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Balancing the Drinking Act: A Grounded Theory of Youth Drinking, Policy and COVID-19 in Botswana

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Abstract

Stakeholder and consumer participation is generally seen as a critical part of effective alcohol policy making as it has a direct impact on policy implementation. In the advent of COVID-19, the views and experiences of stakeholders and consumers were integral to how countries responded to the virus. The involvement of alcohol stakeholders and consumers raises critical questions about policy making practices. Using Grounded Theory (GT) methods amongst 20 drinkers and six alcohol stakeholders, I examined the views and experiences of stakeholders and alcohol consumers in Botswana during COVID-19. I identified two interrelated core categories of *Balancing the Drinking Act* and *Problematic Youth Drinking* that were prominent as the country dealt with the COVID-19 pandemic. First, I argue that balancing the drinking act suggests the need for government to balance alcohol regulation with the needs of drinkers. Second, I highlight that problematic youth drinking relates to an emerging yet consistent belief that young people in Botswana are collectively responsible for alcohol "problems." These key themes center consumer and stakeholder participation in alcohol policy development. Moreover, the current analysis demonstrates the interplay between alcohol use and prohibition during COVID-19, and how it might be mediated by cultural scripts used by consumers and stakeholders in Botswana.

Keywords

alcohol consumption, youth, consumer participation, grounded theory, COVID-19, Botswana

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Introduction

Stakeholder and consumer participation is widely considered to be an important component of policy making development. Whether policies become effective or are accepted, heavily relies on the involvement of stakeholders and other people affected by these policies (Alderson et al., 2022). In alcohol policy research, there is ample evidence that points to the importance of stakeholder involvement and consumer participation in policy development (Anderson & Baumberg, 2006; Limaye et al., 2014; Oladeinde et al., 2020; Pitso & Obot, 2011). This body of work concludes that decisions taken at policy development level are important not only for the effectiveness of policies but also for "buy in" from those affected by these policies. If critical stakeholders are left out of the decision-making process, there might be challenges with implementing those policies. Maclennan et al. (2012) call for a "fair" process of alcohol policy development where there are no gatekeepers who control the policy agenda. They deconstruct power and push for a level policymaking field where no stakeholder controls and determines what becomes a policy issue.

In recent years, there has been increased attention in policy development practices in the African continent (see Ferreira-Borges et al., 2014; Mwagomba et al., 2018; Parry et al, 2010). This interest is perhaps sparked by a rise in efforts towards developing alcohol policies

across many African countries. More importantly, the impact of the COVID-19 pandemic on the global economy in 2020 reinstituted debates on alcohol control, prohibition, and consumer experience. The implementation of hard lockdowns and punitive restrictions to control COVID-19 infections were contentious issues across the African continent (Matzopoulos et al., 2020). Issues were raised about the impact of restrictions placed on the sales and distribution of alcohol on consumers. In Africa, and elsewhere in the world, some individuals and groups challenged the legitimacy of hard lockdowns especially as they infringed on the freedom of association and the right to movement (Sebeelo, 2023). In Botswana, lockdowns and alcohol restrictions were implemented to contain the spread of the virus. It was assumed that alcohol vends, licensed premises, and other drinking outlets were risky areas that could spread the virus. In this framing, consuming alcohol was generally thought of as a high risky activity for the spread of COVID-19. Although these policy interventions were popular, not much is known about the experiences of stakeholders and consumers who were directly affected by these policies. Studies have focused more on macro-level interventions like lockdowns and ignored how alcohol stakeholders and consumers made sense of these policy practices and how COVID-19 impacted their drinking experiences.

This paper examined the perspectives of alcohol stakeholders and consumers about the alcohol policy "problem" during COVID-19 in Botswana. I considered alcohol stakeholders such as non-governmental organizations, law enforcement and government parastatals. I also explored the experiences of alcohol consumers who were active drinkers during the COVID-19 hard lockdowns in Botswana. In this paper, I use "hard lockdowns" to refer to a set of policy measures that were implemented to restrict people's movement for a given period to protect them from the spread of COVID-19. Most African countries adopted "hard lockdowns" where COVID-19 regulations were unilaterally implemented and strictly enforced by law enforcement agencies. I identify two interrelated core categories of *Balancing the Drinking Act* and *Problematic Youth Drinking* that were prominent during COVID-19 in Botswana. I argue that balancing the drinking act suggests the need for government to balance alcohol regulation with the needs of drinkers. It points to the need for universal interventions like lockdowns to consider local consumer contexts and their lived experiences. Problematic youth drinking relates to an emerging yet consistent belief that young people in Botswana are collectively responsible for alcohol "problems." Young people are perceived as disorderly, out of control and more likely to "cause" alcohol problems. The article highlights the importance of stakeholder and consumer participation in policy development, especially in public health emergencies like COVID-19. By critically discussing a balancing act and problematic youth drinking, the article seeks to inform policy debates about the salient role of stakeholders and consumers in alcohol policy making in Botswana and other non-Western contexts.

Alcohol Policy Development in Botswana

The development of the national alcohol policy is recent in Botswana. However, this does not mean that concerns with alcohol consumption are new in Botswana. Views about the problematic nature of alcohol in Botswana can be traced back to the precolonial era where the country was predominantly an agrarian economy. Botswana has historically advocated for a prohibitionist strategy to control and regulate alcohol consumption (Sebeelo, 2021a). Efforts to control and regulate alcohol consumption continued in the post-colonial period with the introduction of Western liquor introduced by contact with Europeans. This is evident through various legal instruments such as the *Alcohol Use Symposium of 1983* and the enactment of the *Trade Liquor Act of 1986/7* as seen in Figure 1.

Figure 1

History of Alcohol Policy Control in Botswana
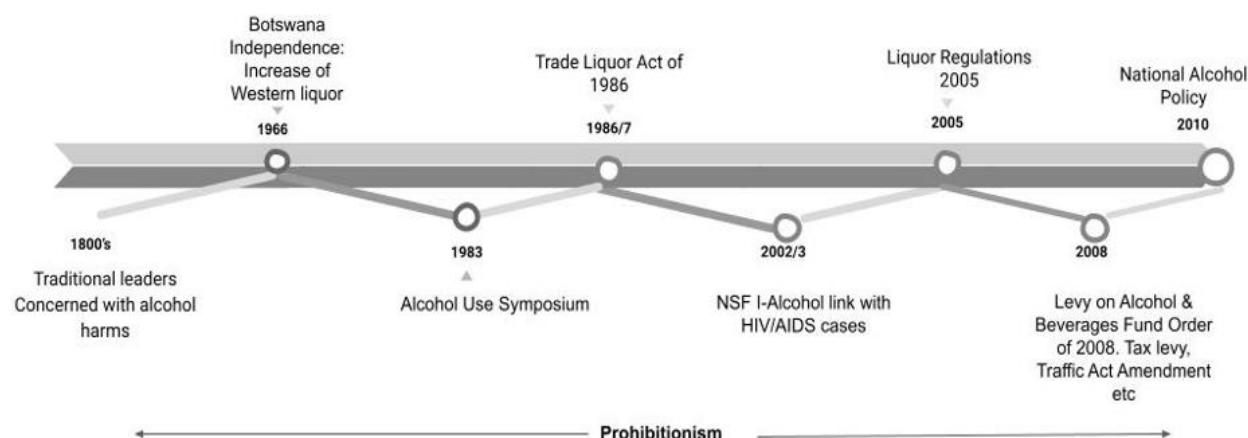
Source: Information obtained from: Pitso and Obot (2011).

History of Alcohol Policy Control in Botswana

Although alcohol has historically been viewed as a problem by the government of Botswana, efforts to control and regulate its consumption reached its peak in 2008 with the implementation of the alcohol tax levy and its associated reforms (Sebeelo, 2020; Sebeelo & Belgrave, 2021). These reforms include a 30% alcohol tax levy, reduction in hours of operation for bars and other licensed premises as well as tough penalties for alcohol-related driving infractions (Pitso & Obot, 2011). These views have gained traction in the years after the implementation of these drastic reforms. Calls for an increase in regulation and control for alcohol consumption have increased in recent years. For instance, in the *State of the Nation Address* (SONA; Masisi, 2020), the President of Botswana, Dr. Masisi stated that, "alcohol and substance abuse remain a matter of concern to our nation and there is an increasing need for treatment of those affected. To address the challenges, a Draft National Health Rehabilitation Policy is being developed" (Masisi, 2020, p. 50).

Government policies and official documents further articulate views about the problematic nature of alcohol and the abuse of substances. For example, the Botswana Multi-Sectoral Strategy for the Prevention and Control of Non-communicable Diseases (2018-2023) cites alcohol use amongst youth as a big concern in Botswana (Republic of Botswana Ministry of Health & Wellness, 2023). It is important to state that although these views are entrenched, they are not backed by a sustained record of scholarly work. There is a dearth of studies that investigate the impact of policy proposals and the dynamics of alcohol consumption in Botswana. The views and perspectives of stakeholders and consumers remain largely absent in the alcohol policy literature in Botswana. The few existing studies do not consider how alcohol policies are made and the impact they have on people affected by them. Rather they utilize quantitative approaches and link alcohol with HIV and gender-based violence (Phorano et al., 2005), substance abuse by school-going adolescents (Diraditsile & Mabote, 2017; Garechaba et al., 2017) and risky sexual practices (Campbell, 2003; Dintwa, 2009; Lama et al., 2016; Weiser et al., 2006) amongst others. The onset of the coronavirus pandemic (COVID-19) in March 2020 further exacerbated perspectives of the problematic nature of alcohol. As earlier stated, alcohol production, distribution and sale were banned to control the spread of COVID-19. Alcohol vends were considered as high-risk areas as they attract crowds who might spread

the virus while drinking alcohol. While lockdowns were widely implemented across the African continent, much remains unknown about the views and perspectives of stakeholders and alcohol consumers during this time. Understanding the perspectives and views of key stakeholders is critical as it might inform "how" we do and make our policies, especially in non-Western contexts. Furthermore, seeking out alcohol stakeholders might direct attention towards different sources of knowledge about the nature of alcohol problems in Botswana.

Role of the Researcher

The data used in this study was obtained from an alcohol policy dissertation that was completed at the University of Miami, USA in May 2021. As the main author, I collected and analyzed all data associated with the project. I also initiated and drafted the manuscript. Data was collected between Summer and Fall 2021. I am a Motswana by birth and descent. I was raised and educated in Botswana. I am therefore familiar with the country's norms, values and drinking culture. Furthermore, I have extensive professional experience having worked across different organizations in Botswana for over 15 years. These experiences and knowledges were brought into my research on drinking experiences during COVID-19 in Botswana.

Data and Methods

The Grounded Theory Approach

In this study, I adopted the Grounded theory (GT) approach to collect and analyze my data. The approach was suited to my study as it uses a flexible and iterative process of generating theory that is "grounded" in the data (Glaser & Strauss, 1967). GT mainly advocates for theory generation through induction. GT also attends to theoretical sensitivity, theoretical sampling, coding, memo writing, constant comparative method and identification of core categories (Charmaz, 2017; Mills et al., 2006). These processes were applied to this study in line with GT procedure. Overall, GT allowed for the explication of stakeholder experiences on what they thought was the "problem" with alcohol in Botswana especially during COVID-19. Deploying this iterative approach to my study helped illuminate the views about alcohol policy developing processes, an area that is not well established in the alcohol policy literature in sub-Saharan Africa.

Study Data

Data used in this study was obtained from a doctoral dissertation that was completed in the Department of Sociology, University of Miami in May 2021. I interviewed alcohol stakeholders and alcohol consumers. Interviews were mainly done in English and Setswana which are both official languages in Botswana. Interviews done in Setswana were later translated into English. The study followed the GT procedures of data collection, analysis, theoretical sampling, coding, memo-writing, theoretical analysis, and generation of the core category. Since my approach was informed by GT, data analysis was undertaken simultaneously with data collection (Charmaz, 2014). This was an iterative process of moving back and forth between data, making sense of conceptual codes aligned to alcohol policy development processes in Botswana. In the next section I will explain these procedures in detail.

Procedure

Interviews with Alcohol Stakeholders

The study was conducted during the onset of the coronavirus pandemic. Therefore, I first conducted interviews from the United States with alcohol stakeholders based in Botswana. Since I conducted the study from the United States, all stakeholders were first accessed through email and open-ended questionnaires. Follow-up telephone interviews were then conducted to complement the data obtained from questionnaires. Interviews with alcohol stakeholders lasted between 30-45mins. Overall, six (6) alcohol stakeholders ranging from government departments, non-Governmental organizations (NGO's), government parastatal and law enforcement agencies participated in the study.

Interviews with Alcohol Consumers

To access alcohol consumers, I used purposive sampling where I used my contacts in Botswana to refer participants who could take part in this study. This approach proved to be fruitful as drinkers were able to refer to others who agreed to take part in the study. Some of the topics covered in the interviews include, "What are your views on the alcohol ban during the COVID-19 pandemic," "How did you experience alcohol during the COVID-19 pandemic," and "What impact did the alcohol ban have on your drinking." These questions were framed through the interview guide. Overall, 20 people participated in the study that included nine (9) women and eleven (11) men. The study attracted middle-aged participants who were College educated and mainly identified as Christians. Interviews were mainly done through telephone and WhatsApp and lasted between 30 minutes to 1 hour. All interviews were audio recorded. In the next section, I will detail how I analyzed these data sources.

Data Analysis

Data analysis strategy followed the GT methods. I recorded and transcribed all texts verbatim from the interviews conducted with both drinkers and alcohol stakeholders. After transcription, I coded the data line-by-line. This type of coding was done with gerunds to gain a feel of the data and sequences (Charmaz, 2014). Since I was following the tenets of GT, analysis started with the first interviews. My initial coding was analysis. Furthermore, theoretical sampling was built into the initial analysis to explore tentative categories of the data to gauge my progress. In GT, theoretical sampling is used to identify emergent concepts and subsequent data collection (Conlon et al., 2020). In my study, I sampled the first five interviews and realized that most participants narrated about the impact of COVID-19 on how they experienced alcohol. I then adapted my interview guide to capture the impact of COVID-19 on the alcohol policy process in Botswana. Focused coding followed initial coding. Focused codes aligned with the direction of my analysis. During coding, I used a grounded theory technique called, constant comparative method where "data is compared with data to look for similarities and differences" (Charmaz, 2014, p. 132). Focused codes were then built into emergent theoretical categories through analytic memos. Memo writing gave the analysis the needed analytic momentum and tracked the direction of the analysis. After all these steps, the core categories of the study were developed. These core categories show how the entire GT fits together with key relationships.

Ethical Consideration

The study was approved by the Institutional Review Board (IRB) at the University of Miami (20200306). Participants' identities were protected as only pseudonyms were used instead of real names. Data collected for participants were sorted in a password protected file as per the requirements of the IRB. Furthermore, all participants had to consent to take part in the study and were free to withdraw from the study at any point if they wished to do so. All participants were therefore treated ethically as per the requirements of the Institutional Review Board at the University of Miami.

Results

The core categories of the GT process that emerged from the analysis were *Problematic Youth Drinking* and *Balancing the Drinking Act* as seen in Figure 2.

Figure 2
Grounded Theory
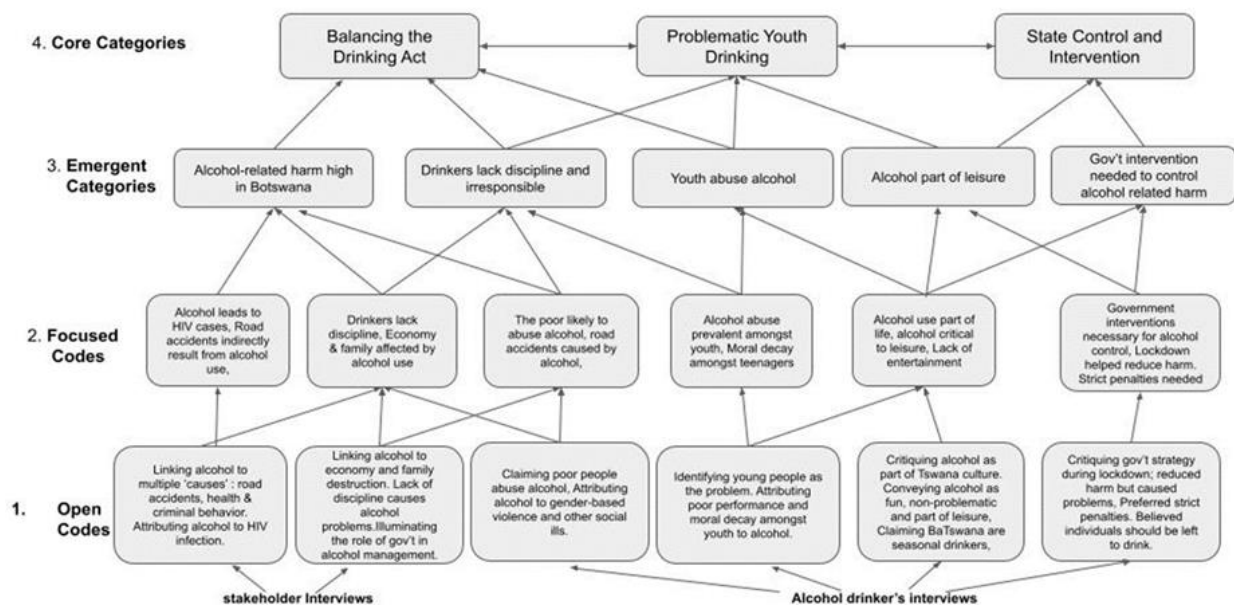
Participants also expressed the need for state interventions as they believed many people (especially younger drinkers) cannot control themselves after drinking alcohol. These categories are central to the narratives and experiences of both stakeholders and some drinkers in Botswana. Furthermore, the fear to contract the coronavirus influenced how participants viewed drinking. Study categories therefore suggest mixed and variegated experiences about the "problem" of alcohol in Botswana.

Balancing the Drinking Act

In the current analysis, *Balancing the Drinking Act* described the need for government to balance the needs of drinkers at the same time regulating drinking especially amongst youth. This was emphasized during the onset of COVID-19 when the country was under a hard-lockdown. Unsurprisingly, almost all alcohol stakeholders called for alcohol regulation as they

considered alcohol to be a "cause" of many social ills in Botswana. Youth drinking was particularly singled out as a challenge that needs to be addressed. On the other hand, many drinkers called for a balancing act, where regulation and the freedom to drink co-exist. In their opinion, the state should play its role while allowing people to indulge in alcohol. A middle-aged male participant (Giya, 32) called for this balancing act:

> I think the issue here is to deal with the negative effects of alcohol at the same time ensuring that people are not disadvantaged. I mean during COVID times is people are starved of alcohol and isolated, they might resort to other means to drink such as making illicit brews.

The quest to balance regulation and drinking is seen as a solution to alcohol issues. For some participants, this balance also accords them individual responsibility to take care of their drinking selves. It allows them to take control of their drinking lives unencumbered by the throes of state regulation. A young male participant (Lolap, 30) charged that, "This whole thing [*drinking*] works well when people are allowed to drink as responsible adults. Coming to us with all these laws and regulations will not work. I guarantee you it won't work. It's not good for anyone."

Balancing the drinking act also protects drinkers against "illegal" drinking during COVID-19 where alcohol regulation was at its peak. For some participants, if the balancing act is not done properly, there are likely to be negative ramifications. These ramifications include alcohol bootlegging during hard lockdowns. It could also lead to some people making home-made brews and illicit concoctions to substitute alcohol. When alcohol regulation is excessive, it usually results in negative consequences. Overall, balancing the drinking act ensures that the needs of drinkers and those of the state are met. It speaks to an equilibrium of needs to avoid unintended consequences. Most importantly, enacting this balance deals with problematic youth drinking that feature prominently in alcohol policy discourses in Botswana.

Problematic Youth Drinking

For many alcohol stakeholders, youth are responsible for many alcohol-related problems in Botswana. Alcohol stakeholders that include governmental departments, non-governmental organizations (NGO's) and government parastatals. It is not surprising that most of these stakeholders would echo the government's views on alcohol. Many of these stakeholders receive funding from the government and cannot be seen to be against their main funder. When asked if they thought alcohol was a problem, an NGO representative stated that:

> Yes, alcohol is a huge issue. It functions like drugs in Botswana. It is a big problem especially amongst youth. The challenge is that it [alcohol] is legal, and because it is legal, it's the number one drug in Botswana.

The above statement suggests that alcohol use amongst youth is perceived to be a challenge in Botswana. This perception was common across some alcohol consumers and some stakeholders. As the stakeholder stated, part of the problem is that the consumption of alcohol is legal hence it can be accessed by many young people in Botswana. To compare alcohol use to drugs might point to an emerging narrative about the pervasiveness of hard drugs in Botswana. Another alcohol stakeholder reiterated problematic youth drinking and linked it with drinking under the influence of alcohol and road accidents. He stated that:

Road accidents are a major problem in Botswana and mostly caused by alcohol. They are a serious threat to productivity and Botswana's human capital in the sense that 60% of casualties are aged between 21-45 years. This has the potential to negatively affect the government agenda of transitioning from a resource-based economy to knowledge-based economy in the sense that those exposed are the highly mobile, talented, and economically active youthful age bracket.

Youth are blamed for alcohol-related problems that include road accidents. It is quite interesting that in the narrative above, the stakeholder talks about the 21-45 years who are likely to be casualties of road accidents. The Botswana National Youth Policy states that the youth range from 18-35yrs. What this might imply is that road accidents are "caused" and affect other age categories outside youth such as those individuals who are over 35 yrs. However, narratives about problematic youth drinking dominate both stakeholder and consumer experiences. Since the study was conducted at the height of COVID-19 in Botswana, some drinkers were also worried contracting the virus due to the recklessness of youth with alcohol. Expressing fear for virus, a young female participant (Gerri, 29) pointed to young people:

I think young people are the ones causing trouble. They are the ones crowding at bars and more likely to drive under the influence of alcohol. They are going to kill us with this corona thing because they don't listen. We know that crowding at bars spreads this thing [virus]. We are going to be in trouble with these young people.

A middle-aged male participant (Zoba, 40), reiterated this point:

Interviewer: What do you think is the cause of alcohol problems in Botswana?

Participant: Its young people. They are ones doing all these rowdy things when drunk.

Interviewer: Why do you think young people cause these problems?

Participant: I think it's all peer pressure. Its starts when they are teenagers when they experiment with alcohol. This then becomes a habit and people get used to it.

The narrative above suggests that young people are troublemakers who are out of control especially when they are drunk. Peer pressure and youthfulness is attributed to problematic drinking by youth. The statement further expresses fear and frustration for contracting the coronavirus due to the recklessness of young people. As a middle-aged female participant (Semag, 36) emphasized, "Drunk people are difficult to control, especially when they are young and energetic." Other consumers echoed the same sentiments and talked about how young people cannot control their drinking and might be a danger in spreading the virus. A middle-aged male participant (Hope, 37) stated that:

When people get drunk, they become totally ignorant of a lot of things more especially key things in preventing the spread of COVID-19 such as social

distancing and wearing of masks. Those are impossible when people are drunk, especially young people.

The idea of problematic youth drinking dominates the narratives of both stakeholders and consumers. Youth are blamed for lack of self-control, recklessness and putting others at risk of COVID-19. Youth are being fingered for lack of self-responsibility to manage themselves and their drinking. In sum, the idea of problematic youth drinking echoes across the experiences of both stakeholders and drinkers in Botswana. Additionally, problematic drinking also feeds into another study category, *Balancing the Drinking Act.*

State Regulation and COVID-19

One of the themes that was central to the experiences of alcohol stakeholders was the call for state intervention to deal with problematic drinkers. Since the study was done during the onset of COVID-19, some stakeholders expressed the need for the state to lead and take control of efforts to protect people from the virus. An alcohol stakeholder stated the need for government's regulation and intervention:

> The government of Botswana should intervene because alcohol causes a lot of health issues that affect a country's economy. For instance, if people drink excessively, gov't will be responsible for their health and treatment. Actually, we have seen a lot during this lockdown period. Some people needed assistance because they were experiencing difficult withdrawals. It's mainly people who drink alcohol. The lockdown has revealed certain things although some people are angry that the Minister should not ban alcohol consumption during these times.

According to the above narrative, state intervention is needed to deal with the negative health effects that might arise due to reckless alcohol consumption. To control the consumption of alcohol is to deal with alcohol-attributable harm that might be the government's responsibility. The above narrative also suggests that despite unease with alcohol bans, the state needs to intervene and regulate alcohol for the benefit of everyone.

A young female participant (Nannie, 20) further stated that:

> I think it's a tricky one for government. If they (government) don't do anything, we will blame them for not caring but if they come up with some regulations, we will also complain. But for me, I think government needs to lead and protect citizens from the virus. Some people cannot control themselves, so we need government to do it for us.

Some participants believed that the state should be responsible for protecting its citizens against the coronavirus. While some people might not like it, the state's involvement and regulation are necessary. A male participant (Tata, 39) suggested that state intervention was necessary notwithstanding the economic costs that came with banning alcohol consumption:

> I think the government was right to ban alcohol despite the huge economic costs that came with the ban. Many people who earn a living in the alcohol industry were severely affected but that comes with the territory. While I feel bad for them, I think it was necessary for government to protect all of us from this COVID monster.

For some participants, state intervention was necessary despite the negative effects on some people who made a living in the alcohol industry. The health of citizens should be prioritized over their economic needs. The call for state intervention was not only meant to protect citizens against the coronavirus but also to ensure that alcohol-related harm minimized. Overall, state regulation was central to the experiences of participants during COVID-19.

Discussion

This paper examined the views and perspectives of alcohol stakeholders and consumers. Through a GT process, the experience of study participants reveals interrelated core categories of *Balancing the Drinking Act* and *Problematic Youth Drinking*. The COVID-19 pandemic mediated how stakeholders and alcohol consumers felt about the alcohol "problem" in Botswana. The views about the problematic nature of alcohol aligns with existing evidence-based policy strategies by the Botswana government where alcohol use is pathologized and linked with social ills.

Findings of the current study suggest that balancing alcohol regulation and the needs of consumers is critical to the drinking experience in Botswana. That is, strict prohibition which was evident during COVID-19 lockdowns usually result in negative consequences if it does not consider the needs of alcohol consumers. Several studies have established that over-regulation and strict enforcement usually leads to negative unintended consequences (Narasimha et al., 2020; Ogilvie, 2018; Robertson et al., 2017; Sebeelo, 2020). This finding is mostly common in non-Western societies. For example, in India, Mahadevan et al. (2020) reported several unintended consequences brought about by a total ban on alcohol products during COVID-19 such as domestic violence, complicated alcohol withdrawals and illicit alcohol sales amongst others. Their study calls for balancing acts of drinking and prohibition to avoid negative ramifications. They also report that the Indian government later lifted restrictions on purchases of alcohol and allowed consumers to buy alcohol and drink away from bars and other licensed premises. The current study illuminates the unique ways that alcohol drinkers and stakeholders perceive policy proposals. The lesson here is that although alcohol regulation and control is needed, it cannot serve different populations of the world in similar ways. In non-Western contexts, strict prohibition that is like alcohol bans during lockdowns might not be the best solution as it leads to negative unintended ramifications. As this study demonstrated, alcohol consumers seek other alternative ways to drink such as bootlegging or making home-made brews that might be dangerous to their well-being. There is an opportunity for alcohol researchers to critically consider the nexus between alcohol prohibition and drinking experiences in non-Western contexts especially during public health crises like the COVID-19 pandemic. The study category of *Balancing the Drinking Act* provides important pathways and pointers that could be explored further by alcohol policy researchers.

Participant's experiences were imbued with tales of drinking as the state enacted total bans on alcohol consumption due to COVID-19. This experience was not unique to Botswana as similar experiences were reported elsewhere (Alpers et al., 2021; Pollard et al., 2020; Steffen et al., 2021). The current analysis suggest that drinkers were very determined to consume alcohol when they were isolated in their own homes during the hard lockdown. The resolve and intentionality to drink alcohol is embedded in balancing the drink act. In other words, drinkers will always find alternative ways to drink despite efforts to prohibit distribution, access, and consumption of alcohol.

Perceptions about problematic youth drinking in Botswana were prevalent amongst alcohol stakeholders and drinkers. Most participants believe that young people in Botswana are disorderly and out of control. This finding is not unique to Botswana as other studies have

reached similar conclusions (Letsela et al., 2019; McCreanor et al., 2013; Morojele & Ramsoomar, 2016; Onya et al., 2012; Seggie, 2012). Several reasons such as peer pressure (Peltzer et al., 2012; Studer et al., 2014), boredom (Biolcati et al., 2016; Sebeelo, 2021b), marketing and ease access (Gordon et al., 2010; Riva et al., 2018) as well as sensation seeking (Sznitman & Engel-Yeger, 2017) have been adduced to problematic youth drinking. In the current study, the perception of youth and their problematic drinking is attributed to lack of responsibility and the inability of youth to control themselves. These views might have been influenced by the fear of the COVID-19 virus. Fear for the COVID-19 virus was reported in the early days where there was not enough knowledge about the nature of the virus and its effects on populations. The issue of fear and alcohol consumption during a pandemic calls for further research. Although people expressed fear, evidence suggests drinking continued at the height of COVID-19. Future studies might consider how fear impacts drinking during pandemics and disease outbreaks.

For some participants, lack of self-control by youth and fear for COVID-19 might have influenced support for alcohol control measures. The believe that young people cause more alcohol-related problems and cannot control their drinking, might have led to beliefs that the government of Botswana had to ban alcohol to control the spread of COVID-19. It is however important to emphasize as I have earlier stated that, Botswana does not yet have a population-level data on drinking patterns in the country. Therefore, views about problematic youth drinking are based on small studies and bouts of "evidence" that cannot be generalized to the general population (Pitso & Obot, 2011). What this implies is that without definite population level data, it is difficult to represent the alcohol problem as a monolithic episteme of out-of-control young people in Botswana. It is impossible to sustain the view that the youth drink more than other population groups in Botswana.

There are no studies that have examined the actual impact of lockdowns on drinking patterns and alcohol-related harms during the COVID-19 pandemic in Botswana. There is currently no knowledge about the specific impact of hard lockdowns and stay-at-home orders on drinking practices in Botswana. Block (2020) suggests an agnostic agenda, "since facts from which either policy could be deduced are not known at present with enough certainty" (pp. 206-207). This view aligns with a balancing act where neither state regulation nor freedom to drink are prioritized to deal with the coronavirus. Rather, these approaches are carefully interlaced to mitigate against negative unintended consequences.

Implications for Research and Policy

There are several implications of this GT study to alcohol policy development processes in Botswana. The study demonstrates the need to integrate stakeholder and consumer experiences in alcohol policy development in Botswana. It draws attention to consumer participation as a critical ingredient of the policy making process. This is important given the established body of work on consumer participation on policy development processes (Brener et al., 2009; Bryant et al., 2008; Rance & Trealor, 2015). For Botswana, this is crucial as there is no evidence of consumer participation in alcohol policy agendas. Involving consumers could also lead to policy "buy-in" especially amongst individuals and groups who are affected by these policies.

The current analysis brings into question the widely held views about problematic drinking amongst youth. Although youth are seen as problematic drinkers, there is no evidence that youth in Botswana drink more than other groups. This is primarily because no nationally representative study has been done to affirm such policy views. At a policy level, this might result in a mismatch of interventions that target a population group that might not necessarily be relevant for that solution. In specific terms, the alcohol "problem" in Botswana might be

elsewhere other than amongst the youth. Findings therefore suggest a need to "open up" alcohol policy discourses in Botswana to look for more than one source of the alcohol problem. This might entail engaging in research, seeking out relevant stakeholders and establishing forums for participation on policy agendas. While these avenues are not exhaustive, they might point to other causes of alcohol problems rather than the youth.

Study Limitations

There are several limitations with this study. First, the recruitment was done over telephone from the United States with participants in Botswana. This resulted in a sample of participants with similar demographics since referral sampling was used. Future studies might use alternative recruitment methods. Second, telephone interviews provided several limitations during data collection. The researcher could not undertake face-to-face interviews that usually yield richer data from doing observations in the field. Third, since recruitment was done through purposive sampling, the study included participants who were based in the capital city of Botswana, Gaborone. It is therefore advisable to exercise caution when interpreting these findings as they might not necessarily be generalized to non-urban contexts. Future studies should seek to incorporate drinkers from other non-urban contexts to illuminate the rich and diverse contexts of alcohol consumption in Botswana. Lastly, other critical stakeholders like the alcohol industry were not included in the study. This was a serious limitation especially during COVID-19 where the alcohol industry was an active player in government's effort to control alcohol. Future studies might consider the views and experiences of other stakeholders to get a more nuanced view about alcohol problems in Botswana.

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