



# HIGH Life



basic education

Department:  
Basic Education  
REPUBLIC OF SOUTH AFRICA

# High on Life<sup>^</sup> Resource Kit



# Literature Review

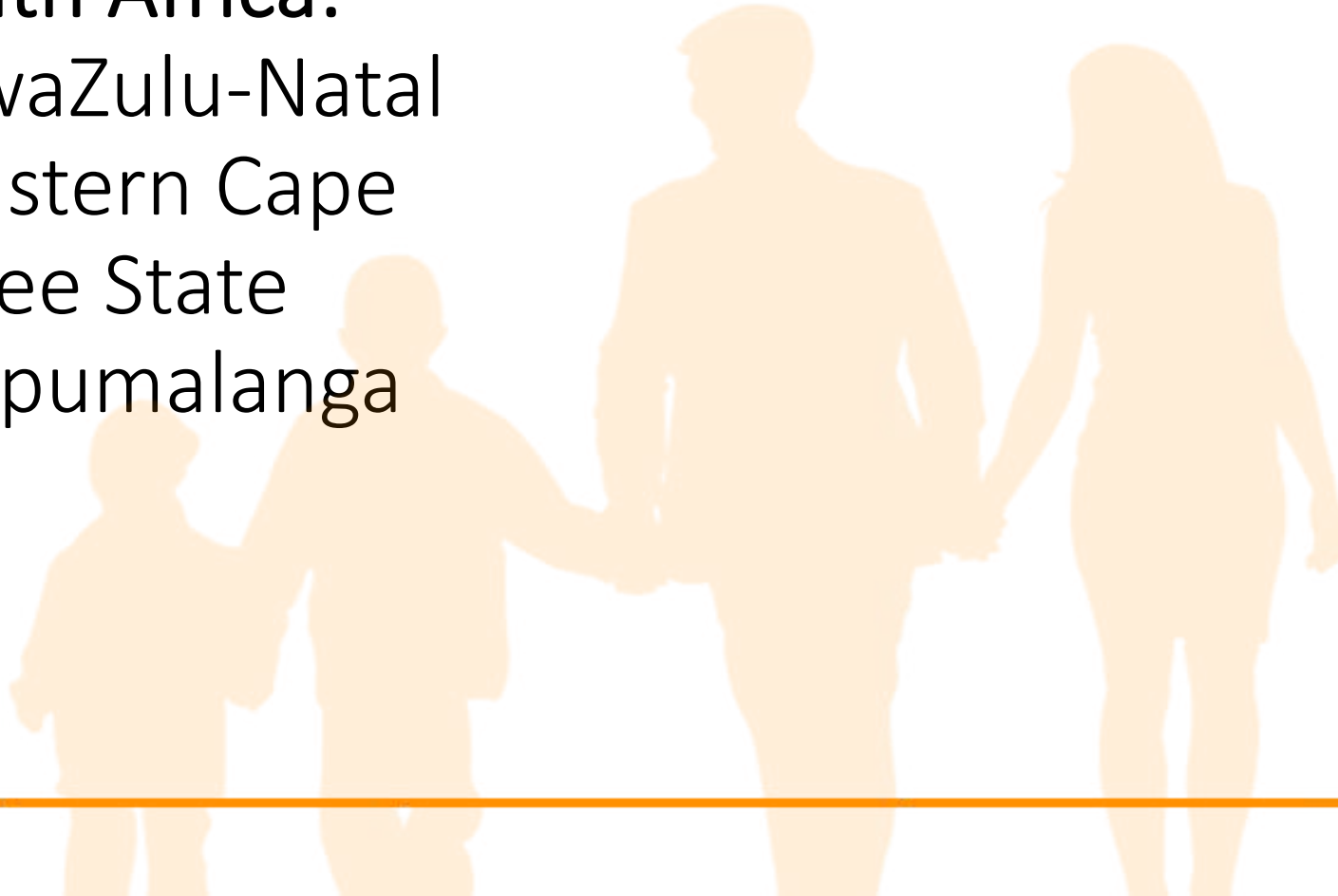
*Dr Nadine Harker Burnhams & Mr. Lefate Makunyane*

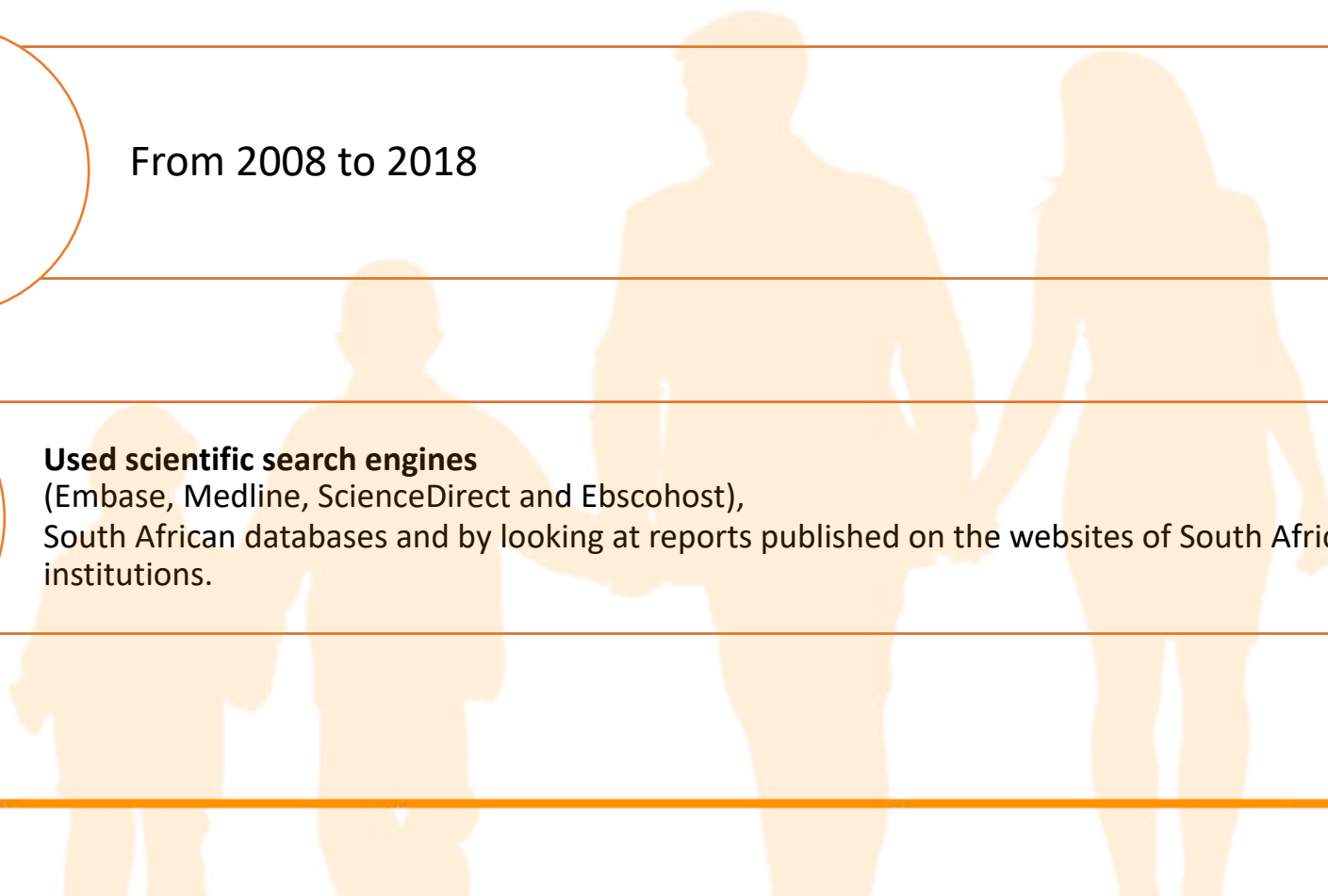
“There can be no keener revelation of a society's soul than the way in which it treats its children.”

Nelson Mandela

Research was conducted in four(4) of the nine provinces of South Africa:

- KwaZulu-Natal
- Eastern Cape
- Free State
- Mpumalanga





Research conducted in the four provinces

From 2008 to 2018

**Used scientific search engines**  
(Embase, Medline, ScienceDirect and Ebscohost),  
South African databases and by looking at reports published on the websites of South African and at tertiary education institutions.

# SOURCE

- South African Youth Risk Behaviour Survey (YRBS) .
- The South African Community Epidemiology Network on Drug Use (SACENDU) .

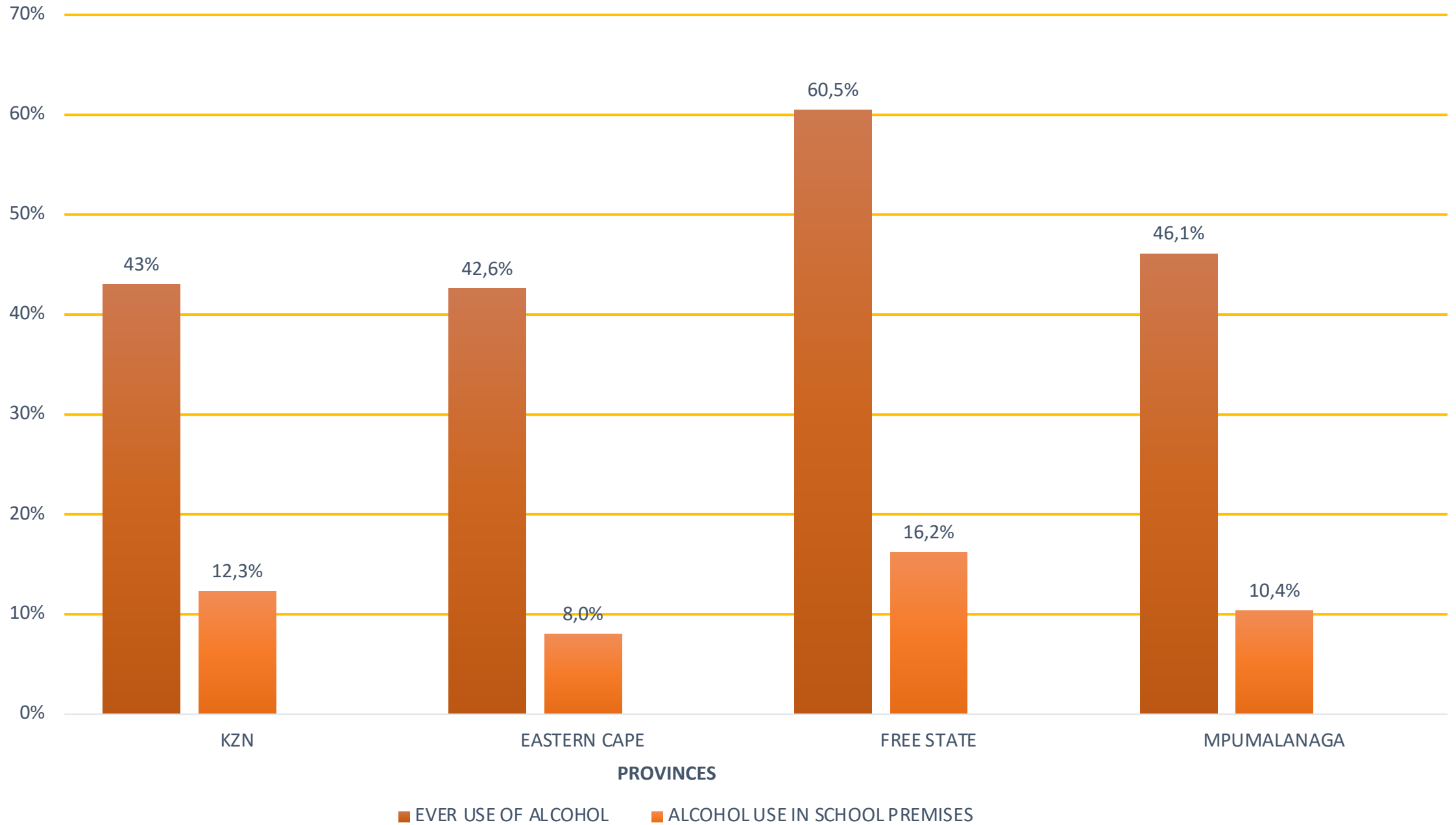
## LACK OF INFORMATION

- EASTERN CAPE-total number of “ever use” drugs included other provinces
- FREE STATE- no information about the number of HEROIN users
- MPUMALANGA- no information about total number of “over the counter user”.
- Cocaine- no information in Free state and Mpumalanga province
- EASTERN CAPE- no information about the number of cannabis/mandrax

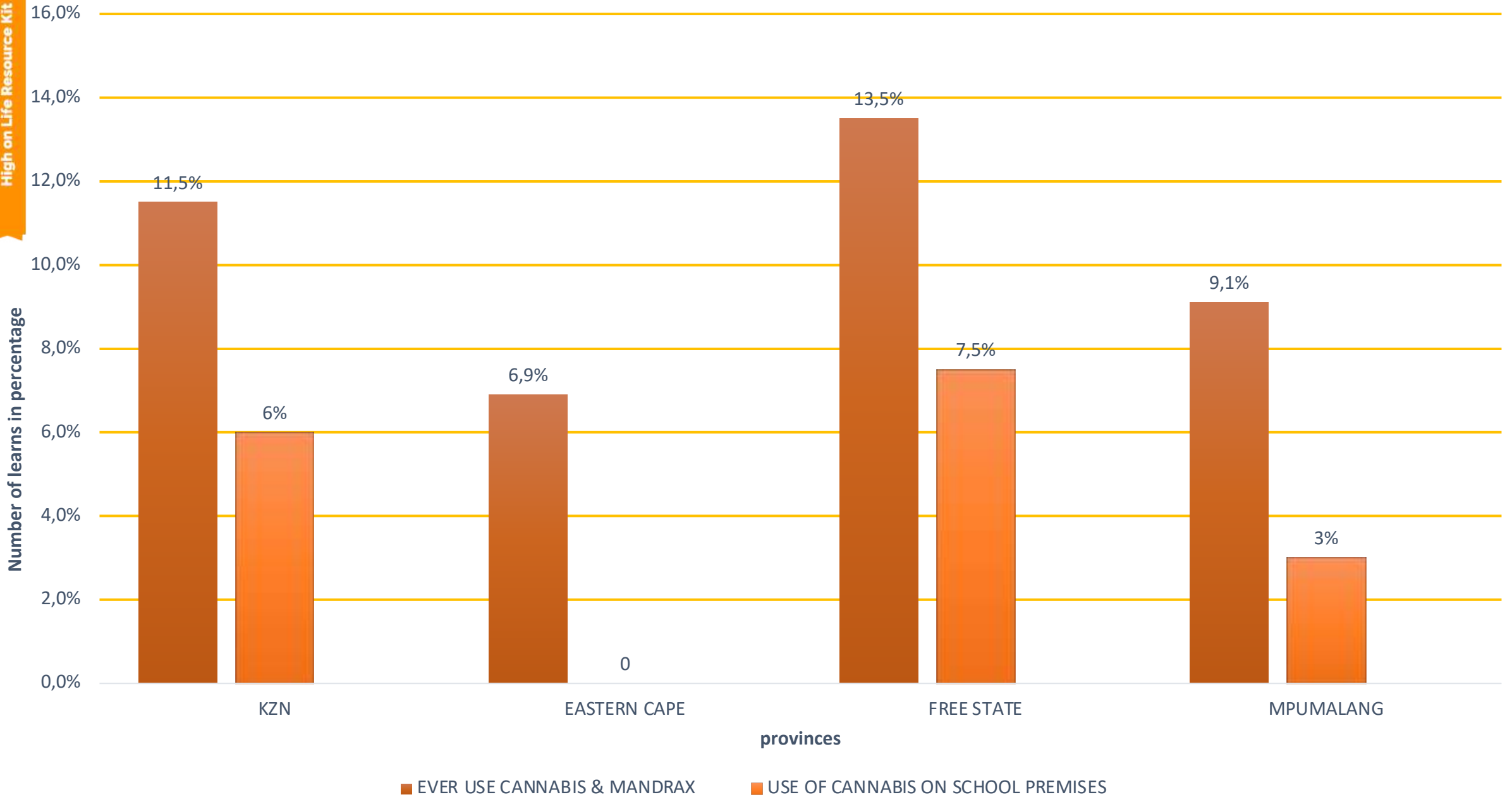
# ALCOHOL USE



NUMBER OF LEARNERS  
IN PERCENTAGE



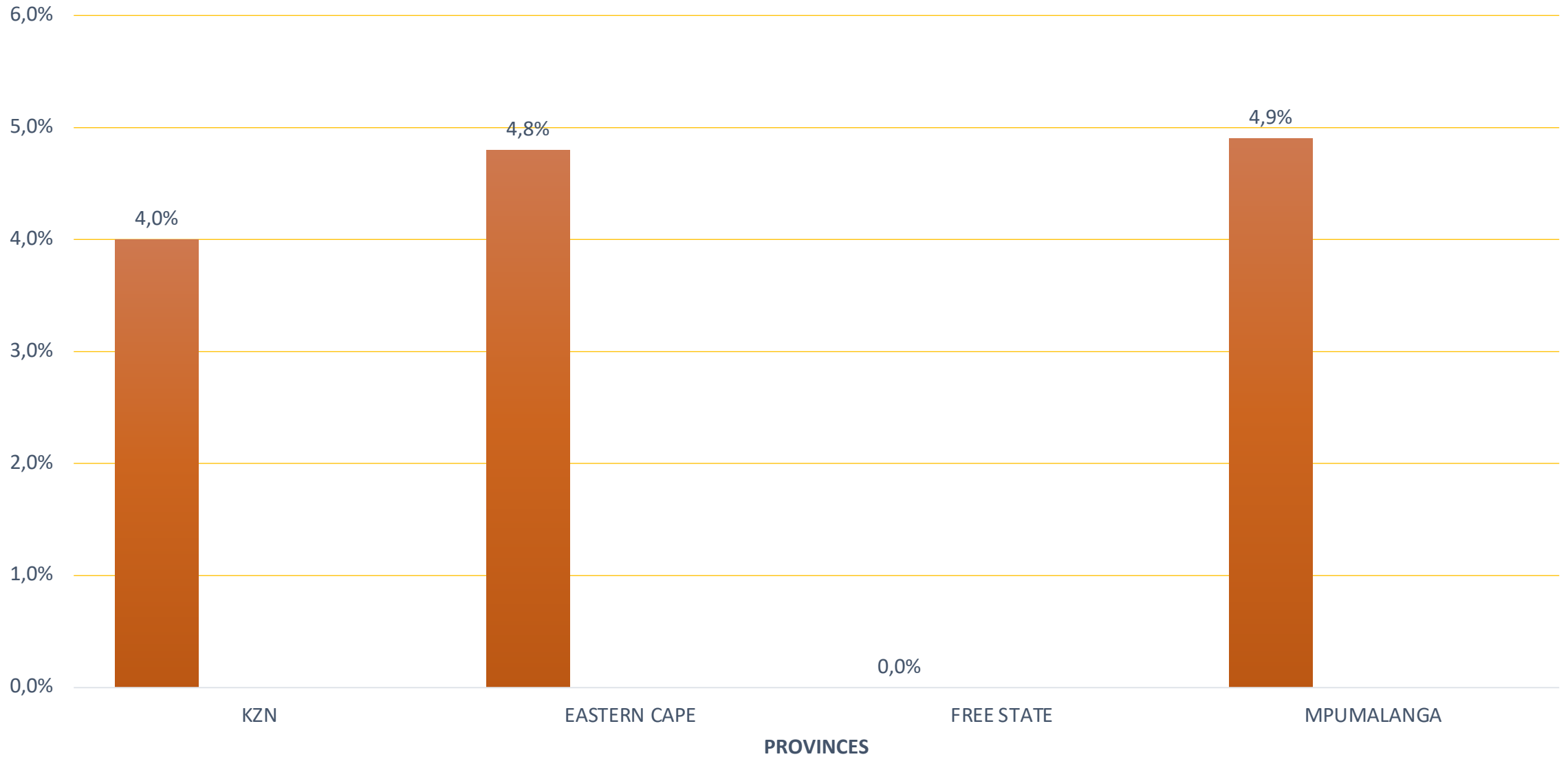
# CANNABIS & MANDRAX



# HEROIN



NUMBER OF LEARNER  
IN PERCENTAGE



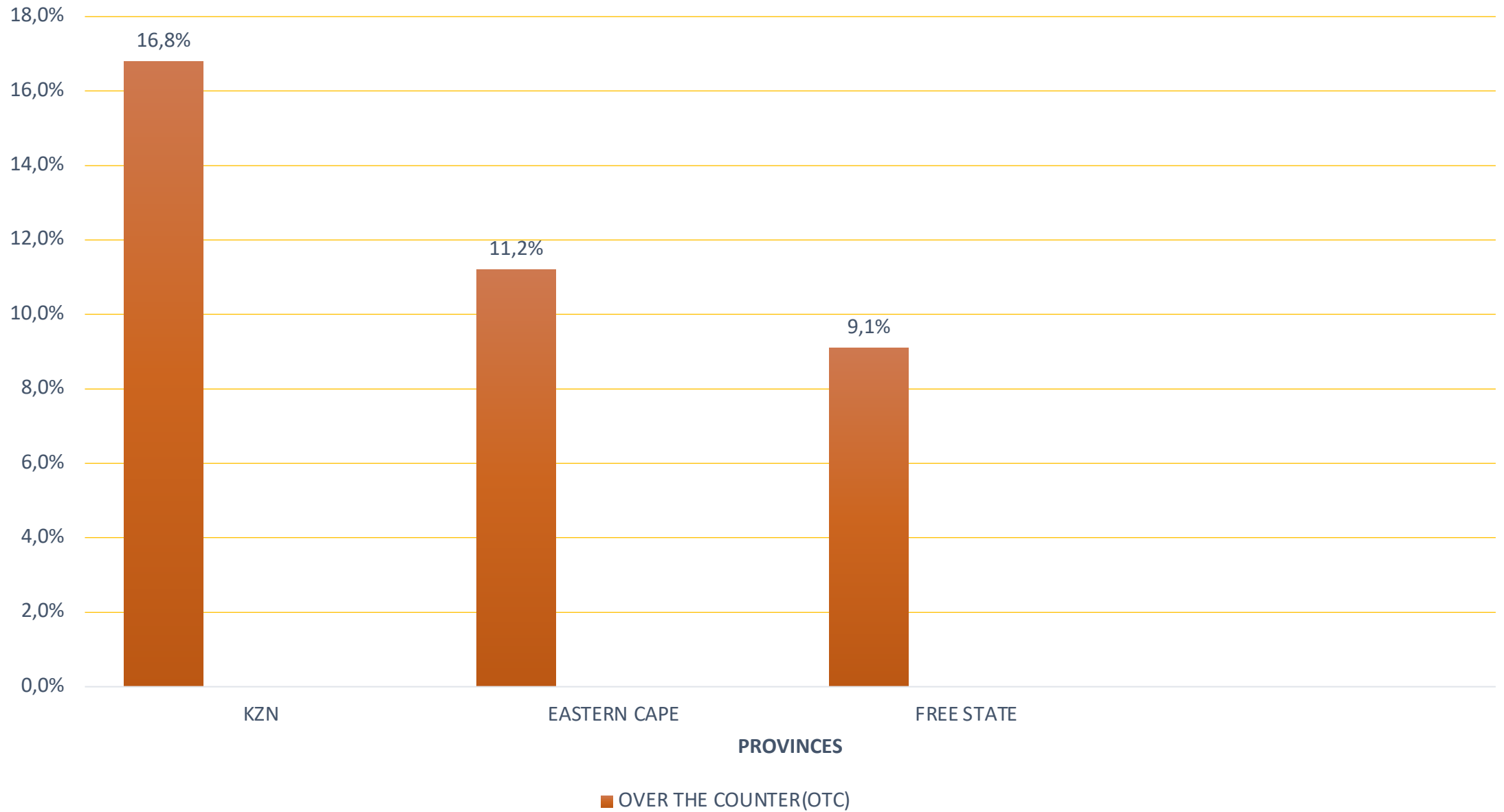
■ EVER USE HEROIN





NUMBER OF LEARNERS  
IN PERCENTAGE

## OVER THE COUNTER (OTC)



Alcohol remains one of the most frequently misused substances in South Africa and it is the main substance of abuse in the four provinces reviewed. Interventions to address substance use often exclude alcohol focusing in the main on illicit drugs. When interventions are implemented the role of alcohol must be considered.

Alcohol needs to be addressed in comprehensive universal-level prevention programmes targeting young people before the onset of use. Given that 5% to 9% of learners had initiated alcohol or cannabis use before the age of 13, it seems prudent to begin implementing evidence-based substance abuse prevention programmes before

Programmes should be age appropriate and focus on strengthening factors that protect young people from substance abuse by minimizing risks.

Specific prevention programmes should be targeted towards women and should include a component focusing on drinking during pregnancy. These programmes should not only be focused in rural farming areas but also should be expanded to include urban informal areas.

Treatment for alcohol use disorders should be made more accessible, especially to rural communities.

There is an urgent need for strategies to address the linkages between alcohol use and sexual risk behaviors, trauma, and mortality (due to transport accidents and violence).

## RECOMMENDATION

Methamphetamine use within the Eastern Cape remains is a concern.

Although speedy action is required to limit the harms associated with the use of MA, such action should be informed by evidence-based practices and reliable information on what does and does not work in the prevention and treatment arenas

Implementing, monitoring and evaluating comprehensive substance abuse prevention programmes throughout the province. These programmes should focus on polysubstance use, especially as MA use is often followed by the use of other substances such as cannabis, Mandrax, heroin and alcohol.

While Coloured communities have been disproportionately affected by MA, we should not ignore the rising use of MA in Black/ African communities.

There is an urgent need for targeted interventions that address the linkages between MA use and sexual risk behaviors, especially among vulnerable groups such as women.

# RECOMMENDATIONS

The use of cannabis (in particular) and Mandrax remains widespread. The risk that cannabis poses to adolescent health should not be neglected. Policy measures should use a multifaceted and strategic perspective in order to prevent adolescents from using this drug

Specific interventions that could effectively limit the harms associated with cannabis and Mandrax use include:

Targeting interventions to reduce the use of cannabis towards Black/African communities.

Within comprehensive prevention programmes, addressing perceptions that cannabis is not really a drug of abuse and does not have addictive potential.

There is a need for targeted interventions that address the linkages between cannabis use and trauma (particularly transport related injuries).

Cannabis is a trigger for mental health problems in susceptible persons and should be addressed in prevention programmes.

An increase in Nyaope/Whoonga use has been reported, which contains heroin derivatives. Specific interventions that could effectively limit these harms include:

# RECOMMENDATION

Harm reduction approaches such as needle and syringe exchange programmes to reduce the HIV and hepatitis C risks of needle sharing and the health risks associated with the re-use of old needles

Increasing access to effective treatments for heroin dependence including detoxification services and methadone maintenance treatment.

Effective treatment models for heroin use (nyaope) need to be introduced in all the provinces