# NATIONAL DRUG MASTER PLAN

## 4TH EDITION | 2019 TO 2024

SOUTH AFRICA FREE OF SUBSTANCE ABUSE

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# LIST OF ACRONYMS

| Acronym | Explanation |
|---|---|
| **AIDS** | Acquired immunodeficiency syndrome |
| **ATS** | Amphetamine-type stimulants (e.g. Ecstasy tablets and 'tik') |
| **AU** | African Union |
| **CAT** | Methcathinone (ATS with similar effects to amphetamine) |
| **CBO** | Community-Based Organisation |
| **CBRTA** | Cross Border Road Transport Agency |
| **CCF** | Crime Combating Forum |
| **CDA** | Central Drug Authority |
| **CND** | Commission for Narcotic Drugs |
| **CNS** | Central Nervous System |
| **COG** | Cooperative Governance |
| **CONTRALESA** | Congress of Traditional Leaders of South Africa |
| **CPPRCRLC** | Commission for the Promotion and Protection of the Rights of Cultural, Religious, and Linguistic Communities |
| **CSIR** | Council for Scientific and Industrial Research |
| **DBE** | Department of Basic Education |
| **DALRRD** | Department of Agriculture, Land Reform and Rural Development |
| **DCS** | Department of Correctional Services |
| **DEL** | Department of Employment and Labour |
| **DEA** | Drug Enforcement Administration |
| **DIRCO** | Department of International Relations and Co-operation |
| **DMP** | Drug Master Plan |
| **DOH** | Department of Health |
| **DHA** | Department of Home Affairs |
| **DHET** | Department of Higher Education and Training |
| **DOJ&CD** | Department of Justice and Constitutional Development |
| **DOT** | Department of Transport |
| **DPCI** | Directorate for Priority Crime Investigation |
| **DPME** | Department of Planning, Monitoring and Evaluation |

| Acronym | Explanation |
|---|---|
| **DST** | Department of Science and Technology |
| **DSD** | Department of Social Development |
| **DSAC** | Department of Sports, Arts and Culture |
| **DTA** | Department of Traditional Affairs |
| **DTI** | Department of Trade and Industry |
| **FBO** | Faith-Based Organisation |
| **FIC** | Financial Intelligence Centre |
| **FSL** | Forensic Science Laboratories |
| **(F)SW** | (Female) Sex Workers |
| **FOSAD** | Forum of South African Director Generals |
| **GCIS** | Government Communication and Information System |
| **GDP** | Gross Domestic Product |
| **HIV** | Human Immunodeficiency Virus |
| **INCB** | International Narcotics Control Board |
| **KPI** | Key Performance Indicator |
| **LDAC** | Local Drug Action Committee |
| **LSD** | Lysergic acid diethylamide |
| **MA** | Methamphetamine |
| **M&E** | Monitoring and Evaluation |
| **MDMA** | 3,4-methylenedioxy-methamphetamine |
| **MEC** | Member of the Executive Committee |
| **MLA** | Mutual Legal Assistance |
| **MLA** | Multilateral Agreement |
| **MOU** | Memorandum of Understanding |
| **MSM** | Men who have Sex with Men |
| **NDMP** | National Drug Master Plan |
| **NGO** | Non-Governmental Organisation |
| **NPA** | National Prosecuting Authority |
| **NT** | National Treasury |
| **NYDA** | National Youth Development Agency |
| **OTC** | Over the Counter medication |

| Acronym | Explanation |
|---|---|
| **OTC/PRE** | Over the Counter/Prescription Medication |
| **PCA** | Provincial AIDS Council |
| **PSAF** | Provincial Substance Abuse Forum |
| **SACENDU** | South African Community Epidemiology Network on Drug Use |
| **SADC** | Southern African Development Community |
| **SAHPRA** | South African Health Products Regulatory Authority |
| **SAIDS** | South African Institute for Drug Free Sport |
| **SALGA** | South African Local Government Association |
| **SAMRC** | South African Medical Research Council |
| **SANAC** | South African National AIDS Council |
| **SANC** | South African Nursing Council |
| **SANCA** | South African National Council on Alcoholism and Drug Dependence |
| **SANEB** | South African Narcotics Enforcement Bureau |
| **SAPS** | South African Police Service |
| **SARS** | South African Revenue Service |
| **STI** | Sexually Transmitted Infection |
| **SUD** | Substance Use Disorder |
| **TB** | Tuberculosis |
| **THC** | Tetrahydrocannabinol |
| **UNDCP** | United Nations Drug Control Programme |
| **UNODC** | United Nations Office on Drugs and Crime |
| **WHO** | World Health Organization |

# GLOSSARY OF TERMS

| Term | Explanation |
|---|---|
| Addiction | Addiction is a chronic, relapsing disease that affects both the brain and behaviour. In many but not all cases, it involves the use of nicotine, alcohol and other drugs. Addiction often originates with use in adolescence when the brain is still developing and is more vulnerable to their effects. If untreated, it can become a chronic and relapsing condition, requiring ongoing professional treatment and management (1)scientists studying drug abuse labored in the shadows of powerful myths and misconceptions about the nature of addiction. When scientists began to study addictive behavior in the 1930s, people addicted to drugs were thought to be morally flawed and lacking in willpower. Those views shaped society\u2019s responses to drug abuse, treating it as a moral failing rather than a health problem, which led to an emphasis on punishment rather than prevention and treatment. Today, thanks to science, our views and our responses to addiction and other substance use disorders have changed dramatically. Groundbreaking discoveries about the brain have revolutionized our understanding of compulsive drug use, enabling us to respond effectively to the problem. As a result of scientific research, we know that addiction is a disease that affects both the brain and behavior. We have identified many of the biological and environmental factors and are beginning to search for the genetic variations that contribute to the development and progression of the disease. Scientists use this knowledge to develop effective prevention and treatment approaches that reduce the toll drug abuse takes on individuals, families, and communities. Despite these advances, many people today do not understand why people become addicted to drugs or how drugs change the brain to foster compulsive drug use. This booklet aims to fill that knowledge gap by providing scientific information about the disease of drug addiction, including the many harmful consequences of drug abuse and the basic approaches that have been developed to prevent and treat substance use disorders. At the National Institute on Drug Abuse (NIDA). |
| Aftercare | Aftercare means ongoing professional support to a service user after a formal treatment episode has ended in order to enable him or her to maintain sobriety or abstinence, personal growth and to enhance self-reliance and proper social functioning (2). |
| Alcohol | Alcohol is a psychoactive substance with dependence-producing properties that has been widely used in many cultures(3). Also see definition of 'Liquor'. |
| Amphetamine type stimulants (ATS) | ATS refer to a group of drugs, mostly synthetic in origin, whose principal members include amphetamine, methamphetamine, and MDMA. The use of these substances stimulates the CNS(4). A range of other substances also falls into this group, including ephedrine, pseudoephedrine, and methylphenidate. Smoking, sniffing and inhaling are the most popular methods of ATS use. Examples of street names are: ice, tik, speed, fast, up, whiz, and crystal. |

| Term | Explanation |
|---|---|
| Benzodiazepine | Benzodiazepines is a structural group of CNS depressants that are widely used in medicine as anti-convulsants, anxiolytics, hypnotics, sedatives, skeletal muscle relaxants and tranquilizers(4). Benzodiazepines are sometimes crushed and snorted or dissolved and injected. Examples of street names are: benzos, temazies, jellies, moggies, eggs, vallies, norries, green eggs, and rugby balls. |
| Cannabis | Cannabis refers to any of the preparations or chemicals that are derived from the hemp plant and are psychoactive (Merriam Webster Dictionary). It is usually smoked separately or in combination with other drugs. Examples of street names include dagga, marijuana, weed, pot, grass, zol, skyf, ganja, hash, joint, and dope. |
| Central nervous system (CNS) | The CNS is the part of the nervous system that consists of the brain and spinal cord (Merriam Webster Dictionary). |
| Clandestine laboratory | Laboratories where illicit drug manufacturing is marked by, held in, or conducted in secret (Merriam Webster Dictionary). |
| Codeine | Codeine and morphine are the most important extracts from opium (4). Codeine can be found in most cough mixtures, sinus medication, and painkillers. South Africa is one of very few countries still selling codeine-based products over the counter without a doctor's prescription. Examples of street names include syrup, purple drank, and cody. |
| Cocaine | Cocaine is the main psychoactive alkaloid obtained from coca leaves. It is generally produced in two forms which differ in their route of administration. Cocaine hydrochloride, which is inhaled or injected, and cocaine base, which is smoked (Crack) (4). Examples of street names include rocks, klippe, crack, coke, Charlie, C, snow, blow, line, bump, yayo, and llelo. |
| Continuum of Care | Continuum of care describes service delivery systems in which treatment for SUD typically involves some phase of care beyond the initial acute care episode (5). |
| Demand reduction | Demand reduction: A general term used to describe policies or programmes directed at reducing the consumer demand for psychoactive drugs. It is mainly applied to illicit drugs, particularly with reference to education, treatment and rehabilitation strategies as opposed to law enforcement strategies aimed at preventing the production and distribution of drugs(6). |
| Drug | A drug is a medicine or other substance, which has a physiological effect when ingested or otherwise introduced (e.g. inhaled, injected, smoked, consumed, absorbed via a patch) into the body (Oxford English Dictionary). Drugs can be natural or synthetic. The terms 'drug', 'substance', and 'narcotic' are used interchangeably. |
| Drug use | Drug use is defined as the self-administration of psychoactive substances (6), i.e. the use of any substance that has the potential to affect perception, mood, cognition, behaviour or motor function when taken (7). Of concern are licit substances, such as alcohol, tobacco, Over-the-Counter (OTC) and prescription medicine as well as inhalants, and illicit substances such as cannabis, cocaine, and heroin. |

| Term | Explanation |
|---|---|
| Early Intervention | A therapeutic strategy that combines early detection of hazardous or harmful substance use and treatment of those involved. Treatment is offered or provided prior to patients presenting of their own volition and, in many cases, before they become aware that their substance use may cause problems. It is directed particularly at individuals who have not developed a physical dependency or major psychosocial complications (6). |
| Family and Social Capital | Refers to an intimate, family, kinship and any relationships that are supportive of recovery efforts (16). |
| | |
| Harm reduction | A harm reduction philosophy emphasises the development of policies and programmes that focus directly on reducing the social, economic, and health related harm resulting from the use of alcohol or drugs. Harm reduction interventions are evidence-based public health principles to support people who use drugs (6). |
| Heroin | Heroin is an opioid drug made from morphine (4). People inject, snort, or smoke heroin. Examples of street names are H, horse, dope, junk, hairy, Harry, Thai white and smack (often an ingredient in Nyaope). |
| Illicit drug | A psychoactive substance, the production, sale or use of which is prohibited (6). |
| Licit drug | A drug that is legally available by medical prescription or sometimes, a drug legally available without medical prescription (6). Opposite of illicit. |
| Liquor | Liquor means a liquor product as defined in section 1 of the Liquor Products Act, 1989 (Act No 60 of 1989), beer or traditional African beer, or any other substance or drink declared to be liquor under section 42 (2) (a) of the Liquor Act 2003 (Act 59 of 2003) (8). |
| Lysergic acid diethylamide (LSD) | LSD is derived from an alkaloid found in a fungus, which grows on rye and other grains. It is known for its potent psychedelic effects (4) such as altered awareness of the surroundings, perceptions, and feelings as well as sensations and images that seem real though they are not. LSD is either swallowed or held under the tongue and sold on blotter paper, a sugar cube, or gelatine but can also be injected. Examples of street names are A, acid, microdots, candy, and trips. |
| MDMA | MDMA (3,4-methylenedioxy-methamphetamine) is a synthetic drug that stimulates the CNS and alters mood and perception (4). MDMA is taken as a tablet or capsule. Ecstasy has been synonymous with the rave scene. Examples of street names are Ecstasy, E, Molly, STP, love drug, mellow, XTC, Adam and Eve, superman, and domes. |
| Methaqualone (Mandrax) | Methaqualone is a synthetic CNS depressant with sedative, hypnotic, anti-convulsant, antispasmodic, and local anaesthetic properties (4). A mixture of mandrax and marijuana is a popular drug of choice in South Africa. Examples of street names include Mandrax, white pipe, buttons, MX, golf sticks, doodies, lizards, press outs, and flowers. |
| Methamphetamine (MA) | MA, is an ATS and strong CNS stimulant that is usually produced in clandestine laboratories. People take MA by snorting it, smoking it or injecting it with a needle. Examples of street names include tik, crystal meth, crank, chalk, speed, ice, fast, up, and whiz. |

| Term | Explanation |
|---|---|
| Cathinone (CAT) | Cathinone (CAT) is a synthetic ATS with similar effects to MA (4) and is one of the most commonly used illicit drugs in South Africa. CAT is mainly produced in homemade labs producing a cheap but potentially dangerous and toxic drug. Examples of street names include CAT, drone, M-Kat, ghetto coke, poor man's coke, star speed, Jeff, mulka, and Kat. |
| Nyaope | Nyaope is a street mixture of drugs with the most common substances including heroin and cannabis. Nyaope (heroin part) is sprinkled on cannabis and smoked as a cocktail. On its own it is also injected or 'chased' off foil without cannabis – the active ingredients are mainly heroin and other opioids to give a heroin-like effect. The other substances, such as some small amounts of stimulants are to enhance the initial perception of a high through dopamine activity (which is not primarily linked to heroin use) and as 'bulking' agents. Examples of street names are whoonga, and unga. |
| New psychoactive substances (NPS | New Psychoactive Substances (NPS) (street names are designer drugs, legal highs, bath salts, laboratory reagents/chemicals) NPS are drugs of abuse, either in a pure form or a preparation that are not controlled by the 1961 Single Convention on Narcotic Drugs or the 1971 Convention on Psychotropic Substances, but which may pose a public health threat. In this context, the term 'new' does not necessarily refer to new inventions but to substances that have become available recently(9)Reporting and Trends (SMART. NPS contain one or more chemical substances, which produce similar effects to illegal drugs (like cocaine, cannabis and ecstasy). |
| Opiates | Opiates are naturally occurring alkaloids of the opium poppy such as morphine, codeine, the baine, etc. (4). These are normally smoked but may be injected in refined form, with heroin being the dominant opiate in South Africa. |
| Opioids | Opioids is a generic term applied to alkaloids from opium poppy (opiates), their synthetic analogues (mainly prescription or pharmaceutical opioids) and compounds synthesised in the body (10). |
| Over-the-counter and prescription (OTC/PRE) medicines | Over-the-Counter (OTC) and prescription (OTC/PRE) misuse can be defined as the taking of prescription drugs, whether obtained by prescription or otherwise, other than in the manner or for the reasons or time period prescribed Orinton DSD, or by a person for whom the drug was not prescribed (11)whether obtained by prescription or otherwise, other than in the manner or for the reasons or time period prescribed, or by a person for whom the drug was not prescribed. The real scale of the problem is unknown, due partly to lack of data on the non-medical use of prescription drugs, and partly to the existence of many gaps in the monitoring of their legal use for medical purposes as pre- scribed by health-care professionals (which creates opportunities for the diversion of these drugs to people to whom they were not prescribed. |
| Poly-drug use | Poly-drug use means using more than one drug simultaneously or at different times to experience a cumulative or synergistic effect. The term is often used to distinguish persons with a more varied pattern of drug use from those who use one kind of drug exclusively. It is usually associated with the use of several illegal drugs (12). |
| People who inject drugs | People who inject drugs represent the sub-group of people who use the intravenous route to administer drugs. |

| Term | Explanation |
|---|---|
| People who use drugs | People who use drugs is the collective term used in this plan to refer to people who ingest drugs irrespective of the route of administration. |
| Psychoactive substance | Any drug that affects mood or behaviour. Psychoactive does not necessarily imply that the use of the drug leads to addiction (6). |
| Recovery | The sum of personal and social resources at one's disposal for addressing drug dependence and chiefly, bolstering one's capacity and opportunities for recovery (13). |
| Recovery management | Recovery management is the context in which we will examine the continuum of care. This model of care shifts the focus away from discrete episodes of treatment, or acute care, towards a long-term, client-directed view of recovery. It has seven elements; namely; client empowerment, assessment, recovery resource development, recovery education and training, ongoing monitoring and support, recovery advocacy, and evidence–based treatment and support services (14). |
| Reintegration (Social) | Reintegration means an ongoing professional support to a service user after a formal treatment episode ended, aimed at successful reintegration of the service user into society, workforce, family and community life. |
| Route of administration | Route of administration refers to the way in which a substance is introduced into the body, such as oral ingestion, intravenous, subcutaneous or intramuscular injection, inhalation, smoking, or absorption through skin or mucosal surfaces, such as the gums, rectum or genitalia. |
| Solvents | Solvents that are inhaled for psychoactive effects often include volatile substances present in many domestic and industrial products (6). By inhaling the fumes of strong, toxic chemicals, solvent misuse is considered the most affordable and easily accessible substance. While glue sniffing is the most common form, there are a number of other substances being used. Examples of street names include vapours, spray, glue, and sniffers. |
| Stimulant | In reference to the central nervous system, any agent that activates, enhances or increases neural activity. Included are amphetamine-type stimulants, cocaine, caffeine, nicotine (6), amphetamines prescribed to children for attention-deficit-hyperactivity-disorder, etc.(15). Other drugs have stimulant actions which are not their primary effect but which may be manifest in high doses or after chronic use. |
| Substance | Substance means chemical, psychoactive substances that are prone to be misused, including tobacco, alcohol, over the counter drugs, prescription drugs and substances defined in Drugs and Drug Trafficking Act, 1992 (Act No. 140 of 1992)(17). 'Drugs' in the similar context of this Act has a similar meaning. |
| Substance abuse | Occurs when a person uses drugs or alcohol despite negative consequences. It is defined as excessive use of a drug (such as alcohol, narcotics or cocaine), and the use of a drug without medical justification. |
| Substance misuse/ drug misuse | It is defined as the use of a substance for a purpose not consistent with legal or medical guidelines (WHO, 2006). |
| Substance use | Refers to the use of a substance anytime or consumption of alcohol or drugs. |

| Term | Explanation |
|---|---|
| Substance Use Disorder (SUD) | SUD is a general term used to describe a range of problems associated with drug use (including illicit drugs and misuse of prescribed medication), and from drug abuse to addiction. |
| Supply | Supply reduction is a general term that refers to policies or programmes aimed at stopping the production and distribution of drugs, particularly law enforcement strategies for reducing the supply of illicit drugs (6). |
| Treatment | Treatment refers to the process that begins when people who use drugs come into contact with a health provider or any other community service, and may continue through a succession of specific interventions until the highest attainable level of health and well-being is reached (18). |
| White pipe | White pipe is a cannabis-mandrax (Methaqualone) combination. |

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# EXECUTIVE SUMMARY OF THE NDMP 2019–2024 BY THE CHAIRPERSON OF THE CDA

**BACKGROUND**

The National Drug Master Plan (NDMP) 2013-2017 was drafted in accordance with the stipulations of the Prevention of and Treatment for Substance Abuse Act (No 70 of 2008). It reflects the country's responses to the substance abuse problem as set out by the United Nations Conventions and other international bodies. The administrative unit of the NDMP is the Central Drug Authority (CDA) whose secretariat is located in the Department of Social Development (DSD). The NDMP enables cooperation between government and stakeholders in the field of substance use and abuse prevention.

The NDMP outlines the role that each department should play in addressing substance use and abuse. It also acknowledges the significant contribution in this regard of various departments and agencies in the country.

Prior to the review of the NDMP 2013–2017, a need to conduct an evaluation was prioritised to assess how it was implemented. The implementation evaluation of the National Drug Master Plan 2013-2017 (NDMP) was commissioned as part of the National Evaluation System by the Department of Planning, Monitoring and Evaluation (DPME) in partnership with the DSD. The evaluation took place between August 2015 and June 2016.

In response to the evaluation findings, an Improvement Plan was developed to address the gaps raised by the implementation evaluation. Hence, the NDMP 2013–2017 was reviewed into this new document, National Drug Master Plan 2019–2024. This NDMP was also influenced by amongst other things the United Nations General Assembly Special Session (UNGASS) that took place in April 2016, in New York, USA, and developed an outcome document, which is being implemented by all countries to combat substance abuse, and consultation conducted locally.

The success of the NDMP depends on the extent to which CDA participants succeed in crafting sector-based responses to the substance use and abuse problem. The CDA has to collate the responses into a single master plan for South Africa.

The United Nations Drug Control Programme (UNDCP) defines a drug master plan as a single document covering all national concerns regarding drug control. It summarises national policies authoritatively, defines priorities and allocates responsibility for drug control efforts. In essence, a drug master plan is a national strategy that guides the operational plans of all departments and government entities involved in the reduction of the demand for and supply of drugs in the country.

Several national strategies contribute directly to the success of the NDMP 2019 - 2024, these include:

1) The Health Sector Drug Master Plan;
2) The Anti-Substance Abuse Programme of Action, 2017-2019;
3) The National Anti-Gangsterism Strategy;

4) Draft Narcotics Integrated Action Plan 2017-2019; and
5) South Africa's National Strategic Plan for HIV, TB, and STIs, 2017-2022.

In addition, there are several National laws which were taken into account in designing this NDMP.

## PSYCHOACTIVE SUBSTANCE CLASSIFICATION

There are four main classes, or types, of psychoactive substances; stimulants, opioids (sometimes called narcotics), depressants; and hallucinogens. These classes are based on the substance's primary effects on the central nervous system (CNS), or brain and spinal cord. Stimulants increase the activity of the CNS, increasing heart rate and breathing, resulting in a sense of excitement and euphoria. Opioids selectively depress the CNS. These analgesics reduce pain and tend to induce sleep. Depressants decrease the activity of the CNS. They tend to slow heart rate and breathing, offering a relaxed, sometimes sleepy, sense of well-being or euphoria. Hallucinogens produce a spectrum of vivid sensory distortions and markedly alter mood and thinking.

Many substance users are poly-substance users (i.e. they use various substances in combination with alcohol or other combinations such as cocaine and heroin). In terms of pharmacological properties, the substances most abused in South Africa are depressants (e.g. alcohol, methaqualone, benzodiazepines and cannabis) followed by hallucinogens (e.g. LSD, speed and ecstasy).

## INTERNATIONAL OVERVIEW

Drug use, misuse, and abuse are global problems. The use, misuse and abuse of alcohol, illicit drugs, over-the-counter and prescription medications (OTC/PRE), and tobacco affect the health and well-being of millions of people throughout the world. Alcohol consumption and associated problems vary widely, and the burden of alcohol-related diseases and death is significant in most countries. The harmful use of alcohol ranks among the top five risk factors for disease, disability, and death. It is a causal factor in more than 200 disease and injury conditions. An estimated 5% of the global adult population, or approximately a quarter of a billion people, used drugs at least once in 2015.

## SOUTH AFRICAN OVERVIEW

The world drug problem and response continue to present challenges to the health, safety, and well-being of people in South Africa. A drastic change in approach to drug policy recognises that the punitive approach has not been successful in tackling drug-related problems. Instead, emphasis should be placed on evidence-based public health and social justice principles that focus on individuals, families, communities, society as a whole, and must underscore social protection and health care instead of conviction and punishment.

South Africa has become a consumer, producer, and transit country for drugs. Socio-economic factors such as poverty, inequality, and unemployment remain key contributing elements to the increased use of drugs and the development of substance use disorders. An increasing demand for drugs causes an increase in drug manufacturing, smuggling through ports of entry, and dealing in and consumption of drugs. The illicit trade in psychoactive drugs and criminal enterprise is a threat to the safety and well-being of South Africans and poses a growing and significant hazard to national security, economic growth, and sustainable development.

While South Africans are using the same kinds of drugs as the rest of the world, the following drugs are proving specifically popular:

1) Alcohol is the most widely used psychoactive substance in the country. In South Africa, as much as 58% of deaths on South African roads can be attributed to alcohol consumption.
2) Cannabis is by far the most used illicit drug on South African streets, specifically among youth.
3) A mixture of mandrax and marijuana (street name White Pipe) is widely used.
4) Nyaope/woonga (heroin and cannabis mix) and methamphetamine (tik) use is gaining popularity among adolescents, with far-reaching effects on users, families, and communities.

Strengthening the knowledge base of the drug problem by improving data collection, analysis and dissemination, including on the links between drugs and other issues, is critical to an effective South African response.

**The Findings and Recommendations of the National Drug Master Plan 2013 – 2017 Implementation Evaluation**

The findings and the recommendations of the NDMP 2013 – 2017 implementation evaluation informed the review of the National Drug Master Plan.

Cabinet Decision on the Improvement Plan on Implementation Evaluation of National Drug Master Plan 2013 – 2017 was taken on 27 March 2019.

## POLICY SHIFT IN UNDERSTANDING ADDICTION

When scientists began to study addiction behaviour in the 1930s, people addicted to drugs were judged as morally flawed and lacking in willpower. Those views shaped society's response to drug abuse, treating it as a moral failure rather than a health problem, which lead to an emphasis on punishment rather than prevention and treatment.

New evidence describes addiction as a disease that affects both the brain and behaviour, shedding new light on our understanding of drug use and the appropriate response. Addiction is defined as a chronic, relapsing brain disease that is characterised by compulsive substance seeking and use, despite harmful consequences.

Repeated long-term use of psychoactive substances could change the structure of the brain over time. Psychoactive substance use can interfere with the way nerve cells normally send, receive, and process information. Some psychoactive substances, like marijuana and heroin activate neurons that reduce the effect of natural neurotransmitters in the brain. This leads to a need for the substance to bring the dopamine function back to normal. The person needs larger amounts of the substance to create the dopamine high, resulting in an effect known as tolerance. Just as continued use may lead to tolerance, it may lead to dependence, which can drive the person to seek out and take psychoactive substances compulsively.

## STAKEHOLDER ENGAGEMENT

Stakeholders refer to a person or group with an interest, involvement, or investment in something. The success of the NDMP is dependent on meaningful and directed stakeholder engagement.

There are a number of stakeholders that are partners in the development of this plan and will need to remain so during the implementation of the action plan. The roles of South African Government departments in the implementation of the NDMP 2019-2024 are reflected in alphabetical order in the NDMP.

## STRATEGIC INTENT OF THE NDMP

### Multi-sectoral approach

The NDMP 2019-2024 recognises that the relationship between drug control and human development is complex and requires a coordinated and multi-sectoral approach. This requires acknowledgement of diverse social, economic, and cultural contexts that consider the human rights and expectations of all citizens. When engaging communities, the goal is a rational, compassionate policy based on human rights and evidence. An effective response will therefore include the prevention of social marginalisation and the promotion of non-stigmatising attitudes, encouragement to drug users to seek treatment and care, and expanding local capacity in communities for prevention, treatment, recovery, and reintegration. The community-based approach is supported by effective law enforcement to create a South Africa where people are and feel safe from the harms associated with drugs.

### Vision

South Africa free of substance abuse

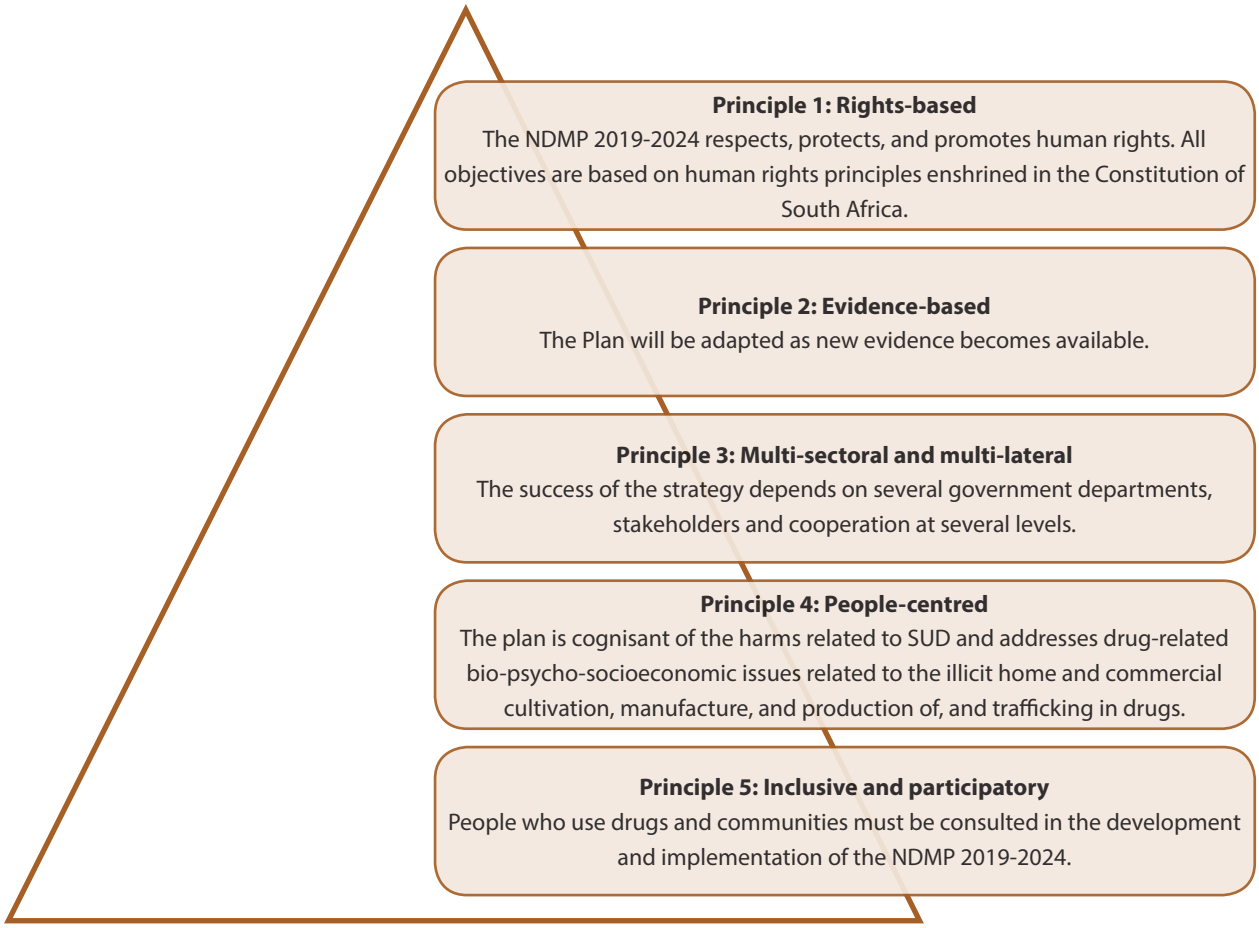
### Mission

To achieve the mission it is necessary to:

- embrace a balanced integrated and evidenced-based approach to domestic drug use, misuse, and abuse;
- invest in building safe communities through appropriate drug prevention and impact minimisation strategies;
- control the demand and supply of substances of abuse and misuse, and
- effectively control substances for therapeutic use and the emergence of New Psycho-Active Substances (NPS).

**Principles of the Strategic Intent**

The principles to be adhered to in implementing the NDMP and realising the Mission are outlined below.




**Goals**

To achieve the vision and mission, the NDMP 2019-2024 adopts the following goals which were derived from stakeholder input and are linked to the outcomes of the South African Governments' Medium-Term Framework:

1) Demand reduction through prevention and treatment of drug use, misuse and abuse.
2) Supply reduction through multi-sectoral cooperation.
3) Ensuring availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion.
4) Identify trends and control of New Psychoactive Substances (NPS).
5) Promote governance, leadership, and accountability for a coordinated multi-sectoral effective response; including economic development at community levels.
6) Strengthen data collection, monitoring, evaluation, and research evidence to achieve the goals.
7) Stimulate robust and sustainable economic growth aimed at reducing poverty, unemployment and inequalities.

These goals aim to reduce supply and demand of drugs for non-medicinal use; increase harm reduction treatment approaches in the treatment for SUD, control of drugs for medical use, and prevent new drugs from entering the market. Combined, the goals would, in the short-term, lead to a coordinated and monitored response leading to

fewer people who use drugs, without compromising the treatment of SUD and availability of drugs for therapeutic use, as well as economic development in communities.

The activities required of stakeholders in implementing the NDMP are listed in the main body of the document.

Priorities, areas and target populations

Given the data used to provide the South African overview of the drug situation the stakeholders involved in the NDMP will be required to concentrate their efforts on:

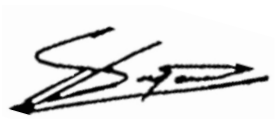
1) Youth in and out of school/institutions of higher learning;
2) Children;
3) Women;
4) Persons with Disabilities;
5) Pregnant women, families in all their manifestation including child headed households;
6) Disadvantaged people in vulnerable communities;
7) Occupational groups at risks (such as artists, athletes and professionals), and
8) Key population, (such as LGBTIQ, sex workers, migrants' workers etc.).

**CONCLUSION**

This NDMP 2019-2024 represents a multi-sectoral approach to create a South Africa free from substance abuse. The plan observes national and international policies, plans, and conventions to ensure respect and dignity for all people in South Africa.

A concerted effort is required from stakeholders who are policy makers, planners, and specifically implementers to eradicate drug-related harms in communities. The NDMP 2019- 2024 reflects the inputs and contributions of many of these stakeholders who were consulted during the drafting of the plan. With the commitment of these stakeholders, effective prevention, treatment, and control of drug-related problems could become a reality in the country. The success of the implementation of NDMP 2019-2024 also depends on the continued support of the government, communities, and the business sector to provide the necessary resources, infrastructure, and accountability.

Through good governance and improved evidence, this plan will usher renewed energy, investment, and effort into the health and welfare of many South Africans that will benefit from its implementation.



Mr D. Bayever
**Chairperson, Central Drug Authority**
**Date: 30/10/2019**

# FOREWORD BY THE MINISTER OF SOCIAL DEVELOPMENT

The National Drug Master Plan 2019–2024 updates the national efforts to reduce the use, misuse, abuse, availability and the harm caused by the illegal substances emerging in our shores and trafficked from the neighbouring countries and abroad. This blueprint document is aimed at uprooting the national problem of substance abuse through a multi-disciplinary and multi-sectoral approach. It is important to note that substance use and abuse is preventable. If South African children could manage to reach maturity without using psychoactive substances such as hard drugs (cocaine and heroin) or a combination of drugs, alcohol, tobacco or substances classified as depressants, opioids/narcotics, stimulants and hallucinogens, they would be unlikely to develop an addiction problem. To this end, the NDMP seeks to involve all stakeholders including parents, teachers, informed youth, religious leaders, stakeholders and good role models in our country-wide awareness and educational campaigns to stamp out the scourge of substance abuse.

Substance Use Disorder (SUD) is a chronic, relapsing disorder that poses an enormous cost on individuals, families, businesses, communities and the nation at large. It is a fact that addicted individuals engage in self-destruction and criminal behaviour. All is not lost, as treatment can assist them to end dependence on addictive substances. In South Africa, we have treatment centres, equipped with programmes aimed at reducing or reversing the harms caused by addictive substance use on the entire society. My Ministry has ensured that every province has a public treatment facility so that everyone can access treatment at no cost, including disadvantaged persons. The NDMP 2019–2024 facilitates access to affordable treatment for everyone.

I just want to emphasise that prevention, treatment and law enforcement authorities are crucial to reducing substance use and abuse in South Africa. Research in the country has proved that illicit drug trafficking inflicts violence and corruption in our communities. Law enforcement is a critical role-player and operational focus on drug dealers and organised crime will cut short the chain of drug trafficking.

In strengthening control at our ports of entry, the Ministry of Home Affairs has established an entity that will secure our national borders. The improved organisation of our ports of entry through land, air and seaports will reduce the volume of illegal substances reaching our communities. In 2016, law enforcement teams closed a number of clandestine laboratories.

The principles in the NDMP 2019–2024 will come in handy to assist in addressing substance abuse. However, we are aware that the application of our current laws and human rights principles are threatened by drug trafficking. Our current international supply reduction programmes will assist to dismantle the international criminal syndicate organisations.

We are confident that a balanced and integrated approach, which relies on prevention, treatment, law enforcement, supply reduction and international coordination can reduce the incidence, prevalence and harms caused by substance use and abuse.

Ms L Zulu, MP
**Minister of Social Development**
**Date: 30/10/2019**

# STATEMENT BY THE DEPUTY MINISTER OF SOCIAL DEVELOPMENT

I am pleased to be part of the design of the New National Drug Master Plan 2019 – 2024. This blue print document renews and advances our efforts to counter the substance abuse threat that continues to cost our nation's lives and billions of Rands each year on treatment.

Indeed, the NDMP 2019 – 2024 provides a comprehensive, balanced and integrated approach to move South Africa closer to the vision of "South Africa free of substance abuse". It presented an improved, collaborative mechanism, whereby the relevant stakeholders work together. No more silo efforts.

The NDMP calls for a change in behaviour, perceptions and attitudes of all South Africans with respect to social ills that ravage even our core economy.

All the efforts are illustrated in the NDMP Implementation Plan. Among the targets are the following: educating children on the dangers of drugs, decreasing addicted population, strengthening our borders, reducing the supply of drugs and breaking the cycle of substance abuse and social ills including crime and violence to mention but a few.

In conclusion, we are building a healthy and prosperous nation that does not depend on drugs.

Ms H I Bogopane–Zulu, MP
**Deputy Minister of Social Development**
**Date: 30/10/2019**

# 1. BACKGROUND

Drug abuse reaches across social, racial, cultural, language, religious, and gender boundaries and affects everyone directly or indirectly. It requires strategic interventions at all spheres of government, community, family and individual levels.

The first National Drug Master Plan (NDMP) 1999 – 2004 has been reviewed into NDMP 2006 – 2011. The second NDMP 2006 – 2011 was reviewed into NDMP 2013 – 2017. The NDMP 2006 – 2011 did not have monitoring and evaluation mechanisms, as well as the role of the departmental representatives.

The third NDMP 2013 – 2017 was approved by cabinet in June 2013. It had a chapter on monitoring and evaluation, as well as three intervention pillars: demand, supply and harm reduction. This NDMP 2013 -2017's development was influenced by provincial summits and the national Anti-Substance Abuse Summit that took place in 2011 in KwaZulu–Natal. During the summit the stakeholders shared best practice models.

The NDMP 2013- 2017 was drafted in accordance with the stipulations of the Prevention of and Treatment for Substance Abuse Act (No. 70 of 2008). It reflects the country's responses to the substance abuse problem as set out by the United Nations Conventions and other international bodies. The administrative unit of the NDMP is the Central Drug Authority (CDA) whose secretariat is located in the Department of Social Development (DSD). The NDMP enables cooperation between government and stakeholders in the field of substance use and abuse prevention.

The NDMP outlines the role that each department should play in combating the scourge of substance use and abuse. It also acknowledges the significant contribution in this regard of various departments and agencies in the country.

**The National Drug Master Plan 2013 – 2017 Implementation Evaluation**

*Prior the review of the NDMP 2013 – 2017, a need to conduct the evaluation was prioritised to assess how best it was implemented. The implementation evaluation of the National Drug Master Plan 2013-2017 (NDMP) was commissioned as part of the National Evaluation System by the Department of Planning, Monitoring and Evaluation (DPME) in partnership with the Department of Social Development (DSD). The evaluation took place between August 2015 and June 2016.*

*The evaluation aimed to measure the first part of the Theory of Change (TOC), namely if all the elements of the system are working then the likelihood of the NDMP contributing to state/agencies' capabilities to reduce demand, supply and harm related to substance use and abuse, and improve access to treatment to be enhanced.*

*In response to the evaluation findings, an Improvement Plan was developed to address the gaps raised by the implementation evaluation. Hence, the NDMP 2013 – 2017 was reviewed into this new draft document, National Drug Master Plan 2019 – 2024. This NDMP 2019 – 2024 will be better implemented than the previous NDMPs. This NDMP was influenced by amongst other things the United Nations General Assembly Special Session (UNGASS) that took place in April 2016, in New York, USA, and developed an outcome document, which is being implemented by all countries to combat substance abuse.*

*The success of the NDMP depends on the extent to which CDA participants succeed in crafting sector-based responses to the substance use and abuse problem. The CDA has to collate the responses into a single master plan for South Africa.*

**The Findings and Recommendations of the National Drug Master Plan 2013 – 2017 Implementation Evaluation**

The findings on the NDMP 2013 – 2017 implementation evaluation were as follows:

1) The NDMP does not provides policy clarity on broad strategies of demand, supply and harm reduction;
2) Not sufficiently informing policy and strategic choices taken by department;
3) National Drug Master Plan lack implementation plan;
4) Not translated to departmental strategic and annual plans; and
5) Lacked a balanced approach.

The recommendations on the NDMP 2013 – 2017 implementation evaluation were as follows:

1) The NDMP needs to be reviewed and harmonise its approaches;
2) The CDA needs to be strengthened and its authority be restored and enable it to respond to complex problem of drugs;
3) The provincial and local committees need to be strengthened; and
4) The country needs evidence-based interventions that work to prevent and treat substance abuse.

The Cabinet's decision on the Improvement Plan regarding the Implementation, Evaluation of the National Drug Master Plan 2013 – 2017 was noted.

The following are the decisions relating to the Implementation Evaluation of the NDMP 2013 – 2017:

- Review the title of the NDMP in line with conveying the sentiment of combating the abuse and prevalence of drugs in society;
- Review the proposal to re-establish the CDA as an independent authority in line with a consideration of a structure like SANAC;
- The funding requirements for the CDA/similar structure;
- The existing challenges faced by the CDA;
- Its institutional character, and the proposal for the structure to be driven at ministerial level;
- Develop initiatives with a view of addressing alcohol abuse in society (similar to that of the Good Green Deeds campaign);
- Collaborating with the Ministers in the Presidency for Planning, Monitoring and Evaluation, Social Development, Health, Trade and Industry, Justice and Constitutional Development, Correctional Service and Basic Education with the view of strengthening the plan;
- Clarifying the roles of government departments; and
- Reflecting on and strengthening rehabilitation initiatives/strategies.

**The National Drug Master Plan 2019 – 2024**

The United Nations Drug Control Programme (UNDCP) defines a drug master plan as a single document covering all national concerns regarding drug control. It summarises national policies authoritatively, defines priorities and allocates responsibility for drug control efforts. In essence, a drug master plan is a national strategy that guides the operational plans of all departments and government entities involved in the reduction of the demand for and supply of drugs in a country. This fourth National Drug Master Plan (NDMP 2019 - 2024) was drafted in accordance with the Prevention of and Treatment for Substance Abuse Act (Act No. 70 of 2008) as prescribed in section (3)(3) " Cabinet must adopt a National Drug Master Plan, containing the national drug strategy and setting out measures to control and manage the supply of and demand for drugs in the republic" (2).

**Regulatory framework**

Globally, drug policy approaches vary from country to country in their objectives, focus, and doctrine. Countries fit along an ideological spectrum from a more restrictive approach, characterised by a primary focus on law enforcement and criminal justice cluster, to a more liberal approach, characterised by a primary focus on reducing the health and social harms experienced as a result of drug use.

In line with a more evidence-based approach to dealing with drug-related problems, Ghana is the first country in Africa to announce the decriminalisation of personal possession and use of all illegal drugs.

**International instruments**

The South African response fulfils its international obligations as a state party to the three main UN Conventions. South Africa has ratified all three United Nations Drug Control Conventions:

1) Single Convention on Narcotic Drugs of 1961, as amended by the 1972 Protocol, United Nations;
2) The 1971 Convention on Psychotropic Substances of the United Nations; and
3) The 1988 Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances.

South Africa has also ratified the 2000 Convention on Trans-National Organised Crime (9) and is a signatory to both the African Union and the Southern African Development Community (SADC) Drug Control Protocol.

**National Policy and Legal framework**

The NDMP 2019 - 2024 is aligned with the Constitution of the Republic of South Africa (20) and The National Development Plan-2030 (21). This ensures that all South Africans attain a decent standard of living through the elimination of poverty and inequality. The NDMP 2019-2024 provides for the protection of the vulnerable groups and promotion of social cohesion amongst others.

**Constitution of South Africa**

The Constitution of the Republic of South Africa 1996**,** is the supreme law of the country. It provides the legal foundation for the existence of the republic, sets out the rights and duties of its citizens, and defines the structure of the government. The current Constitution, the country's fifth, was drawn up by the Parliament elected in 1994

in the first non-racial elections. It was promulgated by President Nelson Mandela on the 18th December 1996 and came into effect in February 1997, replacing the interim Constitution of 1993.

**South African Laws and Policies**

Several national strategies contribute directly to the success of the NDMP 2019-2024, these are:

1) The Health Sector Drug Master Plan;
2) The Anti-Substance Abuse Programme of Action, 2017-2019 (22);
3) The National Anti-Gangsterism Strategy (23);
4) Draft Narcotics Integrated Action Plan 2017-2019; and
5) South Africa's National Strategic Plan for HIV, TB, and STIs, 2017-2022 (24).

**Most relevant South African laws**

The Prevention of and Treatment for Substance Abuse Act No. 70 of 2008 (25), governs the establishment and functions of the CDA and outlines the broader social and legislative response to drug use in South Africa. The Act provides for the establishment of the CDA under the administration of the DSD, which is the lead department in the combating of substance abuse. The DSD provides the administrative unit, and the secretariat for the CDA. An important function of the CDA is to monitor the implementation of the NDMP as a national strategy for coordinating the demand and supply of drugs in the country and for facilitating an integrated approach to service delivery, including the coordination of programmes on the control of substances for medical and scientific use, in all spheres of government and civil society. The NDMP 2019-2024 facilitates cooperation between government and stakeholders in the field of drug use prevention and the governing of licit and illicit controlled substances.

**Table 1: South African Laws relevant to the NDMP 2019–2024**

| Act | Purpose |
|---|---|
| Children's Act 38 of 2005 (30) | Governs all the laws relating to the care and protection of children. It regulates the establishment of places of safety, orphanages and the rights of orphans and sets out the laws for their adoption. It also provides for the contribution of certain people towards maintenance. |
| Child Justice Act 75 of 2008 (31) | It also diverts cases out of the criminal justice system and to ensure effective rehabilitation and reintegration to prevent children from reoffending. |
| Correctional Services Act 111 of 1998 (32) | Correctional Services Act 111 of 1998: This Act lays a foundation for the establishment of an effective correctional system. |
| Criminal Matters Amendment Act 18 of 2015 (33) | Facilitates the provision of evidence and the execution of sentences in criminal cases and the confiscation and transfer of the proceeds of crime between the Republic and foreign States. |
| Domestic Violence Act 116 of 1998 (34) | Affords the victims of domestic violence the maximum protection from domestic abuse that the law can provide and introduces measures which seek to ensure that the relevant organs of state give full effect to the provisions of this Act, and thereby to convey that the State is committed to the elimination of domestic violence. |

| Act | Purpose |
|---|---|
| Drugs and Drug Trafficking Act. 140 of 1992 (18) | Defines illegal activities relating to substances, and covers penalties for drug use or possession and law-enforcement roles and processes. This Act provides for the prohibition of the use or possession, or the dealing in, of drugs and of certain acts relating to the manufacturing or supply of certain substances. |
| Extradition Act 77 of 1996 (35) | Provides for the purposes of satisfying a person that there is sufficient evidence to warrant the extradition in the foreign State. |
| Medicines and Related Substances Control Act No. 101 of 1965 (36) | Defines the scheduling of drugs, prescribing legal and illegal use of substances. This Act provides for the registration of medicines and other medicinal products to ensure their safety for human and animal use and for the establishment of the South African Health Products Authority (SAHPRA) for the control of medicines and promotes transparency in the pricing of medicines. |
| | Regulates mental health care so that the best possible treatment and rehabilitation services are made available to citizens. The Act aims to coordinate access to services and to make sure that mental health services become part of the general health system. |
| National Health Act 61 of 2003 (38) | Aims to realise the rights set out in the Constitution by providing a framework for a structured and quality uniform health system in South Africa. It outlines the laws that govern national, provincial, and local government with regard to health services. |
| Prevention of Organised Crime Act. 121 of 1998 (39) | Provides for the recovery of the proceeds of crime (irrespective of the source) and the combating of money laundering. |
| Liquor Act. 59 of 2003 (9) | Provides for the manufacturing and distribution of liquor to be regulated at national level, while micro manufacturing continues to be regulated at provincial level. An important aspect is social responsibility. A prerequisite for licencing under the Act requires commitment to black economic empowerment, the licensee's contribution to combating alcohol abuse, as well as promoting job creation, diversity of ownership, exports, competition, new entrants to the industry, and efficiency of operation. |
| National Road Traffic Act 93 of 1996 | Makes provision for the mandatory testing of vehicle drivers for drugs and prescribes the legal blood alcohol limit for driving (less than 0.05g per 100ml of blood) and the legal breath alcohol limit (less than 0.24mg in 1 000ml of breath). |
| Road Transportation Act 74 of 1977 (40) | Describes the responsibility for issuing permits for road transportation. |
| Tobacco Products Control Act of 1993 (41)Act 12 of 1999 | Provide for the control of tobacco products, the prohibition of smoking in public places, as well as advertising and sponsorship of tobacco products by the tobacco industry. The Tobacco Products amendment Act 23 of 2007 came into operation in August 2009. It contained new and amended definitions on smoking in public places, standards for manufacturing and export of tobacco products, the Minister of Health's powers to regulate tobacco product exemptions and offences and penalties. |
| Sexual Offences and Related Matters Act 32 of 2007 (42) | Creates statutory sexual offences, special protection measures for children and persons who are mentally disabled, certain transitional arrangements evidence related matters. It assists South Africa to fight sexual crimes against all persons. |
| South African Institute for Drug Free Sports Act 14 of 1997 (43) | Gives the Institute authority and jurisdiction to carry out its mandate, as outlined in Section 10. |
| South African School Act of 84 1996 (44) | Makes provision for the uniform system of governing schools. It sets out laws for the schools. |

| Act | Purpose |
|---|---|
| Occupational Health and Safety Act 85 of 1993 (45) | Provides for the health and safety of persons at work and for the health and safety of persons in connection with the use of plant and machinery, the protection of persons other than persons at work against hazards to health and safety arising out of or in connection with the activities of persons at work. |
| Pharmacy Act 53 1974 (46) | Obligates the provision of Good Pharmacy Practice Standards as published by the Pharmacy Council. |
| The Prevention of and Treatment for Substance Abuse Act No. 70 of 2008 (29) | Governs the operations of the Central Drug Authority (CDA) and outlines the broader social and legislative response to drug use in South Africa. The Act provides for the establishment of the CDA under the administration of the Department of Social Development (DSD), which is the lead department in the combating of substance abuse. |
| Promotion of Equality and Prevention of Unfair Discrimination Act 52 of 2002 | Prohibits unfair discrimination by the government and by private organisations and individuals and forbids hate speech and harassment. |
| The Protection of Personal Information Act 4 of 2013 | To give effect to the constitutional right to privacy by safeguarding personal information when processed by a responsible party. To provide persons with rights and remedies to protect their personal information from processing that is not in accordance with the Act. |

# 2. SITUATIONAL ANALYSIS

## Psychoactive substance classification

There are four main classes, or types, of psychoactive substances; stimulants, opioids (sometimes called narcotics), depressants; and hallucinogens. These classes are based on the substance's primary effects on the Central Nervous System (CNS), or brain and spinal cord. Stimulants increase the activity of the CNS, increasing heart rate and breathing, resulting in a sense of excited euphoria. Opioids selectively depress the CNS. These analgesics reduce pain and tend to induce sleep. Depressants decrease the activity of the CNS. They tend to slow heart rate and breathing, offering a relaxed, sometimes sleepy, sense of well-being or euphoria. Hallucinogens produce a spectrum of vivid sensory distortions and markedly alter mood and thinking.

Many substance users are poly-substance users (i.e. they use various substances in combination with alcohol or other combinations such as cocaine and heroin). In terms of pharmacological properties, the substances most abused in South Africa are depressants (e.g. alcohol, white pipe, mandrax, benzodiazepines) followed by hallucinogens (e.g. cannabis, LSD, speed and ecstasy).

## International overview

Drug use, misuse, and abuse are global problems. The use, misuse and abuse of alcohol, illicit drugs, over-the-counter and prescription medications (OTC/PRE), and tobacco affect the health and well-being of millions of people throughout the world. Alcohol consumption and associated problems vary widely, and the burden of alcohol-related disease and death is significant in most countries. The harmful use of alcohol ranks among the top five risk factors for disease, disability, and death (29). It is a causal factor in more than 200 disease and injury conditions. An estimated 5% of the global adult population, or approximately a quarter of a billion people, used drugs at least once in 2015.

Cannabis remains the world's most widely used drug and many people who use drugs, both occasional and regular, tend to use more than one substance concurrently or sequentially to experience a cumulative or synergistic effect. Poly-drug use is believed to enhance the overall psychoactive experience of the drugs taken. The use of opioids is associated with the risk of fatal and non-fatal drug-related poisoning; the risk of getting infectious diseases (such as HIV or hepatitis C) because of the lack of sterile injecting equipment; and the risk of other medical and psychiatric illnesses. In particular, people who inject drugs, such as heroin, face some of the most severe health consequences associated with drug use. Almost 12 million people worldwide inject drugs, of these, one in eight (1.6 million) are living with HIV while more than half (6.1 million) are living with hepatitis C, and 1.3 million are living with both. Hepatitis C causes the greatest harm with more Disability Life Adjusted Years (DALYs) lost because of hepatitis C than of HIV infection. The large number of premature deaths related to drugs are mostly avoidable.

## South African overview

The world drug problem and response continue to present challenges to the health, safety, and well-being of people in South Africa. A drastic change in approach to drug policy recognises that the punitive approach has not been successful in tackling drug-related problems. Instead, emphasis should be placed on evidence-based public health and social justice principles that focus on individuals, families, communities, society as a whole, and must underscore social protection and health care instead of conviction and punishment.

South Africa has become a consumer, producer, and transit country for drugs. Socio-economic factors such as poverty, inequality, and unemployment remain key contributing elements to the increased use of drugs and the development of substance use disorders. An increasing demand for drugs causes an increase in drug manufacturing, smuggling through ports of entry, and dealing in and consumption of drugs. The illicit trade in psychoactive drugs and criminal enterprise is a threat to the safety and well-being of South Africans and poses a growing and significant hazard to national security, economic growth, and sustainable development.

While South Africans are using the same kinds of drugs as the rest of the world, the following drugs are proving specifically popular:

- Alcohol is the most widely used psychoactive substance in the country. In South Africa, as much as 58% of deaths on South African roads can be attributed to alcohol consumption (30).
- Cannabis is by far the most used illicit drug on South African streets, specifically among youth (31). Cannabis use is still deemed illegal in the country.
- A mixture of mandrax and marijuana (street name White Pipe) is a widely used drug in South Africa (31).
- Nyaope/woonga (heroin and cannabis mix) and methamphetamine (tik) use is gaining popularity among adolescents, with far-reaching effects on users, families, and communities (31).

Strengthening the knowledge base of the drug problem by improving data collection, analysis and dissemination, including on the links between drugs and other issues, is critical to an effective South African response.

The percentage of the South African population using illicit drugs is summarised in Table 1.

**Table 2: South Africa's illicit drug use profile ages 15-64 (UNODC 2016)**

| # | Drug group | Estimated % of population | Global rank |
|---|---|---|---|
| 1 | Cannabis | 3.65% | 100th |
| 2 | Cocaine | 1.02% | 32nd |
| 3 | Amphetamine (excluding ecstasy) | 1.02% | 27th |
| 4 | Ecstasy | 0.31% | 71st |
| 5 | Opioids | 0.50% | 62nd |
| 6 | Opiates | 0.41% | 34th |
| 7 | Prescription opioids | 0.09% | 27th |

The specific consumption trends of nyaope/woonga in South Africa are not known. The Department of Health in Kwazulu-Natal suggests that nyaope/woonga use is the most popular drug in this province. Methamphetamine (tik) use is reportedly the most popular drug in the Western Cape, but heroin use is also rising. These drugs are of particular concern because they are often used by children and adolescents (32). Methamphetamine (tik) is a major driver of psychiatric and drug use treatment demand in the Western Cape and nyaope use is increasing in several provinces, where rapid intervention is required to avoid an epidemic (33).

New Psychoactive Substances (NPS), referred to as designer drugs or legal highs, are emerging on the local drug scene. Spice, bath salts are some of the drugs that have featured although they are still at infancy stages, they

are still not yet known. It is imperative that these are closely monitored to protect affected communities against contemporary drugs.

## Alcohol

Alcohol is the most commonly misused drug in South Africa with a complicated history of racial inequities in access to liquor and in the regulation of the conditions in which liquor is consumed. This has had a negative impact on the fabric of many communities that is still felt today (34,35). Alcohol remains the substance with the greatest burden of harm. The per capita consumption of alcohol in South Africa is 11 litres (95% CI: 9.6-12.4). This ranks in the top twenty per-capita alcohol consumptions worldwide for individuals drinking alcohol and is the highest consumption in Africa.

The production and distribution of alcohol in South Africa contributes significantly to the economy and gross domestic product (GDP) (34). South Africa is largely a beer drinking country and commercially produced and traditional/sorghum beer combined account for 49% of all alcohol consumed. The remainder of the alcohol market is divided between wine (17%), spirits (16%), informal beverages (12%), and 'ready-to drink' such as beverages and cider (6%). The 'ready to drink' market, which includes ciders, has shown the most growth while wine and brandy sales have declined over the past six years (36).

There is a relatively large informal alcohol market in South Africa that has its origin in historical disparities and restrictions on alcohol consumption (35). A substantial amount of home brewing is done on a commercial basis, by a cottage industry of informal brewers or unlicensed liquor outlets. It is estimated that 14% of alcohol consumed in South Africa is illicit, typically either by evading excise duties or by being produced for sale by an unlicensed brewer (34). In the informal market, the brewers usually also have a shop or shebeen from which they are able to sell their alcohol. The majority of these operations are based in the townships, squatter camps, and informal settlements. An analysis of the volume of dry sorghum sold suggests that the quantity of pure sorghum beer which is being homebrewed is approximately 728 million litres annually (more than double the volume that is produced commercially). This is likely an underestimate of the potential size of the market given that sorghum is only one of the ingredients, which can be used to ferment alcohol (37).

## Demographic differences in alcohol consumption:

Alcohol consumption is more common among men than women (38). Six in 10 men (61%) and one in four women (26%) age 15 and older had ever drunk alcohol. Over one-quarter of men (28%) exhibit risky drinking behaviour and one in six men (16%) report signs of problem drinking using the CAGE test. Five percent of women reported risky drinking; and three percent of women reported signs of problem drinking.

*Low risk drinking: For women, low-risk drinking is defined as no more than 3 drinks on any single day and no more than 7 drinks per week. For men, it is defined as no more than 4 drinks on any single day and no more than 14 drinks per week.*

Risky drinking among women is most common in the 20-24 years age group (9%) and lowest among women aged 15-19 and 65 and older (2% each). Risky drinking among men also vary by age, increasing from 12% of men aged 15-19 to 31% of men in the 20-24 age group, and 36% of men age 25-34, before gradually declining.

Risky drinking is higher among men in urban areas than in non-urban areas (29% versus 24%). Marked variation in risky drinking is reported by province, with risky drinking highest in Gauteng (35%). Risky drinking is pervasive across all education levels and wealth quintiles(39).

## Cannabis

The National Department of Social Development (DSD) and the Central Drug Authority (CDA) facilitated a round table discussion on cannabis with different stakeholders in order to formulate a Position Paper on Cannabis. This paper was intended to assist different role players in understanding the effects of Cannabis and the management of cannabis for medical and recreational use in South Africa.

In addition, the Deputy Minister of Social Development gave the keynote address, emphasizing the complexity of the South African environment, the country's international obligations in the area of drug policy, and the need for caution in policy-making in this area. Other plenary speakers discussed the medical, social, ethical, cultural, legal and economic dimensions. Some speakers argued for liberalizing the laws on cannabis, for medical use, or for a more general legal regulation that it was argued would control the use of the drug on the lines of tobacco or alcohol.

The round table concluded that there is a need to strengthen community education and awareness on cannabis for medicinal use; that more research about different cultural, traditional and religious perspectives on the use of cannabis in South Africa is needed to inform a common position paper; that the effectiveness of existing cannabis related treatment programmes must be critically assessed; that accurate information about cannabis should be disseminated through the media; that consideration should be given to obliging traditional, religious and cultural groups to obtain a license for the possession and use of cannabis; that access by vulnerable groups to cannabis should be monitored; that scientific investigation needs to be conducted to develop medication using cannabis without Tetrahydrocannabinol (THC); that a comprehensive cost analysis should be conducted in South Africa on the economic implications of cannabis use, and that alternative uses of cannabis should be explored, with a view to seeing how they can contribute to the economy.

Cannabis is the most widely used illicit drug in South Africa. Its use is widespread amongst all age and income groups. Hydroponic and indoor produced Cannabis is also on the rise amongst the youth and affluent communities. A newly emerging trend in use is the smoking or eating of different forms of Tetrahydrocannabinol (THC) – a rich resin extracted from the Marijuana plant. Users refer to this practise as 'dabbing wax' or 'honey'.

## Synthetic 'Cannabis'

Synthetic Cannabis or spice refers to a wide variety of herbal mixtures that are reported to mimic the Cannabis experience by acting on the cannabis receptors of the brain. These are sometimes marketed as 'safe' or 'legal' alternatives to Cannabis. However, the name is misleading, and in reality these drugs are very different to traditional cannabinoids found in the cannabis plant. 'Spice' contains dried shredded plant material and is sprayed with chemical additives that are responsible for the mind-altering effects. Although reported to have higher THC levels than cannabis, the active compounds differ greatly and often bear no resemblance to THC. The term synthetic "cannabis" relates to many different chemicals and there have been a number of deaths and significant adverse events related to their use.

## Concourt Judgement on Cannabis

On the 21 October 2011, the first application was received by the office of the State Attorney, Cape Town in the form of notice of motion which was brought by a pressure group. They sought a stay of prosecution of their separate charges of possession and/or dealing in dagga, to be postponed until the outcome of an application/ and or action. The pressure group challenged the Constitutionality of certain provisions of the Illicit Drugs and Trafficking Act (Act No 140 of 1992), and in addition, certain provisions of the Medicines and Related Substances Control Act (Act no 101 of 1965) and in particular in so far as these Acts deal with the uses and possession of and dealing in dagga, and the presumptions that arise in respect of possession thereof.

The second set of application in the form of summons was received by the office of the State Attorney, Pretoria on the 12 October 2011. The application was brought by another pressure group. They challenged the protection of cannabis. The DSD ("the department") is cited as the department responsible for the promotion of a caring and integrated system of social development services that facilitates human development and improves the quality of life in matters relating to social development as such having an interest in the administration of laws which deal with prohibited drugs and the treatment of addicted persons.

It is also important to note that the Department of Health was also litigated in the cannabis Constitutional matter of another pressure group member. The Department of Health need to be able to assist by providing an advice on the effects of the use of Cannabis for Medical and Scientific related information and research.

The Constitutional Court received several complaints from various lobby groups on the use and possession of Cannabis and subsequently the court proceeding took place during 2017 and 2018. All the litigated departments held a meeting on 12 December 2011 to prepare to deal with this cannabis matter comprehensively, for the purpose of assisting the court to make an informed decision covering all basis during the defence.

The hearing for the first Constitutional Court case took place on 7 November 2017. On 18 September 2018 at 10h00 the Constitutional Court handed down judgment in this application for the confirmation of an order of constitutional invalidity made by the High Court of South Africa, Western Cape Division, Cape Town (High Court) which declared legislation criminalizing the use, possession, purchase and cultivation of cannabis unconstitutional.

The matter arose from three different court proceedings instituted in the High Court which were consolidated by the High Court and heard as one matter as they were all premised on the same basis, that is, that certain sections of the Drugs and Drug Trafficking Act 140 of 1992 (Drugs Act) and the Medicines and Related Substances Control Act 101 of 1965 (Medicines Act) were constitutionally invalid.

Section 4(b) of the Drugs Act prohibits the use or possession of any dangerous dependence-producing substance or any undesirable dependence-producing substance unless exceptions listed in the provision apply. Section 5(b) of the Drugs Act prohibits dealing in any dangerous dependence-producing substance or any undesirable dependence-producing substance unless exceptions listed in the provision apply. Section 22A(9)(a)(i) of the Medicines Act read with schedule 7 of the Medicines Act prohibits the acquisition, use, possession, manufacture or supply of cannabis and section 22A(10) of the Medicines Act read with schedule 7 prohibits the sale or administration of cannabis other than for medicinal purposes. The High Court declared sections 4(b) and 5(b) of the Drugs Act read with Part III of Schedule 2 to the Drugs Act and sections 22A(9)(a)(i) and 22A(10) of the Medicines Act read with Schedule 7 of the Medicines Act inconsistent with the right to privacy guaranteed by

section 14 of the Constitution, but only to the extent that they prohibit the use, possession, purchase or cultivation of cannabis by an adult person in a private dwelling for his or her consumption.

The High Court suspended the order of invalidity for a period of 24 months from 31 March 2017 to give Parliament the opportunity to cure the constitutional defects in the statutory provisions concerned. It also granted interim relief by ordering that pending the amendment of the relevant legislation by Parliament, it would be deemed to be a defense to a charge under the sections referred to in the order that the use, possession, purchase or cultivation of cannabis in a private dwelling was for the personal consumption of the adult accused.

The High Court approached the matter on the basis that the statutory provisions referred to above unjustifiably limited the right to privacy entrenched in the Constitution to the extent that they prohibited the use, possession, purchase and cultivation of cannabis in a private dwelling by an adult for his or her personal consumption and that, for this reason, they were constitutionally invalid. Although Pressure Groups contended that the statutory provisions in issue also infringed other rights entrenched in the Constitution such as the right to equality, the High Court focused on the infringement of the right to privacy.

After arguments were presented to the court, by parties involved, the court ruled that the legislation must be reviewed on the basis for private use not legalisation.

The government was given 24 months to respond and provide remedy as per the ruling of the Constitutional Court. The following legislations were cited and the departments were cited to review the Medicines and related substances act, no 101, 65 and drugs and drug trafficking act, no 140, 1992.

A steering committee has been established to deal with the amendments cited in the Constitutional Court judgment, with a specific program and plan with timeframes to abide by the judgement.

Currently the relevant departments as outlined in the ruling are in the process of aligning specific section on the cited legislations to comply with the ruling, and to make sure that there is no ambiguity in the possession and private use of Cannabis. The National Drug Master Plan as a frame work will also facilitate an action plan and provide remedies and interventions to be implemented to curb Cannabis abuse.

## Methaqualone (Mandrax)

Methaqualone is a sedative and hypnotic drug that was marketed as Quaalude in the United States and Mandrax in South Africa and the UK. No longer legally available, but still produced in India, Mandrax is most commonly used in South Africa, particularly in the Western Cape where it is also referred to as "buttons" because of the round shape of the pill. The pill is usually crushed and smoked with cannabis using the broken-off neck of a glass bottle. Mandrax has been commonly used to relax and self-medicate for decades by gang members in the Western Cape, and is therefore reported to provide significant revenue essential to the economic survival of gangs.

## Heroin

Heroin use, in the form of nyaope, unga and woonga, is reported to be rapidly increasing and is affecting marginalised communities disproportionally. SACENDU data reports a rising trend for treatment admissions. The low price and flu-like withdrawal symptoms that are easily relieved with further doses, along with the emotional and physical analgesic effect of the drug make it more challenging to reduce or stop the regular use of the drug.

## Methamphetamine

Methamphetamine's (tik) use increased rapidly in the Western Cape between 2002 when four people were reported to have sought treatment, and 2007 by which time more than 50% of people seeking treatment listed methamphetamine as their primary substance of abuse. Also known as "tik", crystal meth, tina, work or ice, the use of this stimulant is now being reported throughout the country.

## New Psychoactive Substances

The 2017 World Drug Report notes the growing spectrum of substances on the market that includes the continued presence of traditional drugs and the emergence of New Psychoactive Substances (NPS) every year (10). NPS are a growing threat internationally with new drugs appearing at frequent intervals in Europe and the United States. South Africa is not immune to the globalised nature of the illegal drug trade and the NPS' use has emerged locally. Law Enforcement agencies and treatment centres need to be very vigilant in monitoring this fast evolving and dynamic situation.

## Other trends in drug use

Most seizures of drugs and precursors, including cocaine, heroin, Mandrax, and ephedrine are recorded at OR Tambo and Cape Town International Airports; crystal methamphetamine through Durban harbour, and large quantities of heroin is trafficked through Mozambique and Swaziland. The increasing trend in the illicit drug trade is likely to persist as moderating factors, such as the border management processes at the ports of entry; coupled with weaknesses in the management and control of pharmaceutical front companies, identity theft, and the misrepresentation of controlled chemicals; and online anonymous trade; has enabled syndicates to purchase precursor chemicals easily.

There is a well-entrenched and lucrative market for anabolic steroids. Athletes and body builders who misuse anabolic steroids support large-scale importation and illegal distribution networks. Suppliers are very skilled in marketing and advertising these products online and through social media.

Until recently, Injecting Drug Use (IDU) was not considered a problem in South Africa, but data indicate that IDU is increasing. Given that South Africa has one of the highest levels of HIV infection in the world, the extent of IDU and its relationship to the epidemic is a focus of ongoing investigations. Based on national estimates, there are approximately 76,000 people who inject drugs in South Africa.

Also of concern is the use and misuse of over-the-counter and prescription medications (OTC/PRE). Women and men age 15 and older report similar use of codeine-containing medicines (14% and 13%, respectively) and have comparable patterns of misuse (2% each). The misuse of other OTC/PRE medicines such as slimming tablets and benzodiazepines (e.g. diazepam and flunitrazipam) continues to be an issue.

The nexus between gangsterism and drug distribution persists. The increase in the number of gangs and gangsterism across the country continues to increase youth access to drugs and heightens competition for the illicit drug markets. The illicit drug markets are facilitated by sophisticated networks within the industry necessitating law-enforcement approaches (supply reduction) to focus mainly on the manufacturers, distributors, and traffickers of drugs as opposed to the people who use drugs. Currently, arrests of people who use drugs constitute more than 80% of drug related cases (40).

Mobile communications offer new opportunities to traffickers, while the darknet, which is undesirable IP address since it has no active hosts, allows people who use drugs to buy drugs anonymously with a crypto-currency, such as bitcoin. While drug trafficking over the darknet remains small, there has been an increase in drug transactions, of some 50 per cent annually between September 2013 and January 2016. Typical buyers are recreational users of cannabis, ecstasy, cocaine, hallucinogens and New Psychotropic Substances(41).

## Admissions to treatment centres

Alcohol remained the dominant reason for admission for drug misuse in KwaZulu-Natal and the central region. Between 17% (northern region) and 50% (central region) of patients admitted to treatment centres had alcohol as a primary drug of misuse. Between 36%, (Eastern Cape) and 52% (KwaZulu-Natal) of patients, attending specialist treatment centres had cannabis as their primary or secondary drug of misuse, compared to between 20% (Western Cape) and 54% (northern region) for the cannabis/mandrax (Methaqualone) combination aka 'white-pipe'. In all sites, cannabis was reported as the predominant primary drug of misuse by patients younger than 20 years. In the Eastern Cape, cannabis use by patients younger than 20 years was followed by methamphetamine (tik) (33%), heroin (nyaope) in the northern region (19%) and cannabis/mandrax (white pipe) in the central region (7%). Methcathinone (CAT) is an Amphetamine-Type Stimulant (ATS) and has effects similar to that of methamphetamine. CAT was noted in most treatment sites, especially in Gauteng and the central region where 16% and 13%, respectively, had CAT as a primary or secondary substance of misuse. Poly-substance use remained high, with between 24% (northern region) and 50% (Eastern Cape) of patients indicating the use of more than one substance on admission(39).

Treatment admissions for OTC/PRE medicines as a primary or secondary drug of misuse were between 1% (northern region) and 10% (Eastern Cape)(39).

## Tobacco

Overall, the percentage of women and men age 15 and older who smoke tobacco has decreased since 1998; 11% of women and 42% of men smoked tobacco in 1998 compared with 7% of women and 37% of men in 2016. While the percentage of women and men who are occasional tobacco smokers has increased slightly since 1998, the percentage of those who are daily smokers has dropped by 3 percentage points for women and 7 percentage points for men.

In men, the habit is common across all background characteristics, varying little by education or wealth quintile. In women, cigarette smoking correlates with wealth, with the prevalence increasing from 3% among women in the lowest two wealth quintiles to 10% among women in the highest two quintiles. The prevalence of cigarette smoking is higher in urban areas than in non-urban areas (39% and 31% for men, and 9% versus 2% for women respectively). By province, cigarette smoking by men is highest in the Northern Cape (44%) and lowest in Limpopo (25%) (38).

## The Socio-economic Impact of SUD

In South Africa, the following factors contribute to SUD and its associated harms:

The high level of use and 'intense' patterns of use: Substantial proportions of South Africans admit the use of some or other substance, often with heavy use (binging) during weekends. Popular drugs include alcohol, tobacco, cannabis, and the non-medical use of OTC and prescription medicine. Alcohol, tobacco, and cannabis use is generally popular with males while the non-medical use of OTC/PRE tends to be prevalent among women.

Gender: At least twice as many men than women suffer from SUD. Admissions for rehabilitation were between 73% and 90% male, and gender differences were noted for various primary substances of misuse. However, once women have initiated drug use, specifically alcohol, cannabis, opioids, and cocaine, they tend to increase their rate of consumption more rapidly than men do and may progress faster than men to SUD (42).

The link between age and drug use: The average age of persons seen by treatment centres was 26-30 years. However, major age differences were noted for different substances. Persons, whose primary substance of misuse is alcohol, crack/cocaine, heroin, or OTC/PRE, were substantially older than persons who misused other primary substances. Patients whose primary substances of misuse are inhalants and cannabis tend to be younger than persons who have cannabis/mandrax as their primary drug of misuse (39).

Employment status and education: Between 16% and 42% of patients were employed full-time on admission to treatment centres. The proportion of patients who were pupils/learners ranged from 19% to 35%. Over 70% of patients in all sites, except in the Eastern Cape (49%) and Western Cape (69%) have some secondary school education (39).

Conflict with the law: In line with international experiences, various South African studies have shown that drug use is common among inmates.

It should be noted that only a small proportion of people who seek assistance with their SUD are able to access treatment, and not all treatment facilities report their data to the SACENDU project.

Epidemiological evidence from the burden of disease studies in South Africa indicates that the use of alcohol is associated with a range of adverse chronic health and economic consequences.

The annual economic cost associated with harmful alcohol use in South Africa has been estimated at between R245 933 - R280 687 billion. This is approximately 12% of the country's gross domestic product (GDP) (34). This estimate takes into account both tangible (treatment and recovery, crime prevention, road accidents) and intangible (premature morbidity and mortality resulting in loss of productivity and income) costs. What it is impossible to calculate are the social and emotional costs to those around those who misuse both licit and illicit drugs (children, spouses, co-workers), which are significant in itself (43).

People who consume high levels of alcohol are more likely to engage in risky sexual behaviour, for instance, have multiple sexual partners; inconsistent condom use; coercive sex or rape; and transactional sex (44)we aimed to describe the prevalence of, and factors associated with, male perpetration of rape of non-partner women and of men, and the reasons for rape, from nine sites in Asia and the Pacific across six countries: Bangladesh, China,

Cambodia, Indonesia, Papua New Guinea, and Sri Lanka. Methods: In this cross-sectional study, undertaken in January 2011-December 2012, for each site we chose a multistage representative sample of households and interviewed one man aged 18-49 years from each. Men self-completed questions about rape perpetration. We present multinomial regression models of factors associated with single and multiple perpetrator rape and multivariable logistic regression models of factors associated with perpetration of male rape with population-attributable fractions. Findings: We interviewed 10 178 men in our study (815-1812 per site. Heavy and episodic alcohol use result in acute negative physical and social outcomes including accidents, unintentional injuries and deaths, interpersonal violence and sexual risk (45). The behavioural effects of gender-based violence (GBV) include abusing alcohol to numb and forget the traumatic memories of GBV. The perpetration of criminal acts is another contributing harm factor of drug use; 259 165 drug-related crimes were reported in South Africa in 2015/16 (SAPS). The number of drug-related crimes was highest in the Western Cape.

On a social level, the legacy of liquor policies in South Africa contributed to social breakdown, family violence, alcohol related diseases, crime, and accidents in poor communities. In South Africa, it is estimated that at least 70% of employees engaged in risky alcohol or drug use are in the active workforce, with employers on average losing 86 working days a year due to such absences (46)South Africa", "type" : "article-journal", "volume" : "9" }, "uris" : [ "http://www.mendeley.com/documents/?uuid=8cefe896-911d-4ffc-ace9-72440e1be08b" ] } ], "mendeley" : { "formattedCitation" : "(46.

In South Africa, efforts to solve the drug problem tend to promote stigmatisation towards people who use drugs. Media constructions of 'tik' and people who use methamphetamine oversimplify a complex socio-political, economic and historically rooted phenomenon, frequently encouraging stigma and the exclusion of the 'tik' user from society (47). With the majority of people who use drugs in South Africa already part of marginalised and vulnerable populations, this stigmatisation often serves to exclude those whom policies are designed to protect. Stigma also prevent people from seeking assistance and treatment.

## THE FINDINGS AND RECOMMENDATIONS OF THE IMPLEMENTATION EVALUATION OF THE NATIONAL DRUG MASTER PLAN 2013 – 2017

Other findings that informed the review of the National Drug Master Plan 2019–2024 are the following:

1) The NDMP does not provide policy clarity on broad strategies of demand reduction, supply reduction and harm reduction;
2) Not sufficiently informing policy and strategy choices taken by departments;
3) NDMP does not have implementation plan;
4) Not translated to departmental strategic and annual plans;
5) Unfunded activities in the NDMP;
6) The provincial and local forums are important part of implementing the NDMP;
7) Unclear how many Local Drug Action Committees (LDACs) are functional;
8) Provincial forums and LDACs are weakened by lack of resourcing;
9) Intervention to reduce supply had limited effect; and
10) Lack of a balanced approach.

## THE RECOMMENDATIONS OF THE NATIONAL DRUG MASTER PLAN 2013– 2017 IMPLEMENTATION EVALUATION

The following are the recommendations of the NDMP 2013– 2017 Implementation evaluation:

1) The NDMP needs to be reviewed and harmonise approaches with harm reduction and between the three pillars of NDMP;
2) The CDA needs to be strengthened and its authority restored to give it the authority to lead policy and implementation and provide the necessary guidance for the country to respond to this complex problem;
3) The provincial and local committees need to be strengthened through a support programme inclusive of capacity building; and
4) The country needs evidence based interventions that works to prevent and treat substance abuse.

Based on these findings and recommendations the NDMP 2019–2024 was developed and consulted extensively with the relevant stakeholders and sectors, including Civil Society Organisations.

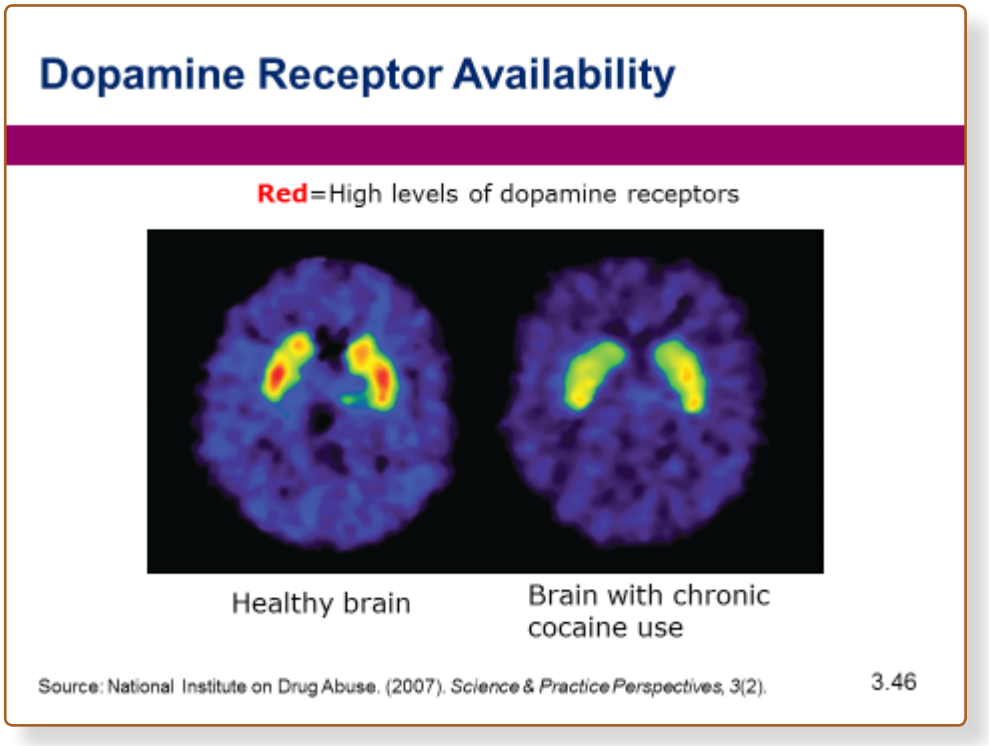
# 3. POLICY SHIFT ON UNDERSTANDING ADDICTION

When scientists began to study addiction behaviour in the 1930s, people addicted to drugs were judged as morally flawed and lacking in will power. Those views shaped society's response to drug abuse, treating it as a moral failure rather than a health problem. This led to an emphasis on punishment rather than prevention and treatment.

New evidence describes addiction as a disease that affects both the brain and behaviour, shedding new light on our understanding of drug use and the appropriate response thereof. Addiction is defined as a chronic, relapsing brain disease that is characterised by compulsive substance seeking and use, despite the harmful consequences.

Repeated long-term use of psychoactive substances could change the structure of the brain over time. Psychoactive substance use can interfere with the way nerve cells normally send, receive, and process information. Some psychoactive substances, like marijuana and heroin activate neurons that reduce the effect of natural neurotransmitters in the brain. This leads to a need for the substance to bring the dopamine function back to normal. The person needs large amounts of the substance to create the dopamine high, resulting in an effect known as tolerance. Just as continued use may lead to tolerance, it may lead to dependence, which can drive the person to seek out and take psychoactive substances compulsively.

*The Figure below shows the healthy brain and the brain with chronic cocaine use*



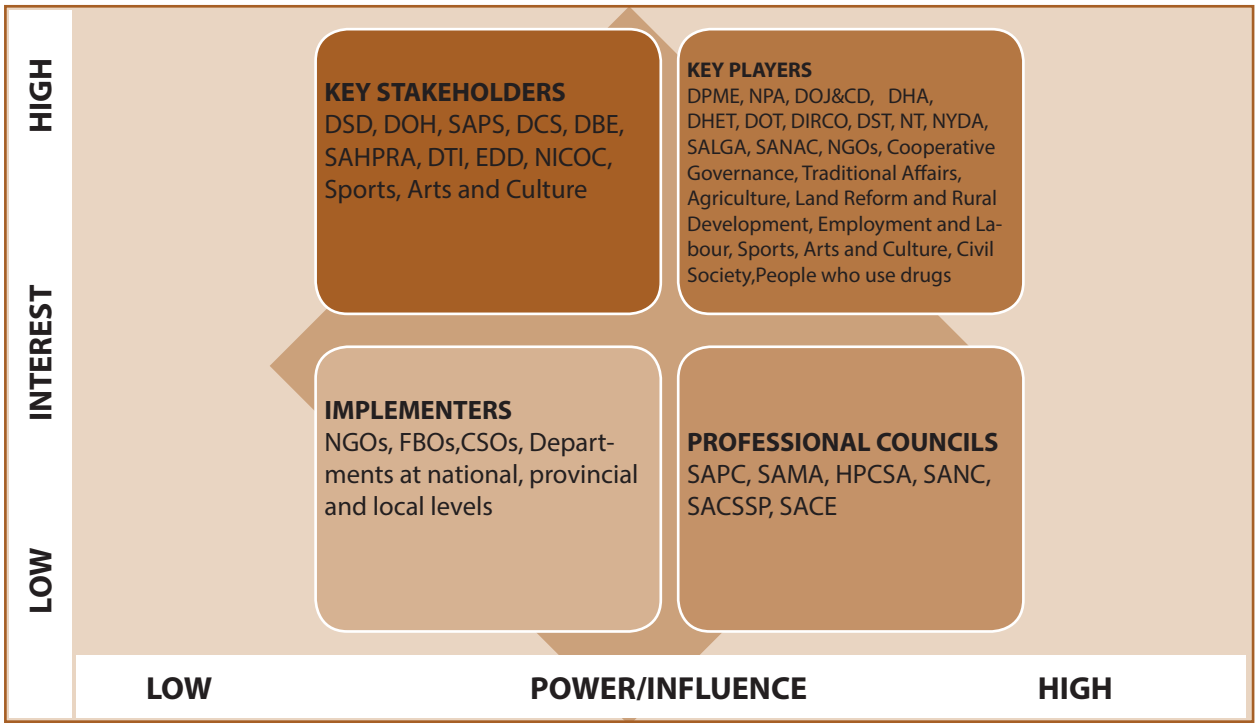
# 4. STAKEHOLDER ENGAGEMENT

**The Process for the Development of the National Drug Master Plan**

The process of developing the National Drug Master Plan (NDMP) was first premised on the Implementation Evaluation of NDMP 2013 – 2017 report from the Department of Performance Monitoring and Evaluation and the national Department of Social Development. The Central Drug Authority (CDA), based on the report and the implementation plan put together a task team to coordinate the drafting of the NDMP. The CDA conducted consultations with relevant stakeholders that included, the Social Protection Community and Human Development Cluster and its Technical Working Group, Justice Crime Prevention and Security cluster and its subcommittee, Community Development; Economic , Employment and Infrastructure Development cluster departments; law enforcement sector; national and provincial departments, Provincial Substance Abuse Forums; Local Drug Action Committees; public entities; non-government organisations; drug experts in the field of substance abuse; international agencies including United Nations Office on Drugs and Crime; Traditional Healers Associations, research institutions, Drug Treatment Centres; the South African National Association on Alcohol Addiction and Alcoholism (SANCA); People Who Use Drugs (PWUD) and People Who Inject Drugs (PWID); and legal entities of various national government departments. Other entities consulted were the National Youth Development Agency; South African Health Product Regulatory Authority (SAHPRA) (former Medicines Control Council), and the South African Revenue Service (SARS) provided inputs.

Stakeholders refer to a person or group with an interest, involvement, or investment in something. The success of stakeholder engagement may depend on whether the interest is low or high or power of influence is low or high.

Table 3, below provides examples of the stakeholders/groups describing their potential role and competency in the context of combating substance abuse in South Africa.



There are a number of stakeholders that are accountable partners in the development of this plan and during the implementation of the action plan. The roles of South African Government departments in the implementation of the NDMP 2019 - 2024 are reflected in alphabetical order in Table 3 below (*Departments denoted with an "*" are mandated by the Prevention of and Treatment for Substance Abuse Act No. 70 of 2008 to perform the duties conferred or imposed by the Act.) Professional Councils are statutory bodies responsible inter alia to register and mandate professionals to practice and to regulate the respective professions in terms of education and training (scope of practice), and professional conduct and ethical behaviour. All implementers of prevention, treatment, and other drug-related interventions must align operations to the plan.

**Table 3 Role of South African Government departments in NDMP 2019 - 2024**

| STAKEHOLDERS | Accountability in NDMP 2019 - 2024 implementation |
|---|---|
| *Department of Agriculture, Land Reform and Rural Development | Manage the cultivation of harmful plants. |
| *Department of Basic Education | Ensure fair treatment in prevention, care and the treatment of drug-related matters of school-going children. |
| *Cooperative Governance | Ensure local support and accountability of DMP. |
| *Department Correctional Services | Manage substance use and misuse in prisons through security strategies to prevent drugs entering the correctional centres, reducing demand with educational programmes, harm reduction strategies and recovery programmes for inmates suffering from SUD. |
| Economic Development Department | Provide economic policies and strategies that will enhance sustainable community development projects in communities, and create decent work opportunities and greater equality. |
| *Department of Employment and Labour | Reduce unemployment among people who use drugs. |
| Government Communication Information System | Provides professional communication services.<br>Sets and influences adherence to standards for an effective government communication system.<br>Drives coherent government messaging.<br>Proactively communicates with the public about government policies, plans, programmes and achievements.<br>To be the pulse of communication excellence in government.<br>To deliver effective strategic government communication; set and influence adherence to standards and coherence of message and proactively communicate with the public about government policies, plans, programmes and achievements. |
| *Department of Health | Manage biomedical aspects of drug use prevention, care, treatment, recovery, and aftercare services, report bio-psycho-social data to the CDA, and lead public health related surveys and surveillance on drug use. |
| Department of Higher Education | Reduce and manage drug use in tertiary institutions. |

| STAKEHOLDERS | Accountability in NDMP 2019 - 2024 implementation |
|---|---|
| *Department of Home Affairs | Protect and verify the identity and status of citizens and other persons resident in South Africa; prevent substance abuse and protect the rights of people, including amongst women legally resident in South Africa. |
| *Department of International Relations and Co-operation | Ensure South Africa's compliance with its international obligations and promote regional and international co-operation in the combating of drug misuse, illicit trafficking in drugs and transnational organised crime. |
| *Department of Justice and Constitutional Development | Ensure harmonisation and appropriateness of inter-sectoral strategies, policies and guidelines relating to the prevention and combating of drug-related offences and assists in coordinating the activities of the law enforcement agencies. |
| *National Treasury | Allocate funding and provide leadership. |
| Department of Planning, Monitoring and Evaluation | Monitor and evaluate NDMP 2019 - 2024. |
| Department of Science and Technology | Council for Science and Industrial Research (CSIR): The entity of the Department of Science and Technology (DST), come with a strong emphasis on relevant and development work. It also has strong roots in various communities, and collaborates with a wide range of donors and funding agencies. It aims to contribute to the national programme of development, perform relevant knowledge generating research and transferring technological innovation. |
| Department of Social Development | Provide prevention measures.<br>Provide treatment of SUD, aftercare services and reintegration services.<br>Responsible for coordination of services.<br>Ensure the wellbeing of individuals, families, and communities.<br>Provide SUD recovery and treatment. |
| *South African Police Service | Control drug-related crime and reduce the supply of substances. |
| *South African Revenue Service | Play an integral role in facilitating the movement of goods and people entering or exiting the borders of the Republic. |
| *Department of Sports, Arts and Culture | Provide leisure opportunities in communities and manage the regulatory framework for drug-free sport. |

| STAKEHOLDERS | Accountability in NDMP 2019 - 2024 implementation |
|---|---|
| | Participate in the development and implementation of a comprehensive intersectoral strategy aimed at preventing and reducing the demand caused by substance abuse.<br>At the core of SRSA programme will be the mass participation programme which will target rural communities through the Rural Sport Improvement Programme, target communities (hotspot areas in terms of drug prevalence and distressed communities) through our Community Sport and Club Development Programme. Through the active Recreation Programme, develop the necessary partnerships to use events such as the Big Walk, National Recreation day, Indigenous Games, Youth Camps and Move for Health to educate and raise awareness. In response to affected communities termed hotspot areas SRSA will provide sport facilities in a form of Multipurpose Courts, Outdoor Gyms and Kiddies Park. Working with the National Treasury and the Department of Cooperative Governance and Traditional Affairs, pilot the provision of sport infrastructure for a period of three years using the Municipal Infrastructure Grant in specific municipalities across the country. |
| *Department of Trade and Industry | Regulate the manufacturing, distribution of liquor products through the National Liquor Authority (NLA). It administers the Liquor Product Act and its related Policy. |
| Department of Traditional Affairs | Improve the coordination of the NDMP at the local levels. Get actively involved in local drug action committees (LDAC) involving traditional leaders and local municipalities. |
| *Department of Transport | Reduce drug-related deaths and injuries on the roads. |
| ENTITIES AND OTHER BUSINESS UNITS | |
| Commission for the promotion and protection of the rights of cultural, religious, and linguistic communities | Promote community involvement and buy-in. |
| Congress of Traditional Leaders of South Africa | Promote community involvement and buy-in. |
| Financial Intelligence Centre | Relay drug-and crime-related information from banks, SARS etc. to the relevant law enforcement authorities, intelligence agencies and SARS, who in turn pass this information to the CDA . |
| Forensic Science Laboratories | Capacitate forensic drug laboratory testing. |
| | |
| *National Prosecuting Authority | Ensure justice for the victims of crime by prosecuting without fear, favour and prejudice and, by working with their partners and the public, to solve and prevent crime. |
| | |
| *National Youth Development Agency | Improve the safety of all young people and tackle challenges that the nation's youth are faced with. |
| National Intelligence Coordinating Committee | Coordinate stakeholders to combat and prevent gangsterism including related social ills in the country. |

| STAKEHOLDERS | Accountability in NDMP 2019 - 2024 implementation |
|---|---|
| | |
| *South African Health Products Regulatory Authority | Apply standards laid down by the Medicines and Related Substances Act. |
| SA Local Government Association | Ensure the buy-in and accountability of local communities. |
| SA National Defence Force | Implement effective border control strategies.<br>Promote a healthy addiction free lifestyle within the Defence Force.<br>Develop and deliver effective primary interventions through education and awareness in personal skills.<br>Developing an environment that is supportive of an addiction free lifestyle.<br>Reorienting health services to increase health for all. |
| South African Institute for Drug Free Sports (SAIDS) | Promote the participation in sport free from the use of prohibited substances or methods intended to artificially enhance performance, thereby rendering impermissible doping practices which are contrary to the principle of fair play and medical ethics, in the interest of the health and well-being of sports persons.<br>Furthermore, to develop and implement programmes for the education of the community in general and the sport community in particular, in respect of dangers of doping in sport. |
| | |
| *Departments denoted are mandated by the Prevention of and Treatment for Substance Abuse Act No. 70 of 2008 to perform the duties conferred or imposed by the Act. | |

# 5. STRATEGIC INTENT

The NDMP 2019 - 2024 recognises that the relationship between drug control and human development is complex and requires a coordinated and multi-sectoral approach. This requires acknowledgement of diverse social, economic, and cultural contexts that considers the human rights and expectations of all citizens. When engaging communities, the goal is a rational, compassionate policy based on human rights and evidence. An effective response will therefore include the prevention of social marginalisation and the promotion of non-stigmatising attitudes, encouragement to drug users to seek treatment and care, and expanding local capacity in communities for prevention, treatment, recovery, and reintegration. The community-based approach is supported by effective law enforcement to create a South Africa where people are and feel safe from the harms associated with drugs.

## Vision

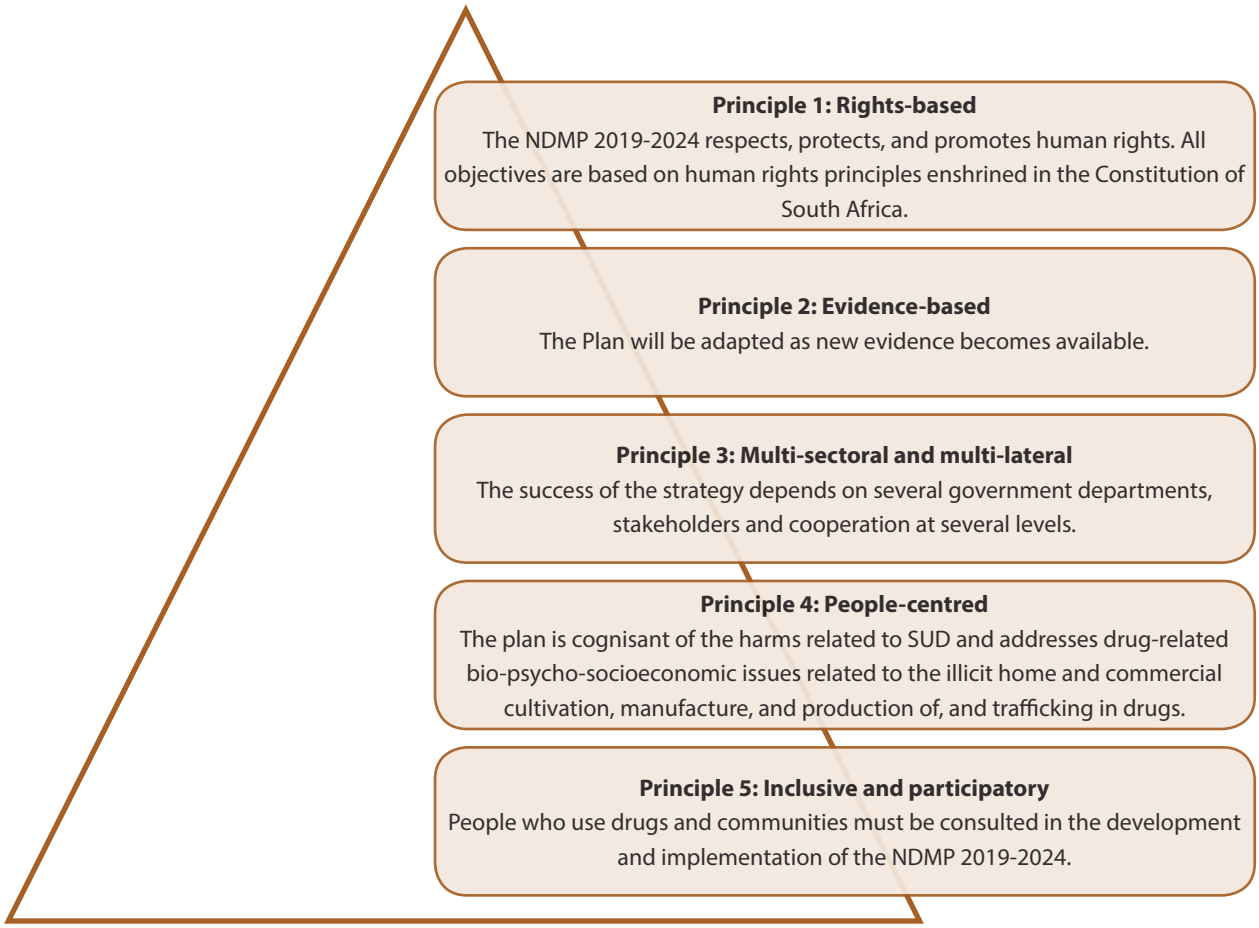
South Africa free of substance abuse

## Mission

- To embrace a balanced, integrated and evidenced-based approach to the domestic drug use, misuse and abuse.
- To invest in building safe communities through appropriate drug prevention and impact minimisation strategies.
- To control the demand and supply of substances of abuse and misuse.
- To effectively control substances for therapeutic use and the emergence of NPS.
- To coordinate and deliver effective government prevention interventions in combating substance abuse and illicit drug trade and drug trafficking through the implementation of defined outcomes and effective monitoring and evaluation of impact that will lead to the complete eradication of unemployment, poverty, and inequality in South Africa.

## Principles

**Table 5** below shows that the NDMP 2019 - 2024 is founded on the following principles




## Goals

To achieve the vision and mission, the NDMP 2019 - 2024 adopts the following goals:

1. Demand reduction and related measures, including the prevention as well as other health related issues;
2. Supply reduction and related measures; effective law enforcement; responses to drug related crime; and countering money laundering and promoting judicial cooperation;
3. Ensuring the availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion;
4. Identification and control of new psychotropic/psychoactive substances;
5. Promote governance, leadership, and accountability for a coordinated multi-sectoral effective response;
6. Strengthen data collection, monitoring, evaluation, and research evidence to achieve the goals, and
7. Stimulate robust and sustainable economic growth aimed at reducing poverty, unemployment and inequalities.

These goals aim to reduce supply and demand of drugs for non-medicinal use; increase harm reduction treatment approaches in the treatment of SUD, control of drugs for medical use, and prevent new drugs from entering the market. Combined, the goals would, in the short-term, lead to a coordinated and monitored response leading to fewer people who use drugs, without compromising the treatment of SUD and availability of drugs for therapeutic use, as well as economic development in all the communities.

# 6. OUTCOMES AND TARGET POPULATIONS

## GOVERNMENT OUTCOMES AS PER MEDIUM TERM STRATEGIC FRAMEWORK

In the medium term, the combination of objectives will contribute to improved health, human rights, developmental, and security outcomes of people who use drugs in communities. The NDMP 2019 - 2024 will be explicitly evaluated on the extent to which the plan achieves (or contribute to) these outcomes (48):

- Outcome 1: Reduced levels of poverty.
- Outcome 2: Reduced levels of inequality.
- Outcome 3: Reduced social ills, improved well-being of children, families and communities.
- Outcome 4: Empowered, resilient individuals, families and sustainable communities.
- Outcome 5: Improved sector capability.

### Social activities contributing to outcome 3

1. Reduction of social and behavioural problems:

- Promote public understanding of substance use and abuse related harms and effective interventions.
- Conduct multifaceted campaigns to prevent GBV, substance abuse, social crime, HIV/AIDS, and gangsterism.
- Promote substance abuse resilience amongst children, youth and adults.
- Analyse and respond to barriers to education and training.
- Improve psychosocial services access at social points for all people.

2. Strengthened partnerships:

- Within and across government departments, NGOs and private sector.
- Cooperate with other government agencies and relevant media to manage the community impact of substance abuse.
- Promote multi-agency partnership for prevention, education and treatment.
- Support continued partnership with international agencies and affected communities.

3. Develop workforce capacity and systems

- Raise the level of competency and improve the capacity to adopt innovative programmes.
- Improve capacity of community-based programmes and mainstream NGOs to provide quality substance abuse prevention and treatment programmes.

4. Respond to emerging trends

- Establish advisory structures for access to research and identification of emerging drugs and trends.
- Promote evidence-based information exchange and best practice.

## Health activities contributing to outcome 2

1. Take effective and practical prevention measures that protect people, in particular children and youth from drug use initiation by providing them with information about risk of drug abuse;
2. Take effective and practical measures to prevent progression to severe drug use disorders through appropriately targeted early intervention for people at risk of such progression;
3. Develop and implement substance abuse campaign strategy in collaboration with other government departments and relevant stakeholders; and
4. Review existing Standard Treatment Guidelines and Essential Medicine List to ensure access to controlled substances including for the relief of pain and suffering.

## Human rights activities contributing to outcome 3

5. Improved access to voluntary treatment for people with SUD;
6. Improved access to justice for victims of human rights abuses linked to drug law enforcement operations; and
7. Improved access to gender and youth sensitive health and social services.

## Developmental activities contributing to outcome 1, 3 and 4

8. Strengthened governance and legitimate authorities;
9. The development of licit economies; and
10. Relief of poverty in areas of concentrated drug production, trafficking, or retail sale through strategies that involve access to education, employment, social support, etc.

## Security activities contributing to outcome 3

11. A reduction in drug market-related violence;
12. A reduction in the power and reach of organised crime;
13. A reduction in corruption and money laundering;
14. A reduction in internal displacements related to supply reduction measures;
15. A reduction in the numbers of people imprisoned for minor, non-violent drug offences;
16. A reduction in property and violent crimes associated with drug dependence – with a focus of law enforcement efforts on the most harmful aspects of the illicit drug market, rather than on low-level and non-violent dealers, people who use drugs and vulnerable farming communities.

## Priorities, areas and target populations

Priority populations are as follows**:**

- Youth in and out of school/institutions of higher learning;
- Children;
- Women;
- Persons with disabilities;
- Pregnant women;
- Families in all their manifestation including child headed families;

- Disadvantaged people in vulnerable communities;
- Occupational groups at risks (such as artists, athletes and professionals); and
- Key populations (such as LGBTIQ, sex workers, migrant workers etc.).

## Priority and key population specific considerations

Key populations for health-related risk associated with drug use are as follows:

People who inject drugs often share injecting equipment or use contaminated injecting equipment, which increase their chances of being infected by HIV, STIs, and hepatitis (49).

Female sex workers (FSW): As measured by the AUDIT-C indicator, the majority of FSW in Johannesburg (81.5%) and Cape Town (58.4%) can be classified as hazardous drinkers. Almost half of the FSW in Cape Town (47.9%) have used at least one recreational drug in the previous 12 months. The types of drugs consumed by FSW vary across the three urban areas. The drug most commonly consumed by FSW in Cape Town is methamphetamine (18.7%) followed by cannabis (18.4%). Most drug use in Johannesburg is cannabis (6.5%), while ecstasy is most commonly used in Durban (7.9%). Less than 1% of FSW in Johannesburg and Durban, and 2% in Cape Town, have a history of non-medical injection drug use (50).

Men who have sex with men (MSM): Heavy alcohol use is common among MSM; illegal substance use, including cannabis, methamphetamine (tik) and other stimulants are less common, but the use of these drugs may be increasing. Many substances are used in the context of sexual encounters, and are likely to increase the frequency of high-risk sexual practices. Most MSM have had sex under the influence of alcohol; in 2013, this ranged from 47% nationally to 88% in Gauteng. Illegal substances commonly used by MSM included cannabis, ATS, cocaine and ecstasy. In 2012, 31% of MSM participating in an online survey had used ATS in the previous 6 months. Most drugs are smoked or ingested (51).

Youth: The use of whoonga and nyaope by children and adolescents is alarming. Drug use by youth can negatively influence cognitive development, violent behaviours, accidents, injuries, sexual risk, and increase their risk for being a victim of abuse. Alcohol and drug use also affect their ability and willingness to stay in school; the odds of repeating a grade are 60% higher for school learners who drink alcohol (52). Youth violence takes many forms including bullying, gang violence, sexual aggression, other criminal activities, and assaults occurring in streets, bars, and nightclubs. Whoonga has also been associated with and non-adherence to HIV treatment (32).

Inmates (offenders): In line with international experiences, various South African studies have shown that drug use is common among inmates (offenders): A national survey done among persons in holding cells at police stations in South Africa showed an interactive relationship between drug use, the demographic characteristics of individuals, and the socio-economic conditions (environment) in which individuals lived. However, socio-economic affluence did not necessarily insulate persons from substance use.

## GOAL 1:
## REDUCE DEMAND FOR DRUGS IN COMMUNITIES

### Demand reduction

Demand reduction is a general term used to describe policies or programmes directed at reducing the consumer demand for psychoactive drugs. It is applied primarily, but not exclusively, to illicit drugs and focuses on education, treatment, and rehabilitation strategies, as opposed to law enforcement strategies that aim to bar the production and distribution of drugs.

Demand reduction includes prevention and treatment strategies, such as:

1. Individual oriented strategies such as community-based and participatory educational programmes that for example demystify beliefs about the benefits of substance use and train people to counter social pressure.
2. Environment oriented strategies such as participatory efforts at redressing socio-economic deprivation and increasing opportunities for non-risky activities.
3. Specialised and broad-brush clinical services that provide short and long-term therapy as well as additional services such as medical treatment and occupational training, focused on reducing drug-related harms and disability, enhance rehabilitation, and prevent relapses and recurrences of drug misuse and SUD.
4. Community-based information campaigns that assist the public to detect risky drug use early and access appropriate preventive services.

Demand reduction is delivered along a continuum of care encompassing different stakeholders, players, and implementers.

### Continuum of care

Continuum of care refers to a process of involving an integrated system of care that guides and tracks clients over time through a comprehensive array of services at all levels of intensity of care. Below are services provided:

### Prevention

Prevention is a pro-active process that empowers individuals and systems to meet the challenges of life's events and transitions by creating and reinforcing conditions that promote healthy behaviour and lifestyles. It generally requires three levels of action: primary prevention (altering the individual and the environment so as to reduce the initial risk of substance use/abuse); secondary prevention (early identification of persons who are at risk of substance abuse and intervening to arrest progress); and tertiary prevention (treatment of the person who has developed substance/drug dependence).

### Early intervention

Early intervention means preventing the onset of any substance use, misuse, or abuse. Effective programmes in this respect take into account the complex interplay of environmental, cognitive, psychological, social, spiritual, and health factors. Since the 1990s, mental health interventions adopted early intervention measures that categorises interventions as universal (delivered to the general population), selective (targeted at populations at risk) and dedicated (aimed at high-risk individuals who may have minimal but detectable signs or symptoms of the disorder identified).

The following are the activities conducted during early intervention:

Initiatives directed at reducing the incidence of substance use related risks and harm through universal, selective and indicated prevention. Universal prevention refers to interventions that are targeted at the general public or to a whole population group that has not been identified on the basis of increased risk. Selective prevention targets individuals or subgroups of the population whose risk of developing a particular debility is significantly higher than average, as evidenced by biological, psychological or social risk factors. Indicated prevention targets high-risk people who are identified as having minimal but detectable signs or symptoms foreshadowing predisposition for a particular debility but who do not yet meet diagnostic criteria for the debility.

## Treatment

Treatment means the provision of specialised social, psychological, and medical services to service users and to persons affected by substance use and abuse with a view to addressing the social and health consequences associated therewith (Act No. 70 of 2008). It is important to acknowledge that family may enhance recovery from SUD; family members were involved with the client before treatment; they need to be involved with the client after treatment and changes in family functioning can be a positive influence to recovery.

Approximately 10% of individuals who begin to use drugs will over time develop changes in their behaviour and other symptoms that constitute SUD in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) diagnostic system. The goal of treating SUD is to reverse the negative impact that persisting drug use has on the individual and to help them resolve the disorder as possible and to become a productive member of their society (53).

SUDs are the result of a confluence of factors that lie both within individual vulnerabilities and the ecology or system in which the person finds themselves. The continued use of drugs despite negative consequences is best addressed accordingly.

Historically, most nations' strategies for addressing SUD centred on punishment ('war on drugs'). This has been shown to have almost no effect on the levels of the use or supply of drugs and has resulted in collateral harms. The recognition of the need to shift from criminal justice to a public health approach represents a major shift in mentality (54). The public health approach further recognises that people who use drugs are often conflicted between wanting to stop and continue to use.

The continued desire or craving for substances is one of the criteria for a SUD as described in the DSM-5. Interventions that help to address the desire for the drugs are therefore helpful in resolving the dependent, and habitual use of drugs. The role of drug treatment should therefore:

1) address the factors that increase the drive to use drugs compulsively, including individual biological and psychosocial vulnerabilities such as co-occurring mental health issues and diseases, lack of coping strategies, lack of life purpose and meaning and clinical withdrawal symptoms;
2) consider ways of reducing social exclusion, improving functioning and reducing the impact of structural drivers; and
3) reduce the current and future risks and potential harms related to drug use.

The treatment of SUD is defined as providing persons who are experiencing problems caused by their drug use, with a range of treatment services and opportunities to maximise their physical, mental, and social abilities. These persons can be assisted to attain the ultimate goal of freedom from drug dependence and to achieve full social reintegration. Treatment services and opportunities can include detoxification, substitution therapy and/or psychosocial support and counselling. Additionally, treatment aims at reducing the dependence on the drug, as well as reducing the negative health and social consequences caused by, or associated with, the use of the drugs (55).

Despite a significant increase in the number of patients with SUD admitted to specialist treatment centres in South Africa, the availability and access to treatment services remains limited. Heroin, OTC/PRE, methamphetamine, and cocaine were the substances that had the highest proportions of readmission (39).

Drug use and misuse could also increase a person's risk to other co-morbidities; the basic treatment package for SUD must therefore include screening for, and diagnosis and management of the following co-morbidities:

Screening for, and diagnosis and management of the following co-morbidities:

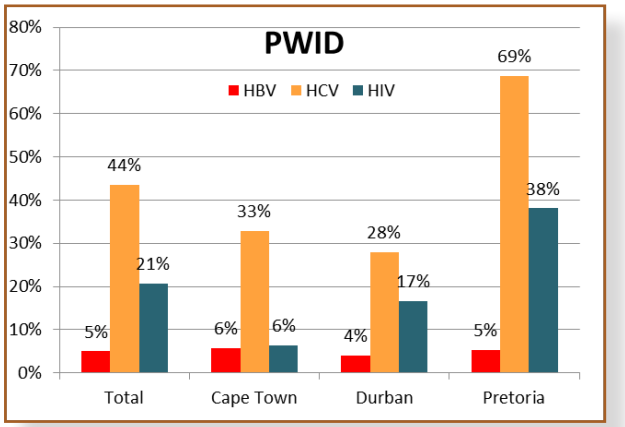



**Figure 1**

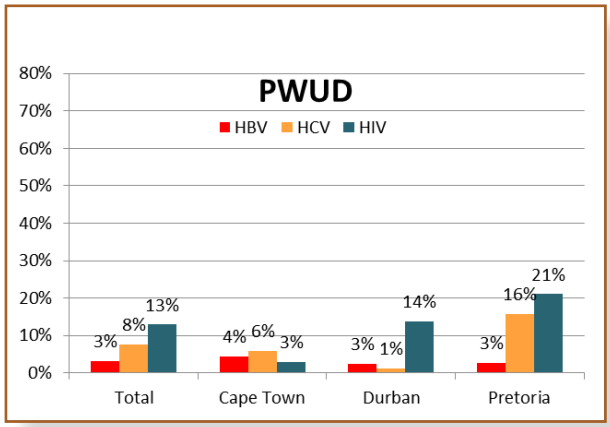



**Figure 2**

Figures 1 and 2 show the burden of Hepatitis B, Hepatitis C, and HIV disease in major South African cities. The prevalence of all three diseases are significantly higher for both people who inject drugs and people who use drugs, than in the general population (80).

- Hepatitis C: In the absence of sterile injecting equipment and commodities and knowledge of risk, Hepatitis C causes the greatest harm among people who inject drugs. To prevent hepatitis C infection and reinfection after treatment, access needs to be expanded to hepatitis C prevention and treatment. This includes affordable access to direct-acting antivirals; increased awareness; and access to diagnosis, NSP, long-term opioid agonist treatment (OAT), and medically assisted treatment (MAT).
- TB: People who use drugs are at a greater risk of becoming infected with TB, and people who inject drugs and/or people living with HIV are disproportionately affected. For people who use drugs, treatment for TB must be integrated with prevention and treatment services for other infectious diseases, particularly HIV, as well as for drug dependence as a continuum of care within the health-care system. Integrated TB and HIV services, NSP and drug treatment, alongside a multidisciplinary approach to care and management and closer collaboration between health, social welfare, and prison authorities, could enhance health outcomes.

- HIV: Riskier sexual behaviours when ingesting drugs and obtaining drugs could increase a person's risk to be infected with HIV and STIs. People who inject drugs are at higher risk of contracting HIV mainly through the sharing of non-sterile injecting paraphernalia. Removing barriers and increasing access to and coverage of evidence-based prevention and treatment services are critical (81).
- Injuries and violence: Adolescents increase their risk of being injured, sometimes fatally, when under the influence of alcohol and/or other drugs (82). Drug use is associated with the main forms of unintentional injuries (traffic, drowning, poisoning, burns and falls), as well as intentional injuries (interpersonal violence, including suicide, child abuse and neglect, and sexual violence) that befall young people in South Africa (83).

## Aftercare and reintegration

Aftercare means ongoing professional support to a service user after a formal treatment episode has ended in order to enable him or her to maintain sobriety or abstinence, personal growth and to enhance self-reliance and proper social functioning.

## Aftercare programme

Aftercare is a general term used to describe ongoing or follow up treatment for substance abuse that occurs after an initial acute care programme.

The objectives of an aftercare programme are as follows:

- To maintain recovery from substance abuse.
- To find ways to prevent lapse or relapse.
- To achieve a life filled with rewarding relationships and sense of purpose.

Like many serious chronic conditions, there is no easy solution for addiction; (re)lapse is always a possibility, which makes it challenging to measure the effectiveness of an aftercare programme. Lapse refers to a single episode of use that may not lead to continued use or relapse. Relapse occurs in between 40- 60% of drug addicted people. Relapse is more common in people with poor social capital.

Aftercare services should address amongst other things:

- Relationships;
- Child Care;
- Housing and transportation;
- Finances;
- Legal involvement;
- Education;
- Medical status including HIV/ AIDS testing and treatment; and
- Mental Health.

This system is based on the understanding that imbalance with any of these components could lead to increased stress and a greater chance of relapse. If aftercare only focuses on one area, it may not be addressing the root of the greater issue.

Components of aftercare:

- Health: Health related services will provide the individual in treatment with measures to overcome or reduce their target symptoms.
- Home: Home services focus on ensuring that the person in treatment has stable and supportive quality aftercare programme will offer support in finding housing, connecting to available services and transportation to approach.

Core services elements of aftercare and reintegration:

- Allow service users to interact with other service users, their families and communities;
- Allow service users to share long term sobriety experiences (e.g. Alcohol Anonymous Groups);
- Promote group cohesion among service users;
- Enable service users to abstain from substance use and abuse;
- Are based on structured programmes;
- Must focus on successful reintegration of a service user into society and family and community life; and
- Prevent the recurrence of problems in the family environment of the service user that may contribute to substance abuse.

### Health and Welfare Approach

This analysis accepts an approach [12] of substance use and related harm, largely consistent with evidence regarding the general determinants of substance use and related harm as presented by various local and international agencies and scientists. [13]

## ASSUMPTIONS UNDERLYING THE APPROACH

The approach assumes that *substance use* is:

1) Multidimensional;
2) Variable across time, place and persons, and
3) Emerges and is maintained within a particular social and physical context among particular *people*, with individual choice regarding the use of substances exercised within and influenced by the societal and physical environment in which the relevant persons live.

More specifically, the approach regards substance use as:
manifesting in multiple interactive facets, that vary across location, time and persons; and as the outflow of an *interactive* relationship between three general factors: agents (psychoactive substances), hosts (individuals who consume substances) and environments known as the Drug Triad (opioids have the potential to cause substance dependence that is, the symptoms of the triad are: pinpoint pupils, unconsciousness and respiratory depression. Combining opioids with alcohol and sedative medication increases the risk of respiratory depression and death, and a combination of opioids with alcohol and sedatives are often present in fatal drug overdoses) within a particular concrete/empirical area, i.e. the outcome of the *interaction* between the pharmacological effects of substances and a demand for as well as access to substances at the level of the individual and the social and physical environment concerned.

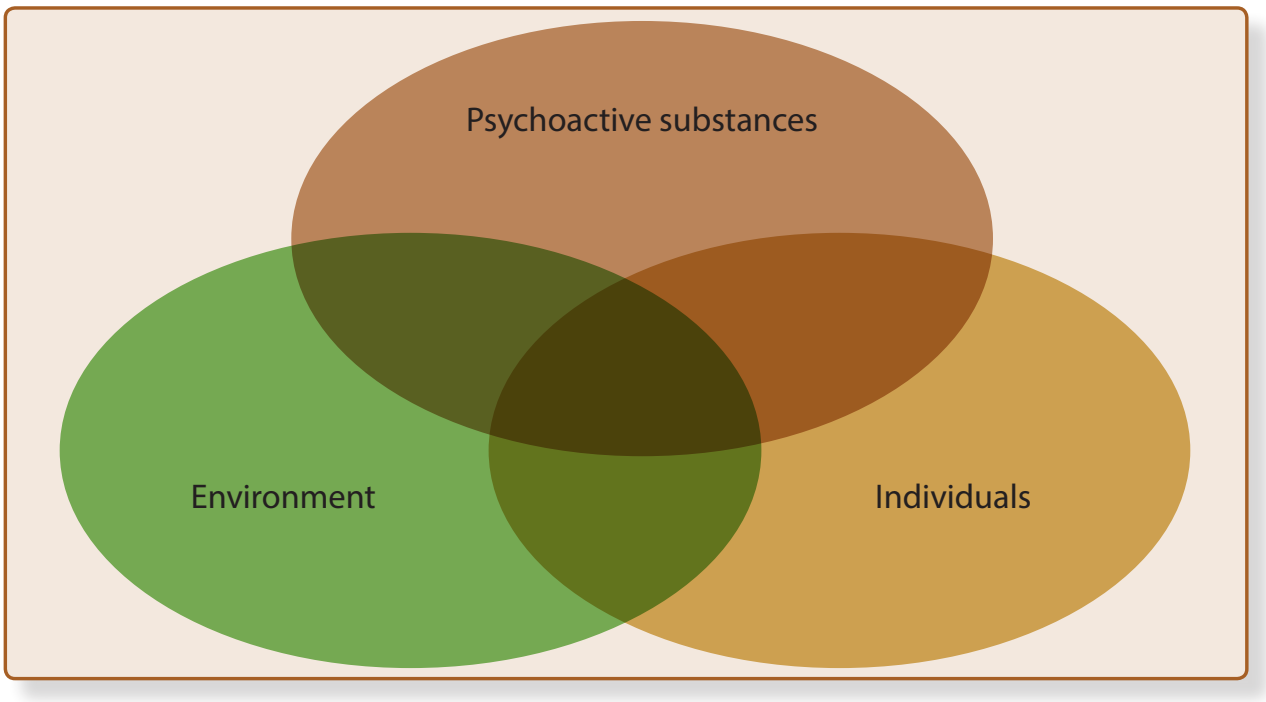



**Figure 3: Public health-oriented perspective of substance use**

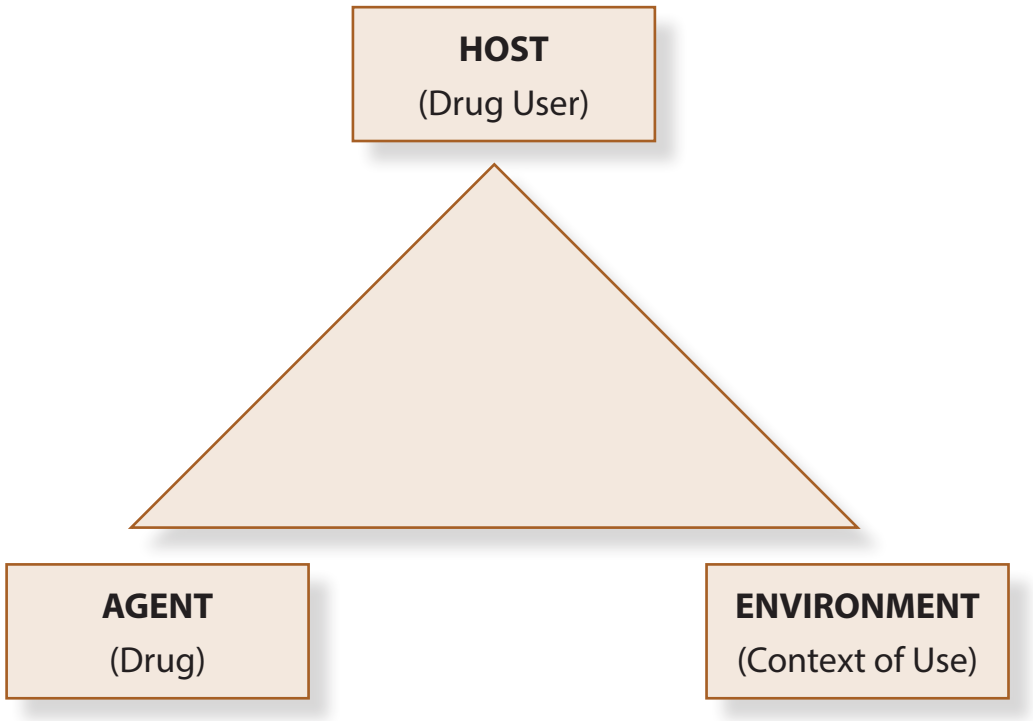



**Figure 4: The Drug TRIAD**

In accordance with the findings of various global and local studies on psychosocial contributors to psychoactive substance use,[14] the basic premises of general theoretical perspectives in sociology,[15] and the basic premises of ecological conceptual models of substance use and related issues such as violence[16] as well as theoretical premises underlying health promotion,[17] the analysis assumes that various sociocultural and psychological variables contribute to a demand for and access to psychoactive substances. The following assumptions are made:

## Drug demand in a community

Drug demand in a community depends on the extent to which certain socio-cultural conditions or pressures prevail. These factors provide social support towards drug use. A lack of (or limited) social discrimination against drug use, and high social exposure to drug use, promote uptake of drugs in a community. The extent to which social pressures in a community exist therefore depends on community tolerance towards drug use; a belief that discrimination against drug use is mild or non-existent; a belief in the rewarding nature of drug use, and a personal attraction to drug use.

The supply or accessibility of drugs in a community depends on the opportunities available for using drugs, the knowledge and awareness of drug use, and the ways of in which substances are offered.

The demand for drugs in a community tends to agree with the level of drug use and harm in that community. Certain drug use patterns, such as binge drinking, poly-drug use, and injection drug use, contribute to community harm.

The social public health approach explicitly recognises the complexity and variability across place and time of drug use, as well as the link between drug uses, the people who use drugs, and conditions within which these individuals live. This complexity can be influenced by:

- How drug use is organised and happens during social interaction in a community;
- The interdependency between people and their economic and cultural environments;
- The influence of power relations on individual behaviour, and
- The structural constraints on individual decision making and action, such as unemployment.

Prevention strategies to protect people from drug use initiation must be based on scientific evidence, working with families, schools, and communities to ensure that especially children, young people, the most marginalised, and the poor, grow and stay healthy and safe into adulthood and old age (59). The problems linked to drug use and SUD exists at the local community level, necessitating an understanding about both the causes and system dysfunctions at that level. Local level solutions should inform local drug master plan (DMP) implementation plans, which are aligned with the NDMP 2019 - 2024.

## Reducing drug-related harms

Reducing the harms associated with drug use is a pragmatic approach and aims to reduce the harmful effects of drug or alcohol use and/or other high-risk activities. It incorporates various strategies, and could include both managed use and abstinence. Most harm reduction strategies have the primary goal of meeting individuals 'where they are at'. Rather than ignoring or condemning harmful behaviour, it seeks to work with the individual or community to minimise the harmful effects of specific behaviours (60,61).

It is also important to focus strategies to reduce harm for people who use drugs (including alcohol) in a recreational setting. For example, responsible beverage service training teaches liquor sellers to recognise and respond to under-aged or intoxicated patrons at risk from harm associated with heavy alcohol consumption. Patrons themselves can be educated, and the installation of breathalysers, or the availability of drinks that are alcohol

free, could contribute to harm reduction (62). Governments can moderate alcohol consumption by developing guidelines for consumption, consumption during pregnancy, and blood alcohol limits for driving (63).

Evidence-based strategies to reduce harm need to be part of comprehensive programmes (64,65). A comprehensive approach includes needle and syringe exchange programmes (NSP); opioid agonist therapy (OAT); HIV testing services (HTS); HIV and STI prevention and treatment; condom and lubrication programmes for people who use drugs and their sexual partners; targeted information, education and communication (IEC) programmes; prevention, vaccination, diagnosis and treatment for viral hepatitis; and TB prevention, diagnosis and treatment (66).

## Needle and syringe programs (NSP)

NSP programmes are targeted towards people who inject drugs to counter their higher risk of HIV due to injecting risk (including needle, syringe, and injecting paraphernalia sharing) and risky sexual behaviour. NSP aims to reduce HIV risk by providing sterile injecting equipment. As a policy, it is one of nine interventions that have been endorsed as part of a comprehensive approach to prevention, treatment and care of HIV among people who inject drugs (67). This is the policy that has been adopted in South Africa's National Strategic Plan for HIV, TB and STIs 2017-2022. Evidence suggests that NSPs are effective in halting the spread of HIV, however, NSP should be considered as one aspect of a wide range of interventions (68). In order for NSP to be a success, NSP programmes:

- must be well accepted by all stakeholders. Stakeholders could include government officials, funders as well as police and staff who manage the implementing organisations who distribute the needles and syringes;
- utilise a range of NSP service modalities;
- offer counselling on how to use equipment and additional prevention, and
- also offer Opioid Agonist Treatment (OAT) (69).

The main burden of disease for people who inject drugs in Pretoria are: Sepsis; HCV; HIV and AIDS related complications; infective endocarditis and TB. The first four are significantly reduced by the combination of high-coverage supply of sterile injecting equipment, regular contact with services and education on risk mitigation.

Legislation seriously affects the success of NSPs, as criminalising drug use (which can include possession of injecting equipment) causes tension between people who inject drugs, police, and NSP service providers. This raises the importance of a unified philosophy across the system, which will ensure that stakeholders are not working against each other (70).

## Opioid Substitution Therapy (OST)

OST is an evidence-based intervention for individuals who are opiate dependent. OST replaces illicit drug use with medically prescribed, orally administered opiates, including buprenorphine and methadone (64), which were added to the WHO model list of essential medicines in 2005 (71). Additional services can also be provided as part of a comprehensive programme. Integrated services decrease the incidence of HIV and TB among people who inject drugs (72) and promote retention in recovery programmes, which also benefits those close to people who inject drugs (73). As with NSP, it is important that law enforcement understand OAT to ensure that there is no potential confusion on implementation (74). Recommendations for safe and effective OAT provision include:

- patient assessment, selection and education;
- baseline and follow up electrocardiograms in at risk individuals;
- individualised and flexible dosage depending on symptoms;
- urine drug testing on initiation to confirm opioid use;
- monitoring of adverse effects, and
- monitoring neonates born to mothers receiving methadone treatment (75).

### Table 4: Goal 1: Demand reduction deliverables

| **GOAL 1**<br><br>**MEASURABLE OBJECTIVES** | **Reduce demand through prevention and treatment of substance use**<br><br>Reduction in drug use.<br>Percentage SUD treated.<br>Harms minimised. | |
|---|---|---|
| **ACTIVITIES** | **RESPONSIBLE BUSINESS UNITS/DEPARTMENTS** | **TARGET DATE** |
| 1. Prevent substance use initiation and delay uptake. | **Lead:** Social Development, Basic Education, Sports, Arts, and Culture and Health.<br>**Dependencies:**<br>Higher Education and Training, South African Police Services, Non-Governmental Organisations and civil society, Cooperative Governance, Traditional Affairs, National Youth Development Agency, Congress of Traditional Leaders of South Africa, Home Affairs, Sports, Arts and Culture, Correctional Services. | 2019 - 2024 |
| 2. Early intervention to prevent progression to substance use disorder (SUD). | **Lead:** Social Development, Health, Basic Education.<br>**Dependencies:**<br>Cooperative Governance, Traditional Affairs, Home Affairs, Correctional Services. | 2019 - 2024 |
| 3. Increase evidence-based prevention programmes to target risk groups in multiple settings. | **Lead:** Social Development, Health.<br>**Dependencies:**<br>Basic Education, Higher Education and Training, Trade and Industry, Non- Governmental Organisations/Civil Society Organisation, Transport, Cooperative Governance, Traditional Affairs, National Youth Development Agency, Correctional Services, Congress of Traditional Leaders of South Africa. | 2019 - 2024 |
| 4. Develop a social mobilisation/community advocacy strategy for demand reduction. | **Lead:** Social Development, Health, Basic Education.<br>**Dependencies:**<br>Higher Education and Training, Trade Industry, Non- Governmental Organisations, Transport, Civil Society organisation, Cooperative Governance, Traditional Affairs, National Youth Development Agency, Congress of Traditional Leaders of South Africa. | 2019 - 2024 |
| 5. Enhance multi-sectoral cooperation to reduce demand for drugs. | **Lead:** Social Development, Health.<br>**Dependencies:**<br>South African Police Services, all the cluster departments and Civil Society Organisations. | 2019 - 2024 |
| 6. Increase participation of people with SUD in treatment programmes. | **Lead:** Health, Social Development, Correctional Services<br>**Dependencies:**<br>Non- Governmental Organisations, Civil Society Organisations, Cooperative Governance, Traditional Affairs. | 2019 - 2024 |

| Goal 1<br><br>MEASURABLE OBJECTIVES | **Reduce demand through prevention and treatment of substance use**<br>Reduction in drug use.<br>Percentage SUD treated.<br>Harms minimised. | |
|---|---|---|
| **Activities** | **Responsible Business Units/Departments** | **Target Date** |
| 7. Ensure adequate capacity, quality, and availability of evidence-based treatment programs and facilities. | **Lead:** Health, Social Development, Correctional Services.<br>**Dependencies:**<br>South African National AIDS Council, Correctional Services, Civil Society Organisations. | 2019 - 2024 |
| 8. Develop and implement the minimum norms and standards on the treatment of SUD. | **Lead:** Social Development.<br>**Dependencies:**<br>Health, Correctional Services. | 2019 – 2024 |

## GOAL 2:
## SUPPLY REDUCTION AND RELATED MEASURES, EFFECTIVE LAW ENFORCEMENT, RESPONSES TO DRUG RELATED CRIME; AND COUNTERING MONEY LAUNDERING AND PROMOTING JUDICIAL COOPERATION

South Africa's response to drug use and misuse recognises the need to modernise and align legislation to increase capacity in intelligence, financial investment, investigation, and prosecution processes; and to increase awareness within communities on the consequences of dealing in drugs and the implications of a drug conviction (40). Law enforcement approaches to reduce drug supply in South Africa is moving its focus from mainly arresting the drug users who constitute more than 80% of drug related cases currently, to the manufacturers, distributors, and traffickers of drugs. This change necessitates coordination between the criminal justice system and the public health sectors, as well as policy reform to reduce drug supply.

Law enforcement, without the consideration of public health and human rights, increases the health risks of people who use drugs, and specifically people who inject drugs, and their communities (76). In terms of law enforcement, sending drug users to prison could have negative consequences. Arresting and imprisoning drug users is ineffective as there are few behavioural or biological interventions in prison that aid drug users (65). Exposure to the prison environment often facilitates involvement with older criminals, criminal gangs, and organisations. It also increases stigma and the formation of a criminal identity. The prison environment often increases social exclusion, worsens health conditions, and reduces social skills (77). Besides, incarceration and serving penalties for drug use is expensive, whereas humane treatment in the community encourages voluntary uptake of treatment (78).

### Policing of drugs

The objective of policing, in terms of the Constitution of the Republic of South Africa, 1996, Section 205 (3) is to:

- Prevent, combat and investigate crime;
- Maintain public order;

- Protect and secure the inhabitants of the Republic and their property; and
- Uphold and enforce the law.

The following SAPS Divisions provide for drug demand and supply reduction strategies, according to their functions as indicated below:

- Division Personnel Services - implementation of Employee Health and Wellness programmes including those targeting liquor and substance abuse.
- Corporate Communication – technical support to social crime prevention programmes and projects in this regard.
- Division Visible Policing – coordinate social crime prevention and law enforcement actions targeting liquor and substance abuse at national, provincial and station level and ensure the accurate reporting of arrests and seizures including as SAPS performance information.
- Division Operational Response Services - coordinate border related crime combating operations.
- Division Detective Service - investigation of all drug and liquor related crimes, except priority crime investigations undertaken by the DPCI.
- Division Forensic Services – improve efficiency of forensic support for drug related investigations.
- Division Crime Intelligence - provision of crime intelligence, to direct, inform and support police operations to prevent, combat and investigate drug related crime.
- Directorate for Priority Crime Investigations (DPCI) – their duty is first and foremost to prevent, combat and investigate national priority offences, which offences may include high level criminal groups involved in the illicit drug trade nationally and transnationally.

The SAPS handle both national and transnational aspects of drug trafficking, law enforcement and the combating of substance abuse. These crimes remain a serious challenge to South Africa. Drugs have become easily accessible and to contributes more effectively towards addressing the scourge of drugs in our communities, the priority focus should be on drug dealing cases and secondly possession cases.

Increased illicit drug use and liquor consumption are some of the main contributors to the perpetration of violent crime. Numerous and significant illicit drug seizes by authorities at international airports and at ports of entry, point to South Africa being considered a lucrative market for international drug syndicates. The successes achieved with the dismantling of clandestine drug laboratories locally, also indicate that the drug market in South Africa is not solely supplied by international sources. Emerging threats regarding new synthetic drugs or drugs that have not previously been considered to be active in the South African drug market pose challenges.

Practical strategies to reduce the supply of alcohol, for example, could include restricting alcohol sales to intoxicated persons; restricted alcohol sales to minors and visibly pregnant women; the availability of water, non-alcoholic beverages and food in alcohol serving establishments; adequate lighting, security, and toilets; campaigns to discourage drunk driving; adherence to set opening and closing times, etc. The School Safety Programme remains a priority for the SAPS as the key mechanism for engaging the youth on safety and security-related issues.

To reduce crime related to the supply of drugs requires a combination of multi-disciplinary measures to prevent drug-related crime, violence, victimisation and corruption, and measures to address the criminal justice system and structural factors that facilitate, drive, enable, and perpetuate organised and drug-related crime.

While the various law enforcement agencies continue with efforts to address drug use and misuse at different levels, there are multiple drivers. These drivers range from inadequate knowledge, poor logistics and street-level coordination, legislative and capacity related challenges, to operational shortcomings. In response, South Africa adopted a four-pronged action plan to reduce the supply of illicit drugs (40), namely:

- Capacity building and awareness.
- Operational coordination.
- Mitigation of drug supply through the enhancement of investigative and prosecutorial approaches.
- Legislative and policy review and harmonisation.
- Identify trends and control New Psychoactive Substances (NPS).

Stronger border management strategies and control of illicit cultivation and manufacturing of drugs will contribute to a reduction in supply and associated crimes. These strategies must be supported with capacity building of law and border officials, and laboratories responsible for the testing of drugs.

Law enforcement, without the consideration of public health and human rights, increases the health risks of people who use drugs, and specifically people who inject drugs, and their communities (76). In terms of law enforcement, arresting and imprisoning drug users is ineffective; there are little behavioural or biological interventions in prison that can aid drug users (65). Exposure to the prison environment facilitates involvement with older criminals, criminal gangs, and organisations. It also increases stigma and the formation of a criminal identity. Often, prison increases social exclusion, worsens health conditions, and reduces social skills (77). Additionally, incarceration and serving penalties meted out for drug use is expensive, whereas humane treatment in the community facilitates voluntary uptake of treatment. The criminal justice system could promote treatment where this is not available in the community (78). It is necessary to form relationships between the criminal justice and public health sectors, and to change laws and/or norms to support evidence-based harm reduction.

## Table 5: Goal 2: Supply reduction deliverables

| | | |
|---|---|---|
| **Goal 2** | **Reduce the supply of drugs through proactive law enforcement; effective responses to drug-related crime; countering money-laundering and promoting judicial cooperation** | |
| **Measurable objectives** | Increase focus on disruption, dismantling and neutralising the drug trafficking networks as opposed to drug users.<br>Reduce drug related corruption and money laundering.<br>Reduce the diversion of precursor chemicals.<br>Strengthen monitoring and reporting mechanisms related to NPS and emerging drugs.<br>Improve understanding of the national drug threat assessment.<br>Improve information gathering and analysis of the drug threats and trends.<br>Improve investigation, prosecution and convictions of drug supply networks.<br>Review and harmonise laws and policies related to supply reduction. | |
| **Deliverable** | **Responsible Business Unit/Department** | **Target Date** |
| 1. Increase capacity building and awareness to prevent drug-related crimes. | **Lead:** South African Police Services.<br>**Dependencies:**<br>Department of Social Development, Department of Justice and Constitutional Development, South African Police Services, National Prosecuting Authority, Department of Basic Education, Department of Health, Department of Higher Education and Training, Department of Transport, Department of Home Affairs. | 2019 - 2024 |
| 2. Enhance operational coordination at all levels. | **Lead:** Directorate for priority Crime Investigations.<br>**Dependencies:**<br>State Security Agency, South African Revenue Service, South African National Defence Force, Department of Home Affairs, Border Management Agency, Cross Border Road Transport Agency, National Prosecuting Authority, Department of Justice and Constitutional Development, Financial Intelligence Centre, South African Revenue Service, South African Police Services. | 2019 - 2024 |
| 3. Mitigate the supply of drugs and liquor through enhanced operations; (investigations and prosecutions). | **Lead:** Directorate for Priority Crime Investigations.<br>**Dependencies:**<br>Department of Justice and Constitutional Development, National Prosecuting Authority, South African Revenue Services, Financial Intelligence Centre, Directorate for Priority Crime Investigation, Forensic Science Laboratory, South African Police Services. | 2019 - 2024 |
| 4. Review and harmonise laws and policies related to supply reduction. | **Lead:** Department of Justice and Constitutional Development.<br>**Dependencies:**<br>Department of Health, Department of Trade and Industry, Department of Transport, South African Police Services and the Department of Social Development. | 2019 - 2024 |
| 5. Identify trends and control New Psychoactive Substances. | **Lead:** South African Police Services.<br>**Dependencies:**<br>Department of Justice and Constitutional Development, National Prosecuting Authority, Directorate for Priority Crime Investigations, Forensic Science Laboratory, South African Health Product Regulatory Authority. | 2019 - 2024 |

## GOAL 3:
## INCREASE THE AVAILABILITY OF AND ACCESS TO CONTROLLED SUBSTANCES EXCLUSIVELY FOR MEDICAL AND SCIENTIFIC PURPOSES WHILE PREVENTING THEIR DIVERSION

This goal aims to increase the number of patients receiving appropriate treatment for medical conditions requiring the use of a specific medication, while controlling the misuse and diversion of those substances. The national drug policy requires safe, quality, and effective medicines to be available to the public. On 1 June 2017, the Medicines and Related Substances Amendment Act, 2008 (Act No. 72 of 2008), and the Medicines and Related Substances Amendment Act, 2015 (Act No. 14 of 2015) came into force. Together, the two Amendment Acts introduce far-reaching changes in the regulatory environment applicable to medical devices, complementary medicines, and health supplements. Most fundamental is the change in the regulatory authority in charge of the regulatory oversight from the Medicines Control Council to the South African Health Products Regulatory Authority (SAHPRA). SAHPRA is an organ of state, but is outside of the public service. Powers vested in SAHPRA include, amongst others, those to register medicine, medical devices, or complementary medicines; register facilities where medicines and related substances are manufactured and stored; and control the distribution of and access to medicines and related substances. One of the more novel functions awarded to SAHPRA is to ensure the periodic re-evaluation or re-assessment and monitoring of medicines, medical devices and in-vitro devices.

Effective drug supply chains minimise the diversion, misuse, and trafficking of drugs for medicinal use. A critical task under this objective is to ensure that the Standard Treatment Guidelines and Essential Medicines List (EML) is updated regularly and that drugs are available in all clinics, hospitals, and pharmacies where patients need access. Impediments to the availability and accessibility of controlled substances for medical and scientific purposes must be removed, for example unnecessary delays in issuing of import and export authorisations.

## Table 6: Goal 3: Control of drugs intended for therapeutic use deliverables

| Goal 3 | **Increase the availability of and access to drugs intended for medical and scientific use** | |
|---|---|---|
| Measurable Objective | Import and export authorisations.<br>Drugs on Standard Treatment Guidelines and Essential Medicines List (EML) for drug-related treatment. | |
| **Activities** | **Responsible Business Units/Departments** | **Target Date** |
| 1. Provide an effective supply chain for controlled substances for legitimate purposes. | **Lead:** South African Health Product Regulatory Authority and Health.<br>**Dependencies:**<br>South African Police Services, South African Revenue Service, Department of Trade and Industry. | 2019 – 2024 |
| 2. Update the Standard Treatment Guidelines and Essential Medicine List (EML) to reflect changes in the clinical and research environment and satisfy the priority health care needs of the population. | **Lead:** Department of Health. | 2019 – 2024 |
| 3. Determine the scheduling status of any substance or medicine based on the risk-access profile of the substance. | **Lead:** South African Health Product Regulatory Authority. | 2019- 2024 |
| 4. Reduce the non-medical use and misuse of drugs and prevent their diversion, misuse, and trafficking, | **Lead:** South African Health Product Regulatory Authority.<br>**Dependencies:**<br>South African Police Services, South African Revenue Service, Department of Trade and Industry. | 2019 – 2024 |
| 5. Improve affordability of controlled substances while maintaining their quality, safety and efficacy. | **Lead:** Health, South African Health Product Regulatory Authority. | 2019 – 2024 |
| 6. Strengthen regulation of the cultivation, production, possession, manufacturing, storage, trade, and distribution of drugs for medical, scientific and research purposes. | **Lead:** Health, South African Health Product Regulatory Authority.<br>**Dependencies:**<br>South African Revenue Service, South African Police Services. | 2019 - 2024 |

## GOAL 4:
## IDENTIFICATION AND CONTROL OF NEW PSYCHOACTIVE SUBSTANCES

In addressing NPS and ATS, including methamphetamine, the diversion of precursors and pre-precursors and the non-medical use and misuse of pharmaceuticals containing narcotic drugs and psychoactive substances requires careful coordination and a targeted approach. The emerging challenge of NPS, including their adverse health consequences, and the evolving threat of ATS, underscore the importance of enhancing information-sharing and early warning networks, developing appropriate national legislative, prevention and treatment models and supporting scientific evidence-based review and scheduling of the most prevalent, persistent and harmful substances. Also important is the diversion and misuse of pharmaceuticals containing narcotic drugs and psychoactive substances and precursors while ensuring their availability for legitimate purposes (54).

NPS are a growing threat internationally with new drugs appearing at frequent intervals in Europe and the United States. South Africa is not immune to the globalised nature of the illegal drug trade and NPS' use has emerged locally. Law Enforcement agencies and treatment centres need to be very vigilant in monitoring this fast evolving and dynamic situation(10).

The increasing trend in the illicit drug trade is likely to persist as moderating factors, such as the border management processes at the ports of entry; coupled with weaknesses in the management and control of pharmaceutical front companies, identity theft, and the misrepresentation of controlled chemicals; and online anonymous trade; has enabled syndicates to purchase precursor chemicals easily.

There is a well-entrenched and lucrative market for anabolic steroids. Athletes and body builders who misuse anabolic steroids support large-scale importation and illegal distribution networks. Suppliers are very skilled in marketing and advertising these products online and through social media.

### Table 7: Goal 4: Control of New Psychoactive Substances Deliverables

| Goal 4 | **Identify trends and control New Psychoactive Substances** | |
|---|---|---|
| Measurable Objective | Number trained to identify and control New Psychoactive Substances (NPS) and Amphetamines Type Stimulant (ATS).<br>Number arrests of dealers.<br>Number of clandestine laboratories dismantled.<br>Arrest of internet drug dealing. | |
| **Deliverable** | **Responsible Business Unit/Department** | **Target Date** |
| 1. Address NPS, ATS, the diversion of precursors and pre-precursors and the non-medical use and misuse of pharmaceuticals containing narcotic drugs and psychotropic substances. | **Lead:** South African Police Services.<br>**Dependencies:**<br>Department of Health, Department of Trade and Industry, South African Revenue Service. | 2019 - 2024 |
| 2. Encourage the development and implementation of comprehensive measures and programmes to enhance the capacity of law enforcement agencies to detect and identify NPS and ATS. | **Lead:** South African Police Services. | 2019 - 2024 |
| 3. Continue to identify and monitor trends in the composition, production, prevalence and distribution of NPS, ATS, and chemicals used in the illicit manufacturing of drugs. | **Lead:** South African Police Services. | 2019 - 2024 |
| 4. Implement timely, scientific evidence-based control or regulatory measures within national legislative and administrative systems to tackle and manage the challenge of NPS. | **Lead:** South African Police Services.<br>**Dependencies:**<br>Department of Health, Department of Trade and Industry, South African Revenue Service. | 2019 - 2024 |
| 5. Prevent and counter the use of technologies, including the Internet by drug trafficking networks and transnational criminal organisations, to facilitate drug-related activities. | **Lead:** South African Police Services. | 2019 - 2024 |
| 6. Promote and strengthen regional and international cooperation on NPS. | **Lead:** Department of International Relations and Cooperation.<br>**Dependencies:**<br>South African Development Community secretariat, United Nations Office on Drugs and Crime, International Narcotic Control Board, South African Police Services. | 2019 - 2024 |

## GOAL 5:
## PROMOTE GOVERNANCE, LEADERSHIP, AND ACCOUNTABILITY FOR A COORDINATED MULTI-SECTORAL EFFECTIVE RESPONSE

Achieving the previous four goals of the NDMP 2019 - 2024 depends on the next two cross-cutting goals: strong leadership, governance and leadership to implement NDMP 2019 - 2024 and the collection of the necessary strategic information to ensure an evidence-based approach.

### Central Drug Authority (CDA)

The CDA was established to give effect to the NDMP, which is the blueprint for combating drug abuse and misuse in South Africa. The CDA is a statutory body established and functioning in terms of Chapter 10 of the Prevention of and Treatment for Substance Abuse Act (13), as amended. The CDA serves for a period of five years, advises the Minister of Social Development on any matter associated with abuse and misuse, and is responsible for reviewing the national drug strategy every five years.

To deliver this mandate the CDA is required to direct, guide, and oversee the implementation of the NDMP, and monitor and evaluate the success of the NDMP. This means that CDA must co-ordinate the efforts of all departments at national, provincial, and local levels. The CDA must facilitate the integration of the work of the different stakeholders, including the national, provincial, and local departments, and report to Parliament on the outcomes of the NDMP and the outputs achieved by the CDA's institutional support framework. Provincial Substance Abuse Forums (PSAF) and Local Drug Action Committees (LDAC) are responsible for the development of local DMPs and for its implementation. Capacitating the LDAC is a collective responsibility among departments, and not the sole responsibility of municipalities.

The CDA is supported by a secretariat that provides administrative support to the CDA and its institutional framework. The functions of the CDA secretariat are described in section 55 (1), (2) and (3) of the Prevention of and Treatment for Substance Abuse Act, 2008 (13).

### Roles of national departments

Specific National Government Departments form part of and are represented on the CDA (13). These stakeholder departments are charged with drawing up departmental DMPs in line with their core functions to implement those aspects of the NDMP that fall within their mandate.

## Table 8 Goal 5: Governance, leadership, and accountability deliverables

| Strategic Intervention | **Strategic Intervention1: Governance, leadership, and accountability** | |
|---|---|---|
| Goal 5 | **Promote governance, leadership and accountability for an effective response** | |
| Measurable Objectives | Central Drug Authority (CDA) accountability score.<br>% Provincial Substance Abuse Forum (PSAF) and Local Drug Action Committee (LDAC) submitting monthly reports.<br>% responsible departments with allocated budget.<br>Amount additional funding raised to implement National Drug Master Plan (NDMP). | |
| **Deliverable** | **Responsible Business Unit/Department** | **Target Date** |
| 1. Support the CDA to achieve its Mandate as prescribed in the NDMP 2019 – 2024. | **Lead:** Department of Social Development. | 2019 - 2024 |
| 2. CDA must monitor the implementation of the NDMP by Departments in accordance with set deliverables and targets. | **Lead:** Central Drug Authority.<br>**Dependencies:**<br>South African Local Government Association, South African National AIDS Council, Department of Justice and Constitutional Development, South African Police Services, Department of Health, Department of Basic Education, Department of Higher Education and Training, National Youth Development Agency, Department of Home Affairs, Department of International Relations and Cooperation, Department of Trade and Industry, Department of Correctional Services, Department of Employment and Labour, National Treasury, Department of Transport, South African Health Product Regulatory Authority, Department of Sports , Arts and Culture, Department of Performance Monitoring and Evaluation, South African National Defence Force, Department of Cooperative Governance, Department of Traditional Affairs, National Prosecuting Authority, Financial Intelligence Centre, Provincial and Local Government. | 2019 - 2024 |
| 3. Coordinate all governments initiatives and strengthen government efforts to combat the scourge of substance abuse. | **Lead:** CDA. | 2019 - 2024 |
| 4. Monitor the utilisation of resources allocated for combating substance abuse. | **Lead**: CDA<br>**Dependencies:**<br>All departments represented in the CDA. | |
| 5. Conduct review sessions of reports based on reports received and provide trends to the role players on how they have performed and how they can improve their performance. | **Lead:** CDA<br>**Dependencies:**<br>All departments represented in the CDA. | 2019 - 2024 |

| Strategic Intervention | **Strategic Intervention1: Governance, leadership, and accountability** | |
|---|---|---|
| Goal 5 | **Promote governance, leadership and accountability for an effective response** | |
| Measurable Objectives | Central Drug Authority (CDA) accountability score.<br>% Provincial Substance Abuse Forum (PSAF) and Local Drug Action Committee (LDAC) submitting monthly reports.<br>% responsible departments with allocated budget.<br>Amount additional funding raised to implement National Drug Master Plan (NDMP). | |
| **Deliverable** | **Responsible Business Unit/Department** | **Target Date** |
| 6. Promote and strengthen regional and international cooperation. | **Lead:** Department of International Relations Cooperation.<br>**Dependencies:**<br>SADC Secretariat, United Nations Office on Drugs and Crime, International Narcotic Control Board, South African Police Services, Central Drug Authority, Department of Social Development. | 2019 - 2024 |
| 7. Compile CDA Annual Report to Parliament and recommend it to be tabled in Parliament, | **Lead:** CDA<br>**Dependencies:**<br>All departments represented in the CDA. | 2019 - 2024 |
| 8. Capacity building of stakeholders on the NDMP 2019- 2024. | **Lead:** CDA<br>**Dependencies:**<br>All the implementing role players. | 2019 - 2024 |
| 9. Provide advice to sector Ministers on trends, extent, policy issues and any matter that require CDA expertise. | **Lead:** CDA<br>**Dependencies:**<br>Ministries represented in the Inter-Ministerial Committee on drugs and alcohol, as well as government departments. | 2019 - 2024 |

# GOAL 6:
# STRENGTHEN DATA COLLECTION, MONITORING, EVALUATION, AND RESEARCH EVIDENCE TO ACHIEVE THE GOALS

Strategic information consists of three levels of data collection and analysis:

Monitoring and evaluation (M&E)

## National Database

M&E involves on-going collection, reporting, and evaluation of activities at all levels to flag deviation from the plan. Departments, entities, and Provinces are required to produce approved provincial and local DMPs by July 2018. An NDMP 2019 - 2024 Detailed Action Plan will guide the design and implementation of the provincial and local DMPs. The DMPs, which are funded and resourced by the responsible departments are submitted to the departmental heads and ministers for approval and then forwarded to the CDA. Departments submit quarterly reports to the CDA.

Data contained in these reports are captured into the national database on substance use and misuse.

The CDA evaluates the submitted reports, consolidates the data, and reports on national progress and challenges to the Minister of Social Development. In terms of Act 20 of 1992 and Act 70 of 2008, the annual report is submitted to Cabinet for sign-off.

## Surveillance and surveys

Indicators to provide baselines to evaluate the impact of the NDMP 2019 - 2024, will be added to routine national surveys. Additional activities will include biological and behavioural surveys and population size estimations to measure the success of the plan.

## National Clearinghouse

National clearing house provides best practice evidence based and new scientific evidence to be collected and made available for consultation through the National Clearinghouse.

## Research

Research priorities on drug use and misuse will be identified and formulated as a national drug research plan, made available through the National Clearinghouse. To ensure that research is funded, these priorities will be included in the South African National Research Agenda.

### Table 9: Goal 6: Strategic information deliverables

| **Goal 6**<br><br>**Measurable Objectives** | **Strengthen data collection, monitoring, evaluation, and research evidence for an evidence-based response**<br><br>Functional national reporting system in place.<br>Baselines established for indicators.<br>National drug research agenda compiled. | |
|---|---|---|
| **Deliverable** | **Responsible Business Unit/Department** | **Target Date** |
| 1. Optimise routine data collection. | **Lead:** Central Drug Authority (CDA). | 2019 - 2024 |
| 2. Monitor and evaluate implementation of the NDMP 2019 – 2024. | **Lead:** Department of Social Development, Department of Performance Monitoring and Evaluation.<br>**Dependencies:**<br>Provincial Substance Abuse Forum, Local Drug Action Committee, local authorities, South African Local Government Association. | 2019-2024 |
| 3. Conduct surveys and surveillance to measure the impact of NDMP 2019 – 2024. | **Lead:** CDA. | 2019-2024 |
| 4. Strengthen and guide research activities to maximise impact and evidence. | **Lead:** CDA<br>Dependencies:<br>Department of Health, South African Police Services, South African Medical Research Council, Human Sciences Research Council. | 2019 -2024 |
| 5. Recommend the review of NDMP when necessary. | **Lead:** CDA<br>**Dependencies:**<br>Department of Social Development, all relevant stakeholders. | 2019- 2024 |

## GOAL 7:
## STIMULATE ROBUST AND SUSTAINABLE ECONOMIC GROWTH AIMED AT REDUCING POVERTY, UNEMPLOYMENT AND INEQUALITIES

In addressing substance abuse, the relevant stakeholders will collaborate and promote economic development and increases employment, alleviate poverty and address the inequality among the people in South Africa. Further, the National Intelligence Coordinating Committee (NICOC) is playing a major role in the combating of substance abuse in South Africa. It has developed the National Anti-Gangsterism Strategy to address the issue of all social ills including substance abuse.

The problem of gangs and gangsterism has continued to plague democratic South Africa as criminal activities of gangs have manifested in shootings, prison riots, intimidation, killings and organised crime. Gangsterism has undergone a process of, 'corporatisation', with gangsters becoming career criminals, forming part of organised syndicates and establishing a criminal economy in their communities.

According to NICOC's National Anti-Gangsterism Strategy the four-pillar approach to address gangsterism are identified as follows:

- ***Awareness*** which promote collaboration with communities.
- ***Prevention*** which refers to services, programmes or activities of government and civil society, designed to prevent people from joining gangs.
- ***Intervention*** which includes short, medium and long term interventions that may be law-enforcement, community or civil society driven.
- ***Coordination***, which entails the sequencing and synergising of programmes, processes and interventions including joint operations and information-sharing.

### Table 10: Goal 7: Information on economic sector deliverables

| Goal 7 | **Stimulate robust and sustainable economic growth aimed at reducing poverty, unemployment and inequalities** | |
|---|---|---|
| Measurable Objectives | Number of jobs created to improve the country.<br>The number of people who became constructively occupied and not indulged in substances or received new skills, personal and economic development.<br>Number of community profiling and dialogues at areas which are affected by social ills including gangs, crime and substance abuse.<br>Research conducted on household buying powers, poverty, unemployment, inequalities, substance abuse, youth participation in economic projects, as well as recommendations implemented to improve the situation etc. | |
| **Deliverable** | **Responsible Business Unit/Department** | **Target Date** |
| 1. Put systems and implement relevant policies and strategies. | **Lead:** Department of Economic Development; Department of Trade and Industry. | 2019- 2024 |
| 2. Coordinate relevant projects/programmes that will provide alternative development to the youths, unemployed, key populations etc. | **Lead:** Department of Economic Development, Department of Social Development, National Intelligence Co-ordinating Committee (NICOC).<br>**Dependencies:**<br>Universities, research Institutes, National Youth Development Agency, Department of Social Development, relevant economic cluster. | 2019 -2024 |
| 3. Monitor the impact and conduct implementation evaluation to measure the progress registered in terms of NDMP 2019 – 2024. | **Lead:** Department of Economic Development, Department of Performance Monitoring and Evaluation.<br>**Dependencies:**<br>National Youth Development Agency, Municipalities, Local Drug Action Committees. | 2019 -2024 |

# 7. REVIEW OF PLAN

The NDMP 2019 - 2024 is a living document, which will be adapted in line with research evidence and local trends in drug use and misuse. The DPME is responsible for monitoring the implementation of the NDMP 2019 - 2024.

# 8. CONCLUSION

This NDMP 2019 - 2024 represents a multi-sectoral approach to create a South Africa free from the harms associated with drug use, misuse, and abuse. The plan observes national and international policies, plans, and conventions to ensure respect and dignity for all people in South Africa. A concerted effort is required from policy makers, planners, and specifically implementers to eradicate drug-related harms in communities. The NDMP 2019 - 2024 reflects the inputs and contributions of many of these stakeholders that were consulted during the drafting of the plan. With the commitment of these stakeholders, effective prevention, treatment, and control of drug-related problems could become a reality in the country. The success of the implementation of NDMP 2019 - 2024 also depends on the continued support of the government, communities, and the business sector to provide the necessary resources, infrastructure, and accountability. Through good governance and improved evidence, this plan will usher renewed energy, investment, and effort into the health and welfare of many South Africans that will benefit from its implementation.

# 9. MONITORING & EVALUATION FRAMEWORK

| | Goals | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Indicator | Type | Calculation | Disaggregation | Data Source | Baseline | Target 2019 | Target 2022 | Reporting frequency | Responsible |
| Goal 1(a): Demand reduction: Reduce demand for drugs through prevention and treatment of substance use and abuse | | | | | | | | | | |
| 1 | Prevalence of drug use by People Who Use Drug (PWUD) | Outcome | Numerator: Population Denominator: PWUD | Geographic area, type of drug, age, sex | IBBS | 76,000 | | | Annual | SANAC |
| 2 | Percentage PWUD that progress to SUD prevented | | Numerator: PWUD Denominator: Substance Use Disorder (SUD) | # interventions | | | | | | |
| 3 | Prevalence of Injecting Drug Use (IDU) People Who Use Drug (PWID) | | Numerator: Population Denominator: PWID | Geographic area, type of drug, age, sex | | | | | | |
| 4 | Percentage PWUD died of drug-related causes | | Type of drug, reason for death | Geographic area, type of drug, age, sex | | | | | | |
| 5 | Communication strategy on risks of drug use, healthy lifestyles, supportive parenting, equal access to education and training for PWUD | Output | Number of people reached | Geographic area, schools, workplaces | | | | | | |
| 6 | Number of decision-makers reached with advocacy strategy to promote non-discriminatory drug policies | | Number non-discriminatory policies, number decision-makers reached | National departments | | | | | | |
| 7 | Number of safe spaces for recreation in communities | | Number of people with access to safe spaces for recreation in communities | Geographic area | | | | | | |
| 8 | Number of PWUD who report stigma and discrimination | | | | | | | | | |

| | Goals | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Indicator | Type | Calculation | Disaggregation | Data Source | Baseline | Target 2019 | Target 2022 | Reporting frequency | Responsible |
| 9 | Number of people who seek treatment for substance abuse | Output | number of people admitted to substance abuse treatment centres | Geographical area, type of substance, age, gender | South African Community Epidemiology Network on Drug Use (SACENDU) reports | 2017 Report | | | Biannual | South African Medical Research Council/ National Department of Health |
| Goal 1 (b): Treat SUD: Treat SUD to reduce the harms of drug use in communities | | | | | | | | | | |
| 10 | Number of evidence-based drug treatment, care and recovery protocols | | Number of people with access to treatment and recovery | | | | | | | |
| 11 | Number of community-based programmes and treatment programmes | | Number of people with access to treatment | Geographic area | | | | | | |
| 12 | Number of centres for aftercare for recovery and reintegration | | Number of people with access to recovery | Geographic area | | | | | | |
| 13 | Number of PWUD admitted to treatment centres | | Number of people admitted for treatment | Geographic area | | | | | | |
| 14 | Number of outreach programmes for PWUD | | Number of people reached with outreach | Geographic area | | | | | | |
| 15 | Percentage of PWUD who know their HIV, STI and hepatitis C status | | Numerator: Population Denominator: PWUD with known status | Geographic area, age, sex | | | | | | |
| 16 | Percentage of HIV testing in PWUD (HTS) | | Numerator: PWUD Denominator: PWUD tested | Geographic area, age, sex | | | | | | |
| 17 | Percentage of PWUD living with HIV on ART | | Numerator: PWUD HIV+ Denominator: PWUD on ART | Geographic area, age, sex | | | | | | |
| 18 | Percentage of PWUD on ART with viral load suppression at 12 months | | Numerator: PWUD on ART Denominator: PWUD on ART virally suppressed | Geographic area, age, sex | | | | | | |

| | Goals | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Indicator | Type | Calculation | Disaggregation | Data Source | Baseline | Target 2019 | Target 2022 | Reporting frequency | Responsible |
| 19 | Percentage of PWUD with access to comprehensive package of care including harm reduction interventions | | Numerator: PWUD<br>Denominator: PWUD with access | MAT, NSP, HIV prevention, care, and treatment, hepatitis C | | | | | | |
| 20 | Percentage of PWID reporting condom use at last sex | | | Geographic area, age, sex | | | | | | |
| 21 | Hepatitis C incidence | | Number of new Hep C diagnosed | Geographic area, age, sex | | | | | | |
| Goal 2: Supply reduction: Reduce the supply of drugs through proactive law enforcement; effective responses to drug-related crime; countering money-laundering and promoting judicial cooperation | | | | | | | | | | |
| 1 | Community education to reduce drug misuse and raise awareness of how to deal with problems related to drug abuse | | Number of community outreach campaigns<br><br>Number of schools identified for the implementation of School Safety Programmes | | | | | | Annual | |
| 2 | Provide basic drug investigation training workshops including drug detection/ legislation to law enforcement officials | | Number of training interventions<br>Number of members trained per division | | | | | | Annual | |
| 3 | Increase local drug investigative capabilities and SANEB capacitation | | Identify available specialists for secondment<br><br>Number of specialists seconded to SANEB<br><br>Number of dedicated drug units established at station and cluster level | | | | | | Annual | |

| Goals | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Indicator | Type | Calculation | Disaggregation | Data Source | Baseline | Target 2019 | Target 2022 | Reporting frequency | Responsible |
| 4 | Improve efficiency of forensic support for drug related investigations | | Number of awareness programs and forensic awareness sessions on identification of drugs, clandestine laboratories for SAPS and external stakeholders<br><br>% of priority cases finalized within 14 working days<br><br>% of routine forensic cases finalized within 28 working days<br><br>% of non -routine forensic cases finalized within 75 working days<br><br>Enhanced forensic finalization rate for drug cases<br><br>Establish capacity for forensic intelligence in drug cases | | | | | | Annual | |
| 5 | Development and implementation of integrated strategies to address the scourge of drugs | | Development of Integrated Operational Strategy (IOS) and implementation of Organised Crime Threat Assessment (OCTA) protocols | | | | | | Annual | |

| | Goals | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Indicator | Type | Calculation | Disaggregation | Data Source | Baseline | Target 2019 | Target 2022 | Reporting frequency | Responsible |
| 6 | Enhanced information sharing amongst LEAs | | Documented information-sharing mechanisms<br><br>Number of joint operations<br><br>Shared and updated Priority Target list | | | | | | Annual | |
| 7 | Improved regional and international cooperation with foreign LEAs | | Number of formal agreements in place (MLAs / MOUs)<br><br>Number of joint operations (controlled deliveries) with foreign law enforcement agencies<br><br>Increased assets forfeiture and return of exhibits | | | | | | Annual | |
| 8 | Conduct intelligence-led operations at identified hotspots and drug outlets | | Number of operations<br><br>Number of arrests and closures<br><br>Increased drug seizure volume per arrest | | | | | | Annual | |

| | Goals | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Indicator | Type | Calculation | Disaggregation | Data Source | Baseline | Target 2019 | Target 2022 | Reporting frequency | Responsible |
| 9 | Analysis and provision of intelligence products to enhance the intelligence picture and effectiveness of law enforcement operations | | Number of threat and risk assessment reports generated for pro-active policing operations<br><br>Number of profiles generated for reactive SAPS operations<br><br>Number of strategic intelligence reports generated<br><br>Number of profiles developed (OIAC)<br><br>Number of strategic intelligence reports (OIAC) (To NICOC) | | | | | | Annual | |
| 10 | Disruption and dismantling of national and transnational drug trafficking networks | | Number of profiles conducted on frequent travellers and drug couriers identified<br><br>Number of dockets opened and linkages established<br><br>Number of joint operations and undercover projects conducted against the TOC networks. | | | | | | Annual | |

| | Goals | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Indicator | Type | Calculation | Disaggregation | Data Source | Baseline | Target 2019 | Target 2022 | Reporting frequency | Responsible |
| 11 | Police actions to reduce the supply of liquor sold illegally and illicit drugs | | Number of crime prevention actions conducted<br>Number of identified unlicensed liquor premises closed and liquor traders charged<br>Volume of unlawful liquor confiscated<br>Quantity/weight of illicit drugs confiscated during police actions<br>Detection rate for drug related crime dependent on police action for detection<br>Conviction rate for drug related crime dependent on police action for detection<br>Percentage of trial ready case dockets for drug related crime dependent on police action for detection | | | | | | Annual | |
| 12 | Ensure effective enforcement of drug and liquor legislation with focus on dealing | | Percentage of compliance inspections conducted at licensed liquor premises<br>Number of convictions per category for unlawful possession, and dealing in drugs | | | | | | Annual | |

| Goals | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Indicator | Type | Calculation | Disaggregation | Data Source | Baseline | Target 2019 | Target 2022 | Reporting frequency | Responsible |
| 13 | Border policing actions targeting trafficking in drugs | | Number of planned Crime Prevention and combating operations conducted at ports of entry within South Africa<br><br>Standardised utilization of specialised drug detection equipment and other methodologies<br><br>Percentage of crime related hits reached due to Enhanced Movement Control System (EMCS) and Movement Control System (MCS) on Persons and Vehicles<br><br>Number of profiled vehicles (Land Ports), containers (Sea Ports), cargo (Air Ports), searched for illicit drugs, firearms, stolen vehicles, consignment, smuggled persons, counterfeit goods/ contraband<br><br>National/Cross Border operations initiated and executed as per NATJOINTS instructions | | | | | | Annual | |

| | Goals | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Indicator | Type | Calculation | Disaggregation | Data Source | Baseline | Target 2019 | Target 2022 | Reporting frequency | Responsible |
| 14 | Ensure the effective and efficient investigations of money laundering and asset forfeiture cases | | Percentage of asset forfeiture case files successfully investigated<br><br>Percentage of money laundering case files successfully investigated<br><br>Percentage of life style audits conducted<br><br>Percentage of Suspicious transaction reports (STR's) investigated | | | | | | Annual | |
| 15 | Focused reduction in Organised Crime and increased forfeiture of proceeds of crime | | Number of disruptive operations<br><br>Number of Proceeds of Crime Act (POCA) investigations and operations to address the organized crime groups involved in narcotics trafficking | | | | | | Annual | |
| 16 | Increased forfeiture of assets and successful disruption of organized drug networks | | Number of major investigations and projects initiated<br><br>Number of financial and asset investigations<br><br>Increased asset forfeiture in terms of POCA | | | | | | Annual | |

| Goals | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Indicator | Type | Calculation | Disaggregation | Data Source | Baseline | Target 2019 | Target 2022 | Reporting frequency | Responsible |
| 17 | Reduce regional and inter-provincial supply of drugs | | Number of focused operations at choke points e.g. weighbridges (national roads) | | | | | | Annual | |
| 18 | Improved detection and identification of clandestine drug labs | | Number of identified storage facilities and labs<br><br>Number of clandestine laboratories addressed and dismantled | | | | | | Annual | |
| 19 | Reduce manufacturing of drugs by focussing on precursor and chemical control | | Number of Import Permits Notifications<br><br>Number of Export Permits Notifications<br><br>Number of Company Visits (Head Office and Province)<br><br>Number of New Companies Registered<br>Number of Pre-Export Notification requests performed/attended | | | | | | Annual | |
| 20 | Identify and consolidate a list of relevant legislation requiring a review | | Number of legislative documents identified during gap analysis<br><br>Number of engagements to address identified gaps<br><br>Number of legislative changes affected | | | | | | Annual | |

| | Goals | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Indicator | Type | Calculation | Disaggregation | Data Source | Baseline | Target 2019 | Target 2022 | Reporting frequency | Responsible |
| 21 | Address NPS, ATS, the diversion of precursors and pre-precursors and the non-medical use and misuse of pharmaceuticals containing narcotic drugs and psychotropic substances | | Number of new substances identified from forensic analysis | | | | | | Annual | |
| 22 | Encourage the development and implementation of comprehensive measures and programmes to enhance the capacity of law enforcement agencies to detect and identify NPS and ATS | | Number of interventions to increase identification and control of NPS and ATS | | | | | | Annual | |
| 23 | Continue to identify and monitor trends in the composition, production, prevalence and distribution of NPS, ATS, and chemicals used in the illicit manufacturing of drugs | | Number of arrests of dealers linked to NPS<br><br>Number of NPS clandestine laboratories identified and dismantled | | | | | | Annual | |
| 24 | Implement timely, scientific evidence-based control or regulatory measures within national legislative and administrative systems to tackle and manage the challenge of NPS | | Amendments performed to relevant acts according to UNODC recommendations | | | | | | Annual | |
| 25 | Prevent and counter the use of technologies, including the Internet, by drug trafficking networks and transnational criminal organisations, to facilitate drug-related activities | | Number of focused investigations for internet drug dealing | | | | | | Annual | |

| | Goals | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Indicator | Type | Calculation | Disaggregation | Data Source | Baseline | Target 2019 | Target 2022 | Reporting frequency | Responsible |
| 26 | Promote and strengthen regional and international cooperation on NPS | | Number of engagements and feedback reports to UNOD /INCB | | | | | | Annual | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Goal 3: Drug control: Increase the availability of and access to controlled substances exclusively for medical and scientific purposes while preventing their diversion | | | | | | | | | | |
| 1 | Diversion, abuse and trafficking | | | Geographic area, type of crime | | | | | Quarterly | |
| 2 | Availability and accessibility of controlled substances for medical and scientific purposes | | | Geographic area | | | | | Quarterly | |
| 3 | Import and export authorisations | | | Granted and refused | | | | | Quarterly | |
| 4 | Awareness on and guidelines for rational use | | | Geographic area | | | | | Annual | |
| 5 | EML | | Number drugs on EML for drug-related treatment | | | | | | Annual | |
| Goal 4: New psychoactive substances: Identify trends and control new psychoactive substances | | | | | | | | | | |
| 1 | Address NPS, ATS | | Number of quantities | | | | | | Annual and quarterly | |
| 2 | Develop and implement programmes to enhance capacity of law enforcement agencies | | Number of training programmes | | | | | | Annual and quarterly | |
| 3 | Identify and monitor trends, production and distribution | | Number of quantities | | | | | | Annual and quarterly | |
| 4 | Implement evidence based – regulatory measures | | Number of legislative framework | | | | | | Annual and quarterly | |

| | Goals | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Indicator | Type | Calculation | Disaggregation | Data Source | Baseline | Target 2019 | Target 2022 | Reporting frequency | Responsible |
| 5 | Prevent and counter the use of technologies | | Number of confiscations related to cyber crime | | | | | | Annual and quarterly | |
| 6 | Promote and strengthen regional and international cooperation | | Number of cross border agreements, and arrests | | | | | | Annual and quarterly | |
| | | | | | | | | | | |
| Goal 5: Multi-sectoral response: Promote governance, leadership and accountability for a coordinated multisectoral effective response | | | | | | | | | | |
| 1 | CDA accountability performance score | | | | | | | | Annual | |
| 2 | PSAF and LDAC functional and reporting | | | | | | | | Quarterly | |
| 3 | Percentage PSAF and LDAC with DMPs | | | | | | | | Annual | |
| 4 | Number of responsible departments allocated budgets to implement DMPs | | Percentage funded DMPs | | | | | | Annual | |
| 5 | Resources mobilised to implement NDMP 2019 - 2024 | | CDA budget, funding raised/shortfall | | | | | | Annual | |
| 6 | Annual report submitted quarterly | | | | | | | | Annual | |
| Goal 6: Strategic information: Strengthen data collection, monitoring, evaluation, and research evidence to achieve the goals | | | | | | | | | | |
| 1 | Functional reporting system | | | | | | | | | |
| 2 | Percentage reports received from responsible entities | | | PSAF, LDAC | | | | | Quarterly | |
| 3 | Indicators reported | | | | | | | | Quarterly | Percentage in |
| 4 | Baselines obtained through surveillance and surveys | | | | | | | | | |
| 5 | National drug research agenda compiled | Output | | | | | | | | |

| | Goals | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Indicator | Type | Calculation | Disaggregation | Data Source | Baseline | Target 2019 | Target 2022 | Reporting frequency | Responsible |
| | **Goal 7: Stimulate Robust and Sustainable EconomicGrowth aimed at reducing poverty, Unemployment and Inequality** | | | | | | | | | |
| 1 | Number of jobs created to improve the country | | | | | | | | | |
| | | | | | | | | | | |
| 2 | The number of people who became constructively occupied and not indulged in substances or received new skills, personal and economic development | | | | | | | | | |
| | | | | | | | | | | |
| 3 | Number of community profiling and dialogues conducted at areas which are affected by social ills including gangs, crime and substance abuse | | | | | | | | | |

# ADDENDUM: 1

**NATIONAL DRUG MASTER PLAN 2019 – 2024 IMPLEMENTATION PLAN**

## DEMAND REDUCTION

| | |
|---|---|
| **Focus Area 1** | Demand reduction through prevention and early intervention. |
| **GOAL 01:** | Reduce demand for drug dependency. |
| **MEASUREABLE OBJECTIVE 01:** | To create awareness campaigns and educational sessions to promote healthy living. |
| **OUTCOMES** | Reduced demand for drugs through strategies that involve access to education, employment, social support, etc. |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Resolutions (see Addendum 2 below) |
| 1. Use primary prevention measures to prevent drug use initiation and delay uptake. | • Provide accurate information about risks of drug use to multiple target groups and general population<br>• Develop multiple communication channels: website; Social Behaviour Change Communication (SBCC); peer educator outreach health education, WBOTs.<br>• Involve professional groupings: doctors (SAMA); pharmacists (PSSA), traditional healers, nurses (SANC), and other Allied Health professionals in prevention programmes. | **Lead:** Department of Social Development and Department of Health<br>**Dependencies:** Congress of Traditional Leaders of South Africa, Department of Cooperative Governance, Department of Traditional Affairs, Department of Agriculture, Land Reform and Rural Development, Department of Sports, Arts and Culture, Department of Basic Education, Department of Correctional Services, | Number of people reached through primary prevention programmes and have delayed uptake. | X | | | 5 |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Resolutions (see Addendum 2 below) |
| | • Ensure equal access to SAQA accredited education and training. | Department of International Relations and Cooperation, Department of Health, Department of Higher Education and Training, Department of Justice and Constitutional Development, Department of Employment and Labour, Department of Home Affairs, Department of Transport, DPME, Department of Social Development, Department of Science and Technology, Department of Trade and Industry, Financial Intelligence Centre, Forensic Science Laboratory, National Prosecuting Authority, National Treasury, National Youth Development Agency, South African Local Government Association, South African National Defence Force, South African Police Service, South African Qualification Authority, private sector, and civil society. | | | | | |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Resolutions (see Addendum 2 below) |
| 2. Use secondary prevention to prevent progression to Substance Use Disorder (SUD). | • Detect drug use early through proactive screening.<br>• Institutionalise universal screening, brief intervention and referral to treatment.<br>• Implement early interventions for people who use drugs at risk of progression to SUD. | **Lead:** Department of Social Development and Department of Health.<br>**Dependencies:** Department of Basic Education, Department of Cooperative Governance, Department of Traditional Affairs, South African Police Service, Department of higher Education and Training, private sector | Number of people reached through secondary prevention intervention. | | | | 5<br>6 |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Resolutions (see Addendum 2 below) |
| 3. Increase prevention measures and tools to target risk groups in multiple settings specifically in hotspot areas. | • Develop targeted awareness campaigns, e.g. around alcohol misuse.<br>• Develop prevention curricula for schools.<br>• Implement drug prevention campaigns covering both universal and harm reduction approaches.<br>• Conduct anti-drug abuse awareness campaigns in institutions of higher learning, during the festive season and international Day Against Illicit Drug Abuse and Illicit Trafficking.<br>• Implement training programmes for students in partnership with civil society organisations.<br>• Implement early intervention/ Siyalulama Programmes.<br>• Develop vocational training for workplaces.<br>• Develop targeted awareness campaign for the LGBTIQ community.<br>• Train healthcare workers and teachers to provide or recommend counselling, prevention, and care services. | **Lead:** Department of Social Development and Department of Health.<br>**Dependencies:** Department of Basic Education, Department of Higher Education and Training, South African Police Service, Department of Trade and Industry, Non – Governmental Organisations (Civil society organisations), Department of Transport, Department of Cooperative Governance, Department of Traditional Affairs, National Youth Development Agency, Congress of Traditional Leaders of South Africa, Department of Agriculture, Land Reform and Rural Development, and Municipalities. | Number of prevention measures and tools developed and implemented. | | | | 4 |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Resolutions (see Addendum 2 below) |
| 4. Promote the well-being of society through effective evidence-based prevention strategies tailored to the needs of individuals, families, and communities. | • Develop comprehensive national drug policies that are non-discriminatory.<br>• Raise community awareness of dangers and risks of drugs.<br>• Promote healthy lifestyles.<br>• Develop supportive parenting and healthy social environments.<br>• Create safe spaces for recreation in communities, such as parks, play areas, libraries, and community halls. | **Lead:** Department of Social Development and Department of Health<br>**Dependencies:**<br>South African Police Service, Department of Cooperative Governance, Department of Traditional Affairs, South African Local Government Association, Department of Sports, Arts and Culture, Congress of Traditional Leaders of South Africa, Department of Agriculture, Land Reform and Rural Development, Department of Human Settlements, and local municipalities. | Number of campaigns conducted. | | | | 5<br>8 |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Resolutions (see Addendum 2 below) |
| 5. Enhance multi-sectoral cooperation to reduce the demand for drugs. | • Engage multi-sector stakeholders in the development and implementation of demand reduction strategy. | **Lead:** Department of Social Development, and the Central Drug Authority. **Dependencies:** Congress of Traditional Leaders of South Africa, Department of Cooperative Governance, Department of Traditional Leaders, Department of Agriculture, Land Reform and Rural Development, Department of Sports, Arts and Culture, Department of Basic Education, Department of Correctional Services, Department of International Relations and Cooperation, Department of Health, Department of Higher Education and Training, Department of Justice and Constitutional Development, Department of Employment and Labour, Department of Home Affairs, Department of Transport, Department of Performance Monitoring and Evaluation, Department of Social Development, Department of Science and Technology, Department of Trade and Industry, Financial Intelligence Centre, Forensic Science Laboratory, | Number of stakeholders working together to reduce the demand for drugs. | | | | 3<br>4<br>8 |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Resolutions (see Addendum 2 below) |
| | | National Prosecuting Authority, National Treasury, National Youth Development Agency, South African Institute for Drug Free Sport, South African Local Government Association, South African National Defence Force, South African Police Service, Department of Agriculture, Land Reform and Rural Development, and Department of Sports , Arts and Culture. | | | | | |

## SUPPLY REDUCTION

| | |
|---|---|
| **Focus Area 2** | Supply reduction through multi-sectoral cooperation. |
| **GOAL 02:** | Reduce the supply of drugs through proactive law enforcement; effective responses to drug-related crime; countering money-laundering and promoting judicial cooperation. |
| **MEASUREABLE OBJECTIVE 02:** | Increase focus on disruption, dismantling and neutralising the drug trafficking networks as opposed to drug users.<br>Reduce drug related corruption and money laundering.<br>Reduce the diversion of precursor chemicals.<br>Strengthen monitoring and reporting mechanisms related to NPS and emerging drugs.<br>Improve understanding of the national drug threat assessment.<br>Improve information gathering and analysis of the drug threats and trends.<br>Improve investigation, prosecution and convictions of drug supply networks.<br>Review and harmonise laws and policies related to supply reduction. |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Conference Resolutions (see Addendum 2 below)) |
| 1. Capacity building and awareness to prevent drug-related crime. | Community education to reduce drug misuse and raise awareness of how to deal with problems related to drug abuse. | **Lead:** Department of Social Development and South African Police Services.<br>**Dependencies:** Department of Cooperative Governance, Department of Traditional Affairs, Congress of Traditional Leaders of South Africa, Department of Basic Education, Department of Higher Education and Training, National Youth Development Agency, South African Local Government Association, South African Police Services, Department of Economic Development, Non- Governmental Organisations and civil society. | Number of community outreach campaigns. | X | | X | 4<br>8 |
| | | | Number of schools identified for the implementation of School Safety Programmes. | | X | | |
| | | | Number of training interventions. | X | | X | |
| | Provide basic drug investigation training workshops including drug detection/ legislation to law enforcement officials. | | Number of members trained per division. | | X | | |
| | | | | X | | X | |
| | Increase local drug investigative capabilities and SANEB capacitation. | | Identify available specialists for secondment. | X | X | | |
| | | | Number of specialists seconded to SANEB. | X | | X | |
| | | | Number of dedicated drug units established at station and cluster level. | | X | | |
| | | | | | | X | |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Conference Resolutions (see Addendum 2 below)) |
| 2. Enhance operational coordination at all levels. | Improve efficiency of forensic support for drug related investigations. | **Lead:** South African Police Services.<br>**Dependencies:**<br>South African Revenue Service, Department of Health, NICOC, Department of Economic Development. | Number of Awareness programs and forensic awareness sessions on identification of drugs, clandestine laboratories for SAPS and external stake holders. A | X | X | X | 4<br>9 |
| | | | % of priority cases finalized within 14 working days. A % of routine forensic cases finalized within 28 working days. A % of non –routine forensic cases finalized within 75 working days. | X | X | X | |
| | | | Enhanced forensic finalization rate for drug cases | X | X | X | |
| | | | Establish capacity for forensic intelligence in drug cases. | X | X | X | |
| | | | Development of Integrated Operational Strategy (IOS) and implementation of Organised Crime Threat Assessment (OCTA) protocols. | | X | X | |
| | | | Documented information-sharing mechanisms. | X | X | X | |
| | Develop an implementation of integrated strategies to address the scourge of drugs. | | Number of joint operations. Shared and updated Priority Target list. | X | X | X | |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Conference Resolutions (see Addendum 2 below)) |
| | Enhanced information sharing amongst LEAs.<br><br>Improved regional and international cooperation with foreign LEAs. | | Number of formal agreements in place (MLAs/ MOUs).<br>Number of joint operations (controlled deliveries) with foreign law enforcement agencies.<br>Increased assets forfeiture and return of exhibits. | X<br>X<br>X<br>X<br>X | X<br>X<br>X<br>X<br>X | X<br>X<br>X<br>X<br>X | |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Conference Resolutions (see Addendum 2 below)) |
| 3. Mitigate the supply of drugs and liquor through enhanced operations; (investigations and prosecutions). | Conduct intelligence-led operations at identified hotspots and drug outlets. | **Lead:** South African Police Services. | Number of operations. | X | X | X | 3 |
| | | **Dependencies:** | Number of arrests and closures. | X | X | X | |
| | | Directorate for Priority Crime Investigation, Financial Intelligence Centre, South African Revenue Service, Department of Trade and Industry, Department of Justice and Constitutional Development, NICOC. | Increased drug seizure volume per arrest. | X | X | X | |
| | Analysis and provision of intelligence products to enhance the intelligence picture and effectiveness of law enforcement operations. | | Number of threat and risk assessment reports generated for pro-active policing operations. | X | X | X | |
| | | | Number of profiles generated for reactive SAPS operations. | X | X | X | |
| | | | Number of strategic intelligence reports generated. | | | | |
| | | | Number of profiles developed (OIAC). | X | X | X | |
| | | | Number of strategic intelligence reports (OIAC) (To NICOC). | X | X | X | |
| | | | | X | X | X | |
| | | | Number of profiles conducted on frequent travellers and drug couriers identified. | X | X | X | |
| | Disruption and dismantling of national and transnational drug trafficking networks. | | Number of dockets opened and linkages. | X | X | X | |
| | | | Number of joint operations and undercover projects conducted against the TOC networks. | X | X | X | |
| | | | | X | X | X | |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Conference Resolutions (see Addendum 2 below)) |
| | Police actions to reduce the supply of liquor sold illegally and illicit drugs. | | Number of crime prevention actions conducted. | | | X | |
| | | | Number of identified unlicensed liquor premises closed and liquor traders charged. | X | X | | |
| | | | Volume of unlawful liquor confiscated. | | | X | |
| | | | Quantity/weight of illicit drugs confiscated during police actions. | X | X | | |
| | | | Detection rate for drug related crime dependent on police action for detection. | X | X | X | |
| | | | Conviction rate for drug related crime dependent on police action for detection. | X | X | X | |
| | | | Percentage of trial ready case dockets for drug related crime dependent on police action for detection. | X | X | X | |
| | | | Percentage of compliance inspections conducted at licensed liquor premises. | X | X | X | |
| | | | Number of convictions per category for unlawful possession, and dealing in drugs. | X | X | X | |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | Conference Resolutions (see Addendum 2 below)) |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | |
| | Ensure effective enforcement of drug and liquor legislation with focus on dealing. | | Number of planned Crime Prevention and combating operations conducted at ports of entry within South Africa. | X | X | X | |
| | | | Standardised utilization of specialised drug detection equipment and other methodologies. | X | X | X | |
| | Border policing actions targeting trafficking in drugs. | | Percentage of crime related hits reached due to Enhanced Movement Control System (EMCS) and Movement Control System (MCS) on Persons and Vehicles. | | | X | |
| | | | Number of profiled vehicles (Land Ports), containers (Sea Ports), cargo (Air Ports), searched for illicit drugs, firearms, stolen vehicles, consignment, smuggled persons, counterfeit goods/ contraband. | X | X | X | |
| | | | National/Cross Border operations initiated and executed as per NATJOINTS instructions. | X | X | X | |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | Conference Resolutions (see Addendum 2 below)) |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | |
| | | | Percentage of asset forfeiture case files successfully investigated. | | | | |
| | | | Percentage of money laundering case files successfully investigated. | | | | |
| | | | Percentage of life style audits conducted. | | | X | |
| | | | Percentage of Suspicious transaction reports (STR's) investigated. | X | X | | |
| | | | Number of disruptive operations. | | | | |
| | | | Number of POCA investigations and operations to address the organized crime groups involved in narcotics trafficking. | X | X | X | |
| | Ensure the effective and efficient investigation of money laundering and asset forfeiture cases. | | Number of major investigations and projects initiated. | X | X | X | |
| | | | Number of financial and asset investigations. | | | X | |
| | | | Increased asset forfeiture in terms of POCA. | X | X | | |
| | | | Number of focused operations at choke points | X | X | X | |
| | Focused reduction in Organised Crime and increased forfeiture of proceeds of crime. | | e.g. weighbridges (national roads). | X | X | X | |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Conference Resolutions (see Addendum 2 below)) |
| | Increased forfeiture of assets and successful disruption of organized drug networks. | | Number of identified storage facilities and labs. | | | X | |
| | | | Number of clandestine laboratories addressed and dismantled. | X | X | | |
| | | | Number of Import Permits Notifications. | X | X | X | |
| | | | Number of Export Permits Notifications. | | | | |
| | | | Number of Company Visits (Head Office and Province). | | | X | |
| | | | Number of New Companies Registered. | X | X | | |
| | Reduce regional and inter-provincial supply of drugs. | | Number of Pre-Export Notification requests performed / attended. | X | X | X | |
| | | | | X | X | X | |
| | Improved detection and identification of clandestine drug labs. | | | X | X | X | |
| | Reduce manufacturing of drugs by focussing on precursor and chemical control. | | | X | X | X | |
| | | | | X | X | X | |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Conference Resolutions (see Addendum 2 below)) |
| | | | | X<br>X<br>X<br>X | X<br>X<br>X<br>X | X<br>X<br>X<br>X | |
| 4. Review and harmonise laws and policies related to supply reduction. | Identify and consolidate a list of relevant legislation requiring a review. | **Lead:** South African Police Services and Department of Justice and Constitutional Development.<br>**Dependencies:** Department of Health, Department of Trade and Industry, South African Health Product Regulatory Authority, CDA Departments, Department of Transport, Department of Agriculture, Land Reform and Rural Development. | Number of legislative documents identified during gap analysis.<br>Number of engagements to address identified gaps.<br>Number of legislative changes affected. | X | X | X | 1 |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Conference Resolutions (see Addendum 2 below)) |
| 5. Identify trends and control New Psychoactive Substances (NPS). | Address NPS, ATS, the diversion of precursors and pre-precursors and the non-medical use and misuse of pharmaceuticals containing narcotic drugs and psychotropic substances.<br><br>Encourage the development and implementation of comprehensive measures and programmes to enhance the capacity of law enforcement agencies to detect and identify NPS and ATS.<br><br>Continue to identify and monitor trends in the composition, production, prevalence and distribution of NPS, ATS, and chemical used in the illicit manufacturing of drugs<br><br>Implement timely, scientific evidence-based control or regulatory measures within national legislative and administrative systems to tackle and manage the challenge of NPS.<br><br>Prevent and counter the use of technologies, including the Internet, by drug trafficking networks and transnational criminal organisations, to facilitate drug-related activities.<br>Promote and strengthen regional and international cooperation on NPS and | **Lead:** South African Police Services and South African Health Product Regulatory Authority.<br>**Dependencies:**<br>Department of Justice and Constitutional Development, Department of Trade and Industry, Department of Health, South African Revenue Service, South African Development Community Secretariat, United National Office on Drugs and Crime, and International Narcotic Control Board. | Number of new substances registered from forensic analysis.<br><br>Number of interventions to increase identification and control of NPS and ATS.<br><br>Number of arrests of dealers linked to NPS.<br>Number of NPS clandestine laboratories identified and dismantled.<br><br>Amendments performed to the relevant acts according to UNODC recommendations.<br><br>Number of focused investigations for internet drug dealing.<br><br>Number of engagements and feedback reports to UNODC/ INCB. | X<br><br>X<br><br>X<br><br>X<br><br>X<br><br>X<br><br>X | X<br><br>X<br><br>X<br><br>X<br><br>X<br><br>X | X<br><br>X<br><br>X<br><br>X<br><br>X<br><br>X | |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Conference Resolutions (see Addendum 2 below)) |
| 6. Transformation of the liquor laws to address the socio-economic costs of alcohol abuse and to promote economic transformation within the liquor industry (under supply reduction). | finalize legislative review processes. | Department of Trade and Industry, Department of Social Development, Department of Health, Inter-Ministerial Committee on Alcohol and Drugs. | Cabinet and parliamentary approval of Amendment Bill. | | | | 1<br>10 |

## DRUG CONTROL

| | |
|---|---|
| **Focus Area 3** | Control drugs intended for medicinal purposes and scientific use and research. |
| **GOAL 03** | Increase the availability of and access to drugs intended for medical purposes and scientific use and research, while preventing their diversion. |
| **MEASUREABLE OBJECTIVE 03** | To improve access to controlled and psychotropic substances while concurrently preventing their diversion, abuse ad trafficking. |
| **OUTCOMES** | Improved access to controlled and psychotropic substances. |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Conference Resolutions (see Addendum 2 below) |
| 1. Provide an effective supply chain for controlled substances for legitimate purposes. | Minimise existing barriers to access to controlled and psychotropic substances while concurrently preventing their diversion, abuse and trafficking.<br><br>Ensure availability of EML in all clinics.<br><br>Streamline import and export authorisations. | **Lead:** Department of Social Development and Department of Health<br>**Dependencies:** Non-Governmental Organisations and civil society, local and provincial governments. | Improved availability of the EML in all clinics and hospitals. | | | | 6 |
| 2. Manage the Essential Medicines List (EML) to reflect changes in the clinical and research environment and satisfy the priority health care needs of the population. | Regularly review and update the EML in line with evidence.<br><br>Strengthen control of access to narcotic and psychotropic substances. | **Lead:** Department of Health.<br>**Dependencies:** South African Health Product Regulatory Authority, South African Pharmacy Council, Health Professions Council of South Africa, Department of Justice and Constitutional Development. | Improved regulatory framework. | | | | |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Conference Resolutions (see Addendum 2 below) |
| 3. Reduce the non-medical use and misuse of drugs and prevent their diversion, misuse, and trafficking. | Review policies in line with evidence to ensure access to controlled substances for medical and scientific purposes. | **Lead:** Department of Health, South African Health Product Regulatory Authority. **Dependencies:** Department of Social Development, Department of Basic Education, Department of Higher Education and Training, South African Police Services, Department of Transport, Department of Agriculture, Land Reform and Rural Development. | Evidence-based approach to drug policies. | | | | |
| 4. Improve affordability of controlled substances while maintaining their quality, safety and efficacy. | Improve affordability of controlled substances for medical, scientific and research purposes while ensuring their quality, safety and efficacy. | Department of Health and South African Health Product Regulatory Authority. | Assessment of affordability for medications on EDL. | | | | |
| 5. Strengthen regulation of the cultivation, production, possession, manufacturing, storage, trade, and distribution of drugs for medical, scientific and research purposes. | Strengthen national control systems and assessment mechanisms. | | Evaluate the efficiency of national control systems. Capacitate SAHPRA. | | | | 2 |

## IDENTIFICATION AND CONTROL OF NEW PSYCHOTROPIC/PSYCHOACTIVE SUBSTANCES

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|---|---|
| **Focus Area 4** | Identification and control of new psychotropic/psychoactive substances. |
| **GOAL 04** | Identify trends and control new psychoactive substances. |
| **MEASUREABLE OBJECTIVE 04** | Number trained to identify and control New Psychoactive Substances (NPS) and Amphetamines Type Stimulants (ATS).<br>Number of arrests of dealers.<br>Number of clandestine laboratories dismantled.<br>Arrest for internet drug dealing. |
| **OUTCOMES** | Improved systems to identify and detect new psychotropic/psychoactive substances. |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Conference Resolutions (see Addendum 2 below) |
| 1. Address NPS, ATS, the diversion of precursors and pre-precursors and the non-medical use and misuse of pharmaceuticals containing narcotic drugs and psychotropic substances. | Control NPS, ATS, the diversion of precursors, as well as the non-medical use and misuse of pharmaceutical containing narcotic drugs and psychotropic substances.<br><br>Monitor the import and export authorisation of precursors.<br><br>Conduct awareness campaigns to make the public aware of dangers pertaining to NPS, ATS and precursors. | **Lead:** South African Police Services.<br>**Dependencies:** Department of Health, Department of Trade and Industry, South African Revenue Service. | Number of substances seized.<br><br>Number of people found in possession of NPS, ATS and precursors. | | | | 2 |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Conference Resolutions (see Addendum 2 below) |
| 1. Encourage the development and implementation of comprehensive measures and programmes to enhance the capacity of law enforcement agencies to detect and identify NPS and ATS. | Strengthen systems to identify NPS and ATS.<br><br>Capacitate staff to enhance detection and identification of NPS and ATS. | **Lead:** South African Police Services. | Number of detection systems in place.<br><br>Number of people capacitated. | | | | |
| 2. Continue to identify and monitor trends in the composition, production, prevalence and distribution of NPS, ATS, and chemicals used in the illicit manufacturing of drugs. | Monitor trends in the composition, production, prevalence and distribution of NPS and ATS, as well as precursor chemicals used. | **Lead:** South African Police Services. | Number of reports available. | | | | |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Conference Resolutions (see Addendum 2 below) |
| 3. Implement timely, scientific evidence-based control or regulatory measures within national legislative and administrative systems to tackle and manage the challenge of NPS. | Implement evidence based control mechanisms to address NPS challenges. | **Lead:** South African Police Services.<br>**Dependencies:** Department of Health, Department of Trade and Industry, South African Revenue Service. | Number of reports. | | | | |
| 4. Prevent and counter the use of technologies, including the Internet, by drug trafficking networks and transnational criminal organisations, to facilitate drug-related activities. | Monitor the technologies utilised by drug traffickers' network and transnational criminals.<br><br>Penetrate the drug traffickers' network and transnational criminals. | **Lead:** South African Police Service. | Number of reports. | | | | |
| 5. Promote and strengthen regional and international cooperation on NPS. | Coordinate and share information with law enforcement agencies at regional and international level for the purpose of combating NPS challenges. | **Lead:** Department of International Relations and Cooperation.<br>**Dependencies:** South African Development Community Secretariat, United Nations Office on Drugs and Crime, International Narcotic Control Board, South African Police Services. | Number of meetings held. | | | | |

## GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY

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| **Focus Area 5** | Multi-sectoral accountability. |
| **GOAL 05** | Promote governance, leadership, and accountability for an effective response. |
| **MEASUREABLE OBJECTIVE 05** | Percentage Annual Performance Plans containing funded NDMP 2019 - 2024 implementation plan activities. |
| **OUTCOME** | Improved health, human rights, developmental, and security outcomes of people who use drugs and communities. |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Conference Resolution. (See Addendum 2 below) |
| 1. Enable the CDA to implement, lead, and control NDMP 2019 – 2024. | • Strengthen CDA to enforce national, provincial, and local structures in terms of Prevention of and Control of Substance Abuse Act, 2008.<br>• Capacitate the CDA to implement, lead, adapt, and control NDMP 2019 - 2024 and subsequent NDMP. | **Lead:** Department of Social Development.<br>**Dependencies:** National Treasury, Department of Agriculture, Land Reform and Rural Development. | Independent funded CDA. | X | | | |
| 2. Improve collaboration between CDA and South African Government Departments and bodies to increase accountability for the implementation of NDMP 2019 – 2024. | • Ensure local support and accountability for NDMP.<br>• Ensure provincial accountability for NDMP.<br>• Promote the inclusion of NDMP 2019 - 2024 goals in local, provincial, and national plans and policies. | **Lead:** Department of Social Development.<br>**Dependencies:** Congress of Traditional Leaders of South Africa, Department of Cooperative Governance, Department of Traditional Affairs, Department of Agriculture, Land Reform and Rural Development, Department of Sports, Arts and Culture, | SAG departments included NDMP 2019 - 2024 objectives in annual performance plans and budgets. | | | | 4 |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Conference Resolution. (See Addendum 2 below) |
| | | Department of Basic Education, Department of Correctional Services, Department of International Relations and Cooperation, Department of Health, Department of Higher Education and Training, Department of Justice and Constitutional Development, Department of Employment and Labour, Department of Home Affairs, Department of Transport, Department of Performance Monitoring and Evaluation, Department of Social Development, Department of Science and Technology, Department of Trade and Industry, NICOC, Department of Economic Development, Financial Intelligence Centre, Forensic Science Laboratory, National Prosecuting Authority, National Treasury, National Youth Development Agency, South African Local Government Association, South African National Defence Force, and South African Police Services. | | | | |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Conference Resolution. (See Addendum 2 below) |
| 3. Involve all other relevant stakeholders in the planning and implementation of NDMP 2019 – 2024. | • Ensure multi-sectoral governance, involvement, planning and accountability. | **Lead:** Department of Social Development, Central Drug Authority.<br>**Dependencies:**<br>NGOs, CSOs, private clinics and hospitals. | All private implementers are aligned with NDMP goals. | | | | 8 |
| 4. Enhance multi-sectoral cooperation. | • Develop advocacy strategy to support and promote NDMP 2019 – 2024.<br>• Promote integrated frontline stakeholders, reduce discrimination and stigma.<br>• Engage civil society, private sector, and NGOs. | **Lead:** Department of Social Development.<br>**Dependencies:**<br>Congress of Traditional Leaders of South Africa, Department of Cooperative Governance, Department of Traditional Affairs, Department of Agriculture, Land Reform and Rural Development, Department of Sports, Arts and Culture, Department of Basic Education, Department of Correctional Services, Department of International Relations and Cooperation, Department of Health, Department of Higher Education and Training, Department of Justice and Constitutional Development, Department of Employment and Labour, Department of Home Affairs, Department of Transport, Department of Performance Monitoring and Evaluation, Department of Social Development, | NDMP 2019 - 2024 supported by all accountable stakeholders.<br>Functional LDACs. | | | | 4 |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Conference Resolution. (See Addendum 2 below) |
| | | Department of Science and Technology, Department of Trade and Industry, Financial Intelligence Centre, Forensic Science Laboratory, National Prosecuting Authority, National Treasury, National Youth Development Agency, South African Local Government Association, South African National Defence Force, South African Police Services, Non-Governmental Organisations, Department of Agriculture, Land Reform and Rural Development, and Civil Society Organisations. | | | | | |
| 5. Mobilise resources to support the implementation of NDMP 2019 – 2024. | • Ensure that national, provincial and local structures allocate budgets for the rollout of the NDMP.<br>• Raise additional funding for shortfalls and to fund advocacy strategy for harm reduction. | **Lead:** Department of Social Development, Central Drug Authority.<br>**Dependencies:** Congress of Traditional Leaders of South Africa, Department of Cooperative Governance, Department of Traditional Affairs, Department of Agriculture, Land Reform and Rural Development, Department of Sports, Arts and Culture, Department of Basic Education, Department of Correctional Services, | Funded NDMP 2019 - 2024 implementation plan. | | | | 11 |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Conference Resolution. (See Addendum 2 below) |
| | | Department of International Relations and Cooperation, Department of Health, Department of Higher Education and Training, Department of Justice and Constitutional Development, Department of Employment and Labour, Department of Home Affairs, Department of Transport, Department of Performance Monitoring and Evaluation, Department of Social Development, Department of Science and Technology, Department of Trade and Industry, Financial Intelligence Centre, Forensic Science Laboratory, National Prosecuting Authority, National Treasury, National Youth Development Agency, South African Local Government Association, South African National Defence Force, South African Police Services, Provincial Substance Abuse Forums, and Local Drug Action Committees. | | | | | |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
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| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Conference Resolution. (See Addendum 2 below) |
| 6. Promote and strengthen regional and international cooperation. | • Promote cooperation and technical assistance to the SADC countries most affected by the transit of drugs.<br>• Respond to the challenges in regional organised crime.<br>• Use existing sub-regional, regional, and international cooperation mechanisms. | **Lead:** Department of Social Development.<br>**Dependencies:** Department of International Relations and Cooperation, South African Police Services, Department of Justice and Constitutional Development, Department of Transport. | Coordinated regional and international response. | | | | 4<br>6<br>9 |
| 7. Constant review and scheduling of New Psycho-active Substances (NSP). | • Approval of Regulations. | South African Health Products Regulatory Agency (SAHPRA). | Ongoing. | | | | |
| 8. Reviewing legislation on access regarding the use of cannabis for medicinal use. | • Ongoing.<br>• Amend the Medicines and Related Substance Control Act, Act 101 of 1965.<br>• Approval of the Bill. | South African Health Products Regulatory Agency (SAHPRA). | | | | | |
| 9. Make recommendations to Review of Prevention of and Treatment for Substance Abuse Act, 70 of 2008. | • Ongoing.<br>• Review Acts and policies. | Department of Social Development and the Central Drug Authority (CDA). | Consultation of the Bill and submission to Cabinet. | | | | |
| 10. Review of the National Drug Master Plan (2013-2017). | • Review of the National Drug Master Plan and make recommendations for National Drug Master Plan 2019 – 2024. | Lead: Central Drug Authority, Department of Social Development, Department of Health, South African Police Services, Cluster Departments. | Consultation and submission of the draft National Drug Master Plan. | | | | |

## STRATEGIC INFORMATION

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| **Focus Area 6** | **Strategic information.** |
| **GOAL 06** | **Strengthen data collection, monitoring, evaluation, and research evidence to achieve goals.** |
| **MEASUREABLE OBJECTIVE 06** | **Baselines available to measure impact of NDMP 2019 – 2024.** |
| **OUTCOME** | **Evidence-based approach.** |
| | |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Conference Resolutions (see Addendum 2 below) |
| 1. Optimise routine data collection. | • Develop national database.<br>• Create an enabling environment for rigorous data collection.<br>• Ensure responsible parties submit monthly and quarterly reports. | **Lead:** Department of Social Development.<br>**Dependencies:** Department of Basic Education, Department of Correctional Services, Department of International Relations and Cooperation, Department of Health, Department of Higher Education and Training, Department of Employment and Labour, Department of Home Affairs, Department of Transport, Department of Performance Monitoring and Evaluation, Department of Social Development, Department of Science and Technology, Department of Trade and Industry, | Accurate national data on drug use available. | | | | 7<br>9<br>12 |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Conference Resolutions (see Addendum 2 below) |
| | | Financial Intelligence Centre, Forensic Science Laboratory, National Prosecuting Authority, National Treasury, National Youth Development Agency, South African Local Government Association, South African National Defence Force, and South African Police Services. | | | | | |
| 2. Monitor and evaluate the implementation of the NDMP 2019 – 2024. | • Quantify accountability at all levels.<br>• Support and enforce systematic data collection and reporting.<br>• Coordinate reporting to the CDA at all levels.<br>• Disseminate national data at local, national and international levels. | **Lead:** CDA,<br>**Dependencies:**<br>Department of Social Development, Department of Performance Monitoring and Evaluation. | NDMP 2019 - 2024 targets reached. | | | | 12 |
| 3. Conduct surveys and surveillance to measure the impact of NDMP 2019 – 2024. | • Develop a surveillance and research agenda of substance use and SUD in South Africa to support the implementation of NDMP 2019 – 2024. | **Lead:** CDA<br>**Dependencies:**<br>Statistics South Africa (STATSSA), South African Medical Research Council, Human Sciences Research Council, and research institutions. | Number of surveys and surveillances conducted. | | | | 7 |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Conference Resolutions (see Addendum 2 below) |
| 4. Strengthen and guide research activities to maximise impact and evidence. | • Identify indicators for data collection and research questions to strengthen implementation of research and national drug research agenda.<br>• Improve the availability and quality of statistical information and analysis.<br>• Develop and share best practices and lessons learned. | Statistics South Africa. | Type of drug, reason for death due to overdose. | | | | 7 |
| 5. Strengthen monitoring, evaluation and research on substance use disorder. | • Strengthen surveillance on the nature and extent of substance use disorder.<br>• Strengthen evaluation and research on implementation of substance use policies and programmes. | **Lead:** Department of Social Development, and the Central Drug Authority.<br>**Dependencies:**<br>Human Science Research Council, South African Medical Research Council, South African National AIDS Council. | Baselines to measure NDMP 2019 - 2024 impact. | | | | 7 |

## SUSTAINABLE ECONOMIC GROWTH

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| **FOCUS AREA 7** | Sustainable Economic Growth. |
| **GOAL 07:** | Stimulate Robust and Sustainable Economic Growth aimed at reducing poverty, unemployment, inequalities and Substance Abuse in Communities. |
| **MEASUREABLE OBJECTIVE 07:** | Baselines available to measure impact of NDMP 2019 – 2024. |
| **OUTCOME** | Learnership programmes established and skills development conducted. |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/ 2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Conference Resolution. (See Addendum 2 below) |
| 1. Number of jobs created to improve the country. | Establish skills development programs, Learnership programs. | **Lead:** Department of Economic Development; Department of Trade and Industry; Department of Agriculture, Land Reform and Rural Development. | Learnership programs conducted and skills development conducted. | | | | |
| 2. Number of people become constructively occupied received new skills, personal and economic development. | Conduct aftercare programs and reintegration of services. Support for SMME's and cooperatives. Create employment opportunities for people who use drugs. | **Lead:** Department of Economic Development, Department of Social Development, NICOC. **Dependencies:** Universities, research Institutes, National Youth Development Agency, Department of Social Development, relevant economic cluster. | Aftercare and reintegration services conducted SMME's and cooperatives supported. | | | | 11 |

| KEY DELIVERABLE | KEY ACTIONS | FUNCTIONARY/SECTOR | KPI | TIME FRAME | | | |
|---|---|---|---|---|---|---|---|
| | | | | SHORT TERM 2019/ 2020 | MEDIUM TERM 2020/ 2022 | LONG TERM 2024 | Conference Resolution. (See Addendum 2 below) |
| 3. Number of community dialogues conducted, areas affected by social ills, gangs, crime and substance abuse. | Conduct community dialogues and profiling. | **Lead:** Department of Economic Development, Department of Performance Monitoring and Evaluation<br>**Dependencies:**<br>National Youth Development Agency, Municipalities, Local Drug Action Committees. | Community dialogues conducted. | | | | |

# RISK MANAGEMENT PLAN FOR NATIONAL DRUG MASTER PLAN 2019 - 2024

Attached as (**Annexure E)**

# ADDENDUM 2

**National Conference Declaration and Resolutions**

**EKURHULENI DECLARATION**

**National Conference on Substance Abuse and Family Related Interventions**

**31 October 2019 to 02 November 2019**

*We the participants attending the Conference on Substance Abuse and Family Related Interventions with the theme* ***"the impact of substance abuse on Families"****, hosted by the Department of Social Development and the Central Drug Authority, attended by representatives of the JCPS cluster, UNODC, AU, SADC, international and local researchers, academics, experts in the field of substance abuse, Parliament's Portfolio Committee on Social Development, Members of the Executive Councils responsible for Social Development, Substance Abuse Forums and Local Drug Action Committees, Student Organizations, Traditional Leaders, Faith Based Organisations, Civil Society Organisations, Community Based Organisations, families affected by Substance Abuse and Crime including Youth Structures;*
Acknowledge that:

- problems associated with alcohol and drugs use/abuse have increased significantly over the last few years;
- our efforts to fight the scourge of substance use/abuse are fragmented;
- there is a need to increase investment in data collection and management to inform evidence based interventions;
- South Africa is signatory to regional and international instruments;
- socio-economic and structural drivers contribute to the high levels of substance use/ abuse; and
- there is an emergence of new designer drugs and inadequate control of precursor chemicals.

Take cognisance of:

- the increase in the availability and accessibility to legal and illegal substances;
- the bio-psycho social and economic problems associated with the use/abuse of substances which include: crime, dysfunctional families, gender based violence, child abuse and neglect, road fatalities, premature death, poverty and the spread of HIV and other health conditions;
- the need to review and align all alcohol and substance abuse related policies and legislation to effectively address the scourge; and
- the need to coordinate and collaborate efforts to address the scourge of substance use /abuse.

Note that:

- if the scourge is not addressed with the urgency it deserves;
- it is likely to derail the national Development Agenda including the achievement of the Sustainable Development Goals; and
- it also threatens our democratic gains, health, safety and security of our country.

***WE THEREFORE COMMIT TO:***

1. develop and implement the legal framework to restrict access to and availability of alcohol;
2. strengthen mechanisms to minimize the illegal manufacturing, supply and all forms of trafficking of licit and illicit drugs;
3. strengthen the collaboration and coordination mechanisms to fight the scourge of substance use/abuse;
4. implement an integrated and balanced approach that includes demand and supply reduction strategies required, including international cooperation;
5. increase investment in health, prevention, early intervention, treatment and rehabilitation and after care services;
6. mainstream moral regeneration and restoration in all substance abuse programmes and services;
7. improve data collection and use, surveillance system for evidence based planning and programming;
8. mobilize and involve communities (including FBOs, NGOs, CBOs, academics, labour, business, research institutions etc.) to strengthen families in the fight against the scourge;
9. strengthen regional, continental and international cooperation; and
10. increase the tax of alcohol beverages to fight alcohol related harm;
11. *ensure equal access and distribution of resources*, especially for civil society and organisations from informal settlement, urban and rural areas; and
12. accelerate (in the spirit of Khauleza) the implementation of these commitments to give effect to the National Drug Master Plan at all spheres of government.

# 10. REFERENCES


1. Volkov ND. The Science of addiction. National Institute on Drug Abuse. 2014.
2. South African Government. Prevention of and Treatment for Substance Abuse Act (70 of 2008). Government Gazette, 32150 2009 p. 1–37.
3. United Nations Office for Drug Control and Crime Prevention. Demand Reduction: A Glossary of Terms. New York; 2000.
4. UNODC. Terminology and information on drugs. 3rd Edition. Vienna; 2016.
5. The National Quality Forum. A path forward to measuring continuing care management for substance use illness: Patient-focused episodes of care. 2009.
6. World Health Organization. Lexicon of Alcohol and Drug Terms. 1994. p. 69.
7. UNODC. World drug report, 1997. Oxford: Oxford University Press; 1997. 53 p.
8. South African Government. Liquor Act 59 of 2003. 2004.
9. UNODC. The challenge of new psychoactive substances. United Nations Publication. Vienna; 2013.
10. UNODC. World drug report (1): Executive summary. Conclusions and policy implications. Vienna; 2017.
11. UNODC. The non-medical use of prescription drugs, policy direction issues. United Nations Office on Drugs and Crime. Vienna; 2010.
12. UNODC. Illicit Drug Markets : Situation and Trends. World Drug Report. Vienna; 2016.
13. Granfield R, Cloud W. Social context and "Natural Recovery": The role of social capital in the resolution of drug-associated problems. Subst Use Misuse. 2001;36(11):1543–70.
14. Boyle M, White WL, Corrigan P, Loveland D. Behavioral Health Recovery Management: A Statement of Principles. 2005.
15. NIH. Stimulant ADHD Medications: Methylphenidate and Amphetamines. DrugFacts. 2014.
16. ICCE. Curriculum 2: Treatment for Substance Use Disorders – The Continuum of Care for Addiction Professionals. 2015.
17. South African Government. Drugs and Drug Trafficking Act no 140 of 1992. 1992 p. 1–86.
18. WHO Expert Committee on Drug Dependence. WHO Technical Report Series 873 Thirtieth Report. Geneva; 1998.
19. DPME. Summary report on the implementation evaluation of the NDMP 2013 - 2017. Cape Town; 2016.
20. Department of Justice and Constitutional Development. Constitution of the Republic of South Africa. 1996. 182 p.
21. National Planning Commision, Presidency of the Republic of South Africa. National Development Plan 2030. South Africa; 2011.
22. Forum of South African Director Generals (FOSAD). Anti-Substance Abuse Programme of Action, 2017-2019. Pretoria; 2017.
23. NICOC Anti-Gangsterism Task Team. National anti-gangsterism strategy. Pretoria; 2015.
24. South Africa's National Strategic Plan on HIV, STIs and TB 2017-2022. Pretoria; 2017.
25. Republic of South Africa. Prevention and treatment for substance abuse Act 70, 2008. Gazette South Africa; 2008 p. 9119–92.
26. Republic of South Africa. Medicines and related substances Act 101 of 1965. 1965.
27. Republic of South Africa. National Health Act 2004, No. 61 of 2003. 2004.
28. South African Government. Prevention of Organised Crime Act No. 121 of 1998. South Africa; 2001.
29. UNODC. World Drug Report 2014. United Nations publication. 2014. Sales No. E.14.XI.7.
30. UNODC. World drug report 2016. United Nations publication. Vienna; 2016. 174

31. SACENDU. South African Community Epidemiology Network on Drug Use Report. Vol. 40. Cape Town; 2017.
32. Grelotti D, Closson E, Smit J, Mabude Z, Matthews L, Safren S, et al. Whoonga: Potential recreational use of HIV antiretroviral medication in South Africa. AIDS Behav. 2015;18(3):511–8.
33. Pasche S, Myers B. Substance misuse trends in South Africa. Hum Psychopharmacol. 2012;27 (January):338–41.
34. Matzopoulos RG, Truen S, Bowman B, Corrigall J. The cost of harmful alcohol use in South Africa. SA Med J. 2014;104(2):127–32.
35. Setshedi M, de la Monte S. Changing trends and the impact of alcohol on the HIV/AIDS epidemic in South Africa: Review. SAHARA. 2015;8(2):89–96.
36. Holtzkampf E. Liquor consumption patterns in South Africa - Wineland Magazine [Internet]. 2014. Available from: http://www.wineland.co.za/liquor-consumption-patterns-in-south-africa/.
37. Truen S, Ramkolowan Y, Corrigall J, Matzopoulos R. Baseline study of the liquor industry. Pretoria; 2011.
38. Statistics South Africa. SA demographic health survey. Pretoria: STATSSA; 2016.
39. South African Community Epidemiology Network on Drug Use (SACENDU). SACENDU research brief: Monitoring alcohol, tobacco and other drug abuse trends in South Africa (July 1996-June 2016). Vol. 19. Cape Town; 2016.
40. JCPS and LEA input into the Programme of Action of the Inter-Cluster Priority Committee. Draft narcotics integrated action plan 2017-2019. Pretoria; 2017.
41. UNODC. World drug report 2017 (5): The drug problen and organized crime, illicit financial flows, corruption and terrorism. Vienna; 2017.
42. UNODC. World drug report 2017: Pre-briefing to the member states. Vienna; 2017.
43. Ramsoomar L. The Ban on Alcohol Advertising in South Africa [Internet]. Public Health Association of South Africa. 2015. Available from: https://www.phasa.org.za/wp-content/uploads/2015/02/Leane_ban-on-alcohol_article-3.pdf.
44. Jewkes R, Fulu E, Roselli T, Garcia-Moreno C. Prevalence of and factors associated with non-partner rape perpetration: Findings from the UN multi-country cross-sectional study on men and violence in Asia and the Pacific. Lancet Glob Heal. 2013;1(4):e208–18.
45. Ramsoomar L, Morojele NK. Trends in alcohol prevalence, age of initiation and association with alcohol-related harm among South African youth: Implications for policy. SA Med J. 2012;102(7):609–12.
46. Burnhams NH, Parry C, Laubscher R, London L. Prevalence and predictors of problematic alcohol use, risky sexual practices and other negative consequences associated with alcohol use among safety and security employees in the Western Cape, South Africa. Subst Abuse Treat Prev Policy. 2014;9(1):1–10.
47. Howell S. "We have to start showing who is boss now": Constructing methamphetamine use and users in the South African print media. 2015.
48. International Drug Policy Consortium. IDPC Policy Guide 3rd edition. 2016.
49. Risher K, Mayer K, Beyrer C. The HIV treatment cascade in men who have sex with men, people who inject drugs and sex workers. Curr Opin HIV AIDS. 2015;10(6):420–9.
50. UCSF, ANOVA Health Institute, Wits RHI. South African Health Monitoring Survey (SAHMS): An integrated biological and behavioural survey among female sex workers, South Africa 2013 – 2014. Pretoria; 2016.
51. University of California SF. MSM in South Africa: Data triangulation report. San Francisco; 2015.
52. Lozano R, Naghavi M, Foreman K, Lim S, Shibuya K, Aboyans V, et al. Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: A systematic analysis for the Global Burden of Disease Study 2010. Lancet. 2012;380(9859):2095–128.

53. UNODC, World Health Organization. International Standards for the Treatment of Drug Use Disorders. Vol. 1463, 11 March 2016. 2016.
54. UNODC. Special Session of the United Nations General Assembly on the world drug problem. Vienna; 2016.
55. United Nations publication. Drug abuse Treatment and Rehabilitation: A practical planning and implementation guide. 2003. 1-128 p.
56. WHO, UNODC, United Nations. Policy guidelines for collaborative TB and HIV services for injecting and other drug users. Evidence for action Technical papers. Geneva; 2008.
57. Morojele NK, Kachieng'a MA, Mokoko E, Nkoko MA, Parry CDH, Nkowane AM, et al. Alcohol use and sexual behaviour among risky drinkers and bar and shebeen patrons in Gauteng province, South Africa. Soc Sci Med. 2006;62(1):217–27.
58. Morojele N, Parry C, Brook J, Kekwaletswe C. Alcohol and drug use. In: van Niekerk A, Seedat S, Suffla M, editors. Crime, violence and injury in South Africa: 21st century solutions for child safety. Tygerberg: MRC; 2014. p. 195–213.
59. UNODC. International standards on drug use prevention. Vienna; 2015.
60. Marlatt GA. Harm reduction: Come as you are. Addict Behav. 1996;21(6):779–88.
61. Rocha-Silva L, de Miranda S, Erasmus R. Alcohol/drug use and related matters: Young black South Africans (10-21 YEARS). Pretoria; 1994.
62. Akbar T, Baldacchino A, Cecil J, Riglietta M, Sommer B, Humphris G. Poly-substance use and related harms: A systematic review of harm reduction strategies implemented in recreational settings. Neurosci Biobehav Rev. 2011;35(5):1186–202.
63. Furtwaengler N, Visser RO d V. Lack of international consensus in low-risk drinking guidelines. Drug Alcohol Rev. 2013;44(December 2011):11–8.
64. Reduction H. The global state of harm reduction. London; 2014.
65. Cornish DB, Clark R V. The reasoning criminal: Rational choice perspectives on offending. Brunswick and London: Transaction Publishers; 2014.
66. WHO, UNODC, UNAIDS. Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. 2009.
67. World Health Organization. HIV prevention, diagnosis, treatment and care for key populations. Policy Brief. Geneva; 2014.
68. Aspinall EJ, Weir A, Spelman T, Grebely J, Higgs P, Hutchinson SJ, et al. Does informing people who inject drugs of their hepatitis C status influence their injecting behaviour? Analysis of the Networks II study. Int J Drug Policy. 2014;25(1):179–82.
69. Leicht A. Improving the quality of needle and syringe programmes: an overlooked strategy for preventing hepatitis C among people who inject drugs. BMC Infect Dis. 2014;14(Suppl 6):S8.
70. Scheibe A, Howell S, Moller A, Katumba M, Langen B, Artz L, et al. Finding solid ground: Law enforcement, key populations and their health and rights in South Africa. J Int AIDS Soc. 2016;19(Suppl 3):1–6.
71. Reid MJ, Derry L, Thomas K V. Analysis of new classes of recreational drugs in sewage: Synthetic cannabinoids and amphetamine-like substances. Drug Test Anal. 2013;(October 2012).
72. Bruce RD, Lambdin B, Chang O, Masao F, Mbwambo J, Mteza I, et al. Lessons from Tanzania on the integration of HIV and tuberculosis treatments into methadone assisted treatment. Int J Drug Policy. 2014;25(1):22–5.
73. Rashid RA, Kamali K, Habil MH, Shaharom MH, Seghatoleslam T, Looyeh MY. A mosque-based methadone maintenance treatment strategy: Implementation and pilot results. Int J Drug Policy. 2014;25(6):1071–5.

74. Reid AE, Dovidio JF, Ballester E, Johnson BT. HIV prevention interventions to reduce sexual risk for African Americans: The influence of community-level stigma and psychological processes. Soc Sci Med. 2014;103:118–25.
75. Weimer MB, Chou R. Research gaps on methadone harms and comparative harms: Findings from a review of the evidence for an American Pain Society and College on problems of drug dependence clinical practice guideline. J Pain. 2014;15(4):366–76.
76. Strathdee SA, Hallett TB, Bobrova N, Rhodes T, Booth R, Abdool R, et al. HIV and risk environment for injecting drug users: The past, present, and future. Lancet. 2010;376(9737):268–84.
77. World Health Organization, UNODC, UNAIDS. Effectiveness of Interventions to Address HIV in prisons. Geneva; 2007.
78. UNODC. From coercion to cohesion: Treating drug dependence through health care, not punishment. Vienna.
79. South African Police Services. Annual report 2015/16. Pretori; 2016.
80. TB HIV Care, University of Cape Town, OUT! Wellbeing, NICD. Viral Hepatitis C Initiatives for key populations in South Africa. Interim study findings report. Cape Town; 2018.
81. WHO, UNODC, United Nations, Policy Guidelines for collaborative TB and HIV services for injecting and other drug users (on-line). Evidence for action Technical papers. Geneva; 2008. Available from: http://whqlibdoc.who.int/publications/2008/9789241596930_eng.pdf.
82. Morojele NK, Kachieng'a MA, Mokoko E, Nkoko MA, Parry CDH, Nkowane AM, et al. Alcohol use and sexual behaviour among risky drinkers and bar and shebeen patrons in Gauteng province, South Africa. Soc Sci Med. 2006;62(1):217–27.
83. Morojele N, Parry C, Brook J, Kekwaletswe C. Alcohol and drug use. In: van Niekerk A, Seedat S, Suffla M, editors. Crime, violence and injury in South Africa: 21st century solutions for child safety [Internet]. Tygerberg: MRC; 2014. p. 195–213. Available from: http://www.samrc.ac.za/crime/Chapter14.pdf.

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