

# POLICY BRIEF: ALCOHOL, SUBSTANCE ABUSE AND GENDER BASED VIOLENCE IN SOUTH AFRICA



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## Fact Box

- Substance abusers mostly choose alcohol, tik, marijuana, nyaope (whoonga), cocaine, heroin and ecstasy.
- It is estimated that up to 60% of crimes committed in South Africa, involve the abuse of alcohol and drugs.<sup>1</sup>
- One in every 14 people are regular substance abusers (a total of nearly 4 million people).
- Approximately 7.06 % of the South African population abuses narcotics of some kind.
- Alcohol is the dominant substance abused in the Eastern Cape and the Central Region (Free State, North West and Northern Cape) while Cannabis is the most commonly abused substance in Gauteng and KwaZulu Natal.
- Illegal drug consumption costs the South African economy 10% of the GDP (an estimated R37,9 billion per year).<sup>2</sup>
- Alcohol abuse (25%), drug abuse (20%), and unemployment (16%) are most widely seen as the main cause of gender-based violence in South Africa.
- Women are more likely than men to report feeling unsafe in their neighbourhood and fearing crime in their home due to alcohol and substance abuse.
- Drug consumption in South Africa is estimated to be twice the world norm.
- Males over the age of 20 are the biggest abusers of alcohol and male youths are the main abusers of cannabis.

**Definition:** According the World Health Organization, substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Substance abuse has negative health consequences for users and it puts a heavy financial burden on individuals, families and society at large.

## Synopsis

Substance and alcohol abuse is a global problem, and South Africa is not immune to this pervasive problem. The country ranks among the top countries that experience substance abuse. 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, such as youth unemployment, lack of educational and recreational facilities, especially in South Africa’s townships, among other issues. Substance abuse has a mammoth impact on users, their families and communities, resulting in numerous social, psychological and economic ills. These ills have a bearing on the family unit, health system,

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<sup>1</sup> VAN WYK, C. (2011) *The Burden of Disease: Substance Abuse in South Africa*. Available at: <https://www.walshmedicalmedia.com/open-access/the-burden-of-disease-substance-abuse-in-south-africa-jop-14-365.pdf>. [Accessed on 22 March 2022].

<sup>2</sup> RHODES UNIVERSITY. (2018) *Substance Abuse costs SA Billions*. Available at: <https://grocotts.ru.ac.za/2018/08/16/substance-abuse-costs-sa-billions/> [Accessed March 29 2023]

education, and community relations. Substance abuse places an increased financial burden on the individual and the family unit, and this further affects 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; the problem is far-reaching and deeply entrenched.

This policy brief focuses on the interconnectedness of alcohol and substance abuse to gender-based violence, with a focus on Gauteng province in South Africa. The paper gives a synopsis of alcohol and substance abuse in South Africa, their root causes and impact, the legal framework that aims at addressing the issue of substance abuse in the country, and the role of civil society organisations.

## Overview

South Africa is by far the largest market for illicit drugs entering Southern Africa. Its relative affluence within the region makes it a tempting emerging market in its own right. The country's geography, porous borders and international trade links with Asia, Western Europe and North America have made it an attractive drug transit country. Drug trafficking and abuse have escalated in recent years, with the point of escalation traceable to the liberalisation of most aspects of society in the years immediately surrounding the country's first democratic elections in 1994. South Africa is among the top 20 countries that consume the highest amounts of alcohol, according to the World Health Organization.<sup>3</sup> Nationally, 10.3% of the adult population (15 years and older) are estimated to consume alcohol at harmful levels (16.5% of men and 4.6% of women) and 8.6% (13.3% of men and 4.1% of women) are estimated to use illicit drugs.<sup>4</sup>

The challenges associated with substance abuse continue to be exacerbated by socio-economic and developmental factors and because<sup>5</sup> South Africa is one of the world's largest producers of drugs such as cannabis. Most of this is consumed regionally, with shipments also going to the Netherlands and the UK. Since such drugs are easily accessible,<sup>6</sup> this further worsens the situation. Substance consumption and alcohol abuse remain problematic issues among South African youth, especially in informal settlements and townships.

The most common drugs that dominate the market include dagga, mandrax, cocaine, ecstasy, and heroin. A popular drug in the Gauteng Province is *nyaope* which is a mixture of hard drugs,

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<sup>3</sup> WORLD HEALTH ORGANISATION (2018) *Global status report on alcohol and health 2018*. Available at: [Global status report on alcohol and health 2018 \(who.int\)](https://www.who.int/publications/m/item/global-status-report-on-alcohol-and-health-2018) [Accessed 25 March 2023].

<sup>4</sup> PENGPID, S., PELTZER, K. & RAMLAGAN, S. (2021) 'Prevalence and correlates of hazardous, harmful or dependent alcohol use and drug use amongst persons 15 years and older in South Africa: results of a national survey in 2017', *African Journal of Primary Health Care and Family Medicine* 2021;13(1):e1–8. Available at: <https://doi.org/10.4102/phcfm.v13i1.2847>.

<sup>5</sup> ROCHA-SILVA, L. (1997). Drug use within the context of other socioeconomic conditions in South Africa (unpublished research report). Pretoria: HSRC.

<sup>6</sup> PELTZER, K. & RAMLAGAN, S. (2007) 'Cannabis use trends in South Africa', *South African Journal of Psychiatry* 13(4): 126-131.

HIV medication and other household substances.<sup>7</sup> According to the South African Community Epidemiology Network on Drug Use (SACENDU) statistics, the majority of substance abusers abuse alcohol. In Gauteng half the patients admitted to treatment centres reported alcohol as their primary drug of abuse. Between the period January to June 2008, 2 768 people were admitted to treatment centres in Gauteng and 1 301 of these admissions were for treatment of alcohol abuse. Studies have consistently shown that high levels of alcohol use are linked to increased levels of gender-based violence against women.<sup>8</sup>

South Africa is named as having the highest level of adult per capita alcohol consumption in Africa.<sup>9</sup> Despite the high tax placed on alcohol, it remains easily accessible to most citizens including children. The relationship between substance abuse and gender-based violence in South Africa is acknowledged. 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. In 2006, South African police, reported that 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>10</sup> In Gauteng province, intimate-partner violence (IPV) is five times higher in relationships where one or both partners abuses alcohol.<sup>11</sup>

Research shows that alcohol abuse plays a role in almost 60% of road deaths in South Africa, with most cases of driving under the influence of alcohol or drugs being found in Gauteng. Alcohol abuse among men, as well as IPV, are often a manifestation of an underlying need for power and control related to gender-based inequalities and insecurities. Addressing issues of gender-based violence, requires reduction in alcohol and substance abuse.

## Causes of substance abuse in South Africa

There are several factors that contribute to alcohol and substance abuse in Gauteng Province and these include:

- **Poverty and unemployment** - Because of unemployment and financial struggles, many families in South Africa, are living in conditions of extreme poverty and this has impacted the lives of many people, especially young people, as they have nothing to do and they end up resorting to substance abuse.<sup>12</sup>

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<sup>7</sup> DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT, Gauteng Provincial Government. Available at: (<http://www.gpg.gov.za>) – this webpage doesn't exist – I found this one: <https://www.gauteng.gov.za/> but I think you need a more direct reference.... there are many articles on nyaope etc

<sup>8</sup> STATISTICS SOUTH AFRICA. (2016) *South Africa Demographic and Health Survey 2016: Key Indicator Report*. Retrieved from Pretoria: <http://www.statssa.gov.za/publications/Report%2003-00-09/Report%2003-00-092016.pdf> [Accessed 25 March 2023]

<sup>9</sup> MPANI, P. M. (2015). 'Alcohol related violence in Kuruman in the Northern Cape Province.' Available at: <https://www.saferspaces.org.za/resources/entry/alcohol-related-violence-in-kuruman-in-the-northern-cape-province> [Accessed 25 March 2023]

<sup>10</sup> FREEMAN, M. AND PARRY, C. (2006) 'Alcohol Use Literature Review', Johannesburg: Soul City. Available at: <https://www.soulcity.org.za/projects/soul-city-series/soul-city-series-8/literature-review/alcohol-use-literature-review/@download/file/Alcohol%20Use%20Literature%20Review.pdf>. [Accessed 25 March 2023]

<sup>11</sup> GONDOLF, E. W. (1995) 'Alcohol Abuse, Wife Assault, and Power Needs', *Social Service Review*, 69(2): 274-284.

<sup>12</sup> ROBERTS, M., KLEIN, A. AND TRACE, M. (2003) 'Global policies on illegal drugs.' Beckley Report One. London: Drug Scope.

- **Availability and affordability of substances** - Despite the regulations which prohibit alcohol from being sold to under-age children, drugs and alcohol seem to be easily available and affordable for everyone. For this reason, young people get to abuse drugs and alcohol simply because they are easily available and affordable.<sup>13</sup> Drugs are sold everywhere in South Africa, including schools, and on almost every corner of community.
- **Peer-Influence** - The fear of being rejected by peers often influences decisions and choices regarding engaging in certain activities. Individuals often believe that they will earn the respect of their friends and peers and be viewed more favourably if they follow what is being perceived as a social norm, as in the case of substance use.<sup>14</sup>
- **Domestic violence** - People who are usually mistreated at the hands of their partners or families have a high probability of being involved in substance abuse. All forms of mistreatment are regarded as possible influences leading to illicit drug use. Young people who have been abused sexually and physically have a higher rate of using drugs. Substance abuse is seen as a way of dealing with these traumatic incidents.<sup>15</sup>
- **Family members using/abusing substances** – Often the reason young people become substance abusers, is because they were raised in families where members of the family abused drugs and alcohol.<sup>16</sup>

## Impact of alcohol and substance abuse

Substance and alcohol abuse impacts negatively on the user, their families and their 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. Users are also exposed to violent crime, gender-based violence, either as perpetrators or victims and are also at risk of long-term unemployment due to school dropout and fetal alcohol syndrome and being in conflict with the law. The social costs for users are exacerbated due to being ostracised by families and their communities. In acute cases, users are at risk of premature death due to ill health, road accidents, depression often resulting in suicide as well as violent crime.

## Legal Framework

The post-apartheid government inherited policies influenced by international drug policy frameworks. South Africa was (and remains) a signatory to the Single Convention on Narcotic

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<sup>13</sup> NATIONAL SURVEY ON DRUG USE AND HEALTH (NSDUH). (2010) Available on: <http://www.samhsa.gov/newsroom/advisories/1109075503.aspx> [Accessed: 25/11/2022]. – SAYS – PAGE NOT FOUND – PLEASE CHECK AGAIN

<sup>14</sup> HOBERG, S.M. (2001) 'Adolescent substance abuse: perspectives on club drugs', *Journal of the Faculty of Education*, 30:249-271.

<sup>15</sup> DUBE, S.R., ANDA, R.F., FELITTI, V., CHAPMAN, D., WILLIAMSON, D.F. AND GILES, W.H. (2001) 'Childhood abuse, household dysfunction and the risk of attempted suicide throughout the life span: findings from the Adverse Childhood Experiences Study', *Journal of the American Medical Association*, 286:3089-3096.

<sup>16</sup> KIRISCI, L., TARTER, R., MEZZICH, A., RIDENOUR, T., REYNOLDS, M. AND VANYUKOV, M. (2009) 'Prediction of cannabis use disorder between boyhood and young adulthood: clarifying the phenotype and environ type', *American Journal on Addictions, the official Journal of the American Academy of Addiction Psychiatry*, 18(1):36-47.

Drugs of 1961.<sup>17</sup> The maintenance of these prohibitionist perspectives is evident in subsequent legal documents, including the Drugs and Drug Trafficking Act 140 of 1992,<sup>18</sup> which draws overtly on the Single Convention in that it aims to provide for the prohibition of the use or possession of, or the dealing in, drugs and of certain acts relating to the manufacture or supply of certain substances or the acquisition or conversion of the proceeds of certain crimes. This conservatism has continued in subsequent policies such as the Prevention and Treatment of Drug Dependency Act (Act 70 of 2008), which describes the national response to the use of internationally scheduled drugs.

This overarching conservatism and attachment to a punitive approach continues within a fragmented government environment in relation to drugs. The development and implementation of local drug policy frameworks is the responsibility of the national Department of Social Development. This Department houses the Central Drug Authority, the institution tasked with issuing a guiding policy document—the National Drug Master Plan—approximately every five years.

Regionally, the Southern African Development Community has put in place two protocols that are aimed at combating and controlling the illicit flow of drugs in the region, namely: SADC Protocol on Combating Illicit Drugs (1996), and SADC Regional Drug Control Programme (1998).

On a national level, the South African government has put in place measures that are aimed at combating illicit drug and alcohol use. The most recent National Drug Master Plan (2019–24), illustrates a partial shift towards harm reduction through its five key principles: human rights, scientific evidence, inter-sectionality, person-centred approaches, and the inclusion of people who use drugs. While the latest National Drug Master Plan was accepted by parliament on 1 November 2019, it was only publicly released on the 26th of June 2020.<sup>19</sup> Alcohol control these can be classified into 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 that include:

- Prevention of and Treatment for Substance Abuse Act (Act 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 above Committee)
- National Liquor Act (Act 59 of 2003)

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<sup>17</sup> UNITED NATIONS (UN) (1961) *Single Convention on Narcotic Drugs, Final act of the United Nations conference for the adoption of a single convention on narcotic drugs*. Vienna: United Nations.

<sup>18</sup> GRAY, A. (2019) 'What questions should the national medicine regulatory authority be asking about opioids?', in T. Waetjen (ed) *Opioids in South Africa: towards a policy of harm reduction*. Cape Town: Human Science Research Council.

<sup>19</sup> GEYER, S. AND LOMBARD, A. (2014) 'A content analysis of the South African national drug master plan: Lessons for aligning policy with social development', *Social Work (South Africa)*, 50(3), pp. 329–349, doi: 10.15270/50-2-403.

Looking at the Regulation of the Sale of Alcohol, the government has attempted to regulate the sale of alcohol by attempting to licence shebeens. However, the government has found it difficult to prevent unlicensed shebeens from selling alcohol, with many shebeens continuing to remain unlicensed.<sup>20</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.

The national government again recently considered limiting the sale of alcohol by changing the legal drinking age from 18 to 21 years old. This proposed change is still open for public debate and comment.

The third measure that the government has used to limit alcohol consumption is alcohol taxation.

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 industry, it is difficult to enforce these laws.<sup>21</sup> As a result, there are still advertising campaigns that tap into people's vulnerabilities, for example, identity, masculinity, and status.<sup>22</sup> In 2009, however, the government placed restrictions on alcohol advertising by mandating that a health message appears on all alcoholic beverages.

## **The role of Civil Society Organisations in dealing with Substance Abuse in South Africa**

In South Africa, most government mental health facilities are under-resourced to cater for the mental health needs of the population, including the provision of treatment and recovery support services for persons with substance use disorders. Prevention programmes are the responsibility of the Department of Social Development (formerly Welfare), while treatment falls under the auspices of the Department of Health. However, the respective roles are blurred in practice and constraints also exist with regard to funding leaving many gaps in the substance abuse response. However, a highly dedicated group of non-governmental organisations and concerned citizens play significant roles to close these gaps by complementing government's efforts in the provision of care for vulnerable groups.

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<sup>20</sup> GERBER, J. (2016) 'The State Wants to Raise the Legal Drinking Age to 21. Here's Why', *CityPress*, 4 October. Available at: <http://citypress.news24.com/News/the-statewants-to-raise-the-legal-drinking-age-to-21-heres-why-20161003> - url doesn't exist – perhaps just leave out the web reference...

<sup>21</sup> PARRY, C.D. (2010) 'Alcohol Policy in South Africa: A Review of Policy Development Processes between 1994 and 2009', *Addiction* 105, no. 8 (1 August 2010):1340–45. Available at: doi:10.1111/j.1360-0443.2010.03003.x.

<sup>22</sup> SOUL CITY (2011) *Alcohol Marketing in South Africa: A Resource Guide for Journalists*. THIS WEB REFERENCE DOESN'T WORK – PLEASE CHECK  
<http://www.soulcity.org.za/projects/phuzawize/literaturereview/Journalists%20Briefing%20Booklet%20on%20Alcohol%20advertising.pdf>.



Government thus largely provides resources for the treatment of persons having substance abuse problems through NGOs such as the South African National Council on Alcoholism and Drug Abuse (SANCA). SANCA has a network of drug treatment and outreach centres around the country (38 centres and 76 satellite offices in all 9 provinces) and also trains drug abuse counsellors and others in related roles, for example, teachers and social workers. As SANCA'S main objectives are prevention and treatment, it also has public education programmes in high schools, for example, TARDA (Teenagers against Drug Abuse).<sup>23</sup> The treatment objective is achieved through the provision of treatment services for chemically dependent people and their families as well as support groups in high schools. Other Civil Society Organisations that play a significant role in curbing the issue of alcohol and substance abuse in South Africa through research, social behaviour change programmes and advocacy in the past within the past twenty years and more include:

### **Soul City**

Soul City is a multi-media health counter-advertising initiative seeking to address a range of risk behaviours, including alcohol/smoking and violence against women, through a very popular prime-time sitcom aired on TV in the past, social media outreach, as well as on radio and via the printed media.

### **MRC – Medical Research Council**

MRC is primarily engaged with epidemiological research into the nature and extent of alcohol and drug use and with measuring the health impact of substance abuse. Another key focus is in the area of formulating local and national policy.

### **SAAPSA – South African Alliance for the Prevention of Substance Abuse**

SAAPSA facilitates networking among all organizations, government and civil society, concerned with drug and alcohol abuse in South Africa, with a view to optimising cooperation in the prevention and treatment of alcohol and drug abuse.

### **Drug Wise**

Drug Wise strives to provide an accessible community-based, multidisciplinary service for drug related problems. Drug Wise also provides school education programmes as well as Teacher Training Programs and Parent Education. The latter aims at assisting parents in understanding the adolescent drug scene, what their children are exposed to and how as parents they can intervene.

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<sup>23</sup> NEL, E. (2002) 'An overview of the management of the drug situation in South Africa', in *SACENDU Research Brief*, Vol. 5 (2b). Available at: [https://www.unafei.or.jp/publications/pdf/RS\\_No64/No64\\_14PA\\_Nel.pdf](https://www.unafei.or.jp/publications/pdf/RS_No64/No64_14PA_Nel.pdf) [Accessed 25 March 2023]



## Recommendations

- Development of comprehensive national alcohol policy solutions, harmonizing legislation at local, provincial and national level to ensure that all communities enjoy the same rights to safety.
- Need for increased political commitment to address the structural drivers of GBV such as alcohol outlet density and opening hours.
- Consideration of alcohol density and trading times in the awarding of licences.
- Lobby national government to increase the price of alcohol through increasing excise tax and introducing minimum unit pricing.
- Learning life skills as a preventive measure could help children from an early age to be aware of dangers of alcohol, make the right choices and take responsibility for their lives.
- Continuous evaluation of policies and intervention strategies to ensure that a dynamic situation is given attention and the challenges are addressed.
- There is a need to develop and increase the number of treatment centres and access to affordable and effective treatment and rehabilitation, especially in the public hospitals, which many will be able to use.
- Control of numbers of drinking or selling outlets, and strict measures should be taken towards the unregistered ones.

## Conclusion

For effective intervention strategies to curb the substance and alcohol abuse problem in South Africa, community support networks need to recognise that they are not dealing with alcohol and substance abuse only, but root causes such as poverty, unemployment and inadequate education/skills development because socio-economic problems are multifaceted. It is also important to consider building stronger family units that can provide proper guidance and support to ensure that generations are built on a solid base. Therefore, a holistic, multi-level, multi-sectorial intervention is required for all role players such as government departments, non-governmental organisations, and community and faith-based organisations.

Focusing on the scope of practice with a view to contributing towards reduction of harm caused by substance abuse should be a priority for all. Civil society and community members need to be involved in efforts to address the alcohol abuse and other related problems.

Research to understand particular situations in different areas is needed. On-going evaluation of current policies and intervention strategies should be conducted with a view to determine the impact on targeted problems. The results of research and evaluation would then inform practice and policy development.

## DISCLAIMER

*This policy brief is for the “Strengthening Local Governance to Improve Gender Based Violence” Project also known as the “Masiphephe Network” (“Let’s Be Safe”). The project is funded by the United States Agency for International Development (USAID), through its Democracy, Human Rights and Governance (DRG) unit, and led by the Centre for Communication Impact (CCI). The Masiphephe Network community-based gender-based violence (GBV) prevention and response partners across three provinces in South Africa, believe that GBV is the grave consequence of complex social and structural problems. Our programme encourages inclusive GBV interventions through strategic policy advocacy, community-led collaborative supportive multi-sectoral partnerships, building awareness and promoting behaviour change to shift GBV social norms. Our views are informed by community engagements and recommendations. The contents of this policy brief are the responsibility of CCI and do not necessarily reflect the views of USAID.*

**BREAK THE SILENCE, CALL 0800 428 428 (GBV COMMAND CENTRE) TO REPORT AND GET GBV SUPPORT.**

## Masiphephe Network Implementing Partners

ORGANISATION	IMPLEMENTATION SITE/ LOCATION	CONTACT #
CCI	Pretoria, Gauteng	012 366 9300
GHJRU	University of Cape Town	021 406 6023
Agisanang Domestic Abuse Prevention and Training (ADAPT)	City of Johannesburg Region E, Gauteng	011 786 6608
Sonke Gender Justice (Sonke)	City of Johannesburg Region D, Gauteng	011 339 3589
Ethembeni Crisis Care Centre (ECCC)	eThekweni West, KwaZulu Natal	031 704 6860
Gugu Dlamini Foundation	eThekweni INK Area, KwaZulu Natal	031 292 2852
Project Support Association Southern Africa (PSASA)	Emalahleni Local Municipality and City of Mbombela	013 752 5624

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