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Central Drug Authority
South Africa

Building a caring society



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CENTRAL DRUG AUTHORITY

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FOREWORD BY THE MINISTER OF SOCIAL DEVELOPMENT



The recent Scenery Park outside East London the Province of the Eastern Cape, which claimed the lives of 21 children, the youngest among them 13 years old, is a sad reminder of the scourge of under age drinking in many parts of our country. Coincidentally, this tragedy struck on the eve of the International Day Against Drug Abuse and Illicit Trafficking, which is dedicated to strengthen global and national action to achieve a goal of a world free of substance abuse.

The actions of building a world and a South Africa free of substance abuse is echoed in the National Drug Master Plan (2019-2024), a national blueprint on tackling substance abuse and substance abuse disorders that have now reached epidemic proportions. The NDMP makes explicit that our national response to substance abuse challenges should be human rights based, evidence based and delivered through a whole-of- government and society approach.

Against this background, I present this Annual Report of the Board of the Central Drug Authority (CDA) for the financial year 2021/2022, the first for the new CDA Board which I inaugurated last year. The CDA is a statutory body tasked with helping to provide the evidence needed to ensure that Government policies and actions on drugs are effective, well-targeted and responsive to emerging threats and challenges.

This report sets out how the CDA is working towards preventing and reducing the harmful effects of substance abuse in South Africa. It covers the National Departments, Provincial Substance Abuse Forums, Local Drug Action Committees and other national and international organisations who have become critical partners and stakeholders in the work of the CDA. These achievements also cover the work of the Central Drug Authority as mandated by the Prevention of and Treatment for Substance Abuse Act No 70 of 2008. In term of Section 56(h) the CDA must submit an annual report that sets out a comprehensive description of the national efforts relating to the problem of substance abuse in the entire South Africa.

This annual report comes at a time when the COVID-19 pandemic has impacted greatly on all areas of human life, including the drug situation and our ability to adequately monitor it. As we recover from the impact of the pandemic and adjust to the 'new normal', we wake up to what we already know was a challenge in the country, but we also have to re-examine where we are, what valuable lessons emerge dealing with the COVID-19 pandemic in the last two years in order to ensure that we continue to provide the relevant and timely information required to keep our policies and actions responsive to the growing challenges we face.

One of the major concerns is the growing trend that glamorises the use of substance on social media platforms where children are exposed to peers,

celebrities and social influencers engaging in risky behaviours involving drugs and alcohol. We have seen and know the impact of substance abuse on domestic and gender-based violence, including femicide; on crime; on HIV and AIDS, mental and other health conditions; on child abuse and neglect as well as teenage pregnancies; poverty and unemployment and other social ills. Alcohol continues to ravage our communities, especially our youth, both in and out of school. We can no longer turn a blind eye to this problem.

South Africa is not just a transit country for drugs due to its porous borders, ease of migration to and from the country, good infrastructure, including land and sea, as well as its good ICT network, which was used most effectively by drug dealers as an alternative distribution mechanism during lockdown. The country has also become a lucrative market for the manufacture and distribution of illicit drugs both locally and internationally.

This Annual Report illustrates the commitment that has been shown by the CDA, as they have begun to put system in place, to ensure broader participation and better responsiveness of organs of state as well as organs of civil society both locally and internationally. I also acknowledge the critical challenges faced by the CDA which if not addressed, could scupper efforts to achieve the goals of the NDMP. These have to do with the support they need to effectively manage

their functions, to give attention to the placement and repositioning of the CDA, and the allocation of adequate resources to enable them to carry out their mandate. During the inauguration of the CDA, I emphasised the independence of the CDA and will work towards enabling them to perform their work to the best of their abilities.

I wish to thank all the relevant and key stakeholders who contributed as we work towards achieving the vision of the NDMP 2019-2024, which is a 'South Africa that is free of substance abuse'. I am particularly proud of the strides made by the CDA in their first year, working under very challenging circumstances, the Ministers and our provincial that have ensured that we strengthen the partnerships towards reaching our goal. I would also want to extend my appreciation to our national and international partners, who always support us. There is still a long road ahead but with everyone fulfilling their roles and functions, we will make progress.



Ms Lindiwe Zulu, MP
Minister of Social Development

September 2022

STATEMENT BY THE DEPUTY MINISTER OF SOCIAL DEVELOPMENT



The 2021–2022 Central Drug Authority Annual Report highlights some of the continued and sustained milestones we began in the Year 2020/21 in institutionalising holistic services for people who use drugs and their families. These include treatment, prevention, care and support, aftercare, family reunification services for people who use drugs, their families, and reintegration into communities they live in.

In this regard, we undertook a number of interventions, among others:

- We partnered with the Department of Health and the Arab Republic of Egypt towards bringing much-needed health care services to people who inject drugs for the treatment of Hepatitis. This campaign remains key to us in ensuring access to Universal Health Coverage for people who use drugs towards alleviating bloodborne diseases within this key

population group. Together with the CDA and our civil society partners, we are building capacity within our rehabilitation and treatment centres for the full rollout of this initiative.

- We commenced with provincial launches of the South African Network of People Who Use Drugs (SANPUD) as a united voice and support structure for people who use drugs. One was in Amajuba District Municipality, KwaZulu-Natal and another in Thabo Mofutsanyana District Municipality, Free State.
- Alongside launches of provincial SANPUD, we also joined sessions with sex workers, as there is a direct interlink between sex work and substance abuse.
- Alcohol use in South Africa is considerably high, and the state of national disasters confirmed how problematic the current situation is in the country. Coupled with that is the high prevalence of foetal alcohol spectrum disorder (FASD) in the country. We continue to raise awareness during the month of September around FASD throughout the country leading up to the International FASD Awareness Day on the 9th September annually.

Stigma and lack of support for people who use drugs continue to exclude this key population from services. As such, our interventions are then not mainstreaming, inclusive and progressive for people who use drugs. Many of our programmes are still 'hit-and-run', sporadic and reactive. Our ability to address this challenge will enable us to have impactful responses benefiting people who use drugs, their families and their communities.

A handwritten signature in black ink, appearing to read 'Ms HI Bogopane-Zulu'.

Ms HI Bogopane-Zulu
Deputy Minister

September 2022

EXECUTIVE SUMMARY BY THE CHAIRPERSON OF THE CENTRAL DRUG AUTHORITY



It is my great pleasure to present the very first Annual Report of the 4th Central Drug Authority (CDA), which was appointed by the Minister of Social Development on 1 April 2021. This Annual Report is for the financial year 1 April 2021 to 31 March 2022, and is an account of efforts undertaken by the country's government departments, entities, provincial substance abuse forums (PSAFs), local drug action committees (LDACs) and all other stakeholders to implement the National Drug Master Plan (NDMP) 2019–24.

The NDMP is a single national strategic document developed in accordance with the Prevention of and Treatment for Substance Abuse Act (No. 70 of 2008). It covers all national concerns regarding substance use, abuse and misuse; summarises national policies and laws authoritatively; defines priorities and operational plans; and allocates responsibilities to control and respond to substance abuse in our country. Adopted by

the Cabinet of the Republic of South Africa, the NDMP was launched by the Minister of Social Development on 26 June 2020.

Substance use, abuse and misuse is a world problem, and South Africa has become a consumer, producer and transit country for drugs. Socio-economic factors, such as poverty, inequality and unemployment, remain key contributing elements to the increased use of drugs and the development of substance use disorders. Drug abuse reaches across social, racial, cultural, religious and gender boundaries and affects everyone directly or indirectly, but disproportionately affects marginalised communities. It is in this context that the NDMP 2019–24 seeks to involve affected key populations, such as children, youth, women, families, persons with disabilities, disadvantaged people in vulnerable communities, occupational groups at risk, LGBTQI+ people, sex workers and migrant workers, in addressing the root causes of substance use, misuse and abuse, with a vision of creating a South Africa free of substance abuse.

The CDA, supported by the Department of Social Development and the Secretariat, is mandated to oversee, coordinate and monitor the implementation of the seven goals and deliverables of the NDMP 2019–24, and to report annually to the Minister of Social Development and to Parliament.

The CDA Board established the Executive Committee and five portfolio committees, which were instrumental in executing its mandate. The following summarises achievements against the seven goals of the NDMP 2019–24 and five government outcomes of the 2030 National Development Plan as per the Medium-Term Strategic Framework, as implemented by the multi-sectoral stakeholders, identified challenges and recommendations.



GOAL 1: Demand reduction through prevention and treatment of drug use, misuse and abuse

The national departments, entities and other stakeholder agencies, led by the Departments of Social Development, Health, Basic Education, Sports, Arts and Culture, are expected to deliver evidence-based programmes on prevention, early intervention on substance use disorders (SUDs), and community advocacy in a multi-sectoral approach in order to reduce the demand for drugs and alcohol abuse, provide treatment to people with SUDs and to minimise harm caused by substance use, misuse and abuse. Other functionalities are also expected to implement programmes under this goal (as highlighted in the NDMP) through a multi-sectoral and multidisciplinary approach.

Highlights from the national departments and entities

- On prevention and early intervention, the national departments developed and engaged their employees, crime offenders, basic education school learners, parents, students in institutions of higher learning, in various substance abuse prevention, early intervention and awareness-raising strategies and campaigns. These included employee health and wellness awareness programmes, the commemoration of the International Day against Drugs and Illicit Trafficking, school safety programme, Ke-Moja drug awareness programme, Siyalulama outreach programme, behavioural change programme, training of educators on drug testing of learners, life orientation, promotion of a tobacco-free environment, education of communities on drug laws, multi-departmental crime and substance abuse prevention campaigns in schools, and port of entry inspections through pamphlet distribution.
- The National Policy on Prevention of and Treatment of Substance use Disorder was developed and consulted with various stakeholders. This policy will assist in amending the Prevention of and Treatment for Substance Abuse Act (No. 70 of 2008). The South African Police (SAPS) conducted 4481 crime prevention awareness campaigns. In total, the national departments and entities reached out to a total of 73 432 people throughout the country during the year under review.
- On treatment and harm reduction, the national Departments of Social Development, Health and Correctional Services continued with providing treatment to users in the public treatment centres and ensured adherence to norms and service standards. Each province in South Africa has at least one inpatient treatment centre. During the year under review, the President of South Africa officially opened the Charlotte Maxeke Treatment Centre in the Free State Province, for treatment of people with SUDs.
- Practitioners in these centres were trained and capacitated on the universal treatment curriculum and on psychosocial support guidelines. Peer educators were trained on evidence-based treatment programmes. The Department of Health developed a comprehensive and costed opioid substitution treatment (OTP) plan and clinical guidelines for the treatment of people with SUDs with support from the WHO. There is a need for government to upscale and fund more OTP programmes throughout the country in order to reduce harm caused by substance use, misuse and abuse. In total, national departments and entities reached out to a total of 10 938 users who gained access to treatment and other harm reduction services throughout the country during the year under review.
- The Department of Social Development also monitored the implementation of the strategy on reintegration and aftercare programmes for recovering users. The numbers of recovering users that gained access to aftercare and reintegration services after treatment were not provided; only that the department conducted monitoring sessions with eight provinces. There is a need to upscale aftercare, skills development, employment and entrepreneurship programmes for the recovering users, to enable them to maintain sobriety and be engaged in meaningful socio-economic activities, to be provided by more departments and private sector companies, in order to improve their quality of life and that of the broader society.

- Non-governmental organisations were funded to provide outpatient treatment and prevention programmes and were monitored for compliance with service standards. The database of these funded organisations is with the Departments of Social Development and Health.

Highlights from the PSAFs

- Eight PSAFs, led by the provincial Departments of Social Development and in collaboration with other provincial departments, entities, private sector companies, non-profit organisations, community and faith-based organisations, conducted prevention and early intervention awareness campaigns with key populations (including learners, students, offenders, youth, adults, sports people and employees) in order to reduce demand of drugs.
- The campaigns included educational talks, foetal alcohol syndrome group sessions, International Day Against Drug Abuse and Illicit Trafficking dialogues, festive-season campaigns, television and radio documentaries and toll-free carelines on the dangers of drug abuse, liquor abuse awareness workshops, metal detection of drugs by school-based support teams, family outreach programmes, sports tournaments and distribution of books on SUDs. In total, provinces reached out to about 12.4 million people through these programmes, nationwide, during the year under review. It has become urgent for the CDA to evaluate the effectiveness and impact of these demand reduction programmes.
- On treatment and harm reduction, provinces increased the numbers of people with SUDs who accessed treatment services in public rehabilitation centres and reached a total of 25 821 users, nationwide during the year under review. Professionals and members of communities were trained and capacitated on the universal treatment curriculum. The Western Cape's Stikland hospital provided inpatient opioid detoxification services.
- Only two provinces reported that 577 users who had completed treatment gained access to aftercare programmes but did not provide a description of these services. The CDA needs to ensure that all provinces provide aftercare services and report back.



GOAL 2: Supply reduction through multi-sectoral cooperation

The national departments, entities and other stakeholders led by the South African Police Service (SAPS) are expected to deliver evidence-based programmes in order to reduce the supply of drugs. These include proactive law enforcement, effective responses to drug-related crime, countering money laundering and promotion of judicial cooperation. Other functionaries are expected to cooperate with SAPS to implement programmes under this goal in a multi-sectoral and multi-disciplinary approach.

Highlights from the national departments and entities

- In order to harmonise laws and policies related to supply reduction and to align them to the Constitution, the Department of Justice and Constitutional Development published the Cannabis for Private Purpose Bill No. 19 of 2020 in the Government Gazette. Public hearings were held, and the bill is now before the Portfolio Committee for a clause-by-clause reading. The Drug and Drug Trafficking Amendment Bill also seeks to address the invalidities identified by the Constitutional Court.
- To enhance operational coordination at all levels, the National Prosecuting Authority (NPA) collaborated with SAPS including the Directorate for Priority Crime Investigations. To mitigate the supply of drugs and liquor, a total of 2951 drug trafficking crimes were investigated and 2772 were prosecuted. To reduce corruption and money laundering, illegal drugs worth R142.2-million were confiscated and R25-million was recovered.
- To enhance the processing of forensic evidence for drug-related investigations, reduce identified drug syndicates, deal with organised crime threat, enhance intelligence and effectiveness of law enforcement, SAPS achieved the following:
 - Launched and strengthened 38.5% of the 13 identified syndicates and had 33 arrests.
 - Generated and assessed 3633 threat and risk profiles and generated 13 465 profiles for reactive SAPS operations.
 - Generated 25 160 intelligence reports.

- Undertook 14 552 tactical operations at provincial, national and cluster level.
- Conducted 293 drug network operations.
- Conducted 57 operations, dismantled 22 of the 25 clandestine drug laboratories and arrested 47 drug manufacturers.
- Seized R26,439,800 worth of illicit drugs including cannabis, crystal meth, meth mixed with cocaine, CAT, heroin, whoonga, nyaope and mandrax.
- To strengthen partnerships in monitoring chemical companies, receive import notifications on online system, SAPS achieved 98% of finalising import notifications and 93.7% of export notifications
- To address the illegal trade of liquor SAPS:
 - Conducted liquor operations, confiscated 1 372 000 litres of liquor and 1 912 484 litres of home brews, conducted 1 004 617 compliance inspections at licensed liquor premises and closed 31 449 unlicensed liquor premises.
 - Undertook 3782 border-post policing actions targeting trafficking of drugs in ports of entry within South Africa using standardised drug detection equipment.
 - Used enhanced movement and movement-controlled systems on 1023 persons and 1453 vehicles.
 - Undertook actions targeted at drug trafficking in land ports, sea ports and airports to search for illegal firearms, stolen vehicles, consignments, smuggled persons and counterfeit goods.
 - Strengthened partnerships as NatJoints

instructions in four provinces: Eastern Cape, Limpopo, Mpumalanga and North West.

- To mitigate the supply of drugs and liquor, the South African Revenue (SARS) undertook 913 risk analysis and narcotics seizures at airports worth R409-million and 898 at 16 airports worth R31.4-million.

Highlights from the PSAFs

- To mitigate the supply of drugs and liquor, eight PSAFs undertook operations to reduce the supply of illicit drugs, including drunken driving, school safety programmes, search and seizure of drugs, roadblocks, and achieved the following:
 - 48 919 liquor outlets were inspected nationwide.
 - 4963 unlicensed and/or non-compliant liquor outlets were closed.
 - 8938 cases were opened for non-compliance at liquor outlets.
 - 30 388 drug lords, including syndicates, were arrested for dealing in illicit drugs.
 - 575 people were arrested for driving under the influence of liquor.
 - 813 673.4 litres of liquor from unlicensed establishments and 90 297.4 litres of homebrew were confiscated.
 - Drugs valued at R307,695,00 were seized.
 - Dagga valued at R121,400,00 was seized.

It is important for the CDA to measure the effectiveness and impact of these operations to reduce the supply of illicit drugs in our country.



GOAL 3: Ensuring availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion

The government departments, entities and other stakeholders, led by the Department of Health and the South African Health Product Regulatory Authority (SAHPRA), are expected to carry out the NDMP deliverables to increase the availability of and access to drugs intended for medical and scientific use in collaboration with other functionaries. In the process, this sector is expected to reduce the non-medical use and misuse of drugs and to prevent their diversion and trafficking.

Highlights from the national departments and entities

- In order to strengthen mechanisms to minimise the illegal manufacturing, supply and all forms of trafficking of licit and illicit drugs, the Department of Health and SAHPRA implemented the controlled licensing and permit processes in order to authorise import and export goods.
- No report was received from PSAFs on this goal.



GOAL 4: Identify trends and control of new psychoactive substances (NPS)

Government departments, entities and other stakeholders are expected to carry out programmes in order to identify trends and control NPS, led by the SAPS in collaboration with other functionaries. Relevant officials must be trained to do this work, so that there can be arrests of drug dealers (including internet drug dealers) and the dismantling of clandestine laboratories.

Highlights from the national departments and entities

- SAPS was able to detect seven cases where new psychotropic/psychoactive substances identified and detected.
- SAPS monitored the trends in the composition, production, distribution of NPS, amphetamine type stimulants (ATS) and other chemicals used for illicit drugs and arrested 274 drug dealers.



GOAL 5: Promote governance, leadership, and accountability for a coordinated multi-sectoral effective response, including economic development at community levels

The CDA is expected to lead the deliverables of the NDMP to promote governance, leadership and accountability for an effective response, in collaboration with all departments represented in the CDA and their ministries. The Department of Social Development in particular is expected to support the CDA to achieve its mandate as prescribed in the NDMP. The CDA is expected to support PSAFs and LDACs and ensure that they have their sector drug master plans with an allocated budget to implement their plans.

Highlights from the national departments and entities

- To support the CDA in carrying out its mandate of leading, overseeing, coordinating and monitoring the implementation of the NDMP 2019–24, the Department of Social Development delegated the Chief Director on Substance Abuse and Social Crime Directorate and employed the Secretariat,

Highlights from the PSAFs

To address NPS and ATS, the diversion of precursors and pre-precursors and the non-medical use and misuse of pharmaceuticals containing narcotics drugs and psychotropic substances, only three provinces reported the following achievements:

- In KwaZulu-Natal, the Department of Health trained government officials in NPS, and SAPS conducted raids on unused buildings and seized fields of dagga plants.
- In Gauteng and Mpumalanga, 32 368 grams of cocaine powder, 19 389 049 grams of dagga, 442 441 grams of crystal meth, 147 382 grams of heroin (Thai white) and 27 702 grams of mandrax tablets were confiscated.
- Mpumalanga also seized 356 949.16 grams of nyaope and 2007 chemicals used to manufacture drugs, and found 5654 people who were in possession of NPS, ATS and precursors.

The CDA needs to encourage all other provinces to carry out activities under this goal and report back.

comprising two social work policy managers and two administrators. However, the Secretariat has limited capacity to effectively support the CDA. As such, in the past year the CDA has urged the DSD to employ a Director as prescribed by the Act (No. 70 of 2008). CDA urgently needs a suitable qualified Director with legal and board management skills, at the level of a company secretary, in order to effectively execute its mandate. The budget allocated for the CDA to carry out its mandate for the year under review is R4,918,109. The CDA received quarterly financial reports in order to monitor expenditure of its budget.

- To improve collaboration between the CDA and government departments and other stakeholders to increase accountability for the implementation of the NDMP 2019–24, the CDA successfully held quarterly meetings with the government departmental representatives who are members



of the CDA. At the beginning of this financial year, only nine government departments participated in the CDA. By the end of the year, this number had increased to 16, as a result of the CDA's engagement and encouragement of leaders of government departments (Directors-General, DGs) to nominate representatives. During the year under review, 16 of the 20 departments and entities submitted their annual reports on their efforts to implement the NDMP 2019–24.

- To ensure local and provincial support and accountability for the NDMP, the CDA delegated each independent member to a province, in order to ensure the PSAFs and LDACs were functioning, capacitated on the NDMP and encouraged to report to the CDA. During the year under review, all PSAFs submitted their annual reports on time, although not all provinces reported on all goals of the NDMP.
- Not all government departments, entities and PSAFs have their sector drug master plans in place, which is a challenge. The CDA continues to capacitate and support them to produce their sector drug master plans.
- To involve all other relevant stakeholders in planning and implementing the NDMP, in order to ensure multi-sectoral cooperation and good governance, in October 2021, the CDA undertook a strategic planning session jointly with the government departments and developed the 2022–25 Medium Term Performance Plan and the 2022–23 Annual Performance Plan. In September 2021, the CDA involved strategic stakeholders who are not necessarily members of the CDA, to review the 3rd CDA's Annual Report, which the 4th CDA had prepared. These stakeholders included the Department of Women, Youth and People with Disabilities, SANACA, SANPUD and Higher Health. Going forward, the CDA will involve these and other more strategic stakeholders in planning and in reviewing the implementation of the NDMP.
- The CDA has been encouraging government departments and entities to allocate budgets for the rollout of the NDMP, but very few have done so. The CDA will follow up on this.
- The CDA has not had direct contact and engagement with the World Health Organisation (WHO) and the African Union (AU). These relationships are to be established as a priority in the next year.

- SAHPRA has added 20 substances to Schedule 7 of the Schedules to the Medicines Act in line with the recommendations of the 63rd meeting of the Commission on Narcotic Drugs and the reconvened sessions in December 2020. SAHPRA has also effected an amendment to the Schedules as it relates to cannabis.
- The Department of Social Development has developed a policy that will be used to review the Prevention of and Treatment for Substance Abuse Act (No. 70 of 2008).



Highlights from the PSAFs

- All nine PSAFs have been established in accordance with the Act, and eight are functional. The CDA is assisting the Northern Cape to re-establish and capacitate the PSAF to ensure that it is functional.
- In the 278 municipalities, only 31 Local Drug Action Committees (LDACs) have been established and are functioning at varying levels. The CDA is collaborating with SALGA and the PSAFs to encourage and capacitate mayors to establish and support LDACs. PSAFs will be undertaking an audit to confirm the establishment and functionality of LDACs in our country.



GOAL 6: Strengthen data collection, monitoring, evaluation, and research evidence to achieve the goals

The national departments, led by the Department of Social Development working jointly with the entities and research organisations, are expected to optimise routine data collection on drug use in order to enable the CDA to develop evidence-based approaches to address substance use, abuse and misuse in our country. The CDA is also expected to conduct surveys and surveillance to monitor and evaluate the impact of the NDMP.



Highlights from the national departments and entities

- The Department of Health has a contract with the SAMRC for SACENDU to collect data on drug use, and this contract has been extended.



- Four quarterly reports were received, which highlighted a significant decrease (51%) in the number of children arrested for possession and/or use of drugs.

Much more work still needs to be done to achieve this goal.

Highlights from the PSAFs

- Only Mpumalanga reported on the monitoring and evaluation of the implementation of the NDMP

2019–24. It has developed a provincial database and has conducted monitoring sessions for compliance of treatment centres with norms and standards.

The CDA will have to focus more on this goal, in collaboration with provinces, to ensure that a national drug research agenda and the monitoring and evaluation framework are compiled, in order to inform reviews of the future plans and to monitor and evaluate the implementation of the NDMP.



GOAL 7: Stimulate robust and sustainable economic growth aimed at reducing poverty, unemployment and inequalities

National departments and entities, led by the Departments of Economic Development, of Trade, Industry and Competition, and of Agriculture, Land Reform and Rural Development, in collaboration with universities and the private sector, are expected to provide aftercare programmes and reintegration services for people who have completed treatment. They are also expected to introduce them to skills development and create employment opportunities for people who use drugs.

None of the departments reported on this goal.

Highlights from the PSAFs

To contribute to this goal, seven provinces carried out activities aimed at reducing poverty, unemployment and inequalities especially among substance users who are recovering, including their families. These programmes included teenagers against drug abuse, Tshepo 1 million, skills development, learnerships, after-school practitioners, community liaison officers, youth service programme, social work short contracts, career guidance and entrepreneurial training. A total of 12 256 recovering users accessed these programmes nationwide during the year under review.

Recommendations

If the country is serious about managing what President Ramaphosa has called a third pandemic, then **it must urgently commit to the repositioning and resourcing of the CDA**. The CDA should be removed from the DSD and supported with adequate resources that match the size of the drug challenges facing South Africa.

CDA members and supporting structures need to be provided with the knowledge, skills and resources (financial, human and material) in order to be able to address the problem of drugs and substance abuse, which is international and ever-changing in nature and is having a massive biological, social and economic impact on South Africa.

The following recommendations are made:

1. **Resuscitate the Inter-Ministerial Committee (IMC) to Combat Substance Abuse**. Established in 2010 (but subsequently ceased to function), this IMC gave effect to the multi-sectoral approach proposed in the Act and comprised the Minister of Social Development (as convenor) and ministers of key departments mentioned in the NDMP. Resuscitating such an IMC would illustrate political commitment to addressing drug and substance abuse challenges, enable resources to be harnessed to support the CDA's work, and ensure the accountability of all stakeholders for implementing the NDMP – ministers could hold each other and their ministries

accountable. Collaboration is urgently needed within and between government departments and other spheres of government. These challenges need to be addressed by the Heads of Departments with support from the Premiers, relevant Members of Executive Council (MECs), MMCs and Mayors.

2. **Reinforce the CDA Secretariat, by employing an Executive Director (as per Section 55 of the Act)** and capacitating the other members of the Secretariat to support the Board. The CDA has developed a job profile for the Executive Director and submitted it to the DSD for job grading. Other government departments/entities also need to second officials (as prescribed by the Act) in order to relieve the CDA and committee chairpersons from doing work that should ordinarily be performed by competent full-time employees.
3. **Strengthen stakeholder relations**, through the CDA hosting two national stakeholder forums per year (to encourage continuous engagement around strategies and reporting) and establishing an international annual think-tank (to include all stakeholders and benchmark programme implementation, M&E and global compliance standards). In addition, CDA members must be encouraged to attend and support structures in their areas, while PSAF secretariats should draft annual calendars, so that all departmental representatives can commit in advance to attend meetings.
4. **Develop a national research agenda for substance abuse**. For instance, the CDA should develop a database containing data on SUDs, ranging from general information to treatment centres and advances in research. A national survey is needed to determine the trends and extent of substance/

drug abuse and the need, as well as the availability, accessibility and quality of services to respond to the need.

5. **Improve monitoring and evaluation**. The CDA must develop tools to manage the submission of reports by departments and provinces, as well as the internal governance systems needed to implement oversight and support as per the NDMP 2019–2024.

In conclusion, over and above national departments, entities, PSAFs and LDACs, the CDA collaborated with other strategic stakeholders who are not members of the CDA but are highlighted in the NDMP and are contributing to its implementation. The CDA is grateful that most of these stakeholders submitted reports on their work for the year under review. The CDA also thanks its members, PSAFs, LDACs, the Executive Committee, the Secretariat and the Department of Social Development for its ongoing support, employees and the communities with which we have engaged to monitor the implementation of the NDMP.

The CDA remains committed to enforcing a multi-sectoral and multi-disciplinary approach in overseeing, coordinating and monitoring the implementation of the NDMP in order to move closer to the NDMP's vision of a South Africa free of substance abuse.



Ms Nandi Mayathula-Khoza
Chairperson of the CDA

September 2022

INTRODUCTION

The Central Drug Authority (CDA) is a statutory body established in terms of Section 53(1) of the Prevention of and Treatment for Substance Abuse Act No. 70 of 2008 (“the Act”). The Act provides a regulatory framework for the management of substance abuse in the country and gives the CDA a mandate to facilitate the initiation and promotion of measures to combat the abuse of substances in the country and coordinate efforts related to the control of substances for medical and scientific use in all government spheres and civil society.

The CDA’s mandate includes overseeing and monitoring the implementation of the National Drug Master Plan (NDMP), which is a national strategy for realising a “South Africa free of substance abuse”. The NDMP promotes cooperation, between government at all levels and other local, national and international stakeholders involved in the prevention of drug use and the governing of licit and illicit substances in the country, in implementing measures that address the social, economic, medical

and other causes and consequences related to the use, misuse and abuse of substances. In terms of its mandate, the CDA is not an implementing body (i.e., does not implement the NDMP) but directs, coordinates, controls, monitors and evaluates the programmes and activities of its implementing agencies. Implementation of the NDMP is left to the national departments, the provincial substance abuse forums (PSAFs) and their local drug action committees (LDACs) as well as non-governmental organisations (NGOs).

This Annual Report is submitted in terms of Section 56(h) of the Act, which enjoins the CDA to provide a comprehensive description of how the country is addressing the above-mentioned challenges. It covers the period 1 April 2021 to 31 March 2022 and measures achievements, identifies challenges and makes recommendations on all areas that must be addressed to promote continuous improvement in the implementation of the NDMP’s goals. The report is



drawn from reports¹ received from various stakeholders, including departments, entities and stakeholders designated in terms of the Act, and others with whom the CDA has forged partnerships. The framework for reporting is strictly aligned to the deliverables stipulated in the NDMP.

On 1 April 2021, the current (and 4th) CDA Board came into office to serve a five-year period until 2026. This Annual Report is the first one submitted by the 4th CDA Board. The last Annual Report noted that in reviewing the NDMP 2019–2024, measures were taken to incorporate the resolutions of the United

Nations General Assembly Special Session in April 2016, wherein countries were encouraged to treat substance use disorders (SUDs) like any other chronic disease. The model is a radical departure from previous approaches, as it incorporates health concerns and reduction of harm as part of the new paradigm shift. The CDA has engaged with agencies that apply this model and is encouraged by early successes. The CDA supports this model and continues to ensure that it finds expression in proposed interventions and approaches to supply and demand reduction and in the design of policies and programmes that affect persons who use substances.

About this Report

The report includes the following chapters:

- Chapter 2: Situational Analysis, which looks at available data on the nature and extent of substance use and abuse globally and nationally. It draws on the latest credible, published, peer-reviewed research to understand trends and identify any challenges.
- Chapter 3: Strategic Approach, which outlines the CDA's strategic framework, including the vision, mission and principles of the NDMP 2019–2024, and reflecting on the functions of the CDA.
- Chapter 4: Governance, which describes the CDA's institutional arrangements, including members, committees, the Secretariat and support structures.
- Chapter 5: Stakeholder Engagement, which includes the CDA's international and South African partners and collaborators.
- Chapter 6: Financial Report
- Chapter 7: Performance Management Monitoring, which contains highlights from the reports submitted by CDA members (national and provincial).
- Chapter 8: NDMP 2019–2024 Implementation Analysis, which examines the performance of CDA members' planned outcomes and goals.
- Chapter 9: Evaluation and Recommendations



¹ Copy of reports are available from the CDA Secretariat.

CHAPTER 2

SITUATIONAL ANALYSIS

During the period under review, South Africa (like other countries in the world) was still grappling with COVID-19 and its challenges and consequences. To mitigate the impact of the pandemic, COVID-19 Regulations were imposed in line with the Disaster Management Act (No. 57 of 2002). These Regulations included measures that restricted movement and imposed limitations on social, economic and cultural activities that were seen as a risk, in efforts to contain the spread of the virus. The lockdown included the complete prohibition of tobacco sales, to minimise tobacco-related risk of severe COVID-19 infection; and alcohol sales, to lower alcohol-related emergencies (such as from traffic accidents) in health care facilities and free up space for COVID-19 emergencies.

As these stringent cycles of lockdown restrictions and measures were relaxed, and vaccines were introduced,

South African had to adjust to the 'new normal'. However, the new normal highlighted the deep-seated social inequalities within society, particularly in relation to social protection, social well-being, education and skills. Women, low-income households, children and youth, especially those in vulnerable communities, the low skilled, unemployed and self-employed were most affected, as poverty levels increased, affecting the lives and livelihoods of communities. These measures also restricted the nature and types of services that persons with substance abuse disorders (SUDs) could access and what services could be provided by SUD service providers (Harker et al., 2021).

It is important that the situation in South Africa is examined against what prevails globally, as this invariably has an impact on the country and its response to the challenges of drug and other substance abuse.

Global Situational Analysis

In 2020, one in 18 people aged 15–64 years (5.6% of the world's population) had used a drug within the last 12 months, representing an increase of 26% since 2010 (UNODC, 2022). Of these, 13% (or 0.76% of the population) were people with drug use disorders. According to the World Drug Report (WDR), drugs killed almost half a million people in 2019, and drug use disorders resulted in 18 million years of healthy life lost, mostly due to opioids (UNODC, 2021). Over the past year, 275 million people have used drugs, up by 22% from 2010. The WDR projects that by 2030, the number of people using drugs will rise by 11% around the world, and by as much as 40% in Africa alone (ibid).

As highlighted in the WDR (UNODC, 2021; 2022), drugs kill and have repercussions, and the following must be recognised:

- Addiction can be an unending, agonizing struggle for the person using drugs; and suffering is needlessly compounded when people cannot access evidence-based care or are subjected to discrimination.
- The consequences of drug use can have ripple effects that hurt families, potentially across generations, as well as friends and colleagues.
- Using drugs can endanger health and mental health and is especially harmful in early adolescence.
- Illicit drug markets are linked to violence and other forms of crime.

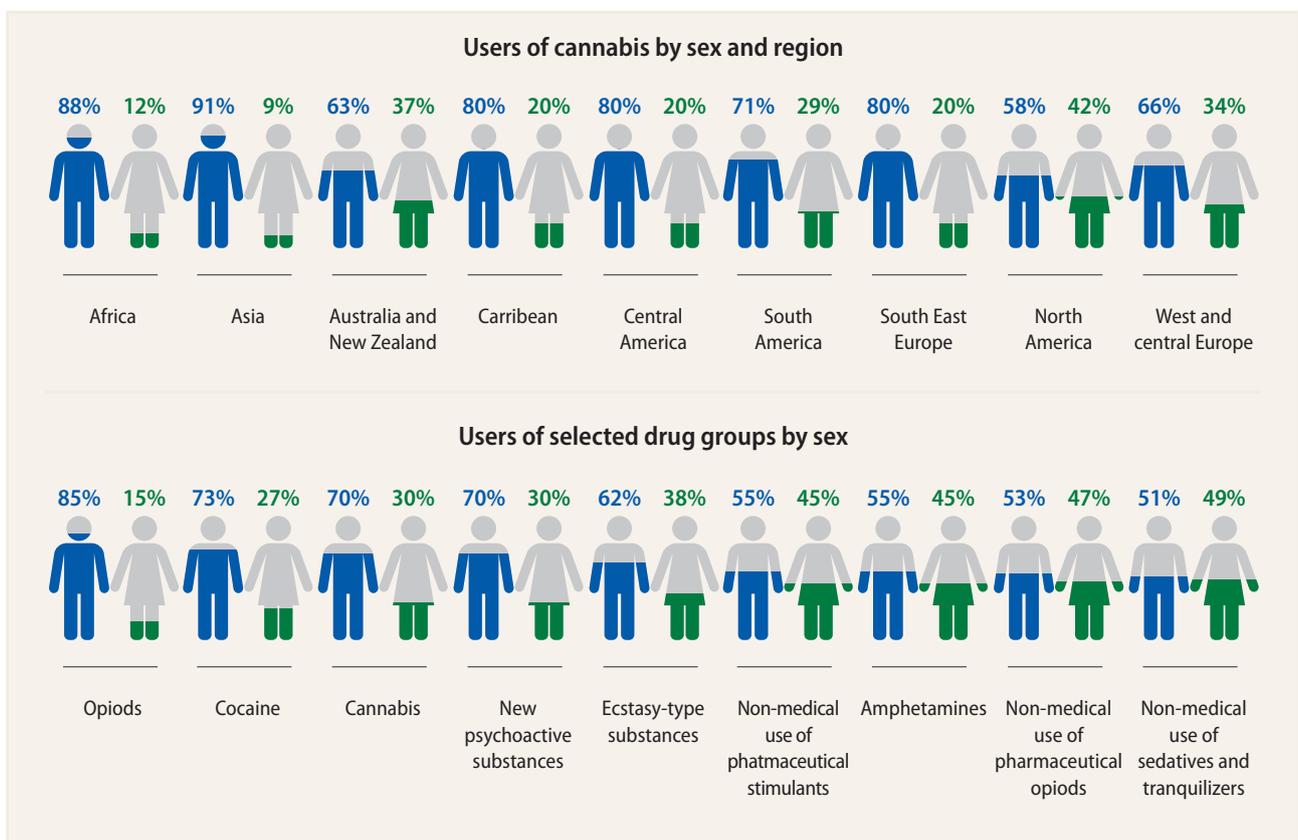
- Drugs can fuel and prolong conflict, and the resulting destabilising effects, as well as the social and economic costs, hinder sustainable development.

The WDR urges policymakers to note that illicit drug cultivation offers no way out for impoverished communities in the long run, that the drug trade has environmental impacts, and that drug trafficking along with associated corruption and illicit flows undermine the rule of law and stability.

Trends in relation to incidence and distribution of substances of abuse in the world show that cocaine

production is at a record high, while seizures of amphetamine and methamphetamine have skyrocketed. Markets for these drugs are expanding to new and more vulnerable regions, and more young people are using drugs compared to previous generations. In Africa, most people being treated for drug use disorders are under the age of 35 years. About 40% of countries reported cannabis as the drug associated with the greatest number of drug use disorders. Compared to other continents, Africa has the second highest male users but second lowest female users of cannabis (Figure 1).

FIGURE 1 People who use drugs



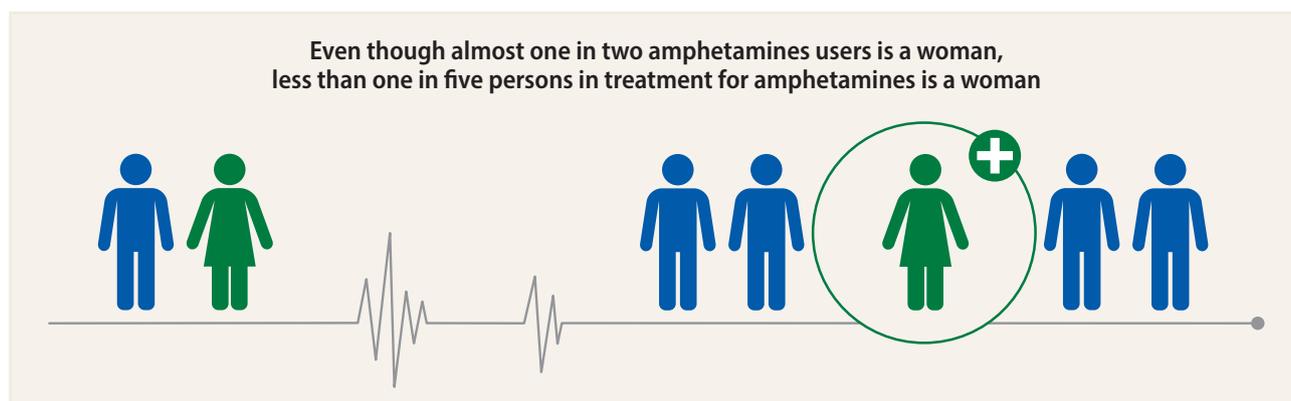
Source: UNODC (2022: 27)

As Figure 1 shows, the most popular drugs among men are opioids, cocaine, cannabis and new psychoactive substances (NPS) and among women are sedative non-medical use of pharmaceutical stimulants, amphetamines and non-medical use of pharmaceutical opioids. The WDR reveals that perceptions of cannabis being harmful have decreased in areas where the drug has been legalised, while the proportion of people with psychiatric disorders and suicides associated with

regular cannabis use has increased, together with the number of hospitalisations.

Access to treatment for women, especially pregnant women, nursing women and women with young children, is a challenge. Despite women accounting for a high number of amphetamine-type stimulant (ATS) users, they make up just one in five of those in treatment for ATS (Figure 2).

FIGURE 2 Treatment of women for amphetamines



Source: UNODC (2022: 17)

Table 1 summarises the findings from the WDR related to Africa.

TABLE 1 Region-by-region developments – Africa

Demand	Supply	Key Issues
<ul style="list-style-type: none"> • Use of cannabis is particularly high in West and Central Africa, with past-year prevalence of use of nearly 10% (28.5 million people), largely reflecting prevalence of cannabis use in Nigeria • Non-medical use of tramadol remains a threat, especially in North and West and Central Africa • The majority of opioid (lab or chemical based) users in other parts of Africa are opiate (natural plant based) users, mostly heroin and, in a few countries, also codeine and opium • Cocaine use is rather widespread in West and Southern Africa and appears to be generally increasing across the continent, as evidenced by people in drug treatment, although actual data is scarce • While the use of khat, a plant-based NPS, is widespread in East Africa, the use of synthetic NPS is mostly reported in Southern Africa, but data is scarce about both • Of the 920 000 people who inject drugs in Africa, around 100 000 or 11% are living with HIV 	<ul style="list-style-type: none"> • North Africa is a hub for interregional cannabis resin smuggling to Western Europe • Africa accounted for more than half of global quantities of pharmaceutical opioids seized between 2016 and 2020, largely due to the ongoing tramadol crisis • Most cocaine in Africa is seized near coastlines. The region, in particular West Africa, is used as a transshipment area for cocaine from South America enroute to Europe • Heroin from South-West Asia is trafficked through all African sub-regions, often via East Africa as an entry point, onwards to consumer markets in Western and Central Europe 	<ul style="list-style-type: none"> • Africa has a large gender gap in the use of drugs, with 1 woman for 9 men using cannabis • The majority of people treated for drug use disorders in Africa are under the age of 35 • Cannabis is the drug for which most people with drug use disorders (more than half) seek treatment in Africa • Africa remains a key transit region for i) cocaine in the west, ii) heroin in the east and iii) cannabis, mostly produced within the region, in the north • The opioid epidemic related to non-medical use of tramadol continues to pose great health risks, with treatment demands for tramadol use disorders increasing in some countries in Africa • With an average of 42 standard daily doses per million population, West and Central Africa remains the sub-region with the lowest access to internationally controlled medicines for pain management and palliative care

Source: UNODC (2022: 30)

The WDR (UNODC, 2022) highlights the need to show greater care in face of these multiple crises.

- Care through ensuring services and essential medicines for all, especially for people facing emergencies, left behind in the pandemic and those facing stigma and discrimination.
- Care through taking shared responsibility and renewing international cooperation to tackle illicit drug cultivation and trafficking, which is not a long-term option for impoverished communities, has environmental impacts and undermines law and stability.
- Care through tailoring interventions to women, youth and at-risk groups to close the treatment gap, so that everyone can access the services.

Effective prevention or treatment requires recognising and providing the necessary funding and other resources to address the problem. More importantly,

tailoring interventions to women, youth and at-risk groups is required to close the treatment gap, so that everyone can access the services needed without stigma and discrimination in line with the UNODC/WHO International Standards for the Treatment of Drug Use Disorders. 'Whole of-society' approaches, involving the health, justice, social welfare, education, media and entertainment sectors among others, are needed to ensure that people, especially young people, have the information and resilience required to make good choices, and have access to science-based treatment and services for drug use disorders, HIV and related diseases. Despite public resources being stretched to the limit, commitment to addressing the problem must be strengthened, as disrupted supply routes, due to tighter border controls aimed at containing the COVID-19 pandemic, have not stopped the drug trade from flourishing throughout the world, including Africa.

South African Situational Analysis

Africa is experiencing a spike in drug use, with countries moving from being transit points to becoming key markets in their own right, as demand grows especially among the younger generation (UNODC, 2022). Despite greater border controls, countries such as Kenya and South Africa have seen the drug trade becoming more sophisticated, with activities moving online and local drug laboratories proliferating.

Substance abuse in South Africa

In the absence of a national survey on substance abuse trends in the country, South Africa is dependent on the South African Community Epidemiology Network on Drug Use (SACENDU) and the World Drug Report (UNODC, 2021; 2022), whose data is sourced from participating treatment facilities across the country. Trends in alcohol and other drugs use and associated consequences are monitored by the SACENDU Sentinel

Surveillance System. Data is collected from various treatment centre sites (private and public) in the country. All the provinces have sites for data collection. In addition, data is collected from community-based harm reduction and health services provided by TB-HIV Care, Anova Health Institute, the Foundation for Professional Development (FPD), Tintswalo Home Based Care and the University of Pretoria's Department of Family Medicine's (COSUP) for people who use drugs (PWUD). The services for the users of drugs are provided in Cape Town, Durban, Ekurhuleni, Ehlanzeni, Johannesburg, Sedibeng, Pietermaritzburg, Port Elizabeth and Pretoria.

According to SACENDU, in South Africa, during the first half of 2021, 10 938 people were admitted for treatment across the 94 treatment centres, compared to 9394 in 2020 (Table 2). This may be due to the relaxation of lockdown regulations, allowing centres to accommodate more patients.

TABLE 2 Primary substance of use (%) for all persons and persons under 20 years (first half of 2021)

	Age	WC	KZN	EC	GT	NR ^a	CR ^b
# Centres		36	9	4	34	7	4
# Persons admitted		2433	723	386	6226	958	212
Alcohol (%)	All	18	33	27	9	14	30
	<20	10	8	1	4	6	2
Cannabis (%)	All	24	23	22	27	37	24
	<20	52	64	50	55	75	59
Methaqualone (mandrax) (%)	All	7	2	5	3	<1	4
	<20	7	–	1	2	1	4
Cocaine (%)	All	3	13	4	3	3	5
	<20	1	5	2	3	–	–
Heroin* (%)	All	7	23	2	29	37	7
	<20	8	12	1	11	8	2
Methamphetamine (%)	All	35	2	36	17	6	26
	<20	20	1	43	15	4	28

Source: https://www.samrc.ac.za/sites/default/files/attachments/20220607/SACENDU_Research%20Update_phase%2050.pdf

Notes: ^aNorthern Region (Mpumalanga and Limpopo), ^bCentral Region (Free State, North West, Northern Cape), *nyaope and whoonga have been incorporated into the heroin-related admission category to improve the accuracy of heroin surveillance.



Table 3 provides an overall picture of drug treatment admissions in South Africa based on information combined from the 94 treatment centres in nine provinces.

TABLE 3 Highest three substances preferred or used by persons in treatment centres (first half of 2021)

Province/region	No of patients	Drug of use	All	Under 20
Western Cape	2433	Methamphetamine	35%	8%
		Cannabis	24%	52%
		Alcohol	18%	10%
KwaZulu-Natal	723	Alcohol	33%	8%
		Cannabis	23%	64%
		Heroin	23%	12%
Eastern Cape	386	Methamphetamine	36%	43%
		Cannabis	22%	50%
		Alcohol	27%	1%
Gauteng	6229	Heroin	29%	11%
		Cannabis	27%	55%
		Methamphetamine	17%	15%
Northern Region ^a	958	Heroin	37%	8%
		Cannabis	37%	75%
		Alcohol	14%	6%
Central Region ^b	212	Alcohol	30%	2%
		Methamphetamine	26%	28%
		Cannabis	24%	59%

Source: Data created and derived from SACENDU

Notes: ^aNorthern Region (Mpumalanga and Limpopo), ^bCentral Region (Free State, North West, Northern Cape).

The research by SACENDU found the following:²



The most common primary substance of use is **methamphetamine** (MA, also known as 'Tik') in the Western Cape and the Eastern Cape, alcohol in KwaZulu-Natal and the Central Region, and heroin in Gauteng and the Northern Region. Treatment admissions for MA as a primary substance of use are generally low except in the Eastern Cape and the Western Cape. It was the most common primary substance reported by 36% of patients in the Eastern Cape and 36% of patients in the Western Cape (decreasing slightly in the Western Cape compared to the previous period). MA admissions also increased in Gauteng and the Central Region, which warrant further investigation. Among persons under 20 years, the proportion of patients reporting MA as a primary or secondary substance of use was 61% in the Eastern Cape and 31% in the Western Cape (decreasing significantly, from 52% in 2020). Treatment admissions related to MA use as a primary or secondary drug remain low in most other sites except in the Eastern Cape (50%) and the Western Cape (49%).



Cannabis is the second most common primary substance of use in all provinces/regions except for the Central Region.

² https://www.samrc.ac.za/sites/default/files/attachments/20220607/SACENDU_Research%20Update_phase%2050.pdf



The use of heroin remains problematic across all sites. Heroin is mostly smoked (rather than injected), although 10% (KwaZulu-Natal), 16% (Western Cape) and 30% (Gauteng) of patients whose primary drug of use was heroin injected it. Over the period, heroin as a primary substance of use decreased markedly across all regions, except in the Eastern Cape and KwaZulu-Natal. The proportion of persons injecting heroin decreased in the Western Cape (from 19% to 16%) and in the Northern Region (from 11% to 6%). Overall, between 2% (EC) and 46% (NR) of persons attending specialist treatment centres reported heroin as a primary or secondary substance of use.



The proportion of Black Africans in treatment centres is substantially lower than expected based on the underlying demographics, but represent the majority of persons under 20 years in the Eastern Cape (83%), Gauteng (86%), KwaZulu-Natal (80%) and the Northern Region (92%), “signifying a need for accelerated services among this vulnerable population”.



Methcathinone ('CAT') is a primary or secondary drug of use in most sites, especially in the Central Region (13%) and Gauteng (12%). CAT is a synthetic stimulant that continues to show an increase in most provinces, particularly in Gauteng, the Central Region and KwaZulu-Natal where 173 patients (Gauteng), 23 patients (KwaZulu-Natal) and 13 patients (Central Region) reported CAT as a primary substance of use.



Poly-substance use is high, ranging from 47% (Gauteng) and 67% (Central Region) of persons “indicating the use of more than one substance upon admission to treatment”. Between 44% (KwaZulu-Natal) and 60% (Western Cape) of patients indicated the use of more than one substance. Overall, and across all regions, 18% of patients presented with a dual diagnosis for noncommunicable disease at treatment admission. Most patients reported mental health problems at the time of admission (44%), followed by hypertension (15%) and respiratory diseases and (14%), with variations across provinces. For instance, a higher proportion of persons in Gauteng were suffering from mental health problems (35%) and hypertension (39%). Other co-morbidities with a high incidence include hypertension, hepatitis and HIV/Aids. Intravenous drug use is gaining prevalence, especially among heroin, whoonga and nyaope users. The health implications of these practices are self-evident and present a challenge for practitioners to find appropriate methods of intervention, suited to the circumstances of the users, especially people who inject drugs (PWIDs). The pilot project instituted by the Department of Health holds much promise, but the cost of methadone remains prohibitive unless funded by government.



Over-the-counter (OTC) and prescription medicines as a primary or secondary substance of use remain stable across sites, with admissions ranging from 1% (Northern Region) to 7% (KwaZulu-Natal). A total of 285 persons (3%) reported the non-medical use of codeine at the time of admission, with most of them coming from Gauteng (150), KwaZulu-Natal (73) and the Western Cape (30).



The age at which drug use begins is of concern, ranging from 5–9 years in the Western Cape and 10–14 years in other provinces/regions. A higher proportion of persons with mental health problems was found in Gauteng, accounting for 8%, while a higher proportion of persons with hypertension was found in the Western Cape, accounting for 22% of those reporting dual diagnosis.



Another concern is the **inadequate access to treatment centres for women and other at-risk groups**, as illustrated by the fact that 80% of patients across all sites were male. Of all the provinces/regions, the Western Cape has the highest proportion (29%) of female patients accessing treatment.

The limitation to the SACENDU data is that it excludes a large proportion of the population. This is because most people with SUDs are from communities with limited access to treatment centres because of affordability or because the available facilities are not suitable for the needs of specific groups such as children, the LGBTQI+ community and women, especially pregnant women, nursing mothers, etc. Furthermore, data on prevention and early intervention strategies employed to manage the challenges related to substance abuse are either not sufficiently available or not quantified.

Nevertheless, the SACENDU surveillance system is evidence-based and provides accurate and reliable scientific data to guide planning and services. Although the data does not cover the full spectrum of SUDs and PWUDs in the country, it does reveal important substance-abuse trends that can be extrapolated and generalised to the broader population.

It is imperative that a national survey on trends of substance abuse be conducted in the country, to determine the trends and extent of substance/drug abuse and the need, as well as the availability, accessibility and quality of services to respond to the need.

Alcohol and tobacco are commonly used substances that represent a major challenge to South Africa's society.

Alcohol use

South Africa has the sixth highest per-person alcohol intake in the world and the highest alcohol consumption rate in Africa (11 litres per capita). Despite having fewer consumers of alcohol than in most European countries, those who use alcohol in South Africa consume more alcohol than the average person in other countries. Alcohol abuse costs the country 12% of its annual GDP³ and is the fifth largest contributor to years of life lost, with alcohol-related illnesses disproportionately affecting socio-economic groups (Theron et al., 2022). As [Table 3](#) shows, only in Gauteng is alcohol not featured among the first three substances of use for people

admitted in treatment centres. However, this data does not reflect the true extent of the problem in South Africa: it is estimated that 62 300 adults die annually from alcohol-attributable causes (Reuter et al., 2020)

In South Africa, some of the societal and structural determinants of excessive and binge drinking are historical, stemming from the oppressive policies and practices of the past; have social and cultural norms embedded in them; and are the result of socio-economic factors, education and access to resources (Adebiyi et al., 2019). For example, the 'dop' system in the Western Cape, where farm workers in the many wine estates were paid with alcohol that was not suitable for sale. Although prohibited, this practice continued into the 1990s. There is a high correlation between substance abuse and binge drinking, and foetal alcohol spectrum disorder (FASD) that are also prevalent in these areas. Other important factors, which are not discussed in detail here, include:

- Global alcohol companies purposefully target markets in low- and middle-income countries, particularly young people through product design and marketing strategies that appeal to this demographic.
- Although denied by the industry, research shows an association between alcohol market exposure and positive attitudes towards alcohol, earlier drinking initiation and high levels of consumption.
- The national enjoyment of sports, such as rugby and soccer, and the close ties between watching sport and drinking alcohol, where alcohol has become the norm: alcohol drinking is likely to influence the strong cultural preference for alcohol consumption as a leisure and entertainment activity and also defines alcohol as largely acceptable.
- The link between mental health and drinking, specifically around depression, the risk of suicide, anxiety, low self-esteem, psychological distress, post-traumatic stress disorders, in particular when there is no known recourse and no access to services, and consuming alcohol deadens feelings associated with such conditions.
- Social engagements tend to centre around drinking, partly because drinking is one of the few available

³ This equated to R135-billion in 2021.

opportunities for leisure and relaxation, particularly in impoverished rural areas and 'townships', creating an environment where the use of alcohol is socially acceptable and even encouraged.

- Lower levels of education or minimal education, and a lack of accurate knowledge about drinking and associated risks, for example, drinking and driving, or drinking during pregnancy.

Alcohol abuse contributes to gender-based violence, HIV/Aids and other social and health conditions in South African society. It also leads to FASD, which is a dire problem in South Africa, especially in the Western Cape and the Northern Cape. FASD is defined as a group of physical, behavioural and learning conditions that can occur in persons who were exposed to alcohol during pregnancy (Adebeyi et al., 2019). FASD must be formally diagnosed by a medical doctor and often goes undiagnosed, due to its wide range of symptoms, such as facial and physical features, cognitive and social challenges in children. FASD remains a highly underserved problem, resulting in children with FASD ending up in conflict with the law, being exploited by other community members and dropping out of school due to academic challenges. Any amount of alcohol consumed during pregnancy places the foetus at risk,⁴ and yet many pregnant women continue to use alcohol during pregnancy. Drinking during pregnancy is common in many countries, including South Africa, where women consider drinking as a coping strategy for their socio-economic and socio-political realities. Yet FASD is 100% preventable and 100% irreversible. Understanding the extent of this problem in South African and evidence-based intervention programmes are important and within the context of the NDMP. Therefore, there is an urgent need to start prioritising interventions that effectively respond to FASD and prevent its onset.

Tobacco use

Tobacco may be a legal substance but has huge health risks for smokers and those around them, causing cancer, heart disease, strokes, lung diseases, diabetes and

chronic obstructive pulmonary disease, which includes emphysema and chronic bronchitis. Smoking also increases risks for tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis.⁵ In South Africa, almost 30% of adults, 41.7% of men and 17.9% of women currently use tobacco (smoked and smokeless products).⁶

In South Africa and other developing countries, the average age of tobacco initiation is between the ages of 12 to 19 years, which is of concern because starting to smoke at a young age is associated with a likelihood of regular smoking, which leads to a higher risk of tobacco-related mortality and morbidity (Fagbamigbe et al., 2020). Similar risks apply to passive smokers. Urgent attention is needed to prevent exposure to risks associated with tobacco smoking in the population, especially children and youth.

Cannabis

Cannabis is the one of the most commonly accessed and used drug in South Africa (see [Table 2](#)). In 2019, the average age of initiation into cannabis was between 11 and 12 years. The low price of cannabis enables widespread and early initiation of use, a low quit rate and a longer duration of use. Cannabis has major health and social implications, as it is addictive and both a gateway and reverse gateway for hard drugs. It has also been linked, directly and indirectly, to a range of adverse physical and mental health outcomes, including lung cancer, impaired respiratory function, cardiovascular disease, strokes, schizophrenia and mental disorders, especially among young people. The use of cannabis has adverse effects during pregnancy for both the mother and the child, while its educational and social impacts include poor academic performance and non-completion of studies. This must be viewed against the deregulation of cannabis for private and recreational use as per South Africa's Constitutional Court Judgement of 2019. Questions remain over whether the country has the wherewithal to counter the harm and negative impact associated with cannabis deregulation.

4 <https://www.westerncape.gov.za/general-publication/foetal-alcohol-syndrome-awareness-programme>

5 https://www.cdc.gov/tobacco/basic_information/health_effects/index.htm

6 https://www.health.gov.za/wp-content/uploads/2022/05/Global-Adult-Tobacco-Survey-GATS-SA_FS-Populated__28-April-2022.pdf

Impact of COVID-19

Like many countries in the world, South Africa is still grappling with the challenges and consequences of COVID-19. The initial lockdown regulations included a complete prohibition of both tobacco and alcohol, with the aim of minimising tobacco-related risk of severe COVID-19 infection and lowering alcohol-related emergencies in health care facilities in order to free space for COVID 19 emergencies. The ban on alcohol sales showed striking health benefits and valuable lessons for regulation. There were fewer alcohol-attributable hospital admissions and a reduction in contact crimes, including murder, rape and assaults, although incidences of gender-based violence increased substantially during lockdown.

The positive impact of alcohol bans during COVID-19 has led pro-regulation actors to call for stricter regulation of alcohol sales in the interest of public health. However, the voice of pro-regulation actors is smaller and fragmented compared to those opposed to regulation because of their self-interest and profit motive (Ngqangashe et al., 2021). The COVID-19 experience offer valuable lessons for regulating alcohol, but whether these translate into sustainable policy changes will depend on whether the dominant and

cohesive alcohol industry voice can be countered (ibid). The Liquor Amendment Bill, which was first mooted in 2016, includes additional measures recommended by the World Health Organisation (WHO), but the Bill has not progressed towards formal introduction.

The COVID-19 regulations also restricted the nature and types of services that persons with SUDs could access and what services could be provided by SUD service providers (Harker et al., 2022). As indicated in the NDMP 2019–2024, substance abuse fuels crime, poverty, reduced productivity, unemployment, dysfunctional family life, political instability, the escalation of chronic diseases such as HIV/Aids, TB, Hepatitis, as well as premature death and injuries. South Africa already had a serious challenge regarding gender-based violence, femicide and violence towards women and children.

There is a dearth of research on the impact of COVID-19 on substance abuse and all its ramifications. More research is urgently needed, including a national survey to determine the trends and extent of substance/drug abuse, and the need, as well as the availability, accessibility and quality of services to respond to the need.



CHAPTER 3

STRATEGIC APPROACH

The NDMP provides strategic direction to the country's efforts to deal with the use and abuse of substances. It is meant to guide the operational plans of all departments and government entities involved in the reduction of the supply of and demand for drugs and other substances in the country. These plans find expression in the provincial/local departmental/sector drug master plans (DMPs), as prescribed in the Act (Sections 58(d) and 61(c) respectively).

Furthermore, the NDMP acts as a blueprint for ensuring that existing and new resources are harnessed to deal with substance abuse issues, by providing a framework for mobilising the resources of national and provincial departments, and local municipalities, to support activities aligned with the curbing of substance use and abuse, within their programmes and budgets.

The development of the NDMP 2021–2024 was done through extensive consultation with relevant stakeholders and sectors, including civil society organisations, and took into account the recommendations from the evaluation of the NDMP 2013–2017, which included the following:

- To review the NDMP and harmonise approaches with harm reduction and between the three pillars of NDMP.
- To strength and restore the authority of the CDA, to give it the authority to lead policy and implementation and to provide the necessary guidance for the country to respond to this complex problem.
- To strengthen provincial and local committees through a support programme inclusive of capacity-building.
- To have evidence-based interventions that work to prevent and treat substance abuse.

NDMP Vision, Mission and Principles

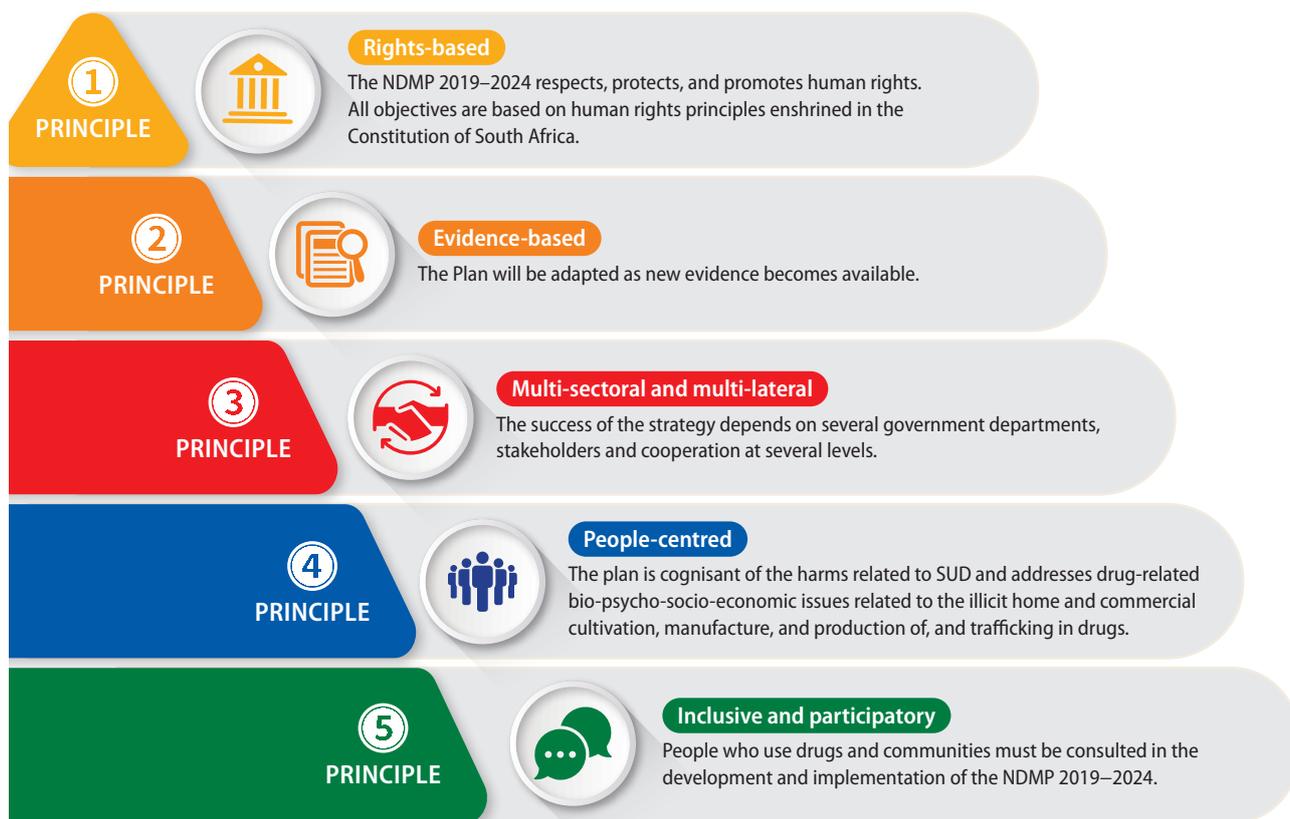
The NDMP 2019–2024 vision is: "A South Africa Free of Substance Abuse". Its mission is:

- To embrace a balanced, integrated and evidence-based approach to domestic drug use, misuse and abuse.
- To invest in building safe communities through appropriate drug prevention and impact minimisation strategies.
- To control the demand and supply of substances of abuse and misuse.
- To effectively control substances for therapeutic use and the emergence of New Psychoactive Substances.

- To coordinate and deliver effective government prevention interventions in combating substance abuse, illicit drug trade and drug trafficking through the implementation of defined outcomes and effective monitoring and evaluation of impact, that will contribute to the complete eradication of unemployment, poverty and inequality in South Africa.

The principles to be adhered to in implementing the NDMP are outlined in [Figure 3](#).

FIGURE 3 NDMP principles



Source: DSD (2019: 17)

NDMP Goals

The following NDMP goals were derived from stakeholder input and are explicitly evaluated on the extent to which they contribute to achieving Medium Term Strategic Framework (MTSF) Outcomes:

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

Policies and Legislation Relevant to the NDMP Implementation

A plethora of policies and legislation inform and support the implementation of the NDMP, ranging from international instruments and obligations (to which

South Africa is a signatory – see [Table 4](#)) to national policies and legislation ([Table 5](#)).

TABLE 4 International conventions

Convention	Purpose
UN Single Convention on Narcotic Drugs (1961, as amended by the Protocol of 25 March 1972)	To combat narcotic drug abuse through coordinated international action, through limiting the possession, use, trading in, distribution, import, export, manufacturing and production of drugs exclusively to medical and scientific purposes; and combatting drug trafficking through international cooperation to deter and discourage drug traffickers.
UN Convention on Psychotropic Substances (1971)	To establish an international control system for psychotropic substances, respond to the diversification and expansion of the spectrum of drugs of abuse, and introduce controls over a number of synthetic drugs according to their abuse potential and to their therapeutic value.
UN Convention Against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances (1988)	To provide comprehensive measures against drug trafficking, including provisions against money laundering and the diversion of precursor chemicals, and to provide for international cooperation through (e.g.) the extradition of drug traffickers, controlled deliveries and transfer of proceedings.

South Africa is also signatory to the Convention on Trans National Organised Crimes, the African Union and the Southern African Development Community (SADC) Drug Control Protocols. South Africa is obliged to comply with the annual reporting protocols attached to these Conventions, as facilitated by the Department of International Relations and Cooperation (DIRCO), which also coordinates South Africa's participation in UN Agency meetings such as the Heads of National Drug Law Enforcement Agencies (HONLEA) meeting held in Vienna in September 2021.

The Prevention of and Treatment for Substance Abuse Act No. 70 of 2008) is the overarching legislation that provides for the establishment of the CDA and defines its functions, which include overseeing and monitoring the implementation of the NDMP. **Table 5** lists the key legislation that informs the management of substances of abuse in South Africa but is not an exhaustive list. Other relevant legislations are contained in the NDMP 2019–2024, which should be read in conjunction with this Annual Report. Furthermore, it must be noted that some of the legislations listed in **Table 5** are in the process of being amended and reviewed.

TABLE 5 National policies and legislation

Legislation	Purpose
Children's Act 2005, (Act No. 38 of 2005)	Governs all the laws relating to the care and protection of children; regulates the establishment of places of safety, orphanages, and the rights of orphans; and sets out the laws for the adoption.
Child Justice Act 2008 (Act No. 75 of 2008),	Diverts cases out of the criminal justice system and ensures effective rehabilitation and reintegration to prevent children from offending.
Constitution of the Republic of South Africa	The supreme law of the country and the basis for all legislation. Includes the Bill of Rights, which affirms the rights of all people in South Africa and the democratic values of human dignity, equality and freedom. Services provided should take into account the spirit and purport of the Bill of Rights.
Domestic Violence Act 1998 (Act No. 116 of 1998)	Affords the victim of domestic violence the maximum protection from domestic abuse that the law can provide and introduces measures which seek to ensure that the relevant organs of state give full effect to the provisions of the Act, thereby conveying that the state is committed to the elimination of domestic violence.
Drugs and Drug Trafficking Act 1992 (Act 140 of 1992)	Provides for the prohibition of the use or possession of, or dealing in, drugs and certain acts relating to manufacturing or supplying certain substances. Currently under review to comply with the Constitutional Court Judgement on cannabis.

Legislation	Purpose
Foodstuffs, Cosmetics and Disinfectants Act 1972 (Act No. 54 of 1972)	Provides for the regulations concerning foodstuffs, cosmetics and disinfectants, in particular quality standards that manufacturers must comply with, as well as the importation and exportation of these items.
Liquor Act, 2003 (Act No. 59 of 2003)	Provides for the manufacturing and distribution of liquor to be regulated at the national level, while micro manufacturing continues to be regulated at the provincial level.
Medicines and Related Substances Act, 1965 (Act No. 101 of 1965)	Provides for the registration of medicines and other medicinal products to ensure their safety, quality and efficacy, as well as providing for transparency in the pricing of medicines.
Mental Health Care Act, 2002 (Act No. 17 of 2002)	Provides a legal framework for mental health in the Republic and, in particular, the admission and discharge of mental health patients in mental health institutions, with an emphasis on human rights for mentally ill patients.
National Health Act 2003 (Act No. 61 of 2003)	Provides a framework for a structured health system within the Republic, considering the obligations imposed by the Constitution and other laws of national, provincial and local governments concerning health services.
National Road Traffic Act 1996, (Act No. 93 of 2006)	Makes provision for mandatory testing of vehicle drivers for drugs and prescribes the legal blood alcohol limit (less than 0.05g per 100ml of blood) and the legal breath alcohol limit (less than 0.24mg in 1000ml of breath).
Prevention of and Treatment for Substance Abuse Act 2008 (Act No. 70 of 2008)	Provides for a comprehensive national response to combating substance abuse; the mechanisms aimed at demand and harm reduction concerning substance abuse through prevention, early intervention, treatment and re-integration programmes; the registration and establishment of treatment centres and halfway houses; the committal of persons to and from treatment centres, and for their treatment, rehabilitation and skills development in such treatment centres; the establishment of the CDA and matters connected with it.
SA Institute for Drug Free Sport Act 1997 (Act No. 14 of 1997)	Gives the Institute authority and jurisdiction to carry out its mandate, as outlined in Section 10.
SA Schools Act 1996 (Act No. 84 of 1996)	Makes provision for the uniform system of governing schools and sets out laws for schools.
Tobacco Products Control Amendment Act 1999 (Act No. 12 of 1999)	Provides for the control of tobacco products, the prohibition of smoking in public places and advertisement of tobacco products, as well as the sponsoring of events by the tobacco industry.



GOVERNANCE

This chapter describes the CDA's functions and governance structures, as outlined in the Prevention of and Treatment for Substance Abuse Act No. 70 of 2008), and the structural arrangements in place for

implementing the NDMP 2019–2020. It also highlights the achievements and challenges of the CDA during this first year of a new five-year cycle.

About the CDA

The CDA's powers and functions are outlined in Section 56 of the Prevention of and Treatment for Substance Abuse Act ("the Act") and the NDMP 2019–2024. The CDA must:

- a) Oversee and monitor the implementation of the NDMP.
- b) Facilitate and encourage the coordination of strategic projects.
- c) Facilitate the rationalisation of existing resources and monitor their effective use.
- d) Encourage government departments and private institutions to compile plans to address substance abuse, in line with the goals of the NDMP.
- e) Ensure that each department of state has its own performance indicators.
- f) Facilitate the initiation and promotion of measures to address the use of substances.
- g) Ensure the establishment and maintenance of information systems which will support the implementation, evaluation and ongoing development of the NDMP.
- h) Submit an annual report that sets out a comprehensive description of the national effort relating to addressing substance abuse.
- i) Ensure the development of effective strategies on prevention, early intervention, reintegration and aftercare services and, in particular, the development of effective strategies regarding the prevention of HIV infection and other medical consequences related to substance abuse.
- j) Advise the government on policies and programmes in the field of substance abuse and drug trafficking.
- k) Recommend to Cabinet the review of the NDMP every five years.
- l) Organise a biennial summit on substance abuse to enable role-players in the field of substance abuse to share information.
- m) Exercise such powers and perform such duties as may be determined by the Minister from time to time.

Structural Arrangements for the NDMP's Implementation and Performance

The approach espoused in both the Act and the NDMP is about working in partnership with others, pooling resources and maximising efforts to achieve the goals

of the NDMP. This is because the relationship between drug control and human development is complex and requires a multi-sectoral approach. Therefore, structural

arrangements should mirror the complex and diverse social, economic and cultural aspects of society, to ensure expectations are met. In this regard, the CDA strives to engage and partner with key stakeholders, as defined in the NDMP.

CDA Board

The CDA Board is the highest decision-making body of the CDA and meets quarterly to review the work of the Executive Committee. The Act (Section 53) prescribes that the CDA Board be composed of 33 members: 20 representatives of the designated government departments agencies and 13 independent members who have knowledge and experience in the management of the demand and supply of substances, or who are able to make a substantial contribution to the combating of substance abuse. Since the Act's promulgation, government departments have been

reconfigured, with new ones added that would be crucial for meeting the NDMP goals.

On 1 April 2021, the Minister of Social Development appointed representatives from various government departments and entities, and independent members to serve on the CDA Board for five years (Table 6 and Table 7). Independent members were nominated and then selected by the Portfolio Committee on Social Development and the Select Committee on Social Services. Representatives from government departments were nominated by their respective ministers and appointed by the Minister of Social Development as stipulated by legislation.

The Minister appointed Ms. NN Mayathula-Khoza as the chairperson of the 4th CDA Board and inaugurated the CDA Board on 28 May 2021.

TABLE 6 Representatives of government departments/entities

Department/entity	Representative to the CDA
1. Agriculture, Land Reform and Rural Development (DALRRD)	<i>No representative</i>
2. Basic Education (DBE)	Ms P Njobe
3. Cooperative Government and Traditional Affairs (COGTA)	Ms Fortune Makhubo
4. Correctional Services (DCS)	Prof Pelmos Mashabela
5. Employment and Labour (DEL)	Ms Mandisa Matyila
6. Health (DoH)	Dr Kgalabi Ngako
7. Higher Education and Training (DHET)	Ms Nolwazi Gasa
8. Home Affairs (DHA)	Ms Norah Pitsi
9. International Relations and Cooperation (DIRCO)	Mr Zaher Laher
10. Justice and Constitutional Development (DJCD)	Dr Charmaine Badenhorst
11. National Prosecuting Authority (NPA)	Adv M Molefe (replaces Adv. Johnson)
12. National Treasury	<i>No representative</i>
13. National Youth Development Agency (NYDA)	Ms Nontsikelelo Makaula
14. SA Health Product Regulatory Authority (SAHPRA)	Ms Mokgadi Fafudi
15. Social Development (DSD)	Mr Mogotsi Kalaeamodimo
16. South African Police Service (SAPS)	Maj Gen Mathonsi
17. South African Revenue Service (SARS)	Mr Mally Mohamed
18. Sports, Arts and Culture (DSAC)	Ms Mandisa Tshikwatambe
19. Trade, Industry and Competition (DTIC)	Mr M Netshitendze (deceased)
20. Transport (DoT)	<i>No representative</i>

As previously indicated, the independent members are members of the public who are considered knowledgeable and experienced by Parliament, which then shortlists, interviews and recommends to the Minister of Social Development, the appointment of particular candidates to the Board of the CDA. Departmental representatives are nominated by their respective ministers and appointed by the Minister of Social Development.

It must be noted that whilst some departments had not nominated representatives in the period under review, through continued engagements and interventions of the CDA with the non-compliant departments, they were able to submit reports for the year under review and to appoint members who began serving as departmental representatives beyond 31 March 2022.

TABLE 7 CDA independent members

Name of member	Position
1. Ms Nandi Mayathula-Khoza	CDA Chairperson
2. Ms Nomcebo Dlamini	Deputy Chairperson
3. Ms Matlhogonolo Maboe	Member
4. Ms Nomathemba Kela	Member
5. Ms Japisa Mathonsi	Member
6. Ms Rachel Motsepe	Member
7. Ms Dereleen James	Member
8. Rev Reuben Sokane	Member
9. Mr Devon De Koker	Member
10. Mr Thabo Morabe	Member
11. Dr Guru Kistnasamy	Member



During the year, four Board meetings were held: 15/16 July 2021, 22 November 2021, 9/10 December 2021 and 30 March 2022 and were well attended ([Table 8](#)).

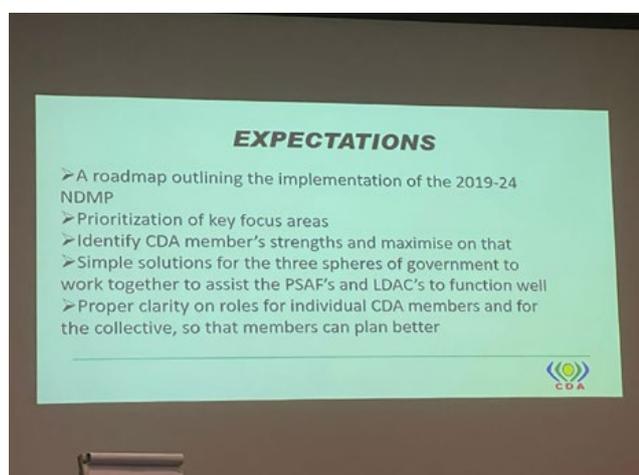
TABLE 8 Attendance of Board meetings

CDA Board members	Designation	Meetings attended
Ms NN Mayathula-Khoza	Chairperson	4/4
Ms N Dlamini	Deputy Chairperson	4/4
Ms D James	CMC Chairperson	4/4
Ms N Kela	GC Chairperson	4/4
Ms J Mathonsi	PPC Chairperson	4/4
Ms M Maboe	FSEC Chairperson	4/4
Prof P Mashabela	RDMEC Chairperson (DCS)	4/4
Mr T Morabe	Independent member	4/4
Rev Sokana	Independent member	4/4
Ms D de Koker	Independent member	4/4
Dr G Kistnasamy	Independent member	4/4
Ms R Motsepe	Independent member	4/4
Mr Z Lahera/Mr Mabeba	Member (DIRCO)	¾
Mr P Njobe	Member (DBE)	2/4
Ms N Gasa	Member (DHET)	¾
Dr K Ngako	Member (DoH)	4/4
Ms N Pitsi	Member (DHA)	0/4
Dr C Badenhorst	Member (DJCD)	4/4
Ms M Matyila	Member (DEL)	0/4
Ms N Makaula	Member (NYDA)	¼
Mr M Kalaeamodimo	Member (DSD)	¾
Maj Gen T Mathonsi/Ms Matamela	Member (SAPS)	4/4
Mr M Netshitendze (deceased)	Member (DTIC)	2/5
Dr A v/d Byl	Member (NPA)	5/5

Board Achievements

In the absence of a business plan or annual performance plan from the 3rd CDA, the Board used the 2019/20 NDMP and the induction workshop outcomes to

decide on which programmes to implement during this financial year. The following highlights/achievements of the CDA are organised according to the NDMP goals.





GOAL 1: Demand reduction through prevention and treatment of drug use, misuse and abuse

The national departments and agencies, led by the Departments of Social Development, Health, Basic Education and Sports, Arts and Culture, are expected to deliver evidence-based programmes on prevention, early intervention, harm treatment of substance use disorders (SUDs) and community advocacy in a multi-sectoral approach to reduce the demand for drugs and alcohol.

The role of the CDA is to oversee and monitor the implementation of these demand and harm reduction programmes in order to measure their effectiveness for communities and in particular users. During October 2021, CDA members conducted oversight visits to the substance abuse treatment centres to assess the implementation of the NDMP and the effectiveness of treatment programmes and support provided by government departments to the centres (Table 9), and carried out a benchmarking exercise of NGOs operating in Cape Town.

TABLE 9 Oversight visits to provinces 2021/22

Name of treatment centre (TC) & date of visit	CDA members & Secretariat	Highlights & findings	Challenges & interventions
Eastern Cape			
Ernest Malghas TC 14 October 2021	Rev Mlahleki Sokana	Well-managed facility for minors with well-maintained buildings	
Free State			
Charlotte Maxeke TC 13 October 2021	Ms. Mayathula-Khoza Ms. Matlhogonolo Maboe (CDA's provincial delegate) The Minister of Social Development was also part of the visit	Well-managed with recreational amenities	<ul style="list-style-type: none"> The facility is under-utilised, and other departments need to work in an integrated manner with the centre The delay in appointing a doctor limits the functionality of the centre's health unit The centre's skills development units require support to be fully functional and strengthen their aftercare and vocational programmes
Dr Beyers Naudee Halfway House in Clarens 13 December 2021	Ms Nomathemba Kela	The visit to the centre in Clarens was postponed until December, at the request of the province because structural repairs were being carried out. The 40-bed centre is a state-of-art facility, with exceptional amenities	<ul style="list-style-type: none"> The facility is under-utilised, as referral processes and admission criteria are complex and unclear Patients abandon treatment because the facility is far away Lack of support from other departments, such as agriculture, when there is adequate land for this purpose
Gauteng			
Nishtara Recovery Centre Gauteng 5 October 2021	Ms Dereleen James	Marketing is done via social media, and a sound administrative system is in place	The facility requires maintenance and methadone for service users

Name of treatment centre (TC) & date of visit	CDA members & Secretariat	Highlights & findings	Challenges & interventions
Golden Harvest Youth Centre 6 October 2021	Ms Dereleen James	Facility for minors, with functional sound administrative systems in place	The facility needs a structure/classroom environment for learning and recreation programmes
Westview Clinic 6 October 2021	Ms Dereleen James	Three-day detox process based on response of the service user. Good facility with recreational facilities including a swimming pool	The centre needs to be connected to the halfway house and methadone provided for users who cannot afford it
KwaZulu-Natal			
Newlands TC 12 October 2021	Dr Gurunathem Kistnasamy	Well-managed treatment centre	The centre needs funding and buildings need maintenance
Khanyani TC (Newcastle) 13 October	Ms. Nomcebo Dlamini	The centre has good facilities and is well managed	It has a temporary licence which has to be renewed in Feb 2022
Limpopo			
Seshego TC 13 October 2021	Ms. Japisa Mathonsi	Centre is fully operational with a staff complement that includes social workers, nurses, occupational health practitioners. The centre benefits from support from external stakeholders	The centre does not have access to a fulltime doctor but depends on doctors who occasionally come to the centre from Seshego
Mpumalanga			
Swartfontein TC 25 October 2021	Ms. Nandi Mayathula-Khoza	Treatment programmes are effective and are managed by the Departments of Social Development and Health	Support is needed to strengthen their aftercare programmes, including halfway houses, vocational programmes and recreational programmes
Northern Cape			
Northern Cape TC 14 October 2021	Mr. Thabo Morabe	A state-of-art facility with many amenities	Staff have grievances, which is a concern that needs to be addressed
North West			
Taug TC 12 October 2021	Ms. Rachel Motsepe	In 2019, the centre was granted conditional registration and is currently fully registered for five years (effective December 2020)	The centre is not functioning due to lack of licence to operate
JB Max TC 25 October 2021	Ms Rachel Motsepe	Building adequate and recently renovated. It is situated behind a hospital, which does detoxification for the TC patients	Currently has challenges with water supply – buckets are used to collect water
Western Cape			
Kensington TC 25 th October 2021	Mr Devon de Koker	Good admissions protocol in place, and evidence-based programme of treatment used	The centre needs to be registered urgently

Summary of oversight visits

The visits revealed that the Departments of Social Development and Health are treating users with SUDs. However, very few (if any) departments and government agencies provide aftercare, reintegration into society and economic development programmes to users who have completed treatment. Halfway houses are a critical element in ensuring that persons recovering from SUDs acquire skills, thereby contributing to Goal 7 of the NDMP.⁷ Collaboration is urgently needed within and between government departments and other spheres of government. These challenges need to be addressed by the Heads of Departments with support from the Premiers, relevant Members of Executive Council (MECs), MMCs and Mayors.

Benchmarking visit to Cape Town

On 21–23 February 2022, the CDA conducted visits to benchmark evidence-based prevention, treatment and aftercare programmes provided by NGOs in the City of Cape Town. The NGOs included the Sultan Bahu Centre, the Mudita Foundation and the TB, HIV care and South African People who Use Drugs (SANPUD). The CDA found these outpatient and community-based treatment of SUDs to be responsive to most of the goals and principles of the NDMP 2019–24, and effective and comprehensive according to feedback received from patients. The aftercare programmes resulted in users sustaining their sobriety, improving their lives



and making a meaningful contribution to their families and communities. CDA's recommendation is that these effective interventions be replicated in other parts of the country where drug use and injection is rife, including in rural areas.



GOAL 2: Supply reduction through multi-sectoral cooperation

The national departments and agencies led by the South African Police Service (SAPS) are expected to deliver evidence-based programmes to reduce the supply of drugs, including proactive law enforcement, effective responses to drug-related crime, countering money laundering and promotion of judicial cooperation. Other functionaries are expected to cooperate with SAPS to implement programmes in a multi-sectoral approach. The role of the CDA is to oversee and monitor the implementation of these programmes, in order to measure their effectiveness.

Gender-based Violence and Substance Abuse Dialogue

On 19 February 2022, the CDA participated in this dialogue with the Gauteng Provincial Commissioner General Mawela and Community Safety MEC Mazibuko. Deliberations were on efforts being made towards a Gauteng free of gender-based violence and femicide induced by SUDs. The dialogue created awareness of the dangers of substance abuse and law enforcement interventions aimed at reducing the supply of drugs.

Substance Abuse Seminar

On 11 March 2022, the CDA participated in the Substance Abuse Seminar, which was jointly convened by the Departments of Justice and Constitutional Development, Basic Education and Social Development. The CDA appreciated the rolling out of this public awareness campaign on reducing and preventing substance abuse in South Africa, as it both shared what these government departments are doing to reduce the supply of drugs in communities and enhanced operational coordination and multi-sectoral interventions.

⁷ Goal 7: Stimulate robust and sustainable economic growth aimed at reducing poverty, unemployment and inequalities



GOAL 3: Ensuring availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion

The government departments and agencies led by the Department of Health and the South African Health Product Regulatory Authority (SAHPRA) are expected to carry out the NDMP deliverables to increase the availability of and access to drugs intended for medical and scientific use in collaboration with other functionaries. The role of the CDA is to oversee and monitor the implementation of the deliverables under this goal.

65th Commission on Narcotics and Drugs

On 14–18 March 2022, the CDA participated in the 65th Commission on Narcotics and Drugs, which was organised by the United Nations Office Against Drugs Crime (UNODC). Participants deliberated on the effectiveness and impact of the implementation of the international drug control treaties by countries. The Department of International Relations and Cooperation (DIRCO) represented South Africa, and the South African mission in Vienna presented the

country's cannabis policy approach and facilitated discussions. The CDA gained a lot of knowledge on the work of UNODC and NCD and how the world is addressing the scourge of drug abuse in line with international treaties.

Partnership with Egypt

The Deputy Minister of Social Development introduced the CDA to the EGYPT-SA Hepatitis project task team, with a view to discussing a partnership with the Egyptian Ministry of Health and Population and the Egypt Mission of SA for the screening and treatment of Hepatitis C, especially among PWUD. The CDA participates in this discussion once every two weeks, and the plan is to enter into a Memorandum of Understanding with the Arab Republic of Egypt for accessing screening, evaluation and treatment of Hepatitis C medication. However, the process is moving very slowly due to the need for departmental consultations.



GOAL 4: Identify trends and control of new psychoactive substances

Government departments and agencies are expected to carry out programmes in order to identify trends and control new psychoactive substances (NPS), led by SAPS in collaboration with other functionaries. The CDA is expected to oversee and monitor the implementation of deliverables under this goal.

Commission on Narcotics Drugs

The CDA attended the 65th session of the Commission on Narcotics Drugs, which discussed the trends and control of NPS and amphetamine-type stimulants in the world, as well as the need to address the diversion of precursors, the pre-precursors and the non-medical use and misuse of pharmaceuticals containing narcotic drugs and psychotropic substances. The Commission

called for stronger regional and international cooperation on the National Strategic Plan (NSP). The CDA intends ensuring that DIRCO leads this action with SADC, UNODC, the International Narcotic Commission Board and SAPS.

Research into NPS

The CDA has decided to undertake research into the trends and prevalence of NPS, based on the submission developed by the Research, Data Collection, Monitoring and Evaluation Committee (RDMEC). The terms of reference have been finalised and are awaiting approval from the Department of Social Development's Director-General.



GOAL 5: Promote governance, leadership, and accountability for a coordinated multi-sectoral effective response, including economic development at community levels

The CDA is expected to lead the deliverables of the NDMP to promote governance, leadership and accountability for an effective response, in collaboration with all departments represented in the CDA and their ministries. The Department of Social Development in particular is expected to support the CDA to achieve its mandate. In this regard, the department delegated the Chief Director of the Substance Abuse and Social Crime Directorate to provide technical support to enable the CDA to carry out its mandate as prescribed in the NDMP 2019–24.

However, the Secretariat has limited capacity to effectively support the CDA and still does not have a Director. In the past, the CDA has requested that the Department of Social Development employ a suitable qualified Director with legal and board management skills, at the level of a company secretary in order to achieve its mandate, as prescribed by the Act. The CDA has developed a job profile for the Director: Secretariat, which was submitted to the department for job grading. The CDA also needs other government departments/entities to second officials (as prescribed by the Act) in order to relieve the CDA and committee chairpersons from doing work that should ordinarily be performed by competent full-time employees.

CDA Executive and Portfolio Committees

At the first Board meeting (15/16 July 2021), CDA members elected the Deputy Chairperson and established six committees: the Executive Committee; Programmes and Projects Committee (PPC); Research, Data Collection, Monitoring and Evaluation Committee (RDMEC); Communications and Marketing Committee (CMC); Finance, Social and Ethics Committee (FSEC); and Governance Committee (GC). The committees appointed their chairpersons and deputy chairpersons at their respective first meetings and developed their terms of reference, supported by the GC to ensure alignment to the rules and to prevent overlapping and

duplication of functions. The Board then approved the committees and their terms of reference.

Note: The Board Chairperson and her Deputy act as ex-officio members of Committees, and members serve on two committees.

The Executive Committee

The Executive Committee comprises the Chairperson, Deputy Chairperson and chairpersons of the other five committees. Its role is to provide organisational direction to the CDA, monitor and evaluate progress towards achieving strategic goals and other initiatives of the CDA, provide organisational oversight on the implementation of the NDMP, monitor and enhance the effectiveness of structures of the CDA at all levels, and improve the CDA's efficiency and effectiveness by streamlining organisational activities, addressing challenges, and ensuring good governance.

Position	Name
CDA Board Chairperson	Ms NN Mayathula-Khoza
CDA Board Deputy Chairperson	Ms N Dlamini
Chairperson GC	Ms N Kela
Chairperson RDMEC	Prof. P Mashabela
Chairperson FSEC	Ms M Maboe
Chairperson PPC	Ms J Mathonsi
Chairperson CMC	Ms D James
CDA Secretariat	Ms Wisani Khosa

The Programmes and Projects Committee

The PPC's role is to develop annual plans for programmes and projects to further the goals of the NDMP; to monitor the quality and impact of projects; to advise on changes to programmes and projects; to provide support, guidance, and oversight on all projects and programmes; and to develop and present a report about the CDA projects and programme activities, for incorporation into the CDA Annual Report.

Position	Name
Chairperson	1. Ms J Mathonsi
Deputy Chairperson	2. Ms R Motsepe
Member	3. Dr G Kistnasamy
Member (DSD representative)	4. Mr M Kalaeamodimo
Member	5. Rev R Sokana
Member	6. Prof. P Mashabela
Member	7. Ms Nolwazi Gasa
Ex-officio – Board Deputy Chairperson	Ms N Dlamini
CDA Secretariat	Mr Piet Mashika

The Research, Data Collection, Monitoring and Evaluation Committee

The RDMEC provides independent scientific advice on research strategies and makes recommendations for dealing with substance use and abuse. It maintains an overview of substance use and abuse research, as well as an overview of research projects previously conducted; and provides advice on substance abuse and CDA research strategy.

Position	Name
Chairperson	1. Prof. P Mashabela
Deputy Chairperson	2. Dr C Badenhorst
Member	3. Ms N Kela
Member	4. Rev R Sokana
Member	5. Dr K Ngako
Member	6. Adv Molefe
Member	7. Ms N Makaula
Member	8. Mr D de Koker
Ex-officio – Board Chairperson	Ms Mayathula-Khosa
CDA Secretariat	Dr Athalia Shabangu

The Communications and Marketing Committee

The CMC's role includes CDA internal and external communications, the marketing of CDA and the NDMP, managing brand/corporate identify, engaging with the media, and communicating and marketing events.

Position	Name
Chairperson	1. Ms D James
Deputy Chairperson	2. Ms N Makaula
Member	3. Ms M Maboe
Member	4. Ms J Mathonsi
Ex-officio Board Deputy Chairperson	Ms N Dlamini
CDA Secretariat	Ms Joyce Madihlaba

The Finance, Social and Ethics Committee

The FSEC's role is to ensure that impetus is given to the implementation of the NDMP (2019–2024) through social transformation and ethical responsibility by the CDA and all its role-players (i.e., implementers of the NDMP); to oversee internal and external finances, guiding LDACs and PSAFs from a financial perspective and coordinating advocacy to access funds for the effective functioning of these structures.

Position	Name
Chairperson	1. Ms M Maboe
Deputy Chairperson	2. Mr Devon De Koker
Member	3. Ms Nora Pitsi
Member	4. Dr Guru Kistnasamy
Member	5. Ms D James
Member	6. Mr P Njobe
Ex-officio Board Deputy Chairperson	Ms N Dlamini
CDA Secretariat	Ms Joyce Madihlaba

The Governance Committee

The GC's role is to compile the CDA Annual Report and facilitate quarterly reports of the CDA and its substructures; to provide oversight of risk management and risk controls; to recommend to the Board the review of the NDMP every five years; to advise the Board on the review of policy or legislation or development of new legislation, and the policies governing the CDA and its structures; to serve as the CDA's custodian of good governance; to facilitate the empowerment, training, and capacity-building of the CDA, its structures and the Secretariat; to oversee the effective functioning of all the structures of the CDA, including PSAFs and LDACs;

to ensure the participation of all relevant departments, agencies, NGOs (local and international) in the CDA's work; to ensure compliance with statutory prescripts and South Africa's international obligations; and to monitor and accelerate the functioning of the Secretariat and general administrative support to the CDA.

Position	Name
Chairperson	1. Ms Nomathemba Kela
Deputy Chairperson	2. Mr Thabo Morabe
Member	3. Ms Mandisa Matyila
Member	4. Mr Zaheer Laher
Member	5. Ms Rachel Motsepe
Member	6. Major Gen MTMathonsi
Ex-officio Board Chairperson	Ms Mayathula-Khosa
CDA Secretariat	Ms Wisani Khosa

During 2021/22, the committees met regularly and focused on organisational issues and laying a good foundation for the coming years, including:

- Appointing all committee chairpersons and deputy chairpersons and developing terms of references for all committees.
- Finalising the Annual Report for the year ending March 2021 that was submitted to the Minister of Social Development by 31 August 2021 and to Parliament by end September 2021
- Drafting new rules for the CDA governing the "conduct of its functions" in accordance with the Act. The last review was in 2014, and so the CDA drafted revised rules, which were approved by the Board and have been submitted to the Minister for approval and proclamation.
- Developing terms of reference for the National Survey on Trends of Substance Abuse in South Africa that were submitted for approval to the Director-General.
- Developing CDA website and social media pages (twitter, Facebook and Instagram), as well as standardised templates and graphics.
- Organising events related to Hepatitis Day and Women's Month.
- Planning CDA public consultation sessions to be executed in Quarter 1 of the 2022/23 FY.

- Developing project and programmes plan for 2021/22 FY for approval by the Board.
- Visiting treatment centres to conduct oversight over the implementation of the NDMP regarding the treatment of people challenged by SUDs (see [Table 9](#) on page 34).
- Understanding the current financial challenges, especially for PSAFs and LDACs, that hamper the successful implementation of the NDMP.
- Conceptualising the PSAF/LDAC support programme, to engage young people through the National Youth Development Agency (NYDA) to provide support to PSAF/LDACs in all provinces. The project was approved by the CDA Board and provided with R1,450,000 funding in the 2022/23 CDA budget.

CDA Extended General Committee

This committee comprises all CDA members, NGOs/NPOs, local and international partners of the CDA, key national departments that may not already be members of the CDA, provincial substance abuse coordinators (managers) and PSAF chairpersons (who may bring no more than two LDAC representatives, on rotation). The committee holds two meetings a year with the objectives of engaging with stakeholders, providing feedback to the sector on issues emerging from the Annual Report, and giving guidance on the way forward.

The CDA Secretariat

The Act provides for the establishment of the CDA Secretariat, which accounts to the CDA and is located in the Department of Social Department (DSD), the lead department in the field of substance abuse. An important function of the CDA is to monitor the implementation of the NDMP, to facilitate and promote an integrated approach to service delivery, and to coordinate programmes aimed at the control of substances for medical and scientific use, in all spheres of government and civil society. Therefore, the CDA facilitates cooperation between government and stakeholders in the field of substances, including the use and abuse of substances, and the management of licit and illicit substances.

The CDA Secretariat thus performs the work incidental to the functions of the CDA and provides administrative and other support as may be required by the CDA. The Secretariat must ensure that the day-to-day work of the CDA is carried out in line with the requirements of the Act and the NDMP. The Secretariat also provides technical and administrative support to the CDA and its institutional support structures. The capacitation of the CDA secretariat is critical to the CDA delivering on its mandate.

The Secretariat of the CDA consists of two deputy directors with a background in social work background and two administrative personnel. This has been acknowledged as totally inadequate to meet the needs and demands of the CDA. No Executive Director of the CDA, as provided for in the Act, has been appointed since the inception of the CDA. The Secretariat is fully accountable to the DSD rather than the CDA. The CDA has addressed this with the DSD, but the problem persists and creates tension.

The positioning of the CDA and its Secretariat, which in effect and in practice has made the CDA become subservient to the Directorate of the DSD, has had – and continues to have – a negative effect on the functioning of the CDA. The lack of capacity of the Secretariat has resulted in members of the CDA having to perform administrative functions that are the domain of the Secretariat, for example the Annual Report of the last financial year was compiled by the CDA members, even though it is a key performance area of the Secretariat. The positioning of the Secretariat also subjects the CDA to red tape, as the Secretariat has to follow the departmental route when, for example, procuring goods and services, which results in delays and in some cases under-expenditure of the budget. The fundamental problem is the placement of the CDA, which will be addressed later in the report.

Several studies and investigations have been done, which propose concrete measures for the strengthening of the Secretariat, but these have not been effected. The CDA has developed a job profile for the Director: Secretariat, which was submitted to the department for job grading. This will be done in the next financial year, as it is considered a priority by the CDA.

Provincial Substance Abuse Forums

According to Section 57 of the Act, provincial structures should be in place and configured in a similar way to the CDA, with additional members who must represent community action groups, research institutions, NGOs, the business community and any other stakeholder considered relevant and appointed by the MECs for Social Development. The MECs are expected to provide the necessary finances, resources and personnel to support the work of PSAFs. However, more often than not, this remains a challenge. All PSAFs are established, although the Northern Cape still has some challenges. *For further details on the PSAFs, see Chapters 7 and 8.*

Local Drug Action Committees

According to Section 60 of the Act, municipalities must establish LDACs to develop and give effect to the sector drug master plan. The LDAC must consist of interested persons and stakeholders who are involved in organisations dealing with the combating of substance abuse. The Mayor appoints and allocates resources to the LDAC for the pursuance of its objectives in line with the sector drug master plan.



Challenges

The main challenge is an under-capacitated Secretariat, which is totally inadequate to meet the needs and demands of the CDA. This lack of capacity has meant that CDA members have had to perform administrative functions that fall within the Secretariat's key performance areas (e.g., producing the Annual Report) and to use their personal tools of the trade (e.g., laptops, Wi-Fi). It has also led to some committee meetings having to be postponed. The capacitation of the CDA Secretariat is critical to the CDA delivering on its mandate.

Furthermore, the Secretariat is fully accountable to the DSD, not the CDA, which creates tensions, leads to delays and (in some cases) under-expenditure of the

current budget, and has a negative impact on the CDA's functioning. (This issue is further expanded upon in Chapter 9.) Poor responsiveness from the department and departmental procurement challenges meant that the CMC was unable to procure the CDA banners, which had been designed. As a result, the CDA had no branding throughout the 2021/22 financial year. The CDA's challenges will persist until its positioning is reconfigured and the recommendations, which have been made in several reports, are implemented.



CHAPTER 5

STAKEHOLDER ENGAGEMENT

This chapter reflects on the implementation of the NDMP 2019–2024 and other substance use and abuse interventions by stakeholders with whom the CDA engages, both in the country and internationally, and the extent to which the CDA was able to achieve the goal of engaging the stakeholders with a view to forging partnerships in the interest of service integration and coordination.

The implementation of the NDMP 2019–2024 requires the CDA to engage and align with international initiatives and to oversee, monitor, coordinate and integrate substance use and abuse-related interventions by national stakeholders. These interventions range from research to data gathering and clinical services.

International Organisations

Commission on Narcotic Drugs

The Commission on Narcotic Drugs (CND) is the central drug policy-making body in the United Nations and a functional commission of the Economic and Social Council (ECOSOC). Central drug authorities or similar bodies from all member states attend CND sessions to report on the situation in their countries and share lessons learnt from implementing their respective national drug master plans.

In March 2022, the CDA Chairperson attended the 65th CND, as part of the South African delegation.

UN Office on Drugs and Crime

Established in 1997, the UN Office on Drugs and Crime (UNODC) has its headquarters in Vienna, Austria and 21 field offices, including one in Pretoria, South Africa. The UNODC's long-term aim is to equip governments to handle issues related to drugs, crime, terrorism and corruption. About 90% of its funding comes from voluntary donations, mainly from governments. The UNODC publishes the annual World Drug Report (WDR), which presents a comprehensive assessment of the

international drug problem, with detailed information on the illicit drug situation, including patterns and trends in the production, trafficking and use of key drugs.

The CDA attended a webinar at which the 2021/22 WDR was presented. The clear message was that the entire international community shares the same goals of protecting the health and welfare of people everywhere. However, during the debate on drug policy approaches, the basic and shared understanding – that drug use for non-medical purposes is harmful – is often forgotten.

World Health Organisation

The Department of Health and its civil society partners (which include the Medical Research Council) have close working relationships with the World Health Organisation (WHO) in matters such as providing data on alcohol and tobacco use in South Africa.

The CDA engages with the WHO through both the local WHO office and government representatives on the CDA who collaborate with the WHO.

African Union

As a member of the African Union (AU), South Africa is part of the AU Plan of Action (AUPA), which has the overall objective “to improve the health, security and socio-economic well-being of the people of Africa by addressing drug trafficking and problematic drug use in all its forms and manifestations and preventing the onset of drug use”.⁸ The Department of Social Affairs of the AU Committee (AUC) develops drug policy based on consultation with a continental team of experts on various drug-related issues.

South Africa is one of the few member states to have a NDMP and a central drug authority. The CDA offers an opportunity for other member states, especially in Southern Africa, to learn from its experience of developing a drug master plan and establishing a national body to monitor and evaluate interventions aligned with substance use and substance use disorders.

Brazil, Russia, India, China and South Africa (BRICS) Formal Anti-Drug Committee

The international illicit drug trade is linked to transnational organised terrorism and human

trafficking, and represents a major threat to all BRICS member states. The purpose of the BRICS Formal Anti-Drug Committee is to investigate the correlation between substance abuse and the social ills present in communities within member states.

The CDA is represented on this committee, as South Africa is a BRICS member, and collaborates with DIRCO, in line with Goal 7 of the NDMP.

The Colombo Plan

In 1951, the Colombo Plan was launched by Australia, Canada, India, Pakistan, New Zealand, Sri Lanka and the United Kingdom. It is one of the oldest intergovernmental initiatives in the Asian Pacific Region and currently has the following programmes: Drug Advisory Programme (DAP), Gender Affairs Programme, Capacity-building Programmes and Programme for Environment & Climate Change.

The CDA supports the Colombo Plan initiatives, programmes and training sessions within South Africa. The Annual Report of the DSD reflects the relationship and focus areas.

National Organisations

The following organisations submitted reports to the CDA on their activities, which are summarised below. *For copies of these reports, please contact the CDA Secretariat.*

SA National Council on Drugs and Alcoholism

The SA National Council on Drugs and Alcoholism (SANCA) is at the forefront of substance abuse prevention, early intervention and treatment of SUDs. It represents NGOs providing prevention, treatment and rehabilitation services in various provinces in South Africa. The organisation is led by volunteers but also employs professional staff, including workers and

health care professionals. SANCA is funded through client fees and a subsidy from the DSD. In addition, it received funding from AbInbev and Distell.

Highlights 2021/22

- During COVID-19, all SANCA Centres managed to stay financially afloat by using up their reserves. The constrained finances have affected projects, for instance the Ripples project (a joint project between SANCA Affiliates and the DSD) has been delayed, while demand for the training academy declined.
- New services were developed in Gauteng, the Northern Cape, KwaZulu-Natal and the Western Cape.

⁸ <https://idpc.net/publications/2020/08/african-union-plan-of-action-on-drug-control-and-crime-prevention-2019-2023>

- The SANCA Addiction 2021 Online Conference, which was attended by almost 600 people from 47 different countries, enabled SANCA national to build a large database and to strengthen existing partnerships with international and national partners. The CDA presented a paper on its role and functions at the conference.
- SANCA participated in the national Road Safety Campaign, providing drug abuse disorder presentations and exhibitions in schools.
- In February 2022, the SANCA intranet was updated, enabling all centres to obtain reports on services and areas for improvement.

International Technology Transfer Centre (ITTC)

Formerly the Addiction Technology Transfer Centre (ATTC), the International Technology Transfer Centre (ITTC) is an initiative funded by the Bureau of International Narcotics and Law Enforcement Affairs, US Department of State, through the Colombo Plan DAP. It forms part of the programmes of the International Consortium of Universities for Drug Demand Reduction (see ICUDDR). The ITTC capacitates providers operating in the treatment space with online and in-person training. Its work is related to Goal 1 of the NDMP 2019–2024.

Highlights 2021/21

- Research partnership with the National Institute on Alcohol Abuse and Alcoholism to evaluate the national rollout of screening, brief intervention and referral to treatment aimed at addressing alcohol and HIV in South Africa.
- Training and technical assistance provided to over 1000 people who attended training (154) and webinars (861).
- Addiction 2021 Conference: the ITTC Director is the Conference Chair and has led the programme committee in developing the academic agenda and content for the conference (see Box 2). As part of the pre-conference programme, the South Africa ITTC team presented an introductory motivational interviewing workshop
- Survey of AU member states related to the integration of traditional health practitioners in drug demand reduction interventions. Recommendations included the need to establish an AU vision for traditional health practitioners and to create avenues for engaging them in legislative and policy making.
- Strategic brainstorming session with the CDA to support the development of an updated implementation framework (a Memorandum of Understanding is being drawn up, to support CDA activities).

BOX 2: ADDICTION 2021 CONFERENCE

The ADDICTION 2021 Conference (21–23 July) was the biggest centrally coordinated addiction treatment movement on the African continent. Spearheaded by SANCA, partners included the AUC, ITTC, ISSUP Global, ISSUP South African Chapter, CICAD and governmental departments. The conference's overall aim was to address stigma and discrimination towards people using substances.

The online conference had 610 delegates from 41 countries who watched presentations from 95 speakers. Providers and policymakers from Southern Africa and the African continent attended the conference to engage around research and best practices in the management of SUDs, including recovery successes for those affected. Practitioners were exposed to drug demand reduction (DDR) policy, legislative and enforcement considerations that were intended to assist them in contextually situating their roles in DDR. The conference also offered opportunities to strength collaborations and relationships with international and national partners.

The eight conference resolutions related to access to adequate treatment; research gaps; moving from punishment to public health approach to reduce stigma; SUD, dual diagnosis, co-occurring disorders and cross-addictions; capacity-building of the SUD workforce; positioning preventive services as a science; enhancing coordination and cooperation; and policy and legislation changes.

The full conference report is available [here](#).

International Consortium of Universities for Drug Demand Reduction

The International Consortium of Universities for Drug Demand Reduction (ICUDDR) supports the rapid improvement in competencies and skills among current and future generations of addiction professionals, to meet the increasing demand for prevention, treatment and public health services. It facilitates networking among universities to promote high quality education and training in the field of addiction prevention, treatment and public health interventions. In South Africa, activities are led by Fergus Ashburner, Shaheema Allie and Nurain Tisaker for ITTC, and Dr Rehana Kader and Lameze Abrahams for ICUDDR SA.

Highlights 2021/22

- An academic writing development group with support from ICUDDR International.
- A needs analysis, which is being disseminated to SA universities.
- Universal treatment curriculum (UTC) integration currently underway at the University of Western Cape and Cornerstone Institute
- The finalising of a Memorandum of Understanding between ICUDDR and the University of Cape Town (UCT).

International Society of Substance Use Professional South Africa

Launched on 5 September 2018, the International Society of Substance Use Professional (ISSUP) South Africa is the national chapter of the ISSUP on the African continent and is currently hosted by SANCA. ISSUP South Africa creates a central place for professionals to share information and promotes communication opportunities with other chapters around the globe. Benefits include the sharing of best practices in substance use prevention, treatment and recovery within South Africa. As members of ISSUP, CDA members have access to various best practice training and information.

Highlights 2021/22

- The UTC was launched in six provinces: Mpumalanga (Swartfontein and Nkangala treatment centres) Northern Cape (Northern Cape Substance

Dependency centre), Limpopo (Seshego treatment centre), KwaZulu-Natal (Newlands Park treatment centre), Gauteng (FF Ribeiro treatment centre) and the North West (JB Marks treatment centre).

- Online capacity-building was conducted on the UTC manuals in order to strengthen the provision of evidence-based treatment modalities and application of treatment tools for SUDs in relation to treatment, care, rehabilitation, recovery and support.

Medical Research Council

The Medical Research Council (MRC) Alcohol, Tobacco and Other Drug Research Unit generates knowledge and proposes policy and other interventions directed at reducing alcohol, tobacco and other drug use and abuse, and the associated burden experienced by individuals and society. Its work is related to Goal 6 of the NDMP 2019–2024.

Highlights 2021/21

- An online survey of treatment centres to assess the impact of COVID-19 restrictions on people with SUDs and SUD treatment services.
- A study using Facebook to assess changes in drinking patterns during COVID-19.
- A study that explored the impacts of COVID-19 health system changes on behavioural health among people living with HIV/AIDs.
- An analysis of unnatural deaths and trauma, to assess the effects of the temporary liquor sales bans during COVID-19 lockdowns, that found restrictions on alcohol sales resulted in significantly reduced deaths and trauma.
- Presentations made included on illicit drug use in South Africa at a UN Commission on Narcotic Drugs side event (April 2021), vaping and e-cigarettes to the ANC Health Study Group in Parliament (July 2021), and alcohol and COVID-19 to the National Joint Operational and Intelligence Structure (NatJoints) and COVID-19 Ministerial Advisory Committee (August and September 2021).

South African Community Epidemiology Network on Drug Use (SACENDU)

SACENDU operates a national Sentinel Surveillance System, which involves compiling and disseminating every six months data on admissions to substance-use-related treatment centres in the country. It is funded by the Department of Health. The data used in this report is primarily obtained from SACENDU.

South African Network of People Who Use Drugs

The South African Network of People Who Use Drugs (SANPUD) is a registered non-profit organisation made up of members that share a common purpose, that of defending the rights of PWUD.

Highlights 2021/22

- Training and presentation resources offered to networks, service providers and people interested in learning more about PWUD.
- Programmes implemented and findings published on opioid overdose in South Africa.
- Engagements with the Departments of Social Development and Health related to the provision of harm reduction interventions.

South African Local Government Association (SALGA)

The South African Government Association (SALGA) supports the NDMP 2021–2024 and the establishment and functioning of local drug action committees (LDACs) in municipalities, as part of Goal 5 of the NDMP.

Highlights 2021/22

In support of the establishment of LDACs and to increase the understanding of local government's role in the fight against substance abuse and the NDMA, the CDA made presentations at:

- SALGA's national and provincial conferences (January–March 2022).
- SALGA's national working groups on health and community safety (June 2022) – going forward, LDACs will be a standing agenda item for national and provincial working groups on health and community safety.

- SALGA's portfolio-based councillor inductions in Western Cape, Limpopo, Northern Cape, North-West, Gauteng and Mpumalanga (the other provinces will be in the next financial year).

South African National Aids Council

The South African National Aids Council (SANAC) Trust was established to serve as a coordinating mechanism for HIV, TB, and STI response in the country, guided by a five-year National Strategic Plan (NSP) for HIV, TB and STIs 2017–2022 that serves as a roadmap to enable stakeholders and individuals to pull together and overcome HIV, TB and STI epidemics. The NSP comprises eight goals, which include goals 3 and 4 aimed directly at vulnerable populations with customised and targeted interventions. Goal 4 addresses the social and structural determinants and barriers exposing these groups and identifies PWIDs among the vulnerable groups targeted. The SANAC was instrumental in developing the NDMP 2021–2024 and has implemented Goals 1, 3, 5 and 7.

Highlights 2021/22

- SANAC hosts the South Africa Global Fund (GF) Country Coordinating Mechanism (CCM), which is responsible for submitting the country's Request for Funding to the GF to fight AIDS, TB, and malaria covering the period 1 April 2019–31 March 2022.
- The GF funding is used for a programme aimed at addressing the negative health and human rights outcomes primarily for PWID in South Africa, while reaching a small cohort of PWUD in selected districts.
- The programme was implemented through NGOs in four provinces: the Eastern Cape, Gauteng, KwaZulu-Natal and Western Cape.
- Work towards increasing access to methadone includes a Department of Health-led feasibility study to demonstrate the capacity to effectively manage opioid dependence and enhance HIV and viral hepatitis prevention and treatment interventions, while also preventing overdose and diversion of methadone to illicit drug markets.
- In August 2021, a multi-stakeholder team, including representatives from SANAC, the Department of Health, the South African Health Products Regulatory Authority (SAHPRA) and NACOSA,

was set-up to advance efforts to increase access to affordable methadone and increase access to sustainable opioid substitution therapy (OST) in South Africa. Two additional methadone products have been registered in South Africa, resulting in decreased prices.

International Network on Hepatitis in Substance Users

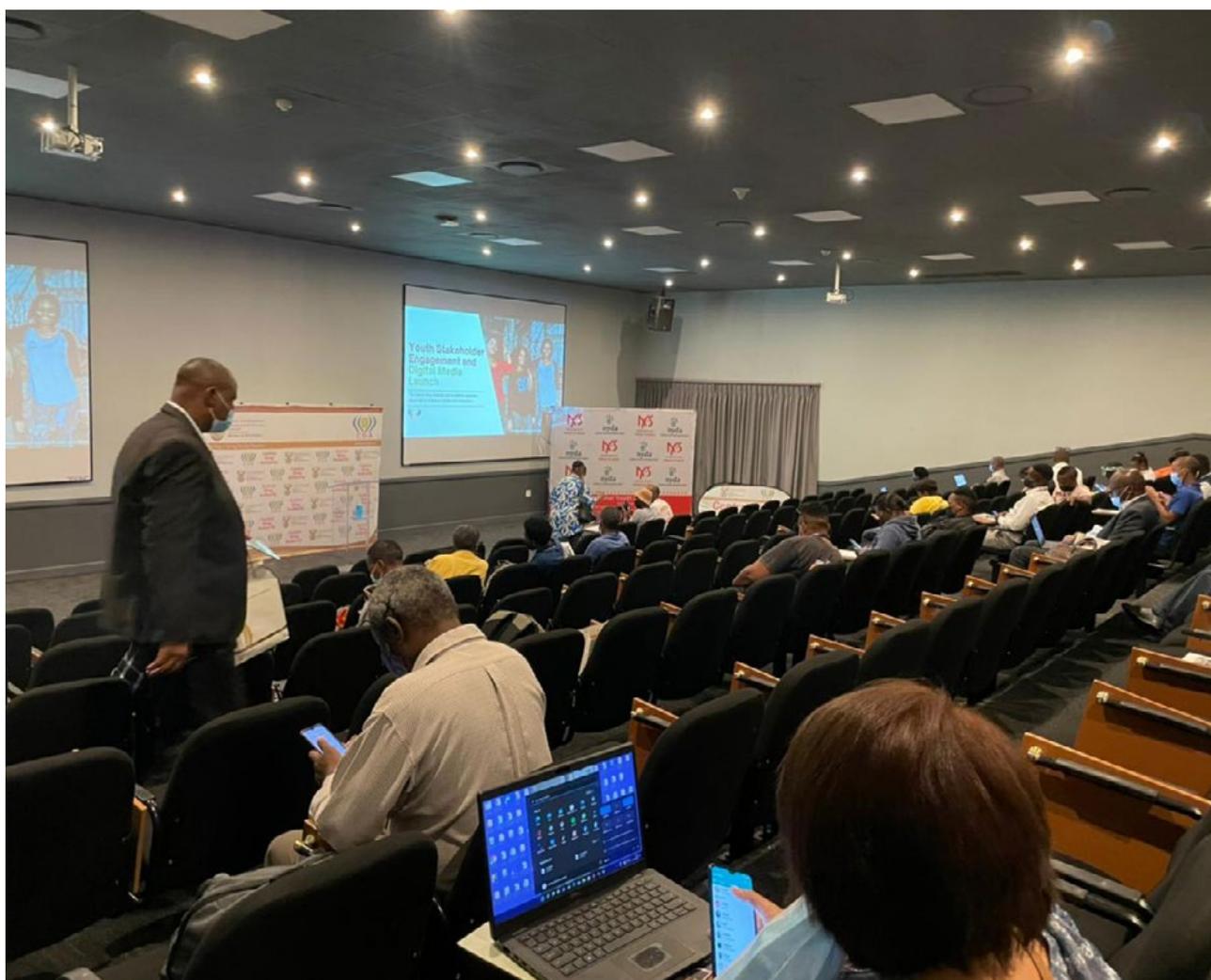
The International Network on Health and Hepatitis in Substance Users (INHSU) South Africa collaborates with the CDA to contribute to the national response to drug use in South Africa. Its initiatives aim to advance access to harm reduction and treatment for viral hepatitis.

Highlights 2021/22

- Release of the Harm Reduction Responses in the Age of COVID-19 report featured detailed learnings from South Africa's four largest metros (Cape Town, Durban, Johannesburg and Pretoria) and

recommended actions for national, provincial and local governments.

- World Hepatitis Day Advocacy and Training Roundtable Virtual Event, to raise awareness on viral hepatitis and harm reduction among PWUD, that was attended by researchers, community workers, programme managers, policymakers, health care providers and advocates.
- Release of a policy brief on viral hepatitis in PWUD that included research findings and recommendations to inform advocacy efforts and decision-making.
- Launch of the Storytelling for Advocacy in South Africa programme, which seeks to empower people with lived or living experience of using drugs to use their voices to create change. Local storytelling experts work with participants to build their understanding and confidence in storytelling and craft a story of their own to share, based around Hepatitis C or harm reduction.



FINANCIAL REPORT

The CDA is funded through the national DSD's Substance Abuse Programme. In addition, the CDA is an Authority whose members include national departments that should allocate some of their budgets to combating substance use and abuse in the country in line with the NDMP. In reality, departments themselves have financial constraints that prevent them from fulfilling their own obligations, and the system of intergovernmental relations does not make provision for funding between departments.

In 2021/22, the limited budget allocated to the CDA by the DSD was not spent as intended because of the delay in inducting the 4th CDA, which only began to operate almost half-way through the financial year. Another challenge was the restricted environment within which the CDA operated, as a result of COVID-19 and National Treasury regulations.

The 4th CDA has translated the strategic plan and NDMP 2019–2024 into a business plan, which identifies the human and financial resources required for implementing the plan. However, the current positioning of the CDA compromises sound financial

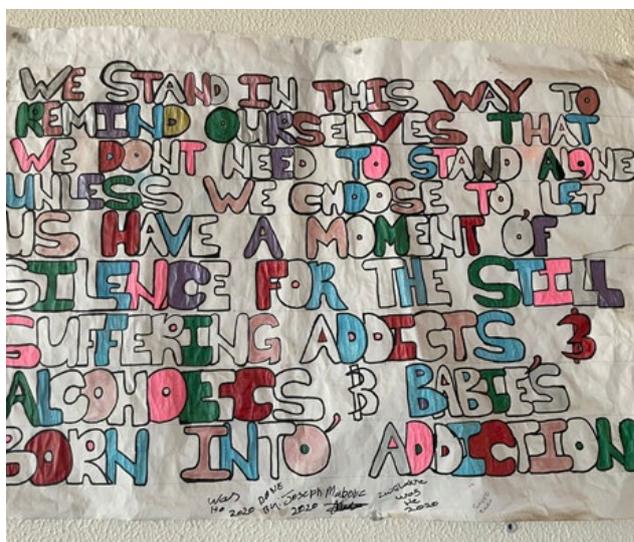
planning and expenditure monitoring principles, as set out in the Handbook on Financial Planning and Expenditure Monitoring (May 2013), one of the CDA's guiding documents. According to the Handbook, policies, legislation, strategies, programmes, projects and operational activities must be costed in order to determine the funding requirements and affordability of planned outputs within the available funding envelope over the medium term. The Handbook's aim is to guide the integration of all the financial planning and expenditure monitoring activities and to facilitate their alignment to the overall strategic and operational management, including the performance management and monitoring of the social development sector.

Currently, the DSD provides and mostly controls the human and financial resources allocated to the CDA from the voted budget. As the CDA budget falls within the DSD's Substance Abuse Programme, the majority of the budget caters for operational costs rather than being based on the outputs related to the implementation of the NDMP 2019–2024. Furthermore, the CDA budget, as reflected in [Table 10](#), is incongruent with the CDA's national oversight role.

TABLE 10 CDA voted budget and expenditure

	Budget voted	Expenditure as @ 31 March 2022 (R'000)			Available amount (R'000)	
	Voted	Exp	Comm	Total Exp		Percentage
Current payments						
Compensation of employees	2,381,000	2,443,848		2,443,484	102.64%	-62,848
Goods and services	4,483,000	2,474,260	7,140	2,481,400	55.35%	2,001,600
Transfers and subsidies	0					
Capital payments						
Payment of capital assets	81,000	0		0	0.00%	81,000
Total	6,945,000	4,918,109	7,140	4,925,248	70.92%	2,019,752

The CDA is aware of the high prevalence of substance use and abuse in the country and the associated social and economic impacts. However, the reality is that, given the limited budget allocation and operational challenges due to being positioned within the DSD, the CDA will be unable to fulfil its mandate, unless other departments support its work and the CDA is reconfigured in accordance with the Cabinet Directive of 1 November 2019 (see Chapter 9).



CHAPTER 7

PERFORMANCE MANAGEMENT MONITORING

National departments and entities and the provincial substance abuse forums (PSAFs) submit to the CDA annual reports on their sector drug master plan (DMP), which should be aligned to the NDMP.⁹ Performance is measured in relation to the NDMP Goals, the MTSF Outcomes and the Resolutions of the National Conference on Substance Abuse and Family Related Interventions held in Ekurhuleni.

Previously, these reports were attached to the Annual Report without further examination. This year, the CDA has read and analysed the reports and given departments the opportunity to present their draft reports and to interact with their final reports before the Annual Report is compiled and submitted to the Minister of Social Development. Ideally, the reports should be read against the sector DMPs, which should have been compiled and costed. However, not all departments have achieved this. The focus of the CDA

has been on getting departments to participate in the CDA and establishing provincial and local structures. To date, four departments have worked on their sector DMP: the Department of Social Development, the Department of Health, SAPS and the Department of Justice and Correctional Services (currently being reviewed). In the coming year, the CDA will focus on assisting departments to craft their sector DMPs and work with departments to integrate the NDMP goals and deliverables into their strategic plans and key performance indicators, thereby ensuring proper resourcing and enabling streamlined reporting.

Chapter 8 contains an analysis of the reports in relation to the NDMP Goals, the MTSF Outcomes and the Resolutions of the National Conference on Substance Abuse and Family Related Interventions. This chapter provides the key findings and comments related to the reports received by the CDA.

National Departments and Entities

Departments are complimented for submitting reports as expected and for attending CDA meetings. Good progress has been made, but further improvements are needed if the collective is to make a tangible difference on the ground. The reports reveal that departments are attempting to work together in clusters, which needs to be encouraged and supported. However, many departments do not appear to understand the NDMP and the meaningful role that they can play in managing

substance abuse in the country, as evidenced by the following:

- Substance abuse is often assigned to the department's wellness programme, which is inward-looking rather than aimed at addressing the broader societal challenges.
- In some cases, it seems that the department has not even read the NDMP.

⁹ Departments and entities must also submit quarterly reports on the implementation of the NDMP but find this cumbersome and have requested to submit reports every six months. This will be implemented in the next financial year.

- Some departments appeared not to have anything to report, while one department's report was exactly the same as the previous year's report.
- Adherence to the timeline of the report is needed, so that only activities related to the financial year are included.
- Not all reports were signed by the heads of department.

needed against which performance can be measured. Instead of completing the NDMP template provided, departments tend to submit long narratives, which makes measuring impact difficult. There is a need to quantify outcomes, such as creating awareness based on client satisfaction questionnaires, pre- and post-test questionnaires and evaluation forms. Most departments and entities acknowledge resource constraints that affect prevention and intervention efforts.

The NDMP provides a monitoring framework, but this is not built into the departmental systems. A baseline is

Provincial Substance Abuse Forums

Nine provinces submitted reports (Table 11).

TABLE 11 Summary of reports received from PSAFs

PSAF	NDMP template used	Reports on NDMP goals	Operational PSAF governance structure	DSD convenor appointed	Financial/human resources allocated
Eastern Cape	Yes	4	Yes	Yes	No
Gauteng	Yes	5	No – interim Chairperson	Yes	No
KwaZulu-Natal	Yes	5	No – Deputy Chairperson(s) to be appointed	Yes	Yes
Free State	No	4	Yes	Yes	No
Limpopo	Yes	4	No (PSAF to be relaunched in 2022/23)	Yes	No
Mpumalanga	Yes	5	Yes	Yes	Yes
North West	Yes	3	Yes	Yes	No
Northern Cape	No	1	No	Yes	No
Western Cape	Yes	4	Yes	Yes	No

The reports reveal the following:

- Most PSAFs are focused on implementing Goal 1 interventions, mainly prevention-awareness but no harm-reduction interventions.
- Goal 2 is the second focus of all PSAFs, reflecting that security enforcement is seen as low-hanging fruit, requiring minimal change of focus from the NDMP 2013–2017 interventions.
- The PSAFs appear to be operating in accordance with the NDMP 2013–2017, not the NDMP 2019–2024, and need to move to implementing in accordance with the indicators highlighted in the NDMP 2019–2024 Monitoring and Evaluation (M&E) Framework.
- There is little evidence of collaboration between departments and between departments and civil society organisations in the implementation of the NDMP. The DSD is the only department that is collaborating with and supporting civil society organisations in all provinces.
- A real challenge is that departments are not engaging with the PSAFs, which cannot function optimally without the departments cited in Act No. 70 of 2008 and the NDMP. The representation of departments in PSAFs is very poor, and the PSAFs appear to be sustained by the DSD and substance abuse experts.
- Most PSAFs again indicated a need for human resource capacitation, which was also reflected in the 2020/21 Annual Report.

- The PSAFs need to build capacity as soon as possible in order to implement the NDMP in alignment with the M&E Framework and to present the content in their reports in accordance with the M&E Framework. This would ensure accurate analysis of

the reports and save time spent seeking information in the reports.

- Most provinces need to focus on enforcing liquor licence compliance, which is low in comparison to the licences issued.

Local Drug Action Committees

Most existing LDACs were negatively affected by COVID-19 and need encouragement to function optimally, as well as strengthening and capacitating with funding and resources. To function optimally, LDACs require political and administrative support and

assistance with establishing governance structures. **Table 12** shows the status of LDACs in the nine provinces, and it is clear that provinces and municipalities need to do more to support these structures.

TABLE 12 Summary of LDACs in provinces

Province	Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mpumalanga	Northern Cape	North West	Western Cape
LDACs established	1/13	11/17	1/5	48/48	1/29	18/18	0/26	6/19	15/26
LDACs functional	0/13	2/17	0/5	4/48	1/29	0/18	0/26	6/19	9/26
LDACs included in IDP	0/13	0/17	0/5	0/44	1/29	0/18	0/26	0/19	6/26
PSAF/LDAC DMP	0/13	0/17	0/5	0/44	1/29	0/18	0/26	0/19	0/26

Reports and Reporting

As indicated earlier, the CDA is required to submit an annual report to Cabinet by the 30 September in terms of Act No. 70 of 2008. The current CDA has submitted reports including 2021/2022.

As part of the M&E process, each department and province is required to submit a quarterly report to the CDA, indicating their progress in achieving the targets set in their respective drug master plans. Some success has been achieved in this way, although not all departments and provinces have submitted reports timeously or indeed submitted them at all.

The CDA must report to designated national, regional, and international structures in line with legislative mandates, as well as conventions that South Africa is a signatory to. Such structures include the Forum for

South African Directors General (FOSAD), Parliament, Cabinet, The African Union, and UN Agencies including UN Office on Drugs and Crime SA (UNODC), Commission on Narcotic Drugs and International Narcotic Control Board.

In addition, an Inter-Ministerial Committee (IMC) was created to give policy directives and co-ordinate activities in relation to substance use interventions. The IMC included the Departments of Social Development, Justice, Health, Basic Education and Higher Education and the CDA (represented by its Chairperson). The IMC has ceased to function but was key in the approval and resourcing of certain programmes, such as the short-term Plan of Action arising from the resolutions of the 2nd Biennial Anti-substance Abuse Summit of March 2011.

NDMP 2019–2024 IMPLEMENTATION ANALYSIS

This chapter measures the performance against the NDMP's goals and objectives, of national departments, provincial substance abuse forums (PSAFs), which incorporate inputs from local drug action committees (LDACs), and non-governmental structures functioning at different levels. It should be noted that not all national departments submitted reports, while others are not yet represented in the CDA because they have

not sent in their nominations. The reports cover the period 1 April 2021 to 31 March 2022, and are analysed in relation to the NDMP Goals, the MTSF Outcomes, and the Resolutions of the National Conference on Substance Abuse and Family Related Interventions, which was held in Ekurhuleni between 31 October and 2 November 2019 ([Table 13](#)).

TABLE 13 MTSF outcomes, activities contributing to MTSF outcomes and conference resolutions

MTSF Outcomes	Activities Contributing to MTSF Outcomes	Conference Resolutions
<ol style="list-style-type: none"> Outcome 1: Reduced levels of poverty Outcome 2: Reduced levels of inequality Outcome 3: Reduced social ills, improved well-being of children, families, and communities Outcome 4: Empowered, resilient individuals, families, and sustainable communities Outcome 5: Improved sector capability 	<p>Social activities (Outcome 3)</p> <ol style="list-style-type: none"> Reduction of social and behaviour problems Strengthened partnerships Develop workforce capacity and systems Respond to emerging trends <p>Health activities (Outcome 2)</p> <ol style="list-style-type: none"> Take effective and practical prevention measures that protect people, in particular children and youth from drug use initiation by providing them with information about risk of drug abuse Take effective and practical measures to prevent progression to severe drug use disorders through appropriately targeted early intervention for people at risk of such progression Develop and implement substance abuse campaign strategy in collaboration with other government departments and relevant stakeholders Review existing Standard Treatment Guidelines and Essential Medicine List to ensure access to controlled substances including for the relief of pain and suffering. 	<ol style="list-style-type: none"> Develop and implement the legal framework to restrict access to and availability of alcohol Strengthen mechanisms to minimise the illegal manufacturing, supply and all forms of trafficking of licit and illicit drugs Strengthen the collaboration and coordination mechanisms to fight the scourge of substance use/abuse Implement an integrated and balanced approach that includes demand and supply reduction strategies required, including international cooperation Increase investment in health, prevention, early intervention, treatment, and rehabilitation and aftercare services Mainstream moral regeneration and restoration in all substance abuse programmes and services

MTSF Outcomes	Activities Contributing to MTSF Outcomes	Conference Resolutions
	<p>Human rights activities (Outcome 3)</p> <p>5. Improved access to voluntary treatment for people with SUD</p> <p>6. Improved access to justice for victims of human rights abuses linked to drug law enforcement operations</p> <p>7. Improved access to gender and youth sensitive health and social services</p> <p>Developmental activities (Outcomes 1, 3 and 4)</p> <p>8. Strengthened governance and legitimate authorities</p> <p>9. The development of licit economies</p> <p>10. Relief of poverty in areas of concentrated drug production, trafficking, or retail sale through strategies that involve access to education, employment, social support, etc.</p> <p>Security activities (Outcome 3)</p> <p>11. A reduction in drug market-related violence</p> <p>12. A reduction in the power and reach of organised crime</p> <p>13. A reduction in corruption and money laundering</p> <p>14. A reduction in internal displacements related to supply reduction measures</p> <p>15. A reduction in the numbers of people imprisoned for minor, non-violent drug offences</p> <p>16. A reduction in property and violent crimes associated with drug dependence.</p>	<p>7. Improve data collection and use, surveillance system for evidence-based planning and programming</p> <p>8. Mobilise and involve communities (including FBOs, NGOs, CBOs, academics, labour, business, research institutions etc.) to strengthen families in the fight against the scourge</p> <p>9. Strengthen regional, continental, and international cooperation</p> <p>10. Increase the tax of alcohol beverages to fight alcohol related harm</p> <p>11. Ensure equal access and distribution of resources, especially for civil society and organisations from informal settlement, urban and rural areas</p> <p>12. Accelerate (in the spirit of Khauleza) the implementation of these commitments to give effect to the National Drug Master Plan at all spheres of government</p>

Reports Received from National Government Departments



GOAL 1: Demand reduction through prevention and treatment of drug use, misuse and abuse

Measurable objectives

- Reduction in drug use.
- Percentage SUD treated.
- Harms minimised.

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcome	Conference Resolutions
Department of Justice & Constitutional Development					
Ensure adequate capacity, quality & availability of evidence-based treatment programmes & facilities	Implemented Employee Health and Wellness Policy (Version 1 of 2008)	100% implemented and 26 employees assisted. No workshops were conducted due to COVID-19 and lack of a service provider to conduct employee assistance programme (EAP) workshops.	2	Health 3	7

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcome	Conference Resolutions
Prevent substance use initiation & delay uptake	Public education & awareness on substance abuse	390 events by regional offices & stakeholders. 24 392 members and learners reached through prevention interventions.	2	Health 3	4
	Develop & print public education material for parents & children on substance abuse & its legal consequences focusing on children	The booklet for parents/guardians of children abusing substances will be reviewed after judgment in the <i>S vs LM</i> case referred to Constitutional Court for confirmation. Matter heard arguments on 22 March 2022 – judgement is awaited.	2	Health 3	4 and 5
	Development & implementation of the annual plan on substance abuse & its legal consequences in all 9 provinces	24 392 community members at 340 events reached with annual plan, including laws to help them when dealing with substance abuse & associated problems.	2	Health 1	8
Enhance multi-sectoral cooperation to reduce demand for drugs	Contribute to the reduction of bio-psychosocial & economic impact of substance abuse & related illnesses on the South African population	The draft National Substance Abuse Policy presented by DSD to DEVCOMM was considered and the Department provided inputs on the Policy to DSD.	2	Social 2	8 and 5
Department of Social Development					
Prevent substance use initiation & delay uptake	Public education & awareness on substance abuse	Commemorated and conducted IDADAIT through campaigns at 14 campuses of 6 institutions of higher learning.	2	Health 3	4 and 5
	Ke-Moja Drug Awareness Programme	Achieved: 3 provinces capacitated on Ke-Moja.	2	Health 3	8 and 5
	Implementation of Plan of Action on prevention of substance abuse among children & youth	Facilitated the implementation of Siyalulama Outreach Programme in 3 provinces (Free State, KZN, Limpopo).	2	Health 2	5 and 8
Enhance multi-sectoral cooperation to reduce demand for drugs	Review of the Integrated Social Crime Prevention Strategy (ICPS)	27 virtual consultative sessions with 9 provinces. 2 consultative sessions with 14 external stakeholders in Gauteng & Northern Cape on the review of the ICPS.	3	Security 13	2

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcome	Conference Resolutions
Ensure adequate capacity, quality & availability of evidence-based treatment programmes & facilities	Capacity-building on registration & compliance of treatment centres	7 public treatment centres to ensure compliance with norms and standards for such centres. Conducted capacity-building in the establishment, management & registration of treatment centres in 3 provinces. Funding of SANCA and SADAG and monitored their compliance with service standards.	2	Social 3	8 and 5
	Capacitating social service practitioners (SSP) & treatment centres on evidence-based treatment	7 public treatment centres capacitated on universal treatment curriculum.	2	Social 3	8 and 5
	150 SSP on psychosocial support services	15 workshops (3 with funding from PACT SA) conducted with 150 SSP on psychosocial support guidelines.	2	Social 3	8 and 5
	100 SSP trained on behaviour change programme (SBC)	205 SSP and 150 youth reached on SBC programme. Deputy Minister launched the Yolo and Chommy Projects in KwaZulu-Natal & Gauteng.	2	Social 3	8 and 5
Ensure adequate capacity, quality, and availability of evidence-based treatment programmes and facilities	Availability of treatment centres in all provinces	The President of the Republic officially opened the Charlotte Maxeke Treatment Centre in the Free State. Each province has at least one treatment centre.	5	Human rights 5	4
	Monitor the implementation of the reintegration & aftercare strategy in five provinces	Implementation of reintegration and aftercare services.	2	Human rights 5	8 and 5
Increase evidence-based prevention programmes to target risk groups in multiple settings	SSP capacitated on Social and Behaviour Change (SBC) programme.	Capacitated 205 SSPs through conducting virtual training.	3	Social 1	8
Department of Basic Education					
Prevent substance use initiation & delay uptake	Implement National Strategy for the Prevention and Management of Alcohol and Drug Use Amongst Learners in Schools	WC: 699 drug tests (562 positive); 11 Schools (65 educators) trained in drug testing. NW: workshops on drug testing done in 454 schools, reaching 908 principals and educators. Mpumalanga: drug testing and metal detectors distributed to 200 schools. Life orientation curriculum in place for Grades 4–12 to empower learners on cause & effect of drugs & substance use.	2	Health 2	7

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcome	Conference Resolutions
Enhance multi-sectoral cooperation to reduce demand for drugs	Multi-departmental campaign on prevention of violence, bullying, corporal punishment, drugs & substance abuse in schools	Programme conducted jointly by 6 departments championed by BDE Deputy Ministers with DMs of respective departments in Gauteng, Limpopo and Mpumalanga. 30 schools with 1371 learners, SGV and parents, 632 departmental officials participated.	2	Health 1	3 and 5
		Established partnership protocols with SAPS to address crime & violence in schools, that (inter alia) establishes linkages between schools & police stations.	2	Health 1 Social 2	3
		Partnered with African Youth Development Fund to develop a "High on Life Toolkit" for learners (to be rolled out next financial year).	2	Health 1 Social 2	8 and 5
Department of Sports, Arts and Culture					
Prevent substance use initiation & delay uptake	Health & wellness programme for employees & dissemination of information and a webinar	513 employees reached with psychosocial support services. Provided access to rehabilitation at treatment centres. Employee awareness programme. Promoting tobacco free environment.	2	Health 2	7
Department of Higher Education					
Prevent substance use initiation & delay uptake	Health & wellness programmes & services to students	Working through Higher Health, 50 TVET colleges and 26 Universities to provide health & wellness. Awareness campaigns reached 1379 students.	2	Social 1	7
	Do universal screening brief interventions & referral to treatment	Reached: 457 (dialogues ADAP), 3762 (pamphlets). Self-risk screened for ADAP: 612. Referrals for SUD: 14. Diagnosed with SUD: 3. Receiving counselling: 3.	5	Social	5
	Health & wellness programmes & services	8 capacity-building workshops conducted in TVETS colleges.	5	Social 1	5
		Reached through awareness campaign (ADAP topic): 1379. Dialogues attended (ADAP topic): 457. Pamphlets: 3762. Self-risk screened for ADAP: 2612. Referred for drug & alcohol abuse: 14. Diagnosed with drug/alcohol addiction: 3. Receiving drug & alcohol abuse counselling: 3.	5	Social 3	5

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcome	Conference Resolutions
Prevent substance use initiation & delay uptake	Health & wellness programmes & services	4 officials referred to rehabilitation centres.	5	Social 3	5
		2 capacity-building workshops conducted in the TVETs and CETs.	3	Social 3	5
Department of Home Affairs					
Ensure adequate capacity, quality & availability of evidence-based treatment programmes & facilities	Implement peer education programmes	100 HIV peer educators trained in 9 provinces.	2	Social 3	8 and 5
Ensure adequate capacity, quality & availability of evidence-based treatment programmes & facilities	Integrated employee health & wellness services	SU & COVID-19 awareness campaigns in nine provinces, including 11 ports of entry. 8716 employees reached in 3 main airports, 3 main land border posts.	2	Social 1	8 and 5
Enhance multi sectoral cooperation to reduce demand for drugs	Interdepartmental collaboration	Forum met – members are DHA EWP, Immigration Unit, GEMS, ICAS, Clear View Rehabilitation Clinic, Cullinan State Rehabilitation Centre (Gauteng), DTIC, SARS, etc. BCOCC, Border Management Unit, DIRCO	2	Social 2	8 and 5
Department of Health					
Ensure adequate capacity, quality, and availability of evidence-based treatment programmes and facilities	Develop a comprehensive opioid substitution therapy (OST) plan and clinical guidelines	Comprehensive OST developed with support from WHO and costed. Pilot programmes in place in selected public health facilities.	3	Human rights 5	5
Department of Correctional Services					
Ensure adequate capacity, quality & availability of evidence-based treatment programmes & facilities	Provide individual short-term counselling to employees & their medical dependents	SUD: 52 employees reached over 55 sessions (drugs). Alcohol abuse: 223 employees reached over 353 sessions.	2	Human rights 5	5 and 8
Enhance multi-sectoral cooperation to reduce demand for drugs	Implement substance abuse programmes by social workers & external service providers	9930 offenders reached. 10 external service providers engaged in 6 regions.	3	Social 2	8

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcome	Conference Resolutions
Ensure adequate capacity, quality & availability of evidence-based treatment programmes & facilities	Provide individual short-term counselling to employees & their medical dependents	95 employees treated for alcohol abuse over a total of 143 sessions. 27 employees treated for drug abuse over 36 sessions. 10 supervisory training sessions conducted for EAP practitioners.	3	Human rights 5	9
South African Police (SAPS)					
Develop a social mobilisation/ community advocacy strategy for demand reduction	Monitor implementation of School Safety Programmes in identified schools (substance abuse prevention programmes to support school safety).	200 schools identified to implement the School Safety Programme.	2	Health 2	5
	Ensure hosting of national & provincial outreach campaigns & imbizos (including substance abuse).	53 outreach campaigns done (24 at national level and 29 at provincial level).	2	Health 2	5
Develop a social mobilisation/ community advocacy strategy for demand reduction	Identify schools to implement School Safety Programme	66 awareness campaigns.	5	Health 2	5



GOAL 2: Supply reduction through multi-sectoral cooperation

Measurable objectives

- Increase focus on disruption, dismantling and neutralising the drug trafficking networks as opposed to drug users.
- Reduce drug-related corruption and money laundering.
- Reduce the diversion of precursor chemicals.
- Strengthen monitoring and reporting mechanisms related to NPS and emerging drugs.
- Improve understanding of the national drug threat assessment.
- Improve information gathering and analysis of the drug threats and trends.
- Improve investigation, prosecution and convictions of drug supply networks.
- Review and harmonise laws and policies related to supply reduction.

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
Department of Justice & Constitutional Development					
Develop new or amend existing regulations relating to alcohol and drugs	Review and harmonise laws and policies related to supply reduction	<ul style="list-style-type: none"> Cannabis for Private Purposes Bill, 19 of 2020, published in the Government Gazette, public hearings held and now before the Portfolio Committee for a clause-by-clause reading. As per the findings of the Constitutional Court (CC), that Section 63 of the Drugs Court was unconstitutional and invalid, and amendments effected to Section 63 of the Schedules to the Drug Act. Still within the 24 months of the period of suspended invalidity the CC granted to allow Parliament to cure the defect. The Drug and Drug Trafficking Amendment Bill seeks to address the invalidities. Bill to be presented to DEVCOMM in the next reporting period 	3	Social 3	1 & 2
Increase capacity of court staff to capture complete & accurate data on substance abuse & related criminal cases, and on interventions for substance abuse available at court level in terms of legislation				Social 3	
National Prosecuting Authority					
Enhance operational coordination at all levels	Engage & collaborate with other departments & stakeholders.	Collaborated with SAPS including Directorate for Priority Crime Investigations.	3	Security 3 Developmental 8:	3
Mitigate the supply of drugs & liquor through enhanced operations (investigations & prosecutions)	Finalise racketeering cases involving drug dealing	Racketeering cases involving drug dealing: the State v Lonwabo Kobi & 5 Others, the State v Sindela Lofani & 5 others, the State v Baloyi & 16 others, the State v Jerome Booysen & 5 others.	3	Security 12	2

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
Mitigate the supply of drugs & liquor through enhanced operations (investigations & prosecutions)	Finalise prosecution and secure conviction of major cases of drug syndicates	Finalised 5 major cases of drug syndicates, including: "Bricks of cocaine in ship hull" – During May 2021, Atanas Bikov and his two co-accused were convicted of dealing in drugs in contravention of the Drugs and Drugs Trafficking Act and for illegally entering South Africa in contravention of the Immigration Act.	3	Security 12	2
Mitigate the supply of drugs & liquor through enhanced operations (investigations & prosecutions)	Improve finalisation and convictions of cases associated with drug laboratories	Drug laboratories were uncovered, and these cases are currently on the court roll: the <i>State v Mohube & others</i> , the <i>State v Cassimjee & others</i> , the <i>State v Jikela & 3 others</i>	3	Security 12	2
Mitigate the supply of drugs & liquor through enhanced operations (investigations & prosecutions)	Secure convictions for gang related offences	Gang-related offences: the <i>State v Mogamat Heyners</i>	3	Security 12	2
Mitigate the supply of drugs & liquor through enhanced operations and cooperation at all levels (investigations & prosecutions)	Remove profit from criminal activity. Asset Forfeiture Unit.	Asset Forfeiture Unit drug-related matters: 403 court orders with a monetary value of R142.2 million. 152 confiscation and forfeiture orders to the value of R42,494,390.00. 83 related freezing orders to the value of R75,375,304.00. 168 related recoveries with a total value of R24,609,338.00.	3	Security 13	4
Mitigate the supply of drugs & liquor through enhanced operations (investigations & prosecutions)	Increase successful prosecutions	4152 cases finalised. 3868 convictions. 2705 sentences.	3	Security 13	2
South African Police Service (SAPS)					
Improve efficiency of forensic related investigations	Enhance processing of forensic evidence focusing on drug (chemistry) related investigations	Cases finalised: 14 days 62% (8/13), 28 days 16% (9.6k/62k), 75 days 35% (211/569). Reduced backlog 121% (130k/107k).	3	Security 12	2
Reduction of identified drug syndicates	Implementation of organised crime threat	Intensive intelligence driven & court directed launched and strengthened: 38.5% 5 out of 13 identification syndicates neutralised; 33 arrests effected.		Security 12	

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
The analysis & provision of intelligence products to enhance the intelligence picture & effectiveness of law enforcement operations	Analyse all available information and intelligence on suspect/person of interest to generate profiles for reactive SAPS operations.	3633 threat & risk profile assessments generated.	4	Social 4	7
The analysis/provision of intelligence products to enhance the intelligence picture and effectiveness of law enforcement operations	Analyse all available information and intelligence on suspect/person of interest to generate profiles for reactive SAPS operations.	13 456 profiles generated for reactive SAPS operations.	3	Security 12	2
The analysis/provision of intelligence products to enhance the intelligence picture & effectiveness of law enforcement operations	Analyse all available information and intelligence on suspect/person of interest to generate profiles for reactive SAPS operations.	25 160 intelligence reports generated	4	Social 4	7
The analysis/provision of intelligence products to enhance the intelligence picture & effectiveness of law enforcement operations	Conduct tactical operations to address the crime threat.	14 552 tactical operations at provincial, national and cluster level.	3	Security 12	2
The analysis/provision of intelligence products to enhance the intelligence picture & effectiveness of law enforcement operations	Conduct network operations on provincial & cluster level on prioritised crime threat.	293 network operations conducted.	3	Social 2	2
Effective investigation of drug-related crimes	Evaluate compliance with internal controls. Facilitate implementation of internal controls. Ensure the optimal utilisation of investigative aids & expert support. Identify & package best practices. Regular review of investigation methodology.	Detection rate: 99.88%. Trial-ready case dockets for drug related crime: 88.44%.	3	Security 12	2

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
The analysis/provision of intelligence products to enhance the intelligence picture & effectiveness of law enforcement	Identify clandestine drug laboratories (CDLs) during project-driven investigations: identify, dismantle & disable; identify suspects & arrests; gather information; obtain search and seizure warrants; utilise FSL and crime scene experts	82% (22/25 CDLs dismantled with 47 arrests overall).	3	Security 12	2
The analysis/provision of intelligence products to enhance the intelligence picture & effectiveness of law enforcement	Identify and arrest suspects who are involved in the manufacturing of drugs at CDLs. Identify and trace suspects that are involved. Utilise 205 witnesses and rental contracts to link them to the crime scene. Obtain warrants of arrest	57 operations conducted. 60 arrests.	3	Security 12	2
Mitigate the supply of drugs and liquor through enhanced operations (investigations and operations)	Seizure of drugs during dismantling of CDL	Total estimated value of seizures R36,439,800. Cannabis: R15.6m. Crystal meth: R4m. Meth mixed with cocaine, crystal meth: R750,000. CAT: R700,000. Mandrax: amount unknown.	3	Security 12	2
Enhance operational coordination at all levels	Monitoring of chemical companies. Receive import notifications on on-line system. Verify order and process import permit. Respond to country & company (competent authority).	Import notifications received: 416, finalised: 410 (achieved 98%). Export notifications received: 1020, finalised: 956 (achieved 93.73%).	3	Social 2	2
Enhance operational coordination at all levels	Conduct crime prevention and combating actions to reduce the supply of drugs (operations).	4481 crime prevention actions conducted.	3	Social 2	2

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
Mitigate the supply of drugs and liquor through enhanced operations (investigations and prosecutions)	Conducting of liquor operations in terms of National and Provincial Liquor legislation to address the illegal trade in liquor.	Maintained 3-year average of 1 372 000 litres. Volume of liquor/home brews confiscated: 1 912 484 litres. 1 004 617 compliance inspections conducted at licenced liquor premises against a baseline of 87 637 per month. 31 449 unlicensed liquor premises closed.	3	Social 2	2
Mitigate the supply of drugs and liquor through enhanced operations; (investigations and prosecutions)	Seizure of illicit drugs during police operations	Cannabis 136 511 kg. Cannabis plants 151 714 kg. Cocaine (grams) 1323. Tik (grams) 2451 kg. Heroin (grams) 272.89 kg. Whoonga (grams) 30.34 kg. Nyaope (grams) 723.38 kg.	3	Security 12	2
Mitigate the supply of drugs and liquor through enhanced operations	Border policing actions targeting trafficking of drugs in ports of entry within SA	3782 actions.	3	Security 12	
	Border policing actions targeting trafficking in drugs using standardised drug detection equipment and other methodologies	Dagga outdoor 5 120 663. Dagga indoor 83 699. Mandrax whole tablets 800. Mandrax half tablets 49. Mandrax tablet quarters 114. Cocaine 1 029 046. Crack cocaine 11. Heroin 222 414.	3		2
	Border policing actions targeting trafficking in drugs using enhanced movement and movement control systems on persons and vehicles	Persons: 1023. Vehicles: 1453	3	Security 12	2
Mitigate the supply of drugs and liquor through enhanced operations	Border policing actions targeting trafficking in drugs: In land ports, (vehicles), sea ports (containers), airports (cargo), illicit drugs, firearms, stolen vehicles, consignment, smuggled persons, counterfeit goods/ contraband	1584 vehicles profiled and searched. 3324 containers profiled and searched. 2278 cargo profiled and searched.	3	Security 12	2
	Border policing actions targeting trafficking in drugs	Provincial initiated: Eastern Cape 8, Limpopo 24, Mpumalanga 4, North West 5.	3	Security 2 (NatJoints)	2

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
South African Revenue Service (SARS)					
Mitigate the supply of drugs and liquor through enhanced operations	Risk analysis and narcotics seizures	913 seizures at worth R409-million and 898 at 16 airports worth R31.4-million	3	Security 12	2
Department of Correctional Services					
Mitigate the supply of drugs through enhanced operations	Conduct intense searches of contraband in different Correctional Centres	84 932 substances weighing 639 592.99g and with a value of R354,353.95 confiscated nationally	3	Security 12	2



GOAL 3: Ensuring availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion

Measurable objectives

- Import and export authorisations.
- Drugs on Standard Treatment Guidelines and Essential Medicines List (EML) for drug-related treatment.

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
Department of Health					
Reduce the non-medical use and misuse of drugs and prevent their diversion, misuse, and trafficking	Strengthen mechanisms to minimise illegal manufacturing, supply, and all forms of trafficking of licit and illicit drugs. Capacitate SAHPRA	Controlled licensing processes and controlled permit processes in place.	3	Developmental 8	2



GOAL 4: Identify trends and control of new psychoactive substances (NPS)

Measurable objectives

- Number trained to identify and control New Psychoactive Substances (NPS) and amphetamine-type stimulants (ATS).
- Number of arrests of dealers.
- Number of clandestine laboratories dismantled.
- Arrest of internet drug dealing.

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
South African Police Service (SAPS)					
Optimised identification and detection of new psychotropic/ psychoactive substances	Number of drugs confiscated during the dismantling of clandestine drug laboratories (CDLs).	7 cases of synthetic cannabis.	3	Security 12	2
Monitoring trends in the compositions, production, distribution of NPS, ATS, and chemicals used for illicit drugs	Engage with internal & external stakeholders to collect intelligence on individuals, syndicates	15.61% (274 arrests made in current year compared to previous reporting period).	3	Social 2 Security 12	4



GOAL 5: Promote governance, leadership, and accountability for a coordinated multi-sectoral effective response, including economic development at community levels

Measurable objectives

- Central Drug Authority (CDA) accountability score.
- Percentage of PSAFs and LLDACs submitting monthly reports.
- Percentage of responsible departments with allocated budget.
- Amount of additional funding raised to implement the NDMP.

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
Central Drug Authority (CDA)					
CDA Annual Report 2021/22	Compile CDA Annual Report to the Minister by 31/08 and to Parliament by 30/09.	CDA Annual Report 2020/21 submitted to the Minister (31/08) & to Parliament (30/09/21).	5	Developmental 8	4
Compile and recommend CDA Annual Report be tabled in Parliament	All departments and entities PSAF submit Annual Report	Annual reports submitted by all PSAFs and 80% of departments and entities. CDA partners contributed to the Annual Report.	5	Social 2	
Conduct review sessions of reports received and provide trends on how they have performed and how they can improve performance	Identify successes, challenges and approaches to address these in implementing the NDMP, using a multi-sectoral approach	On 12 November 2021, a review webinar session on the 20/21 Annual Report, was held (as per the Act) with departments, PSAFs, and other key stakeholder departments and agencies (e.g. Department of Women, Youth and People with Disabilities; SANAC; Higher Education; SAMRC; NYDA & SANPUD). Outcomes from the session were considered in the CDA's strategic plan.	5	Social 2	11

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
Monitor the utilisation of resources allocated for combating substance abuse	Conduct oversight visit to treatment facilities	Conducted oversight visits (12 in October, 1 in December) to treatment centres to assess implementation of the NDMP.		Social 3	
Monitor and evaluate implementation of the NDMP 2019–2024	Technical support by Secretariat to the CDA	No record of technical support in respect of working equipment provided	1 3 4	Developmental 8	3
Monitor and evaluate implementation of the NDMP 2019–2024	Monitoring of PSAFs	Nine PSAFs are in place.	1 3 4	Developmental 8	3
Capacity-building of stakeholders on the NDMP 2019–2024	CDA meetings	Meetings held with available members – records unavailable.	1 3 4	Developmental 8	3
Department of Justice & Constitutional Development					
Provide advice to sector Ministers on trends, extent, policy issues and any matter that requires CDA expertise	Contribute to the development of legislation and regulations, to facilitate effective governance in the alcohol and drug supply chain	<i>Minister of Justice and Constitutional Development and Others v Prince</i> (the judgment), Sections 4(b) and 5(b) of the Drugs and Drug Trafficking Act, 1992, and Section 22A(9)(a)(i) of the Medicines Act, were declared inconsistent with the Constitution. The Draft Regulation of Cannabis Bill is in Parliament.	2 and 3	Health 1 Human rights 6 Development 9	2
Enhance operational coordination at all levels	Participation in case flow management meetings to monitor drug and alcohol matters by regional heads	Achieved.	3	Social 2	3
Promote and strengthen regional and international cooperation	Coordinated regional and international response	The Extradition and the Mutual Legal Assistance in Criminal Matters Treaties went into force with United Arab Emirates (10 July 2021) and Mexico (23 March 2022). Developed a National Framework on Extradition and Mutual Legal Assistance to coordinate requests received from foreign states & to ensure they comply with procedures and legislation, and an inter-departmental committees established.		Social 2	
Department of Higher Education and Training (DHET)					
Compile annual report for CDA and recommend it be tabled in Parliament		Drafted, submitted, and presented the report to CDA			

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
Department of International Relations and Cooperation (DIRCO)					
Promote and strengthen regional and international cooperation	Compliance with the International body reporting requirements	Complied with the International Narcotics Control Board's (INCB) annual reporting requirements.	8	Social 2	8 and 5
Promote and strengthen regional and international cooperation	Combat substance abuse through facilitating and coordinating technical meeting	Facilitated SA's participation in the Commission of Narcotic Drugs (CND) 65th Session in Vienna (March 2022). SA delivered statement on adhering to scientific and evidence-based approaches, reiterating commitment to the 3 obligations and giving a status update on decriminalisation of cannabis for private use. Delegation negotiated four successful resolutions (promoting alternative development with protection of the environment, intensifying efforts to address diversion of non-scheduled chemicals used in the manufacture & proliferation of designer precursor, link between illicit drug and illicit trafficking of firearms, promoting scientific, evidence-based early interventions).	2	Social 2	8 and 5
Promote and strengthen regional and international cooperation	Facilitate SA's participation in international and regional engagements	SA delegation participated in the 31st Heads of National Drug Law Enforcement Agencies (Africa) held in Vienna Austria on 21/09/22 and underlined the increase of illicit drug trafficking through ICT (cybercrime)		Social 2	



GOAL 6: Strengthen data collection, monitoring, evaluation, and research evidence to achieve the goals

Measurable objectives

- Functional national reporting system in place.
- Baselines established for indicators.
- National drug research agenda compiled.

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
Department of Health					
Monitor and evaluate the implementation of NDMP 2019–2024	Optimise routine data collection	Data collection by the SACENDU project via a contract with SAMRC extended. Regional workshops on bi-annual report held.	3	Social 4	7
Department of Justice & Constitutional Development					
Submit statistical reports to stakeholders as and when required	Optimise routine data collection	Four quarterly reports received on charges against children. 51% decrease in charges for possession/use of drugs (thought to be linked to the case Director of Prosecutions, S Gauteng and Minister of Justice & Correctional Services and the Centre for Child Law in <i>the State vs LM and three others</i>).	5	Social 4	7
Department of Correctional Services					
Disseminate data at local, national and international level	Optimise routine data collection	ASSIST completed and findings will be shared with management		Developmental 8	



GOAL 7: Stimulate robust and sustainable economic growth aimed at reducing poverty, unemployment and inequalities

Measurable objectives

- Number of jobs created to improve the country.
- The number of people who became constructively occupied and not indulged in substances or received new skills, personal and economic development.
- Number of community profiling and dialogues at areas which are affected by social ills including gangs, crime, and substance abuse.
- Research conducted on household buying powers, poverty, unemployment, inequalities, substance abuse, youth participation in economic projects, as well as recommendations implemented to improve the situation etc.

None of the national departments reported on this goal. This is a concern and will be addressed in the next reporting period.

Reports Received from Provincial Substance Abuse Forums



GOAL 1: Demand reduction through prevention and treatment of drug use, misuse and abuse

Measurable objectives

- Reduction in drug use.
- Percentage SUD treated.
- Harms minimised.

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
Eastern Cape					
Prevent substance use initiation and delay uptake	Educational talks (awareness campaigns) & community dialogues	188 686 people reached.	2	Health 1	7
Prevent substance use initiation and delay uptake	Conduct educational awareness campaigns	Implemented 4 public advocacy campaigns and 12 foetal alcohol syndrome campaigns. Group sessions held with 60 pregnant, 1720 households, three schools (954 learners reached). 453 community members and children reached through educational awareness campaigns focusing on sex workers.	2	Health 1	7
Increase participation of people with SUD in treatment programmes	Treat service users who have already started using substances	2974 accessed treatment.	2	Health 2	7
Increase participation of people with SUD in treatment programmes	Treat service users who have already started using substances	452 accessed aftercare services.	2	Health 2	7
Increase participation of people with SUD in treatment programmes	Treat service users who have already started using substances	21 support groups established.	2	Health 2	7
Gauteng					
Prevent substance use initiation and delay uptake	Educational talks (awareness campaigns) & community dialogues	3 755 235 people reached through substance abuse prevention awareness programmes. 4270 people reached through festive season campaigns. 446 661 viewers of anti-substance abuse programme Kick-it. 1 728 550 people reached via radio on illegal treatment centres. 100 regional liquor awareness workshops conducted within the 5 Gauteng Regions. 800 reached through crisis care lines.	2	Health 3	7

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
Prevent substance use initiation and delay uptake	Educate and empower professionals & community members	700 people attended the Ke-Moja awards ceremony.	2	Health 3	7
Ensure adequate capacity, quality & availability of evidence-based treatment programmes & facilities	Use primary prevention measures to prevent drug use initiation and delay uptake	116 443 district and school-based support teams. 86 substance abuse-related cases managed through implementing mass-based and modular at high-risk schools.	2	Health 1	7
Prevent substance use initiation and delay uptake	Conduct educational awareness campaigns.	427 offenders reached through primary prevention programmes. 490 offenders reached through individual therapy. 58 offenders reached by external service providers.	2	Health 2	7
Prevent substance use initiation and delay uptake	Contribute to social crime prevention, anti-substance abuse and reduce unemployment through implementing cultural and creative industries programmes	237 creatives, youth, adults reached in partnership with Kitso Information Development Centre NGO. Supported 13 leagues with 3296 soccer participants.	2	Health 1	7
Increase participation of people with SUD in treatment programmes	Treat service users who have already started using substances	13 319 accessed treatment services. 4 employees received counselling and referred to rehabilitation centre.	2	Health 2	7
KwaZulu-Natal					
Increase participation of people with SUD in treatment programmes	Treat service users who have already started using substances	1908 people accessed SUD treatment services.	2	Health 2	7
Use primary prevention measures to prevent drug use initiation and delay uptake	Increased capacity-building and awareness to prevent drug-related crime	89 309 beneficiaries reached through outreach campaigns.	3	Social 1	8
Free State					
Use primary prevention measures to prevent drug use initiation and delay uptake	Increased capacity-building and awareness to prevent drug-related crime	98 people (service providers) trained on the reviewed Ke-Moja manuals.	3	Social 1	8
Increase participation of people with SUD in treatment programmes	Treat service users who have already started using substances	633 accessed treatment centres.	2	Health 2	7

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
Prevent substance use initiation and delay uptake	Educational talks (awareness campaigns) & community dialogues	50 462 people reached through SUD prevention programme.	2	Health 1	7
Limpopo					
Prevent substance use initiation and delay uptake	Contribute to social crime prevention, anti-substance abuse and reduce unemployment through implementing cultural and creative industries programmes	14 091 learners participated in school sports tournaments.	3	Social 1	8
Increase participation of people with SUD in treatment programmes	Treat service users who have already started using substances	319 service users accessed services.	2	Health 2	7
Prevent substance use initiation and delay uptake	Conduct educational awareness campaigns.	212 people accessed programmes in correctional centres.	2	Health 2	7
Prevent substance use initiation and delay uptake	Educational talks (awareness campaigns) & community dialogues	155 people capacitated through training on SUDs.	2	Health 1	7
Prevent substance use initiation and delay uptake	Educational talks (awareness campaigns) & community dialogues	39 917 people reached.	3	Health 1	8
North West					
Prevent substance use initiation and delay uptake	Provide accurate information of risks through multiple communication channels: behaviour change; peer educator outreach health education, ward-based outreach teams	231 453 people reached through prevention awareness campaigns.	3	Social 1	8
Increase participation of people with SUD in treatment programmes	Treat service users who have already started using substances	3482 accessed treatment services.	2	Health 2	7
Mpumalanga					
Prevent substance use initiation and delay uptake	Provide accurate information of risks through multiple communication channels: behaviour change; peer educator outreach health education, ward-based outreach teams	1104 awareness campaigns conducted on substance abuse. 225 educational awareness campaigns conducted. 328 hotspot schools identified.	3	Social 1	8

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
Prevent substance use initiation and delay uptake	Provide accurate information of risks through multiple communication channels: behaviour change; peer educator outreach health education, ward-based outreach teams	24 drug awareness campaigns conducted on International Day Against Drug Abuse and Illicit Trafficking. Festive season campaign. 1 anti-drug abuse awareness campaigns in institutions of higher learning. 200 schools provided with metal detectors.	3	Social 1	8
Prevent substance use initiation and delay uptake		4000 learners participated in district winter games. 1000 learners participated in provincial winter games. 8 leagues supported (soft ball, athletics, tennis, basketball, netball, football, cricket and volleyball). 45 athletes supported through the academy's scientific support.	3	Social 1	8
Increase participation of people with SUD in treatment programmes	Treat service users who have already started using substances	2493 service users accessed SUD treatment services. 125 sessions conducted on aftercare services. 10 hospitals provided detoxification services to service users prior to admission to in-patient treatment centres. 7 facilities provided effective, affordable quality treatment, care and services to people with SUDs.	2	Health 2	7
Ensure adequate capacity, quality & availability of evidence-based treatment programmes & facilities	Educate and empower professionals & community members	Conducted capacity-building sessions: 3 on universal treatment curriculum and 1 on SUD. Participated in 2 motivational interviewing training sessions.	3	Health 3	8
Western Cape					
Prevent substance use initiation and delay uptake	Provide accurate information of risks through multiple communication channels: behaviour change; peer educator outreach health education, ward-based outreach teams	5 697 761 reached through various awareness campaigns implemented.	3	Social 1	8
Ensure adequate capacity, quality, and availability of evidence-based treatment programs and facilities.	Educate and empower professionals & community members	199 accessed in-patient opioid detoxification at DHW and Stikland Hospital. 2505 people screened using Matrix Model. 1567 assessments conducted.	2	Health 3	7

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
Ensure adequate capacity, quality & availability of evidence-based treatment programmes & facilities	Educate and empower professionals & community members	231 families reached through strengthening families programme. 777 learners reached through Essentially Me Programme. 753 learners reached through FAS simulator programme. 3000 learners reached through after-school programme. 181 books on SUDs distributed.	3	Health 3	8

GOAL 2: Supply reduction through multi-sectoral cooperation

Measurable objectives

- Increase focus on disruption, dismantling and neutralising the drug trafficking networks as opposed to drug users.
- Reduce drug-related corruption and money laundering.
- Reduce the diversion of precursor chemicals.
- Strengthen monitoring and reporting mechanisms related to NPS and emerging drugs.
- Improve understanding of the national drug threat assessment.
- Improve information gathering and analysis of the drug threats and trends.
- Improve investigation, prosecution and convictions of drug supply networks.
- Review and harmonise laws and policies related to supply reduction.

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
Eastern Cape					
Mitigate the supply of drugs & liquor through enhanced operations	Increase focus on disruption, dismantling & neutralising drug trafficking	365 unlicensed liquor outlets closed. 3565 people arrested for dealing with illicit drugs. 575 arrested for DIU. 571 drunk driving operations conducted.	3	Security 13	8
Capacity-building & awareness to prevent drug-related crime	Increase focus on disruption, dismantling & neutralising drug trafficking	35 schools in school safety programmes.	3	Security 12	8
Gauteng					
Mitigate the supply of drugs & liquor through enhanced operations	Increase focus on disruption, dismantling & neutralising drug trafficking	11 797 drug search and seizures conducted. 605 742 445 mm liquor. 4146 illegal liquor outlets closed.	3	Security 13	8
Monitoring of compliance	Increase focus on disruption, dismantling & neutralising drug trafficking	26 402 arrests suspected of illicit trade in liquor, drugs & syndicates arrested.	3	Security 12	8

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
Capacity-building & awareness to prevent drug-related crime	A reduction in the numbers of people imprisoned for minor, non-violent drug offences	5 schools identified to for implementation of school safety programmes.	3	Security 12	8
KwaZulu-Natal					
Mitigate the supply of drugs and liquor through enhanced operations	Increase focus on disruption, dismantling & neutralising drug trafficking	958 cases opened for non-compliance at liquor outlets	3	Security 12	8
Mitigate the supply of drugs and liquor through enhanced operations	Increase focus on disruption, dismantling & neutralising drug trafficking	22 arrests from 7 drug syndicates.	3	Security 12	8
Monitoring of compliance.	Increase focus on disruption, dismantling & neutralising drug trafficking	34 136 liquor outlets inspected.	3	Security 12	8
Capacity-building & awareness to prevent drug-related crime	A reduction in the numbers of people imprisoned for minor, non-violent drug offences	815 schools implemented school safety programme.	3	Security 12	8
Limpopo					
Capacity-building & awareness to prevent drug-related crime	A reduction in the numbers of people imprisoned for minor, non-violent drug offences	3896 schools were linked to police stations.	3	Security 12	8
Mitigate the supply of drugs and liquor through enhanced operations	Increase focus on disruption, dismantling & neutralising drug trafficking	2142 liquor premises/ outlets inspected. 34 liquor premises/outlets closed.	3	Security 12	8
Capacity-building & awareness to prevent drug-related crime	A reduction in the numbers of people imprisoned for minor, non-violent drug offences	20 schools identified as hotspots to implement school safety programme.	3	Security 12	8
Free State					
Mitigate the supply of drugs and liquor through enhanced operations	Increase focus on disruption, dismantling & neutralising drug trafficking	762 046.51 kg drugs and 72 960.19 litres alcohol confiscated.	3	Security 12	8
Mpumalanga					
Capacity-building & awareness to prevent drug-related crime	Increase focus on disruption, dismantling & neutralising drug trafficking	406 awareness conducted on substance abuse.	3	Security 13	8

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
Mitigate the supply of drugs and liquor through enhanced operations	Increase focus on disruption, dismantling & neutralising drug trafficking.	1666 roadblocks conducted at hotspot areas. 3866 site monitoring and inspection at liquor outlets conducted. 6824 liquor-related arrest made. 732 unlicensed liquor premises closed. 257 liquor traders charged.	3	Security 13	8
Prevent substance use initiation & delay uptake	Provide accurate information of risks through multiple communication channels: behaviour change; peer educator outreach health education, ward-based outreach teams	36 school safety projects and 11 prison visits conducted. 9 contact crime projects, 9 vulnerable group projects and 9 rural safety projects implemented. 18 anti- crime awareness campaigns conducted.	3	Social 1	8
North West					
Monitoring of compliance	Increase focus on disruption, dismantling & neutralising drug trafficking	4304 liquor outlet compliance inspections conducted: 3148 compliant & 1156 non-compliant.	3	Security 13	8
Mitigate the supply of drugs and liquor through enhanced operations	Increase focus on disruption, dismantling & neutralising drug trafficking	7 school safety programmes and 64 disruptive operations conducted. 134 970 857 ml of liquor, 90 297 362 ml of homebrew and 5 550 680 ml of concoction confiscated. 182 inspections in terms of the National Liquor Act and 2728 inspections in terms of the Provincial Liquor Act (27 of 1989). Drugs seized to the value of R307,695. Dagga seized to the value of R121,400.	3	Security 13	8
Western Cape					
Enhance operational coordination at all levels	Increase focus on disruption, dismantling & neutralising drug trafficking	1009 drug raids conducted. 399 DWI arrests. 107 roadblocks hosted.	3	Security 13	8
Enhance operational coordination at all levels	Liquor by-law enforcements operation conducted	178 new liquor applications received. 1400 licensed liquor premises inspected: 1224 premises compliant, 161 non-compliant. 483 unlicensed premises inspected. 274 complaints.	3		8



GOAL 3: Ensuring availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion

No report was received from the PSAFs on this goal, as it is not implementable at provincial level.



GOAL 4: Identify trends and control of new psychoactive substances (NPS)

Measurable objectives

- Number trained to identify and control New Psychoactive Substances (NPS) and amphetamine-type stimulants (ATS).
- Number arrests of dealers.
- Number of clandestine laboratories dismantled.
- Arrest of internet drug dealing.

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
KwaZulu-Natal					
Address NPS, ATS, the diversion of precursors and pre-precursors & the non-medical use/misuse of pharmaceuticals containing narcotic drugs and psychotropic substances	Control NPS, ATS, the diversion of precursors, and the non-medical use/misuse of pharmaceutical containing narcotic drugs and psychotropic substances. Monitor the import & export authorisation of precursors. Conduct awareness campaigns to make the public aware of dangers of NPS, ATS and precursors	15 officials trained on NPS from the Department of Health. SAPS conducted a raid in buildings around Ladysmith and seized fields of dagga plants (January 2022).	3	Security 12	8
Gauteng					
Address NPS, ATS, the diversion of precursors and pre-precursors & the non-medical use/misuse of pharmaceuticals containing narcotic drugs and psychotropic substances	Control NPS, ATS, the diversion of precursors, and the non-medical use/misuse of pharmaceutical containing narcotic drugs and psychotropic substances. Monitor the import & export authorisation of precursors. Conduct awareness campaigns to make the public aware of dangers of NPS, ATS and precursors	Confiscated: 19 264 505 grams (cannabis/dagga dry), 18 826 cocaine powder, 334 614 crystal meth, 5240 heroin/Thai white, 27 390 Mandrax (tablet).	3	Security 12	8

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
Mpumalanga					
Address NPS, ATS, the diversion of precursors and pre-precursors & the non-medical use/misuse of pharmaceuticals containing narcotic drugs and psychotropic substances	Control NPS, ATS, the diversion of precursors, and the non-medical use/misuse of pharmaceutical containing narcotic drugs and psychotropic substances. Monitor the import & export authorisation of precursors. Conduct awareness campaigns to make the public aware of dangers of NPS, ATS and precursors	2007 chemicals for drug manufacture seized. During operations, the following drugs were seized: cannabis/dagga 5782020,1376g), cannabis/dagga plants (124 544), cocaine powder (13541,828g), crack cocaine/rocks (2600,562g), crystal meth (107827,71g), ecstasy powder (413g), heroin (325 millilitres), heroin/Thai white (142142,93g), Khat (588,55g), mandrax powder (312g), methcathinone/CAT (130,021g), nyaope (356949,16g), Rivotril powder (002g), whoonga (.004g). 5654 people were found in possession of NPS, ATS and precursors.	3	Security 12	8



GOAL 5: Promote governance, leadership, and accountability for a coordinated multi-sectoral effective response, including economic development at community levels

Measurable objectives

- Central Drug Authority (CDA) accountability score.
- Percentage of Provincial Substance Abuse Forum (PSAF) and Local Drug Action Committee (LDAC) submitting monthly reports.
- Percentage of responsible departments with allocated budget.
- Amount of additional funding raised to implement the NDMP.

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
Eastern Cape					
Support the CDA to achieve its mandate as prescribed in the NDMP 2019–2024	Facilitation of PSAF meetings	PSAF comprised of: Health, Education, Safety & Liaison, SAPS, Department of Transport; other stakeholders include Eastern Cape Liquor Board, NICRO, SANCA East London, Thembelitsha Rehabilitation Centre.	3	Social 2	8

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
Support the CDA to achieve its mandate as prescribed in the NDMP 2019–2024	LDACs established	LDACs established, and some have interim leadership structures. LDAC support is required. CDA representative assigned to the Eastern Cape engages with the work of the ECSAF.	3	Social 2	8
Gauteng					
Support the CDA to achieve its mandate as prescribed in the NDMP 2019–2024	Facilitation of PSAF meetings	Meetings held with interim Chairperson and attended by CDA representative. No meeting of the one established LDAC in 2021/22.	3	Social 2	8
	Capacitation of PSAF & LDACs	Capacitation of Free State SAF (FSSAF) on the NDMP 2019–2024 required to enable better implementation.	3	Social 2	8
Free State					
Support the CDA to achieve its mandate as prescribed in the NDMP 2019–2024	Facilitation of PSAF meetings	The assigned CDA representative supports FSSAF, but meetings scheduled in 2021/22 did not materialise.	3	Social 2	8
	LDACs established	Audit of established and functional LDACs is pending.	3	Social 2	8
	Submission of reports	FSSAF AR submitted as a presentation, not in NDMP 2019–2024 template.	3	Social 2	8
	Capacitation of PSAF & LDACs	30 people (government and NPO officials) were capacitated on the NDMP. Further capacitation is needed to enable better implementation of the NDMP.	3	Social 2	8
KwaZulu-Natal					
Support the CDA to achieve its mandate as prescribed in the NDMP 2019–2024	Facilitation of PSAF & LDAC meetings	KZNSAF established 2 PSAF and LDAC strengthening meetings held with CDA. The assigned CDA representative engages with the KZNSAF.	3	Social 2	8
	Ensuring multi-sectoral governance, involvement planning & accountability	KZNSAF attended and supported launch of CDA digital media pages with Chairperson (MEC N Khoza).	3	Social 2	8
	LDACs established	Audit of established & functional LDACs outstanding.	3	Social 2	8
	Submission of reports	LSAF AR submitted.	3	Social 2	8
Limpopo					
Support the CDA to achieve its mandate as prescribed in the NDMP 2019–2024	Capacitation of PSAF & LDACs	3 LSAF meetings facilitated. The assigned CDA representative engages with the LSAF.	3	Social 2	8
	Establish & strength LDACs	1 LDAC established.	3	Social 2	8

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
Support the CDA to achieve its mandate as prescribed in the NDMP 2019–2024	LDACs established	LDACs to be re-establishment and strengthened on re-establishment of PSAF by MEC in 2022/23.	3	Social 2	8
Mpumalanga					
Support the CDA to achieve its mandate as prescribed in the NDMP 2019–2024	Ensure multi-sectoral governance, involvement planning & accountability	4 substance abuse forum meetings and 3 district roadshows facilitated. 18 LDACs audited. 8 consultation sessions conducted with departments on developing the provincial DMP 2020–2025. Participated at a meeting between CDA, SALGA and Provincial Forum on the LDAC. The assigned CDA representative engages with the MSAF.	3	Social 2	8
North West					
Support the CDA to achieve its mandate as prescribed in the NDMP 2019–2024	Ensure multi-sectoral governance, involvement planning & accountability	2 meetings of the NWSAF held. 12 departments in the NWSAF. The assigned CDA representative engages with the NWSAF.	3	Social 2	8
	LDACs established	SALGA engaged by CDA to establish LDACs throughout the province.	3	Social 2	8
Northern Cape					
CDA must monitor the implementation of the NDMP by departments in accordance with set deliverables and targets.	Facilitation of PSAF & LDAC meetings	Northern Cape PSAF not functional and LDACs throughout province not established. Province requires support to re-establish PSAF and LDACs. The assigned CDA representative supports the NC DSD convenor in pursuing the re-establishment of the NCSAF with the relevant provincial structure.	3	Social 2	8
Support the CDA to achieve its mandate as prescribed in the NDMP 2019–2024	LDACs established	CDA engaged SALGA, supported by the PSAF, to establish LDACs throughout the province.	3	Social 2	8
Western Cape					
Support the CDA to achieve its mandate as prescribed in the NDMP 2019–2024	Facilitation of PSAF & LDAC meetings	Meetings between PSAF and LDACs scheduled and held. CDA representative in the WC supports the PSAF.	3	Social 2	8
	Ensure multi-sectoral governance, involvement planning & accountability	The PSAF is supported and engages stakeholders in the SUD space: WFAD GWG, ITTC Advisory Board, DSD, DHW, WCLA, DOCS, SAPS, UNODC, Callas Foundation, Substance Sector Forum: NPO funded partners, SADAG.	3	Social 2	8
	LDACS established	CDA engaged SALGA supported by the PSAF to establish LDACs throughout the province.	3	Social 2.	8

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
Support the CDA to achieve its mandate as prescribed in the NDMP 2019–2024	Submission of reports	WCSAF AR submitted.	3	Social 2	8
	Capacitation of PSAF & LDACs	Swartland LDAC workshops/trainings held.	3	Social 2	8



GOAL 6: Strengthen data collection, monitoring, evaluation, and research evidence to achieve the goals

Measurable objectives

- Functional national reporting system in place.
- Baselines established for indicators.
- National drug research agenda compiled.

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
Mpumalanga					
Monitor & evaluate the implementation of the NDMP 2019–2024	Quantify accountability at all levels. Disseminate national data at local, national & International level	1 provincial database developed. 10 monitoring sessions conducted for compliance with minimum norms & standards	3	Social 4	8



GOAL 7: Stimulate robust and sustainable economic growth aimed at reducing poverty, unemployment and inequalities

Measurable objectives

- Number of jobs created to improve the country.
- Number of people who became constructively occupied and not indulged in substances or received new skills, personal and economic development.
- Number of community profiling and dialogues in areas which are affected by social ills including gangs, crime, and substance abuse.
- Research conducted on household buying powers, poverty, unemployment, inequalities, substance abuse, youth participation in economic projects, as well as recommendations implemented to improve the situation etc.

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
Eastern Cape					
Coordinate relevant projects & programmes that will provide alternative development to youths, unemployed, etc.	Implementation of substance abuse programmes by external service providers	160 job opportunities created through implementing the Teenagers against Drug Abuse programme.	1	Developmental 10	5

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
Gauteng					
Coordinate relevant projects/programmes that will provide alternative development to youths, unemployed, etc.	Implementation of substance abuse programmes by external service providers	602 recovering service users participating in the Tshepo 1 million programme.	1	Developmental 10	5
	Implementation of substance abuse programmes by external service providers	12 recovering users and addicts placed under Faded Black Innovations Organisation for skills development training.	1	Developmental 10	5
	Implementation of substance abuse programmes by external service providers	209 beneficiaries enrolled in learnership/skills programme. 39 beneficiaries completed learnership/skills programme. 191 beneficiaries employed.	1	Developmental 10	5
Free State					
Coordinate relevant projects/programmes that will provide alternative development to youths, unemployed, etc.	Establish skills development & learnership programmes		1	Developmental 10	5
KwaZulu-Natal					
Coordinate relevant projects/programmes that will provide alternative development to youths, unemployed, etc.	Establish skills development (SD) & learnership programmes	16 youth participated in the learnership programme. 2691 youth participated in SD programme	1	Developmental 10	5
	Implementation of programmes by external service providers	874 people benefitting from poverty reduction initiatives	1	Developmental 10	5
	Implementation of programmes	968 social workers employed on 4-month contract (Dec 2021–Mar 2022)	1	Developmental 10	5
Limpopo					
Coordinate relevant projects/programmes that will provide alternative development to youths, unemployed, etc.	Establish skills development & learnership programmes	51 field workers with accredited training provided with stipend in line with ministerial determination.	1	Developmental 10	5

Deliverables	Activities	Achievements	MTSF Outcomes	Activity Contribution to Outcomes	Conference Resolution
North West					
Coordinate relevant projects/programmes that will provide alternative development to youths, unemployed, etc.	Establish skills development & learnership programmes	110 learnerships awarded.	1	Developmental 10	5
Western Cape					
Coordinate relevant projects/programmes that will provide alternative development to youths, unemployed, etc.	Implementation of programmes	160 after-school practitioners employed. Community liaison officers employed to monitor the implementation of programmes at 29 sites.	1	Developmental 10	5
	Implementation of programmes	56 young people accessed job readiness workshops. 123 Youth in Service programme (1000 stories Library Project). 4554 assisted with career guidance and information about economic opportunities. 224 accessed entrepreneurship training. 5 providers already actively providing jobs to recovered alcohol and other drug abusers through NHDCC negotiations.	1	Developmental 10	5



EVALUATION AND RECOMMENDATIONS

The CDA's mandate is not to be an implementation agent of the NDMP but to direct, coordinate, control, monitor and evaluate the programmes and activities of its implementing stakeholders, at national, provincial and local level. In order to fulfil its mandate, the CDA receives reports from its stakeholders on progress made in achieving the NDMP goals. The following is an evaluation of these reports, which were covered in more detail in chapters 7 and 8, in relation to the aims and objectives of the NDMP.

The NDMP 2019–2024 represents a paradigm shift in dealing with substance use and abuse. Drawing on scientific evidence and international best practice, the approach is people-centred, inclusive and participatory, and incorporates health concerns and reduction of harm. However, the reports show that departments and provinces have not shifted their approach to align to the NDMP principles. There is a strong focus on activities aimed at reducing social ills and improving the well-being of children, families and communities, which is commendable but contributes to a single outcome, which is not sustainable. Reporting by departments in the security cluster reveals that the approach taken remains punitive. This may be because moving people with SUDs into incarceration centres is seen as the best approach in the absence of the financial and other resources required to manage people dealing with SUDs, e.g., through placing them in appropriately resourced treatment centres. This radical approach to addressing drugs and substance abuse requires a comprehensive, holistic and integrated multi-stakeholder response, which is what the NDMP calls for. However, this is not

happening. The departments also do not seem to be consciously working towards meeting the NDMP's goals. Their efforts are incidental rather than directed towards achieving the NDMP's goals collectively, through a concerted and coordinated response.

- Although the reports submitted by national departments show that serious efforts are being made to address the scourge of drugs and substance abuse, departments continue to work in silos, with the exception of departments within the security cluster, which seem to be working together to a limited extent.
- Departments are not adhering to the responsibilities as outlined in the NDMP, creating gaps and deficiencies in the NDMP implementation. Some departments did not submit reports, while others submitted reports that did not comply with the framework provided for in the NDMP.¹⁰ In addition, not all departments had nominated a representative to the CDA before the start of the financial year.
- Most departments have not applied themselves to work on plans to meet the NDMP goals through developing their own drug master plans aligned to the NDMP 2019–2024.
- National departments and provinces are not working in tandem, as evidenced by departments not engaging in the PSAFs, which is an ongoing challenge. National departments have few, if any actionable plans to achieve Goal 7 of the NDMP, which would facilitate MTSF Outcome 1 (reduced levels of poverty). However, the provinces did report on Goal 7, which is encouraging but insufficient without the national sphere's contribution.

¹⁰ This meant that the authors of this report had to interpret the data provided from their own frame of reference.

- The provincial Departments of Social Development (DSD) have kept the PSAFs alive and somewhat functional, albeit with few resources to sustain their activities and to function as independent sub-structures of the CDA, but provinces and municipalities are not doing enough to provide resources or to support the work of PSAFs and LDACs.

The NDMP 2019–2024 has been framed in terms of impact, outcomes and outputs (with some inputs), as it is guided by government’s monitoring and evaluation policy introduced in 2010/11 that supports the concept of reporting in terms of results.¹¹ However, to date, no measuring instruments have been developed.

The 4th CDA has made exceptional progress during the first year of operations and has focused mostly on setting up systems to facilitate work performance. Much more work is needed to ensure that the CDA is able to fulfil its mandate. In particular, the positioning and resourcing of the CDA need to be urgently resolved.

As the previous Minister of Social Development said about the 3rd CDA, the CDA is “an Authority without authority”. The situation is the same for the 4th CDA. In essence, the CDA is a part-time body, as the majority of its members work full-time in organisations that are unrelated to the CDA. While this is normal in boards, the CDA’s particular challenges mean that it is unable to fulfil its mandate effectively. In particular:

- **The organisational relationship between the CDA and the national DSD**, once described by the DSD Director-General as “incestuous” because of the exceptional closeness, which makes relations unproductive and unseemly.
- **The location of the CDA within the DSD’s Substance Abuse Unit** means that the CDA is perceived as a departmental stepchild, subject to the department’s hierarchical arrangements and red tape, which stymies the CDA’s performance.
- **An under-capacitated Secretariat** that is totally inadequate to meet the CDA’s needs and demands and is fully accountable to the DSD, not the CDA, which creates tensions and negatively affects the CDA’s functioning.

These challenges are not new, and several studies and investigations have proposed concrete measures for addressing these challenges.¹² However, these measures have not been implemented.

Recommendations

If the country is serious about managing what President Ramaphosa has called a third pandemic, then **it must urgently commit to the repositioning and resourcing of the CDA**. The CDA should be removed from the DSD and supported with adequate resources that match the size of the drug challenges facing South Africa.

The CDA’s members and supporting structures need to be provided with the knowledge, skills and resources (financial, human and material) in order to be able to address the problem of drugs and substance abuse, which is international and ever-changing in nature and is having a massive biological, social and economic impact on South Africa.

The following recommendations are made:

1. **Resuscitate the Inter-Ministerial Committee (IMC) to Combat Substance Abuse**. Established in 2010 (but subsequently ceased to function), this IMC gave effect to the multi-sectoral approach proposed in the Act and comprised the Minister of Social Development (as convenor) and ministers of key departments mentioned in the NDMP. Resuscitating such an IMC would illustrate political commitment to addressing drug and substance abuse challenges, enable resources to be harnessed to support the CDA’s work, and ensure the accountability of all stakeholders for implementing the NDMP – ministers could hold each other and their ministries accountable. Collaboration is urgently needed within and between government departments and other spheres of government. These challenges need to be addressed by the Heads of Departments with support from the Premiers, relevant MECs, MMCs and Mayors.

¹¹ See the Public Service Commission publication ‘Basic Concepts in Monitoring and Evaluation’ dated February 2008.

¹² These include a 2012 Deloitte study, commissioned by the DSD, and a study by the CDA of similar organisations in other countries, “An overview of selected anti-drug organisations in selected countries”.

2. **Reinforce the CDA Secretariat, by employing an Executive Director (as per Section 55 of the Act)** and capacitating the other members of the Secretariat to support the Board. The CDA has developed a job profile for the Executive Director and submitted it to the DSD for job grading. Other government departments/entities also need to second officials (as prescribed by the Act) in order to relieve the CDA and committee chairpersons from doing work that should ordinarily be performed by competent full-time employees.

3. **Strengthen stakeholder relations**, through the CDA hosting two national stakeholder forums per year (to encourage continuous engagement around strategies and reporting) and establishing an international annual think-tank (to include all stakeholders and benchmark programme implementation, M&E and global compliance standards). In addition, CDA members must be encouraged to attend and support structures in their areas, while PSAF secretariats should draft annual calendars, so that all departmental representatives can commit in advance to attend meetings.

4. **Develop a national research agenda for substance abuse.** For instance, the CDA should develop a database containing data on substance use disorders ranging from general information to treatment centres and advances in research. A national survey

is needed to determine the trends and extent of substance/drug abuse, and the need, as well as the availability, accessibility and quality of services to respond to the need.

5. **Improve monitoring and evaluation.** The CDA must develop tools to manage the submission of reports by departments and provinces, as well as the internal governance systems needed to implement oversight and support as per the NDMP 2019–2024.

In Conclusion

The 4th CDA Board found a CDA that needed strengthening to align with the NDMP 2019–2024. It has a strong team of independent members and departmental representatives who, with adequate allocation of resources, should be able to follow through on the above recommendations. If the CDA Board is to use the powers conferred upon it by the NDMP and the Act, it will need to be removed from the DSD and be provided with sufficient resources to match the size of the challenges facing the country.

The CDA realises that the strides made in addressing challenges, both to date and in the future, would not be possible without the support of its stakeholders and partners. The CDA will continue working with its structures and these stakeholders to ensure that the NDMP's goals are implemented.



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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ATS	Amphetamine-type Stimulant
ATTC	Addiction Technology Transfer Centre
AU	African Union
AUC	African Union Committee
AUPA	African Union Plan of Action
BRICS	Brazil, Russia, India, China and South Africa
CC	Constitutional Court
CDA	Central Drug Authority
CDL	Clandestine Drug Laboratories
CMC	Communications and Marketing Committee (CDA)
CND	Commission on Narcotic Drugs
COGTA	Department of Co-operative Governance and Traditional Affairs
DAP	Drug Advisory Programme
DALRRD	Department of Agriculture, Land Reform and Rural Development
DBE	Department of Basic Education
DCS	Department of Correctional Services
DDR	Drug Demand Reduction
DHA	Department of Home Affairs
DHET	Department of Higher Education and Training
DIRCO	Department of International Relations and Co-operation
DJCD	Department of Justice and Constitutional Development
DMP	Drug Master Plan
DoH	National Department of Health
DSD	Department of Social Development
DSAC	Department of Sports, Arts and Culture
DTI	Department of Trade, Industry and Competition
EAP	Employee Assistance Programme
ECOSOC	Economic and Social Council of the United Nations
FASD	Foetal Alcohol Syndrome Disorder
FS	Free State
FSEC	Finance, Social and Ethics Committee (CDA)
GC	Governance Committee (CDA)
GF	Global Fund
HIV	Human Immunodeficiency Virus
HONLEA	Heads of National Drug Law Enforcement Agencies
ICAS	Independent Counselling and Advisory Services
ICPS	Integrated Social Crime Prevention Strategy
ICUDDR	International Consortium of Universities for Drug Demand Reduction
IMC	Inter-Ministerial Committee

INCB	International Narcotics Control Board
INHSU	International Network on Health and Hepatitis in Substance Users
ISSUP	International Society of Substance Use Professional
ITTC	International Technology Transfer Centre
KZN	KwaZulu-Natal
LDAC	Local Drug Action Committee
M&E	Monitoring and Evaluation
MEC	Member of the Executive Committee
MRC	Medical Research Council
MTSF	Medium Term
NDMP	National Drug Master Plan
NGO	Non-government Organisation
NPA	National Prosecuting Authority
NPS	New Psychoactive Substance
NYDA	National Youth Development Agency
OST	Opioid Substitution Therapy
OTC	Over the Counter
PPC	Programmes and Projects Committee (CDA)
PSAF	Provincial Substance Abuse Forum
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
RDMEC	Research, Data Collection, Monitoring and Evaluation Committee
SACENDU	South African Community Epidemiology Network on Drug Use
SADAG	South African Depression and Anxiety Group
SADC	Southern African Development Community
SALGA	South African Local Government Association
SAHPRA	South African Health Products Regulatory Authority (was Medicines Control Council, MCC)
SANAC	South African National Aids Council
SANCA	South African Council on Alcoholism and Drug Dependence
SANPUD	South African People who Use Drugs
SAPS	South African Police Service
SARS	South African Revenue Service
SBC	Social Behaviour Change
SD	Skills Development
SSP	Social Service Practitioner
SUD	Substance Use Disorder
UCT	University of Cape Town
UNODC	United Nations Office on Drugs and Crime
UTC	Universal Treatment Curriculum
WC	Western Cape
WDR	World Drug Report
WHO	World Health Organisation

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