VISION
Communities free of Substance Abuse

STRATEGIC GOAL
To have appropriate integrated services and networks that address substance abuse prevention, treatment and rehabilitation

Executive Summary
This concept paper describes the current reality of substance abuse in the Western Cape. Substance abuse is a scourge which continues to ravage our communities, families and in particular youth. It goes hand in hand with poverty and crime and if not addressed could jeopardize the attainment of reconstruction and development in South Africa. This province is not alone in the struggle against Substance Abuse as it a worldwide pandemic that not only requires local and country interventions but also international collaborative efforts. This strategy has taken cognizance of the other countries experiences and lessons while integrating government policy frameworks such as ASGISA, PGDS into provincial solutions to the problem.

The strategies that will be used are outlined. They are based on the assumption that collaboration across all spheres of government and within communities is essential to resolving the problem.

The strategy requires a shift in emphasis from statutory intervention to awareness and prevention, early intervention and reintegration. In addition it requires integrated
interventions across demand reduction, supply reduction and rehabilitation. The strategy also emphasizes that communities play a key role and thus all efforts should be made across the 3 spheres of government to build the capacity of communities.

1. Introduction

The purpose of this programme is to facilitate the availability of appropriate services and networks which address substance abuse in an integrated way. This is important because the scourge of substance abuse continues to ravage our communities, families and, in particular youth; the more so, as it goes hand in hand with poverty, crime, reduced productivity, unemployment, dysfunctional family life, escalation of chronic diseases and premature death.

The National Drug Master Plan and the Prevention and Treatment of Drug Dependency Act (1992) require that the Department of Social Development play a lead role in co-ordinating services across all spheres of government. The National Drug Master Plan is the single national governmental framework that guides both government and civil society towards collaborative efforts in fighting substance abuse. For many years interventions in fighting substance abuse have been disjointed and therefore ineffective. In order to free our communities of substance abuse it is critical to have focused, integrated interventions across demand reduction, supply reduction and rehabilitation. For this to be achieved a multi-sectoral approach across the 3 spheres of government is necessary.

While there is a clear distinction between legal and illegal substances. It remains important to educate the public about the responsible use of legal substances as well as the need to abstain from the use of illegal substances. There is a need to identify at risk individuals early and provide a range of service before they become dependent. If dependency exists affordable treatment must be available so that the individual and their families can return to an optimal lifestyle.

2. Definitions and Concepts

The following definitions and concepts aims to clarify what is meant by the term substance abuse.

Definition:
A drug is defined as a substance that is used with the intention of bringing about change in some existing process or state be it psychological, physiological or biomedical.

Concepts:
ABUSE: Persistent or periodic excessive drug use inconsistent with or unrelated to acceptable medical practice.
CHEMICAL PRECURSORS: Substances frequently used in the illicit manufacturing of narcotic drugs or psychotropic substances as defined in Article 12 of the 1988 UN Convention against Illicit Drugs and Psychotropic Substances mentioned in Table I and Table II annexed to the convention.
COMMUNITY-BASED TREATMENT: Community-based treatment refers to programmes or initiatives that arise from the needs of a particular community (established through a needs assessment) and that identify and utilise existing infrastructure to meet these needs.
DEMAND REDUCTION: A general term used to describe policies or programmes directed at reducing the consumer demand for psychoactive drugs. It is applied primarily to illicit drugs, particularly with reference to education, treatment and rehabilitation strategies as opposed to law enforcement strategies aimed at preventing the production and distribution of drugs.
DEPENDENCE: A person is dependent on a drug or alcohol when it becomes difficult or even impossible for him or her to refrain from taking the drug/alcohol without help after having taken it regularly for a period of time. The dependence may be physical or psychological or both.
DESIGNER DRUG: A novel chemical substance with psychoactive properties, synthesised specifically to be sold on the illicit market and to circumvent regulations on controlled substances. These regulations now commonly cover novel and possible analogues of existing psychoactive substances.
DRUG: A term of varied usage. In medicine, it refers to any substance with the potential to prevent or cure disease or enhance physical or mental welfare and, in pharmacology, to any chemical agent that alters the biochemical or physiological processes of tissues or organisms. In common usage, the term refers to psychoactive drugs and often, more specifically, to illicit drugs.
DRUG CONTROL: The regulation, by a system of laws and agencies, of the production, distribution, sale and use of specific psychoactive drugs (controlled substances) locally, nationally or internationally; alternatively, as an equivalent to drug policy in the context of psychoactive drugs, the aggregate of policies designed to affect the supply of and/or the demand for illicit drugs, locally or nationally, including education, treatment, control and other programmes and policies.

DRUG MASTER PLAN: A master plan is a single document, adopted by government, outlining all national concerns regarding drug control.

DRUGS OR SUBSTANCES OF ABUSE: This term encompasses drugs, alcohol, chemical or psychoactive substances.

DRUG TESTING: The analysis of body fluids (such as blood, urine or saliva), hair or other tissue for the presence of one or more psychoactive substances.

HARM REDUCTION: A harm reduction philosophy emphasises the development of policies and programmes that focus directly on reducing the social, economic and health-related harm resulting from the use of alcohol or drugs.

ILlicit DRUG: A psychoactive substance, the production, sale or use of which is prohibited.

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

MONEY LAUNDERING: Engaging directly or indirectly in a transaction that involves money or property obtained through crime, or receiving, processing, conceiving, disguising, transforming, converting, disposing of, removing from and bringing into any territory, money or property obtained through crime.

STREET CHILDREN: The term often used to describe market children (who work in the streets and markets of cities selling or begging and live with their families) and homeless children (who work, live and sleep on the street, often lacking any contact with their families).

SUBSTANCE ABUSE: The term refers to the misuse and abuse of legal substances such as nicotine, alcohol, over-the-counter drugs, prescribed drugs, alcohol concoctions, indigenous plants, solvents and inhalants, as well as the use of illicit drugs.
SUPPLY REDUCTION: A general term that refers to policies or programmes aimed at stopping the production and distribution of drugs, particularly law enforcement strategies for reducing the supply of illicit drugs.

*Department of Social Development National Drug Master Plan 2006 - 2011*

3. **Legislation and International Obligations**

The control of Drugs and other Substances in South Africa is dealt with through legislation:

The Prevention and Treatment of Drug Dependency Act (No 20 of 1992)

It makes provision for the development of programmes and regulates the establishment and management of treatment facilities. It also provides for the establishment of the Central Drug Authority which is responsible for the development of the Drug Master Plan.

National Drug Master Plan (2006-2011) is policy framework that requires the Department of Social Development to:

- Establish a provincial drug forum
- Develop strategies in partnership with other departments and role-players to address the problem of drug-abuse
- Ensure that all departments develop their sector specific mini drug master plans
- Report to the Central Drug Authority on an annual basis regarding these and related matters in the province.

The Medicine and Related Substances Control Act (No 101 of 1965)

This Act provides for the registration of medicine and other medicinal products to ensure their safety for human and animal use and for the establishment of a Medicines Control Council for the control of medicines and the scheduling of substances and medical devices

The Drugs and Drug Trafficking Act (No140 0f 1992)

This Act provides for the prohibition of the use or possession or the dealing in of drugs and of certain acts relating to the manufacture or supply of certain
substances. It further provides for the obligation to report certain information to the police and for the exercise of powers of entry, search, seizure and detention in specified circumstances.

Tobacco Products Control Amendment Act (No 12 of 1999)
This Act provides for the control of tobacco products, the prohibition of smoking in public places, or advertisement of tobacco products and of the sponsoring of events by the tobacco industry.

The Road Traffic Amendment Act (No 21 of 1998)
This Act makes provision for the mandatory testing of vehicle drivers for drugs. The legally accepted blood alcohol level has been reduced from 80 mg to 50 mg of alcohol per 100 ml of blood.

This Act provides for the recovery of the proceeds of crime (irrespective of the source) and for the combating of money laundering.

Other relevant Acts
- Child Care Act (No. 74 of 1983)
- Domestic Violence Act (No. 116 of 1998)
- Health Act (No. 63 of 1977)
- Liquor Act (No. 53 of 1989)
- Medicine and Related Substance Control Act (No. 59 of 2002)
- Mental Health Care Act (No. 17 of 2002)
- Occupational Health and Safety Act (No. 85 of 1993)
- Pharmacy Act (No. 53 of 1974)
- Promotion of Equality and Prevention of Unfair Discrimination Act (No. 52 of 2002)
- Road Transportation Act (No. 74 of 1977)
- Road Traffic Act (No. 93 of 1996)
- Sexual Offences Act (No. 23 of 1957)
- South African Constitution Act (No. 108 of 1996)
- South African Schools Act (No. 84 of 1996)
- Extradition Act (No. 67 of 1962)
- Witness Protection Programme Act (No. 112 of 1990)
- Extradition Act (No. 77 of 1996)
- Financial Intelligence Centre Act (No. 38 of 2001)
- International Co-operation in Criminal Matters Act (No. 75 of 1996)
- Institute for Drug-Free Sport Act (No. 14 of 1997)

Bills:

- Prevention and Treatment of Substance Abuse Bill
- Child Justice Bill, 2003
- Criminal Law (Sexual Offences and Related Matters) Amendment Bill, 2006
- South Africa is a signatory to the 1961 UN Single Convention on Narcotic Drugs, the 1972
- Protocol (which amended the Single Convention), the 1971 Convention on Psychotropic
- The South African drug enforcement agencies cooperate and collaborate with similar agencies in the United Kingdom and the United States, notably the Defence Logistics Organisation (DLO), the Drug Enforcement Administration (DEA), the Central Intelligence Agency (CIA) and the Federal Bureau of Investigation (FBI). Regionally, these agencies cooperate and collaborate with similar agencies in SADC countries, specifically the South African Regional Police Chiefs Co-operation
- Organisation (SARPCCO). Nationally, the South African Police Service (SAPS) is involved in the following committees to combat drug trafficking:
  - Joint Operation and Intelligence:
    - Committee (JOINTS), Provincial Joint Operational and Intelligence Committee (provincial
    - JOINTS), Provincial Crime Combating Forum (PCCF), Station Crime Combating Forum
    - (SCCF).
Several treatment centres are currently operational in the country, and mandatory norms and standards for inpatients have been finalised and approved. This will assist in facilitating a uniform procedure for registration and management at such centres.

4. Situation Analysis

Medical Research Council data for the period between January and June 2007 indicate a significant increase in the prevalence of substance abuse in the Western Cape, with the age of drug users ranging from 10 to 54. More than 50 percent of those in treatment centres, aged under 20, had Methamphetamine, locally known as Tik as their primary drug of choice. Since the beginning of 2005, Tik use for under 20s in treatment has increased from 11 percent to the current 57 percent (South African Community Epidemiology Network on Drug Use (SACENDU) Update: 19 November 2007).

In a deeper analysis of statistics of people accessing treatment as provided by SACENDU the following areas is identified as prevalent namely, Worcester, Atlantis, Belhar, Belville, Delft, Eerste River, Hanover Park, Khayelitsha, Kraaifontein and Kuilsriver with Paarl and Mitchell’s Plain as the highest referral areas. In Paarl the prevalent age group is 15 to 29 with alcohol, Tik and dagga is the primary drug of choice. In Mitchell’s Plain the prevalent group is also 15 to 29 but with Tik and Herion as primary drug of choice. These areas correlate to the 21 hotspots/priority areas identified by the premier for intensive governmental service delivery. Given the above all efforts to implement the substance abuse strategy will target primarily the 21 priority areas whilst not neglecting any area where research indicates a high prevalence of substance abuse.

Gangs have recently turned their activities to schools in the Western Cape. They use learners as their medium for drug sales and the school premises as a place of substance abuse. A total of 61.6% of 133 surveyed schools suffered from gang violence and robbery. Two in every five schools reported the presents of drug merchants and peddling. The schools are a non-threatening niche for gangs as they target “captured audience” for their drugs (Bambanani School Safety Programme,
The assumption is that collaboration across all spheres of government and in particular with department of Community Safety and SAPS, is essential to the supply reduction in communities.

Historically alcohol and dagga have been the substances abused most frequently in the Western Cape. Lately there has been a dramatic increase in the abuse of heroin (9% - 11%) and methamphetamine (Tik) (42%) and the increase of Substance Abuse in poor and/or rural areas. This has increased the demand for more services. The abuse of these substances is also linked to risky sexual behaviour and mental health problems.

The other contributing factor to abuse, particularly Tik, is the easy availability of medicinal components over the counter that are used in the production of Tik. Chemical precursors used in the manufacture of illicit drugs should be subjected to strict control measures.

There is a high prevalence of Fetal Alcohol Syndrome (FAS) in the Western Cape which is the result of alcohol use during pregnancy. Alcohol continues to be abused across all age groups. Treatment centres reported 30% of people accessing treatment have alcohol as primary drug of abuse. (South African Community Epidemiology Network on Drug Use (SACENDU) Update: 19 November 2007) Binge drinking amongst the youth, especially males, is high in many communities. High levels of alcohol abuse are also noted amongst farm workers and rural communities where ease of access to alcohol is a contributing factor. Home made concoctions can also be more lethal that conventional substances. (National Drug Master Plan 2006 -2011)

There is a lack of conclusive data that indicates the prevalence of the problem that can support the planning of interventions. It is urgent and important to complete comprehensive research on prevalence as well as on evidence based interventions.

There have been very few demand reduction interventions. Treatment Center information shows that approximately 70% of persons using substances do so socially 20% are abusing substances leading to impairment of one or several areas
of their lives and 10% are chronic abusers. Therefore a stratified intervention strategy is needed. There must be a shift to awareness and prevention and accessible early intervention while ensuring that treatment and aftercare programmes are available. This stratified intervention strategy need to include all departments across the 3 spheres of government, local government, all sectors of society and communities. The Department of Social Development will continue to play the lead role in order to assist departments to define their role and responsibility and ensure that departmental efforts are synergized as proposed by the National Drug Master Plan. In addition the substance abuse strategy identifies the need for all sectors such as the business, religious, media and sport to play a meaningful role in fighting substance abuse.

In particular community action can play a key role in reducing the supply and demand of substances. The PGDS identifies live-able communities as a key strategy for the province’s growth and development. Fostering and nurturing communities through the establishment of social capital networks like local drug action committees, self help groups and other community actions can play a key role in supporting this objective. Furthermore the IKhapa lead intervention of Social Transformation aiming at reducing crime and addressing substance abuse through mobilizing communities with the establishment of intermediary structures will assist in building the capacity, capability and social network of communities in dealing with the growing scourge of substance abuse in communities.

Assumptions

- Most communities in the Western Cape are affected, directly or indirectly, by substance abuse and want solutions to the problem

- The majority of the population could be prevented from abuse of and dependency on substances if appropriate prevention and early intervention programmes are in place.
• Collaboration across all spheres of government and within communities is essential to resolving the problem

• The majority of the population could be prevented from abuse of and dependency on substances if appropriate prevention and early intervention programmes were in place

• When the demand for substances decreases suppliers leave

• Effective interventions are culturally relevant, affordable, available & accessible at a local level

• When people are supported by their families and their community there is a better chance of long term abstinence

• When people have access to opportunities to reach their potential and build on their strengths they make choices that lead to a positive lifestyle and self reliance

• That medicinal components are easily accessible and that proper legislation can contribute to the supply reduction

5. Stakeholders

Due to the widespread substance use and abuse across the province awareness and prevention interventions must reach all members of society. However at risk and vulnerable individuals and their families need easy access to developmental, therapeutic and treatment programmes. To achieve this, the programme partners with a range of service providers across the province. In order for them to implement high quality services the DSD provides the legislative framework, strategies, policies, funding and capacity building.

This means that it is necessary to collaborate with other government departments, local government and community structures so that an integrated provincial
substance abuse strategy is developed and implemented. Key stakeholders and partners are:

- Government departments
- NPO’s
- Local government
- CBO’s
- FBO’s
- Religious sector
- Sport sector
- Business sector
- Politicians
- Unions
- Communities
- Families
- individuals

6. Integrated Service Delivery Framework

6.1. Awareness and Prevention

6.1.1. Description

This is the most important aspect of social service delivery. Programmes are designed to provide information about the negative effects of substance abuse, create awareness of rights and responsibilities of individuals and sectors in the prevention of substance abuse. It aims to strengthen self reliance by promoting healthy choices that prevent at risk behaviour.

6.1.2. Strategic Objectives

People are aware of their responsibilities regarding substance abuse so that they make healthy choices and play a meaningful role in prevention.

6.1.3. Desired Outcomes

Accurate, up to date information about substance use and abuse is available and disseminated

Communities collaborate in preventing substance abuse in their areas

Every sector of society plays an appropriate role in preventing substance abuse and action is aligned to international best practices

6.1.4. Measurable Objectives (over ten year period)
- To provide leadership and facilitate and awareness raising strategy for the sector to ensure a collaborative and integrated approach for substance abuse prevention by March 2017
- To annually facilitate policy education and training workshops that promote substance abuse prevention and enable individuals and families to make timeous, informed choices that can lead to positive behaviour change by March 2017

6.1.5. Proposed Basket of Services

Whilst the different levels of intervention on the continuum may overlap in practice, the following services fall within the basket of services rendered at the prevention level.

- celebration of national and international days
- moral regeneration programmes
- information, education, promotion and communications services
- life skills / life orientation services
- advocacy / rights services
- empowerment services
- outreach services
- Ke Moja prevention programmes
- Youth recreational opportunities
- Youth development opportunities

6.2. Early Intervention

6.2.1. Description

Services delivered at this level make use of developmental and therapeutic programmes to ensure that individuals and families who have been identified as being at risk from substance abuse are assisted before they require statutory services and/or treatment services.

6.2.2. Strategic Objectives

At risk individuals (especially youth) are identified early and assisted with programmes and services aimed at reducing substance abuse
6.2.3. Desired Outcomes
Early identification of at risk individuals, especially youth, and families
Services for individuals and families are coordinated, appropriate and accessible.

6.2.4. Measurable Objectives (over ten year period)
- To implement the community based early intervention model for individuals and families at risk in all 16 districts by March 2017
- To develop and roll out an early intervention program in child and youth care facilities by 2017

6.2.5. Proposed Basket of Services
The following services fall within the basket of services rendered at the early intervention level:
- Information, Education and communication programmes
- Life Skills Programmes (Ke Moja)
- Training of caregivers/mentor
- Family preservation programmes
- Advocacy programmes
- Holiday programmes
- After school care programmes
- Groups for children, youth, parents
- Outreach programmes
- Counselling services in businesses, churches, schools
- Therapeutic support programmes
- Community based counseling services

6.3. Statutory/Treatment
6.3.1. Description
At this level an individual and/or family is no longer able to function adequately. Services are aimed at treating the individual and supporting and strengthening the family involved. At this level an individual will undergo inpatient or outpatient treatment and the family will be supported in order to allow them to cope more effectively.
6.3.2. **Strategic Objective**
Accessible, effective, affordable inpatient and outpatient treatment and services to comply with the Drug Dependency Act are available to substance abusers and their families.

6.3.3. ** Desired Outcomes**
Vulnerable communities have easy access to public, affordable treatment.
All treatment facilities comply with minimum norms and standards.

6.3.4. **Measurable Objectives (over ten year period)**
To develop and implement an integrated treatment model consisting of inpatient and outpatient services in 16 districts by March 2017.

6.3.5. **Proposed Basket of Services**
At the statutory level the following intervention is intended:
- Inpatient treatment services offered by registered private treatment centres and inpatient treatment services in public treatment centres.
- Make provision for the development of an individual care and development plan (IDP) to guide the further management of the person in recovery.
- Family support services whilst the person is in treatment.
- Ensure that the family reunification services are delivered and monitored.

6.4. **Reintegration and Continuous Care**

6.4.1. **Description**
Programmes and services at this level are aimed at integrating the individual into the family and community in a way that enhances self-reliance and optimal social functioning. This includes access to continuous care, services and networks aimed at improving individual, family and community well being.

6.4.2. **Strategic Objective**
Integrated substance abuse after care support services are provided to enable individuals, youth and families affected by substance abuse the opportunity to realize their potential and have an optimal lifestyle

6.4.3. Desired Outcome
Individuals, youth and families affected by Substance Abuse have the opportunity to realise their potential and have an optimal lifestyle

6.4.4. Measurable Objectives (over ten year period)
To establish a network of after care services to provide a supportive environment for substance abusers and their families in 16 districts by March 2017

6.4.5. Proposed Basket of Services
The elements or types of service differ from service field to service field or target/program. In the substance Abuse field these could include the following but based on the individual’s IDP,

- Support groups
- Support networks
- Mentoring programs
- Family support services such as family visits
- Work placements/ opportunities (including learner -ships and internships)
- Life skills programs, hard and soft skills development programs
- Cultural/sport opportunities
- Youth clubs
- Leadership camps and training programs
- Capacity building opportunities
- Linking with opportunities that exist in other programs such as savings schemes, SMME and group partnerships, Youth Academy and EPWP.
- Preparation for life and half way houses

7. Conclusions
This paper outlines a strategy that creates a shift in emphasis from statutory intervention/treatment to awareness, prevention, early intervention and reintegration. To achieve this Substance Abuse programme is using a three pronged approach that focuses integrated interventions across demand reduction, supply reduction and rehabilitation. This demands close collaboration with all spheres of government and civil society. For this strategy to be effective, in depth research of the extent of substance abuse and use and its related negative impacts in Western Cape needs to be completed. The National Drug Master Plan 2006 – 2011 guides this strategy. Monitoring and evaluation of the long term impact of the interventions is essential.

8. Implementation Plan (at strategic level broken down into ten years)

9. References

- SACENDU, Full report proceedings (July-December 2006) (Phase 21)

Policies and Act

- Correctional Service Amendment Act, 1992 (Act No.122 of 1992)
- Drug Trafficking Act, 1992 (Act No.140 of 1992)
- Medicine and Related Substance Control Act, 2002 (as amended) (Act No. 59 of 2002)
- Mental Health Care Act, 2002 (Act No. 17 of 2002)
- Pharmacy Act, 1974 (Act No. 53 of 1974)
- National Drug Master Plan (2006-2011)
- Minimum Norms and Standards for Inpatient Treatment Centers