohol consumption for some individuals and society in the aggregate. The government has an important role in achieving this balance by developing policy and regulating the industry and consumers in such a manner as potentially to achieve these optimal levels or at least to move towards them. This is a difficult balance and one that must consider a number of important political, economic and social factors.

ENDNOTES:

1. An unlicensed or illegally operated drinking establishment (tavern or bar/pub).

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