



Western Cape
Government

Social Development



Substance Abuse

Booklet



Harmful drug use

Today, many people take some form of drug or medication, prescribed or over the counter, to address ailments, allergies or symptoms. However, it is only when one misuses, becomes dependent or overdoses on the drug that the problems arise.

What is a drug?



A drug is any chemical, natural or man-made substance which, when ingested, brings about a change in the way a person feels, acts or behaves.

The fact that certain substances such as alcohol, nicotine or even over-the-counter medicines are not commonly regarded as drugs does not change their neuro-physiological effects, therefore they can also be regarded as true drugs.

With continued use most drugs cause the body to rapidly adapt to their effects so that more of the substance must be taken to achieve the same psycho-active effects. However, drugs vary greatly in their potential to cause tolerance.

A distinction is often drawn between psychological and physical (physiological) dependency. Psychological dependency refers to the user experiencing a craving for or becoming preoccupied with the substance. The user might experience feelings such as irritability, anxiety and headaches if the drug cannot be taken at scheduled times.

Physical dependency may include all these elements, but in addition the user experiences a range of withdrawal symptoms of mild to severe physical discomfort, such as tremors, high fever or muscle cramps.

A drug overdose can simply be described as the use of a drug at a dosage which exceeds the level at which the body has become used to. The results could range from mild (nausea, vomiting) to life threatening (respiratory failure, cardiac arrest).

Health warning

No facility may refuse to treat clients with medical emergencies caused by substances. The client may be referred to a district or regional hospital depending on the severity of the condition. Issued by Department of Health

Strategy to address harmful drug and alcohol use



Harmful drug and alcohol use is generally discussed in three areas of concern:

- Supply reduction (SAPS)
- Reduction (treatment)
- The treatment/rehabilitation of those with a substance abuse problem (Department of Social Development and Partners)

The South African Police Services, supported by the Department of Social Development, Community Safety, Education and Health, lead the struggle to curb and control the supply of substances.

- **Demand reduction** is concerned with services aimed at discouraging the abuse of drugs by members of the public.
- **Harm reduction** the purposes of this act, is limited to the holistic treatment of service users and their families, and mitigates the social, psychological and health impact of drug abuse.
- **Supply reduction** refers to efforts aimed at stopping the production and distribution of illicit drugs and associated crimes through law enforcement strategies as provided for in the applicable laws.

Intervention in the areas of treatment/rehabilitation is lead by the departments of Social Development and Health in the province.

The Department of Health provides specific services with regard to substances:

- medical emergencies,
- medical complications,
- detoxification as indicated (these are protocol driven), and
- dual diagnosis (psychiatric disorders and substance use disorders).

The majority of services are for outpatients with limited inpatient facilities. There are only 10 beds dedicated for complicated opioid detoxification. The majority of detoxification services can be provided at Community Health Centre level as an outpatient service. The Department of Health does not provide rehabilitation services for substances as this is the mandate of the Department of Social Development, except for alcohol rehabilitation (30 bedded units at Stikland Hospital), which has historically been attached to the Department of Health.

Issued by the Department of Health

Drugs and HIV

Active users of injection drugs (primarily heroin, cocaine, and amphetamines) often share syringes, drug solution, and drug preparation equipment. These are primary routes for drug users to acquire and transmit HIV and hepatitis B and C. High-risk sexual behaviour often accompanies high-risk drug use, further increasing the chances of transmission. About one-third of AIDS cases every year are related to injection drug use.

Conversely, substance abuse treatment programmes can have a dramatic effect on reducing the risk of HIV transmission because it helps injection drug users (IDUs) decrease the number of injections or helps them to stop injecting altogether. Less use leads to fewer drug-related risk behaviours, and that in turn leads to fewer exposures to HIV.

This information was summarised from the IDU HIV PREVENTION - LINKING HIV PREVENTION SERVICES AND SUBSTANCE ABUSE TREATMENT PROGRAMMES February 2002. For more information go to: <http://www.cdc.gov/idu>

Drugs and alcohol - guidelines for schools

In December 2002, the South African Government promulgated its Policy Framework for the Management of Drug Abuse by Learners in Schools and in Public Further Education and Training Institutions.

A draft set of guidelines on how to implement the policy is under development by the Department of Education. Taken together, these documents focus on:

- prevention;
- intervention; and
- how to manage specific incidents.

The approach is guided by the following principles:

- The possession, use or distribution of illegal drugs, and the inappropriate possession, use or distribution of illicit drugs is not acceptable in South African schools.
- All learning institutions need to have clear policies for both prevention and intervention, underpinned by a restorative orientation.
- All information relating to drug use, misuse or dependency by a student should be treated as confidential (except where the student has committed a criminal offence, such as being caught dealing in drugs on school property, in which case the name can only be divulged to the police and education authorities who need to know).
- In case of disclosure, teachers and students should be given support to handle confidentiality issues.
- As far as possible, a student involved in a drug-related incident should be assisted in remaining in their school, or, if necessary, assisted in finding an alternative school.

In addition, the draft guidelines make the following points:

- Drug education is included in the learning area of life orientation.
- The school should access parental/guardian assistance and knowledge in drawing up and implementing its own policy which should be harmonised as much as possible with the standard policy supplied by the Department of Education.
- Teachers should be trained in the area of drug awareness.
- Schools should promote peer education programmes on drug awareness.
- If service providers are contracted to assist in providing training to teachers or students, it will be important to check whether the service provider is recommended by the Department of Education to undertake such work.
- Schools should develop a "Learners' Support Programme" which defines specific roles for students, parents, guardians and the school when the student encounters problems with drug use and may need to be referred for (out-patient or inpatient) treatment.

For more information, contact the circuit office or the head office of the provincial or national Department of Education. Issued by the Department of Education

What is harmful alcohol and drug abuse?

There is no universally accepted definition that could include the harmful use of subscription drugs, illicit or legal drugs or harmful use of alcohol.

Harmful drug or alcohol use is the excessive use, misuse, overindulgence or dependence on alcohol or a drug.

Levels of harmful use



The harmful use of drugs starts quite innocently with:

1. Experimentation
2. Recreational use
3. Occasional and controlled use that leads to:

- Misuse is using in excess or in a different way to its prescribed or intended use or the use of a drug that is illegal.
- Hazardous use increases someone's risk of harmful consequences to him or herself.

- Harmful use is a pattern of drug/alcohol misuse that actually damages the individual's physical or mental health or causes social harm.
- Dependency is compulsive drug-taking behaviour that results in:
 - physical adaptation of the body to the drug (tolerance, withdrawal); loss of control, overindulging in the drug (strong desire or sense of compulsion to take the drug, difficulties in controlling drug-taking behaviour, a desire or unsuccessful efforts to cut down or control use),
 - salience – the drug takes over the person's life (a great deal of time is spent obtaining or using the drug or recovering from its effects; progressive neglect of alternative pleasures and interests or important activities and continued use despite clear evidence that it is harmful).

Information provided courtesy: Department of Health: Western Cape

What to look out for



When do you know that you may have a problem?

- You're neglecting your responsibilities at school, work, or home (failing classes, skipping work, neglecting your children) because of your drug use.
- You're using drugs under dangerous conditions or taking risks while high, such as driving while on drugs, using dirty needles or having unprotected sex.
- Your drug use is getting you into domestic and legal trouble, such as arrests for disorderly conduct, driving under the influence or stealing to support a drug habit.
- Your drug use is causing problems in your relationships, such as starting fights with your partner or family members.

Common signs and symptoms of drug dependency

You've built up a drug tolerance if you need to use more of the drug to experience the same effects as before.

You take drugs to avoid or relieve withdrawal symptoms. If you go too long without drugs you experience symptoms such as nausea, restlessness, insomnia, depression, sweating, shaking, and anxiety.

You've lost control over your drug use. You often do drugs or use more than you planned, even though you told yourself you wouldn't. You may want to stop using, but you feel powerless.

Your life revolves around drug use. You spend a lot of time using and thinking about drugs, figuring out how to get them and recovering from the drug's effects.

You've abandoned activities you used to enjoy such as hobbies, sports, and socialising, because of your drug use.

You continue to use drugs despite knowing it's hurting you. It's causing major problems in your life – blackouts, infections, mood swings, depression, paranoia – but you use anyway.

Where to find help

Department of Social Development Toll-Free:
0800 220 250

South African Police Services:
0860 010 111

City of Cape Town:
0800 435 748

Department of Health:

Stikland Helpline:
021 940 4500

OR

Department of Social Development Regional Offices:

Metro North: 021 483 7673

Metro South: 021 763 6200

Metro East: 021 360 4200

West Coast: 022 713 2272

Eden-Karoo: 081 588 9118

Cape Winelands: 023 348 5300

Call to action – what can you do?

When parents or a friend confront the challenges of dealing with a loved one engaged in harmful drug or alcohol use, they often feel helpless.

One needs to educate oneself in order to help another.

Where does one start addressing the problem?

Harmful drug or alcohol use can be a very real challenge. It often requires more than just the abuser or misuser to address the problem. It may require the conscious action and commitment from the rest of the family to address the issue successfully.

The best place to start is at the beginning. Here are a few tips as to where to start the process of addressing the problem.

Educate yourself and others about the positive and negative effects of substances, the risk of using them and what resources are available. Get brochures from your local clinic, your doctor, NGOs or the internet.

Make informed choices about your own use of mood-altering substances (e.g. relax and have a good time without necessarily using alcohol, cigarettes or other mood-altering substances), and address any problems you may experience.

Discuss alcohol and other drug use openly with different people (No moralising, blaming or shaming. Let people explain their views, share your values and why you feel the way you do.)

Take notice of the signs that suggest problematic use of mood-altering substances in the people around you.

Set clear limits for yourself on the way someone else's substance use affects you and decide on consequences that you are willing and able to carry through, should their behaviour not change.

Be honest, clear and caring with the user, saying how you are being affected by their actions and what limits you have set.

Offer constructive support to the user by giving information about interventions and treatment options, should they choose to seek help.

Be consistent in the way you apply your limits and their consequences. (Be prepared to lose a person's affection for a while. Avoid feeling guilty

for their poor decisions. This does not make you a bad person.)

Monitor yourself. Try to be aware of ways in which you may inadvertently be making it easier for problems to continue.

Get support and help for yourself — you will probably find many others in similar situations. Join a support group.

Information provided courtesy © Cape Town Drug Counselling Centre 2007

Myths and facts about harmful alcohol/drug use



The second step is to know, and then dispense with, the myths and excuses the user or abuser may offer as an explanation or promise of action.

MYTH 1:

Overcoming harmful use or dependency is simply a matter of willpower. “You can stop using drugs if you really want to.”

FACT:

Prolonged exposure to drugs and alcohol alters the brain. These brain changes make it extremely difficult to quit by sheer force of will of the individual.

MYTH 3:

Harmful drug and alcohol users have to hit rock bottom before they can get better.

FACT:

Treatment and recovery can begin at any point of dependency. The earlier, the better. The longer abuse continues, the harder it is to treat. Don't wait, act immediately.

MYTH 2:

Dependency is a disease; there's nothing you can do about it.

FACT:

Dependency is a disease, but that does not mean you're a helpless victim. Dependency can be treated and reversed through therapy, medication, exercise and other treatments.

MYTH 4:

You can't force someone into treatment. They have to want help.

FACT:

Treatment does not have to be voluntary to be successful. Someone that is pressured into treatment is just as likely to benefit as those who choose to enter treatment on their own. Advice as to how to have someone admitted, even against their will, is addressed below.

MYTH 5:

Treatment did not work before, so there's no point trying again. Some cases are hopeless.

FACT:

Recovery from drug dependency is a

long process. It often involves setbacks. Relapse does not mean that treatment has failed. Do not give up.

When someone resists your help

All too often a parent, family member or a friend tries to help someone close to them who is engaging in harmful drug or alcohol use and is behaving dangerously, but with little success.

What can you do if they ignore or resist any attempt to assist them to seek help?

If the person seems mentally unstable and psychotic (e.g. hearing voices, paranoid, believes things that are untrue are true, etc.) and is a danger to themselves or others as a result of this, they should be certified under the Mental Health Care Act.

Action required:

- For this, the person needs to be taken to the nearest day hospital and ask them to assist.
- If they refuse to go to the day hospital, you can call the police to take them there.
- If they seem reluctant to act (sometimes the case), you can get a MHCA 04 form from your nearest day hospital and take it your local SAPS Charge Office.
- The SAPS are then obliged to take him/her to the nearest day hospital for assessment.

If drugs seem to be the cause of their behaviour and the focus of the attention (e.g. violent and aggressive while high, demanding of money for drugs, etc.), they can be forced to go for compulsory drug treatment under the Substance Dependence Act.

- They then need to be committed.
- You have to go to the local magistrate's office and make an affidavit in this regard. Then hand the affidavit in at your nearest social development office for action.
- This is a lengthy process that goes through court and can take months but it is better than leaving the situation to worsen without acting on it.

If they commit a crime (whether it is as a result of drug use or not), they are to be held legally accountable for this.

- If they commit a crime as a result of a mental illness, there is a process whereby patients are sent for observation at Valkenburg and get compulsory mental health treatment.
- If it is as a result of their dependency, the judge can sentence them via Article 296 of the Criminal Procedure Act 1977 for compulsory drug treatment, should the probation officer recommend it.

If neither of these two reasons are at play and they commit a crime, you need to consider whether you want them to repeatedly get away with it, or learn by experiencing the consequences of their behaviour.

Unfortunately the offender may end up with a criminal record and may be sentenced to prison, which may be traumatic.

“... may end up with a criminal record and may be sentenced to prison ...”

If the abuser is often abusive and violent at home (domestic violence) one can also get a restraining order and the police are obliged to act on this and remove them.

One may also apply for a protection order against the offending party to avoid future confrontation and abuse.

The advice is: act to address the problem and to protect yourself and your family.

It will also be of benefit to the abuser, in the long term.

Courtesy Dr. Weich MRC 2009

Harmful drug and alcohol use and the law

Legal and regulatory frameworks, laws and regulations that govern the use, sale, access to and the classification of legal and illegal drugs; the behaviour and rights of those that dispense, use, abuse and are a victim as a result of that misuse are contained in volumes of acts, statutes and regulations.

Herein are but a few relevant guidelines relating to harmful drug and alcohol use and the law.

Brief summary of Prevention of and Treatment for Substance Abuse Act 70 of 2008



Definition

The purpose of the Prevention of and Treatment for Substance Abuse Act 70 of 2008 is to provide for a comprehensive national response for the combatting of substance abuse and to provide for mechanisms aimed at demand and harm reduction in relation to substance abuse through intervention, treatment and reintegration programmes as well as to provide for registration and establishment of treatment centres and halfway houses.

Reasons

- The drug trade has increased globally in intensity and reach.
- Substance abuse in South Africa has increased rapidly.
- South Africa continues to combat substance abuse through programmes in order to reduce supply, demand and harm caused by drug abuse.
- A uniform law is needed to deal with the prevention and treatment of substances and the harm associated with them.
- Ensures that services are appropriate to the ages of children and youth.
- The Act respects the right of service users and persons affected by drug abuse to give written consent to participate in any research related to their treatment and rehabilitation
- The Act respects the confidentiality of the information relating to the treatment and rehabilitation of service users and persons affected by substance abuse.
- The Act coordinates the educational needs of children with the relevant education department.
- The Act strives to render effective, efficient, relevant, prompt and sustainable services.

Purpose of providing prevention programmes



The purpose of prevention programmes is to prevent a person from using or continuing to use drugs that may lead to abuse or result in dependence.

Prevention programmes must focus on:

- preserving the family structure of the persons affected by substance abuse and those who are dependent on drugs;
- developing appropriate parenting skills for families at risk;
- creating awareness and educating the public on the dangers and consequences of drug abuse;
- engaging young people in sports, arts and recreational activities and ensuring the productive and constructive use of leisure time.
- peer education programmes for youth;
- enabling parents and families to recognise the early warning signs with regard to drug use and equipping them with information on appropriate responses and available services; and
- empowering communities to understand and to be proactive in dealing with challenges related to drug abuse, and its link to crime, HIV and Aids and other health conditions.

Community-based services

The Act makes provision for the registration of Community-based services that include community-based treatment programmes that must meet the minimum norms and standards in accordance with the Act.

Treatment services

The Act makes provision for the establishment and registration of public and private treatment centres for the purpose of providing inpatient treatment services.

No person is allowed to operate a treatment centre without it being registered in terms of Act 70 of 2008.

Aftercare and reintegration services

The Minister must, in consultation with the ministers and organs of state, prescribe integrated aftercare and reintegration services aimed at the successful reintegration of a service user into society, the workforce and family and community life.

The services contemplated must include elements that:

- allow service users to interact with other service users, their families and communities;

- allow service users to share long-term sobriety experiences;
- promote group cohesion among service users;
- are based on structured programmes; and
- enable service users to abstain from drug abuse.

Support groups

Service users and persons affected by drug abuse may, as prescribed, establish support groups that focus on integrated ongoing support to service users in their recovery.

The purpose of the establishment of support groups is to:

- provide a safe and drug-free group experience where service users can practice re-socialisation skills; and
- facilitate access by service users to persons in recovery or who have recovered from drug abuse who can serve as role models to service users who are in the beginning or middle stages of the recovery process. Support groups may be established at community level by a professional, non-governmental organisations or a group of service users or persons affected by drug abuse.

Drug offences



Section 5 Misuse of Drugs Act 1971 and the Drugs and Drug Trafficking Act No. 140 of 1992 are the primary legal guidelines when it comes to dealing with the use, misuse, abuse, trading in what is considered harmful drugs in South Africa.

Possession of a controlled drug

It is unlawful to have a controlled (See: Schedule of drugs elsewhere) drug in your possession unless you have authorisation in the form of a licence or if you did not know the drug was a controlled drug.

Three elements constitute the offence of possession:

- The drug is in the possession or under the control of the individual. The drug must be in an individual's physical custody or under their control. This can include being at the property of someone who is not present but has control over that property.

- The individual knows the "thing exists". The individual must know of the existence of the drug and they must know that the drug is a controlled drug.

- The drug must in fact be a controlled drug. Therefore, if the individual thought they were in possession of cannabis but they were in fact in possession of tea leaves, no offence has been committed.

(If the defendant can prove that, as soon as was practicable, they intended to destroy the drug or give it to someone who had legal authority to possess it, it may be considered as a defence against a possession charge).

Joint possession

Depending on the circumstances of a case, an allegation of joint possession may be made.

For example, where a group of people is apprehended when travelling in a car with a stash of drugs — if it can be proven that they were all in control of the drugs, they might all be guilty of joint possession of the same batch.

Penalties for possession

The severity of the penalty applied in relation to drug offences will depend on the individual circumstances of the case.

Please note these are the maximum sentences only and in most cases will not be reflective of the sentence given.

Simple possession

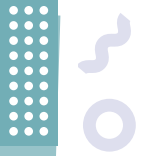
Class A – 7 years' imprisonment or a fine or both

Class B – 5 years' imprisonment or a fine or both

Class C – 2 years' imprisonment or a fine or both

(See: Drugs and Drug Trafficking Act No. 140 of 1992 and Section 5 Misuse of Drugs Act 1971)

The role of the SAPS in combatting harmful drug and alcohol abuse



The South African Police Service (SAPS) is in the forefront of a drug and substance reduction and prevention strategy along with a number of other departments including the departments of Health, Social Development and Education.

The public look to the SAPS when they want “something done” about perceived drug abuse, dealing or any other related incident around illegal use or trading in illegal drugs and drugs. Yet few understand the role and powers of the SAPS.

From a legal perspective, the SAPS is governed and guided by Section 11 of the Drugs and Drug Trafficking Act No. 140 of 1992.

In Section 11 of Act 40 of 1992 the powers of the SAPS are spelt out as follows:

A police official may

- (a) if he/she has reasonable grounds to suspect that an offence under this Act has been or is about to be committed by means or in respect of any scheduled drug, drug or property, at any time:
 - (i) enter or board and search any premises, vehicle, vessel or aircraft on or in which any such drug, drug or property is suspected to be found;
 - (ii) search any container or other thing in which any such drug, drug or property is suspected to be found;
- (b) if he/she has reasonable grounds to suspect that any person has committed or is about to commit an offence under this Act by means or in respect of any scheduled drug, drug or property, search or cause to be searched any such person or anything in his possession or custody or under his control:

Provided that a woman shall be searched by a woman only:

- (c) if he/she has reasonable grounds to suspect that any article which has been or is being transmitted through the post contains any scheduled drug, drug or property by means or in respect of which an offence under this Act has been committed, notwithstanding anything to the contrary in any law contained, intercept or cause to be intercepted either during transit or otherwise any such article, and open and examine it in the presence of any suitable person;
- (d) question any person who in his opinion may be capable of furnishing any information as to any offence or alleged offence under this Act;
- (e) require from any person who has in his possession or custody or under his control any register, record or other document which in the opinion of the police official may have a bearing on any offence or alleged offence under this Act, to deliver to him then and there, or to submit to him at such time and place as may be determined by the police official, any such register, record or document;
- (f) examine any such register, record or document or make an extract there

from or a copy thereof, and require from any person an explanation of an entry in any such register, record or document;

- (g) seize anything which in his opinion is connected with, or may provide proof of, a contravention of a provision of this Act.

A police official may in the exercise of his powers under this section:

- (a) require any vehicle, vessel or aircraft to be stopped; or
- (b) request the master, pilot or owner of any vessel or aircraft to sail or to fly any such vessel or aircraft, or to cause it to be sailed or flown, to such harbour or airport as may be indicated by the police official.

Interrogation of persons under warrant of apprehension:

- (1) Whenever it appears to a magistrate from information submitted to him on oath by the attorney-general concerned, or by any public prosecutor authorized thereto in writing by that attorney-general, that there are reasonable grounds for believing that any person is withholding any information as to a drug offence, whether the drug offence has been or is likely to be committed in the Republic or elsewhere, from that attorney general, any such public prosecutor or any police official, as the case may be, he may issue a warrant for the arrest and detention of any such person.
- (2) Notwithstanding anything to the contrary in any law contained, any person arrested by virtue of a warrant under subsection (1) shall as soon as possible be taken to the place mentioned in the warrant and detained there, or at such other place as the magistrate may from time to time determine, for interrogation in accordance with the directions, if any, issued by the magistrate from time to time.
- (3) Any person arrested and detained under a warrant referred to in subsection (1) shall be detained until the magistrate orders his release when satisfied that the detainee has satisfactorily replied to all questions at the interrogation or that no useful purpose will be served by his further detention: Provided that the attorney-general concerned may at any time direct in writing that the interrogation of any particular detainee be discontinued, whereupon that detainee shall be released without delay.
- (4) (a) Any person arrested under a warrant referred to in subsection (1) shall be brought before the magistrate within 48 hours of his arrest and thereafter not less than once every ten days.
- (b) The magistrate shall at every appearance of such person before him enquire whether he has satisfactorily replied to all questions at his interrogation and whether it will serve any useful purpose to detain him further.
- (c) Such person shall be entitled to be assisted at his appearance by his legal representative. Any person detained in terms of this section may at any time make representations in writing to the magistrate relating to his detention or release.

No person, other than an official in the service of the State acting in the performance of his official duties:

- (5) (a) shall have access to a person detained in terms of this section, except with the consent of the magistrate and subject to such conditions as he may determine: Provided that the magistrate –
- (i) shall refuse such permission only if he has reason to believe that access to a person so detained will hamper any investigation by the police;
 - (ii) shall not refuse such permission in respect of a legal representative who visits a person so detained with a view to assisting him as contemplated in subsection (4) (c); or
- (b) shall be entitled to any official information relating to or obtained from such detainee.
- (7) (a) Any person detained in terms of this section shall –
- (i) as soon as possible be examined by a district surgeon; and
 - (ii) not less than once every five days be visited in private by a district surgeon, and such a district surgeon shall as soon as possible compile a report in respect of each such visit and submit it to the magistrate.
- (b) The magistrate may, if he has reason to believe that it will not hamper any investigation by the police, furnish at the request of any particular detainee a copy of any report referred to in paragraph (a) to a person indicated by that detainee.

The legal consequences of drug-related offences

Any person found guilty of any drug- or alcohol-related offences will have a criminal record in South Africa and everywhere else in the world.

This is regardless of how minor the offence, how long ago or whether the offence resulted in a fine or incarceration, you will still have a criminal record.

This will impede a number of areas of your life, in the future. This may range from limiting future travel options, employment options, to name but a few.

The legal consequence of being arrested and sentenced in a drug-related offence will haunt you for the rest of your life.

Consult a lawyer or attorney for more information.

Scheduled drugs



There are drugs that can be legally manufactured and prescribed by a legal vendor. The regulations that control these are the Schedule of Drugs as per the Drugs and Drug Trafficking Act No. 140 of 1992.

There are two schedules.

Schedule 1 deals with drugs useful for the manufacture of drugs.

Schedule 2 deals with dependence-producing drugs.

Notes



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