PRESENTATION ON SUBSTANCE ABUSE
12 NOVEMBER 2010
PURPOSE OF PRESENTATION

To brief ANC women’s league on:

- Magnitude of drug problem
- Causes of drug use/ abuse
- Substance abuse programmes
- Conclusion
THE NATURE OF THE DRUG PROBLEM IN SA

Percentage of population using illicit drugs in South Africa

- Cann
- Op
- Coke
- ATS

- World
- SA 2004
- SA 2006
SITUATION ANALYSIS

- Alcohol is the most abused substance in SA followed by cannabis
- The age of first use of alcohol and other drugs has dropped to nine years
- 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 increase of nearly 20%.
- Opiates were used by 0.03% (0.08 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%.
• SA Revenue Service indicated that the direct cost of drug use in 2005 was roughly R101 000 million.
• The social cost of illicit drug use calculated using international data was approximately 6.4% of GDP or about R136 380 million annually.
• According to the 2nd South African National Youth Risk Behavior Survey 2008, Western Cape, Gauteng, Free State and North West reported the highest rates of alcohol consumption.
• Limpopo and Western Cape had more female learners than male learners who used alcohol in their lifetime.
• **Alcohol:** Alcohol is and remains the primary drug of abuse in South Africa.
• Indications are that between 7.5% and 31.5% of South Africans have an alcohol problem or are at risk.
• Risk drinking during weekdays involves on average 7.5% of the population, and is more prevalent at weekends (“binge drinking”) with an average of 31.5% of those aged between 25 and 54 at greatest risk.
• Alcohol abuse of this nature costs the country in the region of R10.1-billion each year. Average per capita consumption of alcohol by the population approximates 20 litres per annum, ranking it among the highest in the world.
THE NATURE OF THE ALCOHOL PROBLEM IN SA

- Problem Drinkers (1.97 m)
- 3-5 Standard Units daily
- Risky Drinkers 10% (3.3 m)
- Low Risk Drinkers 15% (4.9 m)
- Not Currently Drinking (85%) 19.2 million

Cost to the country: Rbn 8.7-17.4 per year
DRUG USERS IN SA IN MILLIONS

PROBLEM USERS
235 777

DIRECT COSTS
R10bn pa

Ray Eberlein 2008 Version
ILLICIT DRUG USERS

- Approximate illicit drug users in SA (in millions)

- Cannabis
- Opiates
- Cocaine
- ATS

2004 2005 2008
CAUSES OF SUBSTANCE ABUSE??

- **Risk factors**— are those which increase an individual’s risk of taking drugs.
- As a general rule, the greater the number of risks the persons experience, the greater the likelihood of drug use problems occurring.
- Research has pointed out to the existence of certain factors that increase people’s risk of using drugs as well as factors which act to protect them from doing so.
INDIVIDUAL FACTORS

• Individual factors include low self esteem, poor self control, inadequate social coping skills, sensation seeking, depression, anxiety and stressful life events.
• Certain risk factors could include:
  • Being male (world wide more men than women use drugs)
  • Being young (when one is young, one is constantly struggling to define and affirm identity. In the course of the process young people often start experimenting as part of their search for an identity
  • Genetic factors (there are people who are genetically predisposed to becoming addicted)
  • Mental health (research demonstrated that there is high incidence of drug abuse in psychiatric patients as well as a high incidence of mental disorders among drug abusers entering treatment)
  • Poor personal and social skills (underdeveloped personal and social skills put a person at greater risk of substance use)
INDIVIDUAL FACTORS CONT...

- **The family**
  - Risk factors would include family disruption, ineffective supervision, criminality and drug use in family
  - There is a risk factor if family members is being abused mentally, physically or sexually.

- **Peer networks**
  - Social interaction with friends and peers may provide opportunities for drug use or may encourage or support this type of behaviour
  - Peer networks are important support mechanisms and he or she may go to great length to maintain acceptance and status in it

- **Social and environmental milieu**
  - Situations where there are few or no job opportunities have been associated with the risk of drug use
  - Widespread availability of drugs
  - Media and advertising play an important role in promoting lifestyles in general and the inappropriate use of drugs
• **Protecting factors**
  Protecting factors are those which generally reduce the likelihood of experimenting with drugs, such as:
  • **#Family factors** (bonding and positive relationships)
  • **#Education factors** (in the case of children, high education aspirations and good teacher-student relationships)
  • **#Individual characteristics** (high self esteem, low inclination to be positive, high degree of motivation)
  • **#Personal and social competency** (feeling in control of one’s life, optimism, willingness to seek support)
INTERVENTIONS FOR DSD

- **Demand Reduction:** is concerned with services aimed at discouraging the abuse of substances by members of the public;
  - Demand reduction includes strategies such as: prevention, early intervention, treatment, reintegration and after care

- **Harm Reduction:** which for South Africa is limited to the holistic treatment of service users and their families, and mitigating the social, psychological and health impact of substance abuse;
  - Harm reduction includes the following strategies: **Treatment**
Community Mobilization campaign

Objectives

• To create awareness about substance abuse in communities.
• To provide factual information to communities about the effects substance abuse.
• To change communities’ attitudes about substance abuse.
• To assess needs of communities with regards to interventions
• To mobilize communities to play an active role towards dealing with substance abuse
Objectives cont..

• To stimulate debate about substance abuse issues through Provincial Summits.
• To galvanize communities to attend and participate in the 2nd Biennial Substance Abuse Summit.
• To promote integration and coordination of service delivery in the field of substance abuse.
Phases of the programme

Community mobilization activities are divided into phases and are taking place in the following format:

• Pre Summit activities: Activities prior to the 2nd Biennial Substance Abuse Summit

• Post Summit Activities: Activities guided by the declaration and resolutions taken during the Summit
Pre summit activities

**PHASE 1**

- Established National, Provincial and Local Task Teams to coordinate and facilitate community mobilization projects and Provincial Summit
- Briefing of the Ministers whose departments are the members of the Central Drug Authority was done
- Briefing of stakeholders done to seek their support, involvement and participation in the programme
- Identified pre-summit and post summit activities
- Identified areas of mobilization at provincial and local level
- Developed National and Provincial plans for community mobilization
PHASE 2

- Developed media statements
- Launched the campaign on the 14th October 2010 in NC
- National Media campaign
- Developed data gathering instrument/ questionnaire to be used during Door-Door campaign
- Identified key role players and their roles during Door –Door campaign by provinces
Pre summit activities cont...

PHASE 2 cont...

• Orientated of volunteers in the administration of the data collection instrument/questionnaire
• Allocated officials and volunteers from National, Provincial and community level to conduct Door-Door campaign
• Door to door campaign (most provinces are already analyzing data collected during door-door)
• Development of themes for the Provincial Summit based on the door – door reports
• Two provinces already held provincial summit (NW, FS) Confirmed dates are as follows: GP-25-26 Nov 2010; EC-24-25 Nov 2010; NC-16 Nov 2010; Limp-02 Dec 2010; MP-27 Jan 2010; WC-26th Nov 2010; KZN-to be determined
Pre summit activities cont...

**PHASE 3**
- Provincial media briefing and/or interviews
- **Provincial Summit**
  - Media briefing to inform the public about the outcome of the Provincial Summit and the way forward.
  - Compilation of the provincial report in preparation for the National Summit
Pre summit activities cont...

PHASE 4

• National Media campaign
• Media briefing and/or interviews
• March Against Drug Abuse and Illicit trafficking in KZN as a host province
• 2nd Biennial Substance Abuse Summit hosted
• Compilation of Summit Report
Post Summit Activities

PHASE 5

• Media briefing to inform the public about the outcome of the National Summit and the way forward.
• National and Provincial workshops to develop an action plan to implement resolutions
• Communication of the action plan to the three spheres of government
• Implementation of the action plan
Summary of activities

- Door to Door Campaign to create awareness
- Survey on the needs and challenges of the community
- National and provincial media launches
- Media campaign: TV, radio, cell phone messages, pamphlets, website, posters
- Media interviews
- Youth dialogue
- Women Prayer groups session
- Provincial summits
- National summit
- Feedback to the public
- Post summit workshops
Key stakeholders

- Unions
- Farmers associations
- Liquor boards
- Municipalities
- NGO’s in the field of substance abuse
- Traditional leaders and healers
- CDA and Other government departments
- Ambassadors for substance abuse
- Artists and other interested soccer icons
- UNODC,SABC
- Business partners
- Provincial forums and local drug action committees
- Communities
Ke Moja Awareness Raising Campaign

- Ke moja is a government programme aimed at creating awareness, increasing understanding and capacitating youth to deal with challenges relating to substance abuse.
- Target groups: primary = youth in and out of school
  secondary = parents, teachers, and school governing bodies
Ke Moja Awareness Raising Campaign cont...

- The following are the activities of the campaign:
  - Road show
  - Capacity building
  - Media campaign
  - Commemoration of international day against drug abuse and illicit trafficking
Ke Moja Awareness Raising Campaign cont...

• **Road show;** aimed at physically reaching out to people on the ground thorough door to door visits, dialogues and debates sports, arts etc

• Target groups: Children, youth, adults

• Lead department: Social Development

• Role players include: state departments at three spheres of government, CBOs, NGOs, community, business sector, political and traditional, leaders, FBOs, State entities, eg National Youth Development agency etc
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Ke Moja Awareness Raising Campaign cont...

- **Media campaign** aimed at providing information and creating understanding about the effects of drugs and related facts through print and electronic media such as newspapers, booklets, magazines, pamphlets (also in Braille), cell phone SMS, radio, TV, billboards.
- **Targets:** children, youth, adults, drug dealers, shebeen owners.
- **Lead department:** Social Department
- **Role players:** government departments, business sector, media, political heads, Ke moja ambassadors
Ke Moja Awareness Raising Campaign cont...

- **Commemoration of international day against drug abuse and illicit trafficking** to remember those died of substance abuse, abusing and affected by substances, and calling upon communities to stand together and fight the scourge of substance abuse

- Target: communities, youth, children and adults

- Lead department: Social Development

- Role players: government departments at three spheres of government, political and traditional leaders, FBOs, NGOs, CBOs, business sector, Ke moja ambassadors',

- Date: June 26
Foetal alcohol programme

- **Foetal alcohol programme**: aimed at preventing FAS and ensuring that children suffering from it receive the necessary services and enjoy their human rights
- **Targets**: pregnant women, alcohol drinking women and mothers with children with FAS condition
- **Methodology**: media campaign (round table discussion in partnership with stakeholders), capacity building, medical services
- **Lead department**: Health and Social Development
- **Role players**: government departments (health professionals, social workers etc), academics, NGOs etc
COORDINATION MECHANISM

National Level
• The services are coordinated through the CDA in implementing programmes, policies, legislation and strategies
• Prevention (awareness and education) is also coordinated by DSD with key stakeholders
• IMC Convened by Minister of Social Development being established to look at substance abuse related issues and to be supported by interdepartmental technical team at the level of Chief Directors

Provincial Level
• Provision of secretariat support to provincial forums
• Financial and technical support to both provincial forum and Local drug action committees
• Consolidation of reports and integrated mini drug master plans for provinces
CONCLUSION

- Support of the women’s league is requested to join hands in the fight against substance
- Assist by creating awareness in communities and in different structures about the dangers of substance abuse.
- Participate in provincial and national summits planned
- The department to give regular progress on the campaign and the summit
Thank you