Dear Minister

Annual Report to Parliament

I am indeed proud to present to you, in my capacity as the Chairperson of the Central Drug Authority (CDA), the first Annual Report to Parliament as required under Section 2 (11) of the Prevention and Treatment of Drug Dependency Act 1992, (Act No 20 of 1992).

You will note that the report reflects all the powers and duties of the CDA as well as a comprehensive description of the national effort to reduce and eliminate the abuse of drugs during the reporting period.

As Chairperson, I feel satisfied that the groundwork has been done in terms of structuring, planning, networking and budgeting to enhance delivery. The CDA has also engaged themselves with important strategic projects that have the potential to make a major difference in combating substance abuse in South Africa.

On the darker side, the CDA was challenged with a lack of support in terms of a fully operational secretariat and lack of funding which otherwise could have enabled the CDA to meet the challenges more effectively.

However, the CDA is grateful for the support provided by the Department of Social Development and is looking forward to meet the challenges in the period that lies ahead.

Minister, I am convinced that the CDA can make a difference in the battle against drugs in this country. With your continued support and the involvement of others we can collectively and in a co-ordinated manner implement the NDMP in the way it is intended to reduce the demand for and supply of drugs.

Kind regards
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EXECUTIVE SUMMARY

As required by Section 2 (11) (a) of the Prevention and Treatment of Drug Dependency Act (Act No. 20 of 1992, as amended in 1999), the present annual report gives an overview of the activities of the Central Drug Authority (CDA) since its inception in 2000. For perspective the report also briefly sketches the background to the establishment of the Central Drug Authority, drawing attention to the increasingly extensive drug problem and the consequent need for developing an institutional framework for mobilizing an effective counter-response. The report concludes with an outline of the expected outputs and immediate needs of the Central Drug Authority. The report notes that the Central Drug Authority has completed the following activities:

Strategic and Business Plans have been developed, specifically to facilitate the implementation of the South African National Drug Master Plan (NDMP) that was adopted by Cabinet in 1999. The business plan takes cognizance of the basic proposals and priorities identified in the NDMP to counter the drug problem effectively, e.g. the need to (a) comprehensively mobilize national and provincial departments towards taking account of drug abuse issues in their activities and budgets; and (b) reduce both the supply of and demand for drugs.

With regard to drug demand reduction, various initiatives have been taken: for example, the launching of an on-going national anti-drug awareness programme has been negotiated. Information sheets have been developed and distributed. Numerous media interviews have been given on burning issues such as the decriminalization of the use of cannabis/dagga. The chairperson of the Central Drug Authority, Advocate Kahn, spoke on the BBC World Service, which reaches some 500 million persons. A delegation of the Central Drug Authority made a presentation, to the Parliamentary Portfolio Committee on Social Development, regarding the progress made with the implementation of the NDMP Plan and other drug related matters of importance. The Department of Safety and Security, in consultation with the Central Drug Authority and other stakeholders, have taken the initiative and are in the process of developing a campaign aimed at the youth.

A national drug prevention, awareness campaign was launched on 26 June 2002, the International Day Against Drug Abuse and Illicit Drug Trafficking.
With regard to drug supply reduction, the Central Drug Authority has, for example, approached members of the liquor industry in view of increasing self-regulation. Directly and indirectly Central Drug Authority members have participated in local efforts against drug syndicates, and in efforts of the SADC, the OAU and international agencies in countering the drug problem on the African continent and abroad.

The groundwork has also been laid for the establishment of a national database on drug issues and a national clearing house, specifically to ensure evidence-led future initiatives.

The following are some of the additional outputs on especially the institutional level that are expected by the end of December 2002:

- functioning secretariat
- situation analysis on the nature and extent of the provincial and local structures

The following are among the outcomes anticipated for the Central Drug Authority:

- well-functioning secretariat
- more co-ordinated and comprehensive approach to drug abuse intervention in South Africa
- a more evidence-based drug prevention policy and practice
- more informed public (about the Central Drug Authority and drug abuse issues)
- access to timely and useful information for drug prevention practitioners and policy makers

Finally, the report cautions against loss of momentum in the efforts to launch an effective national response to the drug problem due to a lack of government investment of resources. It emphasizes the urgency of dedicating funds towards the establishment of a strong secretariat and priority projects.
1. **INTRODUCTION**

The current situation in respect of drug abuse in South Africa must be viewed against four milestones in the history of our country, namely:

- The emergence of South Africa out of apartheid isolation in 1994
- Accession to the UN Convention Against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances, 1998
- The development of a NDMP, 1998

In **1994** South Africa entered into a new political dispensation that gave the country greater access to the international community. The first democratically elected president of this dispensation, Mr Nelson Mandela, singled out alcohol and other drug abuse among the social pathologies that needed to be combated as part of the social reconstruction of South Africa.

The re-entry of South Africa into the international arena brought with it prosperity and commitment on the one hand and a range of new problems and challenges on the other hand. The rapid expansion of international air links, combined with our geographic position on major traffic routes between East Asia and the Middle East, America and Europe, a well-developed transportation infrastructure, modern international telecommunications and banking systems, long porous borders and weak border control, made South Africa a natural target for drug traffickers.

The winds of change, however refreshing, thus brought with it a sober chill. Nevertheless, reservoirs of energy that had been spent in the political struggles of the past could now be used to create a better quality of life for all our citizens.

In **1998**, in addition to our signing of the Single Convention on Narcotic Drugs, 1961 and the 1971 Convention on Psychotropic Substances, we acceded to the 1988 United Nations Convention Against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances, thereby bringing our international commitment to new heights. In the same year South Africa tabled the NDMP.
2. **AIM OF THE REPORT**

The aim of this annual report to the Minister of Social Development and the subsequent tabling of the report in Parliament is to comprehensively describe the national effort relating to the drug problem, i.e. giving feedback on activities of the Central Drug Authority (CDA) as required by Section 2 (11) (a) of the Prevention and Treatment of Drug Dependency Act, 1992 (Act No. 20 of 1992).

3. **BACKGROUND**

3.1 **Legislative Mandate**

In terms of the Prevention and Treatment of Drug Dependency Act, 1992 (Act No. 20 of 1992) (hereafter the Act), a Drug Advisory Board was appointed during 1993 to *inter alia* advise the Minister of Social Development on issues relating to drug abuse. During its term of office the Drug Advisory Board developed the Drug Master Plan for South Africa, the implementation of which necessitated the amendment of the Act in 1999. The main objects of the Amendment Act were to provide for:

(a) the establishment of a Central Drug Authority (the CDA);
(b) the powers and duties of the Central Drug Authority;
(c) committees of the Central Drug Authority; and
(d) the secretariat of the Central Drug Authority.

The powers and duties of the Central Drug Authority are to:

(a) give effect to the NDMP in accordance with the guidelines as set out therein;
(b) advise the Minister on any matter affecting the abuse of drugs, referred for advice to the Central Drug Authority by the Minister, and to advise the Minister on any matter the Central Drug Authority considers necessary;
(c) plan, co-ordinate and promote measures relating to the prevention and combating of the abuse of drugs and the treatment of persons dependent on drugs in accordance with the NDMP;
(d) review the NDMP every five years, amend it where necessary and submit it to Cabinet for approval;
(e) arrange conferences on matters relating to the functions of the Central Drug Authority; and
exercise such powers and perform such duties as may be determined by the Minister from time to time.

3.2 National Drug Master Plan (NDMP)

Drug abuse is a social and economic problem that impacts negatively and complexly on all facets of community life. The fight against drug abuse can never be effectively conducted unless a total strategy, including drug demand reduction and supply reduction, is formulated and implemented in the context of sustainable development. Drug-related policing can only be effective if it operates in tandem with drug-related treatment and education efforts.

In 1999 Cabinet approved the release of the NDMP (1999-2004). The Plan aims to contribute towards the building of a drug free society – or at least contribute towards the reduction of drug abuse and its related harmful consequences, in South Africa, while at the same time facilitating a more effective response to the global problem of drug abuse.

The NDMP acts as the blueprint for South Africa’s response to drug abuse. It is the means by which existing and new resources may be harnessed. It also sets out South Africa’s national drug policies and priorities. Furthermore it provides a framework for comprehensively mobilizing national and provincial departments into taking account of drug abuse issues within their activities and budgets. In order to address the drug problem effectively, the NDMP calls for a balance between actions that bring about a decrease in the availability of drugs (control and law enforcement) and the demand for drugs (prevention, treatment and rehabilitation).

The NDMP identified five main areas of focus, namely: crime, the youth, community health and welfare, research and information dissemination and international involvement. A sixth, overriding and overarching goal has also been identified, namely communication. The plan makes provision for the establishment of several core institutional structures to facilitate the implementation of the plan: the Central Drug Authority, a secretariat, provincial drug forums and local drug action teams.

3.3 Problem Areas Identified

In formulating a national strategy through our NDMP, fresh insights were brought to the drug problem of our country.
We looked in the mirror and took stock of ourselves, something that was never done before. We learnt, for example, that our past pleas about the dangers of drugs fell on deaf ears and that many of the efforts in the past had been futile.

South Africa has a population of approximately 45.58 million people who are distributed over nine provinces, the population of which ranges from 875 000 people in the Northern Cape to 8.9 million people in KwaZulu-Natal. Of these, 76.7 % classified themselves as African; 10.9 % as white; 8.9 % as coloured; and 2.6 % as Indian/Asian. It is estimated that 55.4 percent of the population reside in urban areas.

Approximately 46 percent of the population of South Africa are 20 years and younger. In addition, it is estimated that approximately half the population – especially women and rural residents – are experiencing severe poverty.

The South African Constitution, 1996 (Act 108 of 1996), states that everyone has the right to use the language and to participate in the cultural life of his or her choice, but no one may do so in a manner inconsistent with any provision of the Bill of Rights. Each person also has the right to instruction in the language of his or her choice where this is reasonably practicable. To cater for South Africa’s diverse peoples, the Constitution provides for 11 official languages, namely: Afrikaans, English, isiNdebele, isiXhosa, isiZulu, Sepedi, Sesotho, Setswana, siSwati, Tshivenda and Xitsonga. Recognising the historically diminished use and status of the indigenous languages, the Constitution expects the Government to take positive measures to elevate the status and advance the use of these languages. According to the Census ’96 figures, isiZulu is the mother tongue of 22.9% of the population, followed by isiXhosa (17.9%), Afrikaans (14.4%), Sepedi (9.2%) and English (8.6%). In addition, cultures and levels of literacy and economic well-being differ widely across provinces, communities and households. Matters are complicated by a low average level of adult literacy.

First and simply put, we realized that notwithstanding the fact that we are a nation that speaks 11 tongues and has a low level of adult literacy, previous efforts at combating drug abuse focused on literate, English or Afrikaans-speaking parents in urban areas. Our rural areas, containing some 24 million people, did not receive the full benefit of previous campaigns. The vast majority of our children did not receive a message on the evils of drugs in any of its forms.

Secondly, we were reminded that alcohol, tobacco and other drug abuse exerts major harm on the population of South Africa, increasingly so with regard to the socio-economically most vulnerable sectors of the population, namely women and young people. Drug abuse is closely entwined with crime, family and gender violence, (road) deaths and injuries, and loss of productivity.
AnnualReport

Selected areas in the Western Cape, for example, have the highest known rates of foetal alcohol syndrome in the world.

Ironically our response to preventing, or at least reducing, the negative impact of drug abuse on sustainable development has been feeble, more specifically fragmented and inadequate.

The cost of alcohol abuse in the country was estimated to be R10,6 billion in 1996, while the cost of narcotic drug abuse was estimated to be between R2,5 billion and R7,1 billion. (The trails of misery associated with drug abuse can, however, never be fully quantified.)

**Thirdly**, we found that the most commonly used/abused illicit drug in South Africa was cannabis and the cannabis-mandrax (white pipe) combination. South Africa now ranks among the world’s largest producers of cannabis, most of which is consumed regionally, with some shipments going to The Netherlands and the United Kingdom.

The fact that South Africa has become a transit country for heroin, cocaine and amphetamines poses the danger of future abuse of these drugs. There are already indications of an overall increase in the consumption of these substances.

**Fourthly**, we established that, in the past, there was insufficient international understanding of the unique problems of a multi-lingual, largely illiterate, country in the grips of *inter alia* a cannabis problem:

- It was only in June 1998 that the cannabis plant gained recognition by the United Nations as a substance that should also be included in alternative development programmes. Previously, attention was given only to the cultivation of coca leaf and opium poppy.

- Much of the well-intentioned international assistance we enjoyed in the past was directed at the international rather than our domestic drug problems. Certainly we appreciate that drugs are a global problem and that without global co-operation we will lose the fight against drugs. We have certainly contributed fully to the international effort in the fields of legislation on money laundering, better border control and international judicial co-operation, but perhaps the time has come for the international community to give us more assistance in fighting the unique problems facing South Africa.

Now that the international community has acceded that cannabis-cultivating areas should be recognized as areas eligible for alternative development, the time has arrived to invest money in the eradication of cannabis and the development of alternative crop programmes.
Fifthly, we have come to realize that community frustration with the increasing problems related to drug abuse – leading to violence and lawlessness – could be addressed by the simple expedient of keeping the community informed of the national/international fight against drug abuse and by mobilizing concerted preventive action.

3.4 South African Position

The NDMP makes provision for the establishment of a Central Drug Authority that will co-ordinate and streamline the national fight against drugs on all fronts. Key government departments, including the police service, are represented on this body.

Some 500 local action committees will be established throughout the country, which will operate from local magistrate’s courts. These committees will consist of local magistrates, policemen and other interested community groups and will seek to communicate with the local communities in their mother tongue. Audio-visual equipment will have to be installed for use by each of these action committees.

The NDMP will prioritize the areas of greatest need and risk in the country in order to use our resources to best effect. It will focus on crime, the youth, community health and welfare, research and international involvement.

Our NDMP takes cognizance of the fact that the fight against drugs is, in essence, a fight for the welfare of children and those who guide their destiny. It is the South African Government’s foremost belief that, if we are to succeed in this, the classroom is as important an arena as the courtroom.

South Africa ratified the Convention on the Rights of the Child, in 1995, which commits the Government to the principle of a First Call for Children in all areas. In line with this, South Africa’s Justice Sectoral Working Group has been responsible for the liaison with the United Nations International Children’s Emergency Fund, since 1995. The focus of the group is the establishment of a separate juvenile criminal justice system and the protection and rehabilitation of children against the use of, and trafficking in, narcotic drugs.

A project is currently in operation which aims to assess juveniles in an attempt to prevent their incarceration in prisons or places of safety whilst they are awaiting trial. This project acknowledges the need to protect juvenile substance abuse offenders from the prison environment, which is unfortunately conducive to substance abuse.

Legislative changes now seek to ensure that children under the age of eighteen years may not be kept in prison lock-up or police cells for more than 24 hours prior to appearing in court.
With the introduction of sophisticated legislation aimed at asset forfeiture and the establishment of specialist investigation groups, consisting of prosecutors, policemen and revenue officials, operating under the same umbrella, the fight against *drug syndicates* has been stepped-up.

Internationally we continue to form new alliances with various countries in the field of judicial co-operation. Furthermore we have also strengthened our ties with our African neighbours.

The international community has become increasingly aware of the unique and difficult problems that face not only South Africa, but also the rest of the continent in the global anti-drug effort. Our problems and our solutions differ widely from those of countries abroad and must be defined and dealt with by ourselves in our own geographical context.

4. **GOVERNANCE ISSUES**

4.1 **Membership**

The NDMP was approved by Cabinet in 1998. In June 2000, 12 non-governmental drug experts were appointed to the Central Drug Authority by the Minister of Social Development, following interviews conducted by a joint committee of the Parliamentary Portfolio Committee on Social Development in the National Assembly and the Select Committee of the National Council of Provinces. A further 11 government appointments were made by key government departments. Non-governmental appointees included experts in research, drug policy development, youth drug use prevention and drug-related treatment.

4.2 **Meetings**

Three meetings of the full Central Drug Authority and three of the Executive Committee have taken place. Various informal meetings/discussions have also been held.

4.3 **Secretariat**

We wish to stress that the Central Drug Authority will not be in a position to operate fully unless it has the support of an adequately staffed secretariat.

In this respect the Central Drug Authority requires an amount of R2 million. In the forthcoming year (2002/2003) an additional R500 000 will be required for the functioning of the Central Drug Authority Board and a further R500 000 for the establishment of the 382 local drug action committees, as stated in the NDMP and previously mentioned, for interacting with the formal secretariat.
5. **SPECIFIC ACTIVITIES COMPLETED:**

➤ *Strategic and Business Plans developed.*

➤ We have negotiated a *drug awareness programme* locally and secured assistance from the USA for a more comprehensive, ongoing programme. We have also prepared four-page fact sheets on alcohol, over-the-counter and prescription medicines, youth and substance abuse. Information sheets on cannabis/Mandrax, heroin, cocaine and Ecstasy and other club drugs were developed and distributed. Members of the Central Drug Authority have also undertaken radio, TV and newspaper interviews on the Central Drug Authority’s views on cannabis decriminalization, Ecstasy and the abuse of prescription drugs. The chairperson of the Central Drug Authority, Advocate Kahn, spoke on the BBC World Service, which reaches some 500 million persons.

➤ We have *engaged members of the liquor industry* in an attempt to increase self-regulation. This has led to their recalling an undesirable alcohol advertisement. We have also cooperated in a Department of Health initiative to research the issue. These interchanges have convinced us that the way ahead, in respect of the liquor industry, is *inter alia* legislation which will address issues such as counter alcohol advertising, health warnings and restrictions on liquor industry sponsorships in sport as well as alcohol advertisements over radio/TV. Members of the Central Drug Authority were involved in an initiative of the Department of National Treasury to look into alcohol taxation. The Central Drug Authority in collaboration with the national Department of Health issued a press release during November 2001 regarding restricting alcohol advertising and counter alcohol advertising.

➤ We have also done the groundwork for the *establishment of a national database on drug issues and a national clearing house.*

➤ Members of the Central Drug Authority were part of a taskforce commissioned by the Minister of Social Development to *investigate the circumstances that led to the death of a child at Noupoort Christian Care Centre.*

➤ A delegation of the Central Drug Authority met with the Minister, on 7 June 2001, to discuss the overall needs and specifically the establishment of a formal secretariat as well as budget issues.

➤ A delegation of the Central Drug Authority made a presentation to the Parliamentary Portfolio Committee on Social Development regarding the progress made with the implementation of the NDMP and other drug related matters of importance.
The Department of Safety and Security, in consultation with the Central Drug Authority and other stakeholders, have taken the initiative and are in the process of developing a campaign aimed at youth. A national drug prevention / awareness campaign was launched on 26 June 2002, International Day Against Drug Abuse and Illicit Trafficking.

Per request of the Central Drug Authority the UN Office for Drug Control and Crime Prevention has provided funds for the development of guidelines for substance abuse intervention programmes aimed at young persons.

Two Executive Members of the Central Drug Authority attended the conference on the “Global Economy of Illegal Drugs” in the United Kingdom during June 2001.

6. EXPECTED OUTPUTS AND OUTCOMES

The following outputs are expected by the end of December 2002:

- formal secretariat
- mini drug master plans from key departments which have a responsibility for drug abuse issues (Justice, Health, Education, Social Development, Home Affairs, Foreign Affairs, Trade and Industry, Finance, Labour, Correctional Services and the South African Police Service)
- situation analysis on the nature and extent of the provincial and local structures
- terms of reference for drug action teams and forums
- annual report to Parliament
- Central Drug Authority logo, website and list-server
- knowledge database
- national clearing house with a toll free hotline
- position paper on cannabis
- fact sheets
- radio talk shows
- mass media drug education campaigns
- national drug policy for schools
The following are some of the anticipated outcomes:

- well-functioning secretariat
- more co-ordinated and comprehensive approach to drug abuse intervention in South Africa
- more evidence-based drug prevention policy and practice
- more informed public (about the Central Drug Authority and drug abuse issues)
- access to timely and useful information for drug prevention practitioners and policy makers

7. INTERNATIONAL LIAISON

7.1 International assistance in a prospective Anti-Drug Awareness Campaign

The US Embassy, through the US State Department, has offered financial assistance to the Central Drug Authority’s drive in establishing a South African alliance comprising advertising agencies, media corporations, research institutions etc. to build anti-drug attitudes and reduce illegal drug use through a sustainable campaign in the media. A US multi-national organization by the name of “Allianzas”, based in Connecticut, which specializes in the organization of private sector demand reduction alliances, was assisted by the Central Drug Authority to do a feasibility study on the establishment of a South African alliance among businesses. The head of the organization, Mr Roger Pisani, met with various high-profile business leaders of South Africa. Funds for this visit came from the US State Department. The Central Drug Authority approved the concept and is looking forward to establishing the South African alliance. The US State Department, however, requires the political support of the Ministers of Education, Social Development and Health. Once this requirement has been met, the Central Drug Authority will be in a position to facilitate the implementation of the project, which will eventually be funded by private sector alliances.

7.2 44th Session of the UN Commission on Narcotic Drugs, Vienna, 20-29 March 2001

Two representatives from the Central Drug Authority participated in the above-mentioned meeting together with delegates from the national Department of Social Development, the South African Police Service and the Department of Foreign Affairs. South Africa, and in particular the members of the Central Drug Authority, played an important role, seeing that the leader of the South African delegation (the chairperson of the Central Drug Authority, Advocate Kahn) was one of six panelists selected from 193 countries to take the lead in the plenary meeting on the topic of “Building Partnerships to Address the World Drug Problem”. In this debate South Africa first challenged the school of thought that cannabis is a “soft drug” and should be legalized.
The delegates succeeded in opening a debate on alternative development programmes in areas in Africa where cannabis is illegally cultivated. Through appeals to the United Nations Drug Control Programme from the floor, members of the Central Drug Authority succeeded in securing the UNODCCP assistance in sending a fact-finding mission to South Africa to assess the cannabis problem. The mission has since taken place and the Central Drug Authority who participated in these events were also in a position to share with the rest of the world South Africa’s progress in the implementation of action plans approved by the UN General Assembly in 1998. It is inexcusable that there were no funds available to send representatives of the CDA to the 45th Session in 2002.

7.3 Organisation of Africa Unity (OAU) Drug Plan of Action

South Africa was able to compile data for use by the OAU on the drug situation in South Africa through the support of the Central Drug Authority.

7.4 United Nations Drug Questionnaires

Together with other member states of the United Nations, South Africa has an obligation in terms of the three UN drug conventions to complete questionnaires pertaining to the legal and illegal drug situation in South Africa. These reports only pertain to narcotic drugs and psychotropic substances. The Central Drug Authority supported government departments in compiling their reports to the UN regarding the situation in South Africa. Information contained in these questionnaires will be published by the UN in the form of a report from the Secretary General to the Commission on Narcotic Drugs. The Commission discussed the report during March 2002, along with reports from other countries of the world.

7.5 International Bilateral Assistance Agreements

South Africa concluded a number of agreements with certain countries. These agreements reflect co-operation in anti-crime matters, which normally include co-operation in combating illicit trafficking in narcotic drugs and psychotropic substances. Members of the Central Drug Authority were involved in negotiating some of these agreements. The following are examples of agreements with certain countries:

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<th>Date</th>
<th>Country</th>
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<tr>
<td>2001-14 March 01</td>
<td>Nigeria</td>
<td>Agreement in respect of police co-operation</td>
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<td>2001-19 April 01</td>
<td>Lesotho</td>
<td>Treaty on mutual legal assistance in criminal Matters</td>
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<td>2001-19 April 01</td>
<td>Lesotho</td>
<td>Treaty on extradition</td>
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<tr>
<td>2001-31 May 01</td>
<td>France</td>
<td>Agreement on mutual legal assistance in criminal matters</td>
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7.6 Bilateral liaison

We liaised with our counterparts in the United Kingdom (UK), France and the United States of America (USA) and sensitized them to our problems and examined their response in dealing with substance abuse.

7.7 Southern African Development Community (SADC) Perspective

We supported SADC initiatives to mobilize appropriate information systems and to encourage the formulation of master plans in SADC member states by, for example, hosting a meeting of the SADC national drug control committees in Bloemfontein, during May 2001.

8. COMMUNICATION

The stated overarching goal of the Central Drug Authority is to facilitate communication on various levels in the field of drug prevention. Although the Central Drug Authority has had limited resources it has managed to achieve some goals. Several meetings were held where information was shared. Both local and international experts and role players provided input.

An e-mail group has been established to ensure an economically efficient means to disseminate information to the members of the Central Drug Authority, and thereby to the various provinces.

Four provincial substance abuse forums were addressed by members of the Central Drug Authority.

The Central Drug Authority facilitated the development and distribution of various information sheets via the Medical Research Council, funded by the United Nations Office for Drug Control and Crime Prevention. Topics included the effects of different drugs, trends in drug usage and adolescent drug usage.

Media exposure was effected through national television, various radio interviews on both local and international stations, and citations in several newspaper articles throughout the country. Topics included the legalization of cannabis and alcohol advertising – the latter being a topic on which we distributed a press release.

Plans were formulated to establish a national clearinghouse for all information required to face the challenge of drug abuse.

Issues related to the establishment of a website have been investigated. This will allow for a user-friendly and economically efficient means to disseminate information widely.
9. THE WAY FORWARD

Considerable effort has gone into developing the NDMP for South Africa. Some steps were taken to implement the NDMP, for example, the Central Drug Authority, comprising drug experts and senior representatives of key government departments, has been instituted.

Given the expectations raised by the NDMP worldwide, we must caution that unless action is taken immediately, the potential for embarrassment, both nationally and internationally, could be very real.

Activities to date have been confined largely to the formulation of a business plan and budgetary requirements.

Finally, we realize that the focus on substance abuse can easily be lost given the overwhelming social problems facing the country today. We dare not lose our focus.

10. RECOMMENDATIONS

The effectiveness of the Central Drug Authority will be exclusively determined by Government’s concrete investment in and political commitment to this structure.

At this stage in the implementation of the NDMP, dedicated funding for establishing a strong secretariat is crucial, as is funding for selected priority projects.

FW KAHN SC
CHAIRPERSON OF THE CENTRAL DRUG AUTHORITY
## MEMBERS OF THE CENTRAL DRUG AUTHORITY

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<thead>
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<th>Name</th>
<th>Affiliation</th>
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<tbody>
<tr>
<td>Adv. FW Kahn SC</td>
<td>Department of Justice, Cape Town - Western Cape (chairperson)</td>
</tr>
<tr>
<td>Prof. S Rataemane</td>
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<tr>
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<td>Mr DC Moodliar</td>
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<td>Ms EMJ Steyn</td>
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<td>Prof S Banoo</td>
<td>Member of the Medicines Control Council (Rhodes University in Grahamstown)</td>
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<td>Ms TM Magoro</td>
<td>Department of Correctional Services</td>
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<td>Mr EAB Williams</td>
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<td>Mr KS Mogotsi</td>
<td>Department of Home Affairs</td>
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<td>Prof M Freeman</td>
<td>Department of Health</td>
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<td>Mr T Mkhwanazi</td>
<td>Department of Trade and Industry</td>
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<td>Commissioner Y Makhasi</td>
<td>National Youth Commission</td>
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<td>Mr DJ Moki</td>
<td>South African Police Service</td>
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<td>Mr AS Theron</td>
<td>Department of Social Development</td>
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<tr>
<td>Mr SB Mahlangu</td>
<td>Department of Labour</td>
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