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Stakeholder narratives on alcohol governance in the Western Cape: the socio-spatial 'nuisance' of drink

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This paper examines, on one hand, the current regulatory environment in relation to alcohol retailing and consumption in South Africa's Western Cape. On the other, it explores how stakeholders of such regulations formulate, comprehend and act upon the 'problem' of drinking. As a result, the paper aims to tease out the discrepancies between what is *said* (of alcohol by policy-makers) and what is *done* (about alcohol within policy) through the conceptual lens of alcohol as 'nuisance'. It does this in order to: (1) deepen current empirical engagements with alcohol control policies in South Africa and the Global South; (2) explore what stakeholders 'know' or believe about the drinking practices that they seek to regulate and (3) highlight the dynamic tensions between what is said and what is done. In so doing, the paper contributes novel empirical data to the growing cannon of geographical engagements with drinking practices and policies by situating its analysis in the context of the Western Cape. As a result, the paper marks out an original contribution to the multidisciplinary field of critical alcohol studies, as well as South African geographical research.

Keywords: alcohol control; governance; policy; interviews; public health

Introduction

Alcohol represents a particularly 'wicked problem' (Pennay, 2012; Rittel & Webber, 1973) which, through its 'dynamic complexity … defies the confines of established "stovepiped" systems of problem definition, administration, and resolution' (Weber & Khademian, 2008, p. 336). In this sense, alcohol is a 'stubborn' and 'tenacious' urban governance problem (Rittel & Webber, 1973) as it demands policy responses that cut across the traditionally 'siloed' health, development, social and cultural, legislative, policing, educative and economic sectors. This need for strategic elision is in stark contrast to the manner in which alcohol is often conceptualised as a problem *of* (for example) social disorder, crime, injury or liver disease; or a problem *for* certain high risk groups, drinking hot spots or tax revenue (Kneale & French, 2008). Alcohol is a tenacious governance challenge not simply because of its cross-departmental nature, but also because its construction and definition as a problem almost always involves a relational judgment of who, what and where needs to be regulated. As Petticrew et al. (2009, p. 454) have argued, matters are further complicated by the fact that 'every wicked problem can be considered a symptom of another problem'. This presents a challenge to the processes of 'problematisation' that, as Thomas Osborne argues, necessarily accompany policy efforts in order 'to reduce complexity, to provide a field of delimitation regulating what can and cannot be said' (1997, p. 175). In this sense, 'delimitation' or the framing of a problem through the process of defining its parameters, limits, perpetrators and territorial scope is central to mitigation efforts, despite the fact that for alcohol 'the causes and symptoms are

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highly inter-related, and the causal pathways complex' (Petticrew et al., 2009, p. 454). To make matters more complex, this inter-weaving of cause and effect is also tightly bound into the broader 'dangers and risks' of city life (Valverde, 2012, p. 1), in which problems are differentially distributed across urban space.

With this in mind, Mariana Valverde's exposition of 'nuisance' offers a useful framework to explore how problematisations are always relational, co-dependent and socio-spatially embedded (2011, 2012). Indeed and as she writes,

> the content of nuisance is by definition indeterminate, since nuisances emerge only in relation to certain contexts and remain specific to both a certain kind of place and to a certain social community. The content of nuisance thus varies by particular context and microlocality. (2011, p. 296)

When alcohol is understood as 'nuisance', it consequently represents a powerful analytical tool to examine the interlinked problematisations of things, people and places that characterise stakeholder thought and, therefore, policy solutions. This perspective adds an additional layer to current work within the field of 'critical geographies of alcohol' (Herrick, 2011b, 2011b; Jayne, Holloway, & Valentine, 2006; Jayne, Valentine, & Holloway, 2008, 2012; Kneale & French, 2008) as well as broader, interdisciplinary social science approaches to liquor principally because relatively little work has explored the framing of alcohol as a problem from policy-makers' perspectives (see, e.g. Herring, Thom, Foster, Franey, & Salazar, 2008). Moreover, and as Wilton and Moreno's (2012) review makes clear, while geographical explorations of alcohol do critically engage with alcohol control policies, this work has overwhelmingly been concentrated in countries of the Global North and particularly the UK. As concern with the relative burden of alcohol-related harms in many low- and middle-income countries climbs, the case for thinking critically about the development and rationalities underpinning their alcohol control policies has, arguably, never been clearer (Caetano & Laranjeira, 2005; Parry, 2000; Room et al., 2002). This paper therefore draws on qualitative case study material from interviews in South Africa's Western Cape to better understand how alcohol is problematised by policy stakeholders and the complex relationship between these processes and urban governance agendas. It consequently aims to move beyond the idea of alcohol as 'cipher' for a range of social policy angsts (DeVerteuil & Wilton, 2009), to instead think through the relational, contextual, uneven and unequal particularities of alcohol's problematisation and the social, economic and policy implications of this.

To do so, the paper first briefly discusses its methodological underpinning and then proceeds in three stages. First, it explores current liquor regulation in South Africa from the national to the municipal scale. In 2003, the National Liquor Act was revised and, after almost 9 years of debate, in April 2012 the provincial Western Cape Liquor Act (WCLA) was finally signed into law. The new Act works in tandem with the City of Cape Town's revised bylaws, with the different policy scales effectively governing different aspects of the production, retail and, indirectly, the consumption of liquor. This legislation, however, often rests uneasily in relation to stakeholders' own understanding of the alcohol 'problem' and the most efficacious way of addressing it. The second section consequently explores findings from stakeholder interviews across three categories. First, the type of 'problem' alcohol represents to the Western Cape which, in keeping with Valverde's conception of 'nuisance', requires sub-analysis of three interlinked spheres: (1) *what* happens when people drink; (2) *who* drinks and (3) *where* drinking becomes most harmful. Second, how stakeholders felt alcohol should, ideally, best be tackled and third, where

they believe responsibility for alcohol-related harm lies. As the final discussion section explores, in stark contrast to the objective overtures inherent within public health discourses of evidence-based policy, stakeholder accounts reveal how personal beliefs, experiences and values guide perceptions of alcohol-as-a-problem.

Methods

The paper first explores the implementation trajectory of both the WCLA and the City of Cape Town's municipal by laws through their various iterations from 2007 to 2011 using source documents available from the Provincial Government and City's online portals. It then draws on semi-structured interviews with 30 key informants charged with developing and deploying alcohol policy in the Western Cape from 2010 to 2011. In the first instance, initial contacts were drawn from key provincial and municipal government Drug and Alcohol Strategies and alcohol control entities (e.g. the City of Cape Town's *Drug and Alcohol Strategy* and *Substance Abuse Strategy*, The *Western Cape Substance Abuse Strategy* and Forum, the Provincial Liquor Board meeting minutes and so on). These initial contacts were then used as a springboard to identify further respondents. Within government, interviewees included senior officials from the City's Health and Social Development Departments, as well as its Urban Renewal Programme. They also included the Metro Police, Department of the Premier and Provincial Departments of Health and Social Development. From these government contacts, the remit was then broadened to include selected NGOs, senior academics, the Medical Research Council, The Cape Town Partnership as well as key players in the alcohol industry and three trade associations. This necessary process of network enlargement reflects the multiple spheres of influence that currently shape alcohol policy development in the province. It also highlights that although the institutional range of stakeholders is large, like many cities, it is actually composed of a relatively small circle of people, ideas and evidence bases. When quoted in the paper, respondents are anonymised and delineated solely by domain of work to provide context without compromising ethical conventions.

Alcohol control in the Western Cape

Alcohol control has risen up governmental agendas with great speed in South Africa. This is particularly true in the Western Cape and Gauteng provinces, where a sense of urgency has pervaded discussions on how best to address 'the cataclysmic effects' of drug and alcohol abuse (City of Cape Town, 2012). The fear has been substantiated through a body of public health evidence estimating the magnitude of alcohol-related harms in relation to the burden of disease (Bradshaw et al., 2003; Mayosi et al., 2009; Rehm et al., 2010; Schneider, Norman, Parry, Bradshaw, & Pluddemann, 2007), or alcohol as an aggravating factor in accidents, injury, violence or HIV transmission (Fritz, Morojele, & Kalichman, 2010; Kalichman, Simbayi, Vermaak, Joose, & Cain, 2008; Morojele et al., 2006; Oxfam, 2005). While South Africa has been hailed as an example in the Global South for undergoing 'the most rapid period of alcohol policy development over the past 15 years' (Parry, 2010, p. 1340), in practice, however, the institutional and regulatory arrangements concerning the production, retail and consumption of liquor remain both multi-scalar and fragmented. For example, the 1989 National Liquor Products Act sets and defines the composition, quality and properties of alcoholic beverages 'to reduce the socio-economic and other costs of alcohol abuse' and to 'promote the development of a responsible and sustainable liquor industry' (Government of the Republic of South Africa, 2003). To do

this, it makes provision for setting 'national norms and standards' for the manufacture, distribution and retailing of liquor and allowing public participation in the process of considering applications to enter the industry. In turn, a 'responsible and sustainable' industry is seen as facilitating new entrants, enabling a diversity of ownership and setting in place an 'ethos of social responsibility' (*ibid.*). While the NLA makes provision for the registration of manufacturers, distributors and retailers; responsibility for liquor licenses and, crucially, the enforcement of their conditions are devolved to individual provinces. As a result, there is no harmonisation in the liquor licensing rationales, stipulations, institutional arrangements and enforcement between the country's nine provinces. This lack of consistency has proved a thorny issue (and strategic opportunity) for the alcohol industry which argues that this produces operational inconsistencies and increases the threat of cross-border bootlegging.

When the NLA was revised in 2003, provinces were obliged to update their own legislation, regulating the 'micro-manufacturing' and 'retail' tiers of industry. The WCLA was first drafted in 2005, but only came into effect in April 2012. The lengthy process of drafting, debate, consultation and redrafting was not, however, simply confined to the WCLA as the province sought 'to involve the municipalities … in the regulation of the liquor industry' (Provincial Government of the Western Cape, 2003). This additional municipal layer of legislation marks out the Western Cape, and within this, the City of Cape Town as standing at the fore of the alcohol control debate in the country.[1] The WCLA is primarily concerned with the issuing and enforcement of liquor licenses through the Liquor Board. However, the 'politico-legal technique' (Valverde, 2003, p. 236) of the license is really only partially relevant to alcohol control in South Africa, given that, of an estimated 43,000 premises selling liquor in the Western Cape, only 30% are believed to have licenses (personal communication, 2011). This is a significant constituent of the problematisation of liquor as licensing has long been conceived as 'a technology to promote order and civilise urban life' (Valverde, 2003, p. 212). Thus, without a license, there are few legal avenues to control and coerce the conduct of premises, licensees and, therefore, drinkers. Yet, as licenses focus on 'spaces, temporalities and activities [they are] concerned with individuals only insofar as they engage in those activities or occupy certain spaces' (Valverde, 2003, p. 239). Because of the profusion of unlicensed bars or 'shebeens', the WCLA aims to bring drinkers into 'a regulated liquor industry' (Provincial Government of the Western Cape, 2003, p. 68) by setting out 'land use rights as requirements for the issuing of licenses' (*ibid.*, p. 69).

At a provincial scale therefore, the shebeen has emerged as the primary locus of liquor legislative action as well as public unease. As Western Cape MEC of Community Safety and former Mayor of Cape Town, Dan Plato asserted, 'We will join forces with the police to shut down illegal shebeens and ensure that establishments in residential areas comply with the liquor laws' (SA Government Information, 2012). Herein lie the two central concerns of the province's liquor policy: the proliferation of shebeens operating outside any formal rule of law (and, concomitantly, any taxable regime); and a more generalised lack of compliance and enforcement of existing license conditions. Both are further reinforced by an overriding social and political concern with the relationships between alcohol consumption, shebeens, crime, violence, accidents and abuse as evidenced through an array of epidemiological studies (Lerer, 1992; Matzopoulos, Myers, Butchart, et al., 2008; Parry, 2005; Parry et al., 2002; Parry, Plüddemann, Louw, & Leggett, 2004; Plüddemann, Parry, Donson, & Sukhai, 2004). Given the burden of alcohol-related accidents and injury to the Western Cape (Bradshaw et al., 2003; Schneider et al., 2007), as well as the political valence of crime (Herrick & Charman, 2013; Kynoch, 2005;

Samara, 2005; Steinberg, 2011), public order and safety have understandably and overwhelmingly underscored the *mentalité* of the provincial governance of alcohol.

In practice, the WCLA has aimed to restrict licenses in the residential areas where many shebeens have historically come to be located through the cumulative actions of colonial and apartheid restrictions on non-white rights to alcohol and its sale (La Hausse, 1998; Rogerson & Hart, 1986). More specifically, the Act seeks to regulate particularly high-risk spaces such as the vicinity of schools or churches, where alcohol consumption is deemed both morally inappropriate and dangerous. The Liquor Act also sets out stringent licensing pre-conditions, including a solid built structure and provision of at least two toilets. The municipal by-laws, by contrast, primarily concern restricting opening hours more tightly than the default 4 am closing time set out in the provincial act. To achieve this, the by-laws grant enforcement powers to the Metro Police. However, in matters of policing licensing, the Metro Police often have to defer to the South African Police Service. Yet, despite the WCLA's purported concern with *formalising* the informal liquor trade, the Act has controversially provided a legal mechanism whereby shebeens can be closed while leaving the licensing process and licensed premises in the Cape Peninsula, by contrast, relatively untouched. The complex intersections of the provincial and municipal regulations are significant for the related ways in which the actions of each shape the problematisation of alcohol in both the eyes of the public and those of policy-makers. It also marks a potential point of tension between policy-makers' own experiences, beliefs and values about alcohol and the 'evidence' that is used to marshal alcohol control agendas. These pinch-points are explored in more detail in the next section, drawing on interviews with the broad array of actors that constitute the policy-making nexus in relation to alcohol.

Stakeholder narratives on alcohol control

What type of 'problem' does alcohol (re)present to the Western Cape?

As Valverde notes, nuisance is composed along and through three dimensions: temporalisation; spatialisation and subjectivity (2011, p. 296). For this reason, this section explores the causal narratives proffered by stakeholders who construct alcohol as a highly contingent 'nuisance', presenting distinct governance challenges through an examination of three sub-themes: what, where and who.

What?

This section examines 'what' alcohol is a problem *of* (i.e. where drinking is a consequence) and the problems that result *from* alcohol (i.e. where drinking is a cause), while remaining mindful of Petticrew et al.'s (2009) argument that cause and effect are often inextricable for wicked issues. Interviewees explained the Cape's high rate of alcohol-related harm with reference to the 'dop' system (London, 1999; London, Sanders, & Naude, 1998), especially in relation to coloured residents. While the system of partially paying agricultural workers in the Cape Winelands in rough wine was made illegal in 1960s, the law only started to be enforced in the 1990s and was formally written into the NLA in 2003. Despite being outlawed, however, the legacies of the dop system live on and remain an important component of the suite of explanatory narratives used to contextualise the Western Cape's current problematic relationship with alcohol. Most importantly, the persistent circulation and recirculation of this narrative mean that it has gone largely unquestioned by policy-makers as an explanatory framework. For example, its relevance

to the region's increasingly urban population was never questioned by stakeholders. Only one respondent questioned the naturalisation of the dop legacy by arguing that, 'they blame apartheid and they blame the dop system but I think it's kind of gone beyond that now' (Office of the Premier, 2011). While the legacies of apartheid and the dop system doubtlessly play a significant role in shaping the specific dynamics of alcohol consumption in the province, its permeation of causal narratives serves to justify a lack of engagement with other possibilities.

When pressed to move beyond the dop system, some interviewees identified the lack of accessible employment opportunities and poor recreational facilities as driving opportunistic liquor retailing in unlicensed shebeens. Indeed, as one respondent argued, 'they're unemployed, selling alcohol is an easy way to make money. They go and buy large quantities at various places, go to Makro (a wholesaler) to buy large quantities and they sell it on at a mark-up' (City Urban Renewal Programme, 2011). Just as the 'dop' system was seen to be culturally entrenched, so too were discourses of 'naturalness' appended to certain cultural relationships with alcohol, particularly among the poor. So, for example, one stakeholder suggested that some people may be 'hardwired to injury and excessive alcohol consumption [. . .] and then there's the individual level of disposition, obviously genetic as well as parental, predisposition' (Department of the Premier, 2011). Apartheid's scientifically arbitrary classification processes not only make biological explanations for alcohol abuse controversial, but also condemn harm reduction strategies to failure. Many respondents echoed this defeatist tone, especially when faced with the concomitant challenges of climbing drug abuse rates (Parry et al., 2004).

Interviewees further asserted that South African drinking was rarely characterised by moderation and that 'responsible drinking' was largely an aspirational concept. Thus, it was a common belief that either 'you're a drinker – you binge drink large volumes usually over weekends, or you're a non-drinker. There's no grey' (Provincial Department of Health, 2011). For drinkers, the shebeen was often a place to showcase personal aspiration and demonstrate success through the performance of certain cultural rituals:

> If you walk into a shebeen [. . .] where the men are sitting with the bottle of expensive Johnny Blue and my bottle goes back and it has a tag around it and when I come my bottle comes out again because it is about I am doing so well that I can share with you. So it's always that, the aspiration. It's like the green beers in our townships [. . .] the brown beers in the brown bottles are worker beers. (Provincial Department of Health, 2010)

Such aspirational drinking may be further sustained by credit from shebeens or from small-scale moneylenders offering loans against government grants (see also Drivdal & Lawhon, 2014). This creates a dependency and a vulnerability that exacerbates the choice and/or need to drink to alleviate stress and boredom, and as a form of escapism. As a stakeholder from the Provincial Department of Health mused, when people have little to do then drinking may be a *rational* choice:

> The poverty issue is about coping, it's about escapism. Poor people have no alternatives so the shebeen has got the big screen [with] the football game and all my mates will be there, so there are social limitations on my freedom of choice. (interview, 2011)

The question then arises of whether shebeens are merely a response to consumer demand, or whether, as the WCLA argues, their sheer pervasiveness fuels demand. The informality and illegality of shebeens renders their control not just challenging, but also often impossible. Here then, alcohol use in the Western Cape is a problem of shebeens (too many, unregulated) and, in turn, shebeens are reinforced as a problematic entity by virtue of the effects of the type of drinking they engender. Despite this, a pervasive narrative of

shebeens as sites of apartheid resistance, political movements and female livelihoods remained among some interviewees and, interestingly, was also flagged up by one industry representative. However, this characterisation has become increasingly difficult for policy-makers to reconcile with media and epidemiological accounts, casting shebeens as 'dens of iniquity' or vectors of crime. One City Health Department senior official was quick to point out that 'for most of the taverns and shebeens there's nothing romantic about it. It's just the place where people just try and go get as drunk as possible and we sit with the consequences afterwards' (interview, 2011). Moving from this, what then does drinking *cause*?

Interviewees were concerned with the antisocial behaviour, violence and crime perpetuated by heavy episodic drinking that often lasts from Thursday to Monday. Clearly, not all drinkers follow this trend, but interviewees argued that such behaviour was socially accepted, even if it was becoming less tolerated. Problems often emerged when drinkers left shebeens as:

> People sit there from morning, get drunk and then women they get raped [. . .]. Men fight there and then they get home, they abuse women and rape children [. . .] It affects the whole community. Because kids have got access to alcohol, some schools report high levels of violence from kids because some come to school drunk. The shebeens are like here, they're in your face, everywhere. (City Urban Renewal Programme, 2011)

While such dystopian accounts were common, drinking was also singled out for its more mundane nuisances, such as noise and public urination.[2] However, of greatest concern for stakeholders was the intricate interlacing of alcohol and drugs. Some interviewees expressed concern that the burdensome licensing requirements now favoured monied gang members, rendering many 'legitimate' taverns a front for drug dealing, prostitution and human trafficking. However, here, alcohol was relegated to minor concern behind a dramatic escalation in 'tik' (methamphetamine) use, social breakdown and drug-related violent crime in the poor coloured neighbourhoods of the city's Cape Flats, such as Manenberg, Athlone and Tafelsig. Alcohol is therefore framed as an interrelated problem *of* certain circumstances (poverty, unemployment, lack of education, etc.) and as a problem *for* the state, economy and individuals.

Who?

The problematisation of alcohol contains implicit and explicit understandings of *who* needs governing. Here there is a split between the WCLA's overt focus on shebeens and the public health drive to regulate the alcohol industry (Anderson, 2009; Caetano & Laranjeira, 2005; Jahiel & Babor, 2007) as, at present, the Act leaves industry largely untouched. Instead, the WCLA's overt concern with the unlicensed trade actually echoes industry's long-held calls for the formalisation of the shebeen sector in order to bring 'problem' shebeens to task and establish a more inclusive regulatory system. Shebeens are also enmeshed in broader concerns over underage drinking and consumption among pregnant women and the role these play in the Western Cape's extremely high rate of foetal alcohol syndrome (FAS; May et al., 2007). In this respect, it is noteworthy (but not necessarily surprising) that industry representatives were largely ambivalent towards shebeeners, with one stakeholder arguing in their defence that as 'shebeens were created by the apartheid economic policy, the sensible thing to do is to legalise them. And once you've legalised them you can regulate them' (Liquor Industry, 2011). Bad shebeens, however, pose a threat to industry's public image, risking more stringent regulations and jeopardising tacit self-regulation. The importance of shebeens to the region's economy and individual livelihoods was noted, but this was set up as a tension between competing

rights and responsibilities. Shebeeners were cast as having the right to a living only when operating well-run, considerate businesses. However, they were seen to rescind that right when they undermined, for example, residents' ability to sleep, or children's safety. It is notable, however, that these *contingent* rights were only once expressly linked to an accusation of Nanny Statism by an industry stakeholder noting his relative freedom:

> I can have my alcohol any time. Nobody tells me how many I drink. Township people have only one outlet. Thanks to apartheid and post-apartheid policy thing that's a shebeen. Tell them no, you can only drink till eight in the evening. I mean why? Very paternalistic, very condescending and also very racist. (Liquor industry, interview, 2011)

This statement is revealing not just for its claim of racist paternalism, but also because it echoes the pervasive assumption that the alcohol 'problem' is largely one of poverty and the poor. It was rare for respondents to single out the wealthy or middle classes, who were held up as being more responsible drinkers. Drink driving was, however, singled out as an exception as interviewees repeatedly highlighted the 'lawlessness' of a South African culture of risk taking. This, one respondent claimed, was 'all about the likelihood of you being stopped. It's about kind of much more of a primitive "am I going to get caught or not" morality' (Provincial Department of Health, 2011). This assertion locates irresponsibility more generally in a culture where 'there are rules but people feel that they can bend the rules on all levels' (City of Cape Town, 2011). Despite the significance of drink driving to the province's mortality and morbidity rates (Matzopoulos, Myers, & Jobanputra, 2008), some stakeholders seemed sympathetic to such cavalier attitudes to risk. However, while drink driving seemed to have an explanation, the socio-spatial segregation of life on the Cape meant that stakeholders often struggled to articulate, let alone explain, cultural difference. For example:

> *Interviewee 1*: I think certainly in coloured areas [shebeens] are markers for other illegal activities so stolen goods, dagga, marijuana.
>
> *Interviewee 2*: Human trafficking.
>
> *Interviewee 1*: Stolen stuff.
>
> Interviewee 2: Tik.
>
> *Interviewee 1*: Is that the case in African townships? I'm not sure. I don't know enough because I haven't lived in one so I can't say. That's an anecdotal, personal view. Would some of them willingly forego other illicit activity in order to operate a legitimate business? I'd be surprised if that was the case. I'm not quite sure what kind of illicit activity other than stolen goods would predominate in an African township. They're not as pre-disposed to substance abuse is my understanding. (Department of the Premier, interview, 2011)

The geographical and social distance between stakeholders and their objects of policy are inflected by class, income, race and education in South Africa. This distanciation is further compounded by the rarity of wealthy and poor residents mixing in Cape Town's drinking spaces. Such views are thus indicative of some of 'the systemic cultural prejudices that shape the everyday work of policing urban disorder' (Valverde, 2012, p. 69). Alcohol marks out gaps in cognition between different social groups which persist in spite of commonalities in drinking behaviours. In the Western Cape, liquor thus rarely breaks down boundaries, but rather perpetually legitimates their reconstruction.

Where?

Alcohol-as-a-problem is almost always spatially constituted, even if only implicitly. As Valverde's (2011) work clearly reminds us, what passes for a legitimate activity in one area of the city may not be accepted (or tolerated) elsewhere. However, despite this, there

was little appetite among stakeholders for additional legislation given the inconsistencies in enforcing the current laws. As a Shebeen Association representative explained, differing degrees of enforcement across the city are also related to the likelihood of residents complaining. In poor areas of the city, complaints are rarer due to antagonistic relationships with the police, the break-up of some Community Policing Forums and fears over potential retribution from shebeeners. The question is thus essentially,

> Why in Camps Bay is [noise] controllable and yet in Philippi (a township) it's not enforced? You know [. . .] in the predominantly white areas, people complain. In the black and coloured areas [. . .] they still feel that they cannot challenge certain things because government has not done enough to capacitate its citizens to be active citizens, to be able to correct something that is wrong. (Shebeen Association, interview, 2011)

There was a sense that the poor had little will or means to correct alcohol-related problems, whereas in wealthy Camps Bay, complaints were addressed and nuisance was not tolerated. Indeed, as Valverde has asserted, 'the process of investigating and enforcing – and not enforcing – municipal rules about noises and other disturbances clearly has the unintended effect of creating differentiated forms of local citizenship [based on] political capital' (Valverde, 2012, p. 64). In Cape Town, political capital has been gradually eroded as socioeconomic and spatial inequalities have been widened and entrenched. Liquor and its regulation is a clear instance of this differentiation and, ultimately, its pernicious effects on residents' quality of life.

For example, as city centre gentrification has pushed up property prices and fundamentally altered the residential mix, tolerance levels have declined. Thus, 'In the Central Business District (CBD), processes and systems are totally different but then there's also the political will to sort of manage everything. When it comes to Gugulethu (a township), nobody really cares' (Shebeen Association, interview, 2011). While this may be over-stating the case, real differences exist in the ability and commitment of the police to enforce existing regulations, as well as to respect and respond to resident complaints. In the CBD, enforcement has been swift and targeted, and problems are now limited to a number of premises which either do not comply with the terms of the license or attract the 'wrong' type of clientele by selling cheap liquor. For example, a CBD representative explained that 'we've had problems with certain venues over the years that cater to homeless or street people, with very cheap alcohol' (City, interview, 2011). By contrast, Long Street, the CBD's nightlife hub, was viewed by stakeholders as a safe, attractive place to drink. The area is characterised by bars and clubs with relatively late licenses and attracts a (somewhat racially mixed) middle-class crowd (Tredoux & Dixon, 2009). Many stakeholders asked why, given the geographic concentration of revellers, it saw relatively little alcohol-related harm in comparison with the violence they viewed as commonplace in the townships. Here, fundamental structural differences in security provision across the city were also overlain by cultural explanations by some stakeholders. For example, one respondent suggested that there may be a fundamental difference in the ways that people respond to situations when drunk in town, compared with in township drinking spaces:

> In a black township if I've had enough to drink and my friend looks at my girlfriend I will haul out a 12 inch knife, a panga. Whereas in Long Street, it might be a punch in the face or a bit of argy-bargey and then the bouncer steps in and bollocks both of you and tells you get out. So you have different behavioural systems that come into play post the excessive drinking that regulates what is acceptable behaviour and I'm not sure if that's cultural or if it's social. (Department of the Premier, interview, 2011)

This type of socio-spatial stereotyping was relatively common, especially in relation to the risks posed by different drinking spaces. Here it is also important to note that rural areas

court particular concern among stakeholders, given the extremely high rates of FAS in the province's agricultural areas. FAS has become a favoured target for alcohol industry funding and NGO activity, even though the condition barely registers in the WCLA. As one stakeholder noted, 'the in-topic the last few years is now FAS. You know everybody wants to do something about FAS' (Liquor Industry, interview, 2011). Because of this, FAS has ensured that the rural areas of the Western Cape have remained part of the broader geographical narratives underscoring alcohol's problematisations by stakeholders. However, despite the relative severity of FAS and (unsubstantiated) assertions by stakeholders that drinking during pregnancy was widespread, the main locus of *legislative* attention still remains the coloured and black townships and informal settlements.

How should alcohol use and abuse best be tackled?

Stakeholders were far from united in their reading of how the alcohol 'problem' might best be tackled. In the first place, a common criticism was the lack of educational provision factored into the WCLA. Some of the difficulties associated with alcohol harm prevention through education were neatly summed up by a Shebeen Association representative:

> With alcohol, it can be abused if it's drunk or consumed in an irresponsible manner, but then it can be consumed on a sociable basis, but only if people are taught, you know, discipline. But no monies are being set aside for educating communities [. . .] if only the liquor brand owners could start investing in projects that tell people about this commodity and its dual nature, it harms and it benefits. (Shebeen Association, interview, 2011)

Here it is useful to note that the World Health Organisation, WHO's list of 'best buys' (2011b) for alcohol-harm reduction does not include an educational or health promotion component and its *Global Strategy* on alcohol expresses caution about the merits of education as 'the evidence base indicates that the impact of alcohol-education programmes on harmful use of alcohol is small' (WHO, 2010, p. 31, see also Babor et al., 2010, p. 215). The lack of evidence that prevention through education works – despite the somewhat counterintuitive finding that the higher the level of individual school education, the lower the likelihood of alcohol-related mortality (WHO, 2011a) – has justified the WCLA's supply-side focus on restricting access. Despite this, stakeholders repeatedly stressed the need for education to influence individual decision-making. Among industry stakeholders especially, education was seen as essential: 'the only real solution is education. It's the only way. One can do it in 50 different ways right from telling people how much alcohol there is in a thing, but it's education and it's a long-term programme' (Liquor Industry, interview, 2011).

Industry representatives, however, expressed anxieties about the most appropriate *source* of information, with some fearing it 'inappropriate' or looking to much like a 'vested interest' if it came from them (see, e.g. Bakke & Endal, 2010). The question of the most appropriate mode of education puzzled most, with one stakeholder lamenting that

> we've got loads of information around TB and HIV, but when it comes to alcohol and substance abuse, really what we've got is the 20 questions (from Alcoholics Anonymous). Previously people used scare tactics and that's not the way to go. (City of Cape Town, interview, 2011)

At present, liquor packaging must carry one of seven warnings, but unit labelling is not mandatory. One industry stakeholder claimed that 'our challenge is not putting [units] on the label it's educating people what it means' (interview, 2011). Units have not been without their detractors as an educational and governance tool (Herrick, 2011a; Jayne et al., 2012), however, in South Africa, many stakeholders (especially those in industry) suggested that units were too complex a concept for people – especially the poor – to grasp. However, the same detractors did accept that although 'some South Africans are not

educated … but if we can communicate to them about abstinence and HIV/AIDS, [then] consumer information can reach people in very different ways' (Liquor Industry, interview, 2011). Even though units appear on the City of Cape Town's own substance abuse web resources and on the health-promotion materials of Soul City (a health promotion NGO), there was a strong sense from interviewees that their use was patchy and, if anything, irrelevant to most South African drinkers.

Education, however, was seen as inextricable from other forms of empowerment. One respondent suggested that

> the problems we have are very simple, you give people education, you give people a house to stay in, you give people running water, you give people a flushing toilet, you give people jobs [. . .] He won't drink, he will be more responsible, it will be basic stuff. (Trauma Consultant, interview, 2011)

The basic solutions here lie with employment, quality housing and basic services – the same factors that were viewed as some of the fundamental drivers of high-risk drinking. Thus the best way to tackle alcohol use and abuse in this line of reasoning was structural improvements such as environmental amenities and neighbourhood watch. The head of one shebeen association further called on government to apportion some alcohol excise tax for these purposes:

> Government wants to use that money to build hospitals, schools, which is good but then if you don't ring-fence some of the funds that you get from the liquor industry, from the liquor products to the liquor problems, how are we supposed to solve it? (interview, 2011)

Structural interventions for alcohol harm reduction would need to include recreational provision as alternatives to shebeens and employment opportunities to create productive distractions from drinking (Herrick, 2013). Again, the Shebeen Association representative elucidated this view of alternatives well:

> When they are employed and they've got something they must do for the day, at least they look forward to Friday. They're going to get remunerated and go and buy whatever they need for their homes. But if they've got nothing to do, they will drink the ales as if there's no tomorrow. (interview, 2011)

Stakeholders were generally in agreement that unlicensed shebeens should be addressed, either through closure or formalisation. However, without formalisation, alcohol control would be unenforceable and, thus, largely futile. This sentiment was strongest among industry for, as one respondent explained, 'how do you have a strategy to combat alcohol abuse if more than half of the product at retail level is sold illegally?' (Liquor Industry Trade Association, interview, 2011). This illegality effectively left residents powerless, rendering the WCLA's inclusion of the right to appeal a license largely obsolete. While residents could theoretically lodge objections to an application, some off-license or tavern owners had greater means to hire lawyers to defend their applications. However, good business sense does not necessarily translate into a broader communitarian ethic, and it was here that the WCLA fell short by failing to enable responsible shebeeners. Such questions of 'responsibility' are essential to the problematisations of alcohol and thus will be given further attention in the next section.

Where does responsibility for alcohol-related harm lie?

Stakeholder views were predictably mixed when pressed on who held responsibility for tackling alcohol-related harm, with opinions split between those highlighting a lack of *individual* responsibility and those locating responsibility among other actors, including the state, NGOs or industry. In the first place, the sense of a generalised lack of personal

responsibility was repeatedly linked into a failure of the authorities to enforce regulations, link cause and effect and the normalisation of a 'lawless' culture. In this case,

> It's the individual's responsibility. We have to take responsibility for our own actions. If I'm going to drink or take drugs or jump a red robot, I did it it's my fault [. . .] That's the reason why everything's spiralling out of control because nobody's prepared to take responsibility. (Metro Police, interview, 2011)

Moreover, a lack of personal responsibility was not necessarily limited to the poor as 'you think that because you're slightly more educated you can just have that half a glass more, because of course you think you are somehow bullet-proof' (Provincial Department of Health, interview, 2010). Middle-class bravado around drinking and driving was noted a number of times, but did not serve to downplay a lack of personal responsibility viewed both as a predictable *outcome* of poverty and as a *driver* of chronic poverty. Here, the line between stereotypes, sweeping generalisations and lived reality is fine. Thus, a representative from the Provincial Department of Health echoed others in expressing frustration that:

> You've kind of got this whole mindset that says I don't plan for tomorrow. If I have a R100 now I spend the whole R100 rather than understanding that I can break it up into R20 for five days and actually have adequate for five days … if I get the all-pay which is paid to my children, if I go and drink it all tonight then some do-gooder will stand there tomorrow with a food pot and will feed me and my children. It's the state that's failing me because I have to queue at a clinic. Not why am I constantly ill? Why am I constantly there? Because I have taken no responsibility for my health. (interview, 2010)

The anxiety over a broader breakdown in traditional family structures and values which, in turn, undermine the ability to cope with privation is also linked into a purported decline in responsibility. In turn, and echoing concerns over welfare dependency in other countries, respondents suggested that South Africa's relatively generous state welfare system (by contrast with other African countries) was inadvertently fuelling a culture of risk taking on credit. Furthermore, the failure to assume individual responsibility was leading to a culture of blame and anger that the post-Apartheid promises of redistribution had not been realised.

Despite the concern with a poor ethic of personal responsibility, stakeholders agreed that there remained an institutional responsibility to tackle alcohol-related harm. While they differed on the precise mechanics by which this might be achieved, there was agreement that it was not for one agency or government department to tackle alone but would require co-working. As one stakeholder expressed,

> I think everybody's learnt you can't do it on your own, so it's impossible for Health to do it on its own, it's impossible for the police to do it on their own, it's impossible for community organisations to do it on their own. It has to be a proper concerted effort. (City of Cape Town, interview, 2011)

One stakeholder suggested that some government departments had shied away from assuming responsibility because of the sheer 'scale of the problem' (City of Cape Town, interview, 2011). This is an example of the ways in which governance complexities have very real and practical ramifications for delineations of policy responsibility.

The question of the alcohol industry's responsibility drew more mixed reactions. From industry's perspective, tackling alcohol-related harms 'requires the intervention of business with its resources, NGOs with their knowledge of the ground and government with its legislative capacity and anything that does not involve all three tends to be a disaster' (Liquor Industry, interview, 2011). However, government and NGO stakeholders felt that industry – and in particular retailers – needed to better exercise responsibility, particularly when selling to underage drinkers or pregnant women. In reality, because of

the rupture between the legitimate and illegitimate industry, major industry players received remarkably little criticism from stakeholders, especially when compared with the combative tone often found in public health accounts (Anderson, 2004, 2009). Instead, their importance to the regional economy was noted, reflecting perhaps both the success of industry's own public relations efforts and the ways in which shebeens' persistent illegality has legitimated a discursive distancing by industry from such venues. That shebeens sell industrial liquor bought through licensed wholesalers and supermarkets is an additional layer of 'nuisance' in its most literal sense that presents significant governance challenges at the same time as it helpfully ensures liquor industry profits.

Discussion and conclusion

Alcohol control in the Western Cape is a particularly 'wicked problem' that is constituted through reference to and judgment of people, places and activities. Here it is pertinent to return to Valverde's (2011) analysis of 'nuisance'. While most would argue that alcohol is far more than a mere 'nuisance', the concept does help explore stakeholders' tendencies to socially, spatially and morally compartmentalise and construct alcohol and its harms in fundamentally relational terms. As Valverde asserts,

> since micro-communities, in the context of urban governance, are always assumed to share certain local norms and tastes that distinguish one community or neighbourhood from another, nuisance and related legal disputes play a constitutive role in the construction of culturally specific collective subjectivities. (2011, p. 295)

In turn, this arises because 'the content of nuisance and nuisance-type provisions … actively institutionalises in law the rather illiberal idea that middle-class homeowners deserve greater protection from disorder and disruption … than other citizens' (*ibid.*, 296). In the Western Cape, poor communities were deemed to be more 'at risk' from alcohol-related harm (and thus also the source of harms). They also systematically received less protection from these harms than those in richer, policed neighbourhoods with licensed premises. It is not that middle-class homeowners in the Western Cape 'deserve' more protection, but rather the very structural fabric of their communities and the rights enshrined by virtue of being property owners engendered greater protection through the mechanisms of municipal by-laws. Here, therefore, it is the case that while

> no city law would say explicitly that poor communities have to put up with [for example] garbage and noise; but in a less direct manner, when nuisance law or nuisance logics are used to regulate urban disturbances, the result is often the institutionalization and naturalization of existing inequalities. (Valverde, 2012, p. 66)

The WCLA has, in this vein, done little to address the very inequalities that reproduce alcohol as an interlaced problem of both cause and effect.

There is little doubt that the WCLA demonstrates the ruling Democratic Alliance's (DA) political commitment to address alcohol-related crime, violence, injury and the burden of illegal shebeens in the Western Cape. However, it under-acknowledges that nuisance is 'always the product of a particular social, aesthetic, and geographic context' (Valverde, 2011, p. 294). Within the Act, 'context' is reduced to a simple binary of residential/non-residential or licensed/unlicensed. Yet, while shebeens in residential areas would be refused a license, guesthouses and bed and breakfasts in (wealthy) residential areas are still able to serve liquor. In this case, 'middle class' drinking irrespective of geography is condoned by policy (Pennay, 2012) and was only identified as problematic by stakeholders when drinkers got in their cars. The findings discussed in this paper demonstrate that although alcohol was agreed to be a significant problem warranting an urgent policy response, the specific nature of this response

was highly partisan. Valverde's assertion that 'things or activities become nuisances when disharmony is produced as a thing or activity is moved away from its "proper" place' (2011, p. 294) deserves reflection here. That alcohol might have a 'proper' place among the poor was antithetical to the goals of alcohol control *tout court* in stakeholder accounts. Instead, the relationship between the poor and alcohol was characterised by its pervasive disharmony as 'matter out of place' (Douglas, 2002, p. 50). This dissonance is something that the WCLA, for right or wrong, aims to mitigate. Until then, the WCLA and municipal by-laws offer a powerful example of the 'often unexpected ways in which law in the broad sense of the word – that is, including sublegal regulations and inspection and enforcement practices – shapes everyday urban life' (Valverde, 2012, p. 12), in ways that safeguard the rights of some and bypass those of others.

Acknowledgements

Notes

1. It is worth noting that the passage of the WCLA and municipal by-laws is inextricably linked to the political landscape of the Province. The Western Cape was ANC-led (in coalition with the New National Party) after the 2004 elections, with the City of Cape Town held by the DA. The WCLA was first tabled by the ANC and, during the run up to the 2008 Provincial elections, it became a talisman for the DA's election campaign. The DA won the elections and now controls the province and municipality, granting them control over both scales of alcohol regulation (see Lawhon & Herrick, 2013).
2. It is interesting that stakeholder perceptions of the importance of noise and public urination for local residents were far less than were found to be the case when perceptions for focus groups with residents were conducted as part of the broader research project. This speaks directly of Valverde's relational conception of nuisance, especially in the sense of certain areas of cities, or certain populations being able to (culturally) tolerate differing levels of nuisance.

References

Anderson, P. (2004). The beverage alcohol industry's social aspects organizations: A public health warning. *Addiction*, *99*, 1376–1377.

Anderson, P. (2009). Global alcohol policy and the alcohol industry. *Current Opinion in Psychiatry*, *22*, 253–257. doi:10.1097/YCO.0b013e328329ed75.

Babor, T., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K., . . . , Rossow, I. (2010). *Alcohol: No ordinary commodity. Research and public policy*. Oxford: Oxford University Press.

Bakke, Ø., & Endal, D. (2010). Vested interests in addiction research and policy alcohol policies out of context: Drinks industry supplanting government role in alcohol policies in sub-Saharan Africa. *Addiction*, *105*, 22–28.

Bradshaw, D., Groenewald, P., Laubscher, R., Nannan, N., Nojilana, B., Norman, R., . . . , Johnson, L. (2003). Initial burden of disease estimates for South Africa, 2000. *South African Medical Journal*, *93*, 682–689.

Caetano, R., & Laranjeira, R. (2005). A 'perfect storm' in developing countries: Economic growth and the alcohol industry. *Addiction*, *101*, 149–151.

City of Cape Town. (2012). Alcohol and subtance abuse. Retrieved May 20, 2012, from http://www.capetown.gov.za/en/drugs/Pages/default.aspx

DeVerteuil, G., & Wilton, R. D. (2009). The geographies of intoxicants: From production and consumption to regulation, treatment and prevention. *Geography Compass*, *3*, 478–494.

Douglas, M. (2002). *Purity and danger: An analysis of the concepts of pollution and taboo*. London: Routledge.

Drivdel, L., & Lawhon, M. (2014). Plural regulation of shebeens (informal drinking places). *South African Geographical Journal*, *96*, 97–112.

Fritz, K., Morojele, N., & Kalichman, S. (2010). Alcohol: The forgotten drug in HIV/AIDS. *The Lancet*, *376*, 398–400.

Government of the Republic of South Africa. (2003). *National Liquor Act*. Pretoria: Government of South Africa.

Herrick, C. (2011a). *Governing health and consumption: Sensible citizens, behaviour and the city*. Bristol: Policy Press.

Herrick, C. (2011b). Why we need to think beyond the 'industry' in alcohol research and policy studies. *Drugs: Education, Prevention, and Policy*, *18*, 10–15.

Herrick, C. (2013). Alcohol control and livelihoods: Can public health aspirations and development goals be reconciled? *Critical Public Health*. doi:10.1080/095815962013827327.

Herrick, C., & Charman, A. (2013). Shebeens and crime: The multiple criminalities of South African liquor and its regulation. *South African Crime Quarterly*, *45*, 25–33.

Herring, R., Thom, B., Foster, J., Franey, C., & Salazar, C. (2008). Local responses to the alcohol licensing act 2003: The case of Greater London. *Drugs: Education, Prevention, and Policy*, *15*, 251–265.

Jahiel, R. I., & Babor, T. F. (2007). Industrial epidemics, public health advocacy and the alcohol industry: Lessons from other fields. *Addiction*, *102*, 1335–1339.

Jayne, M., Holloway, S. L., & Valentine, G. (2006). Drunk and disorderly: Alcohol, urban life and public space. *Progress in Human Geography*, *30*, 451–468.

Jayne, M., Valentine, G., & Holloway, S. L. (2008). Geographies of alcohol, drinking and drunkenness: A review of progress. *Progress in Human Geography*, *32*, 247–263.

Jayne, M., Valentine, G., & Holloway, S. L. (2012). What use are units? Critical geographies of alcohol policy. *Antipode*, *44*, 828–846.

Kalichman, S., Simbayi, L., Vermaak, R., Joose, S., & Cain, D. (2008). HIV/AIDS risks among men and women who drink in informal alcohol serving establishments (shebeens) in Cape Town, South Africa. *Preventative Science*, *9*, 55–62.

Kneale, J., & French, S. (2008). Mapping alcohol: Health, policy and the geographies of problem drinking in Britain. *Drugs: Education, Prevention, and Policy*, *15*, 233–249.

Kynoch, G. (2005). Crime, conflict and politics in transition-era South Africa. *African Affairs*, *104*, 493–514.

La Hausse, P. (1998). *Brewers, beerhalls and boycotts: A history of liquor in South Africa*. Johannesburg: Raven Press.

Lerer, L. B. (1992). Women, homicide and alcohol in Cape Town, South Africa. *Forensic Science International*, *55*, 93–99.

London, L. (1999). The 'dop' system, alcohol abuse and social control amongst farm workers in South Africa: A public health challenge. *Social Science & Medicine*, *48*, 1407–1414.

London, L., Sanders, D., & Naude, J. (1998). Farm workers in South Africa: The challenge of eradicating alcohol abude and the legacy of the 'dop' system. *South African Medical Journal*, *88*, 1092–1095.

Matzopoulos, R., Myers, J., Butchart, A., Corrigall, J., Peden, M., & Naledi, T. (2008). Reducing the burden of injury: An intersectoral preventive approach is needed. *South African Medical Journal*, *98*, 703–705.

Matzopoulos, R., Myers, J., & Jobanputra, R. (2008). Road traffic injury: Prioritising interventions. *South African Medical Journal*, *98*, 692–696.

May, P. A., Gossage, J. P., Marais, A.-S., Adnams, C. M., Hoyme, H. E., Jones, K. L., . . . , Viljoen, D. L. (2007). The epidemiology of fetal alcohol syndrome and partial FAS in a South African community. *Drug and Alcohol Dependence*, *88*, 259–271.

Mayosi, B., Flisher, A., Lalloo, U., Sitas, F., Tollman, S., & Bradshaw, D. (2009). The burden of non-communicable diseases in South Africa. *The Lancet*, *374*, 934–947.

Morojele, N. K., Kachieng'a, M. A., Mokoko, E., Nkoko, M. A., Parry, C. D. H., Nkowane, A., . . . , Saxena, S. (2006). Alcohol use and sexual behaviour among risky drinkers and bar and shebeen patrons in Gauteng province, South Africa. *Social Science & Medicine*, *62*, 217–227.

Oxfam. (2005). *Youth in shebeens and taverns – An HIV and AIDS prevention opportunity*. Victoria: Oxfam Australia.

Parry, C. (2000). Alcohol problems in developing countries: Challenges for the new millennium. *Suchtmed*, *2*, 216–220.

Parry, C., Bhana, A., Myers, B., Plüddemann, A., Flisher, A., Peden, M., & Morojele, N. (2002). Alcohol use in South Africa: Findings from the South African community epidemiology network on drug use (SACENDU) project. *Journal of Studies on Alcohol and Drugs*, *63*, 430–435.

Parry, C. D. H. (2005). South Africa: Alcohol today. *Addiction*, *100*, 426–429.

Parry, C. D. H. (2010). Alcohol policy in South Africa: A review of policy development processes between 1994 and 2009. *Addiction*, *105*, 1340–1345.

Parry, C. D. H., Plüddemann, A., Louw, A., & Leggett, T. (2004). The 3-metros study of drugs and crime in South Africa: Findings and policy implications. *The American Journal of Drug and Alcohol Abuse*, *30*, 167–185.

Pennay, A. (2012). 'Wicked problems': The social conundrum presented by public drinking laws. *Drug and Alcohol Dependence*, early online 1–7.

Petticrew, M., Tugwell, P., Welch, V., Ueffing, E., Kristjansson, E., Armstrong, R., . . . , Waters, E. (2009). Better evidence about wicked issues in tackling health inequities. *Journal of Public Health*, *31*, 453–456.

Plüddemann, A., Parry, C., Donson, H., & Sukhai, A. (2004). Alcohol use and trauma in Cape Town, Durban and Port Elizabeth, South Africa: 1999–2001. *Injury Control and Safety Promotion*, *11*, 265–267.

Provincial Government of the Western Cape. (2003). *A proposed liquor policy for the Western Cape*. Cape Town: Department of Economic Development and Tourism.

Rehm, J., Baliunas, D., Borges, G. L. G., Graham, K., Irving, H., Kehoe, T., . . . , Taylor, B. (2010). The relation between different dimensions of alcohol consumption and burden of disease: An overview. *Addiction*, *105*, 817–843.

Rittel, H. W. J., & Webber, M. M. (1973). Dilemmas in a general theory of planning. *Policy Sciences*, *4*, 155–169.

Rogerson, C., & Hart, D. (1986). The survival of the 'informal sector': The shebeens of black Johannesburg. *GeoJournal*, *12*, 153–166.

Room, R., Jernigan, D., Carlini-Marlatt, B., Gureje, O., Mäkelä, K., Marshall, M., . . . , Saxena, S. (2002). *Alcohol in developing societies: A public health approach*. Helsinki: Finnish Foundation for Alcohol Studies.

SA Government Information. (2012). Liquor Act implemented – Minister Winde has my full support: Media release by Dan Plato, Western Cape MEC of Community Safety. Retrieved May 8, 2012, from http://www.info.gov.za/speech/DynamicAction?pageid=461&sid=26432&tid=63417

Samara, T. (2005). Youth, crime and urban renewal in the Western Cape. *Journal of Southern African Studies*, *31*, 209–227.

Schneider, M., Norman, R., Parry, C., Bradshaw, D., & Pluddemann, A. (2007). Estimating the burden of disease attributable to alcohol use in South Africa in 2000. *South African Medical Journal*, *97*, 664–672.

Steinberg, J. (2011). Crime prevention goes abroad: Policy transfer and policing in post-apartheid South Africa. *Theoretical Criminology*, *15*, 349–364.

Tredoux, C. G., & Dixon, J. A. (2009). Mapping the multiple contexts of racial isolation: The case of long street, Cape Town. *Urban Studies*, *46*, 761–777.

Valverde, M. (2003). Police science, British style: Pub licensing and knowledges of urban disorder. *Economy and Society*, *32*, 234–252.

Valverde, M. (2011). Seeing like a city: The dialectic of modern and premodern ways of seeing in urban governance. *Law & Society Review*, *45*, 277–312.

Valverde, M. (2012). *Everyday law on the street: City governance in an age of diversity*. Chicago: IL University of Chicago Press.

Weber, E. P., & Khademian, A. M. (2008). Wicked problems, knowledge challenges, and collaborative capacity builders in network settings. *Public Administration Review*, *68*, 334–349.

Wilton, R., & Moreno, C. M. (2012). Critical geographies of drugs and alcohol. *Social & Cultural Geography*, *13*, 99–108.

World Health Organisation. (2010). *Global strategy to reduce the harmful use of alcohol*. Geneva: Author.

World Health Organisation. (2011a). *Global status report on alcohol and health*. Geneva: Author.

World Health Organisation. (2011b). *From burden to "best buys": Reducing the economic impact of NCDs in low- and middle-income countries*. Geneva: Author.