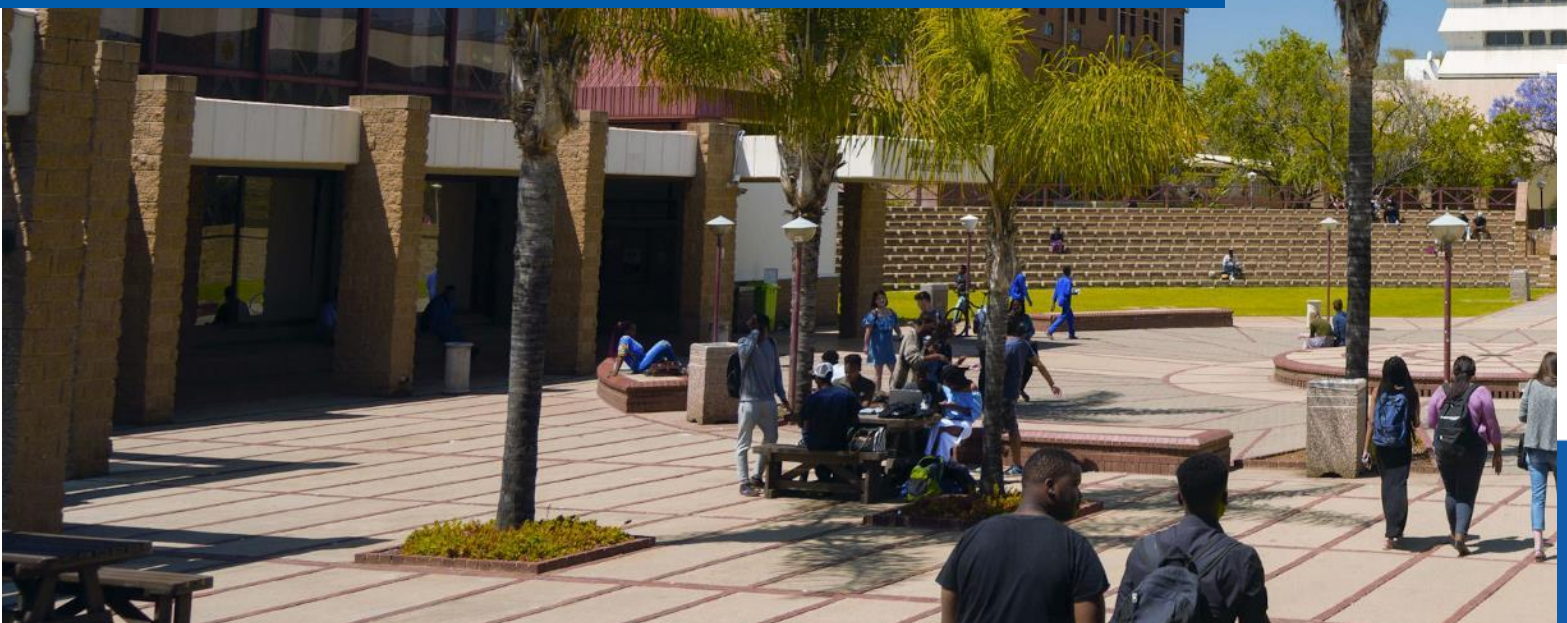
Reimagining Alcohol Harm Reduction within Communities: Evidence from a Mixed Methods Intervention Study in South Africa

Dr. Thembinkosi Singwane[1,2]

[1] PhD Graduate Department of Social Work and Criminology University of Pretoria

[2] Senior Lecturer Department of Social Work, University of Limpopo

SACENDU, Symposium, Polokwane(28 October 2026)





UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

Make today matter

www.up.ac.za



Presentation Outline

- Introduction and Background
- Lacuna/ research problem
- Research Questions
- Methods
- Findings
- Implications for Practice
- Limitations
- Conclusions and Recommendations



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

Make today matter
www.up.ac.za

Introduction and Background

- Harmful alcohol use is believed to be causing over 200 diseases and results in over three million fatalities each year, as well as high mortality and morbidity worldwide (Okeyo et al., 2022).
- Alcohol Use Disorders (AUDs) are among the most predominant and devastating mental disorders in the world (Glantz, Bharat, Degenhardt, Sampson, Scott, Lim, Al-Hamzawi, Alonso, Andrade & Cardoso, 2020; Mekonen, Chan, Connor, Hall, Hides & Leung, 2021; Rehm & Shield, 2019)
- In essence, the treatment of AUDs and dealing with alcohol-related harms has been a major challenge (Stockwell, Zhao, Pauly, Chow, Vallance, Wettlaufer, Saunders & Chick, 2021)
- The harm reduction model is gaining global momentum in the treatment realm of AUDs, and there is an improvement on the limitations (Geyer & Lombard, 2014:342) from the previous National Drug Master Plans (2nd edition and 3rd edition) by the Department of Social Development (DSD) in South Africa (Department of Social Development, 2020) regarding the nexus of harm reduction and substance use disorders (Lefine & Lesunyane, 2022)

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

Make today matter
www.up.ac.za

BRIEF INTRODUCTION

- **What is alcohol harm reduction?**
  - Alcohol harm reduction is an effort(s) that aim to reduce the undesired and unhealthy (alcohol harms) consequences brought by a certain behaviour (e.g., alcohol use), without necessarily working towards total abstinence.

- **Examples of successful harm reduction:**
  - COVID-19: Wearing of face-masks, vaccines
  - Stationery-preventative measures for teenage pregnancy
  - Alcohol labels.
  - Seatbelt in a car

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA
Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho
Make today matter
www.up.ac.za

Lacuna/ research problem

- Only total abstinence is preferred, which is difficult for service users with ambivalence → harmful alcohol use continues
- Development of harmful alcohol harm reduction interventions (AHRI) is difficult, and the interventions are misunderstood
- Several service providers are not trained in alcohol harm reduction interventions
- Resource constraints for implementing AHRI
- Measuring AHRI impact may be difficult for outpatient centres

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA
Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho
Make today matter
www.up.ac.za

HARMFUL ALCOHOL USE IN CONTEXT

The Many Harms Associated with Alcohol

Alcohol use affects more than just the individual — it impacts health, relationships, livelihoods and communities.

PHYSICAL HEALTH

- Heart and cardiovascular disease
- Liver disease (e.g. fatty liver, cirrhosis)
- Digestive problems
- Diabetes
- Cancer
- Stroke
- Alcohol poisoning and injuries

PSYCHOLOGICAL AND MENTAL HEALTH

- Mental health problems (e.g. depression, anxiety)
- Neuropsychiatric problems
- Psychological distress
- Increased risk of suicide



SOCIAL AND INTERPERSONAL

- Family and relationship problems
- Interpersonal violence (including gender-based violence)
- Risky sexual behaviour
- Social isolation
- Reduced social participation

ECONOMIC

- Financial difficulties
- Lost productivity
- Unemployment and job loss
- Increased healthcare costs
- Poverty and indebtedness

COMMUNITY

- Reduced social cohesion
- Greater vulnerability (e.g. crime, violence)
- Pressure on families and services
- Weakened community resilience
- Intergenerational impacts

Alcohol-related harm is multidimensional — affecting individuals, families, communities and future generations.

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

Make today matter
www.up.ac.za

THE SOUTH AFRICAN TREATMENT GAP

A problem of both alcohol-related harm and treatment fit

The thesis identified three interconnected gaps:

1. **Evidence gap**
   Much published intervention evidence originates from high-income countries, raising questions about transferability to South African contexts.

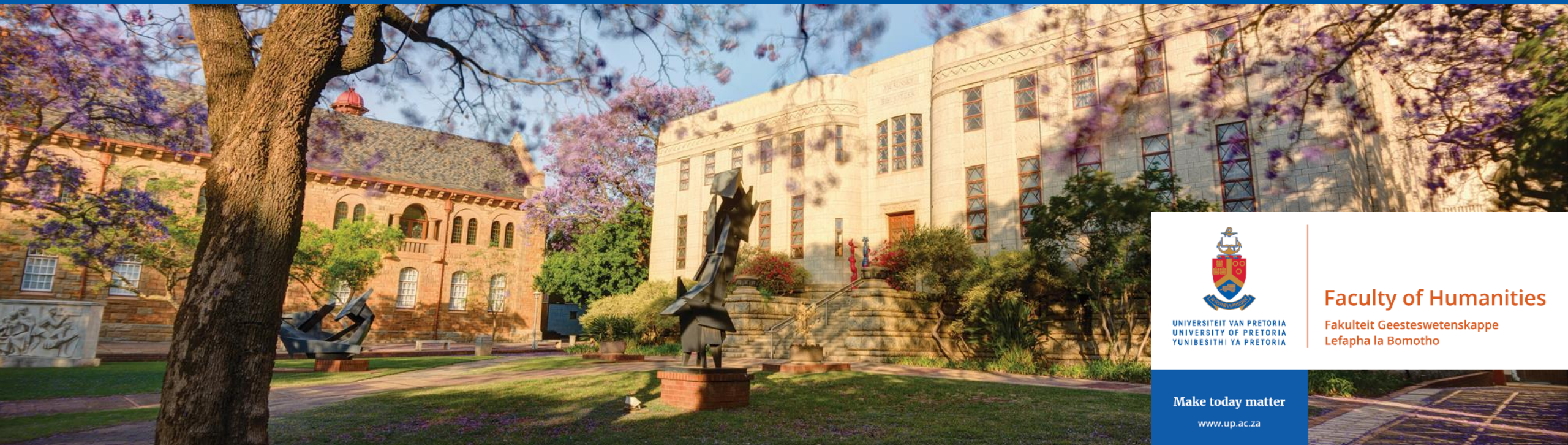
2. Intervention gap
Harm-reduction approaches have historically received greater attention in relation to illicit drugs than alcohol.

3. Practice gap
Outpatient alcohol treatment has commonly been strongly oriented towards abstinence, while some individuals may be unwilling or unable to pursue immediate abstinence.

The response

Develop an **outpatient alcohol harm-reduction intervention specifically informed by the South African context.**

How did the study unfold?



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

Make today matter

www.up.ac.za

Goals and objectives

THE STUDY'S CENTRAL QUESTION

Research question

What harms associated with Alcohol Use Disorders could be addressed by an outpatient alcohol harm-reduction intervention?

Goal

To develop an outpatient alcohol harm reduction intervention:

The study moved from evidence → experience → intervention

THREE OBJECTIVES

Outpatient alcohol harm-reduction intervention for the management of AUDs in South Africa.

Objective 1

Conduct a scoping review synthesising literature on alcohol harm-reduction interventions in the **Global South, January 2013–June 2023**.

Objective 2

Gather the perspectives of **service providers and service users** regarding harms associated with AUDs in South Africa.

Objective 3

Triangulate and prioritise the evidence to design a **prototype outpatient alcohol harm-reduction intervention**.

RESEARCH METHODS



Research approach and design

The mixed methods research approach, specifically the concurrent mixed design was adopted for the study (Fouché & Strydom, 2021:424)



Population, sample and sampling procedure

The population of this specific phase of the study consisted of 60 service providers (with <3 years experience) recruited purposively from outpatient treatment centres in GP, LP and MP.



Data collection

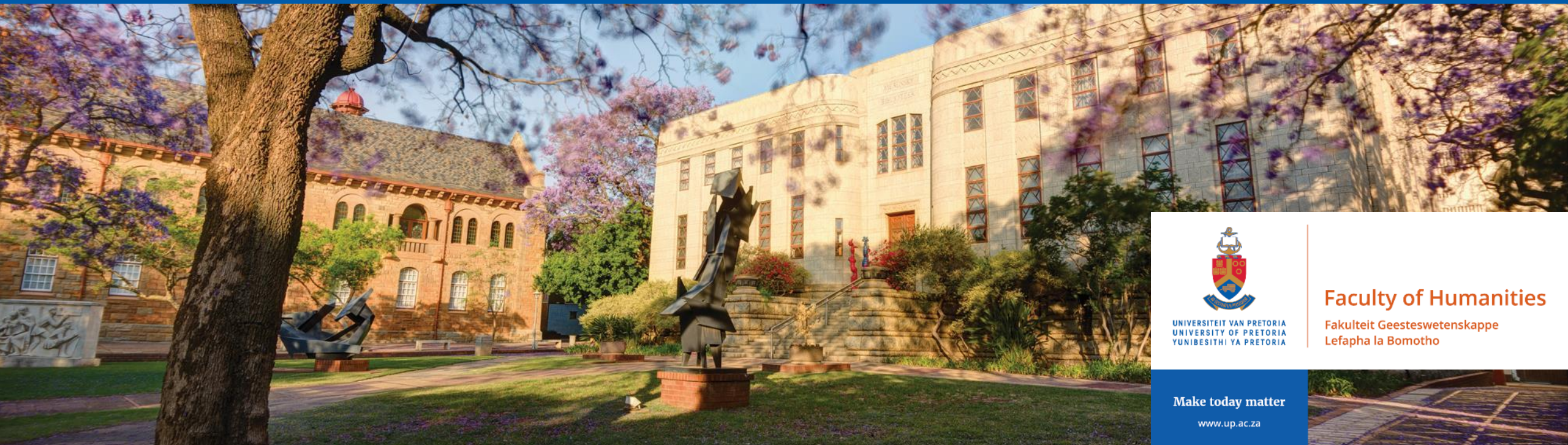
Data from the service providers was collected through a non-standardised Qualtrics^{XM} web-based survey which included open-ended questions and close-ended questions (Roestenburg, 2021:211)



Data analysis

Descriptive and inferential statistics in consultation with consultant.

What was found? Research Results .



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

Make today matter

www.up.ac.za

Results from the Scoping Review

Volume 24, Numbers 1 2025
Journal homepage: www.crisaafrica.org/ajdas
https://dx.doi.org/10.4314/ajdas.v24i1.2

ALCOHOL HARM REDUCTION INTERVENTIONS IN THE GLOBAL SOUTH: A SCOPING REVIEW

Thembinkosi P. Singwane & Stephan Geyer

Department of Social Work and Criminology, University of Pretoria, Pretoria, South Africa

ABSTRACT

Harmful alcohol use remains a significant concern, particularly in the Global South. This scoping review synthesises the literature on Alcohol Harm Reduction Interventions (AHRIs) among countries in the Global South. Following Arksey and O'Malley's framework, 38 articles published between January 2013 and June 2023 are analysed. Data extraction focused on intervention types, target populations, effectiveness, and barriers. Thematic analysis was conducted to generate five themes. The findings indicate that healthcare workers predominantly implement AHRIs, often through Motivational Interviewing. AHRIs demonstrate positive impacts; however, their effectiveness is hindered by limited professional training and weak policy directives. The need for enhanced professional training, stronger policy frameworks, and region-specific intervention strategies are highlighted.

Keywords: Alcohol harm reduction, Alcohol harms, Harmful alcohol use, Global South, Scoping review

INTRODUCTION

The harmful use of alcohol and its associated detriments have become a widespread issue across many societies (Babor, 2024). The World Health Organization (WHO, 2024) reports that alcohol-related harm is responsible for over three million deaths annually, contributing significantly to the global burden of disease. Despite this, alcohol harm reduction remains a low-priority in many low– and middle-income countries (LMICs), where healthcare systems are often overburdened with infectious diseases, malnutrition, and other pressing health concerns (Mwingira, Msuya, Kisinza, & Kathet, 2022). Notably, low-income countries exhibit higher rates of heavy episodic drinking compared to middle-income countries (Xu et al., 2022). Unlike high-income countries, where alcohol consumption has declined due to targeted interventions and regulatory measures, many nations in the Global South continue to experience rising rates

Corresponding Author: Thembinkosi P. Singwane, PhD graduate in Social Work, Department of Social Work and Criminology, University of Pretoria, Pretoria, South Africa. thembinkosimabuza3@gmail.com, https://orcid.org/0000-0002-0496-5411

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

Make today matter
www.up.ac.za

Service Users' Experiences of Alcohol-Related Harms

•Physical and psychological harm: illness, anxiety, depression and injuries.
•Family and social harm: strained relationships, missed family moments and isolation.
•Economic harm: employment difficulties and financial instability.
•Delayed awareness: some service users recognised the full extent of harm only after experiencing its consequences.

Selected service users voices

"I feel like I have missed some important times with my children due to my alcohol use, and now I can't take back the hands of time. Alcohol really takes a lot of time."

"It was not until I was in treatment that I realised the full extent of what alcohol had done to me. Not just my body but my mind and my relationships too."

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA
Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho
Make today matter
www.up.ac.za

Service Users' Experiences of Alcohol-Related Harms

- Rigid abstinence-focused approaches: may discourage service users who struggle to maintain abstinence.
- Relapse and ongoing challenges: highlight the need for continued, non-judgemental support.
- Flexible treatment options: should accommodate individual goals and readiness for change.
- Support systems: family, professionals and community resources are important.
- Practical coping strategies: should address triggers, stress and everyday challenges.

Selected service users voice

"I did not think my drinking was that bad. I figured as long as I was not an alcoholic, I was fine. But looking back, I was in denial about how much it was affecting my life."

N:B Outpatient services should offer person-centred, flexible harm-reduction options that address the wider realities of service users' lives

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA
Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho
Make today matter
www.up.ac.za

HAT HARMS DID SERVICE PROVIDERS IDENTIFY?

Alcohol-related harm is multidimensional

Among service providers, frequently identified harms include

Physical health

•Heart and cardiovascular disease

•Liver disease

•Digestive problems

•Diabetes

•Cancer

•Stroke

•Alcohol poisoning

Psychological and mental health

•Mental-health problems

•Neuropsychiatric problems

•Psychological distress

Social and interpersonal

•Risky sexual behaviour

•Gender-based/interpersonal violence

•Family and relationship problems

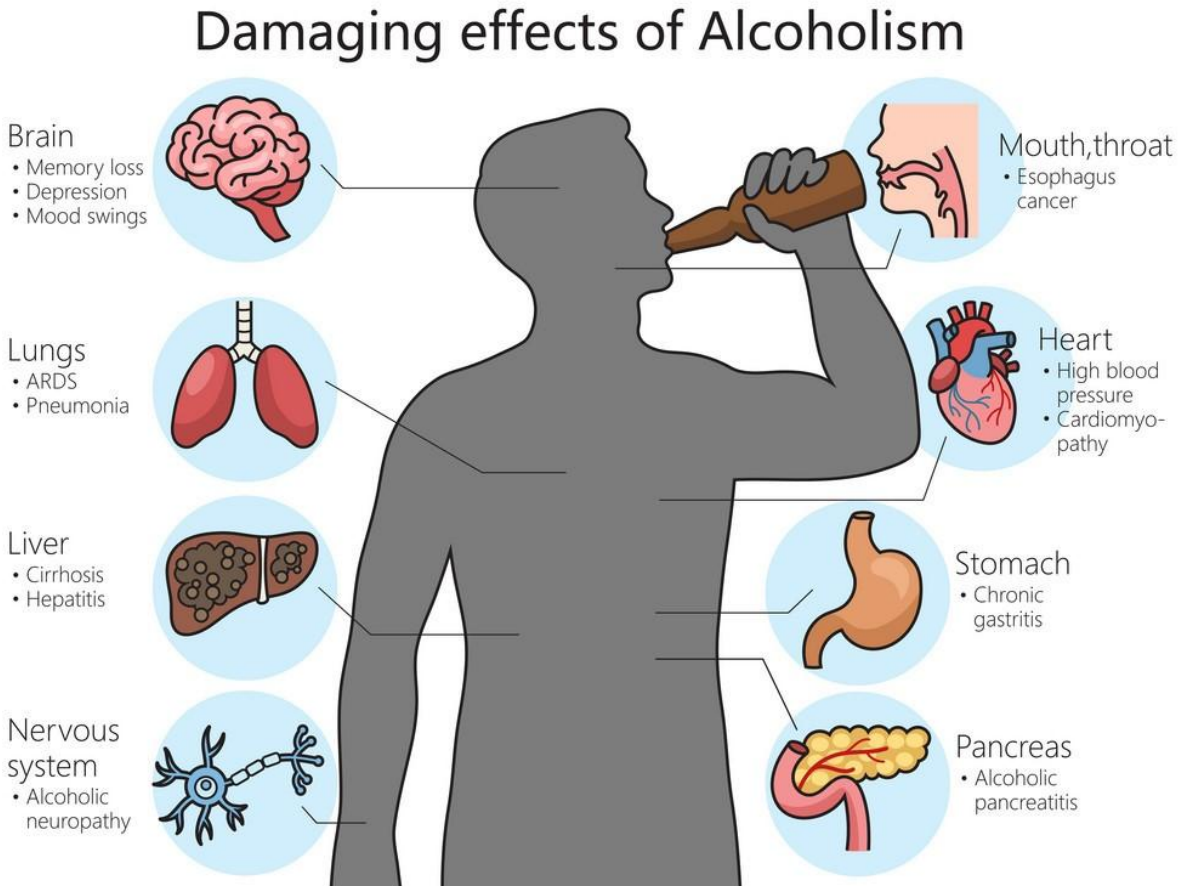
Economic

•Financial difficulties

•Reduced productivity

•Employment-related consequences

Alcohol-related harm cannot be reduced to a single health outcome.

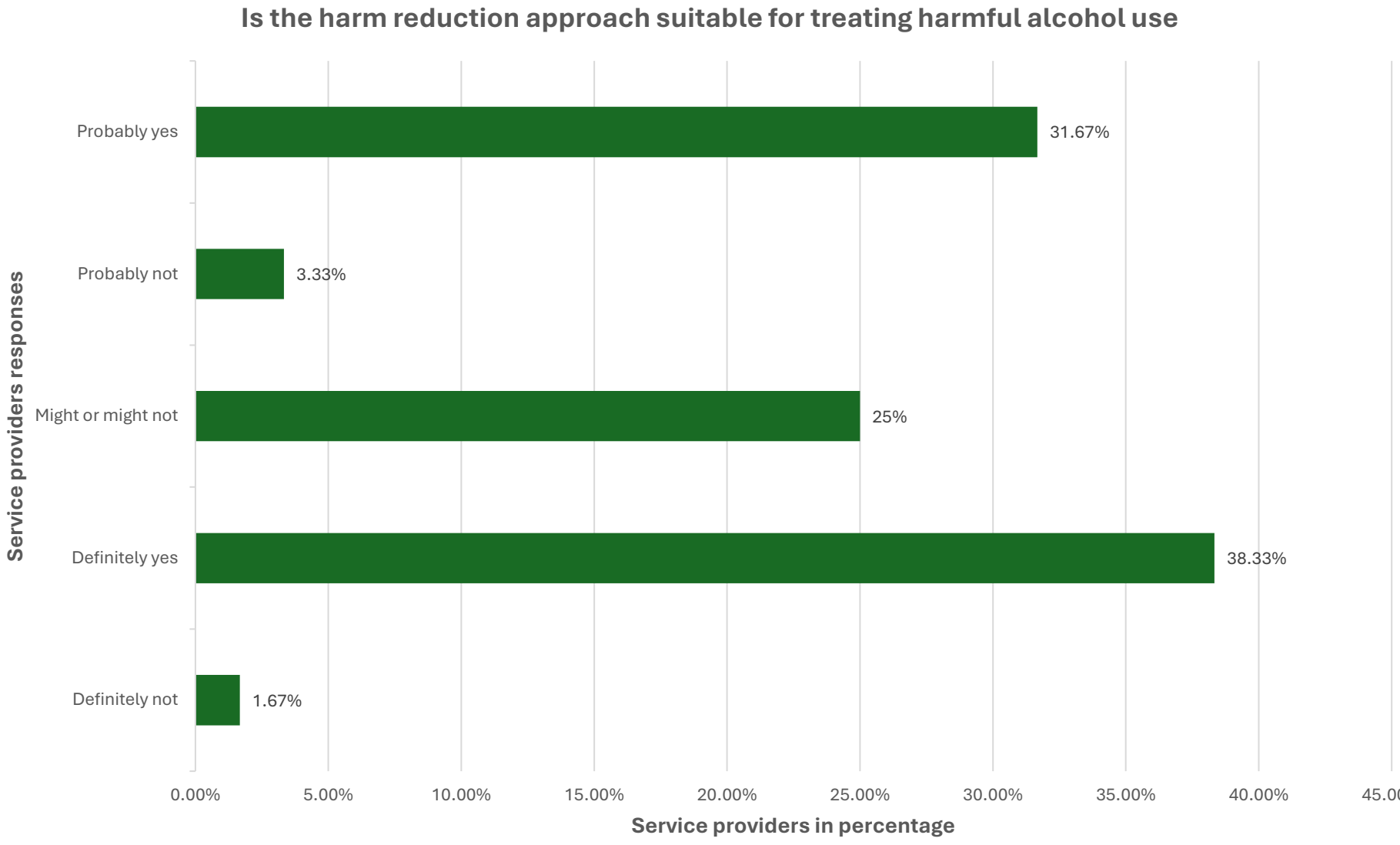


UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

Make today matter
www.up.ac.za

Suitability of harm reduction approach for treating harmful alcohol use



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

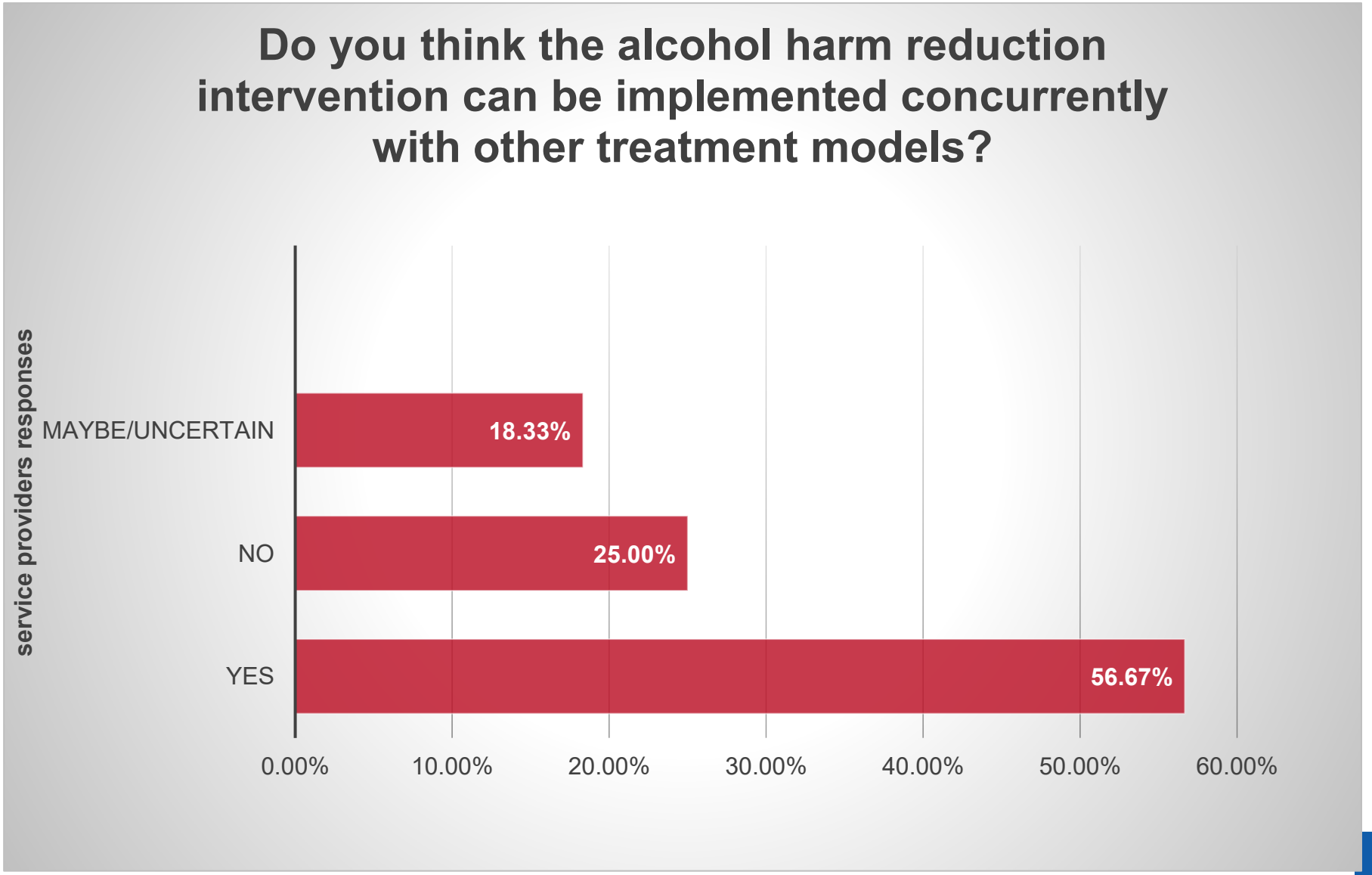
Make today matter
www.up.ac.za

Association between service providers' years of experience and the awareness of harm reduction approach

Characteristics	Totals, n(%)		Chi-square value	df	p-value
	Aware (47)	Not aware (13)			
Years of experience			0.8472	4	0.932
0-4	8 (72.73)	3 (27.27)			
5-9	32 (78.05)	9 (21.95)			
10-14	5 (83.33)	1 (16.67)			
15-19	1 (100)	0			
20-24	1 (100)	0			

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA
Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho
Make today matter
www.up.ac.za

Perspectives on the concurrent implementation of the harm reduction approach and other treatment models



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

Make today matter
www.up.ac.za

Advantages and disadvantages of alcohol harm reduction interventions in outpatient centres

Advantages	Disadvantages
Reduction in alcohol-related harms: Fewer accidents, violence, and health issues, with improved mental and physical health.	Risk of continued harmful alcohol use: May lead to ongoing alcohol consumption without the goal of total abstinence.
Accessibility and convenience: Allows individuals to continue daily activities (work, school) while receiving treatment.	Misinterpretation and misconceptions: May be misunderstood by service users and communities as promoting alcohol use.
Cost-effectiveness: Outpatient interventions are less expensive compared to inpatient care.	Implementation challenges: Lack of training, controlled environments, and financial resources can hinder effectiveness.
Flexibility and personalised care: Tailors treatment to individual needs with involvement of family and community.	Effectiveness concerns: Long-term outcomes, like total sobriety, may take time to achieve, raising doubts about the approach's impact.
Reduction in stigma: Non-judgmental and allows service users to seek treatment discreetly, lowering social stigma.	Delays in outcomes: Harm reduction might not show immediate positive impacts, delaying progress towards abstinence.

IMPORTANT FINDINGS

1 THE SCOPE OF ALCOHOL-RELATED HARM

Alcohol use disorders affect far more than the individual. The findings show that alcohol-related harm is multidimensional, impacting health, relationships, livelihoods and communities.

PHYSICAL HEALTH
- Liver disease
- Cardiovascular problems
- Digestive issues
- Diabetes, cancer, stroke
- Alcohol poisoning

PSYCHOLOGICAL & MENTAL HEALTH
- Mental health problems
- Neuropsychiatric problems
- Psychological distress

ALCOHOL USE DISORDERS (AUDs)

COMMUNITY
- Reduced social cohesion
- Greater vulnerability
- Pressure on families and services

SOCIAL & INTERPERSONAL
- Family and relationship problems
- Gender-based violence
- Risky sexual behaviour
- Social isolation

ECONOMIC
- Financial difficulties
- Reduced productivity
- Employment challenges

Alcohol harm cannot be reduced to a single health outcome.
It affects the whole person and their social environment.

2 A CONTEXTUALLY INFORMED INTERVENTION

A 10-session outpatient harm-reduction prototype

Goal — Reduce alcohol-related harms and support meaningful, individualised change.

Six interconnected components

1. ASSESSMENT
- AUDIT & DSM-5
- Drinking patterns
- Physical & psychosocial assessment

2. MOTIVATION
- Motivational interviewing
- Ambivalence
- Personal reasons for change

3. SUPPORT SYSTEMS
- Family mapping
- Peer networks
- Positive support
- Communication

4. MANAGING BARRIERS
- Triggers
- Peer pressure
- Emotional triggers
- Coping strategies

5. HEALTH EDUCATION
- Physical health
- Mental health
- Alcohol-related risks

6. PERSONALISED HARM-REDUCTION STRATEGIES
- Safer choices
- Reduced consumption
- Responsible drinking
- Monitoring & aftercare

The 10-session structure

Sessions 1–2	Sessions 3–4	Sessions 5–7	Sessions 8–10
Assessment & understanding	Motivation & psychoeducation	Support systems	Managing barriers
Build a clear picture and set goals	Build readiness and knowledge	Strengthen positive networks and communication	Develop practical coping and relapse prevention strategies

Flexible • Person-centred • Context-sensitive
Designed for South African outpatient treatment settings.

3 FROM INDIVIDUAL CHANGE TO COMMUNITY RESILIENCE

A broader vision for health, well-being and stronger communities.

THE RIPPLE EFFECT OF ALCOHOL HARM

INDIVIDUAL
Health • Mental health • Functioning

FAMILY
Relationships • Parenting • Finances

SOCIAL NETWORKS
Support • Isolation • Peer influence

COMMUNITY
Participation • Social cohesion
Collective functioning

THE PATHWAY TO RESILIENCE

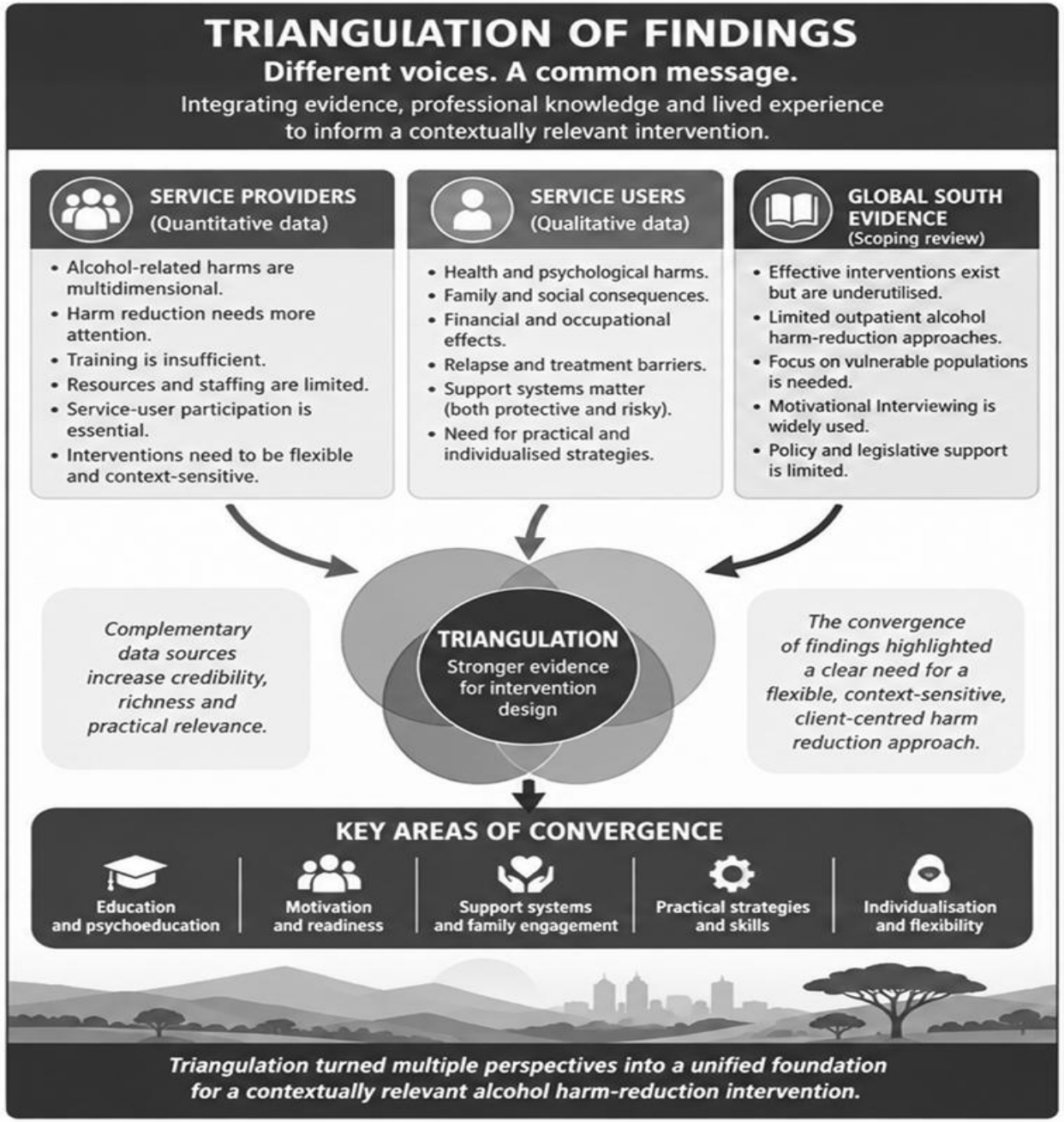
- Knowledge
- Agency
- Coping
- Supportive relationships
- Safer choices
- Access to appropriate services

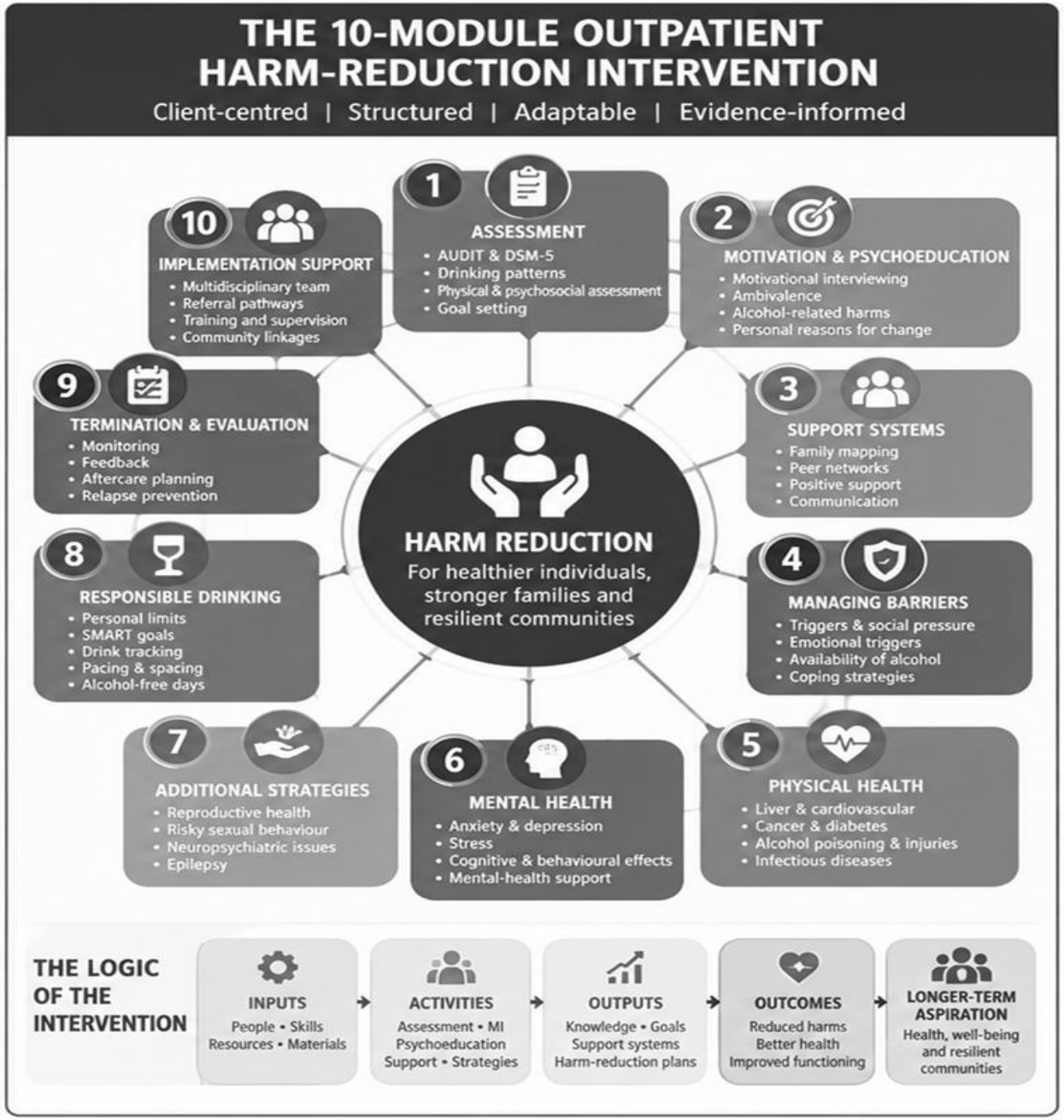


HEALTHIER PEOPLE • STRONGER FAMILIES
MORE RESILIENT COMMUNITIES

Reducing alcohol-related harm is not just about less drinking — it's about better lives and stronger communities.

IMPORTANT FINDINGS







Limitations

Service providers

- Limited to selected providers in Limpopo, Mpumalanga and Gauteng.
- Findings may not be generalisable to all South African outpatient treatment settings. (N=60)
- Providers' varying awareness of harm reduction may have influenced their responses.

Service users

- Small purposive sample of 29 participants, limiting generalisability.
- Recruitment was affected by non-attendance, irregular outpatient attendance and relapse during the recruitment process.
- Experiences may not represent all people with alcohol use disorders in South Africa.

Scoping review

- Restricted to English-language publications from January 2013 to June 2023.
- Excluded grey literature, policies, reviews, newspaper articles and books.
- Heterogeneity across studies limited direct comparisons and firm conclusions about intervention effectiveness.

Overall

- The intervention remains a prototype that has not been externally evaluated or pilot-tested.
- Its effectiveness, long-term sustainability and impact on health, well-being and community resilience remain to be establisheD

CONCLUSION:LESSONS

Person-centred care: Respect dignity, autonomy and individual goals.

Flexible interventions: Recognise diverse needs and treatment preferences.

Holistic practice: Address health, family, social and economic harms.

Service-user involvement: Include lived experiences in intervention design.

Collaborative care: Strengthen multidisciplinary and community partnerships.

Industry accountability: Hold alcohol companies responsible for alcohol-related harms.

Public health protection: Strengthen marketing controls and alcohol-harm prevention.

People before profits: Prioritise community well-being over commercial interest

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

Make today matter
www.up.ac.za

Thank You



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

Make today matter

www.up.ac.za