A review of Literature on Drug and Substance Abuse amongst Youth and Young Women in South Africa
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Section 1

Introduction
Substance abuse is a global challenge with detrimental effects on health, wealth and security of nations (UNODC, 2010). In South Africa drug abuse has been associated with crime, interpersonal violence, risky sexual behaviour (with accompanied increased risk of HIV acquisition and STI incidences), negative health of users and negative psychological impact to their families. Tobacco and alcohol are generally the most commonly used drugs amongst South African youth. These 2 drugs are also the most experimented with amongst youth. Because they are both legal, many consider them acceptable and ‘mild’. This in spite of considerable health and social impact associated with them. Although polysubstance abuse is common in South Africa, cannabis is the most commonly used illicit substance amongst youth (Peltzer 2003). A study by Reddy et al in 2010 reported that 12% of South African learners had ever used at least one illegal drug such as heroin, mandrax and cocaine. This figure is the highest in the region. Given the medical and social harm caused by these drugs, it is important to understand the extent of their use amongst sub populations and explore the effective ways to combat them.

Problem Statement
South Africa has a serious drug usage problem, reported in literature as being twice that of the world norm (CDA presentation to parliament of South Africa-06 September 2011). Statistics reported by the United Nations World Drug Report of 2014 indicates that 7.06% of South Africa’s population abuses narcotics of some kind, and one in every 14 people are regular users. Substance abuse imposes social, health and economic costs on individuals, families, society and economy at large. At the individual level, substance abuse has been linked to depression, violent behaviour and various forms of crime, including many accidental and premeditated injuries. Society loses the productivity and energies of people affected by substance abuse. At the macro level, prevention and treatment costs associated with drug abuse are phenomenal. In South Africa, evidence on the extent, impact of substance abuse as well as its prevention is fragmented and more often not located within a comprehensive theoretical framework that could make it easier to formulate strategies and programmes for combating the drug abuse challenge. Although much research has been done on the subject, little attempt has been done to put all this evidence in a coherent narrative that will put to the fore the extent, and impact of the problem and inform future interventions and the designing of programmes. The objective of this paper is to provide a coherent report on the extent and impact as well as substance abuse intervention programmes within South Africa’s youth population group. The report is wholly based on a comprehensive review of literature on substance abuse in South Africa.

Methodology
The study methodology entailed a review of books, technical papers, tacit information and websites (including electronic databases such as Science Direct, Medline and EBSCO) to find material on drug abuse in South Africa published between 2000 and 2016. Among the websites search were the WHO and MRC, and search terms included “drug abuse”, “determinants of drug abuse”, “drug abuse prevalence and patterns”. The literature search revealed some major gaps in the availability of credible and reliable information on drug abuse. Attempting to define the problem from a young women’s perspective was even more challenging as there is very little primary research conducted in this field. Notwithstanding
this, the paper found some valuable papers which have been used to synthesise this document.
Section 2

Legal and institutional arrangements governing drug use amongst youth

South Africa is a signatory to the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic substances. The United Nations Office on Drugs and Crime has some presence in South Africa through the United Nations Office on Drugs and Crime Southern Africa office. Its drug related mandate includes strengthening the legislative and judicial capacity to ratify and implement international conventions and instruments on drug control, organized crime, corruption, terrorism and money-laundering; reducing drug trafficking; and enhancing the capacity of government institutions and civil society organizations to prevent drug use and the spread of related infections.

National laws have been enacted in line with this UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic substances. The main piece of national legislation addressing substance use is the 2008 Prevention of, and Treatment for Substance Abuse Act. The Act provides, among other things, a comprehensive response to combating substance abuse, and offers mechanisms for addressing substance abuse. Section 1 of the Act provides a framework for responding to substance abuse, while Section 2 provides strategies for reducing harm. The Act has been the basis of South Africa’s many programs and strategies for combating substance abuse.

The Prevention of, and Treatment for Substance Abuse Act is supported by the Drug Master Plan 2013-17, which sets out the strategies and measures to be used to combat substance abuse. Interventions proposed in the Plan are based on the supply and demand framework, i.e. reducing demand, harm and supply.

Other pieces of legislation relevant (see Table 1) in combating substance abuse include the Liquor Act of 2003, the Tobacco Products Control Amendment Act of 1999, the Road Traffic Amendment Act of 1998, and the Prevention of Organised Crime Act of 1998. In the provinces and municipalities, various pieces of regulations and bylaws exist to combat substance abuse. Provinces have their own policies and plans to deal with substance abuse.

Table 1 Relevant policies and legislation for substance use

<table>
<thead>
<tr>
<th>Relevant policies and legislation</th>
<th>Focus/objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Prevention of and Treatment for Substance Abuse Act, 2008</td>
<td>Establishment and registration of programmes and services, including prevention, early intervention, treatment and reintegration, and after-care; and facilitate collaboration among government departments and other stakeholders; establishment of the Central Drug Authority (CDA) to monitor and oversee activities of the CDA.</td>
</tr>
<tr>
<td>The National Liquor Act, 2003</td>
<td>The primary focus is on regulation of the liquor industry. The Act seeks to facilitate the alcohol abuse and promote the development of a responsible and sustainable liquor industry; and provides for public participation in liquor licensing issues.</td>
</tr>
<tr>
<td>Provincial Liquor Bills/Acts</td>
<td>Provision of liquor licenses for retail sale of alcohol; establishment of Liquor Boards; establishment of liquor officers and inspectors; and to provide for appointment of municipalities as agents of the Liquor Board and liquor licensing authorities.</td>
</tr>
<tr>
<td>Education Laws amendment Act, 2007</td>
<td>Provides for random search, seizure, and drug testing at schools.</td>
</tr>
<tr>
<td>National Road Traffic Act, 1996</td>
<td>Deals with matters related to drinking and drug use while driving; breath tests, blood tests and recognition of signs of drug use/ intoxication; testing/enforcement equipment; transportation of drugs; legal blood alcohol limit.</td>
</tr>
<tr>
<td>Drugs and Drug Trafficking Act, 1992</td>
<td>Prohibition of use of drugs and possession, dealing/supply, manufacture, search and seizure.</td>
</tr>
<tr>
<td>Minimum Norms and Standards for</td>
<td>Specifies acceptable quality of care for people, including children, receiving in-patient and outpatient treatment.</td>
</tr>
</tbody>
</table>
Under the Department of Social Welfare, the Central Drug Authority (CDA) is the primary authority with a primary mandate of regulating, promoting and enforcing substance abuse legislation. It is an advisory body established in terms of the Prevention of and Treatment for Substance Abuse Act (Act No. 70 of 2008). The CDA is responsible for implementing the Drug Master Plan 2013-17 and coordinating all activities surrounding the Act. In addition to the CDA, other key players (see Table 2 for a limited list) include central (e.g. Department of Home Affairs), and provincial governments, the police, NGOs, Civil Society, youth and community formations. Provincial and local governments have their own drug committees as well. In addition, the CDA has reported that there are 80 drug treatment centres in South Africa capable of treating 20 000 people annually (CDA Report to Parliament, 2011)

Table 2 Prevention and service agencies in the substance abuse sector in South Africa

<table>
<thead>
<tr>
<th>Agency/Organisation</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soul City Institute for Health and Development Communication</td>
<td>Areas of focus include HIV prevention and violence prevention through alcohol control. Conducts mass media campaigns, and social mobilisation and advocacy activities. Soul Buddyz is a special project for children focusing on issues related to substance abuse including relationships, sexuality, bullying, abuse, corporal punishment, disability, road safety and other accidents, like burns and drowning. <a href="http://www.soulcity.org.za/">http://www.soulcity.org.za/</a></td>
</tr>
<tr>
<td>Khulisa Crime Prevention Initiative</td>
<td>Focuses mainly on crime prevention with many programmes addressing substance abuse as a contributor to crime. <a href="http://www.khulisaservices.co.za/">http://www.khulisaservices.co.za/</a></td>
</tr>
<tr>
<td>DSD and United Nations Office on Drugs and Crime</td>
<td>The KeMoja project was a large-scale drug awareness campaign for young people. <a href="http://www.dsd.gov.za/">http://www.dsd.gov.za/</a></td>
</tr>
</tbody>
</table>

Section 3

Extent of drug abuse amongst South African youth

Nation-wide Substance Abuse

Drug and alcohol abuse in South Africa is alarming and a cause or contributor to many social, health and economic problems afflicting the population. Substance dependency statistics show that drug consumption (cannabis, cocaine, and tik) in South Africa is twice the global average and second to none in Africa (UN World Drug Report, 2014). The average age of drug dependency in South Africa is 12 years and decreasing. South Africa is among the top 10 narcotics and alcohol abusers in the world. For every 100 people, 15 have a drug problem and for every 100 Rands in circulation, 25 Rand's are linked to the substance abuse problem (Christian Addiction Support, 2016). Figure 1(a) and (b) report drug use in South Africa (ibid). The main drugs being abused are cannabis, methamphetamine, heroin and cocaine. Jointly, the three drugs accounted for over 86% of all cases treated for drug abuse in 2012. Among persons treated for addiction, 38% were treated for cannabis dependency, followed by methamphetamines at 23%, heroin at 19% and cocaine at almost 6%. The main drugs of choice are cannabis (3.6%), cocaine (1.2%) and amphethemine stimulants at 1.02% (Figure 1b). A similar trend was noted in a study of five trauma units in Cape Town, Durban and Port Elizabeth. It was found that 14% of the patients tested positive for white pipe (combination of cannabis and metaxalone), 33% for cannabis; and 15% for metaxalone.

Figure 1 Drug Use in South Africa

![Drug Use in South Africa](image)

Source: Christian Addiction Support, (2016)

**Extent of Substance Abuse among the Youth**

Of major concern in the South Africa context is the growing problem of substance abuse among the youth (including children and adolescents), a challenge that is denying this population group full participation in the socio-economic development of the country. Although the youthful population of South Africa, which numbers 13 million (15-24 age
cohort), creates a window of opportunity, the creativity, innovation, talents and energies of this population will remain fully unharnessed due to substance abuse.

Figure 3 maps the trends in substance abuse from the Youth Risk Behaviour Surveys (2002, 2008 and 2011. Generally drug abuse is more pronounced among males than females. Although showing a somewhat declining trend, over the counter and prescription are the most abused substances among both males and females outside of dagga. Among males, heroines shows an increase while mandrax, cocaine and tik are on a decline. For females, there seems to be a decline in the incidence of life time substance use outside of dagga.

**Figure 2: YRBS trends (males all ages) – Life time use (substances excluding dagga) – National**

![Graph showing trends in substance abuse among males.]

Source: Burnhams (2016)

**Figure 3: YRBS trends (females all ages) – Life time use (substances excluding dagga) – National**

![Graph showing trends in substance abuse among females.]

Source: Burnhams (2016)
Figure 5 reports on YRBS trends in cannabis use by gender. The UN (2014) indicates that treatment centres in South Africa report that cannabis remains the most illicit abused substance. Figure 5 shows a stable, but high cannabis use among youth, with substantial gender disparities.

A number of studies have presented statistics on substance abuse among learners (Reddy et al., 2010, and Jacobs and Steyn, 2013). The following figures are often reported (Reddy et al., 2010):

- Cannabis is the primary drug of abuse among youths (Plüddemann et al., 2010c) although young people do not perceive cannabis as a dangerous drug (Nkowane et al., 2004).
- 2.1% of the learners reported having ever used mandrax
- Males (3.2%) were significantly more likely to report mandrax use than females (1.2%).
- A total of 1.0% of the learners reported ever having used cocaine.
- A total of 0.8% of the learners reported lifetime heroin use.
- In total 1.0% of the learners reported ever having used ecstasy.
- A small proportion (2%) of all learners had used methamphetamine in their lifetime

Figure 5 reports substance abuse prevalence rates of Grade 8-11 learners from a national survey of high schools conducted in 2008 (Reddy, 2010). About 50% of the learners had taken alcohol, 30% had smoked cigarettes, 13% had cannabis in their life time, and 7.4% had taken mandrax while 12% had indulged in inhalants of various sorts. Substance abuse among learners has gendered dimensions as well, with male learners outdoing their female counterparts in every type of substance abused.
In South Africa, cannabis (Dagga) is the third most abused substance by youth after alcohol and tobacco (Morojele et al 2013). Figure 6 to 8 takes a closer look at cannabis use from a survey of Grade 8-10 Western Cape learners (ibid). The following points stand out from Figure 6 to 8.

- Males had higher prevalence rates than females on all measures of cannabis use.
- 14% of learners (19% male and 9% females) report using cannabis almost on a daily basis in the Western Cape.
- Cannabis use declines with education among female learners.
- The female Cannabis users reported high levels of only once or twice in the past year (46%), once a week (12%), about once a month (11%), almost every day (9%) and 7% every few weeks.
- The onset of cannabis use before age 13 is highest among grade 8 learners (27%), followed by grade 9 (13%) and lastly grade 10 (9%). More male learners abuse cannabis before the age of 13 than female.
Figure 6: Proportion (%) of learners who reported lifetime, past year, current and past 7 days cannabis use by grade and gender

Source: Morejele et al (2013)

Figure 7 Proportion of learners who reported age of onset of cannabis use <13 years of age by grade and gender

Source: Morejele et al (2013)
Figure 8: Frequency of cannabis use in the past year among lifetime cannabis users

![Chart showing frequency of cannabis use](chart.png)

Source: Morejele et al (2013)

Figure 9 provides a closer look at drugs abuse by grade 8-10 learners in the Western Cape. The picture painted by Figure 9 shows the following, among others,

- The prevalence of drug abuse is highest among male learners than female ones
- Female learners are more likely to abuse mandrax, methamphetamine and cocaine
Drug Abuse in a School Environment

Despite all the rules imposed by school, evidence indicates drug abuse is prevalent with school premises (Figure 10). Many learners report that they have been offered, sold or given illicit drugs at schools. Using dagga within school premises, or attending school after drinking alcohol or using data are also reported by many learners.
Figure 10: % of Leaners engaged in AOD use in School Property

Source: Burnhams (2016)
Section 4

Determinants of drug use (individual, family and societal)

A plethora of risk factors influence the usage of alcohol and drugs, while on the other hand, there are multiple protective factors that potentially buffer the effects of substance abuse. In a bid to frame the interrelationships and intra-relationships of the multiple influences on drug and alcohol abuse behaviour, as well as how they operate at different levels, researchers and practitioners have identified two frameworks; the supply and demand framework and the Bronfenbrenner’s socio-ecological model (Bronfenbrenner, 1993).

The Supply and Demand framework has three intervention windows: Demand side, Supply side and Harm Reduction (see Figure 11). On the demand side substance abuse is tackled through poverty reduction strategies, advocacy, education and communication, fostering socio-economic development and advancing anti-substance abuse social policies. On the supply side the key intervention areas include controlling production, sale, marketing and distribution of harmful substances. It also includes law enforcement and where necessary taking legal action against supplies of illegal substances. Harm reduction is based on treatment, aftercare and reintegration of those dependent on substances.

The South African Drug prevention Master Plan employs the supply and demand framework.

Figure 11: Supply and Demand Framework

![Supply and Demand Framework](image)

The main drawback of the Supply and Demand framework is that it places intervention programmes in silos, with limited vertical and horizontal interactions. In reality, substance abuse is multifaceted challenge that requires a multidimensional and integrated set of intervention strategies.

Figure 12 provides a pictorial view of the Bronfenbrenner socio-ecological framework. The framework implies that a substance abuser is affected by different types of environmental systems. The nested structures of these environmental systems begin with the individual domain, moving outwards to the microsystem, the mesosystem and finally, the exosystem. Applications of this framework can be found in Mason, Cheung, & Walker, (2004) for substance use; Yu, Stiffman, & Freedenthal, (2005) on tobacco use; and Marsden, Boys,

The ecological model takes a holistic view to the problem and demonstrates that factors driving drug abuse are interrelated and intervention strategies or programmes for combating the scourge should be integrated. The next paragraphs review literature on the determinants of substance abuse following the Bronfenbrenner’s socio-ecological model.

**Figure 62: Bronfenbrenner Socio-ecological framework**

**Individual Domain**
Alcohol use and drug abuse influencing factors within an individual include, *inter alia*, gender, genetic predisposition, age, alcohol knowledge, low self-esteem, impulsivity, and sensation seeking (Ramsoomar, 2015). Steinman and Zimmerman (2004) observe that behaviours such as low religious involvement, short-term goals in life, depressive symptoms and a poor sense of wellbeing and low self-esteem make the youth succumb to substance abuse. Ziervogel et al. (1997-1998) and Stacey (in Parry, 1998), report that boredom is one reason that youths abuse substances. According to Wegner et al. (2008) boredom is associated with dropping out of school, which is in turn a cause for joblessness, which further places youth at risk of substance abuse.

Evidence also points to the fact that youth are also prone to drug abuse because of their vulnerability (Mohasoa, 2010). Youth become vulnerable because they are in a phase of substantial experimentation, they are unemployed, have no income, and are poor, among other things (Kadalie & Thomas, 2013; Parry et al., 2012). This finding is corroborated by Rocha-Silva (1997). Interviews with respondents, Rocha-Silva reported that youths use drugs
to gain confidence in dealing with people and stressful situations surrounding them. Mohasoa (2010) also reports that youth use substances because they are overwhelmed by the challenges in their own lives or families, and society at large. For example, stressors in their own lives could be cold weather which may lead them to taking solvents in order to escape the misery associated with the stressful environment.

**Microsystem**
The microsystem envelops the individual domain and represents one's immediate environment. It focuses, *inter alia*, on the household and family influences, neighbourhood, school, and peer pressures. Many studies have singled out the family as the most significant determinant of substance abuse by the youth at the microsystem level. In a study of learners in the Western Cape, Peltzer and Ramlogan (2009) found a strong link between risky drinking behaviours and lack of parental and peer support, school truancy, and mental distress. Pretorius (2003), observe that exposure to alcohol in the family causes risk behaviours such as rebelliousness and having friends who drink (Pretorius 2010). In addition, literature shows that youths that have parents who drink heavily, and/or are tolerant of alcohol use, as well as having close acquaintances who drink, places youth at risk for heavy drinking. In other words, role models play a significant part in the substance abuse space. Youths tend to imitate the behaviours of their parents, guardians or other influential people and quantitative and qualitative evidence suggests that those with adequate role models are less likely to indulge in substance abuse (Morojele et al. (2006); Ghuman et al. 2012). Conversely, youth with inadequate role models (role models who drink or do drugs) consider it acceptable (Brook et al 2006 and Onya, 2005). On the other hand, a nurturing home environment, encompassing family supervision and monitoring, together with open communication lines between parents and children, has been empirically determined to be strongly associated with low substance abuse (Meghdadpour et al. 2012). Meghdadpour et al found that in South Africa, family supervision is likely to reduce male youths being drunk by 23% and lowers their chance of using illegal drugs by 38%. Therefore to combat drug and alcohol abuse emphasis should be placed on strategies that address “parental drinking, low parental monitoring, low parental bonding, poor parent-child communication, poor school performance, low school commitment, peer norms, peer drinking, peer influence, peer delinquency”

South African empirical studies indicate that peer pressure is one of the most significant and most consistent predictor of substance use among youth (Brook *et al.*, 2006; van Zyl 2013). Peers encourage their uninitiated peers to use drugs, and more often drug or alcohol use is celebrated with those taking illegal substance held in high regard. Youth will then want to be accepted by their peers in these substance abuse networks at all costs. According to Bility (1999) peer pressure is rampant in youth gang networks and other marginalised groups such as street children.

Evidence also indicates that youth prefer to discuss issues with their peers more than they would with their family members, teachers, or medical doctors (Hoberg, 2003). They value opinions or support of their peers more than any other social structures at their disposal (Hoberg, 2003). The pressure to be recognised and accepted by peers and gain meaningful participation inadvertently increases vulnerability of the youth (Ungar, 2006:7
It is important to note that peer pressure and inadequate parental role modelling discussed above reinforce each other. When there are no good parental role models for the youth, peers become role models and the outcomes may not be desirable.

Another area that has been variously cited as key to drug/alcohol abuse prevention in the microsystem is the school. The schools is part of the immediate environment of the learner or youth and quantitative and qualitative evidence shows that some of the influences of alcohol and drug abuse are found within the school environment. According to Zulu et al., (2004) the availability of alcohol in close proximity to the school is associated with higher incidences of drug abuse. This study noted that when alcohol is close to the school it can easily be brought into the school. The school also lends itself to being a space for illegal substance when some learners are demotivated, have low academic aspirations or their performance is below par. Matthews et al., (1999 and Morojele et al., 2001). Flisher at al, (2003) have found a direct relationship between drug abuse with learners’ poor performance, absenteeism and repetition of a grade.

Mesosystem
The mesosystem is simple a system of microsystems and how they interact. It involves linkages between an individual and family, family and school, peer group and family, or between family and church. The primary risk factor is when microsystems are not interacting well leaving children exposed to pressures that will see them succumb to substance use. A good example is that if the family does not interact with peers of their children, such children will be exposed to peer pressure. The main message implied by the mesosystem is that substance abuse prevention programmes should be multidimensional and integrated.

Exosystem
At the exosystem level, the focus is on access and availability of illegal substances that the youth may succumb to. The risk factors considered under the exosystem consists, inter alia, of the legislative, social and economy wide environment that inhibits/delays the onset of drug or alcohol abuse. At the societal level it is about how factors such as poverty, unemployment, community tolerance, slack border controls, etc, place the youth at risk to drug abuse. Factors that have contributed to rising levels of drug abuse in South Africa include widespread and severe poverty levels, rapid modernization and decline of traditional and social relationships, as well as porous borders. Expanding trade links with other parts of the world such as Asia, Europe, and the Americas have also made South Africa attractive to drug traffickers.

At the level of the economy, the main factor to consider is the tax regime and how it prevents access/availability of substances likely to be abused. Taxes change the price of drugs, thereby affected their consumption. Raising “sin” taxes has a protective effect as it has been shown quantitatively that it reduces the consumption of tobacco and alcohol products (Anderson, Bruijn, Angus, Gordon, & Hasting, 2009). This means that fiscal instruments can, to a large extent, be used to combat youth substance abuse.

The legislative laws and instruments also play a significant part in the illegal drug abuse challenge.

Van der Vorst, Vermulst, Meeus, Deković, & Engels, (2009) have shown that community disorganization, poverty and high levels of unemployment are risk factors for illegal substances abuse. When a community is well organized, few economic and social problems occur, and young people are less likely to abuse illegal substances. Similarly if the
community is intolerant of illegal drug abuse, the likelihood of youth accessing such substances is quite low. If societal norms favour drug abuse (e.g., in mass media), or if community exposes youth to public drunkenness and peddling of drugs, then youth are at risk of drug dependency.

Although empirical evidence is sketchy, it has been observed that culture can be permissive or protective of drug abuse. Demographic shifts such as migration expose youth to substance abuse. Youth constitute the largest migrant population in Africa. They migrate to urban areas to escape drudgery associated with rural life and in search of employment. But with the current prevailing economic constraints, a significant proportion of such migrants do not find work. This leaves them vulnerable and at risk to substance abuse.

Finally, it is not implausible to imagine that globalisation and other open market economy policies contribute indirectly to drug abuse by youth. Globalisation implies greater access to drug markets with the high circulation of people acting as a key drivers of drug trade and consumption (Spooner & Heatherington, 2005). In fact, recent United Nations reports indicate that the population of illicit drug users continues to grow globally, especially as economies rapidly urbanize. Globalisation through encouraging competition, is affecting families and causing children-parent bonding and communication to take a strain. By its very nature globalisation fosters competitive behaviour that discourages social and family cohesion. Sectors in the economy compete rigorously, with workers being forced to work long hours with less job security. Part-time, casual and outsourcing of jobs is becoming the norm, and less and less benefits are accruing to workers, forcing workers to take multiple jobs. Women and youth shoulder a disproportionate burden of such precarious jobs. Parents are finding it difficult to balance work and family, and more often child care obligations are compromised (Daly, 2004). Parents are spending less time with their adolescent children, leading to boredom, frustration and depression and increased substance use problems (Spooner & Heatherington, 2005) and Ramsoomar, 2015).

Table XX summarises the determinants of drug abuse in South Africa (risk and protective factors) at micro-, meso-, exo-, and macrosystems.

| Table 3 Risk and protective factors for substance abuse by adolescents |
|---------------------------------|-------------------------------|
| **Risk Factors**                |                               |
| Individual                      | Family                        |
| Delinquency                     | Parental drug use              |
| Peer Pressure                   | Family conflict               |
| Rebelliousness                  | Poverty / Affluence           |
| Rejecting parental authority    | Family Context/Structure and cohesion |
| Sensation seeking               | Low Expectation               |
| Impulsiveness                   | Low Expectation               |
| Aggression                      | Poor school performance       |
| Poor sense of well being        | Ease of access to drugs       |
| **Protective Factors**          |                               |
| Self confidence                 | Good relationship between caregiver & child |
|                                 | School policy on substance use |
|                                 | Community disapproval of substance use |
|                                 | Taxation                      |
High self esteem | Good communication between caregiver & child | Code of Conduct | Access to positive leisure activities | Controlling availability and access to substances
---|---|---|---|---
Good relationships | Parental monitoring (e.g. setting rules) | Quality of Educational Experience | | Increasing minimum legal age of alcohol consumption
| | | | | Effective policy implementation

Source: Department of Basic Education (2013)

**Missing Evidence**

Although literature provides a fair understanding of the dynamics surrounding many drugs, our understanding of the determinants of Nyaope remain unexplored. As anecdotal evidence suggests that Nyaope has many causalities, further research is required to understand the incidence (by gender, race and age) and key drivers of this drug usage.
Section 5

Consequences of drug use

Theory tells us that substance abuse has multiple consequences. Although in South Africa we know much about the negative effects of alcohol and tobacco on individuals, community and society at large, there is still a dearth on knowledge on the effects of other substance such as cannabis, heroin, cocaine, inhalants, nicotine, opioids, and many other drugs. At a theoretical level, drugs affect the individual, community, and society at large. Needless to say, all its negative effects straddle all sectors of the economy, including the health sector. This section reviews literature on the consequences of substance abuse to the individual, household/community and society at large. On the onset it has to be borne in mind that this distinction is only made to frame our analysis, in reality the lines dividing individual, community or societal effects of substance abuse are quite blurred.

At the onset, it is critical to point out that literature is clear that the consequences of substance abuse differ between women and men, which implies any treatment or intervention programme has to factor in gender differences. For example, in a presentation (i.e. based on a survey conducted between June 2010 and March 2011) made to the South African parliament by Dr Ray Eberlein of the Central Drug Authority the following consequences of drug use and abuse on women/girls were noted:

- Loneliness and rejection were key causes of women drug abuse.
- Women were more likely to abuse over the counter medication.
- Women drug users were 46% more likely to be victims of physical abuse including rape and incest.
- Addiction among women occurred more rapidly than men

Individual level consequences

At the level of an individual youth, sustained substance abuse has many social and health problems. It has been linked to various forms of crime, violence, and traffic accidents. Empirical evidence has also pointed out to a strong association between substance abuse by youth and a number of accidental injuries including traffic, drowning, poisoning, burns and falls, as well as premeditated injuries such as interpersonal violence, suicides, child abuse and sexual violence. Seedat et al, (2009) has demonstrated the link between drug misuse and homicide, abuse of children and partners, as well as rape and other violent acts. Lack of resources to sustain drug addiction has also been singled out as a major cause of many serious crimes, such as murder and robbery. A decade ago, Parry et al, 2004 and Parry et al, 2005 noted that violence was strongly related to use of illicit drugs (45%) and 40% cannabis.

Other studies have shown that substance abuse is associated with risky sexual behaviour. Pluddemann et al., (2010) found that school going youth who used methamphetamine were characterised by delinquent behaviour and engaged in sexual practices more frequently than those who had not used this substance. In a very recent study, Magidson, et al (2016) tests the association between drug use and sexual activity, violence for both males and females in peri-urban areas. In a sample of 822, 16-18 year olds, and using logistic regression models, Magidson, et al (2016) found that drug use (and alcohol) are strongly associated with violence and sexual activity for both males and females. As drugs tend to encourage impulsive behaviour and impair one’s judgement, some studies have demonstrated that those on drugs are more likely to engage in risky sexual behaviour such as having sex without
condoms or having multiple partners leading them to contract HIV and STI. In a survey of both sexual partners taking drugs and those not, Kalichman et al (2006) found that the psychopharmacological effects of some drugs boosted the sexual activity of drug users, thereby predisposing them to risky sexual behaviour (Morejele, 2006). For example, studies have shown the link between methamphetamine use and increased libido and impulsivity, giving rise to risky sexual behavior and increased susceptibility to contracting HIV and other sexually transmitted infections (Carrico et al., 2012). This is also confirmed in Reddy (2010), where 14% of school going learners reported having drugs before engaging in sex. Many girls have become pregnant as the psychopharmacological effects of drugs compromise their judgements.

Other social effects of substance abuse to a youth include poor educational achievements, unemployment, crime, welfare dependence, poverty, social exclusion, marginalisation, and violent behaviour (Bouchery, 2011). Besides these maladies reinforcing each other, they in turn perpetuate substance abuse.

Consequences to Household/Family/School

There is consensus among all studies reviewed that within a household/family environment, substance abuse has severe negative effects, with violence being the most significant problem. According to Zulu, et al (2004) and Jewkes, et al, (2010), substance use is largely implicated in interpersonal violence (including gender-based violence and sexual assault), school violence, and often lead to a non-conducive teaching or learning environment. At home violence is meted mostly against women partners, wives, siblings or parents, while at school peers and teachers are the prime victims. Drug use often leads to family dysfunctionalities and disintegration, financial losses and distress, increased burdens associated with medical and other treatment services for drug users not able to support themselves. Substance abuse is also associated with poor academic performance and aspirations and prolonged stay at school. Sutherland and Shephered (2001) have shown that drug use is associated with academic difficulties, absenteeism and dropping out of school. For example cannabis use, which is a drug of choice among South Africa youth has been shown that it generally interferes with learning, short-term memory and psychomotor skills. Melisa et al (2014) reported that methamphetamine (“tik”) had “adverse effects on mental, physical, and economic well-being, and limited future opportunities through school drop-out and incarceration” of drug users in the Western Cape Province. The same study implicated tik use to household conflict, with negative consequences on children, “including neglect and poor birth outcomes”. At a community level, respondents linked tik use to increased rates of crime, violence and corruption, which undercut community cohesion.

Consequences to Society

Substance abuse certainly means the energies, creativity and talents of the youths are not harnessed. Substance abuse is linked to unemployment, crime, physical inactivity and even premature deaths. To the society this means forgone productivity and economic development. In other words, substance abuse has a direct or indirect bearing on the economy. The National Drug Master Plan (2012-2016) estimates the costs of illicit drugs to the South African economy at 6.4% of GDP or R136 billion per year. The same document estimates that 17.2 million South Africans bore the emotional and financial burden of illegal drugs. However these figures are simple a fraction of the actual costs to society. Other major costs such as drug related violence, injuries, deaths, disease, law enforcement and lost productivity remain largely unquantified. Melisa et al (2014) noted that at the community level, tik use was
associated with “increased rates of crime, violence and corruption, which undercut community cohesion”. Although these statistics do not directly speak to the youth; they point to a serious national burden.

**Missing connections in Literature**

Other than the above, literature in South Africa is silent on the harm substance abuse has on others (friends, and colleagues) (Ramsoomar, 2015). Further research is required to establish the effects of substance abuse by young people on the quality of family life, pressures on family finances, family stress levels, family or friend disruptions, emotional and psychological impacts on families, divorces, theft from family and friends, etc.
Section 6

Approaches to combating drug use among Youth

The above review of literature shows that youth substance abuse is a multidimensional challenge that requires a multifaceted and integrated gamut of interventions. Setalalentoa et al. (2015) suggests substance abuse prevention programmes should be holistic, multi-level, and multi-sectoral. Bronfenbrenner’s socio-ecological framework becomes handy when analysing interventions as it allows the targeting of interventions to all risk factors at all levels: be it individual, micro, mesosystem and exosystem.

Thwala (2005) has noted that for any intervention to be successful, it should be underpinned by the following set of principles:

- **Principle 1**: Interventions should promote protective factors and seek to lessen risk factors.
- **Principle 2**: Prevention programmes should be holistic and include all forms of drug abuse
- **Principle 3**: Prevention programmes should address the type of drug abuse problem in the local community,
- **Principle 4**: To be effective prevention programmes should be custom-made to deal with risks specific to audience characteristics
- **Principle 5**: Prevention programmes that target families should seek to improve family relationships, including parenting skills, practice in developing, discussing and enforcing family policies on substance abuse, training in drug education and information
- **Principle 6**: Prevention programmes for adolescents should increase skills related to studying, communication, peer relationships, self-efficacy, assertiveness and drug resistance.
- **Principle 7**: For maximum effectiveness prevention programmes should employ interactive techniques.
- **Principle 8**: Prevention programmes should intervene and reach appropriate populations in multiple settings such as schools, recreational clubs and religious settings.
- **Principle 9**: Prevention programmes should be used in the long-term with repeated reinforcing sessions over time.

**Individual Measures**

At the individual level, literature proposes many strategies for dealing with substance abuse. According to Brook, (2012) effective strategies at this level target the youth directly and also take into account peer influence. Brook observes “that combating substance use should involve reversing positive attitudes to drugs and dealing with personality dispositions that predispose them to drug use, and addressing symptoms of mental health problems that may cause and/or exacerbate the abuse of substances…..” Intervention programmes should address poor social skills, e.g. low self-esteem, depression, peer pressure and poor social coping strategies, among others. Young people should be trained on how to resist peer pressure as this is the single most important risk factor for the youth. This can be done through promoting youth to youth training programmes. Harker, at al (2008) also suggests that it is
important to have prevention programmes that attempt to engage the minds of the youth to avoid boredom. Such activities include life skills programmes, vocational training services, youth sport and recreational activities.

Thwala (2005), highlights the following key elements for successful prevention programmes:

- Balancing negative and positive effects of substance abuse
- Improve social skills,
- Provide healthy alternatives to drugs,
- Focusing on harm reduction to those already affected,
- Emphasise quality of life changes
- Have interactive programmes and include peers and parents.

As young people spend most their time at school, school-based programmes are essential. At school Harker, Myers and Parry (2008) caution against once-off training sessions by specialists as these may have perverse outcomes. They note that once off lectures have proved to be ineffective and instead stimulate more interests on substance abuse. Scare tactics, where inducing fear among substance abusers and immediate families by exaggerating the risks and relative dangers of illegal drugs, or misusing statistics to drive scare messages home, should also be avoided as they have rarely influenced behaviours in a positive way (United Nations Office on Drugs and Crime for Southern Africa 2004). When adolescents discover that they have been misled they subsequently reject any information on drugs from official channels.

**Microsystem:**

Literature is clear that successful interventions are those that target the youth concurrently with their peers, parents and families. Improving parenting skills and behaviours is essential when trying to address a youth’s immediate toxic environment. The training for parents should ideally focus on

- The importance of nurturing one’s children.
- Setting rules at home
- Managing and clarifying expectations;
- Managing strong emotions;
- Effective communication and peer skills
- Monitoring children’s compliance to rules
- Applying appropriate discipline and rewards

Key among strategies of improving the family environment is reducing alcohol abuse among adults. This could be done through regulatory interventions; decreasing access to alcohol via increased taxes; brief interventions for high risk drinkers; regulation of unlicensed outlets, and removing outlets from residential areas; advertisement restrictions; community mobilisation; and product related strategies such as appropriate labelling. A study by Griffin and Botvin, (2011) has documented various evidence based successful approaches to dealing with youth drug abuse problems. The study reviews tried and tested approaches that include school based, family-based and community-based prevention approaches

Many policies address an individual, but miss the point that many individuals exist in a family context. Literature has shown that policies that seek to strengthen families are essential in addressing the substance abuse problem. In South Africa, one single most important initiative that seeks to address a family unit as key to building an individual is the
Green Paper on Families. Chapter three of the Green Paper is particularly relevant in this context. It deals with how to promote family life, and how to strengthen families and what family strengthening programmes can be pursued.

**Societal/Community level and Drug use campaigns**

At the level of society or community, interventions should ideally focus on reducing youth’s access to drugs, and modifying societal norms that promote indulgence in these substances. Regulations and stricter enforcement of laws play a key role in reducing drug abuse. Harker, et al (2008) also recommends:

- Community mobilization to counter the sale of legal and illegal drugs.
- Strengthen supply reduction activities of law enforcement agents

In spite of the high levels of drug abuse in South Africa, accompanied by a strategy and action plan, there has not been enough campaigns aimed at reducing drug abuse and the related harm.

In 2003 the Department of Social development launched the campaign “Ke moja, I'm fine without drugs”. “moja” is a South African colloquial language which means “Fine” while “Ke” is the “Sesotho” language which means “I”.

In line with the National Drug Master Plan, “Ke moja I'm fine without drugs” main focus is on the primary prevention. “It attempts to curb the supply and prevent the new use of illicit drugs. The programme further works towards the protection and upliftment of all people and communities by promoting well-being and encouraging and supporting people to take pro-health decisions.” It is not clear how successful the programme has been, with many arguing that it was developed through a non consultative process and has thus not taken root in civil society efforts against drug abuse.

In 2010, the Department of Social Development launched an Anti-substance abuse campaign popularized through the name ‘No place for drugs in my community’. The campaign focused on awareness raising and promoting rehabilitation amongst those affected. The campaign gained insufficient momentum, except in the northern Cape where it was linked to fetal Alcohol Syndrome (FAS) due to high levels of alcohol abuse in that community. One of the objectives of the campaign was to promote debate and action around drug abuse. This was certainly not achieved at national scale.

Subsequent to this, DSD has launched small campaigns, often directed at the festive season and calling for action around substance abuse. The last of these was launched by the minister in 2015 under the banner ‘Vulnerable populations in emergencies’. Many of these seasonal campaigns are often overshadowed by many others from different stakeholders – which are aimed specifically at alcohol abuse. As a result of this, substance abuse, other than alcohol does not get the desired prominence.

Recently, the government launched a national campaign, known as **Operation Fiela/Reclaim.** **Operation Fiela-Reclaim** is a multidisciplinary interdepartmental operation aimed at eliminating criminality and general lawlessness in communities. The ultimate objective of the
operation is to create a safe and secure environment for all in South Africa through the prevention and combating of various crime types and addressing the safety concerns of the citizens of the country. This includes any possession and dealing in drugs. Although no formal evaluation of the campaign has been conducted – there is anecdotal evidence of success particularly in its other areas of focus such as confiscating counterfeit goods and unlicensed fire arms. The extent of its success in drug related abuse is however limited. Its focus in dealing with the criminal aspect of possession, with no specific education is another limitation.

The SAPS has also periodically stepped up their campaign around illicit drug use. Through the ‘Be Alert’ campaign, drug awareness has been prioritized – giving information on different drugs, their effects and dangers of addiction. The SAPS has partnered with SANCA who offer psychosocial support to drug users.

Several civil society organizations have also developed and implemented drug abuse related campaigns. National Youth Development Agencies has been involved in Anti-drug awareness campaign. At community level, these organizations tend to mushroom in high drug use communities, many of them emphasizing harm reduction – through promoting rehabilitation programmes. Whilst these tend to have some microsomal success – they often lack adequate support from law enforcement and exist in isolation from those aimed at addressing supply of drugs. Indeed, they are often overwhelmed by the continued supply of the drugs, resulting in addiction relapses.

The NPA has also partnered with the private sector in an Anti-Drug Campaign in Gauteng. The program has not been formally evaluated but continues to inspire private sector involvement in the fight against drugs.
The NPA Anti-Drug Campaign

The prosecutors working in the Soweto Court began to notice a pattern in their criminal cases, which linked children offenders to a history of drug or substance abuse. On a daily basis, these prosecutors noticed that many of the young people filtering through the criminal justice system shared this history and were in trouble as a direct result of it. This sparked the National Prosecuting Authority to create an Anti-Drug Campaign.

This campaign is a social responsibility drive run by the prosecutors. They embarked on a carefully structured campaign, which addressed substance abuse and revealed how children were being led into a life of crime due to addiction.

Bosasa, a private sector organization partnered with the NPA, giving the programme access to Youth Development Centres created in partnership with the Gauteng Department of Social Development. They are a safe place for children between the ages of 14 and 17 who are in conflict with the law.

The children at the Mogale Youth Centre, along with social workers, use drama as a vehicle to promote change within drug-stricken communities. The campaign was introduced to a wide range of schools where the children performed this drama production for their peers. It quickly became evident that telling others about their circumstances – for example, criminal charges and living in a detention centre – had a strong impact on many who saw the campaign. These children had all been involved in crimes and drug abuse themselves, which meant they were able to give compelling testimonies as to why 'crime doesn't pay'.

Other private sector initiatives include the Addiction Harm Reduction Compliancy, which is a value that commits individuals and companies to a set of Principles, Compliancy Solutions and Processes, which reduce the harm that addiction causes to society.
Section 7
Conclusion and Recommendations

It is clear that South Africa is beset with a drug use problem of great magnitude and disproportionate to other countries in the region. This calls for greater efforts and effective strategies in dealing with the drug problem. It also calls for a multi pronged approach targeting demand, supply and harm reduction. The following recommendations are made for different campaigns:

Social Mobilisation Campaigns

The following general recommendations are in order:

- Use the ecological framework as a basis for designing programmes and interventions to combat drug abuse.
- Design programmes that enhance parenting skills
- Within schools design curricula that builds social skills (life orientation)
- Community mobilisation should be an integral part of all drug abuse combating strategies
- Drug enforcement agents should be empowered with adequate resources to be effective

Advocacy Campaigns

In light of the drug use related challenges faced by South Africa’s youth, there is a need to design and implement robust interventions to mitigate the problems. Evidence in literature suggests that there is a need for more structured and evidence based campaigns which will be able to advocate increased focus and resources to combating drug use. The effort should be maintained throughout the course of the year, with campaign renewals at peak high recreational periods. These campaigns need to adopt the framework outlined in the South African Drug Prevention Master Plan in order for them to be easily monitored against the 3 pillars. In addition, the campaign should be multi disciplinary with a range of stakeholders as suggested in Table 5 below.

Table 4 Advocacy priorities for combating drug and substance abuse in South Africa’s youth

<table>
<thead>
<tr>
<th>National Advocacy Issue</th>
<th>Local advocacy issue</th>
<th>Key Stakeholders</th>
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</thead>
<tbody>
<tr>
<td>Demand reduction</td>
<td>Advocate quality health education through improvements in the life skills training offered in</td>
<td>Support community youth champions for coaching and mentoring in various activities</td>
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<tr>
<td></td>
<td>School based campaigns that increase awareness about drug, including regular drug raids at</td>
<td>Departments of Health, Education, Sports, Social Development and relevant sporting and cultural activity CBOs</td>
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<tr>
<th>Supply reduction</th>
<th>Lobby government for stricter laws and improved law enforcement of drug supply combating laws</th>
<th>Legislature, Departments of Justice, SAPS</th>
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<tbody>
<tr>
<td></td>
<td>Strengthen Community policing forums and broaden their scope of work and authority to include dealing with drug use in communities – both supply and demand</td>
<td>Engage community gate keepers and help promote active citizenry and social accountability including vigilance around reporting drug related activity in communities</td>
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<tr>
<td>Harm Reduction</td>
<td>Advocate policies that do not criminalize (but rather support) people found using drugs</td>
<td>Community campaigns aimed at reducing stigma and discrimination of former drug users and recovered addicts.</td>
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<td></td>
<td>Advocate increased access and resourcing of youth friendly drug rehabilitation centres</td>
<td>Increased information and strengthened referrals between schools, parents and rehabilitation centres,</td>
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<td></td>
<td>school including building the capacity of teachers to deliver the training</td>
<td>schools.</td>
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