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MINISTRY FOR WELFARE AND POPULATION DEVELOPMENT

THE DRAFT NATIONAL DRUG MASTER PLAN

A national drug master plan summarizes national policies, defines priorities and allocates responsibilities for drug control initiatives.

Comments to be directed to the Ministry for Welfare and Population Development before 16 November 1998.

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DRAFT SEVEN

THE NATIONAL DRUG MASTER PLAN WAS PREPARED BY THE DRUG ADVISORY BOARD AT THE REQUEST OF THE MINISTER FOR WELFARE AND POPULATION DEVELOPMENT, MS GERALDINE J FRASER-MOLEKETI,

SEPTEMBER 1998

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Department of Welfare

Alcohol and Drug Studies, Johannesburg

South African Narcotics Bureau (SANAB)

South African Revenue Services

Department of Health, Mental Health and Substance Abuse

South African National Council on Alcoholism and Drug Dependency (SANCA)

Medical Research Council

Human Sciences Research Council (HSRC)

National Crime Prevention Strategy, Programme, Management Services Department of Welfare

Department of Education

Department of Foreign Affairs

Department of Correctional Services

CSIR

Department of Health (Medicines Control Board)

Department of Justice, Pretoria

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Chapter 1

INTRODUCTION

1. Why the concern about drugs?

In his first opening address to Parliament in 1994, South African President Nelson Mandela specifically singled out alcohol and drug abuse among the social pathologies that needed to be combatted. Alcohol and other drug abuse (hereinafter referred to as substance abuse) is a major cause of crime, poverty, reduced productivity, unemployment, dysfunctional family life, political instability, the escalation of chronic diseases, such as AIDS and tuberculosis (TB), injury and premature death. Its sphere of influence reaches across social, racial, cultural, language, religious and gender barriers and, directly or indirectly, affects everyone.

South Africa is, for a number of reasons, experiencing an unacceptable increase in substance abuse (the age of first experimentation has also dropped) and its associated problems. Principal among them is South Africa's the social and political transformation which has taken place on the domestic front, and our re-emergence as a member of the international community.

The rapid expansion of international air links, combined with the country's geographic position on major trafficking routes between East Asia and the Middle East, the Americas and Europe; a well-developed transportation infrastructure; modern international telecommunications and banking systems; long, porous borders and weak border control have made South Africa a natural target for drug traffickers.

Desperate and unemployed South Africans are being lured by syndicates with promises of easy money into becoming drug couriers and the overflow of drugs transshipped through South Africa is also finding its way onto the local market.

With regard to tobacco, the National Cancer Registry estimates that about 89 000 premature deaths

per year can be expected in South Africa on the basis of current smoking patterns.

South Africa is not alone in its fight against drugs. The rapid globalisation of the drug trade over the past decade has virtually assured that no country is immune to the threat, and a growing number are developing long-term strategies to deal with the problem. The successes of these strategies, however, necessarily imply the increased threat to the South Africa's borders, as drug traffickers are forced to find markets further afield in which to ply their wares.

2. Which drugs are causing the problems?

Substance abuse patterns in South Africa vary according to age, social class, occupation, school-status, gender and geographic location.

All drugs can be broadly divided into the following three groups:

1. The naturally occurring drugs: cannabis (dagga) and KHAT.
2. The semi-synthetic drugs such as cocaine and heroin.
3. The fully synthetic drugs, such as methylenedioxymethamphetamine (Ecstasy) and methaqualone.

Generally, the substances that are abused in South Africa can roughly be divided into three categories: those which are extensively used, those which are moderately used and those used less frequently.

In the first category, alcohol and tobacco remain the most commonly abused substance in South Africa, followed by cannabis and the cannabis/Mandrax ('white pipe') combination. Mandrax (Methaqualone) is sometimes used on its own. There is also considerable abuse of over-the-counter and prescription medicines (e.g. pain relievers, tranquillisers, cough mixtures, slimming tablets), as well as volatile solvents (especially glue).

The second category contains crack cocaine, cocaine (powder), heroin, Speed, LSD, hashish and

Ecstasy, although crack cocaine may need to be placed in the first category in the near future.

In the category of least frequently used drugs, one finds opium, Rohypnol (Flunitrazipam), Ketamine and Wellconal.

South Africa now ranks among the world's largest producers of cannabis, most of which is consumed regionally, with some shipments made to the Netherlands and the United Kingdom (UK). Both locally and at a global level, however, the drug scene has been shown to be extremely dynamic. In terms of production, changes have been noted both in the sites of production as well as in the substances being produced. Globally, for example, there has been an increase in production of substances such as heroin, cocaine and amphetamines. In Southern Africa, laboratories where Mandrax is being produced, have been discovered in South Africa and Zambia.

For the purposes of the National Drug Master Plan, the term 'drugs' will refer to the illicit drugs as defined in the Drugs and Drug-Trafficking Act, 1992 (Act 140 of 1992), and the popularly abused and licit medicines.

While not specifically included, alcohol, tobacco, and volatile solvents are also recognised as major contributing factors to health and social problems in the country. Wherever possible, therefore, the *South African National Drug Master Plan* is to be used as a measure for reducing their abuse and minimising of the harm they cause.

4. What is a national drug master plan?

A drug master plan is defined by the United Nations Drug Control Programme (UNDCP) as 'the single document adopted by government outlining all national concerns in drug control'.

'It summarizes authoritatively national policies, defines priorities and apportions responsibilities for drug control efforts' (UNDCP, 1995, p2). It acts both as a director and a directory of a country's policies and programmes in the fight against substance abuse.

The *South African National Drug Master Plan* will instruct, where it has the power, and inform.

5. Why does South Africa need a national drug master plan?

Sections 10 to 12(1) of Chapter 2 of the Constitution of the Republic of South Africa 1996, (Act 108 of 1996), grants citizens the right to have their dignity respected and protected, the right to life, and the right to freedom and security.

The South African Government is accordingly committed to reducing both the supply of illegal drugs and the demand for them, through a wide range of actions and programmes.

To do this, it needs the help of all the criminal justice agencies, other government departments, local authorities, health professionals, traditional healers, religious organisations, schools, parents, sports groups, the media and the private sector.

To date, however, the South African response to the drug problem has been disjointed, fragmented and uncoordinated. This incoherent response has negatively influenced the fight against drugs in two main ways, namely:

Firstly, the duplication of certain services and non-existence of others has led, in effect, to the mismanagement of the meagre resources available and the failure to secure others that are sorely needed.

Secondly, the lack of a single, unified and strategic response to the drug problem has meant that the war against drugs has been waged neither effectively nor on all fronts.

The *South African National Drug Master Plan* will act as the blueprint for South Africa's response to drug abuse. It will be the means by which existing resources may be harnessed and yet others marshalled, their services streamlined and guided, and will set out South Africa's national policies and priorities in the campaign against substance abuse. It will also substantially assist in ensuring that a broader base of national and provincial departments take account of substance abuse issues

in their activities and budgets.

It will, in short, act as the barometer of the commitment and performance of the South African Government and its citizens in the field of substance abuse.

6. How did the *South African National Master Plan* come about ?

In terms of the Prevention and Treatment of Drug Dependency Act of 1992, the first Drug Advisory Board (DAB) was established in November 1993 and, in 1995, it was replaced with the existing DAB. The functions of the DAB are to advise the Minister for Welfare and Population Development (the Minister) on matters pertaining to alcohol and drug abuse, and to plan, co-ordinate and promote measures relating to the prevention and combatting of drug abuse and the treatment of drug-dependent people.

In 1997, the Minister requested the DAB to develop a drug master plan for South Africa. Apart from the country's obvious need for such a plan, this step was in accordance with international practice.

The Southern African Development Community (SADC) was established by means of a treaty signed by 12 member States who fall within the region. In terms of the treaty, SADC has eight objectives, all designed to overcome poverty and underdevelopment, and achieve common prosperity, peace and unity.

In 1996, SADC concluded a Protocol on Combating Illicit Drug Trafficking, stating its commitment to 'the establishment of a regional institutional framework for co-operation in combatting illicit drug supply, demand and corruption in Member States, through legislative and social policies'. In terms of this protocol, which South Africa has ratified, member states are required to participate in a 'joint concerted effort' to 'eradicate illicit drug production and trafficking' through 'the implementation of co-ordinated, comprehensive and integrated drug control and prevention programmes that address both supply and demand'. (Preamble to the protocol. These wide-ranging programmes are described in articles 1 through 9 of the protocol).

Against the above background, the DAB conducted extensive research into both national and international drug strategies in an effort to evolve a model that would be a suitable local model. A series of workshops led to the provisional drafting of a framework for a master plan, which was presented throughout the country for public comment.

While the general approach set out in that document met with a high degree of support, full account has been taken of the comments made in order to generate maximum agreement and commitment from those who will help to the strategy on the ground.

Chapter 2

VISION

The vision is to build a drug-free society and to make a contribution to the global problem of substance abuse.

South Africa has entered into a human rights culture and now, more than at any time in its history, we are in a position to devote our energies exclusively to the well-being of our citizens.

The Government has adopted a far-reaching strategy to create economic opportunities and a better life for all. This is a long-term process which will go a long way towards addressing the causes of substance abuse.

In the shorter term, the Government will focus on the areas of greatest need and risk.

Chapter 3

THE MASTER PLAN: ITS PRIORITIES, OBJECTIVES AND IMPLEMENTATION

Local research suggests that there are many reasons for misuse; that key factors include unemployment; low self-esteem; educational failure; boredom and physical; psychological or family problems. Even where the cause relates more to experimentation or enjoyment, or to a shift from alcohol or tobacco, the fact is that overtly mind-altering substances have greater pull than other activities. Many people misuse drugs because they do not have the opportunity to lead fulfilling lives.

The *South African National Drug Master Plan* aims to bring about the reduction of substance abuse and its related harmful consequences. In order to address the drug problem effectively, however, there should be a balance between actions which bring about a decrease in the *availability of drugs* (control and law enforcement) and the *demand for drugs* (prevention, treatment and rehabilitation).

I. PRIORITIES

In order to achieve its aims, the Master Plan has identified five main areas of focus, namely:

- crime
- youth
- community health and welfare
- research and information dissemination
- international involvement.

A sixth, overriding and overarching goal has also been identified, namely **communication**.

II. OBJECTIVES:

The main objectives of the Master Plan's in these five areas are to:

Crime

- ensure that the law is effectively enforced, especially against those involved in the supply and trafficking of illegal drugs;
- reduce the incidence of drug-related crime;
- reduce the harmful consequences of drug-related crime; and
- reduce the level of drug misuse in prisons.

Youth

- motivate youth to refrain from drug abuse;
- ensure that schools offer effective programmes on drug education; giving pupils the facts, warning them of the risks, and helping them to develop the skills and attitudes to resist drug misuse;
- raise awareness among teachers, governing bodies and parents of the issues associated with drug misuse and young people;
- develop effective national and local public education strategies focusing particularly on young people; and
- ensure that young people, at risk of drug misuse or who experiment with, or become dependent on drugs, have access to a range of advice, counselling, treatment, rehabilitation and after-care services.

Community Health and Welfare

- protect communities from the health risks and other damage associated with drug misuse, including the spread of communicable diseases, related injuries and premature death;
- discourage people from misusing drugs and to enable those who do so to stop;
- ensure that individual drug misusers have access to a range of advice, counselling, treatment, rehabilitation and after-care services; and

- ensure that families of drug misusers have access to advice, counselling and support services; and
- develop and implement training programmes on the detection of substance abuse, its prevention and treatment, for health and welfare workers, law enforcement officials and law students, personnel officers and teachers, as well as any other role-players.

Research and the dissemination of information

- establish and maintain a substance abuse information system which will support the implementation, evaluation and ongoing development of a national drug master plan;
- coordinate the collection and dissemination of locally and internationally derived information of relevance to substance abuse intervention; and
- evaluate internationally developed intervention approaches and determine which modifications are required for success in the local context.

International involvement

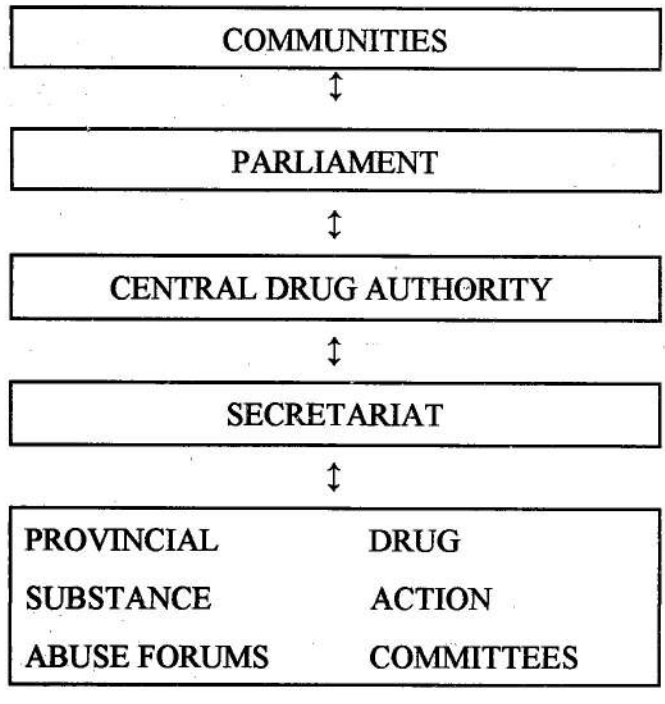
- to enter into agreements with other countries and organisations in order to secure mutual legal assistance, intelligence-sharing and co-operation in anti-drug efforts and training;
- to identify and implement options, including science and technology options, to improve the effectiveness of law enforcement to stop the flow of drugs into the Republic and to improve the effectiveness of demand-reduction approaches; and
- to promote stronger regional co-operation.

Communication

The overarching objective of the Master Plan is to ensure that *all educational material and other information disseminated* is *contextually correct,* that is, in a form and language appropriate to the culture, language, level of education and socio-economic background of its intended recipients.

III. PLANS FOR IMPLEMENTATION

Figure 1. Schematic representation of the reporting structure.



The main proposals for action in support of these objectives are:

1. **to establish a national, Central Drug Authority with an appropriate budget, resources and management infrastructure** which will

   - be independent;
   - answerable to Parliament;
   - oversee and monitor the implementation of the Master Plan; and

2. **to establish an adequately resourced Secretariat** to oversee the administration of the Master Plan; and

3. **to facilitate the establishment of an action committee in each of the 382 magisterial districts in the country, consisting of a magistrate or a senior representative from his or her office and seconded government and non-governmental persons** which will

   - liaise with the Central Drug Authority (via the Secretariat) at all times; AND
   - facilitate and monitor the implementation of the Drug Master Plan and the uniform spread of information and policies in every part of the country.

4. **to strengthen existing provincial substance abuse forums and to facilitate the establishment of forums where they do not exist.**

Chapter 4

COMPOSITION AND FUNCTIONS OF THE CENTRAL DRUG AUTHORITY, SECRETARIAT, LOCAL DRUG ACTION COMMITTEES AND PROVINCIAL DRUG ABUSE FORA

I. CENTRAL DRUG AUTHORITY

I.I. COMPOSITION

It is proposed that the Central Drug Authority have a similar composition, and its members will be appointed in the same manner as the DAB.

The Central Authority should have a high-profile head and its members should include representatives from the following institutions:

- Department of Justice
- Department of Health
- Department of Education
- Department of Welfare
- Department of Home Affairs
- Department of Foreign Affairs
- Department of Trade and Industry
- Department of Finance
- Department of Correctional Services
- South African Police Services
- Research councils and universities
- Five representatives from non-governmental organisations (NGOs)
- Secretariat for Safety and Security
- National Youth Commission
- Business Against Crime

- Trade union representative
- Department of Labour
- One representative from national intelligence services

The Central Authority should also include representatives from each of the nine provinces from the provincial substance abuse forums.

I.II. FUNCTIONS

Once Cabinet has approved the Master Plan, the primary function of the Central Drug Authority will be to monitor its implementation. In order to facilitate the integration of different government departments on the issue of substance abuse, such a body will be answerable to Parliament. It will, however, liaise and interact both with provincial fora and the Drug Action Committees.

The functions of the Central Drug Authority will include:

i. overseeing and monitoring the implementation of the Drug Master Plan;
ii. facilitating and encouraging the co-ordination of programmes;
iii. facilitating the rationalisation of existing resources and monitoring their effective use;
iv. encouraging government departments and the private sector to draw up plans to address drug abuse in line with the goals of the Master Plan;
v. introducing performance indicators whereby the effectiveness and progress of the action plans can be monitored and evaluated on all levels;
vi. facilitating the initiation and promotion of measures, including legislation, to combat the misuse of drugs;
vii. reviewing and commenting on drug-related policies and programmes developed both locally and internationally;
viii. establishing and maintaining information systems which will support the implementation, evaluation and ongoing development of a national drug master plan;
ix. submitting an annual report to Parliament and to the nation, which set out a comprehensive description of the national effort relating to the drug problem;

x. acting as an authoritative adviser to Government on policies and programmes in the field of drug abuse and trafficking;

xi. reviewing the Master Plan on a five-yearly basis and amending it where necessary.

I. III IMPLEMENTATION

It is proposed that the Central Drug Authority implement the Master Plan in the following way:

Years one and two:

- *identify existing resources and ask Cabinet and government departments concerned to earmark further resources if, and where required;*
- *strengthen existing provincial substance abuse forums and establishing forums in provinces where they do not exist;*
- *facilitate the setting-up of local drug action committee structures*; and
- *request government departments to draw up anti-drug abuse action plans in line with the goals of the Master Plan and monitor existing action plans.*

Years three to five:

- *monitor and facilitate the implementation of the Drug Master Plan,*
- *draw final conclusions on successes, failures and overall effectiveness of the 1999 - 2004 Master Plan, and*
- *draft next five-year Master Plan.*

II. SECRETARIAT

A Secretariat will be put into place to drive the administration involved in the implementation of the Master Plan. [The structure and functioning of the secretariat will be discussed with all relevant departments]

III. LOCAL DRUG ACTION COMMITTEES

III.I COMPOSITION

It is proposed that these committees should be made up of senior representatives of the local magistrate's court, police, probation and correctional services, schools, local authorities, health authorities and community structures, which will ensure appropriate coverage of both rural and urban communities.

The committees may co-opt additional members with special skills, commitment or expertise, if, and when required. Representation of local, rural traditional authorities should be encouraged.

The committees should be set up initially by the local magistrate (or a senior representative) of each district (although geographical boundaries may be kept flexible for practical purposes), after which the committees may elect a chairperson.

Minimum resources will be required for the infrastructure of these committees as existing resources of the representative departments can be accessed. Meetings can be conducted after hours, if necessary, in unutilised court buildings.

III.II FUNCTIONS

The Drug Action Committees will ensure local action on the Drug Master Plan in each community and will inform and be kept informed.

Each Drug Action Committee will be charged with the task of :

- drawing up its own action plan to tackle the drug problem in that area in co-operation with provincial and local departments and local government;

- ensuring that its action plan is in line with the priorities and objectives of the Master Plan and that it is aligned with the strategies of government departments;
- implementing its action plans;
- giving regular reports to the Secretariat concerning its actions, progress and problems and other drug-related events in its area;
- providing information as the Central Drug Authority may, from time to time, require;
- reporting formally to the Central Drug Authority on a yearly basis.

IV. PROVINCIAL DRUG FORUMS

IV.I COMPOSITION

It is proposed that Provincial Drug Forums involve all stakeholders concerned in the fields of education, community action, legislation and law enforcement, policy making, research and treatment.

In addition, the business community and any other body interested in addressing substance abuse can be involved.

It is recommended that such Forums have Executive Committee Members who include persons responsible for the following four portfolios: a) Treatment and Aftercare; b) Prevention and Education; c) Community Development; d) Legislation and Research and Information dissemination.

IV.II FUNCTIONS

The main function of Provincial Drug Forums is to strengthen member organisations in carrying out their existing functions related to directly or indirectly addressing substance abuse, and to keep substance abuse high on the public/political agenda of the province.

An important function of a Provincial Drug Forums is to encourage networking and the effective flow of information between members of the forum.

When necessary, such a forum may act as a mouthpiece for member organisations.

With regard to the *Drug Master Plan*, Provincial Drug Forums will specifically work to put substance abuse on the public/political agenda, and to broadly assist the local Drug Action Committees in the execution of their tasks.

V. FUNDING

Successful implementation of a national drug control strategy will require adequate and sustained funding at all levels. In general, there needs to be a balance in spending between demand and supply reduction.

Increased collaboration between government and private and voluntary sectors is required. The fragmented response of the past involving as it does duplication of effort has been financially wasteful.

Where common goals exist, resources should be shared.

Chapter 5

THE FIVE AREAS OF FOCUS

Overarching Objective: Consumer-friendly Communication

South Africa has a population of approximately 38 million people who are distributed over nine provinces and who range in population from 746 000 (Northern Cape) to 7 672 000 (KwaZulu-Natal). It is estimated that 55,4% of the population resides in urban areas and that the population has on average eight years of schooling or less, depending on the province in which they live.

There are 11 official languages, of which isiZulu, isiXhosa and Afrikaans are the most widely spoken first languages, followed by Sepedi and English. In addition, cultures and levels of literacy and economic well-being differ widely.

This cultural diversity that is South Africa makes it unique in the world, but also makes the communication (and formulation) of policies and information aimed at addressing substance abuse in the country more difficult. South Africa must define both the problem and its solution in South African terms.

The South African *National Drug Master Plan*

- recognises that many previous anti-drug efforts failed to reach their target audience due to their inappropriate, viewer-insensitive presentation, and proposes that
- all information that is disseminated will (as far as is practically possible) be disseminated in a manner that is appropriate to the language, culture and literacy of its intended recipient.

Area 1: Crime

Drug issues manifest themselves at every level of the criminal justice system, from the level of the international trade in drugs, and the use of the proceeds of that trade for corrupt ends, right down to driving under the influence of alcohol or drugs. Most crimes, however, are the culmination of a variety of factors (personal, situational, cultural and economic), and the precise

relationship between substance abuse and crime is, therefore, hard to determine.

Essentially, crime is associated with both domains of the illicit drug phenomenon, namely supply and demand' and falls into the following three main categories:

- crime committed due to the psychopharmacological effects of drugs ingested by the perpetrator, for example alcohol, certain stimulants and hallucinogens;
- crime committed in order to feed the perpetrator's expensive drug habit;
- crime committed as a by-product of being involved in drugs and/or drug trafficking, for example violent disputes over territorial and other matters between rival drug gangs and violent confrontations between a frustrated community, police and drug dealers and syndicates.

There are five topics relevant to the discussion of substance abuse-related crime in South Africa: Legislation, Law Enforcement, the National Crime Prevention Strategy, Vision 2000 of the Department of Justice, and Decriminalisation.

I. LEGISLATION

The laws governing this field are:

- The Drugs and Drug Trafficking Act, 1992 (Act 140 of 1992);
- The Prevention and Treatment of Drug Dependency Act, 1992 (Act 20 of 1992);
- The Criminal Procedure Act, 1977 (Act 51 of 1977);
- The Extradition Act, 1962 (Act 67 of 1962);
- The Medicines and Related Substances Control Act, 1965 (Act 101 of 1965);
- Criminal Procedure Act, 1977 (Act 51 of 1977) with special reference to the Witness Protection Programme established in terms of section 185A of 1992;
- The Extradition Amendment Act, 1996 (Act 77 of 1996);
- The International Co-operation in Criminal Matters Act, 1996 (Act 75 of 1996);

- The Proceeds of Crime Act, 1996 (Act 76 of 1996); and
- Institute for Drug-Free Sport Act, 1997 (Act 14 of 1997);

South Africa has taken advantage of its new status in the international community. (see Area 5)

The South African Law Commission, in its report '*International Co-operation in Criminal* Prosecutions', made a comprehensive study of international co-operation in criminal prosecutions.

The report is divided into five topics, namely-

- Obtaining evidence from foreign states;
- Supplying evidence to foreign states;
- Transferring the proceeds of crime;
- Carrying out foreign penal orders and sentences; and
- Extraditing.

The 1996 Acts referred to above have given effect to these recommendations.

A central office has been established within the Department of Justice which will receive and channel letters of request to and from foreign states.

The Commonwealth Scheme for the Rendition of Fugitive Offenders is a policy guideline to regulate extradition relations between members of the Commonwealth. The implementation of the guidelines requires that members of the Commonwealth should bring their domestic legislation into line with the scheme, bringing about uniformity of legislation between members states, which then forms the basis for extradition relations between them without the existence of extradition treaties. With South Africa's return to the Commonwealth, the Extradition Amendment Act, 1996, amongst others, brings the Extradition Act, 1962, into line with the scheme.

The enactment of further legislation to define and criminalise money laundering, as well as to make provision for a Financial Intelligence Centre and Money Laundering Control Board, is envisaged. Legislation relating to organised crime syndicates and stronger mechanisms for asset forfeiture is also being considered at present.

II. LAW ENFORCEMENT

The South African Narcotics Bureau (SANAB) was established in 1974 in order to combat the drug menace in an organised manner. During 1995, its activities were divided into crimes involving large drug trafficking syndicates, to be dealt with by the Organised Crime Project Investigations Unit, and the remainder of the drug dealing cases and cases of possession, to be handled by the traditional SANAB units.

SANAB underwent another significant restructuring in late 1996, which put all SANAB officers throughout the country back under the direction of the central office. SANAB officers have also been selected to fill the seven new international drug liaison officer positions and underwent diplomatic training in advance of their assignments abroad.

The functions of SANAB are to:

- investigate all aspects pertaining to organised drug trafficking, both nationally and internationally, in terms of the Drugs and Drug Trafficking Act, 1992. Units are also required to conduct project-related investigations on syndicates;

- investigate and regulate financial transgressions in terms of the Drugs and Drug-Trafficking Act, 1992, and the Proceeds of Crime Act, 1996;

- investigate all aspects pertaining to clandestine laboratories used to manufacture and supply illicit drugs;

- "cannabis eradication programmes: areas where the cannabis plant is

cultivated gained international recognition in June 1998, at the United Nations, as areas which should be considered for alternative development programmes in addition to the areas where coca leaf and opium poppy are grown";

- investigate all aspects pertaining to the organised theft of medicines in terms of the Control of Medicines Act, 1965;

- investigate all aspects pertaining to the illicit use of precursors and essential chemicals to manufacture drugs and medicines, in accordance with the 1988 United Nations Convention Against Illicit Drug Trafficing in Narcotic Drugs and Psychotropic Substances (to which South Africa is expected to accede during 1998) (discussed in more detail under Area 5); and

- execute SANAB Head Office function of serving as a national co-ordination centre for many international and national drug-related matters, including participation in conferences, both nationally and internationally and interacting in various international spheres (see under Area 5).

The South African Police Services (SAPS) have signed a Memorandum of Understanding with the intelligence agencies (National Intelligence Agency, the South African Secret Service and Military Intelligence) aimed at supporting the SAPS in combating organised crime. National intelligence efforts are coordinated through the National Intelligence Coordinating Committee (NICOC).

III. NATIONAL CRIME PREVENTION STRATEGY

The policies of the previous South African Government demanded a high level of internal and external controls which restricted movement of the majority of the population and involved the extensive use of the army in border control activities. This tended to limit the trafficking in narcotic substances, both within the country and across South Africa's borders. With regard to the criminal justice and correctional

systems, considerable effort was also put into incarcerating offenders and very little effort went into their rehabilitation, or into crime prevention in general.

The National Crime Prevention Strategy (NCPS) was initiated by the Cabinet in March 1996 and is primarily a long-term programme aimed at creating conditions in which the opportunities and motivation for crime will be reduced, as well as improving the capacity of the criminal justice system to deal with crime. It is an ongoing programme of action which is being implemented by a wide range of Departments, including Justice, Welfare, Correctional Services, Defence, Intelligence and Safety and Security.

The NCPS has identified and prioritised seven key crime categories, namely:

- crimes involving firearms;
- organised crime, including the organised smuggling of illegal immigrants and narcotics, and gangsterism, which serve to generate higher levels of criminality and violence;
- white collar crime;
- gender violence and crimes against children;
- violence associated with inter-group conflict, such as political conflicts, taxi violence and land disputes;
- vehicle theft and hijacking; and
- corruption within the criminal justice system.

The NCPS departments are developing strategic and operational coordination through the establishment of two committees: one dealing with the reduction of the illicit supply of and trafficking in narcotics, the other with the reduction of illicit demand. Information from these committees will be provided to the Central Drug Authority to assist with the refinement of its policies and plans, and in order to ensure that performance targets are adhered to.

IV. VISION 2000 OF THE DEPARTMENT OF JUSTICE

The Department of Justice has drafted a framework for the transformation of the administration of justice in South Africa. The plan marks the start of an annual planning process and is intended to help monitor progress and identify changing circumstances and priorities.

Six key areas have been selected to form the foundation of the future South African Justice system namely:

- an integrated coherent and representative department;
- access to justice for all;
- safety, security and freedom from crime;
- legitimate, representative and people-friendly courts and other structures that administer justice;
- effective and efficient education, training and information systems;
- a well-trained, representative and evenly distributed legal profession.

In monitoring the attainment of these six strategic goals, performance indicators have been set, such as the ratio and time between:

- crimes reported and arrests made;
- arrests made and prosecutions instituted;
- prosecutions instituted and convictions; and
- sentences imposed and the length of time served.

The Department of Justice, in collaboration with other departments, also aims to increase the number of offenders referred to and entering treatment and other programmes by way of arrest referral schemes, the court process and post-sentencing provisions.

A witness protection programme is up and running to reduce the possibility of intimidation in, *inter alia,* drug-related offences and especially those involving

organised crime syndicates.

Where substance abuse-related common interests and shared goals exist between Vision 2000 and the Master Plan, resources should be made available to the Central Drug Authority for the attainment of these goals.

V. DEPARTMENT OF CORRECTIONAL SERVICES

The Department of Correctional Services is in the process of looking at the problem of drug abuse arrestees and prisoners.

Significant intervention can exist and research conducted into the crime-drug connection between arrested and incarcerated persons, many of whom go on to commit further crimes. Research conducted by Roche-Silva (October, 1996) on sentenced males has indicated that, before their sentence, offenders' way of life was generally characterised by prolonged high-risk drug practices. Most importantly, incarceration did not interrupt drug use, but redirected prearrest patterns.

An arrestee drug abuse monitoring programme would satisfy five broad aims namely to:

a. assess drug use behaviour as it relates to crime, area and trends in combination with other factors such as HIV-status, gang activity and poverty;

b. ascertain perceptions of crime and attitudes toward law enforcement, drug abuse and current intervention programmes;

c. identify opportunities for, and inform methods of, intervention by the police, criminal justice system, correctional services and health and welfare sectors; and

d. disseminate information amongst this significant (captive) portion of the population, in terms of the drug-crime connection.

VI. DECRIMINALIZATION AND HARM REDUCTION

Decriminalization

There has been much debate regarding the issue of whether or not fewer drug-related offences, such as the possession or use of cannabis, will or should be legalised. However, the issue of decriminalisation needs to be researched thoroughly to establish whether this is the way the matter should be dealt with in South Africa.

What is envisaged, however, is the development of suitable methods to deal with *appropriate cases* (for example, involving the once-off experimentation with drugs by a young person) outside the criminal justice system, with emphasis on education, treatment, aftercare, rehabilitation and social re-integration.

Harm reduction

Harm reduction should not be confused with arguments about drug legalisation or decriminalisation.

As spelt out in an International Council on Alcohol and Addictions (ICAA) policy discussion paper, the focus of harm reduction is to reduce and prevent the harmful effects of the use of alcohol and other drugs (ICAA, 1994).

According to the ICAA, this goal can be pursued with many strategies including those focussed on drug-free living. Because it is unlikely that a totally 'drug-free' society would ever be attainable, approaches to harm reduction do not presume abstinence in the short term, but instead make provision for potentially controversial initiatives such as needle-exchange programmes to reduce the spread of HIV infection among intravenous drug users and methadone maintenance treatment to treat opium dependence.

The focus is on reducing the harm associated with drug use rather than on reducing or

eliminating drugs use *per se*.

Approaches to secondary and tertiary prevention which have been referred to as 'harm reduction' should be considered as elements in an overall strategy to reach this goal, together with supply and approaches demand reduction.

Area 2: Youth

The children of our country occupy a special place in the new democracy and in the heart of President Nelson Mandela.

Therefore on 16 June 1995, South Africa ratified the Convention on the Rights of the Child and the Declaration emanating from the World Summit for Children in December 1993, and in so doing committed itself to the principle of "First Call for Children" in all areas.

The Ministers of Health, Welfare, Education, Water Affairs and Forestry, Justice and Finance, were mandated to give effect to these international instruments.

The Department of Justice was mandated to deal with children in the criminal and civil justice system.

The Justice Sectoral Working Group which consists of representatives of the Departments of Justice (playing the leading role), Welfare, Correctional Services and the SAP Service, as well as the NGOs concerned and the United Nation Children's Fund (UNICEF), began functioning in 1995 and focuses, *inter alia*, on the

- establishment of a separate juvenile criminal justice system
- protection and rehabilitation of children from the use of, and trafficking in, narcotic drugs.

A new process has been developed which attempts to divert juvenile offenders in appropriate

cases out of the criminal justice system and providing alternative forms of punishment or treatment. This process is particularly relevant in the area of juvenile substance abuse, and the need for more institutions which will serve as an alternative to imprisonment is crucial.

It is estimated that approximately 46% of the population of South Africa are aged 20 years and younger (Central Statistical Services, 1997). Using other data, it is estimated that approximately half the population are poor and half of them, again, are children.

There has been very little research into social and health consequences associated with substance abuse by young people in this country. Statistics obtained from treatment centres suggest that the use of drugs such as Ecstasy, LSD and Speed is more common among young people than adults. Patients in specialised treatment centres whose primary substance of abuse is alcohol tend to be older than those whose primary substance of abuse is the dagga/Mandrax ('white pipe") combination who, in turn, tend to be older than people whose primary substance of abuse is dagga on its own (Parry, Bhana and Bayley, 1998). Binge drinking among young people, especially males, is high (in excess of 25%) in many communities. Among the school-going youth, alcohol use appears to increase with age for both males and females (Flisher, Ziervogel, Chalton and Robertson, 1993).

Data taken from the South African Community Epidemiology Network on Drug Use (SACENDU) Project supports the view that youth issues need to be given prominence in a national drug strategy. For example:

- Twenty-six per cent of the arrested by SANAB for dealing in illicit substance in Cape Town in the second half of 1996 were juveniles; up from 8% in the previous six months (Parry and Bhana, 1997).
- In Durban, researchers are seeing a trend towards younger patients being treated at specialist substance abuse treatment facilities. By the second half of 1997, 18% of patients were younger than 20 years, compared to 7% during the same period in 1996. In Cape Town, data taken from substance abuse treatment facilities suggests a trend towards a decreasing age of first use of alcohol and other drugs (Parry et al., 1998).

In a study using data from the United States (US) National Longitudinal Survey of Youth, Yamada, Kendix and Yamada (1996) found that increases in the incidence of frequent drinking, liquor and wine consumption, and frequent cannabis use, significantly reduce the probability of high school graduation.

Specific treatment services need to be targeted at young people as their needs are likely to be different from those of adults. For example, young people hold a dependent position in family and society; they are more influenced by peers and popular culture; they often need education or vocational training; and are more likely to be using other drugs.

The National Youth Commission (NYC) was established by the Youth Act, 1996, and is based in the Office of the Deputy President. This body's primary aim is to assist the government in planning a comprehensive youth development policy with reference, *inter alia,* to substance abuse.

There are a range of other initiatives directed towards preventing substance abuse among young people in South Africa. The following is a list of some of them:

I. DEPARTMENT OF WELFARE

In May 1995, the national and provincial Departments of Welfare embarked upon a national school-based education initiative, 'I'm addicted to life', aimed at teenagers between the ages of 11 and 20 years. The television series involved 13 x 9 minute episodes and 13 x 2 minute endorsements which were flighted in the afternoons and evenings. Thirteen 3 minute radio spots in 11 languages were also produced. In addition, 13 x 30 second personality endorsements were produced and flighted. Anti-drug posters were produced and distributed to every school in the country and an anti-drug pledge campaign was initiated. Information leaflets were also produced and distributed to schools. The campaign has also been expanded to include a video and teacher's manual.

The 'Go Project' is in operation and aims to assess juveniles in an attempt to prevent their incarceration in prisons or places of safety whilst they are awaiting trial.

This project acknowledges the need to protect juvenile substance abuse offenders from the prison environment which is, unfortunately, conducive to substance abuse.

Legislative changes now seek to ensure that children under the age of 18 years may not be kept in a prisons, lock-ups or police cells for more than 24 hours prior to be taken before a court.

In 1997, 3 000 juveniles were diverted out of the system by the Department of Social Welfare in collaboration with the Department of Justice.

II. DEPARTMENT OF EDUCATION

The national Department of Education is currently involved in implementing its Curriculum 2005 initiative. This includes a life skills education component which seeks to address adolescent risk behaviours, such as drug use and teenage sexuality, as part of a holistic initiative aimed at the healthy development of young people. The International Centre for Alcohol Policies (ICAP), which is based in Washington, is also working with the provincial Department of Education in the North West Province (and in Botswana) to design a life skills education programme aimed at primary school-age children. The project specifically involves (i) developing life skills materials for use in five schools, (ii) training teachers in the use of these materials, and (iii) testing these materials in the teacher's classroom for one academic year.

The Culture of Learning, Teaching and Service (COLTS) Campaign, initiated by president Nelson Mandela in February 1997, addresses, *inter alia,* crime and substance abuse within the context of schools.

The Master Plan encourages schools and institutions in Further Education and Training (FET)and Higher Educational (HE) to take responsibility for substance abuse problems found amongst their learners. Too often, the problem presented by learners who is involved in substance abuse or trafficking is 'solved' through expulsion. Rather than solve the problem, this unfortunate course of action merely displaces it and, in certain instances, aggravates it. Wherever possible, therefore, drugs must be tackled together in the classroom rather than the court room, and schools or lecture rooms should have their own internal disciplinary systems and programmes.

The effective management of the school and institutional environment is an essential contribution to drug control.

III. *SOUL CITY 3*

Soul City is a multi-media health education/counter-advertising initiative seeking to address a range of risk behaviours, including alcohol and smoking, through a very popular prime-time sitcom aired on TV as well as on radio (in the vernacular), and via the print media (a handbook serialised in newspapers).

As a result of an evaluation of the second series of *Soul City* on tobacco, AIDS, TB and housing, [Made by CASE, the Community Agency for Social Enquiry] it was noted that:

- the TV series was rated second most popular series among the total adult population;
- 51% of Africans watched it regularly;
- 61% of the people sampled saw, read or listened to *Soul City;*
- 70% of 16 - 24 year-olds sampled saw, read or listened to *Soul City; and*
- 51% of people with no formal education sampled saw, read or listened to *Soul City.*

IV. INDUSTRY ASSOCIATION FOR RESPONSIBLE ALCOHOL USE (ARA)

Association for Responsible Alcohol (ARA) has been involved in running the *Buddy*

Campaign on university and technikon campuses for almost a decade. The objective is to focus the minds of the youth on the dangers of alcohol misuse and abuse. ARA members have also supported life skills education programmes around the country. These programmes reach some 1 000 schools. The *Buddy Campaign* was evaluated by the Human Sciences Research Council (HSRC) in 1993 and it was noted that there was an increase in the awareness of the dangers of alcohol misuse among young people as a result of the programme.

V. SOUTH AFRICAN NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE (SANCA) TADA AND POPPETS INITIATIVES

The Programmes of Primary Prevention through Stories (POPPETS) programme is aimed at the pre-primary and early primary school child (primarily 5 - 9 years old). Puppets, stories and games are used to educate the child. Information on alcohol and drugs is provided as well as skills training to address issues such as self-image and peer pressure. The Teenagers Against Drug Abuse (TADA) programme involves the setting- up of youth action groups in high schools or youth groups (after hours). It aims to prevent substance abuse among peers and promotes exciting alternatives. SANCA acts as the facilitator, providing groups with training and support. Young people are encouraged to take an increasingly greater responsibility for running the TADA groups.

VI. THE CAPE TOWN DRUG COUNSELLING CENTRE (CTDCC) SCHOOLS DRUG EDUCATION AND PREVENTION PROGRAMME

A new initiative has been started in Cape Town and should involve approximately 50 schools. The programme is being implemented by the Cape Town Drug Counselling Centre (CTDCC) with funding from USAID, the Royal Netherlands Embassy, and the Transitional Development Trust (TNDT). The key components of this programme comprise:

- initial briefing sessions to all teaching and guidance staff in each school;

- drug education and prevention workshops delivered to school students;
- a six-week course for guidance teachers at CTDCC;
- an educational video on drug prevention to be provided to each school; and
- a teacher's manual, information leaflets and posters to be provided for each school.

The primary strengths of this initiative are :

- the six-month involvement with each school;
- the comprehensive training of one guidance teacher from each school at CTDCC;
- the development of rapid referral arrangements from schools for drug-dependent pupils; and
- The provision of library resources to each school, such as life skills videos, teachers manuals, and reference literature.

VII. LIONS INTERNATIONAL (Lions Quest Skills for Adolescents Programme)

This project runs in various parts of the country. In the Western Cape Province alone, this programme is currently running in over 45 schools. The Lions Quest Skills for Adolescents Programme is designed to combat alcohol and drug abuse among young people by teaching them social life skills. The focus of the programme is not on the substance abuse problem but rather on the proposed causes of the problem; issues such as poor self-image, inability to resist peer pressure, poor family relationships, lack of decision-making skills and poor communication ability. The main objective is, therefore, to teach adolescent youth pro-social skills, thereby giving them the opportunity to be who and what they want to be.

VIII. OTHER EDUCATION INITIATIVES

Many other school-based and after-school initiatives have been established by various governmental organisations and NGOs. Many involve one-off lectures. Some include

evaluation forms which are filled in by the students, and which assess the quality of the programme in terms of whether the students found the input useful. A number of these programmes are listed below by the agency providing the service in the schools:

- **Bridges** - a school-based programme in the Western Cape run by recovering addicts.
- **Young Caring Community** - aimed at pre-primary, primary and secondary school-going students and church-going youth. It is based in the Western Cape. Information is provided through talks, video presentations and workshops or presentations. Youth clubs are also being launched.
- **South African Police Services (SAPS)** - members give talks in schools (national).
- **Narcotics Anonymous (NA)** - runs peer education programmes in various schools nationally. The Drug Free Marshals Programme is sponsored by the Church of Scientology. Marshals are drawn from the ranks of primary and high schools. They are expected to follow a drug-free lifestyle, which involves showing their friends how much more fun a drug-free lifestyle can be. They are also charged with learning more about drugs, their harmful effects, and how to get information across in an exciting format. More than 30 schools across South Africa have signed up marshals.

- **Drug-wise Counsellors** - involving members of Community Pharmacists of South Africa, give talks in schools and prepare educational materials on a national basis.
- **Horizon Programme** - This programme is run as a Christian ministry. It has 215 branches and approximately 6 200 members.
- **Alcohol Drug Concerns (ADC)**
- **International Order of True Templars (IOTT)**
- **Youth for Christ** (national).

IX. PROGRAMMES FOR STREET CHILDREN

There are various programmes for street children designed to address the many problems facing them, including substance abuse, for example Street Wise in Johannesburg and the Homestead Programme in Cape Town.

X. DEPARTMENT OF HEALTH

The Department of Health is currently working on the following projects:

- developing substance abuse manuals for integration into Curriculum 2005;
- presenting ongoing awareness youth campaigns; and
- a five-year community-based project, aimed at the primary prevention of substance abuse among young people, funded by UNDCP through WHO/PSA.

XI. OTHER

Alcohol Safety Schools have been established in various parts of the country. Talks and video presentations are given to individuals who have been referred by the courts.

CONCLUSION

Although coordinating structures exist in respect of the approach towards the youth, the Master Plan will seek to refine the various strategies and monitor performance.

Too often the accusation is levelled by the communities that nothing is being done for the children. The Master Plan will seek to inform parents on an annual basis of what is being done by everyone.

Major gaps still exist with regard to a comprehensive approach to the prevention of youth substance abuse, especially in the rural areas.

It must always be remembered, however, that the State can assist, but never take the place of the parents. Parents can only be helped to help themselves.

Children are not born drug abusers and it remains the task of parents to teach their children values during the early formative, years before peer pressure and other influences intervene.

Area 3: Community Health and Welfare

How does substance abuse impact on community health and welfare?

Substance abuse has a negative impact on many areas of individual and community life including health, security and the economy. Local research has shown

- a clear link between substance abuse and fatal and non-fatal trauma, particularly trauma resulting from motor vehicle collisions and interpersonal violence;
- rates of foetal alcohol syndrome (FAS) in rural/semi-rural areas of the Western Cape Province of 4.8% have been reported by the Foundation for Alcohol Related Research (FARR). The rate of FAS typically found in Western countries is of the order of 0,2% indicating a substantially greater prevalence of this syndrome in South Africa (Shaw, personal communication);
- 20% to 30% of hospital admissions are estimated to be directly or indirectly related to the abuse of alcohol;
- according to the UNDCP, inappropriate use of narcotic drugs is estimated to cost countries between 0,5 - 1,3% of their gross domestic product (GDP) per annum. For South Africa this would amount to between R2.5 and R7.1 billion; and
- the best estimate of the economic cost of alcohol misuse to South Africa, based largely upon the experience of other countries, is 2% of the Gross National Product per annum, that is, about R10.6 billion at 1996 levels or R279 per person per year (Parry and Bennetts, 1998).

The impact of substance abuse use goes well beyond the issues covered here, however, and affects important areas such as school performance, health, family life, productivity, and safety and security.

How is community health and welfare protected from the consequences of substance abuse?

In the past, State efforts to address substance abuse have focused largely on control measures falling under the jurisdiction of the law enforcement and justice sectors. In addition, the State, through welfare agencies such as SANCA, provided resources for the treatment of people suffering from substance abuse problems.

The *Resource Directory on Services and Facilities for the Prevention and Treatment of Substance Abuse* (published during November 1997 by the Department of Welfare) shows a wide network of public and private substance abuse treatment facilities (see Figure 2), including some

- 300 organisations where support and aftercare are provided;
- 67 community treatment services;
- 147 provincial and private hospitals and psychiatric hospitals;
- 12 detoxification facilities; and
- 25 specialist in-patient units/half-way houses.

There are numerous shortcomings in the provision of services (Parry and Bennetts, 1998):

- While there is a relatively high number of these services in urban areas, areas such as the overcrowded townships, informal settlements and rural areas are grossly under-serviced.
- No specialised in-patient treatment facilities are indicated for the Northern Cape Province.
- Detoxification services, at hospitals in particular, are generally inadequate or non-existent.
- Insufficient funds and lack of personnel threaten existing services and their further development, while after care services providing for the reintegration of patients into the community are either inadequate or not available.
- A number of key facilities have recently closed, for example the Drug Unit at Lentegeur Hospital in Cape Town.

Services are typically provided mainly by social workers, as well as by nurses, doctors and other health workers and several of the centres are run by religious organisations.

Traditional healers also provide treatment for people with problems of abuse and dependence, although very little is known about the patients they see or the nature of the treatment they provide.

Figure 2. Number of treatment and rehabilitation facilities (by province)

Province	Support/ Aftercare	In-patient/ Half-way houses	Community Services	Provincial/ Private and Psychiatric Hospitals	Detox facilities
Eastern Cape	22	4	5	14	-
Free State	30	1	3	4	1
Gauteng	49	4	24	17	2
KwaZulu-Natal	22	7	7	4	4
Mpumalanga	40	2	5	20	1
Northern Cape	11	-	3	6	-
Northern Province	7	2	2	42	-
North West	24	2	2	35	2
Western Cape	7	5	16	5	2
TOTAL	**302**	**27**	**67**	**147**	**12**

NOTE: Some facilities are listed in more than one category (i.e. support/aftercare and community services)
SOURCE: Information obtained from the Department of Welfare (1997).

I. DEPARTMENT OF HEALTH

The Department of Health has positioned itself towards strengthening substance abuse prevention and management.

- The Department has restructured Mental Health to include substance abuse explicitly (in all nine provincial and regional health departments).
- It has established expert committees for matters such as addressing alcohol advertisement, warning labels and health messages.
- The integration of substance abuse within the primary health care services has been addressed through the Department of Health's White Paper for Transformation of the Health System in South Africa, 1997, with emphasis placed upon community-based health services and research.
- A discussion document for the Substance Abuse Policy Guidelines has been formulated and focuses on the community-based treatment approach, integration of substance abuse into school curricula from pre-school to tertiary level, youth, facilities and services for the treatment and rehabilitation (e.g. detoxification facilities and services), and workplace substance abuse.
- The improvement of accessibility, availability and equity for treatment is in the process of being addressed through a proposed Draft Primary Health Care Model. The model deals with access points into the facilities and services for substance abuse prevention and management
- The Department of Health acknowledges that public awareness on the detrimental effects of substance abuse needs to be parallel with proper accessibility to treatment facilities and services for effective harm reduction.

II. DEPARTMENT OF WELFARE AND POPULATION DEVELOPMENT

The Department of Welfare completed a lengthy series of consultative meetings and released the final draft of its National Substance Abuse Strategy in the second half of 1996

in a White Paper. The White Paper provides general guidelines on how the welfare sector will address substance abuse. In particular:

- it calls for an inter-sectoral approach;
- it stresses the importance of international networking;
- in terms of prevention, it calls for communities to take greater responsibility;
- it stresses that media campaigns are needed for public education;
- education programmes will be targeted at school-going children, the youth and parents;
- secondary prevention will focus on high-risk groups, using mechanisms such as employee assistance programmes and youth forums;
- tertiary prevention will focus on vulnerable and high risk groups and disadvantaged communities, and will attend to the development and promotion of community-based treatment approaches, especially those that promote empowerment and self-help;
- specialised accredited training units will be established to provide adequate training of substance abuse forums at national, regional and local levels which, amongst other things, will lobby for the establishment of effective services, as well as for the establishment of a representative, consultative and coordinating body to foster partnerships and ensure the implementation of a national strategic plan for combating substance abuse.

There are, however, certain specifics which still need to be addressed, such as the role of provincial and district level structures.

The Departments of Health and Welfare have also played an important role in setting up the South African Alliance for the Prevention of Substance Abuse (SAAPSA - see the Section on Research and the Dissemination of Information).

III. DEPARTMENT OF TRANSPORT

In October 1997, the Department of Transport initiated a comprehensive 'Arrive Alive' programme in three provinces focusing, *inter alia*, on drunk driving.

The department is also expected to pass legislation in 1998 reducing permissible blood alcohol concentration levels in drivers to 0, 05 g/100 ml and to 0, 02 g/100 ml for professional drivers. It is anticipated that breath alcohol testing will shortly be held to be admissible in evidence against so-called drunk drivers.

IV. NATIONAL DEPARTMENT OF SPORT AND RECREATION

The South African Institute for Drug-Free Sport will, in close co-operation and association with similar organisations elsewhere in the world, promote participation in sport free from the use of substances intended to artificially enhance sporting performances. This will be done in a manner consistent with protecting the well being of athletes as well as in line with the articles as stipulated in the South African Institute for Drug-Free Sport Act, Act no 14 of 1997. Key focus areas will be the following:

1. Education programmes to increase the skills and knowledge base of all stakeholder on drug in sport-related issues.

2. A dope testing/control programme to increase the perceived risk of being selected for a drug test.

3. A policy, investigation and appeal process that provides for a comprehensive response to the drug in sport issue.

4. A planning and research programme that provides information and options to optimise the effectiveness of the Drug-Free Sport initiative.

5. A corporate service programme that maintains efficient and appropriate support systems and practices.

V. GEAR

The Government's Growth, Employment and Redistribution strategy, better known as GEAR, has the following goals: (1) to facilitate a new economic system that ensures a competitive and fast-growing economy which will create enough jobs for South Africans who are currently unemployed, (2) to redistribute income and opportunities in favour of the poor, (3) to develop a society in which sound health, education and other services are available to all, and (4) to create an environment in which homes are secure and places of work are productive. These are goals ostensibly similar to those of the Reconstruction and (RDP), with GEAR qualified as the economic enabling mechanism achieving them. Underlying GEAR are two core strategies: the promotion of redistribution by creating jobs, and reallocating resources through the National Budget. The two main objectives of GEAR are to facilitate economic growth at 6% per annum by the year 2000, and to create 400 000 jobs per year.

The success of GEAR will go a long way towards indirectly addressing the causes of substance abuse, namely, poverty, lack of suitable substitute activities and personal fulfilment. However, where the Master Plan coincides with, or complements, the goals of GEAR, the Central Drug Authority will consider approaching GEAR for an allocation of resources.

VI. TRAINING

There is a great need for training health and welfare professionals including doctors, nurses, social workers and psychologists on the topic of addiction. It is important that doctors and other health care workers, particularly primary health care nurses, recognise the part played by substance abuse in their patients' problems, and are able to deal with these problems in a non-judgmental way.

Professionals from other sectors, such as the police, personnel officers, clergy, lawyers, correctional service officials, prosecutors and teachers also need to be trained. This should, for example, include training in how to recognise abuse and dependence and where to refer persons in need of treatment and rehabilitation. The Master Plan proposes that such a training course be included in as wide a range of curricula as possible.

The lack of *appropriate* training in the subject of substance abuse has also led to unsatisfactory and confusing results and consequences. The Master Plan proposes that a professional licensing or qualification board be constituted with accredited standards of skills training in the various aspects of 'addictive management'.

Basic requirements of appropriate training in this field are professionalism of teaching staff, the setting of clear objectives, the teaching of systematic assessment, teaching of motivational skills and the development of relationships of trust. Training requires adequate materials, extensive practical experience in drug abuse and adequate communication skills as well as a proper basis for providing adequate funding for logistics and resources.

VII. PLANS FOR FUTURE ACTION

- The precise role of district, provincial or public sector level structures needs to be addressed. In particular, substantial changes are required at a primary health care and school level to ensure the adequate training of primary health care and school staff in the detection, management and referral of substance abuse cases.
- The primary health care system does not appear to be functioning properly in the sense that insufficient numbers of persons with substance abuse problems are being detected and managed at that level.
- Community-based treatment and development should be promoted, particularly in under-serviced areas.

- Services to under-serviced communities should be expanded through community-based strategies. Existing residential facilities, which are not being fully utilised, need to become more efficient and effective in meeting needs.

Area 4: Research and more Communication

Why is research needed?

Rational policy-making about drugs, whether at the international, national or community level, requires a detailed knowledge of the profile of problems for the user and for others associated with particular drugs. The profile will vary from place to place, as well as over time, and a programme of epidemiological monitoring, both of the patterns of harm and of patterns of use, will be an important part of the process. Monitoring is needed, not only to establish the extent of the need for services, and for prevention programmes, but also to identify ways in which particular kinds of drug-related harm can be reduced. [World Health Organization (WHO) Expert Committee on Drug Dependence, 1993].

This approach was reaffirmed by the United Nations (UN) Declaration on the Guiding Principles of Drug Demand Reduction, ratified at the General Assembly's special session on drugs in New York in June 1998 (Annexure 1).

Historically, South Africa has not had very reliable systems in place to facilitate the collection of data relating to substance use. To date, much of the available information has come from *ad hoc* cross-sectional research studies often conducted in a single location and from information on police arrests and seizures. This has been supplemented by occasional national surveys.

There are large gaps in our knowledge in important areas such as the prevalence of drug use by different groups, in different parts of the country; the economic costs of substance abuse to the country; the relationship between substance abuse and important national issues (e.g. HIV/AIDS, TB, crime, youth development and poverty); effective community-based intervention approaches and the impact of current policies.

What research is needed?

... generally:

The following categories of research are required:

- research for advocacy purposes - research primarily aimed at putting substance abuse on the public policy agenda and at influencing funding decisions;
- descriptive studies - research describing substance use patterns and assessing risk factors among certain high risk populations, such as young people, workers in certain occupations and pregnant women;
- intervention and operational research - further research is required in order to make closer and better matches between substance abusers and specific treatment programmes, taking into account factors such as age, gender, culture, social experience, geographic location and level of education, and to make appropriate modifications (where necessary) to imported internationally developed treatment models. The role and methods employed by traditional healers and their place in mainstream health care, for example, should also investigated.
- policy evaluation research - aimed at directly measuring the impact of legislative changes.
- more research is required in the field of drugs and gender. The Commission on Narcotic Drugs adopted a resolution on Women and Drug Abuse in 1995. The Resolution calls upon governments to take into account in their programmes the specific problems drug abuse poses to women and to respond in an innovative way to the problem. Specific concern was expressed over the dangerous effects of substance abuse on pregnancy and the harmful behavioural and social consequences of drug abuse on the family. During the 1999 session of the Commission on the Status of Women, the focus will be on health issues affecting women. An essential part of the review on health will be to determine how and why women are increasingly victims of drug and substance abuse.

... for the National Drug Master Plan:

Implementation of an effective *Drug Master Plan* will also require the development and maintenance of sophisticated information systems at various levels namely:

- A clearinghouse of local and international information regarding intervention approaches, in the fields of both supply reduction and demand reduction, should be set up. This information could be provided by the Secretariat to a wide range of concerned and interested agencies, departments and persons.
- Ongoing information on substance abuse trends from various quarters (treatment centres, the police, emergency rooms, schools and mortuaries) is required
  - to identify changes in the nature and extent of consumption patterns,
  - to identify the negative consequences associated with substance abuse,
  - to assess the efficacy of public health interventions,
  - to monitor the nature and extent of initiatives and resources directed at addressing substance abuse (Parry and Bhana, 1997).
- Management-type information is needed to monitor activities undertaken as part of the *National Drug Master Plan* and to account for money and other resources expended.
- The Master Plan itself is an instrument of intervention which must be evaluated, that is, the effectiveness and progress of activities associated with the Master Plan must be ascertained and, after some time has passed (3 - 5 years), an evaluation of the impact of the Master Plan must be determined. Key performance indicators for each goal will need to be specified in advance.

The Integrated Justice System Project will lay the foundation for the smooth flow of information between the criminal justice departments.

Which research engines are already operating?

Science Councils:

- Council for Scientific and Industrial Research (CSIR)

  This research body concentrates mainly on industrial and scientific research aspects. In the field of substance abuse, its research has mainly concentrated on alcohol and drug-related traffic infringements.

- Human Sciences Research Council (HSRC)

  This research institute researches all aspects of substance abuse through its Centre for Alcohol/Drug-Related Research. Its research includes major surveys that target specific population groups, national surveys and expert analysis of valid statistical data (Rocha-Silva, 1997).

- Medical Research Council (MRC)

  This institution is primarily engaged in epidemiological research into the nature and extent of alcohol and other drug use, and in measuring the health impact of the misuse of alcohol and other drugs. Another key focus of the MRC is in the area of formulating local and national policy. There are three divisions directly involved in conducting research in the substance abuse area: the National Trauma Research Programme, the Health Consulting Office, and the Mental Health and Substance Abuse Division (also involved in the running of SACENDU - see later).

Other

- South African universities are playing an active role in substance abuse related research, more particularly the Universities of Cape Town, Stellenbosch and Durban-Westville. Non-governmental organisations, such as SANCA, South African Brain Research Institute (SABRI) and the Centre for Alcohol and Drug Studies have also been active in substance abuse research.

Several **new systems** have been initiated which should lead to more valid and reliable information on substance abuse in future. These include:

- The South African Community Epidemiology Network on Drug Use (SACENDU)

  SACENDU is a network of people from a variety of different sectors (e.g. law enforcement, health and welfare treatment services, and public health research) that meets biannually to present and discuss information about existing and emerging substance abuse patterns and consequences. The network, currently comprising over 50 organisations in four sentinel sites (Cape Town, Durban, Port Elizabeth and Gauteng),

was established by the Medical Research Council (MRC) in collaboration with the University of Durban-Westville in 1996 with the technical assistance of the World Health Organisation's Programme on Substance Abuse (WHO/PSA) and the US National Institute on Drug Abuse (NIDA). Data sources have included primary or secondary substances of abuse reported by clients at admission to specialist alcohol or drug treatment facilities; admission or discharge diagnosis reported by acute psychiatric treatment facilities; alcohol or drug-related deaths reported by mortuaries; alcohol or drug-related trauma unit visits; arrests, seizure, and price data obtained from SANAB and CIMC; and alcohol or drug use behaviour reported from surveys of high school students. Such data are complemented by qualitative research with sex workers, persons attending rave parties, and street children.

- The Crime Information Management Centre (CIMC)

  This centre was established in 1996 and is charged with the 'coordinating, processing, analysis and interpretation of crime information and intelligence in order to facilitate the combating of crime by means of effective and holistic crime information management' (CIMC, 1997). On a quarterly basis, CIMC releases national, provincial and district-level statistics by 32 crime categories, including 'drug-related crime' and 'driving under the influence of alcohol or drugs'.

- The South African Alliance for the Prevention of Substance Abuse (SAAPSA)

  SAAPSA was established in 1995 with the assistance of WHO/PSA, the ICAA, and the International Order of Good Templars (IOGT) and includes members from over 70 organisations. Its goal is to 'facilitate networking amongst all organisations, government and civil society, concerned with drug and alcohol abuse in South Africa with the view to optimising co-operation in the prevention and treatment of alcohol and drug abuse in order to improve the quality of life and to promote peace and development for all South Africans' (Turner, 1996, p. 7).

- The South African Researcher-Practitioner (SARPA)

  SARPA comprises over 50 government departments, private institutions as well as

community-based organisations. Its vision is to sustain an 'inclusive multi-sectoral forum of researchers and practitioners that facilitate community-driven research-based policy formation and service provision regarding drug-related prevention and treatment in South Africa' (Drug Advisory Board, 1997, p. 22). The HSRC is one of the driving forces behind SARPA.

- National Information System for Social Welfare (NISWEL)

  The Department of Welfare is in the process of developing a National Information System for Social Welfare which, amongst other things, will include indicators on substance abuse treatment demand and prevention services at a national level.

CONCLUSION

In general, there is a need to improve the management and coordination of substance abuse research in South Africa, to ensure that adequate funding is secured to support research efforts, and to ensure the widespread dissemination of the findings of locally derived research.

Area 5: International Involvement

An international problem impacting on South Africa

As stated previously, the illicit drug dilemma is not that of South(ern) Africa alone, but is one which virtually no country has been spared. Not only does we each country have its own problems of drug availability, each one is also linked in the elaborate web woven by drug producers and traffickers as they ply their trade in an increasingly well-policed and competitive market. Raw materials produced in one country are often processed, refined and sold in yet others.

Though seizures and statistics are elusive, there is growing concern over cocaine smuggled from South America (particularly Brazil) to South Africa, either directly or through Angola, Namibia, or Zimbabwe. Large amounts of this cocaine are re-exported to Europe. West African trafficking organisations control an estimated 80 percent of this trade.

Heroin from Southwest and Southeast Asia is also routed to South Africa for onward shipment to Europe and the US. West African, Chinese, Indian and Pakistani groups are thought to be active in heroin smuggling.

South Africa is the destination for Mandrax smuggled from India through other Eastern and Southern African countries. According to SANAB, 80 percent of the Mandrax produced worldwide is consumed in South Africa.

It is important to recognise the global orientation of the illicit drug problem and the need for South Africa to work jointly with the international community to develop an effective global strategy.

Fight global crime... Domestically

South Africa has 96 official ports of entry, including 36 designated international airports, which contribute to poor border controls and easy access. In April 1997, the Minister for Safety and Security announced strict measures to be adopted in an effort to tighten South Africa's ports of entry and thereby stem the influx of drugs and arms (Rantao, 1997). In terms of these measures, bulk commercial traffic is to be cleared through only 19 of the 52 existing land border posts and cargo at only 10 of the 36 airports. This is part of the NCPS programme to generally tighten and improve border control.

... and regionally

Given increasing trade and other links with African countries, as well as cross-border crime and drug trafficking in the continent, efforts should be made to strengthen ties with agencies actively working in the field of substance abuse field throughout Africa. Common regional strategies should be developed and legal instruments harmonised to enable law enforcement agencies to act effectively (Ryan, 1997). In additional, pressure should be exerted on countries which are known conduits for drugs in Africa, to desist from such activities and implement effective controls (Cilliers, 1994).

Integration of policies across countries in the Southern Africa sub-region, in addition, will (i) assist the harmonisation of excise taxes on alcohol products which, in turn, would (ii) reduce the likelihood of cross-border smuggling, and (iii), if issues such as controls over the advertising of alcohol products on television programmes are beamed into neighbouring countries, it would be mutually beneficial.

.... and globally

Effective co-operation in investigation and prosecutions is essential in international actions taken to combat drug trafficking.

In November 1995, new regulations were announced by the Minister of Justice which would strengthen international co-operation in the fight against drug trafficking by setting up an administrative framework in terms of which confiscation and restraint orders made in certain designated countries can be enforced in South Africa and vice versa.

The international nature of many drug offences also raises the issue of transferring criminal proceedings from one state to another where a more appropriate forum could be provided. The international community is giving thought to devising a method for the consolidation of different drug-trafficking cases committed in different states, but involving the same people.

Effective co-operation in investigation and prosecutions is essential in international actions taken to combat drug trafficking. Moreover, in terms of a multi-level approach to addressing substance abuse it is crucial that we strengthen appropriate links with international agencies are strengthered.

DRUG CONTROL: SOUTH AFRICA AND THE INTERNATIONAL PERSPECTIVE

I INTERNATIONAL SUBSTANCE ABUSE

On a global level, drug abuse is escalating and the drug problem has also become increasingly complex. It can no longer be argued that drug abuse is taking place only

among marginalised groups, or mainly in the Western industrialised world. Drug abuse emerges as a means of survival for underprivileged young people who are in contact with street life and crime. It also forms part of a youth subculture which is quickly spreading a benign image of drugs around the globe.

The data referred to here was provided by the UNDCP.

International illicit drug consumption is likely to involve 3,3 - 4,1 percent of the world's population.

From a health perspective, the most serious drug of abuse is *heroin*. Its consumption is relatively small, 0.14 percent (8 million people of the world population); however, its use, is increasing.

Cocaine is more widespread in terms of the total number of consumers that is 0,23 percent (13 million people of the world population).

Cannabis is the most widely-abused drug, consumed by 2,5 percent of the world population (about 140 million people).

Although the overwhelming majority of illicit drugs currently consumed are still derived from plants or plant products that have been synthetically modified, a wave of abuse of *synthetic amphetamine type stimulants* (ATS) has been reported in recent years, with a 16 percent average annual increase in quantities seized. Today, some 30 million people or 0,5 percent of the global population consumes ATS. There appears to be a perception widely spread through the media and directed specifically at younger people, that these substances are 'fashionable' and safe.

The question of *volatile substances*, such as glue, is also a matter of concern, as these substances are not subject to international control measures. They substances may function as a gateway to narcotics and psychotropic substances and young people, especially those

living in difficult circumstances such as street children are particularly vulnerable. For millions of children living on the streets, sniffing volatile substances is both a mental and physical escape.

A key factor affecting illicit drug demand is that the age of initiation is falling almost every year and the world community is in the process of placing a stronger emphasis on demand reduction strategies.

II PRECURSOR CONTROL AND AMPHETAMINE-TYPE STIMULANTS (ATS)

The problems of ATS are relatively new in South Africa and many countries. The international community is concerned about the lack of global awareness and the limited and inconsistent responses to it.

The world community is concerned that precursors, - the necessary substances for the production of drugs, - are trafficked as widely as the illicit drugs themselves. Precursors have a wide range of licit industrial uses and form part of licit international trade. Effective monitoring can only be successful with the close cooperation of industry. Diversion of precursor chemicals used to manufacture illicit drugs has become a serious challenge to international drug control efforts.

Chemical monitoring is not only an international obligation in terms of the 1988 Convention, but is also a new and effective tool to assist in supplying reduction efforts and, in particular, illicit laboratory investigations.

Twenty-two (22) chemicals have been identified by Article 12 of the 1988 convention as being required for illicit manufacture, while an additional 14 have been added as being of particular importance on the South African drug scene. In order to obtain these chemicals required, the trafficker is forced to make contact with legitimate commerce in the form of the chemical industry. Where sufficient controls are exercised over that licit market, it becomes possible for law enforcement either to prevent the procurement of the chemicals

or to make a controlled delivery of the chemicals with an ultimate view to identifying an illicit laboratory and effecting arrests.

Four main areas have been identified in the country as being important to the national chemical trade, namely Eastern Cape (Port Elizabeth), Gauteng (Johannesburg), KwaZulu-Natal (Durban) and Western Cape (Cape Town).

Successes have been achieved through the current monitoring programme but difficulties were encountered when the less scrupulous members of the industry were involved, highlighting the need for a regulated and formal approach to chemical monitoring in the country.

South Africa requires:

- the establishment of a national precursor monitoring programme;
- the development of precursor legislation in accordance with the Human Rights Charter and the principles of free trade;
- the establishment of a national data base containing the information relevant to chemical monitoring;
- the entering into of a formal agreement between the SAPS and the chemical industry in the form of a memorandum of understanding to ensure co-operation between the two bodies;
- the formation of a working group involving government bodies with a relevant role in chemical monitoring; and
- ideally, the introduction of systems allowing for the exchange of electronic information between the industry and the SAPS, and the SAPS and other national and international organisations such as the International Narcotics Control Board (INCB) and the UNDCP.

III ERADICATION OF ILLICIT CROPS AND ALTERNATIVE DEVELOPMENT

The international community is committed to the eradication of illicit crops.

Significant successes have been achieved in the last ten years as alternative development programmes, complemented by law enforcement measures, succeeded in reducing illicit cultivation. Thousands of families depend on the growing of cannabis, opium poppy and coca leaf for their livelihood.

In a significant development for South Africa and the rest of Africa, the UN has recently recognized that areas where the cannabis plant is cultivated should be considered for alternative development.

South Africa has not evolved an alternative development policy but requires one.

IV MONEY LAUNDERING AND JUDICIAL CO-OPERATION

The laundering of money derived from illicit drug trafficking and other serious crimes has expanded throughout the world.

Governments of the world are of the opinion that countering money laundering remains one of the most important initiatives in countering illicit drug trafficking.

The international community is unanimous in its view that without inter-state co-operation, few or no international instruments can be implemented.

Drug trafficking organisations usually operate in several countries with raw materials produced in one country, processed and refined in another, transported through other states and distributed in yet others.

The international community is considering methods of consolidating of different drug trafficking cases involving the same persons, although the crimes might have been committed in one or more states.

The international community has also considered further complementary measures to be developed in areas such as the protection of judges and witnesses.

South Africa has the legislative frame-work to negotiate further agreements in respect of international legal co-operation, and is considering legislation providing for the criminalisation of money laundering. In this area, all the aspects of money laundering are not addressed.

As stated above, the enactment of further legislation to define and criminalise money laundering, as well as to make provision for a Financial Intelligence Centre and Money Laundering Control Board, is under consideration.

UNITED NATIONS (UN) AND AREAS OF CO-OPERATION

I THE (UN) COMMISSION ON NARCOTIC DRUGS

The UN helps countries find innovative ways of controlling the supply of and demand for drugs.

The UN Commission on Narcotic Drugs (UNCND) is the main policy-making body on all international drug control matters.

South Africa is an elected member of this commission.

The (INCB) strives to restrict the availability of drugs for medical and scientific purposes, to prevent their diversion into illegal channels and to combat illicit trafficking.

All UN drug control activities are coordinated by the UNDCP.

There are Field Offices in the following countries: Afghanistan, Barbados, Bolivia, Colombia, Egypt, India, Côte d'Ivoire, Kenya, Laos, Mexico, Mayanmar, Pakistan, Peru, Russia, Senegal, Nigeria, Thailand, Vietnam, Uzbekistan, New York and Brussels. The UNDCP established a field office for the sub-Saharan region in South Africa in July 1998.

South Africa has been involved in a few UNDCP Projects, benefiting from UNDCP funds, examples of which:

- Capacity building and Human Resource Development through Drug Interdiction Training which is aimed at the development of human resources in drug law enforcement in South Africa and strengthening the capacity of law enforcement agencies through a programme of training in basic drug detection techniques, train-the-trainer courses and in several specialised fields of drug control.

- A project on the provisioning of drug detection dogs for East and Southern Africa. The South African Police Service is the executing agency and the project aims to provide sniffer dogs and necessary associated equipment and training for dog handlers.

- In addition, the UN Centre for Human Settlements has introduced a major crime prevention programme in order to make African cities safer from crime. To date in South Africa, Johannesburg has entered into such a programme and other cities are in the process of finalising such agreements. These programmes will also involve drug abuse.

II MULTILATERAL AND BILATERAL INTERNATIONAL INSTRUMENTS REGARDING DRUG ISSUES

The international drug control system is governed by a series of United Nations treaties.

These treaties require that governments exercise control over the production and distribution of narcotic and psychotropic substances, combat drug abuse and illicit trafficking, maintain the necessary administrative machinery and report to international organs on their actions.

Existing treaties are: the Single Convention on Narcotic Drugs, 1961, which established the INCB; The Single Convention was amended by the 1972 Protocol; the 1971 Convention on Psychotropic Substances; and the 1988 UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

Status of treaty adherence in the world is as follows:

- 160 countries, including South Africa, are parties to the 1961 Convention.
- 145 countries, including South Africa, are parties to the 1972 Protocol.
- 152 countries, including South Africa, are parties to the 1971 Convention.
- 142 countries are parties to the 1988 Convention. It is expected that South Africa will accede during the course of this year.

South Africa is also a signatory to the Protocol on Combating Illicit Drug Trafficking in the SADC region.

South Africa is unable to legalise drugs due to its ratification of the above-mentioned instruments.

The need to protect children from the abuse of narcotic drugs and psychotropic substances was emphasised in Article 33 of the UN Convention on the Rights of the Child. South Africa ratified this convention in June 1995.

South Africa signed the declaration emanating from the World Summit for Children in December 1993, and in so doing committed itself to the principle of First Call for Children in all areas. UNICEF is involved with the government in implementing the goals of these instruments.

III IMPLEMENTATION OF INTERNATIONAL MULTILATERAL DRUG CONVENTIONS

Governments, including South Africa, cooperate in the following way with the UN and the international community:

- Treaty adherence

  Through the commitment to a treaty a state accepts the legal obligation to abide by the provisions of the treaty. As a signatory to the UN conventions and the SADC Drug Protocol, as mentioned above, South Africa is compelled by international law to adhere to those treaties. A number of South African Government Departments, such as the Departments of Health, Justice, Welfare and the SAPS are involved in the implementation of these international treaties.

- Annual reports

  The INCB is an independent semi-judicial control organ for the implementation and monitoring of UN Drug Conventions.

  It is the duty of this Board to promote government compliance with the treaties and to assist governments in this effort.

It is also the task of the INCB to ensure that adequate drug supplies are available for licit purposes and that leakage to illicit trafficking does not occur. Control over the flow of narcotics is based on information provided by governments to the INCB.

Import certificates and export authorisation ensure the accounting for the legal shipments of narcotic drugs needed for licit purposes.

If a state imports more than its estimates of narcotics needs, the INCB notifies the exporting parties, which are then bound to cease further shipments.

In South Africa, the Department of Health and the SAPS are responsible for reporting to the INCB.

Governments are also asked to report to the Secretary-General on drug seizures under their jurisdiction. Governments are also requested to report the development of any new synthetic drugs and trends in drug behavioural patterns. The Departments of Welfare, Justice, Health and the South African Police Service provide regular reports to the United Nations in this regard.

IV INTERNATIONAL STRATEGIES

- Comprehensive Multi-disciplinary Outline

The international community, through the UN, devised a strategy in 1987 to serve as a basis on which national authorities could formulate balanced national, regional and international strategies to combat all aspects of the illicit drug phenomenon.

This strategy is called a Comprehensive Multi-disciplinary Outline, and is still in place as the UN's strategy. It comprises:

– prevention and reduction of illicit demand;

- control of supply;
- action against illicit trafficking; and
- treatment and rehabilitation.

Each governments is required to complete an annual questionnaire on the implementation of this strategy annually.

The results of this questionnaire are then processed in a document which serves as a background for discussion during the regular sessions of the Commission on Narcotic Drugs.

This commission, which is the main international policy-making body on the issue of drugs in the UN system, considers the document each year and makes recommendations and adopts resolutions to improve the implementation of the Comprehensive Multi-disciplinary Outline.

South African reports to the UN on its activities in terms of this strategy on a regular basis.

- The 1990 Political Declaration and Global Programme of Action

In addition to the 1988 convention and the earlier drug control treaties, the UN has initiated action on a number of other fronts. In February 1990, the General Assembly's seventeenth Special Session devoted to international drug control issues adopted a Global Programme of Action. This Programme of Action called for the strengthening of judicial and legal systems in the areas of law enforcement, drug trafficking, diversion of arms and explosives, and trafficking in illicit materials by rail, road, air and water. The UNCND has also called for greater judicial co-operation among states through the adoption of laws and procedures to facilitate criminal investigation and prosecution. For its part, the INCB has recommended ways to improve criminal justice systems, as well as ways to use them more effectively to combat illicit drugs.

Governments are also required to report regularly on the implementation of this Programme. South Africa, where possible, co-operates with the United Nations in this regard.

V REGIONAL STRATEGIES

The drug strategies of the UN also encourage regional co-operation. Examples of regional initiatives where South Africa is closely involved are:

- The SADC'S Drug Protocol signed in 1996, which makes co-operation in the various disciplines not only possible, but makes it a political obligation. This initiative was funded by the European Union (EU) and provides a policy framework that allows co-operation in ensuring that the region does not become a producer, consumer, exporter or distributor of illicit drugs or a conduit for illicit drugs destined for international markets.

- Southern African Regional Police Chiefs Co-operation Organization (SARPCCO)

SARPCCO was established to promote co-operation amongst the police agencies within SADC countries. There is direct liaison between SANAB and the Drug Enforcement Agencies within the SADC.

VI 1998 UN GENERAL ASSEMBLY SPECIAL SESSION DEVOTED TO COUNTERING THE WORLD DRUG PROBLEM

In June 1998 the UN held a Special Session on the issue of drugs and the General Assembly adopted a Political Declaration and the draft Declaration on the Guiding Principles of Drug Demand Reduction (Annexures 2 and 1).

The Declaration on the Guiding Principles of Demand Reduction indicates the priority policies and strategies that require translation into a commitment to action drastically reduce drug demand worldwide by the year 2008.

In South Africa, the Department of Welfare has taken a step in this direction by adopting a White Paper which includes a National Substance Abuse Strategy covering the areas of prevention, treatment and rehabilitation, information and research.

The new political declaration sets out a comprehensive global strategy designed to be implemented by the year 2008.

It reaffirms the world's commitment to overcome the drug problem and focusses on the promotion of judicial co-operation and the international adoption of appropriate legislation for money-laundering amongst the member countries. The year 2003 is set as a target date for these objectives. The document also covers the elimination or significant reduction of illicit cultivation of narcotic crops and the reduction of the manufacturing, trafficking and abuse of ATS, and sets the year 2008 as a target date for these aims.

Of significance not only for South Africa, but also for Africa, is that the UN recognized, for the first time, that areas where the cannabisplant is cultivated, should be considered for alternative development programmes. Previously, attention was given only to the cultivation areas of coca leaf and opium poppy."

Although many South African families are dependent on cultivation of cannabis for their livelihood, South Africa has no policy regarding alternative development.

.... other areas of international co-operation

I INTERPOL

Close operational ties exist between the SAPS (in particular, SANAB) and the International Criminal Police Organisation (Interpol). One very successful area of co-operation has been the use of the Interpol X400 system to circulate the identities of potential couriers employed by drug traffickers, in order to alert the law enforcement agencies of other countries.

II DRUG LIAISON OFFICER NETWORK

South Africa hosts Drug Liaison Officers (DLOs) from the US Drug Enforcement Administration (DEA), Customs, Federal Bureau of Investigation (FBI) and from the United Kingdom (UK). The mandate of these DLOs is to identify the impact of South African drug-trafficking activities on their countries and liaise with SANAB for assistance and possible joint investigations. They also facilitate drug enforcement training provided by their respective countries. SANAB has received training in Harbour and Airport Interdiction, Drug Enforcement, money laundering and financial investigations from the USA, United Kingdom (UK), Germany and France.

III THE SOUTH AFRICAN POLICE SERVICES (SAPS)

i. The SAPS has an International Drug and Organised Crime Liaison Office based in London.

ii. SAPS has also approved the appointment of Drug and Organised Crime Officers (DOCLO) to Pakistan, India, Brazil, Argentina, Thailand, Kenya, Nigeria, Zambia and Zimbabwe. These posts have not yet all been filled. The expansion of the DOCLO network is intended to enhance co-operation on intelligence-sharing and joint investigations with participating countries.

IV WORLD CUSTOM ORGANISATION (WCO)

i. Illicit drugs are often exported or imported into a country as part of a consignment of licit goods. Sophisticated systems of detection as well as international co-operation between Customs Departments is, therefore, of the utmost importance.

ii. South Africa is a member of the WCO Regional Intelligence Liaison Office, requiring the monthly submission of statistics, trends and drug seizures.

V OTHER INTERNATIONAL AGREEMENTS

i. South Africa has entered into a formal bilateral agreement with the UK with regard to mutual legal assistance and co-operation in counter-narcotics effort and training. A police

co-operation agreement with Brazil has also been entered into. Other informal agreements have been entered into with numerous other countries and further formal agreements are in the pipeline.

ii. Although the US and South Africa do not have a bilateral counter narcotics agreement, the two governments co-operate extremely well on on narcotics matters. Co-operation between SANAB and the US Drug Enforcement Agency (DEA) is particularly close and productive. DEA agents conducted two long-term temporary duty assignments (TDYs) to South Africa in advance of the establishment of a permanent regional office based in Pretoria, which opened in March 1997.

iii. In September **1997**, US customs conducted a land-border interdiction course and follow-on train-the-trainer course for South African and regional counter narcotics officials. SANAB officers attended the Africa-Middle East forensics courses in Washington. US Bureau of International Narcotics and Law Enforcement (INL) funding also provided grants for the South African Institute of International Affairs to undertake a study of narcotics trafficking in Southern Africa and for drug demand reduction activities in Cape Town.

iv. The Vice President of the US and Deputy President of South Africa signed a Declaration on Mutual Anti-crime Co-operation at the July **1997** meeting of the Binational Commission. The declaration recognises the threat posed by international crime and drug trafficking

v. and highlights the desirability of mutual co-operation in combating these threats.

vi. A 1947 extradition treaty entered into with the US which covers drug trafficking is the only other narcotics-related agreement South Africa has with the US. South Africa is currently seeking to update the bilateral extradition treaty to eliminate gaps in its coverage and to bring it in line with the new extradition legislation passed in 1996.

vii. The new South African legislation and the country's position as a member of the Commonwealth will provide a framework for South Africa to negotiate mutual legal assistance treaties (MLATs) with other countries. This is taking place at present.

Chapter 6

CONCLUSION

Establishing a Drug Master Plan should not be seen as the end of a process, but rather the beginning.

In essence, the challenge which faces South Africa is to translate this well-intentioned Master Plan into a tangible reality. It is this challenge which previous national plans or strategies have failed to meet, not so much because of their own fatal flaws, but rather because of a lack of existing resources which, in addition, were not properly harnessed and the lack of political commitment to implement those plans.

The new South African democracy has created a human rights culture and with it a political will to improve the quality of life of all its citizens.

Addressing the socio-economic problems facing the country today is an awesome task. In the longer term, however, the failure to address substance abuse adequately could jeopardise the attainment of real reconstruction and development in South Africa: while there is a need for a house for every family, school books for every pupil, a hospital bed for every patient and a monthly pension for the aged, it should never be forgotten that drug misuse blights individual lives, undermines families and damages whole communities.

Substance abuse is a unique social evil which deserves a special priority of its own.

South Africa deserves this Master Plan. Furthermore, the plan deserves to be translated into successful action.

GLOSSARY

ABUSE

The persistent or sporadic excessive drug use inconsistent with or unrelated to acceptable medical practice.

CHEMICAL PRECURSORS

Substances frequently used in the illicit manufacturing of narcotic drugs or psychotropic substances as defined in Article 12 of the 1988 UN Convention Against Illicit Drugs and Psychotropic Substances mentioned in Table I and Table II annexed to the said Convention.

COMMUNITY-BASED TREATMENT

Community-based treatment refers to programmes or initiatives that arise out of the needs of a particular community, (through a needs assessment) and by identifying and utilising existing infra-structures in order to provide for these needs.

DEMAND REDUCTION

A general term used to describe policies or programmes directed at reducing the consumer demand for psychoactive drugs. It is applied primarily to illicit drugs, particularly with reference to education, treatment and rehabilitation strategies, as opposed to law enforcement strategies that aim to interdict the production and distribution of drugs.

DEPENDENCE

A person is dependent on a drug or alcohol when it becomes very difficult or even impossible for him/her to refrain from taking the drug/alcohol without help, after having taken it regularly for a period of time. The dependence may be physical or psychological or both.

DESIGNER DRUG

A novel chemical substance with psychoactive properties, synthesized specifically to be sold on the illicit market and to circumvent regulations on controlled substances. These regulations now commonly cover novel and possible analogues of existing psychoactive substance.

DRUG

A term of varied usage. In medicine, it refers to any substance with the potential to prevent or cure disease or enhance physical or mental welfare, and in pharmacology to any chemical agent that alters the biochemical or physiological processes of tissues or organisms. In common usage, the term often refers specifically to psychoactive drugs, and often, even more specifically, to illicit drugs, of which there is non-medical use in addition to medical use.

DRUG CONTROL

The regulation, by a system of laws and agencies, of the production, distribution, sale and use of specific psychoactive drugs (controlled substances) locally, nationally, or internationally. Alternatively as an equivalent to drug policy in the context of psychoactive drugs, the aggregate of policies designed to affect the supply and/or the demand for illicit drugs, locally or nationally, including education, treatment, control and other programmes and policies.

DRUG MASTER PLAN

A Master Plan is a single document, adopted by Government, outlining all national concerns in Drug Control.

DRUGS OR SUBSTANCE ABUSE

Entail drug, alcohol, chemical substances, or psychoactive substances

DRUG TESTING

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

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 psycho-social complications.

HARM REDUCTION

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

ILLICIT DRUG

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

LICIT DRUG

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

MONEY-LAUNDERING

Engaging directly or indirectly in a transaction that involves money or property which is proceeds of crime, or receiving, processing, conceiving, disguising, transforming, converting, disposing of, removing from, bringing into any territory, money or property which is the proceeds of crime.

PREVENTION

Prevention is a proactive process that empowers individuals and systems to meet the challenges of life's events and transitions by creating and reinforcing conditions that promote healthy behaviours and lifestyles. It generally requires three levels of action: Primary prevention (focuses on altering the individual and the environment in such a way as to reduce the initial risk of developing substance abuse), secondary prevention (focuses on early identification of persons who are at risk of developing substance abuse and intervening in such a way as to arrest progress); and tertiary prevention (focuses on treatment of the person who has developed a drug dependency).

SUBSTANCE ABUSE

The term substance abuse includes the misuse and abuse of legal substances such as nicotine, alcohol, over-the counter drugs, prescribed drugs, alcohol concoctions, indigenous plants, solvents, inhalants, as well as the use of illicit drugs.

SUPPLY REDUCTION

A general term used to refer to policies or programmes aiming to interdict the production and distribution of drugs, particularly law enforcement strategies for reducing the supply of illicit drugs.

TREATMENT

Treatment is a process aimed at promoting the quality of life of the drug dependant and his/her system (husband/wife, family members and significant other important persons in his/her life) with the help of a multi-professional team.

YOUTH

Young people refer to both child and youth and this could go up to 30 years of age.

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Twentieth special session

REPORT OF THE COMMISSION ON NARCOTIC DRUGS ACTING AS PREPARATORY BODY FOR THE SPECIAL SESSION OF THE GENERAL ASSEMBLY DEVOTED TO THE FIGHT AGAINST THE ILLICIT PRODUCTION, SALE, DEMAND, TRAFFIC AND DISTRIBUTION OF NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES AND RELATED ACTIVITIES ON ITS SECOND SESSION*

* The present document is an advance version of the report of the Commission on Narcotic Drugs acting as preparatory body for the twentieth special session of the General Assembly on the work of its second session. The report will be issued in final form as Official Records of the General Assembly, Twentieth Special Session, Supplement No. 1 (A/S-20/4).

Annexure 1

DRAFT RESOLUTION I

Political Declaration

The General Assembly

Adopts the Political Declaration annexed to the present resolution.

ANNEX

Political Declaration

Drugs destroy lives and communities, undermine sustainable human development and generate crime. Drugs affect all sectors of society in all countries; in particular, drug abuse affects the freedom and development of young people, the world's most valuable asset. Drugs are a grave threat to the health and well-being of all mankind, the independence of States, democracy, the stability of nations, the structure of all societies, and the dignity and hope of millions of people and their families; therefore:

We, the States Members of the United Nations,

Concerned about the serious world drug problem,[1] having assembled at the twentieth special session of the General Assembly to consider enhanced action to tackle it in a spirit of trust and cooperation,

1. Reaffirm our unwavering determination and commitment to overcoming the world drug problem through domestic and international strategies to reduce both the illicit supply of and demand for drugs;

2. Recognize that action against the world drug problem is a common and shared responsibility requiring an integrated and balanced approach in full conformity with the purposes and principles of the Charter of the United Nations and international law, and particularly with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in internal affairs of States, and all human rights and fundamental freedoms. Convinced that the world drug problem must be addressed in a multilateral

[1] The illicit cultivation, production, manufacture, sale, demand, trafficking and distribution of narcotic drugs and psychotropic substances, including amphetamine-type stimulants, the diversion of precursors, and related criminal activities.

setting, we call upon States which have not already done so to become a party to and fully implement the three international drug control conventions.[2] Also, we renew our commitment to adopting and reinforcing comprehensive national legislation and strategies to give effect to the provisions of those conventions, ensuring through periodic reviews that the strategies are effective;

3. Reaffirm our support for the United Nations and its drug-control organs,[3] especially the Commission on Narcotic Drugs, as the global forum for international cooperation against the world drug problem and resolve to strengthen the functioning and governance of these organs;

4. Undertake to ensure that women and men benefit equally, and without any discrimination, from strategies directed against the world drug problem, through their involvement in all stages of programmes and policy-making;

5. Recognize with satisfaction the progress achieved by States, both individually and working in concert, and express deep concern about the new social contexts in which the consumption of illicit drugs, particularly of amphetamine-type stimulants, is taking place;

6. Welcome the efforts of the wide range of people working in various fields against drug abuse and are encouraged by the behaviour of the vast majority of youth who do not consume illegal drugs, and decide to give particular attention to demand reduction, notably by investing in and working with youth through formal and informal education, information activities and other preventive measures;

7. Affirm our determination to provide the necessary resources for treatment and rehabilitation and to enable social reintegration to restore dignity and hope to children, youth, women and men who have become drug abusers, and to fight against all aspects of the world drug problem;

8. Call upon the United Nations system and invite the international financial institutions, such as the World Bank and the regional development banks, to include action against the world drug problem in their programmes, taking into account the priorities of States;

9. Call for the establishment or strengthening of regional or subregional mechanisms, when needed, with the assistance of the United Nations International Drug Control Programme and the International Narcotics Control Board, and invite those mechanisms to share experiences and conclusions resulting from the implementation of national strategies and to report on their activities to the Commission on Narcotic Drugs;

10. Express deep concern about links between illicit drug production, trafficking and involvement of terrorist groups, criminals and transnational

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[2] The Single Convention on Narcotic Drugs, 1961 as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

[3] The international drug control organs as defined in the 1961 Single Convention on Narcotic Drugs are the Commission on Narcotic Drugs of the Economic and Social Council, and the International Narcotics Control Board.

organized crime, and are resolved to strengthen our cooperation in response to those threats;

11. Are alarmed by the growing violence resulting from links between illicit production of and illicit trafficking in arms and drugs, and resolve to increase our cooperation in stemming illegal arms trafficking and to achieve concrete results in this field through appropriate measures;

12. Call upon our communities, especially families, and their political, religious, educational, cultural, sports, business and union leadership, non-governmental organizations and the media worldwide to actively promote a society free of drug abuse, especially by emphasizing and facilitating healthy, productive and fulfilling alternatives to the consumption of illicit drugs, which must not become accepted as a way of life;

13. Decide to devote particular attention to the emerging trends in the illicit manufacture, trafficking and consumption of synthetic drugs, and call for the establishment or strengthening by the year 2003 of national legislation and programmes giving effect to the Action Plan against Illicit Manufacture, Trafficking and Abuse of Amphetamine-type Stimulants and their Precursors, adopted at the present session;

14. Decide to devote particular attention to the measures for the control of precursors, adopted at the present session, and further decide to establish the year 2008 as a target date for States, with a view to eliminating or significantly reducing the illicit manufacture, marketing and trafficking of psychotropic substances, including synthetic drugs, and the diversion of precursors;

15. Undertake to make special efforts against the laundering of money linked to drug trafficking and, in that context, emphasize the importance of strengthening international, regional and subregional cooperation, and recommend that States that have not yet done so adopt by the year 2003 national money-laundering legislation and programmes in accordance with relevant provisions of the United Nations Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, as well as the measures for countering money-laundering, adopted at the present session;

16. Undertake to promote multilateral, regional, subregional and bilateral cooperation among judicial and law enforcement authorities to deal with criminal organizations involved in drug offences and related criminal activities, in accordance with the measures to promote judicial cooperation, adopted at the present session, and encourage States to review and, where appropriate, to strengthen by the year 2003 the implèmentation of those measures;

17. Recognize that demand reduction is an indispensable pillar in the global approach to countering the world drug problem, commit ourselves to introducing into our national programmes and strategies the provisions set out

in the Declaration on the Guiding Principles of Drug Demand Reduction, to working closely with the United Nations International Drug Control Programme to develop action-oriented strategies to assist in the implementation of the Declaration, and to establishing the year 2003 as a target date for new or enhanced drug demand reduction strategies and programmes set up in close collaboration with public health, social welfare and law enforcement authorities, and also commit ourselves to achieving significant and measurable results in the field of demand reduction by the year 2008;

18. Reaffirm the need for a comprehensive approach towards the elimination of illicit narcotic crops in line with the Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and Alternative Development adopted at the present session; stress the special importance of cooperation in alternative development, including the better integration of the most vulnerable sectors involved in the illicit drug market into legal and viable economic activities; emphasize the need for eradication programmes and law enforcement measures to counter illicit cultivation, production, manufacture and trafficking, paying special attention to the protection of the environment; and, in this regard, strongly support the work of the United Nations International Drug Control Programme in the field of alternative development;

19. Welcome the United Nations International Drug Control Programme's global approach to the elimination of illicit crops and commit ourselves to working closely with the United Nations International Drug Control Programme to develop strategies with a view to eliminating or significantly reducing the illicit cultivation of the coca bush, the cannabis plant and the opium poppy by the year 2003. We affirm our determination to mobilize international support for our efforts to achieve these goals;

20. Call upon all States to take into account the outcome of the present session when formulating national strategies and programmes and to report biennially to the Commission on Narcotic Drugs on their efforts to meet the above-mentioned goals and targets for the years 2003 and 2008, and request the Commission to analyse these reports in order to enhance the cooperative effort to combat the world drug problem.

These are new and serious promises which will be difficult to achieve, but we are resolved that such commitments will be met by practical action and the resources needed to ensure real and measurable results;

Together we can meet this challenge.

Annexure 2

Annex

DECLARATION ON THE GUIDING PRINCIPLES OF DRUG DEMAND REDUCTION*

I. THE CHALLENGE

1. All countries are affected by the devastating consequences of drug abuse and illicit trafficking: adverse effects on health; an upsurge in crime, violence and corruption; the draining of human, natural and financial resources that might otherwise be used for social and economic development; the destruction of individuals, families and communities; and the undermining of political, cultural, social and economic structures.

2. Drug abuse affects all sectors of society and countries at all levels of development. Therefore drug demand reduction policies and programmes should address all sectors of society.

3. A rapidly changing social and economic climate, coupled with increased availability and promotion of drugs and the demand for them, have contributed to the increasing magnitude of the global drug abuse problem. The complexity of the problem has been compounded by changing patterns of drug abuse, supply and distribution. There has been an increase in social and economic factors which make people, especially the young, more vulnerable and likely to engage in drug use and drug-related risk-taking behaviour.

4. Extensive efforts have been and continue to be made by Governments at all levels to suppress the illicit production, trafficking and distribution of drugs. The most effective approach towards the drug problem consists of a comprehensive, balanced and coordinated approach, encompassing supply control and demand reduction reinforcing each other, together with the appropriate application of the principle of shared responsibility. There is now a need to intensify our efforts in demand reduction and to provide adequate resources towards that end.

5. Programmes to reduce the demand for drugs should be part of a comprehensive strategy to reduce the demand for all substances of abuse. Such programmes should be integrated to promote cooperation between all concerned, should

* The term "drug demand reduction" is used to describe policies or programmes directed towards reducing the consumer demand for narcotic drugs and psychotropic substances covered by the international drug control conventions (the Single Convention on Narcotic Drugs of 1961, as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971 and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988) The distribution of these narcotic drugs and psychotropic substances is forbidden by law or limited to medical and pharmaceutical channels.

include a wide variety of appropriate interventions, should promote health and social well-being among individuals, families and communities and should reduce the adverse consequences of drug abuse for the individual and for society as a whole.

6. This Declaration is an important initiative of the United Nations Decade on Drug Abuse, covering the period 1991-2000. It responds to the need for an international instrument on the adoption of effective measures at the national, regional and international levels against the demand for illicit drugs. It builds and expands upon a number of related international conventions and recommendations, which are set out in the appendix to the present Declaration.

II. THE COMMITMENT

7. We, the States Members of the United Nations:

(a) Undertake that this Declaration on the Guiding Principles of Drug Demand Reduction shall direct our actions;

(b) Pledge a sustained political, social, health and educational commitment to investing in demand reduction programmes that will contribute towards reducing public health problems, improving individual health and well-being, promoting social and economic integration, reinforcing family systems and making communities safer;

(c) Agree to promote, in a balanced way, interregional and international cooperation in order to control supply and reduce demand;

(d) Adopt measures provided for in article 14, paragraph 4, of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, which states, inter alia, that parties should adopt "appropriate measures aimed at eliminating or reducing illicit demand for narcotic drugs and psychotropic substances" and may enter into bilateral or multilateral agreements or arrangements aimed at eliminating or reducing that demand.

III. GUIDING PRINCIPLES

8. The following principles shall guide the formulation of the demand reduction component of national and international drug control strategies, in accordance with the principles of the Charter of the United Nations and international law, in particular, respect for the sovereignty and territorial integrity of States; human rights and fundamental freedoms and the principles of the Universal Declaration of Human Rights; and the principle of shared responsibility:

(a) There shall be a balanced approach between demand reduction and supply reduction, each reinforcing the other, in an integrated approach to solving the drug problem;

(b) Demand reduction policies shall:

(i) Aim at preventing the use of drugs and at reducing the adverse consequences of drug abuse;

(ii) Provide for and encourage active and coordinated participation of individuals at the community level, both generally and in situations of particular risk, by virtue of, for example, their geographical location, economic conditions or relatively large addict populations;

(iii) Be sensitive to both culture and gender;

(iv) Contribute to developing and sustaining supportive environments.

IV. CALL FOR ACTION

A. Assessing the problem

9. Demand reduction programmes should be based on a regular assessment of the nature and magnitude of drug use and abuse and drug-related problems in the population. This is imperative for the identification of any emerging trends. Assessments should be undertaken by States in a comprehensive, systematic and periodic manner, drawing on results of relevant studies, allowing for geographical considerations and using similar definitions, indicators and procedures to assess the drug situation. Demand reduction strategies should be built on knowledge acquired from research as well as lessons derived from past programmes. These strategies should take into account the scientific advances in the field, in accordance with the existing treaty obligations, subject to national legislation and the Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control.

B. Tackling the problem

10. Demand reduction programmes should cover all areas of prevention, from discouraging initial use to reducing the negative health and social consequences of drug abuse. They should embrace information, education, public awareness, early intervention, counselling, treatment, rehabilitation, relapse prevention, aftercare and social reintegration. Early help and access to services should be offered to those in need.

C. Forging partnerships

11. A community-wide participatory and partnership approach is crucial to the accurate assessment of the problem, the identification of viable solutions and the formulation and implementation of appropriate policies and programmes. Collaboration among Governments, non-governmental organizations, parents, teachers, health professionals, youth and community organizations, employers' organizations, workers' organizations and the private sector is therefore essential. Such collaboration improves public awareness and enhances the capacity of communities to deal with the negative consequences of drug abuse.

Appendix

SUPPLEMENTARY REFERENCE MATERIAL FOR GOVERNMENTS CONSIDERING NATIONAL DRUG CONTROL STRATEGIES

1. Under article 38 of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol[12] and under article 20 of the Convention on Psychotropic Substances of 1971,[13] parties to those conventions are required to take all practicable measures for the prevention of abuse of narcotic drugs or psychotropic substances and "for the early identification, treatment, education, aftercare, rehabilitation and social reintegration of the persons involved". Article 14 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 states that parties "shall adopt appropriate measures aimed at eliminating or reducing illicit demand for narcotic drugs and psychotropic substances, with a view to reducing human suffering and eliminating financial incentives for illicit traffic".[10]

2. Taking into account the fact that the rise in global concern about the extent, nature and effects of drug abuse has created an opportunity and the will to intensify action, States reaffirm the validity and importance of the international agreements and declarations in the area of demand reduction that have been elaborated. The importance of demand reduction was confirmed by the International Conference on Drug Abuse and Illicit Trafficking, held at Vienna from 17 to 26 June 1987, which adopted the Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control. The Comprehensive Multidisciplinary Outline sets out 14 targets in the field of demand reduction, as well as the types of activities needed to achieve them at the national, regional and international levels. The General Assembly, the Economic and Social Council and the Commission on Narcotic Drugs have all adopted resolutions endorsing the Comprehensive Multidisciplinary Outline and emphasizing the need to pay increasing attention to demand reduction. Moreover, at its seventeenth special session, on international cooperation against illicit production, supply, demand, trafficking and distribution of narcotic drugs and psychotropic substances, the General Assembly, in its resolution S-17/2 of 23 February 1990, adopted the Political Declaration and Global Programme of Action. The Global Programme of Action, in paragraphs 9-37, addresses issues related to the prevention and reduction of drug abuse with a view to elimination of the illicit demand for narcotic drugs and psychotropic substances and to the treatment, rehabilitation and social reintegration of drug abusers. Further attention was directed to demand reduction by the World Ministerial Summit to Reduce the Demand for Drugs and to Combat the Cocaine Threat, held in London from 9 to 11 April 1990.

3. In addition, the Convention on the Rights of the Child,[14] in its article 33, emphasizes the need to protect children from the abuse of narcotic drugs and psychotropic substances. A similar point is made in the World Programme of Action for Youth to the Year 2000 and Beyond, which, in paragraphs 77 and 78, includes proposals for involving youth organizations and young people in demand reduction activities. Also of significance is the code of practice on the management of alcohol- and drug-related issues in the

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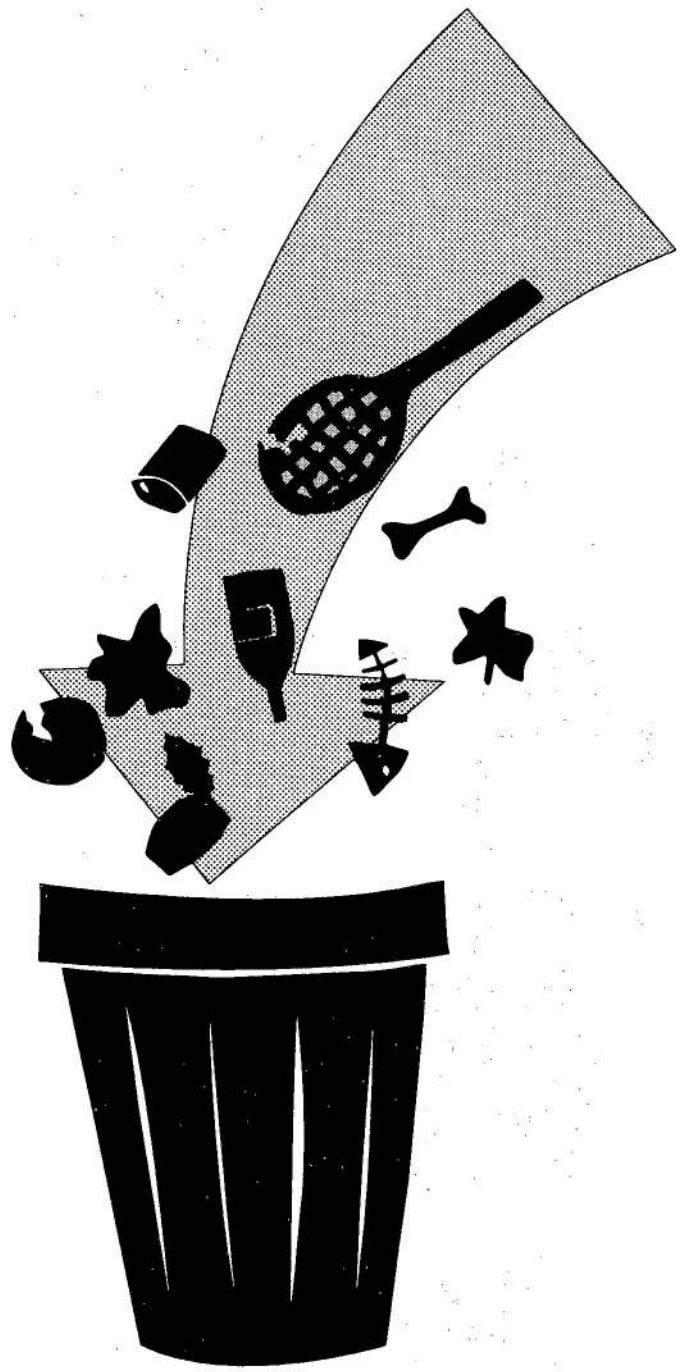
[12] United Nations, Treaty Series, vol. 976, No. 14152.

[13] Ibid., vol. 1019, No. 14956.

[14] Resolution 44/25, annex.

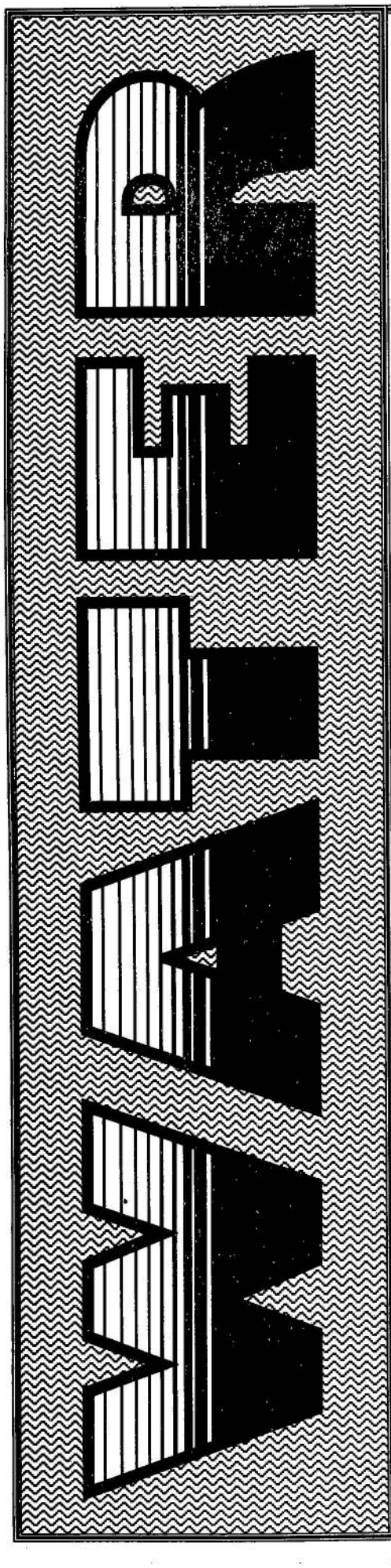
Keep South Africa Clean



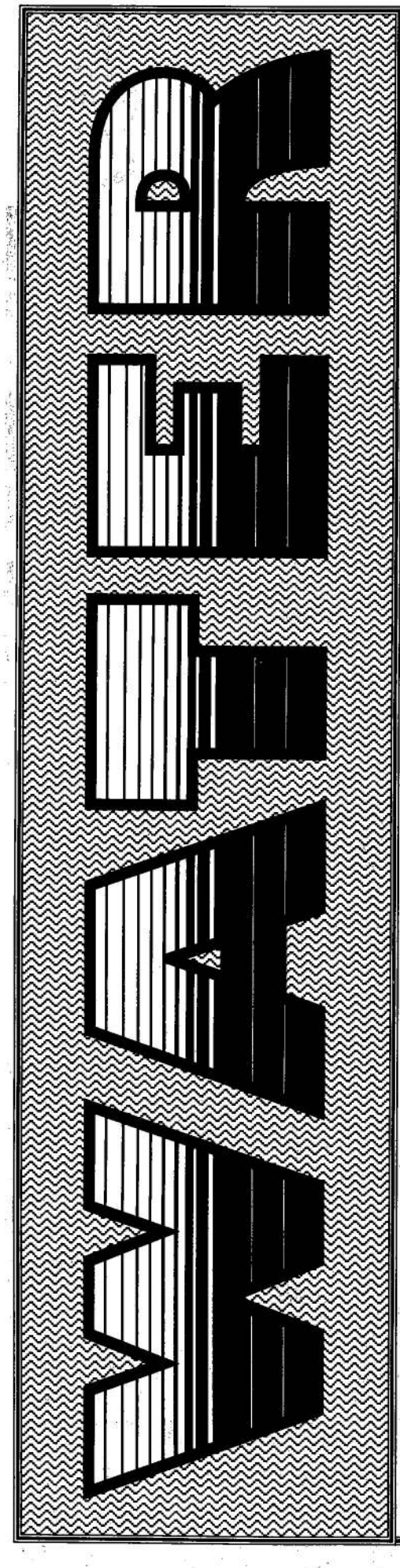
Throw trash where it belongs

Hou Suid-Afrika Skoon

Gooi rommel waar dit hoort

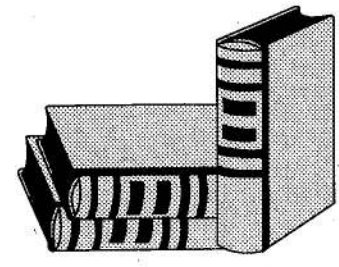


DON'T WASTE IT!



WERK SPAARSAAM DAARMEE!

Where is the largest amount of meteorological information in the whole of South Africa available?



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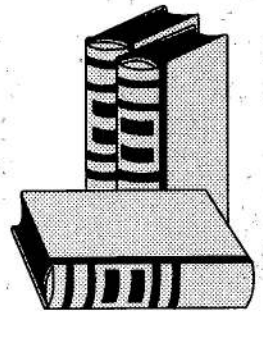
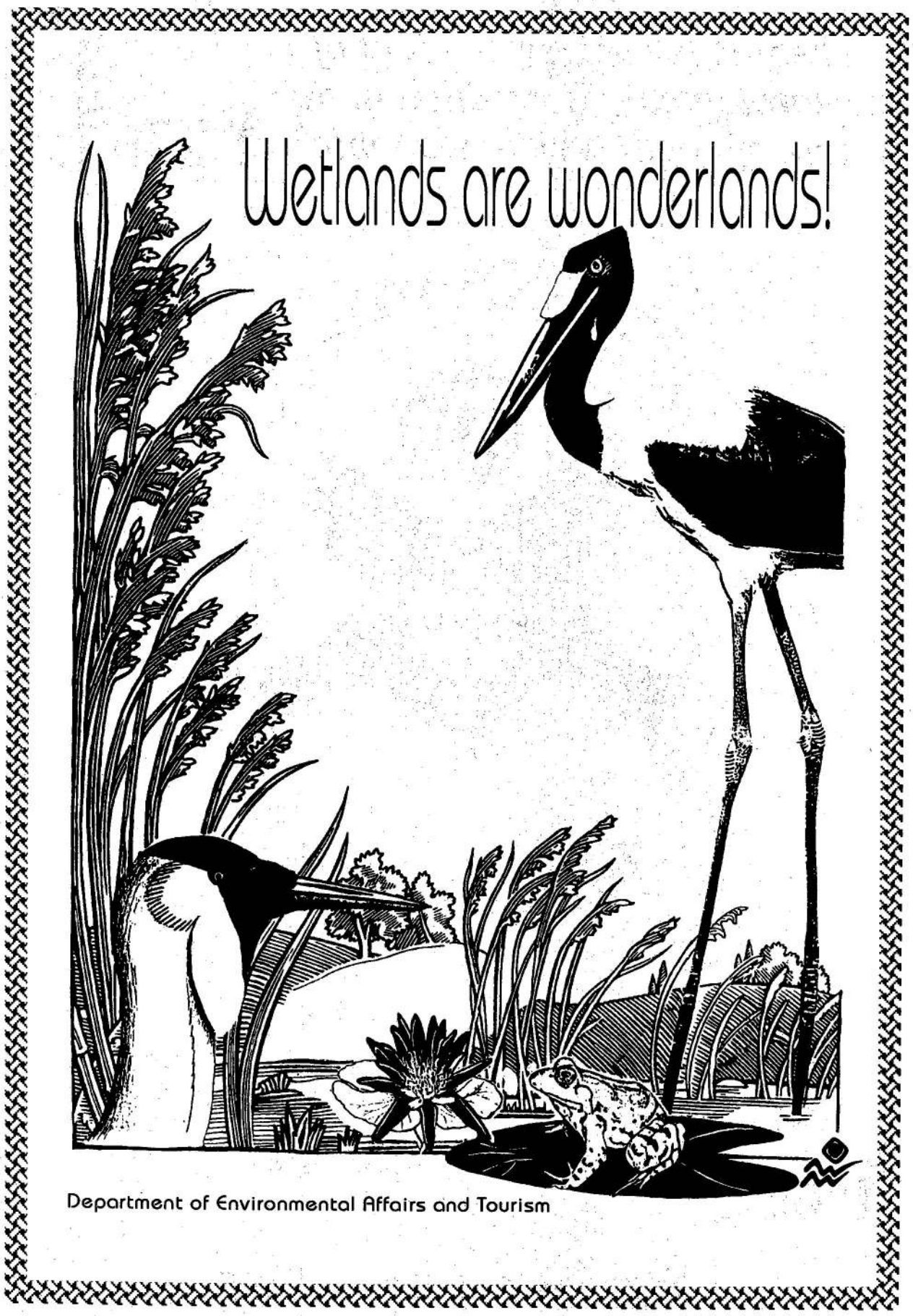


Waar is die meeste weerkundige inligting in die hele Suid-Afrika beskikbaar?

Department of Environmental Affairs and Tourism
Departement van Omgewingsake en Toerisme


Wetlands are wonderlands!
Department of Environmental Affairs and Tourism

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