CENTRAL DRUG AUTHORITY SOUTH AFRICA

ANNUAL REPORT 2022/23

Building a caring society together.



Department: Social Development REPUBLIC OF SOUTH AFRICA











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FOREWORD BY THE MINISTER OF SOCIAL DEVELOPMENT



I am pleased to present the annual report of the Central Drug Authority (CDA), which provides an account of its work for the 2022/2023 financial year in accordance with the Prevention of and Treatment for Substance Abuse Act (Act No. 70 of 2008). During the reporting period, the CDA has continued to demonstrate its drive and commitment to providing our Government with evidence-based advice on a wider range of areas related to the proliferation of illicit drugs, drug use and misuse in South Africa.

This report shows the progress towards the ambitious goal of building a South Africa free of substance abuse as envisioned in the National Drug Master Plan (2019-2024) through National and Provincial departments, Substance Abuse Fora and Local Drug Action Committees as well as set out where it will go further to address challenges associated with drugs in the coming months and years.

Combating drugs is one of our Government's top priorities and various departments across government are engaged and focused on delivering on their mini-drug master plans in accordance with their mandates. In this regard, the CDA has been effective in galvanising action-focused plans and tracking progress from each department whose participation is key to the implementation of the National Drug Master Plan.

Over the years, South Africa has witnessed an alarming growth in the production and illicit trafficking of highly addictive synthetic drugs such as cannabinoids, methamphetamine (locally known as tik), methcathinone (known as cat), ecstasy, nyaope (mixture of heroin, cannabis and other chemicals) and methaqualone (mandrax). We recognise that the proliferation of synthetic drugs is a shared national challenge and that combating, preventing and curtailing its national and global threats is a significant challenge that requires a united national effort.

The 2022/23 financial year was a significant one for the CDA as it continued to deliver its mandate contemplated in the Prevention of and Treatment for Substance Abuse Act. The relevant stakeholders scaled up their interventions as compared to the previous financial years to address the prevalence of drug abuse among young people and highlight the factors associated with initiation of substance abuse. The CDA also adopted a multisectoral approach in reducing the demand, harm and supply of drugs countrywide.

This commitment was equally matched by government investing resources towards addressing substance abuse through the development and coordination of interventions that fall into three broad categories, namely: demand, harm and supply reduction interventions countrywide.

The government also prioritised these interventions and ensured that prevention and treatment services for people with drug use disorders are accessible, affordable, evidence-based, diversified and delivered with a focus on improved functioning and wellbeing towards the highest attainable standard of health. Thus, realising the principle of ensuring 'leaving no one behind'.

South Africa is experiencing mainly alcohol and cannabis consumption. This report will highlight how these issues were addressed by the relevant stakeholders during this reporting period. Our efforts to address the scourge of harmful use of substances were directed primarily on children and youth. Through collaboration with civil society and community-based organisations, we are implementing social behaviour change initiatives that strengthen targeted prevention education programmes for children and young people.

We are also pleased that increased monitoring and vigilance by law enforcement agencies at various ports of entry maritime, land and air borders by our law enforcement agencies have resulted in successful interception of large consignment of illicit drugs and dismantling of clandestine drug laboratories. Despite notable progress registered in the past year, drugs and drug misuse remain a national concern requiring greater collaboration among key sectors of our society at all levels. The complexity and pervasiveness of drug misuse and the harms it causes to individuals, families and communities means that no one can tackle it alone.

We all have a role to play in ensuring that all people are and feel safe in South Africa as envisioned in the National Development Plan (Vision 2030). It is important that we do this together to protect the most vulnerable in our society.

I want to take this opportunity to express my sincere gratitude and appreciation to the Chairperson, Ms Nandi Mayathula-Khoza and all CDA members, without whom the work outlined in this report would not have been possible.

MS LINDIWE ZULU, MP MINISTER OF SOCIAL DEVELOPMENT

STATEMENT BY THE DEPUTY MINISTER OF SOCIAL DEVELOPMENT



There is a heightened expectation and urgency that the police should do more and be more present to address the challenge of drug use in our communities. Families of people who use drugs on the other hand are often desperate and demand in-patient rehabilitation. These expectations increase the stigmatisation and criminalisation of people who use drugs. As South Africans, we need to engage more and more in discussions on practices in drug use, harm reduction and human rights.

People who use drugs find themselves at a time where they are most affected by drug policies around the world, are in desperate need for not only policy reform, but a pathway that steers communities to realise shared, long-term value of a system and approach that upholds compassionate and sustainable outcomes; and replaces harmful practices with human-centred, science and research-based developments.

This requires a mind shift and the transformation of our political, economic and social approaches; building a language and ethos that embraces the 5 Principles of the National Drug Master Plan (NDMP) 2019-2024: Rights-based, Evidence-based, Multi-sectoral and Multi-lateral, People-centred and Inclusive and Participatory.

The Central Drug Authority's work in this period under review finds its expression in mobilising stakeholders and communities around this mind shift and transformation of our approaches towards people who use drugs and drug use in our country.

The NDMP espouses for such an approach of Harm Reduction practices. Harm reduction improves public health; is cost-effective; may decrease or eliminate risky practices among people who use drugs; and significantly reduces disease transmission and fatal overdose. It is an essential tool in the delicate balancing act of sustaining and transforming human life.

The work of the Department and Central Drug Authority (CDA) in partnership with stakeholders such as the United Nations Office on Drugs and Crime (UNOCD), the South African National AIDS Council (SANAC) and the South African Network of People Who Use Drugs (SANPUD) over the reporting period has been geared towards getting South Africa to move towards a more humane; equitable and inclusive society for all.

Ms HI Bogopane-Zulu

DEPUTY MINISTER OF SOCIAL DEVELOPMENT

EXECUTIVE SUMMARY BY THE CHAIRPERSON OF THE CENTRAL DRUG AUTHORITY



It is my great pleasure to present the second Annual Report of the 4th Central Drug Authority (CDA) to the Minister of Social Development and to the parliament of the Republic of South Africa. This Annual Report is for the financial year; 1st April 2022 to 31st March 2023 and it is an account of efforts undertaken by the country's government departments, entities, Provincial Substance Abuse Fora (PSAFs), Local Drug Action Committees (LDAC's) and all other stakeholders to implement the National Drug Master Plan (NDMP) 2019-24.

The NDMP is a single national strategic document developed in accordance with the Prevention of and Treatment for Substance Abuse Act No. 70 of 2008, (the Act). It covers all national concerns regarding substance use, abuse and misuse, summarises national policies and laws authoritatively, defines priorities, strategic and operational plans and allocates responsibilities to control and respond to substance use, misuse and abuse in our country. Adopted by the Cabinet of the Republic of South Africa, the NDMP was launched by the Minister of Social Development on the 26th June 2020.

Substance use, misuse and abuse is a world problem and South Africa is a consumer, producer and transit country for drugs. Socio-economic factors such as poverty, inequality and unemployment remain key contributing elements to the increased use of drugs and the development of substance use disorder. Substance use, misuse and abuse reach across social, racial, cultural, religious and gender boundaries and affects everyone directly or indirectly.

It is in this context that the NDMP 2019-24 seeks to involve affected key populations such as children, youth, women, families, persons with disabilities, disadvantaged people in vulnerable communities, occupational groups at risk, LGBTIQI+ people, sex workers and migrant workers in addressing the root causes of substance use, misuse and abuse with a vision to create a South Africa free of substance abuse. According to the 2023 World Drug Report (WDR), drug use is increasing, especially amongst youth populations under the age of 35 years,who are the most vulnerable to using harmful substances and are severely affected by substance use disorder (SUD), world-wide.

The CDA, is mandated to oversee, coordinate and monitor the implementation of the seven goals and deliverables of the NDMP 2019-24 and to report annually to the Minister of Social Development and parliament, on progress made to address harmful substance use, misuse, abuse and illicit trafficking. Unfortunately, only three of the 20 government departments and one entity have developed sector drug master plans that guide their interventions to implement the NDMP goals in their sectors and to collaborate with each other.

The CDA board, its five portfolio committees, the executive committee and the extended general committee that includes PSAFs, remained functional during the year under review and were instrumental in executing the CDA mandate as per the Act and the NDMP. The following is therefore an executive summary of highlights, challenges and recommendations on the seven goals of the NDMP 2019-24 and five government outcomes of the 2030 National Development Plan (NDP) as per the Medium-Term Strategic Framework (MSTF), and the 2019 Ekurhuleni conference resolutions, as implemented by multisectoral stakeholders.



Goal 1: Demand reduction through prevention, treatment and harm minimisation

The national departments, entities and other stakeholder agencies led by the Departments of Social Development (DSD), f Health (DoH), Basic Education (DBE), Sports, Arts and Culture (DSAC) are expected to deliver human rights, people-centred and evidence based programmes on prevention, early intervention on SUDs and community advocacy in a multisectoral approach in order to reduce the demand for drugs and alcohol, provide treatment to people with SUDs and to minimise harm caused by substance use, misuse and abuse.

Other functionaries that implemented demand reduction programmes include the Department of Cooperative Governance (DCG), Department of Traditional Affairs (DTA), Department of Employment and Labour (DEL), Department Education and Training (DHET), Department of Higher of Sports Arts and Culture (DSAC), Department of Transport (DT), Department of Justice, and Constitutional Development (DJ& CD), Department of Correctional Services (DCS) and Department of Transport (DT). To some extent, these departments work with and/or support Civil Society Organizations (CSOs) and communities, and they are always encouraged to work together in a multisectoral and multidisciplinary approach in order to realize greater positive impact on the lives of key populations. Other national departments and entities have been encouraged by the CDA to implement this goal as more effective and collaborative work still needs to be done to reduce the demand for drugs and alcohol, especially by youth and underage children. An account of delivery by the I PSAFs is also provided below. PSAF's are established by the Member of the Executive Council of DSD with the function to assist the CDA to coordinate the implementation of the NDMP at the provincial level. They consist of relevant provincial departments, community action groups, law enforcement agencies, research institutions, treatment centres, NGO's and the business community. By the end of the financial year under review, the number of PSAFs increased from eight (8) to nine (9). All PSAFs submitted their reports on the implementation of goal 1.

1.1 Prevention measures to delay drug use initiation, delay uptake and progression to SUDs

Highlights by national departments and PSAFs

 Approximately 7 million people including basic and higher education learners, school educators and staff, artists and creatives, road users, parents and high risk children, and professional groupings, exoffenders, probationers and parolees, were reached through targeted prevention campaigns and outreach programmes such as education and awareness workshops and dialogues, information dissemination about risks of drug use and alcohol abuse through pamphlets, articles, call centres and digital platforms, road blocks, capacity building on guidelines to identify and refer people with SUDs to public health centres for treatment, development of sports facilities for youth, International Day Against Drug and Illicit Trafficking dialogues and webinars.

- PSAF's in particular also implemented community dialogues about dangers and risk of substance use, misuse and abuse, Ke Moja and Siyalulama outreach programmes with school going learners and youth, school safety programmes, involvement of learners in various sporting codes, boys and men's assemblies during men's month, overdose and Foetal Alcohol Syndrome (FAS) awareness, television and radio documentaries and toll free carelines on dangers of drug abuse, liquor abuse awareness workshops, metal detection of drugs by school-based support teams, family outreach programmes, distribution of books on substance use disorders, family support and visits to prisons to dialogue with offenders.
- It was also reported that 41 430 road users were arrested for reckless and drunken driving.
- These campaigns were also helpful in addressing absenteeism from school by learners, caused by substance use, understanding legal consequences of misusing and abusing harmful substances and/ or trading in illegal drugs, promoting youth activism, responsible citizenry, creating safe spaces for engagement in sports and recreation in communities, promoting social and behavioural change, family integration and community healing, promoting healthy lifestyles and healthy social environments, prevention of gangsterism, crime and human trafficking.

The CDA **recommends** that national departments, entities and PSAFs collaborate more, to plan and scale up evidencebased prevention programmes and strengthen their digital and other innovative social media communication channels and tools to reach out to more young people. The CDA is in the process of evaluating the effectiveness and impact of the implementation of these prevention measures and whether the policies and interventions are non-discriminatory and non-stigmatising or not.

1.2 Promotion of well-being of people through adequate, effective, available, evidence-based treatment and harm reduction

- Approximately 54 500 people with SUD received treatment in the thirteen (13) government managed in-patient treatment centres, private and communitybased out-patient treatment centres throughout the country. This number has almost doubled compared to last year's number. However, people expressed the need for more access to treatment centres during the provincial community dialogues in order to save the lives of people with SUD.
- Government continued to fund qualifying and legal treatment centres and community-based centres that are managed by non-governmental organizations, for prevention, treatment, re-integration and aftercare programmes. These funded organizations were monitored for compliance with service standards.
- The minimum norms and standards on the treatment of SUD are in place in the inpatient treatment centres to ensure standardized services, facilitate transformation and improve the quality of service.
- More practitioners in these rehabilitation centres were trained and capacitated on universal treatment curriculum and on psychosocial support guidelines and peer educators were trained on evidence-based treatment programmes.
- Programmes such as after care, halfway houses and reintegration into families and communities continue to be implemented to increase the chances of sobriety and to decrease relapse situations for recovering users. Only five provinces reported that a total of 3 112 users who had completed treatment gained access to aftercare programmes but there is no description of these services. This number is very small compared to the number of users who access treatment, and this has to be improved.
- Professionals and members of communities were trained and capacitated on universal treatment curriculum.
- The comprehensive and costed Opioid Substitution Treatment (OTP) plan and clinical guidelines for treatment of people with SUD has been developed with support from the World Health Organisation (WHO).
- Public in-patient treatment centres provide methadone, a synthetic opiate primarily used to treat and maintain users who are dependent on opiates,

particularly heroin, and treatment of patients with chronic and severe pain. Naloxone is used at public health facilities to quickly reverse an overdose by blocking the effects of opioids and to save lives.

Whilst the NDMP lists the Needle and Syringe Exchange Programme (NSP) as one of the evidence-based and non-discriminatory harm reduction measures, it is mainly implemented by private donor funded CSOs Only the Tshwane municipality, in partnership with the University of Pretoria, funds the implementation of Community Oriented Substance Use Programme (COSUP). This programme has given hope to PWUDs and is saving lives.

The CDA **recommends** that government should fund and scale up the implementation of more comprehensive and evidence-based harm reduction programmes throughout the country, as reflected in the NDMP and to ensure that medicines needed to save lives, such as methadone are affordable and accessible.

1.3 Enhance multi-sectoral cooperation to reduce the demand for drugs

- Very few national departments reported on this deliverable, such as the DBE who reported on 24 interdepartmental campaigns on the prevention of violence, bullying, corporal punishment, genderbased violence, learner pregnancy, drugs and substance abuse which were held in the Northwest and Eastern Cape provinces. The DSAC reported on their multisectoral partnership on the anti-doping education campaign with various sports clubs and municipalities, to develop sport facilities for the youth and children.
- Only the North West PSAF reported on this deliverable, that seventeen (17) stakeholders worked together to implement the programme on the reduction of social and behavioural problems, to promote a multi-sectoral approach.

The CDA **recommends** that national departments, PSAFs and entities should enhance multi-sectoral cooperation with one another including other stakeholders and communities for greater impact on the lives of key populations.

GOAL 2: Reduce the supply of drugs through proactive law enforcement, effective responses to drug related crime, countering money laundering and promoting judicial cooperation

The National departments, entities, PSAFs and other stakeholders led by the South African Police Service (SAPS) and DSD are expected to deliver evidence-based programmes in order to reduce the supply of drugs. These include proactive law enforcement, effective responses to drug-related crime, countering money laundering and the promotion of judicial cooperation. The functionaries that reported on this goal include the DJ & CS, specifically Correction Services (DCS), the National Prosecuting Authority (NPA), the National Treasury (DNT), the DBE, Department of Trade, Industry and Competition (DTIC) and the (DJ&CS), specifically the Department of Justice.

Eight (8) PSAFs reported on Goal 2 deliverables and the province that did not report is the Northern Cape.

Highlights by the national departments, entities and PSAF's

1.1 Capacity building and awareness to prevent drug related crimes

- The SAPS conducted community education and awareness on drugs to prevent drug-related crimes.
- 10 272 offenders completed the correctional programme on substance abuse including awareness and education on consequences of drug use, misuse and abuse amongst offenders within correctional centres and addressed barriers such as stigma that limit access to health services by people with SUD.
- Used the established referral system within correctional centres for identified offenders with SUD to access treatment, care, support, rehabilitation, and counselling.
- Trained master trainers on motivational interviewing and on Screening, Brief Interventions and Referral for Treatment (SBIRT) and developed, piloted and implemented Alcohol, Smoking and Substance Involvement Screening Tool (ASSIST) programmes in partnership with the International Technology Transfer Centre – UCT (ITTC).
- Provided training on substance use and abuse to employees at correctional centres.

- Detected and found contrabands at the correctional centres including dagga, dagga pipes, dagga needles, nyaope, whoonga, tik, mandrax, crystal drugs, homemade beers, heroin tablets and tattoo needles and all of these were confiscated.
- The DBE in collaboration with the United Nations International Children's Emergency Fund (UNICEF) printed and distributed 27 000 full (NSSF) manuals to provinces to support the training and implementation of school safety committees in districts and schools.
- The DBE in collaboration with the SAPS, the DoH and the City of Johannesburg (CoJ) convened a school safety imbizo at Bonwelong Primary School in Ivory Park to prevent drug-related crimes amongst learners, and a school safety dialogue in collaboration with the National Education Collaboration Trust (NECT) in 5 provinces.
- The DBE also conducted 3 269 search and seizures in schools in collaboration with the PSAFs.
- The Eastern Cape, Gauteng, KZN, Limpopo, Free State, Mpumalanga, North West and Western Cape PSAFs implemented the programmes on school safety and established the school safety committees linked to police stations, conducted training on social and behavioural change, conducted visible policing and liquor abuse awareness workshops, diversion, and anti-gangsterism programmes to prevent drug related crimes.
- The DOJ developed the guidelines on alternative measures to deal with children addicted to substances and presented to the Intersectoral Committee for Child Justice on the 28th March 2023. The Guidelines will be finalized in early 2023/24 FY.

1.2 Enhance operational coordination at all levels

- The SAPS conducted 13 533 tactical operations and 219 networks operations to enhance operational coordination at all levels, and processed forensic evidence on drug chemistry related investigations.
- The SAPS implemented the Organised Crime Threat Analysis Strategy to ensure the optimal functioning of operations and evaluated compliance with internal controls for optimal use of investigative aids. This programme needs to be upscaled.

The CDA **recommends** improvement on the processing of forensic evidence on drug chemistry related investigations and the strengthening of the functioning of the organised syndicate secretariat to reduce identified drug syndicates.

1.3 Mitigate the supply of drugs and liquor through enhanced operations, investigations and prosecutions

- The SAPS successfully closed project driven investigations of serious organised crime groups involved in illicit trafficking.
- The SAPS in collaboration with all eight PSAFs successfully conducted drug raids, confiscated contrabands, identified and arrested illegal liquor traders and drug lords, closed illegal liquor outlets, issued fines for non-compliance, confiscated illicit drugs including cannabis, Tik, cocaine, whoonga, nyaope, heroine, and mandrax tablets and liquor and seized illegal firearms.
- The SAPS conducted border policing actions targeting trafficking of drugs and Mpumalanga PSAF reported that 11 border posts were targeted where the SAPS and SARS confiscated illegal drugs.
- The SAPS disrupted and dismantled 31 laboratories involved in transnational drug trafficking and monitored the import and export authorization of precursors.
- The NPA received 3 175 major cases of drug syndicates from the SAPS of which 1 814, and (57 %) resulted in convictions and sentences.
- 14 noteworthy cases were finalised during the 2022/23 FY.
- 209 confiscation and asset forfeiture orders worth R29.6 million and 85 freezing orders to the value of R30.7 million, totalling 294 court orders to the value of R60.3 million, R9.3 million of which was paid into the Criminal Asset Recovery Account (CARA).
- The DTIC in collaboration with the SAPS conducted 522 liquor licence applicants' pre-inspections, completed 308 targeted inspections and 274 routine inspections.
- The DOJ developed the Cannabis for Private Purpose Bill which is in parliament for consideration.
- The Drug and Drug Trafficking Amendment Bill was passed by Parliament and accented to by the President.

The Drug and Drug Amendment Act 14 of 2022 came into operation on the 14th December 2022.

1.4 _Review and harmonise laws and policies related to supply reduction

- National Treasury (DNT) increased the excise duties on alcohol and tobacco products by 4.9% in line with expected inflation, effective from 22 February 2023. The details of duty rates applicable to the 2023/24 FY and the year before are detailed under Chapter 7 of this report.
- Government also introduced an excise tax on electronic nicotine and non-nicotine delivery systems, also known as electronic cigarettes (e-cigarettes) or vaping, with effect from 1 June 2023. The tax is a flat excise duty rate of R2.90 per millilitre of liquid solution (e-liquid) regardless of the nicotine content. This is complementary to the current efforts undertaken by the DoH to amend the current tobacco legislation (Tobacco Products Control Act 83 of 1993), to regulate these products.
- The DTIC presented the Liquor Amendment Bill to the CDA in September 2022 and is awaiting input to further enhance the Bill which is being reviewed.

The CDA **recommends** the evaluation of effectiveness and impact of these operations to reduce the supply of illicit drugs in our country, given the increasing levels of demand for drugs and alcohol and the identification, harmonization and transformation of laws and policies that are discriminatory and stigmatize PWUDs.



GOAL 3: Increase the availability of and access to substances intended for medical and scientific use

The government departments, entities, PSAFs and other stakeholders, led by the DOH and the South African Health Product Regulatory Authority (SAHPRA) are expected to carry out the NDMP deliverables to increase the availability of and access to drugs intended for medical and scientific use in collaboration with other functionaries. In the process, this sector is expected to reduce the non-medical use and misuse of drugs and prevent their diversion, misuse and trafficking.

No reports were received from PSAFs on the implementation of this goal.

Highlights from the national departments and entities

3.1 Promote an effective supply chain for controlled substances for legitimate purposes

- In order to strengthen mechanisms to minimize the illegal manufacturing, supply and all forms of trafficking of licit and illicit drugs, the DoH and SAHPRA implemented the controlled licensing and permit processes in order to streamline the authorisation of import and export goods.
- The DoH and SAHPRA have the Drugs on Standard Treatment Guidelines and Essential Medicines List (EML) for drug related treatment and there is improved availability of EML in clinics and hospitals.

3.2 Manage the essential medicines list to satisfy the priority heath care needs of the population

• SAHPRA has reviewed and updated the EML in line with evidence. This is regarding Schedules 2, 3 and 6 medicine products that contain codeine.

3.3 Strengthen the regulation of the cultivation, production, possession, manufacturing, storage, trade and distribution of drugs for medical, scientific, and research purposes

- The DoH has reported that the cultivation of cannabis for producing scheduled substances and the manufacture of medicines via controlled licensing processes is enabled by the provisions of the Medicines Act.
- The importation and exportation of narcotics and psychotropic substances is controlled in terms of the provisions of the Medicines Act.
- Medicines intended for scientific and research purposes are accessible and available via controlled permit processes and are enabled by the provisions of the Medicines Act.
- SAHPRA has employed 5 medicines control technicians stationed at designated port of entries for medicines.
- No report was received from PSAF's on this goal.

The CDA **recommends** that the DoH and SAHPRA should assess and report on the affordability of medications that are controlled substances while maintaining their quality, safety and efficacy, in line with the NDMP deliverables.



GOAL 4: Identify trends and control of New Psychoactive Substances

The Government departments, entities and other stakeholders are expected to carry out programmes in order to identify trends and control New Psychoactive Substances (NPS), led by the SAPS in collaboration with other functionaries. The relevant officials must be trained to do this work so that there can be arrests of drug dealers including internet drug dealers and the dismantling of clandestine laboratories. Only the SAPS and four PSAFs reported on this goal; namely, the Eastern Cape, Gauteng, KZN and Mpumalanga.

Highlights from the National departments, entities and PSAFs

4.1 Identify and monitor trends in the composition, production, prevalence and the distribution of NPS

- The SAPS succesfully detected and identified NPS such as the synthetic cathinone in the provinces of the Eastern Cape, Gauteng, KZN, Mpumalanga, Northern Cape and Western Cape. Synthetic cannabis was detected and identified in the Eastern Cape and Gauteng.
- The SAPS monitored the trends in the composition, production, distribution of NPS, ATS and other chemicals used for illicit drugs and arrested 329 drug dealers. This enhances the disruption of the drug value chain.
- The four mentioned PSAFs reported the arrests of people who were found in possession of NPS, ATS and precursors as reported by SAPS above.

The CDA **recommends** that:

- The SAPS should monitor and report on the technologies utilised by drug trafickers' networks and transnational criminals, and how the counter use of technologies can be prevented, and that
- The Department of International Relations and Cooperation (DIRCO) should coordinate and share information with law enforcement agencies at regional and international level for the purpose of combating NPS challenges.



GOAL 5: Governance, leadership and accountability for an effective response

The CDA and DSD are expected to lead the deliverables of the NDMP to promote governance, leadership and accountability for an effective response in colaboration with all departments represented in the CDA and their Ministries. The DSD in particular is expected to support the CDA to achieve its mandate as prescribed in the NDMP. The CDA is expected to support PSAF's and LDAC's and ensure that they have their sector drug master plans with an allocated budget to implement the plans. The departments that reported on this goal are DSD, DIRCO and DOJ. The CDA Board and all 9 PSAFs accounted on their mandates.

Highlights from the national departmens and entities

1.1 Enable the CDA to implement, lead and control the NDMP 2019-24

- The Chief Director on the prevention of substance abuse and social crime continues to support the CDA board directly and through her office assistant. The Secretariat comprised of two social work policy managers and two administrators continue to support the CDA in spite of their limited capacity. The CDA still needs the employment of a suitable Director with legal and board management skills, at the level of a company secretary in order to effectively support the CDA.
- The NDMP needs to be costed and an adequate budget be allocated for its full implementation.
- All the CDA governance structures are functional, in spite of the ongoing challenges as CDA members do extraordinay work to ensure that the NDMP is implemented.
- All the 9 PSAFs are functional, with varying strenghts. Seven (7) of the 9 PSAFs reported that there is a total of 97 Local Drug Action Committees (LDACs) in our country out of a total of 257 municipalities. The CDA continues to engage with the South African Local Government Association (SALGA) to impress on the importance of LDAC's in addtessing drug and alcohol abuse in communities.
 - 1.2 Improve collaboration between CDA and SA Government Departments and bodies to increase accountability for the implementation of the NDMP

The CDA has been able to increase the number of national departments and entities that actively participate in carrying out the CDA mandate and in ensuring that their departments remain accountable on the implementation of the NDMP, from nine (9) to eighteen (18). All nine PSAFA's are functional as they assisted the CDA to implement the NDMP and are accountable. The CDA also collaborate with other national and international bodies that continued to support the implementation of the NDMP and the CDA's Annual Performance Plan (APP).

The CDA strongly **recommends** that all government departments, entities and PSAF's should have their sector drug master plans in place, with measurable indicators, targets and bugets. The CDA continues to capacitate and support them to produce their sector drug master plans.

1.3 Mobilize resources to support the implementation of the NDMP

The CDA mobilized sponsors to augment the inadequate budget and sources of this sponsorship includes individual members of the CDA themselves in financing access to the Microsoft 365 licences, data for virtual meetings, telephone costs, CDA digital and social media platforms development and the management and other incidental expenses are not compensated. All this amounts to about R700 000 for the past two years of existence. We also mobilised resources from the United Nations Office on Drugs and Crime (UNODC), the African Union Commission (AUC), the WHO, the South African National Aids Council (SANAC), the National Youth Development Agency (NYDA), the South African Social Security Agency (SASSA) etc.

1.4 Promote and strenghten regional and international cooperation

DIRCO facilitated South Africa's participation in the 66th Session of the Commission on Narcotic Drug (CND) from 13 to 17 March 2023 held under the theme "Accelerating the recovery from the coronavirus disease (COVID-19) and the full implementation of the 2030 Agenda for Sustainable Development at all levels". The CND is the policy making organ of the United Nations (UN) tasked with the prime responsibility to assist member states in countering and addressing the

world drug situation. It is a Ministerial level Conference which is addressed by heads of UN institutions.

- The CND Session adopted a total of four (4) resolutions pertaining to:
 - (i) "Preparations for the midterm review to be held in 2024";
 - (ii) "Promoting alternative development as a development-oriented drug control strategy that is sustainable and inclusive";
 - (iii) "Safe handling and disposal of synthetic drugs, their precursors and other chemicals used in the illicit manufacture of drugs"; and
 - (iv) "Strengthening information-sharing to increase scientific evidence-based support for international scheduling and the effective implementation of international scheduling decisions".
- Throughout these fora, South Africa advocated for a scientific and evidence-based approach in addressing the world drug problem in line with national policies and reiterated the country's commitment to the three international drug control conventions.
- DIRCO reported that Article 14 of the Single Convention on Narcotic Drugs of 1961 empowers the International Narcotics Control Board (INCB) to hold member states who are signatories accountable. As such, South Africa recently received questionnaires for completion and return to the INCB Secretariat indicating the imports and exports of drugs for scientific and medicinal purposes, annual estimates of narcotic drugs requirements for 2024, statistical data on the illicit cultivation of the opium poppy, the cannabis plant and the coca bush and the licit production of opium and poppy straw, cannabis and coca leaves, a list of psychotropic substances under international control, on imports and exports for the first quarter of 2023 of the substances listed in Schedule II of the Convention, annual statistics of production and/or manufacture, consumption, utilisation, stocks and seizures of narcotic drugs for the calendar year 2022 etc. These are being completed by the relevant line function departments and will be sent to the INCB.
- The CDA has close working relations with the UNODC, AU, WHO and other international organizations who are linking the CDA with other countries within the Southern African Development Community (SADC), the continent and the world to promote cooperation and technical assistance and to respond to common challenges. The CDA has participated in several

workshops organized by these partners, to help the CDA implement the NDMP.



GOAL 6: Strengthening data collection, monitoring, evaluation and research evidence for an evidence-based response

The national departments led by the department of social development working jointly with the entities and research organizations, are expected to optimise routine data collection on drug use in order to enable the CDA to develop evidence-based approaches to address substance use, abuse and misuse in our country. The CDA is also expected to conduct surveys and surveilance to monitor and evaluate the impact of the NDMP. The role-players that have reported on this goal include the DSD, DoH, DBE, DOJ, CDA board and PSAFs.

Highlights from the national departments, entities and PSAFs

6.1 Monitor and evaluate the implementation of the NDMP 2019-24

- The CDA has held quarterly board general meetings, bi-annual and annual extended general meetings that were utilised to receive reports from roleplayers and we were able to monitor progress of the implementation of the NDMP. Chapter 6 outlines the details on the accountability levels.
- All the role-players mentioned above including PSAFs have monitored the implementation of some of their programmes, through visits, meetings and reporting.

The CDA **recommends** the improvement of the systematic and routine data collection from role-players and reporting as this is sometimes done hastily and impact the evaluation of the implementation of the NDMP.

6.2 Conduct surveys and surveillance to measure the impact of the NDMP

- The DoH has extended the contract with the South African Medical Research Council (SAMRC) for data collection, analysis and compilation of the report on substance use and abuse trends through the South African Community Epidemiological Network on Drug Use (SACENDU) during the year under review.
- The DoH participated in the International Society of Substance Use Proffessionals that addressed key policy issues on substance use and abuse.

- The DSD has a national substance abuse surveillance system.
- The DOJ provided statistical information on the 303 children who appeared in preliminary inquiries on charges of use or possession of drugs. 111 of these children were referred to the Child Justice Court for plea and trial, 124 were diverted, 26 cases were withdrawn, and 25 were struck off the court roll. The majority of the children (144) were 17 years of age and 88 were 16 years olds.

The CDA recommends:

- that adequate funding be allocated to undertake a national prevalence survey on the extent and trends of substance use and illicit trafficking in the country to inform evidence-based policy, legislative and review of the NDMP.
- that the CDA be assisted by Statistics South Africa (STATSSA), the SAMRC, the Human Sciences Research Council (HSRC), universities and other research institutions to strenghten and guide research activities on SUD and to maximize impact and evidence.



GOAL 7: Stimulate robust and sustainable economic growth aimed at reducing poverty, unemployment and inequalities

National departments and entities led by the Department of Trade Industry and Competition (DTIC) and the Department of Agriculture, Land Reform and Rural Development (DALRRD) in collaboration with universities and the private sector are expected to provide aftercare programmes and the reintegration of services for people who have completed treatment. They are also expected to introduce them to skills development and create employment opportunities for people who use drugs.

None of the national departments reported on this goal and all the 9 PSAF's reported.

Highlights from the PSAF's

 To contribute to this goal, all (9) provinces carried out activities aimed at reducing poverty, unemployment and inequalities especially amongst recovering substance users including their unemployed family members and reaching a total of 48 986 throughout the country. These programmes included job opportunities, learnerships, internships, teenagers against drugs opportunities, street buskers, vocational skills development and business training, after care programmes, school sports programme, vocational skills for offenders, after school practitioners, community liaison officers, youth service programme, social work short contracts, career guidance and entrepreneurial training.

The CDA strongly **recommends** a fact-finding mission on why national departments and entities are unable to account on this critical goal and agree on how everyone can account.

In **conclusion**, over and above national departments, entities, PSAF's and LDAC's, the CDA collaborated with other strategic stakeholders who are not members of the CDA but are highlighted in the NDMP and are contributing to its implementation. The CDA is grateful that most of these stakeholders submitted reports on their work for the year under review and we thank them for their collaboration and partnership. May I on behalf of the CDA, express our gratitude to the Minister, the Deputy Minister of Social Development and the Acting Director General and his team for meeting with the CDA members during the year under review and committing to get the DSD and other departments to fully support the CDA's mandate to coordinate, oversee and monitor the implementation of the NDMP, with all possible resources that are needed.

An overwhelming thanks goes to all the members of the CDA, national departments and entities that were actively involved in the work of the CDA, PSAF's, LDAC's, the CDA secretariat, the DOSD for its ongoing support, and the communities we have engaged to monitor the implementation of the NDMP.

The CDA remains committed to promote the multisectoral and multidisciplinary approach in overseeing, coordinating and monitoring the implementation of the NDMP in order to move closer to the vision of a South Africa free of substance abuse.

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Ms Nandi Mayathula-Khoza Chairperson of the CDA Date: 06/09/2023

CHAPTER 1 INTRODUCTION

Section 53 (1) of the Prevention of and Treatment for Substance Abuse Act. 70 of 2008 ("the Act") provides for the establishment of the Central Drug Authority (CDA), which is a statutory body tasked with the responsibility to manage, co-ordinate and oversee the implementation of programmes, to facilitate the initiation and promotion of measures to address harmful substance use, and efforts related to the control of substances for medical and scientific use in all government spheres and civil society.

The CDA's mandate finds expression in the National Drug Master Plan (NDMP) (2019-2024). The NDMP is a national strategy that subscribes and aspires to the vision of a "South Africa Free of Substance Abuse". It promotes cooperation between government at all levels and other local, national and international stakeholders involved in the prevention of harmful drug use and institutes measures to control the availability and use of licit and illicit substances in the country. The NDMP further promotes the design and implementation of measures that address the social, economic, medical and other causes and consequences related to the use, misuse and abuse of substances. The CDA is, however, not an implementing body (i.e it does not implement the NDMP) but directs, coordinates, controls, monitors and evaluates the programmes and activities of its implementing agencies and other stakeholders at a local, regional and international level.

Whilst the CDA itself is a national statutory body, it is replicated at a provincial level by the Provincial Substance Abuse Forums (PSAFs), which must be established by the Member of the Executive Council responsible for Social Development in each province, and at a level of the Municipality by the Mayor of each municipality. These entities are provided for in Sections 57 and Section 60 respectively. This report is a reflection of the initiatives and efforts of all the structures indicated above. A further breakdown of these structures will be provided later in the report. Section 56 (h) of the Act, enjoins the CDA to annually, a report that provides a comprehensive description of how the country is addressing challenges of substance use, misuse and abuse, and the illicit trafficking of drugs and associated problems. This Annual Report covers the period 1 April 2022 to 31 March 2023 and measures achievements, identifies challenges and makes recommendations on all areas that must be addressed to promote the continuous improvement in the implementation of the NDMP's goals. The report is drawn from reports received from various stakeholders, including departments, entities and stakeholders designated in terms of the Act, and others with whom the CDA has forged partnerships. The framework for reporting is strictly aligned to the deliverables stipulated in the NDMP.

On 1 April 2021, the current (and 4th) CDA Board came into office to serve a five-year period that ends in 31 March 2026. This Annual Report is the third one submitted by the 4th CDA Board. The last Annual Report noted that in reviewing the NDMP 2019–2024, measures were taken to incorporate the resolutions of the United Nations General Assembly Special Session in April 2016, wherein countries were encouraged to treat substance use disorders (SUDs) like any other chronic disease. The model is a radical departure from previous approaches, which defined substance abuse as a deviant behavioural problem, to one that recognizes the multi-dimensional nature of substance use and substance use disorders, and incorporates health concerns, embraces a human rights approach and promotes reduction of harm as part of the new paradigm. The CDA has engaged with agencies that apply this model and is encouraged by early successes. The CDA supports this model and continues to ensure that it finds expression in the proposed interventions and approaches to supply and demand reduction and in the design of policies and programmes that affect persons who use substances.

About This Report

The report includes the following chapters:

Chapter 2: Situational Analysis, which examines available data on the nature and extent of substance use and abuse globally and nationally. It draws on the latest credible, published, peer-reviewed research to understand trends and identify any challenges.

Chapter 3: Strategic Approach, which outlines the CDA's strategic framework, including the vision, mission, principles and goals of the NDMP 2019–2024, and reflecting on the functions of the CDA.

Chapter 4: Governance, which describes the CDA's institutional arrangements in the three spheres of government, and their powers and functions, CDA committees, the Secretariat and support structures. It further evaluates the performance of these structures in terms of governance.

Chapter 5: Stakeholder Engagement, which includes the CDA's international and South African partners and collaborators.

Chapter 6: Financial Report

Chapter 7: Performance Management Monitoring, which contains highlights from the reports submitted by CDA members (national and provincial).

Chapter 8: NDMP 2019–2024 Implementation Analysis, which examines the performance of CDA members' planned outcomes and goals.

Chapter 9: Evaluation and Recommendations

CHAPTER 2 SITUATIONAL ANALYSIS

This section of the report provide insights into the situation across the world, in the continent, as well as in the country. It is important that the situation in South Africa is examined against what prevails globally, as this invariably has an impact on the country and its response to the challenges of drug and other substance abuse. It further examine interventions and programmes that have worked and trends. This section will therefore examine the World Drug Report (2023) which consists of the analysis of global trends including South Africa. The African situation is derived from the Africa Report (Pan-African Epidemiological Network Drug Use (PAENDU), an African Union Inter-country Project on substance abuse and illicit trafficking. The South African situation is derived largely from the South African Community Epidemiological Network on Drug Use (SACENDU), as well as pertinent local research.

It must be noted that the prevalence surveys have not been conducted in most African countries and this has an impact on reporting. There are also gaps in the submission of country reports to the United Nations Office on Drugs and Crime (UNODC), which may impact on the data provided in the reports indicated above.

Global Situational Analysis

According to the World Drug Report (2003), there is a gradual increase in the estimated number of people who used drugs in the past 12 months, reaching 296 million worldwide in 2021. They further posit that the rise in the number of people who used drugs globally corelates with the global population growth (56% of all growth). However, the estimated prevalence on drug use has increased only moderately. Almost 1 in 13 people aged 15-64 worldwide have used drugs in the past 12 months and more than 1 in 100 people have a drug use disorder. Youth populations are the most vulnerable to using drugs and are also more severely affected by substance use disorder in several regions. In Africa, 70 per cent of people in treatment are under the age of 35.

According to the World Drug Report, the estimated number of people who inject drugs is higher than previously estimated as treatment services and other interventions fall short due to the fact that a large majority of people who use drugs do not, or are unable to access treatment services. This is particularly applicable to record numbers of displaced people due to humanitarian crises. "Cheap and easy" synthetic drugs are changing the drug markets with lethal results. Better monitoring of the impact on public health is needed amid rapid regulatory changes and clinical trials with psychedelics. Statistics shows that drug trafficking is accelerating environmental devastation and crime in the Amazon Basin and other regions.

The continual records of illicit drug supply and increasingly agile trafficking networks are heightening intersecting global crises and challenging health services and law enforcement responses. New data put the global estimate of people who inject drugs in 2021 at 13.2 million, 18 per cent higher than previously estimated. Globally, over 296 million people used drugs in 2021, an increase of 23 per cent over the previous decade. The number of people who suffer from drug use disorders, meanwhile, has skyrocketed to 39.5 million, a 45 per cent increase over 10 years. The World Drug Report 2023 also highlights how social and economic inequalities drive and are driven by drug challenges; the environmental devastation and human rights abuses caused by illicit drug economies; and the rising dominance of synthetic drugs.

In terms of drug-related disparities and inequalities, the demand for treating drug-related disorders remains largely unmet, according to the report. Only one in five people suffering from drug-related disorders were in treatment for drug use in 2021, with widening disparities in access to treatment across regions. The right to health is not granted to many people who use drugs. Some impoverished and vulnerable populations, such as those in the tri-border area between Brazil, Colombia, and Peru, are trapped in rural areas with a high prevalence of drug-related crimes. Their remote locations make it exceedingly difficult for them to benefit from treatment services, resources, or the rule of law.

Large inequalities in access and availability of controlled drugs for medical use persist, particularly for pain management. The disparity is particularly prevalent between the global North and South and across urban and rural areas, making some people feel the negative impact of drugs more than others. Some 86 per cent of the world's population live in countries with too little access to pharmaceutical opioids (as controlled under the 1961 Single Convention), and this applies to mainly low and middle-income countries.

Illicit drug economies accelerate conflicts, human rights abuses, and environmental devastation. The drug economy in the Amazon Basin is exacerbating additional criminal activities – such as illegal logging, illegal mining, illegal land occupation, wildlife trafficking and more – damaging the environment of the world's largest rainforest. Indigenous peoples and other minorities are suffering the consequences of this crime convergence, including displacement, mercury poisoning, and exposure to violence, among others. Environmental defenders are sometimes specifically targeted by traffickers and armed groups.

While the war in Ukraine has displaced traditional cocaine and heroin routes, there are signs that the conflict could trigger an expansion of the manufacture and trafficking of synthetic drugs, given the existing know-how and the large markets for synthetic drugs developing in the region. In the Sahel, the illicit drug trade finances non-state armed and insurgency groups, while in Haiti, drug traffickers take advantage of porous borders to bolster their businesses, fuelling the country's multiplying crises.

Prioritizing public health in regulating the medical use of controlled drugs is essential. While new research on the use of controlled drugs such as psychedelics to treat mental health conditions and substance use disorders shows promise, the report cautions that the fast pace of developments could jeopardize efforts to enact policies that place public health concerns over commercial interests. Without well-designed, adequately researched frameworks in place, there may be too little access for those who need treatment – potentially causing patients to turn to illegal markets – or conversely, the psychedelics may be diverted for non-medical use.

The growing dominance of synthetic drugs due to cheap, easy, and fast production of synthetic drugs has radically transformed many illicit drug markets. Criminals producing methamphetamine – the world's dominant illegally manufactured synthetic drug – are attempting to evade law enforcement and regulatory responses through new synthesis routes, bases of operation, and non-controlled precursors.

Fentanyl has drastically altered the opioid market in North America with dire consequences. In 2021, the majority of the approximately 90,000 opioid related overdose deaths in North America involved illegally manufactured fentanyl.

TABLE 1: GLOBAL PREVALENCE ON PRIMARY DRUG USED

Drug Used	Cannabis	Opioids	Amphetamines	Cocaine	Ecstasy
Number of persons using worldwide	219 million	60 million	36 million	22 million	20 million

Table 1: Source – UNODC 2022/23

It is reported that the primary drugs used in the previous year include the following: cannabis, opioids, amphetamines, cocaine, and ecstasy. Cannabis remains the world's most used drug and opioid use remains a major concern with potentially severe health consequences. The global challenges on harmful substance use and illicit trafficking present scenarios that are either prevalent in the country, such as the proliferation of synthetic drugs, as well as how crimes such as drug trafficking, illegal mining and others can escalate if left unchecked. The impact of porous borders that are not managed seems to present opportunities to traffic drugs across countries. The analysis drawn from the World Drug Report offer insights and lessons to inform policy and strategies for the country.

Situational Analysis in Africa

It is reported that Africa is becoming a hub for illicit substance trading and trafficking due to various demographic, cultural and economic drivers. Cannabis has consistently been the most widely used drug in Africa. The highest prevalence of Cannabis use in Africa is found in West and Central sub-regions of the African Continent (World Drug Report 2020).

In Africa, people under the age of 35 represent the majority of people being treated for drug use disorders.

The UNODC indicated that the annual prevalence of amphetamine-group substance use in Africa is estimated to be between 1.2 and 8 million people, with the highest annual prevalence rates being reported from South Africa, which is possibly the world's largest consumer of mandrax (methaqualone). This could possibly be a result of under reporting of prevalence in other countries. Nigeria, Burkina Faso, Côte d'Ivoire, Egypt, Ghana, Kenya, Senegal, Sierra Leone and several other African countries have reported ATS use in recent years. These African countries are being used as trans-shipment points for shipments of precursor chemicals such as ephedrine and pseudoephedrine, the main chemicals used in the manufacture of ATS such as methamphetamine and methcathinone from Asia. The final destination of these chemicals is in countries in Central and North America, and to a lesser extent, South Africa (UNODC).

TABLE 2.2: PRIMARY SUBSTANCE OF USE IN AFRICA IS TABULATED BELOW ACCORDING TO SEQUENCE

Principal substance	Overall prevalence %
Cannabis	20.1
Tramadol	15
Heroin	14.7
Khat	12.1
OTC	10.1
Cocaine	9.4
ATS	8.7
Mandrax	7.4
Ecstasy	1.2
Inhalants	0.8
Codeine	0.1
Blue-mash	0.1
Benzhexol	0.1
Unnamed drug	0.1
Nyaope	>0.1

Source: UNODC (2022-23)

The most drug used by service users in Africa between 2016-2021 include Cannabis-type drugs, Opioids and Heroin.

The Drug Situation in South Africa

In the absence of a national survey on substance abuse trends in the country, South Africa is dependent on SACENDU and the World Drug Report (UNODC, 2022; 2023), whose data is sourced from participating treatment facilities across the country. Trends in alcohol and other drugs use and associated consequences are monitored by the SACENDU Sentinel Surveillance System. Data were collected from various treatment centre sites (private and public) in the country. All the provinces have sites for data collection. In addition, data were collected from community-based harm reduction and health services provided by TB-HIV Care, Anova Health Institute, the Foundation for Professional Development (FPD), Tintswalo Home Based Care and the University of Pretoria's Department of Family Medicine's (COSUP) for people who use drugs (PWUD). These services for the users of drugs are provided in Cape Town, Durban, Ekurhuleni, Ehlanzeni, Johannesburg, Sedibeng, Pietermaritzburg, Port Elizabeth and Pretoria.

The SACENDU Phase 51 Report for the period ending December 2022, presents the South African trends as follows:

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TABLE 2: PRIMARY SUBSTANCE OF USE IN SOUTH AFRICA

Province	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Heroin	Ecstasy	OTC/ *PRE	Metham- phetamine	Other	Total
Western Cape	2021	20.0	26.7	5.6	2.1	9.1	0.0	1.4	34.8	0.2	2195
KwaZulu Natal	2021	12.2	33.0	1.0	12.4	28.7	0.2	3.1	8.2	0.3	1146
Eastern Cape	2021	27.7	24.6	3.7	3.9	0.8	0.0	1.0	38.0	0.0	487
Gauteng	2021	13.2	31.8	2.2	1.3	21.5	0.1	0.8	20.9	1.0	9701
Northern Region (Limp. & Mpum.)	2021	19.3	30.8	0.1	11.7	28.8	0.2	0.0	3.9	0.1	1657
Central Re- gion (F. State, N. West, N Cape)	2021	27.9	37.8	2.8	4.6	4.4	0.0	2.4	15.4	0.8	495

Source: SACENDU Brief: Monitoring Alcohol, Tobacco and other Drug use Trends in South Africa (July 2021-December 2021), Vol. 25 (1).

Cannabis is the most used drug in the country. Most of service users attending specialist treatment centres had cannabis as their primary drug of use, except in the Western Cape and the Eastern Cape where service users had cannabis and Methamphetamine as their most primary drug of use (SACENDU, Phase 51). In the Northern Region the most used drug was Cannabis followed by Heroin. There is a significant increase in the number of service users who reported Cannabis use. Further studies are required to determine the impact of the decriminalization of possession of cannabis for personal use. The data above reveals that the drugs of choice used vary from province to province.

The graph also highlights synthetic drugs used in South Africa which include among others: Cannabis/Mandrax and Crack/Cocaine. ATS such as methamphetamine (known as tik), methcathinone (known as cat) and ecstasy continue to pose major threats to South Africa, having witnessed a steady increase in use over the past decade. Methamphetamine, methcathinone as well as Methaqualone (mandrax), are manufactured in the country for local use. Most ATS laboratories are small-scale operations, often located in residential areas. However, the number of reported ATS laboratories as well as the amount of precursor chemicals smuggled to or through South Africa seem to have declined, according to the World Drug Report.

However, South Africa remains an attractive location for drug traffickers to warehouse their stocks before shipping them to other countries. The Australian Crime Commission listed South Africa and Zambia among the main points of embarkation for ATS shipments seized in Australia. Detections from these two countries accounted for about 20% of the total amount of ATS detected at the Australian border in 2008/2009. The use of ATS through intravenous means is another emerging concern with widespread health issues particularly given its links to the spread of HIV and AIDS. Indicators point towards a rise on this front most notably in East and South-East Asia, as well as parts of Western and Eastern Europe. It is also likely to be a contributing factor to increasing drug-related crime rates in South Africa, as a transit country for the distribution of drugs. Research by the Institute for Security Studies (ISS) has linked the increase in crime to the higher volume of illicit drugs in the market, highlighting the growth of the drug scene since the appearance of methamphetamine on the illicit market.

The limitation to the SACENDU data is that it excludes a large proportion of the population. This is because most people with SUDs are from communities with limited access to treatment centres because of affordability or because the available facilities are not suitable for the needs of specific groups such as children, the Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI+) community and women, especially pregnant women, nursing mothers, etc. Furthermore, data on the prevention and early intervention strategies employed to manage the challenges related to substance abuse are either not sufficiently available or not quantified. Nevertheless, the SACENDU surveillance system is evidence-based and provides accurate and reliable scientific data to guide planning and services. Although the data does not cover the full spectrum of SUDs and PWUDs in the country, it does reveal important substance-abuse trends that can be extrapolated and generalised to the broader population. It is imperative that a national survey on trends of substance abuse be conducted in the country, to determine the trends and extent of substance/drug abuse and the need, as well as the availability, accessibility and quality of services to respond to need.

Alcohol Use

The analysis on alcohol use in South Africa has not changed much and is echoed in this report. Alcohol use in South Africa has the sixth highest per-person alcohol intake in the world and the highest alcohol consumption rate in Africa (11 litres per capita). Despite having fewer consumers of alcohol than in most European countries, those who use alcohol in South Africa consume more alcohol than the average person in other countries. Alcohol abuse costs the country 12% of its annual GDP3 and is the fifth largest contributor to years of life lost, with alcohol-related illnesses disproportionately affecting socio-economic groups (Theron *et al.*, 2022).

It is estimated that 62 300 adults die annually from alcohol-attributable causes (Reuter *et al.*, 2020). In South Africa, some of the societal and structural determinants of excessive and binge drinking are historical, stemming from the oppressive policies and practices of the past; have social and cultural norms embedded in them; and are the result of socio-economic factors, education and access to resources (Adebiyi *et al.*, 2019). For example, the 'dop' system in the Western Cape, where farm workers in the many wine estates were paid with alcohol that was not suitable for sale. There is a high correlation between substance abuse and binge drinking, and foetal alcohol spectrum disorder (FASD) that are also prevalent in these areas. Other important factors, which are not discussed in detail here, include:

- Global alcohol companies purposefully target markets in low- and middle-income countries, particularly young people through product design and marketing strategies that appeal to this demographic.
- Although denied by the industry, research shows an association between alcohol market exposure and positive attitudes towards alcohol, earlier drinking initiation and high levels of consumption.
- The national enjoyment of sports, such as rugby and soccer, and the close ties between watching sport and drinking alcohol, where alcohol has become the norm: alcohol drinking is likely to influence the strong cultural preference for alcohol consumption as a leisure and entertainment activity and also defines alcohol as largely acceptable.
- The link between mental health and drinking, specifically around depression, the risk of suicide, anxiety, low self-esteem, psychological distress, posttraumatic stress disorders, in particular when there is no known recourse and no access to services, and consuming alcohol deadens feelings associated with such conditions.

- Social engagements tend to centre around drinking, partly because drinking is one of the few available opportunities for leisure and relaxation, particularly in impoverished rural areas and 'townships', creating an environment where the use of alcohol is socially acceptable and even encouraged.
- Lower levels of education or minimal education, and a lack of accurate knowledge about drinking and associated risks, for example, drinking and driving, or drinking during pregnancy. Alcohol abuse contributes to gender-based violence, HIV/Aids and other social and health conditions in South African society. It also leads to FASD, which is a dire problem in South Africa, especially in the Western Cape and the Northern Cape. FASD is defined as a group of physical, behavioural and learning conditions that can occur in persons who were exposed to alcohol during pregnancy (Adebeyi et al., 2019).

South Africa is confronted by a major problem of underage drinking, as evidenced in the 2022 Scenery Park (eNyobeni) incident in the Eastern Cape where 21 young children, amongst them 13-year-olds, perished under dubious circumstances associated with high levels of alcohol consumption. In community engagements conducted by the CDA across provinces, concerns were raised about underage drinking and events such as 'pens down parties' to celebrate the end of the final year of schooling by young people. In a study conducted in South Africa amongst young people in high schools (specifically in high schools), it emerged that almost half (49.6) of school going adolescents have at least consumed an alcoholic beverage in their lifetime. It further indicates that the prevalence of alcohol use amongst school adolescents in the country ranges from 22 to 58%. Binge drinking, which is rapid and excessive drinking over a short time has been estimated at 15 to 32%, and 12% of young people reported alcohol use before the age of 13 years (Mmereki, Mathibe, Cele and Modjadji: 2022). Underage drinking must be considered as a public health concern in the country and be given the necessary attention, particularly the entrenched culture of the glamourisation of alcohol, even in poor and rural communities.

Tobacco

Tobacco may be a legal substance but has huge health risks for smokers and those around them, causing cancer, heart disease, strokes, lung diseases, diabetes and chronic obstructive pulmonary disease, which includes emphysema and chronic bronchitis. Smoking also increases risks for tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis. In South Africa, almost 30% of adults, 41.7% of men and 17.9% of women currently use tobacco (smoked and smokeless products). In South Africa and other developing countries, the average age of tobacco initiation is between the ages of 12 to 19 years, which is of concern because starting to smoke at a young age is associated with a likelihood of regular smoking, which leads to a higher risk of tobacco-related mortality and morbidity (Fagbamigbe *et al.*, 2020). Similar risks apply to passive smokers. Urgent attention is needed to prevent exposure to risks associated with tobacco smoking in the population, especially children and youth.

The current trend of smoking water pipes (also known as 'hookah' and 'hubbly bubbly') is increasing, and is seen by young people as a fun way to socialize with friends and less harmful than smoking cigarettes. The Cancer Association of South Africa (CANSA) (published in 2018, updated in April 2022) has raised concern about this trend and the myths surrounding it, and has issued warnings alerting the public, especially children and youth that the risks could outweigh those associated with tobacco.

CHAPTER 3 STRATEGIC OVERVIEW

The CDA as a statutory body deriving its mandate from the Act, is guided by the National Drug Master Plan (NDMP) that must be developed and revised every five years, to direct the efforts of the country and to coordinate programmes and activities of all the stakeholders in the management of substance abuse. The current NDMP covers the period 2019-2024.

The NDMP provides the strategic direction to the country's efforts to address the use and abuse of substances. It summarizes authoritatively, national policies, defines priorities and allocates responsibilities for drug control efforts. It is meant to guide the operational plans of all national departments and government entities involved in the reduction of the supply of - and demand for - drugs and other substances in the country.

The NDMP also finds expression in the provincial departments, local municipalities and sector drug master plans (DMPs), as prescribed in the Act (Sections 58 (d) and 61(c) respectively). Furthermore, the NDMP acts as a blueprint for ensuring that existing and new resources are harnessed to deal with substance abuse issues, by providing a framework for mobilising the resources of national and provincial departments, and local municipalities, to support activities aligned with the curbing of substance use and abuse, within their programmes and budgets.

The development of the NDMP 2021–2024 was done through extensive consultation with relevant stakeholders and sectors, including civil society organisations, and took into account the recommendations from the evaluation of the NDMP 2013–2017, which included the following:

- To review the NDMP and harmonise approaches with harm reduction and between the three pillars of the NDMP.
- To strength and restore the authority of the CDA, to give it the authority to lead policy and implementation and to provide the necessary guidance for the country to respond to this complex problem.
- To strengthen provincial and local committees through a support programme inclusive of capacity building.
- To have evidence-based interventions that work to prevent and treat substance abuse.

3.1 Vision of the NDMP 2019-2024

The vision of the CDA as encapsulated in the NDMP is a 'South Africa Free of Substance Abuse'.

3.2 Mission of the NDMP 2019-2024

To achieve the vision of the NDMP 2019-2024, it becomes imperative to:

- • embrace a balanced, integrated and evidencedbased approach to domestic drug use, misuse, and abuse;
- invest in building safe communities through appropriate drug prevention and impact minimization strategies;
- control the demand and supply of substances of abuse and misuse; and
- effectively control substances for therapeutic use and the emergence of New Psycho-Active Substances (NPS).

3.4 Principles of the NDMP

The NDMP 2019-2024 is founded on the following principles:

Principle 1: Rights-based

The NDMP 2019-2024 respects, protects, and promotes human rights. All objectives are based on human rights principles as enshrined in the Constitution of the Republic of South Africa.

Principle 2: Evidence-based

The Plan will be adapted as new evidence becomes available.

Principle 3: Multi-sectoral and multi-lateral

The success of the strategy depends on several government departments, stakeholders and cooperation at several levels.

Principle 4: People-centred

The plan is cognisant of the harms related to SUD and addresses drug-related bio-psycho-socioeconomic issues related to the illicit home and commercial cultivation, manufacture, and production of, and trafficking in drugs.

Principle 5: Inclusive and participatory

People who use drugs and communities must be consulted in the development and implementation of the NDMP 2019-2024.

3.5 Goals of the NDMP

The vision and mission must be realised through the strategies expressed as goals of the NDMP; namely,

Goal 1 - Demand reduction through prevention and treatment of drug use, misuse and abuse.

Goal 2 - Supply reduction through multi-sectoral cooperation.

Goal 3 - Ensuring availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion.

Goal 4 - Identify trends and control of NPS.

Goal 5 - Promote governance, leadership, and accountability for a coordinated multi-sectoral effective response, including economic development at community levels.

Goal 6 - Strengthen data collection, monitoring, evaluation, and research evidence to achieve the goals.

Goal 7 - Stimulate robust and sustainable economic growth aimed at reducing poverty, unemployment, and inequalities.

These goals must find expression in the sector drug master plans of national departments and entities that are tasked with such responsibilities by the NDMP 2019-2024. The provinces must, over and above establishing the Provincial Substance Abuse Forums, ensure that these goals are translated into Provincial Drug Master Plans (PDMP) that would ensure a holistic and integrated approach in the management of interventions and activities towards countering all challenges of harmful substance use and illicit trafficking of drugs. The achievements by stakeholders will be measured against the extent to which these goals were implemented, particularly by government.

3.6 Informing Legislative Provisions and other Mandates that Guide the Implementation of the NDMP

A plethora of policies and legislation inform and support the implementation of the NDMP, ranging from international instruments and obligations (to which South Africa is a signatory – see Table 3.1), to national policies and legislation (Table 3). The key legislation that forms the basis for the establishment of the CDA and its structures is the Prevention of and Treatment of Substance Abuse Act, 2008 (Act 70 of 2008), specifically Chapter 10 of the Act.

All other legislation informs the policy trajectory of the country for specific departments and entities and are incidental to the work of those departments in the implementation of the NDMP.

This section will therefore, cover current national policies and legislation, as well as policies and legislation that are currently under review. The South African response is informed by current realities and international obligations. South Africa is a state party to the three main UN Conventions and has ratified all three United Nations Drug Control Conventions (UNDCC). South Africa has also ratified the 2000 Convention on Trans-National Organised Crime and is a signatory to both the African Union (AU) and the Southern African Development Community (SADC) Drug Control Protocols.

a. International Conventions	Purpose
Single Convention on Narcotic Drugs of 1961, as amended by the 1972 Protocol, United Nations.	To combat narcotic drug abuse through coordinated international action, through limiting the possession, use, trading in, distribution, import, export, manufacturing and production of drugs exclusively for medical and scientific purposes; and combatting drug trafficking through international cooperation to deter and discourage drug traffickers.
The 1971 Convention on Psychotropic Substances of the United Nations.	To establish an international control system for psychotropic substances, respond to the diversification and expansion of the spectrum of drug abuse and introduce controls over a number of synthetic drugs according to their abuse potential and their therapeutic value.
The 1988 Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances.	To provide comprehensive measures against drug trafficking, including provisions against money laundering and the diversion of precursor chemicals, and to provide for international cooperation through (e.g.) extradition of drug traffickers, controlled deliveries and transfer of proceedings.
The 2000 Transnational Organised Crime	Eliminate differences among national legal systems; and set minimum common standards for domestic law to achieve effective global cooperation.

TABLE 3.1: INTERNATIONAL AND REGIONAL CONVENTIONS

South Africa is also a signatory to the AU and the SADC Drug Control Protocols. South Africa is obliged to comply with the annual reporting protocols attached to these Conventions, as facilitated by the Department of International Relations and Cooperation (DIRCO), which also coordinates South Africa's participation in UN Agency meetings such as the Heads of National Drug Law Enforcement Agencies (HONLEA) meeting held in Vienna in September 2021.

The Prevention of and Treatment for Substance Abuse Act 2008, (Act No. 70 of 2008) is the overarching legislation that provides for the establishment of the CDA and defines its functions, which include overseeing and monitoring the implementation of the NDMP. Table 3.2 lists the key legislation that informs the management of substance abuse in South Africa but is not an exhaustive list. Other relevant legislations are contained in the NDMP 2019–2024, which should be read in conjunction with this Annual Report. Furthermore, it must be noted that some of the legislations listed in Table 3.2 are in the process of being amended and reviewed.

TABLE 3.2: NATIONAL LEGISLATIVE MANDATE

b. Current policies and legislation	Purpose	
Children's Act 38 of 2005 (30)	Governs all the laws relating to the care and protection of children. It regulates the establishment of child and youth care centres, the rights of orphans and sets out the laws for their adoption. It also provides for the contribution of certain people towards maintenance.	
Child Justice Act 75 of 2008 (31)	It also diverts cases out of the criminal justice system and to ensure effective rehabilitatic reintegration to prevent children from reoffending.	
Correctional Services Act 111 of 1998 (32)	Correctional Services Act 111 of 1998: This Act lays a foundation for the establishment of an effective correctional system.	
Criminal Matters Amendment Act 18 of 2015 (33)	Facilitates the provision of evidence and the execution of sentences in criminal cases and the confiscation and transfer of the proceeds of crime between the Republic and foreign States.	
Domestic Violence Act 116 of 1998 (34)	Affords the victims of domestic violence the maximum protection from domestic abuse that the law can provide and introduces measures which seek to ensure that the relevant organs of state give full effect to the provisions of this Act, and thereby to convey that the State is committed to the elimination of domestic violence.	
Drugs and Drug Trafficking Act. 140 of 1992 (18)	Defines illegal activities relating to substances and covers penalties for drug use or possession and law-enforcement roles and processes. This Act provides for the prohibition of the use or possession, or the dealing in, of drugs and of certain acts relating to the manufacturing or supply of certain substances.	
Extradition Act 77 of 1996 (35)	Provides for the purposes of satisfying a person that there is sufficient evidence to warrant the extradition in the foreign state.	
Medicines and Related Substances Control Act No. 101 of 1965 (36)	Defines the scheduling of drugs, prescribing legal and illegal use of substances. This Act provides for the registration of medicines and other medicinal products to ensure their safety for human and animal use and for the establishment of the South African Health Products Authority (SAHPRA) for the control of medicines and promotes transparency in the pricing of medicines.	
	Regulates mental health care so that the best possible treatment and rehabilitation services are made available to citizens. The Act aims to coordinate access to services and to make sure that mental health services become part of the general health system.	
National Health Act 61 of 2003 (38)	Aims to realise the rights set out in the Constitution by providing a framework for a structured and quality uniform health system in South Africa. It outlines the laws that govern national, provincial, and local government with regard to health services.	
Prevention of Organised Crime Act. 121 of 1998 (39)	Provides for the recovery of the proceeds of crime (irrespective of the source) and the combating of money laundering.	
Liquor Act. 59 of 2003 (9)	Provides for the manufacturing and distribution of liquor to be regulated at national level, while micro manufacturing continues to be regulated at provincial level. An important aspect is social responsibility. A prerequisite for licensing under the Act requires commitment to black economic empowerment, the licensee's contribution to combating alcohol abuse, as well as promoting job creation, diversity of ownership, exports, competition, new entrants to the industry, and efficiency of operation.	
National Road Traffic Act 93 of 1996	Makes provision for the mandatory testing of vehicle drivers for drugs and prescribes the legal blood alcohol limit for driving (less than 0.05g per 100ml of blood) and the legal breath alcohol limit (less than 0.24mg in 1 000ml of breath).	
Prevention of and Treatment for Substance Abuse Act, 2008 (Act 70 of 2008)	Provides for a comprehensive national response to combating substance abuse; the mechanisms aimed at demand and harm reduction concerning substance abuse through prevention, early intervention, treatment and re-integration programmes; the registration and establishment of treatment centres and halfway houses; the committal of persons to and from treatment centres, and for their treatment, rehabilitation and skills development in such treatment centres; the establishment of the CDA and matters connected with it.	
SA Institute for Drug Free Sport Act 1997 (Act No. 14 of 1997)	Gives the Institute authority and jurisdiction to carry out its mandate, as outlined in Section 10.	
SA Schools Act 1996 (Act No. 84 of 1996)	Makes provision for the uniform system of governing schools and sets out laws for schools.	
Tobacco Products Control Amendment Act 1999 (Act No. 12 of 1999)	Provides 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.	

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TABLE 3.3: NATIONAL POLICIES AND LEGISLATION UNDER REVIEW

c. Policies and legislation under review	Purpose
Basic Education Laws Amendment Bill	The Bill amends the South African Schools Act and Employment of Educators Act. It seeks to introduce new regulations around schools in South Africa. A matter for discussion for the CDA is the clause which would allow for alcohol to be sold and consumed at school, and during school activities held on or off the school. Whilst the bill still forbids possession, sale and consumption of alcohol during school hours, it still poses a risk for young people who are already at risk, due to early exposure to alcohol.
Cannabis Bill	The purpose of this Bill is to respect the right to privacy of an adult person to possess cannabis plant cultivation material; to cultivate a prescribed quantity of cannabis plants; to possess a prescribed quantity of cannabis; and to smoke and consume cannabis; regulate the possession of cannabis plant cultivation material; the cultivation of cannabis plants; the possession of cannabis; and the smoking and consumption of cannabis by an adult person; protect adults and children against the harms of cannabis; provide for the expungement of criminal records of persons convicted of possession or use of cannabis; delete and amend provisions of certain laws; and provide for matters connected herewith.
Drugs and Drug Trafficking Amendment Bill	To amend the Drugs and Drug Trafficking Act, 1992, so as to repeal the Minister's delegated plenary legislative powers to amend Schedules 1 and 2; amend Schedule 1 and Schedule 2; and provide for matters connected therewith.
Liquor Amendment Bill	To amend the Liquor Products Act, 1989, so as to insert certain definitions and to amend and delete others; to provide for the renaming and reconstitution of the Wine and Spirit Board and to limit its powers; to provide for requirements regarding beer, traditional African beer and other fermented beverages; to repeal a provision in respect of the authorisations regarding certain alcoholic products; to empower the Minister to designate a person to issue export certificates; to align certain provisions with the Constitution; to extend the Minister's power to make regulations; to provide gender-equal terminology; and to provide for matters connected therewith. Notwithstanding the public engagements that supported the Bill, the Bill has been held in abeyance since 2016.
Draft Bill on Tobacco Products and Electronic Delivery System Control	To provide for control over smoking; to regulate the sale and advertising of tobacco products and electronic delivery systems; to regulate the packaging and appearance of tobacco products and electronic delivery systems and to make provision for the standardisation of their packaging; to provide for standards in respect of the manufacturing and export of tobacco products and electronic delivery systems; to prohibit the sale of tobacco products and electronic delivery systems to and by persons under the age of 18 years; to prohibit the free distribution of tobacco products and electronic delivery systems; to prohibit the sale of tobacco products and electronic delivery systems by means of vending machines; and to provide for matters connected therewith.
Policy on the prevention of treatment of Substance Use Act	This Policy framework seeks to provide for the amendment of the Prevention of and Treatment for Substance Abuse Act, 2008 (Act No 70 of 2008). The Act will be brought under review as it is outdated and not responsive to the current realities on substance abuse in the country. The department is currently developing the policy that will inform the new Act.

TABLE 3.4: NATIONAL STRATEGIES

d. National strategies aligned to NDMP	Purpose
The NDMP 2019-2024 Development Plan-2030	Provide the strategic direction to the country's efforts to address the use and abuse of substances.
The Health Sector Drug Master Plan	The Health Sector Drug Master Plan outlines strategic activities that the health sector will implement in responding to substance use.
The Anti-Substance Abuse Programme of Action, 2017-2019	This has been integrated into the National Drug Master Plan 2019-24.
The National Anti-Gangsterism Strategy (2015)	The Anti-Gangsterism Strategy calls upon the Department of Social Development to work in collaboration with various stakeholders, including, teachers, members of the South African Police Service (SAPS), parents and children to address gangsterism in communities. This strategy also seeks amongst other things to; provide direct ways of dealing with children who are affected by gangs as well as threats and risk factors that cut across children and youth in Child and Youth Care Centres and communities at large.
South Africa's National Strategic Plan for HIV, TB, and STIs, 2023- 2028	The NSP 2023-2028 highlights the bold strategic objectives that aim to reduce barriers to accessing health and social services. It builds on lessons from the previous NSP and promotes a new and urgent focus to reduce inequalities for all people living with HIV, TB and STIs who are not benefitting from treatment and care services. The inclusion of mental health services and social support is based on the strong association between HIV, TB, STIs, sexual and gender-based violence (SGBV), human rights violations, inequalities, and mental health. Viral hepatitis has also been included in this NSP as a neglected infection of the high prevalence linked to HIV and STIs.

The above legislation should form an integral part of the departmental Drug Master Plans, and to operationalise them towards meeting the goals of the NDMP. This would enable the respective departments to apply these provisions in addressing challenges related to substance abuse.

CHAPTER 4 GOVERNANCE

This chapter describes the CDA's functions and governance structures, as outlined in the Prevention of and Treatment for Substance Abuse Act, 2008 (Act 70 of 2008), and the structural arrangements in place for implementing the NDMP 2019-2024. It further outlines the structure and functions of the CDA at provincial and municipal level.

4.1 The CDA

As previously indicated, the Act (Section 56) establishes the CDA as a statutory body that is set up by the Minister of Social Development to whom it is accountable. The Act provides for the composition of the CDA to be no more than 13 independent members who are knowledgeable and have expertise in the field of substance abuse. These members are nominated by the public and selected by Parliament, then recommended to the Minister of Social Development for appointment. The Minister appointed 11 members for the current year. The Act also provides for the nomination of departmental representatives by the respective Ministers of designated government departments, to be appointed by the Minister of Social Development to serve in the CDA. To date 16 departments form part of the CDA.

The structure of the CDA as envisaged by the Act, as well as its positioning alongside the Department of Social Development is as follows:

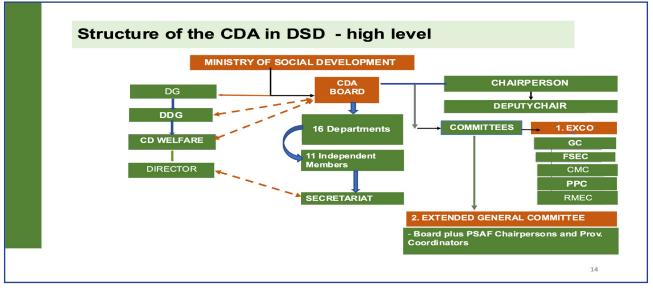


Figure 2.- Structure of the CDA

It is important to note that whilst the Act provides for the CDA to account to the Minister of Social Development alongside the department, it has been allocated it to the Chief Director, Social Crime and Substance Abuse.

The performance of the CDA, as well as the challenges with the current architecture and arrangements will be discussed in the later sections of this report.

The roles and functions of the CDA, as provided for in the Act, are 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 own performance indicators;
- (f) facilitate the initiation and promotion of measures to combat 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 the problem of substance abuse;
- (i) ensure the development of effective strategies on prevention, early intervention, reintegration and aftercare services, and in particular ensure the development of effective strategies regarding the prevention of HIV infection and other medical consequences related to substance abuse;
- (j) advise 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;
- (I) organise a biennial summit on substance abuse to enable role-players in the field of substance abuse to share information; and
- (m) may exercise such powers and must perform such duties as may be determined by the Minister from time to time.

These roles and functions are incorporated into the Annual Performance Plan (APP) of the CDA. This report will depict how these functions were carried out by the CDA.

TABLE 4.1: NATIONAL DEPARTMENTS NOMINATED TO CDA AND PARTICIPATING IN ITS STRUCTURES:

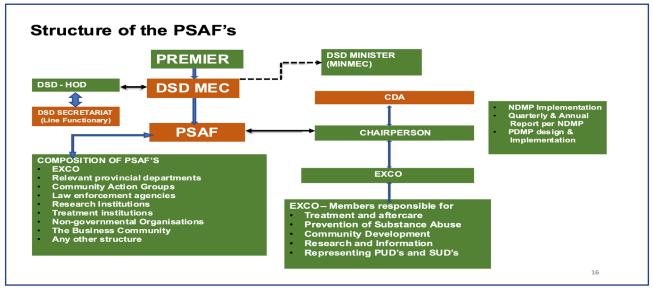
Department	Represented (Y or N)	Active (Y or N)	Departmental Drug Master Plan Submitted (Y or N)	Annual Report Submitted (draft not signed by HOD)	CDA Structure/ Committee Participating in
Agriculture, Rural Development and Land Reform	N	Ν	N	No	Ν
Basic Education (DBE)	Υ	Y	N	Submitted	Research, Development and Monitoring and Evaluation (RDM&E)
Cooperative Governance a	nd Traditional Aff	fairs			
Cooperative Governance	Y	N	N	Submitted	Ν
Traditional Affairs	Y	Υ	Ν	No	Ν
Employment and Labour	Y	N	N	Submitted	Governance Committee
Health	Y	Y	Y	Submitted	RDM&E
Higher Education	Y	Y	Ν	Submitted	RDM&E
Home Affairs (DHA)	Υ	Υ	N	No	Social and Ethics Committee
International Relations and Cooperation (DIRCO)	Υ	Υ	N	Submitted	Governance Committee
Justice and Correctional Se	rvices	·			
 Justice and Constitutional Development 	Υ	Y	N	Submitted	RDM&E
Correctional Services (DCS)	Y	Υ	N	Submitted	RDM&E
National Prosecuting Authority	Y	Y	N	Submitted	RDM&E
National Treasury	Y	N	N	Submitted	
Social Development (DSD)	Y	Y	Y	Submitted	Programmes & Projects
South African Revenue Service (SARS)	Y	N	N	No	N
Sport, Arts and Culture (DSAC)	Y	N	N	Submitted	Ν
South African Police (SAPS)	Y	Y	Y	Presentation	Governance Committee
Trade, Industry and Competition (DTIC)	Y	Y	N	Submitted	Governance Committee
Department of Transport	Y	Y	Ν	Submitted	N

With the intervention of the CDA, there has been a marked improvement in the representation of departments in the CDA and their reporting against the goals of the NDMP. The situation as depicted above is as at the reporting period. However, only three departments have DDMPs, notwithstanding the training and guidance provided by the CDA. Some departments that had as at the period under review, not been assigned to the CDA, submitted their Annual Reports.

It must be noted that whilst some departments had not nominated representatives in the period under review, through continued engagements and interventions of the CDA with the non-compliant departments, they were able to submit reports for the year under review and to appoint members who began serving as departmental representatives beyond 31 March 2023. It must be noted that whilst the Act provides for most of the departments indicated above, departments have been reconfigured over the years. The CDA is engaging with the other departments such as the Departments of Small Business (DSB) and Planning, Monitoring and Evaluation (DPME) to be part of the CDA due to their critical role in the implementation of the NDMP.

4.2 Provincial Substance Abuse Forums

The Act also provides for the establishment of Provincial Substance Abuse Forums (PSAFs) by the Member of the Executive Council for Social Development in each province. The provincial Departments of Social Development provide the Secretariat for the PSAF. The MEC must ensure adequate resourcing and funding of the PSAF to ensure its performance in meeting the goals of the NDMP, as defined in the PDMP. The form and functions of PSAFs can be depicted as follows:



Structure of Provincial Substance Abuse Forums (PSAF)

Role and Functions of the PSAF in terms of the Act

Section 58 of the Act assigns the following functions to the PSAFs:

- a) Strengthen member organisations to carry out functions related directly or indirectly to addressing the problems of substance abuse;
- b) Encourage networking and the effective flow of information between members of the forum in question;
- c) Assist Local Drug Action Committees established in terms of Section 60 of the Act in the performance of their functions;
- d) Compile and submit an integrated master plan for the province for which it has been established;
- e) Submit a report and inputs, not later than the last day of June annually, to the CDA for the purpose of the Annual Report of the CDA, and
- f) Assist the CDA in carrying out its functions at the provincial level.

The performance of the PSAF's against these functions will be outlined in the later sections of this report. However, it is noteworthy to mention that PSAFs are in place in all the provinces, except the Northern Cape, where efforts are afoot to

establish the PSAF. All provinces have Provincial Drug Master Plans and are submitting reports to the CDA as prescribed by the Act. It must be noted that PSAFs are the vehicle through which the CDA performs its functions and realizes the implementation of the NDMP at provincial level. It is therefore imperative and key that these structures be supported and adequately resourced to perform their functions.

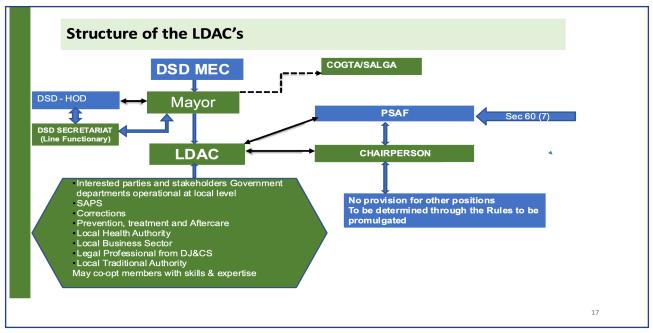
4.3 Local Drug Action Committees (LDAC)

Section 60 of the Act provides for the establishment of LDACs by Mayors of all Municipalities in the country. The number of municipalities in the country are as follows:

Province	Gauteng	KZN	W. Cape	E. Cape	N. Cape	F. State	Limpopo	Mpumalanga	N. West	Total
Metropolitan municipalities	3	1	1	2		1				8
Districts municipalities	2	10	5	6	5	4	5	3	4	44
Local municipalities	6	43	24	31	26	18	22	17	18	205
Total	11	54	30	39	31	23	27	20	22	257

The report will provide insights on how the country has fared in the establishment of these most critical structures, that are at the coalface of service delivery and ensure the localization of services towards the implementation of the NDMP. It will further highlight challenges that hamper service delivery and make recommendations to address them.

The structure and functions of the LDACs as envisaged and provided for in the Act is as follows:



Structure of Local Drug Action Committees (LDAC)

From the above it must be noted that the mayors are responsible for the establishment of LDACs and ensuring that they are properly supported and resourced. The MEC for Social Development must, however, provide the necessary guidance and support to ensure that LDACs are established and well-resourced to perform their functions.

Role and Functions of LDACs

Section 61of the Act prescribes the following functions for the LDACs:

- a) Ensure that effect is given to the implementation of the NDMP in the relevant municipality;
- b) Compile an action plan to combat substance abuse in the relevant municipality in cooperation with provincial and local government;
- c) Ensure that its action plan is in line with the priorities and the objectives of the integrated Drug Master Plan and that it is aligned with the strategies of government departments;
- d) Implement its action plan;
- e) Annually provide a report to the relevant Provincial Substance Abuse Forum concerning actions, progress, problems and other related events in the area; and
- f) Provide such information as may from time to time be required by the Central Drug Authority.

The performance of LDACs against these functions is contained in the PSAF reports. It, however, needs to be noted that whilst the number of LDACs established has increased due to the efforts of PSAFs and DSD provincial coordinators, which is a major achievement, there are major challenges around the capacitation of LDACs to function efficiently and effectively in the implementation of DMPs. There are also serious resource constraints as municipalities see LDACs as being beyond the scope of their functions and an unfunded mandate. Other options, including the review of legislation, must be considered to ensure the localization of the NDMP to local communities, for example at ward level, so as to give local communities the power and a say in their own localities.

4.4 Governance Structures of the CDA and their Performance

4.4.1 The Board

The CDA Board is the highest decision-making body of the CDA and meets quarterly to review the work of the Executive Committee and to ratify the decisions of EXCO. The Prevention of and Treatment for Substance Abuse Act (Section 53) prescribes that the CDA be composed of 34 members: 21 representatives of designated government departments and agencies, and no more than 13 independent members who have knowledge and experience in the management of the demand and supply of substances, or who are able to make a substantial contribution to the combating of substance abuse.

The current board of the CDA consists of 16 departments and 11 independent members (IM), all of whom were either appointed by the Minister or act as proxies to the appointees.

During the period under review, five general meetings were held: 5 April 2022, 4-1 August 2022, 29-30 September 2022, 9-10 November 2022 and 9 March 2023. All the meetings were well attended quorate (Table).

TABLE 4.4: MEETING ATTENDANCE BY CDA MEMBERS

Name	Designation and Representation	Number of meetings
Ms Nyameka Nandi Mayathula-Khoza	CDA Independent member	5/5
Ms Nomcebo Alice Dlamini	CDA Independent member	5/5
Ms Nomathemba Kela	CDA Independent member	5/5
Ms Matlhogonolo Maboe	CDA Independent member	5/5
Ms Japisa Elna Mathonsi	CDA Independent member	5/5
Ms Derlyn James	CDA Independent member	4/5
Ms Rachel Motsepe	CDA Independent member	5/5
Dr Guru Kistnasamy	CDA Independent member	5/5
Mr Thabo Morabe	CDA Independent member	4/5
Reverend Reuben Sokana	CDA Independent member	5/5

Name	Designation and Representation	Number of meetings
Mr Deven Cliff de Koker	CDA Independent member	5/5
Vacant (Proxy attends meetings)	Basic Education	1/5
Ms Fortune Makhubo	Cooperative Governance	0/5
Mr Samuel Khandlele	Traditional Affairs	1/5
Prof Pelmos Mashabela	Correctional Services	5/5
Ms Bahumi Matebesi	Employment and Labour	1/5
Dr Kgalabi Ngako	Health	5/5
Ms Nolwazi Gasa	Higher Education	5//5
Ms Norah Pitsi	Home Affairs	1/5
Mr Zaher Laher	International Relations and Cooperation	5/5
Dr Charmaine Badenhorst	Justice and Constitutional Development	5/5
Adv. Anthea	National Prosecuting Authority	5/5
Dr Mark Blecher	National Treasury	2/5
Ms Nontsikelelo Makaula	National Youth Development Agency	0/5
Mr Mogotsi Kalaeamodimo	Social Development	2/5
Ms Mokgadi Fafudi	South African Health Product Regulatory Authority	1/5
Maj Gen Mathonsi	South African Police Services	4/5
Mr Mally Mohamed	South African Reserve Service	2/5
Ms Sumaya Kahn	Sports Arts and Culture	2/5
Ms Clemetine Makaepea	Trade, Industry and Competition	3/5
Mr Pheagane Modipane Ms Bongekile Mkhonza	Transport	0/5

As seen above, the attendance of meetings of the Board was optimal in that all planned meetings were held and were quorate. The performance of the Board will be measured against their functions in terms of the Act, the Annual Performance Plan, the Rules of the CDA and the goals of the NDMP.

4.4.2 CDA Executive and Portfolio Committees

The CDA is composed of the Executive Committee, which consists of the Chairperson, the Deputy Chairperson, and Chairpersons of Portfolio Committees; namely, Programmes and Projects Committee (PPC); Research, Development, Monitoring and Evaluation Committee (RDM&EC); Communications and Marketing Committee (CMC); Finance, Social and Ethics Committee (FSEC); and Governance Committee (GC).

The Board Chairperson and the Deputy Chairperson act as ex-officio members of Committees (2 to 3 each). Members of EXCO each serve on two portfolio committees. The Executive Committee provides organisational direction to the CDA, monitor and evaluate progress towards achieving strategic goals and other initiatives of the CDA, provide organisational oversight on the implementation of the NDMP, monitor and enhance the effectiveness of structures of the CDA at all levels, and improve the CDA's efficiency and effectiveness by streamlining organisational activities, addressing challenges, and ensuring good governance. The EXCO reports to the Board which ratifies all decisions of EXCO.

The work of the CDA is complex and multifaceted, and requires a fully-fledged and functional secretariat, with the technical and administrative capacity, as well as the expertise to be able to amongst others fully drive and implement the APP of the CDA and the NDMP. Currently these functions are primarily driven by members of the Board.

TABLE 4.5: COMPOSITION OF EXCO

Member Name	Position	Number of meetings and no. of meetings
Ms Nyameka Nandi Mayathula-Khoza	CDA Chairperson	8/8
Ms Nomcebo Alice Dlamini	CDA Deputy Chairperson	7/8
Ms Nomathemba Kela	GC Chairperson	8/8
Ms Matlhogonolo Maboe	FSEC Chairperson	8/8
Ms Japisa Elna Mathonsi	PPC Chairperson	8/8
Ms Derlyn James	CMC Chairperson	3/8
Prof Pelmos Mashabela	RDMEC Chairperson	2/8

b) The Programmes and Projects Committee

The PPC's role is to develop annual plans for programmes and projects to further the goals of the NDMP; to monitor the quality and impact of projects; to advise on changes to programmes and projects; to provide support, guidance, and oversight on all projects and programmes; and to develop and present a report about the CDA projects and programme activities, for incorporation into the CDA Annual Report.

Members Name	Designation	
Ms Japisa Mathonsi	PPC Chairperson	
Ms Rachel Motsepe	PPC Deputy Chairperson	
Dr Gurunathen Kistnasamy	PPC Member	
Reverend Reuben Sokana	PPC Member	
Ms Nomcebo Dlamini	Ex-Officio	
Mr Mogotsi Kalaeamodimo	si Kalaeamodimo PPC Member	

c) The Research, Data Collection, Monitoring and Evaluation Committee

The RDMEC provides independent scientific advice on research strategies and makes recommendations for dealing with substance use and abuse. It maintains an overview of substance use and abuse research, as well as an overview of research projects previously conducted; and provides advice on substance abuse and CDA research strategy.

Members Name	Designation	
Prof. Pelmos Mashabela	RDM&EC Chairperson	
Dr Kgalabi Ngako	RDM&EC Deputy Chair	
Dr Charmaine Badenhorst	RDM&EC Member	
Ms Nomathemba Kela	RDM&EC Member	
Rev Rueben Sokana	RDM&EC Member	
Mr Devon De Koker	RDM&EC Member	
Ms Refiloe Mohlakoane	RDM&EC Member	
Adv Maphile Molofe	RDM&EC Member	
Ms Nandi Mayathula- Khoza	Ex-officio	

d) The Communications and Marketing Committee

The CMC's role includes the CDA internal and external communications, the marketing of CDA and the NDMP, managing brand/corporate identify, engaging with the media, and communicating and marketing events.

Members Name	Designation	Designation	
Ms Derelyn James	CMC Chairperson		
Ms Nontsikelelo Makaula	CMC Deputy Chairperson		
Ms Matlhogonolo Maboe	CMC Member		
Ms Japisa Mathonsi	CMC Member		
Ms Nomcebo Dlamini	Ex-officio		

The CMC held two meetings. The work was driven outside the realm of the committee. The EXCO of the CDA is deliberating on this matter with a view for the possible restructuring of the Committees. The non-performance of this Committee is also attributed to the absence of a dedicated secretariat and even when one was assigned, the department did not provide her with the tools of trade to manage the work.

e) The Finance, Social and Ethics Committee

The FSEC's role is to ensure that impetus is given to the implementation of the NDMP (2019-2024) through social transformation and ethical responsibility by the CDA and all its role-players (i.e., implementers of the NDMP); to oversee internal and external finances, guiding LDACs and PSAFs from a financial perspective and coordinating advocacy to access funds for the effective functioning of these structures.

Member Name	Designation	
Ms Matlhogonolo Maboe	FSEC Chairperson	
Mr Devon De Koker	FSEC Deputy Chairperson	
Dr Gurunathen Kistnasamy	FSEC Memer	
Ms Dereleen James	FSEC Member	
Ms Nomcebo Dlamini	Ex-Officio	

f) The Governance Committee

The Governance Committee is the custodian of governance matters within the CDA. The CDA is entrusted with the implementation of Goal 5 of the NDMP but this goal is not the sole domain of the GC but is further expatiated in the APP of the CDA. The GC's role is to compile the CDA Annual Report and facilitate quarterly reports of the CDA and its substructures; to provide oversight of risk management and risk controls; to recommend to the Board the review of the NDMP every five years; to advise the Board on the review of policy or legislation or the development of new legislation, and the policies governing the CDA and its structures; to serve as the CDA's custodian of good governance; to facilitate the empowerment, training, and capacity-building of the CDA, its structures and the Secretariat; to oversee the effective functioning of all the structures of the CDA, including PSAFs and LDACs; to ensure the participation of all relevant departments, agencies, NGOs (local and international) in the CDA's work; to ensure compliance with statutory prescripts and South Africa's international obligations; and to monitor and accelerate the functioning of the Secretariat and general administrative support to the CDA.

Member Name	Designation	
Ms Nomathemba Kela	GC Chairperson	
Mr Thabo Morabe	GC Deputy Chairperson	
Ms Rachel Motsepe	GC Chairperson	
Maj. Gen. Thokozani Mathonsi	GC Member	
Ms Clemenitine Makaepea	GC Member	
Ms Kgomotso Lekalakala	GC Member	
Ms Lutendo Muvhango	GC Member	
Ms Nandi Mayathula-Khoza	Ex-Officio	

g. Functioning of the CDA's Governance Structures

The CDA Governance structures are functional. The following is a cumulative summary of meetings, deliberations and recommendations made to the Excecutive committee during the reporting period. It also reflects the work and achievements of the Committees of EXCO.

Table 4.6: The work and achievements of the Committees of EXCO

Governance Structure	No. of meetings held	Status of Quorum	Highlights and Recommendations
CMC	2 meetings in the reporting quarter 1 and 2. No meeting held in quarter 4	Yes	 a) Management of the digital media pages. b) Design of material for the NDMP Flyer. c) Design of pull up banners. d) Development of opinion piece on underage drinking. e) Engaged on Advocacy and Communication jointly with the DSD and participated on the GCIS Radio interview in June 2022 to discuss the challenge of substance abuse in communities, the role of the CDA and to popularise the 2019-24 NDMP.
FSEC	1 meeting held in quarter 3, on 2 meetings held in quarter 4	Quorum	 a) Monitored Quarter 1, 2 and 3 finance report. b) Initiated a budget review process. c) Addressed financial matters regarding expenses of independent board members. d) Developed a road map outlining the areas of intervention with regard to claims management, and ensuring that the CDA gets its house and systems in order. e) Engaged National Treasury on the budget and funding of the CDA jointly with the GC. f) Management of the budget of the CDA including the prevention of over and under expenditure through virement shifts (CDA not in control of the budget and those recommendations were not effected by DSD).
GC	6 meetings held in in quarter 1, 2 & 3. 2 meetings held in quarter 4:	Yes	 a) Compiled the 2021/22 Annual Report and recommended it to Exco and GM for review and approval and submitted to the Minister by 31 August 2023 and to Parliament by 30 September 2023 as per the legistated deadlines. b) Annual Report was presented by CDA at Cabinet for consideration on 9 November 2022. c) Developed draft CDA Rules which were reviewed and recommended by the CDA Exco and approved by GM on 5th April 2022. d) CDA Rules approved by the Minister in March 2023. e) Capacity Building framework of CDA developed and approved by EXCO but was held in abeyance due to lack of funds. f) Consolidated the CDA submission on the DSD's policy on the Prevention of and Treatment of SUD's. g) Finalised the identification of legislation and policies that is currently considered by parliament with the aim of CDA to engage with, make submissions on such legislations and policies and participate in public hearings. h) Developed the risk register and recommended it to EXCO. j) Proposed a capacity building programme for CDA members which was reviewed and approved by EXCO. j) Developed the structure of the CDA aligned to its mandate. k) Developed a document on roles and functions of the CDA Secretariat. l) Designed the job profile for the director secretariat as provided for in the Act, approved by the Board and submitted to DSD for job evaluation. m) GC convened a meeting with DSD:ODE on 12 October 2022 to deliberate on the CDA Director: Secretariat Post. Feedback is yet to be received. n) GC developed the guidelines Draft Guidelines on the Roles And Expectations From Departmental Appointees and presented them at Exco in November 2022. o) Continous monitoring on the functionality of PSAF's and LDAC's. p) Organisational structure of the CDA at different levels designed to clarifying lines of communication, and accountability with the DSD.

Governance Structure	No. of meetings held	Status of Quorum	Highlights and Recommendations
PPC	6 meetings held in quarter 1, 2 & 3. 1 meeting held in quarter 4:	Yes	 a) Public consultation and engagements were held in six provinces and communities raised a number of problems on substance abuse and the lack of services or lack of information on available services. CDA to engage with departments and agencies to respond to these problems. b) CDA participation in the SANAC's review of the NSP on HIV, AIDS, TB and STI's. c) CDA participation in various dialogues in provinces on substance abuse and GBV with various government departments, agencies and communities. d) Oversight visit to Seshego Treatment centre and advised the DoH to hire a full time Doctor, as well as with the Zimbabwe delegation to the port of entry in Limpopo to observe drug traficking, and bechmark SA's policies, treatment centres and funding. e) Oversight on PSAFs and advised CDA to capacitate all PSAFs to function efficiently. f) Discussed the establishment of LDACs with Key Stakeholders and advised CDA to consider the amendment of the Act to include District Drug Action Committees. g) Supported training of LDACs in Limpopo and advised CDA to ensure that rife drug problems are addressed. h) Supported SUD, FASD, pens down awareness campaigns in Limpopo and other provinces and advised CDA to address the problem of mushrooming liquor outlets near schools and that DSD should focus on school dropouts, and National Student Financial Aid Scheme (NSFAS) recipients who are at high risk. i) Produced a draft Biennial Summit Concept document. j) Launched the Limpopo PSAF with the MEC and CDA Chairperson. k) Facilitated stakeholder engagements thoughtout the country. l) Supported social workers that provided trauma counselling and psychosocial support to families of children who passed on at the Enyobeni Tarvern.
RDM&EC	3 meetings held. No meeting held in quarter 4	Yes	 a) The Terms of Reference of the National Survey on Trends of Substance Abuse in the Country was approved. b) The committee held meetings with Research Key Stakeholders and with Stakeholders responsible for the UN, AU and INCB Questionnaires were conducted on 27 and 28 July 2022 respectively. c) The committee visited the DSD /CDA Clearing house on data repository and benchmarked against the South African National Aids Council (SANAC) situation room to revamp and mordenise the process is continuing. d) An agreement with research stakeholders was reached where they agreed to partner with the CDA in the implementation of the NDMP. e) As R1 million was allocated for the survey, the committee recommended that either a rapid assessment or randomised survey be conducted and that the CDA raises more funds for the National Prevalence Survey. f) The committee resolved to conduct the Pilot study which was feasible to do so, based on the 1 million allocation. g) The Terms of Reference were revised to suit the Pilot Study and were approved by the committee. Approval is awaited from DSD.

Governance Structure	No. of meetings held	Status of Quorum	Highlights and Recommendations
EXCO	3 Exco and 3 Special Exco's held in quarter 1 and 2 12 and continuation of Exco held on 2 Special Exco Meetings. 2 meetings held in quarter 4: and a continuation meeting held	Yes	 a) Reviewed and recommended matters from Committees to the GM on the following: CDA Rules, 2022/23-2024/25 APP's, 2022/23 Budget, 2021/22 Annual Report etc b) Produced discussion documents and opinion piece on alcohol abuse. c) Reviewed and capacitated committees. d) Coordinated work of the CDA governance structures. e) EXCO wrote the CDA quarter 2 report that was submitted to the DG of DSD and National Treasury on 8 November 2022. f) EXCO presented the CDA Annual Report for consideration by the Portfolio Committee on Social Development on 6 November 2022. g) A request to DSD was made for an internal audit on the budget and expenditure report for the 2022/2023 financial year. h) EXCO resolved that the CDA banners procured by DSD be further investigated because the banners did not meet the specifications required by the CDA and that the expenses incurred be paid from DSD budget. i) The GC and FSEC Chairs to continue with their meetings with the National Treasury regarding the positioning of the CDA and funding solutions for the CDA. These matters are receiving the attention of Natioanl Treasury. j) EXCO resolved to make a final appeal to the ADG to have the long outstanding workshop with the CDA will escalate the matter to the Minister and or to the Portfolio Committee. k) EXCO further resolved to implement cost containment measures. i) Having noted that the report from the secretariat that the APP is due on the 8th of February 2023 it was resolved that the CDA request an extension for submission of the costed APP by the 17th of February 2023. m) APP of the 14th of February 2023 was finalised, costed, and submitted to the DSD.
GM	2 GM's held in quarter 2 & 1 in quarter 3 andmeeting was held in quarter	Yes	 a) Reviewed and approved recommendations from EXCO, mentioned above. b) Approved key projects to be funded in the next financial year 2023/2024. c) Convened and held a meeting with the Minister on 17 March 2023, to give feedback on the work of the CDA and to address challenges with the implementation of the NDMP. d) Considered and approved quarterly meetings of the CDA. e) Approved CDA meeting calender for 2023. f) Considered and approved the CDA APP 2023/2024.
EGM	2 extended meeting held.	No Quorum needed	 a) Engaged on the 2021/22 Annual Report to determine progress on the NDMP and to reflect on matters for further attention. b) CDA held a strategic planning session in October and November 2022 together with provincial structures and with the assistance of DSD and DPME. The draft APP was developed during the sessions.

h) Other CDA Achievements

h (1) Establishment and support to provincial structures

- a) Supported the establishment and regularising of the local drug action committees in Limpopo LDAC's, North West LDAC's, KZN LDAC's, Western Cape LDAC's, Eastern Cape LDACs and Gauteng Province.
- b) Encouraged municipalities to incorporate substance abuse programmes into the IDPs, such that Gauteng and the Western Cape PSAF confirmed that their municipalities have incorporated substance abuse programmes into their IDPs. There is about 12% of municipalities that incorporated substance abuse programmes into the IDPs.
- c) Participated in SALGA Training and Capacity Building of Local Government Councillors to encourage Mayors to establish and support LDAC's.
- d) CDA Participated and presented the roles of CDA in South Africa during the learning visit undertaken by the Zimbabwean Inter-Ministerial Committee on Drug and Substance Abuse at the Department of Social Development.
- e) Conducted two capacity-building workshops in three provinces 24-25 August 2023 in the North West; 3-5 November in Gauteng; and 1-2 December 2022 in the Eastern Cape. Capacity Building was conducted on 7-8 September 2022 and 6-7 December 2022 on the implementation of the 2019-24 NDMP to enhance implementation.

h) (32 Annual Reports

The CDA consulted with the DG's and CEO's of government departments and agencies respectively for them to submit annual reports and the numbers of reports increased from eight to 16 departmental reports. The CDA was also able to receive reports from other non-member strategic stakeholders who also implement the NDMP, including the South African Medical Research Council (SAMRC), South African National Council on Alcoholism and Drug Dependence (SANCA), South African Community Epidemeology Network on Drug Use (SACENDU).

h) (4) Support to government departments

- a) The CDA increased the number of nominated and/or appointed officials from government departments and agencies to 85% and ensured their active participation in the CDA structures.
- b) Supported 3 departments to develop their draft departmental drug master plans through capacity building workshops on the NDMP, i.e. the National Youth Development Agency (NYDA), the Department of Trade Industry and Competition (DTIC) and Department of Cooperative Governance and Traditional Affairs (COGTA) the CDA.
- c) However only 38% of departments submitted their biannual reports (DBE, DSD, SAPS, SARS, DoJ&CD, COGTA, the DTIC & National Treasury). The National Treasury presented their report and only 4 departments submitted their funded DDMPs (DoH, SAHPRA, DSD & SAPS).

h) (5) International Relations

The CDA participated and presented on this goal during the UNODC Webinar on the Implementation of OST in South Africa held on 4 May 2022 (organised by CDA) and the main event held on 12 May 2022 and created awareness on the available NPS's, dangers and the need for strengthened control.

The CDA participated and presented the roles of the CDA in South Africa during the learning visit undertaken by the Zimbabwean Inter-Ministerial Committee on Drug and Substance Abuse at the DOD.

The CDA held a meeting with CADCA and SANCA national to forge partnerships on the possibility of establishing coalitions in the country.

The CDA participated at the 66th CND session and led a Regional Office for Southern Africa (ROSAF) side event organised by UNODC, on harm reduction interventions

held on 15 March 2023. The Chairperson of the CDA, Ms NN Mayathula-Khoza delivered an intervention on "Promoting harm reduction through the National Drug Master Plan". The purpose of the side event was to share lessons learned, best practices in Southern Africa to promote harm reduction by policymakers, drug control agencies and other civil society organizations and how they can be galvanized and utilized to inform better approaches to drug policies, research, and programmes. The CDA held a preparatory meeting on 9 March 2023 to finalise the presentation to be delivered at the 66th CND Session.

The CDA participated and presented at the joint UNODC – UNOV – WHO – Global Fund webinar on the 10th May 2022 on the implementation of the Opioid Substitution Therapy in South Africa and presented South Africa's strategy on this matter. Prior to the main webinar on the 4th of May, the CDA organised a pre-webinar in order to coordinate inputs that would be presented by South African Government departments who were also invited to the webinar. This included the Departments of Health (DoH), Correctional Services (CS) and the Department of Social Development (DSD). The outcome of this engagement was for the CDA and UNODC to convene a workshop to develop a Harm Reduction Strategy with all relevant stakeholders.

h (6) Ministerial Initiatives

The CDA participated at the Foetal Alcohol Spectrum Disorder and Drug Overdose awareness campaigns as invited by the Deputy Minister of the DSD. FASD is a dire problem throughout South Africa and the epicentre of this problem is the Western Cape, yet it remains underserviced. There is a need for the implementation of evidence-based prevention and treatment programmes by responsible service providers, in the context of the NDMP, to prevent and reduce harm caused by these problems The Minister had an engagement with the CDA on the 17th of March 2023 for a briefing as regulated by the Act. A follow-up workshop to be arranged by the department to address the CDA challenges.

The CDA Chair and GC Deputy Chair (Northern Cape Representative) met with the MEC, Ms Nontobeko Vilakazi, Human Rights (NC) and the newly appointed PSAF members on Human Rights Day on 21 March 2023 in the Northern Cape. The visit was arranged by the Minister of Social Development to enable the CDA to advocate for the establishment of PSAF in the Northern Cape province. It was reported at this meeting that the MEC had already appointed the PSAF.

h (7) National Summit on Substance Abuse

The CDA developed an Event Management and RSVP system to advance event market solution that not only provides the ability for guests to register and RSVP for an event but also provides an enhanced event experience for all attendees. The solution allows guests to register and confirm/decline their attendance with ease as well as stay engaged with the event through an event agenda, image gallery, and social networking functionalities that enable the guests to engage in discussions, post updates, and images or videos.

The CDA conducted a media launch on the Substance Abuse Summit to be held on 14-16 November 2023. The event was aimed at highlighting the NDMP 2019-24 to mainstream media, communication divisions of government departments and entities; ensure that the target audience report adequately on the existence of a country strategy on substance abuse; announcing the 3rd Summit on substance abuse; to launch the provincial dialogues that commenced on 26 April 2023 in Gauteng Province; to enable media and communications divisions of departments to publicise the provincial dialogues with understanding of the NDMP strategy being implemented by government departments and other stakeholders as well as the oversight role of the CDA in the implementation of the strategy.

Challenges

The challenges as they apply to the CDA and all Committees persists. However, members of the CDA, particularly independent members, are committed to the cause and the challenges notwithstanding, get the job done. The issue of the form and structure of the CDA, as well as its budget and the lack of a competent and qualified secretariat, incapacitate the CDA and need urgent attention.

Recommendations

The CDA to engage all key functionaries, and the Acting Director General and the National Treasury to address the challenges as mentioned above.

4.4.3 CDA Extended General Committee

This committee comprises all CDA members, NGOs/NPOs, local and international partners of the CDA, key national departments that may not already be members of the CDA, provincial substance abuse coordinators (managers)

and PSAF chairpersons (who may bring no more than two LDAC representatives, on rotation). The committee holds two meetings a year with the objectives of engaging with stakeholders, providing feedback to the sector on issues emerging from the Annual Report, and giving guidance on the way forward. The Extended General Meetings for the period under review held on 26 and 27 May 2022 and 10 and 11 November 2022.

The CDA was able to bring together a variety of stakeholders such as government departments and entities, NGO's and UN Agencies to engage on the Annual Report, to deliberate on the critical issues on drugs and harmful substance use, and to ensure future collaboration and coordination in the work of the CDA towards the implementation of the NDMP. Provincial Substance Abuse Forums and all the other stakeholder presented their reports, which were evaluated against the goals of the NDMP.

4.4.4 The CDA Secretariat

The Act provides for the establishment of the CDA Secretariat, which accounts to the CDA and is located in the DSD, the lead department in the field of substance abuse. An important function of the CDA is to monitor the implementation of the NDMP, to facilitate and promote an integrated approach to service delivery, and to coordinate programmes aimed at the control of substances for medical and scientific use, in all spheres of government and civil society. Therefore, the CDA facilitates cooperation between government and stakeholders in the field of substances, including the use and abuse of substances, and the management of licit and illicit substances.

The CDA Secretariat thus performs the work incidental to the functions of the CDA and provides administrative and other support as may be required by the CDA. The Secretariat must ensure that the day-to-day work of the CDA is carried out in line with the requirements of the Act and the NDMP. The Secretariat also provides technical and administrative support to the CDA and its institutional support structures. The capacitation of the CDA secretariat is critical to the CDA delivering on its mandate. The Secretariat of the CDA consists of two deputy directors with a background in social work background and two administrative personnel. This has been acknowledged as totally inadequate to meet the needs and demands of the CDA. No Executive Director of the CDA, as provided for in the Act, has been appointed since the inception of the CDA. The Secretariat is fully accountable to the DSD rather than the CDA. The CDA has addressed this with the DSD, but the problem persists and creates tension.

The lack of capacity of the Secretariat has resulted in members of the CDA having to perform administrative functions that are the domain of the Secretariat, for example the Annual Report of the last financial year was compiled by the CDA members, even though it is a key performance area of the Secretariat.

4.4.5 The Department of Social Development as host of the CDA

The CDA is expected to lead the deliverables of the NDMP to promote governance, leadership and accountability for an effective response, in collaboration with all departments represented in the CDA and their ministries. The CDA is currently located within the DSD. The DSD is therefore expected to support the CDA to achieve its mandate. In this regard, the department delegated the Chief Director of the Substance Abuse and Social Crime Directorate to provide technical support to enable the CDA to carry out its mandate as prescribed in the NDMP 2019–24. Whilst the Chief Director has done her utmost to support the CDA and its functions, the support of other units in the department, such as Finance, Human Resources and Organisational Development, etc., would enhance the performance of the CDA.

The department also has a dual function, on the one hand that of leading some critical aspects of the NMDP and thus having to account to the CDA as with all other departments, in terms of its periodic and annual report, which it consistently does with distinction. The department has to on the other hand, provide technical support and resources, and also perform other functions to facilitate and promote the functional and administrative capacity of the CDA. This remains a challenge. The positioning of the CDA and its Secretariat, which in effect and in practice has made the CDA become subservient to the Directorate of the DSD, has had – and continues to have – a negative effect on the functioning of the CDA. The fundamental challenge is the positioning of the CDA and its Secretariat, without clear policies and systems that define the relationship, mutual expectations and working arrangements.

Several studies and investigations have been done, which propose concrete measures for the strengthening of the CDA and the Secretariat, but these have not been effected. The CDA has developed a job profile for the Director: Secretariat, which was submitted to the department for job grading. Whilst it is considered a priority for the CDA, the outcomes are yet to be received from the department.

CHAPTER 5 BUDGET AND FINANCE OF THE CDA

The CDA is funded through the national DSD'S Substance Abuse Programme. In addition, the CDA is an Authority whose members include national departments that should allocate some of their budgets to combating substance use and abuse in the country in line with the NDMP. In reality, departments themselves have financial constraints that prevent them from fulfilling their own obligations, and the system of intergovernmental relations does not make provision for funding between departments.

In 2022/23, the limited budget allocated to the CDA by the DSD was overspent though the CDA has no control over the budget and how it is utilised. The CDA attempted to put in place certain controls to mitigate against the foreseen over expenditure, however, those efforts yielded no results as the CDA does not approve how the allocated budget is ultimately utilised. The CDA has requested an internal audit of its expenditure in the 2022/23 financial year to ensure that funds were indeed utilised on the activities of the CDA. Currently, the DSD provides and controls the human and financial resources allocated to the CDA from the voted budget.

The 4th CDA has translated the strategic plan and NDMP 2019-2024 into a business plan, which identifies the human and financial resources required for implementing the plan. However, the current positioning of the CDA compromises sound financial planning and expenditure monitoring principles, as set out in the Handbook on Financial Planning and Expenditure Monitoring (May 2013), one of the CDA's guiding documents.

The CDA is funded through the national DSD'S Substance Abuse Programme. It is historical and controlled fully by the DSD. In terms of Section 55 of the Prevention of and Treatment for Substance Abuse Act, 2008, work incidental to the performance of the function of the CDA must be subject to the control and directions of the CDA, be performed by a secretariat consisting of the Director– Secretariat of the CDA and such other administrative and support staff as may be required for the performance of the functions of the CDA. It further stipulates that such director and staff must be suitably qualified and experienced persons appointed by the Minister 'on such terms and conditions as the Minister, with the concurrence of the Minister of Finance, may determine'.

This means that the CDA must have a fully fledged Secretariat that is able to fulfil all the functions expected of it by the CDA, in terms of the Act and the NDMP. The Secretariat, led by the Director, is the administrative arm of the CDA, and is expected to perform functions, including amongst many others, secretarial services, research, information management, and provision of advisory services to the Board. Due to lack of resources and a limited budget, there is no competent Secretariat equipped to fulfil the vast array of functions of the CDA. It is, however, the responsibility of the Ministry to source adequate funding for the establishment of the Secretariat and for the performance of the CDA. The budget of the CDA is miniscule, when measured against the challenges of substance use, abuse and misuse in the country, as well as drug trafficking, the National Drug Master Plan (NDMP) and the functions allocated to the CDA by the Act at national, provincial and local level.

In 2022/23, the limited budget allocated to the CDA by the DSD was overspent though the CDA has no control over the budget and how it is utilised. The CDA attempted to put in place certain controls to mitigate against the unforeseen over expenditure, however, those efforts yielded no results as the CDA does not approve how the allocated budget is ultimately utilised. The CDA has requested an internal audit of its expenditure in the 2022/23 financial year to ensure that funds were indeed utilised on the activities of the CDA. This request has not been responded to. Currently, the DSD provides and controls the human and financial resources allocated to the CDA from the voted budget. It further controls the work of the current secretariat, even when there are financial implications, without consultation with the CDA.

The 4th CDA has translated the strategic plan and NDMP 2019-2024 into a business plan, which identifies the human and financial resources required for implementing the plan. However, the current positioning of the CDA compromises

sound financial planning and expenditure monitoring principles, as set out in the Handbook on Financial Planning and Expenditure Monitoring (May 2013), one of the CDA's guiding documents. In addition, the members of the CDA, especially independent members, are compelled to perform functions of the Secretariat, at great personal and financial sacrifice, as indicated below.

Fundraising to support the implementation of the NDMP

The NDMP 2019-24 (Goal 5) requires that the CDA source funding to support the implementation of the NDMP. The CDA has sourced funds from the UNODC through their sponsoring three stakeholder engagements in collaboration with the CDA and these were:

- 1. Travel and accommodation to a 1 day draft harm reduction stakeholder meeting for 20 people held at the Pepperclub Hotel in Cape Town.
- 2. 1 day conference package for 50 people for the CDA NDMP 2019-24 relaunch and 3rd National Summit launch at Emperors Palace Ekurhuleni.

Members of the CDA have supported the implementation of the CDA APP and the NDMP by providing resources estimated to total over R700 000 since they began their term as highlighted on the Table below:

TABLE 5.1 FUNDRAISING TO SUPPORT THE IMPLEMENTATION OF THE NDMP (UNAUDITED)

Expense Detail	Estimated cost over 01.06.2021 - 30.03.2023
1) Microsoft 365 (actual cost)	R28 776,00
2) Monthly wifi/mobile/telephony (estimated)	R264 000,00
3) Website development (actual)	R35 000,00
4) Website monthly management fee (actual)	R49 000,00
5) Website server monthly fee (actual)	R6 300,00
6) Uncatered for lunches, snacks and other incidentals incurred for the CDA (estimated)	R132 000,00
7) Pre-meeting prep time cost (estimated)	R186 560,00
8) Compensation of CDA Members for travelling for the business of CDA	
	R701 636,00

Notes:

Calculations of estimates are based on the rate per hour for CDA members not the chairpersons.

1 -2) The sponsored expenses incurred are due to the non-provision of tools of trade, including WIFI connectivity to attend CDA meetings, for all CDA members by the CDA. The cost incurred by CDA members who are departmental representatives has not been factored in as they often have use of resources provided by their own departments, though at times this is not the case.

3) The CDA website development cost was covered by the CDA through combined sponsorship as the DSD could not procure the development of a website for the CDA. The CDA website has assisted in publicising the CDA as well as in providing access to the CDA by the public. It has also been of much use to communicate effectively with the public in the roll-out of the provincial dialogues towards the 3rd national Summit on Substance Abuse and Illicit Trafficking. The website will be handed over to the DSD once a website is developed by the DSD for the CDA. These costs are not estimated but actual.

4 - 5) The CDA website has a monthly server and management fee which is paid for by the CDA members.

6) There have been various instances wherein CDA members have had to provide for catering for CDA meetings and even public engagements.

7) Pre-meeting preparation time is not covered by the CDA and CDA members are not paid an annual retainer fee which would be towards time used in preparing for CDA assignments and meetings. There is no compensation for travel hours away from home on the work of the CDA.

8) The costing for this has not been done but would add substantially to the expenses.

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TABLE 5.2 SUMMARY OF BUDGET AND EXPENDITURE REPORT

	BUDGET	-	EXPENDI	TURE		AVAILABLE
	VOTED	EXP	Comm	TOTAL EXP	%	
	ENE	AS AT	AS AT	AS AT	SPENT	AMOUNT
	2022/23	31-Mar-23	31-Mar-23	31-Mar-23	31-Mar-23	AMOUNT
1	2	3	4	5	6	7
ECONOMIC CLASSIFICAT	<u>R'000</u>	<u>R'000</u>	<u>R'000</u>	<u>R'000</u>	<u>R'000</u>	<u>R'000</u>
Current payments						
Compensation of Employees	2 338	2 667		2 667	114.07%	-329
Good and Services	4 714	5 081		5 081	107.79%	-367
Transfers and Subsidies	0					
Capital payments						
Payment of Capital Assets	86	0		0	0.00%	86
TOTAL	7 138	7748	0	7748	108.55%	-610

TABLE 5.3 TOTAL EXPENDITURE AGAINST BASELINE (UNAUDITED)

Baseline			R	4 714 000.00
Less Total Expenditure			R	5 081 208.00
Commitments				
Expenditure as of 31 MARCH 2023	R	5 081 208.00		
Available Amount			-R	367 208.00
Projections (Activities)			R	5 081 208.00
TRAVEL AGENCY FEES	R	134 574.00		
Promotional Items	R	19 000.00		
Catering	R	139 461.00		
Telephone	R	5 917.00		
BUS&ADV SER:BOARD & COMM MEM	R	1 886 037.00		
Stationery	R	1 710.00		
Rental & Hiring	R	44 400.00		
Accommodation	R	423 532.00		
Kilometer Own Transport	R	44 397.00		
Other Transport	R	759 010.00		
Foreign Daily Allowance	R	12 706.00		
Air Transport	R	130 261.00		
Printing & publication	R	233 680.00		
Venue & Facilities	R	1 199 773.00		
Car Rental	R	46 750.00		
Plus Operational Cost				

The above expenditure report is not audited but drawn manually from records of the Secretariat.

The 11 CDA independent members are remunerated for time spent on activities of the CDA which include in the main, meeting attendance and engagements in support of the implementation of the NDMP by the provincial substance abuse forums (PSAF's). Independent members of the CDA are assigned to provinces, and they engage closely with those provinces in support of PSAFs. Please note that the CDA was instructed to cease its operations from December 2022 up to the end of the financial year, even though it had budgeted sufficiently for its activities and had controls in place. Given that they were not in control of the budget it led to the 'overexpenditure'.

Explanatory Notes on Expenditure Items:

Travel agency fees:	Fees paid to travel agency for travel and accommodation of CDA members and secretariat.
Promotional material:	Banners procured for the CDA which were not reflective of the CDA approved branding. The banners had to be procured again in the 2023/24 financial year.
Catering	CDA meetings and public dialogues.
Telephone:	CDA secretariat cost for use of DSD telephone lines.
Bus & Adv Ser: Board	
& Comm Mem:	Total remuneration of the 11 CDA independent members.
Stationery:	Secretariat stationery used at DSD.
Rental and Hiring:	Hiring of items required by the CDA secretariat.
Accommodation:	Cost of accommodation for CDA independent members and secretariat.
Kilometre own transport:	Total claims by CDA independent members for use of their own transport to CDA activities.
Other transport:	Shuttles for CDA independent members and secretariat to attend CDA assigned activities. The cost of shuttles for CDA members raised the concern of the CDA and a resolution was made that members get rental cars where possible.
Foreign daily allowance:	Per diem for CDA secretariat attending activities out of the country on behalf of the CDA.
Air transport:	Cost of air tickets for the CDA independent members and secretariat including international travel of the secretariat.
Printing and publication:	Internal printing and publication costs incurred by secretariat at DSD.
Venue and facilities:	Cost of hiring venues for CDA meetings. This is a cost that the CDA considered of high concern and the mitigation resolution was that the CDA will henceforth use government owned or free venues whenever possible.
Car rental:	Cost to hire rental cars for travel by CDA independent members and secretariat.

The CDA continues to be concerned by the high prevalence of harmful substance use and abuse in the country and the associated social and economic impacts. However, the reality is that, given the limited budget allocation and operational challenges due to being positioned within the DSD, the CDA will be unable to fulfil its mandate unless it is reconfigured in accordance with the Cabinet Directive of 1 November 2019 and is allocated an appropriate and reasonable budget to carry out its mandate. This will be achieved with the costing of the current Act and the NDMP.

CHAPTER 6 STAKEHOLDER ENGAGEMENT

The approach espoused in both the Act and the NDMP is about working in partnership with others, pooling resources and maximising efforts to achieve the goals of the NDMP. This is because the relationship between drug control and human development is complex and requires a multi-sectoral approach. Therefore, structural arrangements should mirror the complex and diverse social, economic and cultural aspects of society, and to ensure expectations are met. In this regard, the CDA strives to engage and partner with key stakeholders, as defined in the NDMP.

This chapter reflects on the implementation of the NDMP 2019-2024 and other substance use and abuse interventions by stakeholders with whom the CDA engages, both in the country and internationally, and the extent to which the CDA was able to achieve the goal of engaging the stakeholders with a view to forging partnerships in the interest of service integration and coordination.

6.1 INTERNATIONAL STAKEHOLDERS

6.1.1 Community Anti-Drug Coalition of America (CADCA)

The community Anti-Drug Coalition of America is the leading U.S. based substance use prevention organization, representing over 5,000 community-based coalitions across the United States and in 23 countries, who work to create safe, healthy and drug-free communities. CADCA assists communities by providing the necessary support for coalitions to become stronger, more effective and better able to sustain population-level reductions in illicit drug use rates and related problems. CADCA's primary activities include advocacy within the public policy realm, hosting conferences and other capacity-building events and trainings, youth leadership programs and technical assistance, aside from the development of print and electronic resources in key languages.

CADCA is currently collaborating with SANCA, so far coalitions were established in the following provinces: Eastern Cape, Gauteng, KwaZulu-Natal and Limpopo Province. The CDA had an engagement with CADCA and SANCA National on 31 March 2023 to forge partnership on the possibility of establishing coalitions in the country.

6.1.2 United Nations Office on Drugs and Crime (UNODC)

The UNODC was established in 1997. It has its headquarters in Vienna, Austria and 21 field offices, including one in Pretoria, South Africa. The UNODC's long-term aim is 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. The UNODC publishes the annual World Drug Report (WDR), which presents a comprehensive assessment of the international drug problem, with detailed information on the illicit drug situation, including patterns and trends in the production, trafficking and use of key drugs.

The CDA has forged partnerships with the UNODC Regional Office in Southern Africa during the 2022/23 financial year. The UNODC is a significant partner of the CDA and the following are an overview of the UNODC programme activities carried out to promote the implementation of the NDMP with CDA:

- a) In 2022, the UNODC Supported the National Strategic plan for HIV/AIDS South Africa by working closely with 2 technical working groups for the inclusion of strategic activities for People who use drugs and people in prisons.
- b) Discussions were held with the SADC on the implementation of SADC Strategic Plan for prisons (based on Nelson Mandela Rules) that was approved in May 2021 and a strategic set of actions are planned for implementation in 2023.
- c) In May 2022, the UNODC organized a webinar to promote harm reduction and intensify efforts to scale up harm reduction on "Implementation of Opioid Substitution Therapy in South Africa", in partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and the World Health Organisation (WHO). The webinar was represented by high level speakers from the National DOH, National DSD, CDA,

SANAC, GFATM, UNODC, WHO, CDC, South African Network of People Who Use Drugs (SANPUD) and Ms. Hendrietta Bogopane-Zulu, Deputy Minister of Social Development. The webinar was attended by 111 participants and created a lot of follow-up activities to provide increased attention to the issues of people who use drugs and people in prisons in South Africa.

- d) The UNODC worked with the DSD and the South African Network of People who use drugs – SANPUD and conducted two harm reduction workshops to train more than 40 CSO representatives from QwaQwa in the Free state and Amajuba in KwaZulu-Natal. These training workshops provided the participants with knowledge on community engagement and principles of harm reduction, context-specific application of the harm reduction model, identifying gaps, and discussing programme priorities for the location and preparation of strategic work plans. This will also pave the way for civil society to have a voice and representation in the community. There are also consultations for Global Fund funding processes.
- e) The UNODC and the AU in collaboration with the DCS, and the Ministry of Justice organized a Drug demand reduction meeting for South African traditional *leadership* on from the 01-02 NOVEMBER 2022. At least 70% of South Africa's poor people live in rural areas under the leadership of traditional leaders. The overall objective of the meeting was to understand public health problems, in jurisdictions under traditional leadership due to the increased availability and use of psychoactive substances trafficked into the continent and also produced locally, and to create a national network of Traditional Leaders in DDR in South Africa. This meeting was attended by Traditional Chiefs from all the provinces, and they also signed a declaration to work towards drug use prevention at the community level. The importance of harm reduction, drugs and HIV issues that needed to be addressed among people who use drugs and people in prisons were presented to the traditional leaders.
- f) In November 2022, the UNODC, in partnership with the CDA, organised a consultative meeting to increase the support of relevant government and multi-sectoral structures for the implementation of harm reduction activities in South Africa, with a particular focus on Opioid Substitution Therapy (OST). This meeting was attended by representatives from UNODC, CDA, WHO, DOH, DSD, DCS, SAPS, Global Fund Local Funding Authority (LFA), SANPUD, SANCA, SANAC Technical Work Group Chair to take stock and to plan a harmonised way to promote harm reduction in line with the NDMP to support policy harmonization

between health, social security and justice sectors to support public health approaches for people who use drugs and people in correctional settings.

- g) The UNODC made a presentation on harm reduction for people who use drugs and people in prisons at the Meeting of the National AIDS Council managers from Eastern and Southern African region and Ministry of Health HIV prevention leads on Operationalizing the 2025 Prevention Roadmap, 10-12 October 2022, Johannesburg, South Africa.
- h) The UNODC engaged with the Global HIV Prevention Working Group Meeting, 12-14 October 2022, Johannesburg to promote harm reduction in line with the UNODC mandates.
- Presented UNODC mandates in a webinar: Human Rights Violations Against People Who Use Drugs in the Sub-Saharan region and called for cooperation from the members of the newly formed civil society organisation Africa PUD.
- j) The UNODC engaged with the Chairperson, Deputy Chairperson from CDA through different meetings to discuss areas of cooperation in South Africa and in the region, including operationalising the harm reduction supportive provision for increasing access to services among people who use and inject drugs and people in prisons.
- k) The UNODC met with the Director, International Technology Transfer Centre, University of Cape Town and discussed harm reduction, drug use research, drug use surveillance research, usage of UNODC technical tools for advocacy, partnerships and evidence informed programming.
- I) The Regional Office for South Africa organized a Learning visit to Kenya for senior officials from the Department of Correctional Services (DCS), Ministry of Justice and the CDA, South Africa from the 20-26th November 2022 and the delegation was led by the National Commissioner DCS, Makgothi Samuel Thobakgale. The purpose of the learning visit to Kenya was to learn from the experiences of good practices in the implementation of the key population programmes and harm reduction interventions with a view to implementing and operationalising similar programmes in South Africa.
- m) In October 2022, the UNODC met with the Prison executive on the 4th October in George attended by the National Prison Commissioner and the Regional Prison Commissioners. The UNODC presented the scope of work and the Vision for Africa, that included Prisoner Health and Mandela Rules, Drugs and HIV.
- n) Almost all the Regional Commissioners highlighted the need for more support regarding capacity building on

drugs and HIV issues. Prisoner health was emphasised by all. The DCS is interested in learning more about harm reduction from other countries and willing to start OAT in South African prisons. Social reintegration to deal with recidivism was also emphasised. The DCS has requested for capacity building for the DCS officials. The UNODC met with the Minister of Justice and Correctional Services and the Deputy Minister of Correctional Services on various occasions in 2022 to promote and brief on the UNODC mandates regarding drugs, HIV, harm reduction, corrections, prisoner health and prison reforms.

- o) The UNODC ROSAF organised a side event at the 66th Commission on Narcotics Drugs on the 16th of March 2023. The title of the event was Promoting evidencebased HIV prevention interventions among people who use drugs and people in prisons in the Southern Africa region. The primary objective of the event was to share the lessons learned, best practices used in Southern Africa to promote harm reduction by policymakers, drug control agencies and other civil society organizations and how they can be galvanized and utilized to inform better approaches to drug policies, research, and programmes. The event was moderated by the Regional Programme Officer, HIV/ AIDS prevention and Care and had a high-level panel comprising the Chair of the CDA of South Africa, Chair, Technical working Group, SANAC, Director, Zimbabwe civil society network on Drugs, Executive Director, National AIDS council Mozambique and Technical Officer, WHO.
- p) On the 28th of March 2023 the UNODC Regional Programme Officer conducted programme planning and technical cooperation meeting with the Chair and the Deputy Chair, CDA of South Africa. The upcoming CDA-UNODC Media Event, Technical Working Group (TWG), development of Terms of Reference for the TWG, Interdepartmental meeting, Country sensitisation for Quality Assurance for Substance Use Disorders and the development of the country harm reduction policy were discussed.
- q) The UNODC jointly with the CDA of South Africa organised a meeting event to promote National Drug Control Master Plan and harm reduction on the 30th of March 2023 in Johannesburg attended by 35 participants physically and around 60 virtually. The UNODC Regional Programme Officer, HIV Prevention and care made a presentation on the UNODC approach and priorities towards implementing harm reduction – highlighting how evidence informed, gender sensitive, human rights-based harm reduction programme saves lives. This event was well represented by SANAC,

DSD, CDA members, SANPUD, civil society and the programme was moderated by the International Technology Transfer Centre, University of Cape Town.

6.1.3 World Health Organisation (WHO)

The DOH and its civil society partners (which include the MRC) have close working relationships with the WHO in matters such as providing data on alcohol and tobacco use in South Africa. The CDA engages with the WHO through both the regional WHO office and government departments represented in the CDA. The development of the country's harm reduction policy were discussed. The UNODC jointly with the CDA of South Africa organised a meeting event to promote the NDCMP and harm reduction on the 30th of March 2023. The DOH and its civil society partners (which include the Medical Research Council) have close working relationships with the WHO in matters such as providing data on alcohol and tobacco use in South Africa. The CDA engages with the WHO through both the regional WHO office and government departments represented in the CDA.

6.1.4 The African Union (AU)

As a member of the AU, South Africa is part of the AU Plan of Action (AUPA), which has the overall objective "to improve the health, security and socio-economic well-being of the people of Africa by addressing drug trafficking and problematic drug use in all its forms and manifestations and preventing the onset of drug use". The Department of Social Affairs of the African Union Commission (AUC) develops drug policy based on consultation with a continental team of experts on various drug-related issues. South Africa is one of the few member states to have a NDMP and a central drug authority. The CDA offers an opportunity for other member states, especially in Southern Africa, to learn from its experience of developing a drug master plan and establishing a national body to monitor and evaluate interventions aligned with substance use and substance use disorders.

The African Union's Department of Health, Humanitarian Affairs and Social Development (HHS) hosted a 2 day catalytic Drug Demand Reduction meeting for South Africa's Traditional Authorities and Leadership on 1-2 November 2022, in Gauteng, South Africa. The session was organised in collaboration with the DCS; the Office of Global Programmes and Policy, Bureau of International Narcotics and Law Enforcement Affairs, a State Department in the United States of America; and the UNODC under the theme: *"Solidarity in addressing drug addiction and related*

mental health disorders". The purpose of the event was to understand public health problems in jurisdictions under traditional leadership due to increased availability and use of psychoactive substances that are trafficked and also produced locally, and to create a national network of Traditional Leaders to facilitate the implementation of drug action plans.

6.1.5 The International Network on Health and Hepatitis in Substance Users (INHSU)

The International Network on Health and Hepatitis in Substance Users (INHSU) worked with the South African network members and partner organisations on a range of activities. Two South Africans are members of the INHSU board of directors. Several South African delegates participated in the annual conference, which was held in Glasgow in October 2022. Representatives from South Africa participated in the people who use drugs community day and were also panellists and presenters in plenary and parallel sessions. Since late 2022 INHSU has been working with the Southern African HIV Clinicians Society and the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine to develop a health care worker training programme for implementation in drug and alcohol treatment and primary health care settings in South Africa and four other African countries. Content development is underway and the training workshops will start in 2024. During the course of this year, the INHSU's storytelling capacity building project was implemented. The project was delivered over 6 months by local storytelling consultants. Three South Africans with lived experience of drug use took part in the program, which included face-to-face workshops and virtual one-on-one sessions. South African participants shared their stories as part of the World Hepatitis Day event on 25th July 2022, which was co-hosted by the CDA and other local stakeholders. The stories were also shared at a South African Community Epidemiology Network on Drug Use round table session on harm reduction.

6.2 NATIONAL STAKEHOLDERS

The following organisations submitted reports to the CDA on their activities, which are summarised below. For copies of these reports, please contact the CDA Secretariat. The 11 CDA independent members are remunerated for time spent on activities of the CDA. The 11 CDA independent members are remunerated for the time spent on activities of the CDA Secretariat. The following organisations submitted reports to the CDA on their activities, which are summarised below. For copies of these reports, please contact the CDA Secretariat.

6.2.1 International Technology Transfer Centre (ITTC) (South Africa)

Formerly the Addiction Technology Transfer Centre (ATTC), the International Technology Transfer Centre (ITTC) is an initiative funded by the Bureau of International Narcotics and Law Enforcement Affairs, US Department of State, through the Colombo Plan DAP. It forms part of the programmes of the International Consortium of Universities for Drug Demand Reduction (see ICUDDR). The ITTC capacitates providers operating in the treatment space with online and in-person training. Its work is related to Goal 1 of the NDMP 2019-2024. More detail about the period under review is provided in the DSD Annual Report.

6.1.2 International Consortium of Universities for Drug Demand Reduction (ICUDDR)

The International Consortium of Universities for Drug Demand Reduction supports the rapid improvement in competencies and skills among current and future generations of addiction professionals, to meet the increasing demand for prevention, treatment and public health services. It facilitates networking among universities to promote high quality education and training in the field of addiction prevention, treatment and public health interventions. In South Africa, activities are led by Fergus Ashburner, Shaheema Allie and Nurain Tisaker for ITTC, and Dr Rehana Kader and Lameze Abrahams for ICUDDR South Africa.

6.1.3 International Society of Substance Use Professional (ISSUP)

The ISSUP South Africa launched on 5 September 2018. The International Society of Substance Use Professional South Africa is the national chapter of the ISSUP on the African continent and is currently hosted by SANCA. ISSUP South Africa creates a central place for professionals to share information and promotes communication opportunities with other chapters around the globe. Benefits include the sharing of best practices in substance use prevention, treatment and recovery within South Africa. As members of ISSUP, the CDA members have access to various best practice training and information. The report is incorporated in the report of the DSD.

6.1.4 South African Medical Research Council (SAMRC)

The SAMRC's Mental Health, Alcohol, Substance Use and Tobacco Research Unit 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. Its work is related to Goal 6 of the NDMP 2019-2024. The SAMRC collects treatment demand data from specialist substance use treatment centres through the SACENDU.

6.1.5 SACENDU

The SACENDU Project is an Alcohol and other Drugs (AOD) sentinel surveillance system operational in all 9 provinces in South Africa since 1996. SACENDU monitors trends in AOD use and associated consequences on a six-monthly basis from specialist AOD treatment programmes, community-based harm reduction and health service providers and Services Quality Metrics (SQM) study.

6.1.6 South African National Council on Drugs and Alcoholism (SANCA)

SANCA is at the forefront of substance abuse prevention, early intervention and treatment of SUDs. The organisation is led by volunteers but also employs professional staff, including workers and health care professionals. SANCA is funded through client fees and a government subsidy.

SANCA played a critical role towards reducing the demand and harm caused by the harmful use of substances. The followings are the demand and harm reductions interventions implemented by SANCA to address SUD in the country: Demand and Harm Reduction interventions.

a) Demand Reduction Strategies: Awareness, Prevention and Training Programmes Media liaison and networking.

Kick-Your-Habit Campaign for SANCA Week.

Develop standardised prevention interventions, e.g., FASD. School-based programmes, puppets, etc.

CADCA Coalitions implement a prevention strategic framework.

Allocated CPD points for training workshop for Social Workers and Medical professionals (HPSCA and SACSSP).

Modernise training through online platforms.

Addiction conference on the 28th and 29th June 2023.

b) Harm Reduction Initiatives: Treatment and Recovery Services

SANCA has reached 26,305 service users in the past two years as well as the provision of the following primary and secondary treatment services:

Standardized Treatment programmes developed. Capacity building of SANCA staff through Creative Minds workshops.

Monitoring and Evaluation site visits conducted to ensure quality service delivery.

National statistical data collated and shared.

c) National funding projects secured

Provision of Early intervention programme, I CAN to children between 13-17 years of age.

Provision of Out-patient treatment programmes.

Provision of In-patient treatment programmes.

Provision of day care services.

Provision of a continuum of care through aftercare programme and halfway houses.

Research projects involved in, e.g. DGMT, UNISA, and independent researchers.

6.1.7 TB HIV Care

TB HIV Care is an NPO established in 2014 for health, human rights and advocacy for people who use drugs. They started harm reduction services in 2015 and are currently operating in the City of Cape Town (Western Cape); Nelson Mandela Bay (Eastern Cape); and eThekwini (KwaZulu-Natal). TB HIV Care is a Global Fund sub-recipient and a CDC Partner in Tshwane (Gauteng) and Ehlanzeni (Mpumalanga).

TB HIV Care, working with people who use drugs (PWID) has provided the following services in the previous financial year:

- a) Needle syringe programme (NSP) & OST service outputs (2022): 13 150 people accessed NSP and 1 149 people were reached through Opioid substitution therapy.
- b) HIV testing and treatment cascade (2022): 1 147 people were tested.
- c) TB testing and treatment cascade (2022): TB testing and treatment were done in Cape Town, in eThekwini, Nelson Mandela Bay, Ehlanzeni and City of Tshwane Districts.
- d) Viral hepatitis: testing and treatment (2022): 240 people were tested for Hepatitis C Virus and 414 people were tested for Hepatitis B Virus.

Mortality (2022): 16 mortality cases were reported to programme staff

Human rights violations: 763 cases were reported during 2022 to TB HIV Care.

The work done by the stakeholders and partners of the CDA in the country is commendable. It is paramount in ensuring the collective achievement of the goals of the National Drug Master Plan. The CDA will continue forging partnerships to ensure the holistic achievement of NDMP goals.

CHAPTER 7 THE NDMP 2019-2024 IMPLEMENTATION ANALYSIS

National departments and entities, as well as provincial substance abuse forums (PSAFs) submit to the CDA, annual reports on their sector which should be aligned to the NDMP. Performance is measured in relation to the NDMP Goals, the MTSF Outcomes and the Resolutions of the National Conference on Substance Abuse and Family Related Interventions held in Ekurhuleni.

In the previous year the CDA has read and analysed the reports and given departments the opportunity to present their draft reports and to interact with their final reports before the Annual Report is compiled and submitted to the Minister of Social Development. Ideally, the reports should be read against the sector DMPs, which should have been compiled and costed. However, not all departments have achieved this. The focus of the CDA has been on getting departments to participate in the CDA and establishing provincial and local structures. To date, four departments and 1 entity have worked on their sector DMP: the DSD, the DOH, the SAPS and the SAHPRA. The CDA capacitated national departments and entities on the implementation of the NDMP and to develop Departmental Drug Master Plans.

This chapter contains an analysis of the reports in relation to the NDMP goals, the MTSF Outcomes and the Resolutions of the National Conference on Substance Abuse and Family Related Interventions which was held in Ekurhuleni between 31 October and 2 November 2019 (Table 7.1). It provides the key findings and comments related to the reports received by the CDA. It also measures the performance against the NDMP's goals and objectives of national departments, and provincial substance abuse forums (PSAFs), which incorporate inputs from local drug action committees (LDACs), and non-governmental structures functioning at different levels. It should be noted that not all national departments submitted reports, while others are not yet represented in the CDA.

MTSF Outcomes	Activities Contributing to MTSF Outcomes	Conference Resolutions
1. Outcome 1: Reduced	Social activities (Outcome 3)	1. Develop and implement the legal
levels of poverty	1. Reduction of social and behaviour problems	framework to restrict access to and
2. Outcome 2: Reduced	2. Strengthened partnerships	availability of alcohol.
levels of inequality 3.	3. Develop workforce capacity and systems	2. Strengthen mechanisms to minimise
Outcome	4. Respond to emerging trends	the illegal manufacturing, supply and all
3: Reduced social ills,		forms of trafficking of licit and illicit
improved well-being of	Health activities (Outcome 2)	drugs.

TABLE 7.1 MTSF outcomes, activities contributing to MTSF outcomes and conference resolutions

children, families, and	1. Take effective and practical prevention measures	3. Strengthen the collaboration and
communities	that protect people, in particular children and youth	coordination mechanisms to fight the
4. Outcome 4:	from drug use initiation by providing them with	scourge of substance use/abuse.
Empowered, resilient	information about risk of drug abuse.	4. Implement an integrated and
individuals, families,	2. Take effective and practical measures to prevent	balanced approach that includes
and sustainable	progression to severe drug use disorders through	demand and supply reduction strategies
communities	appropriately targeted early intervention for people at	required, including international
5. Outcome 5: Improved	risk of such progression.	cooperation.
sector capability	3. Develop and implement substance abuse	5. Increase investment in health,
	campaign strategy in collaboration with other	prevention, early intervention,
	government departments and relevant stakeholders.	treatment, and rehabilitation and
	4. Review existing Standard Treatment Guidelines	aftercare services.
	and Essential Medicine List to ensure access to	6. Mainstream moral regeneration and
	controlled substances including for the relief of pain	restoration in all substance abuse
	and suffering.	programmes and services.
	ů – – – – – – – – – – – – – – – – – – –	7. Improve data collection and use,
	Human rights activities (Outcome 3)	surveillance system for evidence-based
	5. Improved access to voluntary treatment for people	planning and programming.
	with SUD.	8. Mobilise and involve communities
	6. Improved access to justice for victims of human	(including FBOs, NGOs, CBOs,
	rights abuses linked to drug law enforcement	academics, labour, business, research
	operations.	institutions etc.) to strengthen families in
	7. Improved access to gender and youth sensitive	the fight against the scourge.
	health and social services.	9. Strengthen regional, continental, and
	Developmental activities (Outcomes 1, 2 and 1)	international cooperation. 10. Increase the tax of alcohol
	Developmental activities (Outcomes 1, 3 and 4)	
	8. Strengthened governance and legitimate authorities.	beverages to fight alcohol related harm. 11. Ensure equal access and
	9. The development of licit economies.	distribution of resources, especially for
	10. Relief of poverty in areas of concentrated drug	civil society and organisations from
	production, trafficking, or retail sale through	informal settlement, urban and rural
	strategies that involve access to education,	areas.
	employment, social support, etc.	
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Security activities (Outcome 3) 11. A reduction in drug market-related violence. 12. A reduction in the power and reach of organise crime. 13. A reduction in corruption and money laundering 14. A reduction in internal displacements related t supply reduction measures. 15. A reduction in the numbers of people imprisone for minor, non-violent drug offences. 16. A reduction in property and violent crime associated with drug dependence.	o d
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NATIONAL ANALYSIS

Deliverables	Activities	Achievements	
	GOAL 1: D	EMAND REDUCTION THROUGH PREVENTION AND TREATMENT OF DRUG USE, M	NISUSE
		Department of Basic Education	
Promote the well-being of society through effective evidence- based prevention strategies tailored to the	Digital training programme for schools developed and implemented	130028 school-based personnel and school safety committees have undergone completed the training.	and

needs of			
individuals,			
families, and			
communities			
Increase	Inter-Departmental	24 Interdepartmental Campaigns on the Prevention of Violence, Bullying, Corporal	3
prevention	Campaign on The	Punishment, Gender-Based Violence, Learner Pregnancy, Drugs and Substance Abuse were	
measures and	Prevention Of	held in the North West and Eastern Cape provinces.	
tools to target	Violence, Bullying,		
risk groups in	Corporal		
multiple	Punishment,		
settings	Gender-Based		
specifically in	Violence, Learner		
hotspot areas	Pregnancy, Drugs		
	and Substance		
	Abuse		
	in Schools		
		Department of Cooperation, Governance and Traditional Affairs	
Increase	Prevention	Workshops; Door to Awareness campaigns; Counselling; and Partnerships with shelters	4
prevention	Programmes	where they refer those who are affected in Orange Farm, Ivory Park in Gauteng as well as	
measures and	including	Khayelitsha in Cape Town.	
tools to target	workshops and		
risk groups in	partnership with		
multiple	shelters:		
settings	Counseling		
specifically in	Couriconing		
hotspot areas			
		Department of Education and Labour	
Use primary	Provide accurate	Psychosocial Support	3
prevention	information	Cases under Substance abuse:	
measures to	about risk s of drug	17 assess referred and received counselling	
prevent drug	use to	4 Inpatient Rehabilitation	
use initiation			1
		1	1

and delay	multiple target	Review and approval of substance abuse policy in 2021.	
uptake	groups and		
	general population	2 Workshops held on substance abuse	
	 Develop multiple 	1 Workshop on policy substance abuse KZN 2022-2023	
	communication	2 Covid 19 2021 virtual session Held Nationally as part of Pre-Retirement Workshop included	
	channels:	awareness on substance Abuse presenter: SANCA	
	website; Social		
	Behaviour		
	Change	6 Educational Articles were compiled and distributed to All DEL employees on Exchange One	
	Communication	workshop on substance abuse awareness and 100 employees attended in 2023.	
	(SBCC); peer		
	educator outreach		
	health education,		
	WBOT		
	Involve		
	professional		
	groupings:		
	doctors (SAMA);		
	pharmacists		
	(PSSA), traditional		
	healers,		
	nurses (SANC), and other		
	Allied Health		
	professionals in		
	prevention		
	programmes. Ensure equal		
	access to SAQA		
	accredited		
	education and		1
	training		

	Department of Health			
Use primary prevention measures to	Develop comprehensive national drug	The National Department of Health (NDoH) Supports provinces in implementing the Health Sector Drug Master Plan 2019-2025.	4	
prevent drug use initiation and delay uptake	policies that are non- discriminatory	Workshop was held with all nine provincial mental health coordinators to popularise the HSDMP and encourage provinces to participate in the Provincial Substance Abuse Forum and Local Drug Action Committees.		
	concept note on OST. Implementation research project. The concept note will help	With Technical Support from the World Health Organisation (WHO) the NDoH developed a concept note on OST. Implementation research project. The concept note will help in conducting implementation research on OST in selected public health facilities.		
		Department of Higher Education and Training	-	
Use primary prevention measures to prevent drug use initiation and delay uptake	Implement drug prevention campaigns covering both universal and harm reduction approaches. Institutionalise universal screening brief intervention and referral to treatment (SBIRT)	Reached through Awareness Campaign - ADAP Topic – 445 Pamphlets on ADAP Distributed – 500 Dialogues Attended - ADAP Topic – 2 412 Self-risk screened for ADAP – 360 Referred for drug & alcohol abuse - 111. Diagnosed with drug &/ alcohol addiction - 1 Receiving drug & alcohol abuse counselling – 19	3	
		Department of Sports, Arts and Culture		
Use primary prevention measures to prevent drug use initiation and delay	Involve professional groupings: doctors (SAMA); pharmacists (PSSA), traditional	Awareness and Wellness Programme targeted specifically for identified and qualified athletes and artists of no more than 800 per year. A 24-hour Call Centre has been established to offer counselling services as and when needed by the Creatives and athletes. This is administered by professionals.		

uptake	healers, nurses		
uptano	(SANC), and other		
	Allied Health		
	professionals in		
	prevention		
	programmes		
I	programmes	Department of Transport	
Use primary	Prevent substance	98 employees reached through awareness programmes.	4
prevention	use initiation and	3 employees were referred.	-
measures to	delay uptake	One awareness programmes conducted in (Eduvos University).	
prevent drug	uelay uptake	500 students reached through awareness programmes.	
use initiation		41 430 road users have been arrested country-wide for committing various offences such as	
and delay		drunken driving	
uptake		9 847 913 vehicles were stopped and checked.	
uplake		Two workshops conducted for stakeholders in (Malboro Station and Sandton) Birchwood hotel	
		16934 K78 roadblocks were conducted country wide.	
	<u> </u>	Department of Higher Education and Training	
Promoted the	Conduct	 1 male at Maluti TVET,1 MALE AT Nkangala TVET,1 male at Lephalale TVET. 	3
well being of	assessments,	 Compile reports to DPSA. 	5
society through	Analyse the	 Compile reports to Colleges. 	
effective	absenteeism	 Commitment of funding by colleges. 	
evidence-	record	Rehabilitation leave effected on Persal.	
based	Sick leave record	 Substance abuse capacity building workshop to college staff and all staff. 	
prevention	Performance at	 Guidelines on identifying abusers and referral processes. 	
strategies	work		
tailored to the	WOIK		
needs of			
individuals.			
families, and			
communities			
communities	<u> </u>	DOJ&CJ	
Promoted the	Develop and	Achieved	3
well-being of	implement annual		5
well-belling of	implement annual		

ans for public	106 events/ campaigns were conducted and approximately 54 465 learners and community	,
ducation	members were reached.	
ampaign on		
ubstance abuse		
nd its legal		
onsequences (as		
art of		
epartmental		
ctivity Plans-		
elivered through		
ranches)		
eview and print	100% achieved	3
kisting public	The Booklet was revised, printed and distributed to the provinces for community engagements	
ducation material		
r parents and		
nildren on		
ubstance abuse		
nd the legal		
onsequences		
cusing on		
nildren.		
plementation of	100% achieved	3
e Department's	Six (6) Alcohol and Substance Abuse Prevention sessions were conducted in the Northern	
mployee Health	Cape, Eastern Cape, North West, KwaZulu-Natal and at National Office and a total of 182	
nd Wellness	employees were reached.	
olicy [EHWP]	21 employees requested counselling and support related to substance abuse challenges.	
/ersion 1 of 2008)	4 employees were admitted to rehabilitation during the reporting period.	
	Department of Sports, Arts and Culture	
reate safe	10 children's play parks were installed with an additional three.	3
baces for		
creation in	10 Outdoor gyms and children constructed in 2022/23.	
ommunities, such		
s parks, play	First UFS Intervention Dialogue.	
	lucation mpaign on bstance abuse id its legal insequences (as int of epartmental ctivity Plans- livered through anches) eview and print isting public lucation material r parents and ildren on bstance abuse id the legal insequences cusing on ildren. plementation of e Department's nployee Health of Wellness blicy [EHWP] ersion 1 of 2008) reate safe aces for creation in mmunities, such	lucation members were reached. mpaign on bstance abuse d its legal nsequences (as rt of apartmental tivity Plans- livered through anches) zview and print isting public lucation material r parents and lidren on bstance abuse d the legal nsequences cusing on ildren. plementation of a Department's bix (6) Alcohol and Substance Abuse Prevention sessions were conducted in the Northern ployee Health Cape, Eastern Cape, North West, KwaZulu-Natal and at National Office and a total of 182 employees were reached. licy (EHWP) 21 employees requested counselling and support related to substance abuse challenges. ersion 1 of 2008) 4 employees requested counselling and support related to substance abuse challenges. ersion 1 of 2008) 4 employees were installed with an additional three. accs for 10 Outdoor gyms and children constructed in 2022/23.

strategies halls. community and the UFS students. Alcohol and drugs were highlighted as the main the issue. Youth Month Dialogue. reads off Raise community awareness off amilies, and communities amilies, and risks of drugs. 10/06/2022: Promotion of youth activism and responsible leadership. Many issues were raised, including drugs. Promote healthy 10/06/2022: Promotion of youth activism and responsible leadership. Many issues were raised, including drugs. Promote healthy 13/08/2022: Female Ex-Offenders Dialogue. Promote healthy Intervention Dialogue: Drugs and Violent Crime. 12/11/2022: This platform was requested by the community due to increasing number of youth using drugs. 29/11/2022: Alcohol Reduction Awareness Dialogue. 24/02/2023: While the event focused on alcohol, the community also touched on the issue of drugs. Especially easy access. Female Ex-Offenders Dialogue. Ex-females drug traffickers narrated their stories as a way to raise awareness about drugs. 25/03/2023: Human Rights and Mental Health Dialogue: Addressing gangsterism, Peer Pressure and Substance Abuse. The Human Resource Management through the Employee Health and Wellness regularly shares information of the dangers of alcohol and drug abuse. with DSAC staff with the hope that they would also share with their families and friends to spread the word on the dangers of alcohol and drug abuse. Furthermore, SADAG and the Department are in partnership and together	based	areas, libraries,	
ailored to the needs of adviduals, amilies, and communities amilies, and communities and risks of drugs. Promote healthy lifestyles	prevention		
needs of ndividuals, amilies, and communities Raise community awareness responsible leadership. Many issues were raised, including drugs. and risks of drugs. 10/06/2022: Female Ex-Offenders Dialogue. Promote healthy lifestyles 10/08/2022: Female Ex-Offenders Dialogue. Promote healthy lifestyles 12/11/2022: This platform was requested by the community due to increasing number of youth using drugs. 29/11/2022: Alcohol Reduction Awareness Dialogue. 24/02/2023: While the event focused on alcohol, the community also touched on the issue of drugs. Especially easy access. Female Ex-Offenders Dialogue. Ex-females drug traffickers narrated their stories as a way to raise awareness about drugs. 25/03/2023: Human Rights and Mental Health Dialogue: Addressing gangsterism, Peer Pressure and Substance Abuse. The Human Resource Management through the Employee Health and Wellness regularly shares information of the dangers of alcohol and drug abuse with DSAC staff with the hope that they would also share with their families and friends to spread the word on the dangers of alcohol and drug abuse. Furthermore, SADAG and the Department are in partnership and together host seminars/webinars and colleagues are encouraged to attend. Moreover, healthy living is encouraged through information dissemination and usage of the Wellness Centre/GYM.	strategies	halls.	
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communities and risks of drugs. 13/08/2022: Female Ex-Offenders Dialogue. Promote community healing and integration. Drug trafficking was highlighted by the ex- offenders as a serious issue. Intervention Dialogue: Drugs and Violent Crime. 12/11/2022: This platform was requested by the community due to increasing number of youth using drugs. 12/11/2022: Alcohol Reduction Awareness Dialogue. 24/02/2023: While the event focused on alcohol, the community also touched on the issue of drugs. Especially easy access. Female Ex-Offenders Dialogue. 24/02/2023: While the event focused on alcohol, the community also touched on the issue of drugs. Especially easy access. Female Ex-Offenders Dialogue. Ex-females drug traffickers narrated their stories as a way to raise awareness about drugs. 25/03/2023: Human Rights and Mental Health Dialogue: Addressing gangsterism, Peer Pressure and Substance Abuse. The Human Resource Management through the Employee Health and Wellness regularly shares information of the dangers of alcohol and drug abuse with DSAC staff with the hope that they would also share with their families and friends to spread the word on the dangers of alcohol and drug abuse. Furthermore, SADAG and the Department are in partnership and together host seminars/webinars and colleagues are encouraged to attend. Moreover, healthy living is encouraged through information dissemination and usage of the Wellness Centre/GYM.	individuals,	awareness of	
Promote healthy lifestyles healthy <td></td> <td>0</td> <td></td>		0	
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Department of Sports. Arts and Culture			shares information of the dangers of alcohol and drug abuse with DSAC staff with the hope that they would also share with their families and friends to spread the word on the dangers of alcohol and drug abuse. Furthermore, SADAG and the Department are in partnership and together host seminars/webinars and colleagues are encouraged to attend. Moreover, healthy living is encouraged through information dissemination and usage of the Wellness Centre/GYM.
			Department of Sports, Arts and Culture

Use primary	Promote the	The SAIDS Act is currently under review to comply with the World Anti-Doping Agency	3
prevention	participation in	(WADA) Code as their last amendment in 2021.	
measures to	sport free from the		
prevent drug	use of prohibited		
use initiation	substances or		
and delay	methods intended		
uptake	to artificially		
	enhance		
	performance,		
	thereby rendering		
	impermissible		
	doping practices		
	which are contrary		
	to the principle of		
	fair play and		
	medical ethics, in the interest of the		
	health and well-		
	being of sports		
	persons.		
	To develop and		
	implement		
	programmes for		
	the education of		
	the community in		
	general and the		
	sport community,		
	in respect of		
	dangers of doping		
	in sport		

Use primary prevention measures to	To provide anti- doping education in compliance to	To provide anti-doping education to differentiated target audiences that leverages various communication channels (in-person and virtual).	3
prevent drug use initiation and delay uptake	International Standard on Education. Develop anti- doping research topics and themes	There were 35 education anti-doping events directed at senior level athletes planned for the 2022/23 financial year. However, 130 education anti-doping events conducted directed at senior level athletes on various communication channels. SAIDS was proactive in connecting with federations and clubs after the COVID-19 pandemic and restricted sport participation led to more requests on education programmes.	
	that will inform the anti-doping education and testing plans	This is similar to the overachievement on anti-doping events directed at youth level (under 19) which include schools. There were 15 events planned for the year and 44 education anti- doping events conducted. Part of these education events are conducted during the National School Sport Championships held annually by DSAC. SAIDS also ensured that their Education Officers and Sample Collection Personnel are abreast with the latest information. Two annual training seminars were planned for the 2022/23 financial year and eventually conducted 3 seminars to accommodate the new Sample Collection Personnel.	
Increase prevention measures and tools to target risk groups in multiple settings specifically in hotspot areas	Active Nation	The Club Development and Rural Sport programme was able to support 617 leagues and employ 91 Coordinators including the support with equipment and attire to 2 740 clubs.	3
Use primary prevention measures to prevent drug use initiation and delay uptake	Active Nation	The Department was able to train 1567 people in Siyadlala, and 2760 people were trained in Club Development programme. During the same period, a total of 617 leagues were supported in Club Development and rural sport development. National Recreation Day was held at the Hammanskraal in October and Big Walk 2023 was held at Fountains (Pretoria). We held successful IG Festival in Margate (KZN) and Youth Camps in all nine provinces.	

Department of Employment and Labour ulti- EHW attended the NDMP session 2022. 3 (1) session was attended. 3 the 1 of 9 gy DSAC ulti- Silapha Wellness Intervention programme: The Programme offers psychosocial counselling support and education, which includes awareness on substance abuse such as drugs. The services are rendered through the call centre and digital platforms. 3
ulti- EHW attended the NDMP session 2022. 3 (1) session was attended. 4 nd of 5 gy DSAC ulti- Silapha Wellness Intervention programme: The Programme offers psychosocial counselling support and education, which includes awareness on substance abuse such as drugs. The services are rendered through the call centre and digital platforms. 3
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support and education, which includes awareness on substance abuse such as drugs. The services are rendered through the call centre and digital platforms.
the and of tion
Correctional Services
of Quality assured NGOs that rendered Substance Abuse Programmes in the 6 Regions in 3 2023: South African National Council on Alcoholism and drug dependence (SANCA), Cape by Town Drug Counselling Centre (CTDCC) Alcoholic Anonymous (AA), Narcotics Anonymous (NA) and Alma Mater Akademie on Substance Abuse.
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Use secondary prevention to prevent progression to substance use disorders	Therapeutic counselling to be provided to affected employees	243 employees were treated for alcohol abuse and 325 sessions completed. 64 employees were treated for drug abuse over 88 sessions.	3
Use secondary prevention to prevent progression to substance use disorders	Safe keeping of drugs in lockable cabinets and the keys in possession of the responsible professional nurses Control and monitoring of needles and syringes use by the injecting drug users. Administration of prescribed drugs under strict supervision Strict control of prescribed and emergency schedule 5 and higher drugs by	•	
	proper recordings		

	in the drug		1
	registers		1
	1		1
	Early detection of	1	1
	signs and	1	1
	symptoms of	1	1
	substance abuse	1	1
	by inmates and	1	1
	interventions on	1	1
	admission and	1	1
	during	1	1
	incarceration	1	1
	1		1
	Provision of	1	1
	prelease health	1	1
	education about	1	1
	drug abuse to	1	1
	health care	1	1
	professionals and	1	1
	other support staff.	1	1
	<u>. </u>		L
Durante the	0	DSD	Γ,
Promote the	Campuses	Education and awareness was conducted in 20 campuses; namely, Mangosuthu University of	14
well-being of	capacitated on	Technology, Durban University of Technology (Steve Biko), Buffalo City College (St Marks,	1
society through effective	prevention and	East London and John Knox), University of Johannesburg (Auckland Park and Doornfontein)	1
errective evidence-	early intervention measures to curb	CPUT (Bellville and District Six), Phuthaditjhaba Riverside Finishing School, Vuselela TVET, University of Free State (Main and South), Tshwane South TVET College (Pretoria West),	1
based	social ills amongst		1
prevention	children and youth	(Richards bay), Northern Cape Urban TVET College and Sol Plaatjie University.	1
strategies	Anti-Gansterism	Educational session on the prevention of gangsterism was conducted and the DSD Anti-	3
tailored to the	strategy	Gangsterism Strategy was implemented in three High Risk Districts, which are Xhariep District	
needs of	0,	in Zastron on the 5 August 2022, eThekwini South in Wentworth on the16 August 2022 and	1
individuals,	high-risk districts		
	Iligit-tisk districts	ı′	<u>ـــ</u>

			-
families and		Francis Baard in Pampierstad, on the 31 August 2022. The educational session with parents	
communities		and children on prevention of gangsterism was held and attained in the four high risk Districts.	_
	Implementation of	Siyalulama Outreach Programme was conducted in Oakney, in North West province,	
	Plan of Action on	Postmansburg in Northern Cape, Ashdown (KwaZulu-Natal province, Barberton in	
	early intervention	Mpumalanga and Wedela in Gauteng.	
	of substance		
	abuse amongst		
	children and youth		
	Public Treatment	The Directorate: Substance Abuse capacitated 07 public treatment centres on the	
	Centres	implementation of the Universal Treatment Curriculum (UTC). The public treatment centres	
	capacitated on the	capacitated are Charlotte Maxeke, Madadeni treatment centre, Dr Fabian and Florence	
	Universal	Ribeiro treatment centre, Khanyani treatment centre, Taung Treatment centre, Ernest Malgas,	
	Treatment	and Kensington treatment centre.	
	Curriculum		
	Programme		
	Funding anti-	The Directorate provided financial support to anti-substance abuse national bodies such as	
	substance abuse	South African National Council on Alcohol and Drug Dependence (SANCA) and South African	
	national bodies	Depression and Anxiety Group (SADAG) through a three years multiyear funding.	
	Conduct 2 National	The Directorate: Integrated Substance Abuse and CDA commemorated the International Day	
	Anti-Substance	against Drug Abuse and Illicit Trafficking on the 26 th June 2022, at Lavenderhill, Western Cape	
	Abuse Awareness	Province. The 2022 UNODC theme for the day was "Addressing Drug Challenges in Health	
	Campaigns	and Humanitarian crises".	
		Festive Season Campaigns were conducted with the aim to encourage communities to enjoy	
		festive season period free of alcohol and drug abuse. The Deputy Minister of Social	
		Development launched the Anti-Substance Abuse Festive Season Campaign on 7 December	
		2022 during a dialogue with women at Khutsong Hostel in Katlehong Gauteng Province.	
	Conduct National	Annual awareness campaigns on the crime of Human Trafficking were conducted.	3
	awareness		
	campaign on		
	Trafficking in		
	Persons		
	SSPs capacitated	500 SSPs capacitated on social and behaviour change programmes.	4
	on Social and		

	behaviour change		
	programmes Capacitate 400 SSPs on HIV Testing Services guidelines	400 SSP's capacitated on the HIV Testing Services guidelines.	4
	Family preservation implemented	Families participating in Family Preservation services.	3
	Develop and implement the 365 Days Action Plan for 16 Days of Action on No VAWC	The project plan on the psychosocial and intersectoral policy on sheltering services has been developed.	3
	L	GOAL 2: SUPPLY REDUCTION THROUGH MULTI-SECTORAL COOPERATION.	1
Reduce the sup	ply of drugs through p	proactive law enforcement; effective responses to drug related crime; countering money-launde	erin
	Objective: To	o contribute to development of legislation and regulations to enhance law enforcement and prov	vide
		DTIC	
Capacity building and awareness to	Conduct education and awareness on liquor abuse	9 education and awareness sessions conducted in the Eastern Cape, Northern Cape and Free state.	4
prevent drug- related crime		22 capacity building sessions conducted in GP, KZN, WC, and EC.	
		DCS	
Capacity building and awareness to	Participate in information and awareness	Used the established referral systems within the Correctional Centres to access treatment, care and support for identified individuals.	4
prevent drug- related crime	campaigns which target all the	Created awareness of treatment, rehabilitation and counselling services amongst offenders.	
	learners and students	Addressed barriers such as the stigma that limit access to treatment. Ensured continuation of education during treatment phase.	
	registered at the		

	school or AET
	Centres.
	Provide
	information that is
	factual, and
	evidence-based.
	Focus on the
	learning material is
	placed on short-
	term negative
	effects of alcohol
	and drug use
	which learners will
	be able to witness
	in their own lives,
	or the lives of those
	around them as
	described in the
	respective Life
	Orientation
	material.
	Create awareness
	of the problems
	associated with
	legal drugs
	(tobacco, alcohol);
	Create awareness
	of the links
	between alcohol
	and drug use and
	other high-risk
	behaviours.
1	

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	Dispel myths about recreational drug use being normal, safe, acceptable		
	and glamorous.		
	Implement co- curricular activities		
	and safety		
	interventions between Social		
	Workers and Psychologists and		
	include activities such as sport,		
	music, art and drama offer		
	positive		
	youth.		Ļ
Capacity building and	Implementation of supervisory	Training on substance abuse was conducted to a total of 137 employees.	4
awareness to prevent drug-	training and needs based training		
related crime	nationally by all EAP's		
Capacity building and	Facilitation of the Correctional	10 272 offenders completed the Correctional Programme on Substance Abuse (the figure is inclusive of the programme rendered by internal as well as external service providers).	4
awareness to prevent drug-	Programme on Substance Abuse.		
related crimes	Searches were conducted in the 6	 The following contrabands were found: 1 070, 9 kg of dagga were found within correctional centres across the 6 regions. 	3
		137 of dagga pipes found.	

Mitigate the supply of drugs and liquor through enhanced operations.	contrabands	 18x dagga needles found 1.04kg of Nyaope 1448 pockets found 1373 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 The DCS trained 15 master trainers on Motivational Interviewing and SBIRT. DCS in collaboration with ITTC developed, piloted and implemented ASSIST programme in five large management areas. 	4
Capacity building and awareness to			
prevent drug- related crime			
	1	NPA	
Mitigate the supply of drugs and liquor through enhanced operations and cooperation at all levels (investigation	prosecution and secure conviction of major cases of drug syndicates	Conviction rate in possession of drugs and dealing in drugs cases per province: NPA received 3175 cases from SAPS, of which 1814 resulted in convictions and sentences. 14 noteworthy cases were finalized during the 2022/23 financial year.	

		ГТ	
and			
prosecutions)			
Mitigate the	Remove profit from	The total asset forfeiture orders are as follows:	
supply of drugs	criminal activity	209 confiscation and forfeiture orders to the tune of R29.6 million	
and liquor	Asset Forfeiture	85 freezing orders to the value of 30.7 million	
through	Unit	A total of 294 court orders to the value of R60.3 million; R9.3 million of which was paid into	
enhanced	onn	the Criminal Asset Recovery Account.	
operations and			
cooperation at			
all levels			
(investigation and			
prosecutions)			
		National Treasury	
Transformation	Changes in	The government through the National Treasury increased the excise duties on alcohol and	
of the liquor	specific excise	tobacco products by 4.9 per cent in line with expected inflation, effective from 22 February	
laws to	duties, 2023/24	2023. See below the duty rates applicable for the 2023/24 financial year and the year before.	
address the			
socio-		Malt beer R121.41 / litre of absolute alcohol (206,40c / average 340ml can)	
economic		Traditional African beer 7,82c / litre	
costs of alcohol		Traditional African beer powder 34,70c / kg	
abuse and		Unfortified wine R4.96 / litre	
promote		Fortified wineR8.36 / litre	
economic		Sparkling wine R16.52 / litre	
transformation		Ciders and alcoholic fruit beverages R121.41 / litre of absolute alcohol (206,40c / average	
within the		340ml can)	
liquor industry		Spirits R245.15 / litre of absolute alcohol (R79.06 / 750ml bottle)	
(under supply		Cigarettes R19.82 / 20 cigarettes	
reduction).		HTPs sticks R14.87 / 20 sticks	
		Cigarette tobacco R22.28 / 50g	
		Pipe tobacco R6.63 / 25g	
		Cigars R110.93 / 23g	

		The Government also introduced an excise tax on electronic nicotine and non-nicotine delivery systems (ENDS / ENNDS), also known as electronic-cigarettes (e-cigarettes) or vaping, with effect from 1 June 2023. The tax is a flat excise duty rate of R2.90 per millilitre of liquid solution (i.e. e-liquid) regardless of the nicotine content. This is complementary to the current efforts undertaken by the National Department of Health to amend the current tobacco control legislation (i.e. Tobacco Products Control Act 83 of 1993) to regulate these products.	
Capacity	Number of School	The DBE in collaboration with the United Nations and International Children's Emergency	4
building and	Safety Committees	Fund (UNICEF) also printed and distributed 27 000 NSSF manuals to provinces to support	
awareness to	Trained within	the training and implementation of the NSSF in districts and schools. The total number of	
prevent drug-	2022-23 financial	schools trained is 9178. Broken down is as follows:	
related crime	year		
	y	Eastern Cape 1663	
		Free State 302	
		Gauteng 126	
		Kwa-Zulu Natal 3823	
		Mpumalanga 1431	
		Northern Cape 235	
Capacity	School Safety	The Department and its partners; the SAPS, Gauteng Department of Education, DoH and the	
building and	Community Imbizo	City of Johannesburg Municipality convened a School Safety Imbizo in Ivory Park, at	
awareness to	In Ivory Park,	Bonwelong Primary School, on 10 September 2022. The following critical challenges were	
prevent drug-	Gauteng	raised by the officials:	
related crimes		 Drugs and Substance abuse by learners; 	
		 Burglary and theft of school infrastructure; 	
		 Lack of effective psychosocial support in schools; 	
		Undocumented learners;	
		 Poor classroom management by some teachers; 	
		 Lack of sports activities in schools and the community; 	
		 Ineffective SGB members; and 	
		Lack of adequate support from the Police.	
Capacity	Provincial School	The National Education Collaboration Trust and some PEDs convened Provincial School	4
building and	Safety Dialogues	Safety Dialogues. These dialogues were convened in five provinces; Eastern Cape, Gauteng;	
awareness to		Kwa Zulu-Natal, the Free State and the North West. 727 people were reached.	

prevent drug-			
related crimes			
Capacity	Life Orientation	DBE curriculum is the main lever for preventing drug and substance use amongst learners,	4
building and	Curricular	specifically through the Life skills and Life Orientation Curricular for grades 1 to 12; the DBE	
awareness to		implements this Curriculum and Assessment Policy Statement annually and has responded	
prevent drug-		to the post Covid-19 reality through the preparation of adjusted annual teaching plans (ATPs).	
related crimes			
Capacity	Partnership	3269 Searches and Seizers were conducted in schools during the 2022-23 Financial year.	4
building and	Protocol Between		
awareness to	The DBE and		
prevent drug-	SAPS		
related crimes			
		DTIC	
Mitigate the	Conduct pre-,	522 pre-inspections; 308 targeted inspections completed; and 274 routine inspections	
supply of drugs	routine, targeted	completed during the period under review.	
and liquor	inspections and		
through	investigation wrt		
enhanced	applicants and		
operations;	registrants		
(investigation	Conduct joint		
and	compliance and		
prosecutions)	enforcement		
	operations in		
	collaboration with		
	SAPS and other		
	stakeholders		
Transformation	Review the Liquor	Intergovernmental engagement on liquor issues finalised; Presented the Bill on 29 September	
of the liquor	Amendment Bill,	2022 to CDA and awaiting input to further enhance the Bill; Bill is still being reviewed and not	
laws to	2003	yet finalised for public related legislative process.	
address the			
socio-			
economic			
costs of alcohol			

abuse and to promote economic transformation within the			
liquor industry			
		DOJ&CD	
Review and harmonise laws and policies related supply reduction	Develop, review and/or amendment of legislation and/or regulations relating to alcohol and drug supply	80% Achieved since all requests have been dealt with but are still with Parliament. The Cannabis for Private Purposes Bill is still before Parliament for consideration. The National Assembly granted permission to the Portfolio Committee on Justice and Correctional Services on 28 February 2023 to inquire into extending the subject of the Cannabis for Private Purposes Bill in terms of Rule 286(4)(b). The Drug and Drug Trafficking Amendment Bill was passed by Parliament and accented to by the President. The Drug and Drug Trafficking Amendment Act, 2022 (Act 14 of 2022) came into operation 14 December 2022.	
	Develop/amend training programs to capacitate administrative staff at courts:	80% achieved. The Guidelines on alternative measures to deal with children addicted to substances were developed and presented to the Intersectoral Committee for Child Justice on 28 March 2023. A resolution was taken to allow for further comments from members. The Guidelines will be finalized early in 2023/24 financial year.	
	a) to capture complete and accurate data on substance abuse and related criminal cases on the		
	Integrated Case Management System		

	1		
	on the interventions for substance abuse available at court		
	level in terms of		
	legislation		
	Facilitate	Not achieved.	
	investigation into the establishment of dedicated courts	Awaiting finalization of the Guidelines. Training will commence after amendment to the training material.	
	to prioritize drug		
	and gang related		
	cases specific		
	resource and		
	capacity at courts		
	to deal with serious		
	drug matters as		
	and when required		
	EASE THE AVAILAI THEIR DIVERSION	BILITY OF AND ACCESS TO DRUGS INTENDED FOR MEDICAL PURPOSES AND SCIE	ΕΝΊ
		rolled and psychotropic substances while concurrently preventing their diversion, abuse and tra	affic
		SAHPRA/DOH	
Strengthen regulation of the	Strengthen national control	Cultivation of cannabis for producing scheduled substances and manufacture of medicines via controlled licensing processes, enabled by the provisions of the Medicines Act.	
cultivation, production,	systems and assessment mechanisms	SAHPRA has employed 5 medicines control technicians stationed at designated port of entries for medicines.	
possession, manufacturing, storage, trade,		The importation and exportation of narcotics and psychotropic substances is controlled in terms of the	
and distribution of		provisions of the medicines Act.	

drugs for medical scientific and research purposes		In addition, medicines intended for scientific and research purposes are accessible and available via controlled permit processes, also enabled by the provisions of the Medicines Act.
		DOH & SAHPRA
Increase the availability of and access to drugs intended for medicinal and scientific use	Import and export authorisations Drugs on Standard Treatment Guidelines and Essential Medicines List (EML) for drug related treatment	Solid medicinal products (e.g. tablets, capsules) containing not more than 10 mg codeine base per dosage unit, when combined with other active substances in a dosage form. For maximum daily doses not exceeding 80 mg, for a maximum of 5 years, and one pack per customer. Liquid medicinal products (e.g. syrups, solutions) containing not more than 10 mg codeine
		Medicine products (solid or liquid) containing codeine only.
		SAPS
Capacity	Community	Annual:
building and	education to	Total of 51 Community Awareness programmes were conducted of which 17 were done at
awareness to	reduce drug	National Level and 34 at Provincial Level.
prevent drug- related crime	misuse and raise awareness of how to deal with	Annual: 89 Awareness Programmes conducted on substance abuse and drugs.

	problems related		
	to drug abuse		
Forensic	Nr of Awareness	Annual:	3
Support for the	programs and	Internal =189/190=98%	
SAPS	forensic	External =64/54=118% Total =253/244=103%	
implementation	awareness		
of the NDMP	sessions on the		
	identification of		
	drugs, clandestine		
	laboratories for		
	SAPS and external		
luce a new cond	stakeholders	Amoush	
Improved efficiency of	Enhance the processing of	<u>Annual:</u> 117.98% [146 725/ 124 366]	3
forensic	processing of Forensic Evidence	117.98% [140 725/ 124 500]	
support for	focussing on drug		
drug related	(chemistry) related		
investigations	investigations		
	Enhance the	Annual:	3
	processing of	95.92% [47/49]	
	Forensic Evidence		
	focussing on drug		
	(chemistry) related		
	investigations		
		Annual:	3
	processing of Forensic Evidence	13.33% [19 439/145 794]	
	focussing on drug		
	(chemistry) related		
	investigations		
	Enhance the	Annual:	3
	processing of	52.74% [491/931]	

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	Forensic Evidence		
	focussing on drug		
	(chemistry) related		
	investigations		
			3
		89.54% [111 356/124 366]	
ļ	Forensic Evidence		
	focussing on drug		
	(chemistry) related		
	investigations	<u> </u>	\perp
5	the Organised	19.51% (8 syndicates neutralised out of 41 identified	
,	Crime Threat		
	Analysis (OCTA)		
	Strategy		
	Ensure the optimal		
	functioning of		
	organised crime		
	secretariat (OCS)		
	at national and		
ļ	provincial level		
	Optimal utilisation		
	of the Organised		
ļ	Crime Threat		
	System (OCTMS)	<u>+</u>	+
Effective			
•		99.89%	
0	internal controls		
	Facilitating the		
	implementation of internal controls		
	Ensuring the		
۰	optimal utilisation	<u> </u>	

3
3
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3

	provincial and		
	cluster level		
	(including Pre-		
	operations &		
	Enquiries)		
	Number of network	Annual:	3
	operations	219	
	conducted		
Mitigate the	Identify and	Annual:	3
supply of drugs	prioritise project	60% (3 from a total of 5 projects successfully closed)	
and liquor	driven		
through	investigations of		
enhanced	serious organised		
operations	crime groups		
(investigations	involved in illicit		
and	drugs		
prosecutions)			
	Identify and	Annual:	3
	prioritise project	5 (Five projects registered)	
	driven		
	investigations of		
	serious organised		
	crime groups		
	involved in illicit		
	drugs		
	_		
Conducting of	90% of identified	Annual:	3
liquor	illegal liquor outlets	35 917	
operations to	closed		
National and			
Provincial			
Liquor			
Legislation to			

			_
address the			
illegal trade in			
liquor			
Conducting of	Maintain a 3 years	Annual:	3
liquor	average	1 707 931 Litre	
operations into	1 372 0000 litres		
National and			
Provincial			
Liquor			
Legislation to			
address the			
illegal trade in			
liquor.			
Monitor	Ensure effective	Annual:	3
effective	enforcement liquor	883 703	
compliance	legislation to		
and	address serious,		
enforcement of	violent and contact		
Provincial	crime associated		
Liquor	with the abuse of		
Legislation	liquor by		
	maintaining a		
	baseline of 87 634		
	compliance		
	inspections per		
	month		
Mitigate the	Police actions to	ANNUAL:	3
supply of drugs	reduce the supply	Grand Total (cannabis weight + plants) 145036.044 kg	
and liquor	of liquor sold	(dry cannabis and plants)	
through	illegally and illicit	(141501,844 kg + 3534,200 kg)	
enhanced	drugs	Tik-Tik (Grams) 1917.373 kg	
operations	Ŭ	Cocaine (Grams) 224.263 kg	
		Whoonga 55.785 kg	

· · · · · · · · · · · · · · · · · · ·			т –
		Nyaope 280.890 kg Heroin 210.973 kg	
		Mandrax tablets 1334130 tablets	
	Police actions to		3
	reduce the supply of liquor sold	4559	
	illegally and illicit		
	drugs		
Mitigate the	Border Policing	Annual:	3
supply of drugs	actions targeting	3773	
and liquor through	trafficking in drugs Border Policing	Annual:	3
enhanced	actions targeting	Dagga outdoor: 6 267 349 kg	5
operations	trafficking in drugs	Dagga indoor: 74672 kg	
		Dagga plant: 153	
		Mandrax whole tablets: 8117	
		Mandrax half tablets: 51 Mandrax tablet guarters: 48	
		Cocaine: 66925 kg	
		Hashish: 304 kg	
		Heroin (sugar): 18070	
		Heroin (nyaope/woonga): 87638 kg	
		Ephedrine: 22000 kg Methcathinone (CAT):27 kg	
		Crystal meth Tik: 236576 kg	
		KHAT (MIRA): 1398130 kg	
		Ketamine: 80080 kg	
		Tik pipes: 33	
	Border Policing actions targeting	Annual: Persons: 1 561	3
	trafficking in drugs	Vehicles: 1 701	

[
	Border Policing actions targeting trafficking in drugs	Annual: Vehicles profiled: 5280 Vehicles searched: 5280 Containers profiled: 2366 Containers searched: 2366 Cargo profiled: 2877 Cargo searched: 2877	3
	Border Policing actions targeting trafficking in drugs	 > 0 National initiated operations finalized Annual: > 52 Provincial initiated : Eastern Cape - 8 Free State - 0 Limpopo - 20 Mpumalanga - 3 North West - 5 Northern Cape -16 Gauteng - 0 KwaZulu-Natal - 0 Western Cape - 0 > 0 National initiated operations finalized 	3
Mitigate the supply of drugs and liquor through enhanced operations	Identify and prioritise project driven investigations of serious organised crime groups involved in illicit drugs	Annual 90.32% (31 clan labs were dismantled and 28 of the labs had 44 arrests)	3

		<u> </u>		
Mitigate the supply of drugs and liquor through enhanced operations	dismantling	of and	Annual 31 Laboratories dismantled	3
Mitigate the supply of drugs and liquor through enhanced operations; (investigations and prosecutions)	Monitor the in and ex authorisation precursors	export		
			Methcathinone (Cat) 7 kg R2 765 000.00 Cannabis 333 x plants of cannabis, air conditioners, heated lamps, electric fans, grow fertilizers, electric cables, plastic containers, extracting fans and temperature gages, air conditioners, heated lamps, electric fans, grow fertilizers, electric cables, plastic containers, extracting fans and temperature gages, 70 grams dry dagga, 40 grams dagga seeds and 72 dagga plants, blander, 6 led lights 0.500kg ±400 litres of liquid chemicals ±150 kg of powder chemicals	

			
		Cocaine 1kg bulking miracle powder 2kg bicarbonate powder various drug paraphernalia including scales, sealers, scissors, cutting blades, packaging material, bottles and a cooking pot for crack-cocaine 12,5kg = R11 413 500.00 Crystal meth 19KG =R2 000 000.00 + unknown value 7x small packets, 10x small ready-made packets, plastic container with 100g of crystal meth, 8x 20l plastic bottles of acetone. Steroids R2 000 000.00 Tik 18kg, =R5 400 000.00 Ecstacy Unknown quantity	
Mitigate the supply of drugs and liquor through	chemical companies -Receive import	Number of Import/Export Notifications Received = 1544 Number of Import/Exports Notifications Finalised =	3
enhanced operations; (investigations and prosecutions)	notifications on on- line system -Verify order -Process import and export permit	1544 Combined 1544/1544 Percentage overall achieved 100%	
	-Respond to country and company (competent authority)		

Mitigate the	- Seizure of drugs	Annual:	3
supply of drugs	during	Methamphetamine (Tik, Chrystal meth)	
and liquor	confiscation	10 packets, three bankies, 1 straw and 168 Zipper bags, 308 tablets, 1,701kg, 35 kg,	
through	Proper	30 parcels, 9.36 kg, 4 bags, 0.2g, 4 bags, 10.5 kg, 154 packets, 49,85 kg, 7 bankies, 182	
enhanced	•	sachets, 6 units. =R14 896 435,56	
operations;	drugs	Mandrax	
(investigations	-Utilisation of drug	3506344 Tablets, 0.19g =R97 434 93.00	
and	testing kits	Cocaine	
prosecutions)	•	7 Rocks, 4 straws, 936 Bricks at ± 1kg each, 0.138g, 1.2kg, 47 bags, 1294 pieces, 13 jaws,	
,		1,316g, 15,38 kg, 8 blocks, ½ moon	
	exhibit bags	=R528 994 162.00	
	-Handing in at SAP	Heroin	
	13	14.5kg, 15 Sachets, 5 210 Tablets, 14489 capsules, 1,4g, 157 packets, 4 dongas, 78 small	
	-Submit to FSL	plastics	
	(except normal	=R13 275 367,00	
	cannabis) for	Cat	
	analyses	110 packets, 0,509 g, 21 zip-locked bags	
		=R87 535,00	
		MSM Powder	
		0.3g	
		= R2 000.00	
		Cannabis (Dagga)	
		25.93kg and 555 trees, 0,398, muffin cookies, jelly sweets, cookies, 10,98, 29 plastic bags,	
		3kg, 0.395g, 71 plastic bags, 1.05 kg, 1 plastic bag, 112.16kg, 5 plastic bags, 0.1kg, 0.4g,	
		706.42kg, 939.55kg	
		202 parcels, 4 packets, 29 slopes, 8.1kg	
		11 wrapped bags	
		105 parcels.	
		=R8 391 320.00	
		Ephedrine	
		8 kg	

		= R400 000.00	Τ
		MEDICINE 34 bags steroids, 79 alprazalam tablets, 2400 ml stilpane syrup =R2 760,00	
		Methcathinone 11 packets =R380 000,00	
Mitigate the	Ensure the	Annual:	3
supply of drugs and liquor through	effective and efficient investigation of	100% (20/20) Number of Projects/Pre-projects received under investigation = 20 that are still under investigation.	
enhanced operations; (investigations and	money laundering cases		
prosecutions).	Francisco effectivo		
Mitigate the supply of drugs	Ensure effective and efficient asset	<u>Annual:</u> 15.83% (19/120 x 100%)	3
and liquor through enhanced	forfeiture investigations through the tracing	(205 BF + 85 New registered – 170 Pending with AFU= 120 / 0 Case files submitted to AFU and 19 closed= 19)	
operations;	and locating of	Outcome	
(investigations		17 x Preservation Orders – R6 094 407,00	
and prosecutions).	subject to asset forfeiture	30 x Forfeiture Orders – R15 032 084,21	
	Ioneiture	Payment to CARA – R795 544,92	
		Payment to Victims – R95 454,80	
GOAL 4: IDENT	IFICATION AND CO	NTROL OF NEW PSYCHOACTIVE SUBSTANCES (NPS) OBJECTIVES	
		SAPS	

Optimized identification and detection of new psychotropic / psychoactive substances	New psychotropic / psychoactive substances identified/detected	Annual:7 cases (Gauteng) - Synthetic Cathinone1 case (Mpumalanga) - Synthetic Cathinone1 case (Northern Cape) - Synthetic Cathinone1 case (Western Cape) - Synthetic Cathinone1 case (Eastern Cape) - Synthetic Cathinone3 cases (KZN) -Synthetic Cathinone1 case (Eastern Cape) - Synthetic Cannabis1 case (Gauteng) - Synthetic Cannabis	3
Enhance the disruption of the drug value chain	Regular engagement with internal and external stakeholders Conduct operations in terms of Sec 252(a) of the Criminal Procedure Act 55 1977 Conduct disruptive operations in identified areas	Annual: 66.15% (329 arrests made in current period in comparison to 195 in the previous corresponding period)	3
GOAL 5: PROM	IOTE GOVERNANCE	E, LEADERSHIP, AND ACCOUNTABILITY FOR A COORDINATED MULTI-SECTORAL EFF DIRCO	EC
Promote and strengthen regional	compliance with the International Narcotics Control	2.1 Article 14 of the Single Convention on Narcotic Drugs of 1961, empowers the INCB, upon receipt of information that suggest that the provisions of the Convention are being	

and	Board's (INCB)	the situation in a particular country requires cooperative action at the international level to
international	annual reporting	
cooperation	requirement	to implementing remedial actions to correct the situation, failing which, the matter will be
cooperation	requirement	escalated to the Council, the CND, then ultimately to the General Assembly recommending
		that other states parties stop the import and/or export of drugs or even both until a designated
		period of time as the Board deems fit or until such time that time prescribed by the Board
		lapses.
		2.2 The annual INCB report includes questionnaires submitted to member states during
		the 2022/2023 reporting period.
		1 61
		2.3 South Africa recently received the following questionnaires for completion and return to the INCB Secretariat indicating the imports and exports of drugs for scientific and medicinal
		purposes: a) Annual estimates of narcotic drugs requirements for 2024
		(https://www.incb.org/documents/NarcoticDrugs/Forms/Form B/25th edition/Form B 25th
		edition EN.pdf);
		b) Statistical data on the licit cultivation of the opium poppy, the cannabis plant and the
		coca bush and the licit production of opium and poppy straw, cannabis and coca leaves;
		(E/INCB/PSY/C.L. 4/2023);
		c) List of Psychotropic Substances Under International Control (Green List, 33rd Edition,
		Annex to the Annual Statistical Report "Form P", 42nd Edition);
		d) Form A/P on imports and exports for the first quarter of 2023 of the substances listed
		in Schedule II of the Convention;
		e) Form C: Request the Government to furnish the annual statistics of production and/or
		manufacture, consumption, utilisation, stocks and seizures of narcotic drugs for the calendar
		year 2022;
		f) Form B: International Narcotics Control Board requests for annual estimates of narcotic
		drugs requirements for 2024 in South Africa;
		g) Form A/P: data on the imports and exports for the first quarter of 2023 of the substances
		listed in Schedule II of the Convention; and
		h) Form D: Information for the calendar year 2022, on the amounts seized of substances
		in Table I and Table II and, when known, their origin, (ii) any substance not included in Table
		I or II which is identified as having been used in Illicit manufacture of narcotic drugs or
	I	

		psychotropic substances, and which is deemed by the Party to be sufficiently significant to be brought to the attention of the Board, and (iii) methods of diversion and illicit manufacture. These are being completed by the relevant line function Departments and will be sent to the INCB.
Promote and strengthen regional and international cooperation	South Africa's Participation in the Regional and International Conferences	 3.1 During this reporting period, DIRCO facilitated South Africa's participation to the following regional and international conferences related to international drug control: The 30th Session of the Heads of National Law Enforcement Agency of Africa (HONLEA), from 08 to 11 November 2022; and The 66th Session of the Commission on Narcotic Drug (CND) from 13 to 17 March 2023. South Africa's participation at the 30th Session of the Heads of National Law Enforcement Agency of Africa (HONLEA) 3.2 HONLEA is a subsidiary body of the Commission on Narcotic Drugs (CND). The 30th Session of the Heads of National Law Enforcement Agency of Africa (HONLEA) 3.2 HONLEA is a subsidiary body of the Commission on Narcotic Drugs (CND). The 30th Session of the Heads of National Law Enforcement Agency of Africa (HONLEA), took place from 08-11 November 2022. The meeting assessed progress made in the implementation of the recommendations of the 27th and 29th Sessions of the HONLEA calling for effective national and regional strategies in addressing drug trafficking by sea, including transatlantic cocaine trafficking and heroin trafficking and trends in concealment methods and transport, and effective investigative techniques in response thereto; and (ii) countering money-laundering, illicit financial flows and the use of the dark web and cryptocurrencies in relation to the drug trade, amongst others. 3.3 South Africa used the Conference to deliver a National Statement under agenda item 3 dealing with the current situation with respect to regional and sub-regional cooperation in addressing and countering the world drug problem, underscoring the positive contribution of enhanced regional cooperation in countering illicit drug trafficking, including the number of seizures made thus far. Equally, the delegation welcomed the progress made through the Container Programme under the Global Maritime Crime Programme of the United Nations Office on Drugs and Crime. South Af

3.4 On the sidelines of the Conference, the South African delegation held bilateral meetings
with other delegations to enhance bilateral cooperation in the fight against illicit drugs.
South Africa's participation at the 66 th Session of the Commission on Narcotic Drug (CND)
3.5 DIRCO also facilitated South Africa's participation to the 66 th Session of the Commission on Narcotic Drug (CND) from 13-17 March 2023 held under the theme "Accelerating the recovery from the coronavirus disease (COVID-19) and the full implementation of the 2030 Agenda for Sustainable Development at all levels". The CND is the policy making organ of the United Nations tasked with the prime responsibility to assist member states in countering and addressing the world drug problem. It is a Ministerial level Conference which is addressed by heads of UN institutions such as the Executive Director of the UNODC, the President of the Economic and Social Council (ECOSOC), Human Rights Commission and World Health Organisation (WHO), amongst others.
3.6 South Africa is a member of the CND until December 2023. The Commission has fifty- three (53) member States that are elected by Economic and Social Council with a bureau comprising of one member per Regional Group.
3.7 During the 66 th Session on the CND, South Africa's National Statement underscored the country's commitment and compliance to the three international drug control conventions as supplemented by the various political commitments, the evidence-based fight against the world drug problem and the progress made in the implementation of the 2019 Ministerial Declaration, taking into account the 2024 review process. South Africa also utilised the Session to advocate for: (a) sufficient funding of the UNODC to enable it to deliver on its mandate; and (b) the need for geographical representation in the staffing of the UNODC Office.
3.8 The importance of ensuring access, availability, and affordability to controlled medicines, particularly by developing countries was also underscored. To this end, South Africa jointly hosted a Side-Event entitled "No Patient Left Behind – Availability, Affordability and Access to controlled substances". South Africa also fielded various Panellists to other Side-Events including the one organised by Ghana entitled "Ghana's Efforts Towards Placing

		Health and Human Rights at the Heart of National Drug Policy: Lessons Learned and Future Opportunities." The Chair of CDA delivered a presentation during the Side-Event jointly organised by South Africa and the UNODC Regional Office for Southern Africa entitled "Promoting evidence-based HIV Prevention Interventions among People who Use Drugs and People in Prisons in the Southern Africa Region".	
		3.9 South Africa also participated and delivered remarks outlining national position during a Side-Event hosted by the United Kingdom entitled "Understanding the drug trafficking threat along the Southern Route: Special focus on the Southern and Eastern Africa Region".	
		3.10 The CND Session adopted a total of four (4) Resolutions pertaining to: (i) "Preparations for the midterm review to be held in 2024"; (ii) "Promoting alternative development as a development-oriented drug control strategy that is sustainable and inclusive"; (iii) "Safe handling and disposal of synthetic drugs, their precursors and other chemicals used in the illicit manufacture of drugs"; and (iv) "Strengthening information-sharing to increase scientific evidence-based support for international scheduling and the effective implementation of international scheduling decisions".	
		3.11 Throughout these fora, South Africa advocated for a scientific and evidence-based approach in addressing the world drug problem in line with national policies and reiterated the country's commitment to the three international drug control conventions.	
		Department of Justice	
Provide reports on the implementation of the DDMP as required by	Submit Mid-year and Annual Reports to CDA	Achieved. The 2021/2022 Annual Performance Report was submitted to the CDA in July 2022. The DOJ & CD attends and participates in the meetings of the CDA and the representative is a member of the Research Development, Monitoring and Evaluation Committee. The 2022/23 Mid-year Report was submitted to the CDA on 14 December 2022.	
law and promote regional and	strengthen	The Department participated in the preparations for the Commission on Narcotic Drugs (CND),	2

international	international		
cooperation	cooperation		
		Department of Social Development	
Promote and strengthen regional and international cooperation			
Adherence to the International Obligations, Conversions on Narcotic Drugs and AU Plan of Action	South Africa Country Reports submitted to the UNODC and African Union	South Africa has submitted the country's reports to the UNODC and the Africa Union.	

GOAL 6: STRENGTHEN DATA COLLECTION, MONITORING, EVALUATION AND RESEARCH EVIDENCE TO ACHIEVE GOALS OBJECTIVE: TO ENSURE BASELINE AVAILABLE TO MEASURE IMPACT OF NDMP 2019 – 2024

		Department of Health		
Conduct	Develop a	The NDoH extended the contract with the South African Medical Research Council (SAMRC)		
survey and	surveillance and			
surveillance to	research agenda	though the South African Epidemiology Network on drug Abuse (SACENDU)		
measure the	of substance	Project for 2022/2023 financial year.		
impact of the	abuse and SUD in			
NDMP 2019-	South Africa to	Participated in biannual SACENDU feedback meetings to share data and reports on trends of		
2024	support the	substance use in the country.		
	implementation of			
	the NDMP 2019-	SACENDU reports are available on the SAMRC website:		
	2024	https://www.samrc.ac.za/intramuralresearch-units/atod-sacendu		

	r	T	— '
	Disseminate	The National Department of Health participated in the International Society of Substance Use	1
	national data at	Professionals held on 12-16 May 2022 in which key policy issues relevant to substance abuse	1
	local, national and	were addressed.	1
	international level		1
		Department of Justice	
Provision of	Submit Statistical	Achieved	1
statistical	Reports to	During 2022/23 a total of 303 children appeared in Preliminary Inquiries on charges of use/	1
information	stakeholders as	possession of drugs. One hundred and eleven (111) were referred to the Child justice Court	1
extracted from	and when required	for plea and trial, 124 were diverted, 26 cases were withdrawn and 25 were struck off the court	1
the Integrated		roll. Tthe majority (144) of the children were 17 years of age followed by 16 year old children	1
Case	1	-88.	1
Management	1		1
System (ICMS)	1		1
on substance	1		1
abuse related	1		1
cases in courts	1		1
to stakeholders	1		1
	1		1
upon request	I	Deventment of Conint Development	<u> </u>
	· · ·	Department of Social Development	_
Monitoring the	Monitor	Four provinces were monitored on the implementation of Ke Moja Drug Awareness	1
implementation	implementation of	Programme. The four provinces are KwaZulu-Natal, North West, Mpumalanga and Northern	1
of	Ke Moja Drug	Cape and Western Cape.	1
Ke Moja Drug	Awareness	1	1
Awareness	Programme in 6	1	1
Programme	provinces	1	_
Monitoring of	Monitor 6 public		1
public	treatment centres	and standards; namely, JB Marks Treatment centre in North West, Kensington in the Western	1
treatment	1	Cape and Charlotte Maxeke in the Free State.	1
centres	ı'		L
National	Develop a National	National Substance Abuse Surveillance Electronic System.	1
Substance	Substance Abuse	1	1
Abuse	Surveillance	1	1
Surveillance	Electronic System	1	1
Substance Abuse	Substance Abuse Surveillance		

Electronic System			
National Department of Social Development Drug Plan	Submit the quarterly and annual reports to the CDA	The 2022/2023 financial year departmental drug plan was developed, approved and submitted to the CDA	
	Department of Basic Education		
Number of School Safety Committees Trained within 2022-23 financial year		75 districts monitored on school safety sports enrichment and other programmes.	

EVALUATION

The CDA is composed of 13 independent members and 21 departments and government agencies. All of them, individually and as a collective, have a responsibility to implement the goals of the NDMP towards achieving the vision of the NDMP; namely, 'A South Africa Free from Substance Abuse'. It is therefore imperative that all parties work in a collaborative and coordinated way, pool resources to ensure greater reach and efficiency in efforts to effectively address the challenges faced by the country with regard to alcohol and other drugs. It appears that departments still work in silos and are just focussed on their own individual mandates, resulting in duplication and fragmentation of services, with minimal if any, sustainable impact on the population. Furthermore, the goals of the NDMP must find expression in the departmental drug master plans (DDMP) that the Act enjoins all departments to develop. Only four departments have developed these, notwithstanding the efforts of the CDA and capacity building provided by the Secretariat, to enable them to develop their DDMP's. This means that the reports of the departments are incidental instead of being planned and focused on specific deliverables aligned to the NDMP. The CDA still needs to facilitate joint planning through engaging clusters as espoused by the NDMP in terms of specific deliverables of NDMP goals, with assigned lead departments and functionaries to ensure that departments and entities are deliberate and coherent in achieving those deliverables.

The reports of national departments often invariably and to a large extent, reflect activities conducted in provinces. However, there is a need to strive for alignment and consistency. For example, under Goal 2, some departments will report on national

initiatives but others, whilst doing so, will exclude provinces, and yet provinces also do not get any reports from their provincial counterparts. It is therefore difficult to measure effort nationally. Yet this goal is still one of the most efficiently reported on of all the goals. There is also a need for greater collaboration between the parties on boarder management, as porous borders in the country remain a challenge in terms of in-flow, outflow, and transit of substances within the country and between countries. Goal 1 of the NDMP is also reported on by almost all departments, which is commendable as more resources need to be expended on this goal, if greater impact is to be achieved. Greater collaboration is still needed as previously indicated. Goal 3 and 4 are also well reported by functionaries, mainly the DoH and SAPS. There is a gap however, on the identification of new substances manufactured and marketed through the internet. There is limited reporting on Goal 7 and it needs to be given urgent attention.

The Monitoring and Evaluation Framework of the NDMP, against which the performance of the CDA must be measured, requires that it must be aligned with the deliverables of the NDMP and integrated into the work, the planning and reporting framework of each department or entity. This would enable the country to measure the impact it is making in managing the drug problem in the country. Even though it is quantitative, it would keep all parties focussed and give some indication of achievements towards addressing the challenges. At the moment the departments and entities report randomly per goal and the reports are not entirely aligned to the reporting framework of the NDMP. This is seen as work in progress for the CDA, including the urgent need for a national survey on substance use, misuse and abuse, and drug trafficking, to serve as a baseline against which progress and impact, against the performance of implementing agents of the NDMP can be measured.

There has been substantial progress made by the CDA in engaging departments and ensuring that they participate in the CDA. There has also been marked improvement in the submission of Annual Reports by departments and other stakeholders. This is commendable and as a collective, the CDA will strive for continuous improvement in delivering against the NDMP.

PROVINCIAL SUBSTANCE ABUSE FORUMS ANALYSIS

Provincial Substance Abuse Forums

In terms of Section 57 of the Prevention of and Treatment for Substance Abuse Act 70 of 2008, first the MEC must establish a Substance Abuse Forum for his or her province. Section 5.2 of this report provides more detail on the establishment and composition of such structures.

In terms of Section 58(e) the Provincial Substance Abuse Forum must submit reports and inputs not later than the last day of June annually to the CDA for the purpose of the Annual Report of the CDA. It must be noted that there has been a substantial improvement in complying with this requirement as all provinces have submitted reports for the reporting period. Whilst this is commendable, there is room for improvement.

This section is a consolidation of reports, especially in terms of compliance with the mandate of provinces as provided for in the Act, and deliverables in terms of the NDMP.

Goal 1: Demand Reduction

OBJECTIVE:

- Reduction in drug use.
- Percentage SUD treated.
- Harms minimised.

Key Activity	Contribution to Outcome	Achievement 20
	Key Activity	Key Activity Contribution to Outcome

Strengthen			
prevention and response interventions for substance abuse	Campaigns,	measures that protect people in particular children and yout from drug use initiation.	target group were young people in
provision of in – out patient substance	who have alread started usin	prevent progression to severe drug use disorders	3 private treatme 4 688 service substance use services.
Increase participation of people with SUD in treatment programmes	who have alread	prevent progression to severe drug use disorders	100 people ac based treatment
Increase participation of people with SUD in treatment programmes	who have alread	prevent progression to severe drug use disorders	119 service outpatient-based on substance ab
The provision of reintegration and aftercare programme	Provide access to aftercare and reintegration services	Health Activity: Take effective and practical measures t prevent progression to severe drug use disorders, throug appropriately targeted early intervention for people at risk o such progression.	
	preventionand response interventionsfor substance abuseStrengthenthe provision of in – out patientsubstance abuseabusetreatment programmes by both Publictreatment centres and funded NPOsIncrease participationof people with SUD in treatment programmesIncrease participationof people with SUD in treatment programmesIncrease participationof people with SUD in treatment programmesIncrease participationof people with SUD in treatment programmesIncrease participationof and aftercare	preventionand response interventionstalksAwareness Campaigns, advocacy, and community dialogues.Strengthenthe provision of in – out patientTo treat service user who have alread startedabusetreatment programmes by both PublicTo treat service user who have alread startedNPOsTreat service user who have alread startedIncrease participationTreat service user who have alread startedThe provision of reintegrationProvide access to aftercareThe provision of reintegrationProvide access to aftercare	preventionand responsetalksAwarenes Campaigns, advocacy, community dialogues.measures that protect people in particular children and yout from drug use initiation.Strengthenthe provision of in – out patientTo treat service user who have alread startedHealth Activity: Take effective and practical measures t programmes by both Public treatment centres and fundedIncrease participation programmesTreat service user who have alread startedHealth Activity: Take effective and practical measures t provent progression to severe drug use disorders at risk of such progression.Increase participation programmesTreat service user who have alread startedHealth Activity: Take effective and practical measures t provent progression to severe drug use disorders started usin treatment programmesIncrease participation programmesTreat service user who have alread usin started usin treat service userHealth Activity: Take effective and practical measures t provent progression to severe drug use disorders through appropriately targeted early intervention for people at risk of such progression.Increase participation programmesTreat service user through appropriately targeted early intervention for people at risk of such progression.Increase participation programmesTreat service user through appropriately targeted early intervention for people at risk of such progression.Increase programmesTreat service user through appropriately targeted early intervention for people at risk of such progression.Increase programmesTreat service use

	The provision of reintegration and aftercare programme	Provide access to aftercare and reintegration services	Health Activity: Take effective and practical measures to prevent progression to severe drug use disorders throug appropriately targeted early intervention for people at risk of such progression.	through Adult
				20 service users Brothers Recove aftercare service Community-Base
Gauteng	Prevent substance use initiation and delay uptake	(Awareness Campaigns) an	Health Activity: Develop and implement substance abuse campaign strateg in collaboration with other government departments and relevant stakeholders.	5 791 417 of Peo substance abus prevention progra 2036 in Mogale C prevention a campaigns.
				16402 beneficiar of Johannesbu awareness and o
				98 Crisis Line Act Substance Abuse at CoJ.
				148 participants of tele counselling feeling; emotional other support so intervention at Co
				6603 cases red Tshwane (CoT)

_				
				centre and res 48hours as well a
				220 referrals to o
				269 follow-ups w
				210 people atter from Rand M municipality awareness camp
				280 Community Officials reached campaigns.
	Prevent substance use initiation and delay uptake	empower	Health Activity: Develop and implement substance abuse campaign strateg in collaboration with other government departments and relevant stakeholders.	308 Schools 116 311 Learner Moja programme
	Ensure adequate capacity, quality, and availability of evidence-based treatment programs and facilities.	prevention measure	Health Activity: Take effective and practical preventio measures that protect people in particular children and yout from drug use initiation.	
				190 offenders primary preventic

			213 offenders individual Therap
			24 offenders readers readers Service Providers
			178 600 people a in organised recreation progra
			9202 people ben programmes.
			12 employees fro aware on how abuse.
Prevent substance use initiation and delay uptake	Conduct educationa awareness campaigns	prevent progression to severe drug use disorders through appropriately targeted early intervention for people at risk	427 offenders primary prevention
		of such progression.	490 offenders individual Therap
			58 offenders real Service Providers
Prevent substance use initiation and		Social Activity: Reduction of social and behavioural problem	237 Creatives, yo in partnership wi
delay uptake	Prevention, Anti Substance Abuse and reduce		Development Government Org
	and reduce unemployment through the		13 leagues suppo

		-	
	implementation of Cultural and Creative Industries Programmes		3 296 soccer par
Increase participation people with SU treatment programmes.	To treat service of users who have	Health Activity: Take effective and practical measures to prevent progression to severe drug use disorders through appropriately targeted early intervention for people at risk of such progression.	
			4 993 service us in-patient treatr funded treatment
			25 social service trained on UTC for Florence Ribeiro
			1 224 of service registered and Houses.
			755 patients treatment service
			442 patients rec Therapeutic intervention servi
			203 clients benefi and Integration based services.

				669 clients have treatment centre clinics.
KwaZulu- Natal	Use primary prevention measures to prevent drug use initiation	Provide adequate information on risks Multiple communication	Social Activity: Reduction of social and behavioural problem	awareness camp 350 Men rea commemoration
	and delay uptake	channels. Involve professional groups		Men's Month 59 Boys reac Assembly.
				60 officials were commemoration Marriage week
				100 people Siyalulama Outre
Free State	Use primary prevention measures to prevent drug use initiation and delay	Increased capacity building and awareness to prevent drug- related crimes	Social Activity: Reduction of social and behavioural problem	
	uptake			implemented:
				 Holiday Progr Information s Dialogue with Community partnership w

			Overdose Aw
			 Foetal Alc awareness
			 Festive Sease
			 School sa
 -			campaigns
Increase	To treat service	Health Activity: Take effective and practical measures t	
participation of people with SUD in		prevent progression to severe drug use disorders through appropriately targeted early intervention for people	UTC and are wait
treatment	using substances	at risk of such progression.	SAF chairperson
programmes			People who ac
			Treatment);
			149 people ad
			services for SUD
			People who acc
			Treatment:
			185 people ac treatment service
			287 people ac
			Use Disorder
			After Care Servic
			Admission at Nat
			8 people were a
			admissions for D
			34 people we substance Induce
			49 people we
			substance overde
			Admissions at Pe

		41 people weDetoxification.10 people weoverdose treatme
		Admissions at All Xhariep: 20 peop overdose. 4 people adm Hospital 6 people we Embekweni Hosp
		5 people were Coetzee Hospital Lejweleputswa service: (Detoxi Clinic = 1 Bophelong Clinic
		 165 Overdose ca 30 105 people Mental Health assessment. 266 people were Disorder: 196 learners were health/psycho-so services.
		NB: Mangaung highest number o

				Grade 8 learner increase in teena also tendency substance abuse
				266 people = dua 732 people acces disorder treatmer
				50 service users at Free S Treatment/Hospit
				The province is establishing Harr in QwaQwa in the Municipality to availability of an intended for med
	Prevent substance use initiation and delay uptake	Educational talks (Awareness Campaigns) and community dialogues.	Health Activity: Take effective and practical preventio measures that protect people in particular children and yout from drug use initiation.	
Limpopo	Prevent substance use initiation and delay uptake	Contribute to Social Crime Prevention, Anti Substance Abuse and reduce unemployment through the implementation of Cultural and	Social Activity: Reduction of social and behavioural problem	14 909 learne school sports Provincial level.

I				
		Creative Industries		
		Programmes		
	Prevent substance use initiation and delay uptake	Provide psychosocial support to v vulnerable children	Health Activity: Take effective and practical measures to prevent progression to severe drug use disorders through appropriately targeted early intervention for people at risk of such progression	13 913 beneficiaries rec support
	Increase the participation of people with SUD in	To treat service users who have already started	Health Activity: Take effective and practical measures t prevent progression to severe drug use disorders through appropriately targeted early intervention for people	449 service services.
	treatment programmes	using substances	at risk of such progression.	71 people acces Correctional Cen
	Prevent substance use initiation and delay uptake	Educational talks (Awareness Campaigns) and community dialogues	Health Activity: Take effective and practical preventio measures that protect people in particular children and yout from drug use initiation.	
	Prevent substance use initiation and delay uptake	Educational talks (Awareness Campaigns) and community dialogues.	Health Activity: Take effective and practical preventio measures that protect people in particular children and yout from drug use initiation.	-
North West	Use Key primary prevention measures to prevent drug use initiation and delay uptake	Use multiple communication channels: behaviour change; peer educator outreach health education, Ward Based Outreach Teams	Social Activity: Reduction of social and behavioura problems.	245 347 people

		Ensure equal access to SAQA accredited education and training		
	Use Secondary prevention to prevent progression to substance Use Disorder	Proactive screening	Health Activity: Take effective and practical measures t prevent progression to severe drug use disorders through appropriately targeted early intervention for people at risk of such progression.	2159 x people services.
	Promote the well- being of society through effective evidence-based prevention strategies	Community awareness campaign	Social Activity: Reduction of social and behavioura problems.	43 x aware conducted.
	Ensure multi- sectoral cooperation to reduce the demand for drugs	Stakeholder engagement for the implementation of demand reduction strategy	Social Activity: Reduction of social and behavioura problems.	17 x stakeho Northwest Prov Abuse Forum (Re of NWPSAF)
Northern Cape	Prevent substance use initiation and delay uptake	Community awareness campaign		13165 people rea
	Early intervention to prevent progression to SUD	· •		138 people treatment centre
		Access to aftercare and re-integration services		11 people access re-integration ser

						 179 service aftercare service 10 hospitals pro services to se admission to i centres.
						7 facilities p affordable, qual and services to p
						1159 School safe committees and capacitated on safety framework
						3 Capacity build Universal Treatm
						1600 School saf SGB's National school s
						30 Capacity bui Universal Treatm SUD i.e.OST,Ke
Prevent substance use initiation and delay uptake	Social Activity: problems.	Reduction	of social	and	behavioural	24 drug awar conducted on International D Abuse and Illicit Festive season o

	change; peer educator outreach health education, Ward Based Outreach Teams.		 anti-drug a campaigns in in learning. 200 schools we metal detectors.
Prevent substance use initiation and delay uptake		Social Activity: Reduction of social and behavioural problems.	4000 learners pa winter games. 1000 learners provincial winter
			8 leagues were s athletics, tennis, football, cricket, a
			45 athletes suppleted academies scient
Increase the participation of people with SUD in treatment	users who have	Health Activity: Take effective and practical measures t prevent progression to severe drug use disorders through appropriately targeted early intervention for people at risk of such progression.	2493 service substance use services.
programmes			125 sessions con services.
			10 hospitals pro- services to se admission to in centres.
			7 facilities p affordable qualit

				and services substance use di
	Ensure adequate capacity, quality, and availability of	empower	Health Activity: Develop and implement substance abuse campaign strategy in collaboration with	3 Capacity build Universal Treatm
	evidence- based treatment programs and facilities	well as members of the community	other government departments and relevant stakeholders.	1 Capacity buildi was conducted
			Or sight Artivity Deduction of resign and helps in a	Participated in Interviewing (MI)
Western Cape	Prevent substance use initiation and delay uptake	Provide accurate information of risks-use multiple communication channels: behaviour change; peer educator outreach health education, Ward Based Outreach Teams	Social Activity: Reduction of social and behavioura problems.	 3846 Prevention Early Intervention Inpatient Transition 525 Community Services: 3 00 After Care Set 6 Child and Year of the children betoold Capacity Build Kemoja programmer social work profection of the comparison of the children betoold DSD staff Supplication share services within the clarification: 3 work

								 Post Gradu
								Addictions C Cape Town: *
								 Stellenbosch Community programme: Western Cap
Prevent substance use initiation and delay uptake		Social Activity: problems.	Reduction	of	social	and	behavioura	21 231 families Strengthening F (SFP): Evidence programme.
Prevent substance use initiation and delay uptake	Provide accurate information of risks-use multiple communication channels: behaviour	Social Activity: problems.	Reduction	of	social	and	behavioura	2 867 learners r Me & the FAS Si 148 801learners After-school prog
	change; peer educator outreach health							55 269 Substantion Substantion Substantion Substantion Substantiation Substantiatin Substantia
	education, Ward Based Outreach Teams							4000 learners Awareness ca door- to-door sh and social media

			10 women traine the Substance Awareness Pro reached.
			442 service u offenders in co availed counselling
			51 group and sessions.
			378 learners a including offend facilities.
Ensure adequate capacity, quality, and availability of evidence-based treatment programs and facilities	users who have	Health Activity: Take effective and practical measures t prevent progression to severe drug use disorders through appropriately targeted early intervention for people at risk of such progression.	 23 767 total reached. Prevention Inpatient deto Early intervention Community services. Aftercare services
Ensure adequate capacity, quality, and availability of evidence-based treatment programs and facilities	users who have	Health Activity: Take effective and practical measures to prevent progression to severe drug use disorders through appropriately targeted early intervention for people at risk of such progression.	293 Inpatient tre detoxification p
			2 506 clients treasites which have

Lensureadequate capacity, quality, and availability of evidence- basedTo educate and empower professionals as well as members of the communityHealth Activity: Develop and implement substance abuse campaign strategy in collaboration with other government departments and relevant stakeholders.49 advanced building by U UWC substa aligned qualifiedIncrease participation people with SUD in treatmentTo treat using substancesTo treat treatmentHealth Activity: Take effective and practical measures through appropriately targeted early intervention for people at risk of such progression.12 570 clients services.Increase participation treatmentTo using substancesHealth Activity: Take effective and practical measures through appropriately targeted early intervention for people at risk of such progression.12 570 clients services.30 clients measures30 clients measures30 clients measures	 			
Image: constraint of the community and facilitiesTo treat service participation of people with SUD in treatmentTo treat service already started using substancesHealth Activity: Take effective and practical measures t treatmentAt City Clinic Model of Treat service and advances treatment programs and facilitiesImage: constraint of people with SUD in treatmentTo treat service already started using substancesHealth Activity: Take effective and practical measures t treatment12 570 clients services at risk of such progression.Image: constraint of people with SUD in treatmentTo treat service already started using substancesHealth Activity: Take of such progression.130 clients reference				over the years 8 based treatment
Image: Construct of the construction of people with SUD in treatmentTo treat service already started using substancesHealth Activity: Develop and implement substance abuse Develop and implement substance abuse campaign strategy in collaboration with other government departments and relevant stakeholders.49 advanced building by UIncreaseTo treat service and facilitiesTo treat service users who have arready started using substancesHealth Activity: Take effective and practical measures t through appropriately targeted early intervention for people12 570 clients servicesIncreaseTo treat service already started using substancesHealth Activity: Take effective and practical measures t through appropriately targeted early intervention for people12 570 clients servicesIncreaseTo treat service already started using substancesHealth Activity: Take of such progression.30 clients relevant stake of such progression.				
capacity, and availability of evidence- based treatment programs and facilitiesempower 				Model of Treatm
and availability of evidence- based treatment programs and facilitiesprofessionals well as members of the communitycampaign strategy in collaboration with other government departments and relevant stakeholders.UWC aligned qualifiedIncrease participation people with SUD in treatmentTo users already started using substancesHealth Activity: Take effective and practical measures through appropriately targeted early intervention for people at risk of such progression.12 570 clients services already at risk of such progression.			5	
evidence- treatment programs and facilitieswell as members of the communityother government departments and relevant stakeholders.aligned qualifieIncrease participationTo treat service usersTo treat service alreadyHealth Activity: Take effective and practical measures prevent progression to severe drug use disorders through appropriately targeted early intervention for people at risk of such progression.12 570 clients services.0Increase people with SUD in treatmentTo users who have already using substancesHealth Activity: Take effective and practical measures through appropriately targeted early intervention for people at risk of such progression.12 570 clients services.30clients relevant stake		•		building by UC
treatment programs and facilitiesthe community relevant stakeholders.relevant stakeholders.Increase participationTo treat service users who have already treatmentHealth Activity: Take effective and practical measures t prevent progression to severe drug use disorders through appropriately targeted early intervention for people at risk of such progression.12 570 clients services.10Increase participationTo treat service users who have already using substancesHealth Activity: Take effective and practical measures t prevent progression to severe drug use disorders through appropriately targeted early intervention for people at risk of such progression.12 570 clients services.30clients relevant stakeholders prevent progression.30 clients relevant stakeholders	5	•		
and facilitiesTo treat serviceHealth Activity: Take effective and practical measures t12 570 clientsIncrease participationTo treat service users who have already started using substancesHealth Activity: Take effective and practical measures t prevent progression to severe drug use disorders through appropriately targeted early intervention for people12 570 clients services.30 clients30 clients			a	aligned qualifica
participationofuserswhohaveprevent progression to severe drug use disordersservices.people with SUD inalreadystartedthrough appropriately targeted early intervention for peopleservices.treatmentusing substancesat risk of such progression.30 clientsservices.		the community	relevant stakeholders.	
treatment using substances at risk of such progression. 30 clients results at risk of such progression.	participation of	users who have	prevent progression to severe drug use disorders	
	treatment	•		

Goal 2: SUPPLY REDUCTION AND RELATED MEASURES, EFFECTIVE LAW ENFORCEMENT, RESPONSES TO DRUG RELATED CRIMES; AND COUNTERING MONEY LAUNDERING AND PROMOTING JUDICIAL COOPERATION

Objectives

- Increase focus on disruption, dismantling and neutralising the drug trafficking networks as opposed to drug users.
- Reduce drug related corruption and money laundering.
- Reduce the diversion of precursor chemicals.
- Strengthen monitoring and reporting mechanisms related to NPS and emerging drugs.

- Improve understanding of the national drug threat assessment.
- Improve information gathering and analysis of the drug threats and trends.
- Improve investigation, prosecution and convictions of drug supply networks.
- Review and harmonise laws and policies related to supply reduction.

Province	Key Deliverable	Key Activity	Activity Contributing to Outcome	Achievement 2021/22	MTSF Out come
Eastern Cape	Increase focus on disruption, dismantling and neutralising drug trafficking networks	Illegal liquor outlets closed	Increase focus o disruption, dismantling an neutralizing dru trafficking.	identified and referred to the criminal justice system.	3
		Schools identified to for the implementation of school safety programmes	Increase focus o disruption, dismantling an neutralizing dru trafficking.	30 schools identified to for the implementation of school safety programmes	3

		People arrested for dealing with illicit drugs	disruption,	 3 250 people were arrested for dealing in drugs during the period under review. 80 illegal liquor outlets were closed through crime operations conducted throughout the province. 	3
Gauteng	drugs and lique	Security Activities: A reduction in corruption and money laundering	disruption,	Contrabands confiscated during searches: Drugs confiscated as follows: 76623.04 Cannabis/Dagga Dry (Grams) 8080.797 Cocaine Powder (Grams) 16694.225 Crystal Meth (Tik-Tik) (Grams) 20623.958 Heroine/Thai White (Grams) 922.25 Mandrax (Tablet) Operations conducted and successes are follows: 3186 Drug Operations Conducted.	

				 4 Illegal Drug Laboratories Closed Down. 9051 Premises Related To Illicit Drugs. 8617 Arrests for Drug Related Crime. 	
	Monitoring o compliance	Security Activity: Reduction in the power and reach of organized crime	Increase focus o disruption, dismantling an neutralizing dru trafficking.	125RegionalLiquor Awareness Workshopsconducted within the	3
	Capacity building and awareness to prevent drug related crimes	Security Activity: Reduction in the power and reach of organized crime	A reduction in the numbers of people imprisoned for minor, non- violent drug offences.	 5 schools identified to for the implementation of school safety programmes. 1463 community members reached on prevention and awareness campaigns on drug and substance abuse. 	3
KwaZulu- Natal	Capacity building and awareness to prevent drug related crimes	Community education to reduce drug misuse and raise awareness of how to deal with problems of drug abuse		3319 service users accessed.	3

	Security activity		 134323 beneficiaries reached through social, and behaviour change programmes. 119275 family members participated in family preservation services. 65 728 family members participated parenting skills programme. 	2
	Security activity: Reduction in power and reach of organized crime	Increase focus o disruption, dismantling an neutralizing dru trafficking.	 345847 people reached through special crime prevention programmes. 123888 people reached through community mobilisation programmes. 2104 persons conflict with the law who completed diversion programmes. 	3
Monitoring d compliance	Security Activity: Reduction in the power and reach of organized crime	Increase focus o disruption, dismantling an neutralizing dru trafficking.		3
Capacity building and awareness to prevent drug related crime	A reduction in the number of people imprisoned for minor, non-violent drug offences		815 schools implemented school safety programme.5904 school safety committees established.	3

		Percentage of identified drug syndicates neutralised		13 drug syndicates identified. 9 syndicate members arrested.	
				380 people reached through the Anti-Gangsterism Programme.	
		Increase visible policing		184 police stations have increased visible policing.	
		Strengthening border controls at ports of entry		Section 97 Proclamation has been signed by the President and gazetted.	
				BMA is currently finalising Service Level Agreements (SLA) with the affected departments.	
		Liquor outlets inspection		100 % Percentage of identified illegal liquor outlets that have been reported to S A P S for shutdown.	
				16252 number of victims participated in restorative justice programmes.	
Limpopo	Capacity building and awareness t prevent drug related crime	Security Activity: Reduction in the power and reach of organized crime	A reduction in the numbers of people imprisoned for minor, non- violent drug offences	schools were linked to police stations.881 search and seizures were conducted in identified schools.	3
				1 591 School safety committees were established for the quarter.	

	u	Security activity: Reduction in power and reach of organized crime	Increase focus o disruption, dismantling an neutralizing dru trafficking.	driving operations conducted. 6 665 liquor premises/ outlets	3
				775299.00 of illicit drugs were confiscated.52271559.00 of alcohol was confiscated.	
	Capacity building and awareness to prevent drug related crime.	Security Activity: Reduction in the power and reach of organized crime.	A reduction in the numbers of people. imprisoned for minor, non- violent drug offences.	20 schools identified as hotspot to implement school safety programme.	3
Free State		Security activity: Reduction in power and reach of organized crime	Increase focus o disruption, dismantling an	 29 055 790ml Alcohol confiscated. 4 972 613.18 g Drugs confiscated. 902 people were arrested in Liquor related cases. 1675 people were arrested for drugs related cases. 	3

				7852 fines were issued for non-compliance.	
	Capacity building and awareness to prevent drug related crime	Security Activity: Reduction in corruption and money laundering Reduction in power and reach of organized crime	Increase focus o disruption, dismantling an neutralizing dru trafficking.	1064 School safety operations conducted.	3
		Liquor licence compliance inspectior		14 808 inspections conducted	3
Mpumalanga	Capacity building and awareness to prevent drug related crimes.	Security Activity: Reduction in corruption and money laundering Reduction in power and reach of organized crime.	Increase focus o disruption, dismantling an neutralizing dru trafficking.	406 awareness conducted on substance abuse	3
			Increase focus o disruption, dismantling an neutralizing dru trafficking.	SARS confiscated illegal goods	3
	Prevent substance use initiation and delay uptake	Provide accurate information of risks-use multiple	Social Activity: Reduction of social and	1717 schools linked to school safety programme.	3

		communication channels: behaviour change; peer educator outreach health education, Ward Based Outreach Teams	behavioural problems.	 106 awareness conducted on school safety including search and seizure. 6 education awareness campaigns conducted to liquor traders. 	
North West	Capacity building and awareness to drug related crimes	Community education Awareness campaign Analysis of all available information and intelligence to identify crime threats and risks		43 x awareness campaigns conducted by participating departments and entities.	3
	Level of compliance of liquor outlets to legislative prescripts To roll-out education awareness programmes and increase the level of literacy on liquor related matters and issues	Conduct liquor license routine and joint compliance inspections and achieve 80% Conduct education awareness programs Hold Social responsibility programs to reduce social ills	Increase focus o disruption, dismantling an neutralizing dru trafficking.	Total conducted 4477- Compliant	3

To organize social			
responsibility programmes			
through collaboration with			
liquor traders and other stakeholders			
and counter the socio- economic			
effects of liquor trade			
Mitigate the supply of drugs and liquor		26180421.25 ml volume of liquor confiscated.	3
through the enhanced	in order to promote progress in the fight	363007.5 ml volume of	
operations	against drug abuse	homebrew confiscated.	
		8789700 ml volume of concoction confiscated.	
Enabling regulatory environment that supports economic	Percentage of liquor licence applications considered within	5940 - total inspections completed.	3
growth	legislative prescripts of the board	4477- compliant to liquor licence regulations.	
		1463 - not compliant to liquor licence regulations.	
		2553 arrests made.	
		Drugs seized:	

				Mandrax powder-189.201g Mandrax tablets- 473.5g Nyaope-155.631g Crystal Meth-(Tik) 2231.205g Crack cocaine/Rocks- 220.003g Khat-216.174g Cocaine Powder 38g dagga 1095500.187 liquor licence applications- considered/issued/approved- (not reported in monetary terms as in 2022/2023).	
Western Cape	Enhance operational coordination at all levels	Security Activities: A reduction in corruption and money laundering	Increase focus on disruption, dismantling and neutralizing drug trafficking.	 6 939 Drug raids conducted. 942 Arrests were made. 6 349.0 units of drugs were confiscated. 16 Firearms were seized. 	3
	Regulate availability and accessibility of liquor			 38 additional members of the inspectorate. 218 New liquor applications received. 1 676 Licensed Liquor premises inspected. 1 522 Licensed Premises Compliant. 	

			 154 Licensed premises non-complaint. 693 Unlicensed premises inspected. 245 Complaints. 	
Enhance operational coordination at all levels	Liquor by- law enforcements operation conducted	Increase focus on disruption, dismantling and neutralizing drug trafficking.	received.	3

GOAL 3: INCREASE THE AVAILABILITY OF AND ACCESS TO CONTROLLED SUBSTANCES EXCLUSIVELY FOR MEDICAL AND SCIENTIFIC PURPOSES WHILE PREVENTING THEIR DIVERSION

Objectives

- Import and export authorisations.
- Drugs on Standard Treatment Guidelines and Essential Medicines List (EML) for drug-related treatment.

Departmen	t Key Deliverable	Key Activity	2	Achievements	Conference Resolution

NB: No report was received from the PSAF's on this goal from Provincial Substance Abuse for as it is not implemented at provincial level.

Goal 4: IDENTIFICATION AND CONTROL OF NEW PSYCHOACTIVE SUBSTANCES (NPS)

Objectives:

- Number trained to identify and control New Psychoactive Substances (NPS) and Amphetamines Type Stimulant (ATS).
- Number of arrested dealers.
- Number of clandestine laboratories dismantled.
- Arrest of internet drug dealing.

Province	Key Deliverable	Key Actions	Activity contributing to Outcome	Achievements	MTSF Out come
Eastern Cape	AddressNPS,ATS,thediversionofprecursorsandpre-precursorsandandthenon-medical use andmisuseofpharmaceuticalscontainingnarcoticdrugsandpsychotropicsubstances	Arrest of people found in possession of NPS, ATS and precursors	Security Activity: Reduction in the power and reach of organized crime.	2855 people were arrested for dealing with illicit drugs.	3
		Percentage increase in the number of arrests (number of cases) for dealing in drugs (excluding cannabis)		34 % increase in the number arrests (number of cases) for dealing in drugs (excluding cannabis).	3
		Arrest of people driving under the influence of liquor.	Security Activity: Reduction in the power and reach of	influence of	3

KwaZulu- Natal	Address NPS, ATS, the diversion of precursors and	Control NPS, ATS, the diversion of precursors, as well as the	organized crime. Security Activity: Reduction in the power and reach of	000 000	3
	pre-precursors and the non- medical use and misuse of pharmaceuticals containing narcotic drugs and psychotropic substances	well as the non-medical use and misuse of pharmaceutical containing narcotic drugs and psychotropic substances	organized crime.	recovered in the reporting period	
Gauteng	Address NPS, ATS, the diversion of precursors and pre-precursors and the non- medical use and misuse of pharmaceuticals containing narcotic drugs and	Control NPS, ATS, the diversion of precursors, as well as the non-medical use and misuse of pharmaceutical containing narcotic drugs and	Activity: Reduction in	Confiscated the following: 19 264 505 grams (cannabis/ dagga dry). 18 826 Cocaine powder 334 614 Crystal Meth	3
	psychotropic substances	psychotropic substances Monitor the		5 240 Heroin/Thai White	

		import and export authorisation export authorisation of precursors		27 390 Mandrax (Tablet)	
		Conduct awareness campaigns to make the public aware of dangers pertaining to NPS, ATS and			
Mpumalanga	Address NPS, ATS, the diversion of precursors and pre-precursors and the non- medical use and misuse of	precursorsControlNPS,ATS,thediversionofprecursors,aswellasnon-medicaluseandmisuseof	Activity: Reduction in the power	confiscated	3
	misuse of pharmaceuticals containing narcotic drugs and psychotropic substances	misuse of pharmaceutical containing narcotic drugs and psychotropic substances Monitor the import and export		Cannabis/Dagga, cannabis/Dagga Plants, Cocaine Powder, Crack Cocaine/Rocks, Crystal Meth, ecstasy Powder, Heroine, Heroine/Thai	

Goal 5: PROMOTE GOVERNANCE, LEADERSHIP, AND ACCOUNTABILITY FOR A COORDINATED MULTI-SECTORAL EFFECTIVE RESPONSE

Objectives:

- CDA accountability score.
- % Provincial Substance Abuse Forum (PSAF) and Local Drug Action Committee (LDAC) submitting monthly reports.
- % Responsible departments with allocated budget.
- Amount additional funding raised to implement NDMP.

Departm ent	Key Deliverable	Key Actions	Activity contributing to outcome	Achievements 2021/22	MT SF Out co mes
Eastern Cape	Stakeholder s' participation in the PSAF	Support the CDA to achieve its mandate as prescribed in the NDMP 2019 – 2024	Social Activity: Strengthened Partnerships.	Departments and Stakeholders are represented in the Provincial Substance Abuse Forum (PSAF), Government Departments: (Health, Education, Safety & Liaison, South African Police Service, and the Department of Transport other stakeholders include (Eastern Cape Liquor Board,	3

				NICRO, SANCA East London, Thembelitsha Rehabilitation Centre and Fastfact.	
	Local Drug Action Committees established	Support the CDA to achieve its Mandate as prescribed in the NDMP 2019-2024	Social Activity: Strengthened Partnerships.	14LocalMunicipalitieswithestablishedLDACsin line with the Act:Umzimvubu,Mbashe,Emalahleni,Engcobo,IntsikaYethu,InxubaYethemba,Sakhisizwe,Elundini;Senqu,PortStJohns,Kouga and DlambeLocalMunicipalities.	3
Gauteng	Facilitation of PSAF Meetings	Support the CDA to achieve its Mandate as prescribed in the NDMP 2019-2024	Social Activity: Strengthened Partnerships.	 Provincial Substance Abuse Forum virtual meetings held. portfolio committees on harm reduction/research. 	3

	Capacitation	Support the CDA to achieve its Mandate as prescribed in the NDMP 2019-2024	Social Activity: Strengthened Partnerships.	180 beneficiaries reached via 2 days research symposium conducted virtually by GSAF research portfolio.	3
e r	LDAC establishme nt and functionality	Support the CDA to achieve its Mandate as prescribed in the NDMP 2019-2024	Social Activity: Strengthened Partnerships	 4 meetings held for CoJ LDAC strengthening functionality. 1 CADCA training held and 8 LDAC members benefitted from the training. 18 members of the Tshwane LDAC appointed and LDAC launched on 26 July 2022. 12 members of the City of Ekurhuleni (COE) LDAC appointed on 29 April 2022. 6 meetings of CoE LDAC held. 	3

				 capacitation session for CoE LDAC conducted. 38 members from 10 wards of Mogale City appointed to the LDAC and LDAC officially launched. 	
Free State	Facilitation of PSAF Meetings	Support the CDA to achieve its Mandate as prescribed in the NDMP 2019-2024	Social Activity: Strengthened Partnerships.	 30 representatives serve in the Provincial Forum. 3 meetings of Free State SAF held. 	3
	Local Drug Action Committees established	Support the CDA to achieve its Mandate as prescribed in the NDMP 2019-2024.	Social Activity: Strengthened Partnerships.	11 Local Drug Action Committees (LDAC) but their functionality is not determined.Mangaung SetsotoLDAC, LDAC, DihlabengLDAC	3

				and Ngwathe LDAC have been revived and they have started holding meetings.	
	Submission of reports	Support the CDA to achieve its Mandate as prescribed in the NDMP 2019-2024.	Social Activity: Strengthened Partnerships.		3
	Capacitation of PSAF and LDAC's	Support the CDA to achieve its Mandate as prescribed in the NDMP 2019-2024.	Social Activity: Strengthened Partnerships.		3
KwaZulu -Natal	Facilitation of PSAF and LDAC meetings	Support the CDA to achieve its Mandate as prescribed in the NDMP 2019-2024.	Social Activity: Strengthened Partnerships.	 4 KZNSAF meetings held. 1 Training workshop for KZNSAF conducted. 1 Ke-Moja capacity building session conducted. All District Forums in place. 	3
	Ensuring multisectora I	SupporttheCDAtoachieveits	Social Activity: Strengthened Partnerships.		3

	governance, involvement planning and accountabilit y	Mandate as prescribed in the NDMP 2019-2024.			
	Local Drug Action Committees established	Support the CDA to achieve its Mandate as prescribed in the NDMP 2019-2024.	Social Activity: Strengthened Partnerships.	33/51 LDAC's in the province.	3
	Submission of reports	Support the CDA to achieve its Mandate as prescribed in the NDMP 2019-2024.	Social Activity: Strengthened Partnerships.	KZNSAF Bi-annual report submitted. KZNSAF AR submitted.	3
Limpopo	Capacitation of PSAF and LDAC's	Support the CDA to achieve its Mandate as prescribed in the NDMP 2019-2024.	Social Activity: Strengthened Partnerships.	Limpopo SAF launched. 7 LDAC's established and functional.	3
	Establishme nt And Strengtheni ng	Support the CDA to achieve its Mandate as prescribed	Social Activity: Strengthened Partnerships.		3

	of Local Drug Action Committees Local Drug Action Committees established	in the NDMP 2019-2024 Support the CDA to achieve its Mandate as prescribed in the NDMP 2019-2024	Social Activity: Strengthened Partnerships.		3
Mpumala nga	Ensuring multisectora I governance, involvement planning and accountabilit y	Support the CDA to achieve its Mandate as prescribed in the NDMP 2019-2024	Social Activity: Strengthened Partnerships.	 4 Mpumalanga Substance Abuse Forum meetings facilitated. 1 AGM was convened and supported by CDA secretariat. 2 MPSAF Executive committee meetings facilitated. 3 District meetings of the LDAC's facilitated. 10/18 LDAC appointed as per section 10 of Act. No 70. 	3

Northwe st	Enable the PSAF to implement and control PDMP 2019-2024	Engage in quarterly meetings and strategic planning. Quarterly performanc e reviews	Social Activity: Strengthened Partnerships.	3 x NWPSAF meetings	3
	Local Drug Action Committees established	Support the CDA to achieve its Mandate as prescribed in the NDMP 2019-2024	Social Activity: Strengthened Partnerships.		3
Northern Cape	Facilitation of PSAF and LDAC meetings	CDA must monitor the implementat ion of the NDMP by Department s in accordance with set deliverables and targets	Social Activity: Strengthened Partnerships.	1AnnualReportsubmittedtotheCDA.CapeNorthernCapePSAFre-establishedin March 2023.LDAC'sthroughoutprovincenotestablished.	3
	Local Drug Action Committees established	SupporttheCDAtoachieveitsMandateas	Social Activity: Strengthened Partnerships.	CDA engaged SALGA supported by the PSAF towards the	3

		prescribed		establishment of	
		•			
		in the NDMP		LDAC's throughout	
		2019-2024.		the province	
Western	Facilitation	Support the	Social Activity:	2 WCSAF/LDACs	3
Cape	of PSAF and	CDA to	Strengthened	Bi- Annual meetings.	
	LDAC	achieve its	Partnerships.	2 International	
	meetings	Mandate as		conferences (ISSUP	
		prescribed		/AU conference in	
		in the NDMP		Abu Dhabi and	
		2019-2024		Children Matter	
				Conference in	
				India).	
				4 Number of new	
				LDACs established.	
				30 LDAC	
				Orientation/action	
				plan TOR	
				workshops/LDACs	
				quarterly meetings.	
				22 Stakeholder	
				engagements and	
				webinars.	
	Ensuring	Support the	Social Activity:	WC PDMP	3
	multisectora	CDA to	-	-	5
		achieve its	Strengthened	approved and now	
			Partnerships.	being implemented.	
	governance,	Mandate as			
	involvement	prescribed			
	planning	in the NDMP			
	and	2019-2024.			
	accountabilit				
	У				

Local Drug Action Committees established	Support the CDA to achieve its Mandate as prescribed in the NDMP 2019-2024	Social Activity: Strengthened Partnerships.	 WCSAF provided orientation, refresher, strategic and capacity building workshops for established and non-established LDACs. 18/30 established LDACs. 18/30 established LDACs were fully functioning and established. 9/18 LDAC's submitted AR's to PSAF. 	3
Submission of reports	Support the CDA to achieve its Mandate as prescribed in the NDMP 2019-2024.	Social Activity: Strengthened Partnerships.	WCSAF AR submitted. WC provincial departments which are members of the WCSAF but failed to be an active member and or provide an annual input on activities achieved	3

			during April 2022- March 2023: SAPS, NPA, DoJ, DCS, DPOCS,WC Dep of Mobility,DCAS,DOE ,DOA	
Capacitation of PSAF and LDAC's	Support the CDA to achieve its Mandate as prescribed in the NDMP 2019-2024.	Strengthened	Swartland Local Drug Action Committee (LDAC) Workshops/ Trainings	3

Goal 6: STRENGTHEN DATA COLLECTION, MONITORING, EVALUATION, AND RESEARCH EVIDENCE TO ACHIEVE THE GOALS

Objectives:

- Functional national reporting system in place.
- Baselines established for indicators.
- National drug research agenda compiled.
- •

Departments	Key Deliverables	Key Activities	Activity contributing to outcome	Achievements	MTSF Outcomes
Eastern Cape	Monitor and evaluate the implementation of the NDMP 2019-2024	PDMP target implementation	Social Activity: Strengthened Partnerships.	4 meetings held for the 2022/23 FY.	3
Gauteng	Monitor and evaluate the implementation of the NDMP 2019-2024	Monitor compliance		12 treatment centres re- registered (i.e Impatient/ Community Based services/Halfway house).	
KwaZulu- Natal	Monitor and evaluate the implementation of the NDMP 2019-2024	Monitor compliance		Khanyani Treatment Centre Registration finalised. 6 private treatment	

	Monitor and	Submission of	Social	centres registered in the performance cycle (ARCA, NOCCA, COR, Agape, Serenity, Cedars Midlands). 3 Community Based Services registered. 1 Halfway House registered. KZNSAF	3
	evaluate the implementation of the NDMP 2019-2024	reports	Activity: Strengthened Partnerships.	biannual report submitted. KZNSAF AR submitted.	
Limpopo	Monitor and evaluate the implementation of the NDMP 2019-2024.	Monitoring of funded organisations	Social Activity: Strengthened Partnerships.	27/28 organisations funded and monitored.	3
Mpumalanga	Monitor and evaluate the implementation of the NDMP 2019-2024	Quantify accountability at all levels Disseminate	Social Activity: Strengthened Partnerships.	1 provincial database maintained.	3

		national data at local, national and international level		 4 sessions held for the assessment and registration. of SUD services. 2 biannual report submitted to the CDA. 4 quarterly report submitted in the implementation of the MDMP. 	
North West	Monitor and evaluate the implementation of the PDMP 2019-2024	Coordinate reporting to PSAF. Disseminate local reports to PSAF	Social Activity: Strengthened Partnerships.	12 x member departments have reported during this period.	3
Western Cape	Monitor and evaluate the implementation of the PDMP 2019-2024	Coordinate reporting to PSAF Disseminate local reports to PSAF	Social Activity: Strengthened Partnerships.	PDMP finalised and is now being implemented. TWK LDAC secretariat designed a reporting template for TWK LDAC members and SUD	

		Stakeholders to complete and submit.	

Goal 7: STIMULATE ROBUST AND SUSTAINABLE ECONOMIC GROWTH AIMED AT REDUCING POVERTY, UNEMPLOYMENT, AND INEQUALITIES

Objectives:

- Number of jobs created to improve the country.
- The number of people who became constructively occupied and not indulged in substances or received new skills, personal and economic development.
- Number of community profiling and dialogues in areas which are affected by social ills including gangs, crime and substance abuse.
- Research conducted on household buying powers, poverty, unemployment, inequalities, substance abuse, youth participation in economic projects, as well as recommendations implemented to improve the situation etc.

Province	Key Deliverables	Key Activities	Activity contributin g to Outcome	Achievements	MTSF Outcomes
Саре	relevant projects/prog rammes that will provide	abuse programmes b External Servic	areas of	the CYCW Learnership	
	alternative development to the youths, unemployed,	Providers	concentrate d drug production, trafficking or retail sale	Programme NQF 5 in the Nelson Mandela Metro.	
	key populations etc.		involve access to education, employment	15 unemployed youth participating in the Social	

	T	
, social		
support.	Learnership	
	Programme	
	NQF 5 in the	
	Chris Hani	
	District.	
	17 unemployed	
	young women	
	participating in	
	the Health	
	Promotion	
	Officer	
	Learnership	
	Programme	
	NQF 3 in the	
	OR Tambo	
	District.	
	98 TVET	
	College	
	learners	
	participating	
	the Work-	
	integrated	
	learning	
	programme in	
	all the Districts	
	$(10 \times 8 = 80)$	
	and Provincial	
	Office (18).	

50 unemployed Social Work Graduates participating in the Graduate Internship Programme in all the Districts (6 in 6 Districts and 7 in 2
Districts = 50).
150 Job opportunities were created for young people through the implementatio n of Teenagers against Drug Abuse programme.
344) children in
conflict with the
law awaiting
trial and
sentenced in
secure care
centres
accessed

				therapeutic	
				and vocational	
		D		skills training.	
Gauteng	Coordinate	Provide	Developme	3200 street	1
	relevant	creative	ntal Activity:	buskers	
	projects/prog	workers with	Relief of	benefitted from	
	rammes that	production	poverty in	the	
	will provide	development	areas of	programme.	
	alternative	skills, raw	concentrate		
	development	materials, and	d drug		
	to the youths,	production	production,		
	unemployed,	spaces to	trafficking or		
	key	produce	retail sale		
	populations	creative	involve		
	etc.	products	access to		
	0.0.	products	education,		
			employment		
			, social		
			support.		
	Coordinate	Implementation	•	12 Recovering	1
	relevant	of substanc	,	users and	
	projects/prog	abuse	Relief of	addicts placed	
	rammes that			under Faded	
	will provide	External Servic	areas of	Black	
	alternative	Providers.	concentrate	Innovations	
	development		d drug	Organization	
	to the youths,		production,	for skills	
	unemployed,		trafficking or	development	
	key		retail sale	training.	
	populations		involve	Ŭ	
	etc.		access to	47 community	
			education,	members	
			employment	benefitted in	

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relevantofsubstancntal Activity:beneficiariesprojects/progabuseReliefofwereenrolledrammes thatprogrammes bpovertyininwillprovideExternal Servicareasoflearnership/skilalternativeProvidersconcentratels programmedevelopmentddrugproduction,39to the youths,production,trafficking orbeneficiarieskeyretailsalecompleted	Coordinate	Implementation	Developme		1
projects/prog rammes that will provide alternative to the youths, keyabuse programmes b poverty areas dowerty inwere enrolled inwill provide alternative development to the youths, keyProvidersRelief of poverty in areas of dowerty concentrate dowerty inwere enrolled inalternative development to the youths, unemployed, keyProvidersareas of concentrate dowerty production, trafficking or retail salesere enrolled inprovidersService providersareas of concentrate dowertylearnership/skil ls programmeservice development to the youths, unemployed, keyImage: service trafficking or retail saleservice trafficking or to mpleted	relevant			beneficiaries	
rammes that programmes b poverty in in will provide External Servic areas of learnership/skil alternative Providers concentrate d drug to the youths, unemployed, key retail sale completed	projects/prog			were enrolled	
will alternative development to the youths, keyExternal Servic areasareasof areaslearnership/skil ls programmedProvidersconcentrate ddruggroup development 		programmes b	poverty in	in	
alternative development to the youths, unemployed, keyProvidersconcentrate d drug production, trafficking or retail saleIs programme39 Number of beneficiaries completed39 Number of beneficiaries completed					
development to the youths, unemployed, keyddrug production,139 Number of beneficiaries completed					
to the youths, unemployed, key retail sale completed	development				
unemployed, key retail sale completed			•	39 Number of	
key retail sale completed					
	,				

populations		access to	learnership/skil	
etc.		education,	ls programme.	
		employment		
		, social	191 Number of	
		support.	beneficiaries	
			employed.	
			11 853 of	
			persons who	
			received	
			substance	
			abuse	
			treatment	
			participating in	
			aftercare	
			programme.	
Coordinate	Establish	Developme	27 offenders	1
relevant	skills	nt Activity:	benefitted from	
projects/prog	development,	Relief of	economic	
rammes that	and	poverty in	opportunities.	
will provide	Learnership	areas of	opportunities.	
alternative	-		2 748	
	Programmes.	concentrate		
development		d drug	offenders	
to the youths		production,	participated in	
		trafficking or	long skills	
		retail sale	development	
		involve	programmes.	
		access to		
		education,	1 795	
		employment	offenders	
		, social	participated in	
		support.	short skills	

Free State	Coordinate relevant projects/prog rammes that will provide alternative development to the youths, unemployed, key populations etc.	Establish skills development, and Learnership Programmes.	Developme nt Activity: Relief of poverty in areas of concentrate d drug production, trafficking or retail sale involve access to education, employment , social	created through the newly established, Thaba Nchu Halfway House	1
	Coordinate	Implementatio	support. Developme	34 NPO's	1
	relevant projects/prog rammes that	n of substance abuse	nt Activity: Relief of poverty in	funded.	

			· · · ·		
	will provide	programmes		230 job	
	alternative	by External	concentrate	opportunities	
	development	Service	d drug	were created	
	to the youths,	Providers.	production,	through	
	unemployed,		trafficking or	funding of	
	key		retail sale	stipend.	
	populations		involve	•	
	etc.		access to		
			education,		
			employment		
			, social		
			support.		
KwaZulu	Coordinate	Establish	Developme	33 Social	1
- Natal	relevant	skills	nt Activity:	Workers	
Natar	projects/prog	development,	Relief of	employed in	
	rammes that	and	poverty in	the NPO sector	
	will provide	Learnership	areas of	under the care	
	alternative	Programmes	concentrate	and support	
	development	Filgrannies		services for	
	to the youths,		0	families'	
			production,		
	unemployed,		trafficking or	programme.	
	key		retail sale	10	
	populations		involve	49 social	
	etc.		access to	workers	
			education,	employed in	
			employment	NPO's under	
			, social	the crime	
			support.	prevention and	
				support	
				programme.	
				37 social	
				workers	

 1	[[
			employed	
			under the	
			substance	
			abuse services	
			programme.	
			195 social	
			workers	
			employed	
			under the	
			victim	
			empowerment	
			programme.	
Coordinate	Establish	Developme	50 women	1
relevant	skills	nt Activity:	skilled cooking,	
projects/prog	development,	Relief of		
rammes that	and	poverty in		
will provide	Learnership	•	Pietermaritzbu	
alternative	Programmes	concentrate	rg.	
development	riogrammoo	d drug	.9.	
to the youths,		production,	50 women	
unemployed,		trafficking or	trained in	
key		retail sale	Hair and	
populations		involve	Beauty and	
etc.		access to	•	
		education,	Zululand: 30	
		employment	women were	
		, social	trained on soft	
		support.	life skills	
		Support.	training.	
			u an inny.	
			30 women from	
			Shelters skilled	
			Shellers skilled	

				on sewing and	
				digital training	
				for three	
				months.	
				19 Women	
				participated in	
				Generating	
				Your Business	
				Idea training	
				programme by	
				UNĂIDS.	
				15273 Youth	
				participated in	
				skills	
				development	
				programmes.	
Limpopo	Coordinate	Establish	Developme	238 social	1
	relevant	skills	ntal Activity:	workers.	
	projects/prog	development,	Relief of		
	rammes that	and	poverty in	8 NPO	
	will provide	Learnership	areas of		
	alternative	Programmes	concentrate	capacitated on	
	development		d drug	substance	
	to the youths,		production,	abuse matters.	
	unemployed,		trafficking or		
	key		retail sale	51 field	
	populations		involve	workers with	
	etc.		access to	accredited	
			education,	training were	
			employment	provided with	
				stipend in line	

			anaial	with ministorial	
			, social	with ministerial	
			support.	determination.	
Mpumala	Coordinate	Establish	Developme	10 Service	1
nga	relevant	skills	ntal Activity:	users were	
_	projects/prog	development,	Relief of	linked to	
	rammes that	and	poverty in		
	will provide	Learnership	areas of		
	alternative	Programmes	concentrate	development.	
		Filgrannies		development.	
	development		d drug		
	to the youths,		production,	2 Skills	
	unemployed,		trafficking or	-	
	key		retail sale	programmes	
	populations		involve	implemented in	
	etc.		access to	Public in-	
			education,	Patient	
			employment	facilities by	
			, social	NHBRC	
			support.	through the	
				Department of	
				Human	
				Settlements.	
				Settlements.	
				1 Start your	
				,	
				Own Business	
				skills	
				development	
				programme	
				was provided	
				by the NYDA	
				NYDA at an in-	
				patient	

				treatment	
				centre.	
				7 NPO's	
				funded by the	
				Department of	
				Social	
				Development	
				are providing	
				employment.	
North	Develop skills	Establish	Developme	25 learnerships	1
West	and	skills.	ntal Activity:	/skills	
	learnership	development	Relief of	development	
	programmes	programs and	poverty in	awarded to	
	for individuals	Learnership	areas of	young	
	with	programs	concentrate	people(Arts,	
	substance		d drug	Culture, Sports	
	use		production,	& Recreation).	
	disorders.		trafficking or		
			retail sale	110 Job	
			involve	opportunities in	
			access to		
			education,	based	
			employment	organisations	
			, social	funded by	
			support.	Department of	
			Support.	Social	
				Development.	
				405 job	
				opportunities	
				have been	
				created by	

				Department of	
				Community	
				Safety &	
				Transport	
				Management.	
Northern	Coordinate	Establish	Developme	145 student	1
Cape	relevant	skills.	ntal Activity:	interns enrolled	
	projects/prog	development	Relief of	on DCS	
	rammes that	programs and	poverty in	student	
	will provide	Learnership	areas of	internship.	
	alternative	programs	concentrate		
	development		d drug	7467	
	to the youths,		production,	offenders	
	unemployed,		trafficking or	eligible with	
	key		retail sale	work	
	populations		involve	opportunities.	
	etc.		access to		
			education,	120 economic	
			employment	opportunities	
			, social	facilitated for	
			support.	parolees and	
				probationers.	
				160 offenders	
				participating in	
				TVET college	
				programmes.	
Western	Coordinate	Implementatio	Developme	141 After	1
Cape	relevant	n of	ntal Activity:	School	
-	projects/prog	programmes	Relief of	Practitioners	
	rammes that		poverty in	were	
	will provide		areas of	employed.	
	alternative		concentrate		

dovolonment		d drug	6 Community	
development		0		
to the youths,		production,	Liaison	
unemployed,		trafficking or		
key		retail sale	· /	
populations		involve	employed to	
etc.		access to	monitor the	
		education,	implementatio	
		employment	n of	
		, social	programmes at	
		support.	the 48 sites .	
Coordinate	Implementatio	Developme	60 youth in job	1
relevant	n of	ntal Activity:	readiness	
projects/prog	programmes	Relief of	workshops and	
rammes that		poverty in		
will provide		areas of		
alternative		concentrate	103 young	
development		d drug	people in youth	
to the youths,		production,	placement	
unemployed,		trafficking or	programs.	
key		retail sale	programor	
populations		involve	300 young	
etc.		access to	people in life	
		education,	skills	
		•		
		employment . social	programs.	
		,		
		support.		

PERFORMANCE OF PROVINCES TOWARDS MEETING THE OBJECTIVES AS SET OUT IN THE NDMP 2019-24 GOALS.

GOAL 1: DRUG DEMAND REDUCTION OBJECTIVES

Reduction in drug use

The WDR 2023 indicates that drug use continues to be on the rise and indicates that young people hold the largest percentage of people who use drugs worldwide. South Africa is no exception in terms of the rise in drug use and the interventions currently provided in provinces do not seem to be having a positive impact in the reduction of the demand for drugs. Many of the interventions are provided by the DSD without much participation and collaboration from other provincial departments. The social ills perpetuated by the harmful use of substances impact on all sectors of society which other government departments are responsible for. The reduction of demand for drugs requires better collaboration in planning and delivering on awareness campaigns.

The analysis of the performance of provinces in reducing drug use indicates provinces have not innovated their interventions and as such are challenged in the post Covid-19 dispensation wherein engagement is via social media and virtual platforms. The only province to have explored alternative methods of providing awareness is the Western Cape with their social media strategy. It is imperative that awareness programmes reach the people they are targeted at and this requires an urgent change to modes of communicating that actually reach the target audience. The use of flyers and other such antiquated means of communication must be changed to the use of electronic means of communication.

Minister Lindiwe Zulu from the DSD launched the Alcohol Substances Screening Interventions Tool (ASSIST) in May 2023. The tool can be accessed by all communities for free and people can then screen themselves on their level of risk as regards their use of alcohol, drugs, tobacco, and other substances. The CDA recommends the use of this innovative tool which was developed and tested by the University of Cape Town (UCT) and the International Technology Transfer Centre (ITTC). The DSD has also recently launched DSDTV which is also aimed at reaching the information technology generation and this platform should be used to promote awareness on harmful substance use.

Percentage SUD treated

The number of people currently accessing public, as well as government funded private treatment centres does not equate with the problem of harmful substance use communities are experiencing nor does it align with the reflections gained by the

CDA when engaging people who use drugs. PUD's have stated that accessing treatment in South Africa requires even more effort than the use of the drugs they are on and as such they find themselves continuing to use drugs because there is nowhere to go to be assisted to stop using. The waiting period and processes experienced when trying to access treatment centres are prohibitive. This reflects that the systems in place block rather than enable access to treatment by people dealing with substance use disorders.

The process and time it takes for a person dealing with harmful substance use to access treatment must reflect our understanding of addiction and how difficult it is for a person to even reach the decision to access treatment as well as the strength of will required to stay in treatment to the point where steps to recovery are firmer. It is critical that norms and standards when providing treatment are adhered to, but it is also imperative that provision of services is with urgency not a laxity on the side of the service providers.

Harms Minimised

Public in-patient treatment centres are currently providing Methadone and Naloxone at public health facilities and only for in-patient treatment. The numbers reflected by the North West Province are a clear indication of the dire need that exists in communities as relates to drug use disorders and drug overdose. The City of Tshwane and the City of Cape Town with its Matrix Clinic model are the only metros currently providing out-patient treatment for SUD's and overdose. The NDMP 2019-24 reflects on the urgent need for harm reduction services to be provided at public treatment centres so all people who need the service can access it. South Africa has not yet developed a harm reduction strategy to enable the provision of this service by the DOH which must provide the medical support and the DSD which must provide the psycho-social support. The CDA with other national and international stakeholders including the DOH and DSD, is in the process of supporting the development of a harm reduction strategy. It is critical that the strategy is adequately funded to ensure its sustainability once implementation is initiated.

GOAL 2 : DRUG SUPPLY REDUCTION (DSR) OBJECTIVES

Increase the focus on disruption, dismantling and neutralising the drug trafficking networks as opposed to drug users

All the provinces are actively engaged in the disruption of trade especially as relates to illicit alcohol and to an extent the dismantling of drug trafficking networks. There is no reporting on how drug users are handled in instances where they are

found with drug paraphernalia. The reports from the community of people who use drugs indicate that security officials arrest and confiscate their paraphernalia, however none of the reports indicate this.

Reduce drug related corruption and money laundering

The Security cluster and economic cluster departments are not providing their reports to the provincial substance abuse fora (PSAF's) and some are not even actively engaged in the work of the PSAF. There is therefore not much indication of a move towards meeting this objective at provincial level.

Reduce the diversion of precursor chemicals

There is little to almost no reporting at provincial level on this objective.

Strengthen monitoring and reporting mechanisms related to NPS and emerging drugs

The reporting at provincial level does not reflect an understanding of the need to report on NPS and emerging drugs. Few provinces provide this information which indicates that there is a focus on it. This must be addressed to ensure that NPS and other emerging drugs are identified early and required interventions put in place before any catastrophic event occurs such as the opiod/synthetic drug proliferation and deaths that countries like the United States of America are already facing.

Improve understanding of the national drug threat assessment

None of the provinces have reported on any training and capacitation towards improving knowledge on the national drug threat.

Improve information gathering and analysis of the drug threats and trends

The intelligence and security clearances required to meet this objective may not allow for provinces to advance this information. It may be gleaned from the other report input that there are systems in place to gather and analyse information on drug threats, though it is not overtly apparent.

Improve investigation, prosecution, and convictions of drug supply networks

The NPA provides information at national level on this objective. However, it is advisable for each province with a drug bust that is publicised to provide information on the matter as it moves through our justice system. Though the NPA may handle the prosecutions, the provinces need to be informed adequately of the advancement of matters that originate in their province.

GOAL 4: IDENTIFICATION AND CONTROL OF NEW PSYCHOACTIVE SUBSTANCES(NPS) OBJECTIVES

Number trained to identify and control New Psychoactive Substances (NPS) and Amphetamines Type Stimulant (ATS)

None of the provinces reported towards the attainment of this objective. KZN reported on the training of SAPS officials in the 2021/22 FY but there is no indication of that programme continuing in the province.

Number of arrests of dealers

The NPA reports on the prosecution of major drug dealers or drug busts. Provinces must report on the arrest of drug dealers in their provinces and reflect the local municipalities where the drug dealers are arrested, prosecuted, and convicted.

Number of clandestine laboratories dismantled

Few provinces report on the dismantling of clandestine laboratories. It is mostly the Gauteng province which provides these reports.

Arrest of internet drug dealing

This is not currently a focal point in any of the reports which indicates that there is not much interception of internet drug dealing in the country currently.

<u>GOAL 5:</u> PROMOTE GOVERNANCE, LEADERSHIP, AND ACCOUNTABILITY FOR A COORDINATED MULTI-SECTORAL EFFECTIVE RESPONSE OBJECTIVES

Central Drug Authority (CDA) accountability score

The 4th CDA has all 9 provincial substance abuse for a (PSAF) as active participants in the implementation of the NDMP 2019-24. All PSAF's are providing reports albeit sometimes the reports do not reflect positively on their provincial implementation of the NDMP.

A great achievement in the 2022/23 Financial Year was the development of provincial Drug Master Plans by provinces with the encouragement, support, and involvement of the CDA secretariat as well as CDA representatives in provinces.

% Provincial Substance Abuse Forum (PSAF) and Local Drug Action Committee (LDAC) submitting monthly reports.

The PSAF's are currently submitting bi-annual reports to the CDA. The established and functional LDAC's are providing the PSAF's with their reports though not necessarily monthly. The establishment and functionalisation of LDAC's continues to be a focus for the CDA and PSAF's as without these structures the effects of the provincial drug master plans as well as the NDMP will not be felt in any of our communities and the scourge of harmful drug use will continue unabated.

Amount additional funding raised to implement the NDMP

The 4th CDA has managed to find sponsors for many of its activities in the 2 years it has been in office. Direct financial support has been received from the AU, and the UNODC. SANAC, the NYDA as well as the WHO have provided the use of their venues to the CDA for meetings and other engagements. An estimated amount of over R700 000 has been received from the CDA members. These are amounts paid for individual members in the past 2 years for Microsoft 365 licences, data, and telephony costs, CDA digital pages development and management including the CDA website, attendance and engagement in community activities not compensated for by the DSD and many more.

GOAL 6: STRENGTHEN DATA COLLECTION, MONITORING, EVALUATION, AND RESERACH EVIDENCE TO ACHIEVE THE GOALS

The CDA has developed a reporting framework for both national and provincial departments. This is the framework used to collect data for this report. The major challenge is that the monitoring and evaluation system requires that there be baseline against which progress is measured. This is not available and none of the provinces reported in this regard. Research evidence to support and measure the achievement of goals is also lacking.

EVALUATION OF THE PROVINCIAL PERFORMANCE AND CHALLENGES

The Republic of South Africa has 9 provinces; namely, Eastern Cape, Free State, Gauteng, Kwazulu-Natal, Limpopo, Mpumalanga, Northern Cape, North West, and Western Cape. The structure that is assigned by the Act to perform the functions at provincial level, that would have been performed by the CDA at a national level, is the Provincial Substance Abuse Forum. The functions of the PSAF are highlighted in Figure 3 above. The PSAF's are intersectoral structures that are responsible to unsure that the NDMP finds expression in the Provincial Drug Master Plan for the respective provinces. The PSAF is located alongside the DSD, with the MEC for Social Development being the responsible authority for resourcing and ensuring the effective functioning of the PSAF. The department must also provide secretariat services for the PSAF. During the reporting period, all PSAF's were established and functional. All provinces except the Northern Cape, which was established towards the end of the financial year, have developed their Drug Master Plans. This is highly commendable. However, because of the location of the PSAF do not perform their roles of coordinating the implementation of the DMP but focus mainly on the functions of the DSD. Whilst there is marked improvement, other departments are reluctant to participate in the PSAF as required by law. The CDA is acutely aware of these challenges and are engaging with the PSAFs to address them. There are already plans afoot to develop a guideline jointly with the PSAF's in the next financial year, that will empower the PSAF to fulfil their roles in terms of the Act and the NDMP.

One of the key functions of the PSAFs is ensuring the establishment of the Local Drug Action Committees, which must be established and resourced by the mayor of each municipality, supported by the MEC for Social Development. Although good progress has been made, there are still major challenges as most municipalities consider this as beyond the scope of their responsibility and an unfunded mandate. To date, the number of established LDACs is 125 which is 48.63%, as compared to the 2021/22 financial wherein there were 101 (39,2 %) established LDACs. Table00 shows the status of LDACs in the nine provinces, and it is clear that provinces and municipalities have improved by at least 9% in the number of LDACs established. This clearly indicates that PSAFs have made an effort to support these structures as recommended in the previous financial year. The CDA must also develop performance standards for LDAC's to ensure that they fulfil their responsibilities as defined by the Act.

CHAPTER 9. CONCLUSIONS, KEY CHALLENGES AND RECOMMENDATIONS

The CDA has made significant strides in its effort to address the drug problem in the country. The first is sensitizing stakeholders and creating awareness about the existence of the CDA and its functions in the implementation of the NDMP and addressing the challenges of substance use, misuse and abuse in the county. Such also included the pledges for and actual collaboration with such stakeholders as reflected in this report. The CDA is grateful to these stakeholders for ensuring that they become part of the national effort to address the scourge of substance abuse and drug trafficking. This was not only confined to stakeholders but to communities through community engagement processes that the CDA conducted to obtain first-hand information about the challenges faced by communities in this regard. The CDA has been able to make significant progress in creating awareness and getting the country to know about the National Drug Master Plan as a blueprint for the country, and how through integrated and coordinated action, it could be effective in addressing this scourge in all its manifestations.

The second, amongst many others, is that the CDA has been able to establish, strengthen and support structures that will ensure that the NDMP is implemented at all levels i.e. national at CDA level, including management structures that ensure communication, responsiveness and accountability to the CDA, and these are functional. The CDA has also facilitated the establishment of the PSAFs and Local Drug Committees and ensured their functionality. There is a need to further localise the responses to the drug and substance abuse, use and misuse in the country and to enable communities to take greater charge. Relationships with national and international stakeholders has added value to the work of the CDA, and will ultimately benefit the country in different ways.

Members of the CDA, especially independent members have made an invaluable contribution, albeit under very difficult circumstances, and are driven by passion to go the extra mile, to the extent of making personal and financial sacrifices to see the work of the CDA coming to fruition.

The CDA continued to experience challenges that were stated in the 2021/22 annual report in spite of the positive meeting with the DSD Minister, Deputy Minister and Acting Director General in March 2022. These include issues tabled below.

Table 9.1 Key challenges and recommendations

Challenges	Recommendations
Only three or four of the 21 (get the correct no.) national departments have Drug Master Plans with indicators and targets to measure the effectiveness and impact in addressing harmful substance use and illicit drug trafficking.	All national departments must be supported to develop their Drug Master Plans.
The WDR 2023 indicates that drug use continues to be on the rise and indicates that young people hold the largest percentage of people who use drugs worldwide. South Africa is no exception in terms of the rise in drug use and the interventions currently provided in provinces do not seem to be having a positive impact in the reduction of the demand for drugs.	More effective, impactful and evidence-based interventions to reduce demand, supply and harms caused by substance use, misuse and abuse need to be implemented, with more focus on the youth. The CDA needs to profile these evidence-based interventions and facilitate the development of a directory of evidenced based services and interventions.
South Africa has not done a national prevalence survey on the trends and extent of substance use, misuse and abuse as well as illicit drug trafficking to inform more effective policy, legislation, strategies and programmes to achieve the NDMP vision, mission goals and programmes.	Government needs to invest in a national prevalent survey. This would not only lead to a greater understanding of the nature and extent of the problem, but would also serve as a baseline to measure the success of interventions
Very few LDAC's have been established in our country and those which are established are not well resourced to execute their mandate.	All Mayors to be encouraged to establish the LDACs and support them with resources to execute their mandate. There is an urgent need to develop the capacity of LDACs to ensure their effectiveness in addressing local challenges.

CDAs insufficient budget against the expectations in terms of the NDMP and need for improved Budget allocation by National Treasury for the NDMP	The CDA and its principals, must expedite the resolution of these challenges if the country hopes to address the challenges of substance use, abuse and misuse in the country
 Lack of Secretariat support leading to CDA members doing the technical work. Lack of CDA member remuneration policy and HR policy. Failure by the Departments to participate in the CDA activities. Lack of tools of trade, access to data and Microsoft 365 for independent members and secretariat. Lack of Support of the departmental representative in the CDA by their departments. Delay in re-restructuring and re-positioning of the CDA. 	

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Acronyms

- AIDS: Acquired Immune Deficiency Syndrome
- ATS: Amphetamine-type Stimulant ATTC Addiction Technology Transfer Centre
- AU: African Union
- AUC: African Union Committee
- AUPA: African Union Plan of Action
- BRICS: Brazil, Russia, India, China and South Africa
- **CC:** Constitutional Court
- CDA: Central Drug Authority
- **CDL**: Clandestine Drug Laboratories
- CMC: Communications and Marketing Committee
- CND: Commission on Narcotic Drugs
- CSO: Civil Society Organisations
- **COGTA**: Department of Co-operative Governance and Traditional Affairs
- **DAP:** Drug Advisory Programme

DALRRD: Department of Agriculture, Land Reform and Rural Development

DBE: Department of Basic Education

DCS: Department of Correctional Services

DDR: Drug Demand Reduction

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

DoH: National Department of Health

DSD: Department of Social Development

DSAC: Department of Sports, Arts and Culture

DTI: Department of Trade, Industry and Competition

EAP: Employee Assistance Programme

ECOSOC: Economic and Social Council of the United Nations

FASD: Foetal Alcohol Syndrome Disorder

FS: Free State

- FSEC: Finance, Social and Ethics Committee
- FPD: Foundation for Professional Development
- GC: Governance Committee
- GF: Global Fund
- HIV: Human Immunodeficiency Virus
- HONLEA: Heads of National Drug Law Enforcement Agencies
- ICAS: Independent Counselling and Advisory Services
- ICPS: Integrated Social Crime Prevention Strategy
- ICUDDR: International Consortium of Universities for Drug Demand Reduction
- IMC: Inter-Ministerial Committee
- INCB: International Narcotics Control Board
- **INHSU:** International Network on Health and Hepatitis in Substance Users
- **ISSUP:** International Society of Substance Use Professional
- ITTC: International Technology Transfer Centre
- KZN: KwaZulu-Natal

LDAC: Local Drug Action Committee

M&E: Monitoring and Evaluation

MEC: Member of the Executive Committee

MRC: Medical Research Council

MTSF: Medium Term NDMP

NDMP: National Drug Master Plan

NGO: Non-government Organisation

NPA: National Prosecuting Authority

NPS: New Psychoactive Substance

NYDA: National Youth Development Agency

OST: Opioid Substitution Therapy

OTC: Over the Counter

PPC: Programmes and Projects Committee

PSAF: Provincial Substance Abuse Forum

PWID: People Who Inject Drugs

PWUD: People Who Use Drugs

RDM&EC: Research Development Monitoring and Evaluation Committee

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

SANAC: South African National Aids Council SANCA South African Council on Alcoholism and Drug Dependence

SANPUD: South African People who Use Drugs

SAPS: South African Police Service

SARS: South African Revenue Service

SBC: Social Behaviour Change

SD: Skills Development

SSP: Social Service Practitioner

SUD: Substance Use Disorder

UCT: University of Cape Town

UNODC: United Nations Office on Drugs and Crime

UTC: Universal Treatment Curriculum

WC: Western Cape WDR World Drug Report

WHO: World Health Organisation

AUC: African Union Commission

AA: Alcoholic Anonymous

AMASA: Alma Mater Akademie on Substance Abuse

BIRT: Brief Intervention And Referral To Treatment

CTDCC: Cape Town Drug Counselling Centre

CADCA: Community Anti-Drug Coalition of America

CDA: Central Drug Authority

EHWP: Employee Health and Wellness Policy

GF: Global Fund

ITTC: International Technology Transfer Centre

ICUDDR: International Consortium of Universities for Drug Demand Reduction

ISSUP: International Society of Substance Use Professional

LDAC: Local Drug Action Committee

NA: Narcotics Anonymous

OST: Opioid Substitution Therapy

PSAF: Provincial Substance Abuse Forums

ROSAF: Regional Office for Southern Africa

SAIDS: South African Institute for Drug-Free Sport

SAMRC: South African Medical Research Council

SANCA: South African National Council on Drugs and Alcoholism

SADAG: South African Depression and Anxiety Group

SBCC: Social Behaviour Change Communication

SSP: Social Service Professional

UNODC: United Nations Office on Drugs and Crime

WADA: World Anti-Doping Agency

WBOTs: Ward-Based Outreach Teams



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