



# Substance Abuse in South Africa, its linkages with Gender Based Violence and Urban Violence

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CSV Fact Sheet on Substance Abuse  
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## WHAT IS SUBSTANCE ABUSE?

**DEFINITION:** The habitual, compulsive, excessive and harmful use of a substance, including illicit drugs, alcohol and prescription medication, which may lead to addiction and dependence and have psychological and physiological effects.

Substance abuse is a global phenomenon, and South Africa is not immune to this pervasive problem. While the state has enacted a number of policies and initiatives in an attempt to deal with substance abuse, it is important that South Africa designs programmes that are multi-pronged and evidence-based. It is equally important to note that the challenge for South Africa is located in the policy - implementation gap. This is further compounded by socio-economic challenges, evidenced by youth unemployment, lack of educational and recreational facilities in South Africa's townships, among other issues.

Substance abuse has a mammoth impact on users, their families and communities, resulting in a number of social, psychological and economic ills. These ills have a bearing on the family unit, health system, education, and community-relations. Moreover, substance abuse places an increased financial burden on the individual and the family; the destabilisation of the family unit - permeating every area of life; and affecting the very social fabric of society. With South Africa's high crime statistics, the linkages between (violent) crime and gender-based violence (GBV) on one hand and substance abuse on the other, should not be underestimated. Indeed, substance abuse transcends racial, class and gender divides and affects all areas of life, and this reality points to the fact that the problem is far-reaching and deeply entrenched.

## KEY FACTS ABOUT SUBSTANCE ABUSE:

- Approximately 7.06 % of the South Africa population abuses narcotics of some kind.
  - One in every 14 people are regular users (a total of nearly 4 million people)
  - Illegal drug consumption costs the South African economy 6.4% of the GDP (an estimated R136 billion per year)
  - The primary substance of choice among users: alcohol, tik, marijuana, nyaope (whoonga), cocaine, heroin, ecstasy.
  - Substance abuse can lead to physical and behavioural changes, namely: bloodshot or glazed eyes; bruises, infections, or other physical signs at the drug's entrance site on the body; sudden changes in a social network; dramatic changes in habits and/or priorities; financial problems.
  - Substance abuse and addiction is a complex disease. Substance abuse impacts the brain (changing its structure and function); therefore quitting is not simply a matter of "willpower".
  - Alcohol is the dominant substance of abuse in the Eastern Cape and the Central Region (Free State, North West and Northern Cape) while Cannabis is the most common substance of abuse in Gauteng and KwaZulu Natal.
  - Substance abuse exists in every walk of life regardless of gender, sexual orientation, race, ethnicity, employment, or economic status.
  - Going to work does not disqualify someone from being addicted to a substance. In fact, many addicts hold down jobs.
  - Drugs like heroin, cocaine, and methamphetamine have a reputation for being highly addictive, powerful, and dangerous. These "hard" drugs carry a well-deserved negative connotation because of their perceived risk, but these are not the only dangerous drugs. Substances such as alcohol, marijuana, ecstasy for example can have equally dangerous effects.
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## ROOT CAUSES OF SUBSTANCE ABUSE

### Family background:

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Family background has a bearing on substance abuse. Individuals who were raised in homes that were, for instance, affected by divorce and mental illness, and those who were raised in homes where illicit drugs and alcohol were consumed, are more likely to become users in adulthood. The logical basis is that life stressors in such homes may lead individuals to alcohol and other substances as a coping mechanism or an “escape” from their realities.

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Similarly, living in an environment in which drug use is commonplace may also contribute to addiction. People may see their neighbours buying drugs on the street, and they may walk by needles, vials and other drug paraphernalia on a regular basis. Calls from drug dealers might ring out through the night air, and the person might be approached by dealers on a regular basis. Once again, this behaviour can normalise drug use and make the person feel as though abuse is both common and harmless.

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Additionally, as both a function of history and contemporary challenges, the majority of South Africans, particularly youths continue to be socially and economically marginalised and disenfranchised. This marginalisation is a pull-factor for employed young people into gangsterism, particularly in the Western Cape. Gangs provide young people with a sense of belonging, as well as financial benefit as seen in the trade of illicit substances.

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### Influence of Peers:

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Peer pressure plays a great part in alcohol and substance abuse allowing young people to fit in with their peers and be socially accepted. Adults, however, can also be influenced by the people they live with. Spouses, for example, can provide a spur to drug use. If one spouse uses drugs, the other might join in, hoping to understand the allure. The once-sober spouse might also use drugs as a peace-making effort. Instead of fighting about the drugs, the two might use drugs together. While it might initially seem harmonious, this act can enable an addiction to blossom.

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## IMPACT OF SUBSTANCE ABUSE

Substance abuse impacts negatively on the user, their families and communities. Alcohol and illicit drugs damage the health of users and are linked to rises in non-communicable diseases, including HIV and AIDS, cancer, heart disease and psychological disorders. There are no limits on the impact substance abuse has on the health of users.

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Users are also exposed to violent crime, either as perpetrators or victims and are also at risk of long-term unemployment due to school dropout and foetal alcohol syndrome, and being in conflict with the law.

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The social costs for users are exacerbated due to being ostracised from families and their communities. In acute cases, users are at risk of premature deaths due to ill health, people involved in accidents as well as innocent drivers, violent crime and suicide.

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## DRIVERS OF SUBSTANCE ABUSE

### Urban Violence and Crime:

An individual that abuses drugs or alcohol runs the risk of their life spinning out of control. Judgment gets cloudy, rational thinking goes out the window, and what they know is wrong when they are sober may not seem so bad then when are high.

Globally drugs and alcohol are implicated in all types of crimes. It is estimated that approximately half of incarcerated persons were under the influence of drugs or alcohol or both when they committed their crime. Crimes of violence, for which inmates have been incarcerated, are particularly associated with drug and alcohol abuse. Most inmates serving time for a violent-crime admitted being under the influence of alcohol and other drug at the time of their offense.

In addition, drug-related violence takes three types: the systemic violence of drug-dealing organisations; the economic-compulsive violence that results from securing money to purchase drugs; and psychopharmacological violence, which is caused by the excitability, irritability, aggression, or paranoia associated with the physiological action of drugs.

Most drug abusers who enter the criminal justice system have limited resources. Unlike middle- or upper-class users, whose salaries allow them to purchase drugs, these inmates come mostly from the lower socioeconomic strata of society. They typically are unemployed or underemployed and have no savings or investments. And all the common ways for indigent drug abusers to get drugs put them at high risk of arrest. They can sell drugs and then keep some for their own use or use their earnings to buy other drugs.

Addicts can also commit property crimes to get the money to buy drugs. Almost 80% of inmates who are incarcerated for property crimes, their offense to get money for drugs, were under the influence of drugs at the time, and/or have a history of alcoholism, alcohol abuse, or regular drug use. Property offenders are more likely than other types of offenders to have committed their crime for drug money.

### Gender-based Violence

The relationship between substance abuse and gender-based violence in South Africa is acknowledged and well-documented. Studies linking alcohol consumption and intimate partner violence (IPV) have found that 45% of men and 20% of women were drinking during episodes of IPV.<sup>1</sup> In 2006 in South Africa, 70% of domestic violence cases were alcohol-related and a fifth of offenders arrested for rape reported that they were under the influence of alcohol at the time of the crime.<sup>2</sup>

Research shows that intimate-partner violence (IPV) is five times higher in relationships where one or both partners abuses alcohol.<sup>3</sup> Alcohol abuse among men, as well as intimate-partner violence, is often a manifestation of an underlying need for power and control related to gender-based inequalities and insecurities.

A key entry-point in dealing with gender-based violence, crime and urban violence may be in addressing drug and alcohol abuse. While substance abuse is not the underlying cause of such violence, it is often a critical catalyst for violence in South Africa. This issue, is further exacerbated in areas where gangsterism is prevalent, for example in the Western Cape. Indeed, the three-pronged challenge of gangsterism, substance abuse and violent-crime requires multipronged intervention strategies that include drug abuse components.

## PREVENTING SUBSTANCE ABUSE

Effective prevention of drug use addresses the vulnerabilities that put children and young people at risk of starting to use drugs or other risky behaviours.

Families can be one of the strongest protective factors in the lives of children and early adolescence. Poor parenting, family dysfunction, neglect and abuse are some of the strongest risk factors associated to a range of risky behaviours, including substance abuse.

Conversely, responsive and warm parenting and monitoring are among the strongest protective factors, even in poor and marginalized communities and family skills training programmes have been shown to be effective and cost-effective in preventing drug use, substance abuse, and other risky behaviours including violence.

While drug use prevention is effective when based on scientific evidence, too many prevention activities are, unfortunately, improvised and not evaluated.

1. Freeman, M. And Parry, C. (2006) Alcohol Use Literature Review, Johannesburg: Soul City

2. Ibid

3. Gondolf, E. W. (1995) 'Alcohol Abuse, Wife Assault, and Power Needs', Social Service Review, 69(2): 274-284.

## REGIONAL AND NATIONAL LEGISLATIVE FRAMEWORKS

### Regionally...

SADC has put in place 2 protocols that are aimed at combating and controlling the illicit flow of drugs in the region, namely:

SADC Protocol on Combating Illicit Drugs (1996)

SADC Regional Drug Control Programme (1998)

### Nationally...

The South African government has put in place measures that are aimed at combating illicit drug and alcohol use. For alcohol control these can be classified in four broad areas: (1) Policies that are aimed at restricting alcohol advertising, (2) Regulation on the sale of alcohol, (3) Alcohol taxation, and (4) Attempts to control the way in which alcohol is packaged. These are addressed through various laws:

Prevention of and Treatment for Substance Abuse Act No 70 of 2008 Regulations on Prevention of and Treatment for Substance Abuse Act

Inter-Ministerial Committee on Alcohol and Substance Abuse

National Drug Master Plan 2013 – 2017 (intended to complement the Committee)

National Liquor Act No 59 of 2003

## GOVERNMENT INTERVENTIONS

The government has also attempted to prevent or reduce alcohol abuse by developing policies and laws that:

Aim to restrict or set rules for alcohol advertising

Regulate the sale of alcohol (e.g. to people under the age of 18 or individuals needing a license to sell alcohol)

Increasing tax on alcohol, and

Attempt to control alcohol packaging (e.g. where alcohol and cigarettes must have health warnings on packaging).

In trying to restrict or set rules for alcohol advertising, alcohol should be advertised in a way that is not false or misleading and does not target youth and vulnerable groups. However, based on the fact that alcohol advertising is largely self-regulated by the alcohol, it is difficult to enforce these laws.<sup>4</sup> As a result, there are still advertising campaigns that tap into people's vulnerabilities – e.g. identity, masculinity, and status.<sup>5</sup> In 2009, however, the government placed restrictions on alcohol advertising by mandating that a health message appear on all alcoholic beverages.<sup>6</sup>

Looking at the Regulation of the Sale of Alcohol, the government has attempted to regulate the sale of alcohol by attempting to license shebeens. However, the government has found it difficult to prevent unlicensed shebeens from selling alcohol, with many shebeens continuing to remain unlicensed.<sup>7</sup> The Gauteng provincial government also proposed a law in 2013 that would limit the sale of alcohol on a Sunday. While such a law was in place in the past, this law was mainly for religious reasons and not for reasons of public health. Finally, the national government again recently considered limiting the sale of alcohol by changing the legal drinking age from 18 to 21 years old.<sup>8</sup> This proposed change is still open for public debate and comment. The third measure that the government has used to prevent or limit alcohol consumption is alcohol taxation.

<sup>4</sup> Charles D. H. Parry, 'Alcohol Policy in South Africa: A Review of Policy Development Processes between 1994 and 2009', *Addiction* 105, no. 8 (1 August 2010): 1340–45, doi:10.1111/j.1360-0443.2010.03003.x.

<sup>5</sup> Soul City, *Alcohol Marketing in South Africa: A Resource Guide for Journalists*. (Johannesburg: Soul City, 2011), <http://www.soulcity.org.za/projects/phuzawize/literature-review/Journalists%20Briefing%20Booklet%20on%20Alcohol%20Advertising.pdf>.

<sup>6</sup> Parry, 'Alcohol Policy in South Africa'.

<sup>7</sup> Ibid.

<sup>8</sup> Jan Gerber, 'The State Wants to Raise the Legal Drinking Age to 21. Here's Why', *CityPress*, 4 October 2016, <http://city-press.news24.com/News/the-state-wants-to-raise-the-legal-drinking-age-to-21-heres-why-20161003>.





## WHERE TO GET HELP

### Admitting

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As the saying goes, “The first step to recovery is admitting that you have a problem.” Denial is a large part of addiction, and breaking through self-deception can be very difficult. Drug-dependant people often have to reach a low point before they will accept that their drug use is a serious problem in their life. This low point may be different for different people, and it could be as simple as realising you are neglecting other hobbies, or as serious as legal trouble, divorce, or losing everything.

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### Treatment

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There are different types of treatment that are available to people who may be struggling with drug addiction. The following points are some of the things that could be considered when considering which treatment would be suitable:

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The stage of drug use (experimentation, abuse or addiction). A person who has experimented with a drug would need a different type of intervention to someone who is abusing or is addicted to drugs. For example, a person experimenting with drugs may need some education around the effects of drugs, a conversation with caregivers, and support around assertive refusal skills to avoid peer pressure, boundaries and monitoring. However, a person addicted to drugs needs to receive in-patient treatment, if possible, or out-patient support.

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### Informal Interventions

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Finding the time to speak to a family member when they are not intoxicated. This is because a user is more emotionally unstable and irrational when they are high.

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It is important to have this conversation as soon as you expect that a member of the family is abusing drugs and/or alcohol. Family members often find this difficult because they do not want to believe that the loved one is using drugs. While it is difficult, it is crucial to approach this conversation in a constructive and supportive manner. It is also important to approach this conversation in a more direct way.

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Mention the changes that you have observed and continue to continue to monitor the affected individual. It is important to be able to express your concern in a calm way and to say that you would like to go with him/her to get more information or advice from an organisation like SANCA.

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### In-Patient Treatment or Rehabilitation

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This can include either short-term or long-term drug rehabilitation programmes. Both short and long-term programmes can also not guarantee success or that people will stay clean or stop using drugs after attending rehabilitation programmes. This is because drug abuse and addiction are chronic relapsing conditions, where users often relapse or return to drugs a number of times, over different periods of time, before they either achieve total abstinence. However, being able to achieve abstinence or being clean from drugs, often depends on other factors as well. Unfortunately, many programmes do not change the environments that people return to and so many people may continue to experience difficulties, such as unemployment, lack of educational opportunities, which increase the risk of relapse. It is for this reason therefore, that socio-economic challenges and youth marginalisation needs to be addressed, particularly in township and rural areas where underdevelopment and economic exclusion is more pronounced. This is crucial for curbing the social costs for substance abuse – including, but not limited to gender-based violence, crime, and urban violence.

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There is also a national shortage of government subsidized, affordable drug rehabilitation centres in South Africa. This means that there is often a waiting list of about three to six months for those who cannot afford rehabilitation.

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Finally, it is important to note that in-patient treatment programmes are often more successful when people leaving these programmes continue to be supported in out-patient support programmes.

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### Out-Patient Drug Rehabilitation Programmes

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These programmes do not require that a person resides or stays in a rehabilitation facility. Those who are attempting to recover from drug abuse or addiction may meet between once a week or each weekday. The programmes may include drug testing, education around drugs, a 12-step programme, life skills programmes, and support groups that aim to assist group members in avoiding relapse. Many of these programmes also offer support groups to parents, where they too have the opportunity to learn about drugs and how to maintain accountability and support those recovering from drug abuse or addiction.

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## SANCA

The South African National Council on Alcoholism and Drug Dependence (SANCA) is a non-profit organisation that works in the field of prevention and treatment of chemical dependence in South Africa through the provision of specialised, accessible prevention and treatment services. SANCA provides in-patient treatment services; out-patient treatment services; diversion programs; statutory services; and aftercare therapy programmes.

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### Contact Information:

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→ Toll Free Number: 086 14 SANCA (1472622)

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→ WhatsApp Number: +27 (0) 76 535 1701

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→ Email: [sancanational@telkomsa.net](mailto:sancanational@telkomsa.net)

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For more information about SANCA centres across the country visit:

<https://www.sancanational.info/contact>

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## NA

Narcotics Anonymous (NA) South Africa is a non-profit society of individuals for whom drugs had become a major problem. The society consists of recovering addicts who meet regularly to help each other stay clean.

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### Contact Information:

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→ National Helpline: 083 900 MY NA (69 62)

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→ Email: [pr-chair@na.org.za](mailto:pr-chair@na.org.za)

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For more information about NA meetings in Gauteng, Kwazulu-Natal and the Western Cape visit:

<http://www.na.org.za/helpline>

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## AA

Alcoholics Anonymous (AA) South Africa is a society of individuals who help each other stay sober. They offer the same help to anyone who has a drinking problem and wants to do something about it.

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### • Contact Information:

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→ National Helpline: 0861 HELP AA (435 722)

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→ Email: [gso@aasouthafrica.org.za](mailto:gso@aasouthafrica.org.za)

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For more information about AA meetings across the country visit:

<http://www.aasouthafrica.org.za/Meetings.aspx>

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## ABOUT CSVR

CSVr is a multi-disciplinary institute involved in research, policy formation, psycho-social rehabilitation, service delivery, education and training, as well as providing consultancy services. The primary goal of CSVr is to use its expertise in building reconciliation, democracy and a human rights culture in preventing violence in South Africa and in other countries in Africa.

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## ABOUT THE CSVR CLINIC

The trauma clinic consists of professionally trained clinicians who provide individual, group and family counselling to victims of torture. CSVr has developed an African Rehabilitation Model which is a contextually-informed, evidence-based psychosocial model for the rehabilitation of torture victims. CSVr provides training, capacity-building and awareness raising to help people understand the effects of trauma and torture and to break the cycle of violence.



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