

ALCOHOL EFFECTS ON THE FAMILY: DESTRUCTION BEHIND QUENCHING THE THIRST.

A PAPER PRESENTED BY MRS. MPHONYANE MOFOKENG AT THE GLOBAL ALCOHOL POLICY CONFERENCE 2013 (GAPC 2013)

ABSTRACT

This paper presents the alcohol related harm within the family setting. It documents examples from different communities within the districts of Maseru and Mafeteng in regard to their views on the harm experienced as a result of the use and abuse of alcohol.

The paper shows the contribution of nongovernmental organizations to curb the problem, how the Lesotho National Alcohol Policy is intended to reduce the harm and the advocacy work done by the Alcohol Policy Alliance of Lesotho.

Data was collected by means of literature review according to which documentations were sought and studied to establish the effects of alcohol on the family. Data was also collected through the use of semi- structured questionnaire which was responded to by family members from Thaba Bosiu, Khutsong Sekamaneng, Mount Moorosi, Rivers of Life church group and teachers from Motsekuoa High School. Their views towards the National Alcohol Policy were investigated to establish the extent to which they see it as a tool to help them out of their dilemma.

Findings from literature study reveal that alcohol impacts on all members of the family, and children are the hardest hidden group by the harmful use of alcohol by their parents.

Findings from the investigations revealed that effects of alcohol on the family are the same in all different groups of people residing in different parts of the country. Also that alcohol consumption has negative consequences on both the user and the people around him or her.

INTRODUCTION

Lesotho is a small mountainous country situated in the Southern part of Africa region. Lesotho is surrounded by the Republic of South Africa and has a population estimated at 1,995,000 million with a population growth of 0.08% per annum between 1996 and 2006. 40% of the population is under 15 years of age. According to Lesotho Census report of 2006, the majority of the population lives in the rural areas (76.26%) and only 23.74% of the population lives in urban areas.

The National Social Development Policy (2013) reports the biggest developmental challenge facing Lesotho today as ensuring that growth in the economy translates to improvements in the quality of life for all Basotho. Alcohol abuse has a mayor bearing on the challenge as it threatens the health and safety of abusers and non-abusers.

BACKGROUND OF ALCOHOL USE IN LESOTHO

Alcohol use dates as far back as pre-colonial era. In Lesotho the type of alcohol used was the traditional beer, home brewed with sorghum. This was mainly consumed by men at Khotla. This type of alcohol was regarded as food normally served after meals and also used to serve visitors. It was used to bring together men to discuss community issues and also for entertainment. Initiation into alcohol was a sign that this person is no longer a boy; he has graduated to being a man allowed to sit at Khotla with elder men to contribute to the village development plans.

Production of traditional beer took place during ploughwing and harvest time, and celebrations. Women and children were never allowed to consume alcohol and they in fact respected the culture. The traditional beer has an alcohol content estimated to 3%.

During the colonial era, the white man brought western alcohol into the country. King Moshoeshoe 1 did not conform to the use of this type of alcohol. He looked at people who drank it and when they were drunk, they behaved like people in sane. He tested the alcohol with fire to see why people reacted the way they did. It burned like spirit. He made a law written on the stone. This was placed at Maputsoe at the border to South Africa saying that No western alcohol should be allowed to enter into the country. And that no Mosotho should drink that kind of alcohol. He was however betrayed by his sons after his death. They agreed to remove the stones at the border and accepted alcohol first as gift from the western people and later they allowed people to drink it.

Alcohol problems started with the commercialization of alcohol. The western alcohol was sold and the law was passed that only people with licenses should purchase alcohol. It was sold at selected places. During that time Basotho were still drinking their own traditional beer as they had high harvest. However introduction of mines in South Africa saw a lot of Basotho men leaving the country to work in the mines. One reason for this was that the colonies had introduced monitory aspect to the culture of Basotho so the value of grain and maize was reduced. People wanted to have cash.

Basotho men who migrated to South Africa started changing their patterns of drinking and introduced this behavior back home. Women also started to drink and this resulted in Paramount Chief Griffiths banning the sale of alcohol and destroying all beer huts. He proclaimed that beer market promoted irresponsible drinking and women's freedom to drink beer which was shame for families and villages.

Basotho women started selling the traditional beer and competition was high from the western alcohol. They then started putting all the concoctions to try and meet the western alcohol content which gave a high cash incentive when sold.

Alcohol abuse in Lesotho is now quite common and is the most abused substance in the country. Alcohol abuse and the opening of she-been by mothers of poor families has led to a growing number of street children; many of them sniff glue. In the 10yrs, alcohol consumption habits in Lesotho have undergone a major transformation. Old –fashioned beers were not very alcoholic, so getting drunk meant drinking a great deal over many hours, chatting all the while. These days, consumers seek efficient drinks, and home brews have become extremely strong. The makers of such brews add batteries, oxidized objects, dagga and other inadmissible ingredients which they claim increase the alcoholic content.

BACKGROUND OF ALCOHOL IN GENERAL

Studies have shown that alcohol is the most widely abused substance among young people worldwide. In most traditional societies alcohol was only used at special ceremonies such as harvest, weddings and funerals. It was used with respect and not much was brewed. It was therefore not part of everyday. Use of alcohol by young people was highly condemned and prohibited and was regarded as disrespectful. The consumption of alcohol was regarded as a privilege, reserved for heads of families and elderly women. The drinking place which was often the chief's or headman's meeting place was respected and treated with honor; it was considered wrong to abuse the right to drink.

Today alcohol is no longer reserved for special occasions or for certain or for the elderly. More young people drink alcohol at parties and social gatherings. Alcohol industry is very well aware of this change and has been taking advantage of the situation. They are producing and designing alcohol beverages that attract young people, further impacting the consumption rate of alcohol, effects of alcohol and its consequences on individuals, families and the society at large.

EFFECTS OF ALCOHOL

Alcohol is seen as a threat to the health and safety of the abuser and also triggers other problems. The Lesotho Social Development Policy explains these problems as:

- Alcohol abuse undermines social functioning. In the case of married people, alcohol abuse can create marital conflicts which can lead to divorce.
- Alcohol abuse can cause absenteeism at work and the abuser may end up losing his/her job. This affects the whole dependents of such an abuser.
- Alcohol abuse often causes income insecurity, as abusers spend their income on alcohol, living the family with nothing.

- Alcohol abuse often causes road and occupational accidents injuries.
- Alcohol abuse makes the abusers vulnerable to HIV and AIDS
- Alcohol abuse among youth may cause them to drop out of school and turn to a life of crime. And for girls alcohol abuse may result in unwanted pregnancies which force them to drop out of school.

Peer Education manual on substance abuse developed by ADAAL reveals some of the social effects of alcohol, in addition to the above as domestic violence, lack of participation in social activities, accidents at workplace and accidental falls, driving while under the influence of alcohol, truancy and absenteeism at school and at work, untruthfulness, poor performance at school and at work, insults and rudeness, feelings of insecurity; marital discord; increased chances of using other drugs; and increased chances of sexual abuse including incest, sexually transmitted infections, HIV and AIDS and unplanned pregnancies. Some of the people interviewed said alcohol damages those attributes of man which makes him a full functioning person not an animal.

Excessive drinking has been linked with decreased academic performance, loss of memory, blackouts and property damage. Alcohol use is often a factor in date rape and or unprotected sexual intercourse. Binge drinking can cause death in drinkers who do not know their own limit.

Babor, Caetano, Casswell, Edwards, Giesbrecht, Graham, Grube, Hill, Holder, Homel, Livingstone, Osterberg, Rehm, Room and Rossow, (2010) indicates that drinking patterns that lead to elevated blood alcohol levels result in problems associated with acute intoxication such as accidents, injuries, and violence. They continue to show that the drinking patterns that promote frequent and heavy alcohol consumption are associated with chronic health problems such as liver cirrhosis, cardio vascular disease and depression. All these affect the functioning of the family negatively.

ALCOHOL RELATED HARM WITHIN THE FAMILY SETTING

Alcohol abuse has high negative impact on the family. As parents go to drink, buy alcohol to fill their fridges, they take little notice of the seed they are putting into the very fertile soil called “a child”. A child listens to his mother, his father, his brother talking about their thirst and the next moment they see beer instead of water. They learn that beer quenches the thirst. Sometimes a parent is tired, has visitors and wants to quench the thirst of his visitors. He sends the child, little knowing that the message is well received by this child on how visitors are treated. It starts with a small innocent action and flows to a big very big problem within no time.

Social Harm

Listening to Sabina's story as narrated by raising voices, one gets into a deeper sense of what alcohol abuse does to the functioning of a family. Sabina says "My father died when I was two years old. I lived with my mother, stepfather, step mother and sister. Older children teased me about my disability. My step father would get drunk and abuse me and often refuse to let me eat with the family. Sometimes he beat me badly. My mother couldn't do much to protect me. I felt like no one loved me. I felt like giving up".

It is important for us as parents, to know how children feel when violence is committed against them. Violence committed by a drunken person is very painful. Sabina and her friends talked about their feelings which actually have high influence on what they will be in the future.

- I feel like my heart is paining
- I feel like revenging
- I feel so bad but have no option
- **I regret that I was born**
- I feel too much anger
- I feel it's not fair and get so angry. **Sometimes I feel like taking poison.**
- I do not know what to do
- I feel embarrassed that my friends are going to laugh at me.

Children in position of vulnerability include herd boys, street children, children out of school, and children living in child-headed households. Situations creating vulnerability include child trafficking, forced marriages, early pregnancy, **alcohol abuse** and prostitution. Abuse and exploitation of children are increasing, largely as a result of the impacts of poverty, food insecurity and HIV and AIDS. A major manifestation of this growing problem is an increase in the number of rape cases involving children. It is reported that around 31% of reported rape cases in urban areas of Lesotho involved females between 10 and 19 years.

Also the personal interviews conducted with officials of Correctional Services revealed that sexual offences are on the increase but it is difficult to link them to poverty because more than half of the offenders are said to have been from alcohol outlet or at the alcohol outlet and in most cases both the victim and the offender, or one of them were under the influence of alcohol.

Tomas Babor et al (2010) in ALCOHOL, no ordinary commodity said alcohol accounts for approximately 4% of deaths worldwide and 4.6% of the global burden of injury and disease, placing death alongside tobacco as one of the leading preventable causes of death and disability. They say alcohol consumption is a risk factor for a wide range of social

problems such as divorce, child abuse and work related problems, family dysfunction and domestic violence. Even though Tomas Babor et al say there is no plausible evidence for a direct causal link between alcohol consumption and violence, the effect that alcohol has on the brain as explained by Soul City in drink safe, live safe- showing why alcohol leads to problems like violence can be examples and/or evidence enough to proof alcohol as a causative factor for violence especially in the family.

Soul City in Soul Buddyz – Alcohol and children – how can we protect our children shows that drinking too much can have negative effect on individuals and families. The given problems include:

Neglect of important family responsibilities

Alcohol costs a lot of money and drinkers may start to use money that should be spent on food, rent and education to buy drinks. This is evidenced by some respondents from a survey undertaken at different villages of Maseru, and Mafeteng where more than five people commended that “people who drink are selfish, they take the last M10.00 in the family to spent alone at the she-been”.

Drinkers may get so desperate for money for alcohol that they sell family possessions or even have sex with people in exchange for alcohol. One of the people treated at the Thaba Bosiu Centre of Blue Cross indicated that he would take his mother’s clothes and sell in the village for just a 350ml of beer. Another interviewed person from Khutsong Sekamaneng said she has a child that she cannot leave alone in the house; they have to lock and hide the keys for him because he crabs anything just to get his thirst quenched.

Absenteeism from work leading to loss of job

People who drink too much miss work and could lose their jobs. This can make it very difficult for families to manage. During a survey done by Alcohol Policy Alliance of Lesotho in Botha Bothe, one officer said a number of officers within the civil service have lost their jobs because of drinking. Some of them are now roaming the streets eating from the rubbish bins. Their children had to drop out of school and look for employment as domestic workers.

Financial Burden for user and the caring family

The Globe, Issue number 1 of 2013 indicates that financial effects of alcohol dependence on the family members of addicts can be massive, but little is known about whether treatment for alcoholics reduces that financial burden. In trying to call attention of the need for treatment support, the study reported in this issue reveals that after 12 months of treatment, family costs directly related to a family member’s alcoholism decreased from an average of 20.2% to 4.3% of the total pre tax family income. The study continues to show

that among 48 families under study, two of the largest family expenditures directly related to dependence were for alcoholic beverages averaging US \$ 310.29/month. 12 months into treatment, the costs had reduced to US \$ 86.92/month.

Salize, Jacke, Kief, Franz and Mann (2013) *Globe* issue number one, reveals that after 12 months of treatment, the average amount of time spent caring for the affected family member dropped from 32.2 hrs/month to 8.2 hrs/month. Dr. Salize, who is the lead author, said it is not enough to look at effects of alcohol on families focusing on problems such as domestic violence and depression alone, focus should also be on the financial burden of caring for an alcoholic. The financial burden as seen by some of the respondents from Mount Moorosi is not only on caring for the alcoholic, but also on the cost of damage caused by the same abuser even before he/she becomes an alcoholic. It is also acknowledged as reported in *Soul Buddyz* club by Mpho, that a person who drinks a lot might spend all their money on alcohol when their children as for bread money, they might say they do not have it. But they have money to drink.

The study undertaken by Banerjee and Duflo reveals that the extremely poor in rural areas spent 4.1% of their budget on tobacco and alcohol in Papua New Guinea; 5.0% in Udaigur, India; 6.0% in Indonesia and 8.1% in Mexico. It continues to show that less than half of the budget in Mexico is allocated to purchase food (49.6%). In South Africa the study says 90% of the households living under US \$1 per day spent money on festivals.

Emotional Damage

Parents who drink may not provide their children with positive role models and their children are more likely to abuse alcohol and do crime. Kaylene of *Soul Buddyz* says some adults come back home drunk and they fight with their families. Children see this and when they grow up they will also try the same thing.

Drunken parents may say hurtful things to each other and to their children which embarrasses and shames children. Some of the things happen in front of their age mates and they may get teased at school if their parents drink too much. Drunken parents often spend a lot of time away from their families and do not give children the love, help and support they need. One student said she dropped out of school because her father would go to school drunk and yell at her, teachers and everybody who comes by his way. It is also difficult for children to open up and make friends as it will be difficult for friends to visit them because of the drinking parent.

Adults from alcoholic families experience higher levels of state trait anxiety and lower levels of differentiation of self than adults raised in non- alcoholic families. Additionally Wikipedia states that adult children of alcoholics have lower self-esteem, excessive feelings of responsibility,

difficulties reaching out, higher incidence of depression and increased likelihood of becoming alcoholics.

Violence

Drinking can make people aggressive and violent. Drunken people often abuse their partners and children.

It is also reported that drunken people may not be able to protect their children from violence. One of the students from ADAAL programme schools said her father nearly found her being raped by a person who was drinking with him. Her father was at the drinking spot with his friends. One of the boys bought beer for him and when he realized that he was drunk and still had more to drink he left to the man's place. He knew that the daughter of this man was crippled from car accident and could not run. He was about to rape her when her father came in and the boy ran away only because he was the student at the school where her father was teaching.

Studies from different parts of the world conclude that high levels of alcohol consumption increase the risk of violence. Drinking at such high levels may also lead to many problems that in turn can become a breeding ground for violence. It is again indicated that even in countries with good welfare systems, heavy drinking can lead to major problems in the family. Parental care for children may break down and the relationship between the adults may deteriorate into tension and mistrust. Increased stress in the family increases the risk of violence.

Research has proved that a person who is often drunk is more likely to inflict violence on his own family than someone who remains sober most of the time. In addition to the direct violence experienced by children, the violence they witness between their parents can be more psychologically devastating for them. Children who witness violence or threats of violence are at a higher risk of becoming substance abusers.

In most cultures, violence is not reported. For example in Asian cultures violence is considered as an internal matter for the family only. Making it known to public brings shame on the family and no one from outside the family interferes. Interpersonal violence is also recorded as being highly associated with alcohol use. The family problems that are likely to co-occur with alcohol problems as stated by the National Institute of Alcohol Abuse and Alcoholism include violence, marital conflict, infidelity, jealousy, economic insecurity, divorce and fetal alcohol.

Crime

Crime by drunken people has been reported in many parts of the world. The most common crime for alcohol abusers in the villages of Lesotho is sexual offence. Alcohol can make people

feel as if society's laws and rules do not apply to them and they find it easier to do bad things. Studies revealed that in Belarns, 65% of all crimes that take place in the home are committed by people who are intoxicated by alcohol. Children are often the victims of alcohol fueled violence.

The Friends of Women Foundation in Thailand carried out a study through its networks. The study revealed that 70-80% of men who drink alcohol also use violence, such as abuse and rape against their wives and their children.

Alcoholism in the family as related from Wikipedia states that children of addicts have an increased suicide rate and on average have total health care costs of 32% greater than children of non alcoholics' families.

Child-headed house holds

Parents who drink a lot may become irresponsible. Drunken parents may neglect their children. Many times older siblings will have to take on the responsibility and roles of parents and look after their younger siblings. This may mean that they have to drop out of school so they that they can have time to earn money and look after their younger siblings.

Accidents

Soul Buddyz continue to show that many people in South Africa are killed or injured in car accidents caused by drunk drivers. In an interview with the Director of Health and Environment at the Maseru City Council, he revealed that they lost one of their employees recently because of drunken driving where he was involved in a hit and run accident and died at the hospital. Four students were killed on the way to school because of a drunken driver. Pedestrians, drivers and passengers are victims of drunken road accidents.

Setting a bad example

Research shows that children who come from families where parents abuse alcohol are more likely to become problem drinkers themselves. Some of the reasons why children start drinking at a younger age are that they copy the behavior of the adults; they are encouraged by other adults; alcohol is also freely available at social gatherings. It could also be that one or both parents drink and may abuse alcohol. Some children who have been neglected feel unloved and do not have value of themselves and their lives. Some children drink because they come from wealthy families and as a sign of affluence or boredom they drink.

According to GACIS studies in Uganda, three quarters of men routinely argue with their partners after they have been drinking alcohol. The Thai study also revealed that as many as 70-80% of the drinking men had been beating their wives or children. Children may copy the

violent behavior or lifestyle at their homes and practice it in future life as they marry and have their own children.

It is also stated that children of alcoholics' perceptions of their parents drinking habits influence their own future drinking patterns and are developed at an early age. Again the problem solving discussions in families with an alcoholic parent contained more negative family interactions than in families with non-alcoholic parents.

Case Studies/Experiences from family members affected by alcohol abuse in the family

1. MUSTAFA – From Soul Buddyz

Mustafa is an example of how poverty, unemployment and violence have driven him into drink. He says: ' I was unemployed and poverty entered our home for the first time. I found in alcohol a way to escape the violence and reality of my country. I became aggressive and my wife has taken my children and returned to her parents' home. Now I am homeless, trying to find help to make the nice person I once was, but I get no help and without proper care, I think I won't be able to stop drinking'.

2. THULANI – From Soul Buddyz

Effects of alcohol may also be seen in Thulani's experience as narrated in Soul Buddyz club magazine. Thulani's parents had a party. Lots of people were drinking, and dancing. Thulani pretended to help collect the glasses and bottles. But he was secretly drinking the alcohol left in them. Thulani's mother found him lying on the floor unconscious. The alcohol had poisoned him. Thulani was taken to hospital and he got better. Many children are not so lucky.

3. FRANSISCA – From Soul Buddyz

Fransisca says "My friend Selby kept telling me to talk to someone about my dad. After a while I decided to talk to my aunt. I told her how I feel when my dad comes home drunk. How I cannot sleep properly because I worry about him. How whenever I try to talk about it he just shouts at me. I felt better after talking to my aunt. I don't feel so alone now. My aunt said that dad has to take charge of himself and his drinking problem. She thinks it might help if my uncle speaks to him. My uncle also used to drink too much. He joined a support group and that really helped him. Now he never drinks.

4. RETHABILE – ADAAL Member

This is a story of a recovered alcoholic in Lesotho. She says "My school days used to be very fruitful. I never forgot what was taught in class; as a result I used to be a brilliant student. At an

early stage of my drinking, I started forgetting some of the important things. As my drinking increased, my sense of memory declined a lot”.

“My reputation is very bad due to my heavy drinking and smoking. I used to be dated by different men. I first did it for getting more drink and keeping company in the pubs. Even though I am a recovered alcoholic, It will take time to rebuild my image”. She continues to say “My teenage period was promising as I was one of the beautiful girls both at school and in the village. Alcoholism and tobacco have spoiled my beauty. The following are the examples of the changes:

- My eyes are red
- My face is dark and scared
- My skin is dry
- My tongue has changed colour (It has black spots as well as my lips).

Rethabile says “Hangover anxiety is very dangerous. I once got a terrible car- accident because of it. I drank for the whole night at a friend’s party and slept for a few hours in the morning before taking off to Swaziland in an automatic car. Unfortunately, my car collided with another one at one corner not far from home. The accident was so bad that I got a fractured femur (thigh) with pieces. This has led to my limping problem.” “Alcohol causes unstable families. I used to neglect my husband and my child. I would sleep at the taverns while my husband was busy baby-sitting. Sometimes I would go bankrupt so much that I would not even buy enough grocery for my family and this was a torture to my child who realized that I spent a lot of money on beer. Thus I always feel very guilty and I pray my Lord God to pardon me”.

“My husband died while we were on separation. The main reason for our separation was my over-drinking which resulted in my irresponsibility as a married woman and a mother. I did not perform my duties as required by the society. Alcoholism leads to poverty”. Rethabile said with tears close to fall down. I worked as a teacher for more than twenty years, but I could not save even a single cent because I spent my money in buying beer for my friends and myself. My poor husband saved some money for me. I withdrew all of it from the bank after his death. I spent all that money in she-been and expensive bars and restaurants with my friends. MY CHILD WAS LEFT BEHIND”.

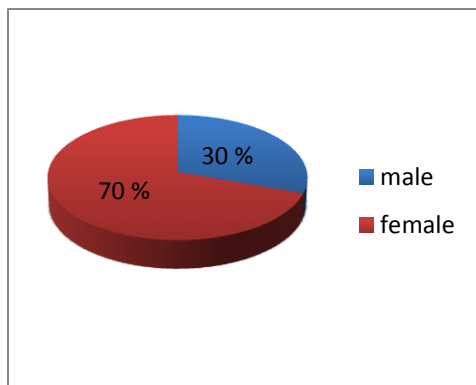
Rethabile said relations with her family members are not healthy. “Despite stigmatization, they hated my over-drinking. Some community members also despise me because whenever I was drunk, my character changed to INSULTS, RUDENESS, and LACK OF RESPECT. The heaviest blow is my HIV status. I cannot tell where and when I got it as I was careless in my life due to excessive drinking; I was involved with many partners due to my drinking problem. I also practiced unsafe sex.

Rethabile took her pen down as she was writing this story for me to include in the Peer Educators Training Manual. With a big sigh she continues to say: “My child suffers from bronchitis and frequent flu as I used to smoke and drink while I was expectant. She sometimes lies unnecessarily. One may detect that this was caused by imitation. She imitated me as I was always lying to her father whenever I was drunk. Most people have lost trust in me because of my heavy drinking. They do not even believe that I have recovered. Example of such is my maiden family and my in-laws”.

The above experiences expose a bitter reflection on the alcohol effects on the family, individuals abusing and the lives of those around the abusers. What we learned from them is that the family life was affected negatively. For instance in Rethabile’s case family routines were affected, her roles as a wife and a mother, the rituals like celebrating birthdays, being together on Christmas holidays and special days for her child and husband was neglected. Communication in the family died. One of the reasons I think that caused Rethabile to sleep over at the taverns is fear of giving explanations which she said were mainly false. Her social life was clouded by drunkenness and there was no social life for her family. What makes it even more painful is that she was a teacher and a role model for other children who might have copied her lifestyle.

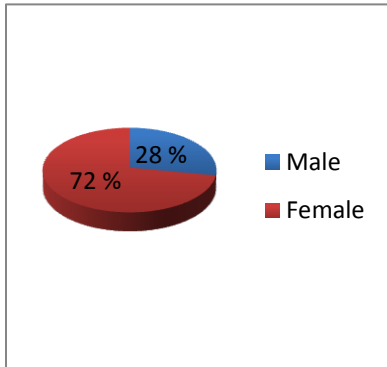
PRESENTATION OF DATA.

An investigation was under taken among family members from 5 different places in the country namely Thaba Bosiu, Khutsong Sekamaneng, Mount Moorosi, Motsekuoa High School teachers and Rivers of Life church group. A total sample of 100 respondents was selected using the probability sampling method where cluster random sampling was used to identify the villages. Individual analysis was done for each group/village. The largest group for all the respondents of this study is the females with 62 and males 38 (61% and 39% respectively).



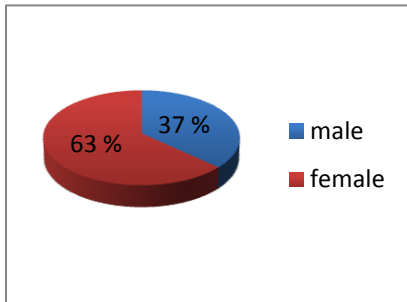
A total of 23 people responded to the questionnaires from Thaba Bosiu village. 16 were females (70%) and 7 were males (30%).

Fig 1: Gender: Thaba Bosiu



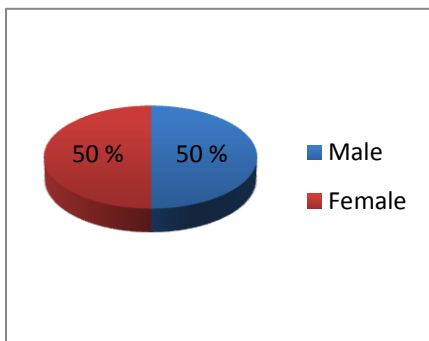
In Mount Moorosi a total of 25 people responded to the questionnaire. 19 of them were females (72%) while 6 were males (28%)

Fig 2: Mount Moorosi Gender



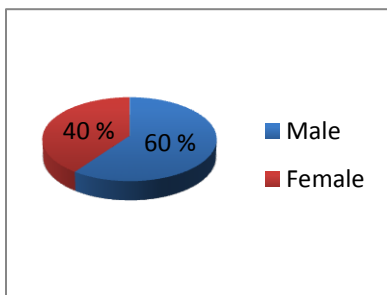
Teachers of Motsekuoa who responded to the questionnaires were 19. 12 of them were female teachers while (63%) 7 were male teachers (37%)

Fig 3: Motsekuoa Teachers' Gender



The village of Khutsong Sekamaneng had equal males and females who responded to the questionnaire. 18 respondents (9 males and 9 females).

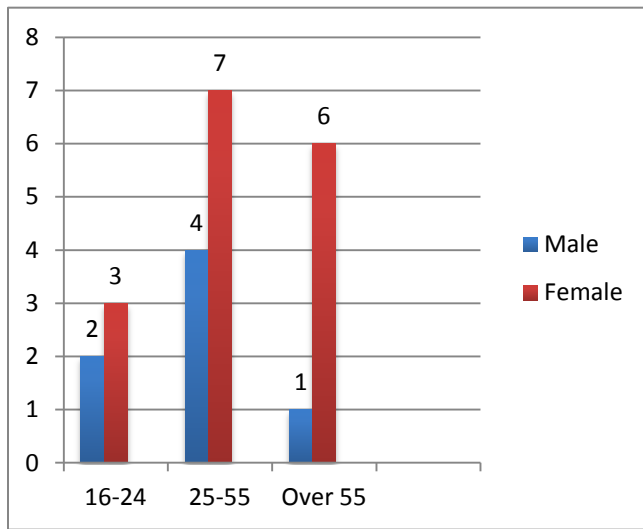
Fig 4: Khutsong Sekamaneng Gender



The other group was identified from the local church. There were 15 respondents. (9 males and 6 females)

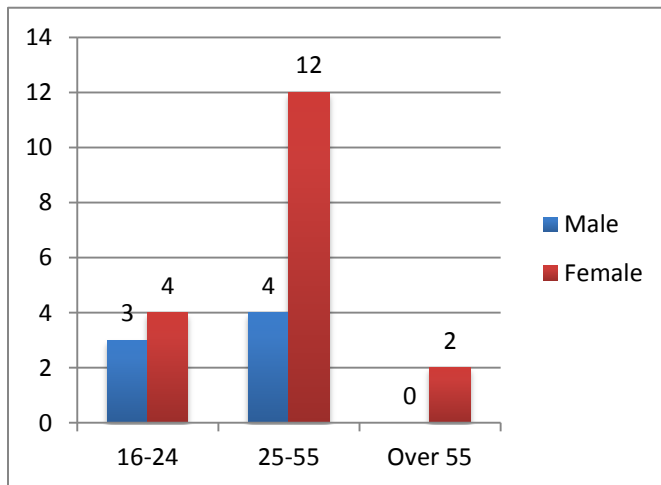
Fig 5: Rivers of Life Church Group Gender

Fig 6: Gender and Age: Thaba Bosiu



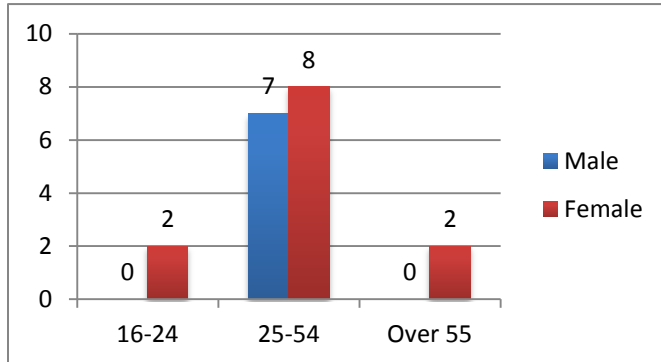
For all the different age groups female population constituted a bigger number than the male population. Males and females aged 25-55 dominated the population (48%).

Fig 7: Mount Moorosi Gender & Age



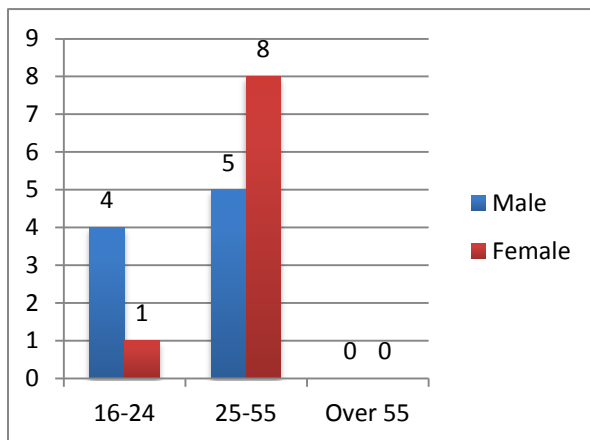
Females form the bigger group amongst the Mount Moorosi respondents in all the age groups.

Fig 8: Motsekuoa Teachers' Age & Gender



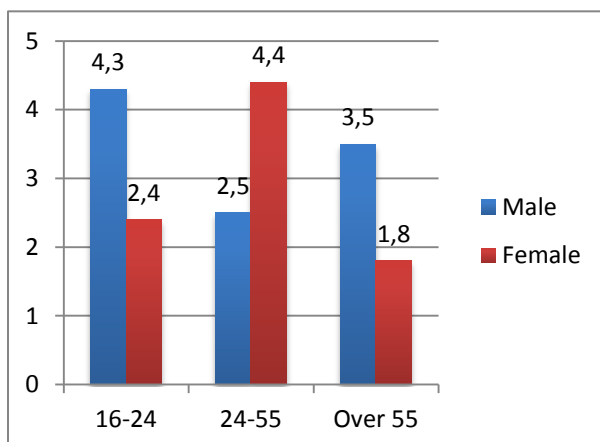
Also in Motsekuoa the female respondents were more than the male respondents. This is not surprising because in this school there are more female teachers than male teachers. Age 25-54 is a dominant group and all males fall within this group.

Fig 9: Khutsong Sekamaneng Age & Gender



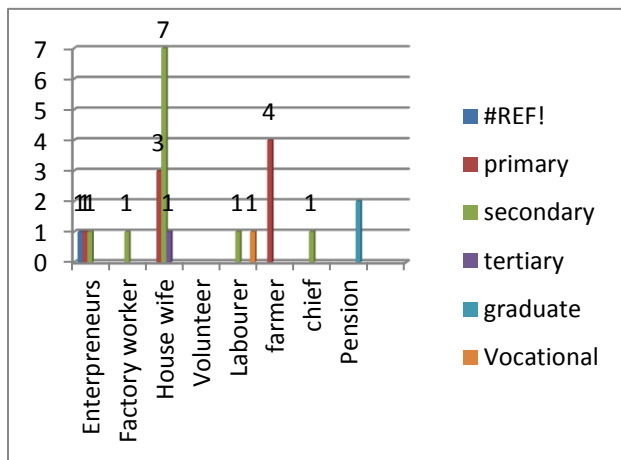
Khutsong Sekamaneng presents a different picture where male population of age 16-24 is higher than the female population. It is also only this group which does not have respondents over 55.

Fig 10: Rivers of life Age & Gender



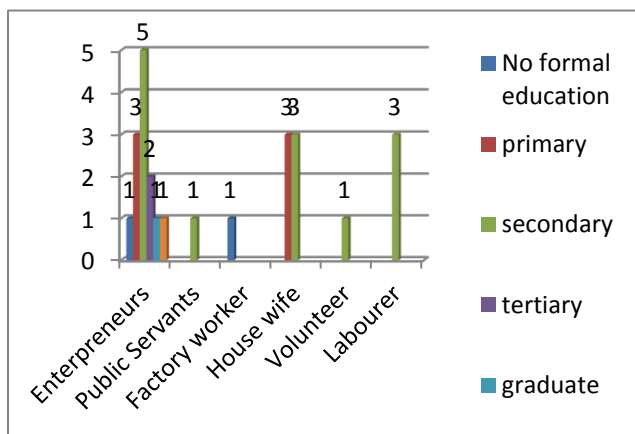
At this church males aged 16-24 and females aged 24-25 comprised a larger number of the respondents. Also males over 55 are more than their female counterparts.

Figure 11: Education and occupation: Thaba Bosiu



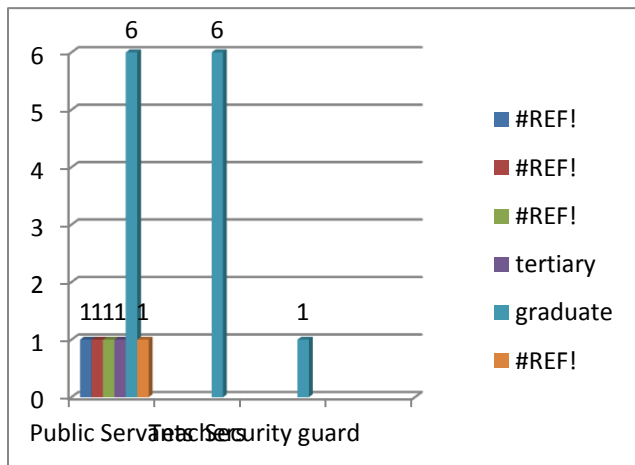
Occupation of the respondents is important for the study as it has some influence on who the person is a role model, which other family besides the biological family he/she belongs to which might be affected by his/her drinking. In Thaba Bosiu, house wives comprise a larger population of the respondents followed by farmers. These are people who have more contact with family members than those who are employed somewhere. However their buying power is limited. It is of interest to follow-up on their drinking status.

Figure 12: Education and Occupation: Mount Moorosi



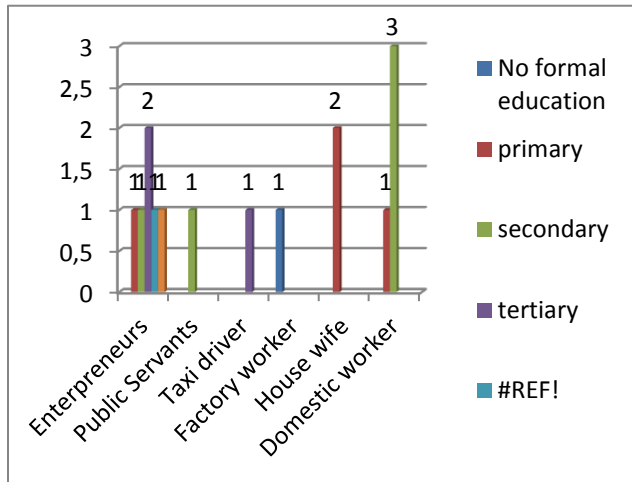
In Mount Moorosi we see a different picture where the highest population is of the entrepreneurs. We are interested also on seeing their spending on alcohol as opposed to food and other house hold equipment.

Figure 13: Education and occupations: Motsekuoa Teachers



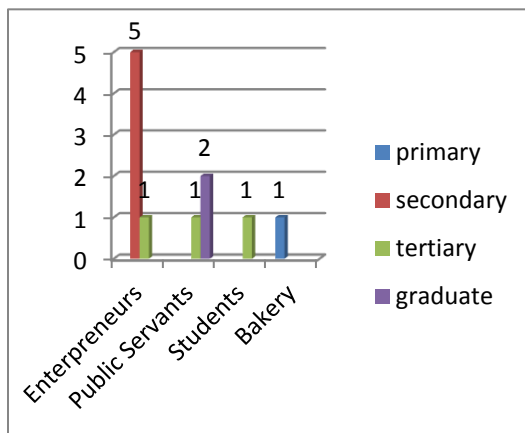
Among the teachers who responded there were no unqualified teachers as is always the case in some schools that the non-qualified teachers are the ones given tasks to meet any visitor who comes to school to gather information.

Figure14: Education and Occupation, Khutsong



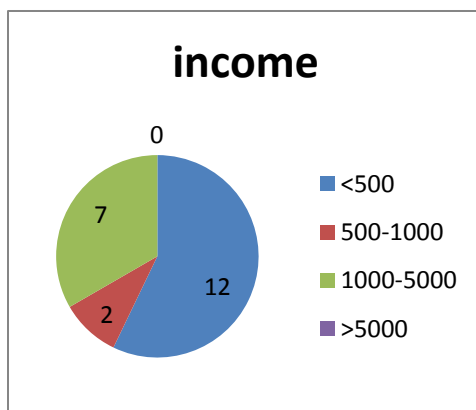
Khutsong Sekamaneng is a village which comprises of different types of people as indicated in figure 13. A bigger number has gone up to secondary education and thus fall under the lower work force which is domestic. These are the people who could be involved in different alcohol abusive behaviours because of the violence reported in most families.

Figure 15: Education and Occupation, Rivers of Life



The church group comprises of a big number of entrepreneurs followed by civil servants. Very few respondents from the church have attained beyond secondary education.

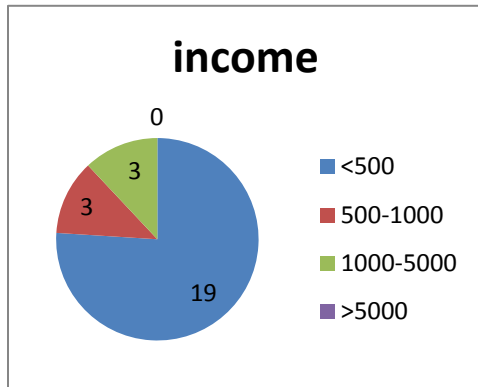
Figure 16: Income, Thaba Bosiu



Level of income has some influence on the use of alcohol. Looking at this chart we realize that highest population has less than 500 as their earnings. These are a group composed of house wives and farmers mostly. It

is not surprising therefore that their income is low.

Figure 17: Income, Mt. Moorosi



A large number of Mount Moorosi communities is engaged in informal sector where they are street vendors.

Figure 18: Income, Motsekuoa Teachers

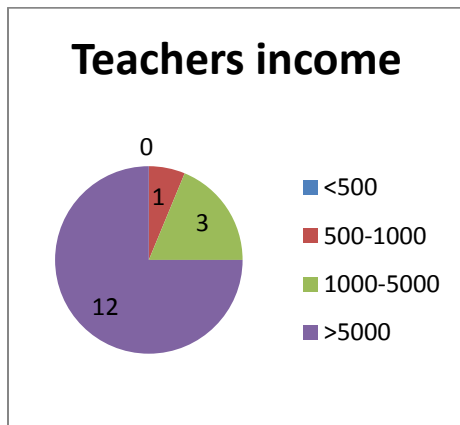


Figure 19: Income, Sekamaneng

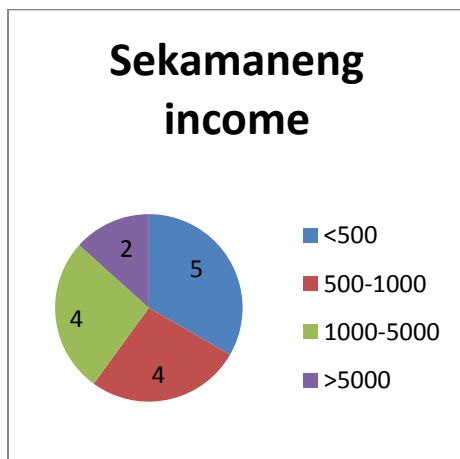


Figure 20: Income, Rivers of Life

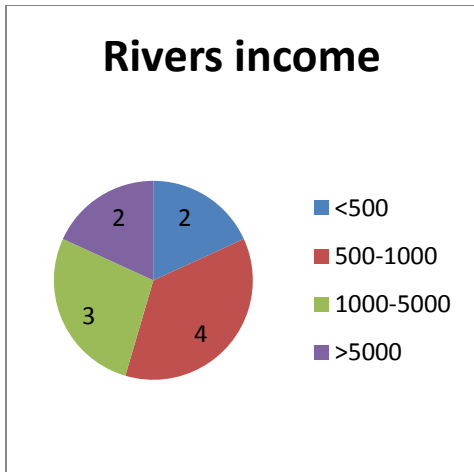
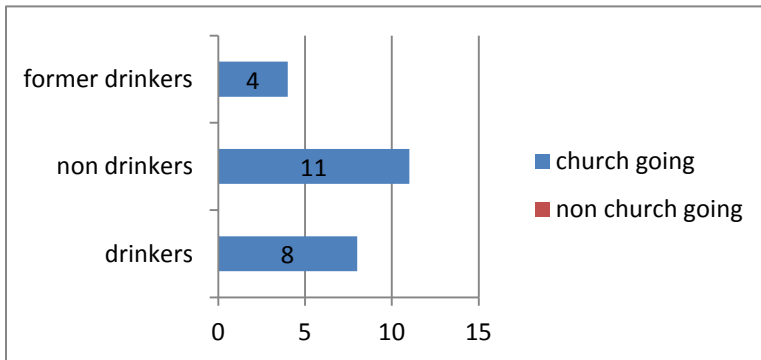
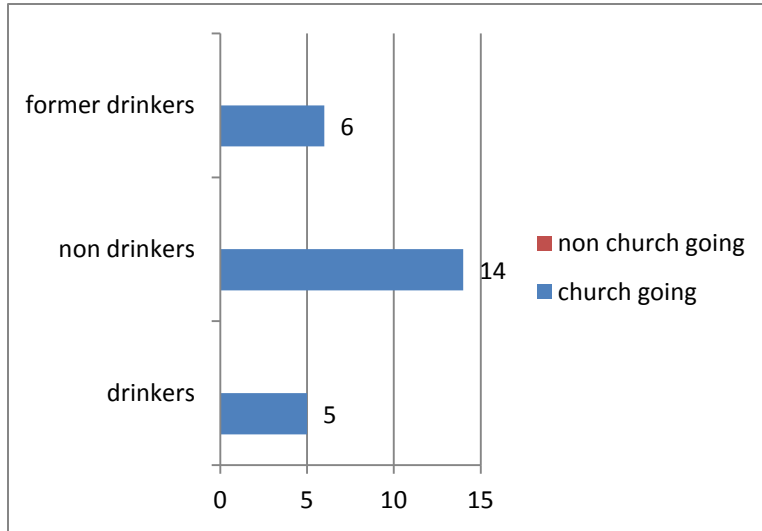


Figure 21: Thaba Bosiu respondents by drinking status and church membership



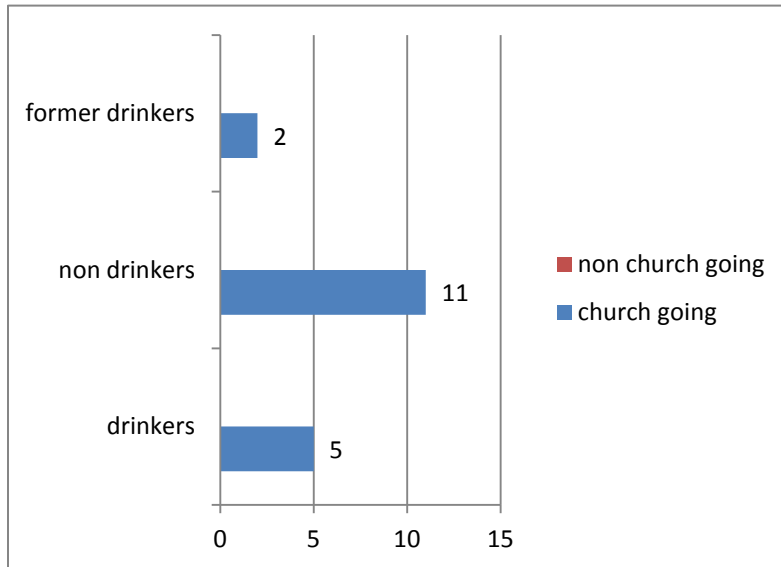
35% of the total respondents in Thaba Bosiu reported that they drink alcohol and 100% are church goers. None drinkers constitute a larger group in this area.

Figure 22: Mount Moorosi drinking status and church membership



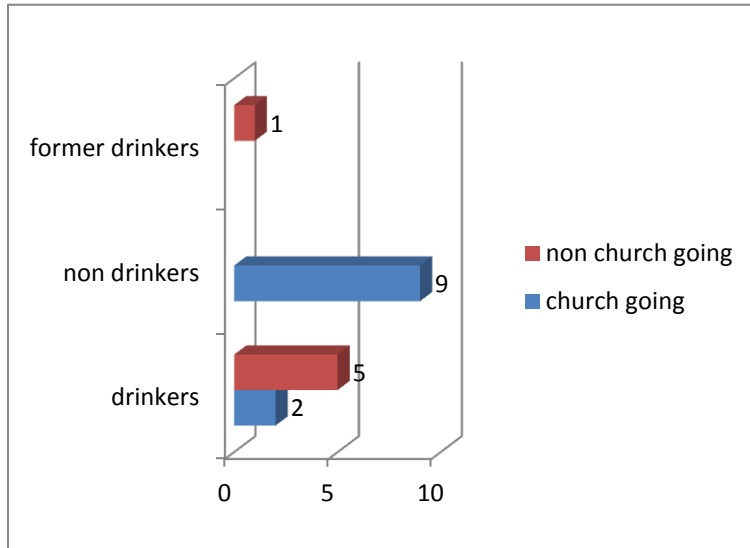
5 of the respondents reported to be currently drinkers and 2 of them were drunk even during the interview. Most of the respondents reported to be church goers even though during their interaction some had not gone to church for more than a month.

Figure 23: Motsekuoa Teachers drinking status and church membership



The number of teachers who reported to be drinkers is 5 and they all attend church.

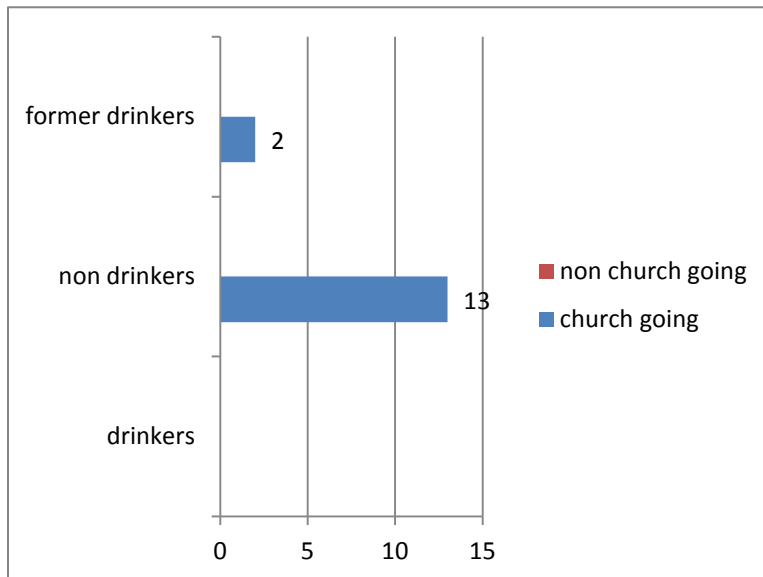
Figure 24: Khutsong drinking status and church membership



5 of the drinkers including 1 former drinker are non church goers. The expectation is that people who go to church have a chance to feed their spirits and maybe get biblical information which will help them drink moderately. It is thus likely that the non church goers could develop problem drinking, even though this is not a measure since there are still church goers who do not make use of the information they get from church and thus have

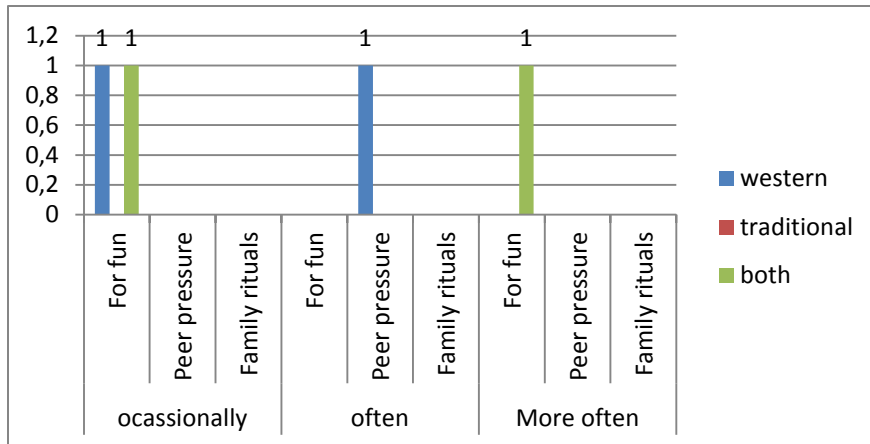
drinking problems

Figure 25: Rivers of Life drinking status and church membership



Only 2 of the respondents reported to be former drinkers and reasons for their stopping could be related to their church attendance.

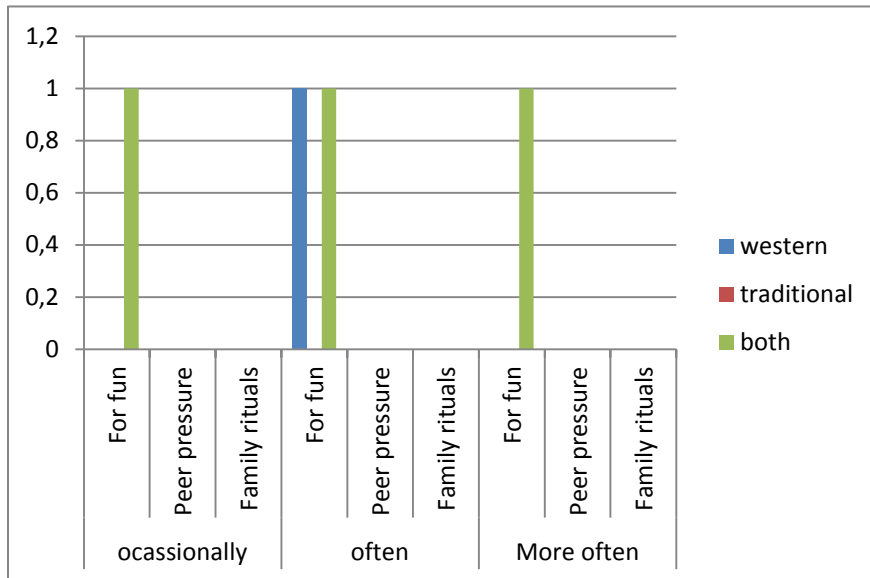
Figure 26: Thaba Bosiu type of beverage; drinking frequency and reason behind drinking



Peer Pressure is a reason given for Thaba Bosiu respondents who often drink western beverages while those who occasionally drink for fun are involved in western and both traditional and western, and the one that drinks both traditional and western alcohol more often

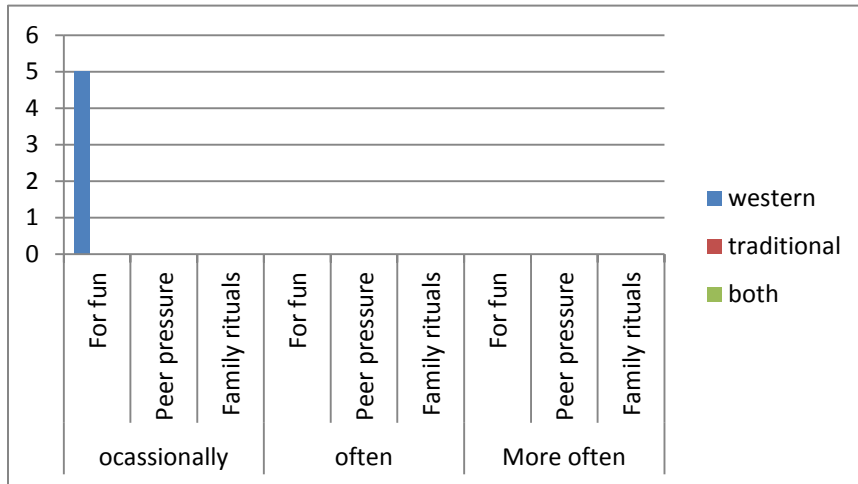
also drinks for fun.

Figure 27: Mt. Moorosi type of beverage, drinking frequency and reason behind drinking



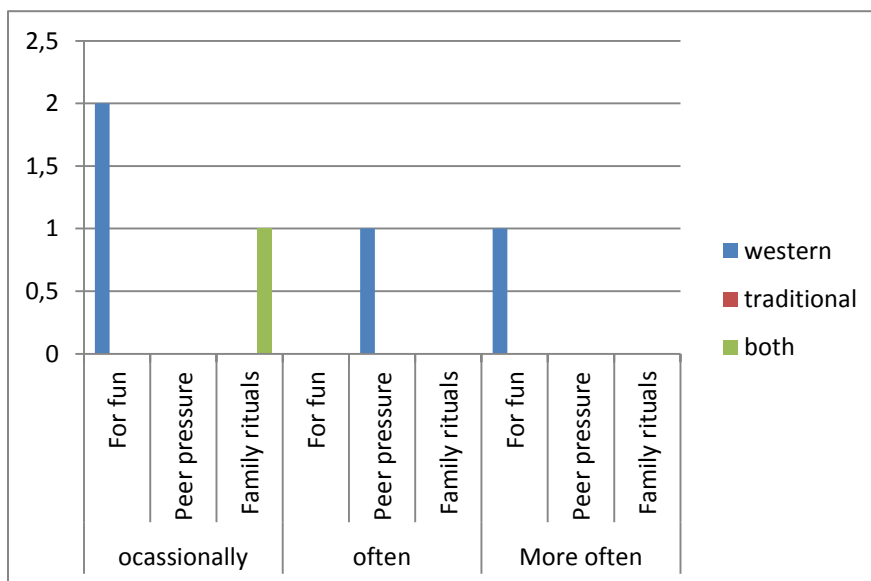
In Mount Moorosi all the respondents who drink said they drink for fun. For the traditional and western beer drinkers, one drinks occasionally, one often and the other more often.

Figure 28: Motsekuoa Teachers' type of beverage; drinking frequency and reason for drinking



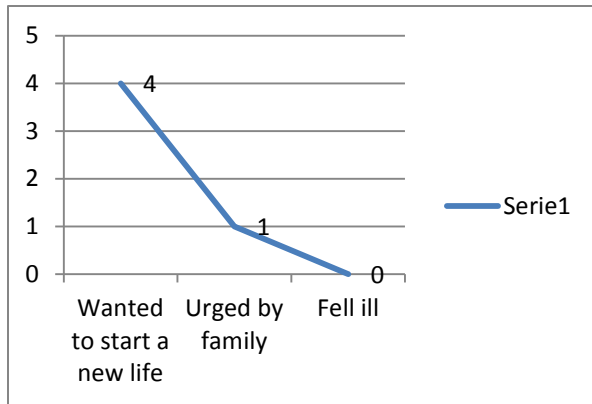
Five Motsekuoa teachers who drink all drink for and drink western only.

Figure 29: Khutsong type of beverage; drinking frequency and reason for drinking



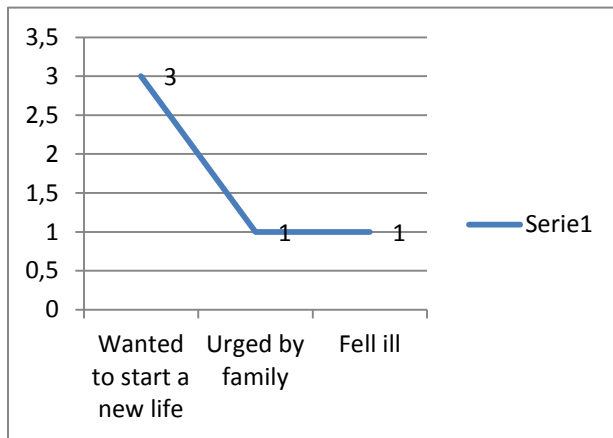
In Khutsong Sekamaneng there is one person who drinks both traditional and western as family rituals, one who often drinks western beverage, says it is because of peer pressure and the other who drinks more often said it is for fun. There are two who occasionally drink western beverages.

Figure 30: Thaba Bosiu, why former drinkers stopped



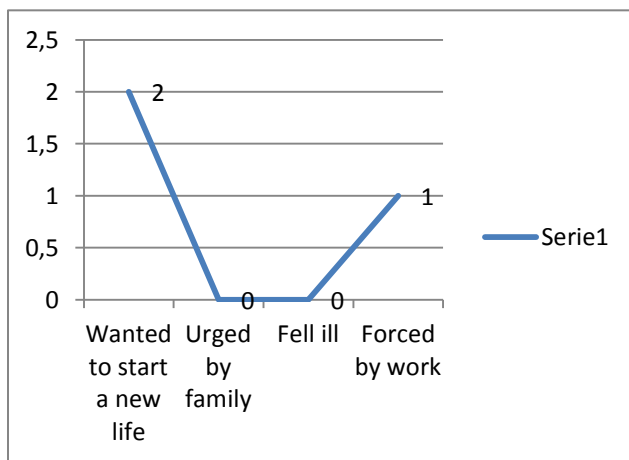
Out of the 5 respondents who stopped drinking in Thaba Bosiu 4 of them wanted to start a new life. Some of the reasons for people to want to change their lives are when they realize and acknowledge that they have a drinking problem.

Figure 31: Mt. Moorosi, why former drinkers stopped



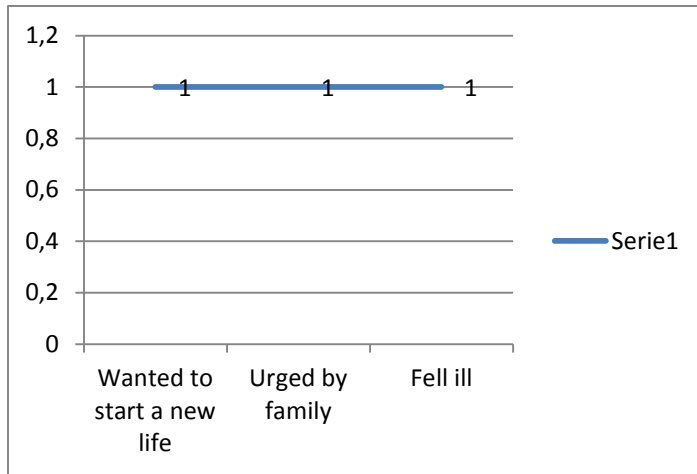
In Mount Moorosi we have 3 people who stopped because they also wanted to change their lives, 1 was urged by the family mainly because of problem drinking while the other one's health was affected.

Figure 2: Motsekuoa Teachers, why former drinkers stopped



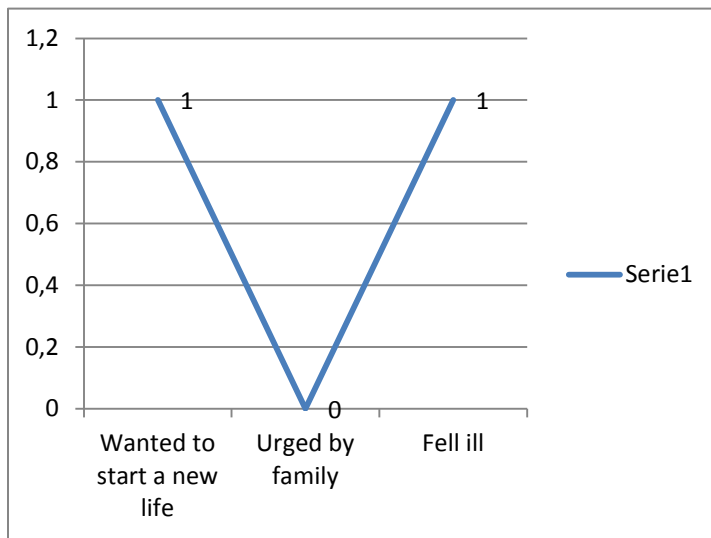
In Motsekuoa one of the teachers was forced by his work responsibility while two were urged by their families. It is obvious that all the 3 were already on the red line.

Figure 3: Khutsong, why former drinkers stopped



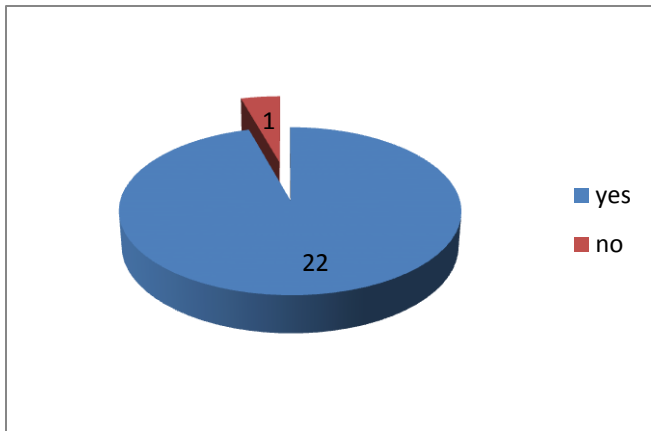
3 people who stopped drinking in Khutsong village were affected by three things. One wanted to start a new live, one was urged by the family while the other was ill. 3 of them could have been having a problem with their drinking.

Figure 4: Rivers, why former drinkers stopped



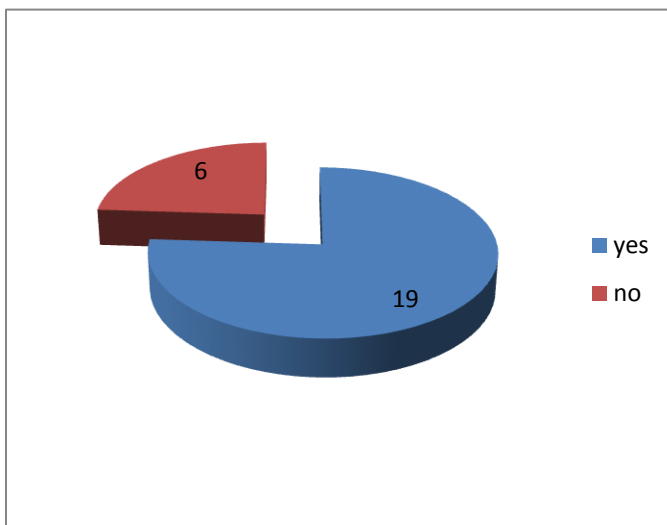
Two of those who stopped among the Rivers of life church group also were problem drinkers since they were urged by their families to stop.

Figure 35: Thaba Bosiu, respondents with drinking family members



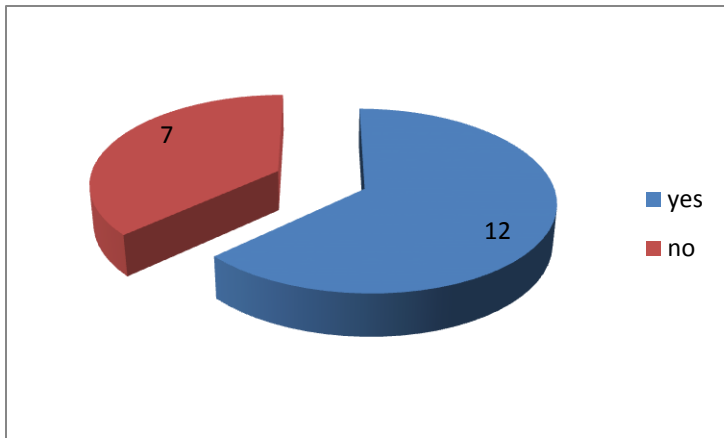
Only one respondent in Thaba Bosiu said there is no one who drinks in the family. This means the families are likely to have experienced a lot of alcohol effects which could have impacted negatively on them.

Figure 36: Mt. Moorosi, respondents whose family members drink



In Mount Moorosi only 6 respondents do not have family members who drink. It is possible for these 19 families to have been affected negatively by the drinking members of their families.

Figure37: Motsekuoa Teachers, respondents whose family members also drink



Also among the teachers there is a significant number of respondents who reported alcohol drinking by members of the family.

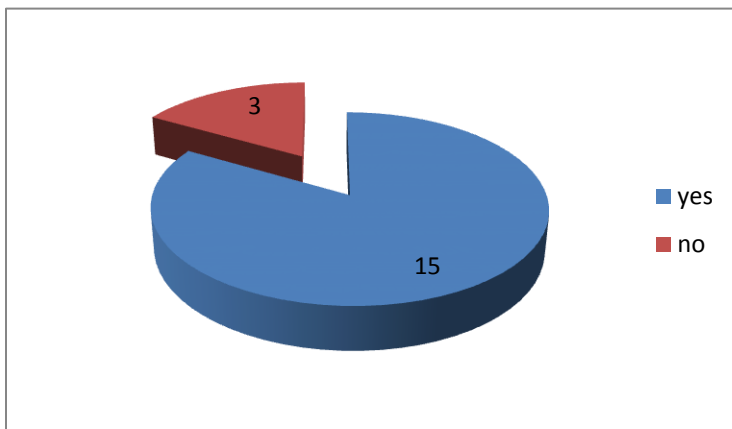
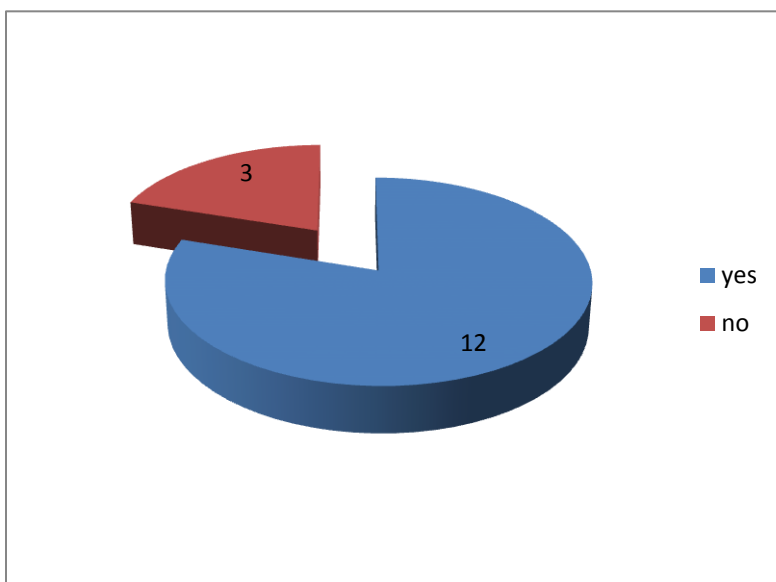


Figure 38: Khutsong, respondents whose family members also drink

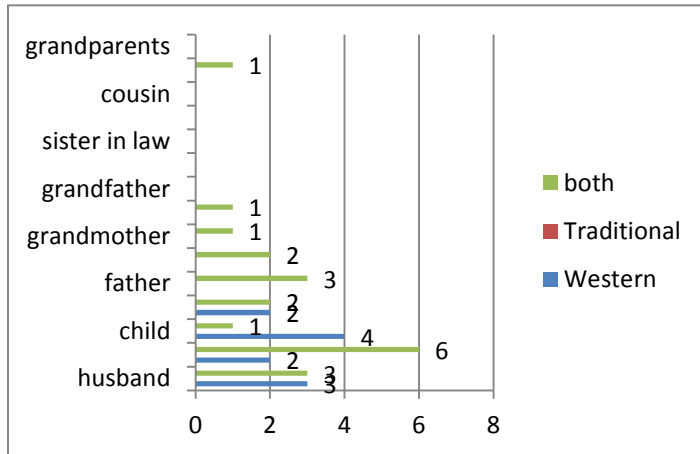
Khutsong Sekamaneng village has 15 respondents who said the family members do drink. It is at the place that one of the respondents said her husband can even take the last M10.00 to buy beer while children have nothing to eat.

Figure 39: Rivers of Life, respondents whose family members also drink



The church group also has drinking problems in their families. 12 of the respondents have clearly indicated this in their responses.

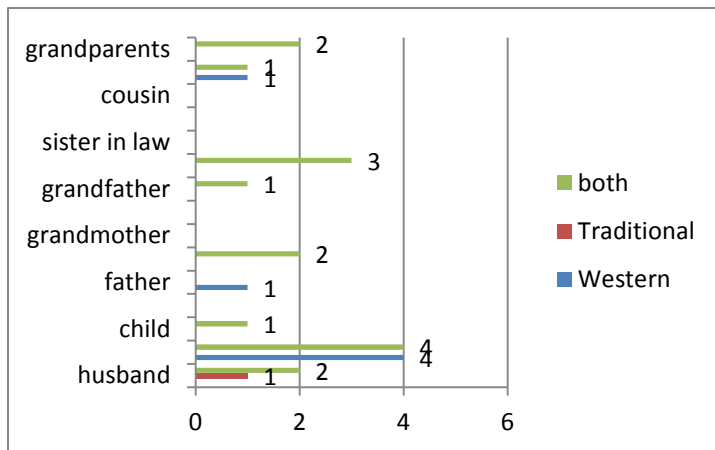
Figure 40: Thaba Bosiu drinking relatives and type of beverage



Six respondents have their brothers drinking both traditional and western while 3 have their husbands drink both and the other 3 have their husbands drink only western. Looking at the number of respondents with family members drinking both traditional and western, we can conclude that Thaba Bosiu respondents' family members are likely to have alcohol problems as they take anything that comes as long

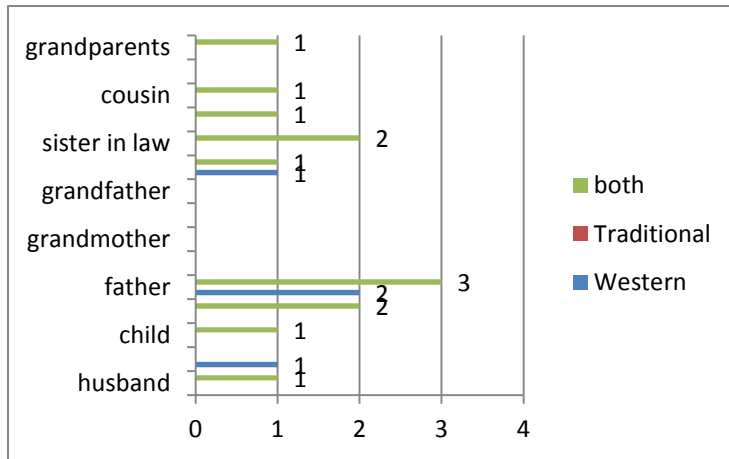
as it is alcohol.

Figure 41: Mt. Moorosi drinking relatives and type of beverage



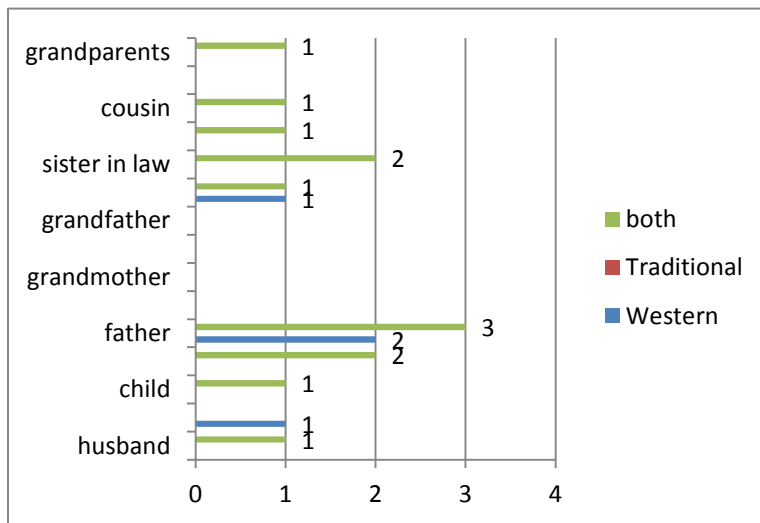
In Mount Moorosi there is a husband who takes only traditional. Husbands seem to be taking a lead in those family members who are reported to be drinking. Children are also among the highest group of the family members who drink both western and traditional.

Figure 42: Motsekuoa Teachers drinking relatives and the type of beverage



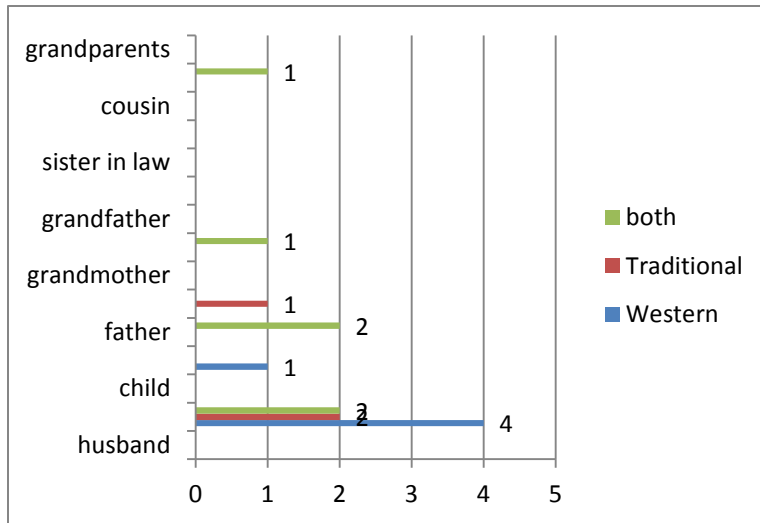
Among the teachers' families more responses go to the father as using both traditional and western followed by the sister in law, children, husband and other family members have been responded to by one person each. This could be that a bigger number of respondents have problem drinking fathers even if they are the same who also said their husbands drink.

Figure 43: Khutsong drinking relatives and the type of beverage



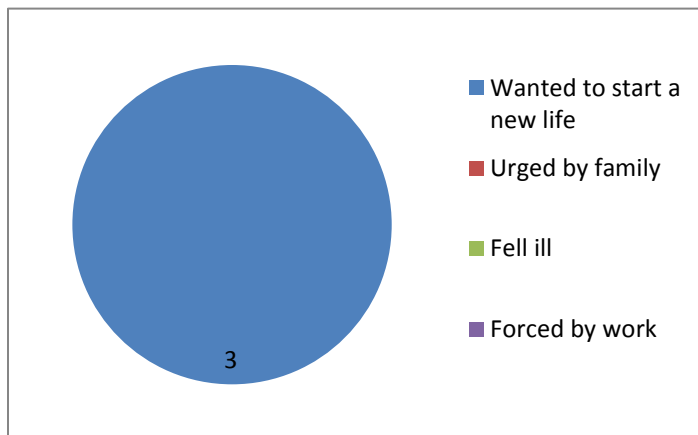
Khutsong respondents seem to be having the same results as those of the teachers with fathers ranging high followed by sister in law with two responses.

Figure 44: Rivers drinking relatives and the type of beverage



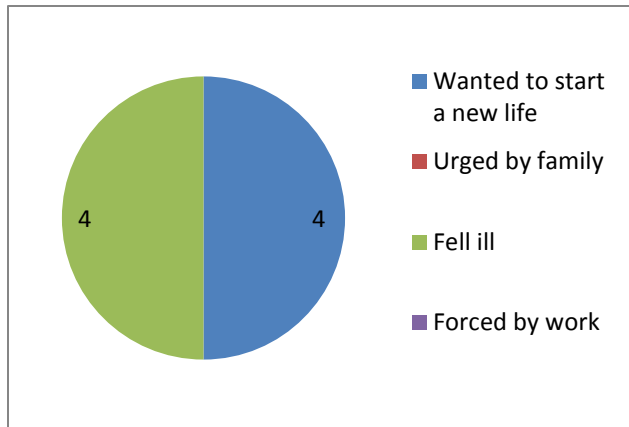
Among the church group responses brothers are the ones with high number of those who say they drink and a big number said they drink western only (4) traditional only (2) and both (2).

Figure 5: why relatives who used to drink stopped



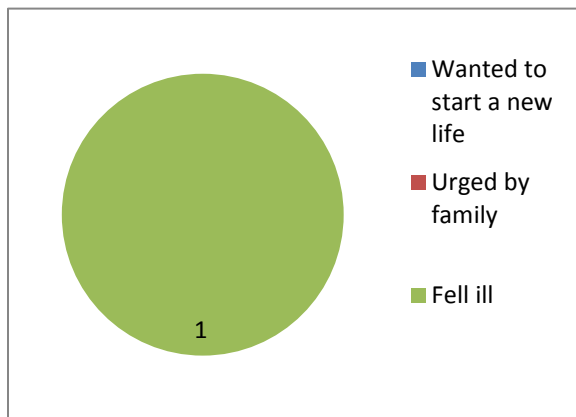
All the Thaba Bosiu family members of the respondents who stopped drinking wanted to start new lives. This is good.

Figure 6: Mt. Moorosi why relatives who used to drink stopped



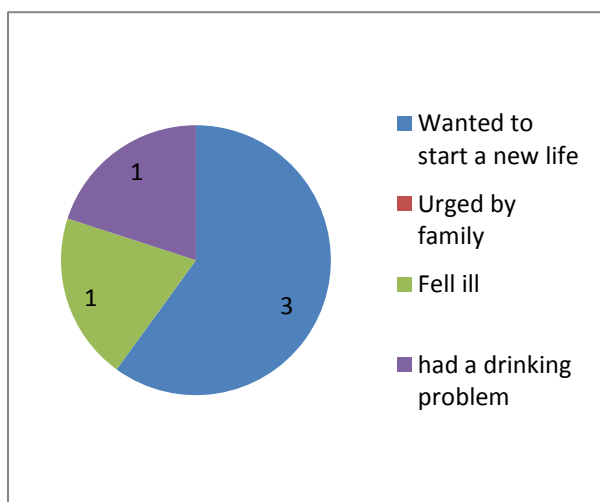
The relatives of 4 respondents who stopped drinking wanted to start new life style while also 4 respondents said their relatives stopped because they were ill. This says a lot about how alcohol had affected their families.

Figure 7: Teachers, why relatives who used to drink stopped



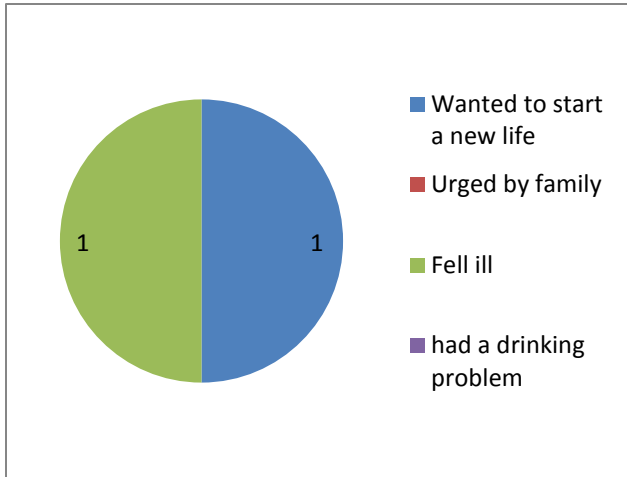
One teacher responded that family member stopped drinking and the reason given is that he/she fell ill.

Figure 8: Khutsong Sekamaneng, why relatives who used to drink stopped



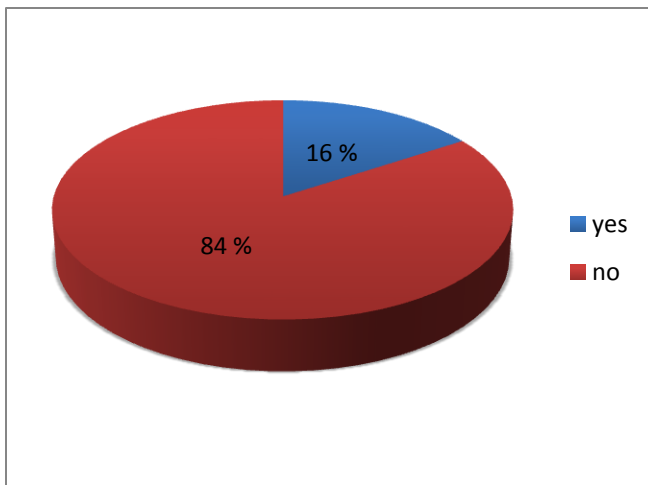
In Khutsong Sekamaneng reasons for stopping includes those who wanted to start a new life from 3 responses, one who said family member fell ill and one who said family member had a drinking problem.

Figure 9: Rivers of life why relatives who used to drink stopped



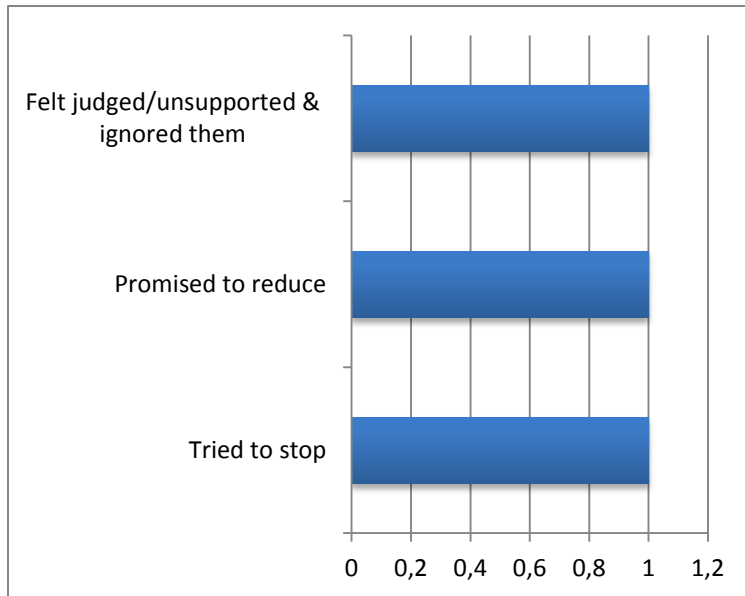
For Rivers of Life church group family members who stopped had one, wanted to start new life while the other fell ill.

Figure 10: THABA BOSIU COMPLAINTS FROM FAMILY ABOUT RESPONDENTS' DRINKING



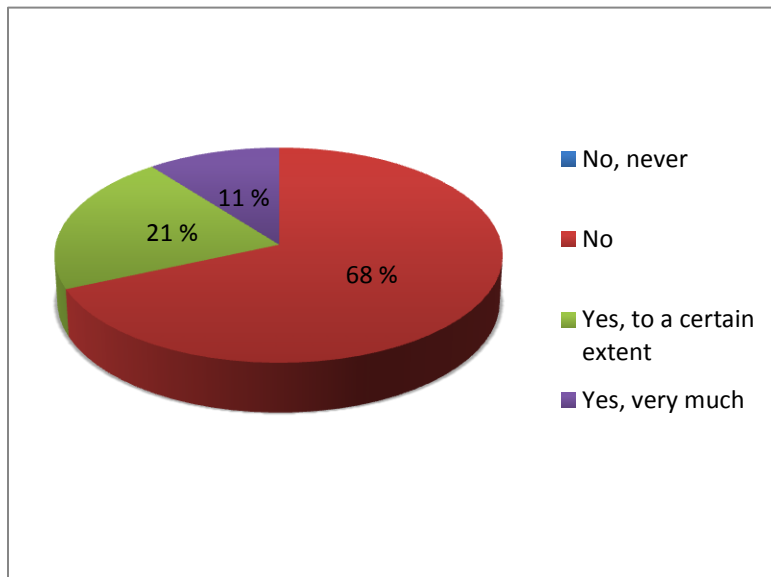
16% of the respondents claim to have families worried about their drinking. This could mean that their drinking is affecting the family negatively.

Figure 11: THABA BOSIU REACTIONS TO COMPLAINTS



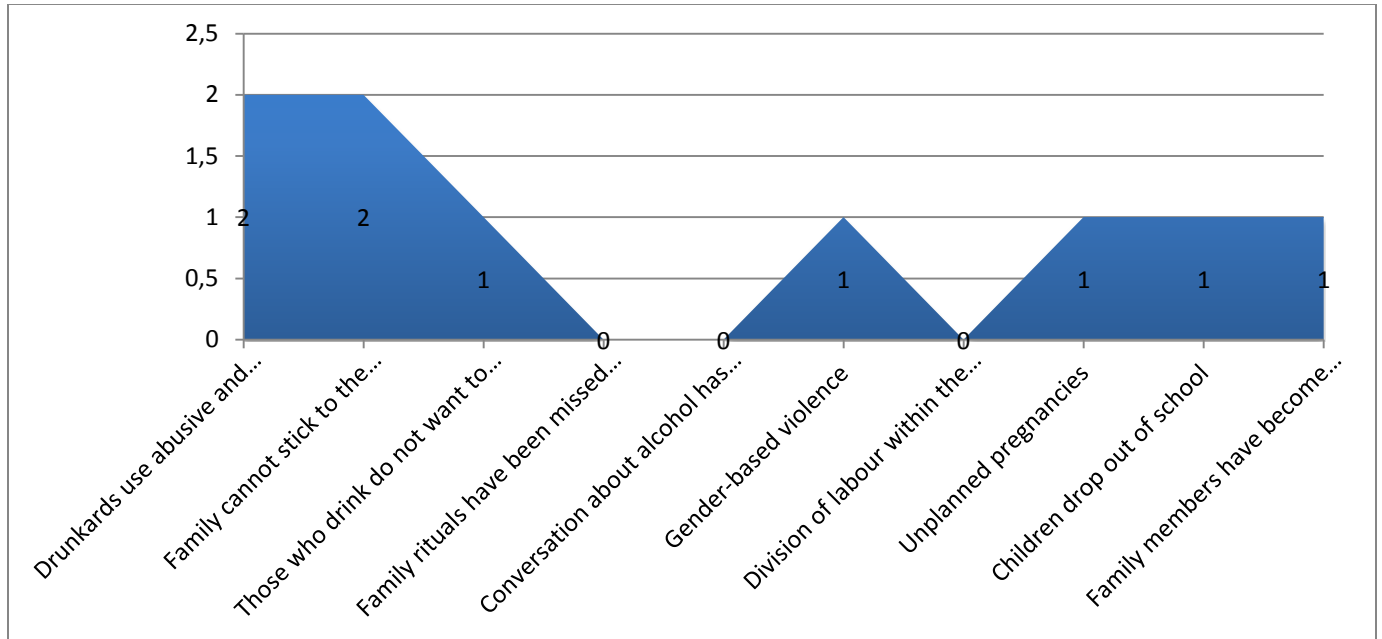
1 respondent felt unsupported. This could be as a result of the way they talked to the respondent about his/her drinking problem. The other two respondents show that they have problems with drinking since one promised to reduce while the other tried to stop. The fact that they reported as being drinking says they failed to their promises.

Figure 12: HAS THE FUNCTIONING OF THE FAMILY BEEN AFFECTED BY ANY ONE'S DRINKING (THABA BOSIU)



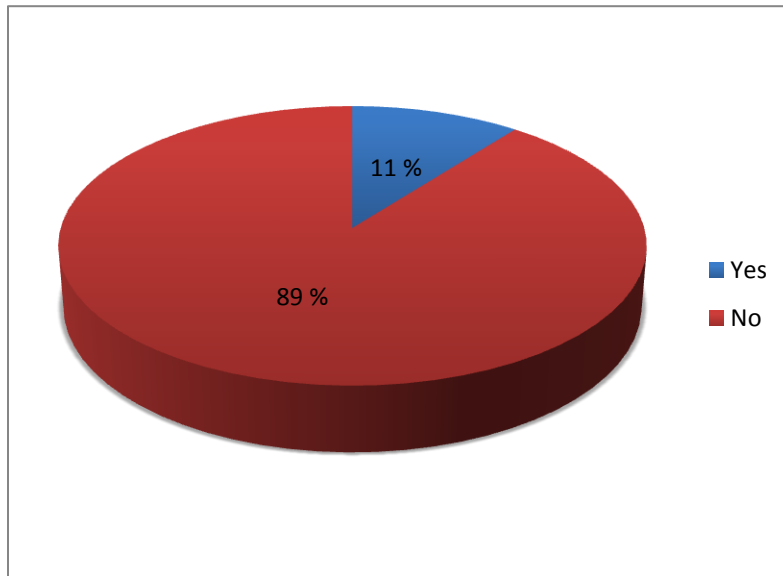
11% of the respondents normal functioning of their families has very much been affected by their drinking while 21% have been affected to a certain extent. 68% reported not to have been affected.

Figure 13: WAYS IN WHICH THE FAMILIES HAVE BEEN AFFECTED IN THABA BOSIU



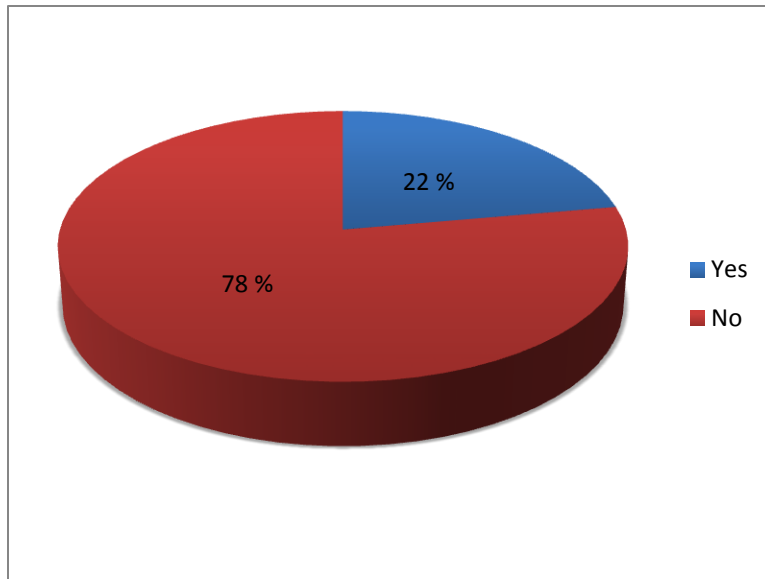
Abusive language, failure to stick to family routines, gender based violence, Unplanned pregnancies, children dropping out of school and family members becoming liars trying to protect and cover up for the abuser are ways in which the Thaba Bosiu respondents claim to have affected their families.

Fig 54: Respondents of Thaba Bosiu who have heard/know about the National alcohol policy?



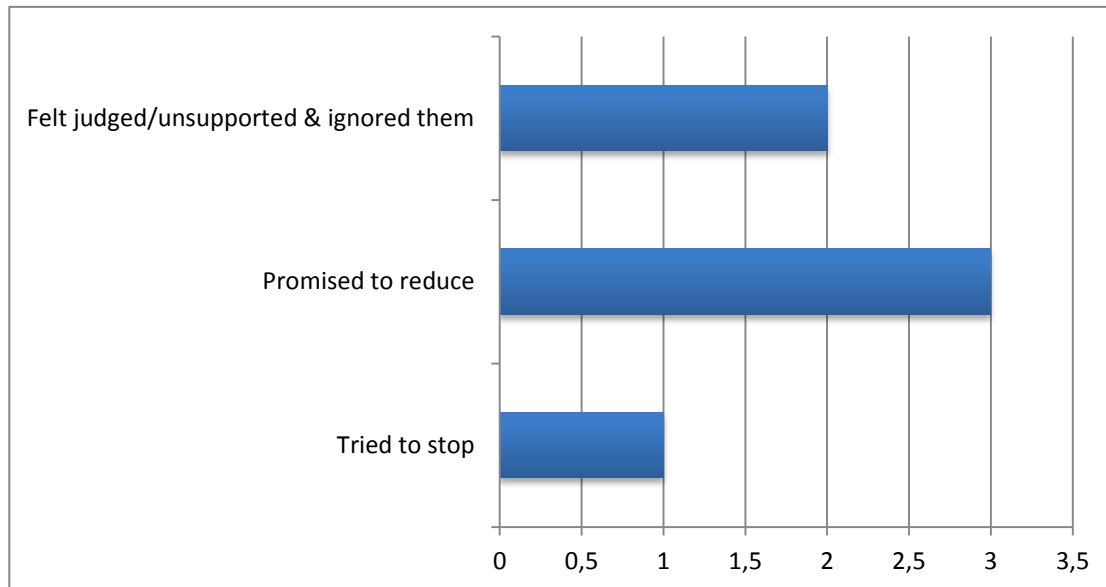
89% of respondents have not heard while 11% have heard and some of them know about the alcohol policy.

Figure 5514: COMPLAINTS FROM FAMILY ABOUT RESPONDENTS'S DRINKING IN KHUTSONG



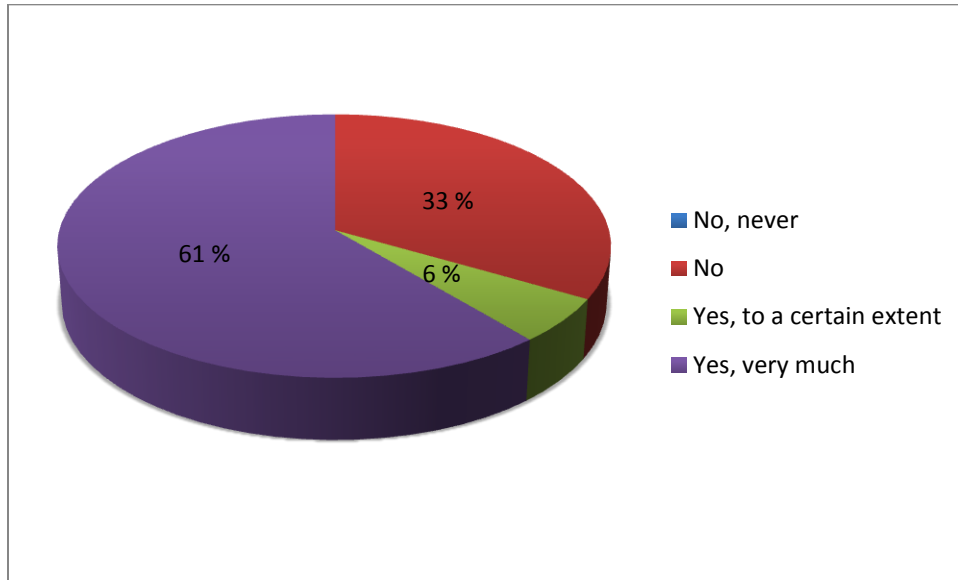
22% OF THE Khutsong Sekamaneng respondents said their families have complained about their drinking.

Figure 56: reactions to family complaints, Khutsong



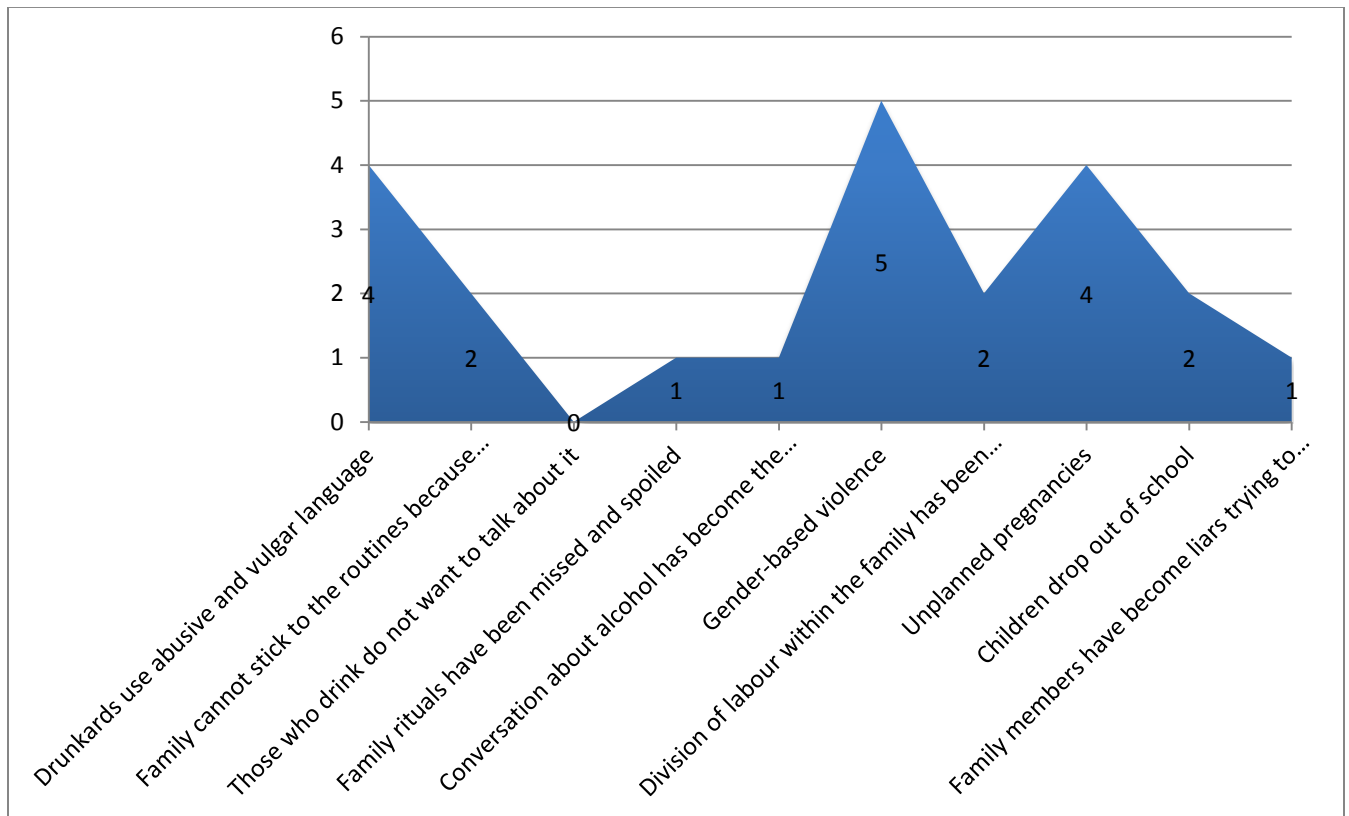
1 said he/she tried to stop, 2 said they felt judged as a result they ignored the complaints while 3 promised to reduce. This again says a lot about how the family members were affected since they could not complain if the respondent was a responsible drinker.

FIGURE 57: HAS THE FUNCTIONING OF THE FAMILY BEEN AFFECTED BY ANYONE'S DRINKING (KHUTSONG SEKAMANENG)?



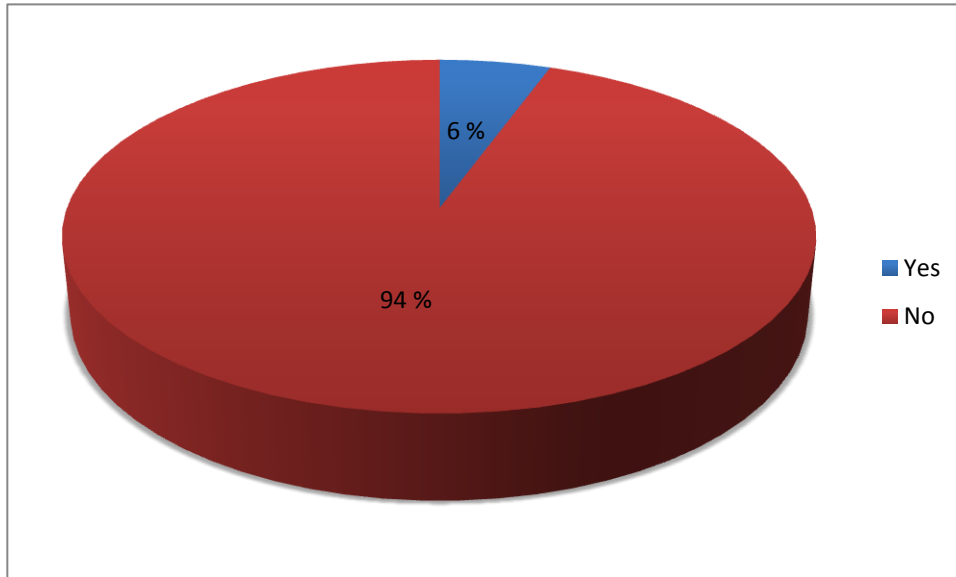
61% of the respondents claim that their families have been affected very much by family members who drink alcohol and 6% said families have been affect to a certain extend while 33% has not been affected.

Figure 158: Ways in which families have been affected in Khutsong Sekamaneng



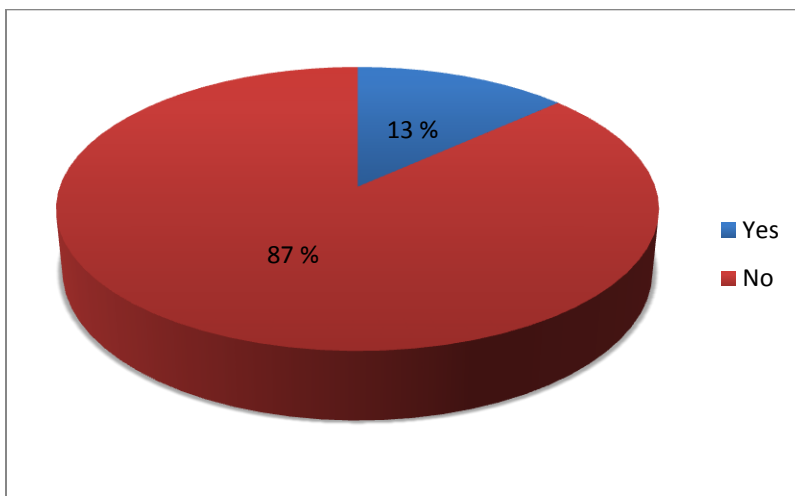
4 respondents said drunkards use abusive and vulgar language, 2 said family cannot stick to the routines because of unpredicted behavior of the abuser, 1 said family rituals have been missed and spoiled, one said conversation about alcohol has become the main topic in the family, 5 reported gender based violence, 2 said division of labor within the family has been difficult; 4 reported unplanned pregnancies; claimed that children dropped out of school and one said they have become liars trying to protect and cover for the abuser.

Fig 59: Have you heard/know about the National alcohol policy Khutsong Sekamaneng?



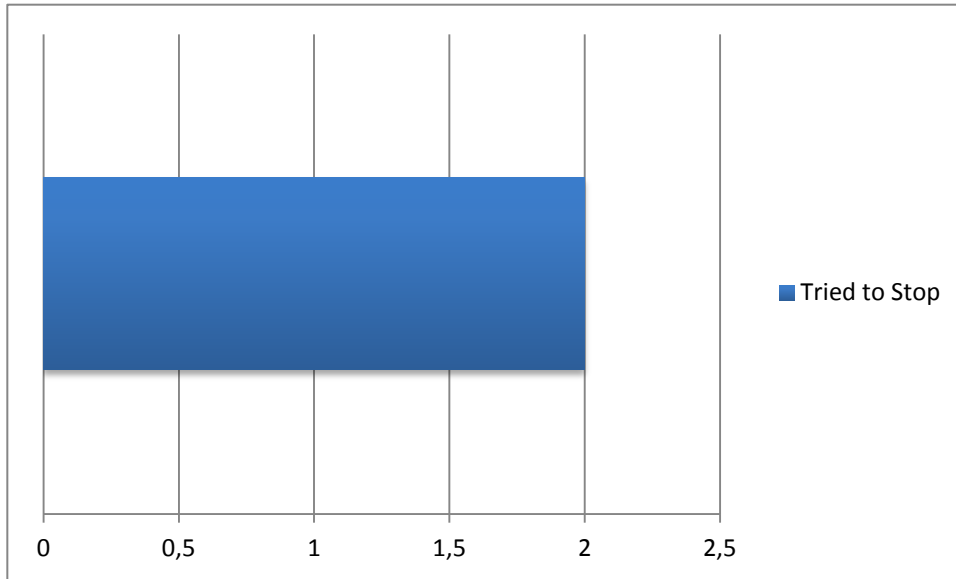
94% of respondents in Khutsong Sekamaneng have not heard about the alcohol Policy

Fig 60: A complaint of the family about the respondent's drinking (Rivers of Life church Group)



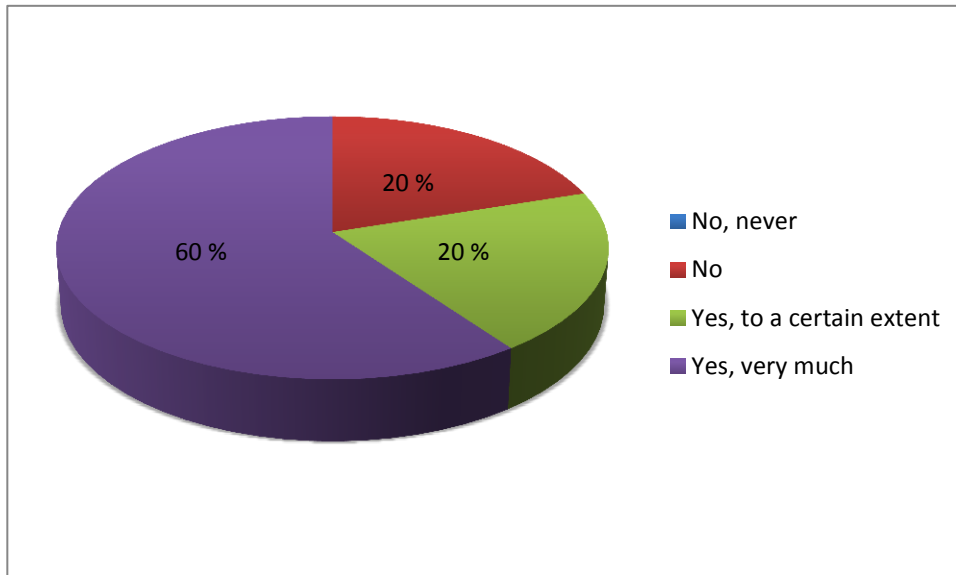
13% said they families complained about their drinking.

Fig 61: Reactions to family complaints about drinking for Rivers of Life group



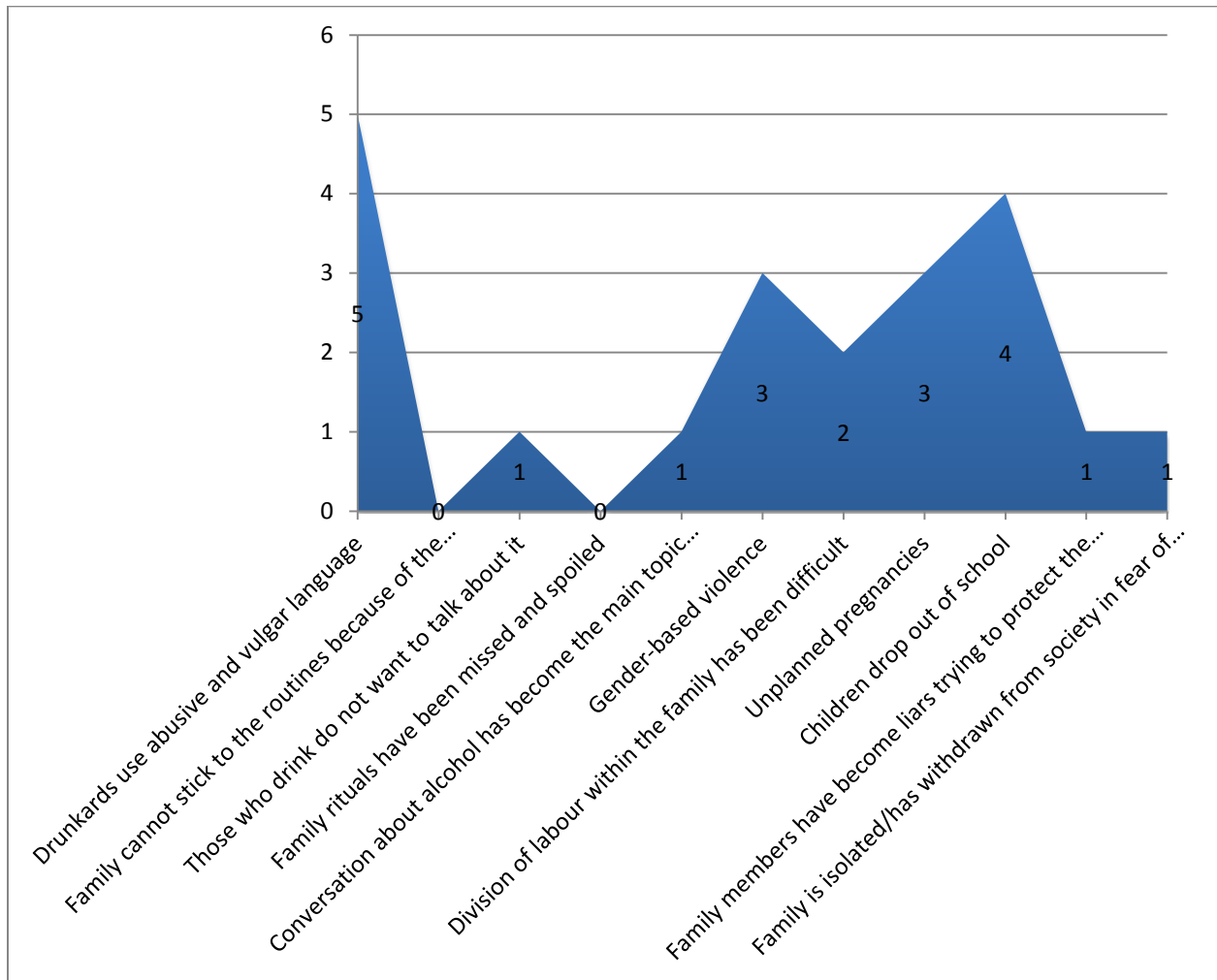
2 tried to stop.

Fig 62: Has the functioning of the family been affected by anyone's drinking among the Rivers of Life Church group?



60% yes the family has very much been affected, 20% said yes to a certain extent and the other 20% said they have not been affected.

Fig 63: Ways in which the family has been affected (Rivers of Life church Group)



The highest number (5) reported that drunkards use abusive and vulgar language, followed by (4) who said children dropped out of school, (3) who said Gender based violence and unplanned pregnancies, followed by 2 who said division of labor within the family has been difficult and (1) who said those who drink do not want to talk about it, conversation about alcohol has become the main topic, Family members have become liars trying to protect the abuser and that the family has withdrawn from society in fear of embarrassment.

Respondents also had to give their own alcohol related problem experiences. Below are their responses.

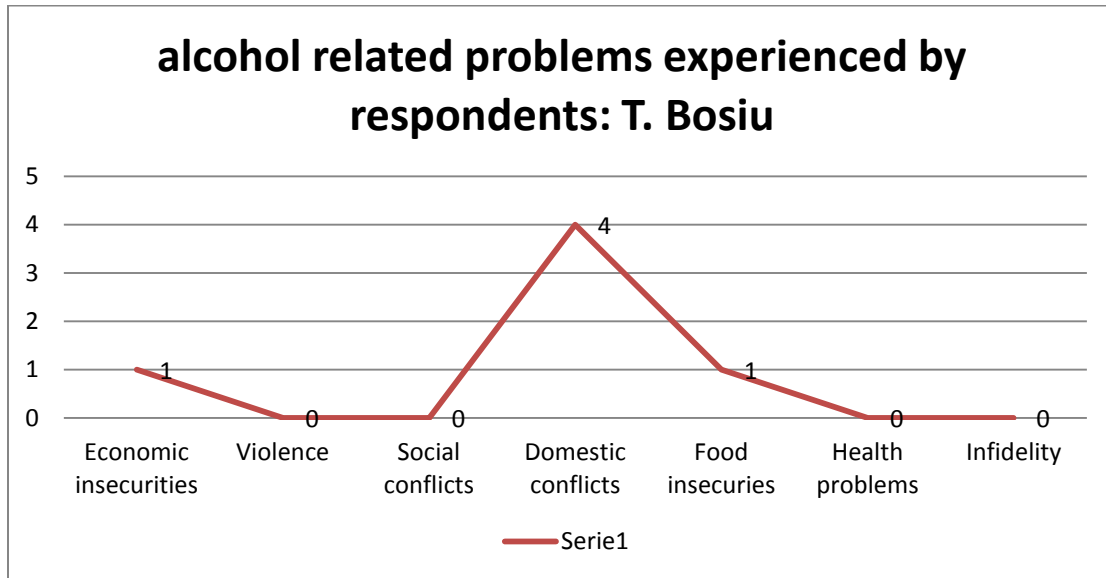
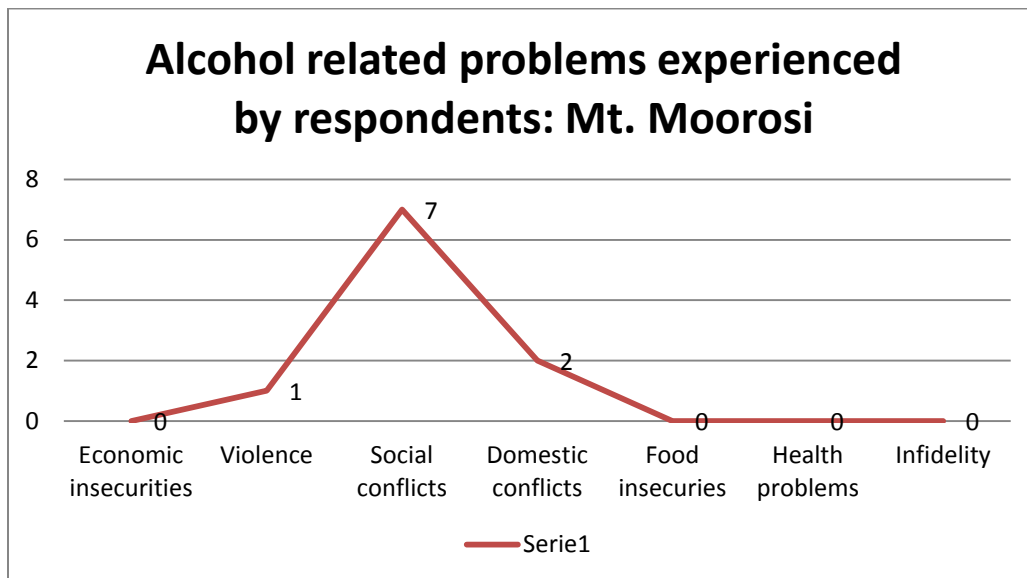


Figure 64: alcohol related problems experienced by Thaba Bosiu respondents

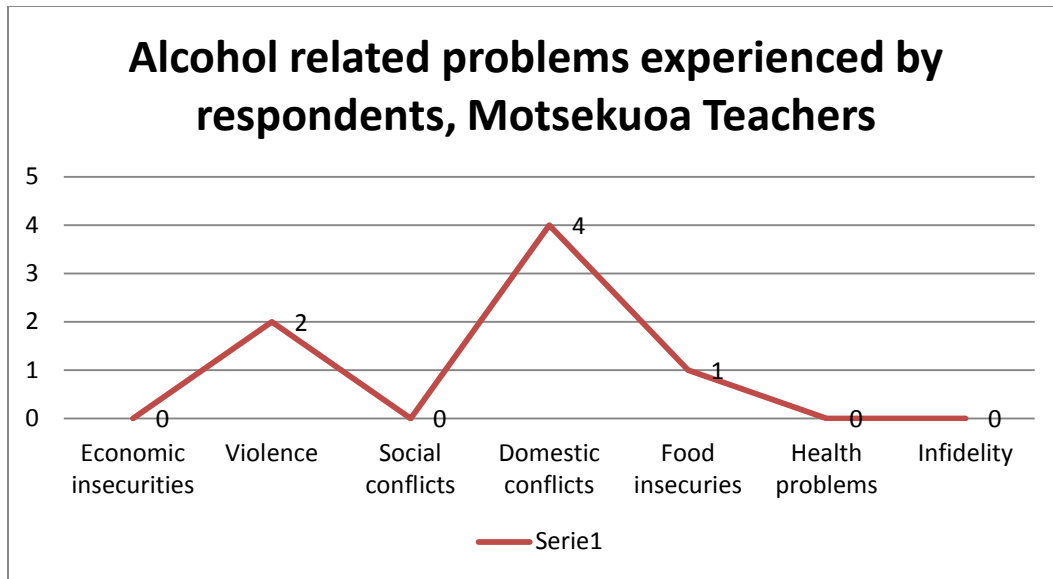
Domestic conflicts, economic insecurity and food insecurity are the problems experienced by the Thaba Bosiu respondents.

Figure 65: alcohol related problems experienced by respondents, Mt. Moorosi



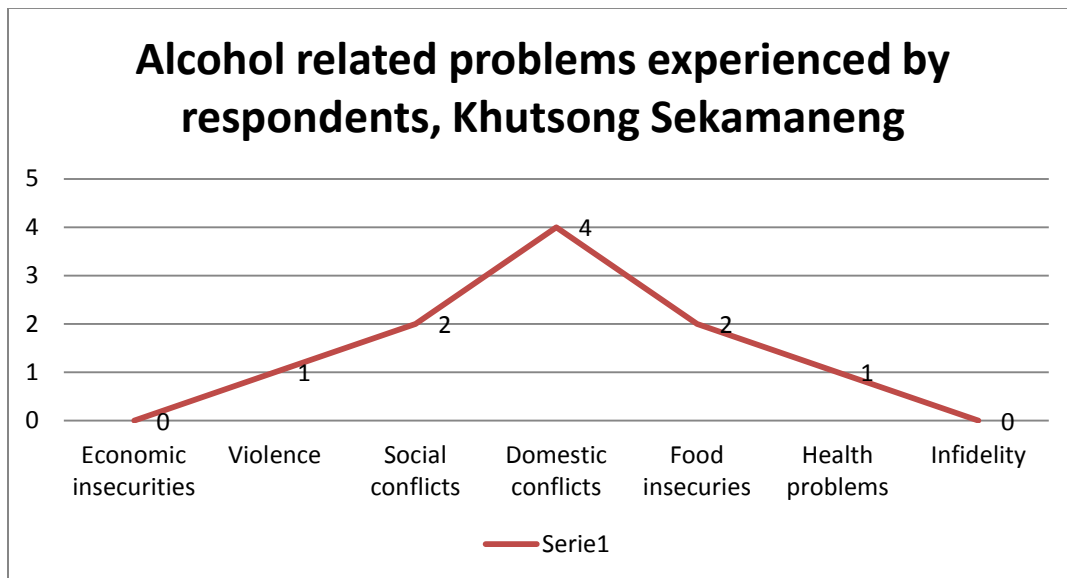
In Mount Moorosi social conflicts resulting in deaths of young people, domestic conflicts and violence are the reported problems emanating from alcohol abuse.

Figure 66: Alcohol related problems experienced by respondents, Motsekuoa Teachers



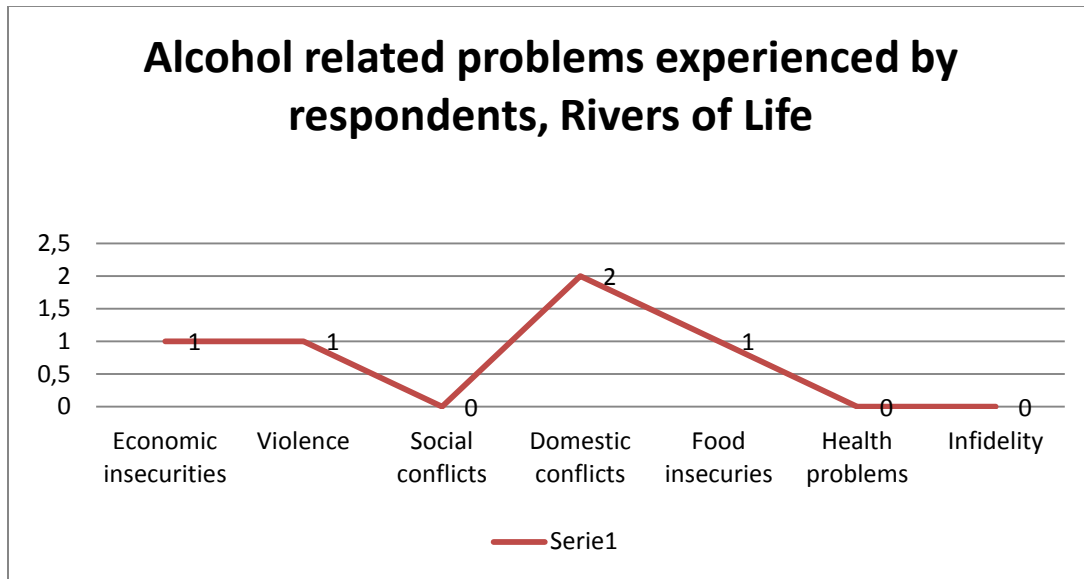
Domestic conflicts, Violence, and food insecurity are common alcohol related problems experience by teachers.

Figure 67: Alcohol related problems experienced by respondents, Khutsong Sekamaneng



Domestic conflicts, Social Conflicts, food insecurity, violence and health problems are experienced in Khutsong Sekamaneng.

Figure 68: Alcohol related problems experienced by respondents, Rivers of Life



Domestic conflicts, economic insecurity, violence, and food insecurity are problems experienced by rivers of Life church group.

The study investigated on whether the roles of the respondents have been affected by their roles and identification of the affected roles. The following charts show their responses.

Figure 69: Thaba Bosiu responses in whether drinking affects respondents' roles in the family

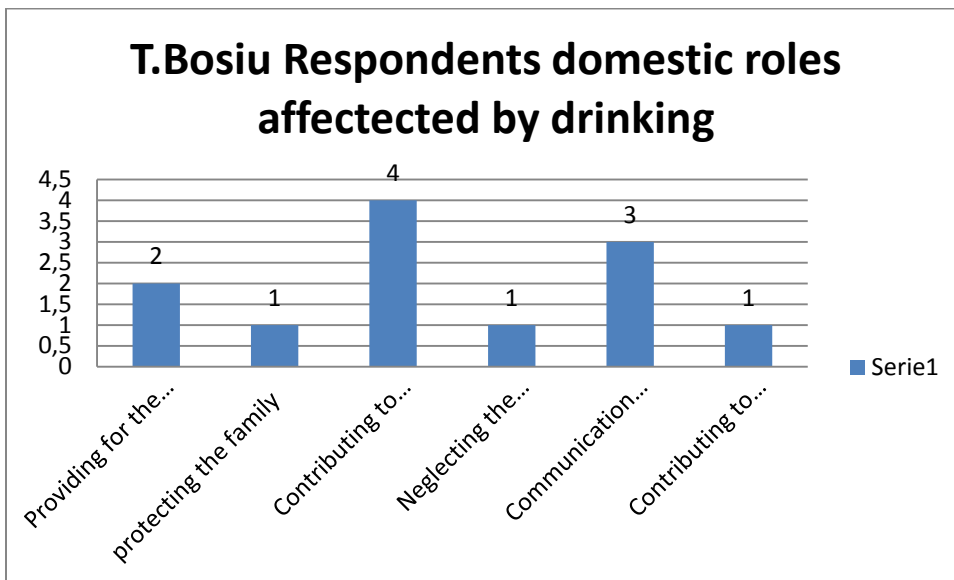
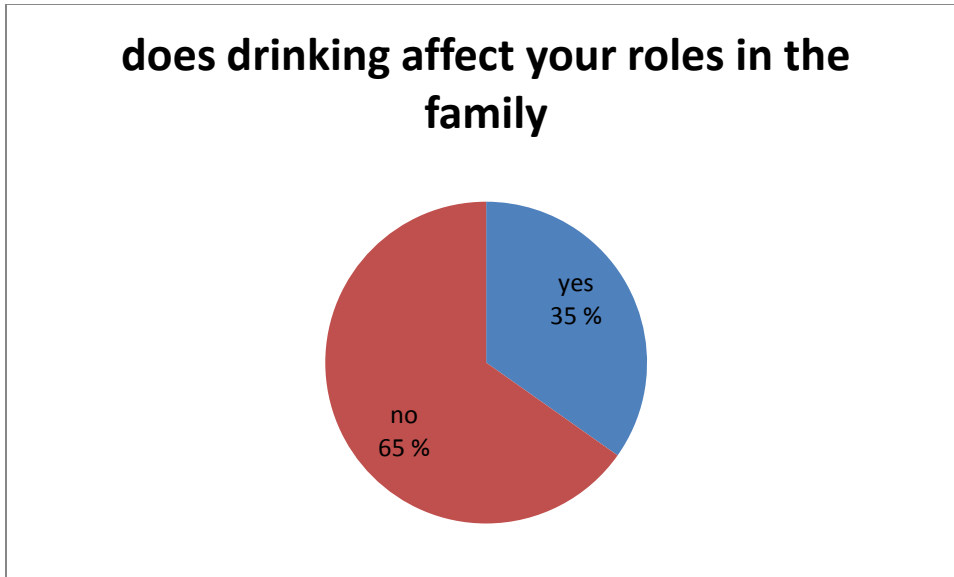


Figure 7016: Mt. Moorosi responses on whether drinking affects respondents' roles in the family

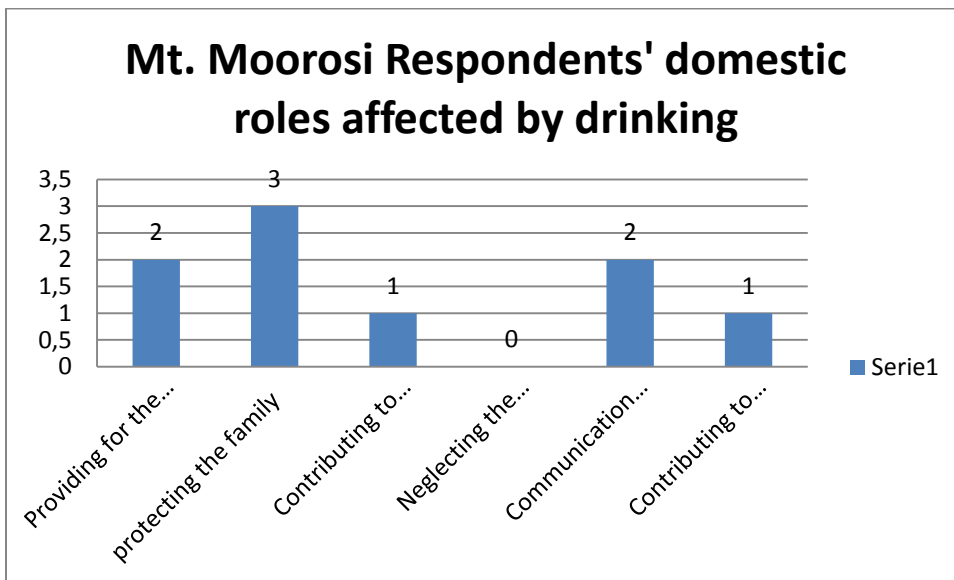
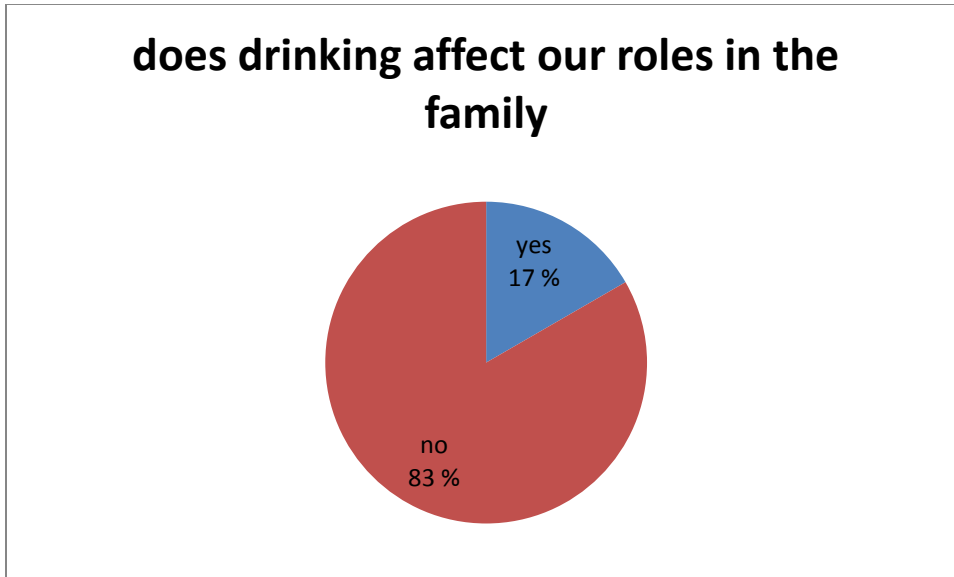


Figure 71: Motsekuoa Teachers' responses on whether drinking affects their roles in families

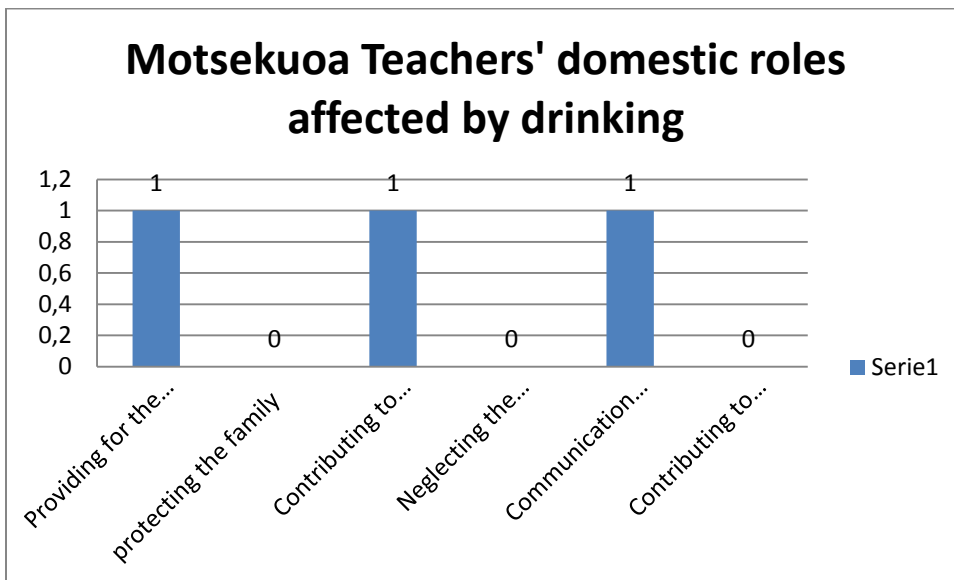
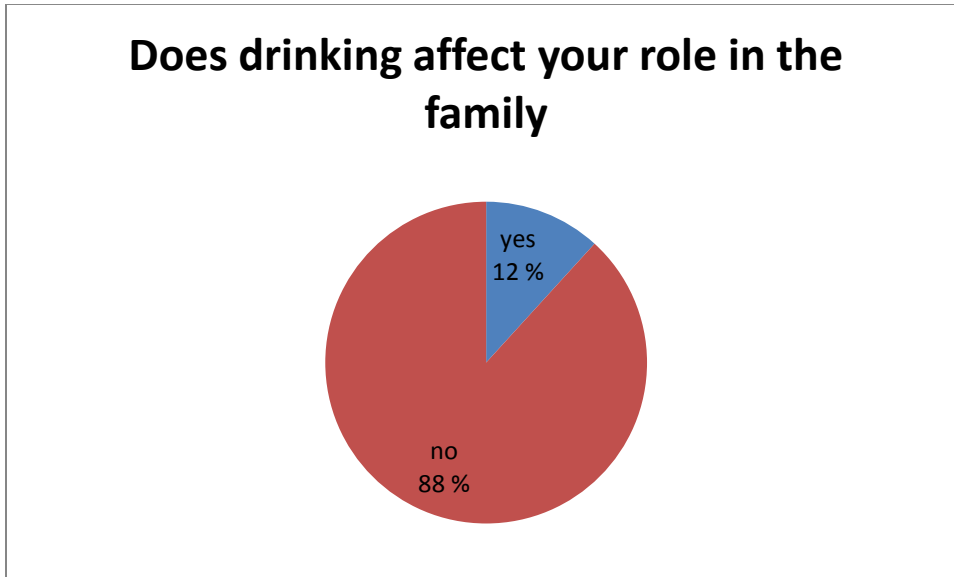


Figure72: Khutsong Sekamaneng responses on whether drinking affects respondents' roles in families

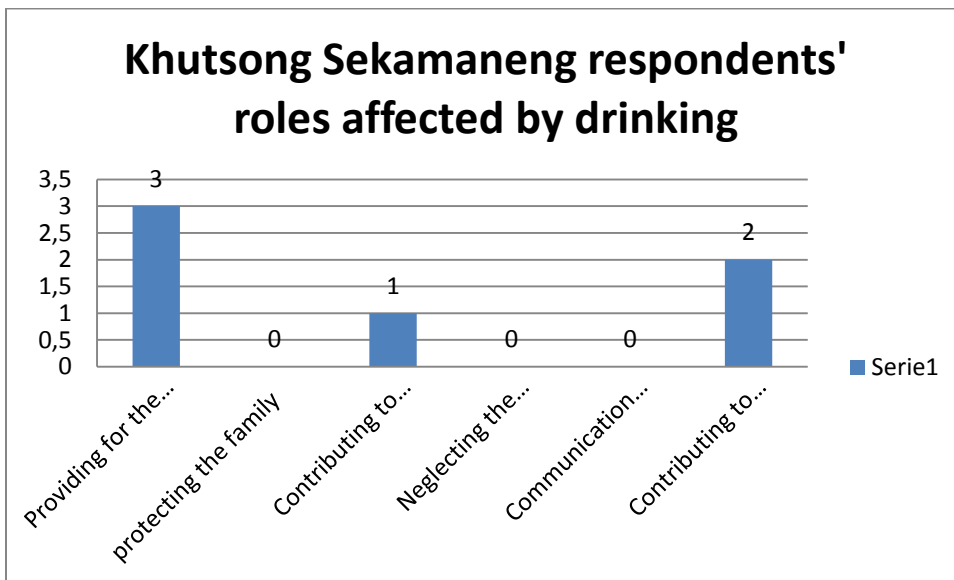
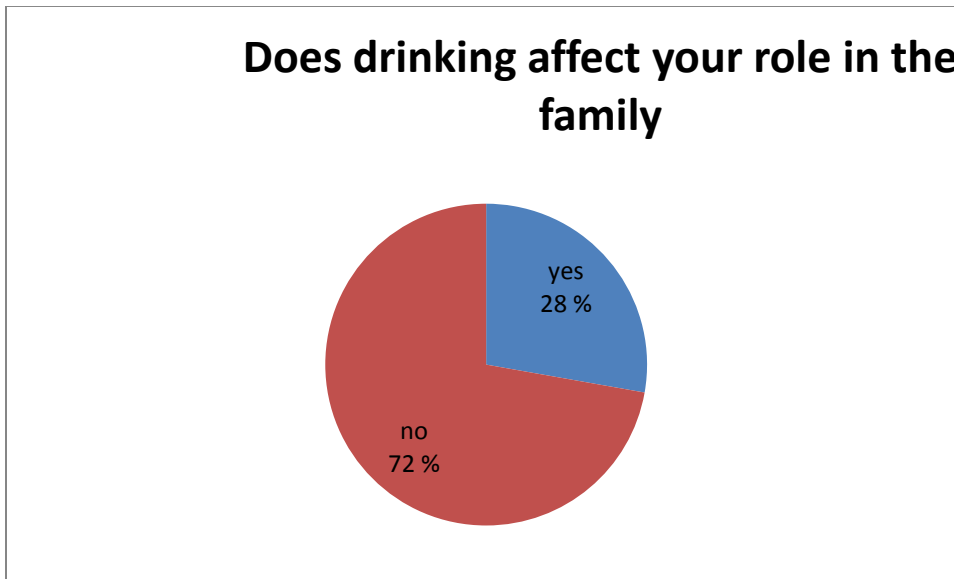
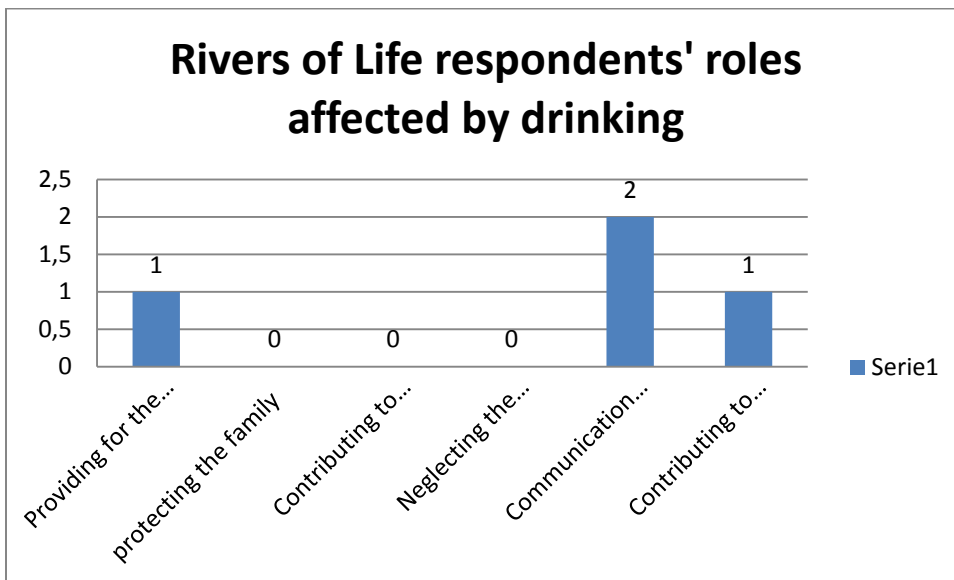
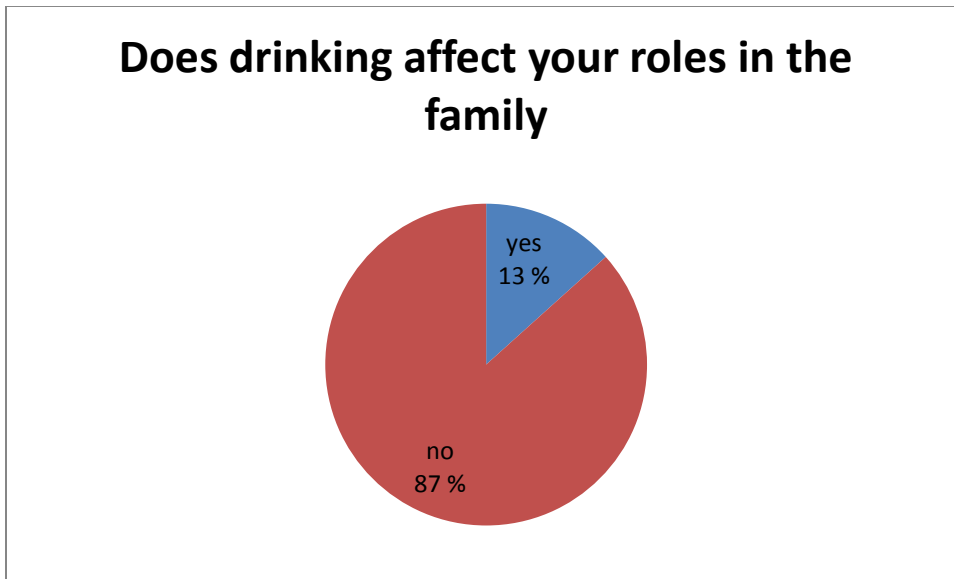


Figure73: Rivers of Life responses on whether drinking affects respondents' roles in families



Respondents gave other alcohol related problems which are experience from their families and the neighboring families

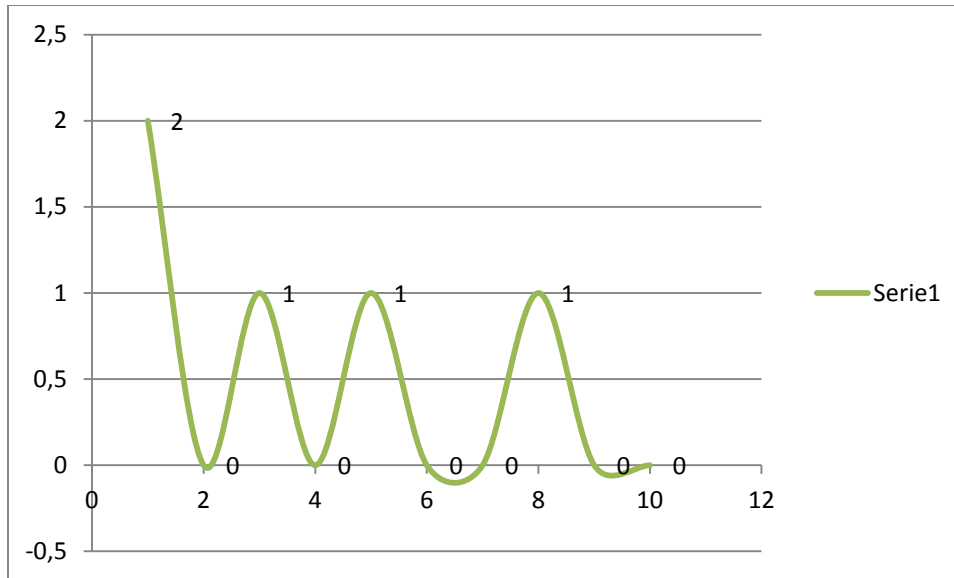


Figure 17: other alcohol related problems experienced by respondents' families, T/Bosiu

T. Bosiu

Domestic conflicts	2
Infidelity	0
Child neglect	1
Failure to provide for family	0
Fatal accidents	1
Misuse of family income	0
Domestic abuse	0
Misconduct	1
Crime	0
Happiness	0

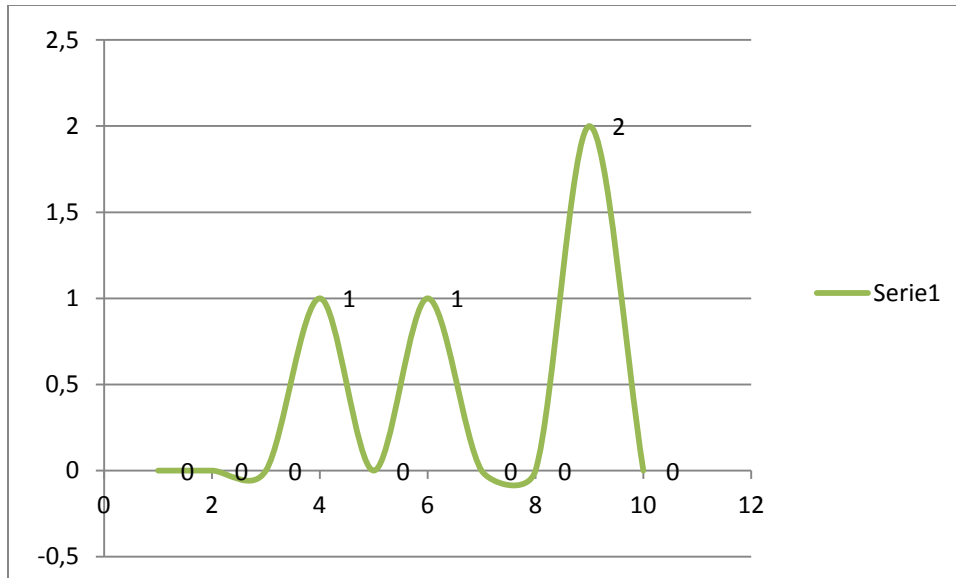


Figure 18: Other related problems experienced by respondents' families, Mt. Moorosi

Mt. Moorosi

Domestic conflicts	0
Infidelity	0
Child neglect	0
Failure to provide for family	1
Fatal accidents	0
Misuse of family income	1
Domestic abuse	0
Misconduct	0
Crime	2
Happiness	0

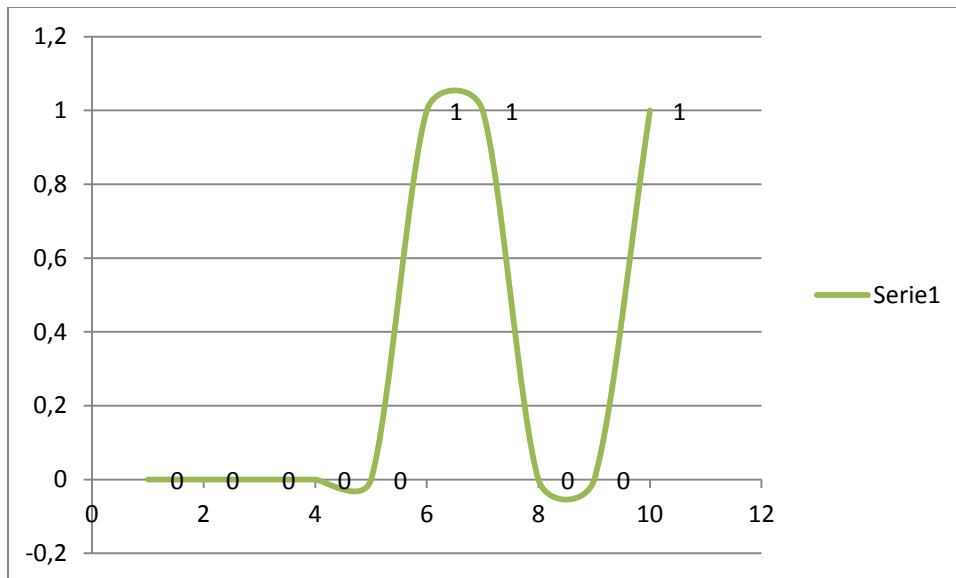


Figure 19: Other alcohol related problems experienced by respondents' families, teachers

Teachers

Domestic conflicts	0
Infidelity	0
Child neglect	0
Failure to provide for family	0
Fatal accidents	0
Misuse of family income	1
Domestic abuse	1
Misconduct	0
Crime	0
Happiness	1

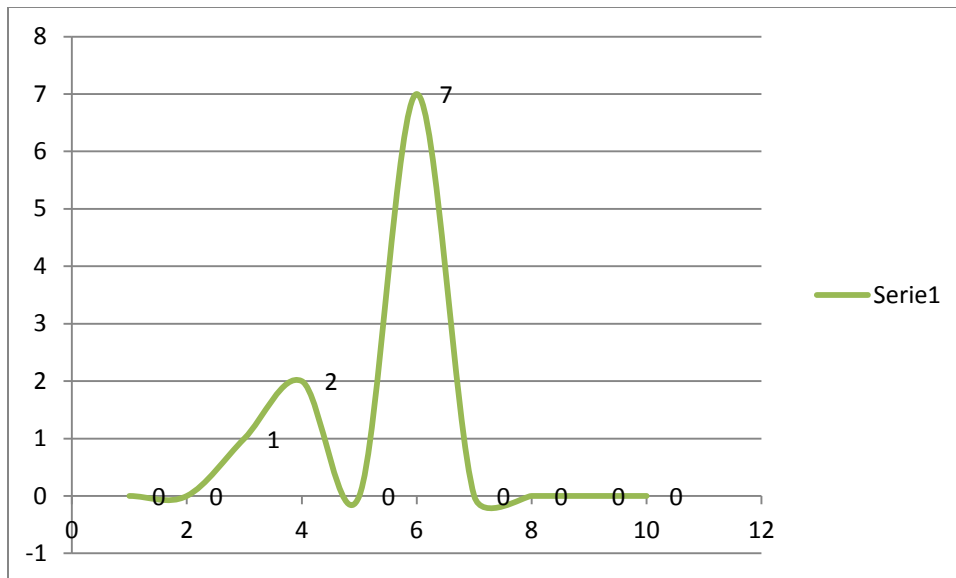


Figure 20: Other alcohol related problems experienced by respondents' families, Khutsong

Khutsong

Domestic conflicts	0
Infidelity	0
Child neglect	1
Failure to provide for family	2
Fatal accidents	0
Misuse of family income	7
Domestic abuse	0
Misconduct	0
Crime	0
Happiness	0

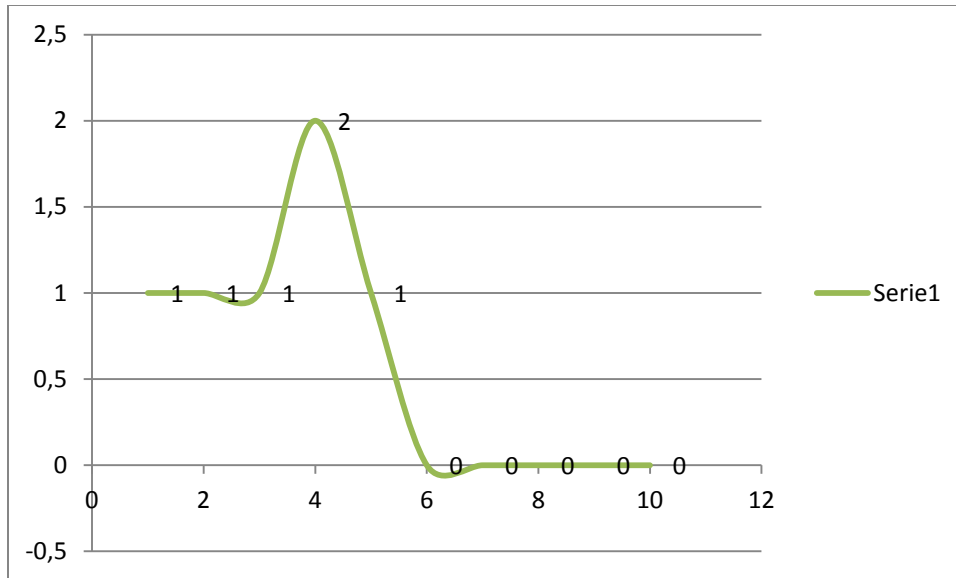


Figure 21: Other alcohol related problems experienced by respondents' families, Rivers of Life

Rivers of Life

Domestic conflicts	1
Infidelity	1
Child neglect	1
Failure to provide for family	2
Fatal accidents	1
Misuse of family income	0
Domestic abuse	0
Misconduct	0
Crime	0
Happiness	0

Respondents were asked to give their views of what they would like to see contained by the Alcohol Policy to address the problems they have raised which are experienced in families. The following are their responses:



Fig 22: Thaba Bosiu respondents



Figure 23: Mt. Moorosi respondents

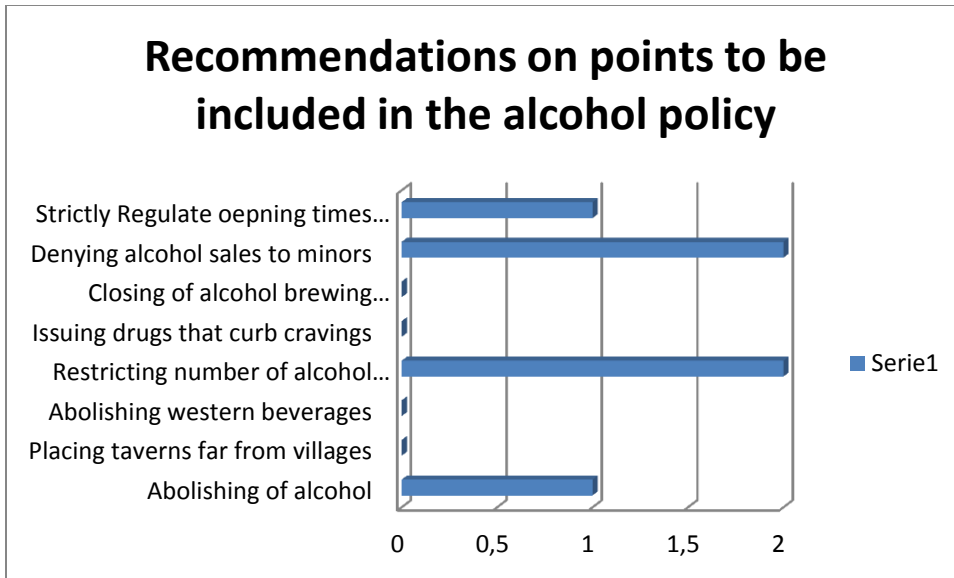


Figure 24: Teachers' responses

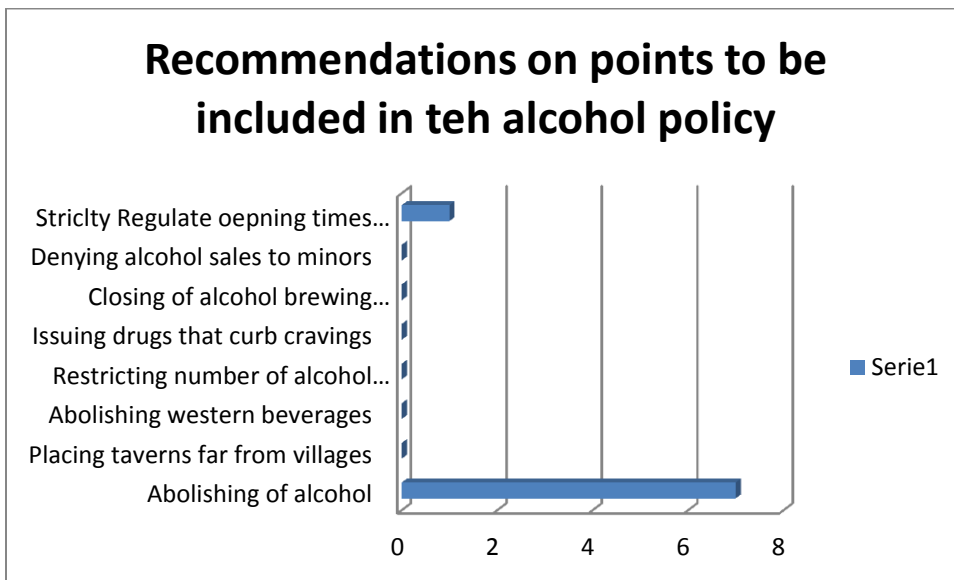


Figure 25: Khutsong



Figure 26: Rivers of Life respondents

FINDINGS FROM THE IMPERICAL STUDY

The most common way in which the drinking of family members has affected families is the abusive language where 11 respondents reported their families having been affected by it. It is followed by Gender based violence, with 9 responses, unplanned pregnancies 8 responses and school dropout 7 responses. The respondents' drinking has affected their families through domestic violence 16, social conflicts 9, violence and food insecurity 5. Economic insecurity, health problems and infidelity are not common problems.

The most common roles which respondents said they have neglected as a result of their drinking are providing for the family and communicating with family members 8 respondents. Failure to contribute to family plans by the drinking members of the family is another serious pain experienced by family members 7 responses.

Even though economic insecurity does not appear to be a major problem with the families of the respondents, it can be an issue if 9 respondents complain of misuse of funds by people who abuse alcohol.

WORK OF NGOs TO CURB THE PROBLEM

In Lesotho there are two active NGOs directly working in the field of reduction of alcohol and drugs related problems. These are the Blue Cross and the Anti Drug Abuse Association of Lesotho.

Blue Cross Lesotho

Blue Cross Lesotho was introduced by the Paris Evangelical Missionaries Society which is now the Lesotho Evangelical Church. These missionaries came from Switzerland. As a way of responding to the needs of people who wanted to stop drinking, Blue Cross established a rehabilitation centre called the Thaba Bosiu Treatment and Prevention Centre (TBC) which is situated at Thaba Bosiu.

TBC engages in a number of activities to curb the alcohol related problems which impact on families as revealed by this survey. Some of the activities which they engage in within the treatment department include Individual client Counselling, Group therapy, family therapy, clients' follow-up system and occupational therapy. The prevention department works with youth groups, women groups on both Income Generating activities and child development issues. There are a number of community awareness campaigns which are undertaken through the use of media and public gatherings.

Anti Drug Abuse Association of Lesotho (ADAAL)

The organization was established in 2002 to contribute to the work done by Blue cross, other NGOs and the Ministry of Health. At the time of its establishment, Blue Cross, Alcohol and Drug Education Programme (ADEP) of the Christian Council of Lesotho and Community Alcohol Rehabilitation Programme (CARP) of the Scott Hospital were the only ones working directly with the alcohol and drugs problems. ADEP was closed and the two remained.

Anti Drug Abuse Association of Lesotho is a registered non-governmental organization that started its operations in March 2002. The work done by ADAAL from its inception up to date includes the following:

- Anti Smoking campaigns in 21 schools in the 3 southern districts.
- HIV Prevention and Anti drug abuse programme in 31 schools of Mafeteng, Mofale's Hoek and Quthing
- OVC Education Support programme in 20 schools of Maseru, Mafeteng, and Mofale's Hoek.
- Establishment of ADAAL abstinence clubs in 30 schools
- Training of Out of School and in school Peer Educators.
- Training of teachers identified as focal teachers
- Livelihood support to 10 households in Mafeteng
- Establishment of parents groups in Mafeteng
- Establishment of Youth centre at Mount Moorosi

ADAAL was in the processes of establishing parents groups in other two districts when the main donor funding was terminated because of shift of focus from prevention to clinical work. The current situation of ADAAL is that of resource mobilisation for continuing the work with youth in and out of school through Abstinence clubs, working with parents groups to initiate family clubs, working with Most at risk

population (MAPS) focusing on inmates as more than half of the sexual offences involved people who were under the influence of alcohol.

LESOTHO ALCOHOL POLICY

In 2007 a policy was passed and I represented Lesotho Council of NGOs in the National Alcohol Policy Council. The policy drafting was supported by the alcohol industry which was also represented in the council. In 2010 the new Minister in the Ministry of Tourism which was the custodian of the policy then invited assistance from Blue Cross Norway to develop evidence based Alcohol Policy which would respond to the public health needs of the society. In 2012 the 1st Alcohol Policy draft was shared among the stakeholders and work to improve on it was completed in February 2013 when the final draft was shared to the drafting team. The current situation is that the Policy is still within the Ministry of Health to be shared with the health Management and the Minister who will in turn present it to the Cabinet of Ministers for adoption and presentation for translation into law.

The guiding principles for Lesotho Alcohol Policy are: Protection of vulnerable populations; Freedom to choose; Community participation; Multi disciplinary approach; Long term commitment; strengthening prevention and rehabilitation; clear definition and division of the roles and responsibilities; evidence-based approach and Individual responsibility.

Lesotho Alcohol Policy main priority areas for action are:

- Leadership, awareness and commitment
- Increasing Community action and support
- Strengthening public education and awareness
- Health sector response
- Ensuring public safety and amenity
- Marketing of alcoholic beverages
- Illegally and informally produced alcohol
- Monitoring and surveillance

APAL is currently focusing on Objective 2 of the Leadership, awareness and commitment priority area for its advocacy work. This objective regulates affordability, availability, accessibility and distribution of alcohol hence reducing the negative consequences related to harmful use of alcohol. APAL is also focusing on Marketing of Alcoholic Beverages which addresses statements such as Where to advertise; How to advertise; When to advertise; Content of advertisements; health warnings, alcohol sponsorship and promotion and the don'ts for Alcohol Industry.

ALCOHOL POLICY ALLIANCE OF LESOTHO (APAL)

After the stakeholder meeting of the 2012, in November/December, Blue Cross, IFBS, ADAAL, CCL and other individuals came together through the initiatives of the BCN to discuss possibilities of establishing an alliance tasked with advocacy work. Informal structure was set up to facilitate registration of the alliance, drafting the constitution and terms of reference. A lot of people dropped out on the way and

the current active members of the alliance are the Blue Cross and Thaba Bosiu Centre, ADAAL which is also coordinating the work of the alliance, Lesotho Council of NGOs secretariat which is representing the Health and Social Development Commission NGOs, Phela Health Communication and Kick4Life. The team agreed on forming a network which will sign the Memorandum of Understanding instead of registering a new organization. The team felt that registering a new organization as a network might be expensive and delay the implementation of the work which seemed to be very urgent. The agreed upon loose structure bound by the MOU would work to see the Policy passed and after that we could start thinking of the Alliance with its own secretariat to also facilitate coordination of the members work while focusing on advocacy programmes.

APAL received financial support from BCN to advocate for the passing of the policy. This is a six month work which is very hectic. The alliance started with the training of its members on Policy Advocacy facilitated by Savera from Soul City, who is also the President of the SAAPA. The main tasks of the alliance are to:

- Meeting with the Ministry of Health e to establish the current situation of the policy
- Develop advocacy media messages
- Conduct a documentary alcohol availability survey
- Conduct mass campaigns
- Conduct Meetings with Parliamentarians and
- Evaluation of the project.

The progress so far is that advocacy media messages were developed based on the two main policy areas namely Leadership, Awareness and Commitment. Focus was on Availability, Affordability and Access within this area. The second area was on Marketing. 6 radio slots were organized in different radio stations in the country namely Thaha Khube, Catholic Radio and Radio Lesotho. TV slots were also organized in different programmes where the 3 areas were covered. Negotiations are in process with the newspapers to present our messages.

APAL started the survey on alcohol availability in three districts namely Botha Bothe, Quthing- Mount Moorosi and Maseru urban. People who are interviewed are District Administrators, Health, Tourism, Trade, licensed alcohol outlets owners, chiefs, and alcohol users, and representatives of different groups within the community. Currently the video is being edited. APAL also worked with the Siyakh'ona Medias to capture people during the act of drinking in the evening.

In general all the people interviewed both the users, owners of alcohol sales outlets and leaders see a need for change. Most of their policy suggestions are covered in the Alcohol Policy draft. Age increase for most people is even higher than the suggested age in the Policy. I think this survey also helped to make people aware of the upcoming policy so that they are ready for change.

CONCLUSION

It is concluded from the literature reviewed, the survey results from 5 different groups in five different settings of Lesotho and the testimony from a recovered alcoholic, that alcohol indeed have adverse effects on the family and needs to be taken serious by all. Evidence based policies, and their enforcement together with the implementation of the WHO strategy for Reduction of the harmful use of alcohol.

REFERENCES