

SUBSTANCE USE AND ABUSE IN SOUTH AFRICA

A presentation by the
Central Drug Authority
to the
Portfolio Committee
On
Social Development



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8 November 2011



SNAPSHOT SURVEY: JUNE 2010 TO MARCH 2011

A PICTURE OF THE DRUG
SITUATION IN SOUTH AFRICA AS
REFLECTED BY COMMUNITIES
IN THE NINE PROVINCES



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CONTENTS

- ✓ National Statistics and Research on substance abuse
- ✓ Nature and type of substance abuse
- ✓ Effects of substance abuse on women and children
- ✓ Measures for preventing and combating substance abuse i.a.w. the NDMP



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OBJECTIVES OF THE STUDY

- Create awareness regarding substance abuse .
- Assess community members' knowledge of substance use and abuse.
- Identify the types of drugs used in communities.
- Establish awareness of substance abuse prevention and treatment services in their communities.
- Assess community members' awareness of their roles and responsibilities regarding prevention of alcohol and drug abuse.
- Assess community members' awareness regarding the law.
- Establish from the community members what the government and others should do to prevent alcohol and drug abuse.

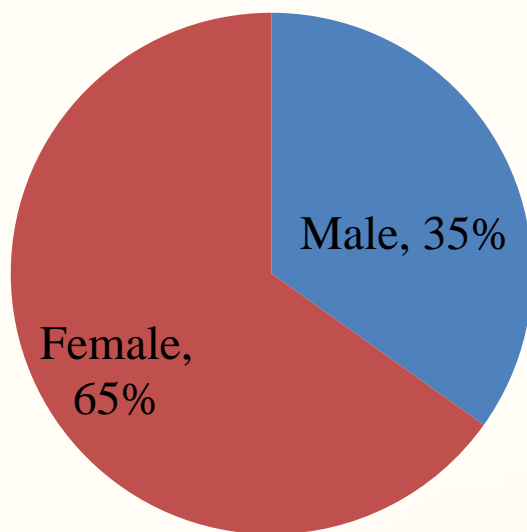
SURVEY METHOD

- Used triangulation to incorporate both quantitative and qualitative methods.
- 9 provinces participated with samples from the selected localities.
- Guidance and ethical issues taken into account.
- Training offered by CDA members to the research assistants on request.

DATA COLLECTION AND ANALYSIS

- Pilot study conducted in Gauteng June 2010
- Mobilisation campaign launched in Northern Cape in October 2010.
- Theme: “No place for drugs in my community”.
- Questionnaires administered by trained volunteers and staff.
- Data from the questionnaires were analysed quantitatively and qualitatively.

GENDER OF RESPONDENTS



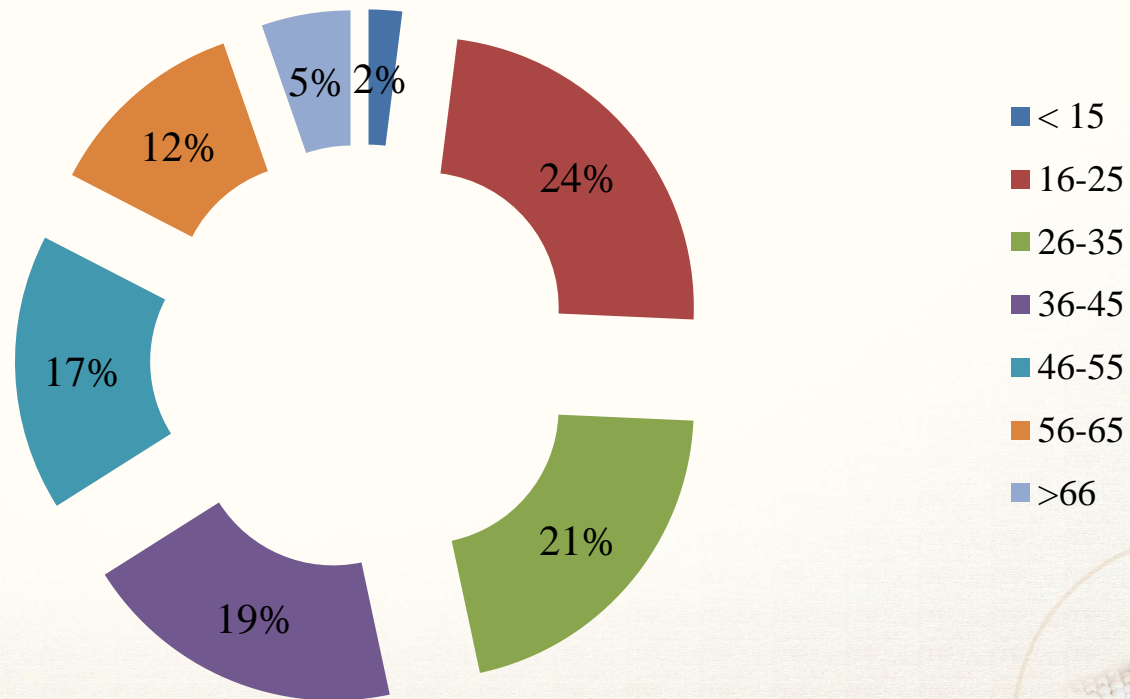
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AGE OF RESPONDENTS



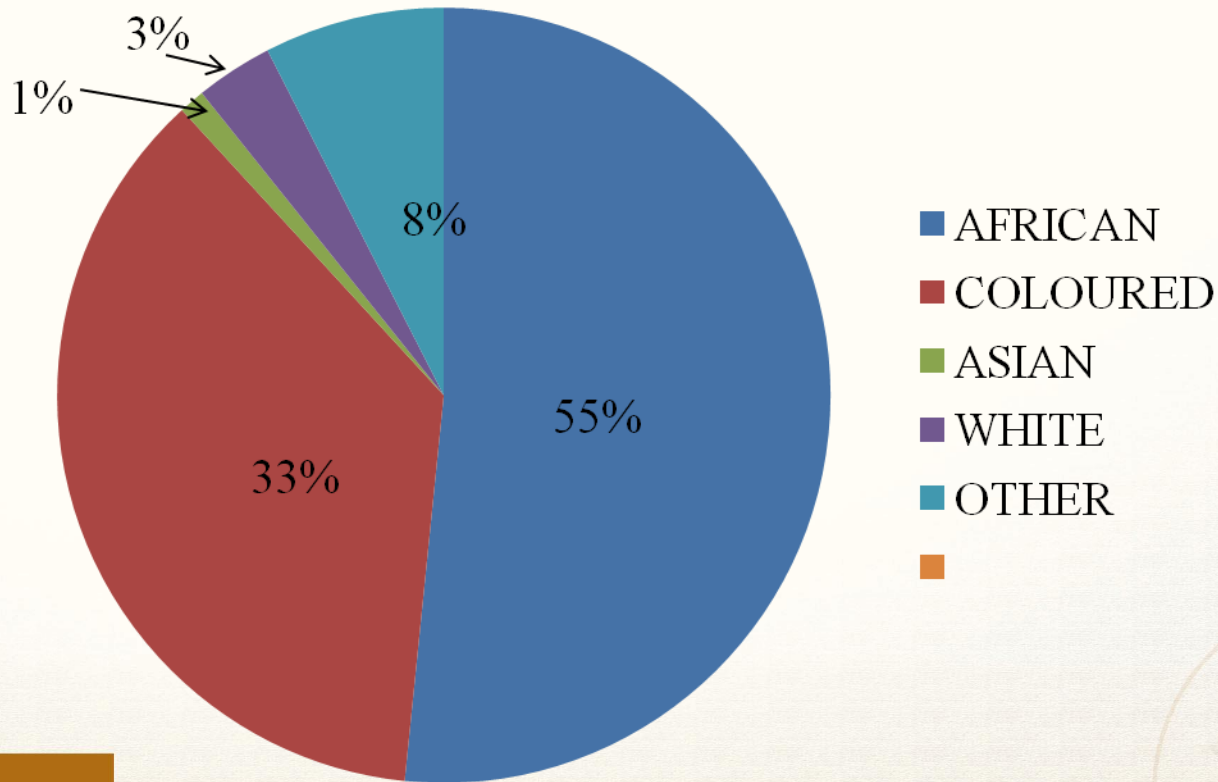
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POPULATION GROUPS REPRESENTED



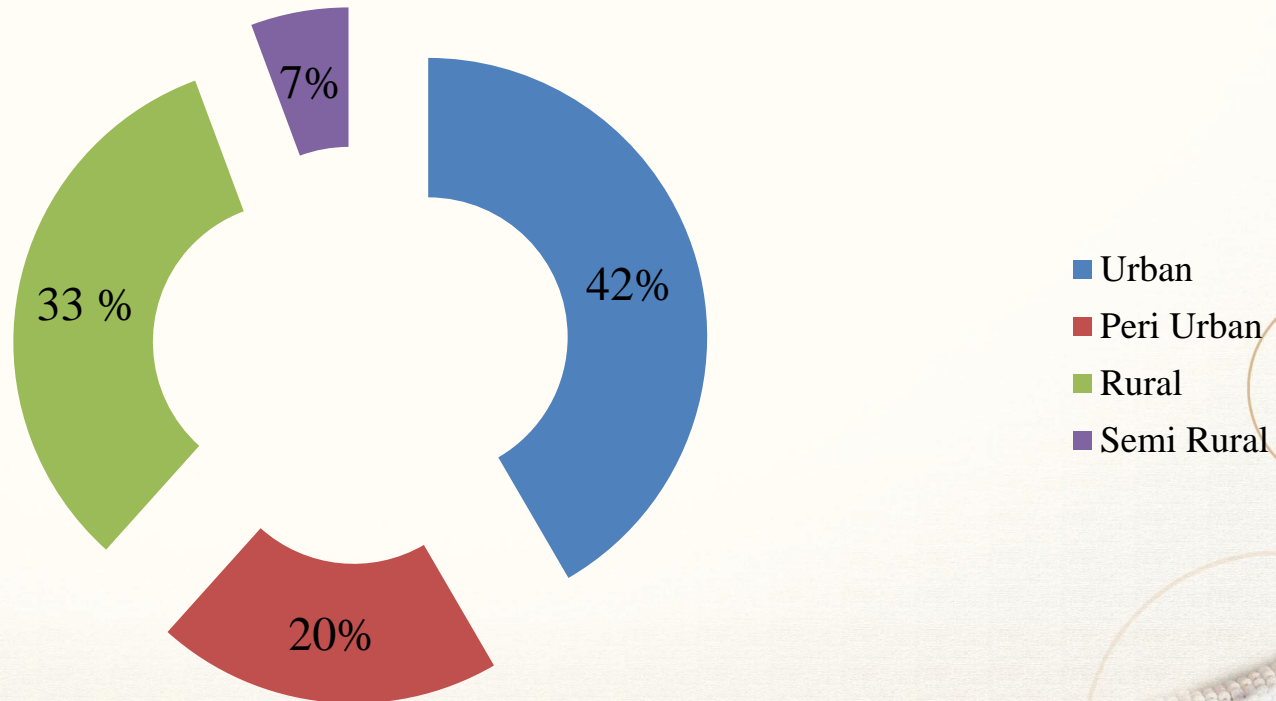
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RESIDENTIAL AREAS



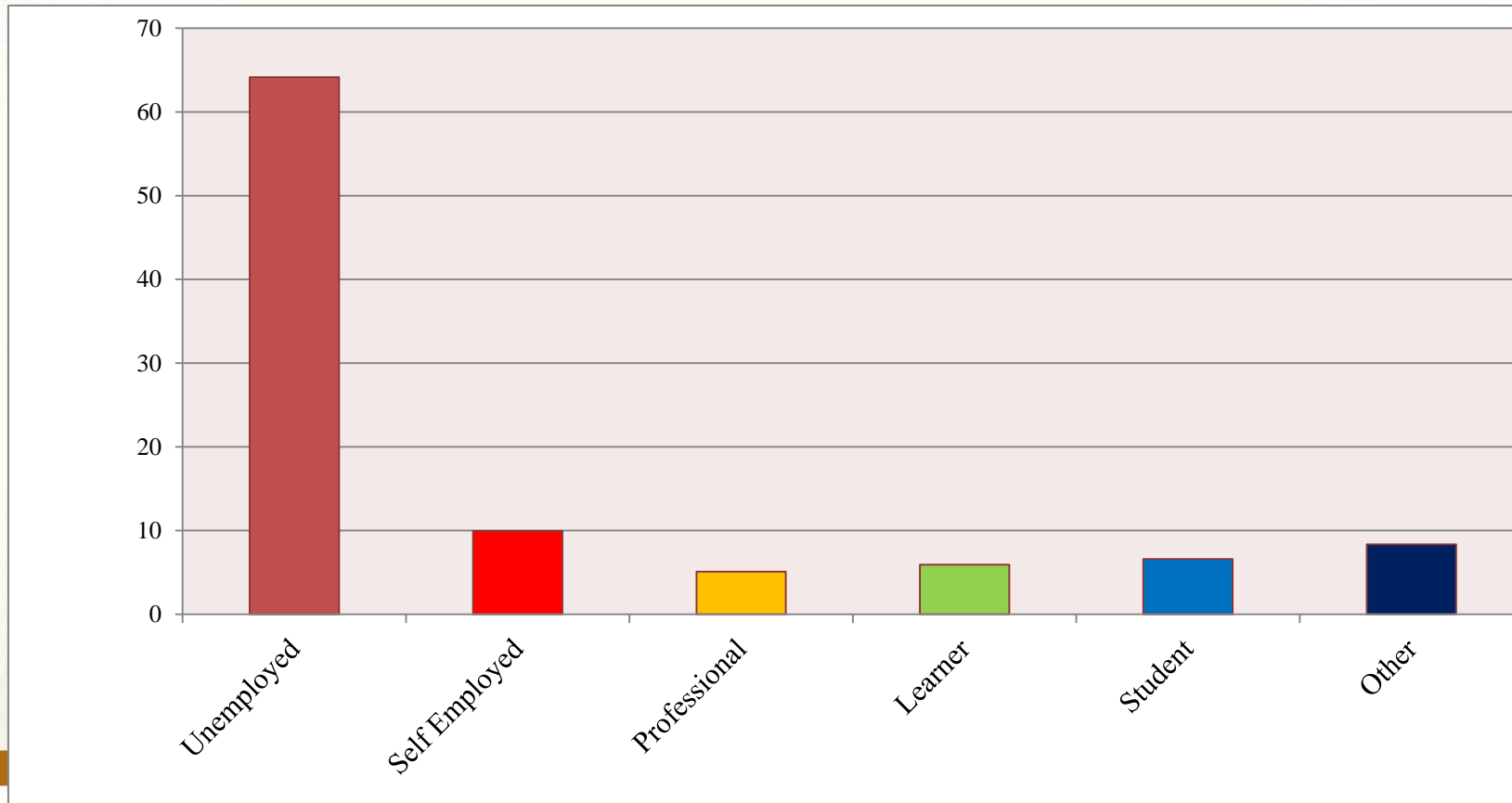
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EMPLOYMENT STATUS



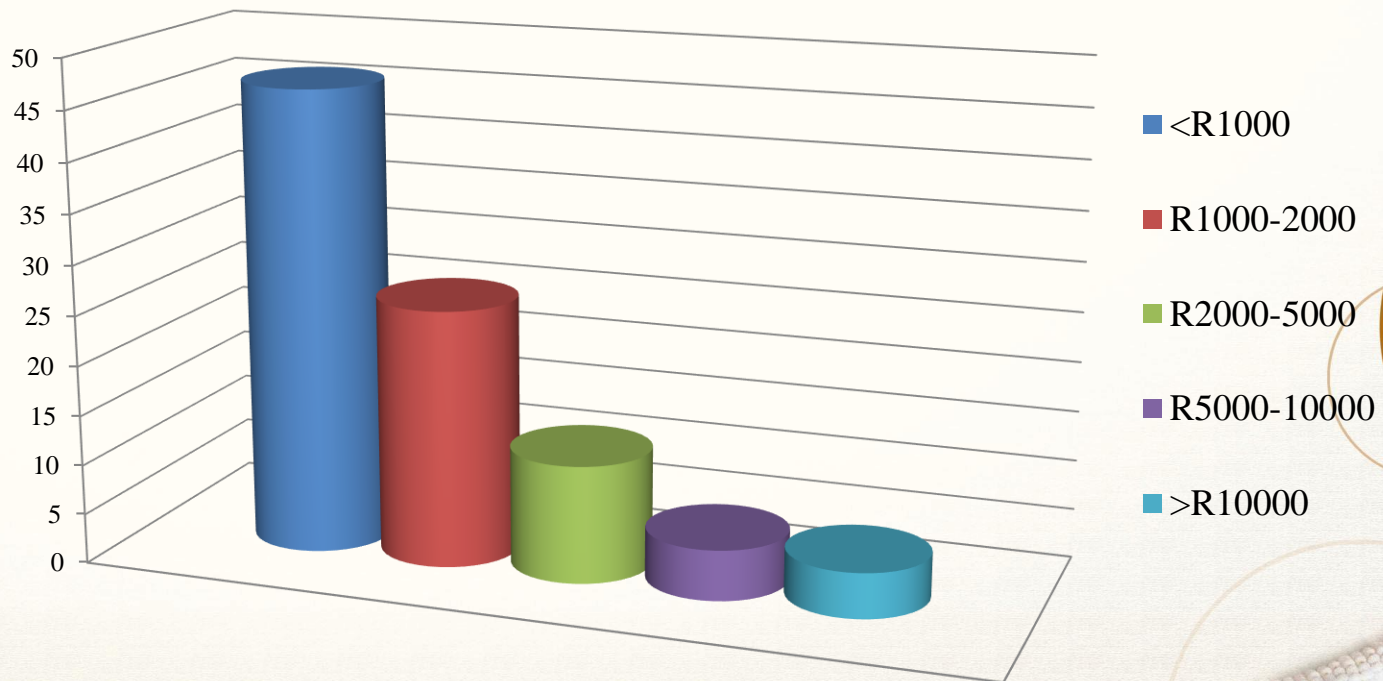
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Income



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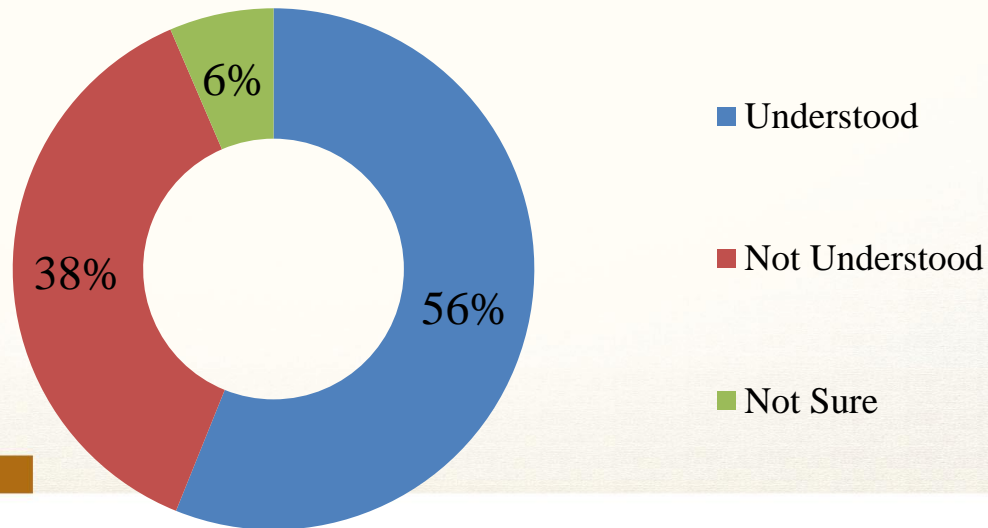
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OTHER ISSUES ADDRESSED IN SNAPSHOT SURVEY AND SUMMIT

- Role of policy and legislative prescripts
- Substance abuse is everyone's business
- South African Harm Reduction perspective
- Empowerment is the key to supply reduction
- Is substance abuse treatment and aftercare adequate?

KNOWLEDGE OF SUBSTANCE ABUSE



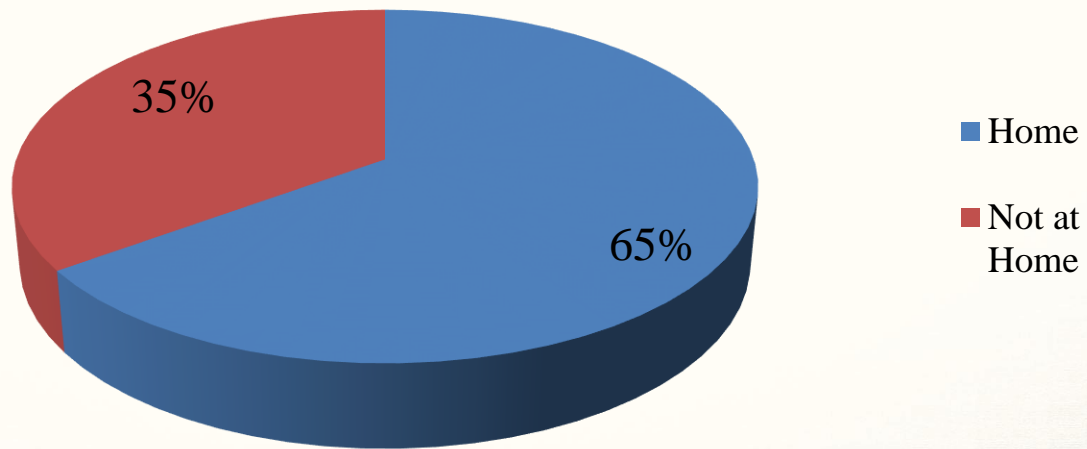
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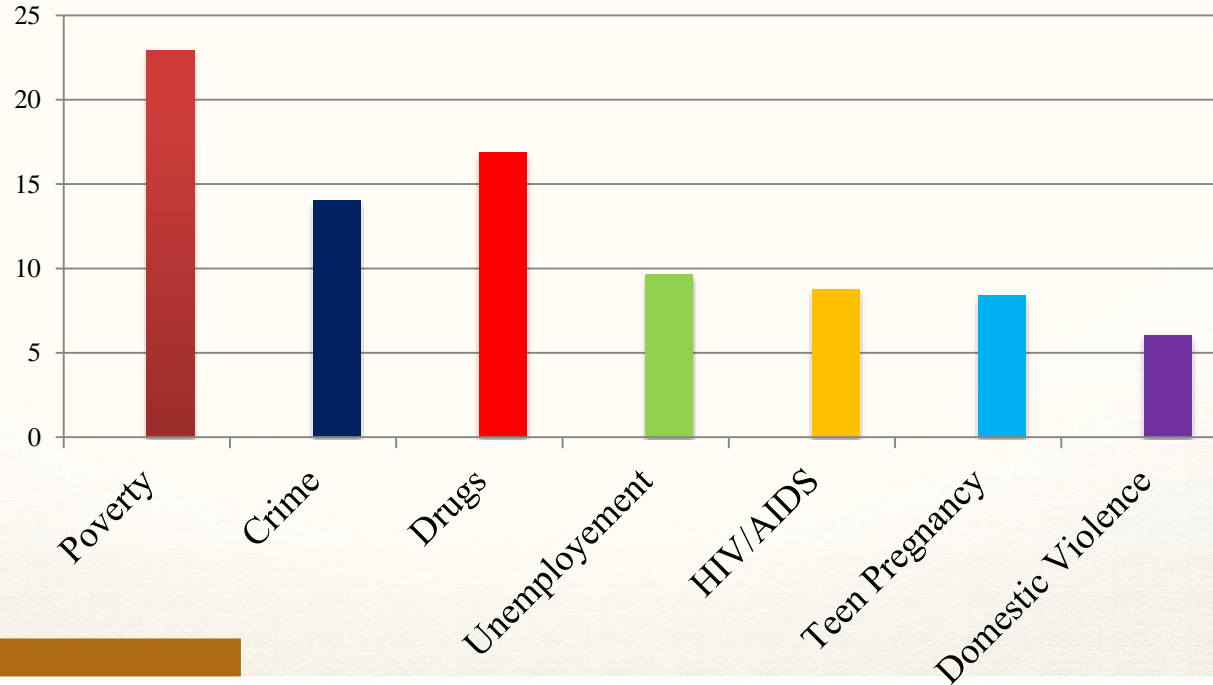
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USER AT HOME?



CONCERNS OF COMMUNITY



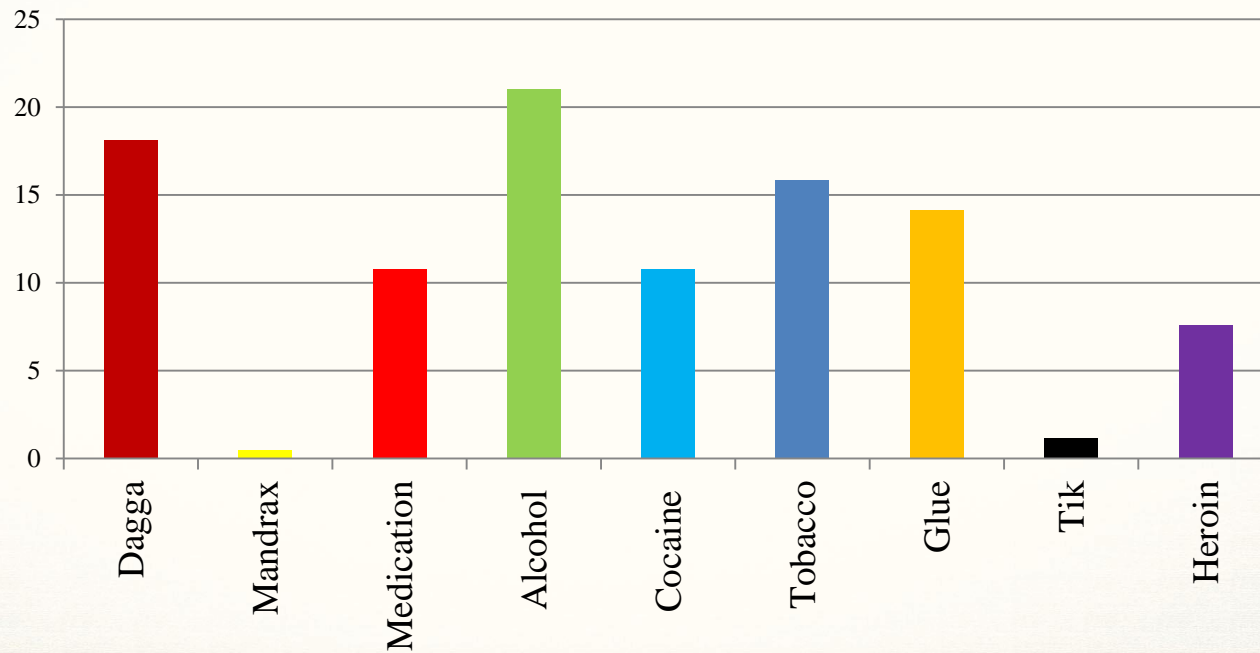
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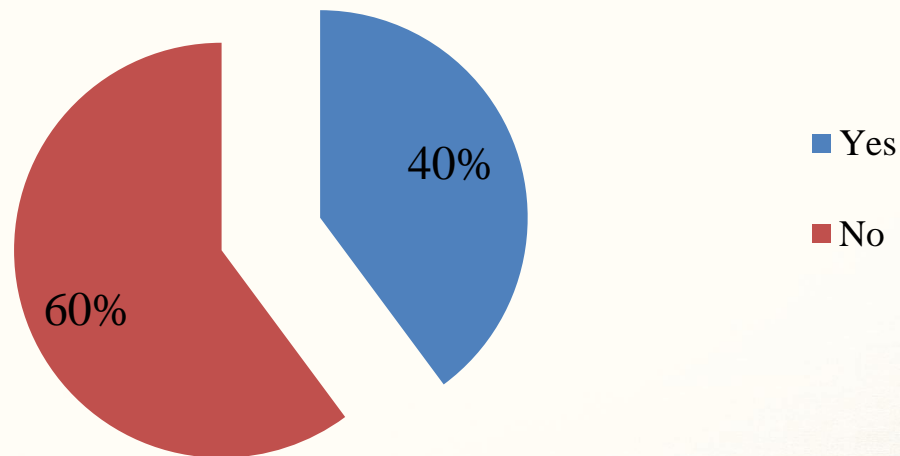
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MOST FREQUENTLY USED DRUGS



KNOWLEDGE OF SUPPORT SERVICES



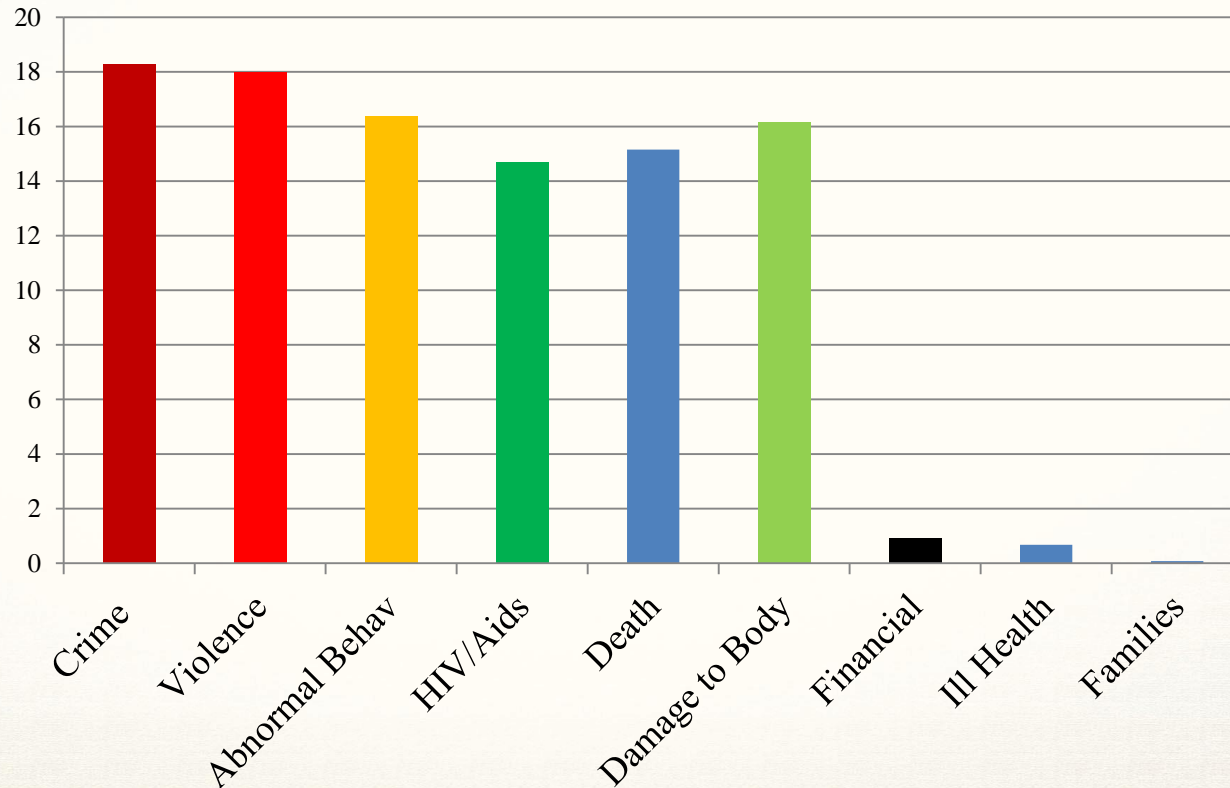
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SUBSTANCE ABUSE AND ASSOCIATED SOCIAL ILLS



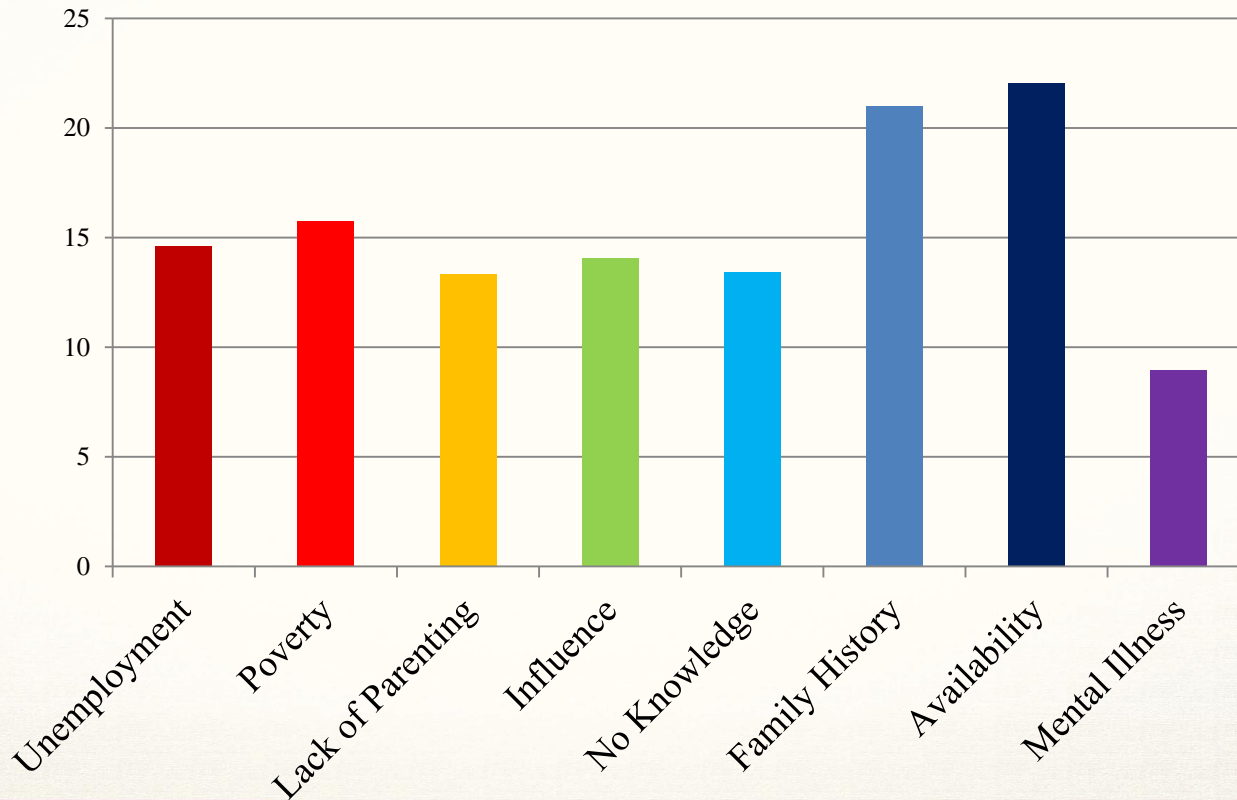
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FACTORS INCREASING ABUSE



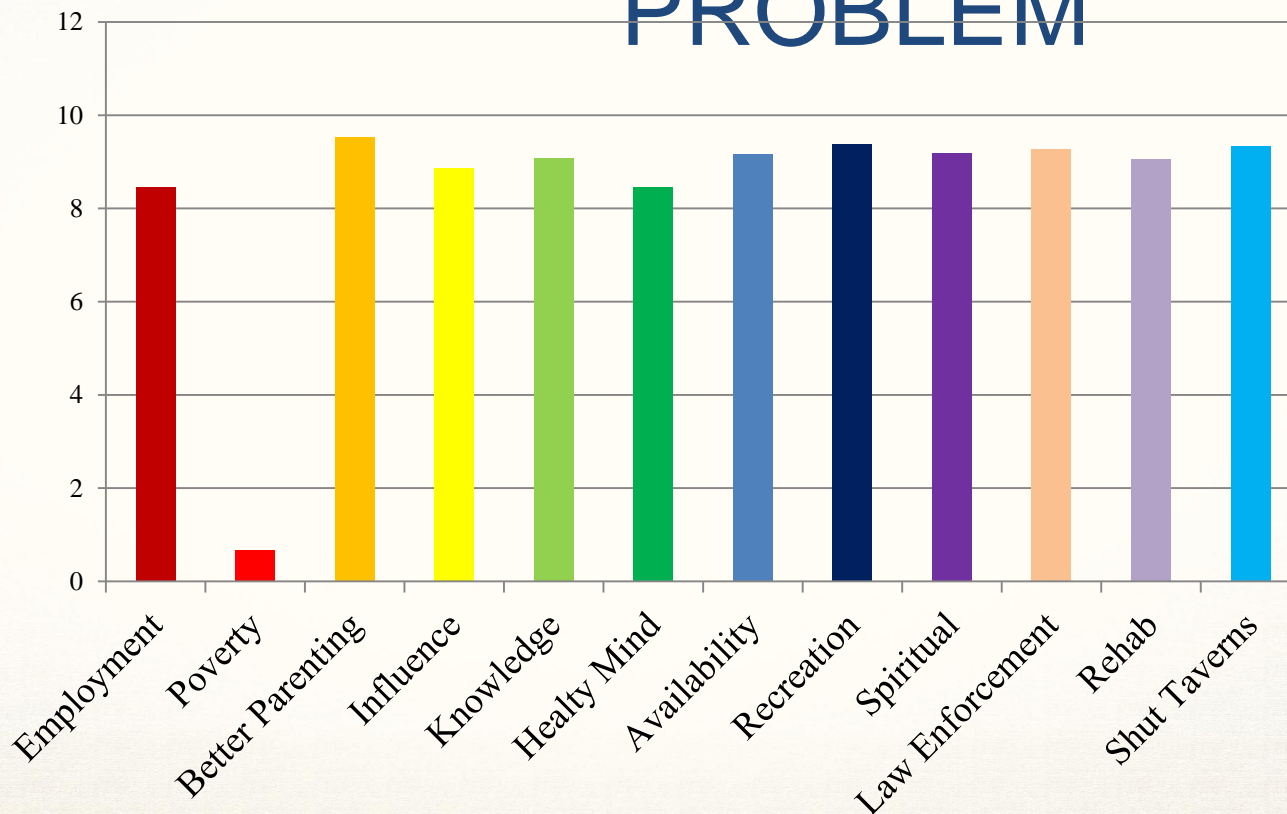
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VIEWS OF COMMUNITY ON FACTORS TO ADDRESS DRUG PROBLEM



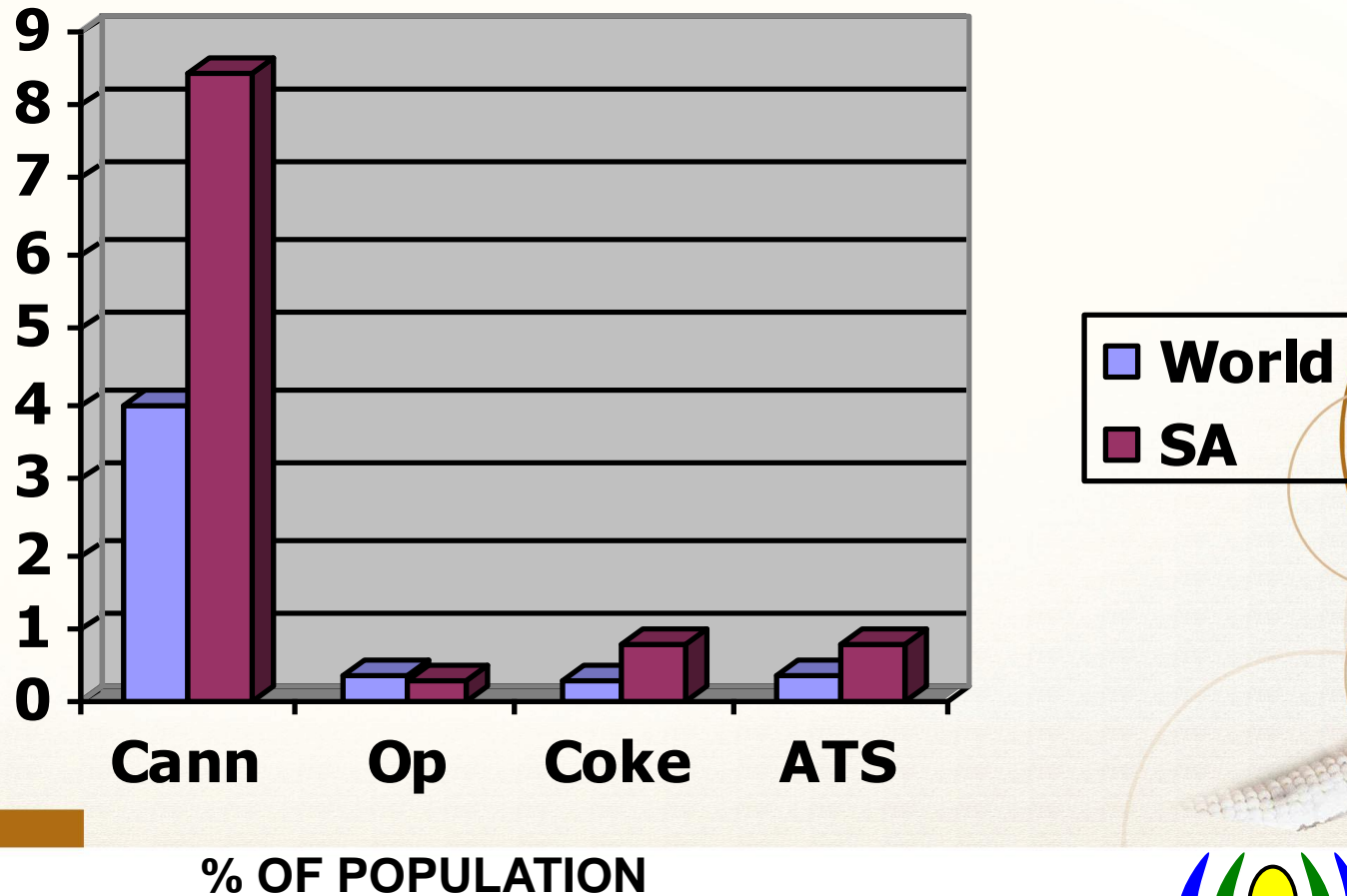
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THE NATURE OF THE DRUG PROBLEM IN SA



% OF POPULATION



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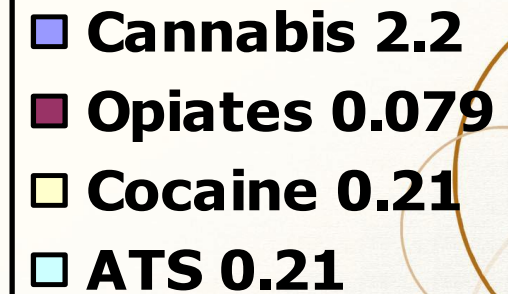
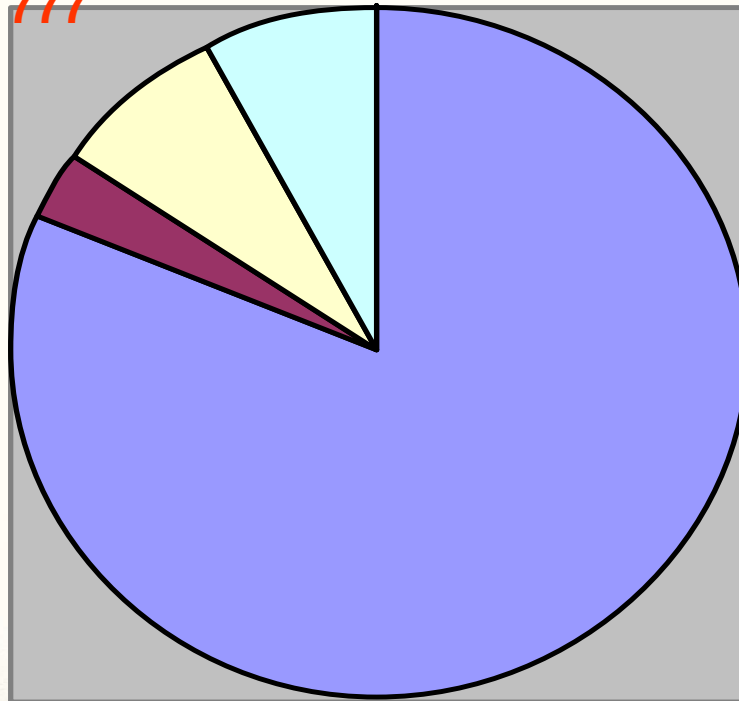
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DRUG USERS IN SA IN MILLIONS

**PROBLEM
USERS 235 777**



**DIRECT COSTS
R10bn pa**



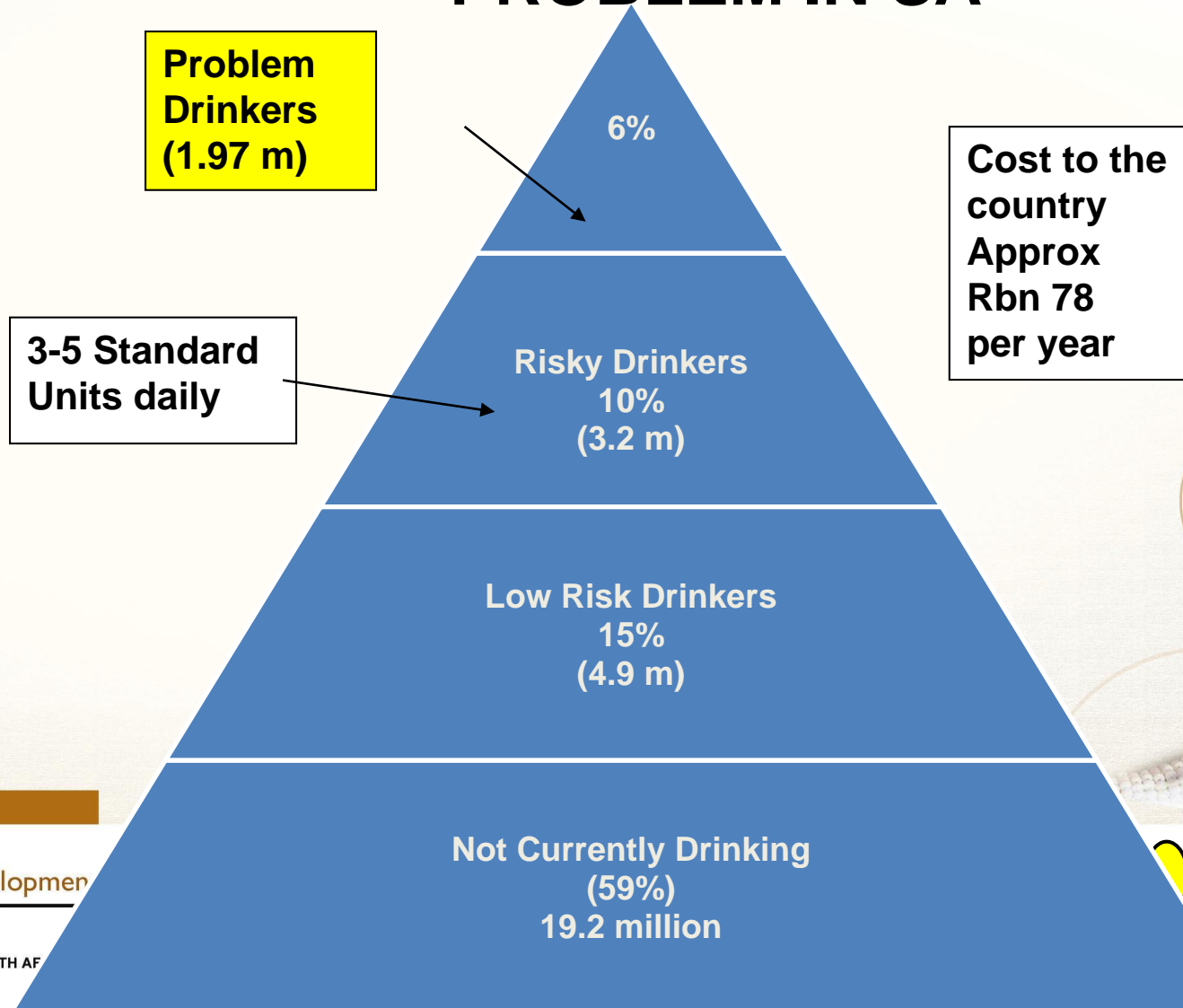
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THE NATURE OF THE ALCOHOL PROBLEM IN SA

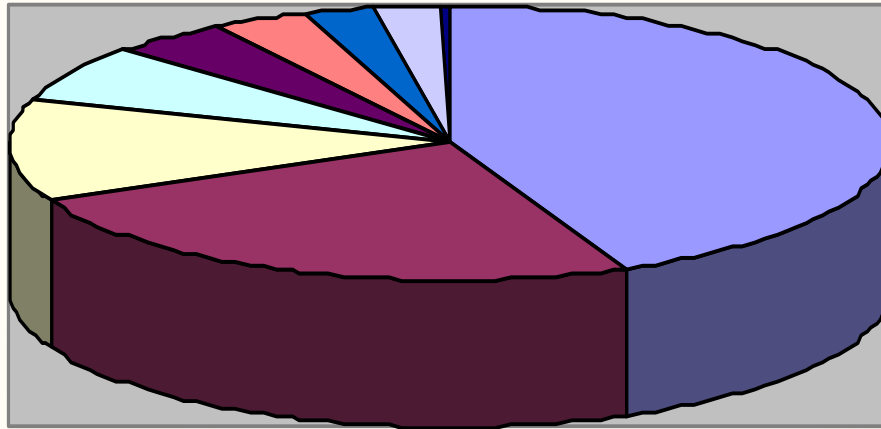


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PERCENTAGE AND TYPE OF RECORDED ALCOHOL CONSUMED



■	Beer	43.3
■	Sorghum	24.7
■	Wine	12.3
■	Brandy	6.5
■	Other Spirits	4.4
■	Alco Fruit	3.4
■	Whisky	2.7
■	Fort Wine	2.4
■	Spark Wine	0.3



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TOTAL CONSUMPTION OF ALCOHOL



SA's 10.1 m drinkers EACH drink per year:

196 six-packs of beer, or

62 bottles of spirits, or

220 bottles of wine, or

666 cartons of sorghum beer

**20.1 L of pure
alcohol per head
=**

**Top Ten in the
World!**



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THE DRUG PROBLEM:

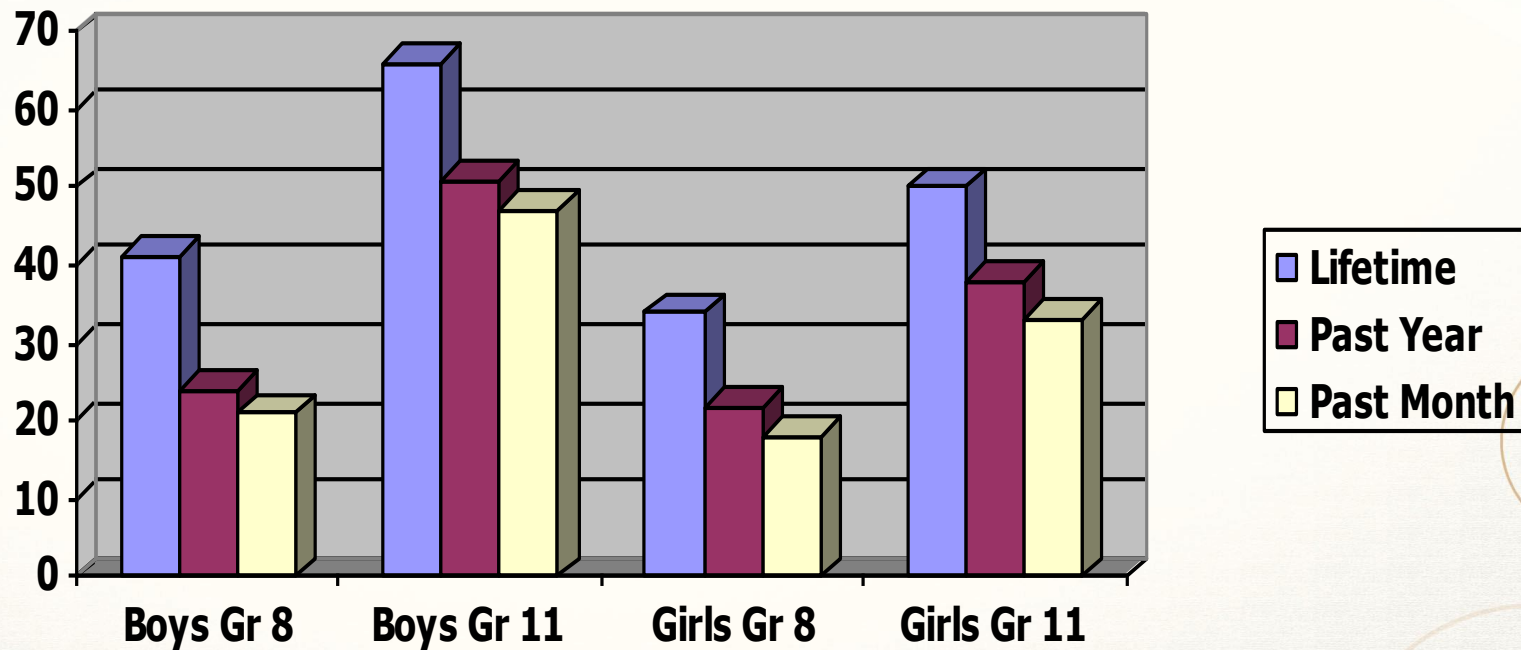
ADULTS UP CLOSE AND PERSONAL

THINK ABOUT:

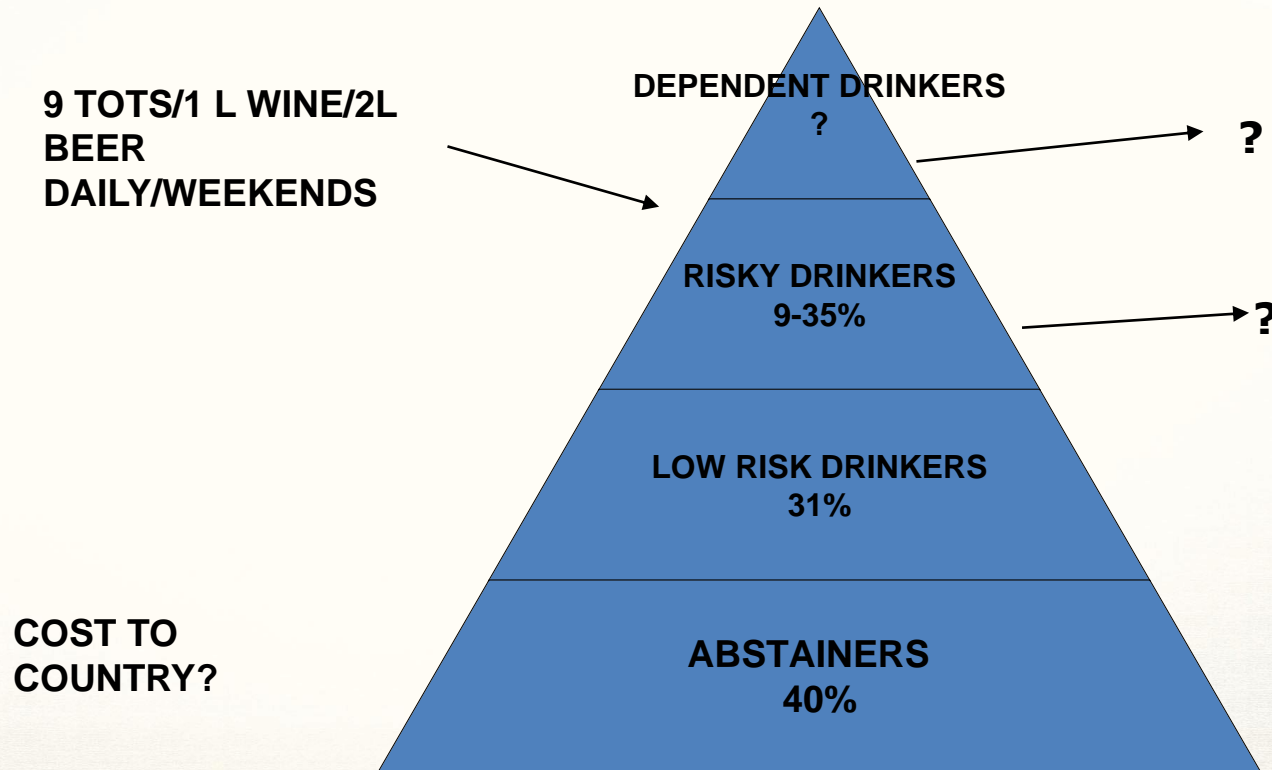
- **Binge Drinkers: 37% plus**
- **Monday drivers: 10% drunk**
- **DUI: 7000 deaths per annum**
- **Drug dealers of 18: R100k per day turnover**
- **Dependent of 24: R5000 per day**
- **Link between drug use, HIV/AIDS, TB, violence and crime**
- **Co-dependents: Bankrupt and destitute**
- **Heroin dependents: 2% recovery success**
- **All dependents: 47% plus bipolar**



ALCOHOL CONSUMPTION AMONGST ADOLESCENTS

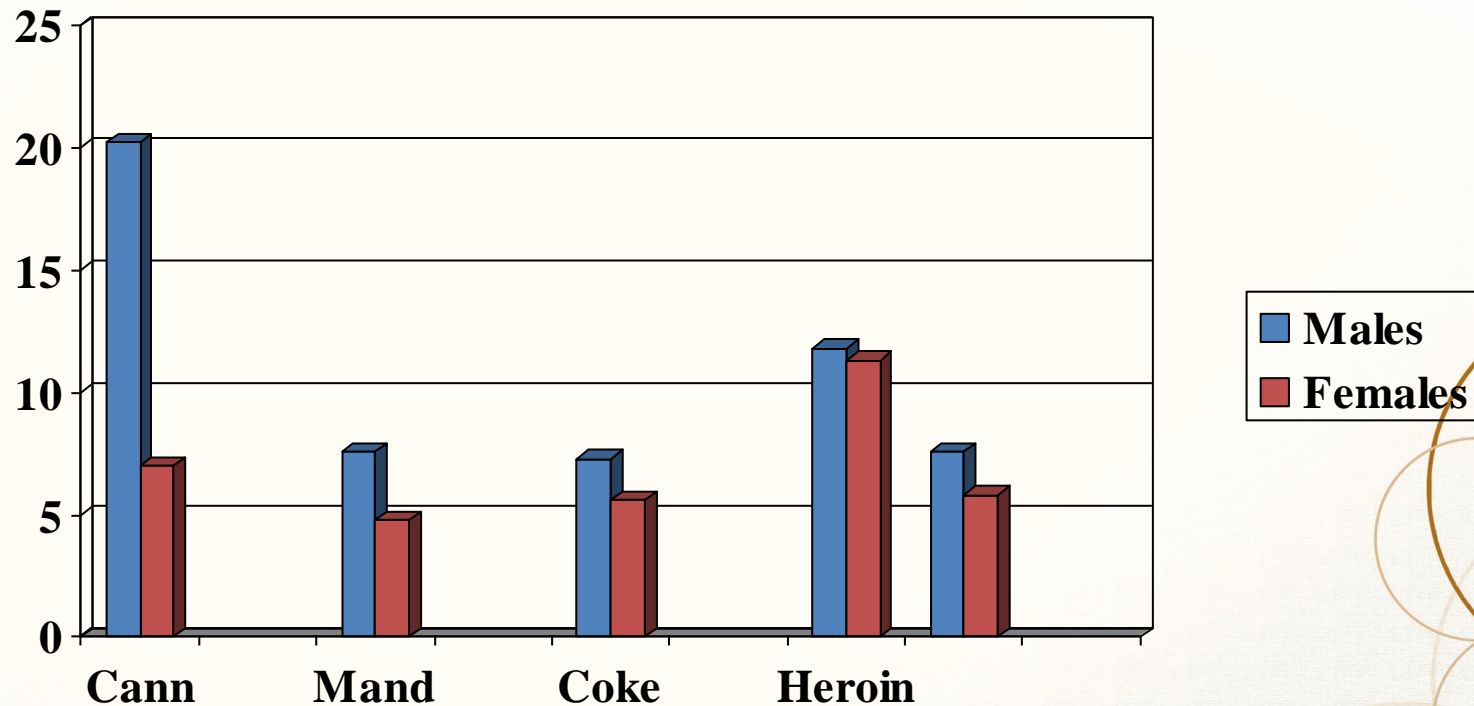


THE NATURE OF THE ALCOHOL PROBLEM IN SCHOOLS



(After Parry)

LIFETIME SUBSTANCE USE BY LEARNERS



Youth Risk Behaviour 2002



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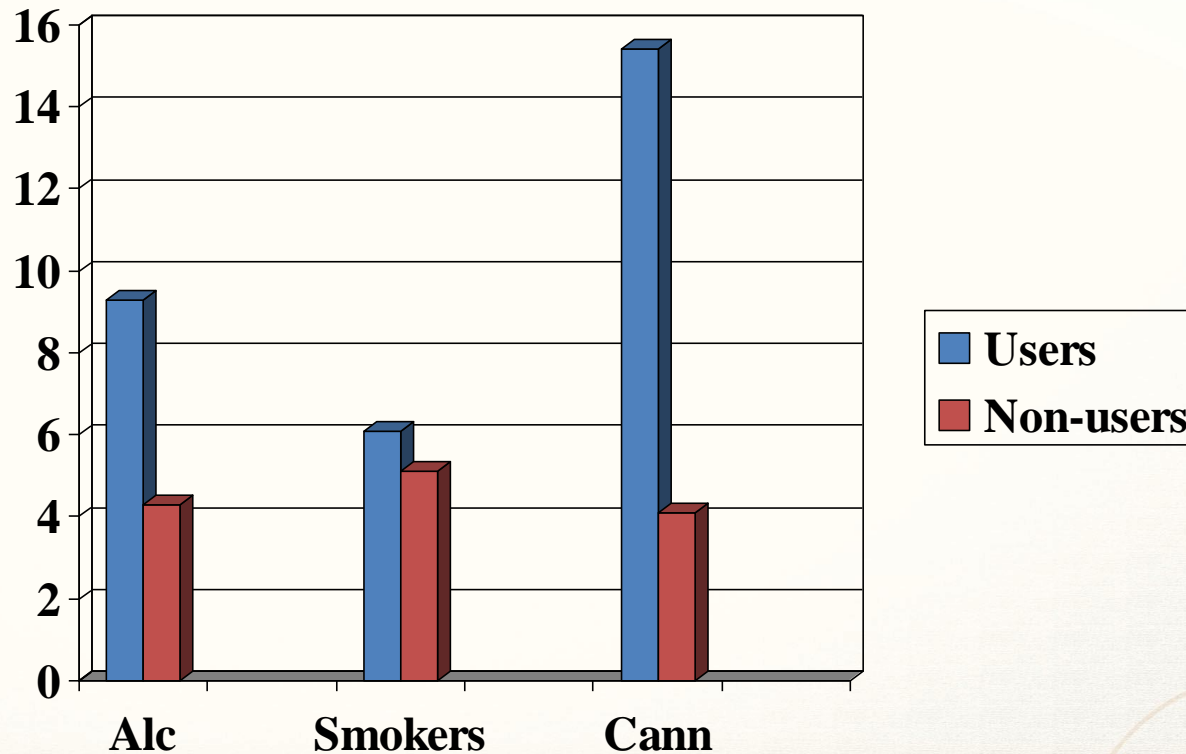


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YOUNG SUBSTANCE USERS AND POTENTIAL HARM

- Crime and violence
- Accidents and injuries
- Risky sexual behaviour/unplanned pregnancies/STI's/HIV and AIDS
- Learning problems
- Mental and physical health problems

PERCENTAGE OF USER AND NON-USER LEARNERS REPORTING BEING STABBED



Youth Risk Behaviour 2002



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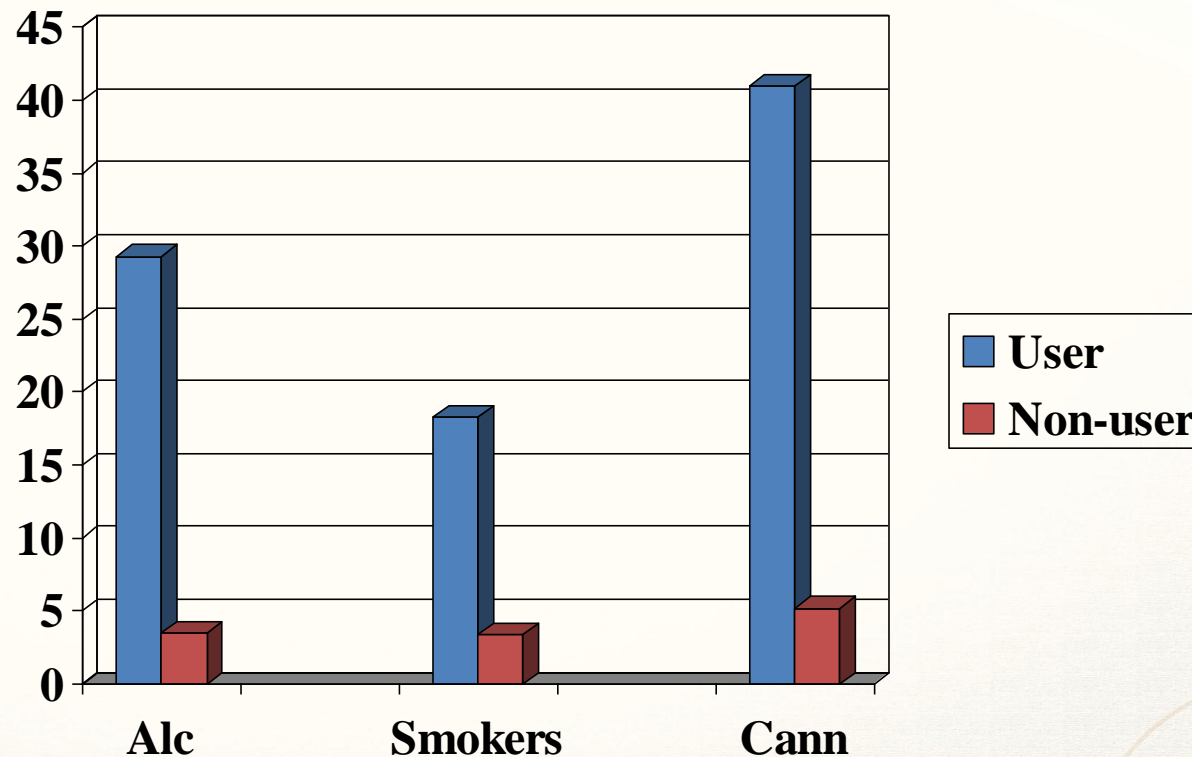
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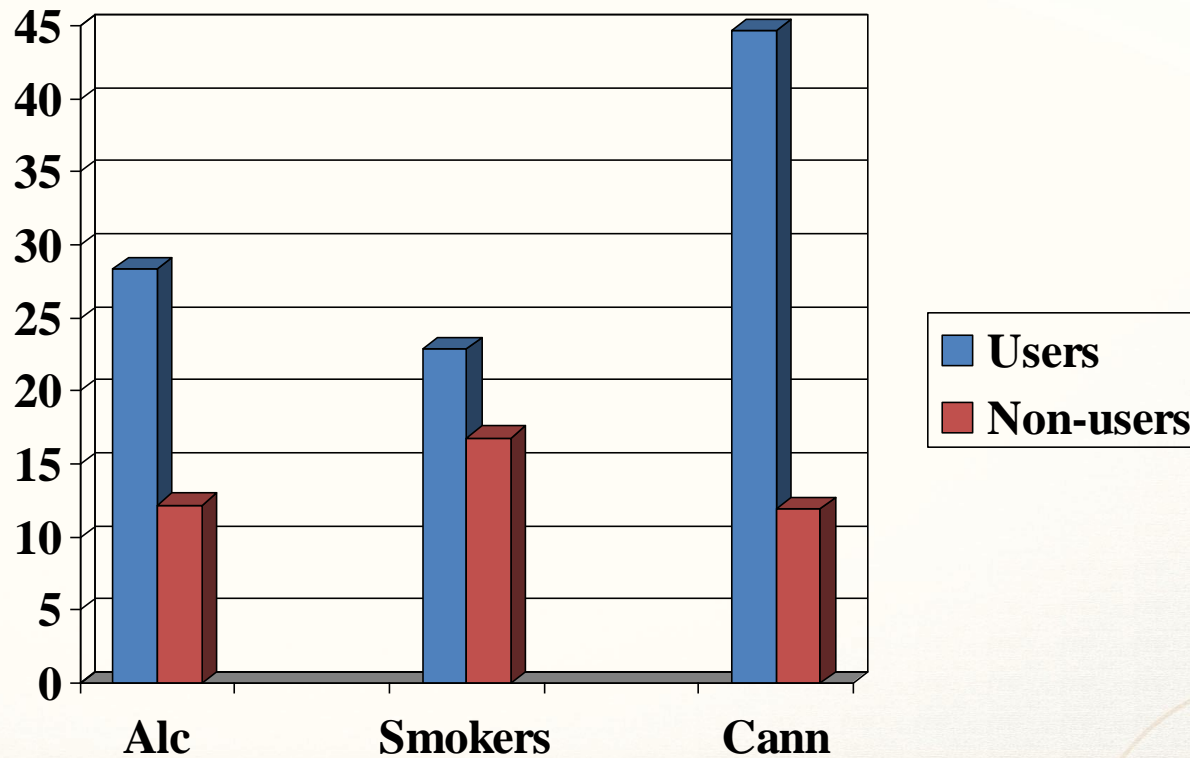
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PERCENTAGE OF USERS AND NON-USERS REPORTING SEXUAL INTERCOURSE



Youth Risk Behaviour 2002

PERCENTAGE OF USERS AND NON-USERS REPORTING EXPULSION



Youth Risk Behaviour 2002



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THE DRUG PROBLEM: THE YOUTH UP CLOSE AND MORE PERSONAL

THINK ABOUT SCHOOLS & YOUNG OFFENDERS:

- **Age of Dependence: 12 years and reducing.**
- **School children: 1 in 2 experimented**
- **Drug dealers in schools: Target schools**
- **Increase in injection drug use (IDU)**
- **HIV/AIDS in prisons linked to IDU**
- **Tik :42% to 98% level in Cape treatment centres**
- **SACENDU and ISS: Positive link between drugs and violence**
- **Drug Disguises: Peanuts; tattoos; sweets; cakes; lollipops**



Women's substance abuse –The Basics

- Women's substance abuse is different
- Addiction occurs more rapidly for women
- Frequently involves more than one mood-altering substance
- Produces serious medical consequences over a briefer period of time
- Women are more likely to have co-morbid psychiatric disorders

What we know

We know that

- Women respond differently to treatment than men, particularly to programmes designed initially for men (like the 12 steps)

We know that

- Women abuse substances at different rates, and for different motivations than men

We know that

- Women use different substances and for different reasons than men

Women's substance abuse –The Basics

- Women's substance abuse is different
- Women are more likely to be victims of violence, physical abuse, domestic violence and rape
- According to Mondanaro et al. (1982) 46% of all drug-dependent women have been victims of rape
- 28% to 44% have been victims of incest
- Studies indicate these percentages are significantly higher for incarcerated women. (80% have experienced some form of abuse)

What we know

We know that:

- Gender responsiveness requires programmes specifically geared to meet the needs of women, who experience substance abuse differently than men on many levels

We know that:

- These programmes must also be culturally sensitive
- Intersection of gender expectations within culture are important to consider when adapting treatment programme to different populations
- We know that
- Programme must take into account family and children

What we know

We know that:

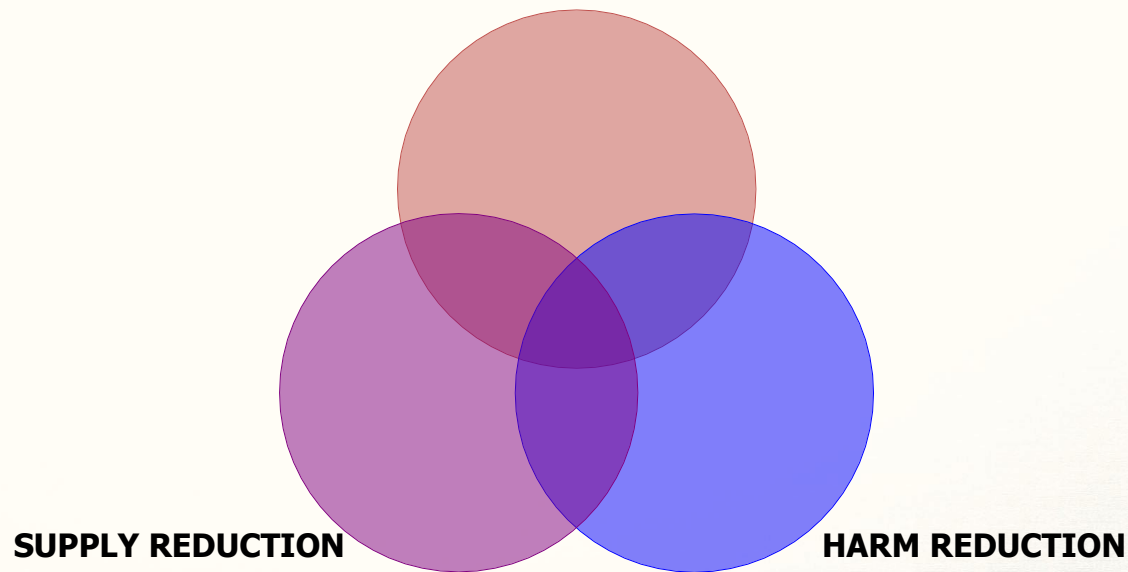
- There are many risk factors and co-occurring disorders (e.g. a history of traumatic exposure) and consequences (interference with parenting) of substance abuse that are unique for women, giving rise to special treatment needs of substance-abusing women with children

We know that:

- Service barriers exist for women differently than for men. Substance abusing mothers also experience unique barriers to receiving the services they need to recover, such as absence of child care and lack of gender-specific treatment in their communities

CDA STRATEGIES FOR COMBATING ADDICTION

DEMAND REDUCTION



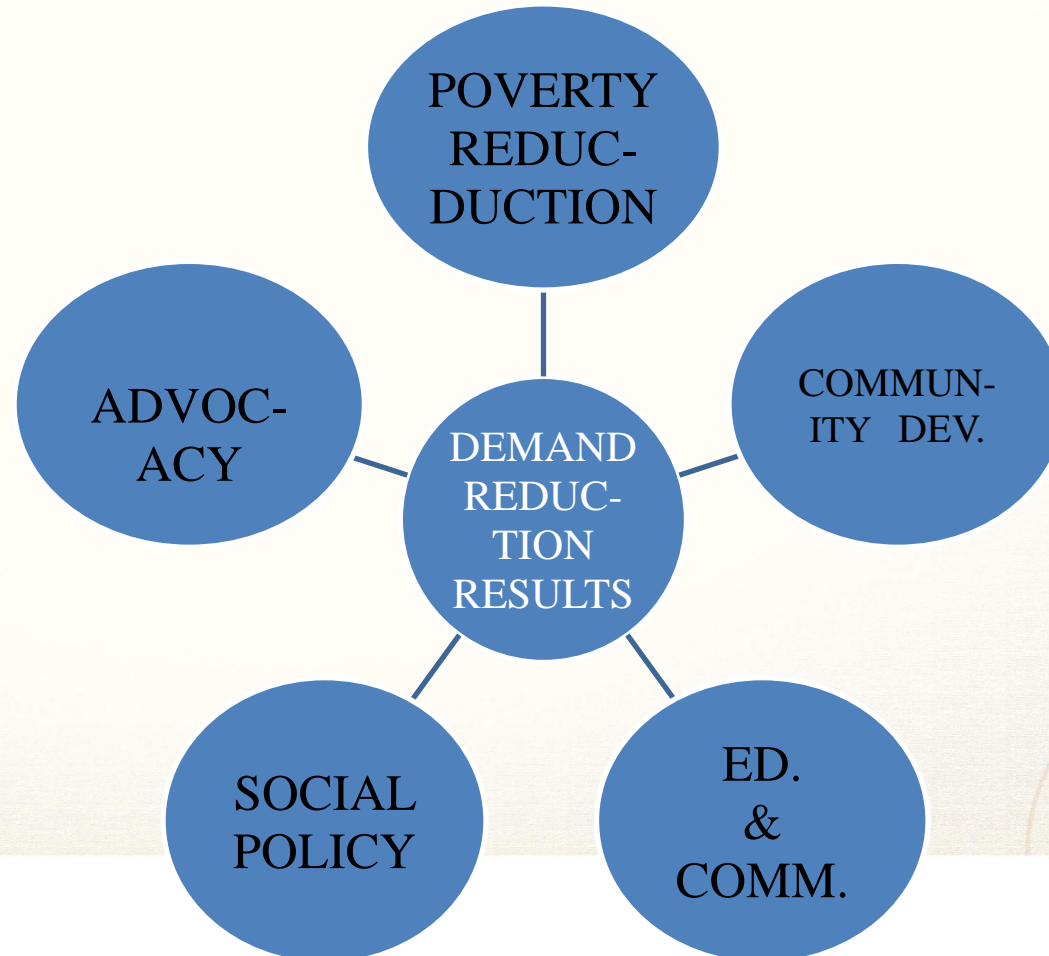
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DEMAND REDUCTION OUTCOMES



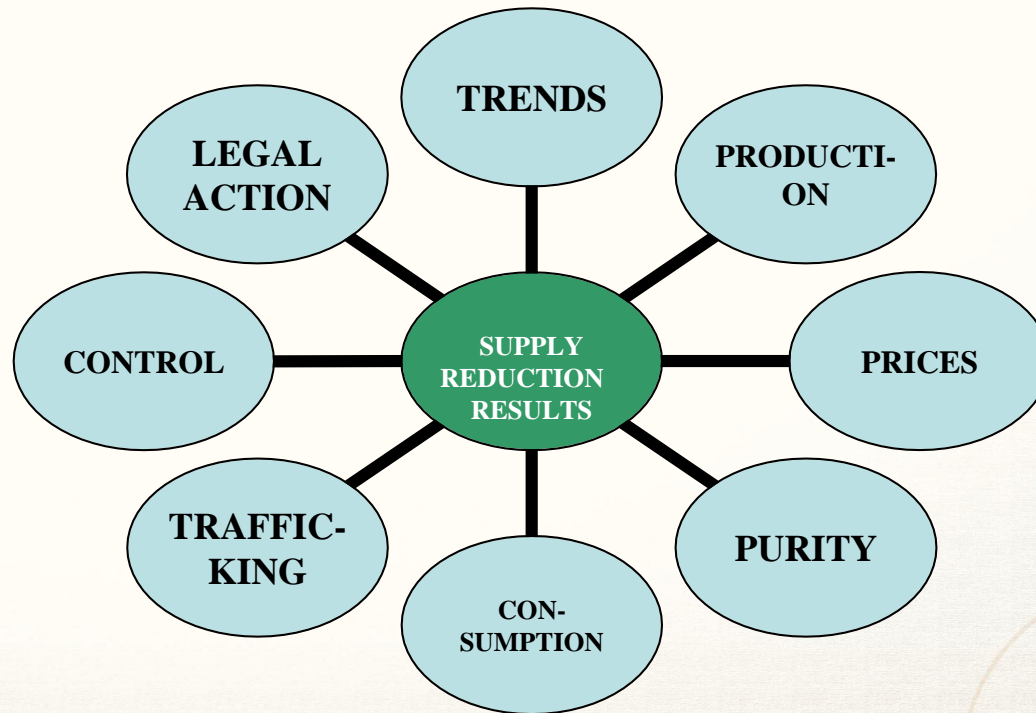
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SUPPLY REDUCTION OUTCOMES



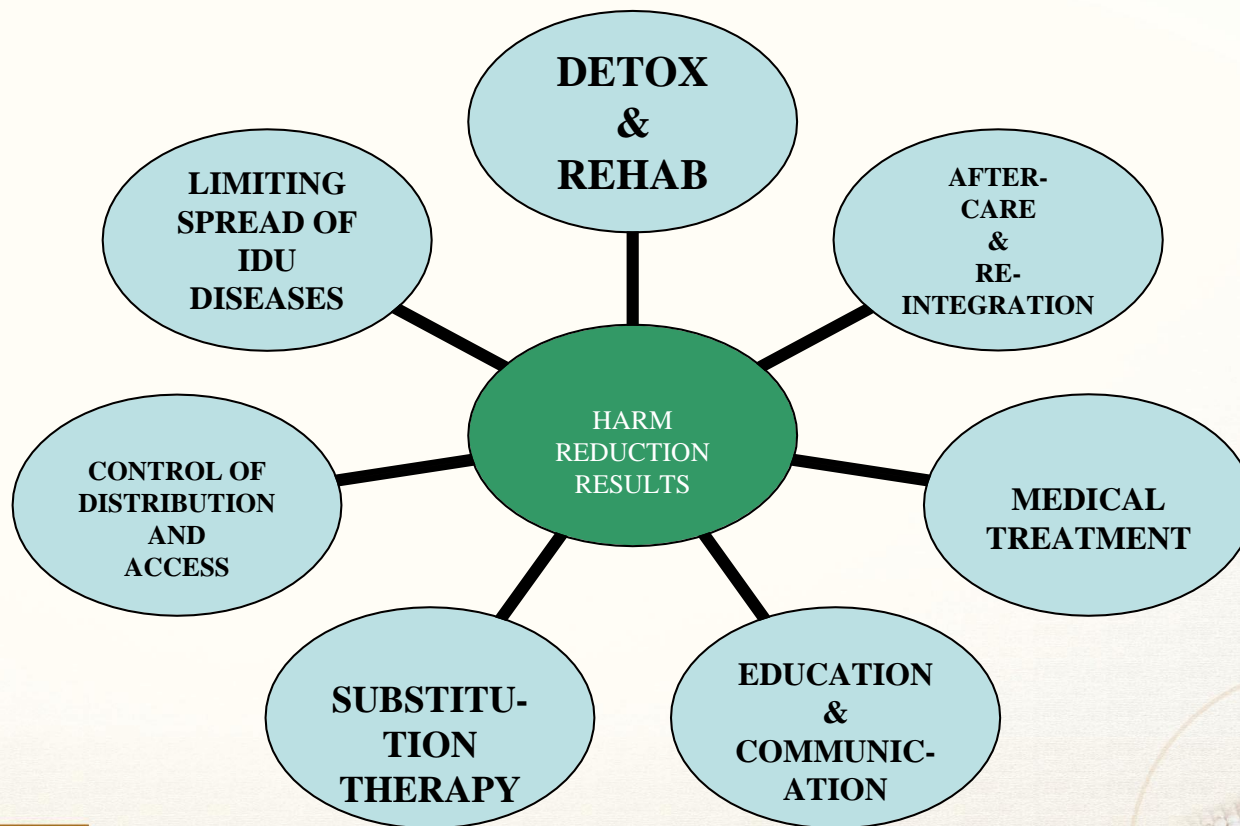
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HARM REDUCTION OUTCOMES



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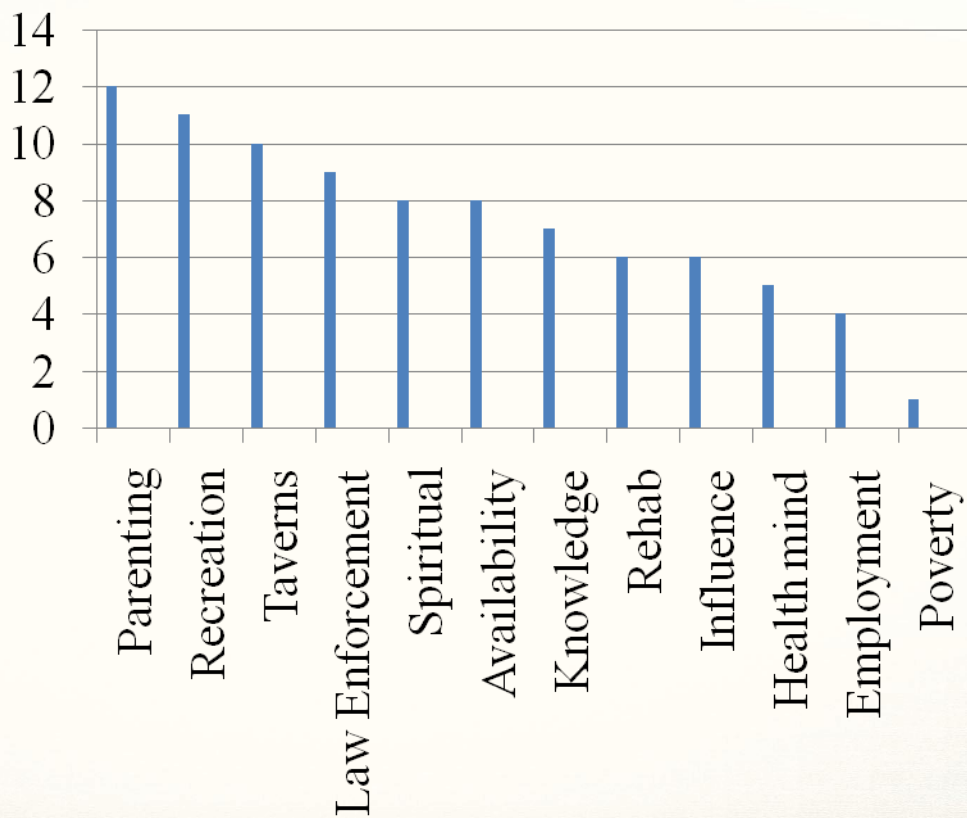
SUBSTANCE USE AND ABUSE IN SOUTH AFRICA

- The drug problem in South Africa is extremely serious, with drug usage at twice the world norm, and
- alcohol consumption among the Top 10.
- The socio-economic consequences of this cost the country more than Rbn 130 per year.
- The CDA integrated strategy is incorporated in the National Drug Master Plan.

ANTI-SUBSTANCE ABUSE RESOLUTIONS AND THE COMMUNITY NEEDS

- There are 34 resolutions: remembering them all is a monumental task
- There are presently 12 factors/needs expressed by the communities
- For ease in remembering and reporting a grouping of resolutions into common factors is desirable.
- People remember alliterative terms more easily or terms that make a word that has meaning to them.

COMMUNITY NEEDS IN ORDER OF PRIORITY



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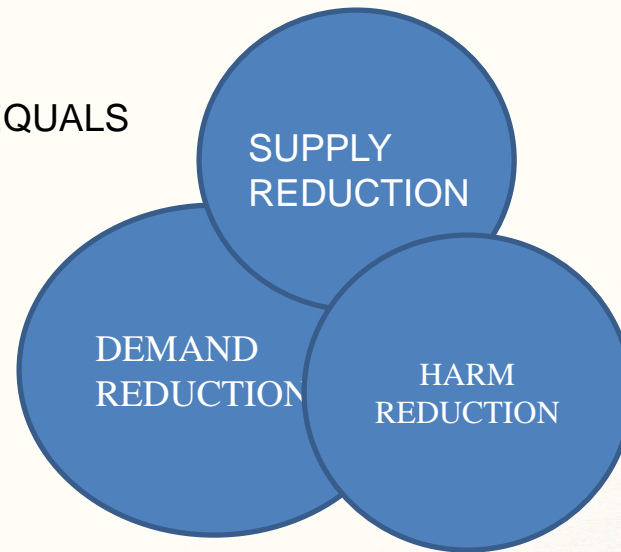
SOME COMMUNITY NEEDS GROUPED IN TERMS OF COMMONALITIES

FACTOR	COMMONALITY	GROUP
Parenting	Family Education	Re-education
Spirituality	Faith education	Re-education
Knowledge	Substance/abuse Education	Re-education
Influence	Life skills education	Re-education
Healthy mind	Life skills education	Re-education

GROUPED COMMUNITY NEEDS AND INTEGRATED NDMP STRATEGY

NEEDS
Re-education
Recreation
Reduction
Re-enforcement
Rehabilitation
Re-employment

EQUALS



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EXAMPLE: SOME SUMMIT RESOLUTIONS GROUPED

RES No.	CONTENT	POTENTIAL GROUP
1	Laws & policies on alcohol	Re-enforcement
2	Structure and mandate of CDA	Re-enforcement
3	Reducing accessibility of alcohol	Reduction
4	Reductions on sales of alcohol	Reduction
5	Reduce liquor outlets	Reduction
6	Control of home brews and concoctions	Reduction
7	Raising duties and taxes on alcohol	Reduction



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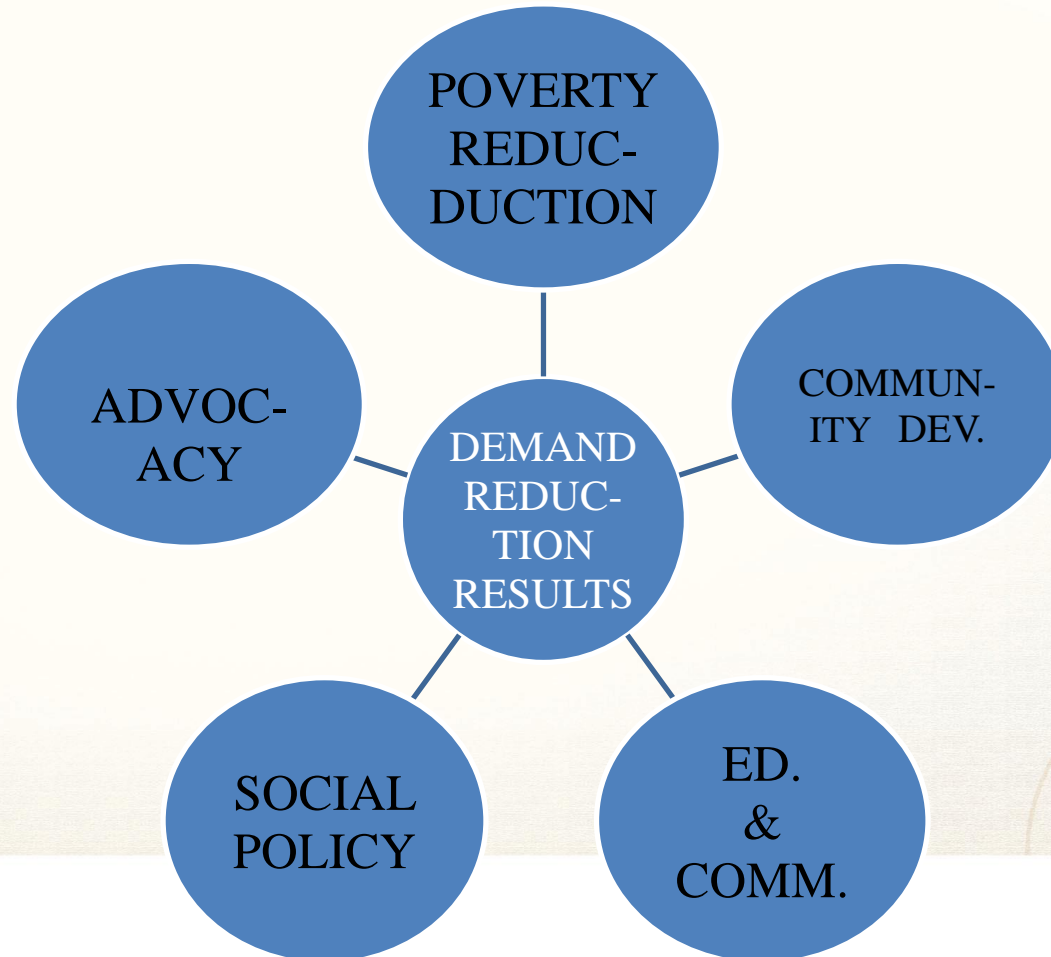
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DEMAND REDUCTION OUTCOMES



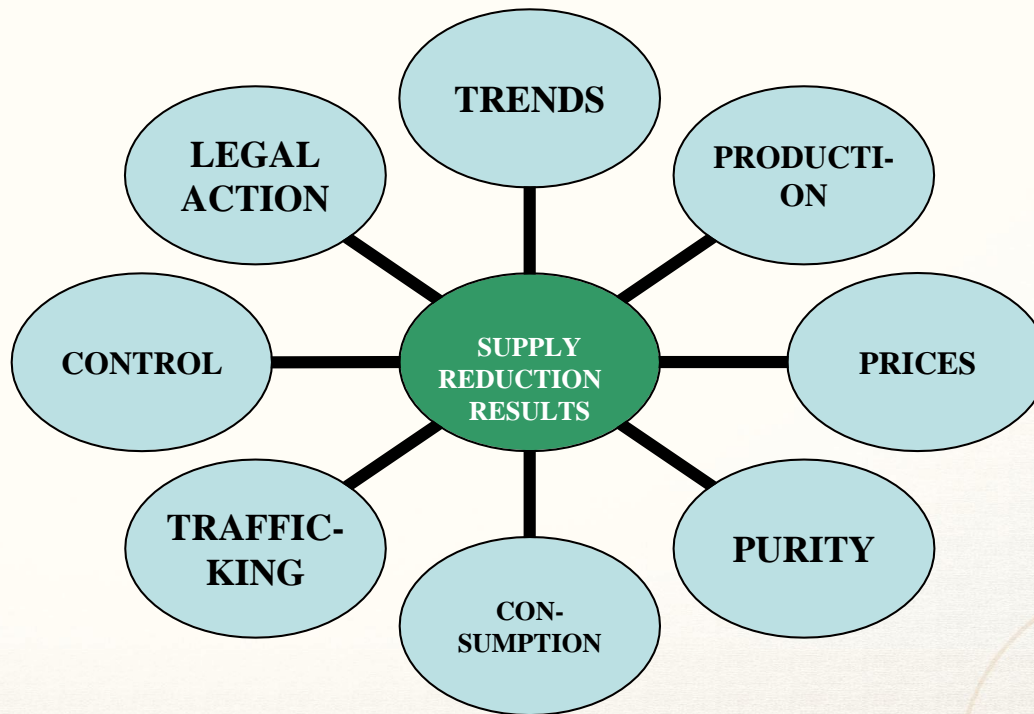
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SUPPLY REDUCTION OUTCOMES



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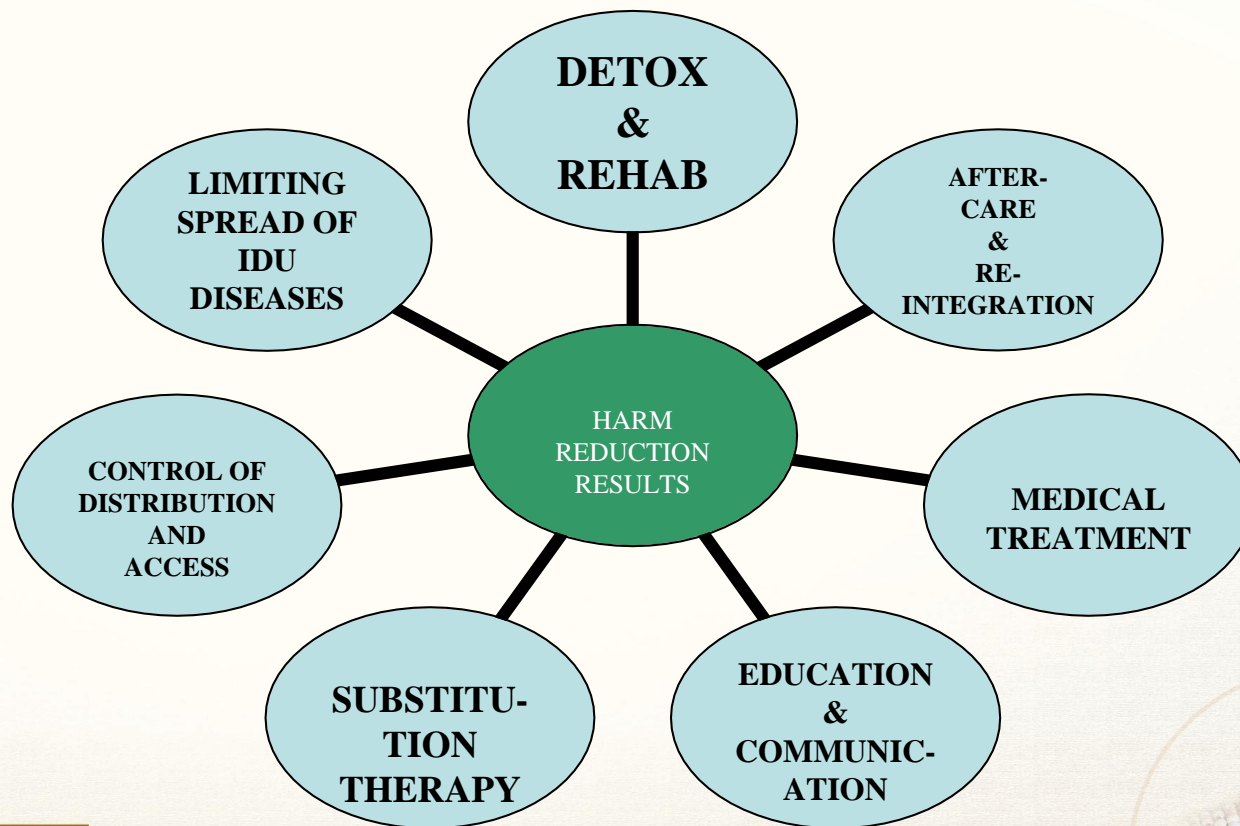
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HARM REDUCTION OUTCOMES



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IN CONCLUSION: SUBSTANCE USE AND CONTROL IN SOUTH AFRICA

- Snapshot survey conducted to determine community needs on dependence-forming substances 2010-2011:12 key needs identified
- 2nd Biennial Anti-substance Abuse Summit developed 34 resolutions
- CDA mandated to review and revise NDMP to meet new requirements including community needs and resolutions to combat substance use, abuse and dependence
- Integrated and balanced strategy of demand-, supply- and harm reduction developed.
- Draft NDMP 2012-2016 drafted and now under review by stakeholders.

