

REPORT OF THE PORTFOLIO COMMITTEE ON HEALTH AND SOCIAL SERVICES ON THE PREVENTION OF AND TREATMENT FOR SUBSTANCE ABUSE BILL [B12B - 2008]

1. Introduction

In terms of section 42 (4) of the Constitution, the National Council of Provinces (the NCOP) represents provinces to ensure that provincial interests are taken into account in the national sphere of government. In line with this Constitutional provision, the Speaker referred the Tobacco Product Control Amendment Bill [B7B-2008] (the Bill) to the Portfolio Committee on Health and Social Services (the Committee) for consideration and with the responsibility to report back its recommendations to the House.

2. Objects of the Bill

The Bill seeks to:

- provide for a coordinated effort to combat substance abuse;
- provide for the conditions for registration of all programmes, including those in treatment centres and halfway houses;
- provide for conditions and procedures for the admissions of persons to treatment centres and release of persons from treatment centres;
- provide early intervention, treatment and re-integration programmes for vulnerable persons; and
- establish a Central Drug Authority, whose powers and duties are to monitor and oversee the implementation of the National Drug Master Plan.

3. METHOD OF WORK

Having received the Bill from the Chairperson of the NCOP, the Speaker referred the Bill to the Committee. On 14 August 2008 the permanent delegate representing the Province of Mpumalanga in the National Council of Provinces (NCOP), Hon. BJ Tolo, briefed the Committee on the Bill.

In compliance with section 118(a) of the Constitution, the Committee resolved to conduct public hearings in the three districts of the Province on 20, 22 and 27 August 2008. The Bill was then advertised in the local newspaper, i.e. Lowvelder of 15 August 2008, calling for written comments/submission to be submitted to the Legislature on or before 28 August 2008.

Consequently, members of the Committee conducted radio talks and interviews through the Ligwalagwala and Ikwekwezi FM radio stations on 19 August 2008. Copies of the Bill were distributed to members of the public through the municipal offices, constituency offices, health institutions and other relevant stakeholders in Ehlanzeni, Gert Sibande and Nkangala Districts.

The Honourable Members and officials from the Department of Health and Social Services were deployed to the public hearings that were arranged as follows:

DATE	DISTRICT	VENUE	ATTENDANCE
20/08/2008	Ehlanzeni Region	Emjindini Community Hall; Umjindi Municipality	82
22/08/2008	Nkangala Region	Vezubuhle Community Hall, Thembisile Municipality	204
27/08/2008	Gert Sibande region	Mzinoni Community Hall, Govan Mbeki Municipality	160

The following stakeholders made written submissions and some attended the public hearings:

- Ina Pelser (South African National Council for Alcohol and Drug Dependency)
- C du Toit/G Kruger (SANCA National Management Board)
- SANCA Witbank Alcohol and Drug Help Centre
- Ben Banda (CANSAs Association)

On 04 September 2008 the Committee met and considered the comments/inputs made to the Bill as they were incorporated into the draft report; the report was adopted with the Negotiating Mandate to support the Bill.

4. Submission by the public on the Bill and response by the Committee

While the public generally supported the Bill, the following issues were raised:

General:

- It will be necessary to incorporate the wider spectrum of internet addiction including, for example, gambling and pornography.

Committee response: Addiction such as gambling and pornography cannot be classified as substance abuse. Problems related with such addiction are addressed elsewhere, i.e. Gambling Act.

- The Bill needs to be more explicit in promoting an integrated approach to the problems associated with addiction.
- With regard to treatment, the Bill should clearly define the partnerships between the Department of Social Development and the Department of Health including the relevant stakeholders associated with those departments.

Committee response: The Bill sufficiently addresses Section 5(1); the intersectoral strategies provided there will be provided for the details in this regard. Such will be too detailed and cumbersome to include in the Bill.

- Consideration must be given to aligning funding policies with the minimum norms and standards which are also required for drug testing, especially of children at schools. It should also be included as part of an early intervention, treatment and aftercare programmes.
- The lack of uniformity in departmental funding across Provinces will have serious implications for the effective and consistent implementation of the Bill.

Committee response: The Department of Social Services must ensure proper funding to provincial and local authorities to prevent unfunded mandates.

Definitions:

- "out-patient service" – Take the word "halfway house" out. Can a halfway house provide out-patient services?
- Out-patient service/community based service – More specific definitions required highlighting the differences between the two types of services.

Committee response: the purpose of halfway house service is to assist with the re-integration of service users to family and community. Programmes of such re-integration may require occasional releases into family and community. Halfway house should be retained in the definition.

There are clear differences in the two definitions of "out-patient service" and "community based service".

- "detoxification" – Add "...National Health Act and Prevention of and Treatment for Substance Abuse Act".

Committee response: The addition is not necessary.

- "substances" – The definition does not include inhalants.

Committee response: The definition is inclusive enough with the reference to the Drugs and Drug Trafficking Act, 1992.

Objects of Act:

- With regard to Section 2(f) of the Bill – The collaborative approach amongst government departments should be in line with the National Drug Master Plan.

Committee response: This has been provided for in the Bill, see Sections 5(1) and 53(2).

- Section 2(b) and (g) can possibly be combined.

Committee response: This submission is supported.

- Community based services to be added.

Committee response: The Committee do not see any necessity for the inclusion of this.

Interventions to combat substance abuse:

- With regard to section 3(3) – Add “reduction of harm caused by drugs”.

Committee response: This has been adequately covered in Section 3(4).

Guiding principles for provision of services:

- Section 4(c) substitute [promote] for ensures; Section 4(e) substitute [not against] for of; and Section 4(g) should include that provision is made for people with special needs.

Committee response: The proposal relating to Section 4(c) may have serious cost implications for public and private service centres.

The proposal relating to Section 4(e) may be implemented.

The proposal relating to Section 4(g) does not address what the Bill seek to achieve.

Intersectoral strategies for reducing demand and harm caused by substance abuse:

- Section 5(1) shall include all relevant departments, such as Departments of Labour and Trade and Industry. The clause should refer to partners as per the National Drug Masterplan and Section 53(2) of the Bill.

Committee response: This proposal is supported.

- On Section 5(2)(c)(ii) add relationships as part of the psycho-socio programmes.

Committee response: The Committee supports the section as it currently stands.

- Section 5(2)(d)(ii) substitute [tools] for skills and Section 5(2)(d)(iii) add and utilisation after the word "establishment".

Committee response: This proposal is supported.

Development of and compliance with minimum norms and standards:

- Section 6(1) to include minimum norms and standards on drug testing in schools.

Committee response: This has been adequately addressed in Education Laws and Regulations.

- Section 6(3) to specify what accredited training is required.

Committee response: The details of the training can be provided in the Regulations.

Programmes for prevention of substance abuse:

- Section 8(1) to include the CDA as a Partner and Section 8(2)(b) to include youth as specific target group.

Committee response: CDA is already a partner, see Section 53.

Purpose for providing programmes:

- On Section 9(2)(g) include related illnesses such as cirrhosis of the liver and other social pathologies such as family violence and sexual abuse.

Committee response: The Bill cannot list all the illnesses. The words: "other health conditions" is sufficient. However, the Committee supports the inclusion of family violence and sexual abuses after "HIV and AIDS", to read as follows:

"... HIV and AIDS, family violence, sexual abuse and other health conditions."

Establishment and purpose of programmes for early intervention:

- Section 10(4)(j): Can programmes be expected to focus on economic empowerment? Capacity and financial implications?

Committee response: These programmes are facilitated by the Minister. The Committee believe all costs implication of the Bill has been taken into consideration by the Department, as well as the issue of capacity.

Provision for prevention and early intervention services by various stakeholders:

- Section 11(3) does not take into consideration the outcome of assessment process. Anyone who is abusing substances may be seriously harmed. Prevention and early intervention should be voluntary and should take the person's motivation level into account.

Committee response: The main issue in the provision is the refusal by the "service provider" and not by the "service user". If this is considered the above comment becomes irrelevant.

Establishment and provision of community based service:

- Section 13: Add a clause as to the respective roles of the Departments of Health and Social Development.

Committee response: Section 13(1) provides for development of guidelines by the relevant departments, including these two departments. The roles and responsibilities will be addressed in those guidelines.

Persons providing community based services:

- In Section 16 add the requirement to complete accredited training.

Committee response: In terms of the provision the persons must be registered with appropriate statutory body. It is the duty of the statutory bodies to verify if person has accredited training before registering such a person.

Registration and cancellation of treatment centre:

- Section 19(2): Applications to register – will this function be centralised at the office of the Director General.

Committee response: The DG has a delegation of authority in terms of Section 64(4) and (5) of the Bill.

Admission of voluntary service user to treatment centre:

- Section 32(3) should read “The Director General of the Department of Health must provide detoxification services and health care requirements to voluntary service users at a public health establishment such as a hospital, jails, schools, community-based centres or in-patient treatment centres.

Committee response: The committee deemed it proper to rather define the phrase: “public health establishment” rather than to make the proposed addition. The definition must be inserted in the definition section after the definition of “public halfway house” and we proposed that it takes the following form:

“**public health establishment**” means a public institution that provides health services to the public.

5. Recommendations

The Committee examined the Prevention of and Treatment for Substance Abuse Bill [B12B -2007] and supports the principles underlying it.

The Committee recommends that the delegation representing the Province of Mpumalanga in the National Council of Provinces be conferred with authority to negotiate in favour of the Bill, taking into consideration the inputs and comments made above.

6. Conclusion

On behalf of the Committee, the Chairperson extend gratitude to the Honourable Members of the Committee, the Department of Health and Social Services, support staff, as well as the stakeholders for the active participation in the process of considering the Bill.



HON. PE PASHA
CHAIRPERSON:
PORTFOLIO COMMITTEE ON HEALTH
AND SOCIAL SERVICES

4/09/2008
DATE