Province of the
EASTERN CAPE
SOCIAL DEVELOPMENT

DEPARTMENT OF SOCIAL DEVELOPMENT
EASTERN CAPE PROVINCE
PROVINCIAL DRUG MASTER PLAN
2016-2020

Building a caring Society. Together.

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FOREWORD BY THE MEC FOR SOCIAL DEVELOPMENT:

EASTERN CAPE PROVINCE

The high rate of substance abuse in the Eastern Cape manifests its negative effects on the youth (in and out of school), families, societies in general. This situation has resulted to increase on social ills such as high rate of crime (rape, domestic violence, theft, burglary) school dropouts, unemployment, family dysfunction and escalation of chronic diseases like TB. Substance abuse destroys lives and fibre of our society it also undermines sustainable human development and leads to crime. Drugs affect everyone in all societies, either directly or indirectly.

Local studies show that over the past decade, there have been a rapid rise in the abuse of alcohol and other drugs in our communities. Substance abuse reaches across social, gender, age, cultural and religious barriers and has a major impact on crime, health, the economy and a range of social problems. In the health sphere substance abuse significantly contributes to all the major categories of disease burden. This includes deaths and injuries due to traffic accidents and violence; contracting and treatment of HIV/AIDS and Tuberculosis; chronic diseases such as cardiovascular diseases and cancer and contributes to maternal and child mortality through high prevalence of foetal alcohol syndrome (FAS) and other conditions. This scourge is a major threat to the achievement of the 12 key priority outcomes in the National Government Programme of Action and in health in particular to the achievement of a “long and healthy life for all South Africans”.

In his opening address to the Second Biennial Summit on Substance Abuse that took place between 15 –17 May 2011 at the International Conference Centre, Durban, and State President Jacob Zuma emphasized that the fight against substance abuse requires renewed and more energetic attention from government. Furthermore, the honourable President stated that given the magnitude of the problem government was

not going to succeed working alone and greater collaboration was required between government, non-governmental organizations, and youth formations, academia, political parties, Faith Based Organizations and other relevant stakeholders. Delegates to that summit emphasized the threat that alcohol and drugs pose to this country and urged government to develop an action plan and to put in place programs towards curbing demand and supply of alcohol and drugs and reducing the harm associated with the abuse.

This mandate is in line with the provisions of the Prevention of and Treatment for Substance Abuse Act No. 70 of 2008, which charge all key departments that have a role in curbing substance abuse to draw up Provincial Drug Master Plans in line with their core functions. The Prevention of and Treatment for Substance Abuse Act, 70 of 2008 prescribes that the MEC responsible for Social Development in the Province must establish a Provincial Substance Abuse Forum for his or her province and in Section 57(1). A Provincial Substance Abuse Forum must consist of representatives from different stakeholders in the field of Substance Abuse.

This plan is developed in line with the vision of the National Drug Master Plan 2013-2017. It is intended to help the realisation of a society free of substances abuse so that more attention can be focused on raising the quality of life of the poor and vulnerable and of developing the people to achieve their true potential. This plan mainly focuses on strengthening the prevention, which is the most important aspect of this programme. I am confident that this plan will guide all of in the implementation of substance abuse programme.

THE HONOURABLE
MEC: DEPARTMENT OF SOCIAL DEVELOPMENT
EASTERN CAPE

PREFACE

Alcohol and drug abuse is a phenomenon as old as humankind but it continues to present a significant public health problem. Research has shown that substance abuse is expanding rapidly, destroying individuals, families and entire communities and undermining national economies. The negative impact of substance abuse cannot be under estimated. Today, our province faces great challenges in terms of direct and indirect health and social consequences of substance abuse.

The Provincial Drug Master Plan translates the resolutions taken in the Second Biennial Summit that took place on 15-17 May 2011 in Durban. It is in line with the principles of the National Drug master Plan 2013 -2017 with special focus on **Demand reduction** which emphasize the reduction of the need for substance through prevention that includes educating potential users, making the use of substances culturally undesirable (such as was done with tobacco) and imposing restrictions on the use of substances (for example by increasing the age at which alcohol may be used legally). **Supply reduction** or reducing the quantity of the substance available on the market by, for example destroying cannabis (dagga) crops in the field. **Harm reduction** or limiting the damage caused to individuals or communities who have already succumbed to the temptation of substance abuse.

Through this plan, the Department of Social Development and relevant stakeholders will comply with the requirements set out by the National Drug Master Plan 2013- 2017, which requires that the key departments that were identified to have key roles in demand, supply and harm reduction and should develop a plan that will outline implementation of activities on substance abuse within their mandate.

The implementation of this Provincial Drug Master Plan will no doubt contribute to a more improved and responsive health services in relation to substance abuse raised public awareness concerning harm caused by abuse of substances and promote a long and healthy life for all South Africans.

S KHANYILE
HEAD OF DEPARTMENT
DEPARTMENT OF SOCIAL DEVELOPMENT

GLOSSARY

Abuse: means sustained or sporadic excessive use of substances and includes any use of illicit substances and the unlawful use of substances and the unlawful use of substances.

Aftercare: means ongoing professional support to a service user after a formal treatment episode has ended in order to enable him or her to maintain sobriety or abstinence, personal growth and o enhance self-reliance and proper social functioning.

Community –based treatment: Community-based treatment refers to programmes or initiatives that arise out of the needs of a particular community (through a needs assessment) and programme that identify and utilise existing infrastructure to provide for these needs.

Dependence: A person is dependent on a drug or alcohol when it becomes difficult or even impossible for him/her to refrain from taking the drug/alcohol without help after having taken it regularly for a period of time

Detoxification: means a medically supervised process by which physical withdrawal from a substance is managed through administration of individually prescribed medicines by a medical practitioner in a health establishment, including a treatment centre authorized to provide such a service under the National Health,

Demand Reduction: A general term used to describe policies or programmes directed at reducing the consumer demand for psychoactive drugs. It is applied primarily, but not exclusively, to illicit drugs and focuses on education, treatment, and rehabilitation strategies as opposed to law enforcement strategies that aim to bar the production and distribution of drugs.

Drug: A term of varied usage. In medicine, it refers to any substance with the potential to prevent or cure disease or enhance physical or mental wellbeing and, in pharmacology, to any chemical agent that alters the biochemical or physiological processes of tissues or organisms. In common usage, the term refers to psychoactive drugs and often, to those that are illicit drugs

Drug or substances of abuse: Encompasses drugs, alcohol, chemical or psychoactive substances.

Drug Control: The regulation, by a system of laws and agencies, of the production, distribution, sale and use of specific psychoactive drugs (controlled substances) locally, nationally or internationally, alternatively, as an equivalent to drug policy in the context of psychoactive drugs, the aggregate of policies designed to affect the supply of and / or demand for such drugs, locally or nationally including education, treatment, control and other programmes and policies.

Drug Master Plan: A single document, adopted by government, outlining all national concerns regarding drug control.

Early Intervention: A therapeutic strategy that combines early detection of hazardous or harmful substance use and treatment of those involved. Treatment is offered or provided prior to patients present voluntarily and in many cases before they become aware that their substance use may cause problems. It is directed particularly at individuals who have not developed a physical dependency or major psycho social complications related to substance use. (See also “dependence “, “drug “or substance of abuse “and “treatment “).

Foetal Alcohol Spectrum Disorders: Include the range of permanent conditions that result from foetal exposure to alcohol, with Foetal Alcohol Syndrome being the most severe condition.

Foetal Alcohol Syndrome: A characteristic pattern of physical and mental impairments related to neurocognitive damage as a result of an alcohol-exposed pregnancy, resulting in low intelligence, behavioural disorders, poor social judgement, and general difficulty in performing everyday tasks

Harm Reduction: The development of policies and programmes that focus directly on reducing the social, economic and health-related harm resulting from the use of alcohol and other drugs.(as defined in National Drug Master Plan 2013-17).

Licit Drug: A drug that is legally available by medical prescription in the jurisdiction in question or, sometimes, a drug legally available without medical prescription.

Prevention: a pro-active process that empowers individuals and systems to meet the challenges of life's events and transitions by creating and reinforcing conditions that promote healthy behaviour and life styles. It generally requires three levels of action: **primary prevention** (altering the individual and the environment so as to reduce the initial risk of substance use / abuse) **secondary prevention** (early identification of persons who are at risk of substance abuse and intervening to arrest progress; and **tertiary prevention**: treatment of the person who has developed a substance / drug dependence.

Psychoactive substances or drugs: substances that "when taken into a living organism, may modify its perception, mood, cognition, behaviour or motor function" (United Nations International Drug Control Programme, 1977).

Provincial Substance Abuse Forum: means the forum established in terms of section 57 by an MEC in order to give effect to the National Drug Master Plan.

Service user: means a person who is abusing or dependent on substances and who, following assessment, receives services in a treatment centre, halfway house or community based service.

Substance Abuse: The term refers to the misuse and abuse of legal substances or licit substances such as nicotine, alcohol, over-the-counter drugs, prescribed prescription medication, alcohol concoctions, indigenous plants, solvents and inhalants, as well as the use of illegal or licit substances.(see also " abuse", "illicit drug", "licit drug" and " drug or substance of abuse").(as defined in National Drug Master Plan 2014 -2017).

Supply Reduction: Policies or programmes aiming to stop the production and distribution of drugs, particularly law enforcement strategies for reducing the supply of illicit drugs. (See also "drug", "drug control and illicit drug ").

Treatment: means the provision of specialised social, psychological and medical services to service users and to persons affected by substance abuse with a view to addressing the social and health consequences associated therewith.

BACKGROUND

According to the Global Status report on alcohol and health (2011), the hazardous and harmful use of alcohol is a major global contributing factor to death, disease and injury: to the drinker through health impacts, such as alcohol dependence, liver cirrhosis, cancers and injuries; and to others through the dangerous actions of intoxicated people, such as drunken driving and violence or through the impact of drinking on foetus and child development. The harmful use of alcohol is one of the world`s leading health risks. It is causal factor in more than 60 major types of diseases and injuries. Alcohol consumption is estimated to cause from 20% to 50% of cirrhosis of the liver, epilepsy, poisonings, road traffic accidents, violence and several types of cancer. Alcohol contributes to traumatic outcomes that kill or disable people at a relatively young age, resulting in the loss of many years of life to death and disability. The impact of alcohol consumption reaches deep in society. Drinking can impair how a person performs as a parent, as well as how he /she contribute to the functioning of the household. Children can suffer Foetal Alcohol Spectrum disorder, when mothers drink during pregnancy. After birth prenatal drinking can lead to child abuse and numerous impacts on the child`s social, psychological and economic environment. The impact of drinking on family life can include mental health problems for other family members such as anxiety, fear and depression.

The Global Status Report further outlined that intoxication interferes with most productive labour. The drinker `s own productivity is reduced, and there may be adverse consequences including loss of their job. The productivity of others around the drinker may diminish if they have to take time out of their work to cover for the drinker`s mistakes, absences and lateness.

The South African Community Epidemiology Network on Drug Use (SACENDU) also indicates that alcohol is the most common primary substance of abuse in most treatment sites across the country and causes the biggest burden of harm in terms of “secondary risks”, including injury, premature non-natural deaths, foetal alcohol syndrome and as a potential catalyst for sexual risk behaviour and hence HIV

transmission. A conservative estimate of economic costs of alcohol abuse based on research studies conducted in other countries is 1% of gross domestic product (GDP). For South Africa this would work out at about R8,7 billion per year an amount twice received in excise duties on alcoholic beverages in 2000/2001 (Freeman and Parry, 2006).

According to Parry (Parry C.D, 2006) the social and economic costs of alcohol abuse in 2000 were estimated at R9 billion a year. Research indicates that social costs of alcohol related trauma and accidents far exceed those of other countries and that intoxication was a major factor in road accidents. According to the South African Revenue Service known direct cost of drug abuse in 2005 was roughly R101 000 million. The social cost of illicit drug use was calculated using international data and is approximately R136 380 million annually.

The relationship between alcohol, crime, and violence is both direct and complex. In 2007, more than 47% of victims of homicide tested positively for alcohol at the time of death. Alcohol makes people vulnerable to crime. It also makes people aggressive and encourages interpersonal violence (Holtman, Breaking the Cycle of Crime and Violence: Essential Steps to a Safe South Africa, 2008). In 2003, the Institute of Security Studies undertook a national victim survey of persons who were victims of serious assault and reported high levels of alcohol intoxication. In 40% of cases victims believed that the assailant was under the influence of alcohol or other drugs at the time of the assault, and a third of victims conceded to having been under the influence themselves at the time of the assault. According to Hacker and Stuart, 1995, South Africa has one of the highest levels of alcohol consumption per drinker anywhere in the world. In Cape Town crystal methamphetamine (known locally as “tik”) remains dominant, and the proportion of patients admitted increased again in the first half of 2009.A cheap form of heroin known locally as “sugars” has become common in a largely Indian suburb of Durban (Chatsworth) and 30% of patients admitted in this period reported it as their primary substance Studies, particularly among rural populations and those associated with wine farms in the Western Cape, have

demonstrated that upwards of 50 per 1000 (5%) of school-entry children have Foetal Alcohol Syndrome Disorders (FASD). In four disadvantaged communities in Gauteng (Diepsloot, Lenasia South, Westbury and Soweto the rate of FASD is 26.5 per 1000 children (2.6%). The situation is extreme in two populations in the Northern Cape Province (De Aar and Upington), where the FASD prevalence rates exceed 100 per 1000 (10%) and 70 per 1000 (7%), respectively.

Fortina and Repel (2005) found the following with regard to effectiveness of alcohol advertising and youth alcohol consumption: A high level of exposure to alcohol advertising especially amongst the youth has been linked to increased consumption. International Researchers from WHO claim that alcohol advertising has been found to promote and reinforce perceptions of drinking as positive, glamorous and relatively risk free. Cumulative influence of alcohol drinking shapes young people ` perceptions of alcohol and drinking norms. Alcohol advertising predisposes minors to drinking well before legal age of purchase.

Other research indicates that alcohol marketing has a significant on the decisions of youth to consume alcohol. Alcohol marketing influences the attitudes of youth, and their peers which in turn creates an environment that accepts and promotes underage consumption. The more aware, familiar, and appreciative young people are of alcohol advertising, the more likely they are to drink both now and in the future. (Hastings, Anderson, Cooke and Gordon, 2005).

The drug problem in South Africa remains very serious with drug usage being twice the world norm in most cases. Bayever (2012) argues that at least 15% of South African has a drug problem. More than 11% of South African has addiction problems, and their top drugs of choice are dagga and alcohol. Drug abuse and its impact on societies is becoming a major problem for South Africans. In recent years there has been a dramatic increase in treatment demand for abuse of drugs such as dagga, mandrax, cocaine, heroin and methamphetamine. National Drug Master Plan (NDMP 2006-2011) proposes that prevention programmes be enhanced by promoting

protective factors and countering or reducing risk factors for substance use. In 1996, 1% of South Africans were in treatment for heroin abuse and in 2008 those in treatment for this addiction increased between 8-24%. Unemployment and poverty have been related to the sharp increase in criminal activities that include a highly organized drug economy.

Young people who are involved in criminal activities seem to be disproportionately involved in using substances (Parry, Plüddemann, Louw & Leggett, 2004c). Parry *et al*.'s (2004c) study of 999 arrestees in police holding cells in Cape Town, Durban and Johannesburg found that those who were under the age of 20 years were more likely (66.0%) than arrestees of all ages (45.3%) to test positive for use of any drugs. They were also more likely to test positive for each of the drugs tested, which included cannabis, mandrax, cocaine, amphetamines, benzodiazepines and opiates. Both the perpetration and experience of violence are associated with alcohol and other drug use among children and adolescents (Betancourt & Herrera, 2006; King *et al*., 2004; Prevalence rates of alcohol, tobacco and other drug use by Grade 8-11 high school learners in South Africa: 2008 (Reddy *et al*., 2010). Substance use is recognized to be a major contributor to school violence, along with other factors that can foster an environment that is not conducive to teaching or learning (Matthews, Griggs & Caine, 1999; Zulu, Urbani, van der Merwe& van der Walt, 2004). Bullying (as a perpetrator and or victim) is associated with alcohol use among young people (Liang *et al*., 2007). Moreover, Plüddemann *et al*. (2010) found that methamphetamine use was associated with aggressive or delinquent behavior among high school learners in a study conducted in Cape Town. Other school studies have found that alcohol use was associated with being a victim of sexual assault and sexual abuse (Betancourt &Herrera, 2006; King *et al*., 2004; Peltzer& Pengpid, 2008).

In a community-based study, Morojele and Brook (2006) found that adolescents who used substances (such as tobacco, alcohol and cannabis) *frequently* were more likely than those who rarely or never used them to experience multiple violent acts. Adolescents increase their risk of being injured, sometimes fatally, when under the influence of alcohol and/or other drugs (Maruping, 2006).

Substance abuse is associated with the main forms of unintentional injuries (traffic, drowning, poisoning, burns and falls), as well as intentional injuries (interpersonal violence, including suicide, child abuse and neglect, and sexual violence) that befall young people. The role of alcohol in non-natural deaths is evident from the findings of the 2008 National Injury Mortality Surveillance System (NIMSS) pertaining to children (Donson, 2010). Donson's (2010) report shows that in 2008, half of the non-natural deaths of those aged 0-19 years were due to violence, while the remainder were due to transport-related injuries (25%), suicide (13%), other unintentional injuries (8%), and undetermined causes of death (4%). A total of 78% of children who died in 2008 died as a result of non-natural causes. Just under half (43%) of those aged between 15 and 19 years who were tested had positive blood alcohol concentrations (BACs). The average BAC among those who tested positive was high at 0.14 g/mmol. Alcohol positivity was highest among those who died from violence (54.2%), followed by transport-related deaths (40%), undetermined and other intentional deaths (31% each), and the lowest percentage was for suicides (17.0%). Older adolescents (15-19 years) were more likely (45.0%) to test positive for alcohol than younger adolescents (10-14 years; 26.9%). Males (46.3%) were also more likely to test positive for alcohol than females (30.6%). The scene of injury most likely to be associated with testing positive for alcohol was an informal settlement (61.2%). Alcohol related deaths occurred most commonly in the early hours of the morning (00h00-03h00) or at night (between 20h00 and 23h00), and during weekends. Those who died as a result of a sharp object (most likely, a stabbing) were most likely to be alcohol positive (65.3%), followed by those who died due to blunt force (54.5%). Of concern is that the BAC levels of those who were alcohol positive were more likely to be in the 0.05-0.14 g/mmol category than in the 0.01-0.04 g/mmol category, with the exception of suicide deaths. In other words, young people who died of non-natural causes and who were alcohol positive were more likely to have moderate to high levels, than low levels of alcohol in their systems, suggesting heavy drinking and/or intoxication at the time of their deaths.

In a study conducted by Human Science Research Council in 2012, the findings indicated that alcohol was the major substance used at 49.7 percent, followed by marijuana (32 percent), then cannabis (17.6 percent), crack/cocaine (6.8 percent),

methamphetamine, tik (6.8 percent), dagga and mandrax (6.1),heroin/opiates (4 percent),inhalants (0.9 percent),over the counter (OTC) (0.4 percent),and other (5 percent). The three major referral sources were (1) self, (2) family or friends,(3) employer/work. Most (81.9) percent were male, 16.7 percent were male,16.7 percent were between 14 and 17 years old, and 1.3 percent were between 7 and 13 years old.

Treatment admissions were concentrated in five of the nine provinces in South Africa: Gauteng (29.6 percent), KwaZulu Natal (27.9 percent), Western Cape (12.5 percent), Eastern Cape 10.7 percent) and Mpumalanga (9.6 percent). The racial composition of the clients using drugs was: Black African 39.4 percent, White 34 percent, Coloured 19 percent, and Asian 7 percent). Overall, the number of treatment admissions significant increased over the past ten years.

The fact that the Eastern Cape has been among the treatment centres that have been identified as having a high prevalence paints a worrying picture. In a study conducted by the Department of Social Development through the Nelson Mandela Metro Bay, it was confirmed that indeed substance abuse is a major problem. In this study 950 respondents were sampled In East London, Grahamstown, Cradock and Lusikisiki / Bizana. The ages of the respondents were between 16 and 21 years of age, both males and females. In the study, the following risk factors were identified: Young people who enjoy pleasure and sensation seeking activities is more likely to use substance 42%. The use of substances provides the user with a false sense of power over others and hence increase the use of substance among the youth 41%; A youngster who is respected/ admired by his peers for the use of a substance is bound to continue the use of it 40%, young people whose parents use (d) drugs are more likely to use drugs themselves 405, parents who are accepting of anti-social behavior are more likely to encourage drug use amongst the youth 36%, the availability of taverns in the community makes it hard for young people to resist the use of substances 33%. Clearly, the level of drug abuse in the country is a serious concern, with drug addiction, prevention is always better than cure.

LEGISLATIVE FRAME WORK

The development of the Provincial Drug Master Plan is informed by the following legislative framework:

- Prevention of and Treatment for Substance Abuse Act, 70 of 2008
- National Drug Master Plan 2013-2017.
- Mental Health Act, 17of 2002
- Children's Act 38 of 2005
- Criminal Procedure Act, 51 of 1977
- Child Justice Act, 75 of 2008

LINKS TO GOVERNMENT STRATEGIC PRIORITIES

• A long and healthy life for all South Africans.
• All people in South Africa are and feel safe.
• Decent employment through inclusive economic growth.
• Create a better South Africa and contribute to a better and safer Africa and World.

IN LINE WITH PROVINCIAL PRIORITIES:

- Better health care for all
- Intensifying the fight against crime and corruption

PRINCIPLES

1. FREE OF SCARE TACTICS
Information dissemination must refrain from using scare tactics but rather empower youngsters with knowledge and skills to make drug free informed choices

2. APPROPRIATENESS

Activities and methodology should be age appropriate and specific to the target groups.

3. EFFECTIVENESS AND EFFICIENCY

All activities rendered should be effective and efficient to make the desired impact in the lives of young people.

4. EMPOWERMENT
Provision of skills opportunities for capacity building to make informed choices.

5. FAMILY CENTRED

Parents and significant others should be empowered to intervene timorously and prevent addiction.

6. INTEGRATION

The program should promote and strengthen integration in prevention strategies of drug abuse.

7. PARTICIPATION

Target groups should be involved in activities leading to healthy drug free life style.

8. ACCESSIBILITY

The National Drug Awareness “Ke Moja””, I’m fine without drugs” should be accessed by all communities. (Rural-Urban) and Peri—urban).

9. ACCEPTANCE

All young people shall be accepted the way they are and have equal opportunities to access resources programmes and services aimed at the prevention of substance abuse.

10. RESPECT FOR HUMAN DIGNITY

All youth shall be respected and treated in a dignified manner.

GOALS OF THE PROVINCIAL DRUG MASTER PLAN

The National Drug Master plan (NDMP 2013-2017) was formulated by the Central Drug Authority in terms of the Prevention of and Treatment for Substance Abuse Act 70 of 2008. The Central Drug Authority which monitors the implementation of the National Drug Master Plan requires Provinces (Provincial Substance Abuse Forums) to develop and submit Provincial Drug Master Plan which will serve as a blue print for the implementation of anti-substance abuse programme. The Chairperson of the Provincial Substance Abuse Forum and Provincial Coordinator for substance abuse are expected to give progress reports on the implementation of substance abuse programmes. The success of the Provincial Drug Master Plan 2016-20 depends on the commitment of government Department, Local Drug Action Committees, NGOs and Civic Society Organisation in implementation of substance abuse programme. The provincial Substance Abuse Forum have to develop an integrated plan of action for all stakeholders in all eight (8) districts of the Eastern Cape to coordinate programmes aimed at alleviating the scourge of substance abuse in the province.

The goal of the Provincial Drug Master Plan (PDMP) is to reduce the social burden and health impact caused by substance abuse in Eastern Cape, through the provision of mechanisms aimed at demand, supply as well as harm reduction in relation to substance abuse through the provision of prevention, early intervention, treatment, rehabilitation as well as aftercare and reintegration programmes.

OBJECTIVES OF THE PROVINCIAL DRUG MASTER PLAN

- To reduce the demand for alcohol and other drugs.
- To reduce social health and economic costs associated with substance abuse in Eastern Cape Province.
- To improve access to substance abuse information and effective interventions including treatment, rehabilitation and aftercare services.
- To reduce the supply of illicit substances and licit but unregulated substances.
- To coordinate implementation of integrated anti substance abuse programs.
- To strengthen efforts to eliminate drug trafficking and related crimes.

- To ensure appropriate intervention strategies through awareness, education, prevention, early intervention and treatment programmes.
- To promote partnership and the participation of stakeholders in the implementation of the Eastern Cape Provincial Drug Master Plan 2014-2017.

INTEGRATED AND BALANCED APPROACH TO THE SUBSTANCE ABUSE PROBLEM

The National Drug Master Plan 2013-2017, acknowledges that no single approach or intervention to substance abuse, for example to criminalizing or decriminalizing substances or abusers would solve the problem of substance abuse. Instead a balanced approach that uses an integrated combination of strategies is advocated. The following strategies are recognized by the National Drug Master Plan 2014-2017:

- **Demand reduction**
- **Supply reduction**
- **Harm reduction**

DEMAND REDUCTION

The demand reduction or reducing the need for substance refers to the reduction of the need for substances through prevention programmes, which include educating potential users, making the use of substance culturally undesirable and imposing restrictions on the use of substances.

Preventative interventions are intended to help parents, educators, community leaders and any other role players in the field of substance abuse to plan for delivering services at community level. The Departments of Education, Health, Social Development and civic societal organisations are the primary actors in raising awareness of and educating people about the dangers of drug abuse**.** Such awareness programmes should result in people working together with non-governmental organisations and governmental Departments to reduce the use and abuse of illicit drugs. The facilitation of the implementation “”Ke Moja” (I am fine without drugs) strategy programmes, which include the following:

- Raise awareness amongst the youth on the harmful effects of substance of substance abuse by making use of various activities in an integrated approach.
- To contribute towards skills development initiatives specific to substance abuse prevention(capacity building for “Ke Moja” facilitators, academic opportunities specific to substance abuse studies to be provided).
- Lobby and advocate for early intervention and a more integrated approach in addressing the challenge of drug usage.
- Lobby for greater access to treatment facilities, prioritizing those young people already caught in the cycle of abuse.
- Create a platform for dialogue between youth and the communities on the issues of drugs.
- Ke Moja or TADA coordinators to roll out peer education programmes in schools
- Train educators and caregivers on substance abuse prevention programmes
- Provide parents, families and school Governing Bodies (SGB) with information to recognize the early warning signs with regard to substance use and equipping them on appropriate responses and available services.
- Empowering communities to understand and to be proactive in dealing with challenges related to substance abuse, and its link to crime, HIV and AIDS and other health conditions.
- To provide and promote alternative activities for young people and engage them in sports, arts and recreational activities as well as ensuring the productive and constructive use of leisure time.

More focus will be on the implementation of prevention and early intervention programmes. Extra support in the first years of life can reduce the risks from a range of problems. This will play a key role including providing parenting support programmes and health promotion guidance. To make sure we are able to offer this programme to every family with a young person, as well as giving extra help for those who need it. Families, particularly those with the most complex needs, will be supported to give their children the best possible start in life.

DEMAND REDUCTION OUTCOMES

The demand reduction intervention is aimed at preventing the onset of substance abuse or dependence, and eliminating or reducing the effect of conditions conducive to the use of dependence forming substances. The actions that are used to implement the demand reduction policy are such that changes may only produce permanent results if applied over a long period of time.

DEMAND REDUCTION INTERVENTIONS

Demand reduction interventions require the application of one or more of the five accepted methods contained in the social development approach to social problem solving (Patel, 2006; Van Rooyen, 2003). These methods, their purpose and examples of their application are the following:

Poverty reduction: Aimed at reducing poverty in identified families and communities. Interventions could include providing social relief and social assistance to reduce the need for drug-related crime, violence and employment; creating jobs to ensure legal, sustainable employment; and running income generation projects with the same purpose.

Development initiatives aimed at developing the competency of individuals, families and communities to deal with drug-related social problems. Interventions could include running prevention programmes encompassing outreach and awareness; Providing and encouraging role-modelling of individuals who encourage resistance to drug use (e.g. the Ambassadors Programme of the “Ke Moja” campaign);
Presenting peer and lay counselling on the prevention, identification and treatment of drug-related problems; Applying self-help techniques to avoid or to deal with drug-related social problems; Creating community and youth services to counter the effects of drug-related problems; Creating family and community networks to provide support to individuals and families with drug-related problems; and providing early intervention to enable those at risk to stay within the family or community.

Education and communication:

Designed to broaden the knowledge base of individuals, families and communities faced with drug-related problems as a prerequisite for empowering them to deal with these problems. Interventions could include : Running prevention programmes aimed at specific communities and groups within communities; Creating and staffing advice offices or links to the national database, national clearing house and call centre helpline; Presenting educational programmes on the prevention of drug problems such as the “Ke-Moja” drug advice programme, the various programmes presented by the South African Police Service (SAPS) and the life skills programme presented by the national Department of Basic Education and provincial educational authorities; and Using community theatre and storytelling to combat drug use and abuse.

Social policy application: Development and application of social policy to address the needs of the community in combating drug use and abuse. Interventions could include : Using action research to develop and apply new ways of dealing with the drug problem; Applying existing policy on early intervention in prevention , treatment of drug problems and societal re-integration of drug users and dependents ; Developing policy to deal with aspects such as prevention and aftercare using, for example, the models of prevention and aftercare developed by the national Department of Social Development; Monitoring and evaluating the effectiveness of social development interventions when dealing with drug-related problems.

Advocacy: Using the experiences of families and communities to ensure systematic changes to policies relevant to the drug problem. Interventions could include increasing the knowledge base of communities to enable them to make meaningful contributions to drug-related policy and practice; organising campaigns against the location of facilities that could negatively affect the battle against drugs, for example the placing and licensing of taverns close to schools and the identification of drug dealers and corrupt public officials.

MEASURES OF SUCCESS OR ACHIEVEMENT IN DEMAND REDUCTION

Success in demand reduction is measured by the success achieved in reducing the demand for and therefore the consumption of illicit drugs, licit and illicit alcohol and selected other drugs, with emphasis on the particular individuals, groups and areas targeted by the programmes developed to implement the primary interventions. Demand reduction data are required to quantify:

- Trends in consumption of specified drugs;
- Resistance of defined population groups to starting to take specified drugs;
- Trends in the growth and success of community interventions to counter drug use;
- Trends in the effectiveness of social policies developed to combat drug use; and
- Trends in the effectiveness of the application of social policy to combat drug use.

SUPPLY REDUCTION

Supply reduction refers to reducing the quantity of the substances available on the market by, for example, destroying cannabis (dagga) crops in the field. This could lead to the higher levels of minimising the accessibility of the drugs to the community and cut down illicit trafficking. Although it is the primary function of the South African Police Services to reduce the volume of illegal drugs through effective policing strategies, other departments such as the Department of Justice, SARS and Home Affairs also play a key role through effective prosecution and sentencing. Communities should actively support the maintenance of safety and security within their environments by reporting illegal acts such as illegal taverns to the police. They should work together with the police and involve themselves in community policing forums and local drug action committee. The responsibility of the South African Police in executing such services includes the following:

- To strengthen and support the “Ke Moja I’M fine without drugs” and vigilantly work on the drug demand reduction through prevention programmes such as:

- Holiday programmes for prevention of drug abuse
- Knowledge and information dissemination on consequences of drug abuse and the law
- Referral for drug testing for early intervention/ secondary prevention
- Drug search with sniffing dogs for supply reduction.

SUPPLY REDUCTION OUTCOMES

Supply reduction outcomes include the following:

- Improved control over distribution of and access to raw drugs and precursor materials;
- Improved control over production, manufacture, sale, distribution and trafficking of drugs, precursor materials and manufacturing facilities;
- Increased seizure and destruction of precursor materials, raw materials and products, refined drugs, production, manufacturing and distribution facilities, and resources;
- Reduced drug-related crime, especially with respect to the use (e.g. driving under the influence; use in prohibited areas such as prisons, schools, etc.), abuse, and production, manufacture and distribution (dealers, factories, etc.); and
- Increased successful prosecutions for offences relating to use, abuse, etc. in contravention of existing legislation.

MEASURES OF SUCCESS OR ACHIEVEMENT IN SUPPLY REDUCTION

Achieving the required results calls for measures of success, achievement or "impact" against which the Provincial Substance Abuse Forum can assess performance. In order to produce visible outcomes and successes in the short term, supply reduction should measure the effects or impact of the trends in the drug market for specified illicit drugs, licit and illicit alcohol and selected other drugs; production and sources of specified illicit drugs, licit and illicit alcohol and selected other drugs in the same markets; seizures of specified illicit drugs, licit and illicit alcohol, selected other drugs, precursor materials and production or manufacturing facilities in the same markets; Prices of the specified illicit drugs, licit and illicit alcohol, selected other drugs and

precursor materials in the same markets; Purity data on the specified illicit drugs, licit and illicit alcohol and selected other drugs in the same markets; consumption of the specified illicit drugs, licit and illicit alcohol and selected other drugs in the same markets, with emphasis on the South African market per province and region; Trafficking in the specified illicit drugs and selected other drugs, with emphasis on the South African market per province and region; Control of the distribution and sale of and access to the specified illicit drugs, licit and illicit alcohol, selected other drugs and precursor materials, with emphasis on the South African market per province and region; Legal action taken to curb production, consumption and distribution of the specified illicit drugs, licit and illicit alcohol, selected other drugs and precursor materials.

HARM REDUCTION INTERVENTIONS

As the term implies, harm reduction focuses on limiting or ameliorating the damage caused to individuals or communities who have already succumbed to the temptation of substances. This can be achieved, for example, by treatment, aftercare and re-integration of substance dependents with society. In addition, primary prevention and treatment programmes also entail harm reduction, as they reduce and prevent the harmful effects of the use of alcohol and other drugs.

SUMMARY OF PRIORITY AREAS, STRATEGIES & INTERVENTIONS, ACTION STEPS, & TIMEFRAME

FOCUS AREA 1 DEMAND REDUCTION

SUMMARY OF PRIORITY AREAS, STRATEGIES & INTERVENTIONS, ACTION STEPS & TIMEFRAME					
Priority Area	**Key focus Strategies & Interventions**	**Strategies & Interventions**	**Action Steps**	**Participants**	**Timeframe**
Mass mobilisation **(**OUT REACH PROGRAMMES)	Prevention of substance abuse	Public information & awareness campaigns	Introduce targeted substance abuse prevention campaigns aimed at people at risk (such as children, youth, pregnant women and general community) and those who are not identified as already misusing alcohol or using other drugs • Conduct Public advocacy and messaging, e.g. advertising, Branding of government vehicles, road shows, entertainment programmes with anti-substance abuse messaging. • Educational campaigns to inform and educate people, in particular young people, about the dangers of alcohol and drug abuse. • Enhance prevention efforts through education and community mobilization campaign including community dialogues. • Conduct information sharing sessions and educational programme to women on dangers of drinking in pregnancy.	Department of Social Development Department of Health, South African Police Service, Department of Education, Local government and traditional Affairs, Eastern Cape Liquor Board,	Ongoing

			• Conduct education and awareness on alcohol and substance abuse targeting in and out of school youth. • Utilize radio, television, and print media to create public awareness. • Introduce targeted prevention campaigns aimed at high risk groups and drug hot spot areas. • Ensure that there are notices on responsible alcohol use and the dangers of misuse at points of sale of alcohol. • Ensure that there are appropriate health warnings at all points of liquor sale sites. • Engage with the Media and other stakeholders to consider: (i) Banning alcohol advertising (ii) Banning alcohol advertising on radio & TV until after 21h00, (iii) Ban advertising of alcohol anywhere youth would be exposed to such advertising (e.g.youth-oriented magazines, cinemas, on billboards near schools, libraries and playgrounds, at taxi ranks and railway stations.	Non-Governmental Organisations, Department of Economic developmental, and Environmental Affairs, Department of Transport, Department of Sports, Recreation Arts and Culture And All stakeholders in the field of Substance Abuse.	

FOCUS AREA 2: SUPPLY REDUCTION

SUMMARY OF PRIORITY AREAS, STRATEGIES & INTERVENTIONS, ACTION STEPS, & TIMEFRAME					
Priority Area	**Key focus Strategies & Interventions**	**Strategies & Interventions**	**Action Steps**	**Participants**	**Timeframe**
Law enforcement and compliance to prevent the manufacturing, supply, trafficking of illicit drugs.	To reduce drug-related crimes. Harmonisation of all laws and policies to facilitate effective governance of alcohol and other substances	To minimize trafficking of drugs at border posts. Reduction of the availability of alcoholic beverages and other dependence-forming substances	• Facilitate the control over arrival and departure of passengers with illicit drugs. • Monitor Eastern Cape borders for incoming and outgoing substances. • Enforce the implementation of regulations related to issuing of liquor licences and compliance related to liquor trading. • Monitor implementation of legislation and policies on liquor which will effectively deal with selling and manufacturing of home brews and selling of liquor to minors. • Implementing laws and regulations that will reduce the number of liquor outlets	South Africa Police Service South African Revenue Services Economic Affairs & Eastern Cape Liquor board Department of Transport. District and Local Municipalities Department Safety and Liason	Ongoing

			including shebeens (e.g. one liquor outlet per 30 km radius) • Monitor implementation of uniform trading hours days to selling, supply and distribution of liquor. • Law enforcement of public nuisance by laws. • Search learners randomly for drugs. • Conduct raids and close illegal taverns. • Breathalyses testing for road safety. • Establish local drug action committees and community Policing forums on substance abuse prevention. • Conduct training on Community Police Forums with respect to liquor licence applications		

FOCUS AREA 3: HARM REDUCTION

	SUMMARY OF PRIORITY AREAS, STRATEGIES & INTERVENTIONS, ACTION STEPS, & TIMEFRAME				
Priority Area	**Key focus Strategies & Interventions**	**Strategies & Interventions**	**Action Steps**	**Participants**	**Timeframe**
Improve access Treatment, Rehabilitation and Aftercare Services.	Expand provision of in and out treatment services.	Provision of psychosocial support to service users	• Increase number of site i.e. Health facilities (hospitals with suitable equipment) for provision detoxification services. • Facilitate establishment of community based treatment programmes in all districts. • Develop re integration and aftercare programmes on substance abuse. • Develop a structured Treatment Programme. • Improve access to reintegration and aftercare programme. Establish support group	Department of Health. Department of Social Development Private Treatment Centres	Ongoing

CAPACITY BUILDING ON SUBSTANCE ABUSE RELATED SERVICES

For the aforementioned activities to be realised Government Departments and other stakeholders need to build capacity among its workforce in order to address substance abuse related problems in an evidence-based manner. Key recommendations for capacity development in each priority area are outlined below:

INTERVENTIONS	SKILLS DEVELOPMENT & KNOWLEDGE TRANSFER	PARTICIPANTS	TIMEFRAME
Prevention	• Training and sharing of good practice with regard to public information & awareness campaigns, especially for vulnerable and marginalised groups such as women (especially pregnant women), youth etc. • Information on how substance use can affect mental health and exacerbate mental illness, medication compliance and interactions. • Information on how substance use can impact on HIV/TB and other infectious diseases • Training on Ke-Moja drug prevention programme (Seminar to be held on substance abuse inviting UNODC , Universities, Research Council and SACENDU) • Capacity building on the National Drug Master Plan, Prevention of and Treatment of Substance Act 70 of 2008.	All stakeholders DOH DSD & All stakeholders DSD	Ongoing
Early Interventions	• Training on developmental assessment and screening tools. • Training on Cognitive Behavioural Therapy • Increase capacity for prevention, identification and development of appropriate interventions for individuals and families affected by FASD.	All stakeholders (DoH and Treatment Centres)	Ongoing

	• Train all health professionals working with pregnant women in recognising and managing peri-natal mental health problems • Ensure that staff at trauma units receive training so that they can address medical complications from all persons who abuse substances (including overdoses), patients who inject drugs or who come in with other drug complications (e.g. from exposure to so-called date rape drugs or from mixing alcohol with substances like gamma-hydroxybutyrate (GHB). • Medical doctors and pharmacists to receive further training on what they can to do detect patients, who are abusing (or likely to abuse) over-the-counter and prescription medications and what they can do to reduce the incidence of such abuse. • Training on therapeutic programmes (Diversion programmes)	DSD	
Detoxification	• Training in detoxification protocols and withdrawal management and appropriate referral.	DOH, Treatment centres	Ongoing
Relapse Prevention	• Training in prescribing medication to prevent relapse. • Capacity development with regard to evidence based treatment models and referral resources	DOH , Treatment centres	Ongoing
Aftercare and reintegration	• Training in viable aftercare and reintegration interventions • Information provision on self-help groups	All stakeholders (DsD & DoH)	

PROVINCIAL SUBSTANCE ABUSE FORUM

The main function of the Provincial substance abuse forum is to support member organisations in carrying out their substance abuse programmes and to keep substance abuse issues high on the public/political agenda of the province. When necessary, a provincial forum should act as a mouthpiece for member organisations. The provincial forum sends a representative to act as ex official member of the CDA at CDA meetings on a quarterly basis. The provincial forum also assists Local Drug Action Committees in the execution of their tasks.

The Department of Social Development contributes to the human and material resources of the provincial forum insofar as such resources are available. The forum has to develop integrated plans for the management of substances of abuse in the province. The plans should reflect the different roles of departments and the resources allocated to their respective activities. Successful implementation of Provincial Drug Master Plan requires adequate, sustained and budgeted funding at all levels from collaborating Departments. Spending on demand and supply reduction should be well balanced, and increased collaboration between government, private and voluntary sectors is required as the fragmented response in the past and the consequent duplication of effort has been financially wasteful.

ESTABLISHMENT AND FUNCTIONS OF THE PROVINCIAL SUBSTANCE ABUSE FORUM

In terms Section 57 (1) of the Prevention of and Treatment for Substance abuse Act 70 of 2008 mandates that, the MEC must establish a Provincial Substance Abuse Forum for his or her province.

Section 58, provides that the Provincial substance abuse forum must:

- Strengthen member organizations to carry out functions related directly or indirectly to addressing the problem of substance abuse.
- Encourage networking and the effective flow of information between members of the Forum in question.

- Assist Local Drug Action Committees established in terms of section 60 in the performance of their functions.
- Compile and submit and integrated Provincial Drug Master Plan for the province for which it has been established.
- Submit a report and inputs, not later than the last day of June annually, to the Central Drug Authority for the purposes of the annual reports of the Central Drug Authority.
- Assist Central Drug Authority in carrying out its functions at a provincial level.

A Provincial Substance Abuse Forum must consist of Members of the Executive Council from relevant provincial Departments.

COMPOSITION OF THE PORTFOLIO COMMITTTEES

The following portfolio committees should be established within the Provincial Substance Abuse Forum:

- Treatment and after-care.
- Prevention and education.
- Community development and
- Research and information.

ESTABLISHMENT AND FUNCTIONS OF THE LOCAL DRUG ACTION COMMITTEES

In terms of Section 60 (1) A municipality must establish a Local Drug Action Committee to represent such municipality and to give effect to the Provincial Drug Master Plan.
The Local Drug Action Committee must consist of interested persons and stakeholders who are involved in organisations dealing with the combating of substance abuse in the municipality in question.
The members of a Local Drug Action Committee must be appointed by the Mayor of the Municipality and must consist of:
(a) Officials from government departments represented at local level nominated by their District Managers.

(b) A member of the South African Police Service nominated by the local Police Station Commissioner.

(c) A correctional official nominated by the area Commissioner of Correctional Services

(d) A representative from an educational institution in the area nominated by Regional Head of the Department of Education

(e) A representative from prevention, treatment and aftercare services within the municipality.

(f) A representative from the local health authority nominated by District Manager of Department of Health in relevant municipality

(g) A representative of the local business sector.

(h) A legal professional from the local community nominated by the Regional head of the Department of Justice and Constitutional Development, and

(i) Representative from the local traditional authority.

A Local Drug Action Committee must designate a member of the committee as chairperson of that committee.

The provincial coordinator from the Department must assist in the development of these structures.

A local Drug action Committee may co-opt additional members with special skills or expertise, as and when required.

A local Drug Action Committee must be linked to the Provincial Substance Abuse Forum established for the relevant province and must represent substance abuse forums at local government level.

The Municipality in which a Local Drug Action Committee is situated must, from the moneys appropriated by the municipality for that purpose, provide financial support to the Local Drug Action Committee.

A local Drug Action Committee may make rules in relation to the holding of, and procedure at, its meetings.

Section 61 provides that, A Local drug Action Committee must:

- Ensure that effect is given to the National Drug Mater Plan in relevant municipality

- Compile the action plan to combat substance abuse in the relevant municipality in cooperation with provincial and local governments
- Ensure that its action plan is in line with the priorities and the objectives of the Integrated Provincial Drug Master Plan and that it is aligned with the strategies of government departments
- Implement its action plans
- Annually provide a report to the relevant Provincial Substance Abuse Forum concerning action , progress, problems and other related events in its areas, and
- Provides such information as may from time to time be required by the Central Drug Authority.

ROLES AND RESPONSIBILITIES OF VARIOUS STAKEHOLDERS

DEPARTMENT OF HEALTH

The Department of Health is responsible for reducing drug demand and harm caused by psychoactive drugs, including alcohol and tobacco, through the promulgation of legislation and policy guidelines for early identification and treatment. It collaborates with the Departments of Education and Social Development and also supports treatment centres by advising on detoxification programmes. The Department is aslo responsible for providing treatment to children and youth who have started abusing drugs and not yet dependent, early intervention. Encourage healthy life styles among youth and children.

DEPARTMENT OF CORRECTIONAL SERVICES

The Department helps to formulate security strategies aimed at preventing drugs entering correctional centres, reducing demand through educational programmes and implementing harm reduction strategies and rehabilitation programmes for offenders suffering from substance abuse in line with Department of Health protocols. The Department is responsible for establishing partnerships with external stakeholders from civil society as well as with other government departments in its fight against

substance abuse. Integral to this approach is the department's desire to correct the offending behaviour of sentenced persons.

DEPARTMENT OF EDUCATION

Drug abuse issues form part of the curriculum, specifically within the life orientation learning area. The Department has to ensure that life orientation programmes provide learners with relevant knowledge and skills on drug abuse so that they can make appropriate choices when confronted with drugs. The Department will implement the search and seizure policy in the education sector. The implementation of TADA and Drug Testing Training for Educators is key for the success of the campaign against substance abuse in schools. A reduction in the supply of and demand for drugs can be brought about only through the collaboration of relevant stakeholders such as SAPS, the Departments of Safety and Security, Social Development, Health, The programmes offered by different Departments should facilitate the uninhibited access of children to after-care programmes in schools. Educational programmes on the abuse of drugs should be made available to all communities.

DEPARTMENT OF HOME AFFAIRS

The Department of Home Affairs is responsible for determining the status of persons (citizens and foreigners) and for issuing appropriate enabling and/or identification documents to such persons. The Department reports on the movement of persons into and out of South Africa through various ports of entry. It is also responsible for the detection, detention and deportation of illegal foreigners some of whom are involved in criminal activities, including drug abuse. The Department chairs the Border Control Operational Coordinating Committee (BCOCC) and is charged with ensuring that the operations of the various stakeholders (including Port Health, SARS, Agriculture, SAPS, NIA, Defence, DEAT) are coordinated and effective. The Department of Home Affairs has to ensure that the deportees do not abuse substances at the deportation holding facilities.

DEPARTMENT OF JUSTICE AND CONSTITUTIONAL DEVELOPMENT

The Department of Justice and Constitutional Development helps to reduce the demand for illicit drugs and the supply of such drugs on the street, through the criminal justice system, diverts young and non-violent offenders who require drug-related treatment to treatment programmes instead of their having to go through the court system, stipulating treatment as a condition of suspension of sentence, pre-trial release or correctional supervision and focusing on the expedition of cases. The Department sees to it that prosecutors and magistrates receive training on legislation aimed at prosecuting offenders.

Regarding supply reduction, the Department deals with organised crime involving drugs through forfeiture of the gains/property (asset forfeiture) ensuing from crime as well as through deterrent sentences in the courts. The Department plays a role in the Justice Crime Prevention and Security (JCPS) Cluster and the Social Cluster in the fight against drugs. In terms of its involvement with the JCPS Cluster, the Department contributes to the Formulation of intersectoral strategies for combating drug-related offences.

COOPERATIVE GOVERNANCE AND TRADITIONAL AFFAIRS

This Department will enhance the mandate of traditional leaders and Local Municipalities. Traditional Leaders and local municipalities are responsible for combating substance abuse at local municipality and traditional authority level.

DEPARTMENT OF LABOUR

The Department of Labour establishes the conditions of employment and protects the rights of employees in the workplace. It combats substance abuse in the workplace and draws up workplace policies on substance abuse.

DEPARTMENT OF SOCIAL DEVELOPMENT

The Department of Social Development is the lead department in the campaign against substance abuse, and it provides technical and financial support. It is responsible for developing generic policy on substance abuse and has the following strategic objectives.

- To develop a comprehensive legal and policy framework for service delivery on substance abuse;
- To develop and refine programmes on prevention, early intervention and treatment for substance abuse;
- To facilitate capacity building and training of provincial stakeholders;
- To monitor and evaluate the implementation of policies and programmes on substance abuse;
- To develop minimum norms and standards for service delivery in the field of substance abuse.
- In collaboration with the Department of Health, the department provides treatment centres at community and tertiary levels.

NATIONAL YOUTH DEVELOPMENT AGENCY

The NYDA's primary aim is to assist the government to plan a comprehensive youth development policy with reference, inter alia, to substance abuse and related issues. The NYDA focuses on all youth in and outside school.

DEPARTMENT OF SAFETY AND LIAISON AND THE SOUTH AFRICAN POLICE SERVICE

The SAPS budget includes five key departmental programmes, namely Administration, Visible Policing, Detective Services, Crime Intelligence, and Protection and Security Services. All five programmes include drug demand and supply reduction strategies. The SAPS promotes international cooperation and acts as a competent

authority under the United Nations (UN) Conventions on the Law of the Sea (FFG). The objectives of policing include the following:

- Provide drug search with sniffing dogs for supply reduction
- Facilitate referrals for drug testing for early intervention /secondary prevention.
- Prevent , combat and investigate crime
- Maintain public order
- Uphold the law
- Crime prevention ensures visible crime deterrence through proactive and response policing on drug crimes thus supporting supply reduction programmes
- Protection and security services provides policing and security at ports of entry and railways thereby minimizing drug trafficking into and out of the country. It is responsive for arrests and seizures at ports of entry.

SOUTH AFRICAN REVENUE SERVICE

SARS is mandated to control the cross-border movement of goods, one of its functions being to prevent the movement of prohibited and restricted goods, for example narcotics. SARS participates in joint SARS/SAPS teams at certain ports of entry to interdict drugs and fulfils this function independently at other ports of entry.

DEPARTMENT OF SPORT AND RECREATION

This Department is responsible for providing support to occupational groups at risk such as artists, musicians and others. The Department facilitates mass participation in applied sport codes as alternatives to drug abuse. Facilitate sport for a healthy drug free lifestyle programmes and sport against crime and drug abuse in collaboration with other stakeholders in the substance abuse field.

DEPARTMENT OF ECONOMIC DEVELOPMENT AND ENVIRONMENT AFFAIRS

Department of Economic Development and Environment Affairs is responsible for the regulation of the liquor industry. The regulation of the liquor industry is a concurrent national and provincial legislative competence. In summary, the Liquor Act provides for the establishment of norms and standards, minimum standards and criteria for cooperative government in the regulation of liquor in South Africa. The objectives of the Act are to reduce the socio economic and other costs associated with alcohol abuse and to promote the development of a responsible and sustainable liquor industry. It also provides for public participation in the liquor licensing process. The Department of Economic Development and Environment Affairs is responsible for the regulation of the liquor industry.

DEPARTMENT OF TRANSPORT

The Department of Transport is responsible for law enforcement activities as it relates to road safety. Traffic Officers are trained to prosecute alcohol-related crimes on the road by three methods: breath tests conducted by means of an alcoholmeter, blood tests carried out by a registered nurse or medical doctor, and recognition of behavior indicating that the person is under the influence of alcohol or drugs. The Department is also responsible for conducting roadblocks to identify drivers driving under the influence of drugs or alcohol and can also lead to the apprehension of people carrying drugs on the roads.

CIVIL SOCIETY

NGOs that deal with substance abuse are represented in the Provincial Substance Abuse Forum. Most of these organisations are subsidised and monitored by the Department of Social Development to render prevention, treatment and rehabilitation programmes on Substance Abuse.

MONITORING AND EVALUATION

Implementation of the Provincial Drug Master Plan by all stakeholders will be monitored to measure progress and achievements in respect of set objectives with special focus on the following:

- The extent of coordination in dealing with the supply and demand for substances.
- The extent and effect of service integration at local and at provincial level.
- The effectiveness of provincial and local collaboration in combating drug trafficking and enforcing law and order.
- The extent to which individuals, groups (including families) and communities have access to all interventions necessary to address problems associated with substance abuse.
- The extent and impact of information, education and communication as a means of preventing substance abuse.
- The extent of research into the supply of and demand for drugs and the impact of drug abuse on society.

MONITORING BY LOCAL DRUG ACTION COMMITTEES

Local Government, supported by the Department of Social Development, takes the lead in the establishment and functioning of the Local Drug Action Committee (LDAC) by providing a secretariat for the LDAC, which liaises with the Provincial Substance Abuse Forum. LDACs are responsible for preventing substance abuse at local level.

Each municipal area develops operational plans at local level that detail how the drug problem is being managed at municipal level. LDACs are composed of Departments operational in the municipal areas, NGOs, CBOs, FBOs and any other individual structure, such as community policing forums, concerned with the problem of substance abuse. LDACs liaise with the provincial coordinator of the Department of Social Development and are represented in the provincial substance abuse forum. The plans and reports of the LDACs are sent to the provincial coordinator of the

Department of Social Development who in turn includes this information in the provincial reports.

CONCLUSIONS

The Development of a Provincial Drug Master plan should not be seen as end of a process but rather the beginning. The challenging of translating the plan into a tangible reality can be met by harnessing the resources and political commitment needed to implement the plan. Solving South Africa's socioeconomic problems is an awesome task. In the long term, the failure to address substance abuse adequately could jeopardise the attainment of real reconstruction and development in province.

All departments designated in the (Prevention of and Treatment for Substance Abuse Act (70 of 2008) should report to one another and share information in order to improve service delivery aimed at creating a drug –free society. The prevention and combating of substance abuse is the responsibility of every department designated by the Act. No single department can achieve its goals without the support and involvement of other departments and stakeholders.

BIBLIOGRAPHY

Dada, S., Pludderman, A., Parry, C., Bhana, A., Vawda, M. & Fourie, D. (2011). SACENDU update:November 2011. Cape Town: SACENDU.

Dada, S., Plüddemann, A., Parry, C., Bhana, A., Vawda, M., Perreira, T., Nel, E., Mncwabe, T., Pelser, I. & Weimann, R. (2012). SACENDU Research Brief, 15(1).
Da Rocha Silva, L. (2004). An investigation of the relationship between drug consumption and crime in South Africa: implications for social work (PhD dissertation, chapter 3). Sovenga: University of the North (currently the University of Limpopo).

Da Rocha Silva, L. & Malaka, D. (2007). An analysis of South African drug-related research and future directions. The Social Work Practitioner-Researcher, 19(3):1-21.

Department of Health, Medical Research Council & OrcMacro. (2007). South African demographic and health survey. Pretoria: Department of Health.

Department of Social Development. (2012), 2nd Biennial Anti-Substance Abuse Summit Report. Pretoria: Department of Social Development.

National Department of Social Development (2008) Prevention of and Treatment for Substance abuse Act (No. 70 of 2008)

Parry, C. (2000). Alcohol and other drug use. In: Ntuli, A., Crisp, N., Clarke, E. & Barron, P. (Eds). 2000. South African Health Review 2000.

Parry, C. (2010, January 25). Alcohol and HIV/TB in Africa - Notes for WHO Africa Rport.

Prevention of and treatment of Substance Abuse Act,2008.

The South African Community Epidemiology Network on Drug Use (SACENDU) Human Science Research Council in 2012.

OTHER SOURCES

National Drug Master Plan 2013-2017, department of Social Development.

National Department of Health (2011) Mini Drug Master Plan 2011/12.

Modernisation programme: work stream on substance abuse (Revised version May 2010)

Anti-substance abuse programme of action (2011-2016).

The risk and protective factors associated with substance abuse amongst the youth in selected areas of the Eastern Cape (June 2010).

Global Status report on alcohol and health (2011)

Building a caring Society. Together.