

CENTRAL DRUG AUTHORITY
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2019 / 2020

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social development

Department:
Social Development
REPUBLIC OF SOUTH AFRICA



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FOREWORD BY THE MINISTER OF SOCIAL DEVELOPMENT

It gives me great pleasure to table the Annual Report of the Central Drug Authority (CDA) for the 2019-2020 financial year, which outlines our national efforts to combat the scourge of substance use and abuse. This is part of an ongoing and renewed focus as a sector to build a South Africa free of substance abuse. This is no easy task, considering that we have witnessed a rapid increase in substance use and abuse in recent years.

The threat posed by the scourge of substance use and abuse is a serious public health challenge that remains most visible in poor and vulnerable communities, it continues to cause untold miseries to individuals and families.

Adding to this is the intersection between substance abuse and gender-based violence. To address these twin challenges, we need to ensure that prevention measures consider and integrate the two elements and are mutually reinforcing.

As the lead agency, the CDA is mandated by the Prevention of and Treatment for Substance Abuse Act (Act No. 70 of 2008), to oversee and monitor the implementation of the National Drug Master Plan every five years. In this regard, I am pleased to note that for the period under review, the CDA finalised the National Drug Master Plan (NMDP 2019-2024), which we launched on the occasion of the International Day Against Drug Abuse and Illicit Drug Trafficking.



The Plan represents an important step in the CDA's work to ensure that it continues to render advisory services to Cabinet in tackling the scourge of substance use and abuse, especially the emergence of new psychoactive substances. The development of the NMPD 2019-2024 took into consideration the findings of an evaluation conducted by the Department of Planning, Monitoring and Evaluation (DPME), which highlighted key policy and implementation gaps.

The 2019-2024 NMDP, therefore, provides us with an opportunity to step back and reflect on the advances of the last few years and to re-imagine what the CDA can accomplish working together with all key partners over the next five years. The CDA will also closely follow up on the set of recommendations outlined in the evaluation report to guide its future activities especially at a time when its work is more important than ever before.

For the period under review, the CDA implemented a wide range of programmes aimed at contributing to the idea of a South Africa free of drugs as envisaged in the National Drug Master Plan. One such is the training of practitioners in the sector on the Universal Treatment Curriculum: Colombo Plan for those who work in public treatment centres.

Currently, South Africa has forty (40) certified practitioners under the International Certified Addiction Professionals (ICAP 1). This is encouraging, but we need to significantly increase the pool of professionals and practitioners in the field to match the scale of the drug problem in South Africa. In this regard, the CDA's focus over the next five years is to strengthen coordination and networks in various areas of drug demand reduction, enhance more visible collaborations and co-operations in the field.

This is premised on the understanding that drug addiction is a complex challenge that requires multi-disciplinary and innovative approaches, which requires more sharing of best practices in the field from various sectors of our society by developing more responsive programmes. To this end, one of the strategic focus areas for the CDA in the coming years is to address the dearth of epidemiological data which prevents us from accurately assessing the prevalence of substance abuse. This will enable the CDA to



identify and promote evidence-based practices in both prevention and management of the drug use disorders.

Equally, we will prioritise strengthening the Local Drug Action Committees (LDAC's) within the context of the District Development Model to ensure that the implementation of NMDP is grounded on local community responses, with a specific focus on children and young people at risk of substance use and abuse.

We remain committed to standing shoulder to shoulder with all our partners through the work of the CDA and to continue seeking innovative and more effective ways of addressing the drug problem in our country. We would like to thank you all for giving your time to contribute to the work in this report and we look forward to consolidating what we have achieved so far.



MS LINDIWE ZULU, MP

MINISTER OF SOCIAL DEVELOPMENT



STATEMENT BY THE DEPUTY MINISTER OF SOCIAL DEVELOPMENT

The 2019 – 2020 Central Drug Authority Annual Report highlights progress made in addressing the impact of substance abuse in the country. Our move from a punitive approach towards addressing this challenge of substance abuse to a human-rights, multi-sectoral and evidence-based approach is beginning to yield positive results, though still on a small scale.

Despite the progress that we are beginning to see as a result of prevention, treatment, care and support programmes that are being implemented, the scourge of substance use and abuse remains a major challenge. This Annual Report brings to light the reality of the ages that young people are beginning to experiment with drugs. Our treatment centres are accepting children under the age of 18 years old.

COVID-19 pandemic has thrown our past approaches down the gauntlet and reflected the limited effectiveness of outdated and locked up mechanisms and processes as they are largely based on controlling human behaviour rather than addressing structural determinants of drug abuse and trafficking.

These hurdles necessitated that the new National Drug Master Plan 2019 – 2024 be responsive and relevant to the ever-evolving situations in our societies. This Master Plan, which we launched on as part of our commemoration of the International Day Against Drug Abuse and Illicit Trafficking, provides a blueprint on how to approach and respond to the challenges posed by substance use disorders and the services we are to provide, particularly to key populations.



I am confident that with this Plan, we are in the right direction towards addressing Universal Health Coverage and ensuring that there is equality in the provision of services for people who use drugs.

It will also propel us in achieving the goal of ending of HIV as a public health epidemic amongst people who inject drugs and that they are not denied harm reduction interventions and treatment services.

Furthermore, it assists us in building onto the gains we achieved during the COVID-19 lockdown restrictions whereby people who lived on the streets were accommodated in shelters and those who use drugs were provided with methadone to assist them. The current sectoral engagements and partnerships, continue to broaden the CDA's network, thereby increasing its capacity in addressing the impact of substance use disorders in our communities. Working together with all sectors of society, we can do more in achieving our desired goals set out in the National Drug Master Plan 2019-2024.



MS H BOGOPANE –ZULU

DEPUTY MINISTER OF SOCIAL DEVELOPMENT



EXECUTIVE SUMMARY BY THE CHAIRPERSON OF THE CDA

This Annual Report 2019/2020 outlines the activities, deliberations and performance of the Central Drug Authority for the period from 1st April 2019 to 31st March 2020. An analysis of the measurable achievements, challenges and recommendations during the preceding 12 months informed what the priority focus areas would be for the year under review. The report also includes the measurable achievements and challenges experienced by stakeholders in their implementation of the National Drug Master Plan 2013-2017 being the currently approved plan during the period. Their successes and recommendations are reported. During the period under review revised, the National Drug Master Plan 2019 – 2024 was refined before final submission to the Minister of Social Development. The NDMP 2019 – 2024 was subsequently approved in October 2019.

In drafting the new NDMP 2019-2024, the Central Drug Authority was aware that the standard methods used to address the demand for and supply of illicit substances have not resulted in any significant decline. The diversion of precursor chemicals used in the supply chain and criminal activity associated with drugs still needs to be countered. For this reason, attention needs to be paid to harm reduction strategies to reduce the impact caused to people who use or inject drugs as well as the effect these activities have on families, society, the burden of disease and the economic climate of the country. Our limited resources remain stretched and new innovative approaches are needed. Greater political, economic, social, technological, environmental and legal elements were investigated to incorporate into the new NDMP as recommendations to Cabinet. After extensive consultation, the responses were taken into consideration and the proposed model, worked on during the period under review, resulting in a fairly radical departure from the previous five-year plans, incorporating health concerns and reduction of harm as part of the new paradigm shift.



At the same time, during the revision of the NDMP 2019-2024, consideration was given to the United Nations General Assembly Special Session in April 2016. A major recommendation and acceptance by countries were to embrace Substance Use Disorder in the same way as other chronic diseases. To gain acceptance for the revised NDMP during its development and compilation, the Central Drug Authority undertook extensive consultation with groups of People Who Use Drugs (PWUD) and People Who Inject Drugs (PWID) in Tshwane, Durban and Cape Town, as well as other interested and professional stakeholders in both the public and private sector. The Central Drug Authority also deliberated with relevant State Departments, such as, amongst others, Departments of Health (DOH), Justice and Constitutional Development (DJCS), Correctional Services (DCS), National Prosecuting Authority (NPA), South African Police Service (SAPS), South African Revenue Service (SARS), International Relations and Co-operation (DIRCO). The NDMP 2019 -2024 now incorporates health concerns and strategies to reduce harm as part of the paradigm shift relevant to our country's specific needs.

Initiatives approaches and efforts of stakeholders were aimed at achieving outcomes focused on the Seven Pillars in the NDMP 2013–2017 and they are;

- Reduction of the bio-psycho-socio-economic impact of Substance Use Disorder and related consequences on the South African population (harm reduction).
- Skills development to afford all people in South Africa the ability to deal with problems related to substance use disorder within communities (demand reduction).
- Introduction of recreational facilities and diversion programmes that prevent vulnerable populations from becoming substance dependents (demand reduction).
- Reduced availability of substance-dependence-forming drugs and alcoholic beverages (supply reduction).
- Development and acceptance of multi-disciplinary and multi-modal protocols and practices for integrated diagnosis and improved treatment of substance use disorder, co-occurring morbidities and underlying problems, and assurance of funding for such diagnosis and treatment (harm reduction).



- Harmonisation and enforcement of laws and policies to facilitate effective governance of the alcohol and drug supply chain (supply reduction).
- Creation of employment and job opportunities in general with a special focus in the field of combating substance abuse (demand reduction).

The report also outlines the following:

- (1) The key institutional arrangements of the CDA such as the composition and functions of the members, secretariat, and support structures: national departments represented in the CDA, Provincial Substance Abuse Forums (PSAFs) and LDACs
- (2) Liaison with South African and international agencies, including the United Nations Office on Drugs and Crime (UNODC), the International Narcotics Control Board (INCB) and the Commission on Narcotic Drugs (CND), provided examples for the combating of substance abuse in the country
- (3) The available data on the nature and extent of substance use and abuse, the related harm and negative impact on service delivery in the country. The latest credible, published, peer-reviewed research provides a better understanding of trends, challenges and objectives for serving the community.

Key highlights for the period under review include the following:

- The National Drug Master Plan 2019-2024 was approved by Cabinet.
- The CDA capacitated the Local Drug Action Committees, Homeless Projects and Harm Reduction Projects under the City of Tshwane on the NDMP 2019-2024.
- The CDA actively participated in the National Conference on Substance Abuse and Family-Related Interventions as well as drafting Ekurhuleni Declaration that was adopted at the end of the conference that took place from 30 October - 2 November 2019. Most international speakers shared with us good evidence-based practices to assist us to resolve some of the substance abuse problems that we were grappling with, such as the cannabis issue.



- The CDA actively participated in the review of the section of the legislations that Constitutional Court ruled out some sections to be discriminatory to the users of Cannabis. The legislations were the Illicit Drugs and Trafficking Act (Act no140 of 1992) and the Medicines and Related Substances Control Act (Act No 101 of 1965). It assisted the South African Health Products Regulatory Authority (SAHPRA) and the Department of Justice and Constitutional Development.

The CDA also issued a policy statement on cannabis and participated in TV debates on the subject.

- 1) The CDA actively participated in the review of the substance abuse legislation which was outdated: the Prevention of and Treatment for Substance Abuse Act, (Act 70 of 2008). The CDA visited two sites of the Needle Exchange Programme, in Tshwane and Cape Town, are being run by TB/HIV Care. This is a harm-reduction action undertaken in terms of the National Strategic Plans on HIV, TB and STIs 2017 and 2022. This approach the implementation of the NDMP and supported by all relevant national Departments.
- 2) Partnerships between the CDA, UNODC and other relevant public and private stakeholders should be strengthened to create awareness of the local issues in the field of substance abuse.
- 3) To ease the submission and processing of reports electronically, a cost-effective data warehouse system must be created and developed that will also allow the review of processes and improve transparency.
- 4) Research and international consultations are conducted to identify evidence-based approaches for dealing with emerging New Psychoactive Substances (NPSs) of abuse in communities.
- 5) Liaison between CDA and South African Local Government Association (SALGA) be strengthened to assist PSAFs with establishing LDACs in all municipalities.
- 6) Liaison between CDA and Provincial governments be strengthened to ensure the allocation of resources to facilitate the capacity of PSAFs drive to combat substance abuse.



- 7) Facilitate training of LDAC members in each ward to be able to identify psychoactive substances and develop programs to ensure their abuse is countered while allowing reintegration and continuum of care as part of treatment for users.
- 8) Prioritise CDA attendance and participation at international meetings to ensure participation in research and development of best practices and policies for adaption and introduction in South Africa.



MR DAVID BAYEVER
CHAIRPERSON: CENTRAL DRUG AUTHORITY



LIST OF ABBREVIATIONS, ACRONYMS AND GLOSSARY OF TERMS

AA	Alcohol Anonymous
ABET	Adult Basic Education
ACCE	Asian Centre for Certification and Education of Addiction Professionals
AIDS	Acquired Immune Deficiency Syndrome
APP	Annual Performance Plan
ATS	Amphetamine-type Stimulant
ATTC	Addiction Technology Transfer Center
AU	African Union
AUC	African Union Committee
AUDIT	Alcohol Use Disorder Identification Test
AUPA	African Union Plan of Action
BCOCC	Border Control Operation Coordination Committee
BMA	Border Management Agency
BRICS	Brazil, Russia, India, China and South Africa
CAD	Christian Action for Dependents
CBO	Community- Based Organisation
CDA	Central Drug Authority
CND	Commission on Narcotic Drugs
COGTA	Department of Co-operative Governance and Traditional Affairs
DAC	Department of Arts and Culture
DAP	Drug Advisory Programme
DBE	Department of Basic Education
DCS	Department of Correctional Services
DHA	Department of Home Affairs
DHET	Department of Higher Education and Training
DIRCO	Department of International Relations and Co-operation
DJCD	Department of Justice and Constitutional Development
DMP	Drug Master Plan
DMP	Departmental Master Plan
DSD	Department of Social Development
DSRSA	Department of Sport and Recreation South Africa
DTI	Department of Trade and Industry
EAP	Employee Assistance Programme
ECD	Early Childhood Development
ECOSOC	Economic and Social Council of the United Nations
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EPWP	Extended Public Works Programme
ETDP	Education Training and Development Practices
FAS	Foetal Alcohol Syndrome



FASD	Foetal Alcohol Spectrum Disorder
FET	Further Education and Training
HIV	Human Immunodeficiency Virus
HONLEA	Heads of National Drug Law Enforcement Agencies
ICAS	Independent Counselling and Advisory Services
IDU	Injecting Drug Use
INCB	International Narcotics Control Board
INL	Bureau of International Narcotics and Law Enforcement
IWG	International Working Group on Women and Sport
JCPS	Justice, Crime Prevention and Security
LDAC	Local Drug Action Committee
MEC	Member of the Executive Committee
MRC	Medical Research Council
NDMP	National Drug Master Plan
NDoH	National Department of Health
NEMLC	National Essential Medicine List Committee
NGO	Non-government Organisation
NLA	National Liquor Authority
NPA	National Prosecuting Authority
NPS	New Psychoactive Substance
NYDA	National Youth Development Agency
OSBP	One-stop Border Post
OTC	Over the Counter
PSAF	Provincial Substance Abuse Forum
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
RADO	Regional Anti-Doping Organisation
RTP	Registered Testing Pool
SACENDU	South African Community Epidemiology Network on Drug Use
SADAG	South African Depression and Anxiety Group
SADC	Southern African Development Community
SALGA	South African Local Government Association
SAHPRA	South African Health Products Regulatory Authority (Formerly Medicines Control Council (MCC))
SAIDS	South African Institute for Drug-free Sport
SANCA	South African Council on Alcoholism and Drug Dependence
SAPS	South African Police Service
SARS	South African Revenue Service
TADA	Teenagers against Drug Abuse
UNODC	United Nations Office on Drugs and Crime
WADA	World Anti-doping Agency
WBLDAC	Ward-based Local Drug Action Committee
WDR	World Drug Report
WHO	World Health Organisation



BACKGROUND AND STRATEGIC APPROACH TO THE NDMP 2013 – 2017/2019 – 2024

Background

The Prevention of and Treatment for Substance Abuse Act (Act 70 of 2008), Section 56 (f) the Central Drug Authority (CDA) is mandated to facilitate the initiation and promotion of measures to combat the use of substances in the country. In terms of Section 56 (h), the CDA is further provided with the powers to submit an annual report that provides a comprehensive description of how the country is combating substance use and abuse. It has to support the initiatives and efforts of the relevant stakeholders to reduce the scourge of substance abuse and related social ills.

The 2019/2020 Annual Report describes the measurable achievements, challenges and recommendations of the work completed by the stakeholders while implementing the National Drug Master Plan 2013-2017 as the approved plan. The plan was successfully implemented while CDA was awaiting the approval of the NDMP 2019 -2024, which was subsequently approved in October 2019.

It is important to point out that this report covers the period 01 April 2019 to 31 March 2020. This report outlines the relevant achievements aimed at countering substance abuse in line with the integrated and balanced approach to uproot substances of abuse in communities, through demand, supply and harm reduction approaches. The initiatives and efforts of stakeholders were aimed at achieving the following outcomes of the NDMP 2013 - 2017:

- Reduction of the bio-socio-economic impact of substance abuse and related illnesses on the South African population (harm reduction).



- The ability of all people in South Africa to deal with problems related to substance abuse within communities (demand reduction).
- Recreational facilities and diversion programmes that prevent vulnerable populations from becoming substance dependents (demand reduction).
- Reduced availability of substance-dependence-forming drugs and alcoholic beverages (supply reduction).
- Development and implementation of multi-disciplinary and multi-modal protocols and practices for integrated diagnosis and treatment of substance dependence and co-occurring disorders, and for funding such diagnosis and treatment (harm reduction).
- Harmonisation and enforcement of laws and policies to facilitate effective governance of the alcohol and drug supply chain (supply reduction).
- Creation of employment opportunities in the field of combating substance abuse (demand reduction).

During the review of the NDMP 2019-2024, drastic measures were taken to incorporate the resolutions of the United Nations General Assembly Special Session in April 2016, whereby countries were encouraged to treat Substance Use Disorder like any chronic disease. Hence, the Central Drug Authority conducted consultations in Tshwane, Durban and Cape Town sites, with groups of People Who Use Drugs (PWUDs) and People Who Inject Drugs (PWIDs) covering a variety of interests and professions in both the public and private sectors.

The input was tabulated and taken into consideration for the development of the next NDMP. The model, that was in the final stages of development during the period under review, is a fairly radical departure from the previous five-year plans, incorporating health concerns and reduction of harm as part of the new paradigm shift.



The report also outlines the following:

- (1) The key institutional arrangements of the CDA such as the composition and functions of the members, secretariat, and support structures: national departments represented in the CDA, Provincial Substance Abuse Forums (PSAFs) and LDACs
- (2) The collaboration with relevant South African and international agencies, including the United Nations Office on Drugs and Crime, the INCB and the Commission on Narcotic Drugs (CND), provides leadership and strengthens local initiatives and efforts for the combating of substance abuse in the country
- (3) The available data on the nature and extent of substance use and abuse, and the related harm and negative impact on service delivery in the country. CDA continues to seek out the best of the latest credible, published, peer-reviewed research to understand trends, identify any challenges and obtaining guidance in achieving the set objectives and serving the community.

Finally, this Annual Report includes an extensive list and definitions of key terms used in substance-use-related intervention circles in its glossary. Moreover, given the increasing interdependence between regions and communities (Room, R.; Makela, P.; Schmidt, L.; & Rehm, J. 2006, WHO 2006, and, therefore, the need for terminological standardisation and precision to avoid miscommunication within intervention circles, the definitions of the terms in the glossary were derived from those provided by international agencies such as the World Health Organisation (WHO) (2016, 1994, 1992) and the UNODC (2000).

The mentioned international agencies based their definitions on, among others, classification systems such as the Tenth Revision of the International Classification of Diseases and Health Problems (ICD-10) (WHO, 1992) , and the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) of the American Psychiatric Association (1994). (It should also be noted that information sources are marked with numbers in the text and detailed accordingly in this report's reference list.)



Strategic Overview

The NDMP provides strategic direction to the country's efforts to deal with the use and abuse of substances. According to the UNODC, the NDMP is defined as a single document adopted by the government, outlining all the national concerns in drug control. It authoritatively summarises national policies, defines priorities and allocates responsibilities for drug control efforts. It acts both as a director and a directory of the country's policies and programmes in addressing substance use and abuse.

Furthermore, the NDMP acts as the blueprint for addressing issues of substance use and abuse in the country, as well as being a way to harness the existing and new resources. The NDMP sets out South Africa's strategic national drug policies and priorities. The blueprint provides a framework for comprehensively mobilising national, and provincial departments into taking account of drug abuse issues within their activities and budgets. The NDMP calls for a balance between actions that bring about a decrease in the availability of drugs (control and law enforcement) on one hand, and the demand for drugs (prevention, treatment and rehabilitation) on the other, to effectively address the drug situation.

The strategic approaches are as follows:

- Integrated approach (demand, supply and harm reduction)
- Working in defined organisational clusters to integrate the implementation of strategies
- Delivering measurable outcomes at local community, regional, provincial and national level
- Delivering measurable outcomes in the short, medium and long term as required by the NDMP
- Consulting more widely on developing plans for the future
- Using analytical and information-gathering models to gather factual data while removing emotion from the equation.



The Vision of the NDMP 2013–2017 remained the primary guiding document until the NDMP 2019-2024 was adopted:

‘A South Africa Free of Substance Abuse.

The Mission of the NDMP 2013–2017

The mission is to direct, guide, coordinate, monitor and evaluate the initiatives and efforts of all relevant national and provincial departments, the PSAFs, the LDACs and other stakeholders in their implementation of the NDMP 2013–2017.

This means that the NDMP 2013–2017 should:

- Lead the development of holistic and cost-effective strategies to predict the effects of substance abuse in South Africa
- Direct and coordinate the implementation of holistic and cost-effective strategies to deal with substance abuse in South Africa
- Monitor and evaluate the implementation of holistic and cost-effective strategies to deal with substance abuse, as implemented by the supporting infrastructure of the CDA and other stakeholders
- Lead the amendment or adjustment of the holistic and cost-effective strategies as evaluated, to deal with the identified substance abuse more effectively
- Report progress in dealing with substance abuse to the appropriate authorities and stakeholders.

Key highlights include the following:

- The National Drug Master Plan 2019-2024 was approved by Cabinet.
- The CDA capacitated the Local Drug Action Committees, Homeless Projects and Harm Reduction Projects under the City of Tshwane on the NDMP 2019 – 2024.
- The CDA actively participated in the National Conference on Substance Abuse and Family-Related Interventions as well as drafting Ekurhuleni Declaration that was adopted at the end of the conference that took place from 30 October - 02 November 2019.



- Most international speakers shared good evidence-based practices to assist in resolving some of the substance abuse problems that South Africa is grappling with, such as the cannabis issue.
- The CDA actively participated in the review of legislation that the Constitutional Court ruled out sections as being discriminatory to the users of Cannabis. CDA assisted the South African Health Products Regulatory Authority (SAHPRA) and the Department of Justice and Constitutional Development (DJCD) in the review of the following legislation; Illicit Drugs and Trafficking Act (Act no140 of 1992) and the Medicines and Related Substances Control Act (Act No 101 of 1965). The CDA also issued a policy statement on cannabis and participated in TV debates on the subject.
- The CDA actively participated in the review of the substance abuse legislation which was outdated: the Prevention of and Treatment for Substance Abuse Act, (Act 70 of 2008).
- The CDA visited two sites of the Needle Exchange Programme in Tshwane and Cape Town that are being run by TB/HIV Care Association. This is a harm-reduction action undertaken in terms of the National Strategic Plans on HIV, TB and STIs 2017 - 2022. The approach is in line with the National Drug Master Plan 2019 – 2024.



LEGISLATIVE AND OTHER MANDATES AFFECTING SUBSTANCE USE AND ABUSE IN SOUTH AFRICA

Legislation

The following table lists the relevant legislation in the field of substance use and abuse:

Act	Purpose
Prevention of and Treatment for Substance Abuse Act, 2008 (Act 70 of 2008)	To provide for a comprehensive national response to combating substance abuse; to provide for the mechanisms aimed at demand and harm reduction concerning substance abuse through prevention, early intervention, treatment and re-integration programmes; to provide for the registration and establishment of treatment centres and halfway houses; to provide for the committal of persons to and from treatment centres, and for their treatment, rehabilitation and skills development in such treatment centres; to provide for the establishment of the CDA and matters connected with it
Domestic Violence Act 116 of 1998)	To provide the victims of domestic violence the maximum protection from domestic abuse. It introduces measures to ensure that the relevant organs of state give full effect to the provisions.
Drugs and Drug Trafficking Act (Act 140 of 1992)	To provide for the prohibition of the use or possession, or dealing in, of drugs and certain acts



	relating to manufacturing or supply of certain substances
Liquor Act, (Act 59 of 2003)	To provide for the manufacturing and distribution of liquor to be regulated at the national level, while micro manufacturing continues to be regulated at the provincial level
National Health Act 2003,(Act 61 of 2003)	To provide a framework for a structured health system within the Republic, taking into account the obligations imposed by the Constitution and other laws of the national, provincial and local governments concerning health services
Medicines and Related Substances Act,1965 (Act 101 of 1965)	To provide for the registration of medicines and other medicinal products to ensure their safety, quality and efficacy, as well as providing for transparency in the pricing of medicines
Tobacco Products Control Amendment Act, 1999(Act 12 of 1999)	To provide for the control of tobacco products, the prohibition of smoking in public places and advertisement of tobacco products, as well as the sponsoring of events by the tobacco industry
Mental Health Care Act, 2002 (Act 17 of 2002)	To provide a legal framework for mental health in the Republic and, in particular, the admission and discharge of mental health patients in mental health institutions, with an emphasis on human rights for mentally ill patients
Foodstuffs, Cosmetics and Disinfectants Act,	To provide for the regulations concerning foodstuffs, cosmetics and disinfectants, in particular quality standards that must be complied



1972 (Act 54 of 1972)	with by manufacturers, as well as the importation and exportation of these items.
Prevention of Organised Crime Act (Act 121 of 1998)	To provide for the recovery of the proceeds of crime (irrespective of the source) and the combating of money laundering

Mandate

Role of the CDA

In terms of the Prevention of and Treatment for Substance Abuse Act (Act 70 of 2008), the CDA was appointed in 2013 by the Minister of Social Development. The current CDA reviewed and updated the NDMP 2013-2017 into the NDMP 2019-2024.

The Prevention of and Treatment for Substance Abuse Act (Act No 70 of 2008) and the National Drug Master Plan 2013–2017/ 2019 – 2024 mandates the CDA’s powers and duties as follows:

- a. Oversee and monitor the implementation of the NDMP
- b. Facilitate and encourage the coordination of strategic projects
- c. Facilitate the rationalisation of existing resources and monitor their effective use
- d. Encourage government departments and private institutions to compile plans to address substance abuse, in line with the goals of the NDMP
- e. Ensure that each department of state has its performance indicators
- f. Facilitate the initiation and promotion of measures to address the use of substances
- g. Ensure the establishment and maintenance of information systems which will support the implementation, evaluation and ongoing development of the NDMP



- h. Submit an annual report that sets out a comprehensive description of the national effort relating to addressing substance abuse
- i. Ensure the development of effective strategies on prevention, early intervention, reintegration and aftercare services, and, in particular, the development of effective strategies regarding the prevention of HIV infection and other medical consequences related to substance abuse
- j. Advise the government on policies and programmes in the field of substance abuse and drug trafficking
- k. Recommend to Cabinet the review of the NDMP every five years
- l. Organise a biennial summit on substance abuse to enable role-players in the field of substance abuse to share information
- m. Exercise such powers and perform such duties as may be determined by the Minister from time to time.

Organisational Structure of the CDA

Membership of the CDA

The current membership of the CDA is made up of thirteen (13) appointed members from civil society organisations who operate in the field of substance abuse, as well as twenty-one (21) representatives from national departments of government, including entities appointed, in terms of the Prevention of and Treatment for Substance Abuse Act (Act 70 of 2008). Members from the private sector were nominated and then selected by the Portfolio Committee on Social Development and the Select Committee on Social Services. Representatives from government departments were nominated by their respective ministers and appointed by the Minister of Social Development as stipulated by legislation.

Government departments and entities represented in the CDA are:

- Department of Arts and Culture (DAC)
- Department of Basic Education (DBE)



- Department of Correctional Services (DCS)
- Department of Health (DOH)
- Department of Higher Education and Training (DHET)
- Department of Home Affairs (DHA)
- Department of Justice and Constitutional Development (DJCD)
- South African Health Products Regulatory Authority (SAHPRA)
- National Treasury (NT)
- National Prosecuting Authority (NPA)
- South African Police Service (SAPS)
- South African Revenue Service (SARS)
- Department of Social Development (DSD)
- Department of Sport and Recreation South Africa (DSRSA)
- Department of Trade and Industry (DTI)
- National Youth Development Agency (NYDA)
- Department of International Relations and Co-operation (DIRCO)
- Department of Agriculture, Forestry and Fisheries (DAFF)
- Department of Provincial and Local Government
- Department of Transport (DOT)
- Department of Labour (DOL)

Role of CDA Members

The CDA is a statutory body, established to monitor and oversee the implementation of the NDMP. The CDA members are not expected to implement the NDMP 2013–2017, but to guide and ensure that implementation initiatives take place through creating a conducive environment for the implementers. The authority facilitates, among others, the establishment and implementation of support structures such as PSAFs and LDACs. The mandate, role and composition of the CDA and its members are set out in Chapter 10 of Act 70 of 2008 and Chapter 2 of the NDMP 2013–2017.



The NDMP, as adopted by Cabinet, comprises of the national drug strategy and sets out measures to control and manage the supply and demand for drugs in the Republic of South Africa. The NDMP was developed by the CDA, using the knowledge and skills of its members, who are experts in the field of substance use and abuse, as well as those of representatives of the national departments appointed to the CDA by the Minister.

Members of the CDA are expected to apply their expertise in the field of substance abuse to facilitating the application of the integrated approach advocated in the NDMP 2013-2017 to reduce the demand for and supply of psychoactive substances, as well as harm related to the use and abuse of such substances. Furthermore, the relevant members are required to assist in the development and implementation of policies, protocols and practices related to the prevention of psychoactive substance use/abuse, including the provision of services related to the treatment, aftercare and reintegration with the society of those affected by substance dependence.

Moreover, the members of the CDA are required to do the following:

- Oversee the implementation of the NDMP
- Facilitate and encourage the coordination of strategic projects; direct, guide, coordinate, monitor and evaluate the initiatives and efforts of all relevant government departments at the national and provincial level PSAFs, as well as other stakeholders. In particular, the establishment of PSAFs through members of the executive councils in all provinces, and the establishment of LDACs in all municipalities in the country through the Mayors of these district municipalities
- Encourage the compilation of Departmental Master Plans (DMPs)



- Ensure the implementation of the CDA's integrated strategy, namely demand, supply and harm-reduction strategies as described in the NDMP 2013-2017, as well as the development and implementation of policies, protocols and practices relating to the process of prevention and treatment of substance abuse, including aftercare and reintegration with the society of those being treated for substance abuse and dependence
- Advise the government on any matter influencing the abuse of drugs, as well as participating in the clusters of government sectors involved in the development of national and provincial DMPs, and the execution of the CDA's mandate
- Review the NDMP every five years and make recommendations to the Minister of Social Development, who will submit it to Cabinet for approval
- Liaise with the CDA and the PSAFs, and attend the latter's meetings, as well as guiding and advising such forums regarding the interpretation and implementation of the NDMP 2013-2017 and the DMPs
- Finally, report annually to Parliament on progress in combating substance abuse in the country.

CDA Secretariat

The CDA Secretariat performs the work incidental to the functions of the CDA and provides administrative and other support as may be required by the CDA.

The CDA Secretariat must ensure that the day-to-day work of the CDA is carried out in line with monitoring and implementation of the NDMP. The CDA Secretariat also provides technical and administrative support to the CDA and its institutional support structures.



KEY SUBSTANCE USE RELATED ORGANISATIONS AND INITIATIVES

National Organisation

Through the government departments represented in the CDA and the members of the PSAFs and LDACs, the CDA has links to and can tap into, to some extent, the resources of especially the following organisations, as well as research systems focusing on substance use and abuse, and related matters:

- *SA National Council on Drugs and Alcoholism (SANCA)*: A national organisation representing treatment and rehabilitation centres in various provinces in South Africa
- *Alcoholics Anonymous*: An international support and aftercare group for recovering alcohol dependents, and the related *Narcotics Anonymous* and other subsidiaries
- *Christian Action for Dependents*: An aftercare and support group for recovering substance dependents, and similar organisations
- *The Council for Scientific and Industrial Research (CSIR)*: South Africa's central and premier scientific research and development organisation. It is a statutory body established in terms of Section 2 of the Scientific Council Act, 1945 (Act 33 of 1945) and continues to be a jurisdicative person, known as CSIR, in terms of the Scientific Research Council Act, 1984 (Act 82 of 1984). It is the largest research and development (R&D) organisation in Africa.
- It has a staff complement of 3 000 technical and scientific researchers, often working in multi-disciplinary teams. The R&D portfolio of the CSIR aims to facilitate a clear understanding of national imperatives and the needs of industry, to optimise the impact of the CSIR's R&D outputs. It leverages public, private and international partnerships in support of cutting-edge science, engineering and technology. The organisation has clients in both the private sector (micro, small, medium and large enterprises, formal and informal) and the public sector (national, provincial and local government).



- It liaises closely with tertiary education institutions. It aims to contribute to the national programme of development; conduct relevant knowledge-generating research and transferring technology, using skilled human capital; and strengthen the science and technology base. Some of its work increases the stock of knowledge, including knowledge of humanity, culture and society, and the use of this knowledge to devise new applications.
- *South African Depression and Anxiety Group (SADAG)*: A national organisation championing drug-related demand reduction programmes in South Africa. It is currently managing the Substance Abuse Help Line (0800 12 13 14) and the Short Message System (SMS) (32312) projects.
- *South African Community Epidemiology Network on Drug Use (SACENDU)*: A national sentinel surveillance system, compiling and disseminating on a six-monthly basis data on admissions to substance-use-related treatment centres in the country and funded by the Department of Health.
- *Medical Research Council (MRC)* and, in particular, its *Alcohol, Tobacco and Other Drug Research Unit*: A unit specialising in alcohol, tobacco and other substance-use-related research, and operating locally, nationally and internationally. It generates knowledge and proposes policy and other interventions directed at reducing alcohol, tobacco and other drug use and abuse, and the associated burden experienced by individuals and society.
- The periodic *South African Youth Risk Behaviour Surveys* among learners in Grades 8 to 11 and the *South African Demographic and Health Surveys* conducted under the auspices of the Department of Health.
- *Human Sciences Research Council (HSRC)*: South Africa's statutory research agency conducting research, generating critical and independent information. It is committed to creating cutting-edge research that supports development nationally, the Southern African Development Community (SADC) and the rest of Africa. It disseminates research that demonstrates the remarkable and measurable impact of the CDA work.



- It is also mandated to inform the effective formulation and monitoring of government policy; to evaluate policy formulation to stimulate public debate through the dissemination of research-based data and fact-based research results; to foster research collaboration, and to help build research capacity and infrastructure for human research capacity. One of the units of HSRC, the Social Aspects of HIV/AIDS, STIs and TB, includes substance abuse.
- *Addiction Technology Transfer Centre (ATTC)*: Part of a network comprised of ten (10) domestic regional centres, six (6) international HIV centres (funded by PEPFAR) and a network-coordinating office. The network serves the fifty (50) US states, the District of Columbia, Puerto Rico, the US Virgin Islands and several Pacific Islands. International HIV ATTCs serve South Africa, Vietnam, Southeast Asia and Ukraine. Its aims are the following:
 - To accelerate the adoption and implementation of appropriate evidence-based treatment for HIV, substance-use disorders and mental health
 - To heighten the knowledge and skills of lay and professional individuals in the delivery of care for HIV, substance-use disorders and mental health
 - To foster provincial and national partnerships among culturally diverse practitioners, researchers, policymakers, funders and experts
- *Higher Education HIV/AIDS Programme (HEAIDS), Higher Education and Training Health Wellness and Development Centre*: HEAIDS is an initiative of the DHET, undertaken by universities. HEAIDS develops and supports HIV-mitigation programmes at South Africa's public universities, and technical, vocational and training colleges. The key focus of the HEAIDS programme is to ensure that youth and young people passing through the higher education sector are healthy and able to contribute to the economic growth of the country. The programme supports higher education institutions in responding to the HIV/AIDS pandemic through their core functions of learning and teaching, research, innovation and community engagement. This programme has assisted with increasing the life expectancy of many vulnerable young people.



- The young people now have access to proper care and support, in terms of treatment, and psychological and social wellbeing, with the support of HEAIDS partners. HEAIDS has extended its services to include cancer screening, family planning and contraception.
- *International Society of Substance Use Professional South Africa (ISSUP South Africa)*: ISSUP South Africa is the national Chapter of the International Society of Substance Use Professionals on the African Continent following the establishment of ISSUP Kenya. The South African Chapter was launched on 05 September 2018 and is currently hosted by SANCA (South African National Council on Alcohol and Drug Dependency). This Chapter created a central place for professionals to share information and promotes communication opportunities with other Chapters around the globe. Some of the benefits are the sharing of best practice updates in the field of substance use prevention, treatment and recovery within South Africa.
- *South African Network of People Who Use Drugs (SANPUD)*: A registered non-profit organisation made up of member peer-led organisations that share a common purpose – to defend the rights of people who use drugs

Key International Organisations and Initiatives

Commission on Narcotic Drugs (CND)

The CND is one of the functional commissions of the Economic and Social Council (ECOSOC) of the United Nations and is the central drug policy-making body in the United Nations. It has important functions in force today under the drug control treaties and can amend the schedules of controlled substances under the Single Convention on Narcotic Drugs and the Conventions on Psychotropic Substances. The central drug authorities or similar bodies of all the member states of the CND attend CND sessions to report on and compare the situation in their countries and the lessons learnt during the implementation of the respective national drug master plans.



Mandate and functions of the CND

The CND reviews and analyses the global drug control situation, considering the interrelated issues of drug abuse prevention, rehabilitation of drug users and the supply of and trafficking in illicit drugs. It takes action through resolutions and decisions.

Functional Commission of the Economic and Social Council

The CND was established by the Economic and Social Council of the United Nations as one of its functional commissions on 16 February 1946 (Resolution 9(I)). The CND assists the council in supervising the application of international drug control treaties. It also advises the Council on the control of narcotic drugs and psychotropic substances and their precursors.

Normative functions

The CND has important normative functions, in terms of international drug control conventions. It is authorised to consider the aims of these conventions and ensure their implementation. As a treaty organ under the Single Convention on Narcotic Drugs of 1954, and the Convention on Psychotropic Substances of 1971, the CND is empowered, based on recommendations by the WHO, to place narcotic drugs and psychotropic substances under international control. The Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, empowers the CND, on the recommendation of the INCB, to place precursor chemicals frequently used for the manufacture of illicit drugs under international control. The CND is also empowered to remove or modify international control measures for drugs, psychotropic substances and precursors.

Governing body of the UNODC International Drug Control Programme

The mandates of the CND were further expanded in 1991 when it was empowered to approve the budget of the United Nations International Drug Control Programme, which is administered by UNODC and to finance measures to combat the world drug problem.



Monitoring political commitments on drug control

The CND was also mandated to monitor the outcome of the 1998 Special Session of the General Assembly on countering the world drug problem, as well as the renewed commitments enshrined in the 2009 Political Declaration and Plan of Action.

Link between the CDA and the CND

South Africa became a member of the CND in 1995. Consequently, South Africa is represented on the CND and participates in CND annual meetings. The annual session of the CND gives member countries the opportunity to participate in the formulation of international drug policies that are mandatory for member countries. The CDA participates in CND annual meetings, given that it is a statutory body within DSD mandated by the Prevention of and Treatment for Substance Abuse Act (Act 70 of 2008) to combat substance use and abuse in South Africa.

It should also be borne in mind that; (1) the CDA is required to report annually to DSD on South Africa's contribution towards the implementation of the various international drug control treaties; and that (2) CDA stakeholders including the national departments, provincial departments and non-government organisations in South Africa, must be focused on combating substance use and abuse.

UNODC

Aims and functions

UNODC was established in 1997, and its headquarters are in Vienna, Austria. It has 21 field offices and one is located in Pretoria, South Africa. The long-term aims of UNODC are to equip governments to handle issues related to drugs, crime, terrorism and corruption. About 90% of its funding comes from voluntary donations, mainly from governments.



World Drug Report (WDR)

The *WDR* is an annual publication that presents a comprehensive assessment of the international drug problem, with detailed information on the illicit drug situation. It provides estimates and information on patterns and trends in the production, trafficking and use of key drugs. The report, based on data and estimates collected or prepared by Governments, UNODC and other international institutions, attempts to identify patterns and trends in the evolution of global illicit markets.

Link between the CDA and UNODC

The CDA contributes data for inclusion in the *WDR* and is engaged in a project with the Pretoria office of UNODC to identify the nature and extent of injection drug use (IDU) and IDU-HIV/AIDS links, as well as ways to counter the latter links appropriately.

International Narcotic Control Board (INCB)

Established in 1968, the INCB (see <https://www.incb.org>) is an independent and quasi-judicial monitoring body for the implementation of the United Nations international drug control conventions and South African is its current president. One of its key functions is to identify and correct weaknesses in (inter)national systems for controlling the illicit manufacture of, trafficking in and use of drugs, apart from assessing whether chemicals used in the manufacture of illicit drugs should be placed under international control. Where United Nations international drug control conventions/treaties are violated, the INCB discusses the violations with the relevant governments, proposes appropriate remedial measures and, where necessary, assists these governments in overcoming difficulties in this respect. Moreover, where remedial measures have not been taken, INCB may call the matter to the attention of the CND, and the Economic and Social Council of the United Nations.



World Health Organisation (WHO)

The CDA liaises with the WHO through the local WHO office, as well as through government representatives on the CDA who collaborate with the WHO, such as the representative of the Department of Health. The latter government department and its partners within civil society, such as the MRC, have close working relationships with the WHO, e.g. concerning the provision of relevant data on alcohol and tobacco use in South Africa.

African Union (AU)

South Africa is a member of the AU and, through its Minister of Social Development, participated in the development of the 2013–2017 AU Plan of Action (AUPA), which focused on drug control, at the AU Conference of Ministers for Drug Control.

The Department of Social Affairs of the African Union Committee (AUC) is the central drug-policy developing body of the AU. Its functions include the establishment of and consultation with a continental team of experts on various drug-related issues. It further aims to maintain a continental database of drug-related matters and to prepare relevant reports.

Aims and Objectives of the AUPA

The strategic objective of the AUPA is to improve the health, security and socio-economic wellbeing of people in Africa by reducing drug use, illicit trafficking and associated crimes. The AUC monitors the implementation of resolutions at a member state level.



Brazil, Russia, India, China and South Africa (BRICS) Formal Anti-Drug Committee

The CDA is represented on the BRICS Formal Anti-Drug Committee under South Africa's membership of this economic structure. The purpose of this committee is to investigate the correlation between substance abuse and the social ills present in communities within the member states.

The international illicit drug trade has mutated into a threat to international peace, development and security. The illicit trade is linked to transnational organised terrorism, human trafficking and the ruining of developing nations. The illicit drug value chain presents a major threat to all BRICS member states.

During the Fifth BRICS Summit in Durban in March 2013, the eThekweni Action Plan was agreed upon. This plan makes provision for BRICS anti-drug co-operation as a new agenda issue. The plan supports the development, promotion and intensification of measures to facilitate intra-BRICS co-operation in the prevention and combating of the drug value chain, and associated crimes, in line with drug-related international protocols and obligations.

The Colombo Plan

The Colombo Plan is one of the oldest intergovernmental initiatives in the Asian Pacific Region and was officially launched by Australia, Canada, India, Pakistan, New Zealand, Sri Lanka and the United Kingdom in 1951.



Aims and objectives of the Colombo Plan

The objectives of the Colombo Plan are:

- To promote interest in support of economic and social development in member states;
- To promote technical co-operation and the sharing of technology among member states; and
- To review the relevant information. It also aims to facilitate the transfer and sharing of development experiences among member countries, especially those in the southern hemisphere.

There are four permanent programmes carried out by the Colombo Plan and they are.:

- The Drug Advisory Programme (DAP),
- The Programme for Public Administration and Environment,
- The Programme for Private Sector Development and the Long-term Scholarships Programme.

Link between the CDA and the Colombo Plan

The CDA has supported the Colombo Plan initiatives, programmes and training sessions within South Africa. Once accredited by the South African Qualifications Authority (SAQA), the various programmes should be valuable tools in the CDA's efforts to strengthen its support structures (PSAFs and LDACs).

The key characteristics of these programmes are as follows:

Drug Advisory Programme (DAP): This programme aims to build capacity for drug demand reduction in the Asian and Pacific Region. It encourages national efforts among member countries towards demand reduction.



DAP initiatives include the establishment of national drug focal points, the formulation of national drug policy, the implementation of drug-demand reduction initiatives, the initiation of the Afghan drug-demand reduction initiative and the Asian Centre for Certification and Education of Addiction Professionals (ACCE).

The ACCE initiatives were established in 2009 as the training and credentialing arm of the DAP. The ACCE is an integral part of the global initiative, funded by the Bureau for International Narcotics and Law Enforcement Affairs of the US Department of State.

Programme for Private Sector: This programme is geared towards providing those dependent on drugs with a 'second chance' to living a life of quality. The programme is, therefore, called the Second Chance Programme.

Programme for Public Administration and Environment: The activities of this programme focus on climate change and the empowerment of women.

Long-term Scholarships Programme: This programme provides scholarships to those in need.

ISSUP Global

ISSUP Global was initiated in 2015 through INL, working in consultation with African Union, OAS/CICAD, Colombo Plan, UNODC and WHO. It was established in the UK as a not for profit company limited by guarantee in February 2016. It is a unique initiative offering an international and credible professional membership body that brings together both treatment and prevention workforce.

The ISSUP aims to provide professionals working in the public treatment centres and prevention fields with training to equip them with skills and knowledge to combat Substance Use Disorders. It enables these professionals to apply science, making it accessible and comprehensible for everyone within the international drug treatment and prevention community. It is also professionalising the prevention and treatment workforce, to promote quality standards, ethical, and evidence-based practice. It is an international organisation that was set up to meet the needs and challenges faced by prevention and treatment workforce.



Finally, prevention and treatment science has moved substantially over recent years. The following are the developed courses aimed at providing professionals with continuing education and sharpening the skills and knowledge in the field:

- Universal Prevention Curriculum
- Universal Treatment Curriculum

It is important to state that the courses above, were supported by INL and the Colombo Plan.

The European Drug Prevention Quality Standards is funded by the European Union and undertaken by the European Prevention Standards Partnership and the International Standards on Drug Use Prevention produced by UNODC.

ISSUP implements its activities in consultation with:

- Canadian Centre on Substance Abuse (CCSA)
- Colombo Plan
- Cooperation Programme on Drugs Policies (COPOLAD)
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)
- European Society for Prevention Research (EUSPR)
- Organisation of American States/ Inter-American Drug Abuse Control Commission (OAS/CICAD)
- Society for Prevention Research (SPR)
- The European Prevention Standards Partnership
- United Nations Office on Drugs and Crime (UNODC)
- U.S. Department of State's Bureau of International Narcotics and Law Enforcement Affairs (INL)
- World Health Organisation (WHO)



International Network on Hepatitis in Substance Users (INHSU)

INHSU is an international organisation dedicated to scientific knowledge exchange, knowledge translation and advocacy focused on hepatitis C prevention and care for people who use drugs. Increasing hepatitis C testing, linkage to care, treatment and cure among people who use drugs is of paramount importance. This is an initiative that the CDA supports.

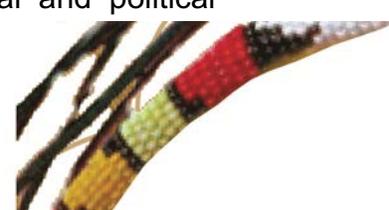
EXTENT OF SUBSTANCE USE AND ABUSE IN SOUTH AFRICA

There is no research or national survey conducted in South Africa, hence the substance use data is still limited. The report will rely heavily on data from the World Drug Report 2019 and the South Africa Community Epidemiology Network (SACENDU) 2019. This report will provide a background to the drug situation in the country.

Background of the drug situation in South Africa

South Africa's geographical location and its international trade links with countries in Asia, Latin America, Western Europe and North America have made it an attractive drug transit country. Hence, drug trafficking and abuse have continued to escalate to date. The relaxation of strict control of land, air and sea borders to enhance international trade and commerce has triggered the increase in drug trafficking. South Africa has an excellent infrastructure of roads and rail, telecommunication, airports and seaports facilities. All of these are used to transit and traffic illicit drugs, especially cocaine, heroin and methamphetamine, as well as the vulnerable people from the neighbouring countries.

The cumulative availability of the illicit drugs such as alcohol, cannabis, cocaine, heroin, LSD, amphetamines, ecstasy, marijuana or amphetamine-type-stimulants and tobacco were observed since the early 1990s. Various factors contributed to this alarming increase in abuse, including an increase in legal and illegal migration, reduction in internal and border controls following the collapse of apartheid regime, social and political



liberation which also facilitated the arrival of new movements such as the “rave culture” and night clubs by youth, usually characterised by the using of substances (UNODC, 1999)

Furthermore, to curb the institutional and social problem, South Africa requires more effective policing of traditional smuggling routes, prompted by drug cartels in Asia and South America to monitor other shipping routes. It is important to note that these trafficked drugs through sophisticated systems end up on the local market.

Also, it is worth mentioning that other factors contribute to substance abuse in the country. The high unemployment rate, weakened family and social structures have resulted in students becoming couriers of drugs and the establishment of clandestine laboratories manufacturing drugs such as methaqualone and “tik”. These laboratories are even emerging in the previously disadvantaged areas like townships and rural sites.

Drug consumption in South Africa has escalated. The use of cannabis, known as dagga in the country dates back to the 15th Century. During this period, the Arab, as well as the Persian and Indian merchants, were inter alia responsible for its spread along the eastern coast of the African continent. In 1928, authorities in South Africa introduced the first drug legislation concerning cannabis (Wright, 1991). Now cannabis has gained popularity among the South African. The country has to comply with the ConCourt Judgment to meet the demands of the users.

The Medical, Dental and Pharmacy Act, (Act No.13 of 1928), a law that prohibited the production, sale and use of any “habit-forming drugs”. The Act was developed to restrict the use of cannabis in South Africa. Following this Act, only one licence was issued for cultivating cannabis in South Africa and another license for exporting cannabis, and neither were renewed when they expired.

Currently, cannabis in South Africa has been decriminalised by the country’s Constitutional Court for personal consumption by adults for private purpose.



However, laws prohibiting use outside of one's private dwelling, buying and selling cannabis remain in effect, it also remains unclear how the ruling can be enforced as well.

Prior prohibition against the plant was lifted in 2018, advocates pressured the government to modify its laws, which first restricted cannabis in 1922, to allow exemptions for medical use, religious practices and other purposes.

Substance Use Trends in South Africa

SACENDU surveillance system collected data from participating treatment centres, across all the provinces. The data reflects only those seeking treatment.

The findings were as follows in terms of the type of drugs used:

Alcohol

Alcohol remained the dominant substance of use in the Eastern Cape (EC), KwaZulu Natal (KZN) and Central Regions (CR) comprising Free State, Northern Cape and North West provinces. It added to the burden of harm in terms of both communicable and non-communicable diseases. A total of 15% of the patients in treatment came from the Northern Regions (NR) comprising of Mpumalanga and Limpopo. A further 35% of the patients were from Central Regions and the EC patients in treatment facilities had alcohol as their primary drug of use. KwaZulu Natal observed a decreased number of patients seeking treatment for alcohol abuse.

Regarding persons younger than 20 years, alcohol-related problems remained less common. Only 1% of the patients reported alcohol as their primary substance of use under the age of 20 were from CR and a further 14% were from WC.



Cannabis

Cannabis is still the most common illicit drug used especially among young people attending specialist treatment centres across sites. A total of 33% of the patients attending specialist treatment centres were from EC and 50% from NR had cannabis as their primary or secondary drug of use. A total of 3% of patients in NR and 21% in WC had cannabis/mandrax (methaqualone) known as 'white pipe' as the primary or secondary drug of use.

Methamphetamine (MA)

Methamphetamine (MA) remains the most common primary drug reported by patients in the WC and the proportion slightly decreased to 27% from 30% in 2017. Among patients under 20 years, the proportion reporting MA as a primary or secondary substance of use in this region was 10% and remained stable when compared to the last period. A total of 2% of patients attending specialist treatment centres were from KZN and 39% from WC had MA as their primary or secondary drug of use.

Cocaine

The proportion of admissions for cocaine remained fairly low and stable across all sites. Cocaine is mostly reported as a secondary drug of use. WC had 4% of patients in the treatment had cocaine as a primary or secondary drug of use and KZN had 16%, these numbers remaining stable across sites.

CAT

CAT, a synthetic stimulant, continues to show an increase in most provinces particularly in Gauteng. Two hundred and five (205) patients reported CAT as a primary substance of use in the Gauteng region.



Poly-Drug Use

Polysubstance use remains high across provinces with patients indicating the use of more than one substance of use, a total of 41% coming from CR and 54% from WC.

New Psychoactive Substances (NPS)

South Africa is not immune to the emergence of the New Psychoactive Substances (NPS). The use of NPS is often linked to health problems. In general, side effects of NPS range from seizures to agitation, aggression, acute psychosis as well as the potential development of dependence. NPS users have frequently been hospitalized with severe intoxications. Safety data on toxicity and carcinogenic potential of many NPS are not available or very limited, and information on long-term adverse effects or risks are still largely unknown. Purity and composition of products containing NPS are often not known, which places users at high risk as evidenced by hospital emergency admissions and deaths associated with NPS, often including cases of polysubstance use (UNODC, 2019). South Africa need to be vigilant about this substance.

Health consequences relating to substance use

According to Scheibe et al (2019), people who inject drugs (PWID) are at high risk for hepatitis B, hepatitis C and HIV without accessible harm reduction programmes. These programmes should include coverage of needle and syringe and opioid substitution therapy (OST) services. The report further states that South Africa is below global recommendations and there are no dedicated services for hepatitis sufferers.

Home-made alcohol

Numerous studies were conducted in the country on the impact of home-made alcohol. According to Makhubele (2012), the brewers of home-made alcohol unanimously agreed that the social exclusion from the main-stream economy, directly and indirectly, pressurize them to find alternatives means of generating income, hence they produce alcohol from home.



Drinking home-made alcohol is a way of dealing with the effects of socio-economic exclusion. Alcohol was found to be a significant contributor to maintaining and worsening economic difficulties, and likely plays a role in generating poverty.

World Drug Report 2020 (WDR 2020)

According to WDR 2020, the effects of COVID-19 pandemic on drug markets is unknown and hard to predict, but it could be far-reaching. Some producers could be forced to seek out new ways to manufacture drugs as restrictions on movement constricted access to precursors and essential chemicals.

The WDR 2020 further demonstrated that following the economic crisis of 2008, some users began seeking out cheaper synthetic substances and patterns of use shifted toward injecting drugs. Meanwhile, governments reduced drug-related budgets. Furthermore, the biggest immediate impact on drug trafficking can be expected in countries where large quantities are smuggled on commercial airliner flights.

Finally, regarding the effect of COVID-19, the WDR 2020 indicated that in the long run, the economic downturn and associated lockdown regulations have the potential to disrupt drug markets. Rising unemployment and lack of opportunities will make it more likely that poor and disadvantaged people engage in harmful patterns of drug use, suffer drug use disorders and tend to engage in illicit activities linked to drugs, either production or transportation.

The following are the factors that contribute to the escalating drug use world-wide:

According to WDR 2020, drug use around the globe has been on the rise, in terms of both overall numbers and the proportion of the world's population that uses drugs. In 2009, the estimated 210 million users represented 4.8 per cent of the global population aged between 15 - 64, compared with the estimated 269 million users in 2018 that represented 5.3 per cent of the population.

The WDR 2020 further indicated that drug use is higher in urban areas than in rural areas, in both developed and developing countries, South Africa included.



The mass movement of people from the countryside to towns and cities, more than half the world's population now live in urban areas when compared with 34 per cent in 1960, which partially explains the overall rise in drug use.

The report also emphasised that worldwide drug use is more widespread in developed countries than in developing countries. Drugs such as cocaine are even more firmly associated with the wealthier parts of the world.

Regarding drug markets, the WDR 2020 highlighted that they are becoming increasingly complex. Plant-based substances such as cannabis, cocaine and heroin have been joined by hundreds of synthetic drugs, many not under international control. There has also been a rapid rise in the non-medical use of pharmaceutical drugs.

The WDR 2020 also pointed out the rapid drug markets changes whereby synthetics have replaced opiates in Central Asia and the Russian Federation and methamphetamine market has grown in Afghanistan and Iraq.

The WDR 2020 reported that policy changes and changing trends in cannabis use is on the rise in most jurisdictions and has forced those regions to legalize cannabis for non-medical use. In Canada, Uruguay and eleven (11) jurisdictions in the United States allow the manufacture and sale of cannabis products for non-medical use. In most of those jurisdictions, cannabis use has risen since its legalization.

The report also emphasised that pharmaceutical opioids for pain management and palliative care are available mostly in high-income countries. In this regard, the disadvantaged communities in those regions face harm from legal and illicit drug markets. It further noted that the medicines for pain relief are unequally distributed across regions. In 2018, more than 90 per cent of all pharmaceutical opioids available for medical consumption were in high-income countries.

The WDR 2020 found that 35.6 million people suffered from drug use disorders in 2018. This resulted in poverty, limited education and social marginalization that increase the risk of drug use disorders and exacerbate the consequences thereof.



The report further stated that the relationship between drugs and violence is complex and complicate the drug problem. It is also difficult to point out all the causal relationships between the use of psychoactive substances and violence. The limited data at the global level show that intoxication may be a significant factor in homicide.

The trends of substance use and related issues globally

Drug use

Cannabis is the most used substance world-wide, an opioid which is the most harmful. Changing global patterns of drug use involving controlled drugs such as heroin, cocaine, amphetamines and cannabis, New Psychoactive Substances (NPS) and non-medical use of pharmaceutical drugs have contributed to increasingly complex challenges. An estimated 192 million people used cannabis in 2018, making it the most used drug globally. In comparison, 58 million people used opioids in 2018, it accounted for 66 per cent of the estimated 167,000 deaths related to drug use disorders in 2017 and 50 per cent of the 42 million years (or 21 million years) lost due to disability or early death, attributed to drug use. More than 11 million people inject drugs, while 1.4 million PWID are living with HIV, 5.5 million with hepatitis C and 1.2 million are living with both hepatitis C and HIV.

Non-medical use of synthetic opioids has created public health crises in West, Central and North Africa. The opioid crisis is fueled by tramadol and by fentanyl in North America. The WDR 2019 indicated that public health responses continue to fall short. Effective treatment interventions based on scientific evidence and in line with international human rights obligations are not as available or accessible as they need to be. National governments and the international community need to step up interventions to address this gap.

The stimulant scene is dominated by cocaine and methamphetamine, the use of both substances is rising in their main markets. Some 19 million people used cocaine in 2018, while roughly 27 million people used amphetamines that same year, methamphetamine being the most used ATS in South-East Asia.



Supply chains

The supply of plant-based drugs is still at a high level despite some decreases. The area under opium poppy cultivation (240,800 hectares) shrank for a second year in a row in 2019, led by declines in Afghanistan and Myanmar. The quantities of opiates seized (704 tons) in 2018 also fell markedly from the previous year. The WDR 2019 alluded that this condition is due to drought in that region.

The coca bush cultivation continues at a historically high level (244,200 hectares). The area under coca cultivation remained stable from 2017 to 2018. However, the estimated global manufacture of cocaine once more reached an all-time high (1723 tons), and global seizures increased marginally (1,131 tons).

The quantities of seized methamphetamine, the ATS with the largest market globally, reached a new record high of 228 ton-equivalents in 2018.

Traffickers have shown resilience by changing routes and production practices. Heroin, cocaine and methamphetamine traffickers have varied routes and continue to develop new trading patterns.



PERFORMANCE REQUIREMENTS AND ACHIEVEMENTS: CDA, NATIONAL AND PROVINCIAL DEPARTMENTS

KEY ACHIEVEMENTS OF THE CDA

The following are the CDA activities and achievements as required by the NDMP 2013 – 2017:

Activities	Achievements
Analysed data from the questionnaires on the functionality of all the Local Drug Action Committee (LDACs) in the country	<p>Data of the functionality of the LDACs in all the municipalities were analysed and the report thereof was drafted.</p> <p>The following are the functional LDACs by province:</p> <ul style="list-style-type: none">• Eastern Cape: 2• Free State: 3• Gauteng: 8• KwaZulu Natal: 6• Limpopo: 3• Mpumalanga: 11• Northern Cape: 3• North West: 1• Western Cape: 10 <p>The total of 74 LDACs are functional out of 257.</p>



<p>Monitored the Provincial Substance Abuse Forums in all nine provinces</p>	<p>Eight (8) Provincial Substance Abuse Forums are functional and maintained. These forums engaged the CDA for support and strengthening.</p> <p>Eastern Cape, Free State, Gauteng, Mpumalanga, North West and Western Cape actively involved the members of the CDA in their activities.</p> <p>Natal Provincial Substance Abuse Forum was found to require support and resuscitation.</p>
<p>Four CDA Committees held their meetings individually and collectively. These committees are: Communication and Marketing, Governance, Research and Database and Programmes and Projects</p>	<p>These committees worked on CDA projects as follows:</p> <ul style="list-style-type: none"> • CDA Annual Report 2018- 2019 completed it. • They participated in planning the National Conference on Substance Abuse and Family-Related Interventions that took place 31 October - 02 November 2019. During the conference, they actively participated in developing resolutions of the Conference as well as giving a presentation.
<p>Preparation for 3rd Anti-Substance Abuse Summit</p>	<p>One preparatory meeting held.</p>
<p>Facilitated the tabling of the CDA Annual Report 2017/2018</p>	<p>The CDA ensured the editing, design, layout and printing of the report. The report was tabled before the Portfolio Committee on Social Development</p>



National Drug Master Plan 2019 - 2024	<p>The NDMP was approved in October 2019.</p> <p>From 29 – 30 January 2020, the CDA included the resolution taken at the National Conference on Substance Abuse and Family-Related Interventions into the Implementation Plan of the National Drug Master Plan 2019 – 2024.</p> <p>The CDA also improved the Risk Management Plan for NDMP 2019 - 2024</p>
Universal Treatment Curriculum Examination	<p>The CDA organised the refresher Course for the candidates who have completed the UTC 8 Course to prepare them for the examination.</p> <p>Eligible candidates wrote their examination on 16 February 2020.</p>
The CDA participated in Drug Policy Week	<p>The delegation from the CDA participated in the Policy Drug Week that took place in Cape Town</p>
CDA meetings	<p>The following CDA meetings were held in July and September 2019:</p> <ul style="list-style-type: none"> • Two CDA Executive • Two General and Extended • One Special Meeting



KEY ACHIEVEMENTS OF NATIONAL DEPARTMENTS

Demand Reduction Strategy

The following are the activities performed by the National Departments according to three outcomes of the NDMP responding to demand reduction:

Outcome 2: Ability of all people in South Africa to deal with problems related to substance abuse within communities.

Outcome 3: Recreational facilities and diversion programmes that prevent vulnerable populations from becoming Substance dependents.

Outcome 7: Creation of job opportunities in the field of combating substance abuse.

Department	Activities	Achievements
DBE	Report not submitted	Report not submitted
Department of Agriculture, Forestry and Fisheries (DAFF)	Report not submitted	Report not submitted
DAC	Report not submitted	Report not submitted
DCS	Sentenced youths and adult offenders (females and male) participated in skills development programmes	<ul style="list-style-type: none"> A total of 4 127 offenders were trained out of 4 207 enrolled offenders in long term skills courses (4 127/ 4 207 = 98%)



	<ul style="list-style-type: none"> • Implement Substance Abuse Programmes by Social Workers and external service providers • To control and prevent accessibility/availability of drugs to inmates 	<ul style="list-style-type: none"> • A total of 10 044 offenders were trained out of 10 083 enrolled offenders in short courses (10 044/10 083 = 99.61%) • At least 2 508 sentenced offenders, probationers and parolees participated in the Substance Abuse Programmes offered by 10 external service providers that are quality assured in the six (6) regions. • A total number of 20 028 sentenced offenders, probationers and parolees participated in the Substance Abuse Programmes offered by both internal Social Workers and external service providers • Early detection of signs and symptoms of substance abuse from inmates and interventions on admission and during incarceration.
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		<ul style="list-style-type: none"> • Provision of pre-release health education to inmates, health care professionals and other support staff, about drug abuse. • There were no reported incidents of prescription medicine that were abused by inmates
DSD	<ul style="list-style-type: none"> • Anti-substance abuse awareness and educational programme 	<p>The Department held a national conference on Substance Abuse and Family-Related Interventions on 31 October - 02 November 2019 in Gauteng.</p> <ul style="list-style-type: none"> • Conducted festive season campaign activations, targeting shopping malls, taxi ranks and also through a door-to-door campaign. • Conducted substance abuse campaign at the institutions of higher learning. • Ke Moja Drug Awareness Programme was implemented in five (5) provinces, which are North West, Kwa Zulu Natal, Free State, Eastern Cape and Mpumalanga. The provinces were trained on



		<p>the reviewed Ke Moja Drug Awareness Programme manuals.</p> <ul style="list-style-type: none">• An implementation plan and costed plan for the draft policy were developed to ensure full implementation of the draft policy, these were submitted to National Treasury and Substance Abuse Management for approval. The draft policy was also presented to the DG Clusters, JCPS and Social Protection Cluster during the 2019/2020 financial year and approval was obtained.• Capacitated three provinces on the establishment, management and registration of substance abuse services and facilities• Monitored the implementation of Conditional Grant to provinces. Assessed compliance to Conditional Grant Framework. Submitted an annual evaluation report of Conditional Grants to National Treasury
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	<ul style="list-style-type: none"> Finalise the draft integrated policy on combating substance abuse 	<ul style="list-style-type: none"> Capacity building on UTC was concluded in October 2019 and thirty (30) officials from public treatment centres, district and provincial offices wrote their examination on 16 February 2020. Monitored implementation of approved business plans and development of service specifications for SADAG and SANCA The NDMP 2013-2017 was reviewed and the NDMP 2019 - 2024 was approved by the Cabinet on 30 October 2019. The conference resolutions were consolidated into the NDMP and introduced a risk plan for the NDMP. CDA Annual Report 2018/2019 submitted to the Minister of Social Development and Parliament. Monitoring of LDAC conducted in EC, MP and KZN
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	<ul style="list-style-type: none"> • Capacitate provinces on the establishment, management and registration of substance abuse services and facilities • Monitor implementation of Conditional Grant in provinces. Assess compliance to Conditional Grant Framework. Submit an annual evaluation report of Conditional Grant to National Treasury 	<ul style="list-style-type: none"> • Provincial Substance Abuse Forum meeting held in all provinces • Conducting of awareness campaigns in five (5) provinces (LP, NC, GP, NW and KZN) <ul style="list-style-type: none"> - Further support the conducting of awareness campaigns in four (4) provinces (FS, WC, EC and MP) - Consolidate report on the awareness campaigns conducted in nine (9) provinces on the Integrated Social Crime Prevention Strategy • Consolidated report on the training conducted on the DSD's Anti-Gangsterism Strategy. • Consolidate the reports on the monitoring the implementation of the reintegration and aftercare strategy in four (4) provinces (MP, WC, NC and KZN).
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	<ul style="list-style-type: none"> • Capacitate provinces on the Colombo Plan Universal Treatment. - Conduct a review of the Colombo Plan Universal Treatment training • Monitor implementation of approved business plans and development of service specifications • Review the NDMP 2013-2017 	<ul style="list-style-type: none"> • Reported on the progress registered in the implementation of the Cannabis Concourt Judgment; to give feedback on what transpired at the CND62 and receive the recommendations made during the visit to Vienna. • An integrated Ministerial Advisory Committee which led by the DG • Participated in the drafting of the regulatory framework for cannabis to enable the coherent articulation of the country's position on cannabis and conclude the process to amend legislation through Parliament on cannabis in line with the decision of the Constitutional Court Judgement of 18 September 2018. • Consulted on the new CDA proposed structure for approval by CDA expert members and national departments.
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	<ul style="list-style-type: none">• Develop a draft CDA Annual Report to present to Minister of Social Development and Parliament• Audited Local Drug Action Committees• Held meetings with Provincial Substance Abuse Forums• Awareness campaigns. Dialogues and debates on different thematic themes• Conducted training, facilitation and workshops on Anti-Gangsterism Strategy • Site visits, dialogue, completion of monitoring tool• Conducted a workshop and feedback session regarding the implementation of Cannabis Court Judgment	
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	<p>was established by the Department of Health</p> <ul style="list-style-type: none"> • Conducted consultation workshops on the proposed new structure of the CDA 	
DIRCO	<p>Facilitated with relevant technical Departments:</p> <ul style="list-style-type: none"> • South Africa participated in the 29th Meeting of Heads of National Drug Law Enforcement Agencies (HONLEA), Africa, held in Balaclava, Mauritius, from 16-20 September 2019, • South Africa's participated in the 63rd Session of the Commission on Narcotic Drugs (CND) held in Vienna from 2-6 March 2020. 	<ul style="list-style-type: none"> • Member States stressed the complementarity and mutually reinforcing nature of the polices in fighting illicit drugs, in support of the three international drug control conventions. The meeting welcomed the adoption of the Ministerial Declaration by the 62nd Session of the Commission on Narcotic Drugs held in Vienna in March 2019. • The meeting highlighted illicit drugs and substances such as tramadol, methamphetamine, heroin, cocaine, cannabis, and their precursor chemicals as the cause for concern for the region. In this regard,



	<ul style="list-style-type: none"> • Compliance with the International Narcotics Control Board's (INCB) annual reporting requirement - One such requirement is the completion and submission of the Annual Report Questionnaires (ARQs) Part I to IV, categorized as: <ul style="list-style-type: none"> (a) Part 1: Legislation - legislative and constitutional framework, (b) Part II: Programmes - a comprehensive approach to drug demand reduction and supply, 	<p>delegates underscored the need for enhanced cooperation nationally, sub-regionally, regionally and internationally to fight this phenomenon.</p> <ul style="list-style-type: none"> • During the period under review, this activity did not take place as it was deferred, pending the finalisation of the streamlined revised ARQs to be completed and submitted in 2020. • The South African delegation, supported by officials from the Departments of International Relations and Cooperation (DIRCO), Social Development (DSD), Health (DOH), the South African Police Service (SAPS's DPCI) and the South African Health Products Regulatory Authority (SAHPRA). South Africa delivered four statements during the 63rd Session of the CND, highlighting the measures taken to fight substance abuse in the country, as well as underscoring the significance of the three international drugs control conventions in assisting the Member States to combat the world drug problem.
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	<p>(c) Extent and patterns of and trends in drug use), and</p> <p>(d) Extent and patterns of and trends in drug-crop cultivation and drug manufacturing and trafficking.</p> <ul style="list-style-type: none"> • Participated in 63rd Session of the Commission on Narcotic Drugs (CND) 	<ul style="list-style-type: none"> • Western countries, including South Africa, underscored that probably it was a time that Member States began to address the matter differently from the traditional approach • Negotiated five (5) resolutions and two (2) decisions, as well as adopted a Report on its activities. • Member States remain divided over the decriminalization/legalization of cannabis for non-medical and scientific purposes.
Department of Co-operative Governance and Traditional Affairs (COGTA)	Report not submitted	Report not submitted
DoJandCD	<ul style="list-style-type: none"> • Provide departmental inputs into National Substance Abuse Policy developed by 	<ul style="list-style-type: none"> • The Draft Policy was presented to DEVCOMM by DSD and the Department provided inputs



	<p>DSD (subject to the submission of the draft policy document by DSD) as and when required</p> <ul style="list-style-type: none"> • Review and align the Department's Employee Health and Wellness Policy [EHWP] (Version 1 of 2008) with the National Substance Abuse Policy developed by DSD (subject to the finalization of this National Policy by DSD) and accompanied by the Implementation Plan • Provide information sessions to staff members to facilitate the adoption of the public 	<ul style="list-style-type: none"> • Submission of the final National Substance Abuse Policy from DSD is awaited • Awaiting approved policy from DSD • One (1) internal information session was conducted by the Chief Directorate: Promotion of the Rights of Vulnerable Groups in conjunction
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	<p>service culture on substance abuse</p> <ul style="list-style-type: none"> • Issue the national circular 'No Alcohol Consumption at DJCD's Events • Develop and implement annual plans for a public education campaign on substance abuse and its legal consequences (as part of Departmental Activity Plans-delivered through Branches) • Develop and print public education material for 	<p>with EWP on 14 November 2019 for staff members. A total of 110 officials attended.</p> <ul style="list-style-type: none"> • The 2019/20 Supply Chain Management and Departmental Financial Instructions issued. • 187 events were held and ± 28 030 community members and learners were reached. The public was educated and made aware of the dangers of substance abuse • The booklet developed and translated into all eleven (11) official languages and 10 000 copies printed.
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	<p>parents and children on substance abuse and the legal consequences focusing on children</p> <ul style="list-style-type: none"> • Facilitate the provision of information to the courts on Diversion and recreational facilities in consultation with DSD • 	<ul style="list-style-type: none"> • The Booklet for parents/ guardians of children abusing substances will be reviewed after judgment in <i>the S vs LM</i> Judgment currently in the Gauteng High Court • Information provided and distributed to the courts •
Department of Home Affairs	<ul style="list-style-type: none"> • Implement a Peer Education Programme 	<ul style="list-style-type: none"> • Trained 100HIV Peer Educators in all 9 provinces. These educators created awareness on HIV and



	<ul style="list-style-type: none"> • Implement security measures at DHA offices • Organise Interdepartmental collaboration • Hold Integrated Employee, Health and Wellness Services 	<p>substance abuse. This was in a form of educational sessions</p> <ul style="list-style-type: none"> • The Department installed X-ray scanners to search incoming parcels and packages at Head Office, as well as ensure that drugs and illegal substances are prevented from entering all DHA offices. • During June 2019, substance abuse awareness and education sessions were conducted by DHA in collaboration with relevant stakeholders. Clear View Rehabilitation Clinic was invited to educate those attending with information on the dangers of drugs. • Stakeholders consisting of DHAEWP, Immigration unit, GEMS, ICAS, Clear View Rehabilitation Clinic, FF Ribeiro Treatment Centre, Department of Trade and Industry, SARS, BCOCC- Border
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	<ul style="list-style-type: none"> • Implement Drug and Substance Abuse Management Plan 2018- 2022 • Conduct ongoing education 	<p>Management Unit and DIRCO formed a forum to manage substance abuse and drug trafficking.</p> <ul style="list-style-type: none"> • DHA Wellness Management Policy was approved • DHA substance abuse and sports day was commemorated on 21 June 2019 at Correctional Sportsgrounds in collaboration with other Departments (SAPS, Traffic Department (Metro) and DCS) • DHA Drug and Substance Abuse Management Plan 2018-2022 implemented and monitored • Substance abuse awareness campaigns, sports and wellness events were held in all 9 Provinces, including 11 Ports of Entries (borders). A total of 8716 employees reached. • Fun walk and run against substance abuse took place • Substance abuse desk drops distributed
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	<ul style="list-style-type: none"> • Observe National alcohol and substance abuse events 	<ul style="list-style-type: none"> • Delegates that attended the International Day Against Drug Abuse and Illicit Trafficking event were empowered to sustain DHA programme on alcohol and substance abuse.
Department of Health (NDOH)	<ul style="list-style-type: none"> • Review the Health Sector Drug Master Plan 	<ul style="list-style-type: none"> • The Health Sector Drug Master Plan was finalised and made available
DHET	<ul style="list-style-type: none"> • Conducted Anti-substance Abuse Programmes. • Higher Health programs provided health and wellness programmes and services to students. • Conducted risk screening and brief interventions via the internet, health clinics, 	<ul style="list-style-type: none"> • HIGHER HEALTH, previously known as HEAIDS was able to coordinate and work with all 50 TVET colleges and Universities in partnership with government departments and civil society organisations. A total of 53 061 attendees were recorded for the Alcohol and Drug Abuse Prevention and Awareness Campaigns implemented by Higher Health from January 2019 – March 2020.



	<p>trained professionals and lay counsellors.</p> <ul style="list-style-type: none">• The Department is finalizing the development of the PSET DMP that will be in line with the National Drug Master Plan 2019-2024.• The PSET DMP will also be used as a monitoring tool to ensure that PSET institutions develop their internal anti-substance abuse programmes and periodically report on progress achieved.	<ul style="list-style-type: none">• The Departmental Drug Master plan is developed in line with the NDMP 2019 – 2024• PSET institutions developing their internal anti-substance programs
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	<ul style="list-style-type: none"> • False Bay TVET College managed and implemented Anti-substance abuse programs for first-year students • Conducted the Integrated Sports, Arts and Culture Tournament against Substance Abuse and Gangsterism (ISACTASAG). • DHET, together with the South African Police Services, University of Pretoria and 	<ul style="list-style-type: none"> • The college conducted three Post-school Grounding Programmes and the anti-substance abuse policy was also presented to first-year students. • Every quarter, anti-substance abuse awareness campaigns were implemented in collaboration with Sultan Bahu Drug Counselling Centre from Mitchell's Plain, Matrix Parkwood Rehabilitation and the South African National Council on Alcoholism (SANCA). Amongst other methods, the campaigns were done through substance abuse posters, testing and counselling services. • 1 560 youth involved in substance abuse and gangsterism were provided with career guidance information on a variety of opportunities within the PSET System at the Maritime Sports Club in Gauteng.
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	<p>other stakeholders embarked on the ISACTASAG Programme to build a relationship with People who inject drugs (PWID) and this was done mainly through Sports, Arts and Culture tournaments. In August 2019.</p> <ul style="list-style-type: none"> Guidelines developed for post-school and training institutions. 	<ul style="list-style-type: none"> The programme assisted in building a relationship with People who inject drugs (PWID) and this was done mainly through Sports, Arts and Culture tournaments. In August 2019. Higher Health developed the <i>Guidelines for Post School Education and Training Institutions for the Management of and Response to Mental Health and Substance Abuse concerning COVID-19.</i>
SAPS	<ul style="list-style-type: none"> Implementation of substance abuse prevention programmes to support school safety 	<ul style="list-style-type: none"> 1 250 Community education programs to reduce substance abuse and raise awareness of how to deal with problems related to substance abuse were conducted.



	<ul style="list-style-type: none"> • Conducted substance abuse outreach campaigns in different communities 	<ul style="list-style-type: none"> • A total of 75 community outreach campaigns were conducted (23 National and 52 Provincial) and two (2) outreach campaign focused on drugs and alcohol abuse.
SAHPRA	<ul style="list-style-type: none"> - Not applicable 	<ul style="list-style-type: none"> - Not applicable
SARS	<ul style="list-style-type: none"> • Monitored compliance in high-risk areas • Continued to conduct goods control entering and exiting the country • Commissioned an air cargo scanner at OR Tambo International Airport 	<ul style="list-style-type: none"> • Delivered additional customs and Excise revenue through targeted compliance and enforcement • Established end to end controls on all goods entering and exiting the country • Increased non-intrusive examination capabilities at OR Tambo International Airport



	<ul style="list-style-type: none"> • Supports Creation of the Border Management Agency • Continue to create awareness against substance abuse and use of liquor in the workplace 	<ul style="list-style-type: none"> • Continue to participate in the establishment of the Border Management Agency • Prohibits employees from using drugs and coming to work intoxicated
DTI	Report not submitted	Report not submitted
Department of Transport (DOT)	Report not submitted	Report not submitted
National Prosecuting Authority (NPA)	Report not submitted	Report not submitted
National Treasury (NT)	Report not submitted	Report not submitted
NYDA	Report not submitted	Report not submitted



Supply Reduction Strategy

The following are the activities performed by the Provincial Support Structures according to two outcomes of the NDMP responding to Supply Reduction:

Outcome 4: Reduced availability of substance-dependence-forming drugs and alcoholic beverages

Outcome 6: Harmonisation and enforcement of laws and policies to facilitate effective governance of the alcohol and drug supply.

Department	Activities	Achievements
DBE	Report not submitted	Report not submitted
Department of Agriculture, Forestry and Fisheries (DAFF)	Report not submitted	Report not submitted
DAC	Report not submitted	Report not submitted
DCS	<ul style="list-style-type: none"> To control and prevent accessibility/availability of drugs to inmates 	<ul style="list-style-type: none"> Searches were conducted in the 6 regions for contrabands and the following contrabands were found: <ul style="list-style-type: none"> ✓ <u>1 070, 9 kg</u> of dagga ✓ <u>137</u> of dagga pipes



		<ul style="list-style-type: none"> ✓ 18x dagga needles. ✓ <u>1.04kg</u> of nyaope ✓ 1448 pockets ✓ <u>1373</u> straws and 74 tablets of whoonga ✓ 1570 straws of Tik. ✓ 3 708 tablets, 416.1g ✓ 287.5 g of mandrax and 5 sticks ✓ 63 tablets, 22 pockets, ✓ 14 Crystal drugs and 21 bags of crystals ✓ 12 Tattoo needles ✓ 123.4 litres of home-made beers ✓ 70 tablets of heroin
Department of Co-operative Governance and Traditional Affairs (COGTA)	Report not submitted	Report not submitted
DJCD	<ul style="list-style-type: none"> • Develop, review and/or amend legislation and/or regulations relating to drug and alcohol supply 	<ul style="list-style-type: none"> • Bill developed and is currently in the Parliamentary process.



	<ul style="list-style-type: none"> • Develop/amend training programmes to capacitate administrative staff at courts dealing with drug and alcohol matters • Dedicate specific resource and capacity at courts to deal with serious drug matters as and when required 	<ul style="list-style-type: none"> • The preparation was concluded awaiting to conduct the training • No requests received for a specific resource and capacity allocation
Department of Health (NDOH)	Monitor trends on the nature and extent of substance use	Biannual reports for 2019/2020 available
DHET	<ul style="list-style-type: none"> • Stellenbosch University has temporarily banned alcohol in residences and university houses in a bid to combat substance abuse and gender-based violence among students. The temporary ban came into effect on 01 January 2020. 	<ul style="list-style-type: none"> • Alcohol temporarily banned alcohol in their premises



<p>SAPS</p>	<ul style="list-style-type: none"> • Analysed all available information and intelligence to identify the crime threat and risks impacting on the safety and security of the country and its inhabitants • Analyzed all available information and intelligence on a suspect/person of interest to generate profiles for reactive SAPS operations • Analyzed all available information and intelligence to generate strategic intelligence reports to address NICOC priorities • Analysed all available information and intelligence, according to a specific set of criteria, for reactive SAPS operations 	<ul style="list-style-type: none"> • 2 488 threat and risk assessment reports generated for pro-active policing operations • 10 465 profiles generated for reactive SAPS operations • 3 strategic intelligence reports generated • 19 896 intelligence analysis reports generated for reactive SAPS operations • 1 288 communication analysis reports analysed
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	<ul style="list-style-type: none"> • Analysed all available communication information to establish linkages • Conducted tactical operations to address the crime threat • Conducted network operations on provincial and cluster level on prioritized crime threat • Coordinated the National tasking framework of illicit manufacturing and cultivation of drugs • Coordinated the National tasking framework of illicit manufacturing and cultivation of drugs • Seizure of illicit drugs during police operations 	<ul style="list-style-type: none"> • 11 833 tactical operations conducted on national, provincial and cluster level (including Pre-operations and Enquiries) • 365 network operations conducted • 35 illicit laboratories dismantled • 70 arrests were made and laboratories dismantled <p><u>Quarter 1:</u></p> <p>Mandrax</p> <p>39 Tablets + 650kg + Equipment</p> <p>= R 5 750 000-00</p>
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		<p>Crack Cocaine/Cocaine</p> <p>16 pieces = R800-00</p> <p>Heroin</p> <p>1kg + 12587 capsules = R400 000-00</p> <p>Cannabis</p> <p>11.300kg + Various equipment + oils = R50 056 500-00</p> <p>Sexual Enhancement Products</p> <p>Various sex medication + equipment = R 3 000 000-00</p> <p><u>Quarter 2:</u></p> <p>Mandrax</p>
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		<p>1525kg + 2 x 25l buckets complete tablets _+ equipment + Mandrax</p> <p>powder</p> <p>= R 210 000 000-00</p> <p>Crack Cocaine/Cocaine</p> <p>25 large blocks + 3 small bags powder + equipment</p> <p>= R90 000-00</p> <p>Crystal Meth/TIK</p> <p>30kg</p> <p>= R6 750 000-00</p> <p>Cannabis</p> <p>768 Plants + 35l oils + equipment</p> <p>= R2 759 000-00</p> <p><u>Quarter 3:</u></p> <p>Mandrax</p> <p>842kg + 12952 tablets + chemicals</p>
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		<p>pressing equipment</p> <p>tablets presses</p> <p>= R 10 000 000-00</p> <p>Heroin</p> <p>16kg</p> <p>= R400 000-00</p> <p>Crack Cocaine/Cocaine</p> <p>79 pipes + 1137 small bags powder + equipment</p> <p>= R83 450-00</p> <p>Cannabis</p> <p>30.1kg + 279 plants + oils + 10 seeds + various equipment + chemicals</p> <p>= R7 023 000-00</p> <p>Crystal Meth/TIK</p> <p>10kg + electronic scales + other equipment</p> <p>= R2 800 000-00</p>
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		<p>Magic Mushroom</p> <p>10 Mushrooms + equipment</p> <p>= R1 500 000-00</p> <p><u>Quarter 4:</u></p> <p>Cannabis</p> <p>±723 plants + equipment for cultivation</p> <p>= R600 000-00</p> <p>Heroin/Nyaope/Whoonga</p> <p>351 000 filled capsules + 900 000 empty capsules</p> <p>= R1 650 000-00</p> <p>Annual</p> <p>Mandrax</p> <p>12 631 Tablets + 2 175kg + 2 x 25l buckets complete tablets</p> <p>+ Equipment, Chemicals and Tablet pressing machines</p> <p>= R 225 750 000-00</p> <p>Crack Cocaine/Cocaine</p>
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		<p>16 pieces + 25 blocks + 1140 small bags powder + Equipment and 79 pipes = R174 250-00</p> <p>Heroin/Nyaope/Whoonga</p> <p>1kg + 363 587 filled capsules + 900 000 empty capsules = R2 050 000-00</p> <p>Cannabis</p> <p>31.400kg +1770 Plants + 35l oils + 10 seeds and various equipment, chemicals and oils = R60 438 500-00</p> <p>Sexual Enhancement Products</p> <p>Various sex medication + equipment = R 3 000 000-00</p> <p>Crystal Meth/TIK</p> <p>40kg + electronic scales + other equipment</p>
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		<p>= R7 550 000-00</p> <p>Heroin/Nyaope/Whoonga</p> <p>16kg</p> <p>= R400 000-00</p> <p>Magic Mushroom</p> <p>10 Mushrooms + equipment</p> <p>= R1 500 000-00</p> <ul style="list-style-type: none"> • 9 441 crime prevention actions conducted (operations), to reduce the supply of liquor sold illegally and illicit drugs • 42 414 identified unlicensed liquor premises closed and liquor traders charged • 1 808 267 litres of liquor confiscated • <u>ANNUAL</u> - <p>Cannabis - 155008,202 1kg</p> <p>Mandrax Tablets-</p>
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		<p>920659.75 Tablets</p> <p>Mandrax- 394,545 kg</p> <p>Cocaine- 192,466 kg</p> <p>Crystal meth (Tik-tik)- 638,288 kg</p> <p>Heroin- 313,697 kg</p> <p>Nyaope 270,471 kg</p> <p>Whoonga- 139,717 kg</p> <p>Khat- 1313,973kg</p> <p>Cocaine /Rocks- 192,466 kg</p> <p>Ecstasy- 5,620kg</p>
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	<ul style="list-style-type: none"> • Conducted liquor operations in line with National and Provincial Liquor Legislation to address the illegal liquor trade. • Conducted crime prevention and combating actions to reduce the supply of drugs (operations) • Confiscated illicit drugs 	<ul style="list-style-type: none"> • Conducted 674 256 compliance inspections at licensed liquor premises • The number of crimes for unlawful possession of and dealing in drugs decreased by 26,7% from 232 657 in 2018/2019 to 170 510 in 2019/2020. • 3 781 planned crime prevention and combating operations conducted to ensure the prevention; combating and investigation of any criminal activity at land, sea and airports of entry, by focusing on organized crime, serious and violent crimes and the illegal smuggling/trafficking in drugs. Inclusion of all crimes and not only specific offences.
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		<ul style="list-style-type: none"> • 100% reaction to hits generated as a result of the Enhanced Movement Control System (EMCS) and Movement Control System (MCS) screening on: Persons- 2 304 Vehicles – 2 204 • Annual cross border operations conducted, 130 were provincial initiated and 10 national initiated operations: Limpopo: 35 Northern Cape: 23 North West: 17 Mpumalanga: 34 Free State: 9 KwaZulu-Natal: 5 Eastern Cape:7 • 100% search of all profiled suspected vehicles, cargo and containers: Vehicles profiled: 7 441
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	<ul style="list-style-type: none"> • Monitored effective compliance and enforcement of Provincial Liquor Legislation • Enforce drug legislation • Planned Crime Prevention and combating operations conducted at ports of entry within South Africa. 	<p>Vehicles searched: 7 441 Containers profiled: 6 640 Containers searched: 6 640 Cargo profiled: 4 041 Cargo searched: 4 041</p> <ul style="list-style-type: none"> • 99.79% Detection rate for crime dependent on police action for detection • 95.83% Conviction rate for crimes dependent on police action for detection • 88.70% of trial-ready case dockets for crimes dependent on police action for detection • 99.90% Detection rate for drug-related crimes • 97.01% Conviction rate for drug-related crimes
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		<ul style="list-style-type: none"> • 89.15% of trial-ready case dockets for drug-related crimes • 270 arrest linked drug trafficking networks drug outlets, couriers (National and transnational, clandestine laboratories were dismantled). • Annual Seizures <p>Mandrax –</p> <p>258979 Tablets + 3 180.337kg + 2 x 25 litre buckets complete tablets</p> <p>+ Equipment and other chemicals</p> <p>= R 243 187 795-00</p> <p>Crack Cocaine/Cocaine</p> <p>151.542kg + 2024 pieces +12 bags + 5 jaw + 34 Bags</p> <p>+ 79 pipes</p> <p>= R95 100 394-00</p> <p>Heroin/Nyaope/Whoonga</p>
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	<ul style="list-style-type: none"> • Ensure the utilisation of physical resources in support of crime prevention, combating and investigation related operations in terms of drugs and related activities. • Initiate National / Cross Border operations in preventing, combating, detecting and investigating transnational crimes by focusing on illicit drugs and related activities. 	<p>88.3481kg + 83 966 filled capsules/straws + 900000 empty capsules + 347 parcels + scales = R27 778 850-00</p> <p>Cannabis</p> <p>2029.799kg + 775 plants + 67900 Seeds + 29 parcels/bags + Various equipment + oils and different by-products = R13 059 862-00</p> <p>Sexual Enhancement Products</p> <p>Various sex medication + equipment = R 3 000 000-00</p> <p>Crystal Meth/TIK</p> <p>361.014kg + 180 wrappers/packets/straws + 7.3litres and equipment = R 24 296 978-00</p>
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	<ul style="list-style-type: none"> • Ensure the searching of all profiled vehicles, containers, cargo at land, and sea and air borders for illicit drugs, firearms, stolen vehicles, consignment, smuggled persons and counterfeit goods /contraband. 	<p>CAT</p> <p>5.368kg + 1087 packets/bags = R1 016 300-00</p> <p>Ephedrine</p> <p>28.89kg = R2 440 600-00</p> <p>Controlled medication</p> <p>Rohypnol</p> <p>2kg + 1 x 500ml + 1 x 250ml + 1066 Tablets = R629 000-00</p> <p>Ecstasy</p> <p>914 tablets + 0.07grams = R46 433-00</p> <p>Khat</p> <p>315.14kg + 295 bundles = R369 816-00</p>
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	<ul style="list-style-type: none"> Effectively investigated drug-related crime including crimes dependent on police action and serious organised crime 	<p>Magic Mushroom</p> <p>0.5grams + 10 Mushrooms + equipment = R1 580 000-00</p> <p>Steroids</p> <p>Various bottles and boxes of liquid tablets and powder such as Danabol DS, Vein Poppers Relislim and others = R500 000-00</p> <ul style="list-style-type: none"> 35.98% of money laundering case files successfully investigated (440/1223 Cases) Received and successfully investigated 89.16% (255/286) of suspicious transaction reports (STRs)
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	<ul style="list-style-type: none"> • Investigated crimes dependent on police action on major investigations • Seizure of illicit drugs during police operations and overall quantity/weight of illicit drugs confiscated during police actions on drug trafficking networks drug outlets, couriers (National and transnational, clandestine laboratories dismantled) • Conducted successful investigation on illicit finance and confiscated of assets and proceed of crime concerning drugs activities 	<ul style="list-style-type: none"> • Annual - 108% (484/447) sessions on the identification of drugs, clandestine laboratories for SAPS and external stakeholders • 68% (123 836 received and 83 731 finalised) • 100% of priority cases finalized within 14 working days (8/8 cases)) • 54% (45 168/82 904) of routine forensic cases finalized within 28 working days • 85% (710/826) of non -routine forensic cases finalized within 75 working days • 32% (73 749/ 229 536) achieved to ensure the backlog is minimised compared to cases on-hand (registered)
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	<ul style="list-style-type: none"> • Conducted sessions for identification of drugs clandestine laboratories for SAPS and external stakeholders • Enhance processing of Forensic Evidence focussing on drug (chemistry) related investigations 	
SAHPRA	Not applicable	Not applicable
SARS	Conducted seizures and confiscations	<ul style="list-style-type: none"> • 790 narcotic seizures conducted • 798 miscellaneous narcotics seized ✓ 77% of seizures were cocaine ✓ 442 seizures were made at airports ✓ R417 134 007 is the rand value of seizures made at airports ✓ 318 seizures were made at mail centres ✓ 23 seizures were made at land borders ✓ 7 seizures were made at seaports ✓ R533 241 300 is the rand value of seizures made at seaports



		<ul style="list-style-type: none"> ✓ ORTIA accounted for 61% of all seizures conducted ✓ Cape Mail Centre accounted for 19% of all seizures conducted ✓ Durmail Mail Centre accounted for 12% of all seizures conducted
DTI	Report not submitted	Report not submitted
Department of Transport (DOT)	Report not submitted	Report not submitted
National Prosecuting Authority (NPA)	Report not submitted	Report not submitted
National Treasury (NT)	Report not submitted	Report not submitted
NYDA	Report not submitted	Report not submitted



Harm Reduction Strategy

The following are the activities performed by the national departments according to two outcomes of the NDMP responding to harm reduction:

Outcome 1: Reduction of the bio-socio-economic impact of substance abuse and related illnesses on the South African population.

Outcome 5: Development and implementation of multi-disciplinary and multi-modal protocols and practices for integrated diagnosis and treatment of substance dependence and co-occurring disorders and for funding such diagnosis and treatment.

Harm Reduction National Departments

National Departments	Activities	Achievements
DBE	Report not submitted	Report not submitted
Department of Agriculture, Forestry and Fisheries (DAFF)	Report not submitted	Report not submitted
DAC	Report not submitted	Report not submitted
DCS	<ul style="list-style-type: none"> Provide Individual short-term counselling to employees and their medical dependents 	<ul style="list-style-type: none"> 265 employees treated for alcohol abuse over a total of 420 sessions.



	<ul style="list-style-type: none"> • Provide EAP supervisory and other need-based training 	<ul style="list-style-type: none"> • 58 employees were treated for drug abuse over 89 sessions. • 59 supervisory training sessions were conducted for EAP Practitioners.
Department of Co-operative Governance and Traditional Affairs (COGTA)	Report not submitted	Report not submitted
DSD	<ul style="list-style-type: none"> • Assess and monitor public treatment centres. • The Department developed a process for establishing public treatment centres in provinces where there are no facilities. 	<ul style="list-style-type: none"> • The following treatment centres were assessed i.e. Botshabelo Treatment Centre, Northern Cape Treatment Centre, Nkangala Treatment Centre and Beyers Naude Halfway House. • Facilitated registration of 3 public treatment centres



	<ul style="list-style-type: none"> • Coordinated the establishment of treatment centres forum on 23 April 2019. • Four (4) treatment centres were monitored for compliance in terms of the minimum norms and standards namely, Botshabelo Public Treatment Centre, Beyers Naude Halfway House in Free State, Northern Cape Substance Abuse Treatment Centre and Jericho Treatment Centre assessed for registration. • Capacity building on Universal Treatment Curriculum was concluded in October 2019 	<ul style="list-style-type: none"> • Process for establishing treatment centres in areas of need established. • The Department has thus established public treatment facilities in six (6) provinces, namely; Northern Cape, North West, Limpopo, Free State, Mpumalanga and Eastern Cape. • The treatment centres are operational. • Mpumalanga is on the process of operationalisation and Free State will complete the building of treatment facilities during the 2020/2021 financial year.
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		<ul style="list-style-type: none"> • Created a platform for the treatment centres to share their success stories and challenges. • To share policy developments in the sector and the challenges experienced by the department concerning treatment. • 30 officials from public treatment centres, district and provincial offices wrote their examination on 16 February 2020.
DIRCO	<p>The 63rd Session of the CND during the discussions on agenda item 9 on the “Implementation of the international drug treaties”, also exercised its mandated treaty role and scheduled 13 substances recommended by the World Health Organisation (WHO) and the International Narcotic Control Board (INCB), under the Schedules of the Single Convention on Narcotic drugs of 1961 as amended</p>	<p>The following 13 substances were scheduled:</p> <ul style="list-style-type: none"> • MAPA - to Table I of the 1988 Convention by 47 votes; • Crotonylfentanyl - to Schedule I of the 1961 Convention by 47 votes; • Valeryl fentanyl - to Schedule I of the 1961 Convention by 47 votes; • DOC - to Schedule I of the 1971 Convention by 48 votes; • AB-FUBINACA - to Schedule II of the 1971 Convention by 48 votes;



	<p>by the Protocol of 1972; the Convention on Psychotropic Substances of 1971; and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.</p>	<ul style="list-style-type: none"> • 5F-AMB-PINACA (5F-AMB, 5F-MMB-PINACA) - to Schedule II of the 1971 Convention by 48 votes; • 5F-MDMB-PICA (5F-MDMB-2201) – to Schedule II of the 1971 Convention by 48 votes; • 4-F-MDMB-BINCA - to Schedule II of the 1971 Convention by 49 votes; • 4-CMC (4-chloromethcathinone; clephedrone) - to Schedule II of the 1971 Convention by 49 votes; • N-ethylhexedrone – to Schedule II of the 1971 Convention by 48 votes; • Alpha-PHP – to Schedule II of the 1971 Convention by 49 votes; • Flualprazolam – to Schedule IV of the 1971 Convention by 49 votes; and • Etizolam – to Schedule IV of the 1971 Convention by 47 votes.
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DoJandCD	Not applicable	Not applicable
Department of Home Affairs	<ul style="list-style-type: none"> Contracted ICAS as a service provider to manage Health and Wellness Programme including alcohol and substance abuse 	<ul style="list-style-type: none"> 147 employees attended therapeutic interventions with an internal unit. 512 employees consulted an external service provider (ICAS) for therapeutic interventions. 5 employees were admitted to treatment centres. Therapeutic interventions were also extended to affected ten (10) family members of the employees of DHA.
Department of Health (NDOH)	<ul style="list-style-type: none"> Improve access to controlled psychotropic substances, while concurrently preventing their diversion, abuse and trafficking Revise Regulations Relating to Health Messages on container labels of alcohol beverages 	<ul style="list-style-type: none"> A motivation to expand the use of Methadone for OST was presented to and reviewed by the Adult Hospital Technical Subcommittee to the National Essential Medicine List Committee (NEMLC) The NDOH had meetings with relevant stakeholders for inputs and commitments regarding the regulations



<p>DHET</p>	<ul style="list-style-type: none"> • Thirty-three (33) students were referred to external professional institutions like SANCA and Sultan Bahu Drug Counselling Centre. • Employee Health and Wellness Programs were conducted. • The Employee Health and Wellness (EHW) Unit of the DHET dealt with six (6) cases of substance abuse in the 2019/20 financial year. <ul style="list-style-type: none"> - 5 cases were from TVET colleges and 1 case from DHET. - 5 cases were alcohol-related and the other drug-related. 	<ul style="list-style-type: none"> • The students were admitted • Employee Health and Wellness programs were conducted • All the indicated cases were referred to SANCA for further intervention and treatment and assistance was provided • Students Counselling and support units established in institutions
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	<ul style="list-style-type: none"> • Most PSET institutions have student counselling and support units which are at the forefront of dealing with the COVID-19 and mental health response. • Higher Health is hiring clinical/counselling psychologists to support institutions in providing mental health support to students and staff, especially to institutions that currently have very minimal support available, to mitigate the effects of the pandemic and thus prevent students and staff from relying on alcohol and other substances. 	<ul style="list-style-type: none"> • A clinical and counselling psychologist was hired
SAHPRA	<ul style="list-style-type: none"> • Ensure the availability of access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion 	<p>Reviewed the following substances and scheduled accordingly into Schedule 7 as recommended by CND:</p> <ul style="list-style-type: none"> • Methyl alpha- phenyl acetoacetate (MAPA) • Crotonylfentanyl • Valery fentanyl



		<ul style="list-style-type: none"> • DOC • AB- FUBINACA • 5F – AMB, 5F- MMB- PNACA • 5F – MDMA – PICA (5F – MDMA 2201) • 4F – MDMA – BINACA • 4 – CMC- (4- chloromethacathinone; clephedrone) • N- ethylhexedrone • Alpha- PHP <p>Reviewed the following substances and scheduled accordingly into Schedule 5 as recommended by the CND:</p> <ul style="list-style-type: none"> • Flu alprazolam • Atizoram
SARS	Not applicable	Not applicable
DTI	Report not submitted	Report not submitted
Department of Transport (DOT)	Report not submitted	Report not submitted



National Prosecuting Authority (NPA)		
National Treasury (NT)	Report not submitted	Report not submitted
NYDA	Report not submitted	Report not submitted
DBE	Report not submitted	Report not submitted
Department of Agriculture, Forestry and Fisheries (DAFF)	Report not submitted	Report not submitted
DAC	Report not submitted	Report not submitted
DCS	Not applicable	Not applicable



Activities and Achievements of Provincial Support Structures

Demand Reduction Strategy

The following are the activities performed by the Provincial Support Structures according to three outcomes of the NDMP responding to demand reduction:

Outcome 2: Ability of all people in South Africa to deal with problems related to substance abuse within communities

Outcome 3: Recreational facilities and diversion programmes that prevent vulnerable populations from becoming substance dependents

Outcome 7: Creation of job opportunities in the field of combating substance abuse

Provinces	Activities	Achievements
Eastern Cape	<ul style="list-style-type: none">• Enable all people in South Africa to deal with problems related to substance abuse within communities	<ul style="list-style-type: none">• The DSD in collaboration with other stakeholders conducted integrated awareness campaigns on substance abuse in communities, schools and institutions of higher learning. A total of 125 973 people were reached.• Commemorated the International Day Against Drug Abuse and Illicit Trafficking (IDADAITA) in the Nelson Mandela Metro (Kwazakhele) and reached more than 1 000 people.



	<ul style="list-style-type: none"> • Implementation of teenagers against drug abuse programme (TADA). • Festive Season Awareness Campaign • The Eastern Cape Liquor Board identified schools to 	<ul style="list-style-type: none"> • DSD recruited two hundred and thirty-one (231) volunteers (out of school youth) who were trained as TADA Coordinators and were paid monthly stipends of as compensation. • TADA Coordinators worked hand in hand with Social Workers to conduct awareness campaigns in schools and establish TADA groups. • A total of two hundred and forty (240) TADA groups were established in schools in eight (8) districts. • Festive Season Awareness Campaigns were held in strategic public spaces such as along the coast, strategic points on the road, taxi ranks and shopping centres. • Festive Season Campaign on Substance Abuse Prevention was conducted in Buffalo City (Mdantsane Mall and Ebuhlanti), OR. Tambo (Port. St. Johns) and Alfred Nzo (Bizana) in reaching about 1 002 people.
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	<p>implement Alcohol Harm reduction activities.</p>	<ul style="list-style-type: none"> • A total of 109 schools were reached for the underage drinking initiatives. • Underage drinking programme was piloted in eight (8) schools (four schools in Zwelitsha and four schools in Peddie). • Universities were also targeted to promote responsible alcohol consumption among students and various campuses were reached with responsible consumption messages. • Pregnant women were also targeted with a view of raising awareness on the dangers of Foetal Alcohol Syndrome (FAS). FAS awareness campaign was conducted in Bathurst Township in Port Alfred educating women and the community at large about the dangers of drinking alcohol during pregnancy. • Road Safety/Drunk Driving Campaigns were conducted in partnership with the Provincial Road Safety, SAPS and Department of Social Development in Idutywa, Mthatha and Butterworth. • A total number of 68 893 people were reached through anti-alcohol abuse awareness and education initiatives.
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	<ul style="list-style-type: none"> • Community-based intervention initiatives • Drunk Driving Awareness Campaign • Department of Education 	<ul style="list-style-type: none"> • During the implementation of the education and awareness initiatives, media were also mobilised through media alerts and releases and positive media coverage. • Community outreach programmes were conducted which focused on raising awareness on irresponsible liquor consumption and trading as well as educating road users about the dangers of drunk driving. These programmes were conducted in the following areas: in Buffalo City Metropolitan Municipality, Sarah Baartman District Municipality, Nelson Mandela Metropolitan Municipality, Joe Gqabi District Municipality, Amatole and OR Tambo District Municipality. • Social Accountability in partnership with Heineken facilitated a Young Men’s Indaba intending to raise awareness on Gender-Based Violence (GBV). This was done in Humansdorp, Sara Baartman District to create a platform for young people to discuss mechanisms that can be adopted to alleviate the GBV in communities and to
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	<ul style="list-style-type: none"> National Institute for Crime Prevention and Rehabilitation of Offenders (NICRO), Eastern Cape. 	<p>also to emphasise the impact of alcohol abuse on perpetuating GBV.</p> <ul style="list-style-type: none"> In partnership with a local church, Social Accountability facilitated a young couple’s session in Buffalo City to educate them about the excessive consumption of alcohol and how it exacerbates GBV. Social Accountability in partnership with the Provincial Road Safety and municipalities embarked on road safety intervention initiatives. The road safety campaigns mainly targeted the N2 between East London and Mthatha and R61 between Mthatha and Port St. Johns as they are regarded as among the deadliest national roads in South Africa. In partnership with Road Safety, various road safety campaigns were conducted between East London and Mthatha targeting taxi ranks, main intersections and roadblocks
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		<ul style="list-style-type: none"> • A community outreach campaigns were conducted with the Department of Transport in Amalinda on N2, the programme aimed to combat the scourge of drunk driving. • In collaboration with Amatole Road Safety and Department of Social Development two roadblocks were conducted on the N2, Ndabakazi Junction (Butterworth) and Collywobbles (Idutywa). <p>Social Accountability further facilitated the following programmes to benefit communities, especially the vulnerable groups:</p> <ul style="list-style-type: none"> • Social activities (sports and music) to support cooperatives and provision of food parcels. These programmes were conducted in Sarah Baartman District, Buffalo City Metro, Amatole District Municipality, Alfred Nzo District Municipality and OR Tambo District Municipality. • In collaboration with Aware!org, Social Accountability facilitated four-sport tournaments against alcohol abuse in King Williams Town, Mbizana, Lusikisiki, Mount Ayliff and Willowvale. These sports tournaments brought together young people over a couple of days and kept them away from the abuse of alcohol.
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	<ul style="list-style-type: none"> • SANCA East London 	<ul style="list-style-type: none"> • The Department of Education conducted a youth camp over four days focusing on heritage. Other provincial departments that participated were; SAPS, DSD and COGTA. Each of these departments dealt with a specific subject and gave presentations on Teenagers Against Drug Abuse (TADA), disaster management, victim empowerment and general offences committed by learners. • Advocacy workshops and training on the effects of drug use in schools was held. A total of 450 learners were reached by the department. <p>NICRO had the following substance abuse direct interventions in between April 2019 - March 2020:</p> <ul style="list-style-type: none"> • Adult Substance Abuse Programme was conducted reaching 233 people. Of these, 120 were in Buffalo City Metropolitan Municipality (BCM) and 113 from the Nelson Mandela Bay (NMB). Most of these clients were referred by courts for various adult diversion or alternative sentencing programmes having been arrested for drug-related offences or they were using substances that affected their social functioning.
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		<ul style="list-style-type: none"> • NICRO had the Drunken Driving Programme across the two metros and received a combined total of 148 participants with almost 138 of these coming from BCM. After successful completion of the therapeutic programmes, NICRO has a structured aftercare and tracking programme for 12 months to offer support and reintegration services and about 98% of clients do not re-offend within a year of completion of the therapeutic interventions in substance abuse. <p>NICRO also organised and participated in various substance abuse and crime prevention awareness campaigns as follows:</p> <ul style="list-style-type: none"> • Different awareness campaigns targeted children who are experimenting with alcohol and different drugs within schools and out of schools. A total of 4 500 young people were reached through awareness campaigns in both BCM and NMB. This different awareness campaigns have been on substance abuse and crime awareness in the different communities such as Motherwell, Uitenhage, Mdantsane, Dimbaza and surrounding communities. • NICRO also held a Safety Ambassadors Graduation Ceremony in Mdantsane for about 120 children from
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		<p>Ulwazi, Eric Mntonga, Gasela and Mzamowethu High schools. The Safety Ambassadors went on to run four (4) substance abuse and safety workshop each within their schools and participated in substance abuse and its impact on school performance, school safety and bullying and victimisation in their schools throughout 2019 reaching approximately 900 other learners.</p> <ul style="list-style-type: none"> • In Nelson Mandela Bay, various awareness campaigns were conducted in schools such as Thembelihle, Samuel Nongogo, Imbasa and Emafeni Primary Schools educating other learners about substance abuse and gender-based violence. Approximately 281 learners were reached. • SANCA East London conducted educational awareness campaigns on substance abuse. A total of 119 children in five (5) schools and 1 240 community members in Berlin, Crossway, Ncera Village, Port Alfred and Stutterheim were reached. • SANCA East London continues to provide prevention programmes as part of its in and outpatient treatment services. A total of forty (40) service users accessed inpatient treatment services provided by East London
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		branch. A total of 179 service users accessed the out-patient programme
Free State	<ul style="list-style-type: none"> • Review the Provincial Drug Master Plan • Hold quarterly meetings. • Training and capacity building of members of LDACs. 	<ul style="list-style-type: none"> • The Provincial Drug Master Plan has been finalised after broad consultations with all relevant stakeholder. It is awaiting approval by the MEC. • Three (3) quarterly meetings were held and they included training and sharing of information. • Three (3) workshops held in Ngwathe, Parys; Nala in Bothaville and Kopanong in Trompsburg respectively where a total of 54 LDAC members were reached. • Number of Awareness Campaigns held: 6 • Number of people reached through awareness campaigns: 3250 • People reached during Healthy lifestyle promoting campaigns: 5054



	<ul style="list-style-type: none"> Awareness campaigns at provincial, local and district levels. <p>Aurora Treatment Centre, Inclusive Education, SANCA Sasolburg, DSD Wellness Programme.</p>	<ul style="list-style-type: none"> Number of campaigns conducted through DSD Wellness Programmes: 7 The number of people reached during DSD Wellness campaigns: 520 employees. Tobacco Control- DSD Wellness Programme distributed posters for the workforce Number of Community Dialogues held in schools: 10 Number of Learners reached in dialogues: 2 420 Educational Talks held: 351 Number of Health education sessions conducted: 21 Number of people trained on substance abuse: 157 Number of people reached during Awareness by Community based organizations on Foetal Alcohol Syndrome: 2 902
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	<p>Facilitate and coordinate the implementation of the Safer School Project in the Free State</p> <p>SANCA Sasolburg, Inclusive Education, DSD Wellness Programme</p>	<ul style="list-style-type: none"> • Number of children in schools reached through Ke Moja Programme: 2 321 • Number of people reached (out of school): 574 • Number of schools reached through awareness campaigns in the Province: 22 • Number of RADS members from Secondary Schools and Soul Buddyz club members from Primary Schools who attended the Peer Education camps:867 • Number of Educators trained on management of substance use: 1 106 • Number of posters and pamphlets distributed: 6 010
<p>Gauteng</p>	<ul style="list-style-type: none"> • Prevention and awareness programmes • Sport as an alternative to drugging 	<ul style="list-style-type: none"> • 281 670 beneficiaries reached through substance abuse prevention programmes managed by the Government.



	<ul style="list-style-type: none"> • Awareness Talks • Door to door • Youth dialogues • Parenting workshops • School holiday programme • Ke Moja programme rolled out in schools and communities. - Prevention and awareness campaigns 	<ul style="list-style-type: none"> • 224 432 beneficiaries reached through substance abuse prevention programmes by funded NPOs • 406 238 children 18 years and below reached through Ke-Moja drug prevention programme. • 146 311 Youth (19-35) reached through Ke-Moja drug prevention programme. • Hosted the Ke Moja awards ceremony on 21 June 2019. • Commemorated the IDADAIT in Diepsloot the event targeted 550 people from the community of Diepsloot and its surrounding areas on 26 June. • 3, 4 - 5/12/2019: The festive season campaigns held in Winnie Mandela clinic, Jubilee mall, Evaton mall, Hammanskraal Big Save Cash & Carry.
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	<p>Wall murals and monitoring</p> <p>Department of Basic Education</p> <p><u>School Health:</u></p> <p>Conduct age-appropriate Health promotion sessions during visits by Integrated School Health teams (GDE, DoH, DSD).</p> <p>Facilitate deployment and provide access and support for the Ke Moja Youth substance prevention (school-based) Programmes in partnership with DSD.</p>	<ul style="list-style-type: none"> • all murals with anti-substance abuse messages are still in existence at most of the sites. • Conducted site verifications of the GCR anti-substance abuse social movement campaign murals in Atteridgeville, Eersterust, Mamelodi, Sangweni, Kwa-Thema, Buhle Park and Munsieville. Conducted a site verification of murals in Heidelberg/Ratanda for the prevention programme. <p>ISHP teams visited schools as per schedule to conduct health screenings</p> <p>Health promoters (DoH) presented substance abuse prevention during these visits</p> <p>DDG memo distributed to all districts and schools to informing them and requesting support for the implementation of Ke Moja Programme</p> <p>300 Ke Moja coaches deployed in over 150 identified high-risk schools for periods up 8 weeks (modular and mass-based programmes).</p> <p>Attend monthly GSAF meetings.</p>
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	<p>Procure Information, Education and Communication materials for learners, educators and parents</p> <p>Co-ordinate multi-sectoral and inter-institutional responses and implementation of accredited interventions.</p> <p>LIFE SKILLS: HIV and AIDS:</p> <p>Implement school-based peer education Life skills programmes (G/BEMS, Soul Buddyz Clubs)</p> <p>Conduct prevention and awareness campaigns in schools and ensure that Life Skills training is part of the curriculum.</p> <p>Select and procure relevant LTSM</p>	<p>DDG: Education Support Participated in Tshwane Substance Abuse Seminary</p> <p>Various HO and DO officials represented GDE at Ke Moja Awards</p> <p>Interact with MEC/HoD stakeholder referrals for substance prevention programmes in schools.</p> <ul style="list-style-type: none"> Conducted life skills peer camps for learner in 15 Districts. Total of 647 learners attended the camp where the following social issues were handled: peer pressure, harmful effects of substance abuse bullying, Comprehensive Sexuality education, HIV/AIDS, Human Trafficking, Decision Making and Project Management, How to identify and report/refer hotspots in schools.
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	<p>Monitoring and evaluation of substance abuse interventions</p> <p><u>SCHOOL GOVERNANCE:</u></p> <p>Implement Code of Conduct for Learners (RCL and SGBs)</p> <p>Suspension/expulsion of learners found to be involved in serious misconduct.</p> <p>Maintain database on school substance abuse incidents</p>	<ul style="list-style-type: none"> • Intra-Directorate workshop held on revising Code of Conduct for Learners. • All reported incidents of suspensions and expulsions recorded. • Ongoing interaction with high-risk schools/ incidents reported. • School linked to SAPS stations and officers identified for schools to interact. • Schools workshopped on Code of Conduct and National Framework on School Safety. • Random drug searches conducted in 64 schools. • Learners referred to SANCA and other NGOs for drug testing and diversion programmes
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	<p>Monitoring and evaluation of substance abuse interventions</p>	<ul style="list-style-type: none"> • As per MEC's request, an Anti-gangsterism camp for 200 identified learners from 5 high-risk schools was held. 133 learners attended. together educators, various stakeholders and several departmental officials (DSD, Metro, DCS, SAPS, AYDF). • Social ills, such as substance, is given prominence during LO lessons as per curriculum programmes. Ke Moja modular programme implemented during LO periods/lessons. • A memo distributed to all schools to advise them on Ke Moja programme and requesting Principals/SGBS/LO educators for support during Ke Moja visits at schools • Capacity building of LO District officials on Educator Toolkit for Substance Abuse prevention
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	<p><u>SCHOOL SAFETY:</u></p> <p>Identify high-risk schools/areas.</p> <p>FOUNDATION, GET and FET PHASES: April-May 2019</p> <p>Infuse substance abuse prevention education in Life Skills, Life Orientation Curriculum and through school-based awareness activities</p> <p>Support the implementation of the Ke Moja Youth substance prevention programme</p> <p>Facilitate capacity building/development for Life skills, LO educators on substance abuse prevention</p>	<ul style="list-style-type: none"> • Integrate substance abuse prevention and education into Curriculum
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	<p>Jan-March 2020: Lessons plans delivered and activities for learners.</p> <p>Educators and SGBs supporting the deployment of the Ke Moja coaches at their schools.</p> <p>SOCIAL WORK:</p> <p>INCLUSIVE EDUCATION:</p> <p>Establish and strengthen District/ School-Based Support Teams (SBSTs),</p> <p>Create awareness of treatment, rehabilitation and counselling services</p> <p>Provide counselling, referrals, follow-up support and diversion programmes for learners at risk.</p>	<ul style="list-style-type: none"> • One-on-one support and monitor visits to Districts to establish the functionality of D/SBSTs. Good cooperation amongst GDE, GDoSD, GDoH, SAPS and other stakeholders on substance abuse referrals. • MoU with GDoSD on the allocation of School Social Worker Teams to deal with increasing cases in schools.
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	<p>Maintain database on school substance abuse cases</p> <p>Monitoring and evaluation of substance abuse interventions</p> <p>EXTRA-CURRICULAR (Sports, Youth, Arts and Culture):</p> <p>Public debates/activities where learners can engage in social ills/cohesion issues.</p> <p>Substance Abuse Workshop /Awareness session.</p> <p>Drug-Free Workshop</p>	<ul style="list-style-type: none"> • Whole School Debate with Dept Community Safety. • Districts completed leagues in preparation for the Provincial Competition in July 2019. Motions are on community safety, social ills and other motions addressing youth-orientated challenges • The Youth Citizen Action Programme in partnership with Empowervate NPO took place in 12 district offices. 155 schools registered to participate in the various code of sports held inter-school/district /provincial competitions. • Capacity building workshops for educators were also held during the term. • 42 HR Manager, Practitioners and EH&W coordinators were reached with Substance Abuse Seminar.
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	<p>Substance Abuse Awareness programme</p> <p>Referrals of identified learners at risk for counselling and rehabilitation/ diversion programmes.</p> <p>Counselling and Support Services, Admission to rehabilitation centres, reintegration into the workplace and Aftercare services.</p> <p>Cultural Drug and substance awareness Campaign</p>	<ul style="list-style-type: none"> • 758 employees reached with Substance Abuse awareness sessions. <p>Integrating the programme with ATP (Curriculum)</p> <ul style="list-style-type: none"> - Training 7 educators per school. - Ensuring that more than one person knows and understands the Drug-Free Programme. - Making Drug and Substance Abuse prevention part of the curriculum will ensure that it is dealt with in-depth. - The learners informed that the session gave them a new perspective on substance abuse. - Good working relations with SANCA and DoSD when referring learners for counselling and treatment. - 29 cases of employees and their dependents were managed during this reporting period. - Majority of the referrals were emanating from managerial referrals, showcasing how the fact that managers see the benefit psychosocial intervention provided by the department.
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	<p>Ke Moja programme</p> <p>Cultural Drug and substance awareness Campaign</p> <p>Group Therapy</p> <p>Department of Economic Development</p> <p>Conduct education and awareness around: Responsible Drinking Potential negative effects attached to excessive alcohol consumption.</p> <p>Educate Liquor Traders on Responsible Trading and the dangers of selling to minors, pregnant women, etc.</p>	<ul style="list-style-type: none"> - Reached: 689 Learners and 70 Adults - 1321 learners were reached on the Ke Moja programme - Reached educators and learners - Psycho-social issues leading to drug and substance use are highlighted during sessions. - 60 Regional Liquor Awareness workshops conducted within the 5 - Gauteng Regions - 13 operations attended/ conducted - 82 outlets visited and inspected for compliance - 12 section 116 notices issued (non-compliance notices) - 25 outlets closed -
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	<p>School-based liquor awareness programmes in place</p> <p>Conduct several operations attended</p> <p>Visit several outlets and inspect them for compliance</p> <p>Issuing of section 116 notices (non-compliance notices)</p> <p>Closure of outlets</p> <p>Conduct education and awareness around:</p> <p>Responsible Drinking</p> <p>Potential negative effects attached to excessive alcohol consumption.</p>	<ul style="list-style-type: none"> - 60 Regional Liquor Awareness Workshops conducted within the 5 Gauteng Regions. - The draft policy discussed at a policy dialogue in September 2019 - The activity for the second quarter of 2019 - A total of 16 hotspots were identified and visited to address that challenge of drug abuse. A total of 216 people identified and profiled. The objective is to encourage users to seek help and link with the established treatment centres. <p>The regional breakdown is as follows:</p>
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	<p>Educate Liquor Traders on Responsible Trading and the dangers of selling to minors, pregnant women, etc.</p> <p>School-based liquor awareness programmes in place</p> <p>Department of Roads and Transport</p> <p>Obtain approval of the policy</p> <p>Conduct policy dialogue on substance abuse</p>	<ul style="list-style-type: none"> - Newlands, Shoprite Complex: Information sharing on substance abuse, Promotion of substance abuse services and distribution of Substance Abuse pamphlets. The number of people reached: 37 (1 males and 19 females). - Brown Road, Newclare A total of 40 people were identified at the hotspot and the gender is 18 females and 22 males. - Kathrada Park A total of 36 people were identified at the hotspot and the gender is 14 females and 22 males. - Braamfischer Hotspot A total number of 8 service users who submitted the outstanding documents was admitted at Ithemba Clinic.
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	<p>Johannesburg Metropolitan Municipality</p> <p>Hotspot identification and intervention.</p>	<p>Goeieman Petros and Mwale Thapelo) discharged themselves. The other 6 are still in the program. 2 service users were from Dobsonville (Region D) they were referred to Region D social benefits unit for further assistance.</p> <p>Those who have not yet submitted the outstanding documents were called and 10 of them said they will submit on the 2 April 2019 to date they haven't submitted. The other 10 were not found on their phones, their phones were on voice mail. The other seven, their phones do not exist. The remaining one, his mother came to submit the outstanding documents and said his son is not interested in going to the rehabilitation centre. She reported that she tried talking to him, but it didn't help, he is not ready to be rehabilitated. She reported by that time he will be ready, she will contact the social worker. Follow up was done during May 2019 and 10 users are now willing to be rehabilitated for inpatient treatment. They have submitted medical assessment and are waiting list for admission.</p> <p>- Copessa Park and Shell garage, Protea Glen</p>
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		<p>The area was identified as a hotspot and visited. Three (3) males were found and profiled.</p> <ul style="list-style-type: none"> - Slovoville taxi rank and Green Village In Green Village, a total number of 37 (Females = 3 and Males = 34) users were reached and profiled. - Slovoville A total number of 10 all-male users were reached and profiled. - Shell Garage; Protea Glen During the visit, a total of 16 people were attended and profiled and the gender is 14 males and 2 females. Assessment for rehabilitation has been completed on four (4) and awaiting outstanding documents. - Wanderers Taxi Rand, This is a follow-up visit and a total of 16 males were identified. <p>Corner Nugget and Marshall Street</p>
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		<ul style="list-style-type: none">- The second follow up visit was done and a total of ten (10) individuals were reached (Eight males and two females). <p>Bree Taxi Rank Hotspot</p> <ul style="list-style-type: none">- The team visited the hotspot and found eleven people; all in their early 20's (Two females and nine males)- The team engaged prospective clients. There was one person from this group who was not cooperative and was trying to influence others not to talk to the workers.- This was a follow-up visit. A total number of four people were reached. (Four males)- The prospective clients contracted with the workers that they will visit the Joubert Park Treatment Centre. One of the prospective clients honoured his word and went to the treatment centre. He was assessed and sent to Randfontein Life Recovery Centre for inpatient rehab but was turned away following his violent behaviour.- On the 30th May 2019, the team visited the hotspot and interacted with sixteen (16) males. A lot of them indicated that they need to be referred to a rehab facility. All were sent to Joubert Park treatment centre for assessment and preparation.
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		<ul style="list-style-type: none"> - Kersie Dorp Hotspot Boundary Road Follow-up visit was conducted on two occasions and two young people were identified and profiled and encouraged to seek help for addiction. - Silver Street Flats The hotspot was visited as a follow-up and five (5) young people were identified and engaged and encouraged to visit the treatment centre for help. - Eldorado Park, Ext 9: Allie Street On the date of the visit one person was identified and profiled - Mahala Park, Gips Street Two (2) people were identified and profiled. - Eldorado Park Ext 9, Amarillo Street Two (2) people were identified and profiled.
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	<p>Outreach and Awareness with different stakeholders such as COJ, SOCDEV, SANCA, Family Afrika, SADAG, Diepsloot Men`s Forum, SASSA, Gauteng DSD,</p>	<ul style="list-style-type: none"> - Slovo Park Awareness of substances was conducted at the hotspot and 5 people identified but not profiled. The second visit was on 24 May 2019 Awareness was conducted at the hotspot and 13 people identified and engaged on the substance abuse. - Ext 9 Stadium Two (2) people were identified and profiled. - Eldorado Park Hillbrow Flats Two (2) people were identified and profiled. - Eldorado Park, Corner Goud Street Two (2) people were identified and profiled. - Total=288 - (Male-155 - Female-133)
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	<p>EMS, Enviro, Parks, Education, Health, NGOs</p> <p>Department of Justice and Constitutional Development</p> <p>Awareness session (Hammanskraal)</p> <p>Awareness Session (Nellmapius)</p> <p>Awareness Session (Mamelodi)</p> <p>Department of Health</p> <p>Health education on the effects of illegal drugs.</p> <p>Awareness Campaign.</p> <p>Health education</p> <p>Awareness Campaign</p>	<ul style="list-style-type: none"> - Total=229 - Male = 123 - Female =106 - The regions A,B,C,D,F,G implemented the outreach and awareness intervention reached total = 2060 (Female-1061 and Male: 999). - 150 people reached - 130 people reached - 100 people reached
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	<p>Assessments for compliance purpose on registration</p> <p>City of Ekurhuleni Metropolitan Municipality</p> <p>Capacity building on health lifestyle</p> <p>Walk and March against drug</p> <p>Young people saying no to substance abuse and enhancing career development.</p> <p>School holiday programme</p> <p>Substance abuse dialogue on prevention.</p> <p>Youth empowerment on Substance abuse campaign.</p>	<ul style="list-style-type: none"> - 50 learners were reached - 46 learners were reached. - 17 Community members were reached - 15 Community members were reached - 3 Treatment Centres were assessed for compliance - A total of 141 young people was reached with the programme.
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	<p>Substance abuse awareness campaign</p> <p>Substance abuse dialogue on prevention.</p> <p>Walk, march against drugs and host a dialogue</p> <p>Social crime prevention and substance abuse</p> <p>Youth Month celebration Theme reducing social ills afflicting young people: social crime, drugs and substance abuse,</p> <p>School enrichment programme: drug and substance abuse.</p> <p>Information session on substance abuse.</p>	<ul style="list-style-type: none"> - A total of 300 young people was reached with the programme. Indirect outreach and more people reached through the March - A total of 170 young people was reached with the programme. - Total of 41 learners attended - A Total of 106 Young people were reached
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	<p>School enrichment programme: drug and substance abuse</p> <p>Mogale City Local Municipality</p> <p>Group sessions on behavioural problems due to using of drugs.</p> <p>Education on peer pressure</p> <p>Education on bullying</p> <p>Discussions held on health issues related to substance abuse.</p> <p>Youth informed on job seeker programmes and business initiatives to avoid substance abuse</p> <p>A workshop held to educate youth on life effects of substance abuse.</p> <p>Rehabilitated user talked about</p>	<ul style="list-style-type: none"> - A Total of 42 Young people were reached - A Total of 82 Young people were reached - A Total of 67 Young people were reached - A total of 150 community members were reached with the programme - A Total of 268 Young people were reached - A Total of 103 Young people were reached - A total of 165 learners reached with the programme
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	<p>their experiences and how it affects their families.</p> <p>A walk was held to educate the community on substance abuse. A presentation on the types of drugs was held.</p> <p>Parenting skills training held for parents in partnership with Muldersdrift Child and Family Unit.</p> <p>Parenting skills training held for parents in partnership with Lifeline at Hekpoort.</p> <p>A march against substance abuse was held in partnership with West Rand Youth Development Organization and SAPS Magaliesburg</p> <p>A member who had been rehabilitated talked to the</p>	<ul style="list-style-type: none"> - A total of 45 out of school youth reached with the programme - A total of 1 333 learners reached with the programme
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	<p>participants on the effects of substance abuse concerning physique, psychological, family and work interference.</p> <p>The learners were informed about the Ke Moja programme and advised on where to seek help. Pamphlets were distributed. The campaign was in partnership with the Department of Health and COGTA</p> <p>The elderly were educated on the causes, signs and effects of substance abuse and treatment available. A poster was displayed showing how drugs destroy the body. The event was in partnership with Kagiso Faith-Based Organization.</p>	<ul style="list-style-type: none"> - 10 learners participated in the group session. - 13 learners participated in the second session - 13 learners participated in the third session - 75 people participated - 50 young people reached - 15 youth and 5 parents reached - 67 young people, three primary schools participated - 40 parents reached
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	<p>A workshop on the handover and establishment on LDACs, Act of Substance Abuse and the National Master Plan 2013-2017 was facilitated by the Assistant Manager.</p> <p>A workshop on the establishment of LDACs, Act on Substance Abuse and the National Master Plan 2013-2017 was facilitated by the Assistant Manager.</p> <p>Possible members identified in Muldersdrift and Magaliesburg areas and an informal workshop held with members in Muldersdrift while awaiting a formal appointment.</p> <p>Lesedi Local Municipality</p>	<ul style="list-style-type: none"> - 15 women participated with only 7 women receiving certificates as others did not complete. - 65 people reached - 1588 learners were reached.
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	<p>Election of the committee</p> <p>Department of Community Safety</p> <p>Prevention programmes encompassing outreach and awareness</p> <p>Individuals interventions</p> <p>Group interventions</p> <p>Offenders in consultation with external service providers for group work.</p>	<ul style="list-style-type: none"> - 139 elderly reached at Kagiso Care for the Aged - Workshop held with 7 social workers. - Two areas with possible members awaiting formal appointment by Executive Mayor. - 1 LDAC has been established - 78 Social crime prevention programmes implemented in Q2 of 19/20 FY. - 172 school safety interventions completed in Q2 of 19/20 FY - Reached total=2116 - (Youth:216 - Adults:548) - Youth: 854
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	<p>Therapeutic counselling and supportive services</p> <p>Programme facilitation and discussions.</p> <p>Content assignments and Evaluation.</p> <p>Presentations on substance abuse, information sharing through the distribution of pamphlets.</p>	<ul style="list-style-type: none"> - Adults: 498 - 158 Offenders reached through Alcohol Anonymous, SANCA (Ke Moja), Narcotics Anonymous, 12 STEP. - 41 Youth; 274 Adults males and 3 Adult females were reached through individual Therapy. - 78 Youths; - 678 Adult males and 78 Adult females participated in therapeutic programmes.
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	<p>Presentations on substance abuse Information sharing through offenders' testimonies and visit the centres.</p> <p>Therapeutic counselling and supportive services</p>	<ul style="list-style-type: none"> - 42 Youth were reached through Ke Moja drug prevention programme. - 812 pupils were reached through prevention programmes (visits to Correctional Facilities). - 43 offenders participated in the projects - 63 offenders were reached through Narcotics Anonymous (NA) programmes - 117 offenders were reached through Alcoholic Anonymous (AA) programmes. - 71 offenders reached through NA's 12 Step programme. <p>14 pupils were reached through prevention programmes (visits to Correctional Facilities).</p> <p>Kgosi Mampuru II (Odi Centre) reached 81 offenders.</p> <p>32 Youth were reached through Ke Moja drug prevention programme.</p>
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		<ul style="list-style-type: none"> - The following contrabands were found: - 165.702 kg of dagga - 421 Nyaope sachets - 12.595g Nyaope - 171 and 1/2 Mandrax tablets.
Kwa-Zulu Natal	<p>Provide developmental social welfare services to persons, families and communities dependent and affected by substance abuse</p> <p>Render prevention and awareness programme</p> <p>Implement prevention programme</p>	<p>At Cabinet Lekgotla led by MEC for provincial DSD held in August 2019 and in February 2020, a decision was taken to resuscitate the Provincial Substance Abuse Forum.</p> <p>Administrative work commenced in resuscitating the provincial forum. HOD and MEC briefed.</p> <p>38 LDACs are existing</p> <p>Conducted build-up activities to commemorate International Day against Drug Abuse and Illicit Trafficking that was held on 26 June 2019 as follows:</p> <p>8 door to door was held in different districts from 20 to 28 June 2019. The districts that participated were – ILembe, eThekwini North, Zululand, uThukela, uMngungundlovu, Amajuba, eThekwini South and King Cetshwayo.</p> <p>Activations at malls, taxi ranks and other hotspots areas of Amajuba, iLembe, King Cetshwayo, eThekwini North, uMzinyathi,</p>



		<p>Harry Gwala, Zululand, uGu, Umkhanyakude and uThukela districts.</p> <p>13 awareness campaigns were held at taxi ranks</p> <p>2 awareness campaigns were held at shopping malls</p> <p>1 awareness campaigns were conducted at the main robot regarded as a hot spot in the iLembe District. Pamphlets on substance abuse were distributed.</p> <p>1 awareness campaign was conducted at Umvoti plaza.</p> <p>4 marches against substance abuse held</p> <p>2 placards demonstrations held at hotspots area of Tongaat and Chatsworth</p> <p>38 education and awareness campaigns conducted at ward level within districts</p> <p>21 community dialogues held on substance abuse in districts</p>
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		<p>12 holiday programmes held</p> <p>Media coverage held on 26 June 2019: MEC for Social Development rendered messages on radio stations/ local and national</p> <p>Different stakeholders provided messages at local radio stations</p> <p>2 articles made by the Department of Social Development</p> <p>6 articles made by different stakeholders to create awareness on substance abuse</p> <p>Men and boys Advocacy campaign highlighting the role of men and boys in countering Gender-Based Violence in Umzinyathi district on 19 June 2019.</p> <p>73 men and boys reached Umzinyathi District</p> <p>43 men and boys were reached in Zululand district on 26 June 2019.</p> <p>Anti- Pens down campaigns were held in all districts targeting Matriculants and Grade 10 and 11 learners from November to December 2019</p>
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		<p>Integrated festive season activities were conducted with different stakeholders:</p> <ul style="list-style-type: none"> • MEC for Social Development led an Anti-Pens Down #soberminds campaign at Kwa-Mashu Fan Park targeting 1200 Matriculants on 04 December 2019. <p>Eldorado Park Model (door-door) conducted at Welbadacht West in Chatsworth on 09/12/2019 jointly with the National Department of Social Development and other stakeholders, 77 families were reached</p> <p>Community dialogue on substance abuse and gender-based violence led by Deputy Minister: DOJCD was held on 10/12/2019, approximately 200 people were reached</p> <ul style="list-style-type: none"> • Awareness campaign on anti-substance abuse and Joint Liquor Operations, targeting beachgoers and liquor outlets were held at South Beach-Durban on 18 and 19 December 2019, Led by Deputy Minister: DTI and MEC for Social Development
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		<ul style="list-style-type: none"> • Media coverage on radio stations creating awareness on substance abuse during the festive season was held <p>Launch of 16 Days of activism on no violence against women and children was held in Kwa Xolo, Ward 8 in Ray Nkonyeni local municipality, reaching 1000 community members. A blitz was also held at the Port Shepstone taxi rank</p>
<p>Limpopo</p>	<p>Conduct awareness campaigns in communities on the negative effects of substance abuse.</p> <p>Implement Substance abuse prevention programs in ECD centres, Schools, Institutions of Higher learning, churches, Workplaces and Community centres</p> <p>Identify areas for implementation</p> <p>Prepare logistics</p>	<ul style="list-style-type: none"> - 272 030 People reached through drug prevention programs. - 186 063 People reached through drug prevention programmes - 524 broken into: <ul style="list-style-type: none"> - SANCA: 49 Campaigns - DCS Campaigns - LEDET: 85 Anti –substance abuse



	<p>Prepare logistics</p> <p>Conduct the session</p> <p>Evaluate.</p> <p>Identify programmes to be implemented</p> <p>Prepare logistics</p> <p>Implement the programme the session</p> <p>Evaluate.</p> <p>Capacity building workshops.</p> <p>Creation of work opportunities</p>	<ul style="list-style-type: none"> - 52 488 Children receiving psychosocial services. - 18 795 People participating in school sports tournaments at the district level - DSD: 220 - CBOs: 100 - DoJCD: 0 - 47 jobs created for field workers with accredited training and provided with stipends in line with ministerial determination.
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<p>Mpumalanga</p>	<p>4 committee meetings held</p> <p>Re-established 18 LDAC's committee</p> <p>4 Integrated School Safety forum meeting was held</p> <p>114 380 persons reached through prevention and early intervention services</p>	<ul style="list-style-type: none"> - 1 functional Provincial Forum and 4 meetings were facilitated 4 executive meetings were facilitated. - 18 LDACs were re-established and strengthened in terms of section 60 of Act 70 - 60 LDAC's meetings were held in the 18 Municipalities - 1 Engagement on community safety was facilitated - 3 District Drug Action Committees were strengthened - 2 Integrated School Safety Forum meetings held and an annual plan was developed and four reports compiled - 1 Safety Indaba on the safety of schools and hospitals - 154 603 persons reached through substance abuse prevention Programmes
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	<p>1713 schools provided with the Life Orientation programme</p> <p>200 participants reached through youth camps</p> <p>70 312 participants reached through recreational events</p> <p>10 860 learners reached through school sports</p> <p>700 services providers capacitated on substance abuse</p> <p>1749 school safety committees capacitated on school safety matters.</p>	<ul style="list-style-type: none"> - 1 717 schools provided with the Life Orientation programme - 200 participants reached through youth camps - 1500 maidens were reached through Umkhosi Wemhlanga (cultural reed dance) - 200 young maidens participated in Miss Indoni cultural - 78 076 participants were reached through recreational events - 11075 learners participated at district, Provincial and National school sports tournament at (Ehlanzeni, Gert Sibande, Bohlabela and Nkangala. - 300 service providers capacitated on substance abuse - 1188 schools were capacitated on the school safety committee's roles and responsibilities
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	<p>32 monitoring sessions conducted.</p> <p>Monitor 200 schools on the implementation of school safety policy.</p> <p>1694 EPWP jobs created</p>	<ul style="list-style-type: none"> - 200 schools were provided with drug testing devices and metal detectors. - 34 monitoring sessions conducted - 2 assessment session was conducted at the Healing Wings youth Centre and Nkangala Inpatient Treatment Centres - 200 schools monitored on the implementation of school safety policy including policy to sensor vendors who sell food to learners. - 1664 EPWP jobs were created through the programme.
<p>North West</p>	<p>Drug Prevention Programmes inclusive of the following were implemented:</p> <ul style="list-style-type: none"> • Youth dialogues • Support groups 	<ul style="list-style-type: none"> - 128 308 people were reached through substance abuse prevention programmes i.e. 34 808 more than the set annual target.



	<ul style="list-style-type: none"> • Outreach programmes in schools, churches, communities • Training and workshops • Recreation (sports) • Puppets and Stories at Preschools and ECD centres • Substance abuse presentations at schools, tertiary institutions (including private institutions of higher learning) • Festive season campaigns <p>Assessment and validations of business plans for compliance with the mandate of the Department and legislative prescripts.</p>	<ul style="list-style-type: none"> - 9 organizations were funded for rendering substance abuse community-based services - - 46 job opportunities created through the funding of substance abuse organizations. - 128 offenders were reached through one-on-one interview sessions.
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	<p>Department of Correctional Services</p> <p>Therapeutic interviews</p> <p>Therapeutic programmes</p> <p>Therapeutic interviews</p> <p>Workshop of LDAC's and PSAF on the NDMP</p> <p>Funded NPO's trained on project and financial management</p> <p>Department of Social Development</p> <p>Implementation of psychosocial services</p>	<ul style="list-style-type: none"> - 86 offenders reached through therapeutic interviews on substance abuse - 97 parolees reached through therapeutic interviews - 120 stakeholders participated in the workshop on National Drug Master Plan - 52 members of funded NPO's trained. - 280 children accessed diversion services - 32 017 people were reached through a community engagement programme - 5 reported cases investigated and resolved - 886 children in conflict with the law were assessed
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	<p>Community Engagement Programmes conducted.</p> <p>Human trafficking cases reported</p> <p>Assessment of children in conflict with the law</p> <p>Diversion programmes completed.</p> <p>Placement of children in conflict with the law</p>	<ul style="list-style-type: none"> - 317 persons completed the diversion programme - 130 children were placed in secure care centres
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	<p>Social Crime Prevention programmes conducted</p> <p>Drug testing</p> <p>Moral Regeneration campaign</p> <p>School safety workshops</p> <p>Substance Abuse Awareness campaigns</p> <p>Search and Seizures</p> <p>Peer Education</p> <p>Dialogues on drugs</p> <p>Community Outreach Programme</p>	<ul style="list-style-type: none"> - 45 036 persons reached through a social crime prevention programme - 10 818 officials and stakeholders were reached through anti-drug and school safety campaigns
<p>Northern Cape</p>	<p>Integrate substance abuse awareness into Early Childhood Development programmes</p> <p>School-based awareness programmes in place and implemented in high schools</p>	<ul style="list-style-type: none"> - A puppets awareness program was implemented in 44 ECD sites - Ke Moja program facilitated to Grade 8 in 27 schools reaching 3 873 learners



	<p>Integrated and multi-sectoral awareness programmes targeting broader communities held</p> <p>Implement a developmentally and culturally appropriate school-based:</p> <ul style="list-style-type: none"> - Implement a substance abuse policy - Peer education programmes - Life Skills and Education programmes <p>Develop and implement sustained family skills development programmes</p>	<ul style="list-style-type: none"> - 22 050 children, youth adults and older persons were reached through substance abuse awareness programs - Ke Moja program facilitated to Grade 8 in 27 schools reaching 3 873 learners - 32 Parents were reached through parenting skills programs focusing on substance abuse
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	<ul style="list-style-type: none"> • Parenting Skills • Family empowerment and support • Family reconstruction services <p>Engage youth in</p> <ul style="list-style-type: none"> • Sport and recreation • Skills Development and • Economic Empowerment Programmes • Substance abuse programmes • Moral regeneration programmes 	<ul style="list-style-type: none"> - 17 142 youth in target areas involved in alternative lifestyle programmes - 2 329 Women educated on Foetal Alcohol Spectrum Disorders
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	<p>Conduct education and empowerment programmes about FASD</p> <ul style="list-style-type: none"> - Women at risk diverted to early intervention programmes - Support to children with FASD through inter alia referrals <p>Integrated services involving all departments, to improve the quality of life for high-risk communities (poverty/substance abuse/crime)</p>	<ul style="list-style-type: none"> - Substance abuse prevention and treatment services were prioritised in the war on poverty wards. - Education and counselling services are available at DSD offices, SANCA Upington and Northern Cape Drug Rehab Centre.
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	<p>Establish early intervention services in -</p> <ul style="list-style-type: none"> • primary health care facilities • local offices of DSD • NGO facilities • Schools <p>People at risk receive early intervention services</p> <p>Conduct Community Safety Surveys</p>	<ul style="list-style-type: none"> - Children referred from schools for experimental use receive information sessions and or counselling. - No reports were submitted by SAPS and the Department of Community Safety.
<ul style="list-style-type: none"> • Western Cape 	<ul style="list-style-type: none"> • Prevention and awareness programs implemented by NPOs addressing issues of awareness and education of youth with a focus on FASD; 	<ul style="list-style-type: none"> • 3 programmes focussing on FASD in rural areas. Achievement on target; • Over 1 million users viewed the Facebook post on where to seek help for substance abuse



	Substance Abuse Social Media Campaign	
	<ul style="list-style-type: none"> • Clients who access specific services provided by NPOs and DSD own services to re-integrate them back to communities after completion of treatment. 	<ul style="list-style-type: none"> • Achievement below target
	<ul style="list-style-type: none"> • Clients accessing outpatient treatment at the city's Matrix Clinics 	<ul style="list-style-type: none"> • Targets achieved for June – July 2019 – still waiting on Stats
	<ul style="list-style-type: none"> • Screening – high-risk individuals, pregnant women, mental health, street people, testing people in high-risk work / early interventions – training social workers / brief interventions – schools / Treatment – referral to detox, outpatient care and 	<ul style="list-style-type: none"> • High-risk Individuals who enter the Matrix program have access to other health services such as Basic Ante-natal Services for pregnant moms and mental health services for mental health clients. Every client that enters the program has access to Family Education Sessions and Social Support Sessions which form part of the Matrix program. For the period – still waiting on stats.



	family support / Aftercare – support and EPWP opportunities	
	<ul style="list-style-type: none"> BMI Project: AHR GC in three targeted areas in emergency centres. Each district is responsible for their site. Department is looking at doing their MDMP – draft form. Busy Reviving it and finalizing it. 	<ul style="list-style-type: none"> Weekly referrals to DSD of the BMI patients who need further intervention. Final Lever 3 report was signed off by DSD HOD.
	<ul style="list-style-type: none"> Strengthening families programme: This is a structured based life skills programme that improves family relationships and reduces their vulnerability to substance abuse. Interpersonal and intrapersonal Skills Programme: This programme aims to 	<ul style="list-style-type: none"> Targets achieved from Quarter 4: 20 Strengthening Families Programmes implemented. 44 Interpersonal and intrapersonal skills programme implemented reaching – still waiting on stats.



	<p>enhance protective factors in to build the resilience of children between the ages of 9-11 to resist the use of substances.</p> <ul style="list-style-type: none"> • Adolescent Simulator Programme: • Mayor’s Substance Abuse Campaign: • After School Game Changer: 	<ul style="list-style-type: none"> • 9 • 1 • X2 initiatives = 6299 school learners reached
	<ul style="list-style-type: none"> • MOD Centres: 181 sites offering programmes to learners Monday – Friday. • Academic: homework support, extra lessons for Grade 11 and 12, mathematics, science and language. • Sport and recreation: Various codes of sport offered recreationally and as 	<ul style="list-style-type: none"> • 2018/19: 112 000 learners. • Regular and consistent participation of 20% of learners in no-fee schools. • DCAS: • MOD Centres: 181 sites • Neighbourhood schools. • Year Beyond: volunteer tutoring programme. • Grade 4 and Maths eLearning programmes. • DOE: • Peer education. • District projects.



	<p>a specific sport, which builds mastery.</p> <ul style="list-style-type: none"> • Arts and Culture: Drama, dance, juggling, music, visual arts, indigenous games offered recreationally or as a specific art form which builds mastery. • Life Skills: • Leadership development, teamwork, health awareness, career advice and other life skills offered as standalone programmes or embedded programmes within other pillars. 	<ul style="list-style-type: none"> • School sport. • DSD: • Partial After Care. • Youth Cafes: 8 • LDACs. • CoCT: • Atlantis and Gunya. • NGOs: Collaboration sites and funded NGOs. • Independent unfunded NGOs
	<ul style="list-style-type: none"> • iCan Play – Gaming centre (DEDAT) • Nyanga Yethu (DOCS) • 4-A-Side Soccer (DCAS) 	<ul style="list-style-type: none"> • Gaming at Khayelitsha Centre • Hip Hop workshop series and competition completed.



	<ul style="list-style-type: none"> • The key goal of the training is to capacitate the educators with the tool of drug testing to ensure that learners who experiment with substances are detected early and that they will be placed in developmental programmes to address the abuse of substances, improve the performance of the identified schools through targeted assistance and support to these schools. 	<ul style="list-style-type: none"> • Targeted programs provided to Schools: • Teachers to improve drug testing
	<ul style="list-style-type: none"> • Planned sport and cultural activities for learners at Sports Facility to keep them occupied. 	<ul style="list-style-type: none"> • Reached 1 000 school learners



	<ul style="list-style-type: none"> • The CoCT offers specialised skills and knowledge in respect of public safety law enforcement training. • To strengthen the partnership with the CoCT to establish safe zones around high-risk schools in the WC. The CoCT will support the establishment of safe zones with the deployment of CoCT trained and certified law enforcement auxiliary officers, School Resource Officers and Neighbourhood Safety Officers. • The CoCT – DOCS partnership aims to expand and intensify the 	<ul style="list-style-type: none"> • School Officers trained
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	<p>opportunities to reduce crime in and around priority schools in high-risk communities.</p>	
	<ul style="list-style-type: none"> • Sporting activities and Educational talks at Khayelitsha Resource Centre 	<ul style="list-style-type: none"> • Provided youth with the opportunity to participate in sporting activities and expose them to the Chrysalis Academy brand.
	<ul style="list-style-type: none"> • To contribute towards active citizenship and fostering the whole-of-society model, of which the wellness of children and youth is the pivotal outcome. 	<ul style="list-style-type: none"> • Educational and Recreational programme conducted for youth at Religious fraternities and communities



	<ul style="list-style-type: none"> • Five strategic projects: Focus areas: Substance abuse and FASD awareness initiatives for rural workers. • Partner up with funded NPOs like FARR, FASFACTS and Ignite. • Ensure that there is no double-dipping. 	<ul style="list-style-type: none"> • Completed an Agri Household Census conducted. Establish a database of Agri workers in WC – permanent and seasonal. Met with 9 Provincial departments to share the survey findings. Met with DSD and DoE senior managers. There is a follow-up meeting with Gavin Miller – info that will assist DSD. Main problem: huge dropout rate of children in rural space. Service Provider used a statistician to make info available. The second phase will be done – to follow trends.
	<ul style="list-style-type: none"> • Talks Shows; Substance Abuse, bullying, domestic violence, sexual offences, gangsterism, teenage pregnancy, sports against crime, life in prison, elderly care, embracing disability, human trafficking, holiday programmes, homelessness, children’s 	<ul style="list-style-type: none"> • Cluster: • Beaufort West: 46 • Blue Downs: 216 • Cape Town: 191 • Da Gamaskop: 222 • Eden: 419 • Khayelitsha: 190 • Milnerton: 229 • Mitchells Plain: 186 • Nyanga: 183



	rights, gender-based violence,	<ul style="list-style-type: none"> • Overberg: 104 • Tygerberg: 409 • Vredenburg: 158 • Vredendal: 117 • Winelands: 205 • Worcester: 343 • Wynberg: 173
	<ul style="list-style-type: none"> • Youth crime Prevention Indaba 	<ul style="list-style-type: none"> • Approximately 100 youth attended. • The action plan from three commissions: murders, sexual offences and Drug Abuse for Kraaifontein cluster
	<ul style="list-style-type: none"> • Completing the diploma • Completing course • Two officials trained in Colombo Drug Advisory Program is rolling it out to the rest of the CYCCs • Informing communities of the negative effects of Substance Abuse 	<ul style="list-style-type: none"> • 24 students enrolled: <ul style="list-style-type: none"> • Stellenbosch University: 11 • University of Cape Town: 13 • 50 students completed <ul style="list-style-type: none"> ○ Two officials trained in Colombo Plan and CYCCs • Raising awareness – no stats provided



Supply Reduction Strategy

The following are the activities performed by the Provincial Support Structures according to two outcomes of the NDMP responding to Supply Reduction:

Outcome 4: Reduced availability of substance-dependence-forming drugs and alcoholic beverages

Outcome 6: Harmonisation and enforcement of laws and policies to facilitate effective governance of the alcohol and drug supply.

Goal 2:	Supply Reduction	
Province	Activities	Achievements
Eastern Cape	South African Police Services (SAPS)	<ul style="list-style-type: none"> - SAPS conducted random search and awareness campaigns were conducted to five hundred (500) schools reaching out six thousand (6000) learners - Random search and seizure of dangerous weapons, which reduced the supply and illicit trafficking of drugs was conducted in the following clusters: Mthatha, Elliot,



	<p>Department of Correctional Services:</p> <p>Searching of all people in contact with offenders, those on probation and parolees.</p> <p>Adopt a cop Campaign-Aurora Centre</p> <p>Establish and maintain One-Stop Child Justice Centres within the province.</p> <p>Establish and maintain Secure Care Facilities within the province.</p>	<p>Mount Road, Grahamstown, Port St Johns, KWT, EL Mdantsane and Aliwal North.</p> <ul style="list-style-type: none"> - As part of ensuring compliance by SAPS with the implementation of the School's Crime Prevention Protocol, the Department of Safety and Liaison have assessed 15 police stations. - Day to day and Back to Basics joint operations were conducted throughout the province resulting in the closure of 78 illegal liquor outlets, charged 43 legal liquor outlets for non-compliance. - 15 children completed the treatment programme - Number of One-Stop Child Justice Centre's established and maintained: 2 - Number of Secure Care Centre's established and maintained: 3
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	<p>Fund NPO's to render Probation Services.</p> <p>Provide financial support and guidance to render</p> <p>Intervention, Early Intervention and Treatment Services on alcohol and drug abuse.</p> <p>Availability of Treatment Centres funded by the government.</p>	<ul style="list-style-type: none"> - Number of NPOs funded: 11 - Number of NPOs Funded: 45 - Number of programmes funded: 10 - Number of Treatment Centres funded by Government: 1 - Number of service users who received treatment completed programme (In-patient): 303 - Number of service users who received treatment in an out-patient service: 12 - Pre-admission and Aftercare: 1371 - The number of recovering service users who attended Support Groups: 80.
Free State	Report not submitted	Report not submitted
Gauteng	Services made accessible to the public at community level	<ul style="list-style-type: none"> - DSD is funding 21 outpatient treatment services



	<p>Substance Abuse treatment services offered as part of Harm reduction.</p> <p>Services made accessible to the public at community level</p> <p>Services made accessible to the public at community level.</p> <p>Services made accessible to the public.</p> <p>Substance Abuse treatment services offered as part of Harm reduction</p>	<ul style="list-style-type: none"> - 4 375 Service users accessed out-patient treatment services - 70 Community-based substance abuse services - 23 391 Service users accessed substance abuse community-based services - DSD is funding 13 private inpatient treatment centres - 4 882 Service users who have accessed private inpatient - 3 058 Service users completed inpatient treatment services at funded treatment centres - 1 Public inpatient treatment centre
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	<p>Substance Abuse treatment services offered as part of Harm reduction</p> <p>Dr Fabian & Florence Ribeiro Treatment Centre</p> <p>Dr Florence & Fabian Ribeiro Treatment Centre</p> <p>Aftercare programmes conducted throughout the province.</p> <p>Three Government-funded Halfway Houses established and successfully functioning operating.</p>	<ul style="list-style-type: none"> - 3 196 Service users accessed public in-patient substance abuse treatment centres - 6 976 Persons received substance abuse treatment in aftercare programmes - No New Halfway House was established - 116 Beneficiaries counselled through the mobile counselling busses.
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	Bus tours to reach out to the communities for services accessibility	
Kwa-Zulu Natal	Law enforcement activities	<ul style="list-style-type: none"> • MEC EDTEA launched an inspection blitz/campaign with law enforcement agencies and a multidisciplinary team of regulators, which included DOL, DHA, SAPS; eThekweni Environmental Health and Safety etc. to conduct random inspections of both legal and illegal liquor and gambling outlets. • This blitz inspection was held on the 10/12/19 at Inanda Ametikwe area. • 4 liquor outlets were inspected. The outcomes of the inspections were as follows – <ul style="list-style-type: none"> -3 illegal liquor outlets were closed down; -1 illegal operators of foreign nationality were arrested by the Department of Home Affairs Immigration Unit; -Alcohol from these illegal outlets was confiscated by SAPS. • Also, the MEMEZA alarm system, which was installed at one outlet courtesy of SAB, was demonstrated to show its mechanisms and connectivity to the local SAPS office.



Outreach at Institutions of Higher Learnings

- Intensify both surprise searches and planned search operations by Security officials and Management Area EST by the Head of Centre and Area Commissioner.
- Encourage offenders to participate in Educational, Recreational and Correctional Programmes.
- A total of 2 068 students were reached through prevention and awareness that were undertaken at 8xTVET colleges in eThekwini South, eThekwini North, uThukela, Amajuba and uMngungundlovu, 3x UKZN campuses in eThekwini North and uMngungundlovu and DUT campus in eThekwini North during March to May 2019.
- The high-level activations targeting first-year students were held at the Durban University of Technology-Steve Biko and Ndumiso Campuses on 28-29 January 2020, approximately 1600 students were reached during the anti-substance abuse awareness campaign.
- The Department and the funded substance abuse organizations continue to intensify the following programmes; Ke-Moja drug prevention programme, Wake Up Call, Stop to Start, TADA and



		<p>YADA groups, Smart Clubs and Eldorado Park Model to create awareness in communities</p> <ul style="list-style-type: none">• 199 Anti-substance abuse awareness programmes were implemented by Anti-Drug Forum Organization at various local clinics and SASSA Offices in Chatsworth and 9 650 people were reached.• 159 Schools were visited in Chatsworth through SMART Clubs programme and 8 962 children were reached at the various local schools in Chatsworth.• 68 schools attended the SMART Club conference successfully in February 2020 at Woodhurst Multicultural Centre. The conference provided an ideal platform for learner's/stakeholder engagement. The programme was implemented in collaboration with the Department of Social Development, Department of Justice and Constitutional Development, Department of Health, Department of Correctional Services, SAPS and Safer Cities. The learners were allowed to show display their artwork regarding anti-substance abuse awareness.• A total number of 320 649 people reached through substance abuse prevention programmes.
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	<p>Linking of schools to police stations</p> <p>Establishing school safety committees.</p> <p>Conduct roadblocks</p> <p>Road traffic law enforcement operations</p> <p>Law enforcement operations</p> <p>Search and seizure operatio</p>	<ul style="list-style-type: none"> - 83 877 School visits conducted by SAPS - 211 School Safety Committees established - 4 279 drunken driving arrests made - - The following volumes of drugs were confiscated: - Mandrax: 170 kg - Cannabis: 458.06 - 346.0 Volumes of liquor confiscated - 8 460 liquor business regulated - 12 Searches and seizures conducted in correctional centres.
Mpumalanga	<p>11 border posts and airports checked</p> <p>1048 roadblocks conducted</p>	<ul style="list-style-type: none"> - 11 border posts were checked



	<p>283 illegal liquor outlets closed</p> <p>71 drug-related operation conducted</p>	<ul style="list-style-type: none"> - 578 roadblocks conducted - 16 028 inspections and license control to liquor outlets were conducted by SAPS - 272 illegal liquor outlets closed - 17 529 operations conducted for dealing in drugs - 496 reported crimes for unlawful possession of and dealing in drugs - The following drugs were repossessed during operations: <ul style="list-style-type: none"> - 7 486 285g dagga repossessed - 3 362g heroine repossessed - 7 570g ephedrine repossessed - 1 717 schools linked to police stations where school safety programmes were implemented
<p>North West</p>	<p>Conducting liquor operations to address illegal liquor trade in terms of Liquor Act No.27 of 1989 as amended.</p> <p>Compliance, Monitoring and Enforcement</p>	<ul style="list-style-type: none"> - 4 441 compliance inspections conducted - 2 846 outlets were found to be compliant - 1 595 liquor outlets were found to be non-compliant. - 146 non-compliant liquor premises inspected were closed



	<p>Participating in joint operations/blitz</p> <p>Counselling</p> <p>Health screening</p> <p>Substance Abuse Awareness</p> <p>Implementation of substance abuse programmes to support school safety</p> <p>Conduct ongoing disruptive operations targeting identified drug outlets</p>	<ul style="list-style-type: none"> - 334 liquor outlets were targeted during joint operations of which 146 were closed - 130 young employees were reached - 122 women employees were reached through substance abuse awareness campaigns. - 12 awareness campaigns conducted - 59 priority schools reached - 6 drug operations
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	<p>Conducting crime preventions actions Crime combating actions</p> <p>Conducting liquor operations In terms of national and provincial legislation</p> <p>Enforcement of drug legislation</p>	<ul style="list-style-type: none"> - 3 497 x crime prevention operations conducted - 560 unlicensed liquor premises were closed and liquor traders charged - 110 562 865 millilitres of liquor confiscated - 1 399 000 Homebrew - Cannabis dry:9 019 975 Kgs - Cannabis plants: 320 g - Cocaine Powder: 407 - Crack Cocaine/Rocks: 497 g - TIK/Crystal Meth: 54 546 mg - Heroine: 1 053 ml - Heroine /Thai White: 3 0153 g - Kha: 1 767 g - Mandrax powder: 876g - Nyaope: 1 156 g - Ecstasy powder:1g
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	<p>Conviction of drug-related crimes</p> <p>Crime investigations</p> <p>Investigation of crimes dependent on police action</p> <p>Number of illicit laboratories dismantled</p>	<p>- 89.46% of drug-related crimes convicted</p> <p>- 80.53%</p> <p>- 99.76%</p> <p>- 3% achievement recorded due to challenges with intelligence</p>
Northern Cape	See attached report	See attached report
Western Cape	<ul style="list-style-type: none"> • Deployment of officers (members) and vehicles to target areas 	<ul style="list-style-type: none"> • 13/07/2019: • Members: 614 • Vehicles: 180 • 14/07/2019: • Members: 554 • Vehicle: 157 • 18/07/2019:



		<ul style="list-style-type: none"> • Members: 634 • Vehicles: 185 • 19/07/2019: • Members: 829 • Vehicles: 209 • 20/07/2019: • Members: 706 • Vehicles: 164 • 21/07/2019: • Members: 719 • Vehicles: 170
	<ul style="list-style-type: none"> • Drug raids conducted based on complaints received 	<ul style="list-style-type: none"> • Drug raids conducted = 5482
	<ul style="list-style-type: none"> • Road Blocks • Inspection of liquor premises 	<ul style="list-style-type: none"> • 1099 roadblocks conducted
	<ul style="list-style-type: none"> • DWI Screening • Arrests 	<ul style="list-style-type: none"> • 11475 people screened • 346 people arrested



		<ul style="list-style-type: none"> Total = 105 165 DWI Screenings
	<ul style="list-style-type: none"> Daily deployment of 90 Chrysalis Youth together with the City of Cape Town Law Enforcement and Metro Police to increase police visibility on beaches to curb alcohol and drug abuse on beaches. 	<ul style="list-style-type: none"> Monwabisi Beach Strand Beach Gordons bay Mnandi Beach Strandfontein Beach Macassar Beach Harmony Park Kalkbaai Beach Muizenberg Beach Hout Bay Beach Camps Bay Beach Blouberg Strand Beach
	<ul style="list-style-type: none"> Breath testing teams in distinctive RBT uniforms were conducting rapid, lightweight, Vehicle Check Points at multiple locations in a single shift. “<i>Random</i>” refers to the Vehicle Check Points that will be used, 	<ul style="list-style-type: none"> 1 421 arrested for DUI



	<p>which are locations selected randomly but covering the entire operational area.</p> <ul style="list-style-type: none"> • Handheld breathalyser devices were used to screen motorists for alcohol. • The testing teams operate day and night, on a shift basis covering any day of the week. • RBT operations were over and above normal traffic law enforcement activities. 	
	<ul style="list-style-type: none"> • Roadshow: new liquor regulations and other industry trends. 	<ul style="list-style-type: none"> • West Coast, Overberg, and City of Cape Town;
	<ul style="list-style-type: none"> • Reduce access to alcohol 	<ul style="list-style-type: none"> • Licensing Strategy (DOCS). • Improved legal liquor environment (DOCS). • Enhanced sense of safety (DSU). • The effective increase in Alcohol Price (DOCS)



Harm Reduction Strategy

The following are the activities performed by the Provincial Support Structure according to two outcomes of the NDMP responding to harm reduction:

Outcome 1: Reduction of the bio-socio-economic impact of substance abuse and related illnesses on the South African population

Outcome 5: Development and implementation of multi-disciplinary and multi-modal protocols and practices for integrated diagnosis and treatment of substance dependence and co-occurring disorders and for funding such diagnosis and treatment.

Province	Activities	Achievements
Eastern Cape	DSD	<ul style="list-style-type: none">- DSD funded four (4) Private Treatment Centres. The Treatment Centres serve as in and outpatient treatment centres for provision of assessment, counselling and provision of treatment and rehabilitation services to service users. The centres are distributed as follows: Thembelitsha Rehabilitation Centre (Umthatha), SANCA East London (East London), Welbedaght



	<p>Increase availability of Treatment Services</p>	<p>and Shepherds' Field (all in Nelson Mandela Metro). During the year under review, a total of Two thousand, five hundred and seventy-six (2 576) service users accessed treatment and rehabilitation services on Substance Use Disorders at funded Treatment Centres and Social Development Service points.</p> <ul style="list-style-type: none"> - A State Treatment Centre has been established in Port Elizabeth. The Facility provides treatment, rehabilitation programme and skills development to children who are addicted to alcohol and other drugs. Ernest Malgas Treatment Centre is the only state facility that provides in-patient treatment services for children addicted to drugs and alcohol. During the year under review, a total of eighty-six (86) children accessed in-patient
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	<p>Training of Social Service Practitioners on Substance Abuse Programmes</p>	<p>treatment and skills development programmes provided at the facility.</p> <ul style="list-style-type: none"> - The Department of Health has a partnership with SANCA East London and subsidized (20) beds space per month for a year for the provision of in-patient treatment services for indigent clients who cannot afford to pay for the admission fees. A total of ninety-seven (97) service users accessed inpatient treatment services at the facility. - Two hundred and twelve (212) patients received detoxification and treatment services from Health facilities. The Department facilitated registration for Thembelitsha Rehabilitation Centre in the OR Tambo District which would increase the availability of the outpatient-based treatment services.
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		<p>A total of 147 social workers and supervisors were trained in all Districts on the following Substances Abuse Therapeutic programmes:</p> <ul style="list-style-type: none">- Individual counselling programme (The Race Against Time)- Outpatient Group Work programme for Adult Service Users (Time is Running Out)- Group Work Programme for Significant others of Adolescent Service Users (If I Could Turn Back the Time)- Group work programme for Significant Others of Adolescents (Time to Talk)- Aftercare programme for Adolescent Service Users (If I Could Turn Back Time)- Aftercare programme for Adult Service Users (Time to Plan)- Inpatient group work programme for Adolescents (Once Upon a Time)
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		<ul style="list-style-type: none"> - Inpatient group work programme for Adult Service Users (Time to Make a Difference).
Free State		
Gauteng	Organise active recreational programmes, events and tournaments in five corridors constituting of youth out of school, in correctional facilities and those who are still at school.	<ul style="list-style-type: none"> - The department organised and implemented a total of four (4) active recreation events benefitting a total of 2 538 people (1 004 male and 1 534 female). Of these 2 125 were youth, 413 elderlies and 22 PwD participated in the quarter under review as listed: - The Move for Health Programme was held on 10 May 2019 at the Reiger Park Stadium in Boksburg (East Corridor) benefitting 1 500 people (660 male and 840 female). Of these 1 213 were youth and 287 elderlies which include 12 PwD.



		<ul style="list-style-type: none"> - The Minister’s Community Outreach Programme was hosted on 17 May 2019 at Hilton Hotel in Sandton (Central Corridor) with a total of 344 people (33 male and 311 female). Of these 280 were youth and 64 elderlies which included 2 PwD actively participating at the Women and Sport Policy Road Show. - Indigenous Games were held on 15 June 2019 at Isak Steyl Stadium in Vanderbijlpark (South Corridor) benefitting a total of 694 people (311 male and 383 female) Of these 632 were youth and 62 elderlies which includes 8 PwD. - The North Corridor hosted a Soccer Hub tournament on 23 June 2019 at the Atireleng Sports Ground in Laudium. The tournament benefitted a total of 353 participants (264 males and 89 females, all youth).
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	<p>Implement three (3) arts and culture programmes (Dance, Music and Drama) in all five (5) corridors.</p> <p>Youth Month public speaking for 130 learners to promote literacy. Learners make use of the libraries to research the given topic. The debate for secondary school learners to promote literacy, public speaking, analytical and research skills. In</p>	<ul style="list-style-type: none"> - The department implemented four (4) arts and culture programme (dance, drama [theatre and/or poetry], music in all five (5) corridors benefitting a total of 13 298 participants (6 751 male and 6 547 female). - The department hosted the Provincial Public Speaking programme on 8 June 2019 at Museum Africa, Newtown, the City of Johannesburg with a total of 137 participants (36 male and 101 female). These consisted of 84 youth (16 male and 68 female). - The department implemented the following three (3) reading programmes benefitting a total of 361 participants (113 male and 248 female) as follows:
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	<p>a nutshell to promote the culture of reading by encouraging the use of libraries.</p> <p>Four (4) library reading programmes implemented (1 per quarter) in five (5) GCR Corridors. The programme comprises of Storytelling, puppetry shows, book discussions, face painting, clowns and workshops.</p>	<ul style="list-style-type: none"> • Provincial Public Speak held on 8 June 2019 at Museum Africa, Newtown, City of Johannesburg. • Spelling Word on 24 May 2019 at Mamelodi East at Ikageng Hall; and • Word Ruffle on 24 May 2019 at Mamelodi East at Ikageng Hall. <ul style="list-style-type: none"> - Three (3) arts and culture programmes (dance, music and drama) were implemented with a total of 71 315 people in the five (5) corridors across the Gauteng City Region. - The department conducted three (3) library reading programmes (Spelling Bee, Word ruffle and Recreational programmes benefitted a total of 3 658 participants (1 899 male and 1 795 female).
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	<p>Implement three (3) arts and culture programmes (Dance, Music and Drama) in all five (5) corridors.</p> <p>Four (4) library reading programmes implemented (1 per quarter) in five (5) GCR Corridors. The programme comprises of Storytelling, puppetry shows, book discussions, face painting, clowns and workshops.</p> <p>Department of Basic Education</p> <p>Counselling and Support Services, Admission to rehabilitation centres, reintegration into the workplace and Aftercare services.</p>	<ul style="list-style-type: none"> - 25 cases of employees and their dependants were managed during this reporting period. - Four treatment centres are providing care to substance abuse victims, namely: Tladi; Eldorado Park; River Park and Joubert Park - Early intervention: 196 - Medical treatment: 336 - In-patient referrals: 140 - Social Work therapeutic services: 461 - Provision of aftercare: 21 - Re-integration to community life: 27 - The outreach services form part of the holistic approach in addressing the challenge of substance abuse. - Tladi treatment centre: Group work services
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	<p>Johannesburg Metropolitan Municipality</p> <p>Treatment and rehabilitation Aftercare</p> <p>Re-integration</p>	<ul style="list-style-type: none"> - Relapse Prevention Group (RPG) = Sixteen (16) members meet every Tuesdays. In May, there was a decrease in attendance resulting in 13 participants - Reintegration Services - Support Group consists of (09) members working on the - 12 Step counselling sessions consist of eleven (11) members and meets twice a week as part of maintaining sobriety. The same group also benefits from group spiritual healing sessions. The number of participants has increased to 16 in May 2019. - Additional five (5) clients completed their inpatient - treatment programmes and are continuing therapy sessions at the centre as part of maintaining sobriety. - Workshop on Public Speaking and Facilitation
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		<ul style="list-style-type: none"> - On the 24 May 2019, two (2) youth (Mandla and Bongani) from the spiritual journey session was elected to attend the workshop at Ipelegeng offered by Pastor Ngwenya. The purpose of the workshop was to equip them with skill on how to conduct talks at schools and facilitate self-awareness conversations with learners. - Region D: Prevention work: Awareness outreach - April 2019: Information dissemination about the centre was done by seven (7). EPWP learners through door-to-door visits. Recruitments and follow-ups were done and can be reported as follows: <ul style="list-style-type: none"> - Number of Household Reached = 229 in Naledi - Profiled clients = 22 - Follow-ups (Old profiled clients) = 25 - Reported for treatment = 1
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		<ul style="list-style-type: none"> - May 2019 Information dissemination about the centre was done by seven (7) EPWP learners through door-to-door visits. Recruitments and follow-ups were done and can be reported as follows: - Number of Household Reached = 383 Moletsane - Profiled clients = 03 - Follow-ups (Old profiled clients) = 00 - Reported for treatment= 01 <p>River Park Treatment Centre:</p> <ul style="list-style-type: none"> - Prevention and awareness outreach took place in April and May 2019 in various wards with total=274. <p>Joubert Park Treatment centre Region F:</p> <ul style="list-style-type: none"> - Joubert Park, Ward 59 The EPWPs created a service delivery awareness on the
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		<ul style="list-style-type: none"> - Joubert Park Treatment Centre on Wednesday, 10th April 2019, - Total= 17 (Males: 13 and Females: 4) - May 2019 Three male graduates attended a workshop on Tuesday, - 21st May 2019 hosted by Khoebo Opportunity Centre. - Key speakers were from the National Development Youth Agency (NYDA). <p>Eldorado Park Treatment Centre</p> <ul style="list-style-type: none"> - Region G: Food Garden: CWP and EPWP planted various vegetables. They also maintain the garden. Users are encouraged to participate in gardening as part of the exit plan <p>Region G:</p> <p>Poortjie Support Group</p>
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		<ul style="list-style-type: none"> - An after-care support group for recovering addicts was initiated in Poortjie on the 24 April 2019. - Eight (8) members, seven males and one female, were enlisted. A discussion session on the group's needs and plans was conducted. - The Goldfields Mine has been approached to support the initiative and may be able to provide training opportunities as part of aftercare.
<p>Kwa-Zulu Natal</p>	<ul style="list-style-type: none"> - Registration and management of state-funded NPO's, private treatment centres and halfway houses 	<ul style="list-style-type: none"> - Management of 3 public treatment centres: - 3 funded inpatient treatment centres, - 1 outpatient treatment centre, - 2 funded halfway houses, - 11 private In-patient treatment centres, - 4 private halfway houses and



		<ul style="list-style-type: none">- 12 community-based organizations rendering prevention and early intervention, through monitoring and funding.- Newlands Park Centre was visited by the Presidential Office on 14 October 2019 during the establishment of the district model in KZN.- During the reporting period, the Department has registered 1 new private inpatient treatment centre: Agape House in Greytown, uMzinyathi District,- 1 community-based service: Anti-Drug Forum in Chatsworth, eThekwini South District,- 3 Inpatient treatment centres re-registered: Choose Life Specialist Recovery in Durban, eThekwini North District, COR Detox Treatment Unit in Newcastle, Amajuba District, and
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		<p>Harmony Retreat Halfway House in Greytown, Umzinyathi District.</p> <ul style="list-style-type: none">- Inpatient treatment centres and halfway houses offer the following skills development programmes that are offered to service users while on treatment programme:<ul style="list-style-type: none">- Basic Computer Learning, Plumbing, Gardening, Woodwork or Handcrafts, marketing, budgeting and business skills.- Skills Development Programmes are also offered at 06 registered halfway houses, 04 are private and 2 are funded.• A total of 3 517 service users accessed Substance Use Disorders (SUD) treatment services in public treatment centres and funded organisations• 1736 received outpatient treatment services by NGOs.
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	<p>Number of service users who accessed Substance Use Disorder(SUD) treatment services at Public and funded treatment centres</p> <p>Number of service users who accessed Substance Use Disorder(SUD) treatment services at private registered inpatient treatment centres</p> <p>Offenders accessing programmes for alcohol and drug-related crimes whilst in correctional centres.</p>	<ul style="list-style-type: none"> • A total of 4543 service users accessed Substance Use Disorder(SUD) treatment services at private registered treatment centres <p>13 offenders accessing programmes for alcohol and drug-related crimes whilst in correctional centres.</p> <p>5141 beneficiaries received aftercare and reintegration services.</p> <p>286 service users attended aftercare services including support groups at Anti-Drug Forum, Serenity Treatment Unit, Al-Anon and AA support groups in the District.</p> <p>198 family therapy support groups held and 1990 family members of service users were reached by SANCA, ADF, Haven of Rest Halfway House, Siyakhula Rehabilitation Centre</p>
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	<p>Provision of Aftercare and reintegration services are provided to all service users including support groups</p> <p>Family therapy support groups for service users</p> <p>Department of Education</p> <p>Department of Health</p>	<p>Newlands Park Centre held a family day session on 04 December 2019 that reached 118 family members in preparation for the release of service users back to their families.</p> <p>113 Learners screened for substance abuse</p> <p>201 learners participated in support groups.</p> <p>292 learners counselled</p> <p>The following policies are being developed by the Department of Health:</p> <ul style="list-style-type: none"> -KZN Guidelines for the management of intoxication and withdrawal for Adults and Children. -Policy for the Management of intoxication and psychoactive substances in the workplace. -Protocol for Management of substance withdrawal at Shelters(during Covid-19)
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		<p>-Integration of substance abuse into the Non-communicable Diseases and Health Promotion Strategies</p> <p>-Developed a draft Dual Diagnosis policy for the province to ensure appropriate and effective treatment of persons with both mental health and substance abuse disorders</p>
Limpopo	<p>To provide outpatient treatment services for substance abuse.</p> <p>To provide outpatient treatment services for substance abuse.</p> <p>To provide rehabilitation programmes to offenders in Correctional Centres.</p> <p>Conduct training and workshops to service providers.</p>	<p>The primary mandate is to make substance abuse treatment accessible to those in need. Outpatient treatment services are provided through a partnership with SANCA and the following has been achieved; the target was 800 and achievement is 735.</p> <p>67 People out of the targeted 80 people received inpatient treatment</p>



	<p>Coordinated stakeholders in the field of substance abuse.</p> <p>Establishment and Strengthening of Local Drug Action Committees.</p> <p>Stakeholder Consultations on Policy Development</p> <p>Funding and Monitoring substance abuse organisations.</p>	<p>Substance abuse is an inter-sectoral and interdepartmental problem which needs the cooperation of all stakeholders for it to be effective. The following supporting structures to combat substance abuse are in place:</p> <ul style="list-style-type: none"> - Provincial Substance Abuse Forum - 4 Drug Action Committees though not compliant with requirements of Act 70
<p>Mpumalanga</p>	<p>3 209 persons reached through treatment services</p>	<p>A total of 4 543 service users accessed Substance Use Disorder(SUD) treatment services at private registered treatment centres</p>



	Community-Based Services established	5 functional Community-Based Services established
North West	<p>Access to Substance Use Disorder(SUD) treatment services</p> <p>Access to Substance Use Disorder treatment services</p> <p>Access to outpatient services</p> <p>JB Aftercare services</p> <p>Drug test conducted</p> <p>Wellness Day</p> <p>Training</p> <p>Workshop</p>	<ul style="list-style-type: none"> - 1 912 service users accessed residential treatment services - 233 service users accessed Substance Use Disorder (SUD)treatment services - 31 services users accessed outpatient treatment-based services - 63 % of people accessed aftercare services - 126 drug tests were conducted(including counselling - 472 people were reached - 88 staff members received training - 60 tavern owners attended a workshop on substance abuse



	<p>Marks Treatment Centre</p> <p>Assessment for registration of Beethoven Recovery Centre</p> <p>Sanpark Alcohol and Drug Centre – Children’s Unit</p> <p>Operationalization meetings held with the following Departments:</p> <ul style="list-style-type: none"> • DOH and Witrand Hospital • Taung Hospitals • DSD Directorates <p>Department of Roads and Public Works</p>	<ul style="list-style-type: none"> - 1 state-owned treatment centre registered - 2 private treatment centres registered <ul style="list-style-type: none"> - JB Marks Centre: - The centre is conditionally registered - Certificate of occupation issued by Tlokwe Local Municipality - 34 officials appointed - The Department entered into a partnership with the Department of Health for the provision of Substance Use Disorder (SUD) treatment services at Witrand hospital <p>Taung Center:</p> <ul style="list-style-type: none"> - 31 officials appointed - The centre is providing community-based outpatient treatment services
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		<ul style="list-style-type: none"> - The Department of Social Development and Department of Health entered into an MoU for the provision of medical services at DSD institutions whereby the following will be provided by Health: - Detoxification of service users - Disposal of medical waste - Provision of medical supplies - Provision of primary health care and specialized services - Provision of emergency medical services - Issuing of medical certificates for service beneficiaries
<p>Northern Cape</p>	<p>Refer clients in need of inpatient treatment for substance abuse to the inpatient treatment centre.</p> <p>Constructed and operational public treatment centre.</p>	<ul style="list-style-type: none"> - 104 Service users accessed inpatient treatment - One public treatment centre namely, Northern Cape Substance Abuse



	<p>Establish community-based substance treatment services to be provided by</p> <ul style="list-style-type: none"> • Primary health care centres • Local DSD offices • NGO • Sector <p>Provide family skills/family reintegration programmes.</p>	<p>Treatment Centre is operational in the province.</p> <ul style="list-style-type: none"> - 396 Service users received community-based treatment services from the Department of Social Development and SANCA Social Workers. - 77 Persons received aftercare and reintegration services.
WC	<ul style="list-style-type: none"> • Screening of high-risk individuals such as pregnant women, mental health clients and people who live on the streets. • Testing people in high-risk work or early interventions – training for social workers • Brief interventions at schools • Treatment and referral to detox, outpatient care and family support 	<ul style="list-style-type: none"> • Screening programmes: 2258 • Treatment programmes: 1354 • Aftercare Initiatives: 335 • High risks Individuals who enter the Matrix Program have access to other health services such as Basic Ante-natal Services for pregnant mothers and mental health services for mental health clients. Every client that enters the program has access to Family Education Sessions and Social



	or aftercare support and EPWP opportunities.	Support Sessions that form part of the Matrix Program.
	<ul style="list-style-type: none"> • Clients accessing counselling and/or motivational interviewing to mitigate at-risk behaviour associated with the misuse of substances provided by NPOs and DSD. 	<ul style="list-style-type: none"> • Progress on target
	<ul style="list-style-type: none"> • Number of service users who completed the in-patient treatment programme at a funded treatment facility 	<ul style="list-style-type: none"> • 150 - Achievements on target
	<ul style="list-style-type: none"> • The number of service users who were enrolled in outpatient treatment services at funded treatment centres in NPO's. • Recommendation took place after assessment and early interventions. 	<ul style="list-style-type: none"> • 700 - Achievement on target
	<ul style="list-style-type: none"> • Substance Abuse Programme implemented for the patients admitted at DP Marias Hospital 	2019 Statistics
	<ul style="list-style-type: none"> • The opiate replacement treatment program 	<ul style="list-style-type: none"> • Progress on target.



		<ul style="list-style-type: none"> Findings of the project have been published and are available.
	<ul style="list-style-type: none"> Screening Biopsychosocial assessments MMT Providing needle syringe packs Safe space Psychosocial support sessions – group and individual 	<ul style="list-style-type: none"> 203 Self -fulfilled screening 100 Biopsychosocial assessment 75 initiated onto methadone 12 previously homeless were housed
	<ul style="list-style-type: none"> Milestones like strengthening internal and external referral pathways between DSD/DoH and CBOs 	<ul style="list-style-type: none"> SOP on Integrated referral pathway between DSD and DoH in three targeted areas. Signed off by HOD and training was conducted at three targeted areas. Final lever 3AHR GC report signed off.



Key Challenges and Recommendations

Challenges

The following challenges were reported:

- The CDA is not doing oversight with regards to the strengthening of its structures as required by the Act
- National departments are not providing the strategic representation for ease of coordination by the Act
- The strengthening and location of the CDA remains a grave challenge for it to be effective
- Financial and human resources support for some of the Provincial Substance Abuse Forums and Local Drug Action Committees is not adequately provided as per the Act
- Some of the Departments and other stakeholders that implement the National Drug Master did not submit their reports. This could be caused by the National lockdown due to Covid-19 pandemic



Recommendations (MP)

The following is recommended to assist the structure to fully implement the Act

- The CDA should be supported to be able to do oversight and strengthen its structures
- The location of the CDA needs to be resolved urgently to strengthen its authority and autonomy
- Provinces and municipalities need to implement the Act by supporting PSAF'S and LDAC'S with both human and financial resources
- Departments need to allocate representation to the CDA at Director level as per the Act

FINANCING THE STRATEGIC PLAN AND THE NDMP 2019 – 2024

In translating the strategic plan and accompanying NDMP 2013 – 2017 into a Business Plan, the CDA identified the human and financial resources required to implement the Business Plan.

DSD provides and controls the technical support to the CDA in the form of human and financial resources. CDA has its allocation from the voted budget. The allocation is available on an annual basis under the control and direction of the DSD.



CDA Budget for the 2019/2020 Financial Year:

STATE OF EXPENDITURE FOR THE 2019/20 FINANCIAL YEAR				
CHIEF DIRECTORATE / DIRECTORATE: CENTRAL DRUG AUTHORITY				
	BUDGET	EXPENDITURE		AVAILABLE
	VOTED ENE 2019/20	TOTAL EXP AS AT 31-Mar-20	% SPENT 31-Mar-20	AMOUNT
1	2	5	6	7
ECONOMIC CLASSIFICATION	R'000	R'000	R'000	R'000
Current payments				
Compensation of Employees	2 224 000	2 655 258	119,39%	-431 258
Good and Services	4 297 000	2 330 912	54,25%	1 966 088
Transfers and Subsidies	0			
Capital payments				
Payment of Capital Assets	73 000	15 513	21,25%	57 487
TOTAL	6 594 000	5001683	75,85%	1 592 317

MR DAVID BAYEVER
 CHAIRPERSON
 CENTRAL DRUG AUTHORITY



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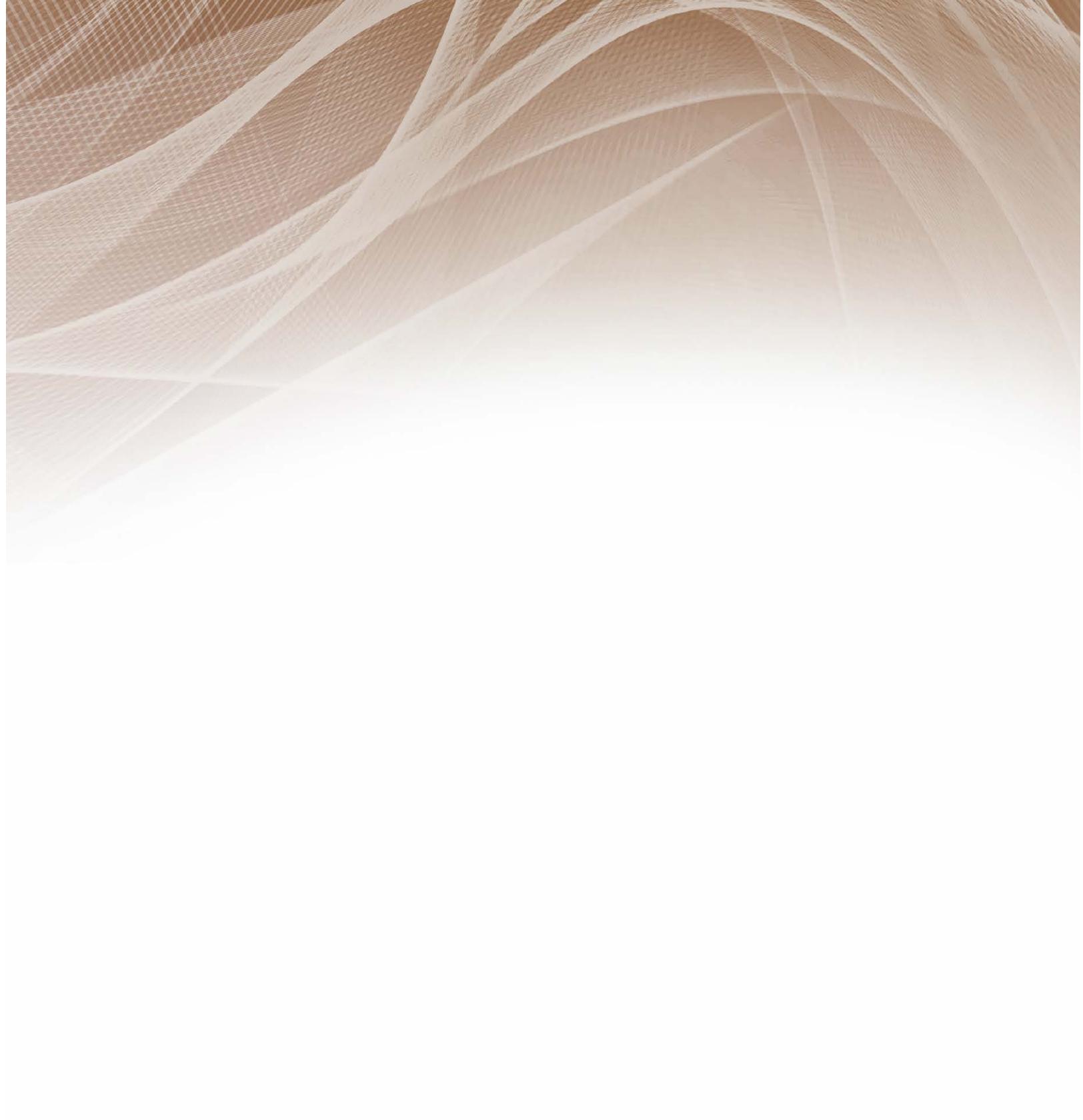


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