

# SNAP-SHOT SURVEY REPORT ON SUBSTANCE ABUSE IN THE NINE PROVINCES IN SOUTH AFRICA

## **TABLE OF CONTENTS**

**A. PREAMBLE**

**B. PURPOSE OF THE SNAP-SHOT SURVEY AND THE BIENNIAL SUMMIT**

**C. METHODOLOGY**

**D. BACKGROUND INFORMATION ON THE EXTENT OF SUBSTANCE ABUSE IN SOUTH AFRICA**

**E. THE SNAP-SHOT PROCESS AND FINDINGS**

**F. SUMMARY OF PROVINCIAL SUMMIT DELIBERATIONS**

**G. CONCLUSION**

## **PREAMBLE**

It is essential here, first to define the leading department of the summit and its rationale for reaching a decision to commission a Snap-shot survey. The concept development is about growth (maturity) and orderliness (being organized).the department of Social Development in the cluster is mandated to demonstrably contribute to the process of growth and orderliness of human beings in totality. Each human being is a bio-psycho-social being whose daily functioning is influenced by both the person's past experiences and future aspirations. The Department of Social Development is concerned with the total person "from the cradle to the grave" (SABSWA) and the national skills

Development II: 2005-2010(on: line) irrespective of the nature of the needs and/o challenges that the person faces. The Department of Social Development therefore uses both the direct and the indirect intervention approaches in providing service. To achieve its mandate, the Department of Social Development cannot function in isolation but has to work in partnership with other specialist departments and entities, each of which concentrates on a single aspect in the person's life, for example, Departments of: Health, Justice, Education, and all others, hence the National Drug Master Plan provides for the partnership of the Department of Social Development and other National Departments and entities to collaborate in striving towards its vision: " a drug free society". The National Drug Master Plan is a parliament –approved national strategy to combat substance abuse. The National Drug Master Plan instructs the Central Drug Authority (CDA) to monitor activities and programs that respond to the United Nations' call to all nations, to actively and conscientiously participate in reducing substance abuse, by focusing on demand reduction, supply reduction and harm reduction. The national drug master plan mandates the Central Drug Authority to oversee and ensure that the country participates in undertaking the following tasks:

- Strive towards achieving the fulfillment of the vision of, "a drug free society".
- Reduce drug supply and demand at regional, national and international level.
- Reduce social, health and economic costs of substance abuse.
- Reduce related mortality and morbidity.
- Increase access to information and effective interventions.

## **PURPOSE OF THE SNAP-SHOT SURVEY**

The snap-shot survey on substance abuse was a need assessment exercise commissioned by the Minister of the Department of Social Development, the honourable Bathabile Dlamini as a pre-summit exercise of exploring the views of the people of South Africa on the scourge of substance abuse. The primary aim of the survey was to reach a substantially large sample of respondents in the door to door campaign on substance abuse in the country, in order to achieve the following objectives:

- To establish the extent to which awareness of substance abuse in communities has been created.
- To explore factual information from communities about the effects of substance abuse.
- To investigate the way in which communities can be mobilized to play an active role towards dealing with substance abuse.
- To engage communities in discussions on their needs and possible solutions around issues of substance abuse at provincial levels and subsequently to develop themes to be discussed at the biennial summit on substance abuse.

## **THE PURPOSE OF THE BIENNIAL SUMMIT IS TO:**

- Provide a platform for policy makers, donors, development agencies, civil society organizations and government officials to share lessons and experiences in the field of substance abuse.

- Enhance coordinated activities through collaborative efforts to support the vision of a Drug free society.
- Strengthen mechanisms to implement strategic initiatives that will ensure positive interventions of the vulnerable members of our society.
- Share and promote current good practices to reduce the harm and address the crime associated with substance abuse.
- Review progress, identify successes and lessons learnt in order to complement the guiding principles as set out in the National Drug Master Plan.

## **METHODOLOGY**

In the snap-shot survey, the scientific process of data collection, data analysis and presentation of findings was conducted with the use of a common tool (questionnaire) which was initially piloted in the Eastern Cape and subsequently modified and used in nine provinces. Research protocol (ethics and principles which embrace human rights for example, not to coerce respondents and to handle the data with utmost confidentiality were observed). The raw data is the property of the national Department of Social Development and is kept in the clearinghouse of the Central Drug Authority for future secondary research analysis.

Guidelines along which the snap-shot survey was to be conducted in each province entailed:

- Interviewing willing respondents who had been selected randomly during the door to door campaign;

- Gathering data and analyzing it as cost-effectively and timeously as possible within the specified time frame [2010.10.01-2010.12.31];
- Ensure that a random selection of respondents comprised of representatives from all districts in each province;
- Preserve all raw data and send to the Central Drug Authority clearinghouse for future secondary research.

### **Nature of research**

While demographic factors in the survey were to be presented statistically, the questions posed to the respondents were open-ended and could be analyzed qualitatively. The qualitative research approach refers to the collection of non-numeric, textual or narrative data (Hall, 2009: online). Qualitative data emanates from experiences, views and realities of respondents. The explorative component of qualitative research provides a descriptive picture of the problem under surveillance (Motseke in Francis et al, 2010). Such data is presented in text form. The quantitative research approach on the other hand, entails the statistical presentation of data gathered in an investigation. The data is presented in the form of tables and charts.

### **Implementation of the snap-shot survey process**

Due to financial and time constraints the tool that had originally been constructed for the snap-shot survey to test the experiences, views and realities of a sample randomly selected at Mdantsane in the Eastern Cape comprised of five

questions only. This tool was tested during a door to door campaign on substance abuse (during the substance abuse celebration days in June 2010). It was subsequently reviewed and modified at a workshop attended by provincial forums and Central Drug Authority representatives in Pretoria in September 2010.

## **BACKGROUND INFORMATION ON THE EXTENT OF SUBSTANCE ABUSE IN SOUTH AFRICA**

Information provided below is based on longitudinal research studies conducted by the MRC on a regular basis:

- Alcohol is the most abused substance in South Africa followed by cannabis.
- In 2007, 8% of South Africans were abusing alcohol/drugs.
- One in four pre-teens have experimented with psychoactive drugs.
- 8.4 %( 2.2 million) of the South African population used cannabis in 2004 and 3.2 million in 2008, an increased of nearly 20%.
- Opiates were used by 0.03 %( 0.8 million) of the population in 2004 in comparison with 0.10 million in 2008, a decrease of 20%.
- Cocaine was used by 0.8 % (0.21 million) of the population in 2004 and 0.29 million in 2008, an increase of 20%.
- ATS was used by 0.8 %( 0.21 million) of the population in 2004 and 0.32 million people in 2008, an increase of another 20%.

The following case study of the Northern Cape Province suffices to highlight the extent of substance abuse as it occurs semi-urban and rural areas:

- In 2003, the Department of Social Development conducted a study in the Northern Cape and found that 15% of the population were abusing alcohol, illicit drugs and over-the-counter drugs and needed intervention services,
- This study was conducted through the sampling of cases of 30 Non-Governmental Organizations (NGOs) and interviews with focus groups in communities.
- The John Taolo Gaetsewe District however had been excluded in the study.
- An assumption could also be made that poly drug abuse occurs amongst the 15% of the population,
- The study concluded that 30% of the population is in need of treatment services for substance abuse, however these were not available.
- Responses from 6.93% of focus groups during the study indicated that children start drinking between the ages of 5 -9 years.

In Siyanda, a specific study was conducted in 2006 due to the increase risk in the area caused by the wine production and grape farming in the area.

- 383 structured questionnaires were completed, six focus group discussions were held and secondary research was conducted during the research,
- The study found that 23% of the respondents indicated that they have an alcohol problem, whilst 14% indicated that they abuse illegal drugs,
- 33% of the respondents indicated that they started drinking alcohol at the age younger than 16 years
- These studies respectively found that alcohol abuse does have a causal relationship with:
  - Child abuse and neglect
  - Risky sexual behavior

- Crime
- Delinquency

A study into suicide in the province indicated that the depression experienced by 14% of the respondents was caused by alcohol use in the households where they live.

Research conducted by the Foundation for Alcohol Related Research on the incidence of the Foetal Alcohol Syndrome (FAS) revealed that 122/1000 children in De Aar and 73.8/1000 children in Upington had FAS, compared to 8/1000 in the USA and 54/1000 in the Western Cape.

#### **Problems experienced by children presenting FAS:**

- Disrupted school experience
- Trouble with the law – unconfirmed assumption that 50% - 70% of prison inmates might have FAS
- Inappropriate sexual behavior
- Alcohol and other drug problems
- Children and women abuse
- Domestic violence
- Gangsterism - delinquency

#### **Profile of mothers of children with FAS:**

- Heavy binge beer drinks
- Average age of 27 years
- More than 3 children - from the second child found to be affected
- Low religiosity - not regular church goers

- Poor education
- Unmarried

Using the Bucks Depression Inventory, it was found that of the mothers of children with FAS that were:

- 25% suffered mild depression
- 23% clinical depression
- 13% moderate
- 8% severe
- 20% normal

Respondents in the door-to-door snap-shot survey reaffirmed the fact that alcohol remains the most abused substance in South Africa. Cannabis was rated highly after alcohol and tobacco was rated as the third most abused substance. Glue and solvents were rated as fourth while medication was rated as fifth with cocaine and heroine equal at sixth place. Mandrax was specifically mentioned only by the Northern Cape Province. This indicates that in most informal settlements, rural areas and peri-urban areas where the door-the-door survey was conducted, it is the less expensive drugs that are commonly used and known while the more expensive drugs are unaffordable and perhaps not easily accessible.

## **SNAP-SHOT SURVEY PROCESS**

The process followed in this snap-short survey entailed data gathering with the aid of an interview schedule that comprised both open-ended and close ended questions. Each province had a choice as to the methodology they would

use with regard to analysis of data. Generally, however, demographic data was presented in statistical form while needs, experiences and views of respondents were presented in a non-numeric form.

### Data analysis of all provinces

Reports from the different provinces serve as appendices to this report [cf appendices 1-9]

Table 1 below indicates the areas of study, numbers and gender of respondents.

	Province	No.of Districts or regions surveyed	Name of Districts or Regions Surveyed	Number of male respondents	Number of female respondents	Gender of respondents unspecified	Total number of respondents
1.	Eastern Cape	3	Chris Hani District(100) Buffalo city Municipality(100) O.R Tambo District (100)	36 56 34	60 44 66		300 Males: 136(45%) Females: 164(55%)
2.	Free State	5				300	300
3.	Gauteng	5	Sedibeng(1190) Ekurhuleni(1281) Johannesburg (1453) West Rand(380) North Rand(1951)	581 377 201 741	609 575 179 1202	1281 503	6.257 Males: 40% Female:51% Unspecified: 9%
4.	KZN						
5.	Limpopo	5	Vembe (100) Mopani (100) Capricon (100)	185	325		500 Males: 185 (37%) Females: 325

			Waterberg (100) Sekhukhune (100)				(63%)
6.	Mpumalanga						
7.	Northern Cape	5	Francis Baard (39) Namakwa (21) Pixley Ka Seme (51) Siyanda (114) John Taolo Gaetsewe (47)	93	196	300	
8.	North West	4	Dr. Ruth Segomotsi Mompoti (130) Dr. Kenneth Kaunda (109) Ngaka Modiri Molema (131) Bojanala (112)			482 (Gender not specified)	482
9.	Western Cape						

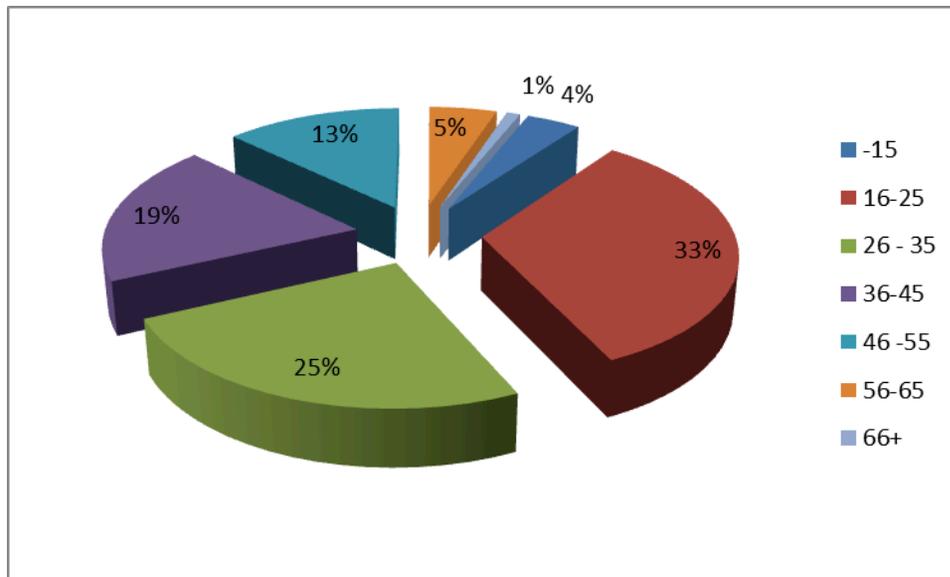
### Findings from the snap-shop survey

#### (i) Age

The majority (52%) of the respondents were youth in the 16-35 years range. These are persons who are in the child bearing and job-seeking stage, while some are still students. Any of the females who might be using or misusing substances is likely to give birth to a child who might have the Foetal Alcohol Syndrome.

**Respondents classified substance abusers as follows:**

**Age of the respondents**



11 – 15 =4%

16 – 25 = 33%

26 – 35 =25%

36 – 45 = 19%

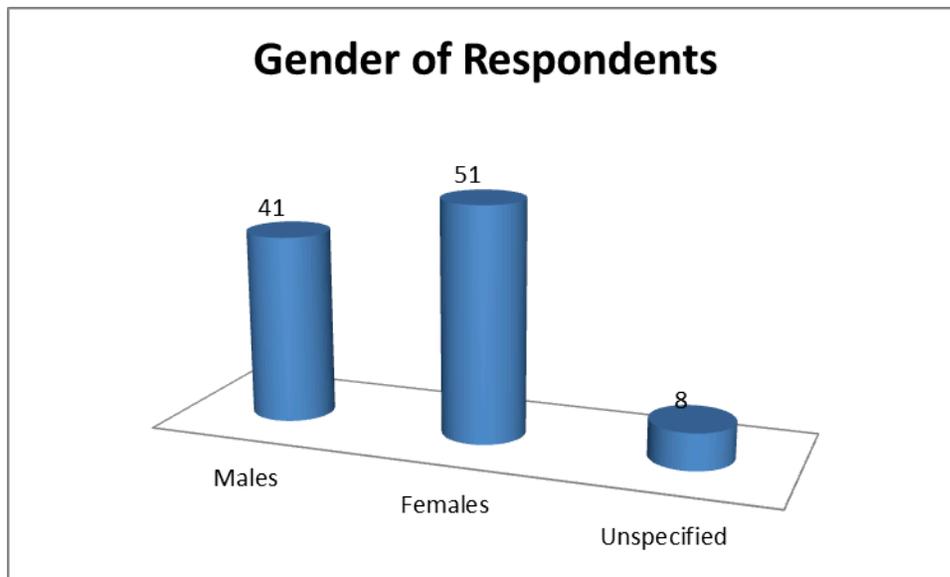
46 – 55 = 13%

56 – 65 = 5%

66+ = 1%

It is noticeable that the age of substance abuse is below the age of 10 years. In the Snap-shot survey 14% - children who abuse substances were said to be below the age of 15 years. In the entire study more than 55% were youth who ought to be in employment and also in the child bearing stage. This merits investigation on the impact of in the high unemployment rate and the extent of the foetal alcohol syndrome in all the provinces.

**(ii) Gender**



Females comprised the highest group (51%) while males comprised only 40% of the total: There were 9% of respondents whose gender was unspecified.

The majority (51%) of persons who participated in the survey were females who were:

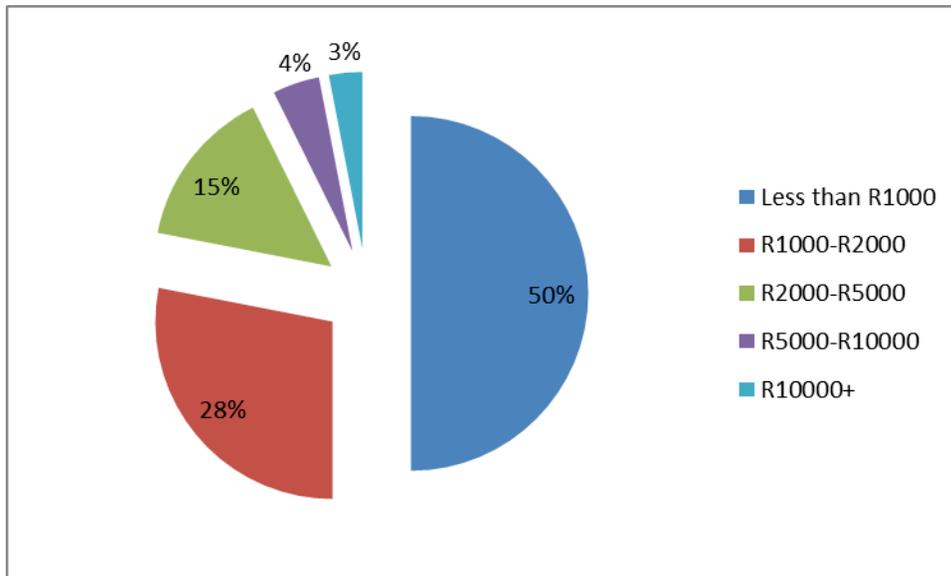
- either unemployed or self-employed
- living in poor conditions

None admitted to be personally abusing yet about 75% stated that there was someone in their families who abused substances.

### **(iii) Race of Respondents**

Only in the Gauteng Province were all racial groups included in the snap-shot survey. In the Western Cape only Coloured people were included in the survey while in the other provinces the door-door survey was conducted in mainly black residential areas.

**(iv) Household income**



More than one-half (59%) of the respondents reported their household income as less than R1000 per month. Of the remaining 41%:

23% reported their household income as R1000 - R 2000

12% reported their household income as R2000 – R5000

3.50% reported their household income as R5000 – R10000

2.50% reported their household income as R10000+

### **Knowledge about substances**

Respondent generally were knowledgeable about the effects of substance abuse and they voiced their concerns about what could be done to alleviate these. Deliberations in Provincial summits verified and re-affirmed needs pronounced by respondents. Resolutions were subsequently formulated to enable each Province to progress towards a writing mini-drug plan and reviewing the National Drug Master Plan.

The following responses were given to the question what do you know about substance abuse?

- Substance abuse causes Domestic Violence & Conflict
- Substance abuse is addictive
- Substance abuse is dangerous and poisonous. It causes anti-social behavior.
- Drugs cause death
- Drugs cause Crime (rape, theft vandalism, etc.)
- Drugs cause drop out and bullying at school

## SUMMARY OF PROVINCIAL SUMMIT DELIBERATIONS

### Challenges that were articulated were the following:

- Service Centres for substance abusers are insufficient, inaccessible and /or unaffordable (North West, Limpopo, Gauteng and Eastern Cape)
- Language used for community outreach is usually problematic. Posters and billboard messages are mostly in English. Snap-shot questions too were in English and the majority of respondents were not English speaking.
- Available Service Centres are mainly for adults. There are definitely no service centres for learners yet the age of substance abuse has declined to 8 years.
- Position of most provinces in South Africa exposes them to porous borders which are easily used for trafficking drugs.
- No visible policing nor drug control officers in most areas particularly in rural, peri-urban and informal settlements
- Lack of trust of SAPS officers which manifests in the form of people afraid of reporting drug traders and informal businesses that trade in alcohol, tobacco, and/or other drugs and even infringe the laws that forbid sale of alcohol and tobacco to minors.
- High Crime levels caused either by need to maintain addiction or as a factor of mindlessness when one is in a state of inebriation.
- There is poor control of sales of alcohol, tobacco and solvents to under-aged persons, this is even more pronounced in the licensed centres.

- There are too many licensed and unlicensed outlets of alcohol.
- Very high unemployment and poverty rates which require intervention means other than unmonitored licensing of taverns.
- There is need for coordination of efforts between Departments, as no single department can in isolation deal with the scourge of substance abuse, therefore, partnerships between education, security, health, sport and recreation, trade and industry and social development institutions toward “a drug free society” are essential.
- There is laxity of law-enforcement regarding substance abuse.
- Whistle-blowing is dangerous in South Africa, and people are afraid to report. Educators in particular must refrain from bystander effect which manifests in the form of under-reporting of misdemeanors around substance abuse at schools and tertiary institutions and ensure that learners, students and teachers who abuse substances on school premises are exposed.
- Programmes that address high levels of family disintegration and lack of parenting skills should be introduced either as Life Orientation Programmes (LOP) or extra-mural activities at school since teenage pregnancy is rife and mere children become parents and may even become grandparents before they reach the age of twenty eight.

### **Effects of drug s and alcohol**

Respondents alluded to the following factors as effects of drugs and alcohol

- Stress depression, negativity
- Violence/anger/fights, bad behavior/harassment
- Conflicts, disharmony and disintegration of families

- Poverty [failure to pay bills], financial problems
- Lack of respect bad behavior, lack of communication
- Drop out of school and work (job loss)
- HIV/AIDS and death
- Abnormal behavior

Domestic violence in particular was repeatedly emphasized so much that it was clear that this problem is prevalent and requires urgent attention from service providers.

### **Commonly used drugs in South Africa**

Respondents pronounced the following substances in the following order

- Alcohol
- Cannabis
- Tobacco
- Glue and solvents
- Medication
- Cocaine, Heroine, Mandra

It is noticeable that drugs like Nyaope, Whonga, Tik were not mentioned by the respondents, except in the Western Cape where Tik in particular was alluded to as a major problem. Respondents in the snap-shot survey regarded cannabis abuse as more problematic than tobacco abuse. Despite the common abuse of snuff particularly by women and children in rural areas, this problem was highlighted very scantily.

## Summary of Provincial summit findings

### What role can communities play to prevent substance abuse?

Discussions in the summit evolved around the following responsibilities to be undertaken by community members.

- Community members should be encouraged to report on drug dealers in a way that will not put them in harm's way
- Community awareness and mobilization campaigns should be arranged on a regular basis
- There should be active involvement of community Police Forums and Ward Councilors
- There should be close cooperation between police and communities
- There should be no sale of alcohol to children in all communities
- Parents should intensify responsibility of their children
- The community should play a role in closing down unregistered shebeens
- Involvement in programmes and CPF's should be intensified

### What can Government do to decrease alcohol and drug abuse?

- Strict implementation of law [for trafficking and trading)
- Police to be visible in communities
- Police to be available for action and must stop protecting drug lords
- Strict control of immigrants (especially Nigerians)
- Create jobs
- Raise taxes on alcohol and cigarettes
- Stop alcohol adverts
- Provide more drug education to all community members
- Prioritise substance abuse
- Increase participation and funds for projects
- Roll out more

- Close down illegal shebeens and taverns and arrest dealers
- Prohibit sales to unlicensed traders
- Build recreational facilities
- Build rehabilitation centres with easy accessibility to the people

### **Resolutions taken at the provincial summits**

The following resolutions were proposed in different provincial summits:

- Substance abuse should be high on the political agenda. Programmes should be promoted and lawmakers should provide resources to combat this scourge.
- Substance abuse should not be dealt with in isolation, but it should be addressed in the context of all social ills. These include, but are not limited to, HIV&AIDS, domestic violence and human trafficking. Therefore, there is a need for the development and implementation of integrated intervention strategies.
- Ke Moja and other prevention programmes, need to be strengthened, promoted and marketed. All forms of media should be involved in the campaign against substance abuse as they have a huge role to play in controlling the message sent to the public and young people in particular.
- There is a need to strengthen and support new and existing partnerships to ensure that they render maximum substance abuse services in the communities that they serve. Support to organisations located out in the rural and informal areas need to be prioritized.

- There is a need to increase the number of treatment centres in the provinces and facilities for women, youth and children should be established for primary, secondary and tertiary prevention.
- There is need to conduct regular situation analysis research in each province to facilitate development of appropriate programmes.
- There should be collaboration of departments involved in substance abuse so as to develop integrated plans in each province.
- Regarding drug trafficking, it was resolved that, all enforcement service providers should collaborate to develop integrated strategies and programmes to combat drug cultivation, trafficking and licensing of alcohol outlets

## **CONCLUSION**

Based on the responses of people who participated in the door-to-door mass mobilization campaigns and discussions held in the provincial forums the following issues need attention. The NDMP can be effectively implemented if the following are done:

- Government must prioritize substance abuse and the vision of the NDMP,
- Concentrated and structured coalitions should be established to develop intervention strategies,

- School should be declared and closely monitored to be safe and drug-free zones, to fortify supply-reduction efforts, reassurance of security for whistle-blowers is essential in order to reduce the by-stander effect at schools and in the community,
- Conscientious implementation of laws that are geared towards demands and supply of substances must be effected,
- A concrete infrastructure investment in the field of substance abuse should be made. This will entail reviewing the structure and authority of the CDA, Provincial Forums and Local Drug Action Committees,
- Collaboration between Departments, entities, NGO's and FBO's is essential as substance abuse affects all persons either directly (as abusers) or indirectly (as victims, dependents or guardians of abusers).