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## Original Article

# Informal alcohol in Malawi: Stakeholder perceptions and policy recommendations

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**Abstract** Through the eyes of those involved in the alcohol policy-making process in Malawi, we explored the role of informal (non-commercial) alcohol in rural communities, its harmful effects, and implications for appropriate national policy. Harms included early drinking initiation, violence, and sexual risk exposure. Informants suggested that policy should address informal alcohol's content, selling times, and easy access. Because most informal alcohol producers are women who rely upon sales for subsistence, policies must avoid limiting women's economic opportunities while protecting community health.

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## Introduction

Alcohol use is the leading contributor to the burden of disease in southern sub-Saharan Africa.<sup>1</sup> Informal alcohol, that is produced, distributed, and sold outside formal channels, contributes to and may constitute the bulk of overall consumption in the region,<sup>2</sup> perhaps because it is relatively inexpensive compared with commercially, or formally, produced alcohol.<sup>3</sup> Its high alcoholic strength may lead to more intoxication and poisoning.<sup>4</sup>

Only a few countries have estimates of consumption of informal alcohol.<sup>3</sup> In its recommendations to reduce harmful use of alcohol globally, the World Health Organization (WHO) stresses the importance of knowledge and insight about the composition and production of informal alcohol (also known as non-commercial or *unrecorded* alcohol), that may require appropriate legislative frameworks and active enforcement.<sup>5</sup>

Informal alcohol has been part of human life for centuries,<sup>6</sup> and its ubiquity in rituals attests to its widespread use in southern African societies.<sup>7,8</sup> In developing countries, informal alcohol tends to come from two sources:

- *Home or craft production*: where alcohol producers (usually women in sub-Saharan Africa) pass traditional means of producing it, typically using grains, fruit, vegetables, or palm sap, from generation to generation;<sup>8</sup>
- *Local industrial production*: where businesses produce traditional alcoholic beverages, such as sorghum beer in southern Africa.

These then compete with alcohol produced through two other means: cosmopolitan beverages produced in-country that imitate global, multi-nationally sourced and marketed brands; and multinational brands themselves.<sup>9</sup>

A *rapid assessment* of substance abuse conducted in Malawi, a country located in southern Africa, found that alcohol was the most widely used substance,<sup>10</sup> with up to 90 per cent of total alcohol consumption attributed to informal alcohol.<sup>11</sup> WHO estimated adult (15+ years) per capita consumption in Malawi at 1.7 liters per year; however, an abstinence rate of almost 89 per cent suggests that those who do consume may average closer to 1.5 liters of pure alcohol per year.<sup>3</sup>

As has been described elsewhere,<sup>12</sup> in November 2007 the International Center for Alcohol Policies, an organization funded by some of the world's largest alcohol producers, convened a 'stakeholder' meeting in Malawi. Alcohol industry representatives as well as governmental and NGO representatives produced a draft national alcohol policy (The Republic of Malawi (2007), National alcohol policy, first draft).

This alcohol industry initiative prompted a local NGO, Drug Fight Malawi (DFM), supported by the Norwegian Campaign for Development and Solidarity, to organize a second stakeholder meeting that



included government ministries of Home Affairs and National Defense, Education, Trade, Youth, Health, Gender, and Local Government. Government agencies such as the Police, Malawi Revenue Authority, Road Traffic, and the National AIDS Commission plus civil society networks such as the Human Rights Consultative Committee, Malawi Health Equity Network, Malawi Economic Justice Network, Malawi Network AIDS Organizations, Gender Network NGOs, and the National Association for People living with HIV & AIDS in Malawi participated.<sup>13</sup> Alcohol industry representatives were not invited.

These participants appointed DFM to be the ongoing secretariat for a new policy drafting process. DFM in turn proposed members of a National Alcohol Taskforce Committee (NATC), including key governmental, civil society, and health sector leaders. The NATC began the process of drafting an alternative, evidence-based National Alcohol Policy (NAP). Government responsibility for developing the NAP fell initially to Malawi's Ministry of Home Affairs and National Defense. Over the course of 2008–2010 and in collaboration with DFM, the Ministry sponsored several discussion papers, capacity-building seminars, and ultimately a series of consultation meetings with village chiefs, teachers, local government representatives, NGO leaders, and other key persons in eight of Malawi's 28 districts. In 2011, at the request of the NATC, the government shifted responsibility for the NAP to the Ministry of Health, which in collaboration with the NATC presented a revised NAP to a national validation conference that for the first time included alcohol industry representatives. The NATC then revised the NAP and presented a final draft to the Ministry of Health, where it is now under review; final approval will require submission to and the assent of the Office of the President and the Cabinet.

The current draft of Malawi's NAP targets alcohol generally; however, given the pervasive use of informal alcohol,<sup>11</sup> and the lack of studies examining informal alcohol in Malawi, we designed our study to understand the societal role of informal alcohol. We used qualitative methods to explore perceptions of informal alcohol, including recommendations about control and regulation of informal alcohol. Principally, we interviewed members of the NATC and other relevant stakeholders. To our knowledge, this is the first qualitative study to explore perceptions of informal alcohol among participants in development of a national alcohol policy.

## Methods

Upon our request, in 2010, the executive director of DFM provided us a list of 15 names of people who had provided significant input into the NAP. This list amounted to a convenience sample. We were able to contact 12 of the 15 people on the list and all contacted agreed to be interviewed (3 women; 9 men). The sample included: national police force ( $n=1$ ), Office of the President and Cabinet ( $n=1$ ), ministry officials ( $n=4$ ), and civil society organization representatives ( $n=6$ ). We had no prior relationships with any of the interviewees. A single interviewer (RL) conducted all interviews in English in the informants' offices in the Malawi capital Lilongwe, in sessions averaging from 30 to 60 min. The interviewer asked about the process for developing national guidance for alcohol consumption in Malawi, the role of alcohol in Malawian society, and each study participant's recommendations for controlling alcohol's harmful effects. The Johns Hopkins Bloomberg School of Public Health Institutional Review Board (IRB) classified our study as 'exempt'. We showed each interviewee the IRB decision letter before each interview, and each one agreed to participate and for the interview to be recorded.

We analyzed the resulting interview transcripts thematically in a multi-step process using the *constant comparative method* central to *grounded theory*.<sup>14</sup> Members of the study team read several transcripts for content comprehension and selected two for open coding by the first author. We then synthesized themes emerging from the data into a code list based upon recurring concepts. We used the resulting list to code the next two transcripts; this step allowed us to assess similarities as well as differences among the transcripts, and to compare data across interviews. We then used the list to code the remaining transcripts, refining the code list as new themes emerged, and recoding previously coded interviews as necessary. We used Atlas-ti<sup>®</sup> software, version 6.0.

## Results

Informal alcohol emerged as the most pressing issue. More than 80 per cent of Malawi's population lives in rural areas,<sup>15</sup> and informants reported the overwhelming use of informal alcohol by rural people. 'If you go into the rural areas, the majority drink the local brews because it is cheaper'. Informants universally agreed that informal alcohol



usually caused specific harms, and identified issues that contributed to these: persistent presence of informal brewing as a necessity for livelihood; negative effects of brewing informal alcohol at home; and inadequate regulation of the content and sale of plus access to informal alcohol. Informants also provided policy recommendations.

### **Informal alcohol as a legacy, necessity, and rooted in tradition**

Informants stated that informal brewing is rooted in tradition, as a family business providing economic sustenance.

Brewing is a tradition that is passed on from one generation to another. So perhaps [the woman that brews] grew up in a household where they brewed and took over that skill and they are able to continue the family business of brewing.

The informal alcohol industry has traditionally been perceived as important for women's autonomy, providing women an independent source of money.<sup>8,16</sup> Informants believed that limited employment opportunities for women contributed to the ubiquity of informal brewing:

When we come to local brewed beer, the problem is that we see how high (the) rate of poverty (is) in Malawi... They say that 60 per cent of the people live below the poverty line. So what happens is that in rural areas people tend to brew beer in order to have some money to send their children to school, for food, and other things, you see? So the population is increasing in Malawi, and the most of these people are living in rural areas. And the production rate of local beer is also increasing because of the increase in the population.

The widespread consumption of informal alcohol keeps women brewers employed:

Women are doing the brewing. They do the brewing because they have no other way or means of doing business. They brew all day because the men will come and drink all day. That's the problem. We are unable to control the village.

Informants suggested that policy to eliminate or reduce informal brewing would be harmful to women who rely on brewing for their livelihoods. To reduce alcohol-related harm, they recommended instead regulation of the content and sale of informal alcohol.

### **Effects of brewing in the home: early drinking initiation, violence, and sexual risk exposure**

Because informal alcohol is typically brewed in and sold from home, informants believed that everyone in a village is affected.

There is a lot of selling in the home. So that is the danger that is posed to the household. At the household level, it is not just the brewer who stays there, it is the whole family. And you talk of the neighborhood, the schools, so it spills over, the impact spills over. The negatives [of brewing in the home] are quite large.

Children who live in homes where alcohol is brewed are initiated into drinking at very young ages.

Because of the level of poverty ... the mother makes the beer and puts it aside for customers ... the kid comes from school, and when the mothers make the beer, she sells it at the compound ... the kid sees how people behave after they have taken it, and is curious ... so people consume it as low as five years.

Informants were convinced that producing and selling alcohol in the home created an environment that increased risk of exposure to violence and cross-generational sex.

We have one local spirit called kachasu that is quite strong. That one can knock an elephant off. They sell it anywhere. They don't need a license to sell it. Because of poverty, women sell it. That is their income. Women sell alcohol during the day and also during the night... It is like the whole ...village gathers, single and married women, and things happen... such as violence, and sex with very young girls.



Female producers were also likely to be involved in selling sex. Informants noted that the link between brewing and sex work has evolved over time.

Most of the brewers become sex workers because it is part of the whole thing. In the old days, it used to be older women that used to brew, but now it is everybody. I have seen several of the young ones doing it. So maybe the age comes into play because of the sex work.

### **Lack of regulation of informal alcohol content**

Lack of regulation of the content of informal alcohol led informants to discuss hazards from local brewers. They add elements to create a stronger, and also more dangerous brews.

The danger is coming from the traditional brews because they are not tested. They have no regulation ... no regulating body and what normally happens is that if somebody brews alcohol within a community, they buy a ticket to be able to sell it at the market ... nobody tests what they are selling.

In a country with 12 per cent of the population living with HIV,<sup>17</sup> respondents also expressed concerns that home brewers were mixing alcohol with antiretroviral medications.

People see the demand and they want to make quick money and they have discovered some products or ingredients that come from town that can be used to facilitate fermentation. Usually it is 5 days for fermentation but with things like ARVs (anti-retroviral medications used to treat HIV), people get ARVs and they put them in the beer ... They put in some maybe poisonous things like palm leaves ... some hems in there, like poppy seeds ... So when people consume they get this psychological dysfunction, people literally take off their clothes.

Informants agreed on the need to determine how to standardize informal alcohol content in national policy.

The things that people put in that beer – they each have a different alcohol percentage – they put things like battery acid, they are putting ARV tablets in it ... you can't even standardize this kind of beer. This is something that the policy has to and needs to figure out.

Hazardous alcohol consumption is linked with many facets of HIV, including sexual risk-taking, reduced adherence to treatment, immune system impairment, and drug interactions.<sup>18</sup> Because brewers are using ARVs in brews to increase potency, ARVs are diverted from intended use, further straining an already limited supply in the country.

### **Youth access and lack of regulation of selling times**

Another theme of concern was the ease with which anyone, and especially young people, could access informal alcohol.

... if you look at the bottled alcohol, they are bought by those who are working, are in business, those who can afford to buy something at 500+ kwacha (approximately \$1 USD). But a young person who is in primary school cannot buy a bottle of Carlsberg because it is expensive...so they buy local alcohol, because it is only 20 kwacha. Even a primary school student can afford to have 20 kwacha and buy it.

Anyone could gain entry to informal drinking venues.

Anyone is allowed in the local drinking places. There are some city by-laws...but people still access alcohol. We need to have a policy that has strategies that are actually enacted – that is the challenge.

And informal alcohol was brewed any time.

Yes, [women brew] every day and they sell anytime. Anyone can go to anyone's house that is brewing. This is done in their houses. So people go to their houses to drink. And for men to know that there is beer - they put an empty bottle outside. So that you know that beer is there, that kachasu is there.





Informants agreed that a national policy must limit selling times and curb youth access to both formal and informal alcohol.

Before there was only a specific time that people would go drinking, like possibly in the afternoon, and children were not allowed at the drinking place. If the bar people found out that where those people were drinking that they had children in their midst then those people would be arrested... But now it is free for all. They even have drinking places for young people, like youth friendly places. This needs to be addressed.

## Discussion

We examined the role of informal alcohol through the eyes of individuals involved in development of a national alcohol policy. All identified informal alcohol as the primary cause of harms, including early drinking initiation, violence, and sexual risk exposure. Informants stressed the importance of protecting women's economic opportunities, and preferred regulating the selling environment and informal alcohol content to banning brewing or sales. WHO highlights the importance of including efforts to stimulate alternative sources of income among informal brewers<sup>5</sup>; thus alcohol policy must reflect this consideration.

Effective alcohol policy implementation, in Malawi and elsewhere, requires understanding how policy reflects and addresses drinking patterns.<sup>19</sup> There are no systematic, nationally representative data on substance abuse (formal or informal); the Malawi Demographic Health Survey includes questions on alcohol, but only as it relates to domestic violence. Two recent studies focused on consumption among young people,<sup>11,20</sup> but we were unable to find any study that examined informal alcohol. WHO's strategy to reduce harmful use of alcohol<sup>5</sup> stresses control of informal alcohol because of its higher ethanol content and potential contamination with toxic substances. It calls for systematic data collection and monitoring of drinking behavior.

The danger of bacterial and fungal contamination in unregulated informal alcohol was previously reported in southern Africa, likely caused by problems with storage and fermentation controls.<sup>21</sup> We found no data about informal alcohol content in Malawi, and thus testing and analyzing traditional brews would be useful. Informants would like to

see standardization that could decrease both the strength and the toxicity of informal alcohol, but the task would be difficult, as ingredients vary by batch and by producer.

Collaborations between policymakers and community members, balancing demand for systematic implementation of programs and policies with responsiveness to community needs, have proven important to the success of community programs for youth violence<sup>22</sup> and childhood obesity.<sup>23</sup> The NATC-led policy process in Malawi was the first to use a broad consultative approach. The content of the NAP was informed by a participatory process at the community level in those districts visited by the NATC. Open meetings with village heads, religious leaders, and other community members deepened understanding of the problem and encouraged discussion about possible solutions. Communities may be most able to lead the way toward national change, because informal brewing occurs at the village level. Community leaders can engage local brewers as stakeholders in the solutions to ensure that their economic concerns are heard, while working with all stakeholders to ensure that availability and content changes result in fewer negative consequences.

To reduce the public health impact of informally produced alcohol, future policy development in Malawi should consider options suggested by WHO: quality control in production and distribution; regulating sales of informally produced alcohol; an efficient control and enforcement system, including a tracking system for illicit alcohol; ensuring necessary cooperation among authorities; and issuing information about contaminants and health threats from informal alcohol.<sup>5</sup>

### **Limitations and conclusion**

Because our study team did not include native interviewers or informants, our study suffers from the limitations of outsiders trying to understand and interview in a different culture, particularly because interviewees spoke in English rather than their first languages. We relied on the judgment of DFM to identify persons with key input into the NAP, and because of this, our results represent only the views of NATC members and other key players according to DFM. We, and the process itself, were also limited by the NATC decision to solicit input from only 8 of Malawi's 28 districts.



Nonetheless, our study adds a unique perspective to the literature about alcohol-related harm and policy development. As a number of African countries are struggling with how to control the harmful effects of informal alcohol and are developing national policies, the experience described here may prove useful. To understand the role each can play in developing and enforcing policies, further research should include the views of those who rely on brewing for employment, as well as local leadership and community members. Reducing alcohol-related harm will require two key elements that are still largely missing: data on alcohol consumption patterns, including consumption rates of informal and formal alcohol; and systems capable of testing the contents of informal brews for toxicity and related harmful effects. Finally, thorough examination of country-specific feasibility and effectiveness of possible policy options will be crucial to success.

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