

THEMATIC PAPER

ALCOHOL, SUBSTANCE ABUSE AND GENDER BASED
VIOLENCE



SOUTH AFRICA - GAUTENG PROVINCE

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USAID
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Key Facts

- 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.¹
- 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.
- 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 to 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 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, 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, 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-

¹ 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].

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 paper seeks to explore and analyse the interconnectedness of alcohol and substance abuse and gender-based violence, with a focus on the 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 substance abuse during the Covid-19 pandemic. While alcohol and substance abuse are very difficult to deal with, it is crucial for law enforcement and the criminal justice system to be effective, sensitive, and efficient in exploring a variety of interventions that have the potential to curb alcohol and substance abuse in the country, as both exacerbate crime.

Background

Research collected in the late 1990s, shows that there has been a gradual increase in drug-related problems and substance abuse in South Africa. South Africa is among the top 20 countries that consume alcohol, according to the World Health Organization.² 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.³

The challenges associated with substance abuse continue to be exacerbated by socio-economic and developmental factors and because⁴ 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,⁵ this further worsens the situation. Substance consumption and alcohol abuse remain the most 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, HIV medication and other household substances.⁶ 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

² WORLD HEALTH ORGANIZATION. (2018) *Global status report on alcohol and health 2018* [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)

³ 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>

⁴ ROCHA-SILVA, L. (1997) Drug use within the context of other socioeconomic conditions in South Africa (unpublished research report). Pretoria: HSRC.

⁵ PELTZER K, RAMLAGAN S. (2007) 'Cannabis use trends in South Africa'. *South African Journal of Psychiatry*; 13(4): 126-131.

⁶ DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT, Gauteng Provincial Government (<http://www.gpg.gov.za>)

reported alcohol as their primary drug of abuse. Studies have consistently shown that high levels of alcohol use are linked to increased levels of gender-based violence against women.⁷

Furthermore, South Africa is said to have the highest level of adult per capita alcohol consumption in Africa.⁸ Between 7.5% and 31.5% of South Africans already have a drinking problem or are at risk of developing one.⁹ 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.¹⁰ In Gauteng province, intimate-partner violence (IPV) is five times higher in relationships where one or both partners abuse alcohol.¹¹ 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. A key entry point in dealing with gender-based violence, crime and urban violence may be to address 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 Gauteng province.

Factors influencing alcohol and 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.¹²
- **Availability and affordability of substances** - Despite the regulations which prohibit alcohol from being sold to underage children, drugs and alcohol seem to be easily available and affordable for everyone. For this reason, young people get to abuse

⁷ STATSSA. (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>

⁸ 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]

⁹ GWALA, N. (2021) 'Drug users: No time like the present to 'kick your habit'', Health-e News, June 25 2021. Available at: <https://health-e.org.za/2021/06/25/drug-users-no-time-like-the-present-to-kick-your-habit/> [Accessed March 29 2023]

¹⁰ FREEMAN, M. & 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]

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

¹² ROBERTS, M., KLEIN, A. & TRACE, M. (2003) Global policies on illegal drugs. Beckley Report One. London: Drug Scope.

drugs and alcohol simply because they are easily available and affordable.¹³ Drugs are sold everywhere in South Africa, including schools, and on almost every corner of the 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.¹⁴
- **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, therefore, seen as a way of dealing with these traumatic incidents.¹⁵
- **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.¹⁶

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 foetal 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, being involved in accidents, violent crime and suicide.

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 Drugs of 1961.¹⁷ The maintenance of these prohibitionist perspectives is evident in

¹³ NATIONAL SURVEY ON DRUG USE AND HEALTH (NSDUH). (2010) Available on: <http://www.samhsa.gov/newsroom/advisories/1109075503.aspx> [Accessed: 25/11/2022].

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

¹⁵ DUBE, S.R., ANDA, R.F., FELITTI, V., CHAPMAN, D., WILLIAMSON, D.F. & 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.

¹⁶ KIRISCI, L., TARTER, R., MEZZICH, A., RIDENOUR, T., REYNOLDS, M. & 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.

¹⁷ 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.

subsequent legal documents, including the Drugs and Drug Trafficking Act 140 of 1992,¹⁸ 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-centered 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 2020.¹⁹ Alcohol control 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)

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

¹⁸ 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).

¹⁹ 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.

difficult to prevent unlicensed shebeens from selling alcohol, with many shebeens continuing to remain unlicensed.

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.²⁰ As a result, there are still advertising campaigns that tap into people's vulnerabilities, for example, identity, masculinity, and status.²¹ In 2009, however, the government placed restrictions on alcohol advertising by mandating that a health message appears on all alcoholic beverages.

Alcohol, Substance abuse and GBV during the Covid-19 pandemic in South Africa

South Africa, like the rest of the world, was hit by the Covid-19 pandemic, which led to the imposition of lockdowns and curfews to restrict the movement of people in order to control the spread and rate of Covid-19 infections in the country. As one of the control measures on the spread of Covid-19 infections, the government placed restrictions on the sale and availability of alcohol during the lockdown period on the understanding that alcohol contributes to fatalities, including gender-based violence, that in turn, would have exacerbated the already high rates of GBV during the lockdown period.²² Alcohol and substance abuse became a key feature during the Covid-19 pandemic, with the government banning alcohol during the more restrictive lockdown levels. This was mainly due to heightened concerns regarding alcohol-related road accidents, injuries, violence and even fatalities caused by the abuse of alcohol during the lockdown periods. During the more restrictive phases of the Covid-19 pandemic, concerns about alcohol abuse and its harmful consequences, therefore, caused concern, especially with regard to the capacity of health

²⁰ 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.

²¹ SOUL CITY (2011) *Alcohol Marketing in South Africa: A Resource Guide for Journalists*. <http://www.soulcity.org.za/projects/phuzawize/literaturereview/Journalists%20Briefing%20Booklet%20on%20Alcohol%20Advertising.pdf>.

²² GROBLER, R. (2020) 'SA has a serious gender violence problem, and alcohol is the main culprit'. News24. Available at: <https://www.news24.com/news24/southafrica/news/sa-has-a-serious-gender-violence-problem-and-alcohol-is-the-main-culprit-20201113>

facilities to handle the numbers of victims, including victims of GBV, to be treated during the pandemic.

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 licenses.
- 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 the 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 public hospitals, which many will be able to use.
- Control of number 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 the root causes as well 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 the 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 alcohol abuse and other related problems. Research to understand particular situations in different areas is needed. Ongoing 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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