



# ANTI-SUBSTANCE ABUSE PROGRAMME OF ACTION

2011-2016

## **ACKNOWLEDGEMENTS**

The program of Action was developed based on resolutions taken during the 2<sup>nd</sup> Biennial Anti Substance Summit held from the 15<sup>th</sup> to the 17<sup>th</sup> March 2011 at the International Convention Centre in KwaZulu Natal Province.

Government Departments would like to thank the Department of Social Development for coordinating the development of the program of action on combating substance abuse.

The Inter-Ministerial Committee on Combating Substance Abuse consisting of Ministers of Social Development, Correctional Services, Health, Basic Education, Higher Education, Science and Technology, Economic Development, Transport, Trade and Industry and the South African Police Service for their leadership and guidance on alcohol and substance abuse issues.

The Interdepartmental Technical Team on Combating Substance Abuse for their involvement, contributions and technical expertise towards the development of the program of action.

All sectors that were represented during the summit including JCPS cluster, UNODC and WHO, Parliament of South Africa, Provincial Executives, Legislatures, Substance Abuse Forums, Local Drug Action Committees, Organised labour, House of Traditional Leaders, Faith Based Organisations, Civil Society Organizations Community Based Organisations,

Youth Structures, Provincial ,National and Local Municipalities for their valuable contributions , Media, Business Sector as well as individuals and celebrities who participated in the summit.

## **INTRODUCTION**

The Prevention and Treatment of Drug Dependency Act, Act 20 of 1992 and the Prevention of and Treatment for Substance Abuse Act, Act 70 of 2008, provides for the establishment of programmes for the prevention and treatment of drug dependency. Furthermore, the Department of Social Development in consultation with the relevant departments and stakeholders is expected to take reasonable measures to combat substance abuse through the development and coordination of the following interventions:

- demand reduction, which is concerned with services aimed at discouraging the abuse of substances by members of the public;
- supply reduction, which refers to efforts aimed at stopping the production and distribution of liquor, illicit substances and associated crimes through law enforcement strategies as provided for in applicable laws.
- harm reduction, which for the purposes of this Act is limited to the holistic treatment of service users and their families, and mitigating the social, psychological and health impact of substance abuse.

The Department of Social Development through the Central Drug Authority (CDA) has the responsibility of developing strategies and coordinating the efforts of government and community to combat the scourge of substance abuse. CDA has to create a platform (summit) where information and knowledge is shared amongst stakeholders, local and international communities and governments.

The 1st Biennial Anti Substance Abuse Summit was held in February 2007 in the Gauteng Province. The Summit was organized in partnership with various stakeholders in the field of substance abuse. The purpose of the summit was to bring national and international stakeholders together to maximize efforts to eradicate substance abuse amongst societies through effective collaboration and partnerships.

The Summit presented opportunities to:

- Strengthen mechanisms for implementing strategic initiatives to protect vulnerable members of society
- Share lessons and experiences in the field of substance abuse with policy makers, donors, development agencies, civil society organizations and government officials
- Develop a better understanding of the framework within which their responses will be driven (from a legislative and strategic point of view)
- Share and promote good practices to reduce the harm and address the crime associated with substance abuse

The highlight of the summit, which was attended by 400 delegates, was the adoption of a series of resolutions and recommendations made by delegates on the basis of structured discussions and presentations on the supply reduction, demand reduction and harm reduction strategies.

In preparation for the 2<sup>nd</sup> Biennial Anti Substance Abuse Summit which was held from the 15<sup>th</sup> to the 17<sup>th</sup> March 2011, communities were mobilized to voice their concerns regarding challenges and experiences in relation to the problem of substance abuse, and provided possible solutions that should be belaboured during the summit. In order to enable community to give their input to the summit, door to door visits were conducted amongst communities in all provinces.

Some of the information gathered during the door to door visits were used to guide the development of themes for the Provincial Summits which preceded the 2<sup>nd</sup> Biennial Anti Substance Abuse Summit.

## **BACKGROUND**

According to the Global Status report on alcohol and health (2011) The hazardous and harmful use of alcohol is a major global contributing factor to death, disease and injury: to the drinker through health impacts, such as alcohol dependence, liver cirrhosis, cancers and injuries; and to others through the dangerous actions of intoxicated people, such as drink-driving and violence or through the impact of drinking on fetus and child development. The harmful use of alcohol is one of the world's leading health risks. It is causal factor in more than 60 major types of diseases and injuries. Alcohol consumption is estimated to cause from 20% to 50% of cirrhosis of the liver, epilepsy, poisonings, road traffic accidents, violence and several types of cancer. Alcohol contributes to traumatic outcomes that kill or disable people at a relatively young age, resulting in the loss of many years of life to death and disability.

According to Global Status Report on Alcohol and Health (2011) the impact of alcohol consumption reaches deep in society. Drinking can impair how a person performs as a parent, as well as how he /she contribute to the functioning of the household. Children can suffer Fetal Alcohol Spectrum disorder, when mothers drink during pregnancy. After birth prenatal drinking can lead to child abuse and numerous impacts on the child's social, psychological and economic environment. The impact of drinking on family life can include mental health problems for other family members such as anxiety, fear and depression.

The Global Status Report further outlined that intoxication interferes with most productive labour. The drinker`s own productivity is reduced, and there may be adverse consequences including loss of their job. The productivity of others around the drinker may diminish if they have to take time out of their work to cover for the drinker`s mistakes, absences and lateness.

The South African Community Epidemiology Network on Drug Use (SACENDU) also indicates that alcohol is the most common primary substance of abuse in most treatment sites across the country and causes the biggest burden of harm in terms of “secondary risks”, including injury, premature non-natural deaths, foetal alcohol syndrome and as a potential catalyst for sexual risk behavior and hence HIV transmission.

A conservative estimate of economic costs of alcohol abuse based on research studies conducted in other countries is 1% of gross domestic product (GDP). For South Africa this would work out at about R8,7 billion per year an amount twice received in excise duties on alcoholic beverages in 2000/2001(Freeman and Parry 2006. According to Parry (Parry C.D., 2006) the social and economic costs of alcohol abuse in 2000 were estimated at R9 billion a year. Research indicates that social costs of alcohol related trauma and accidents far exceed those of other countries and that intoxication was a major factor in road accidents. According to the South African Revenue Service known direct cost of drug abuse in 2005 was roughly R101 000 million. The social cost of illicit drug use was calculated using international data and is approxmR136 380 million annually.

The relationship between alcohol, crime, and violence is both direct and complex. In 2007, more than 47% of victims of homicide tested positively for alcohol at the time of death. Alcohol makes people vulnerable to crime. It also makes people aggressive and encourages interpersonal violence. (Holtman, *Breaking the Cycle of Crime and Violence: Essential Steps to a Safe South Africa*, 2008).

In 2003, the Institute of Security Studies undertook a national victim survey of persons who were victims of serious assault and reported high levels of alcohol intoxication. In 40% of cases victims believed that the assailant was under the influence of alcohol or other drugs at the time of the assault, and a third of victims conceded to having been under the influence themselves at the time of the assault. According to Hacker and Stuart, 1995, South Africa has one of the highest levels of alcohol consumption per drinker anywhere in the world.

In Cape Town crystal methamphetamine (known locally as “tik”) remains dominant, and the proportion of patients admitted increased again in the first half of 2009. A cheap form of heroin known locally as “sugars” has become common in a largely Indian suburb of Durban (Chatsworth) and 30% of patients admitted in this period reported it as their primary substance

Studies, particularly among rural populations and those associated with wine farms in the Western Cape, have demonstrated that upwards of 50 per 1000 (5%) of school-entry children have Foetal Alcohol Syndrome Disorders (FASD). In four disadvantaged communities in Gauteng (Diepsloot, Lenasia South, Westbury and Soweto) the rate of

FASD is 26.5 per 1000 children (2.6%). The situation is extreme in two populations in the Northern Cape Province (De Aar and Upington), where the FASD prevalence rates exceed 100 per 1000 (10%) and 70 per 1000 (7%), respectively.

According to the 2<sup>nd</sup> South African National Youth Risk Behaviour Survey 2008, provincial alcohol consumption prevalence amongst learners varies greatly with the Western Cape, Gauteng, Free State and North West reporting the highest rates. Limpopo and Western Cape were the only provinces where more female learners than male learners had used alcohol in their lifetime. Gauteng and Western Cape reported a significantly greater proportion of past month drinkers than of past month binge drinkers, which suggests that there was a large proportion of learners in these provinces who had drunk alcohol during the prior month but whose drinking did not constitute binge drinking.

Fortina and Repel (2005) found the following with regard to effectiveness of alcohol advertising and youth alcohol consumption:

A high level of exposure to alcohol advertising especially amongst the youth has been linked to increased consumption. International Researchers from WHO claim that alcohol advertising has been found to promote and reinforce perceptions of drinking as positive, glamorous and relatively risk free. Cumulative influence of alcohol drinking shapes young people's perceptions of alcohol and drinking norms. Alcohol advertising predisposes minors to drinking well before legal age of purchase.

Other research indicates that alcohol marketing has a significant influence on the decisions of youth to consume alcohol. Alcohol marketing influences the attitudes of youth, and their peers which in turn creates an environment that accepts and

promotes underage consumption. The more aware, familiar, and appreciative young people are of alcohol advertising, the more likely they are to drink both now and in the future.(Hastings, Anderson, Cooke and Gordon,2005).

In the Annual report (2008/09) of the Central Drug Authority the following emanated:

8.4% (2.2 million) of the South African population used cannabis in 2004 as against the global norm of 4% used in 2005/6 and 8, 9% (2, 5 million) and 3.2 million in 2008, an increase of nearly 20%.

Opiates were used by 0.03% (0, 08 million) of the population in South Africa in 2004 compared to the global figure of 0, 4% and by 0,4% in 2005/6, an increase of 25%. However the 2008 figure of 0, 10 million represents a decrease of 20%.

Amphetamine-Type Stimulants (ATS) was used by 0, 8% (0, 21 million) of the population compared to the global norm of 0.4% in 2004; in 2005/6, it was used by 0,9% and ,in 2008,by 0, 32 million people ,an increase of another 20%.

According to the World Drug Report of 2008, the number of problem drug users has increased from a mean 235 777 to a mean 270 991, an increase of nearly 15%.

According to the Centre for Exercise Science and Sports Medicine the use of substances to enhance performance is common in sport and is a major concern facing youth sports and anti-doping authorities. A sample of 100 subjects were attained from five male adolescent high school learners, aged between 15 and 18 years, involved in 1st and 2nd team high school sport from public and private Johannesburg boys' high schools to determine the use of performance enhancing substances . Thirty (30%) of the respondents indicated that they were using Performance Enhancing Substance (PES) regularly, and 64 (64%) indicated that they did not use PES. Six percent (6) of the respondents did not answer this question. Four of the respondents (4%), indicated that they were using anabolic androgenic steroids, 5%

indicated that they were using growth hormone, 2% indicated that they were using insulin as a performance enhancer, 4% indicated that they were using adrenaline /ephedrine to enhance performance.

According to the Department of Correctional Services` Annual Report 2008/09 the offenders sentenced for drug-related crimes represented 2% of the total sentenced offender population of 115 753 in 2009.

## **RESOLUTIONS OF THE 2<sup>ND</sup> BIENNIAL ANTI SUBSTANCE ABUSE SUMMIT**

The resolutions of the 2<sup>nd</sup> Biennial Anti Substance abuse Summit were based on five commissions, namely; Policy and Legislation, Supply reduction, Demand reduction, Harm reduction and role of civil society which were discussed during the 2<sup>nd</sup> Biennial Anti Substance Abuse Summit.

1. Harmonization of all laws and policies to facilitate effective governance of alcohol, including production, sales, distribution, marketing, consumption and taxation. The regulatory framework must be national and applicable across all provinces and municipalities and should be guided by the principles and proposals agreed to by this summit and the Inter-Ministerial Committee on Alcohol and Substance Abuse.
2. A review of the structure and mandate of the CDA to allow for proper co-ordination by government structures and oversight by an independent body;
3. Reducing accessibility of alcohol through raising the legal age for the purchasing and public consumption of alcohol from the age of 18 to the age 21.

4. Imposing restrictions on the time and days of the week that alcohol can be legally sold. These restrictions must be uniform, that is, they must be applicable in all provinces.
5. Implementing laws and regulations that will reduce the number of liquor outlets, including shebeens, taverns and liquor stores in specific geographical areas. These laws and regulations should include stricter licensing laws and qualifying criteria and specific zoning laws and regulations that will prescribe the locations of different types of economic activity that can take place in residential areas. The zoning laws should for example, ensure that no liquor outlets are located near schools, libraries and places of worship.
6. Regulation and control of home brews and concoctions informed by research that includes traditional utilization in rural areas.
7. Raising of duties and taxes on alcohol products to deter the purchasing of alcohol. The tariffs should be implemented on a sliding scale commensurate with the alcoholic content.
8. Imposing health and safety requirements for premises where liquor will be consumed including avoiding overcrowding, providing adequate lighting, food and water, and taking into account access to public transport and toilet facilities.
9. Prescribing measures for alcohol containers such as the form of container, warning labels and the percentage alcohol content.
10. Increasing the criminal and administrative liability of individuals and institutions (bars, clubs, taverns, shebeens and restaurants) that sell liquor when they sell alcohol to underage drinkers, intoxicated patrons and patrons whom they know are to operate motor vehicles.
11. Imposing a mandatory contribution by the liquor industry to a fund that will be dedicated to work to prevent and treat alcohol abuse.

12. Intensifying campaigns that seek to inform and educate people, in particular young people, about the dangers of alcohol and drug abuse
13. Ensuring equal access to resources, especially for civil society and organizations from rural areas.
14. Setting up a cross-departmental operational unit in government that will take responsibility for the implementation of measures to stem the drug problem across its entire value chain. The unit will inter alia analyse drug production and trafficking trends, drug use patterns, develop and enforce policies and laws that will improve investigations, arrests, prosecutions and improve the legal framework with regards to confiscation of assets acquired through the proceeds of crime.
15. Ensuring that the criminal justice system becomes an effective deterrent for offenders through harsher punishment of drug related offences, including the seizure of assets.
16. The speedy finalization and implementation of legislation pertaining to the trafficking in persons.
17. Assessment of the threat relating to the smuggling of migrants and an appropriate legislative response;
18. Consideration of Extraterritorial jurisdiction relating to South African interests for drug trafficking to allow for effective interdiction of shipments (air or sea) of drugs;
19. Allowing for the obtainment of a preservation order in terms of Prevention of Organised Crime Act to permit police officers to seize proceeds of crime temporarily.
20. A review of the International Assistance in Criminal Matters Act to define the respective roles of the South African Police Service, the National Prosecuting Authority and the Department of Justice and Constitutional Development.
21. Immediate implementation of current laws and regulations that permit the restriction of the time, location and content of advertising related to alcohol and in the medium term banning of all advertising of alcoholic products in public and private media, including electronic media. The short term intervention will include measures that will

ensure that alcohol will not be marketed at times and locations where young people may be influenced and the content of the advertising should not portray alcohol as a product associated with sport, and social and economic status.

22. Banning all sponsorship by the alcohol industry for sports, recreation, arts and cultural and related events.
23. Implementation of a continuum of care and a public health approach that provides for prevention, early detection, treatment, rehabilitation and after care services.
24. Implementation of comprehensive prevention programmes including both universal and targeted approaches. All young people need life skills and this should be taught in all schools. In addition in high risk areas this should be supplemented by more targeted approaches.
25. Strengthening of after care services for children including for young people (learners).
26. Utilization of multiple approaches to prevention across different disciplines and structures targeting for example families and schools. Programmes like youth development and sport development can be used as channels.
27. Public advocacy and messaging which advocates for a substance abuse free SA.
28. Development and implementation of multi disciplinary and multi modal protocols and practices for the integrated diagnosis, treatment and funding of co-occurring disorders for both adults and children.
29. Development of an acceptable definition and protocols for Harm Reduction in the South African context.
30. Increasing the provision of rehabilitation and after care and ensuring that all communities have access to these services.
31. Reducing the current legal alcohol limit for drivers to further discourage the consumption of alcohol of people operating motor vehicles.

32. Disallowing novice drivers (0-3 years after obtaining a driving license) from consuming any alcohol before driving.  
This means that the legally permitted legal alcohol limit for drivers will not be applicable to novice drivers.
33. Adopting policy to prevent and address substance abuse in the public service.
34. Setting an example to the public by ensuring that all public service functions are alcohol free.

## **OBJECTIVES OF THE ANTI SUBSTANCE ABUSE PROGRAM OF ACTION**

- To develop policy, review and align liquor legislation
- To educate and create awareness on substance abuse
- To promote equal access to resources across South Africa
- To respond to policies and legislation with regards to drugs and organized crime
- To review of institutional mechanisms to prevent and manage alcohol and drug use in the country

## Focus Area 1

<b>Objective</b>	To review and develop policies ,legislation and regulations on liquor						
<b>Sub programme</b>	Policy development, review and alignment of liquor legislation						
<b>Output</b>	<b>Indicator</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>	<b>Role Players</b>
Harmonization of all laws and policies to facilitate effective governance of alcohol	Reviewed legislation and policies on liquor including non commercial alcohol	Impact study on the Liquor regulation and related legislation conducted	Impact study finalized and areas of weakness identified	Liquor Act reviewed	Amendments promulgated		Lead Department : Department of Trade and Industry  National Liquor Authority
	Comprehensive integrated liquor policy developed	Impact study on the Liquor regulation and related legislation conducted	Policy on Liquor developed and consulted on.	Implementation of the policy and monitoring	Implementation of the policy and monitoring	Implementation of the policy and monitoring	DTI Provincial Liquor Authorities  South African Police Service  Liquor Control Office  Department of Agriculture Department of Sport and Recreation
	Reviewed legislation and policies on liquor which will effectively	Review existing liquor acts/bills	Amend and implement revised legislation	Develop and implement enforcement strategies	Monitor the implementation of amended legislation and enforcement	Monitor the implementation of amended legislation and enforcement	South African Revenue Services Customize and Excise Department of

	address: -selling and manufacturing of home brews - selling liquor to minors				strategies	strategies	Health Department of Social Development Department of Higher Education Department of Local Government Department of Cooperative Governance and Traditional Affairs  Department of Justice and Constitutional Development National Prosecuting Authority
Introduction and review of policy and legislation	Current legal alcohol content for drivers reduced Novice drivers not allowed to consume alcohol before driving	Development of policy that will inform the review of current legislation	Review of legislation	Monitoring and Evaluation of enforcement	Monitoring and Evaluation of enforcement	Monitoring and Evaluation of enforcement	Department of Transport
	Disallowing novice Drivers (0-3 years after obtaining a driving licence) from	Alignment of drivers' licensing laws and road safety laws to substance and	Review of legislation	Monitoring and Evaluation of enforcement	Monitoring and Evaluation of enforcement	Monitoring and Evaluation of enforcement	Department of Transport

	consuming any alcohol before driving. This means that the legally permitted alcohol limit for drivers will not be applicable to novice drivers	liquor enforcement laws					
	Legal age for alcohol consumption raised from the age of 18 to 21 Review the legal age for alcohol consumption raised from the age of 18 to 21	Review existing liquor acts/bills	Amend and implement revised legislation	Develop and implement enforcement strategies	Monitor the implementation of amended legislation and enforcement strategies	Monitor the implementation of amended legislation and enforcement strategies	<b>Lead Department:</b> Department of Trade and Industry National Liquor Authority Provincial Liquor Authorities South African Police Service -Liquor Control Office Legal Service Department of Agriculture Department of Health Department of Social Development Department of Higher Education Justice and Constitutional Development National Prosecuting

							Authority
	Uniform trading hours of alcohol in all provinces	National norms and standards set	Regulations Gazetted	Monitoring and Evaluation of enforcement	Monitoring and Evaluation of enforcement	Monitoring and Evaluation of enforcement	<b>Lead Department:</b> Department of Trade and Industry National Liquor Authority
	Uniform trading hours/days to selling, supply and distribution of liquor in all provinces		Review existing Liquor Act/Bills	Amend and implement revised legislation	Develop and implement enforcement strategies	Monitor the implementation of amended legislation and enforcement strategies	Provincial Liquor Authorities South African Police Service -Liquor Control Office -Legal Service Department of Agriculture South African Revenue Services -Customise and Excise Department of Health Department of Local Government Department of Social Development  Department of Cooperative Governance and Traditional Affairs Department of

							Higher Education Department of Transport  Department of Justice and Constitutional Development  NPA
	Reviewed licensing laws and criteria for liquor outlets	Regulation reviewed	Regulation gazetted	Monitoring and Evaluation of enforcement	Monitoring and Evaluation of enforcement	Monitoring and Evaluation of enforcement	<b>Lead:</b> Department of Trade and Industry National Liquor Authority
	Reviewed legislation to ensure safe and healthy liquor outlets		Review existing liquor acts/bills	Amend and implement revised legislation	Monitor the implementation of amended legislation	Monitor the implementation of amended legislation	National Liquor Authority List other stakeholders Provincial Liquor Authorities South African Police Service -Liquor Control Office -Legal Service Department of Agriculture South African Revenue Services -Customise and Excise Department of Health Department of

							Local Government Department of Social Development Department of Cooperative Governance and Traditional Affairs  Department of Higher Education Department of Transport Department of Justice NPA
	Funds contributed by the liquor industry to combat alcohol abuse set aside and managed by an independent entity.		Include the concept in the new liquor policy	Include the concept in the reviewed Liquor Act	Establish the structure to manage the fund.		National Treasury Department of Trade & Industry
	Warning labels on alcohol containers	Review regulations	Enforce implementation of regulations	Enforce implementation of regulations	Assess impact of regulations		Lead: Department of Health Dept of Agriculture Dept of Trade and Industry South African Bureau of Standards

## Focus Area 2

<b>Objective</b>	To enhance prevention efforts through education and community mobilization campaign and projects						
<b>Sub programme</b>	Conduct education and awareness on alcohol and substance abuse						
<b>Output</b>	<b>Indicator</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>	<b>Role Players</b>
Implementation of comprehensive prevention programmes including both universal and targeted approaches	Reviewed Ke Moja Programme implemented in all the provinces	Conduct assessment of Ke Moja drug awareness programme	Conduct assessment Ke Moja drug awareness programme	Capacity Building on Ke Moja drug awareness program	Capacity Building on Ke Moja drug awareness programme	Monitor implementation of Ke Moja drug awareness programme	<b>Lead:</b> Department of Social Development Provinces Dept of Health Dept of Basic Education
		CPF and Youth desk participation in review	CPF and Youth Desk capacitating and participation in roll out of Ke Moja	CPF and Youth Desk capacitating and participation in roll out of Ke Moja	CPF and Youth Desk capacitating and participation in roll out of Ke Moja	CPF and Youth Desk capacitating and participation in roll out of Ke Moja	SAPS Department of Education Dept of Arts and Culture Department of Correctional Services Department of Higher Education Department of Basic Education
		Inclusion of Ke Moja programme in school safety programme rollout	Inclusion of Ke Moja programme in school safety programme rollout	Inclusion of Ke Moja programme in school safety programme rollout	Inclusion of Ke Moja programme in school safety programme rollout	Inclusion of Ke Moja programme in school safety programme rollout	Sport and Recreation South Africa GCIS NGOs FBOs

							SAPS also working with Youth Desk DCS Sport and Recreation Health
	Individual department's programmes developed and integrated	Schools Based Crime Prevention including: School Based Crime Prevention Programmes.  Implementation of protocol between SAPS and Department of Education on prevention of crime and violence in all schools	Programmes aimed at addressing crime and violence affecting South African Schools, geared at making all schools a safe and secure environment conducive for learning, free from drugs.	Programmes aimed at addressing crime and violence affecting South African Schools, geared at making all schools a safe and secure environment conducive for learning, free from drugs.	Programmes aimed at addressing crime and violence affecting South African Schools, geared at making all schools a safe and secure environment conducive for learning, free from drugs.	Programmes aimed at addressing crime and violence affecting South African Schools, geared at making all schools a safe and secure environment conducive for learning, free from drugs.	SAPS, DBE, DSD, SRSA, DAC, Local Govt, Khulisa, SANCA and NICRO.
		Grounding programmes for first year students also address issues of Substance and Liquor Abuse in universities	Grounding programmes for first year students also address issues of Substance and Liquor Abuse in universities	Grounding programmes for first year students also address issues of Substance and Liquor Abuse in universities	Grounding programmes for first year students also address issues of Substance and Liquor Abuse in universities	Grounding programmes for first year students also address issues of Substance and Liquor Abuse in universities	Department of Higher Education

		Strengthening of orientation programmes in colleges	Strengthening of orientation programmes in colleges	Strengthening of orientation programmes in colleges	Strengthening of orientation programmes in colleges	Strengthening of orientation programmes in colleges	Department of Higher Education
		Provide information to women on dangers of drinking in pregnancy and assist women in need of treatment (Include other prevention programmes)	Run campaigns in high risk areas and refer appropriately	Run campaigns in high risk areas and refer appropriately	Run campaigns in high risk areas and refer appropriately	Assess impact of campaign and intervention	Department of Health
	Alignment, coordination and cooperation with other existing Road Safety strategies	Strengthen Arrive Alive Campaign	Implementation and monitoring	Implementation and monitoring	Implementation and monitoring	Assess impact of campaign and intervention	Department of Transport
		Development of communication materials for inclusion of substance abuse prevention messaging on SAPS crime awareness	Inclusion of substance abuse prevention messaging on SAPS crime awareness programmes and campaign	Inclusion of substance abuse prevention messaging on SAPS crime awareness programmes and campaign	Inclusion of substance abuse prevention messaging on SAPS crime awareness programmes and campaign	Inclusion of substance abuse prevention messaging on SAPS crime awareness programmes and campaign	SAPS

		programmes and campaign					
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### Focus Area 3

<b>Objective</b>	To ensure equal access of services and resources to civil society and organizations across South Africa (with specific focus to rural , informal settlement and farming areas )						
<b>Sub programme</b>	Increase and strengthen the availability of services and resources to civil society and organizations across South Africa (with specific focus to rural , informal settlement and farming areas )						
<b>Output</b>	<b>Indicator</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>	<b>Role Players</b>
Ensure that all communities have equal access to inpatient, outpatient and community based services and resources	Availability and accessibility of services and resources to all communities	Finalize costing of services for substance abuse to improve resourcing of programmes both in government and NGO sector	Improve the national database Community based services introduced in provinces	Community based services Implemented in provinces		Public inpatient Treatment centres available in all provinces	Department of Social Development CDA Department of Higher Education
		Explore the regulation of fee structure for treatment in the country	Introduction of minimum norms and standard for outpatient services	Minimum norms and standard for outpatient services implemented	Monitoring and Evaluation of implementation	Monitoring and Evaluation of implementation	Department of Health

		Review of resource directory On alcohol and drug related services	Review of resource directory on alcohol and drug related services	Distribution of the resource directory on services of substance abuse			Department of Social Development CDA
		Update and maintain the National Clearing House Maintained	Update and maintain the National Clearing House Maintained	Update and maintain the National Clearing House Maintained	Maintain the National Clearing House Maintained	Maintain the National Clearing House Maintained	Department of Social Development CDA
			Development of Admission policy to treatment centres	Finalize the Admission Policy	Implementation of the Policy	Implementation of the Policy	National and Provincial Departments of Social Development Treatment Centres
	Treatment Model implemented	Development of Treatment Model	Approval and Implementation of the Treatment Model	Implementation of Treatment Model	Capacity Building on the Model	Capacity Building on the Model	Lead: Department of Social Development Dept of Health NGOs Community Based Organizations Department of Correctional Services.
		Implementation of Substance Abuse Prevention Model for	Implementation of Substance Abuse Prevention Model for	Implementation of Substance Abuse Prevention Model for	Implementation of Substance Abuse Prevention Model for	Implementation of Substance Abuse Prevention Model for Adults	Lead: National and Provincial Dept of Social Development NGOs

		Adults	Adults	Adults	Adults		FBOs CBOs
		Implementation of Community Based Model	Implementation of Community based Model and implementation	Implementation of Community based Model and implementation	Monitor Implementation of Community based Model and implementation	Monitor Implementation of Community based Model and implementation	Lead: Department of Social Development NGOs FBOs CBOs
		Implementation of Reintegration and aftercare Model	Implementation of Reintegration and aftercare Model	Implementation of Reintegration and aftercare Model	Monitor Implementation of Reintegration and aftercare Model	Monitor Implementation of Reintegration and aftercare Model	<b>Lead:</b> National and Provincial Depts of Social Development NGOs FBOs CBOs Department of Correctional Services
	Multi disciplinary and modal protocols and practices available for	Guidelines for detoxification developed for use in health facilities and treatment	Workshops held in provinces to train practitioners.  Guidelines implemented	Guidelines implemented.	Monitoring and evaluation	Review of guidelines and referral patterns.	Lead: Dept of Health Dept of Social Development NGOs
		Referral lines between stakeholders and	Referrals implemented	Referrals implemented  Monitoring and	Monitoring and evaluation		Dept of Health

		departments for different functions defined and implemented.		evaluation			
	Screening and brief interventions for hazardous and harmful drinking at Primary health care and other health settings	Screen and provide brief interventions for alcohol in selected health centres including patients with HIV. TB, trauma units, antenatal clinics, psychiatric services.  Conduct research on TB efficacy outcomes	Screen and provide brief interventions for alcohol in selected health centres including patients with HIV. TB, trauma units, antenatal clinics, psychiatric services	Screen and provide brief interventions for alcohol in selected health centres including patients with HIV. TB, trauma units, antenatal clinics, psychiatric services	Screen and provide brief interventions for alcohol in selected health centres including patients with HIV. TB, trauma units, antenatal clinics, psychiatric services	Assess interventions.	Dept of Health
Implementation of HIV & AIDS and TB Management Policy in the Public Service	Guidelines for Simultaneous Mainstreaming of HIV&AIDS, Gender and Human Rights into Public Service & Administration in the	Capacity Building on the Guidelines	Implementation of the Guidelines and Monitoring	Implementation of the Guidelines and Monitoring	Implementation and of the Guidelines and Monitoring	Monitoring and Evaluation	All National and Provincial Departments

	Management of the AIDS Epidemic, Implemented.						
Implementation of Safety, Health, Environment, Risk and Quality (SHERQ) Management Policy in the Public Service	Smoking Cessation Guidelines Implemented.	Conduct baseline survey on smoking in Public Service	Finalization of Smoking Cessation Guidelines	Capacity Development for implementation of Guidelines	Implementation of Guidelines	Monitoring and Evaluation.	All National and Provincial Departments
Implementation of Wellness Management Policy in the Public Service	<b>SOLVE</b> (Psychosocial model addressing Stress, Tobacco, Alcohol, HIV, Violence as psychosocial stressors) Guidelines for the Public Service Implemented.	Development of the SOLVE PLUS Guidelines (addressing Stress, Tobacco, Alcohol, HIV, Violence as psychosocial stressors).	Capacity Development for Implementation	Implementation of SOLVE PLUS (addressing Stress, Tobacco, Alcohol, HIV, Violence as psychosocial stressors).	Implementation of SOLVE PLUS (addressing Stress, Tobacco, Alcohol, HIV, Violence as psychosocial stressors).	Monitoring and Evaluation	All National and Provincial Departments

## Focus Area 4

<b>Objective</b>	To review institutional mechanism to prevent and manage substance abuse in the country						
<b>Sub programme</b>	Set up a cross departmental operational unit in government to implement measures to stem substance abuse						
<b>Output</b>	<b>Indicator</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>	<b>Role Players</b>
Ensure integration of services on substance abuse	Self Sufficient Oversight body established  Establishment of well functional; coordinating structure	Desktop research(look at existing research documents)  Development of framework on anti substance abuse policy	Review of the structure and mandate of CDA and make proposal for future Finalization of the policy and review of legislation	Align CDA mandate of according to the legislation.  Establishment of Cross functional unit in government	Coordination of government programme on anti substance abuse and monitoring of implementation	Coordination of government programme on anti substance abuse and monitoring of implementation	Lead: Department of Social Development Central Drug Authority

## Focus Area 5

<b>Objective</b>	To review policies and legislation with regards to drugs and organized crime						
<b>Sub programme</b>	Ensure that the criminal justice systems becomes a deterrent for offenders through harsher punishment of drug related offences						
<b>Output</b>	<b>Indicator</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>	<b>Role Players</b>
Strengthen law enforcement agencies and streamline their activities	Revised National Drug Master Plan	Draft National Drug Master plan	Implementation and monitoring of the NDMP	Implementation and monitoring of the NDMP	Implementation and monitoring of the NDMP	Implementation and monitoring of the NDMP	CDA and DSD and other relevant departments
	Legislation pertaining to the trafficking in persons finalized and implemented	Currently before Parliament for consideration. Coordinate the State of Readiness of the departments/institutions with responsibilities for the implementation of the legislation on trafficking in persons once promulgated.	Coordinate the legislative mandate of the Intersectoral Committee (if still retained in the legislation on trafficking in persons).	Coordinate the legislative mandate of the Intersectoral Committee (if still retained in the legislation on trafficking in persons).  Monitor the implementation of trafficking in persons legislation once promulgated.	Coordinate the legislative mandate of the Intersectoral Committee (if still retained in the legislation on trafficking in persons).  Monitor the implementation of trafficking in persons legislation once promulgated.	Coordinate the legislative mandate of the Intersectoral Committee (if still retained in the legislation on trafficking in persons).  Monitor the implementation of trafficking in persons legislation once promulgated.	Department of Justice and Constitutional Development
	The International Assistance in Criminal matters Act reviewed		Initiate the process of the review of legislation and policies dealing with International	Conduct the review of legislation and policies in related to International Assistance in	Develop initiatives to address gaps in legislation and policies.	Implement and monitor the new initiatives to improve International Assistance in Criminal Matters.	South African Police, Hawks, Department of Justice and Constitutional Development

			<p>Assistance in Criminal Matters.</p> <p>Develop an information management system on legislation and policies relating to International Assistance in Criminal Matters.</p>	Criminal Matters.			
<p>Enable the investigative work of South African Police Service, including providing support to investigators in terms of intelligence products, legal issues, forensic evidence and the Criminal Record</p>	<p>Percentage of registered drug related serious Organized Crime Project Investigations (OCPI) successfully terminated</p> <p>Percentage of case exhibits (entries) processed by Forensic Services within 28 days</p> <p>Number of drug related crime intelligence</p>	<p>10% of serious drug related Project Investigations successfully terminated</p>	<p>12% of serious drug related Project Investigations successfully terminated</p>	<p>14% of serious drug related Project Investigations successfully terminated</p>	<p>16% of serious drug related Project Investigations successfully terminated</p>	<p>16% of serious drug related Project Investigations successfully terminated 6</p>	<p>SAPS NPA Justice</p>

	products relating to: Operational analysis reports Strategic analysis reports (including statistical reports and research reports).						
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## **List of Stakeholders**

Department of Social Development

Department of Basic Education

Department of Higher Education

Department of Correctional Services

South African Police Service

Department of Health

Department of Home Affairs

Department of International Relations and Cooperation

Department of Cooperative Governance and Traditional Affairs

Department of Trade and Industry

South African Revenue Service

Department of Justice and Constitutional Development

Sport Recreation South Africa

Department of Labour

Department of Transport

National Treasury

National Prosecuting Authority

Department of Agriculture

National Youth Development Agency

Medicines Control Council

Department of Arts and Culture

Department of Science and Technology

Department of Economic Development

Department of Public Service and Administration