
4. POLICY

Main Characteristics of National Drug Control Policy

The basis for the national drug control framework is the **National Drug Master Plan** (Master Plan), adopted by parliament in February 1999. The elaboration of such a plan was necessary as the Government's response to the drug problem – as stated in the Master Plan – had become “disjointed, fragmented and uncoordinated.” A number of national plans and strategies to address different aspects of substance abuse were drafted during the 1980s and early 1990s. They did not, however, provide a comprehensive response to the deteriorating drug problem of South Africa, and they were not properly implemented. Thus in 1997, the Minister of Welfare and Population Development requested the Drug Advisory Board to develop a Master Plan for South Africa to rectify these problems “in accordance with international practice”.

Taking a balanced approach to reducing the supply and demand for drugs, the overall objectives of the Master Plan are “to build a drug free society together and to make a contribution to solving the global problem of substance abuse.” The Master Plan's six priority areas are: (a) to reduce drug-related crime, (b) protect youth, (c) support community health and welfare, (d) strengthen research and information dissemination, (e) encourage international involvement, and (f) improve communication on substance abuse with all groups in South Africa's highly diverse population. One aspect of the Government's demand reduction policies includes “harm reduction”, which aims to reduce the negative social and health consequences associated with drug use rather than to reduce or eliminate drug use per se.

The Master Plan sets forth a broad strategy for integrating the efforts of various government departments and civil society to prevent and reduce drug-related problems, substance abuse and illicit drug trafficking in South Africa. Recognizing the social costs of addiction, the document calls for greater resources to be diverted to disadvantaged communities. It calls for a workable strategy at the community level through **Local Drug Action Committees** (in all 382 magisterial districts) and **Provincial Drug Forums** comprising the various government agencies, the private sector, experts and community organizations. It stresses the importance of shifting the focus from supply to demand reduction and from the individual to the community. Further, the Master Plan aims to ensure that “all educational material and other information [that] is disseminated is contextually correct, that is in a form and language appropriate to the culture, language, level of education and socio-economic background of its intended recipients”.⁵²

The link between drug use and the spread of HIV/AIDS is not emphasized anywhere in the Master Plan. There are only two minor references to the drugs-HIV/AIDS nexus in South Africa.⁵³

A **Central Drug Authority** (CDA) comprising both governmental appointees and experts from the non-governmental sector was established in 2000. The CDA is charged with giving a lead to the nation's drug control efforts and monitoring implementation. It makes

52 See Drug Advisory Board, 1998, pp. 7-8.

53 See Drug Advisory Board, 1998, pp. 1 and 21.

provision for a chairman and features representation from all concerned government agencies, as well as selected members of civil society. The latter come from research councils, universities, trade unions and business establishments concerned about drug abuse. The CDA is required to report back to Parliament on regular occasions regarding progress achieved. Local drug action committees and provincial drug forums are in various stages of formation and readiness. The entire Master Plan architecture can be considered to be only slowly making process.

Budgetary allocations

It is impossible to determine accurately the amount of Government spending on drug supply and demand reduction activities, but a drop in spending on demand reduction and treatment activities relative to supply reduction has almost certainly occurred over the past few years. With respect to forensic support it has stayed constant. Some treatment centres have been closed, and a plan to have more substance abuse cases handled by way of the primary health care system has not been developed. Without an increase in the budget for prevention activities, the national and provincial Departments of Social Development (formerly Welfare) generally have had to reduce their support to NGOs involved in prevention activities and have themselves initiated few prevention activities, one exception being the national “I’m Addicted to Life” campaign launched in 1995 which ran for just over one year (IMR 1997).

Convention adherence

South Africa is a party to the 1961 UN Single Convention on Narcotic Drugs, the 1972 Protocol (which amended the Single Convention), the 1971 Convention on Psychotropic Substances and the 1988 UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

Legislation

The control of licit drugs in South Africa is organized and managed through a number of pieces of legislation, two of which are of special note:

- The Medicines and Related Substances Control Act (101/1965): This supports the processes set out in the major UN Conventions on drug control and provides the definitional and conceptual basis for drug control policy in South Africa.
- The South African Drugs and Drug Trafficking Act (140/1992): This makes it an offense to supply substances to anyone while knowing or suspecting they will be used for the manufacture of illegal drugs. The Act further prohibits any person from converting property that he or she knows or suspects to be gained from the proceeds of drug trafficking, and it makes dealing in dangerous and undesirable drugs an offense punishable by up to 25 years imprisonment. The maximum sentence for the possession of drugs is 15 years. There are no prescribed minimum sentences.

Other relevant legislation includes:

- The Mental Health Act (18/1973)
- The Criminal Procedures Act (51/1977)
- The Prevention and Treatment Act (20/1992)
- The Financial Intelligence Centre Act (38/2001)
- The Prevention of Organized Crime Act (21/1998)

Drug control institutions – supply reduction and law enforcement

Official SAPS policing priorities place measures against drug trafficking under the category of organized crime where it features in the targeting of criminal organizations (along with firearms and stolen vehicles). Commercial crimes and corruption also fall under the category of organized crime. The cabinet's inter-agency "Justice Cluster" has a role in attempting to coordinate drug law enforcement on a national basis.

Under the 1992 Drugs and Drug Trafficking Act, the South African Police Service's Narcotics Bureau (SANAB) is given the lead on the enforcement side primarily in terms of detecting and investigating drug crimes.⁵⁴ However, there is also an important profiling, interdiction and controlled delivery role for SAPS Border Police and SARS (South African Revenue Service) Customs.⁵⁵ An attempt to coordinate law enforcement work at the country's borders by SAPS Border Police, SARS Customs and Home Affairs (Immigration) was attempted in the mid-1990s. This occurred under the auspices of the National Inter-Departmental Structure on Border Control (NIDS) which was disbanded in 2001. Border control coordination now takes place under a Border Control Coordinating Committee.

Over the past two years, however, a series of restructuring initiatives has resulted in unclarity within police ranks regarding which entity is primarily responsible for drug law enforcement. At present, the Organized Crime "component" (which operates under the Detective Service Division) has been given responsibility for this mandate within the police service. As constituted, the Organized Crime component serves as the reporting entity for several units including the Specialized Investigating Units, one of which is SANAB. The Organized Crime component also has 24 "task teams" reporting to it from throughout the country, each of which in principle contains at least one officer with specialized narcotics expertise. Specialized investigation units are being phased out, and some staff being integrated into the Organized Crime component. With some 40 per cent of SANAB offices already closed in this manner, the future of the remaining units is still uncertain.

In late 1999, a new organization was created and was given, *inter alia*, a drug law enforcement role. Entitled the "Directorate for Special Operations", but more commonly known as the "Scorpions", the unit was launched under the authority of the National Director of Public Prosecutions, who reports to the Minister of Justice but is required to report on issues related to the Scorpions directly to the President. The Directorate, combining elements of criminal justice investigation and prosecution, was formed to tackle high profile crimes and corruption, including drug crimes.

In the absence of precise mandate clarity, serious questions have arisen over the jurisdictional roles and operational functioning of SANAB, the Organized Crime component's task forces and the Scorpions in respect of drug law enforcement.⁵⁶

54 SANAB was established in 1974 to combat drug trafficking and abuse. In 1995, its investigative activities were divided into crimes involving large drug trafficking syndicates, to be dealt with by the Organized Crime Project Investigations Unit, and smaller cases of possession and dealing, which were handled by regular SANAB units. In 1995, SANAB split from the Organized Crime Unit.

55 In 2001, the restructuring of SARS Customs resulted, *inter alia*, in the creation of anti-smuggling units with a direct counter-narcotics role.

56 See, for example, H. Ludski, "It's Turf War!" *Sunday Times*, (Johannesburg) 9 April 2000.

The Drug Section of the SAPS **Forensic Science Laboratory** deals with analysis, crime scene attendance, illicit laboratory investigations⁵⁷, drug intelligence, and recording and keeping of seizures. There are four forensic drug sections which are based in Pretoria, Cape Town, Port Elizabeth and Durban.⁵⁸

The SAPS established a **Chemical Monitoring Programme** in 1999 primarily to prevent the diversion of precursor chemicals from the licit market to illicit drug manufacturing. Legislation has made it a criminal offence to import or export any of the listed chemicals without first being in possession of a permit issued by the Department of Trade and Industry and without the permit being approved by the Chemical Monitoring Programme of SANAB. Any company wishing to import or export a listed chemical must complete a Declaration of Intent to Import/Export, and the competent authorities are informed in order to consider whether investigations are necessary.

Drug control institutions – demand reduction, prevention and treatment

Prevention programmes are the responsibility of the Department of Social Development (formerly Welfare), while treatment falls under the auspices of the Department of Health. However, the respective roles are blurred in practice. Both Departments have allocated resources to prevention and treatment programmes, but constraints also exist with regard to funding. The Department of Social Development's budget for treatment is severely limited, and facilities are unevenly distributed throughout the country. The health and education sectors are minimally involved in prevention programmes. The latter gap is filled in part by a highly dedicated group of NGOs and concerned citizens, but their capabilities and mandates are limited. Government thus largely provides resources for the treatment of persons having substance abuse problems through NGOs such as the South African National Council on Alcoholism and Drug Abuse (SANCA).

The Department of Social Development and the Department of Education both support public awareness programs on the dangers of drug abuse, as do several NGOs. For example, "Soul City", which receives funding from the public and private sectors, is a highly successful multi-media health education initiative advocating healthy lifestyles for youth. SANCA has a network of drug treatment and outreach centres around the country and also trains drug abuse counsellors and others in related roles (e.g., teachers and social workers).

Department of Social Development: The Department's objective is "a welfare system which facilitates human capacity and self-reliance within a caring and enabling socio-economic environment". It funds – often through subventions to SANCA (see below) – drug prevention care and treatment services in many communities. Treatment falls into the following categories: (a) voluntary treatment in the community, (b) voluntary institutional treatment, and (c) statutory treatment under the terms of the Prevention and Treatment of Drug Dependence Act (1992). Prior to the early 1990s, the main efforts in substance abuse in South Africa tended to focus on treatment and rehabilitation. The shift toward preventive measures

57 This includes intelligence interpretation, training of agents, pre-raid briefings, raids, post-raid clean-ups, reconstruction and expert witnesses.

58 Note: There are approximately 10,000 submissions to the Forensic Science Lab per year (+/- 10 seizures per investigating officer per year). The Forensic Science Laboratory has approximately 20 scientists dealing with the same number of submissions (+/- 350 analyses per scientist per year).

was boosted in May 1995, following directives from the first democratic government which was concerned about the impact of drug abuse on the “re-stabilization process”.

At that juncture, the national and provincial departments of Social Development embarked upon a national school-based educational initiative called “I’m Addicted to Life”, aimed at teenagers between the ages of 11-20 years.⁵⁹ Its budget was approximately R2.5 million. The “I’m Addicted to Life” programme ended abruptly in 1997. Although the programme is seen as having raised awareness, it is not possible to gauge its impact on changing attitudes since the programme featured no built-in monitoring and evaluation systems (see IMG 1997). In terms of a coordinated effort at a national prevention programme, nothing preceded it other than various poster / pamphlet-based awareness campaigns. In 1999, the national Department of Social Development outlined that henceforth its financing policy would emphasize, *inter alia*, that future proposals from service providers would be favourably considered if they emphasized preventive approaches and if they were “redistributive, taking into account historical imbalances in terms of demography and the urban-rural divide” (Department of Welfare 1999a).

The Department of Social Development is providing interim secretariat services for the functioning of the Central Drug Authority. The Department has developed a prevention strategy (Department of Welfare 1999b) aimed at youth, which is currently in the form of a discussion document. The present document falls into line with overall direction of the strategy as regards useful indicative preventive approaches for youth, parents and adults in general. The strategy also recognizes the importance of ensuring political commitment to preventive approaches. The strategy foresees funding, *inter alia*, from international donors.

Department of Education: The Department of Education is implementing its Revised Curriculum 2005 initiative. This includes a Life Orientation Area of Learning which has a component that seeks to address adolescent risk behaviours, such as drug use and teenage sexuality as part of a holistic initiative aimed at the healthy development of young people. The substance abuse component is currently being reviewed and made stronger in order to address the escalation of the drug abuse problem within South Africa. As substance abuse is now within the curriculum, it also means that students will be examined on their knowledge and, as with all Outcomes Based Education, this is measurable. The Department has developed a “Policy Framework for the Management of Drug Abuse by Learners in Schools and Further Education and Training Institutions” which is intended to give guidance to schools in developing substance abuse policy. The ethos of the policy is restorative and supportive and treats substance abuse as a health and safety issue. The policy also calls for all teachers, both pre- and in-service, to receive appropriate education on substance abuse, as it does for all parents. Guidelines are currently being developed for the implementation of the policy. It is also envisaged that the Department will start to accredit prevention programmes that go into the schools.

59 The television series involved 13 9-minute episodes and 13 2-minute endorsements which were flighted in the afternoons and evenings. Thirteen 3-minute radio spots in 11 languages were also produced. In addition, 13 30-second personality endorsements were produced and flighted. Anti-drug posters were produced and distributed to every school in the country, and an anti-drug pledge campaign was initiated. Information leaflets were also produced and distributed to schools. The campaign was also expanded to include a video and teacher’s manual.

Department of Safety and Security: Aside from its drug law enforcement responsibilities, the Department, through its Secretariat for Safety and Security, supports – jointly with the Central Drug Authority and the United Nations Office on Drugs and Crime in Pretoria – the **Ke Moja** pilot drug awareness campaign. This campaign, launched in June 2002, uses various channels and outlets to reach youth at risk and their parents/guardians. It aims to empower individuals with the knowledge to make the right decision – by saying "Ke Moja" or "No thanks, I'm fine!" – when challenged with the pressure to take drugs. The campaign is being evaluated prior to an anticipated national roll-out in late 2002.

Department of Health: Although the main role of this department pertains to treatment, it also provides different levels of tertiary prevention. The Department's policy is still evolving but appears to aim essentially to ensure greater access to treatment via (a) primary care, (b) general hospitals, and (c) existing treatment centres. Responsibility for implementation of national policy is however at the provincial level. In 1999, the Department's Mental Health and Substance Abuse Directorate funded an initiative to develop a practical programme on how substance abuse prevention can be integrated into the life skills HIV/AIDS education programmes in schools.⁶⁰ This initiative is linked to the evolution of the Department of Education's Curriculum 2005 programme. The Department of Health is also involved with the WHO's Programme on Substance Abuse in an initiative funded by ODC to develop a five-year community-based project, aimed at the primary prevention of substance abuse among young people.

SANCA: Established in 1956, SANCA is a non-governmental organization whose major objectives are prevention and treatment of alcohol and drug dependence. SANCA is a national umbrella organization consisting of 38 alcohol and drug help centres providing over 76 service points / satellite offices in all nine provinces of South Africa. SANCA plays an important role in drug treatment and prevention in South Africa and partially fills gaps left by the Government's limitations in those fields. Information on alcohol and drugs is provided as well as skills training to address issues such as self-image and peer pressure. SANCA's Teenagers Against Drug Abuse (TADA) programme involves the setting up of youth action groups in high schools or youth groups after hours. It aims to prevent substance abuse among peers and promote alternatives. SANCA Johannesburg Society: This entity is constitutionally independent from, but affiliated with, SANCA. It comprises four divisions. Two of them – Phoenix House (an in-patient clinic) and the Centre for Alcohol and Drug Studies⁶¹ – are run autonomously.

Soul City: Soul City is a multi-media health education / counter-advertising initiative seeking to address a range of risk behaviours, including alcohol / smoking and violence against women, through a very popular prime-time sitcom aired on TV, as well as on radio and via the print media. The strategy embraces the concept of "edu-tainment", in which pro-social messages are creatively woven into drama programmes on both radio and television. The print media serves to supplement these programmes, providing in-depth information in synergy

60 The substantive preparation of the material has been subcontracted to the Institute of Health Training and Development, a private sector entity based in Johannesburg.

61 CADS has evolved and is currently implementing a Preventive Life Skills Education Programme involving over 15 schools both public and private in Gauteng – including underprivileged schools in the Soweto, East Rand and Westbury areas.

with the dramas.⁶² Soul City forms partnerships with community-based organizations and government departments, the private sector and international donors. Soul City (Phase 6) is tackling the issue of substance abuse. An evaluation of its initial activities has been conducted.⁶³ Soul City is considering broadening its message base to include substance abuse with a focus on drugs.

SACENDU – South African Community Epidemiology Network on Drug Use: SACENDU was established in 1996 by the Medical Research Council of South Africa and the University of Durban-Westville’s School of Psychology with the technical assistance of the WHO/PSA and the U.S. National Institute on Drug Abuse (NIDA). It is a network of researchers, practitioners and policy makers (e.g., law enforcement, health and welfare treatment services, and public health research) from sentinel areas in South Africa (Cape Town, Durban, Port Elizabeth, Gauteng and Mpumalanga). Members of SACENDU meet every six months to report on alcohol and other drug (AOD) use trends and associated consequences through the presentation and discussion of quantitative and qualitative research and other data.⁶⁴

MRC – Medical Research Council: The MRC is primarily engaged with epidemiological research into the nature and extent of alcohol and other drug use and with measuring the health impact of the misuse of alcohol and other drugs. Another key focus of the MRC is in the area of formulating local and national policy.

CSIR – Council for Scientific and Industrial Research: In the field of substance abuse, its research has mainly concentrated on alcohol and drug-related traffic infringements. It coordinated the 1999 3-Metros research project cited above.

HSRC – Human Sciences Research Council: The HSRC researches all aspects of substance abuse through its Centre for Alcohol Drug Related Research. Its research includes major surveys that target specific population groups, national surveys and expert analysis of statistical data.

SAAPSA – South African Alliance for the Prevention of Substance Abuse: SAAPSA was established in 1995 with the assistance of, *inter alia*, WHO/PSA. It includes members

62 Its three core work activities are as follows: (1) Soul City: TV programmes consist of 13 1-hour soap dramas with pro-social messages. It started in 1994. Its fourth series was released in 1999. “Soul City” is mixed-language with English subtitles. Messages are heavily research-dependent with a slow materials-development process (literature review, focus groups and contracting substantive experts as resource persons). The related “Soul City” radio drama series constitutes 60 episodes of a 15-minute daily drama. Unlike the TV programme, this possesses a more rural slant. It was evaluated in 1999 to have a catchment of several million. 750,000 booklets accompany each phase and are slipped into major national newspapers. (2) Post Mass Media initiatives: This is premised on the need to do more to effect a change in attitudes and behavior. It involves (a) a life skills programme for 12-18 year olds, and (b) an adult education package. (3) Soul Buddy: This is a 26-part TV drama for children aged 8-12. It focuses on HIV, sexuality and child abuse. It also involves children’s radio containing a 10-minute drama, a 10-minute information insert and a 10-minute talk show hosted by children. Print material includes 900,000 copies of a 120-page booklet for Grade 7s.

63 See Community Agency for Social Enquiry (CASE), “Let the Sky Be The Limit – Soul City Evaluation Report”, Jacana Education, South Africa, 1999.

64 See SACENDU Research Briefs, published by the Medical Research Council’s Mental Health and Substance Abuse Division.

from over 70 organizations. Its goal is to “facilitate networking among all organizations, government and civil society, concerned with drug and alcohol abuse in South Africa with a view to optimizing cooperation in the prevention and treatment of alcohol and drug abuse.”

Other NGOs prominent in the drug field include:

- Lovelife (campaigns promoting life skills and healthy lifestyles; no direct drug content)
- Cape Town Drug Counselling Centre (treatment, training, prevention and research)
- Narcotics Anonymous
- Bridges (prevention programmes in schools)
- RaveSafe (harm reduction at major rave parties)
- Drug Wise (counsellors)
- Horizon Programme (treatment, affiliated to SANCA)
- Elim Clinic (treatment)
- Stepping Stones (treatment)
- Institute for Security Studies (includes drug-related research)

There is a relatively wide network of public and private substance abuse treatment facilities in South Africa. These include some 300 organizations where support and after-care are provided: 67 community treatment facilities, 147 provincial and private hospitals and psychiatric hospitals, 12 detoxification facilities, and 25 specialist in-patient units/half-way houses.

All these facilities are largely in urban areas. The overcrowded former townships, informal settlements and rural areas are grossly under-served. For example, there are no in-patient treatment facilities at all in the Northern Cape Province. Detoxification services, at hospitals in particular, are generally inadequate or non-existent. Further, insufficient funds and lack of personnel threaten existing services and their further development, while after-care services providing for the reintegration of patients into the community are either inadequate or not available.

International and Regional Cooperation

The Master Plan cites the need for “international involvement” as one of its six main areas of focus. The South African Police Service has accordingly posted an international Drug and Organized Crime Liaison Officer (DOCLO) in the United Kingdom and Brazil and has approved the appointments of DOCLOs to Pakistan, India, Argentina, Thailand, Kenya, Nigeria, Zambia and Zimbabwe. The expansion of the DOCLO network is intended to enhance cooperation on intelligence sharing and joint investigations with participating countries.

In terms of regional cooperation, South Africa is also a signatory to the Protocol on Combating Illicit Drug Trafficking in the Southern African Development Community (SADC) region. This was ratified by Parliament in July 1998. The Protocol provides a policy framework that allows the SADC countries to reduce the regional supply of and demand for illicit drugs destined for international markets. South Africa is also an active member of the Southern African Regional Police Chiefs Cooperation Organization (SARPCCO).

Cooperation with International Bodies

The South African Government is an active participant in international organizations concerned with drug control and crime prevention. For example, the Government sent a

delegation of senior officials—headed by the Minister of Safety and Security—to the UN General Assembly’s June 1998 Special Session on the World Drug Problem. South Africa participates actively in the UN Commission on Narcotics Drugs (CND).

Close operational ties exist between the South African Police Service and the International Criminal Police Organization (Interpol). One very successful area of cooperation has been the use of the Interpol X400 system to circulate the identities of potential couriers employed by drug traffickers to alert the law enforcement agencies of other countries.

South Africa hosts drug liaison officers (DLOs) from the United States (Drug Enforcement Administration, Customs Service, and Federal Bureau of Investigation), the United Kingdom (Customs and Excise), France (SCTIP) and Germany (Bundeskriminalamt).

Nearly all major industrialized countries provide technical assistance for the strengthening of the judicial and law enforcement capacities of the Government of South Africa. Within drug control, the bulk of the assistance to date has been directed towards law enforcement as compared with demand reduction.

South Africa has an active mini-Dublin group. During the period 1999-2000, the group was chaired by the Swedish Embassy. During October 2000 – mid-2002 it was actively chaired by the United States. It is now chaired by France.

Since July 1998, South Africa has hosted the regional office for Southern Africa of the United Nations Office on Drugs and Crime Prevention in Pretoria.