

GAUTENG DEPARTMENT OF SOCIAL DEVELOPMENT

INTERNATIONAL DAY AGAINST SUBSTANCE ABUSE : BDE WEBINAR SERIES

STRATEGY TO ADDRESS SUBSTANCE USE CRISIS IN SCHOOLS

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GAUTENG
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

GGT2030
GROWING GAUTENG TOGETHER

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PURPOSE

- To present the GCR Anti-Substance Abuse Strategy and Departmental plans to address Substance abuse crisis in schools.

LEGISLATIVE PRESCRIPTS, POLICIES AND STRATEGIES

LEGISLATION/POLICY/ STRATEGY	PURPOSE/OBJECTIVE
The Constitution of the Republic of South, 1996	Section 27 states that everyone has the right to health care services, sufficient food and water, and social security, including, if they are unable to support themselves and their dependants, appropriate social assistance.
Prevention and Treatment of Substance Abuse Act 70 of 2008	provides for a comprehensive national response for combating substance abuse and mechanisms aimed at demand and harm reduction in relation to substance abuse through prevention, early intervention, treatment and re-integration programmes and aftercare
National Drug Master Plan 2019-2024	provides a strategic framework for interventions on the three pillars to reduce substance abuse. i.e. Demand reduction, Harm Reduction and Supply reduction
Gauteng City Region Anti-Substance Abuse Integrated Strategy -	A 5 -year integrated Provincial plan to ensure that Gauteng government takes reasonable measures to combat substance abuse with emphasis on the three pillars of the substance abuse strategic interventions. In developing the strategy various sectors were consulted to ensure that the strategy is responsive to specific issues related to substance abuse in the province

INTRODUCTION

- South Africa is a developing economy and vulnerable to the problem of alcohol tobacco and other drugs.
- The availability and prevalence of drug use in communities is escalating at an alarming rate.
- The experimentation of drugs by young people from all backgrounds span from teenagers and extend into adulthood.
- The strategy was developed to give effect to the implementation of the Prevention of and Treatment for Substance Abuse 70 of 2008 and the National Drug Master Plan(NDMP)

SITUATIONAL ANALYSIS

International trends

- Drug challenges pose difficult policy dilemmas that cannot be addressed by any one country or region alone.
- The United Nations Office on Drugs and Crime publishes the World Drug Report every year to provide a global perspective and overview of the world drug problem, offering impartial evidence with the aim of supporting dialogue and shared responses.
- According to the World Drug report (2019), in 2017, an estimated 271 million people, or 5,5 per cent of the global population aged 15-64, had used drugs in the previous year.
- The most widely used drug globally continues to be cannabis, with an estimated 188 million people having used the drug in 2017.
- Cannabis is considered to be a door to drug use and abuse and is one of the first substance children experiment with before graduating to other substances including alcohol
- The social cost of illicit drug use is estimated at up to 1.7% of GDP in some countries
- The number of people who inject drugs world-wide stood at 11.3 million and they are at an increased risk of fatal overdose and are disproportionately affected by blood-borne infectious diseases such as HIV and Hepatitis C.

SITUATIONAL ANALYSIS Cont.....

African

- According to UNODC (2014) Africa was known for its role as a transit area for drugs due to its ineffective border controls.
- In Sub-Saharan Africa, cannabis and khat were the two main cultivated drug crops. They were grown for centuries for ritual, medical and recreational purposes (especially in eastern, western and southern Africa for cannabis, in eastern Africa for khat).
- The synthetic drugs manufactured in Sub-Saharan Africa are mostly amphetamine-type stimulants (ATS) (mainly methamphetamine and methcathinone).
- Cannabis is the most widely consumed illicit psychoactive substance on the subcontinent.
- Cannabis use prevalence in Africa is much higher than the global average ([5.2-13.5% of the population aged 15-64](#)).



SITUATIONAL ANALYSIS

South African Context.

- Substance abuse is one of the major challenges facing country today and SA currently faces considerable substance abuse issues than many other African countries.
- Substance abuse has in the past years been increasing on an alarming rate despite efforts to decrease it.
- It impacts mainly on the economy of the country and mainly has increased mainly on the mental health care of the country.
- The most commonly abused substances in South Africa include alcohol, cannabis, methamphetamine(tik), cocaine, heroin, methaqualone (mandrax) heroin, codeine, prescription medications or over the counter medication such as painkillers, benzodiazepines etc.
- SA in the past year experienced an increase in cocktail or mixture drugs such and Nyaope and Wonga which have devastating effects on users including death. Recent reports from SACENDU suggest an increase in substance use amongst children below the age of 14.
- Young children as young as 12 years are using substances especially the mix of over-the-counter
- The annual economic cost associated with harmful alcohol use in South Africa has been estimated at between R245 933 - R280 687 billion. This is approximately 12% of the country's gross domestic product (GDP).
- The South African Youth Risk Behaviour Survey of 2008 surveyed over 10,000 random South African learners and found that "almost one in three learners (29.5%) reported ever having smoked cigarettes in their lifetime"

SITUATIONAL ANALYSIS

Gauteng Context.

- Gauteng is rated 4th in the country on substance abuse following Western Cape, KwaZulu Natal and Free State. SACENDU statistics show an alarming increase in substance abuse in Gauteng over the past three years and since Covid.
- Gauteng has observed an increase in the number of children below 18 experimenting and subsequently being addicted to substances in the past 5 years
- The first case of below the age of 9 addicted to substances (glue) was reported in 2014 prompting the department to relook at its response to treatment of children below the age of 12.
- There is an increased range of drugs available and normalization of drug related behaviour and attitudes.
- The increase in the use of crystal meth and concoction of OTCM by learners is a concern especially as crystal meth is known for its effect on behaviour and triggering violent and aggressive behaviour.
- The substance abuse crisis in SA has prompted the province to elevate SUD as a priority of the province with expectations to intensify prevention, increase access to treatment, skills development and strengthen collaboration amongst departments, private sector, civil society etc in all efforts to tackle substance abuse
- School interventions had to be strengthened and intensified to address the problem at an early stage thus resulting in an MOU between the two departments

GCR ANTI SUBSTANCE ABUSE STRATEGY

- Development of the GCR Anti-Substance Abuse Strategy was informed by the NDMP and Act 70 of 2008.
- The Provincial Integrated Prevention and Treatment strategy 2012-2016 was developed and approved by Cabinet EXCO in 2012.
- This strategy was not aligned to Act 70 of 2008 as the Act was not yet promulgated and the NDMP (2013-2017) was not adopted by Parliament.
- At the end of the term for each strategy an evaluation is conducted to identify strengths, success, failures, gaps in order to make improvements in the new strategy.
- The GCR Anti-Substance Abuse Strategy 2020-2025 is aligned to the Prevention of and Treatment for Substance Abuse Act No. 70 of 2008 and the NDMP 2019-2024.
- A GCR conference was hosted in February 2019 to set the platform for development of the strategy.
- The strategy is due for review and a new GCR Anti Substance Abuse Strategy 2025-2039 will be developed by October 2025 in line with the project plan
- Supply reduction remains the responsibility of Community Safety and justice however a comprehensive plan is developed in consultation, collaboration with other sectors to ensure that all areas are covered including school safety programmes

GCR ANTI SUBSTANCE ABUSE STRATEGY-VISION AND MISSION

VISION

Gauteng City Region free of substance abuse.

MISSION

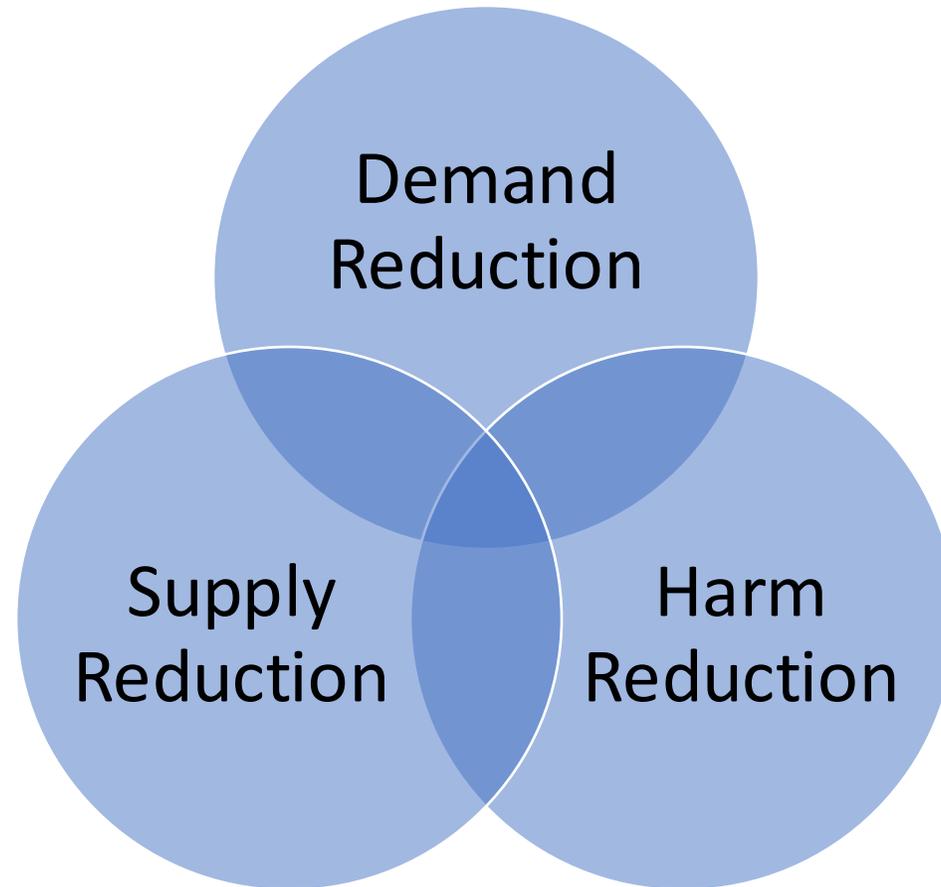
- Implement integrated and multifaceted evidence-based approach in dealing with substance use disorders
- Effectively reduce the demand for drugs through appropriate prevention and awareness programmes
- To reduce supply of drugs through effective law enforcement responses to drug related crimes and countering money laundering and promote judicial cooperation

OBJECTIVES OF THE STRATEGY

- To ensure the provisioning of appropriate and holistic preventative, treatment, after care and reintegration programmes to individuals, families and communities.
- To enhance effective coordination and integration of substance abuse services in partnership with other stakeholders through integrated and coordinated reporting lines.
- To ensure multi-sectoral, integrated and holistic approach that requires strong co-ordination structures and specialised knowledge and skills to address substance abuse.
- To ensure reduction of drug supply through effective law enforcement responses to drug related crimes and countering money laundering and promoting judicial cooperation.



PILLARS OF THE STRATEGY



PILLARS OF THE STRATEGY

Demand reduction

- The primary objective of drug prevention is to help people, particularly but not exclusively young people, to avoid or delay initiation into the use of drugs, or, if they have started already, to avoid developing disorders
- The general aim of drug prevention, however, is much broader and includes the healthy and safe development of children and youth to realize their talents and potential and become contributing members of their community and society.
- Effective drug prevention contributes significantly to the positive engagement of children, young people and adults with their families, schools, workplace and community.
- Prevention strategies based on scientific evidence working with families, schools and communities can ensure that children and young people, especially the most marginalized and poor, grow and stay healthy and safe into adulthood and old age.

PILLARS OF THE STRATEGY CONT....

Harm Reduction

- **Early Intervention**

The goals of early intervention are to reduce the harms associated with substance misuse, to reduce risk behaviors before they lead to injury to improve health and social function, and to prevent progression to a disorder and subsequent need for specialty substances use disorder services.

- **Treatment**

The goals of substance use disorder treatment are similar to those of treatments for other serious, often chronic, illnesses: reduce the major symptoms of the illness, improve health and social function, and teach and motivate patients to monitor their condition and manage threats of relapse.

- **Reintegration and After Care**

For effective treatment to be achieved, reintegration services should form part of treatment and service users' individualized treatment plans. Reintegration services should address issues that may have contributed to service users' substance abuse problems and also mitigate structural and environmental factors that might negatively impact recovery. After care is a necessary phase of continuing treatment process for people that have completed primary treatment programmes

PILLARS OF THE STRATEGY CONT....

- **Supply Reduction**

- Law enforcement approaches to reduce drug supply in South Africa is moving its focus from mainly arresting the drug users who constitute more than 80% of drug related cases currently, to the manufacturers, distributors, and traffickers of drugs.
- This change necessitates coordination between the criminal justice and public health sectors, as well as policy reform to reduce drug supply.
- The (UNODC) urge countries to do more to improve international cooperation and law enforcement capacities to dismantle organized criminal groups and stop drug trafficking

GCR RESPONSE TO SUBSTANCE ABUSE

- **Provincial Integrated Prevention and Treatment of Substance Abuse Strategy (2012-2016)**

The strategy was to intensify efforts to combat substance abuse in the province by ensuring that substance abuse programmes are prioritised and resources are allocated appropriately

- **Eldorado Park Multi-Sectoral Intervention Programme (2013)**

Govt developed an intervention plan to address the root causes and detrimental effects of substance and implement broader strategies to enhance the socio-economic development of Eldorado Park and surrounding communities.

- **Advocacy on classification of Nyaope**

DSD spearheaded the campaign to classify NyaopeNyaope as an illicit drug in terms of the Drug and Drug Trafficking Act 140 of 1992 as amended. Despite the criminalization of nyaope, the GCR didn't realize the reduction in the number of people using the drug as it is easily accessible in townships and affordable

GCR RESPONSE TO SUBSTANCE ABUSE

- **Accelerated Social Transformation Strategy (2016)**

Building Safe and Secure Communities – a key focus area is to enhance community participation in the fight against proliferation of substance abuse

- **Gauteng City Region (GCR) Anti-Substance Abuse Social Movement campaign (2016-2019)**

The campaign was conceptualized within the vision of the GCR Accelerated Social Transformation Strategy Department to intensify efforts to combat substance abuse and also move closer to realizing the objectives of the Prevention of and Treatment for Substance Abuse Act, 70 of 2008 and the National Drug Master Plan 2013-2017.

- **GCR Evidence Based Best Practice conference**

The GCR conference was planned to reflect on the current best practices to reduce the demand for drug, reduce the harm for drugs and the supply of drugs in communities

- **Operation Okae Molao**

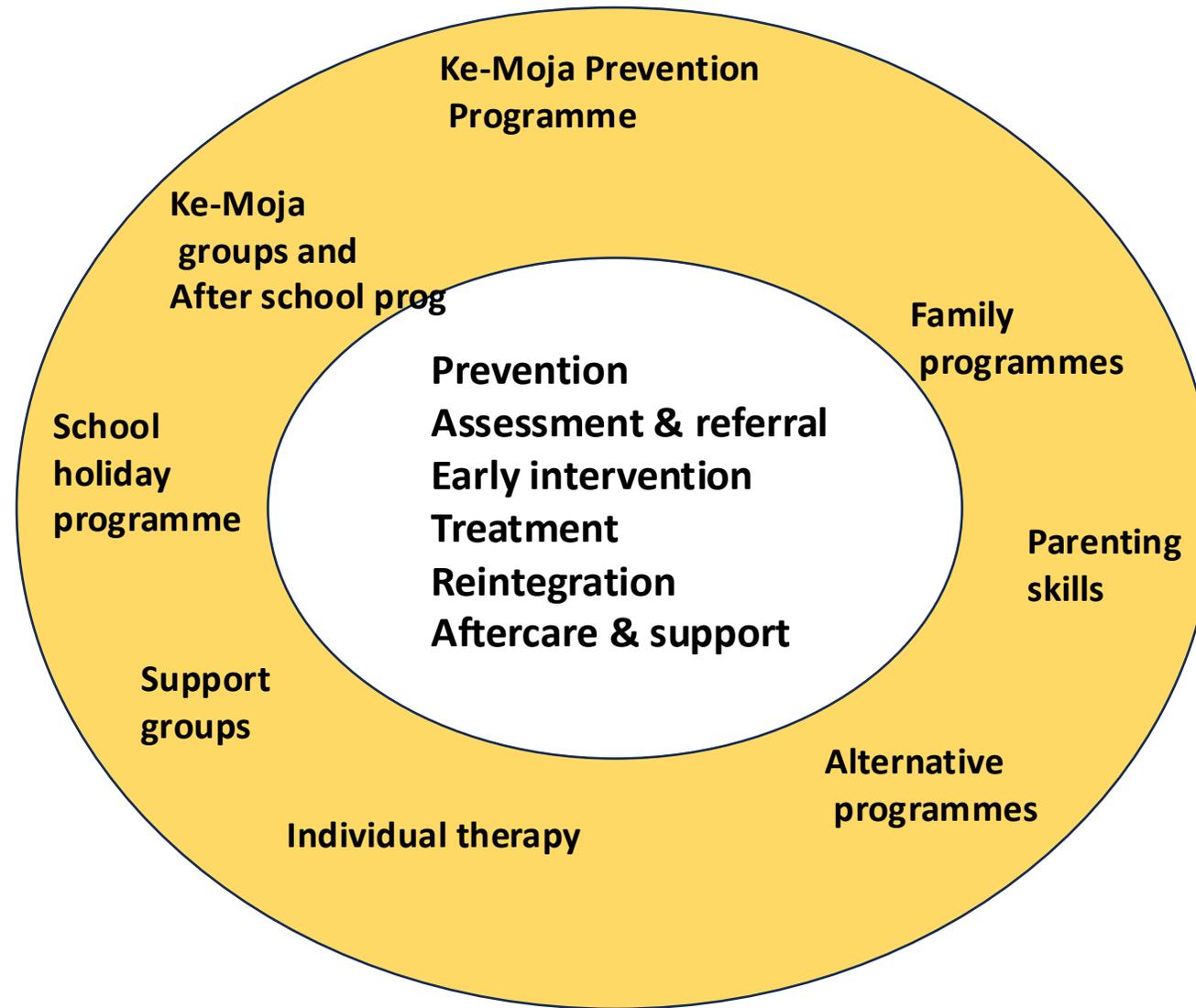
This programme is implemented as a multi-disciplinary approach aimed at enforcing the rule of law to restore public confidence in law enforcement

SCHOOL INTERVENTIONS

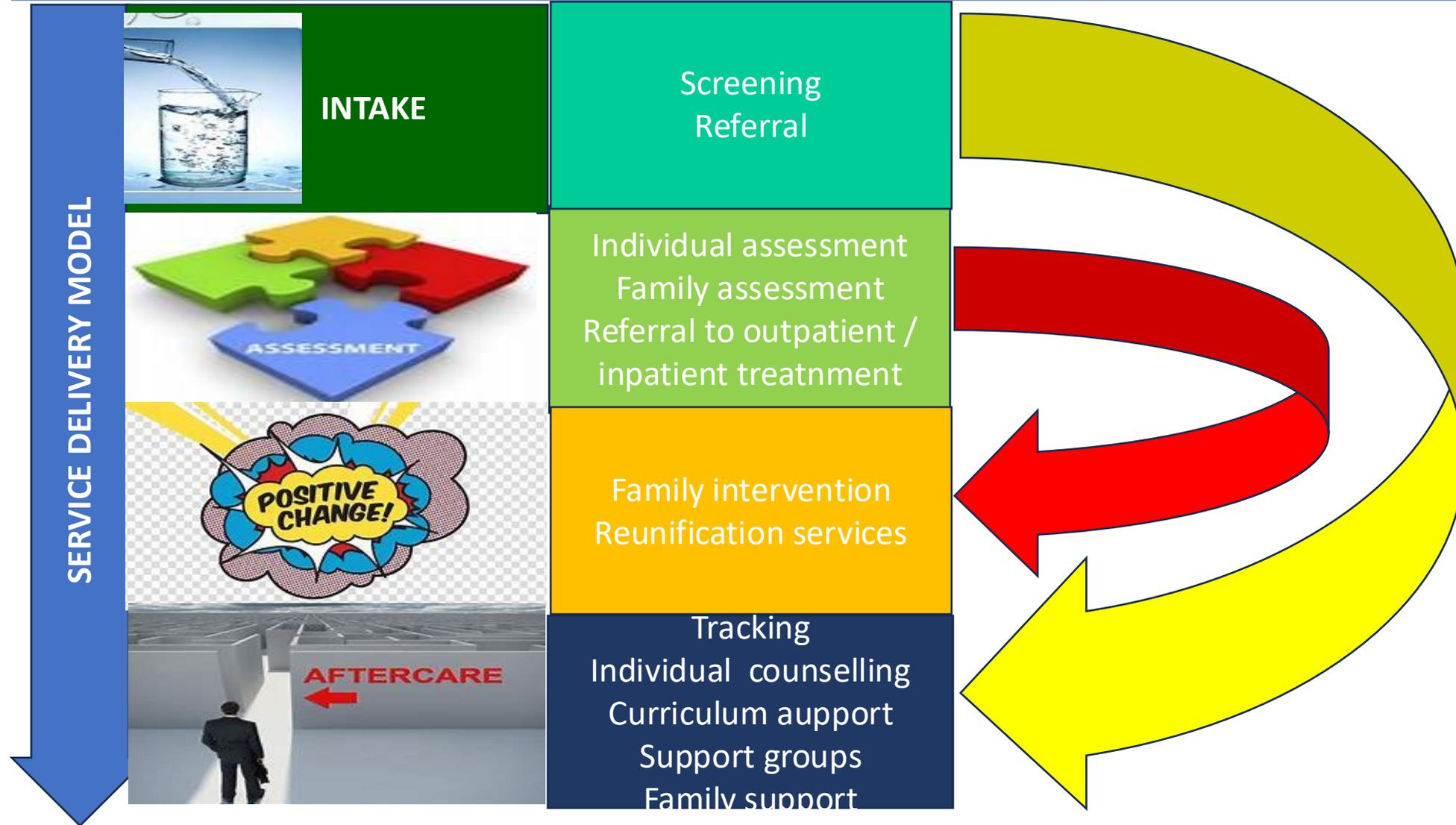
- In 2014 GDBE engaged with GDSD on collaboration at school level to address challenges that were faced by schools
- The main challenges were violence, cyber bullying, sexual violations and substance abuse
- Substance use and abuse was identified as the key contributing factors of all main challenges faced by schools
- The two departments entered into a through an MOU to address social problems in schools;
- Monitoring and evaluation of the programme was conducted in 2018 and the services of GDSD were found effective in reducing the problems that GDBE faced.
- The partnership did not focus on substance abuse interventions only but the broader scope of psychosocial issues that could lead to substance use
- One of the key programmes implemented in schools is the Ke-Moja I an fine without drugs programmes in schools



COMPONENTS OF INTERVENTION IN SCHOOLS



TREATMENT



BACKGROUND OF KE-MOJA PROGRAMME

- Ke Moja is a National Programme which was launched by the Minister of Social Development in 2003.
- The Programme is aimed at reducing demand for drugs amongst youth by empowering them to make informed choices and resist the use of drugs.
- It is implemented across the country in 9 Provinces
- In 2012 National DSD commissioned an evaluation on Ke-Moja Prevention programme, 10 years after its launch and the report identified strengths and developmental areas of the programme.
- One of the major outcomes of the evaluation was that, although informative, the short term and mass presentation of the programme was not as effective as it should be
- Lack of staff capacity coupled with other responsibilities of implementing officials impacted on the implementation
- At the time Gauteng was not doing well on implementation of Ke-Moja due to lack of dedicated staff to implement the programme and render direct substance abuse services
- In 2013 GDSD entered into partnership with AYDF for capacity building, training, support implementation and monitoring of Ke-Moja
- In 2014 GDE expressed challenges with the growing increase of substance abuse and violence in schools which led to GDSD entering into an MOU with GDE for provision of Social Work services

Ke Moja implementation structure

- 500 (517 Actual count) Ke Moja Coaches – 50(43 Actual count) Coordinators
- Ke Moja Peer Education Coaches: We have 295 peer education Coaches who are implementing the programme in 727 schools.
- There are 103 Puppet Coaches who specialize in using puppetry as a creative tool to convey the Ke Moja message.
- Ke Moja Alternatives Coaches: We have 102 Alternatives Coaches who are targeting youth out of school through KeMoja Alternatives - KeMoja Poetry, KeMoja Beat (Dance), KeMoja Music, KeMoja Hearts & Minds (Drama) & KeMoja Physical Fitness.
- Ke Moja Coordinators – We have 43 Ke Moja Coordinators who play a crucial role in in the overall management and coordination of the programme at the NPO level. They are responsible for NPO annual implementation plans, recruitment of Ke Moja Coaches, leading, supervising the work of Ke Moja Coaches to maintain programme quality implementation. The Coordinators are implementing the Ke Moja Parents and Caregivers programme in communities.
- 26 NPOs – 47 Offices in 5 regions
- Parents and Care givers, Communities
- In over 600 schools
- Annual Awards Ceremony



KE-MOJA PROGRAMME CONT....

EVALUATION OF KE MOJA PROGRAMME BY NDSD

- The NDSD commissioned a study in 2012 to evaluate the Ke Moja programme in five selected provinces of South Africa, namely; Gauteng, Northwest, Northern Cape, Western Cape and KwaZulu Natal.
- The purpose of the evaluation was to examine the current state of the programme in order to gain an understanding of its appropriateness and effectiveness.
- Participants felt that the programme was not only a positive intervention for the youth but for the communities from which the young people come.
- In Gauteng the programme was implemented mainly by DSD and the responsibility of training was with the provincial office.
- The implementation of the Ke Moja programme was reviewed and restructured in 2012/2013 financial year and the implementation is done mainly by the NPO sector that reached over 6 million learners and youth since the programme was reviewed.
- An evaluation of the programme was conducted in June 2024 and its outcomes and recommendations are to be incorporated into the reviewed strategy

GAUTENG DEPARTMENT OF EDUCATION FEEDBACK

Benefits	Challenges
<ul style="list-style-type: none"> • Accessible & provide a physical infrastructure • Reaches over 2 million (GP) million learners on a daily basis • Programme implemented in an interactive manner • Programme adds to and is aligned to the Life-Skills curriculum • Facilitators can engage with learners in an age-appropriate manner • Early identification, age-appropriate C&S • Increased awareness of the harmful effects of substance use/abuse amongst youth • Availability of manuals for modular programme reinforces information and provides learners with reference 	<ul style="list-style-type: none"> • Programme implemented as secondary to curriculum and not prioritized • Programme implemented in isolation from other tangible programmes/interventions (Sports, Arts & Culture) • Challenges with implementation of programme as afterschool programme due to scholar transport • Some schools refusing access to schools Ke Moja coaches - district interventions/monitoring of reported substance abuse incidents in schools



GAUTENG DEPARTMENT OF EDUCATION FEEDBACK

Benefits

- Coaches are well trained and knowledgeable
- Improved educational outcomes / performance in high-risk school
- Programme provides job opportunities- Over 60 young people are employed through the programme
- Enhancement of skills and experience- Programme has opened opportunities for youth (facilitators) to gain experience and get employment
- Modular programme reported as effective that mass- based programme (with modular programme participants write tests to determine if they grasp information)
- Programme has so far reached over 6 million beneficiaries
- Over 600 schools in Gauteng are reached

Challenges

- Lack of integrated approaches to substance abuse prevention and education programmes for youth – involve youth and intersectoral collaboration
- Programme not implemented in all schools
- Not all schools are reached
- Programme not prioritized in some schools
- Lack of Community programmes
- Poor integration of other activities

GAPS IDENTIFIED IN SCHOOL INTERVENTION

Gap	Recommendation	Action
Lack of integrated approaches to substance abuse prevention and education programmes for youth	<ul style="list-style-type: none"> Integration of programme with other activities in partnership with Dept of Sports Arts & Culture and partnership with Dept of Sports, Arts, Cultural Dev 	DSD to facilitate engagement with GED, DSARD and develop plan of action for integration
Not all schools have access to the programme	<ul style="list-style-type: none"> Training and capacity building of LSA and Youth brigades to increase access 	DSD to identify youth brigades and facilitate training
Invisibility of programme	<ul style="list-style-type: none"> Massify programme visibility through active participation in social media and local media 	Engagement with communications to create weekly platform for Ke-Moja



PROPOSED PROGRAMMES FOR INCORPORATION IN THE NEW STRATEGY

Programme	Activities	Mode of implementation	Stakeholders	Budget/ Resources	Responsibility
Ke-Moja Sports	Soccer tournaments Netball competition Basketball competition Hiking activities	Regional & Provincial tournaments	GDARDE DSACR Private business	Trophies & medals Water Transport	GDSACR GDED DSD
Arts & Culture competitions	Regional activities Provincial	Regional and Provincial activities	DSACR Private business	Trophies & medals Water Transport catering	GDSACR GDED DSD



PROPOSED PROGRAMMES FOR THE NEW STRATEGY

Programme	Activities	Mode of implementation	Stakeholders	Budget/ Resources	Responsibility
Inter-School Debate on substance abuse & binge drinking	Regional	Open Media	GDED	Transport	DSD GDEDU
Anti- Substance abuse public debate & GBV	Provincial	Formal Event	GDED Media Pvt Business	Transport Catering\ Prizes	DSD- Province

MONITORING AND EVALUATION

- Monitoring and Evaluation of the Strategy involve monthly collection of data and deliverables, reporting and evaluation of activities at all levels of the Implementation Plan.
- The five-year implementation plan with its deliverables, targets and time frames
- Annual plans and quarterly progress reports
- The information gathered will assist in tracking progress, stocktake on the strategy and reporting to oversight structures namely the GPG Planning Division, Executive Council, Central Drug Authority and all other Key Stakeholders.



THANK YOU

