

NATIONAL DRUG MASTER PLAN 2013 - 2017

**PRESENTATION BY THE CENTRAL DRUG
AUTHORITY TO THE PORTFOLIO COMMITTEE
ON SOCIAL DEVELOPMENT**

DATE: 11 MARCH 2015



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OUTLINE OF THE PRESENTATION

- National Drug Master Plan 2013 - 2017
- Implementation interventions/
Achievements of NDMP 2013 - 2017
- Impact assessment
- Challenges and Recommendations
- Conclusion



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CDA: March 2015



Background to CDA

- The Central Drug Authority (CDA) is a statutory body established in terms of the Prevention of and Treatment for Substance Abuse Act, No 70 of 2008
- Included in the mandate is to review the NDMP every five years.
- The first NDMP was developed for period 1999 – 2004, and the second NDMP was for period 2006 – 2011.
- This presentation is in respect of the third NDMP 2013 – 2017.
- The previous NDMP 2006 – 2011 did not have the following:
 - Measurable outcome
 - Not informed by the community needs
 - Not designed to meet M & E requirements



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Vision and Mission

- Vision: South Africa Free of Substance Abuse
- Mission: “to implement holistic and cost effective strategies to reduce the supply and consumption of drugs and the harm associated with substance use, abuse and dependency in South Africa (Outcome 3: All people in South Africa being and feeling safe)



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GOVT OUTCOMES VIS-À-VIS NDMP OUTCOMES

- ✓ **Quality basic education**
- ✓ **Long and healthy life for all South Africans**
- ✓ **All people in SA being and feeling safe**
- ✓ **Decent employment through economic growth**
- ✓ **Skilled and capable workforce**
- ✓ **Efficient etc economic structure**
- ✓ **Vibrant rural communities**
- ✓ **Improved quality of household life**
- ✓ **Effective etc local government**
- ✓ **Protection of natural resources**
- ✓ **A better SA**
- ✓ **Efficient etc public service**



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KEY OUTCOMES OF NDMP 2013-2017

1. Reduced bio-, psycho-,socio-economic impact of substance abuse and related illnesses
2. People able to deal with substance abuse within communities
3. Recreation and diversion facilities prevent dependence
4. Availability of dependence-forming drugs and alcohol reduced
5. Integrated diagnosis, treatment and aftercare funded and implemented
6. Laws and policies facilitate effective governance of alcohol and drug supply chain
7. Job opportunities in combating substance created



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NDMP IMPACT AND STRATEGIC APPROACH

- **Impact:** Measurable reduction in substance abuse
- **Theory of Change:** The acceptance of substance use and abuse by the community in general encourages the potential users (especially the youth) to embark upon substance use and develop into substance abusers with relative impunity.
- Attitude change can be created by a strategy that identifies community needs and enables their application/enforcement
- **Outcome:** Improved quality of life for families and communities through implementation of integrated Departmental and Provincial Drug Master Plans and Reports



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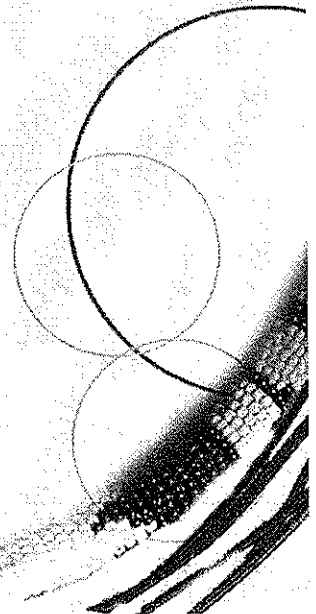
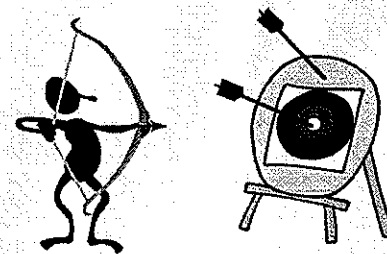
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CDA APPROACH TO ACHIEVEMENT IS RESULTS-ORIENTED

"It is not what you do that counts, but what you achieve by doing it!"

For example:

"Reaching 5000 children is less important than preventing 500 from using drugs."



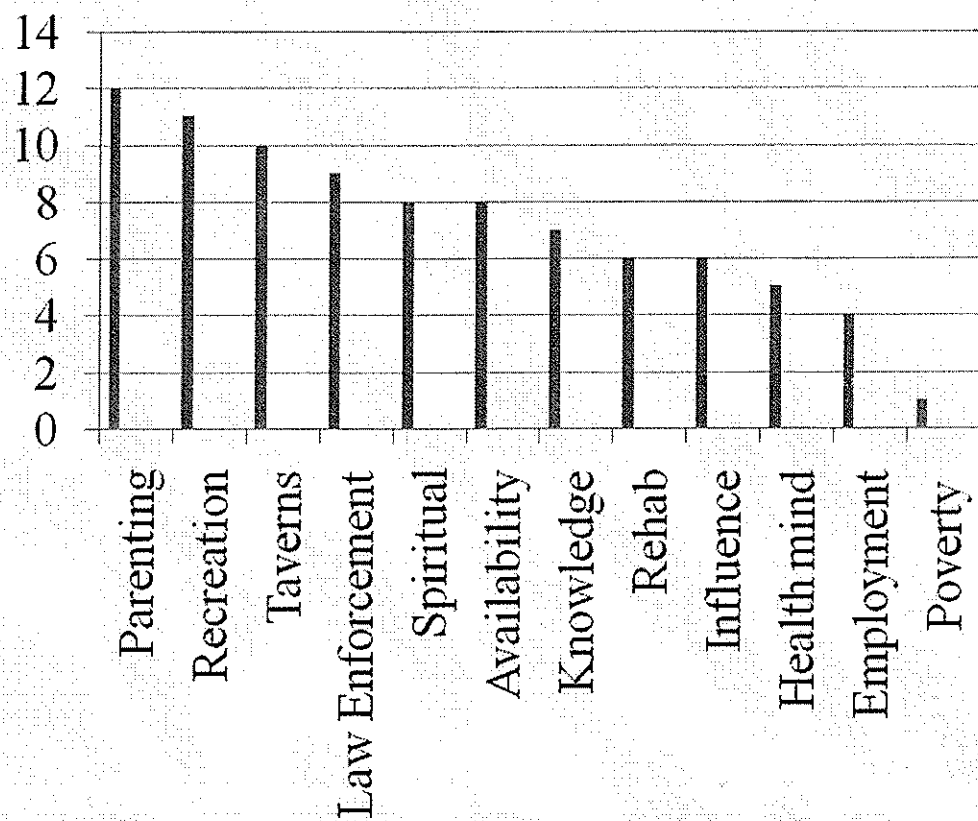
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COMMUNITY NEEDS IN ORDER OF PRIORITY

Source: National Drug Master Plan 2013 - 2017



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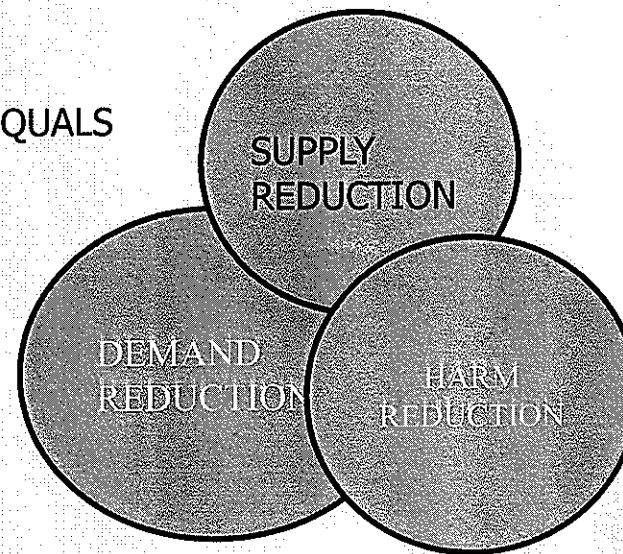


GROUPED COMMUNITY NEEDS AND INTEGRATED NDMP STRATEGY

NEEDS

Re-education
Recreation
Reduction
Re-enforcement
Rehabilitation
Re-employment

EQUALS



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SOME SUMMIT RESOLUTIONS TO MEET AND ENFORCE COMMUNITY NEEDS GROUPED

RES No.	CONTENT	POTENTIAL GROUP
1	Laws & policies on alcohol	Re-enforcement
2	Structure and mandate of CDA	Re-enforcement
3	Reducing accessibility of alcohol	Reduction
4	Reductions on sales of alcohol	Reduction
5	Reduce liquor outlets	Reduction
6	Control of home brews and concoctions	Reduction
7	Raising duties and taxes on alcohol	Reduction

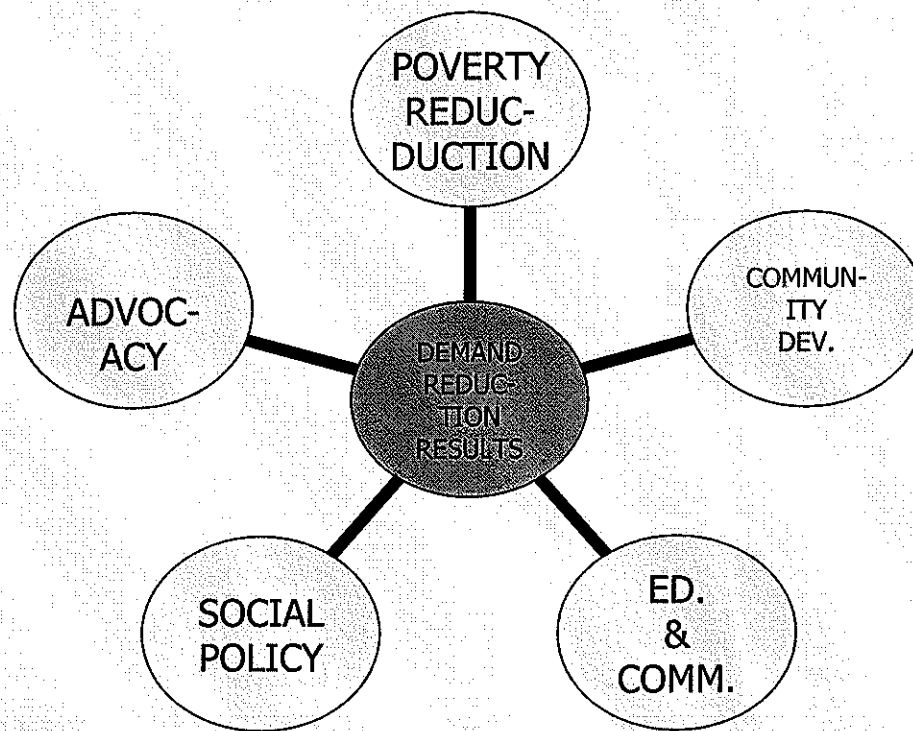


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DEMAND REDUCTION RESULTS EXPECTED

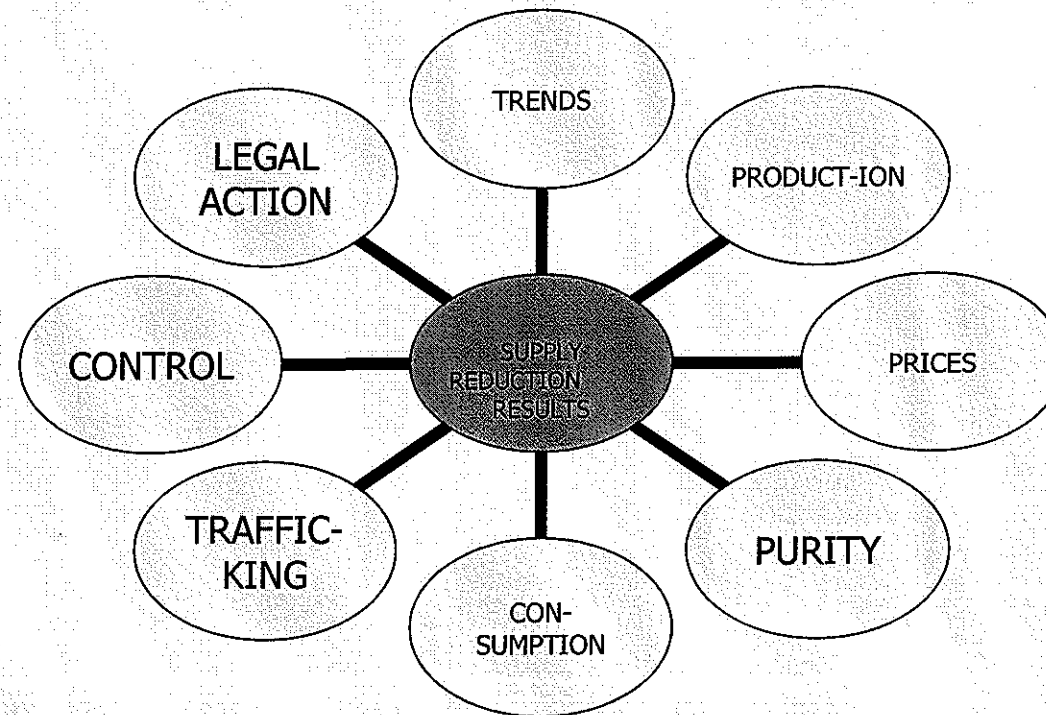


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SUPPLY REDUCTION RESULTS EXPECTED

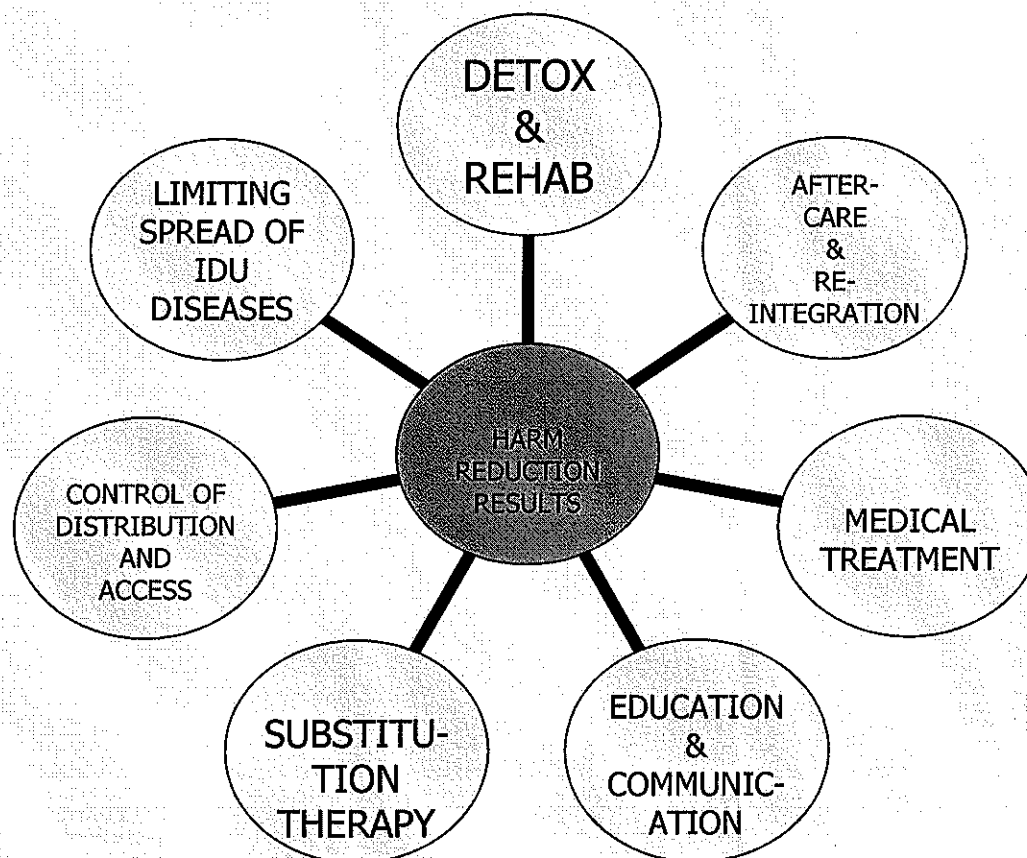


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HARM REDUCTION RESULTS EXPECTED



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CDA ACTION PLAN 2013-2017

In response to addressing prevention and treatment of substance abuse the CDA Action Plan addresses:

- ✓ Induction and capacity development of CDA and key stakeholders
- ✓ Development of database, governance, communication and marketing, R&D, infrastructure and input requirements
- ✓ Development and implementation of DMP's
- ✓ 2x Biennial Summits, Treatment Symposium and Cannabis Roundtable
- ✓ Regular reporting to Minister and others
- ✓ Programme of M&E
- ✓ Development of NDMP 2018-2022



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Key Implementation Interventions/ Achievements: Demand Reduction

- National Clearinghouse maintained
- Helpline (0800 12 13 14) maintained
- SMS (32312) maintained
- Resource Directory on Substance Abuse services maintained
- DTI Sobriety week held
- National Departments of Health, Sport and Recreation, Basic Education, Higher Education and Social Development created awareness on drugs
- All Provincial Substance Abuse Forums and active Local Drug Action Committees continued awareness programme e.g. Ke Moja
- DSD evaluated Ke Moja Drug Awareness programmes to ascertain its effectiveness



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Key Implementation Interventions/ Achievements: Demand Reduction

- CDA held capacity building workshops for 14 Government Departments
- Department of Justice and Correctional Services , SAPS and Transport were assisted to develop Departmental Drug Master Plans
- CDA held workshops on the NDMP for all nine Provincial Substance Abuse Forums, Gauteng and Eastern Cape Legislatures
- The DSD is implementing the Prevention of and Treatment for Substance abuse Act, No 70 of 2008
- 39 Local Municipalities reached through Social Mobilisation Strategy
- Integrated Intervention Plan developed for the community of Eldorado Park after the Presidential visit
- Eight provinces capacitated to implement Eldorado Park - type Action Plan



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Key Implementation Interventions/Achievements: Supply Reduction

- The DTI regulated the liquor production, distribution and sales through the national and provincial spheres of government
- Norms and Standards for alcohol supply and sales developed to assist minimisation of access to liquor outlets by vulnerable groups
- DOH, DSD and DTI drafted the Bill on Control of Marketing of Alcohol Beverages
- The Bill was accepted by Cabinet to be submitted to Parliament
- The Department of Health conducted an impact assessment on marketing and advertising of alcohol
- DOH revised Regulations of Alcohol Warning Labels
- SAPS, SARS, DHA manage Ports of Entry jointly



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Key Implementation Interventions/Achievements: Supply Reduction

- Alcohol Taxation:
 - National Treasury reviewed alcohol excise taxation since 2010 and is ongoing
 - Increased targeted tax benchmarks for beer (33 to 35% and spirits (43 to 48 %) –
 - Annual alcohol excise adjustments is well above inflation



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Key Implementation Interventions/Achievements: Harm Reduction

- Treatment Symposium was held from 12 – 14 November 2014
- Treatment Model developed and Manuals currently being finalised
- DOH also screen for alcohol use disorders among TB patients
- DOH through SANAC is developing strategy for PWIDS
- Currently there are seven Public Treatment centres and 48 Registered Private Treatment Centres and 73 Out-patient treatment services and aftercare support groups in all provinces
- Reintegration and After care Model implemented in all provinces.
- Some 17 000 patients have been treated for substance abuse
- Detoxification guidelines Developed by the Department of Health
- Proposed amendments to National Road Traffic Act to decrease blood and breath alcohol limits



Partnerships: NDMP 2013 2017

- Attended 57th CND Meeting in Vienna and report with recommendations available
- Working in partnership with UNODC
- Participated in AU Experts and AU Ministers on Drug Control Conference and report with recommendations available
- Recognition of CDA by international partners through BRICS:
 - CDA National Drug Master Plan 2013 -2017 to be integrated with SAPS Anti Drug Strategy
 - CDA NDMP 2013 – 2017 value recognised but cannot be executed in current environment due to lack of resources
 - BRICS TOC Anti-Narcotics working group chaired by the CDA and co-chaired by the DPCI
 - Develop BRICS TOC 2014/2015 Plan of Action
 - All stakeholders must come to the table to assist in their areas of specialisation



Impact Assessment

- To date no impact assessment has been conducted
- CDA and DSD together with DPME to conduct Monitoring and Evaluation of programmes during 2015/2016 as included in the National Drug Master Plan
- Steering Committee and Technical Working groups appointed
- Terms of Reference and Programme of Action agreed
- Reporting by departments and Provincial Substance Abuse required in accordance with the CDA Programme of Action
- However, monitoring has been conducted based on reports from stakeholders



Challenges and Recommendations

Challenges

- Inadequate allocation of resources
- Changes in patterns of abuse and associated social ills
- Increasing incidents of substance abuse and associated social ills
- No baseline data against which to measure the impact of interventions

Recommendations

- The Portfolio Committee note the implementation of the NDMP 2013 - 2017 and related challenges



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Conclusion

- The National Drug Master Plan 2013 – 2017 was influenced by the mass mobilisation study and the resolution passed at the 2nd Biennial Anti-Substance Abuse Summit
- It was designed to make provision for Monitoring and evaluation in accordance with the NDP
- The implementation of the NDMP requires the commitment and active involvement of local and international partners and the provision of adequate resources



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THANK YOU



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