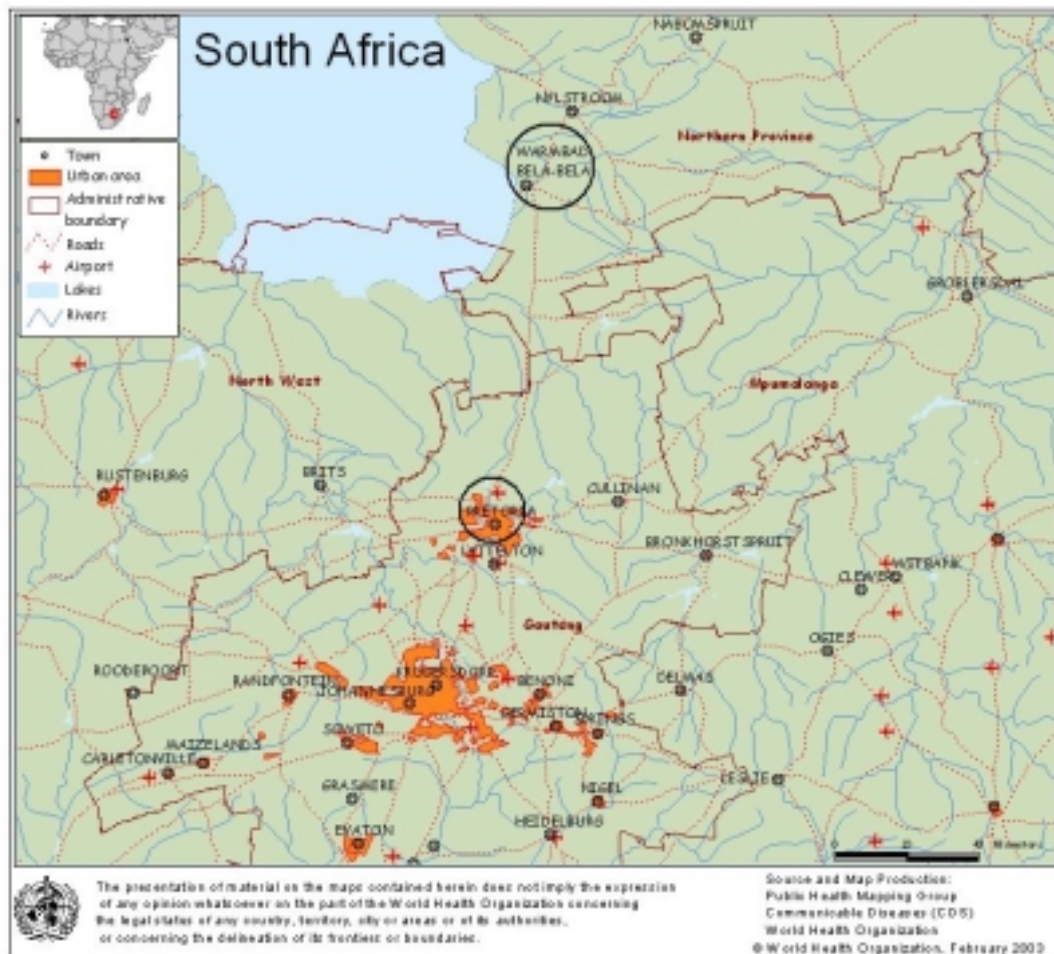


REPUBLIC OF SOUTH AFRICA



2.1 Site description

Greater Pretoria (urban) and Bela-Bela (rural) were the sites selected for the baseline assessment in South Africa. Greater Pretoria is in the Gauteng Province, 60 km north of the provincial capital Johannesburg. Bela-Bela is in Warmbaths, a rural town in the Limpopo Province, and is about 100 km from Greater Pretoria. The demographic profiles of the two sites are presented in Table 1.

2.2 Demographic findings

Table 1: Demographic profile of participating sites (1996 census)

| Variable | Greater Pretoria | Bela-Bela |
|--|------------------|------------|
| Total population | 1 243 590 | 23 537 |
| Population density (persons per km ²)..... | 448 | 5 768 |
| Sex distribution | | |
| 1. Male | 50% | 48.0% |
| 2. Female | 50% | 52.0% |
| Population distribution | | |
| 1. 0-9 years | 18.0% | 24.8% |
| 2. 10-14 years | 8.0% | 12.2% |
| 3. 15-64 years | 69.0% | 59.0% |
| 4. 64+ | 5.0% | 4.0% |
| Mean age | 33.1 years | 29.2 years |

Except for the high population density and a larger population under 15 years of age (37 % in Bela-Bela compared to 26% in Pretoria), the urban and the rural demographic profiles were similar.

The key demographic characteristics of the adult and youth KAP survey participants are presented in Table 2. Religion, religious affiliation, employment status among adults and school attendance by the youth were similar for the urban and the rural sites, although the proportion of adults with more than eight years of formal education was higher among the urban than the rural subjects (94% versus 85%). The majority of the respondents in both samples lived in households with at least a female parent. Additional adults household members were the exception in the rural sample but quite common in the urban sample. The occurrence of youth living on their own, though rare in both samples, was more common in the urban sample.

Table 2: Demographic profiles of adult and youth KAP study participants

| Variable | Bela-Bela | | Greater Pretoria | |
|-------------------------------------|--------------|---------------|------------------|---------------|
| | Adult (N=33) | Youth (N=109) | Adult (N=67) | Youth (N=193) |
| Sex distribution | | | | |
| 1. Male | 30.0% | 41.0% | 45.0 % | 51.0% |
| 2. Female | 70.0% | 59.0% | 55.0% | 49.0% |
| Religious affiliation | 97.0% | 98.0% | 100.0% | 94.0% |
| Religion considered important | 85.0% | 86.0% | 92.0% | 88.0% |
| Employment/school attendance | | | | |
| Full time | 42.0% | 86.0% | 45.0% | 89.0% |
| Part time | 12.0% | 6.0% | 19.0% | 2.0% |
| Unemployed/not a student..... | 46.0% | 8.0% | 36.0% | 9.0% |
| Years of formal education | | | | |
| 0-7 years | 15.0% | 43.0% | 6.0% | 34.0% |
| 8+ years | 85.0% | 57.0% | 94.0% | 66.0% |
| Mean age | 29.5 years | 14.9 years | 36.2 years | 15.6 years |

2.3 Knowledge, attitudes and practices

2.3.1 Substance use among adults

(a) Lifetime use of substances

Figure 1 presents the lifetime use of substances among the adults in the survey. Apart from lifetime use of cannabis and painkillers, which was similar for the urban and the rural adults, for all other substances, the urban subjects reported two to three times more lifetime use than their rural counterparts.

(b) Current use of substances among adult survey participants

The intensity of cigarette and alcohol use among the adult survey respondents is presented in Table 3. In general, current use (past 12 month's use) was twice more common among the urban than the rural subjects for both cigarettes and alcohol. The proportion of smokers who used at least five cigarettes a day was significantly higher among the urban respondents (12% versus 6%). Alcohol dependence was experienced more frequently by adult users. The places where alcohol was consumed were similar for the urban and rural areas (Table 4).

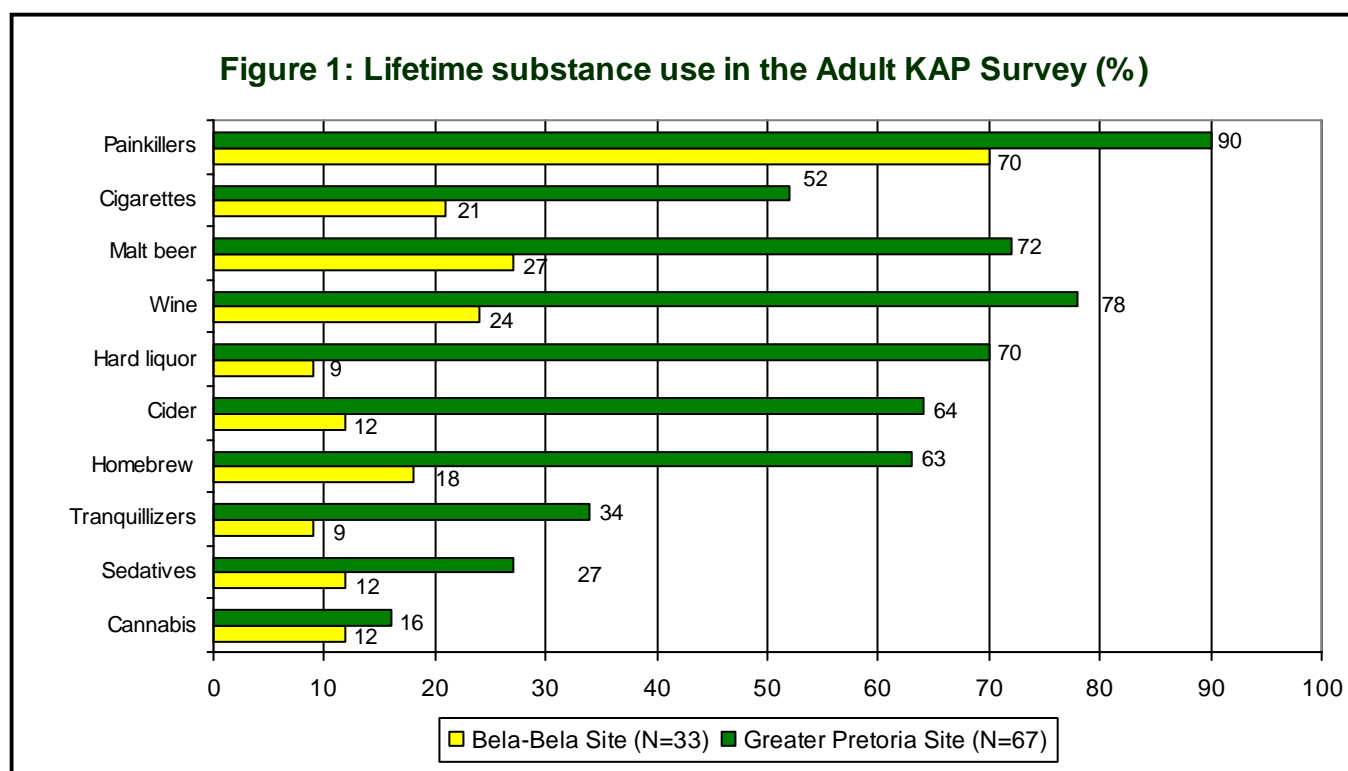


Table 3: Intense cigarette and alcohol use in the Adult KAP Survey

| Type of use | Bela-Bela (%) | Greater Pretoria (%) |
|---|---------------|----------------------|
| Cigarettes | | |
| Past 12 months' users | 15.0 | 25.4 |
| Past 12 months' (almost) daily use | 12.0 | 16.0 |
| Past 12 months' use of at least 5 cigarettes a day | 6.0 | 12.0 |
| Alcohol | | |
| Past 12 months' users | 33.0 | 67.0 |
| Past 12 months' (almost) daily use | 6.0 | 4.0 |
| Past two weeks' intake of 5 or more drinks in a row | 18.0 | 34.0 |
| Past 12 months' experiences of dependence | | |
| Drinking-related neglect of responsibilities | 3.0 | 13.0 |
| Early morning drinking..... | 3.0 | 10.0 |
| Feelings of remorse/guilt after drinking..... | 3.0 | 10.0 |
| Memory lapse after drinking..... | 3.0 | 10.0 |
| Inability to stop after first drink | 6.0 | 7.0 |
| Total (N) | 33 | 67 |

Table 4: Place of drinking in the Adult KAP Survey

| Place where alcohol is normally taken | Bela-Bela | | Greater Pretoria | |
|---------------------------------------|-----------|---------|------------------|---------|
| | % | Total N | % | Total N |
| Adults | | | | |
| Religious festivals | 79.0 | 26 | 100.0 | 38 |
| Other public festivals..... | 100.0 | 33 | 100.0 | 60 |
| Sport events | 100.0 | 33 | 98.0 | 59 |
| Weddings..... | 100.0 | 33 | 100.0 | 64 |
| Funerals | 94.0 | 31 | 98.0 | 41 |
| Weekends | 100.0 | 33 | 100.0 | 63 |
| Parties | 100.0 | 33 | 100.0 | 65 |
| At work..... | 93.0 | 30 | 91.0 | 33 |
| With visitors | 97.0 | 32 | 100.0 | 61 |
| Youth | | | | |
| Religious festivals | 88.0 | 29 | 94.0 | 38 |
| Public festivals | 100.0 | 33 | 100.0 | 60 |
| Sport events | 100.0 | 33 | 98.0 | 57 |
| Weddings..... | 100.0 | 33 | 98.0 | 61 |
| Funerals | 94.0 | 31 | 100.0 | 34 |
| Weekends | 100.0 | 33 | 100.0 | 61 |
| Parties | 100.0 | 33 | 100.0 | 64 |
| At work..... | 82.0 | 27 | 96.0 | 26 |
| With visitors | 91.0 | 30 | 100.0 | 50 |

(c) *Attitudes towards substance use among adults*

The attitudes towards substance use among the survey respondents are presented in Figure 2. Overall, the rural adult respondents were more tolerant of heavy drinking and smoking than their urban counterparts. In addition, rural adults were more tolerant of young people smoking (18% versus 2%) and drinking (18% versus 9%) than their urban counterparts. The adverse consequences of substance use are presented in Table 5. These consequences occurred more among urban respondents.

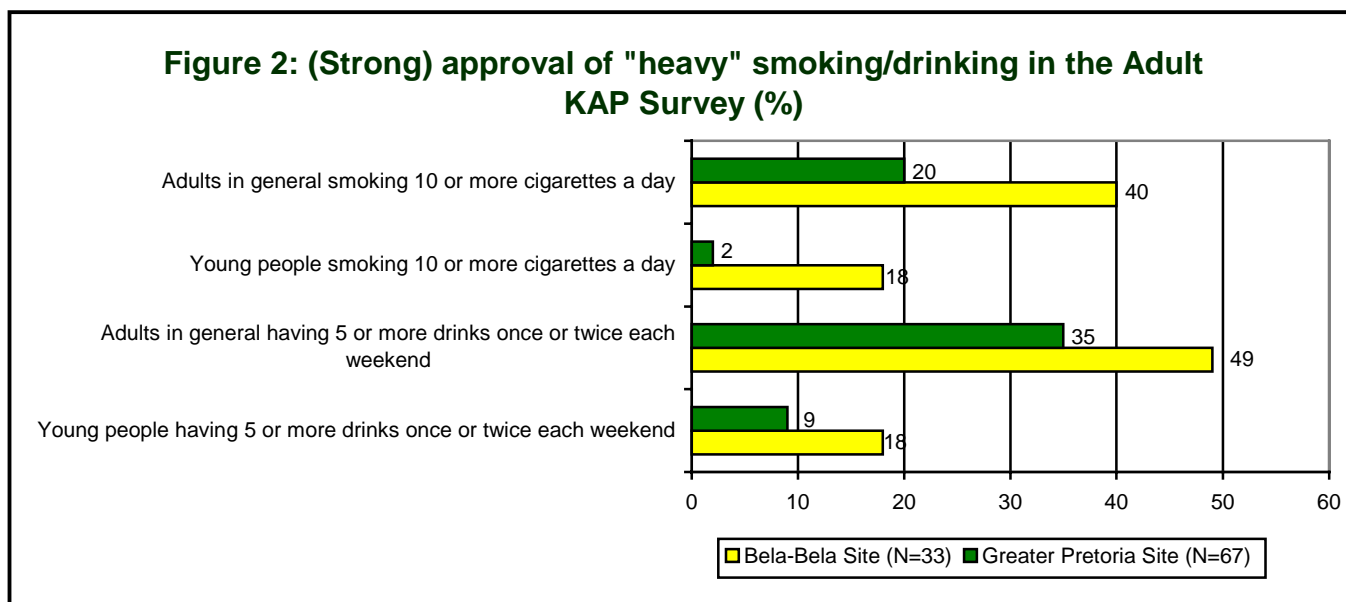


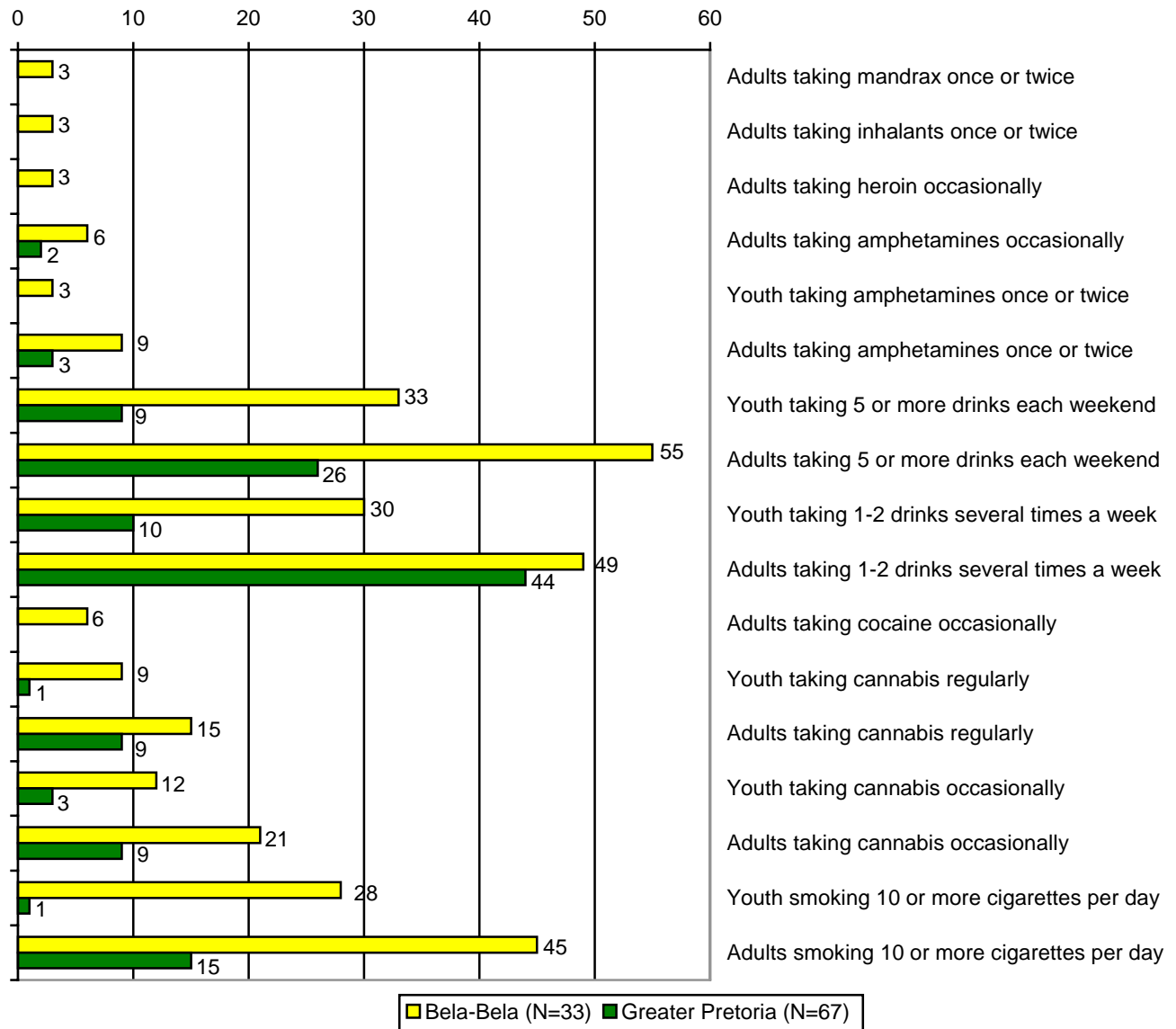
Table 5: Consequences of substance use in the Adult KAP Survey

| Consequences | Bela-Bela (%) | Greater Pretoria (%) |
|--|---------------|----------------------|
| Someone injured because of drinking | 3.0 | 12.0 |
| Someone expressed concern about respondent's drinking..... | - | 11.0 |
| Driving under the influence of a substance | - | 14.0 |
| Poor performance at school/college | - | 11.0 |
| Poor performance at work | 3.0 | 9.0 |
| Substance-related disorderly behaviour | - | 3.0 |
| Substance-related fights/arguments..... | - | 13.0 |
| Operating a machine under the influence of a substance | - | 3.0 |
| Total (N) | 33 | 67 |

d) Perception of risk associated with substance use

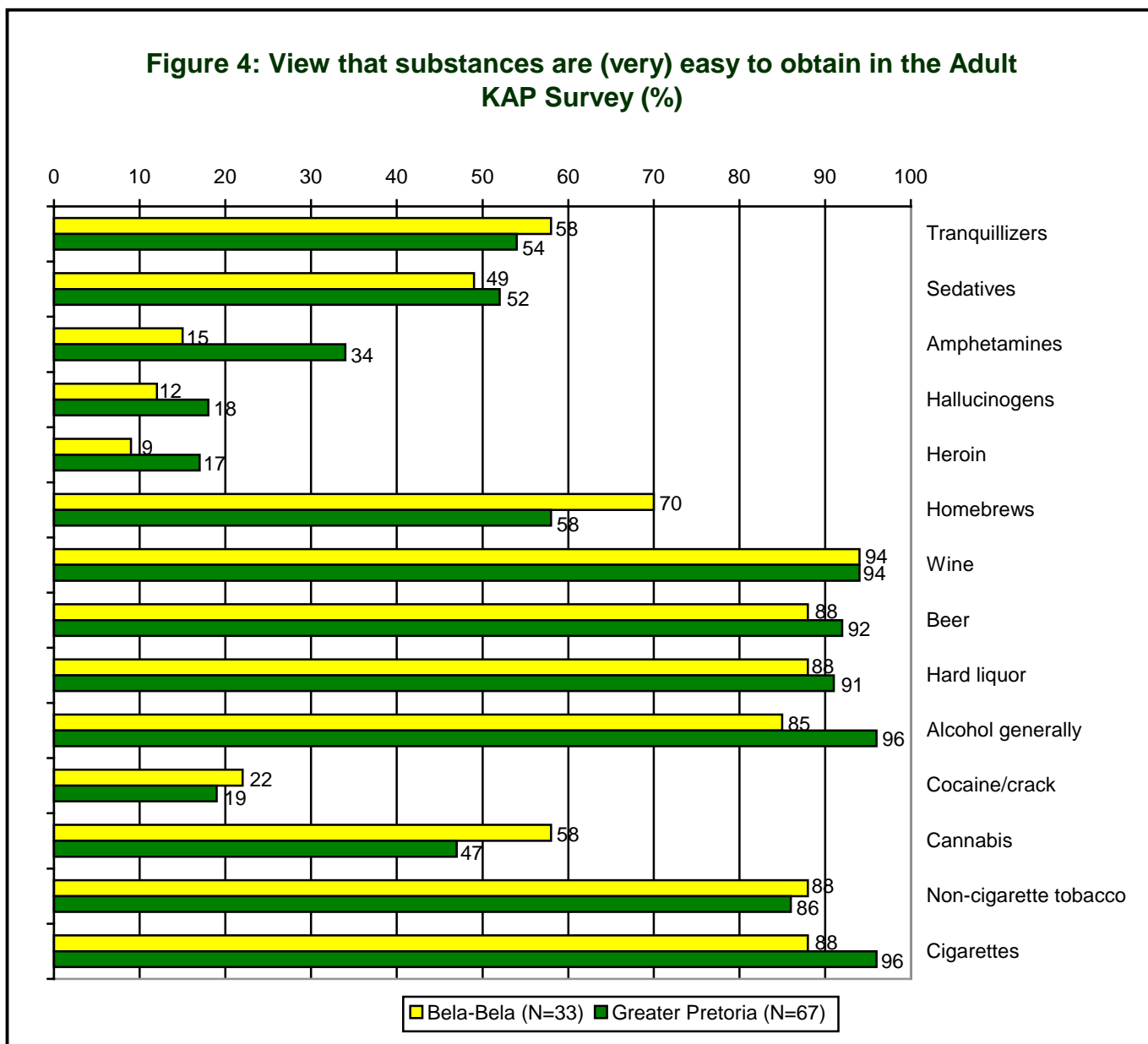
Figure 3 presents adults' perception of risk associated with substance use. In general, adults in the rural site perceived the use of all substances (both licit and illicit) to be less risky than did the adults in the urban survey. However, among both the urban and the rural respondents over 90% attributed risk to any adult and youth use of cocaine, heroin, inhalants, amphetamines and cannabis. The proportion attributing no risk to heavy drinking and smoking among the youth was 30% and 28% respectively. In other words, 70% of adults perceived heavy drinking and smoking among the youth as a risk.

Figure 3: Substance use entails no or a slight risk in the Adult KAP Survey (%)



e) Ease of access to substances

The reported ease of access to substances is presented in Figure 4. Alcohol was reported to be easily accessible in both the urban and the rural settings (96% versus 85%). So were cigarettes (96% versus 88%), tranquillizers (54% versus 58%), sedatives (52% versus 49%), amphetamines (34% versus 15%), hallucinogens (18% versus 12%) and heroin (17% versus 9%). Other substances were less readily accessible, e.g. heroin (17% versus 9%).



2.3.2 Substance use among youth

(a) Lifetime and current use of substances

Table 6 shows lifetime use of substances among the youth. Reported lifetime use of cannabis and painkillers was similar for the urban and rural youth. Use of snuff and homebrew was common among rural female youth. For all other substances, prevalence of use was higher among the urban youth. However, for current use, daily use of cigarettes was 79% in the rural site compared to 13% in the urban site, while weekly use was similar in the two sites (9% each) (Table 7). Use of sedatives was higher among the urban youth (Figure 5).

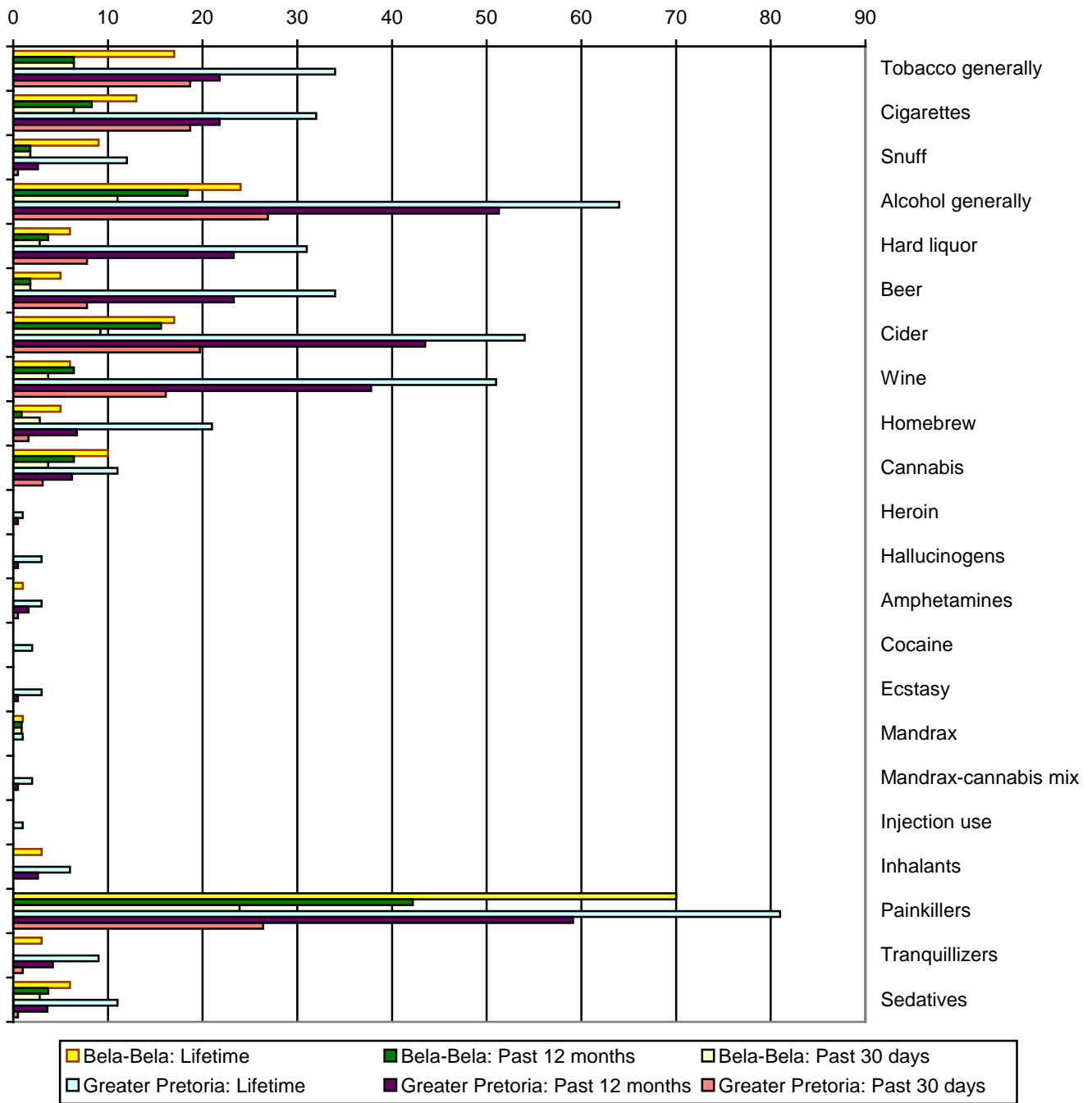
Table 6: Lifetime substance use by gender and age in the Youth KAP Survey

| Substance | Bela-Bela | | | | | | Greater Pretoria | | | | | |
|----------------|-----------|------------|-----------------|-----------------|-----------------|---------|------------------|------------|-----------------|-----------------|-----------------|---------|
| | Male (%) | Female (%) | 10-14 years (%) | 15-19 years (%) | 20-21 years (%) | Total N | Male (%) | Female (%) | 10-14 years (%) | 15-19 years (%) | 20-21 years (%) | Total N |
| Cigarettes | 71 | 29 | 29 | 57 | 14 | 14 | 63 | 37 | 18 | 63 | 19 | 62 |
| Snuff | 20 | 80 | 20 | 60 | 20 | 10 | 43 | 57 | 26 | 48 | 26 | 23 |
| Hard liquor | 71 | 29 | 29 | 57 | 14 | 7 | 62 | 38 | 16 | 57 | 27 | 60 |
| Beer | 60 | 40 | 20 | 40 | 40 | 5 | 63 | 37 | 28 | 54 | 18 | 65 |
| Cider | 37 | 63 | 21 | 58 | 21 | 19 | 51 | 49 | 27 | 51 | 22 | 103 |
| Wine | 43 | 57 | 29 | 57 | 14 | 7 | 49 | 51 | 29 | 52 | 19 | 98 |
| Homebrew | 20 | 80 | 40 | 40 | 20 | 5 | 61 | 39 | 32 | 39 | 29 | 41 |
| Cannabis | 82 | 18 | 18 | 64 | 18 | 11 | 71 | 29 | 10 | 57 | 33 | 21 |
| Cocaine | - | - | - | - | - | - | 100 | - | - | 33 | 67 | 3 |
| Heroin | - | - | - | - | - | - | 100 | - | - | 50 | 50 | 2 |
| Ecstasy | - | - | - | 100 | - | 10 | 40 | 60 | 20 | 60 | 20 | 5 |
| Tranquillizers | 67 | 33 | 33 | 67 | - | 3 | 35 | 65 | 35 | 59 | 6 | 17 |
| Sedatives | 57 | 43 | 29 | 57 | 14 | 7 | 55 | 45 | 18 | 41 | 41 | 22 |
| Painkillers | 37 | 63 | 43 | 43 | 14 | 76 | 47 | 53 | 38 | 45 | 17 | 156 |

Table 7: Intense cigarette and alcohol use in the Youth KAP Survey

| Type of use | Bela-Bela | | Greater Pretoria | |
|---|-----------|---------|------------------|---------|
| | % | Total N | % | Total N |
| Cigarettes | | | | |
| Past 12 months' (almost) daily use | 79.0 | 109 | 13.0 | 193 |
| Past 12 months' use of at least 5 cigarettes a day | 5.0 | 109 | 9.0 | 193 |
| Alcohol | | | | |
| Past 12 months' weekly use | 9.0 | 108 | 9.0 | 193 |
| Past two weeks' intake of 5 or more drinks in a row | 9.0 | 109 | 14.0 | 193 |

**Figure 5: Psychoactive substance use in the Youth KAP Survey
(Bela-Bela: N=109; Greater Pretoria: N193)-(%)**



b) *Experiences, context and attitudes towards substance use among the youth*

The urban youth reported a higher proportion of untoward experiences with substance use than their rural counterparts. In particular, 72% of the urban youth reported experiencing poor performance of work compared to 1% among the rural subjects; resulting injury was four times higher among the urban youth (9% versus 2%) (Table 8). Figures 6 and 7 show that the use of substances was facilitated by significant others, especially in the urban site. Tables 9a and 9b present the context of substance use. The onset of tobacco, alcohol and cannabis use tended to occur between 10 and 14 years, with first use often taking place at home or a friend’s home. The median onset age was slightly lower in the rural setting. Enjoyment and stress relief tended to encourage first use in the rural site while in the urban site the motivators were sociability, enjoyment and acceptance.

Table 8: Consequences of substance use in the Youth KAP Survey

| Consequences | Bela-Bela | | Greater Pretoria | |
|---|-----------|---------|------------------|---------|
| | % | Total N | % | Total N |
| Past 12 months’ experiences of dependence | | | | |
| Drinking-related neglect of responsibilities | 6.0 | 109 | 4.0 | 193 |
| Early morning drinking | 6.0 | 109 | 4.0 | 193 |
| Feelings of remorse/guilt after drinking | 5.0 | 109 | 14.0 | 193 |
| Memory lapse after drinking | 5.0 | 109 | - | - |
| Inability to stop after first drink | 5.0 | 109 | 7.0 | 193 |
| Someone injured because of drinking | 2.0 | 108 | 9.0 | 193 |
| Someone expressed concern about respondent’s drinking, and/or suggested cutting down | 4.0 | 108 | 7.0 | 193 |
| Driving under the influence of a substance | 2.0 | 109 | 3.0 | 193 |
| Poor performance at school/college | 3.0 | 109 | 4.0 | 193 |
| Poor performance at work | 1.0 | 109 | 72.0 | 193 |
| Substance-related disorderly behaviour | - | 109 | 1.0 | 193 |
| Substance-related fights/arguments | - | 109 | 3.0 | 193 |
| Operated a machine under the influence of a substance..... | 2.0 | 109 | 1.0 | 193 |

Figure 6: Substance use among significant others in the Youth KAP Survey—Greater Pretoria (N=193)-(%)

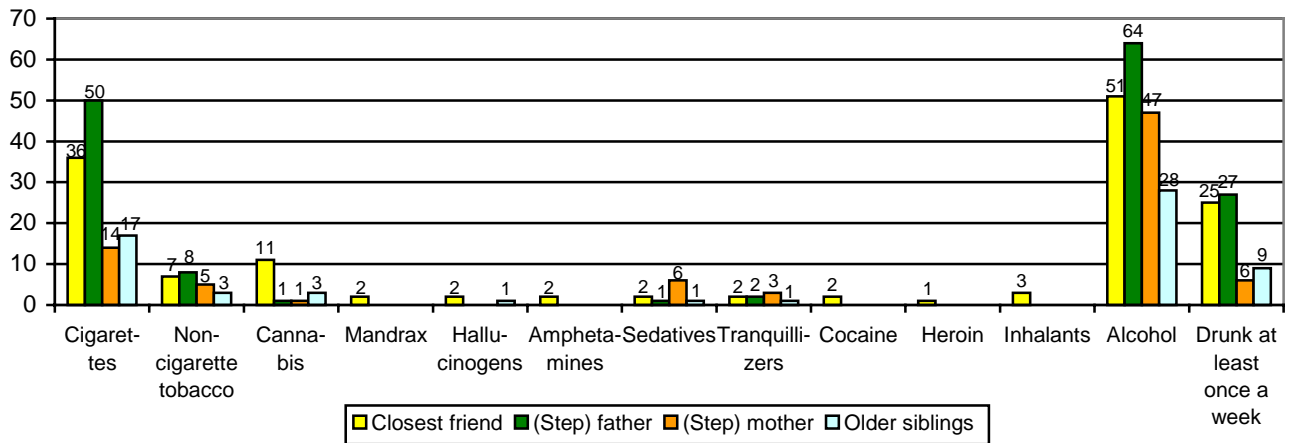


Figure 7: Substance use among significant others in the Youth KAP Survey—Bela-Bela (N=109)-(%)

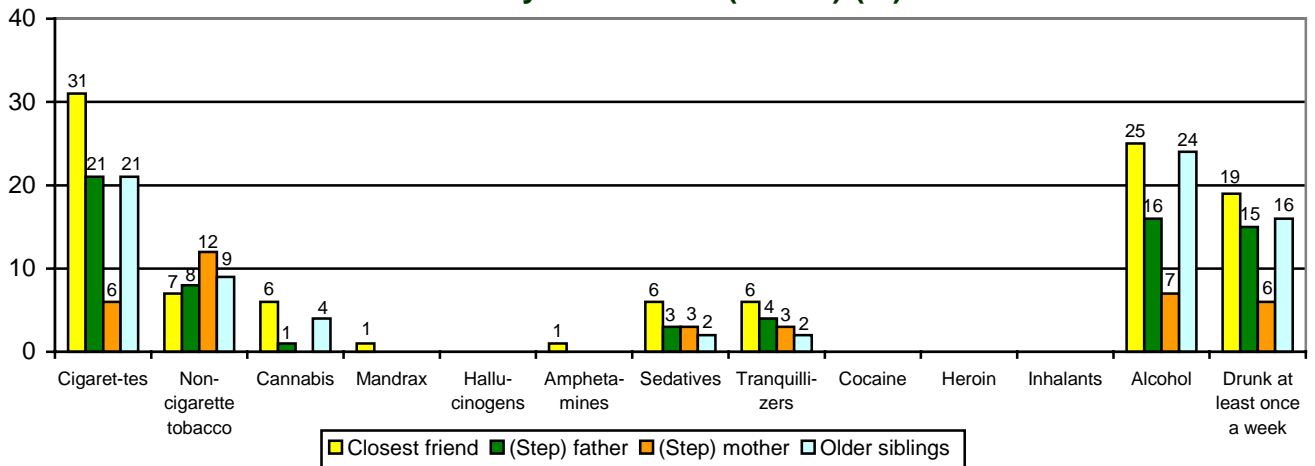


Table 9(a): Context of first/past 12 months' use of selected substances and reasons for first use in the Youth KAP Survey

| Context/reasons | Bela-Bela (%) | | | | Greater Pretoria (%) | | | |
|---|---------------|------------|---------|----------|----------------------|------------|---------|----------|
| | Tobacco | Cigarettes | Alcohol | Cannabis | Tobacco | Cigarettes | Alcohol | Cannabis |
| Median onset age (years)..... | 12.8 | 13.0 | 15.0 | 14.3 | 14.7 | 15.1 | 13.4 | 14.2 |
| Reason for first use | | | | | | | | |
| Religious custom..... | 3.0 | - | 1.0 | - | - | - | 2.0 | - |
| Enjoyment..... | 7.0 | 6.0 | 17.0 | 3.0 | 3.0 | 3.0 | 10.0 | - |
| Curiosity..... | 4.0 | 4.0 | 1.0 | - | 22.0 | 19.0 | 23.0 | 6.0 |
| Health/stress..... | - | 1.0 | - | 4.0 | - | - | 2.0 | 1.0 |
| Improvement of performance..... | 1.0 | - | - | 2.0 | - | - | 1.0 | 1.0 |
| Acceptability..... | - | - | - | 1.0 | 6.0 | 7.0 | 5.0 | 2.0 |
| Sociability..... | - | - | 5.0 | 1.0 | 2.0 | 2.0 | 16.0 | - |
| Relief of hunger/cold..... | - | - | - | - | - | - | - | 1.0 |
| Unspecified..... | 1.0 | 1.0 | - | - | 2.0 | 1.0 | 2.0 | 2.0 |
| Provider of 1st substance | | | | | | | | |
| Friend..... | 8.0 | 9.0 | 16.0 | 9.0 | 21.0 | 22.0 | 24.0 | 8.0 |
| Family..... | 6.0 | 1.0 | 4.0 | 1.0 | 6.0 | 4.0 | 24.0 | 1.0 |
| Acquaintance..... | 1.0 | 1.0 | 1.0 | - | 3.0 | 3.0 | 4.0 | 1.0 |
| Dealer..... | - | - | - | - | - | - | 1.0 | 1.0 |
| Health practitioner..... | - | - | - | - | - | - | - | - |
| Unspecified..... | 1.0 | 2.0 | 1.0 | 1.0 | 3.0 | 4.0 | 8.0 | 1.0 |

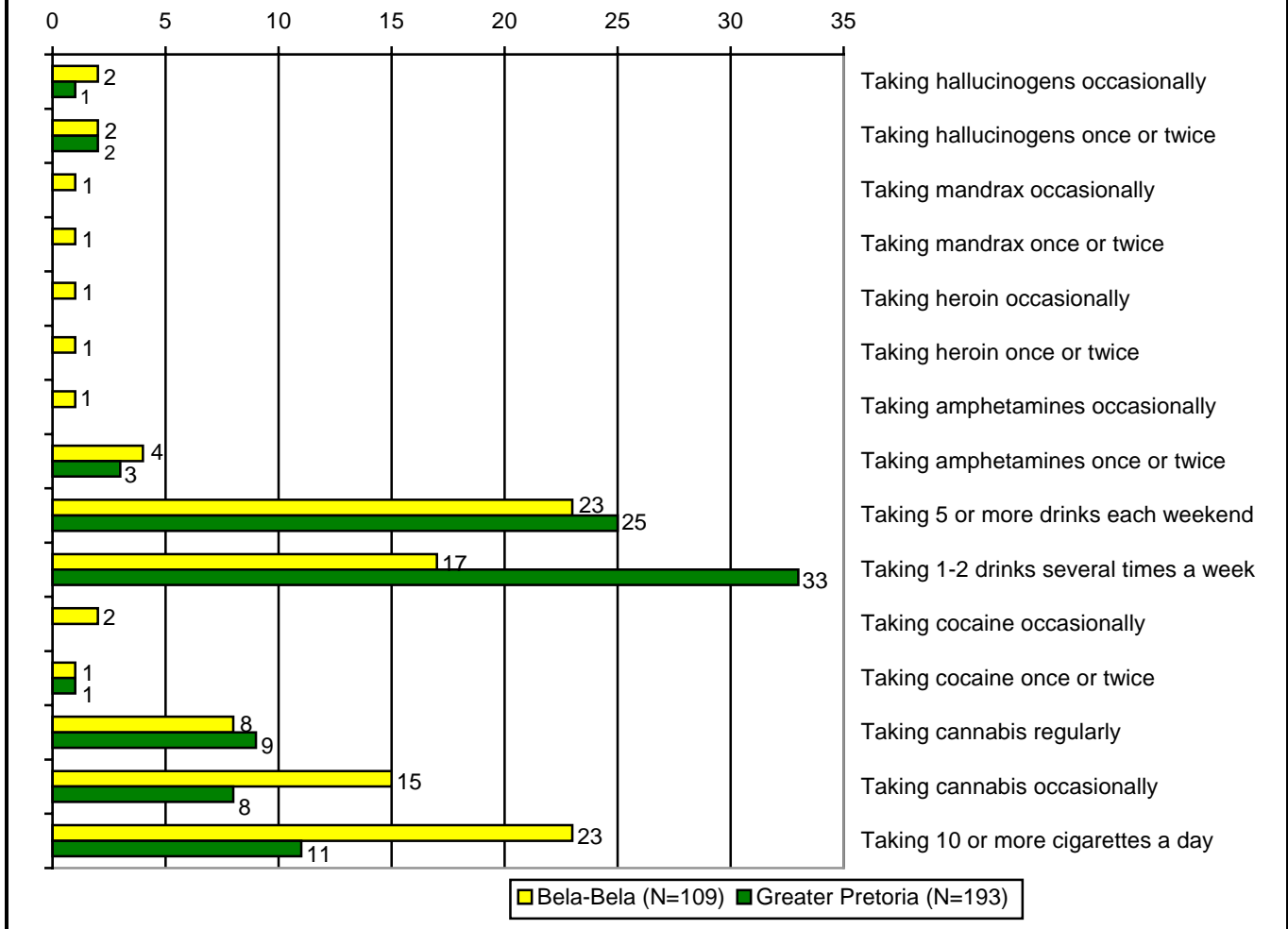
Table 9(b): Context of first/past 12 months' use of selected substances and reasons for first use in the Youth KAP Survey

| Context/reasons | Bela-Bela (%) | | | | Greater Pretoria (%) | | | |
|--|---------------|------------|------------|------------|----------------------|------------|------------|------------|
| | Tobacco | Cigarettes | Alcohol | Cannabis | Tobacco | Cigarettes | Alcohol | Cannabis |
| Place of 1st substance use | | | | | | | | |
| Friend's home..... | 7.0 | 6.0 | 12.0 | | 8.0 | 7.0 | 10.0 | |
| Family home..... | 5.0 | 1.0 | 6.0 | | 8.0 | 6.0 | 34.0 | |
| Public place..... | - | - | 2.0 | | 3.0 | 3.0 | 10.0 | |
| School/workplace..... | 2.0 | 4.0 | 2.0 | | 8.0 | 10.0 | 3.0 | |
| Open/street/bush/bridge..... | 2.0 | 2.0 | 2.0 | | 6.0 | 6.0 | 1.0 | |
| Other..... | - | - | - | | - | - | 2.0 | |
| Past 12 months: place of use | | | | | | | | |
| Friend's home..... | 2.0 | 4.0 | 12.0 | 3.0 | 5.0 | 7.0 | 8.0 | - |
| Family home..... | 3.0 | 2.0 | 3.0 | 1.0 | 8.0 | 7.0 | 19.0 | 1.0 |
| Public place..... | - | - | 4.0 | 1.0 | - | 2.0 | 18.0 | 2.0 |
| School/work..... | - | 1.0 | - | - | 2.0 | 2.0 | 1.0 | - |
| Open/street/bush/bridge..... | 2.0 | 1.0 | - | 2.0 | 4.0 | 3.0 | 2.0 | 3.0 |
| "Everywhere"..... | - | - | - | - | - | - | - | - |
| Other places..... | - | - | - | - | 1.0 | 1.0 | 2.0 | 2.0 |
| Past 12 months' use: company | | | | | | | | |
| Friends..... | 5.0 | 6.0 | 17.0 | 7.0 | 16.0 | 17.0 | 31.0 | 5.0 |
| Acquaintances..... | - | - | - | - | - | - | 2.0 | - |
| Family..... | 1.0 | - | 2.0 | - | 1.0 | 1.0 | 15.0 | - |
| Work/school mates..... | - | 1.0 | - | - | 1.0 | 1.0 | 2.0 | - |
| Other..... | - | - | - | - | 1.0 | - | 1.0 | 1.0 |
| Alone..... | 1.0 | 2.0 | - | - | 3.0 | 3.0 | 1.0 | 1.0 |
| Total N | 109 | 109 | 109 | 109 | 193 | 193 | 193 | 193 |

c) *Attitudes towards substance use*

Figure 8 presents the youth's attitude towards substance use. Less than 5% approved the use of substances such as hallucinogens, heroin, mandrax and amphetamines. However, approval for weekend drinking was about the same (25% and 23%) among the urban and the rural youth; for regular drinking it was higher for the urban youth (33% versus 17%). The extent of approval for regular use of cannabis was also quite similar (8% and 9%) in the two sites, while occasional use of cannabis was more tolerated by the rural youth than the urban youth (15% versus 8%). A similar pattern was observed for heavy smoking (23% versus 11%).

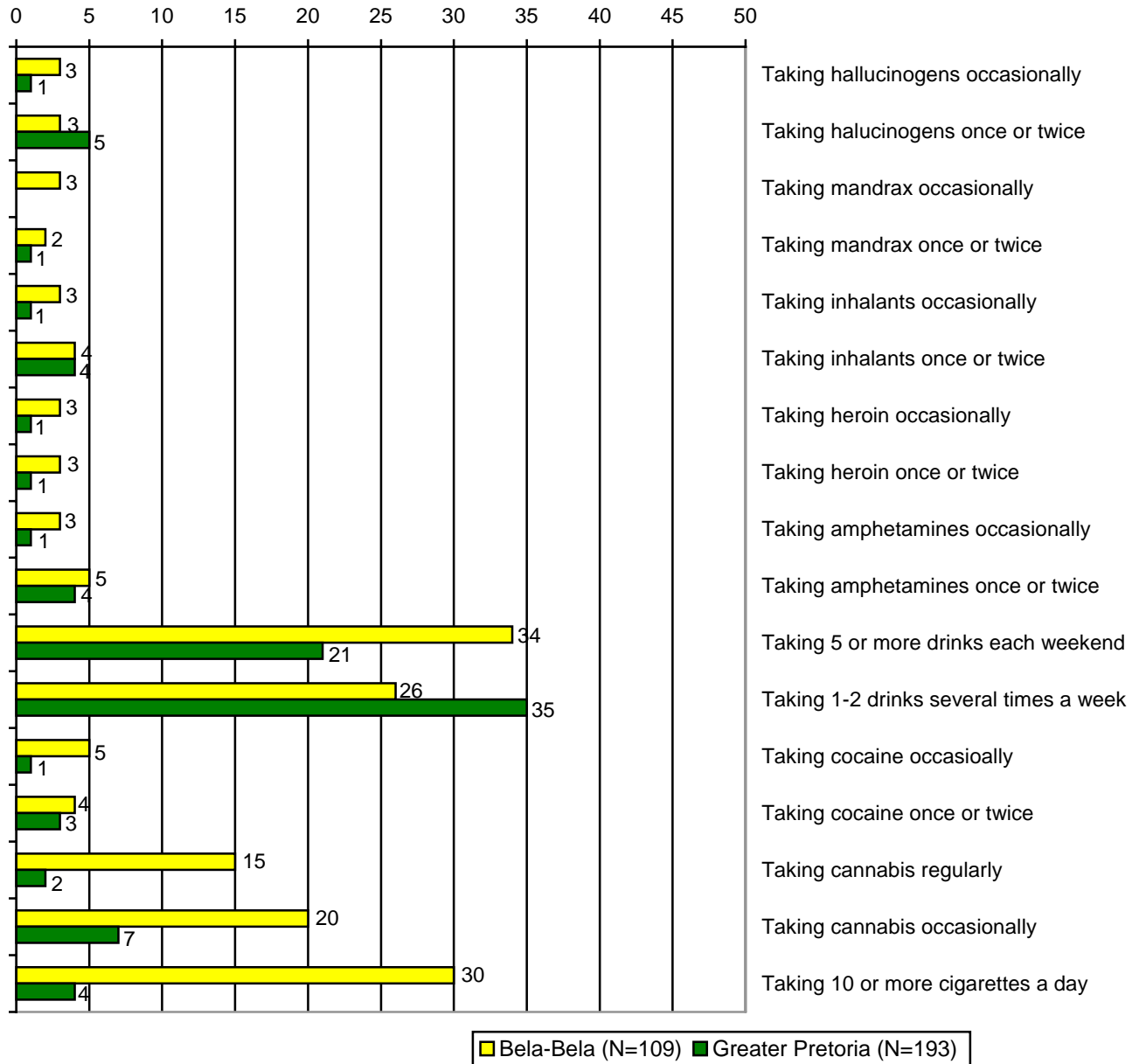
Figure 8: (Strong) approval of youth substance use in the Youth KAP Survey (%)



d) Perception of risk of substance use

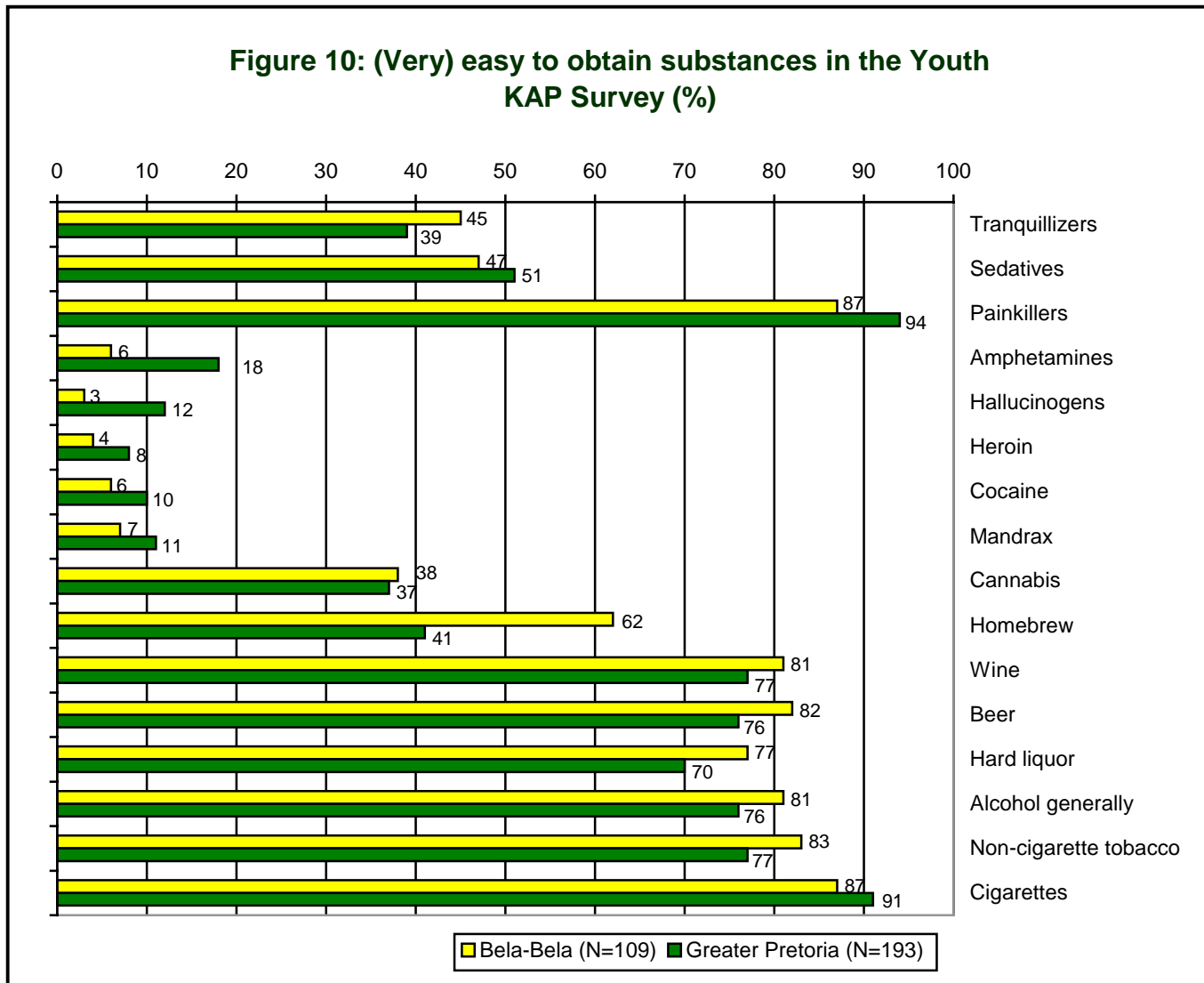
Figure 9 presents the perception of risk of substance use. Among both the urban and the rural youth, over 90% attributed risk to use of hallucinogens, mandrax, inhalants, heroin, cocaine and amphetamines. However, among the rural youth, occasional use and regular use of cannabis were perceived to be risky by 20% and 15% of the respondents. Only 35% of the urban and 26% of the rural youth considered alcohol use to be risky. Heavy cigarette use was considered risky more by the urban youth than the rural youth (30% versus 4%).

Figure 9: Youth substance use viewed as no or a slight risk in the Youth KAP Survey (%)



e) *Ease of access to substances as perceived by the youth*

The perceived ease of access to substances is presented in Figure 10. Among both the urban and the rural youth, painkillers were perceived to be the most easily accessible substance (94% and 87%), followed by sedatives (51% and 47%) and tranquillizers (39% and 45%). Alcohol and tobacco were perceived to be easy to obtain by 70% to 90% of the respondents. However, a larger percentage of the urban than the rural youth perceived cocaine, hallucinogens, heroin and mandrax to be easy to obtain, but less than 10% of the rural youth reported ease of access for the rural youth. Cannabis was reported to be easy to obtain by 37% of the urban and 38% of the rural youth. Sixty two percent (62%) of rural youth perceive homebrew easy to obtain compared to 41% of the urban youth.



2.4 Community Profile 1: Organizational and cultural context

Table 10 presents a summary of the organizational, cultural and institutional context and resources that exist in the communities. The urban site was generally better served by educational and medical institutions (detoxification facilities, counselling) and had subsidized rehabilitation facilities and other amenities. Facilitation of networking among service providers, services and non-governmental organizations involved in substance use prevention was more evident in the urban site. The non-governmental organizations were involved in community mobilization through awareness campaigns and peer counselling. A number of these organizations had comprehensive programmes that provided shelter, nutrition, education and employment in both the urban and the rural sites. Community strengths identified during the focus group interviews included acceptance of youth-led prevention initiatives in both the urban and the rural sites, willingness of community leaders to mobilize efforts to prevent substance use and a number of committed community-level non-governmental agencies with outreach programmes. Inadequate funding, limited networks in the rural site, lack of manpower in the rural site and involvement of service providers in substance use and trade were the major identified constraints.

Table 10: Community resources for the prevention of substance use-related problems

| Type of units | Main services | Primary prevention programmes/projects, objectives, targets, strategies, resources, level of commitment |
|--|--|---|
| <p><u>Government</u></p> <ul style="list-style-type: none"> Historically disadvantaged areas in the urban site and the rural site relied on basic health, safety and security facilities in neighbouring districts Only the urban site had specialized substance-related in/outpatient care, run or subsidized by the government Child Protection Unit and SA Narcotics Bureau of the police department Municipal councillors' offices Youth Commission "Drug action committees" were to be established in terms of the government's National Drug Master Plan <p><u>Non-government</u></p> <ul style="list-style-type: none"> Numerous registered non-profit, non-governmental agencies in health care and welfare as well as churches, the media, businesses and labour groups in the urban site attended to (the prevention of) substance-related problems The rural site was dependent on the services in neighbouring districts Sectors of the formal organizational structures of political parties International bodies: WHO and UNDCP offices <p><u>Networks (particularly active in the urban site)</u></p> <ul style="list-style-type: none"> SAAPSA (SA Alliance for the Prevention of Substance Abuse) Gauteng Substance Abuse Forum NETPRO (network of practitioners/researchers focussing on substance/other issues) SACENDU (SA Community Epidemiology Network on Drug Use) with local, African and overseas agencies participating Information sharing and technical support between existing networks Youth-to-youth substance-related prevention networks Various community forums attended to substance-related harm <ul style="list-style-type: none"> Various entrepreneurial training forums in the urban site Various formal collaborative agreements on substance control between local and foreign governments Periodic activism/advocacy in research communities | <p><u>Government</u></p> <ul style="list-style-type: none"> Free/subsidized medical services (e.g. detoxification) and schooling Subsidized rehabilitation services in the urban site Free substance-related individual and group therapy, community development services, awareness campaigns at schools and in the media (e.g. talks, marches, pamphlets), especially in urban site Periodic substance control raids by the police at schools and in residential areas Substance control legislation and agreements with other countries and international bodies Life skills development programmes of the Dept of Education and the Dept of Health at selected government schools in the urban site Facilitation of networking/coordination among service providers in both sites <p><u>Non-government</u></p> <ul style="list-style-type: none"> Mobilization of community members (e.g. youth and parent groups) through marches, pamphlets, talks, youth forums and clubs, recreation centres, entrepreneurial groups Substance abuse awareness campaigns at schools (especially in the urban site) and in the media Individual/group therapy and life skills training Peer counselling (e.g. youth-to-youth groups) Specialized rehabilitation services in the urban site Comprehensive programmes (e.g. shelter, nutrition, education, medical care, employment) | <p><u>Overall objectives</u></p> <ul style="list-style-type: none"> Concerted community action against community problems generally Eradication of corruption (e.g. drug trade) within legitimate/formal institutions (e.g. police service, teaching staff at schools) <p><u>Main target group</u> Substance users</p> <p><u>Main strategies</u> Drug control coupled with community development</p> <p><u>Substance-related prevention projects/programmes</u> See section on services</p> <p><u>Programme/project resources, efficacy and sustainability</u></p> <p>Constraints</p> <ul style="list-style-type: none"> Limited (sustained) funding Limited awareness of and willingness to discuss the actual and potential wide-ranging negative consequences of substance use in the rural site Limited (sustained) commitment to prevention among service providers in the rural site Limited networking and referral resources among service providers, especially in the rural site Shortage of manpower and especially skilled/specialist manpower in the rural site Competition between service providers in the urban site Some service providers (e.g. teachers, medical doctors, police) participated in substance use and drug trade Limited monitoring and evaluation of services <p>Strengths</p> <ul style="list-style-type: none"> Agencies (e.g. mayoral office in the rural site, Dept of Health and Welfare social workers in the rural site, police in the urban and the rural sites) were willing to expand/intensify substance-related preventive services Youth-led preventive initiatives were well accepted in both sites Explicit efforts/commitment among particular (non-) governmental agencies in both sites to sustain, extend and improve service outreach Government support for scientific monitoring and ongoing evaluation of the impact of policies/actions at all levels (e.g. central, provincial and local/district/community level), e.g. in terms of cost-effectiveness, sustainability, scope of outcomes |

2.5 Community Profile 2: Societal structures and processes

The understanding of substance use among organized units is presented in Table 11. The types of substances used, patterns and trends, contributing factors to youth substance use and the understanding of the consequences of substance use confirmed the findings of the adult and youth KAP studies. In addition, the findings pointed out important societal factors that led to substance use, such as trafficking in illicit substances, social and environmental pressures. Various broad societal burdens impacted on the baseline assessment sites, including, for example, high rates of injuries, tuberculosis and HIV infection—in 1999 the proportion of female 15-24 year olds living with HIV/AIDS was estimated at 27%. In addition, the urban site had many organized crime networks as well as higher rates of crime overall, driving under the influence of substances, and arrests for possession of and trade in illicit substances.

Table 12 presents the status of trade in substances in the two sites. In general the marketing medium, the content and the intensity of the marketing of alcohol and tobacco encouraged trade in these substances. In addition, illicit trade was promoted by means of various networks. A wide range of other substances was marketed and the range of target groups was expanding. Trafficking in illicit substances was on the increase even in the rural site—through cross-border truck drivers, holidaymakers and “drug houses”. The table also presents the main government and non-government policies and legislative and regulatory measures to counter trade, distribution and use of substances.

Table 11: Organized social units' understanding of substance use

| Status, development and consequences of psychoactive substance use |
|--|
| <p><u>Types of substances commonly used</u></p> <ul style="list-style-type: none"> • Licit substances (tobacco, alcohol, solvents) and the illicit substance, cannabis • Illicit psychoactive substances such as mandrax, cocaine and heroin were fairly common, especially in affluent districts in the urban site <p><u>Substance use patterns/trends</u></p> <ul style="list-style-type: none"> • Substance use was not restricted to particular socioeconomic sectors • Male rather than female residents, older rather than younger persons, and urban rather than rural residents used substances, especially illicit substances • The use of licit substances (cigarettes, alcohol, inhalants) was distinctly more common than illicit substances among the very young and female residents generally, and in socioeconomically disadvantaged sectors • Substance use was particularly common at public places of entertainment, in private homes (when guardians were not present), and at school/college premises (e.g. in toilets) <p><u>Contributors to substance use, especially youthful substance use</u></p> <ul style="list-style-type: none"> • (Increase in) substance trafficking networks (e.g. established substance traffickers recruited young people into trafficking; cross-border truck drivers, holidaymakers/visitors and “substance houses” in affluent districts sold substances; legitimate/formal agencies (e.g. teachers, police) assisted in the distribution of substances to youngsters • (Youngsters’) psychological needs: fun/enjoyment, feeling “high”, feeling confident/brave/clever, forgetting unpleasantness (e.g. feelings of depression, negative experiences such as rape) • (Youngsters’) social needs: to please friends, be accepted, be fashionable/stylish • Social pressures (youngsters recruited/forced by parents, teachers and gang members into substance trafficking) • Environmental/social deprivation: unemployment, family breakdown, homelessness, lack of substance-free entertainment facilities • Significant others (e.g. parents, teachers, police) also used substances <p><u>Consequences of substance use</u></p> <ul style="list-style-type: none"> • Negative consequences at all levels of society (especially noticeable in urban site), i.e. at societal level (e.g. economic breakdown), at group/community level (e.g. family breakdown), at individual level (school/employment drop-out, criminal activity (e.g. theft, rape), neglect of social responsibilities (e.g. as parents), disease (e.g. HIV/AIDS), injury, death |

Table 12: Status of trade in substances

| Marketing medium | Content and intensity of marketing | National, provincial, local government and non-government policy | Legislative and other regulatory measures |
|--|--|--|---|
| <p><u>Tobacco</u></p> <ul style="list-style-type: none"> Sponsorships and promotion, but advertisements prohibited <p><u>Alcohol</u></p> <ul style="list-style-type: none"> Television (advertisements) Radio (advertisements) Newspapers, magazines and billboards (advertisements) Cinema (advertisements) Liquor industry sponsorships of various events, e.g. sport, adventure and outdoor activities, music festivals, live shows, raves Amount spent on sponsorship and promotional advertisements between January and October 2000 about 200 000 US\$ Licensed/unlicensed production and a variety of outlets, e.g. restaurants, retail stores, bottle stores, hotels, clubs (licensed liquor outlets per km² more in the rural (2.75) than urban site (0.7)) <p><u>Other substances</u></p> <p>Illicit trading through licit and illicit networks</p> | <p><u>Tobacco</u></p> <ul style="list-style-type: none"> Advertisements prohibited <p><u>Alcohol</u></p> <p>Television advertisements</p> <ul style="list-style-type: none"> Anecdotal evidence of an increase in the range and intensity of television alcohol advertisements Target groups: Anecdotal evidence that a wide range of groups but especially sport fans and the youth were targeted in alcohol advertising <p>Portrayed images focussed on “coolness”, fun, stylishness, problem-solving ability, romance, freedom, accomplishment, social cohesion/bonding</p> <p>Radio and cinema advertisements</p> <ul style="list-style-type: none"> Anecdotal evidence of an increase in the range and intensity of radio and cinema advertisements Target groups: Anecdotal evidence that a wide range of groups but especially sport fans and young people were targeted <p>Newspaper/magazine/billboard advertisements</p> <ul style="list-style-type: none"> Anecdotal evidence that the range and intensity of alcohol advertising in the printed media were less than in the case of television and radio and more common in the urban than in the rural area Target groups: Anecdotal evidence that a wide range of groups was targeted in alcohol advertising <p><u>Other substances</u></p> <p>An increase in the range of illicit substances marketed and in groups targeted</p> | <ul style="list-style-type: none"> Comprehensive and integrated plan to counter substance problems among especially young people, i.e. the National Drug Master Plan (NDMP), approved by the South African Parliament in 1999 Single agency with various government and non-governmental agencies represented, i.e. the Central Drug Authority (CDA), established through the Prevention and Treatment of Drug Dependency Amendment Act (Act 14 of 1999) Draft Health Sector Strategic Framework: 1999-2004, tabled in 1999 and aiming to decrease substance abuse by 10.0% by 2004, facilitates training of health workers in the prevention of substance abuse and substance-related treatment within the health sector Department of Health’s Draft Policy Guidelines for Adolescent and Youth Health (1999) Department of Health’s Framework for the Development of Substance Abuse Policy Guidelines (2000) White Paper of the Department of Welfare and Population Development (1997) Policy documents of provincial departments of economic affairs on liquor outlet regulations, e.g. the Western Cape Green Paper on liquor outlet regulations Department of Finance’s policy regulations on excise tax on alcohol and tobacco products National Youth Policy 2000, identifying youth substance abuse as a second priority in its National Action Plan | <p><u>Government measures</u></p> <ul style="list-style-type: none"> Measures prioritizing youth issues, e.g. the Youth Act (Act 19 of 1996), in terms of which the National Youth Commission (based in the Office of the Deputy President) and the National Youth Council were established in 1996 Legislative measures to reduce availability of and demand for substances: Liquor Bill (Act 28 of 1998) (e.g. stipulating bans on alcohol sales to persons younger than 18, and licensing of on/off-premises sale of liquor), the Drugs and Drug Trafficking Act (Act 140 of 1992), the Prevention and Treatment of Drug Dependency Act (Act 20 of 1992), the Medicines and Related Substances Control Act (Act 101 of 1965), the Institute for Drug-Free Sport Act (Act 14 of 1997), Road Transportation Act (Act 74 of 1977) (e.g. stipulating minimum blood alcohol levels for drivers), the Criminal Procedure Act (Act 51 of 1977), Tobacco Products Control Amendment Act (Act 12 of 1999) (e.g. prohibiting tobacco advertising, sponsorship and promotion, restricting smoking in enclosed public places to designated areas, restricting free distribution of tobacco products, setting maximum limits on the nicotine and tar content of cigarettes), International Co-operation in Criminal Matters Act (Act 75 of 1996), Prevention of Organized Crime Act (Act 121 of 1998) Agreements to collaborate with other countries (e.g. in the Southern African Development Community (SADC) region) to reduce trafficking in illicit substances SA Government’s Integrated Sustainable Rural Development and Urban Renewal Strategy, helping local communities to identify and meet needs cost-effectively <p><u>Non-government measures</u></p> <p>Self-regulation in liquor industry, e.g. Liquor Industry’s Advertising, Packaging and Promotions Code of Practice</p> |

2.6 Intervention development

2.6.1 Key concerns

The baseline findings suggest the key intervention concerns listed below.

Key concerns: Community Profile 1

- Widespread alcohol/cigarette use in the urban site and among males
- Cannabis as the most commonly used illicit substance
- The use of mandrax, cocaine and heroin in the urban site
- Regular (daily/weekly) smoking/drinking in both sites, and heavy smoking/drinking (e.g. at least five cigarettes a day, taking five drinks in a row) in the urban site
- Substance-related injuries, fights/arguments and poor work performance in the urban site
- Adult/parental approval of heavy/regular drinking/smoking, the belief that substance use entails no or a slight risk and that cannabis use should be legalized in the rural site
- A belief in the urban site that it is easy to obtain substances
- A lack of substance use-related preventive services in the rural site

Key concerns: Community Profile 2

- Heavy health burdens, such as HIV infection, tuberculosis and injuries
- Intense economic and infrastructural constraints in the rural site, such as extreme poverty, lack of medical and police facilities, and limited formal housing
- Trade in substances in the rural site
- Safety constraints in the urban site such as substance use-related offences

Key concerns: Youth KAP Survey

- Substance use among urban 15-19 year olds
- Early onset (10-14 years) of substance use for enjoyment/stress relief in the rural site
- Starting substance use out of curiosity in the urban site
- Pressure from peers and relatives towards substance use in the urban site

- Youth approval of cigarette use in the rural site, and of drinking in the urban site
- Rural youths believe heavy smoking/drinking and cannabis use entail no or a slight risk
- The belief among rural young people that it is easy to obtain alcohol

2.6.2 Intervention priorities

The above concerns and preferences expressed by community leaders suggest a need for at least the following interventions in which young people should participate:

In the rural site

1. Facilitating socioeconomic development, substance-related services, a reduction in the availability of substances, and non-approval of alcohol, tobacco and cannabis use
2. Motivating and teaching 10-14 year olds and 15-19 year olds in particular through awareness campaigns and peer education not to succumb to social enticement to use substances, and insisting on a reduction in youth substance use
3. Mobilizing community groups and holding educational campaigns, and insisting on outcomes such as increased basic facilities and increased licit income generation
4. Reduction in the number of liquor outlets, increased deterrence of trafficking in illicit substances, and non-approval of youth substance use

In the urban site

1. Facilitating cooperation between substance-related agencies, long-term access to funding and expansion of substance-related services
2. Disentangling drug-crime links, through strengthening existing service networks, and insisting on outcomes such as increased servicing of disadvantaged districts and inter-agency agreements
3. Motivating and teaching 10-14 year olds and 15-19 year olds in particular through awareness campaigns and peer education not to succumb to social pressure to use substances, and insisting on a reduction in youth substance use
4. Increased non-approval of smoking/drinking and cannabis use, as well as increased awareness of the social and health consequences of substance use