



Central Drug Authority

2023-24

ANNUAL REPORT

Collaborating towards a South Africa
Free of Substance Abuse

Building a caring. society



social development

Department:
Social Development
REPUBLIC OF SOUTH AFRICA



GENERAL INFORMATION

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PART 3: LIST OF ABBREVIATIONS /ACRONYMS

ABBREVIATION/ACRONYM	DESCRIPTION
AIDS	Acquired Immune Deficiency Syndrome
ATS	Amphetamine type stimulants
AU	African Union
AUC	African Union Commission
AUPA	African Union Plan of Action
BMR	Bureau for Market Research
CADCA	Community Anti-Drug Coalitions of America
CDA	Central Drug Authority
CDL	Clandestine Drug Laboratories
CMC	Communications and Marketing Committee
CND	Commission on Narcotic Drugs
CSO	Civil Society Organisations
DCoGTA	Department of Cooperative Governance and Traditional Affairs
Contralesa	Congress of Traditional Leaders of South Africa
DALRRD	Department of Agriculture, Land Reform and Rural Development
DBE	Department of Basic Education
DCS	Department of Correctional Services
DEL	Department of Employment and Labour
DHA	Department of Home Affairs
DHET	Department of Higher Education and Training
DIRCO	Department of International Relations and Cooperation
DoH	Department of Health
DoJ	Department of Justice and Constitutional Development
DSD	Department of Social Development
DSAC	Department of Sports Arts and Culture
DTIC	Department of Trade, Industry and Competition
DOT	Department of Transport
DTA	Department of Traditional Affairs
EAP	Employee Assistance Programme
ENDS	Electronic Nicotine Delivery Systems
ENND	Electronic Non-Nicotine Delivery Systems
EXCO	Executive Committee
FASD	Foetal alcohol spectrum disorder
FS	Free State Province
FSEC	Finance and Social Ethics Committee
GBL	Gamma-butyrolactone
GC	Governance Committee
GF	Global Fund
GHB	Gamma-hydroxybutyrate
GP	Gauteng Province
HIV	Human Immunodeficiency Virus
HONLEA	Heads of National Law Enforcement Agencies
ICPS	Integrated Social Crime Prevention Strategy
IMC	Inter-Ministerial Committee
INCB	International Narcotics Control Board

INHSU	International Network on Health and Hepatitis in Substance Users
INL	Bureau of International Narcotics and Law Enforcement Affairs
ISSUP	International Society of Substance Abuse Professionals
ITTC	South Africa International Technology Transfer Centre
KZN	KwaZulu-Natal Province
LDAC	Local Drug Action Committee
LP	Limpopo Province
MA	Methamphetamine
MDMA	3, 4-methylenedioxy-N-methamphetamine
MEC	Member of the Executive Council
MP	Mpumalanga Province
NDMP	National Drug Master Plan
NHTL	South African House of Traditional Leaders
NPA	National Prosecuting Authority
NPS	New Psychotropic Substances
NT	National Treasury
NYDA	National Youth Development Agency
OAT	Opioid Agonist Therapy
OST	Opioid Substitution Therapy
OTC	Over The Counter
PAENDU	Pan-African Epidemiology Network on Drug Use
PPC	Programmes and Project Committee
PFMA	Public Finance Management Act
PSAF	Provincial Substance Abuse Forum
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
RDM&EC	Research, Development, Monitoring and Evaluation Committee
SACENDU	South African Community Epidemiology Network on Drug Use
SADC	South African Development Community
SAHPRA	South African Health Products Regulatory Authority
SALGA	South African Local Government Association
SAMRC	South African Medical Research Council
SANAC	South African National AIDS Council
SANCA	South African National Council on Alcoholism and Drug Dependence
SAPS	South African Police Services
SARS	South African Reserve Services
SDG	Sustainable Development Goals
SUD	Substance Use Disorder
UCT	University of Cape Town
UNISA	University of South Africa
UNODC	United Nations Office on Drugs and Crime
WC	Western Cape
WDR	World Drug Report
WHO	World Health Organisation

PART 4: FOREWORD BY MINISTER OF SOCIAL DEVELOPMENT



Ms Nokuzola Tolashe
Minister of Social Development

It is an honour and pleasure for me, as the new Minister of Social Development, to present this Annual Report of the Central Drug Authority (CDA) for the financial year 2023/24, to Parliament, our stakeholders and the public of the Republic of South Africa. The Central Drug Authority has complied with statutory reporting requirements, notably Section 56(h) of the Prevention of and Treatment for Substance Abuse Act No. 70 of 2008, which requires the CDA to annually submit a report to be tabled in

Parliament by end of September.

This report documents the country's collective efforts to tackle the pervasive challenge of substance use and abuse, as well as drug trafficking, which continue to threaten the very existence, survival and security of our communities. These challenges are also a threat to the livelihoods and well-being of individuals, families and communities across the country. They are a source of and a significant contributor to the burden of disease, to gender-based violence and femicide, to child and elder abuse and neglect, to crime and insecurity in the country. They are a threat to the achievement of Sustainable Development goals of the country.

The 2023/24 financial year was a momentous and pivotal year for the CDA, and all stakeholders involved in the implementation of the NDMP. The report illustrates the collaborative effort of the CDA and its structures at national and provincial level, civil society organisations, and international and multilateral partners, in combating substance use and drug trafficking in the country, through the implementation of the 7 goals of the NDMP. Key amongst the achievements is the expansion of community-based prevention programmes, which have effectively reached the youth and people who use drugs. This must be supported and expanded, while we also acknowledge the significant progress made in enhancing awareness and prevention, treatment and rehabilitation programmes.

The CDA, during the period under review, has reported on the strengthening of enforcement actions that have disrupted illegal drug supply chains. Through the JCPS Cluster, and the collaborative work of SAPS, SARS, and DoJ amongst others, there has been notable improvement in the dismantling of significant drug trafficking networks and seizure of substantial quantities of illegal drugs. These efforts have not only disrupted supply chains but have sent a strong message about government's commitment to combat drug related crime and further enhance the safety and security of our communities and our country.

Another significant achievement is the hosting by the CDA of the 3rd National Summit on Substance Abuse and Illicit Drug Trafficking in November 2023, which brought all sectors of society together, to evaluate the effectiveness of the NDMP, and its impact in reducing the supply, demand and harm caused by the use, misuse and abuse of alcohol and other drugs. This summit was attended by over 700 delegates across the societal spectrum, illustrating the concern the country has about this scourge. One of the resolutions of the Summit is the reinstatement of the IMC on Substance Abuse

to ensure political buy-in and commitments towards fostering a collaborative approach to the alcohol and drug problem in the country.

Whilst we have made progress, we remain alive to the realities of the effects and impact of alcohol and other drugs on our children, our youth, our elderly, whole families and communities. It affects all of us in one way or the other, but all in a significant manner. We are aware of the global prevalence of substance use and drugs being trafficked across the world, and South Africa is not spared. We are a transit country for the trafficking of illicit substances from different parts of the world. We are a point of origin and a destination for drugs. We are inundated with an escalation of abuse of both illicit and licit substances, including alcohol and concerns about the increasing incidence of binge and underage drinking, which has become a public health crisis, with many of our adolescents and young people consuming a wide range of illicit substances, including new psychotropic substances, placing an additional burden on the economy, a fragile healthcare system and society, thus undermining the realisation of NDMP goals.

Government, through the active involvement and input from the CDA, is committed to ensuring that we have a collective and integrated approach, that is aligned to the goals of the NDMP, which is a blueprint for the management of the drug problem in the country, and which fosters international and evidence based best practice. We are in the process of reviewing policies and legislation which are not responsive to the above-mentioned challenges, such as the Policy on Prevention of and Treatment for Substance Use Disorders, the Tobacco Products Control Act and many others. We are also in the process of reviewing the National Drug Master Plan (2019-2024), which will not only ensure that it responds to the current challenges at all levels, but also that all departments and other stakeholders assigned to perform certain functions work in an integrated manner and are held accountable.

I would like to acknowledge the excellent work done by the CDA to ensure its functionality and its efforts and to ensure accountability of all stakeholders in the implementation of the NDMP. The Provincial Substance Forums are also functional albeit with challenges. Although there is an improvement in the number of Local Drug Action Committees, these structures, which are at the coalface of service delivery in the municipalities, also are a challenge. It is important to recognise the challenges that have persisted, and these has hindered our ability to respond swiftly and efficiently to the evolving landscape of substance use and drug trafficking. Issues such as non-implementation of the applicable legislation in amongst others, the form and structure, as well as resource constraints, limited operational capacity, have impacted on the CDA's effectiveness in fulfilling its mandate.

As we move forward, I am committed to focus on enhancing CDA's governance accountability end operational efficiency. We will explore ways, even at the time that government is also navigating a period of fiscal consolidation, to streamline processes, improve interdepartmental coordination and strengthen the CDA's capacity to deliver on its strategic objective. I am convinced that by aligning the structure of the CDA at all levels with our strategic priorities, we can enhance our effectiveness, even within a constrained fiscal environment, by leveraging existing resources more efficiently and seeking innovative partnership to supplement our efforts.

In closing, I would like to commend my predecessor, Ms Lindiwe Zulu, and to acknowledge her for her efforts, and her dedication and leadership, in advancing the work of the CDA and for working

towards achieving the vision of the NDMP. The foundation she has set allows us to continue with our work with a strong focus on reducing the demand for and supply of illicit substances while supporting those affected by substances.

Lastly, I wish to extend my deepest gratitude to the Chairperson of the Central Drug Authority, the CDA Board, and all the dedicated professionals and organisations who have contributed to the efforts outlined in this report. Your resilience, commitment and innovation are cornerstones of our progress. Together we can build a South Africa where substance use and drugs no longer impede the potential of our people, and where every individual has the opportunity to live a healthy and productive life. I look forward to working with all stakeholders as we navigate this critical path forward and I'm confident that through our collective efforts, we will make a lasting and positive impact.

It is within this context, that the 2023/24 Annual Report for the Central Drug Authority is accordingly submitted.

Ms Nokuzola Tolashe (MP)
Minister of Social Development
Date:

PART 5: STATEMENT OF THE DEPUTY MINISTER OF SOCIAL DEVELOPMENT



Mr Ganief Hendricks
Deputy Minister of Social Development

The Central Drug Authority's (CDA) Annual Report highlights some of the continued and sustained milestones during this 6th administration. The office of the Deputy Minister, supported by the CDA, began in institutionalizing 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.

Amongst others, the following were undertaken:

- Partnered with the Department of Health and the Arab Republic of Egypt in bringing the much-needed healthcare 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, and towards alleviating bloodborne diseases within this key population group. Together with the CDA and our civil society partners, the office is building capacity within rehabilitation and treatment centres for the full roll-out of this initiative. We are pleased to report that the Department of Health is currently spearheading this process and an agreement has been signed with the Arab Republic of Egypt in this regard, including other related aspects.
- Provincial launches of the South African Network of People Who Use Drugs (SANPUD), were initiated, as a united voice and support structure for people who use drugs. More launches must still follow, to ensure that a unified voice of People Who Use Drugs is heard.
- Alcohol use in South Africa continues to be a challenge in the country. Coupled with that is the high prevalence of Foetal Alcohol Spectrum Disorder (FASD), binge drinking and underage drinking in the country. The office continued to lead the raising of awareness during the month of September around FASD throughout the nine provinces in the country, leading up to the International FASD Awareness Day on the 9th of September annually. This initiative must be elevated and given impetus, as there is general lack of knowledge about FASD and its association with alcohol consumption.
- Furthermore, awareness was created on Harm Reduction as one of the approaches outlined in the National Drug Master Plan (2019-2024). More work still needs to be done to develop an understanding as a country around this approach, and how it can enhance the comprehensive interventions needed to address the challenges and impact of substance use disorders (SUD), including drug overdose.

Stigma and lack of support for people who use drugs, continue to result in the exclusion of this key population from services. As such, interventions are then not mainstreamed, inclusive and progressive for people who use drugs. Many of the programs are still “hit-and-runs”, 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.

I'd like to express my gratitude to Dr H. Bogopane-Zulu for her trail-blazing work with local and international partners to address the challenges of alcohol and other drugs. I will continue to work on these initiatives to strive for continuous improvement of the quality of life of our communities.

A handwritten signature in black ink, appearing to read 'Ganief Hendricks', written over a horizontal line.

Mr Ganief Hendricks

Deputy Minister

Date: 27.09.2024

PART 6: EXECUTIVE SUMMARY BY THE CDA CHAIRPERSON



Ms Nandi Mayathula-Khoza
CDA Chairperson

Introduction.

The Central Drug Authority (CDA) is required by the Prevention of and Treatment of Substance Abuse Act No. 70 of 2008 (the Act), section 56(h), to submit an annual report that sets out a comprehensive description of the national efforts, relating to the problem of substance abuse, to the Minister of Social Development by the last day of August for tabling in Parliament. This Annual Report, the last of the 6th Administration, is therefore an account of achievements, challenges and recommendations on the implementation of the National Drug Master Plan-2019/24 (NDMP) by the multi-sectoral stakeholders during the 2023/24 financial year.

The CDA accelerated its mandate to coordinate, oversee and monitor the implementation of the seven goals of the NDMP during the year under review. The highlight was that the CDA organized public dialogues in all provinces in partnership with the Provincial Substance Abuse Fora (PSAFs) to monitor the effectiveness of the NDMP program implementation as well as the 3rd National Summit on Substance Abuse and Drug Trafficking. These platforms enabled the role-players in the field of substance abuse to share information on how our country is addressing substance use, abuse and illicit drug trafficking, as required by the Act.

The outcome of the public dialogues and the 3rd CDA national summit was a declaration and a set of resolutions committing role-players to accelerate an effective implementation of the NDMP. The outcomes of these engagements will also assist with the review of the NDMP 2019-24 and the development of the 2025-30 NDMP during the 2024/25 financial year. The following is therefore an executive summary of our country's achievements, challenges and recommendations on the implementation of the NDMP, per goal.

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

The outcome of this goal is reduced demand for drugs through strategies that involve access to education, employment, social support etc. Led by the Department of Social development and Health, this goal was also implemented and reported on by the Departments of Basic Education, Higher Education, Employment and Labour, National Treasury, Justice and Constitutional Development (DJCD), South African Revenue Services, Traditional Affairs together with all the nine Provincial Substance Abuse Fora as summarized below.

1.1 Prevention measures to delay drug use initiation, delay uptake and progression to substance use disorders.

According to the annual reports, all the above-mentioned role-players reached out to a total of 8 338 560 people including key populations in urban and rural communities in all nine provinces, such as school children, youth in institutions of higher learning, families, women, prisoners, ex-offenders,

LGBTIQ community and sex workers. These key populations were reached through prevention and early intervention programs and campaigns such as integrated awareness and education, Kemoja and Siyalulama, school safety interventions, imbizos, parental education, moral regeneration, sport tournaments, social media posts, door to door, help-line centers, festive season campaigns, gender-based violence and femicide awareness, drug abuse ambassadors program, human trafficking awareness, social and behaviour change outreach programs, dialogues and workshops to commemorate the International Day Against Drugs and Illicit Trafficking.

In addition, a non-discriminatory policy on prevention of and treatment for substance use disorder was published for public comment. These actions empowered key populations to make informed decisions, prevent drug use disorders and practice healthy living and promote the well-being of society.

1.2 Use secondary prevention to prevent progression to SUDs and promotion of the well-being of society through effective, evidence-based treatment and harm minimization.

According to the South African Epidemiology Network on Drug Use (SACENDU), government, private and community-based treatment centers admitted more people who use drugs and those with SUDs, compared to the previous year, to be screened, counseled and receive treatment in line with the Universal Treatment Curriculum. The nine PSAFs reported a total of 21 791 users who received treatment during the year under review. However, fewer users who were in recovery, participated in aftercare and family re-integration programs to minimize relapse and maintain sobriety.

The harm reduction programs that include Opioid Substitution Therapy (OST) and Needle and Syringe Program (NSP) for opioid dependence and community naloxone distribution to manage opioid overdose, were implemented mainly by the Non-governmental organizations (NGOs) funded by the Global Fund and United States President's Emergency Plan for Aids Relief (PEPFAR), apart from the Community-oriented Substance Use Program (COSUP) in Tshwane and in other districts which receive local government funding. Naloxone is used at public health hospitals to reverse overdose and government has committed to scale up comprehensive harm reduction programs to prevent the spread of HIV, Hepatitis B and C, as there is evidence that comprehensive harm reduction programs save many lives, hence the Commission on Narcotics Drugs (CND) adopted a resolution on harm reduction at its 67th session in March 2024.

Government continued to fund qualifying registered treatment centers and other NGOs to provide prevention and treatment services. These funded organizations were monitored for compliance with service norms and standards.

Programs such as after care, halfway houses and re-integration into families and communities continued to be implemented and these increased the chances of sobriety and decreased relapse situations for recovering users.

1.3 Enhance multi-sectoral cooperation to reduce the demand for drugs.

More departments and role-players improved working together to reduce drug demand in communities. The Traditional Affairs Department facilitated demand reduction dialogues between the National House of Traditional and Khoisan Leaders (NHTKLs) in partnership with the African

Union (AU), various government departments and civil society organizations. Getting rid of silo mentality and replacing it with multi-sectoral collaboration contributes to the reduction of demand for harmful drugs.

To fully achieve this goal, the CDA **recommends** that:

1. Government departments, entities and PSAFs should intensify multi-sectoral collaboration with more civil society organizations and communities, to plan and scale up evidence-based prevention, treatment, harm minimization, aftercare and reintegration programs and increase the use of innovative digital and social media communication channels to reach out the children and youth. This work should be done based on human rights principles to prevent stigma and discrimination against people who use harmful substances.
2. Government should fund and scale up the implementation of registered comprehensive evidence-based harm reduction programs in public health centers nationally, as reflected in the NDMP and to ensure that medicines that are needed to save lives, such as methadone, buprenorphine and naloxone are affordable, available and accessible to people who use and/or inject harmful substances.

GOAL 2: Reduce the supply of drugs through proactive law enforcement, effective responses to drug related crime, countering money laundering and promoting judicial cooperation.

The objectives of this goal are to increase focus on disruption, dismantling and neutralizing 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 to identify emerging drugs, improve understanding of the national drug threat assessment, review and harmonize laws and policies related to supply reduction and improve information gathering and analysis of drug threats and trends.

Led by the DSD and SAPS, this goal was also implemented and reported on by the Departments and Entities including the National Prosecution Authority (NPA), (SARS), DJCD, DTA, Trade, Industry and Competition (DTIC), International Relations and Cooperation (DIRCO), DBE, DHE and Transport (DT) together with all the nine PSAFs and civil society as summarized below.

2.1 Capacity building and awareness to prevent drug related crime

The Justice Crime Prevention and Security (JCPS) Cluster together with other role-players, conducted community outreach workshops, community awareness programmes, commuter and driver education activation, and dialogues with school learners, road users, cyclists, taxi drivers, passengers, families, communities and traditional leaders to prevent drug abuse related social challenges and crimes such as teenage pregnancies, gangsterism, gender based violence and femicide.

Capacity building workshops with law enforcement officers were convened for this cluster by the South African National AIDS Council and the National School of Governance, with the National and Provincial Houses of Traditional and Khoisan Leaders, to prevent drug related crime in rural areas.

Joint efforts to address challenges on infrastructure, human resources and tools of trade in courts to improve substance abuse related criminal matters were conducted. Forensic awareness and support programs for forensic services and detectives to effectively identify clandestine laboratories were enhanced, leading to effective drug related crime investigations.

2.2 Enhance operational co-ordination at all levels.

The implementation of the Organised Crime Threat Analysis Strategy to ensure optimal functioning of operations and compliance with internal controls for optimal use of investigative aids was intensified. The forensic awareness actions, operations, intelligence analysis, finalization rates of drug trafficking related cases were enhanced and case backlogs to improve efficiency in drug related investigations were minimised.

Regional and international cooperation with foreign law enforcement agencies were improved through collaboration with neighbouring countries and participation in the AU and United Nations Office on Drugs and Crime (UNODC) bodies on supply reduction discussions to enhance coordination in preventing illicit drug trafficking.

2.3 Mitigate the supply of drugs and liquor through enhanced operations, investigations and prosecutions.

The JCPS Cluster together with Liquor Boards, conducted compliance inspections, raided and closed more than 37 000 illegal liquor outlets and confiscated liquor worth millions of rands. Investigations of priority serious organized crime groups involved in illicit drugs were all successfully closed.

Cross border and policing actions were conducted, using specialized drug detection equipment to detect and confiscate all forms of illicit drugs at points of entry including land, sea and airports in all provinces. Large quantities of cannabis, crystal meth/tik, heroin, cocaine, mandrax powder and tablets, cocaine powder and methcathinone worth about R1 521 322 730, were confiscated. Reports reveal that the illicit drugs confiscated in ports of entry were mainly at the OR Tambo Airport and through express couriers.

Drug syndicates were identified, neutralized and arrested and the conviction rate for drug related crimes was over 90% of all arrests during the year under review. Clandestine laboratories were dismantled, and 35 arrests were made. Money laundering cases and asset forfeiture cases were successfully investigated and concluded such that over 60 forfeiture and preservation orders worth over R10m were issued.

2.4 Review and harmonize laws and policies related to supply reduction.

The Cannabis for Private Purposes Bill was developed and approved by the National Assembly in February 2024 and submitted to President for assent, in order to give effect to the South African Constitutional Court Judgement of 2018, which found out that is unconstitutional for the state to criminalize the possession, use or cultivation of cannabis by adults for personal consumption in private spaces.

2.5 Transformation of the liquor laws to address the socio-economic costs of alcohol abuse and to promote economic transformation within the liquor industry.

The review and intergovernmental engagements on the Liquor Act were finalized and Cabinet approved a coordinated approach to develop a comprehensive legislative reform to address alcohol abuse in our country.

The latest and increased drug busts, arrests and prosecutions of illicit drug traffickers in South Africa, is a clear indication that government remains committed to the reduction of illicit drug flows in and out of our country and that there is improved intelligence that leads to successful operations. As such, reports reveal that there has been a decline in the cases of illicit drugs confiscated in the country.

To fully achieve the supply reduction objectives and to achieve more positive impact from these actions, the CDA **recommends** that:

1. A scientific evaluation of the effectiveness and impact of these operations to reduce supply of illicit drugs, be undertaken.
2. Review and harmonization of laws and policies related to supply reduction be expedited to ensure harsher sentences for illicit drug traffickers. Public health alternatives to incarceration for the non-criminal drug users must be intensified, to do away with the punishment approach for non-criminal users.

GOAL 3: Increase availability of and access to drugs intended for medical purposes, scientific use and research while preventing their diversion.

The outcome of this goal is improved access to controlled and psychotropic substances. Led by the South African Health Products Regulatory Authority (SAHPRA), this goal was also implemented and reported on by the DoH and few PSAs, as this is a national competency.

3.1 Provide an effective supply chain for controlled substances for legitimate purposes.

Schedule 2,3 & 6 of medicines were amended based on the scheduling criteria and SAHPRA is working to further introduce mechanism for monitoring the sale of codeine containing medicines through the supply chain and the codeine initiative.

3.2 Manage the essential medicines list to reflect changes in the clinical and research environment to satisfy the priority health care needs of the population.

The Essential Medicines List is regularly reviewed and updated, in line with evidence. As such, the methadone medicine, which is used to reduce dependence on opioids, has been included in the essential medicines list for use to treat substance use disorder among people who use and/or inject opioids.

3.3 Improve affordability of controlled substances while maintaining their quality, safety and efficacy.

Planning for the project to conduct implementation research on the capacity of the selected health facilities to provide Opioid Agonist Therapy (OAT) has been initiated. It is envisaged that the project implementation will commence in 2024-2025 financial year.

3.4 Strengthen regulation of the cultivation, production, possession, manufacturing, storage, trade and distribution of drugs for medical, scientific and research purposes.

The cultivation and manufacture of medicines and access to medicines intended for scientific and research purpose occur via controlled licensing processes in line with the Medicines Act. SAHPRA employed 5 medicines-controlled technicians at ports of entry for medicines to strengthen national control systems. The importation and exportation of narcotics and psychotropic substances is controlled in terms of the Medicines Act and medicines intended for scientific and research purpose are accessible via permit processes of the Medicines Act.

SAHPRA complies with the three international treaties and the Medicines Act to effectively control drugs intended for medical purpose, scientific use and research. The Essential Medicines List is made available in all clinics and is regularly reviewed and updated in line with evidence. PSAFs confirmed availability of medicines for treatment of substance use disorders in health institutions.

For this goal to be fully achieved, the CDA **recommends** that:

1. The reduction of the non-medical use of drugs, misuse of drugs that contain codeine, and prevention of their diversion and trafficking should be intensified.
2. The DoH and SAHPRA should intensify the promotion of and advocacy on affordability of controlled substances for medical, scientific and research purposes while ensuring their quality, safety and efficacy.

Goal 4: Identification and control of New Psychoactive Substances.

The outcome of this goal is improved systems to identify and detect new psychoactive substances. Led by the SAPS, this goal was also implemented by the Departments of Transport, SARS and DIRCO as summarized below.

4.1 Address NPS, Amphetamines Type Stimulants (ATS), diversion of precursors and pre-precursors and non-medical use and misuse of pharmaceuticals containing narcotic drugs and psychotropic substances.

SAPS identified 6 cases of NPS including synthetic cannabis, synthetic cathinone and mephedrone in the Eastern Cape, KZN, Gauteng & Western Cape provinces.

4.2 Implement timely, scientific, evidence-based control or regulatory measures within national legislative and administrative systems to tackle and manage the challenges of NPS.

SAPS arrested traffickers of NPS to enhance the disruption of the drug value chain as reported under goal two on supply reduction.

4.3 Promote and strengthen regional and international cooperation on NPS.

South Africa participated at the AU's Continental Technical Experts' Consultation on Synthetic Drug Supply Reduction, from 19 to 22 July 2023 in Abidjan, Cote d'Ivoire, to promote inter-agency collaboration, strengthen mechanisms for real-time intelligence exchange systems and best

practices on technologies utilised by drug trafficking network and transnational criminals and how to counter use of technologies to traffic illicit drugs.

South Africa also participated at the 31st Session of the Heads of National Law Enforcement Agency of Africa (HONLEA) on 24 -30 September 2023 which focused on regional efforts aimed at enhancing international cooperation in the fight against illicit drugs, considering the 2019 Ministerial Declaration on strengthening actions at the national, regional and international levels to accelerate the implementation of commitments to address and counter the world drug problem.

South Africa seems to be doing well under this goal, given its effective participation in regional and international sessions to share and apply the intelligence to counter the illicit drug trafficking. To fully achieve this goal, the CDA **recommends** that the JCPS Cluster should strengthen its systems to arrest internet drug dealing and to capacitate more officials on innovative and evidence based mechanisms to address NPS challenges.

GOAL 5: Promote governance, leadership and accountability for an effective response.

The objective of this goal is to ensure development of Annual Performance Plans containing funded NDMP 2019-24 implementation plan activities, for improved health, human rights, developmental and security outcomes of people who use drugs and to support their families and communities. Led by the DSD and the CDA, this goal was also implemented by SAHPRA, DIRCO, DJCD, DOH, Department of Correctional services (DCS) and all PSAF's.

5.1 Enable the CDA to implement, lead and control the NDMP 2019-24.

The DSD capacitated the CDA with two social work managers and three administrators to provide technical and administrative support to the CDA and provided a budget for the execution of its mandate. This capacity is however insufficient and inadequate, given the fact that the CDA independent members still do not have adequate tools of trade to fully and effectively execute the CDA mandate.

5.2 Improve collaboration between CDA and SA Government Departments and bodies to increase accountability for the implementation of the NDMP.

The collaboration between the CDA and government departments and entities has greatly improved, such that eighteen of the twenty-one departments, participate effectively in the CDA's governance structures, although at varying times. More departments, private and non-governmental organizations are accountable for the implementation of the NDMP. All the PSAFs have Provincial Drug Master Plans, are functional and are accountable to the CDA.

However, the Municipal Mayors, who are obliged by the Act to establish LDACs, have established only 35% of the Local Drug Action Committees. Local Drug Action Committees have a critical responsibility to coordinate the implementation of the NDMP at a local/municipal level.

The improved collaboration between the CDA, government departments, PSAFs' and other stakeholders has enabled the CDA to be consistent in submitting annual reports on the country's

efforts to implement the NDMP on time, to the DSD Minister and all these reports were tabled in Parliament.

5.3 Mobilize resources to support the implementation of the NDMP.

The CDA engaged National Treasury to advocate for the proper costing of the NDMP so that a commensurate budget can be allocated. The CDA further engaged the Global Fund to explore opportunities for the funding of more harm reduction interventions. The CDA was also able to mobilize funding from SANAC, the Bureau of International Narcotics and Law Enforcement Affairs (INL) and other institutions to augment the budget and other resources to organize the 3rd National Summit on Substance Abuse and Illicit Drug Trafficking.

5.4 Promote and strengthen regional and international cooperation.

South Africa as a member state to UNODC, complies with the three international treaties and through coordination by DIRCO, participates in all the UNODC led high-level meetings such as the sixty-seventh (67th) session of the Commission on Narcotic Drugs held in Vienna, Austria from 14 to 22 March 2024 and the high-level session on addressing substance use and related mental health disorders among youth, women and children from 6 to 10 November 2023 in Lusaka, Zambia.

The CDA also participated in various sessions organized by the UNODC and WHO to share evidence based best practices and information on efforts to counter illicit drug trafficking and organized crime with representatives from countries in the region including Mauritius, Mozambique, Zimbabwe, and Kenya. South Africa's participation in UNODC's bodies is contributing to strengthening of regional and international cooperation on drug control.

5.5 Review legislation on access regarding the use of cannabis for medicinal purpose.

The CDA together with government departments provided inputs on progress made with the Cannabis Bill for Private Use and on South Africa's country position on use of cannabis.

5.6 Make recommendations to Review of Prevention of and Treatment for Substance Abuse Act, 70 of 2008.

The CDA provided inputs for the review of the Prevention of and Treatment for SUD policy which will be used to review the Prevention of and Treatment for Substance Abuse Act to strengthen efforts to address substance abuse disorders and illicit drug trafficking.

5.7 Review of the National Drug Master Plan (2019-2024)

The CDA has recommended the review of the NDMP following the provincial dialogues held from April to October 2023 and the 3rd National Summit held on 14-16 November 2023. The outcomes of the dialogues led to the conclusion that the NDMP was not fully implemented, and the review will focus on areas where there are strategic gaps pertaining to the implementation of the NDMP.

To fully achieve this goal, the CDA **recommends** that all government departments should ensure that the country's Medium Term Development Plan, five- year Strategic Plans and Annual Performance Plans contain the NDMP implementation priorities with targets and that these plans are sufficiently funded.

Goal 6: Strengthen data collection, monitoring, evaluation, and research evidence to achieve goals.

The outcome of this goal is to ensure the use of evidence-based approaches in the implementation of the NDMP. Led by the DSD and the CDA, this goal was also implemented by the DoH, DJCD and all PSAFs.

6.1 Optimize routine data collection.

South Africa complies with the submission of annual reports and data to UNODC and AU. The social cluster departments developed the National Substance Abuse Electronic System which was piloted in public treatment centers and by NGOs to collect data on people who use harmful substances. DoH extended the contract with the South African Medical Research Council (SAMRC) for the collection of data, analysis and compilation of the report on substance abuse trends through the South African Epidemiology Network on Drug Abuse (SACENDU). DJCD provided statistical information from the Integrated Case Management System on Substance Abuse related cases in court to stakeholders, specifically on children who appeared in preliminary inquiries on charges of use or possession of drugs.

6.2 Monitor and evaluate the implementation of the NDMP 2019 – 2024.

The CDA monitored the implementation of the NDMP 2019-24 through engagements with government departments, entities and PSAFs. The CDA received annual reports from these stakeholders on the implementation of the NDMP 2019-24 and provided feedback to improve performance. The CDA also engaged various other stakeholders that participated in provincial dialogues and at the national summit to monitor the extent to which the implementation of the NDMP was effective in supporting affected key populations.

6.3 Conduct surveys and surveillance to measure the impact of NDMP 2019 – 2024.

DoH is funding SAMRC to conduct periodic surveys to measure the impact of NDMP 2019–2024. Feedback on the surveillance conducted by SAMRC is presented twice a year to stakeholders and presented to AU and feeds into the Pan-African Network on Drug Use report. The CDA held engagement sessions with stakeholders involved in research and institutions of higher learning to develop a business case for the purpose of ensuring that a national prevalence survey is conducted on SUD extent and trends.

6.3 Strengthen monitoring, evaluation and research on substance use disorder.

Provincial and national DSD monitor implementation of the Ke Moja drug prevention programs on quarterly basis to ensure the provision of quality and evidence-based treatment services and prevention programs.

To fully achieve this goal, the CDA **recommends** that:

1. All government departments and entities should have their sector drug master plans in place, with measurable indicators, targets and allocate sufficient budgets by the end of the 2024/25 financial year.
2. A sufficient budget be allocated for government to conduct a national prevalence survey and surveillance to measure the impact of the NDMP 2019-24 implementation by end of the 2025/26

financial year, so that evidence-based data can be disseminated at local, national and international levels.

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

The national government departments in the economic cluster have not reported on this goal. The social cluster has been consistent in the implementation of the DSD anti-gangsterism strategy for children at risk and in conflict with the law which includes skills development programs. This cluster also funded national bodies to implement the demand and treatment interventions.

Provincial departments working with the National Youth Development Agency reported through all the PSAFs on efforts made to address poverty, unemployment and inequality especially among youth. These included internships, learnerships, vocational skills development, entrepreneurial skills training, funding of community nutrition development centers that provide warm meals to people who are in need, including users and employment opportunities for recovering users.

To fully achieve this goal, it is **recommended** that the CDA should engage the DTIC since the National Department of Economic Development was merged with the DTIC in June 2019, to advance economic development by the economic cluster, through the creation of decent work opportunities for the recovering unemployed service users. This will contribute to the reduction of poverty, unemployment and inequalities among people who use and/or inject drugs. However, urgent attention must be given to create work opportunities for the multitude of young unemployed people as a prevention measure to exposure to drugs.

Major challenges and recommendations.

The following are major challenges experienced by the Central Drug Authority in executing its mandate.

1. Lack of capacitation of the Local Drug Action Committees and Provincial Substance Abuse Fora for them to function efficiently and effectively in implementing the National Drug Master Plan at provincial and local levels. There are serious resource constraints as municipalities see LDACs as being beyond the scope of their functions and an unfunded mandate, hence their priorities are not reflected in most Integrated Development Plans of municipalities.

It is therefore **recommended** that the legislation be reviewed to adopt the District Development Model, localization of the NDMP at ward level and for municipalities to allocate budgets and other resources for effective coordination and monitoring of the implementation of the Drug Master Plans at a provincial, district and local level. All government departments and entities that have a duty to address substance abuse and illicit trafficking must be fully responsible and accountable for the implementation the NDMP at all spheres of government.

2. Some national, provincial and local government departments and entities, in particular, the economic cluster departments, that have the competency to address substance abuse and/or illicit drug trafficking in our country, through prevention and other interventions, neither participate nor account to the CDA, PSAFs' and LDACs', to strengthen the country's response to this plan. Many of

these departments and entities have not developed Sector Drug Master Plans that must have indicators and targets. Their reporting to the CDA, PSAFs' and LDACs; then becomes anecdotal rather than measured against the plans. This together with the lack of a national prevalence survey, makes it impossible for the CDA to evaluate the effectiveness and impact of the NDMP interventions on key populations.

It is therefore **recommended** that all national, provincial, local government departments and entities that have the competency to address substance use, abuse and/or illicit drug trafficking, must develop their Sector Drug Master Plans with indicators and targets, cost and budget for these plans and submit to the CDA by the end of 2024/25 financial year. The Act must be amended to provide powers to the CDA to address this challenge decisively.

3. The CDA is not capacitated in line with Section 55 of the Prevention of and Treatment for Substance Abuse Act, 2008 (Act 70 of 2008), which provides that "work incidental to the performance of the functions of the Central Drug Authority must, subject to the control and directions of the Central Drug authority, be performed by a secretariat consisting of the Director: Secretariat of the Central Drug Authority and such other administrative and support staff as may be required for the performance of its functions by the Central Drug Authority". 'The Director and staff contemplated above must be suitably qualified and experienced persons appointed by the Minister on such terms and conditions as the Minister, with the concurrence of the Minister of Finance, may determine'. DSD has seconded two social work deputy directors and three administrators as Secretariat to support the CDA and this is contrary to the objective this clause was intended to achieve and is inadequate to carry out the functions of the CDA as envisaged in the Act.

This is exacerbated by a historic unrealistic and insufficient budget which gets exhausted by the end of the third quarter of each year. Contrary to Section 55 (3) of the Act, which provides that the Secretariat must be assisted by officers of the Department designated for that purpose by the Director General, the CDA has been placed within the DSD Administration, specifically under a Chief Director. This constrains the CDA from effectively executing its mandate. For the CDA to effectively execute its mandate to coordinate, oversee and monitor the implementation of the NDMP in the whole country, it is **recommended** that the Act be complied with, that the CDA is allocated a budget that is commensurate with its mandate and that the Cabinet resolution of 2019 to restructure the CDA be implemented, whilst taking into account the country's economic situation.

Conclusion.

Whilst our country has made strides towards the implementation of the NDMP, harmful substance use and illicit drug trafficking is a serious pandemic which has detrimental effects on the health and well-being of key populations and society as a whole, as well as on the economy and security of our country.

Addressing the substance abuse and drug trafficking is a common and shared responsibility of all role-players and stakeholders, as well as the whole of society approach. This requires a balanced, people-centered, scientific and evidence based approaches that should translate into positive change in the lives of all sectors of the society, especially key populations, leaving no one behind. A lot more collaborative work still needs to be done to achieve a South Africa free from Substance Abuse and Drug Trafficking.

Acknowledgement /Appreciation.

On behalf of the Central Drug Authority, I would like to express our gratitude to the Minister and the Deputy Minister of Social Development, the Acting Director General, the DSD Management Team and CDA Secretariat for supporting the CDA to execute its mandate, the members of the CDA board for their commitment and actions to execute their mandate, National and Provincial Government Departments and Entities, national and international bodies and stakeholders, the National House of Traditional and Khoisan Leaders, Provincial Substance Abuse Fora, Local Drug Action Committees, private and non-governmental organizations, communities and all key populations for their active involvement in the implementation of the National Drug Master Plan 2019-24, during the year under review.



Ms Nandi Nyameka Mayathula-Khoza
Chairperson of the CDA
Date: 29th August 2024.

CHAPTER 1. INTRODUCTION

The Central Drug Authority (CDA) is a statutory body established in terms of Section 53 of the Prevention of and Treatment of Substance Abuse Act, 2008 (Act No. 70 of 2008), herein after referred to as the 'Act'. Whilst the Act provides essentially, for the management of substance abuse services, including community based and in-patient treatment services, it also refers to a range of interventions required to manage the drug problem in the country, including demand-, harm- and supply reduction. Chapter 10 of the Act provides for the establishment of the CDA and gives the CDA a mandate to promote a collaborative approach in combatting substance abuse through overseeing and monitoring the implementation of the National Drug Master Plan, in this case the NDMP 2019-2024.

In Section 53(2)9(a) to (t), the Act enjoins the Minister of Social Development and other Ministers responsible for the departments and organs of state identified in the Act, to take reasonable measures, within the scope of their line functions and available resources, to combat substance abuse through the development and coordination of interventions that are aligned to the goals of and give effect to the National Drug Master Plan. To this end, an Inter-Ministerial Committee (IMC) on Substance Abuse was established in 2011, coordinated by the former Minister of Social Development. This IMC became less effective and subsequently ceased to function. There have been calls for this Committee to be resuscitated and efforts are underway to revive it. In late 2023, driven by the need to coordinate national efforts to address the growing challenges of substance abuse among vulnerable populations including youth and disadvantaged communities, Cabinet approved the reestablishment of this committee. The President is yet to issue a directive.

Sections 57, 58 and 59 of the Act, further provide for the establishment and functions of the Provincial Substance Abuse Forums (PSAF) and the Local Drug Committees (LDACs), which must also implement the NDMP at provincial level and at municipal level respectively.

One of the key functions of the CDA is to submit an Annual Report to the Minister of Social Development by the 31 of August and to Parliament by the end of September each year. This annual report is submitted in terms of Section 56(h) of the Act, which enjoins the CDA to provide a report on its functions and a comprehensive description of the national effort to reduce the demand for, harm caused by and supply of substances; in essence, how the country is addressing substance abuse and trafficking in illicit substances. The report covers the period 1 April 2023 to 31 March 2024 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.

This Annual Report will thus cover the performance of the CDA against its legislative mandate and the NDMP, which will incorporate consolidated reports of different departments and organs of state, NGOs, as well as partners of the CDA, including local, regional and international agencies. It will further include reports of PSAFs, which will reflect all outputs and activities of the PSAFs themselves, and those of LDACs in each province. The report will further highlight achievements, challenges, as well as recommendations which might require policy and legislative reviews, resources, both human

and financial, and institutional and structural reforms that are required to give more impetus to address the challenges of substance abuse and drug trafficking.

1.2 Content of this Annual Report

The report includes the following chapters:

- **Chapter 2: Strategic Overview**, which outlines the CDA's legislative mandate, strategic framework, including the vision, mission and principles of the NDMP 2019–2024, and reflecting on the functions of the CDA, and policies and legislation that have relevance in the implementation of the NDMP.
- **Chapter 3: Situational Analysis**, which looks at available data on the nature and extent of substance use and abuse globally and nationally. It further looks at marketing and distribution of drugs and their trafficking. It draws on the latest credible, published and peer-reviewed research to understand trends and identify any challenges. This chapter also focuses on the legal yet harmful substances in the country.
- **Chapter 4: Structural Arrangements**, which provides insight on the structures at national, provincial and local level, as envisaged in the Act and the powers and duties it confers on these structures.
- **Chapter 5: Stakeholder Engagement**, which includes the CDA's international and South African partners that collaborate with the CDA toward the implementation of the National Drug Master Plan.
- **Chapter 6: Governance**, which describes the CDA's institutional arrangements, including members, committees, the secretariat and support structures.
- **Chapter 7: Financial Report**, that examines the budget of the CDA which is allocated and managed by the Department of Social Development.
- **Chapter 8. Human Resources and Organisational Environment**
- **Chapter 9: Performance of the CDA**, which contains the report of the CDA Board
- **Chapter 10: Implementation Analysis of national Departments, Entities and Provincial PSAs, of the NDMP**, which examines the performance of CDA members' planned outcomes and goals at national and provincial level.
- **Chapter 11: Evaluation, Conclusion and Recommendations**

CHAPTER 2: STRATEGIC OVERVIEW

This Chapter will focus on legislative and policy that inform the mandate of the CDA. It will further focus on the legislation and policies which informs the work of departments and other stakeholders that are required to implement the NDMP.

2.1 LEGISLATIVE MANDATE OF THE CDA

2.1.1 PREVENTION OF AND TREATMENT SUBSTANCE ABUSE ACT, 2008 (ACT 70 OF 2008)

The Prevention of and Treatment for Substance Abuse Act 2008, (Act No. 70 of 2008), specifically Chapter 10, governs the CDA, a statutory body established in terms of this legislation. Section 53 (1) states, “there is hereby established a body known as the Central Drug Authority, which may exercise the powers and must perform duties conferred or imposed on it in terms of this Act. The Act further designates 20 government departments and other organs of state to be members of the CDA, each represented by ‘fit and proper persons’ who ‘are at least of a rank of director or equivalent’.

The Act (Section 53(2)(u)) also provides for the appointment of 13 other members ‘who must be persons who have knowledge or experience in the management of the demand and supply of substances or who are able to make a contribution to the combatting of substance abuse’. Such persons are appointed by the Minister of Social Development following the recommendations of the Parliamentary Committees for Social Development of the National Assembly and National Council of Provinces. The period of operation of the CDA is five years. The current CDA was installed in April 2021, to serve up to 2026. Key amongst the powers of the CDA, is the National Drug Master Plan, which is the blueprint for the management of substance abuse and trafficking in illicit drugs. The National Drug Master Plan is a five-year strategy, the current being from 2019-2024.

The Act (Section 56) (a) assigns the power to the CDA, to oversee the implementation of the National Drug Master Plan, and to advise Cabinet on the review of the NDMP. This forms the core of the functions of the CDA.

2.1.2 NATIONAL DRUG MASTER PLAN

Over and above providing strategic direction to the country’s efforts to deal with the use and abuse of substances, as well as drug trafficking, the NDMP 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 of abuse in the country. These plans find expression in the national/provincial/local departmental/sector DMPs, as prescribed in the Act (Sections 58(d) and 61(c) respectively).

2.1.2.1 VISION, MISSION, PRINCIPLES AND GOALS OF THE CDA AS ESPOUSED IN THE NDMP (2019-2024).

VISION: A South Africa Free of Substance Abuse

MISSION:

- 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 for and supply of substances of abuse and misuse.
- To effectively control substances for therapeutic use and the emergence of New Psychoactive Substances (NPS).
- 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.

PRINCIPLES

The principles to be adhered to in implementing the NDMP are outlined in Figure 1.

NDMP PRINCIPLES

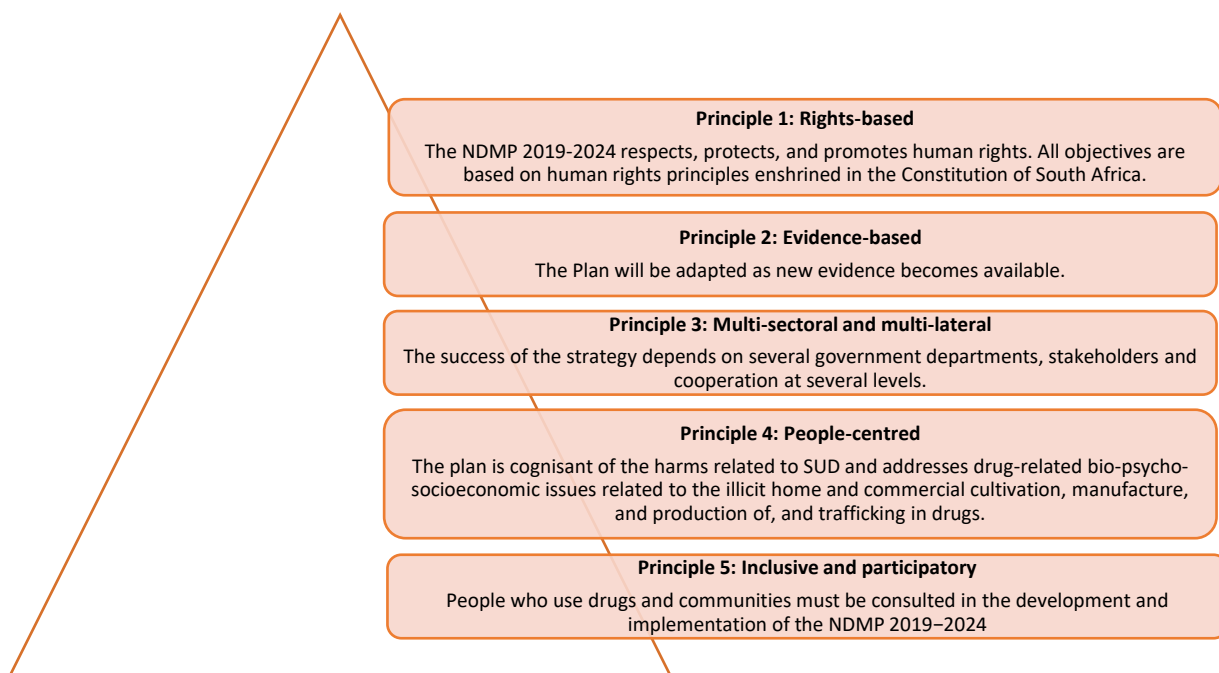


Figure1: NDMP principles

GOALS OF THE NDMP

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

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

National departments and entities must develop sector drug master plans that are informed by these goals within the scope of the legislative mandates that are applicable to each of them. These goals must, therefore, find expression in the sector drug master plans of national departments and entities that are tasked with specific responsibilities aligned to these goals. The same principle would apply with provincial departments that serve in the PSAFs. The provinces must, over and

above establishing the Provincial Substance Abuse Forums as prescribed by the Act, ensure that these goals are translated into Provincial Drug Master Plans (PDMP) that would ensure a holistic and integrated approach in the management of interventions and activities towards countering all challenges of harmful substance use and trafficking of illicit drugs.

These goals serve as a basis against which the CDA, as well as national and provincial departments, report their performance, and against which such performance is evaluated. It must be noted that the CDA is not an implementing entity but must ensure that there is coordination and integration of interventions by all the members and partners for greater impact.

The NDMP is expiring in 2024 and is due for review. Processes in this regard have been initiated. The general view is that it is an excellent document and minor changes are required to update it as per the sector recommendations that emerged from public consultation that will be reported on in the later sections of this report.

2.1.3 Rules of the CDA

The Rules of the CDA govern 'the quorum, procedures at meetings and generally, the conduct of functions and the conduct of the business of the CDA'. These Rules were published in the Government Gazette (No. 48434) on 14 April 2023.

2.2 POLICIES AND LEGISLATION GUIDING THE CDA AND THE IMPLEMENTATION OF THE NDMP

The CDA is enjoined by Section 53 of the Prevention of and Treatment for Substance Abuse, Act 2008 (Act 70 Of 2008) to amongst others ensure integration, coordination of services, and pooling and effective utilisation of resources of government and other agencies towards the management of substance use and abuse, and the implementation of the National Drug Master Plan. Government and its departments and agencies, have a plethora of policies and legislation that inform and support the implementation of the NDMP, ranging from international and regional instruments, and obligations to which South Africa is a signatory, to national policies and legislation that give a mandate to and contribute toward the prevention and treatment of substance abuse and trafficking in illicit drugs, The NDMP ensures that these policies are implemented in a collaborative manner, for greater impact and effectiveness, and this becomes the mandate of the CDA

2.2.1 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 introduced controls over several 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 provides for international cooperation through (e.g.) extradition of drug traffickers, controlled deliveries and transfer of proceedings

Table 1: International Conventions

South Africa is a state party to the three main UN Conventions shown above and has ratified all three United Nations Drug Control Conventions (UNDCC). South Africa is also signatory to the United Nations Convention against Transnational Organised Crime (UNTOC), the Southern African Development Community Protocol on Combatting Illicit Drug Trafficking in the SADC Region, and the African Union Plan of Action on Drug Control and Crime Prevention (2019-2025).

South Africa is obliged to comply with the annual reporting obligations attached to these Conventions, as facilitated by the Department of International Relations and Cooperation (DIRCO), which also coordinates South Africa's participation in all Regional and International Multilateral Fora, such as the Commission on Narcotic Drugs (NCD) and its subsidiary body, the Heads of National Drug Law Enforcement Agencies (HONLEA), the African Union through the Specialised Technical Committee on Health, Nutrition, Population and Drug Control, as well as at the SADC level through the Chiefs of Police Sub-Committee.

2.2.2 National Policies and Legislation

a) Current 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 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.

Legislation	Purpose
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, or dealing in, of drugs and certain acts relating to manufacturing or supply of certain substances. Currently under review to comply with the Constitutional Court Judgement on cannabis.
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 must be complied with by manufacturers, 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 the admission and discharge of mental health care users 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 the 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; to provide for the mechanisms aimed at demand and harm reduction concerning substance abuse through prevention, early intervention, treatment and re-integration programmes; to provide for the registration and establishment of treatment centres and halfway houses; to provide for the committal of persons to and from treatment centres, and for their treatment, rehabilitation and skills development in such treatment centres; to provide for the establishment of the CDA and matters connected with it.

Legislation	Purpose
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. This Act is currently under review through the Basic Laws Amendment Bill.
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.

Table 2. Legislation

b) Legislation under review

Legislation	Purpose
BELA Bill	
Cannabis Bill	The purpose of this Bill is to respect the right to privacy of an adult person to possess cannabis plant cultivation material; to cultivate a prescribed quantity of cannabis plants; to possess a prescribed quantity of cannabis; and to smoke and consume cannabis; regulate the possession of cannabis plant cultivation material; the cultivation of cannabis plants; the possession of cannabis; and the smoking and consumption of cannabis by an adult person; protect adults and children against the harms of cannabis; provide for the expungement of criminal records of persons convicted of possession or use of cannabis; delete and amend provisions of certain laws; and provide for matters connected therewith.
Drugs and Drug Trafficking Amendment Bill	To amend the Drugs and Drug Trafficking Act, 1992, so as to repeal the Minister's delegated plenary legislative powers, to amend Schedule 1 and Schedule 2; and provide for matters connected therewith. It is specifically meant to give effect to the ConCourt Judgement on Cannabis
Liquor Amendment Bill	To amend the Liquor Act 2003, to provide for the restriction of advertising of liquor and methylated spirits; to prohibit the supply of liquor or methylated spirits to persons under the age of 21; to impose certain liability on the manufacturer, distributor and other persons, to provide for the issuance of broad Based Black Economic Empowerment level of compliance; and to provide for certain new offences.
Draft Bill on Tobacco Products and Electronic Delivery System Control	To provide for control over smoking; to regulate the sale and advertising of tobacco products and electronic delivery systems; to regulate the packaging and appearance of tobacco products and electronic delivery systems and to make provision for the standardisation of their packaging; to provide for standards in respect of the manufacturing and export of tobacco products and electronic delivery systems; to prohibit the sale of tobacco products and electronic delivery systems to and by persons under the age of 18 years; to prohibit the free distribution of tobacco products and electronic delivery

	systems; to prohibit the sale of tobacco products and electronic delivery systems by means of vending machines; and to provide for matters connected therewith.
Policy on the Prevention of Treatment of Substance Use Disorders	This Policy framework seeks to provide for the amendment of the Prevention of and Treatment for Substance Abuse Act, 2008 (Act No 70 of 2008). The Act will be brought under review as it is outdated and not responsive to the current realities on substance abuse in the country. The Policy has now been approved by Cabinet for consultation.

Table 3. Legislation under review

d) National strategies aligned to the NDMP

Strategy	Purpose
The National Anti-Gangsterism Strategy (2015)	The Anti-Gangsterism Strategy calls upon the Department of Social Development to work in collaboration with various stakeholders, including, teachers, members of the South African Police Service (SAPS), parents and children to address gangsterism in communities. This strategy also seeks amongst other things to; provide direct ways of dealing with children who are affected by gangs as well as threats and risk factors that cut across children and youth in Child and Youth Care Centres and communities at large.
South Africa's National Strategic Plan for HIV, TB, and STIs, 2023-2028	The NSP 2023-2028 highlights the bold strategic objectives that aim to reduce barriers to accessing health and social services. It builds on lessons from the previous NSP and promotes a new and urgent focus to reduce inequalities for all people living with HIV, TB and STIs who are not benefitting from treatment and care services. The inclusion of mental health services and social support is based on the strong association between HIV, TB, STIs, sexual and gender-based violence (SGBV), human rights violations, inequalities, and mental health. Viral hepatitis has also been included in this NSP as a neglected infection of high prevalence linked to HIV and STIs.

Table 4. Strategies Aligned to NDMP

The above legislation should form an integral part of the departmental Drug Master Plans and must be operationalised towards meeting the goals of the NDMP. This would enable the respective departments to apply these provisions in addressing challenges related to substance abuse. Operationalised to the extent they should, they will contribute substantially to the realisation of the goals of the NDMP and addressing the challenges the country faces with regard substance use and drug trafficking in the country.

CHAPTER 3: SITUATIONAL ANALYSIS

This chapter will address itself to the trends in relation to drug use and illicit trafficking of drug across the world. It will give a glimpse of the situation in different regions of the world, as derived from the World Drug Report 2024. The chapter will also focus on trends in Africa, and finally, in South Africa.

This section of the report provides insights into the situation and trends across the world, in the continent, as well as in the country. It is important that the situation in South Africa be examined against what prevails globally, as this could invariably help the country in its response to the challenges of drugs and other illicit substances of abuse, as well as drug trafficking and illicit markets that fuel the distribution of drugs across the world. It further examines the social, economic and environmental impact of drugs, and evidence-based interventions and programmes that have worked.

This section will therefore also examine the World Drug Report (2024) which consists of the analysis of global trends in different regions of the world. African trends and data are derived from the Africa Report (Pan-African Epidemiological Network Drug Use (PAENDU), an African Union Inter-country Project on substance abuse and illicit trafficking. The South African situation is derived largely from the South African Community Epidemiological Network on Drug Use (SACENDU), as well as pertinent local research.

It must be noted that substance and drugs prevalence surveys have not been conducted in most African countries and this has an impact on reporting. There are also gaps and inconsistencies in the submission of country reports to the United Nations Office on Drugs and Crime (UNODC), which may impact on the data provided in the reports indicated above.

3.1 Trends and Impact of Substance Use Globally

Drug trafficking and substance use remain and continue to be a major threat to public health, to social and economic wellbeing and development of all countries in the world. The World Drug Report 2024 by the United Nations Office on Drugs and Crime (UNODC) represents a comprehensive analysis of global substance use, highlighting significant trends and statistics. The report reveals alarming increases in drug consumption and the expansion of drug markets worldwide, underscoring the persistent and evolving challenges posed by substance abuse. It also highlights the growing complexities of global drug use and the need for multifaceted responses. Increasing drug use among young people and women, the expansion of drug markets, the rising health burdens, necessitate comprehensive coordinated efforts to mitigate the impact of substance use worldwide. Enhanced international cooperation, balanced policy approaches and robust prevention and treatment programmes are essential in addressing these ongoing challenges.

3.1.1 Prevalence of Drug Use

The World Drug Report (2024) estimates that approximately 296 million people, or 6% of the global population aged 15-64, used drugs at least once in the past year. This marks an increase of 23% over the past decade. Cannabis remains the most widely used drug, with 200 million people reporting its use. Synthetic drugs, including methamphetamine and new psychoactive substances (NPS), continue to proliferate, particularly in Asia and North America.

There are significant demographic shifts reported in the World Drug Report (2024). There is a notable rise in drug use among young people, with one in eight adolescents in some regions using drugs. Gender disparities persist, with men being more likely to use drugs. However, the gap is narrowing, as drug use among women increases, particularly for non-medical use of pharmaceuticals and stimulants. Health consequences of drug use are significant, with the number of people with drug use disorders reaching 36 million, up from 30 million in the previous decade. The health burden includes an increase in drug-related blood borne diseases, such as HIV and hepatitis, linked to unsafe injecting practices. Drug overdoses remain a critical issue, with opioids, particularly synthetic opioids like fentanyl, contributing significantly to overdose deaths, especially in North America.

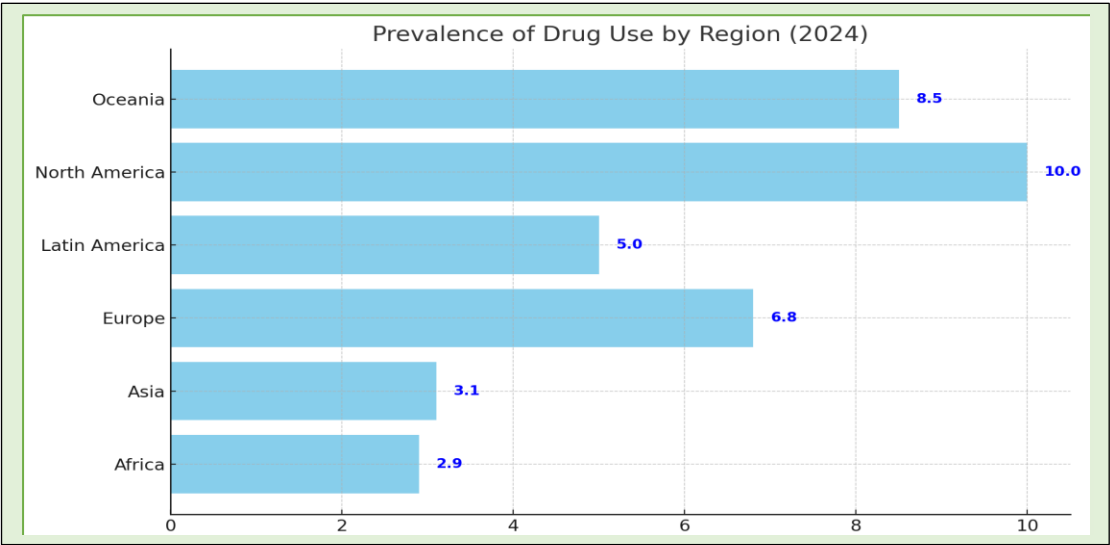


Table 5. Prevalence of Drug Use by Region, Source, World Drug Report 2024

The bar chart (Table 5) above illustrates the prevalence of drug use across different regions in the world for 2024.

The prevalence of the five most used drugs by region is given in Figure 2 below.

The group bar depicted in figure 2 shows the prevalence of the five most used drugs across different regions in 2024. The data illustrates the global percentage of the population aged 15 to 65, who have used drugs at least once in the past year.

- **Cannabis:** The most prevalent drug across all regions, with the highest use in Europe 20% and North America 18%.
- **Opioids:** Significant use is in North America - 7%, Latin America - 6%
- **Cocaine:** Highest prevalence of use is Latin America 10%, reflecting its role as a significant production region, followed by North America and Europe 4 and 5% respectively, Africa and Asia show a comparatively minimum use at 1%
- **Amphetamines:** Highest prevalent use is in Asia 7%, and Europe 8%
- **Ecstasy:** Most prevalently used in Europe and North America

Prevalence of the Five Most Used Drugs by Region

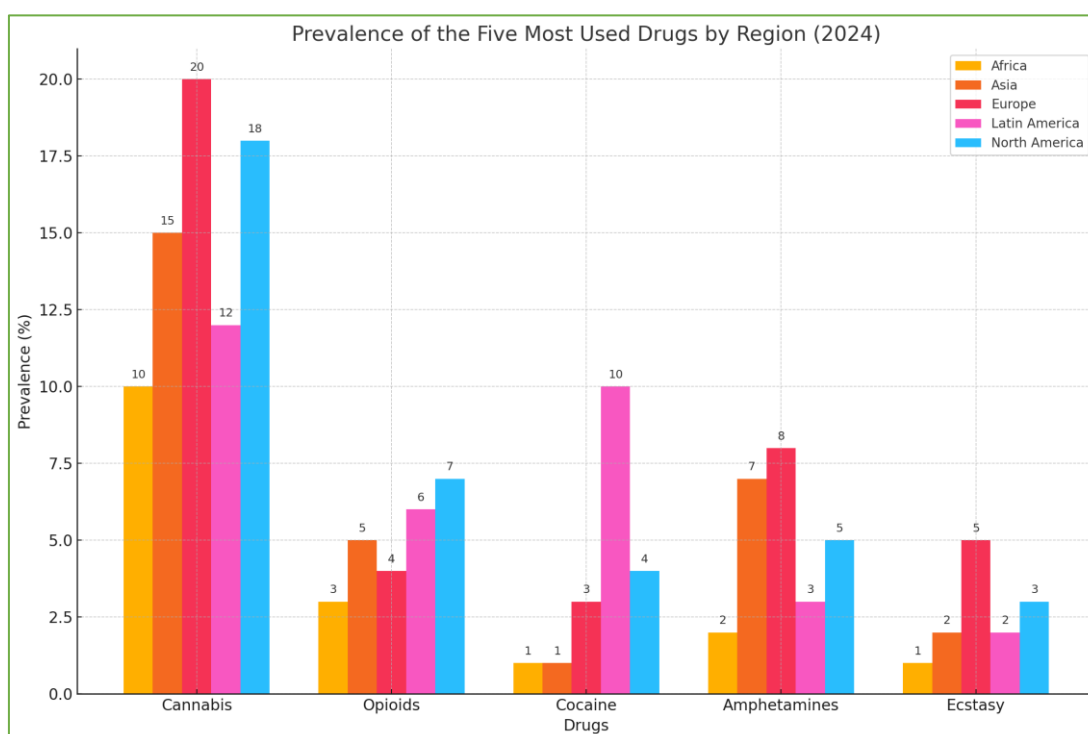


Figure 2. Prevalence of the Five Most Used Drugs by Region. Source – Derived from World Drug Report 2024

This data highlights regional differences in drug use patterns reflecting cultural, economic and policy influences on drug consumption.

3.1.2 Drug Markets and Production

The World Drug Report 2024 highlights significant shifts in global drug supply trends, focusing on the surging production and trafficking of cocaine and the complex dynamics of synthetic drug markets. Cocaine production has reached unprecedented levels, with a 20% increase in global output in 2022, resulting in 2,757 tons produced. This surge has fuelled violence and environmental destruction and some countries have experienced particularly severe social and ecological impacts due to increased coca cultivation and competition among trafficking groups. The report also points to a dramatic

decline in opium production, especially in Afghanistan, the world's largest supplier. following a ban imposed by the Taliban in 2022. Despite this, traffickers have been tapping into existing stockpiles to maintain heroin supply chains.

The vacuum left by the reduced opium production, however, is being filled by synthetic opioids, which are cheaper and faster to produce, posing new challenges for law enforcement and public health systems worldwide. Synthetic drugs offer flexibility, as they have shorter production times and no fixed geography. They do not require large areas of land or labour but only cheap chemical inputs that can be relatively easy to source. Their illegal manufacture, which is readily scalable and mobile, is expanding in low- and middle-income countries and even in countries with a strong rule of law. Laboratories producing various stimulants, depressants and novel dissociatives have been found in Central Asia, South-East Asia, the Near and Middle East, Africa, Europe and North America.

Harms of the world drug problem continue to mount amid expansions in drug use and markets. Additionally, synthetic drugs, particularly methamphetamine and new synthetic opioids, are on the rise. The opioid crisis, particularly involving synthetic opioids, remains a severe challenge. Fentanyl and its analogues are increasingly manufactured in clandestine labs and trafficked globally, causing unprecedented overdose mortality rates. Methamphetamine production and trafficking are booming, with Asia being the largest market. Production hubs in Myanmar and Mexico supply a growing number of users, contributing to rising health and social costs. Tramadol, a synthetic opioid used for non-medical purposes mostly in Africa and in the Near and Middle East, continues to pose a health risk and leads to acute toxicity (fatal and non-fatal overdoses) in those regions and beyond.

Efforts to curb opioid misuse include enhancing access to treatment and promoting the use of overdose-reversing medications like naloxone. These substances are increasingly being produced and trafficked across different regions, exploiting gaps left by traditional drug markets. The synthetic drug trade is notably impacting youth, with high rates of addiction observed in Central America, the Caribbean, and South America. Organized crime groups are leveraging drug addiction to recruit young people into their operations, perpetuating cycles of violence and social disruption.

Cannabis cultivation and production have expanded, driven by both legal and illegal markets. North America leads in legal cannabis production, while illegal cultivation persists in regions like Africa and South America. Innovations in cannabis products, such as high-potency strains and edibles, contribute to rising consumption and health concerns.

3.2 Drug Situation in Africa

Drug use in Africa has been undergoing significant changes influenced by various social, economic, political, and cultural factors. The World Drug Report (2024) provides a comprehensive overview of these trends, highlighting the growing concerns and emerging patterns in substance use across the continent. It further raises an issue about growing public health concerns in Africa, where drug

markets are rapidly diversifying from large markets of domestically sourced cannabis to markets that now include a multitude of transiting drugs such as cocaine and heroin, in addition to illicitly manufactured pharmaceuticals and new domestic harmful combinations with unclear content. This section will look at both the trends in the drug markets in Africa and the drug use patterns in the continent.

3.2.1 Drug Markets in Africa

Cannabis remains the main drug sourced, trafficked and used in Africa, in the past decade. Africa is the region where cannabis use is growing the fastest, according to qualitative data cited in the World Drug Report. However, cannabis also remains the most widely used drug in Africa. According to the World Drug Report (2024), approximately 38.2 million people in Africa used cannabis in 2023. This high prevalence is due partly to the relative ease of cultivation, low cost of cannabis coupled with its cultural acceptance in many regions. Notable increases in cannabis use have been reported in countries such as Nigeria, South Africa and Kenya. The decriminalization of cannabis in some areas has also contributed to widespread use, according to the World Drug Report.

Opioid use, particularly heroine has seen a marked increase especially in East and West Africa. The region's role as a transit hub for heroin smuggling routes has led to greater availability and use of the drug. The 2024 report highlights a sharp rise in heroin use along the East African coast linked to economic hardships and the lingering effects of COVID-19 pandemic. Heroin is trafficked from South-West Asia to Europe via East and Southern Africa,

Additionally, the abuse of prescription opioids such as tramadol has become a significant issue with these drugs often being sold in unregulated markets. This typical pattern of use is found mainly in North, West and Central Africa. The concern is the non-medical use of tramadol, a pharmaceutical opioid not under international control. Tramadol used non-medically is typically illicitly manufactured and marketed in packages of higher doses than normally found in medical supplies. More than 90 per cent of the total amount of tramadol seized by law enforcement authorities worldwide in the past five years has been seized in Africa. Continuing the past trend, most of the tramadol seized in Africa originates in South Asia, according to the World Drug Report.

Cocaine use is on the rise in Africa, particularly in Western and Southern regions. The continent is increasingly being used as a transit point for cocaine shipments from South America to Europe, leading to higher local consumption. Countries like South Africa and Nigeria have experienced notable increases in cocaine use, with a shift from powder cocaine to crack cocaine observed in urban areas. This trend poses significant public health challenges due to the higher addiction potential and harmful adverse effects of crack cocaine. Heroin use and heroin use disorders are also an issue, especially in East Africa, North Africa and some parts of Southern Africa.

Synthetic drugs, including methamphetamine, and amphetamine-type stimulants are becoming more prevalent. The production and use of methamphetamines have surged, with significant

activity reported in South Africa and Nigeria. These drugs are often produced in clandestine laboratories and are associated with severe health risks and high potential for addiction. The use of synthetic cannabis, commonly referred to as spice, has also increased, posing additional public health challenges.

Representing a potential threat to public health is the emergence in Africa of mixtures and concoctions such as nyaope and, more recently, karkoubi and kush, among many others. Some such mixtures are home-made, and the actual composition of other mixtures may not be known to users. According to the limited evidence available, the mixtures often contain several harmful substances, such as various controlled drugs, pharmaceutical drugs (e.g., benzodiazepines), alcohol and solvents.

The continent has been increasingly used as a transit area for drugs such as cocaine, heroin and methamphetamine and methamphetamine are trafficked from South-West Asia to Southern Africa and East Africa for local consumption and for re-export to other countries, mainly in East and South-East Asia. Drugs transiting through Africa have now penetrated the local markets, thus adding to the existing health challenges related to cannabis use.

3.2.2 Drug Use in Africa

Alcohol consumption is one of the most significant risks to health. The World Health Statistics (2023) reported that about 2.3 billion people are current drinkers globally. According to research collated by the World Health Organisation (WHO), globally, alcohol is responsible for about 4% of all deaths and about 4.5% of the burden of injury and disease. Furthermore, the World Health Statistics (2023) stated that the harmful use of alcohol is one of the leading risk factors for population health worldwide and has a direct impact on many health-related targets of the Sustainable Development Goals (SDGs), including those for maternal and child health, infectious diseases (HIV, viral hepatitis, tuberculosis), noncommunicable diseases and mental health, injuries and poisonings.

A total of 60 million individuals representing 8.4% of the population aged 15 to 64 years were estimated to have used illicit drugs in Africa in 2018 by the World Drug Report. As a result of its projected population growth, Africa is likely to be particularly vulnerable to an increase in the number of people who use drugs by 2030. The estimated drug use prevalence is projected to increase by 40% in 2030 due to the exponential demographic factors experienced by the continent <https://au.int/en/newsevents/20231106/au-high-level-session-addressing-substance-use-and-related-mental-health>.

In terms of drug use, the WDR (2024) reported that in 2022, about 2.8% of people with Drug Use Disorders in Africa were treated through psychosocial/behavioural and pharmacological modalities. The African Union's Pan-African Epidemiology Network on Drug Use (PAENDU) Trends Analysis Report indicates that about 70% of people who received treatment for drug use disorders on the continent from 2016 to 2021, were aged 15 to 34 years, while 1 in 20 individuals treated for

substance use disorders in the same period, were aged 10 to 14 years. It further stated that women made up approximately 7% of all entrants to drug treatment in Africa during the index period.

The increased burden of SUDs and related comorbidities among people in vulnerable situations impedes the health, socio-economic wellbeing and security of people on the continent and impedes the continental transformation espoused in AU Agenda 2063.

Alcohol, cannabis-type drugs, opioids, cocaine-type drug, amphetamine-type stimulants (excluding ecstasy), ecstasy, sedatives and tranquillisers, hallucinogens; and other substances are prevalent in Africa.

Figure 3 shows a graphic representation of the African continent's principal drugs choice from 2016-2021. Cannabis was the most popular drug, with 20.1 million users in the African continent. Tramadol was the second most popular drug in Africa, with 15 million users, followed by heroin, which had 14.7 million users. Khat is Africa's fourth most popular drug, with 12.1 million users.

Over The Counter (OTC) substances are the fifth most popular medicine in Africa, with 10.1 million users. Cocaine is Africa's sixth most popular narcotic, with 9.4 million users. The seventh most popular drug on the African continent was ATS, which had 8.7 million users. Mandrax was one of the top eight most popular medicines on the African continent, with 7.4 million users. Ecstasy ranked ninth in terms of primary drug use on the African continent, with 1.2 million users. Inhalants were the tenth most popular drug, accounting for 0.8 million users. In the African continent, 0.1 million people primarily use Codeine, Bluemash, Benzhexol, Nyaope, and an unnamed substance.

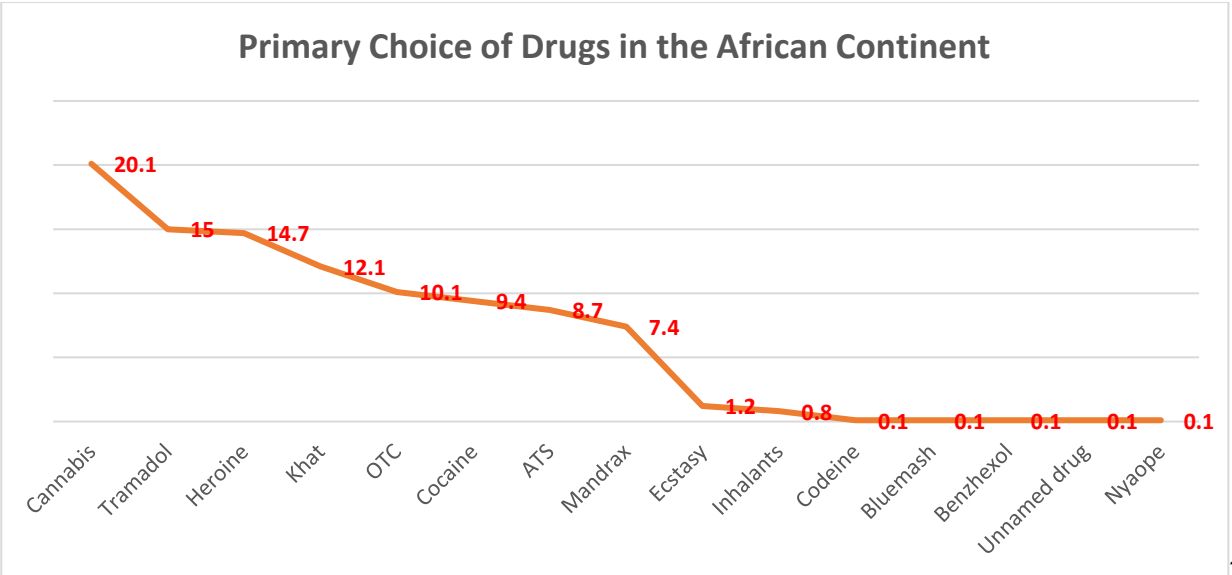


Figure 3. Primary Choice of Drugs in Africa. Source: The Pan-African Epidemiology Network on Drug Use 2016-2021: Primary Choice of Drugs in the African Continent

3.3 Drug Situation in South Africa

3.3.1 Illegal Drug Markets and Distribution Networks in SA

South Africa has a multifaceted and complex illegal drug market with sophisticated trafficking networks trafficking a range of substances including cannabis, methamphetamine, heroin, cocaine and new psychoactive substances (NPS). Each drug category has its specific dynamics regarding production, trafficking and consumption. South Africa remains an attractive location for drug traffickers to warehouse their stocks before shipping them on to other countries. The country's geographical location makes it a critical node in the global drug trade both as a destination and a transit point.

Cannabis is the most used illicit drug in South Africa. South Africa is also one of the largest cannabis producers on the African continent, with the Eastern Cape and KwaZulu-Natal provinces being major cultivation areas. Cannabis is often grown in rural areas and trafficked to urban centres through distribution. While much of the cannabis consumed domestically is cultivated within the country there is also a significant cross-border trafficking. Cannabis from neighbouring countries like Swaziland and Lesotho is often smuggled into South Africa due to its high potency and lower costs.

Methamphetamine locally known as 'tik', is a synthetic drug primarily produced domestically in clandestine laboratories, particularly in the Western Cape. The precursors required for meth production, such as ephedrine and pseudoephedrine, are often smuggled into the country through various means including concealment in legitimate shipments. Additionally, there are reports of methamphetamine being trafficked from South-East Asia to West Africa into South Africa. The Australian Crime Commission listed South Africa among the main points of embarkation for Amphetamine-type stimulants (ATS) shipments (World Drug Report 2023, UNODC).

South Africa is a significant transit country for heroin which is trafficked from Afghanistan via East Africa along what is known as the 'southern route'. This route sees heroin shipped from Iran and Pakistan to East African countries such as Tanzania and Mozambique and then overland into South Africa. Heroin is both consumed locally and further trafficked to other regions.

Cocaine primarily enters South Africa from Latin American countries including Brazil and Colombia. Traffickers use various methods including air and marine routes to bring cocaine into the country. The port of Durban is a key entry point for cocaine shipments. Once in South Africa cocaine is distributed domestically and the country also serves as a transit point to other regions, particularly Europe and Australia.

The market for new psychoactive substances in South Africa is growing, with synthetic cannabinoids and synthetic cathinone (e.g., bath salts) being the most prevalent. These substances are often manufactured in clandestine laboratories globally, particularly in China, and end up being trafficked into South Africa by postal and other courier services.

Major trafficking routes and entry points are –

Airports: OR Tambo International Airport in Johannesburg is a major entry point for drug trafficking. Smugglers use various methods including body packing, luggage consignment and courier services.

Seaports: The Ports of Durban, Cape Town and Gqebera are significant points for maritime drug trafficking. Drugs are often concealed in shipping containers mixed with legitimate cargo.

Land borders: South Africa shares land borders with several countries including Mozambique, Zimbabwe and Namibia. These borders are porous and used to smuggle drugs through well-established routes often hidden in vehicles or transported by foot through rural areas.

Once drugs enter South Africa, they are distributed through an extensive network that includes local gangs, organized crime groups and informal dealers. Major urban centres like Johannesburg, Cape Town and Durban serve as distribution hubs. These networks ensure that drugs reach both urban and rural areas across the country. The domestic market for illegal drugs is substantially driven by the high demand in urban areas. Informal settlements and economically deprived areas are particularly affected, with drugs often sold through local gangs. (UNODC 2024: ISSUP on World Drug Report 2020, Global Initiative Against Transnational Organized Crime).

Addressing the challenges posed by these markets, requires robust law enforcement, international cooperation and comprehensive public health strategies.

3.3.2 Drug Use Trends in South Africa

SACENDU Project which has been operational since 1996, is an alcohol and other drug (AOD) sentinel surveillance system that collects and monitors data from 9 provinces in South Africa. SACENDU monitors trends in AOD use and associated consequences on a six-monthly basis, using specialist AOD treatment programmes, community-based harm reduction health service providers, and the Services Quality Metrics (SQM) study. Participation of these treatment facilities and community-based harm reduction programmes is voluntary. Whilst there is no national survey on substance abuse trends in the country, the data from SACENDU is considered dependable and reflective of the general trends regarding alcohol and other drugs used in the country. Additional data is sourced for the World Drug Report (2024), which has already been referred to and discussed in the earlier sections of this report.

Primary substance of use (%) for all persons and persons 18 years and younger – selected drugs (2023a)

	Age	WC	KZN	EC	GT	NR ^a	CR ^b
# centres (n)	-	24	11	5	26	11	5
# persons (n)	-	1685	1062	247	7550	772	247
Alcohol	All	19	36	34	12	18	43
	<19	11	4	9	5	16	5
Cannabis	All	23	28	29	34	36	28
	<19	81	75	71	79	70	72
METHAQ. (MANDRAX)	All	6	2	3	3	2	2
	<19	1	4	-	2	2	8
Crack/Cocaine	All	2	11	3	2	7	4
	<19	1	1	2	<1	3	-
Heroin/Opiates*	All	17	14	1	17	26	4
	<19	-	1	-	<1	2	-
MA**	All	31	3	23	24	6	13
	<19	4	-	15	7	5	10

Northern Region (MP & LP), ^bCentral Region (FS, NW, NC); *Includes data relating to nyaope and whoonga¹; **Methamphetamine.

Table 6, Primary substance of use (%) for all persons and persons 18 years and younger – selected drugs (2023a)

South African Report on Drug Use 2022

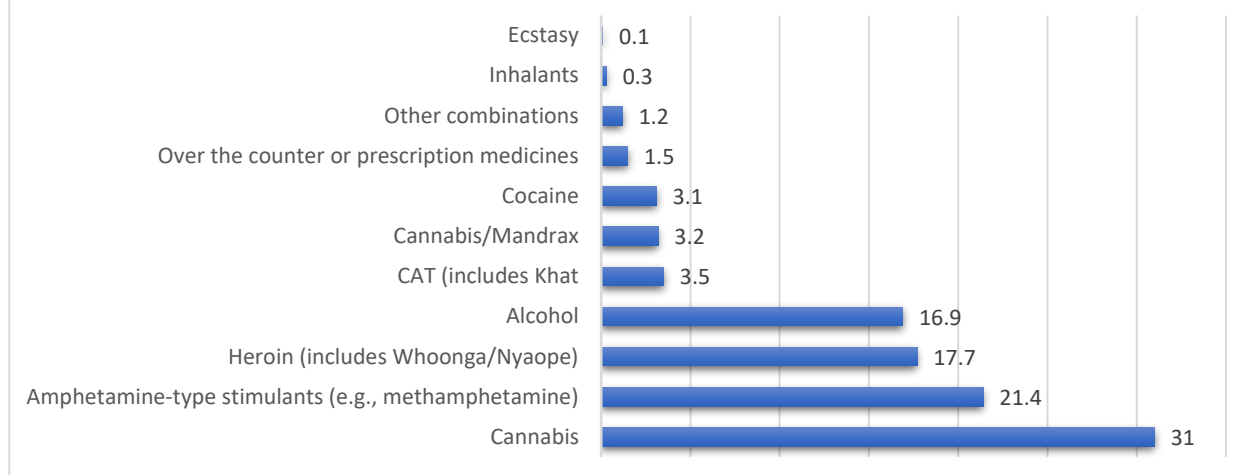


Figure 4. South African Report on drug use 2022²

Figure 4. above gives data on drug use in South Africa. Cannabis was the most common primary substance used, accounting for 31.0% of admissions in 2022. Methamphetamine (MA) (which includes other ATS) was the second most common primary substance of use among people referred to treatment facilities (21.4%), followed by heroin (17.7%). Nyaope and whoonga (a smoked narcotic cocktail made up of cheap/low grade heroin and cannabis) are examples of heroin. Over the period of 2022, the number of service users treated for cannabis, alcohol, MA, and heroin increased.

3.3.3 Community-based harm reduction services (Jan – June 2023)

Province	Site	PWID reached	Needles/ Syringes	Returned	OST	H R Violations	
						No.	% related to confiscation of Needles and Syringes
Eastern Cape (EC)	N M Bay	841	108390	98%	N/A	137	61%
Mpumalanga (MP)	Ehlanzeni	547	16095	78%	N/A	17	100%
Gauteng (GP)	Ekurhuleni	579	114060	77%	43	79	65%
	Johannesburg	10214	785910	43%	332	428	68% (assaults)
	Sedibeng	1686	264360	100%	53	225	68%
	Tshwane	9613	496699	96%	727	33	78%
	West Rand	1131	146565	97%	N/A	138	81%
KwaZulu-Natal (KZN)	eThekweni	1744	290670	102%	149	266	84%
	uMgungundlovu	1111	115530	96%	N/A	177	70%
Western Cape (WC)	Cape Metro	1788	923460	82%	23	53	64%

Table 7. Community Based Harm Reduction, derived from SACENDU Research Update (February 2024)

It is a well-known fact that injection drug use is a key factor in the transmission of blood borne pathogens and HIV infections, which also exacerbates tuberculosis infection. Numerous behavioural

² Source: South Africa Report on Drug Use Epidemiology (2022)

practices, including years of injecting drugs, type of drugs injected, direct and indirect sharing of needles and paraphernalia, and sex related factors such as condom use, multiple sexual partners, and survival sex, are all risk factors that are conducive to the spread of HIV, HBV and HCV among PWIDs. The table below shows the correlation between drug use and these co-infections, which require a comprehensive integrated approach that combines needle and exchange programmes, drug treatment programmes such as Opioid Agonist Therapy (previously known as OST) and facilitate access to both health and social services. Table 7 shows that of all the 10 sites that reported, only 6 provide OAT and the proportion users receiving OAT against the number of injecting drug users is very low.

These services are simply not available or are extremely limited in accessibility and availability due to restrictive, ineffective and fragmented services. The WHO indicates that the criminalization of drug users and the stigma and discrimination against people who inject drugs contribute to the ongoing epidemics of HIV, viral hepatitis and TB. The high number of human rights violations that injecting drug users experience, both by members of the public and officials such as police officers, attests to public perceptions and a lack of knowledge about the approach to community-based services and the benefits for the PWID and the broader community. It therefore calls for broader and integrated social and public health programmes at all levels of society, leaving no one behind.

Table 8: Co-infections of PWID (must be read against Table 7 for no. of unique PWID accessing treatment)

Prov.	Site	HIV			IS	TB			HCV			HBaSG			Deaths
		Tests	+	ART		Test	Sym p.	D& Rx	Tests	React -ive	Rx	Tests	React-ive	Rx	
EC	NM Bay	324	25	27	4	339	19	10	-	-	-	-	-	-	5
MP	Ehlanzeni	430	77	63	4	501	15	2	38	29	-	49	4	-	1
GP	Ekurhuleni	246	15	15	6	249	0	0	52	36	-	52	6	-	3
	Johannesburg	2791	445	431	10	2848	15	3	183	123	20	183	7	-	
	Sedibeng	276	88	81	2	366	1	1	36	26	0	32	0	-	2
	Tshwane	651	263	251	6	-	-	-	2	2	2	2	0	-	24
	West Rand	307	139	17	4	335	15	1	-	-	-	-	-	-	0
KZN	eThekwinini	474	96	92	25	614	181	10	50	16	15	49	2		2
	uMgungundlovu	278	37	37	12	403	37	3	-	-	-	-	-		-
WC	Cape Metro	615	70	38	2	632	17	0	29			30	0		22

IS=viral suppressed; ART=Antiretroviral treatment; D&Rx=Diagnosed and on treatment; Rx=Treatment; HCV + HBaSG =hepatitis C & B tests resp.

Community-based harm reduction and health services for people who use drugs (PWUD), including people who inject drugs (PWID), are provided in alignment with the World Health Organization's guidelines and the National Drug Master Plan (2019 – 2024).

3.3.4 Cannabis in South Africa.

South Africa's approach to cannabis has evolved significantly over the past decade, particularly with the decriminalisation of private cannabis use in 2018. The Constitutional Court ruled that adults could cultivate and consume cannabis in private spaces, citing the right to privacy. This landmark decision marked a significant shift in the country's drug policy, aligning it closely with progressive

global trends. Following the 2018 Prince judgment, which essentially gave effect to the right to privacy of only adults to use, possess or cultivate cannabis in private for personal consumption, the Department of Justice and Constitutional Development prepared and promoted the Cannabis for Private Purposes Bill, which it is envisaged, will be signed into law by the President in the 2024/5 financial year. The Act gives only adults the right to use, possess and cultivate cannabis in private, but does not give a child the right to use, possess or cultivate cannabis. The department is in the process of preparing regulations that will prescribe how much cannabis an adult can possess or cultivate for personal consumption.

A child who is found in possession of, using or cultivating cannabis must be dealt with through measures that are out of the criminal justice system. The measures contemplated in the Children's Act or the Prevention of and Treatment for Substance Abuse Act must be followed to deal with a child in such situation. In certain serious cases, measures set out in the Child Justice Act must be followed.

However, public consumption and commercial trade in cannabis remain illegal, creating a complex legal landscape that continues to evolve as further legislative adjustments are debated.

Despite the restrictions on commercial trade, there has been a growing interest in the commercialisation of cannabis, particularly in its potential to boost the economy. The South African government has expressed interest in developing a legal cannabis industry that could create jobs and generate significant tax revenue. There is an increasing number of start-ups and established businesses looking to capitalize on this emerging market, focusing on products ranging from medicinal cannabis to hemp-based goods. However, comprehensive regulatory frameworks are still needed to ensure that this market can thrive while addressing concerns about public health and safety.

The medical use of cannabis has also garnered substantial attention, with increasing recognition of its potential therapeutic benefits. The South African Health Products Regulatory Authority (SAHPRA) has approved the use of cannabis for medical purposes under strict conditions, allowing patients with specific medical conditions to access cannabis-based treatments. Research institutions in South Africa are also exploring the scientific potential of cannabis, investigating its efficacy in treating a variety of ailments such as chronic pain, epilepsy, and multiple sclerosis. This burgeoning field of medical cannabis holds promise for both patients and the scientific community, though it remains tightly regulated to ensure patient safety.

Despite these positive developments, it is essential to acknowledge the potential harms associated with cannabis use. Regular cannabis consumption has been linked to various health issues, including respiratory problems, mental health disorders such as anxiety and depression, and impaired cognitive function. Additionally, the risk of dependency and the impact of cannabis on developing brains, particularly among adolescents, are significant concerns. These health risks underscore the importance of public education and robust regulatory measures to mitigate the potential negative impacts of increased cannabis availability and use in South Africa.

In summary, South Africa's journey with cannabis is one of cautious progress. While decriminalisation and the potential for commercial and medical use offer promising opportunities,

it is imperative to balance these with careful regulation and public health considerations to minimise harm.

3.3.5 Alcohol trends in South Africa

- **Alcohol Use**

Alcohol use in South Africa represents a significant public health challenge with far reaching consequences for individuals, families and society at large. This section will explore the current trends in alcohol consumption and associated health and social impacts, and underlying factors driving alcohol use in the country. The discussion is informed by recent research and statistics to provide an up-to-date understanding of the issue. South Africa has one of the highest rates of hard alcohol consumption globally, with the culture of heavy episodic drinking that exacerbates the country's public health and safety challenge. According to the South African Medical Research Council (SAMRC), while only 33% of adult men and about 20% of women consume alcohol, those who drink often do so in large quantities. This pattern of consumption contributes to the country having one of the highest per capita alcohol consumption rates in the world, particularly driven by binge drinking habits on weekends.

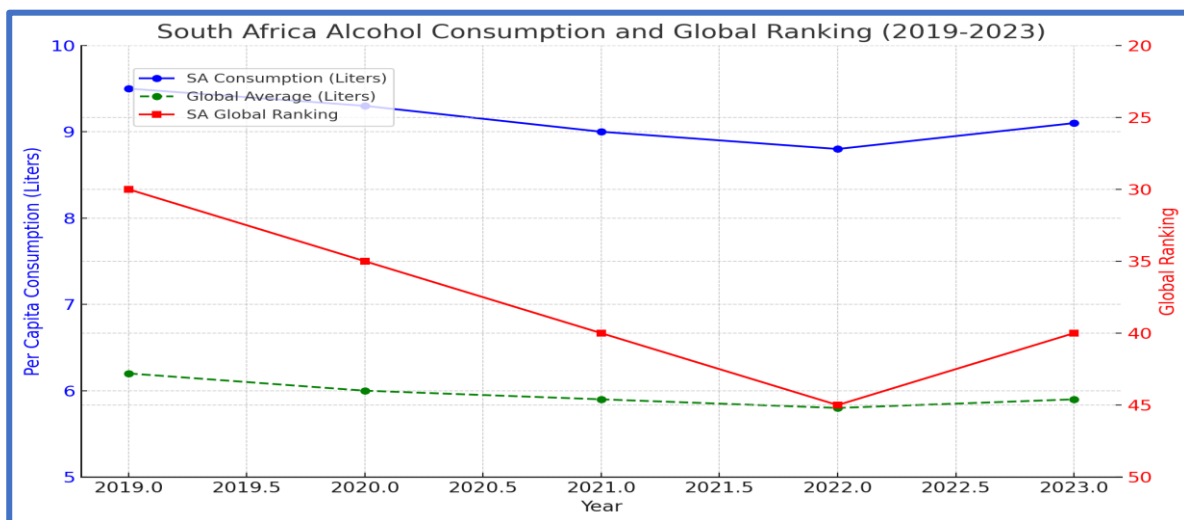


Figure 5; South African Pure Alcohol per Capita Consumption and Global Ranking (Derived from multi-year WHO data)

Figure 5 depicts the per capita consumption of pure alcohol in South Africa in the last five years., which shows a general decline from 2019 to 2022, followed by a slight increase in 2023. It further shows the average global consumption, which is consistently lower than South Africa's consumption levels. This indicates that the country's per consumption levels are significantly higher than the global level. It also shows South Africa's global ranking in terms of alcohol consumption, with lower numbers indicating a higher ranking, (more consumption compared to other countries]. The ranking fluctuated slightly but generally lessened from 2019 to 2022 followed by a slight rise in 2023. The fluctuations, particularly reductions in 2020 and 2021, were influenced by strict public health measures including alcohol bans and restrictions during the COVID-19 pandemic. This means that overall, South Africa consistently ranks higher than the global average in pure alcohol consumption

per capita, placing it among the top consumers worldwide. The rankings reflect a combination of economic, social and regulatory influences that affect alcohol consumption levels. These trends suggest that public health measures can reduce consumption as it did from 2020 to 2022, albeit temporary. Lessons can be drawn for long term strategies, that may be necessary to achieve sustained reductions.

Several factors drive the high levels of alcohol consumption in South Africa. Economic challenges including rising costs of living and high unemployment rates have led many South Africans to turn to alcohol as a coping mechanism. Additionally, there is a strong cultural component to drinking where alcohol is often associated with social gatherings and celebrations, making it a deeply entrenched part of social life amongst adolescents. Factors such as peer pressure, bullying, and exposure to alcohol use within the family environment are significant contributors to early initiation and continued use of alcohol. The increase in alcohol use among school going adolescents is particularly concerning as it poses risks for both their immediate well-being and long-term prospects including educational attainment and future health.

The damaging impact of alcohol starts early in the life course. Prenatal alcohol exposure can lead to foetal alcohol spectrum disorders (FASD), an umbrella term for a range of birth defects which include physical, mental, behavioural and/or learning disabilities with possible lifelong implication and which unlike many other disabilities are 100% preventable. A study conducted by Mafa et, al. (2019) has shown that female drinkers involved in risky alcohol drinking patterns, and this could mean that South Africa may continue to have a high incidence of Foetal Alcohol Syndrome.

The health impacts of alcohol use in South Africa are profound. Alcohol is the leading cause of noncommunicable diseases, injuries and deaths in the country. It is a major contributor to the high rates of gender-based violence, with studies indicating that alcohol abuse, particularly binge drinking, is closely linked to increased frequency and severity of partner violence. In addition to these, alcohol use also exacerbates the country's HIV and tuberculosis epidemics by weakening the immune system and contributing to the behaviors that increase transmission. Alcohol is responsible for 1 in every 4 deaths in the age group of 20–24-year-olds, affecting not only demographic trends but being also a leading cause of working life years lost and hence, of losses in economic development and productivity (SAMRC, 2023).

Road traffic fatality rate in South Africa is alarmingly high, with drunk driving accounting for a significant proportion of these deaths. The SAMRC (2022) reports that about 27.1 of fatal road crashes are alcohol related, highlighting the severe impact of alcohol on road safety.

South Africa is confronted by a major problem of underage drinking, as evidenced in the 2022 Scenery Park (eNyobeni) incident in the Eastern Cape where 21 young children, amongst them 13-year-olds, perished under dubious circumstances associated with high levels of alcohol consumption. In community engagements conducted by the CDA across provinces, concerns were raised about underage drinking and events such as 'pens down parties' to celebrate the end of the final year of schooling by young people. In a study conducted in South Africa amongst young people in high schools (specifically Tshwane high schools), it emerged that almost half (49.6%) of school going adolescents have at least consumed an alcoholic beverage in their lifetime. It further indicates that the prevalence of alcohol use amongst school adolescents in the country ranges from 22 to

58%. Binge drinking, which is rapid and excessive drinking over a short time has been estimated at 15 to 32%, and 12% of young people reported alcohol use before the age of 13 years (Mmereki, Mathibe, Cele and Modjadji: 2022). Underage drinking must be considered as a public health concern in the country and be given the necessary attention, particularly the entrenched culture of the glamourisation of alcohol, even in poor and rural communities.

- **Supply, Marketing and Distribution of Alcohol.**

Alcohol distribution in South Africa is a significant and complex part of the country's economy, deeply rooted in both formal and informal markets. The formal alcohol market is dominated by large producers and distributors. These companies control a substantial share of the production, distribution, and retailing of alcoholic beverages. Alcohol is widely available in supermarkets, liquor stores, bars, and restaurants across the country. The liquor industry in South Africa, like in many other countries, has significant influence and resources which it often uses to push back against public health concerns related to alcohol consumption. This influence is evidenced in several key areas such as opposition to evidence based and strict regulations. The liquor industry has historically opposed many of the public health measures proposed to reduce alcohol related harm such as stricter advertising regulations, higher taxes and more stringent licensing requirements. Industry stakeholders argue that such measures would harm the economy, particularly in terms of jobs and revenue and push consumers towards illicit alcohol market. This was felt strongly during the COVID 19 epidemic, when government enforced stringent restrictions on the sale of alcohol in the country.

The industry's lobbying efforts are substantial, often delaying and diluting legislation aimed at curbing alcohol consumption. For example, attempts to raise legal drinking age or implement minimum unit pricing have faced strong resistance from industry groups who lobby against these measures, citing economic impacts. This has been cited as one of the reasons for lack of progress in the tabling of the Liquor Amendment Bill. Industries have the muscle and financial power to push back any efforts to put public safety concerns above profits.

The industry, in their efforts to target young people, uses sophisticated advertising campaigns, glamorizing alcohol as part of an aspirational lifestyle, that young people aspire to. These campaigns often use sports sponsorship, music festivals and social media influencers to reach young audiences, creating associations between alcohol and social success, fun and status. The use of trendy packaging, limited edition products, and digital marketing strategies encourage experimentation and brand loyalty among consumers. This market is particularly effective in urban areas where young adults are targeted with messages that normalise drinking (SAMRC 2022).

The informal market also plays a crucial role in alcohol distribution, especially in lower-income areas and townships. This market includes unregulated shebeens (informal drinking establishments) and the sale of homemade alcohol like traditional beer or spirits. The informal sector often operates outside of government regulations, leading to concerns about the quality and safety of the alcohol

being consumed, as well as issues related to underage drinking and the social harms associated with alcohol abuse.

South Africa's regulatory framework on alcohol faces several gaps and challenges that hinder its effectiveness in addressing alcohol-related harm. One of the most significant challenges is the enforcement of existing regulations. Despite laws aimed at controlling the sale, advertising, and consumption of alcohol, enforcement is often weak, particularly in the informal sector. This leads to widespread availability of alcohol, including to minors, and contributes to high levels of alcohol abuse. Another major gap is the regulation of alcohol advertising and marketing. While there are restrictions in place, they are not as stringent as those in other countries, allowing alcohol brands to heavily market their products, often targeting vulnerable populations.

The influence of the alcohol industry on policymaking is also a concern, as lobbying efforts can dilute the impact of proposed regulations and delay the implementation of more stringent controls. Additionally, the current regulatory framework does not adequately address the social and health impacts of alcohol abuse in lower-income communities, where the informal alcohol market thrives. This market operates largely outside the reach of government regulations, contributing to issues such as the distribution of unsafe, unregulated alcohol, and the perpetuation of harmful drinking cultures. There are also gaps in public awareness and education about the dangers of excessive alcohol consumption. While some campaigns exist, they are often underfunded and not widespread enough to make a significant impact on drinking behavior.

In a study conducted by the South African Medical Research Council (SAMRC) and the Southern African Alcohol Policy Alliance (SAAPA) to assess alcohol outlet density and trading times in two South African communities: Ga-Rankuwa in Gauteng and Thembalethu in the Western Cape, using a community centred approach, to map alcohol availability **and** its association with gender-based violence (GBV) and crime, the following findings were made:

- a) Alcohol outlets are densely distributed in residential areas, increasing alcohol consumption and related harms.
- b) Many outlets operate without licenses and outside regulated trading times, contributing to higher availability.
- c) Most alcohol outlets are shebeens, followed by taverns. Both on-premises and off-premise outlets are common, with a significant number operating as both.
- d) Beer is the most widely sold alcoholic beverage, followed by ciders, wine, spirits, homebrews, and cocktails.
- e) Most outlets operate seven days a week, often beyond regulated hours. Unlicensed outlets, especially shebeens, do not adhere to standard operating times.
- f) Licensing status varies, with a significant portion of outlets unlicensed or having unknown licensing status.
- g) Increased alcohol availability is linked to youth drinking, child abuse, neglect, gender-based violence, and crime.

- h) The study highlights the role of alcohol as a risk factor for gender-based violence, including intimate partner violence and non-partner sexual violence.
- i) Community members report significant harm due to alcohol abuse, including health issues, violence, and neglect of children.
- j) Alcohol is perceived as a major problem, and there is a call for better regulation and enforcement of alcohol-related laws.

- **Liquor Boards**

Liquor Boards are regulatory bodies established at provincial level with a primary responsibility of overseeing the liquor industry within their respective provinces. Their functions include **issuing of liquor licenses; regulation and compliance monitoring** through amongst others, adherence to license conditions and inspection audits: **public safety and community welfare**, including community inputs on licensing and addressing public complaints; **regulatory policy development and advising government** on amendments or new policies to address emerging challenges, promotion of responsible alcohol consumption and **revenue collection** which contributes to provincial revenue.

The CDA conducted engagements with 7 Provincial Liquor Boards and the following findings, which are also confirmed by the research SAMRC and others, were noted:

- Under-resourcing of most in terms of staff, technology and infrastructure to effectively manage the licensing process and monitor compliance, resulting in amongst others, inadequate oversight of licensed premises.
- The application of regulation is very inconsistent with varying standards of enforcement levels, which creates a fragmented regulatory environment where the same business might face different requirements depending on location.
- Licensing decisions often do not adequately involve community input despite laws requiring community participation, which results in issuing of licenses in areas where communities might oppose due to concerns about crime, noise and other social issues.
- The capacity for inspections is inadequate when measured against the number of licensed establishments (let alone illegal and unlicensed establishments). Inspections are also limited due to inadequate training and poor coordination between different agencies such as the licensing inspectors, law enforcement between municipal and national police, etc.
- The legislative framework is limited across multiple laws and regulations both at national and provincial levels. This creates confusion and inconsistency in enforcement and compliance. Some aspects of the legislation are outdated and do not adequately address contemporary challenges such as the rise of online liquor sales, the need for more stringent controls in higher risk areas and the management of socio-economic impacts of alcohol availability.
- There's a lack of a centralized data system to track licenses and compliance data across provinces making it difficult to monitor trends, share information, and coordinate enforcement efforts effectively.
- The proliferation of liquor outlets, particularly in poor communities, has been linked to increased crime rates, domestic violence and other social problems. The legislative framework does not currently provide sufficient mechanisms to mitigate these impacts effectively.
- The Liquor Boards indicated that they are confronted by many court cases for inability to register establishment and/or challenges to decisions not to register.

- There is also a conflict between public safety and economic development concerns, as liquor outlets are seen as an opportunity for job creation and promotion of small business.

In its article published on 3 October 2023, the SAMRC maintains that South Africa has failed to address the root causes of problematic drinking, such as the availability of cheap alcohol and weak regulations, including inadequate controls on alcohol marketing and poor controls on liquor sales. There is acknowledgement, however, that these challenges are not unique to South Africa, and are applicable in other countries, irrespective of the level of development. The WHO also has initiatives such as ‘the WHO SAFER’ initiative that provides clear guidelines for actions at both the national and international levels.

3.3.6 Tobacco Use

Whilst tobacco is a legal substance in South Africa, its use remains a significant public health issue and is a major health risk for smokers and those around them. According to recent surveys around 18 to 20% of adults smoke in South Africa with higher rates amongst men than women. The country has implemented strict tobacco control policies including bans on advertising, sponsorship of events whilst promoting tobacco use, prominent warning sign on cigarette banning of smoking in public places, and high excise taxes on tobacco products. Despite these efforts, challenges on the health impacts of tobacco use remains, and it is still a leading cause of preventable diseases and deaths in the country, contributing to respiratory diseases, cardiovascular diseases, and various cancers. The main challenges remain the illicit sale of untaxed tobacco products which undermine public revenue and health efforts to curb the use of tobacco.

There have been notable efforts to reduce the prevalence of tobacco in the country, particularly traditional tobacco products. However, the current trend of smoking water pipes (also known as ‘hookah’ and ‘hubbly bubbly’) and e-cigarettes (vaping) is increasing, and these are perceived as a social activity by young people, and a fun way to socialize with friends. There is a misperception that these forms of tobacco are less harmful than smoking cigarettes. However, research has shown that hookah especially poses a significant health risk including exposure to harmful chemicals and an increased risk of respiratory and cardiovascular disease. The Cancer Association of South Africa (CANSA) (published in 2018, updated in April 2022) has raised concern about this trend and the myths surrounding it, and has issued warnings alerting the public, especially children and youth that the risks could outweigh those associated with tobacco. Current tobacco control laws in South Africa do not adequately address these specific challenges posed by hookah use, such as the regulation of hookah lounges and the sale of flavoured tobacco products.

Vaping has seen a rapid increase in popularity particularly among youth and young adults, as it is often marketed as a safer alternative to traditional smoking and as a tool for smoking cessation. While vaping is generally considered less harmful than smoking traditional cigarettes, it is not without risks. There are concerns about the long-term health effects, the potential for nicotine addiction and the presence of harmful substances in some e-liquids. South Africa is in the process

of developing specific regulations for E cigarettes. Proposed measures include age restrictions, advertising bans and restrictions on the sale of flavoured e-liquids to reduce their appeal to young people.

While there have been successes in reducing tobacco use, continuous efforts are still needed to address the ongoing challenges and to protect public health in the country. These efforts could focus on public awareness and education, policy development and enforcement of regulations and ongoing research to monitor trends and inform policy decisions.

CHAPTER 4. STRUCTURAL ARRANGEMENTS

This chapter describes the CDA's functions and governance structures, as outlined in the Prevention of and Treatment for Substance Abuse Act, 2008 (Act 70 of 2008), and the structural arrangements in place for implementing the NDMP 2019-2024. It further outlines the structure and functions of the CDA at provincial and municipal level.

4.1 The CDA

As previously indicated, the Act (Section 56) establishes the CDA as a statutory body that is set up by the Minister of Social Development to whom it is accountable. The structure in Fig. 6 is the one envisaged in the Act. The Act provides for the composition of the CDA to be no more than 13 independent members who are knowledgeable and have expertise in the field of substance abuse. These members are nominated by the public and selected by Parliament (Portfolio Committee on Social Development jointly with the Select Committee on Social Services), then recommended to the Minister of Social Development for appointment. The Act also provides for the nomination of departmental representatives by the respective Ministers of designated government departments, to be appointed by the Minister of Social Development to serve in the CDA.

The structure of the CDA as envisaged by the Act, as well as its positioning alongside the Department of Social Development is as follows:

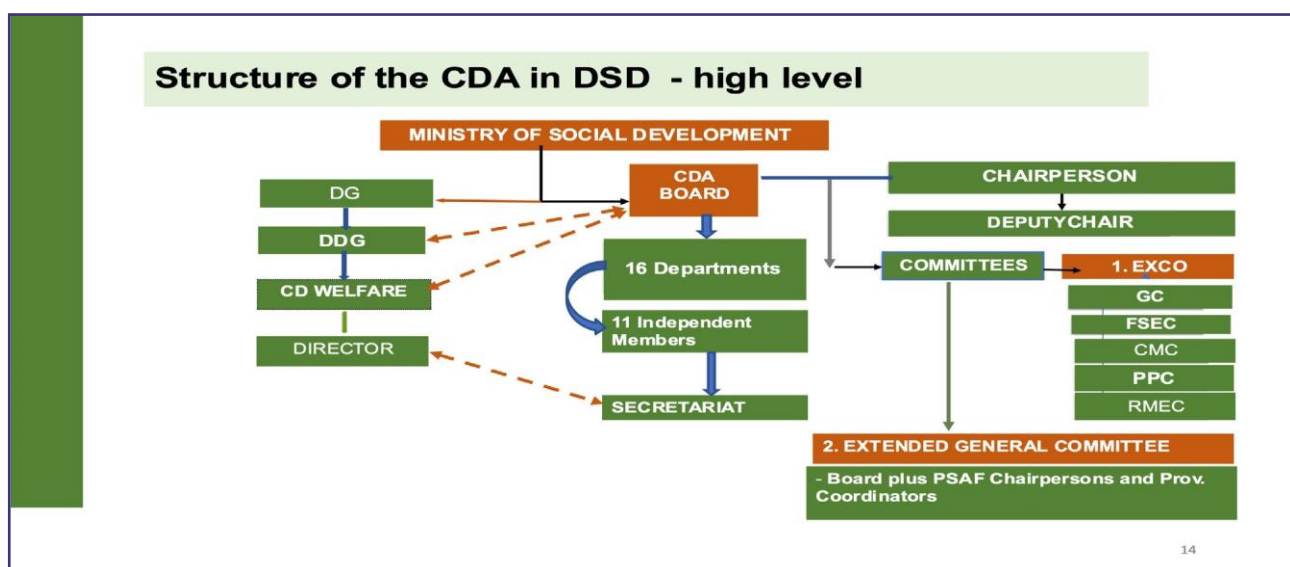


Figure 6.- Structure of the CDA

Whilst the Act provides for the CDA to account to the Minister of Social Development alongside the department, in practice it has been subdelegated to the Chief Director, Social Crime and Substance Abuse.

The performance of the CDA, as well as the challenges with the current architecture and arrangements will be discussed in the later sections of this report.

The roles and functions of the CDA, as provided for in the Act, are as follows:

- (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 combat 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 the problem of substance abuse.
- (i) Ensure the development of effective strategies on prevention, early intervention, reintegration and aftercare services, and ensure the development of effective strategies regarding the prevention of HIV infection and other medical consequences related to substance abuse.
- (j) Advise 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; and
- (m) May exercise such powers and must perform such duties as may be determined by the Minister from time to time.

These roles and functions are incorporated into the Annual Performance Plan (APP) of the CDA. This report will depict how these functions were carried out by the CDA.

4.2 Provincial Substance Abuse Forums

The Act also provides for the establishment of Provincial Substance Abuse Forums (PSAFs) by the Member of the Executive Council for Social Development in each province. The structure of PSAFs as envisaged in the Act is depicted in Figure 7. The provincial Departments of Social Development provide the Secretariat for the PSAF. The MEC must ensure adequate resourcing and funding of the PSAF to ensure its performance in meeting the goals of the NDMP, as defined in the PDMP. The form and functions of PSAFs can be depicted as follows:

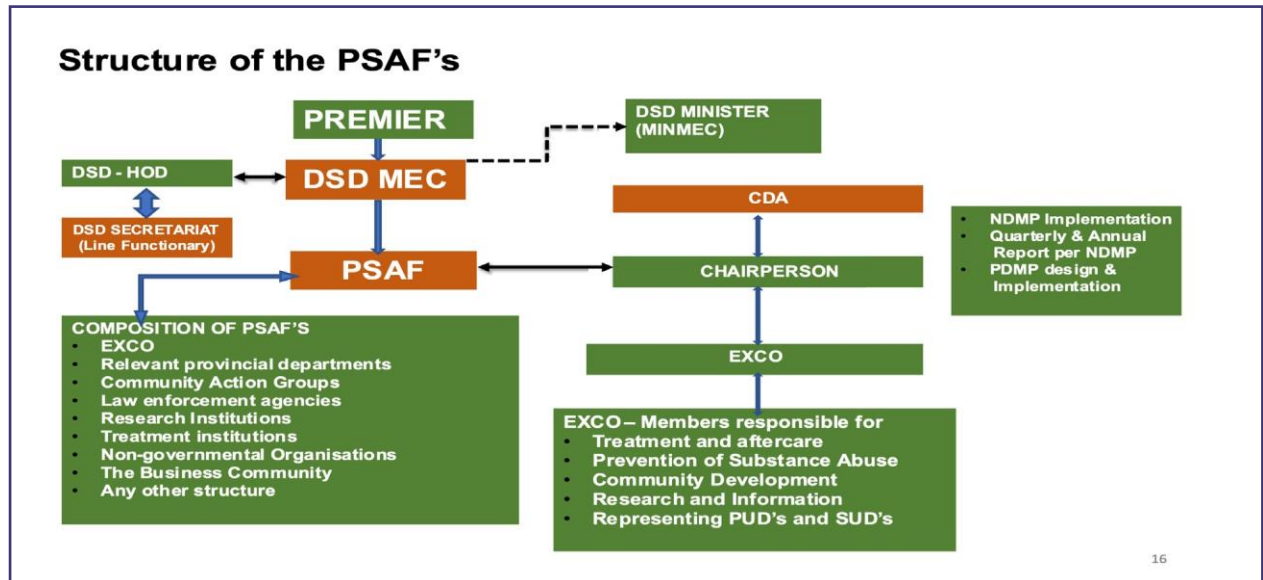


Figure 7: Structure of Provincial Substance Abuse Forums

Section 58 of the Act assigns the following powers and functions to the PSAFs:

- Strengthen member organisations to carry out functions related directly or indirectly to addressing the problems of substance abuse.
- Encourage networking and the effective flow of information between members of the forum in question.
- Assist Local Drug Action Committees established in terms of Section 60 of the Act in the performance of their functions.
- Compile and submit an integrated master plan for the province for which it has been established.
- Submit a report and inputs, not later than the last day of June annually, to the CDA for the purpose of the Annual Report of the CDA, and
- Assist the CDA in carrying out its functions at the provincial level.

The performance of the PSAF's against these functions will be outlined in the later sections of this report. However, it is noteworthy to mention that PSAFs are in place in all the provinces. All provinces have Provincial Drug Master Plans and are submitting reports to the CDA as prescribed by the Act. It must be noted that PSAFs are the vehicle through which the CDA performs its functions and realizes the implementation of the NDMP at provincial level. It is

therefore imperative and key that these structures be supported and adequately resourced to perform their functions.

4.3 Local Drug Action Committees (LDAC)

Section 60 of the Act provides for the establishment of LDACs by Mayors of all Municipalities in the country. The number of municipalities in the country against LDACs established and functional are depicted in table 9 below.

Province	GP	KZN	W.C	E.C	N.C	F. S	Limp	Mpu.	N. W	Total
Metropolitan municipalities	3	1	1	2	—	1	—	—	—	8
Districts municipalities	2	10	5	6	5	4	5	3	4	44
Local municipalities	6	43	24	31	26	18	22	17	18	205
Total	11	54	30	39	31	23	27	20	22	257
No of LDACs	5	43	18	14	2	5	7	12	14	118

Table 9. Municipalities and LDACs

The report will provide insights on how the country has fared in the establishment of these most critical structures, that are at the coalface of service delivery and ensure the localization of services towards the implementation of the NDMP. It will further highlight challenges that hamper service delivery and make recommendations to address them.

The structure and functions of the LDACs as envisaged and provided for in the Act is as follows:

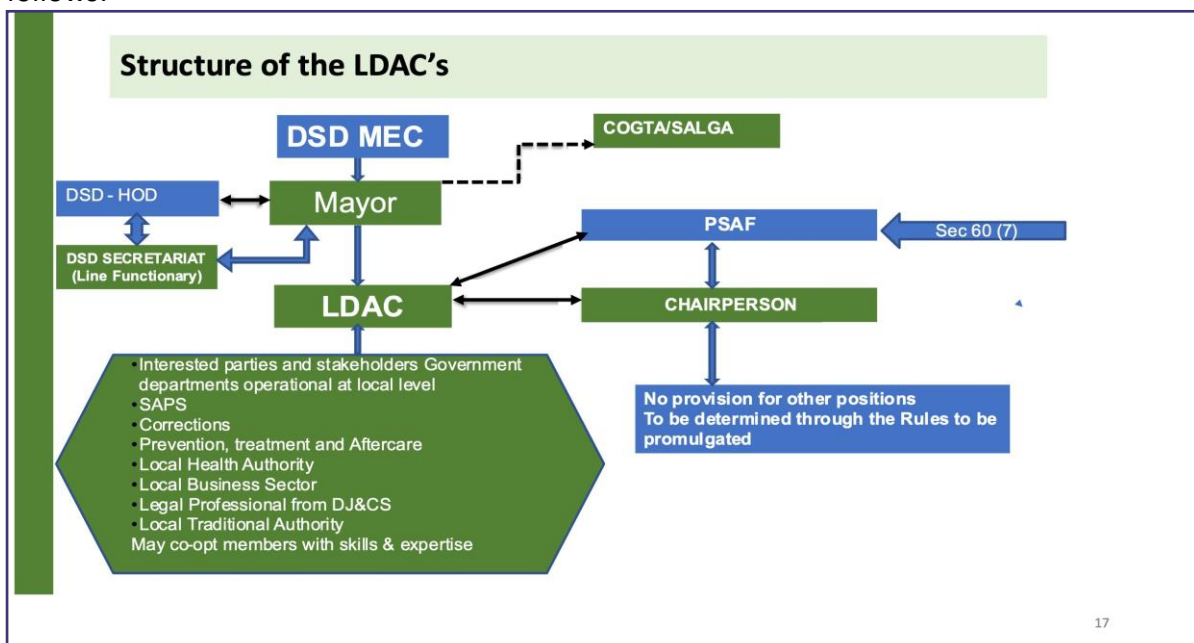


Figure 7. Structure of Local Drug Action Committees (LDAC)

From the above it must be noted that the mayors are responsible for the establishment of LDACs and ensuring that they are properly supported and resourced. The MEC for Social

Development must, however, provide the necessary guidance and support to ensure that LDACs are established and well-resourced to perform their functions.

Role and Functions of LDACs

Section 61 of the Act prescribes the following functions for the LDACs:

- a) Ensure that effect is given to the implementation of the NDMP in the relevant municipality.
- b) Compile an action plan to combat substance abuse in the relevant municipality in cooperation with provincial and local government.
- c) Ensure that its action plan is in line with the priorities and the objectives of the integrated Drug Master Plan and that it is aligned with the strategies of government departments.
- d) Implement its action plan.
- e) Annually provide a report to the relevant Provincial Substance Abuse Forum concerning actions, progress, problems and other related events in the area; and
- f) Provide such information as may from time to time be required by the Central Drug Authority.

The performance of LDACs against these functions is contained in the PSAF reports and will be discussed in more detail in Chapter 9 of this report.

CHAPTER 5. STAKEHOLDER MANAGEMENT

The Prevention of and Treatment for Substance Abuse Act, 2008 (Act 70 of 2008), and the NDMP call for the collaboration between stakeholders involved in fulfilling the mandate of the Act and the goals of the NDMP. This ensures that there is integration, coordination of programmes and services. The CDA has engaged these stakeholders in various ways, including the submission of Annual Reports for the period under review. These reports are as given by these stakeholders.

5.1 NATIONAL STAKEHOLDERS

5.1.1 ITTC-SA

The International Technology Transfer Centre South Africa (ITTC-SA) has been actively involved in several initiatives during the 2023-24 financial year, focusing on drug demand reduction and substance use prevention.

Key Activities and Initiatives:

a) Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)

The ITTC-SA, based at the University of Cape Town, developed and launched the ASSIST tool. This web app aims to detect risky substance use among students, contributing to social issues like crime and gender-based violence. The web app was launched by the Minister of DSD on 29 May 2023 and was targeted at institutions of higher learning and colleges for early intervention and prevention, especially risky substance use. The tool could also be used to do mapping at various entry points across health and social services sites and potentially to map the risks across the country. The tool provides early intervention through psychoeducation and is especially useful for the South African student population. ITTC has partnered with Higher Health, which has begun promoting the tool at various institutions of higher learning in the country. The app was also presented to the National House of Traditional and Khoisan Leaders to either be used by target populations for self-assessment or by SUD practitioners. The training targeted amongst others, master trainers, community-based organization officers, youth counsellors, and social workers.

Training and Technical Assistance.

The ITTC-SA has been providing training and technical assistance to promote the uptake of evidence-based best practices for substance use prevention, treatment, and recovery services. The centre collaborates with various national and international bodies to support policy implementation in line with South Africa's National Drug Master Plan. During the year under review ITTC-SA has provided training on SBIRT to agencies such as SANCA in various sites such as Orange Farm, Soweto, Central Johannesburg, Pretoria in Gauteng, and in other provinces such as the Western Cape and KZN.

Collaboration with ISSUP and Other Bodies.

ITTC-SA organized webinars in collaboration with the International Society of Substance Use Professionals (ISSUP) and the University of Cape Town. These webinars focused on topics like motivational interviewing and screening, brief intervention, and referral to treatment (SBIRT). These are evidence-based substance use interventions that are offered in a continuum of care depending on the need following assessment.

Capacity Building and Networking.

As part of the International Consortium of Universities for Drug Demand Reduction (ICUDDR), ITTC-SA engages in capacity building and networking activities to enhance competencies among addiction professionals in South Africa and the Southern African region.

Policy Development Support.

ITTC-SA supports the development of national and regional policies aimed at implementing best practices for substance use prevention and treatment. This includes identifying and addressing barriers to these practices.

These efforts highlight ITTC-SA's commitment to improving substance use prevention and treatment through education, training, and policy support, both within South Africa and in the broader Southern African region.

5.1.2 Non- Governmental Organizations Providing Harm Reduction Services in South Africa

Demand reduction in the National Drug Master Plan 2019-24 includes the implementation of harm reduction programmes for people who use drugs (PWUD's). Harm reduction is an essential part of reducing the demand for drugs because it focuses on minimizing the negative consequences associated with drug use rather than solely aiming to eliminate drug use itself.

Some key reasons why harm reduction services provided by non-governmental organisations contributes to the reduction of drug demand.

Health Improvement

- **Reduced Health Risks:** By providing clean needles, opioid substitution therapy (OST), and safer use education. Harm reduction programs decrease the risk of HIV, viral blood hepatitis, and other blood borne infections. Healthier individuals are more likely to seek help and reduce or quit drug use.

- **Access to Healthcare:** Harm reduction often connects people to broader health services, including primary care, mental health support, and addiction treatment, which can lead to reduced drug use over time.
- **Increased Engagement**
- **Trust and Support:** Harm reduction approaches build trust between service providers and drug users. When users feel respected and supported, they are more likely to engage with services that can help them reduce or quit drug use.
- **Low-Threshold Services:** These services are accessible and non-judgmental, encouraging people who might avoid traditional treatment to seek help.

Education and Awareness

- **Risk Awareness:** Harm reduction education helps users understand the risks associated with drug use, promoting safer practices and informed decision-making.
- **Preventing Escalation:** By teaching safer use and recognizing signs of overdose, harm reduction can prevent escalation to more dangerous drug use patterns.

Social and Legal Support

- **Human Rights Focus:** Emphasizing the human rights of drug users reduces stigma and discrimination, encouraging more users to seek help.
- **Legal Advocacy:** Harm reduction programs often advocate for policies that support the health and rights of drug users, which can lead to more supportive environments for reducing drug use.

Comprehensive Care

- **Integrated Services:** Harm reduction integrates with other services like housing, employment support, and social services, addressing the broader needs of drug users that can contribute to reduced drug demand.
- **Focus on Underlying Issues:** By addressing the social and economic factors contributing to drug use, harm reduction helps reduce the root causes of drug demand.

Evidence-Based Approach

- **Effective Outcomes:** Research shows that harm reduction strategies are effective in reducing drug-related harm and facilitating entry into treatment. This evidence supports the inclusion of harm reduction in comprehensive drug demand reduction strategies.

The National Department of Health has been actively working towards implementing Opioid Agonist Therapy (OAT) in public healthcare settings. Here are the key efforts and developments:

National Roll-out Plan: Planning for the project to conduct implementation research on the capacity of the health facilities to provide Opioid Agonist Therapy (OAT) has been initiated. It is envisaged that the project implementation will commence in 2024-25 financial year.

Pilot Projects and Demonstrations: The first demonstration project for opioid agonist therapy was launched in Durban. This project showcased the benefits of OST, such as improved quality of life for low-income heroin users. Methadone was provided under medical supervision, and the project achieved a high retention rate among participants.

Capacity Building and Training: For a comprehensive OAT program, the government plans to train a diverse team of health workers, including doctors, nurses, social workers, and pharmacists. .

Harm Reduction and Support Services: The OST program includes harm reduction strategies, such as offering safe disposal options for needles and syringes, integrating HIV and hepatitis testing, and providing counselling services. These efforts are aimed at reducing the health risks associated with opioid use.

Challenges and Considerations: Implementing OST on a large-scale faces challenge such as ensuring funding, managing medication supply to prevent diversion, and building a network of support services. The government is working to address these issues by strengthening existing monitoring systems and engaging with various stakeholders.

Refer to the Situational Analysis to the nature and extent of services provided by the organisations, as reported by SACENDU.

5.1.4 South African Alcohol Policy Alliance (SAAPA) Report (2023)

The South African Alcohol Policy Alliance (SAAPA) Report (2023) focuses on the impact of alcohol consumption in South Africa and the policy measures needed to mitigate its negative effects on society. Here are the key highlights of the report:

- a) **Alcohol Consumption Trends:** South Africa has high levels of alcohol consumption compared to global averages, with significant social and health impacts. SAAPA highlights the prevalence of binge drinking and the growing accessibility of alcohol in communities.
- b) **Social and Economic Impact:** Alcohol abuse is linked to various social issues, including domestic violence, road accidents, and health problems. The economic burden of alcohol-related harm includes healthcare costs, loss of productivity, and law enforcement expenses.
- c) **Policy and Regulatory Environment:** The report evaluates existing policies and regulations regarding alcohol control, emphasizing areas where enforcement and

implementation are lacking. SAAPA advocates for stronger regulations on advertising, sales, and distribution of alcohol.

- d) Advocacy:** SAAPA SA (South African Alcohol Policy Alliance South Africa) at the State of the Nation Address (SONA) 2023 in Cape Town. The demonstration aimed to advocate against underage alcohol sales, and it involved partnerships with several organizations, including the People's Health Movement, SiSonke Gender Justice, Safe Hub, and representatives from the families affected by the Enyobeni tavern tragedy.

Recommendations made by SAAPA.

1. Introducing stricter advertising restrictions to reduce exposure, particularly among young people.
2. Increasing taxes and prices on alcoholic beverages to decrease consumption.
3. Limiting alcohol availability by reducing the number of outlets and restricting hours of sale.
4. Enhancing public awareness campaigns to educate the population about the risks of excessive alcohol consumption.

5.1.5 South Africa Medical Research Commission (SAMRC)

The South African Medical Research Council (SAMRC) is a statutory body established to improve the health and quality of life of South Africans through health research and innovation. Founded in 1969, the SAMRC operates under the MRC Act 58 of 1991 and focuses on addressing the country's major health challenges, including infectious diseases, non-communicable diseases, maternal and child health, and interpersonal violence.

The SAMRC is a key player in advancing public health in South Africa through its research, innovation, and advocacy efforts, contributing to better health outcomes for the population.

Summary of the SAMRC 2023-24 Annual Report on Substance Use and Abuse

Research Focus and Achievements:

Alcohol, Tobacco, and Other Drugs Research Unit (ATODRU):

- a) Conducted research to reduce harmful effects of substance abuse and promote mental health.
- b) Developed innovative technologies for assessing, monitoring, and promoting health outcomes related to substance abuse.

Key Research Interventions.

- a) Studied the effectiveness of Community Health Workers (CHWs) in treating chronic physical diseases.
- b) Identified prevalence of mental health disorders among university students.
- c) Developed a policy index tool for alcohol policy assessment.
- d) Examined tobacco usage trends using South African Social Attitudes Survey data.

Foetal Alcohol Spectrum Disorders (FASD).

- a) Implemented a multifaceted prevention model for FASD.

- b) Conducted a prevalence study revealing a steady FASD rate with shifts in severity over nine years.
- c) Identified maternal risk factors associated with FASD.

Collaborations and Partnerships

- a) Collaborated with local and international academic and research institutions.
- b) Engaged in new partnerships focusing on adolescent substance use reduction and structural drivers of substance use.

Knowledge Translation and Dissemination.

- a) Actively engaged in media and public presentations to disseminate research findings on alcohol and tobacco use.
- b) Provided input to international and national bodies on substance abuse policies.

5.1.6 Southern African Community Epidemiology Network on drug Use (SACENDU)

The SACENDU Research Brief Phase 53 provides insights into substance use trends in South Africa for the period of July to December 2022. The report covers data from specialist substance use disorder (SUD) treatment centres and community-based harm reduction services. It is a critical stakeholder that provides valuable data on trends of substance use and treatment in the country as depicted in the Situational Analysis in Chapter 2 of this report.

5.1.7 South African Human Rights Commission (SAHRC)

The South African Human Rights Commission (SAHRC) is an independent institution established to support constitutional democracy in South Africa. It was created under the Constitution of South Africa and operates according to the South African Human Rights Commission Act, 2013. The Commission's primary aim is to promote, protect, and monitor the observance of human rights in the country.

It acts as a watchdog, ensuring that the government and other institutions uphold human rights standards and respond effectively to violations. Amongst others, the SAHRC investigated human rights violations in case where 21 people died at the Enyobeni Tavern, a shebeen in East London in 2022. The SAHRC investigation culminated in the release of the final report on 20 July 2023. A summary of the findings are as follows:

- Deficiencies in South Africa's regulatory and enforcement frameworks concerning alcohol regulation, particularly in protecting children's rights.
- Systemic failures across various sectors, emphasizing the need for comprehensive reforms to protect vulnerable populations and uphold human rights.
- Inadequate enforcement of liquor regulations by the Eastern Cape Liquor Board (ECLB) and the South African Police Service (SAPS),
- Insufficient oversight by the Buffalo City Metropolitan Municipality (BCMM), and the neglect of legislative measures aimed at curbing alcohol abuse by national departments such as the Department of Trade, Industry and Competition (DTIC) and the Department of Social Development.

- LDACs, as discussed in Chapter 3 of this report, which also defines the roles of these structures, had not been established by the Buffalo City Metropolitan Municipality (BCMM), as directed by the Act, at the time of the Enyobeni Tavern tragedy on June 26, 2022.

Other findings:

- 1) The ECLB and SAPS showed inadequate enforcement of liquor regulations.
- 2) BCMM lacked sufficient oversight and capacity to monitor compliance with zoning and building regulations.
- 3) National departments did not prioritize crucial legislative measures to curb alcohol abuse.
- 4) Children's rights to protection from the harmful effects of alcohol were compromised, violating Section 28 of the South African Constitution and international treaties like the Convention on the Rights of the Child.

The report recommends several measures to address these deficiencies:

- 1) **ECLB:** Implement a moratorium on issuing new on-site licenses until monitoring capacity is enhanced and aligned with proposed legislative reforms.
- 2) **BCMM:** Build internal capacity through training programs for Ward Councillors and metro police officials and establish LDACs immediately.
- 3) **National Departments:** Prioritize the re-tabling and enactment of critical legislative measures to curb alcohol abuse.

5.1.8 South African National Aids Council (SANAC)

The 2023-24 SANAC annual report details various programs and initiatives aimed at combating HIV, TB, and STIs in South Africa. Here is a summary of key interventions, focusing on harm reduction, hepatitis C, in alignment with the National Drug Master Plan 2019-24:

Harm Reduction Interventions

1. **Harm Reduction Centres:** SANAC has developed Harm Reduction Centres that serve as platforms for ART treatment support and access to HIV services for people who use drugs, particularly in Durban. These centres aim to integrate harm reduction with HIV treatment and prevention strategies.
2. **Community-Led Monitoring (CLM):** SANAC implemented a community-led monitoring approach to evaluate and improve service provision to key populations, including those who use drugs. This innovative approach ensures that the needs and rights of key populations are addressed in HIV prevention and treatment programs.
3. **Programme Descriptions:** The Technical Support Unit (TSU) worked with partners to review and develop program descriptions for people who use drugs (PWUD), emphasizing the importance of human rights and community systems strengthening.

Hepatitis C Interventions

Integrated Services: SANAC's approach to harm reduction includes efforts to address hepatitis C, particularly among people who inject drugs. By integrating hepatitis C testing and treatment into harm reduction centres, SANAC aims to reduce the incidence of hepatitis C in key populations.

NDMP 2019-24 Implementation

1. **Stakeholder Engagement:** SANAC's Stakeholder Management and Campaigns Unit developed strategies to engage stakeholders in the implementation of the National Strategic Plan for HIV, TB, and STIs (NSP). SANAC also partnered with the CDA on the 3rd National Summit on Substance Abuse and Drug Trafficking.
2. **Youth Prevention Strategy:** The Zikhala Kanjani Youth HIV Prevention Strategy was developed and launched to prevent HIV among young people. This aligns with NDMP goals by focusing on education and prevention efforts among adolescents.
3. **Community Systems Strengthening:** SANAC emphasizes the strengthening of community systems to support the implementation of the NDMP. This includes developing frameworks for community-led monitoring and enhancing the role of civil society in addressing substance abuse and related issues.

SANAC's efforts in harm reduction and hepatitis C interventions are integral to their broader strategy of aligning with the NDMP 2019-24, focusing on comprehensive, community-driven approaches to combat HIV, TB, and STIs in South Africa.

5.2 International and Multilateral Stakeholders Report 2023/24 Financial Year

5.2.1 African Union Commission (AUC)

The African Union Commission (AUC) is pivotal in promoting political and economic integration among African countries, addressing continental challenges such as peace, security, governance, and socio-economic development. The AUC's efforts in combating substance abuse are outlined in its AU Plan of Action on Drug Control and Crime Prevention (2019-2023), focusing on reducing drug demand and supply, enhancing public health responses, and strengthening law enforcement capacities.

Key Initiatives and Activities.

- a) **AU Plan of Action on Drug Control and Crime Prevention (2019-2023):** A comprehensive framework addressing drug control and crime prevention.
- b) **Capacity Building and Training:** Training sessions and workshops to build capacity in drug law enforcement, border control, and public health interventions.
- c) **Public Health Approach:** Promoting the integration of prevention, treatment, and rehabilitation services into national healthcare systems.
- d) **Regional Cooperation:** Collaboration with regional bodies and international partners to combat synthetic drugs.
- e) **Research and Data Collection:** Supporting research initiatives and data collection to inform policy decisions and develop targeted interventions.

5.2.2 BRICS (Brazil, Russia, India, China, and South Africa)

The BRICS Programme of Action on substance use is a collaborative initiative among the BRICS countries, that is Russia, Brazil, India, China and South Africa to address substance use issues collectively. This program aims to strengthen cooperation amongst these countries to tackle the challenges posed by drug abuse and trafficking. The programme focuses on exchanging best practices, sharing research and data, and implementing joint projects to reduce the supply and demand for drugs across member states. The key objectives of the program are:

- Policy harmonization, ensuring alignment of policies across member states.
- Capacity building, aimed at enhancing skills and capabilities of professionals.
- Research Collaborations, which promote joint research initiatives to better understand substance use and effective interventions.

The BRICS programme of Action in South Africa is implemented through various national and local initiatives that are aligned with the programme objectives. Training was provided in **Johannesburg**, which is a central hub for training sessions and focused on law enforcement officials and healthcare providers in order to enhance their skill in dealing with substance use issues, from prevention to treatment and enforcement; in **Durban**, which hosted seminars that targeted community leaders and health workers, aiming to build capacity in managing substance use at community level through collaborative approaches, and in **Cape Town**, the focus being on seminars for healthcare professionals, particularly those working in public health and addiction treatment facilities, focusing on the latest treatment protocols and harm reduction strategies; and in **Pretoria**, which hosted several high level seminars that included policymakers, law enforcement and healthcare providers, with the focus being on aligning national strategies with BRIC objectives and fostering interagency collaboration.

5.2.3 Community Anti-Drug Coalitions of America (CADCA)

CADCA focuses on preventing substance misuse and promoting healthy communities through coalitions involving various sectors. Up until the end of the 2023-24 financial year, CADCA South Africa had conducted three training programs. These training programs were part of CADCA's efforts to empower communities in South Africa to address substance misuse through community-based strategies.

South Africa training programs took place in **Johannesburg**, focusing on community coalition building and drug prevention strategies. The training targeted community coalition leaders and local government officials, focusing on strategic planning and coalition building to address substance abuse prevention. In the **Western Cape**, specifically in Cape Town, the training was aimed at youth organizations and schools, emphasizing youth leadership in substance use prevention, especially within vulnerable communities, in **KwaZulu Natal**, specifically Durban, the focus was on community health workers and non-governmental organisations, providing them with tools and strategies to engage communities in substance use prevention and harm reduction efforts.

These programs were part of CADCA's broader effort to strengthen community coalitions across South Africa, equipping them with the skills needed to create sustainable drug free communities.

5.2.4 Commission on Narcotic Drugs (CND)

The CND monitors the implementation of international drug control treaties and guides the UN's drug policy. In the 67th session held in March 2024, South Africa pledged to strengthen evidence-based strategies for prevention, treatment, and rehabilitation services for substance use disorders and to monitor trends in new psychoactive substances.

5.2.5 Bureau of International Narcotics and Law Enforcement Affairs (INL)

INL supports training programs for South African law enforcement agencies, judicial and legal system support, community engagement and prevention programs, and regional cooperation and partnerships. INL's efforts contributed to improved law enforcement capabilities and a more robust legal framework in South Africa.

5.2.6 Global Coalition Against Synthetic Drug Threats

Launched by the U.S. Department of State, the coalition aims to combat synthetic drugs' rising threat, which poses significant challenges to public health, safety and security worldwide. This coalition brings together governments, organisations and experts to develop coordinated responses, share intelligence and implement strategies to curb the production, trafficking and use and misuse of synthetic drugs such as Sanchez synthetic cannabinoids and opioids. South Africa became a member of this coalition in 2023 and is actively involved in the efforts recognizing the rising threat of synthetic drugs within its own borders. The country now collaborates with international partners through the coalition to enhance its capacity for detecting and responding to synthetic drug related issues, share best practice and strengthen law enforcement and public safety and public health initiatives. This enables South Africa to be better positioned to address complex and evolving challenges posed by synthetic drugs, contributing to both national and global efforts to mitigate their impact.

5.2.7 Global Alcohol Policy Alliance (GAPA)

GAPA is and network of non-governmental organisations and people working in public health. Their goal is to reduce alcohol related harm worldwide by promoting science-based policies, independent of commercial interests. GAPA held the Global Alcohol Policy Conference from 24 to 26 October 2023 in Cape Town, co-hosted by the SAMRC, DSD and SAAPA. 521 participants from 55 countries attended the rich programme over three days, opened by the

Minister of Social Development, Hon. Lindiwe Zulu. The theme of the conference was 'Investing in People before Profits: building momentum towards the Framework Convention on Alcohol Control'. The conference declaration called for amongst others, stricter alcohol control, taxation, marketing regulations, minimising industry influence and recognition of the conflict of interest of the alcohol industry with effective alcohol policies, the establishment of clear rules, separating the industry from engagement in policy development; recognition of the significant role alcohol plays in the global burden of disease and as a barrier to the achievement of sustainable development goals. SAAPA is the regional alliance under GAPA and aligns with its global mission and objectives, adapting them to the specific context and challenges faced in South Africa.

5.2.8 The Global Fund

The Global Fund primarily focuses on funding programs that address the intersection of substance use, particularly alcohol and drugs, with the spread of HIV. In South Africa, this includes harm reduction initiatives such as needle exchange programs, opioid substitution therapy, and other interventions aimed at reducing the risk of HIV transmission among people who inject drugs (PWID).

Additionally, the Global Fund supports broader public health efforts that integrate substance abuse treatment into HIV care, recognizing that substance use can exacerbate the spread of HIV and hinder treatment adherence. This support is part of a comprehensive approach to addressing the social and behavioural factors that contribute to the dual epidemics of substance abuse and HIV in South Africa. Through partnerships with local organizations and government agencies, the Global Fund's investments help strengthen South Africa's capacity to manage substance use disorders as part of its broader public health strategy.

5.2.9 International Narcotics Control Board (INCB)

The INCB monitors the implementation of international drug control treaties. South Africa reports its drug control activities, including statistical data, legislative updates, control measures, and compliance with conventions. Significant drug trafficking seizures and involvement in regional and international efforts highlight South Africa's commitment.

5.2.10 International Network on Health and Hepatitis in Substance Users (INHSU)

INHSU focuses on improving health outcomes for people who use drugs, particularly related to hepatitis C. Key initiatives include educational programs, advocacy for opioid substitution therapy, harm reduction and community support, research and data collection, and participation in national summits.

INHSU supported 6 delegates from the Central Drug Authority, South African National Department of Health, the Networking HIV and AIDS Community of Southern Africa, the South African Network of People Who Use Drugs and TB HIV Care to attend the Policy Day to engage in networking, collaboration and knowledge exchange.

13 South African delegates attended the INHSU 2023 conference and 3 South African INHSU members contributed as part of the organizing committee of the conference.

Central Drug Authority 3rd National Summit on Substance Use and Illicit Trafficking 14-16 November 2023, Gauteng Province. INHSU President, Professor Jason Grebely, was proud to address the 3rd CDA National Summit on Substance Use, Abuse, and Illicit Trafficking. Professor Grebely presented on 'Prevention and control of HCV and HIV among people who inject drugs and beyond: new evidence and key recommendations.

The 12th International Conference on Health and Hepatitis in Substance Users, 8-11 October 2024, Athens, Greece. Planning for the 2024 INHSU conference is underway. South African INHSU members have provided input via participation in various organizing committees. Several abstracts from South African delegates have been accepted into the program. The conference will feature a keynote plenary presentation from the South African Network of People Who Use Drugs and INHSU is supporting several South African delegates to attend via full travel, accommodation and registration scholarships.

The 13th International Conference on Health and Hepatitis in Substance Users, 15-17, October 2025, Cape Town, South Africa. Planning is also underway for the 2025 conference, which will take place in Cape Town. We are proud to partner with Dr Andrew Scheibe from TB HIV Care and Ms Angela McBride from the South African Network of People Who Use Drugs as co-convenors of the conference. They will provide crucial leadership and decision making regarding the conference program.

5.2.11 International Society of Substance Use Professionals (ISSUP)

ISSUP connects professionals in substance use prevention, treatment, and recovery support. Key activities in 2023-24 include the motivational interviewing training, and webinars on stigma and substance use disorder. The DSD has reported on the activities of ISSUP in South Africa.

5.2.12 Southern African Development Community (SADC)

SADC focuses on health and social development, including substance abuse. Collaboration with member states and international organizations aims to reduce drug demand and supply. South Africa should request the resuscitation of the SADC desk on Culture and Drugs to enable better coordination of substance abuse interventions.

5.2.13 United Nations Office on Drugs and Crime Regional Office for Southern Africa (UNODC ROSAF)

UNODC is committed to achieving security and justice for all by making the world safer from drugs, crime and terrorism. To assist countries in this goal, UNODC Southern Africa's work is structured around six key objectives:

1. **Strengthening the legislative and judicial capacity** of Southern African countries to ratify and implement international conventions and instruments on drug control, organized crime, corruption, terrorism and money-laundering.
2. Assisting Southern African countries in **reducing drug trafficking** and in controlling precursor chemicals
3. Enhancing the capacity of Government institutions and civil society organizations in the Southern African region to **prevent drug use and the spread of related infections**, including HIV, among youth and other vulnerable populations, particularly in prison settings.
4. Enhancing the capacity of Government institutions and civil society organizations in the Southern African region to **counter trafficking in persons and smuggling of migrants**
5. Creating awareness about and **reducing the incidence of domestic violence** in Southern Africa in cooperation with civil society and Governments
6. Promoting **victim empowerment** by improving coordination, building capacity and strengthening relations between Governments and civil society in order to improve services to victims, especially women and children.

In line with the UNODC Strategic Vision for Africa 2030, the Priority Area of UNODC's engagement in the SADC region focusses on the promotion of people's health through balanced drug and HIV/AIDS prevention, treatment, control and care, and improved and accurate data, analysis, research and capacity building. With UNODC's support, Member States will be better positioned to deliver more effective responses at the policy and programming levels for people at risk of using drugs and those requiring treatment in the community and prisons. This is in line with the strategic objective outlined in the SADC Regional Indicative Strategic Development Plan 2020–2030.

Key activities conducted in supporting the government of South Africa:

- On **May 2, 2023**, UNODC actively participated in a **working session organized by the Deputy Minister of Social Development** to address issues related to drug use prevention and harm reduction programming in South Africa.
- From **15-19 May 2023**, UNODC, jointly with WHO, the Global Fund, South Africa National AIDS Council, and South to South Learning Network, organized a **learning visit to Kenya** for 25 participants responsible for implementing harm reduction programs in South Africa. This visit-initiated discussions among stakeholders about scaling up Opioid Agonist Treatment programs in the community and prisons.
- On **May 30, 2023**, UNODC delivered a presentation at the **Extended General Meeting and Stakeholder Engagement** organized by the Central Drug Authority, highlighting collaborative efforts to promote the implementation of the National Drug Control Masterplan.

- On **July 25-26, 2023**, UNODC organized a **two-day capacity-building event** for 22 correctional officers, focusing on the implementation of evidence-based HIV prevention, treatment, care, and support for people who use drugs.
- On **August 2, 2023**, UNODC, in collaboration with the Central Drug Authority of South Africa, organized an **inter-departmental meeting in Pretoria** to advocate for evidence-based harm reduction strategies in the country.
- From the **8th to the 10th of November 2023**, African Union and UNODC held a **High-Level Session on addressing substance abuse and related mental health conditions in Lusaka, Zambia**. The session focused on drug use and drug use disorders among youth, women, and children and included representatives from African Union member states, international agencies, governments, and civil society. Key recommendations included harm reduction, decriminalization of drug use, alternatives to youth incarceration, and restorative justice. The initiative, encapsulated in the Lusaka Declaration, saw UNODC actively advocate for harm reduction, which was endorsed as an evidence-informed intervention.
- On **9-10 November 2023**, UNODC facilitated a **training session for senior drug policy makers from SADC countries** (national drug enforcement bodies in SADC countries, national government departments responsible for drug policy and demand reduction) in Lusaka, Zambia. The well-attended session featured in-depth discussions on challenges related to drug policy and strategies to accelerate evidence-based drug policy in the SADC region. UNODC ROSAF plans to continue strengthening relationships with drug enforcement bodies in the region and providing technical support for drug demand reduction.
- UNODC presented a statement at the **Central Drug Authority of South Africa Biennial Summit on Substance Abuse and Illicit Trafficking** held from **14-16 of November 2023**. UNODC and CDA collaborated on initiatives from 2022 to 2023, advancing harm reduction strategies and policy alignment in South Africa's drug response. With a projected 40% increase in people who use drugs in Africa, the focus remains on evidence-based prevention interventions among young people, underscoring the commitment to a safer and healthier South Africa. UNODC reaffirms its dedication to advancing drug demand reduction, harm reduction, and evidence-based interventions for a more inclusive society.
- On **11-12 December 2023**, in collaboration with WHO, UNODC facilitated a **harm reduction training** for the board members of the Central Drug Authority of South Africa (CDA-SA). The training focused on essential elements of the comprehensive package of HIV prevention services, particularly the implementation of Opioid Agonist Treatment. This training aimed to equip CDA-SA board members to lead the country's harm reduction response and implement evidence-based harm reduction services in line with the National Drug Master Plan.

- On **February 19, 2024**, UNODC convened a **meeting with Hon. Henrietta, Deputy Minister of the Department of Social Development**, to discuss issues related to people who use and inject drugs, as well as HIV/AIDS and viral hepatitis. The discussions focused on establishing networks for people who use drugs in provinces where such networks are currently absent. The Deputy Minister emphasized the importance of prioritizing integrated health services for these individuals, with ongoing technical support from UNODC.
- In preparation for the 2024 Commission on Narcotic Drugs (CND) high-level event and meetings in Vienna, UNODC facilitated a **harm reduction site visit for SA delegates going to Vienna**.
- On **15th March 2024**, UNODC supported the 67th Session of the Commission on Narcotic Drugs **High-Level Event titled "End Inequalities, End AIDS - On the Fast-Track: Scaling Up Evidence-Based Services to Address the Transmission of HIV and Viral Hepatitis Among People Who Use Drugs."** The event was organized jointly by the Republic of Kenya and South Africa, with support from the Vienna Group of Friends of HIV Prevention for People Who Use Drugs and People Living in Prison Settings, the Republic of Malta, Denmark, and the UNODC HIV/AIDS Section. Discussions focused on policy approaches, programmatic interventions, and international cooperation to address the intersection of drug use and HIV/hepatitis transmission.

5.2.14 World Health Organization (WHO)

WHO supports evidence-based harm reduction strategies, capacity building, collaboration with local authorities, and research and data collection initiatives in South Africa to address substance use. The WHO amongst its many functions, has set standards for substance use prevention and control, which must be used as benchmark for such programmes, to ensure that they are evidence based and effective. These standards are part of WHO's comprehensive approach to addressing substance use and its associated challenges, promoting health and reducing harm globally.

WHO Standards for Substance Use Prevention and Control

Area	WHO Standards
Prevention	<ul style="list-style-type: none"> - Promote healthy lifestyles and environments. - Implement evidence-based prevention strategies. - Engage in public awareness campaigns. - Strengthen community-based interventions.
Demand Reduction	<ul style="list-style-type: none"> - Ensure access to comprehensive treatment and rehabilitation services. - Integrate substance use services into primary healthcare. - Provide continuous care and support.
Harm Reduction	<ul style="list-style-type: none"> - Distribute clean needles and syringes. - Provide opioid substitution therapy (OST). - Offer supervised drug consumption rooms. - Ensure access to naloxone for overdose prevention.
Supply Reduction	<ul style="list-style-type: none"> - Strengthen law enforcement and regulatory frameworks. - Improve international cooperation in combating drug trafficking. - Monitor and control the production of precursor chemicals.
Monitoring & Evaluation	<ul style="list-style-type: none"> - Establish systems for monitoring and evaluating interventions. - Use data to inform policy and practice. - Conduct regular assessments of program effectiveness.

Table 10. WHO Standards for Substance Use Prevention and Control. Source; WHO

5.3 Conclusion

The approach espoused in both the Act and the NDMP is about working in partnership with others, pooling resources and maximising effort 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, the CDA structural arrangements should mirror the complex and diverse social, economic and cultural aspects of society, to ensure expectations are met. In this regard, and as shown above, the CDA strives to engage and partner with key stakeholders, as defined in the NDMP. This highlights the contributions and activities of all stakeholders in supporting South Africa's efforts to combat substance abuse. These efforts and initiatives align with the National Drug Master Plan (NDMP) goals and objectives, providing valuable resources, training, and policy support to enhance the country's capacity to address substance-related challenges.

The CDA has engaged with international, regional and national stakeholders indicated above. This has enabled it to strengthen its collaborative effort, to ensure that its strategies are aligned with global best practice, and that these effectively address substance use challenges through coordinated policies, comprehensive interventions and enhanced resource sharing, as provided for in the Act.

The CDA needs to embrace other sectors such as civil society organisations, business, the religious community and other stakeholders. It will continue therefore with such engagement, to ensure that they are granularized to have greater impact at community level.

CHAPTER 6. GOVERNANCE

The governance of the CDA is premised on the Act, the promulgated Rules of the CDA and the generally accepted governance principles for the effective functioning of the CDA.

6.1 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 Prevention of and Treatment for Substance Abuse Act (Section 53) prescribes that the CDA Board be composed of 34 members, 21 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 can make a substantial contribution to the combating of substance abuse. Since the Act's promulgation, government departments have been reconfigured, and new ones added that would be crucial for meeting the NDMP goals. Currently, the CDA is composed of 20 departments and 11 independent members.

6.1.1 Composition as @ 31 March 2024

Representation	Representative to the CDA
Independent Member	Ms Nandi Mayathula-Khoza
Independent Member	Ms Nomcebo Dlamini
Independent Member	Ms Dereleen James
Independent Member	Ms Matlhogonolo Maboe
Independent Member	Ms Japisa Mathonsi
Independent Member	Mr Thabo Morabe
Independent Member	Rev Mlahleki Sokane
Independent Member	Ms Nomathemba Kela
Independent Member	Ms Rachel Motsepe
Independent Member	Dr Kistnasamy
Independent Member	Mr Devon De Koker
Agriculture, Land Reform and Rural Development (DALRRD)	Dr Boitshoko
Basic Education (DBE)	Mr Moraba
Cooperative Government and Traditional Affairs (COGTA)	Ms Fortune Makhubo
Correctional Services (DCS)	Prof Pelmos Mashabela
Employment and Labour (DEL)	Not active
Health (NDoH)	Dr Kgalabi Ngako
Higher Education and Training (DHET)	Dr. Refiloe Mohlakoane
Home Affairs (DHA)	Nominated but not active
International Relations and Cooperation (DIRCO)	Proxies Ms Kgomotso Lekalakala & Ms Lutengo Muvhango
Justice and Constitutional Development (DJCD)	Dr Charmaine Badenhorst
National Prosecuting Authority (NPA)	Adv M Molefe
National Treasury	<i>DR Blecher nominated but not active</i>
National Youth Development Agency (NYDA)	Ms Nontsikelelo Makaula - nominated but inactive
SA Health Product Regulatory Authority (SAHPRA)	Ms Mokgadi Fafudi
Social Development (DSD)	Mr Mogotsi Kalaeamodimo
South African Police Service (SAPS)	Maj Gen Thokozani Mathonsi
South African Revenue Service (SARS)	Mr Mally Mohamed – nominated but inactive
Sports, Arts and Culture (DSAC)	Ms Mandisa Tshikwatambe
Trade, Industry and Competition (DTIC)	Ms Clementine Makaepea
Traditional Affairs	Mr Sam Khandlela
Transport (DoT)	Mr Pheagane Modipane

Table 11. Departmental Representatives in CDA

The CDA is therefore, composed of the Executive Committee, which consists of the Chairperson, the Deputy Chairperson, and Chairpersons of Portfolio Committees; namely, Programmes and Projects Committee (PPC); Research, Development, Monitoring and Evaluation Committee (RDM&EC); Communications and Marketing Committee (CMC); Finance, Social and Ethics Committee (FSEC); and Governance Committee (GC)., as well as all other departments and entities indicated in Table 11.

There is a marked improvement in the representation of departments. However, some departmental representatives, though nominated, are either not active or are irregular in their participation.

6.1.2 Meetings of the CDA Board and Attendance

Name & Surname	Category /Representation	6-7/7/23	17-18/10/23	Special GM
Ms Nyameka Mayathula-Khoza	Chairperson/Independent Member	√	√	√
Ms Nomcebo Dlamini	D. Chairperson /independent Member	√	√	√
Ms Dereleen James	Independent Member	√	√	√
Rev Mlahleki Sokana	Independent Member	√	√	√
Dr Gurunathen Kistnasamy	Independent Member	√	√	√
Matlhogonolo Maboe	Independent Member	√	√	√
Ms Japisa Mathonsi	Independent Member	√	√	√
Ms Rachel Motsepe	Independent Member	√	√	√
Mr Thabo Morabe	Independent Member	√	√	√
Ms Nomathemba Kela	Independent Member	√	√	√
Mr Devon de Koker	Independent Member	√	√	√
Mr Mogotsi Kalaeamodimo	Ministerial Appointee and DSD Rep	√	X	√
Dr Boitshoko	Ministerial Appointee and DALRRD Rep	√	X	√
Mr Zaheer Laher/Ms Lutendo Muvhango/Ms Kgomo Lelakakala	Ministerial Appointee and DIRCO Rep + Proxies	x	√	√
Ms Clementine Makaepa	Ministerial Appointee and DTIC Rep	√	√	√
Dr Charmain Bandehorst	Ministerial Appointee and DoJCD Rep	√	√	X
M Sammy Maraba	Ministerial Appointee and DBE Rep	√	X	X
Ms Norah Pitsi	Ministerial Appointee and DoHA Rep	x	X	X
Dr Kgalabi Ngako	Ministerial Appointee and DoH Rep	√	√	√
Ms Mokgadi Fafudi	Ministerial Appointee and SAHPRA Rep	x	X	X
Adv. Maphile Molefe	Ministerial Appointee and NPA Rep	√	√	X
Mr Mohamed Ally/ Ms Laurienne Da Silva	Ministerial Appointee and SARS Rep	x	X	X
Ms Fortune Makhubo	Ministerial Appointee and COGTA Rep	x	X	X
Mr Samuel Khandlela	Ministerial Appointee and HTLK Rep	√	X	X
Prof Pelmos Mashabela	Ministerial Appointee and DCS Rep	√	√	√
Ms Nolwazi Gasa Ms Refiloe Mohlakoane	Ministerial Appointee and DHET Rep and Proxy	√	√	√
Dr Mike Blecher	Ministerial Appointee and N. Treasury Rep	x	X	X
Ms Nontsikelelo Makaula	Ministerial Appointee and NDA Rep	x	X	√
Maj. Gen. Thokozani Mathonsi	Ministerial Appointee and SAPS Rep	√	√	√
Ms Mandisa Tshikwatamba	DSAC	x	X	X
Mr Pheagane Modipane/Ms Bongekile Zwane/Ms Thandi Parkinson	Ministerial Appointee and DoT Rep	√	√	X

Table 12. CDA Board

The meeting of 11-12 March was postponed. There was a quorum for all meetings.

b) The Executive Committee

The Executive Committee comprises the Chairperson, Deputy Chairperson and chairpersons of the five portfolio committees as shown in Table 12.

Position	Name	Meeting dates and attendance			
		8-9/05/23	7-8/08/23	10-11/10/23	
CDA Chairperson	Ms NN Mayathula-Khoza	√	√	√	
CDA D. 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	√	√	√	

Table 13. EXCO

The Board Chairperson and the Deputy Chairperson act as ex-officio members of Committees (2 to 3 each). Members of EXCO each serve on two portfolio committees. The Executive Committee provides organisational direction to the CDA, monitors and evaluates 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. The EXCO reports to the Board which ratifies all decisions of EXCO.

c) 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

Table 14. PPC

d) 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; 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 (DSD representative)	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

Table 15. RDM&E

e) 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 identity, 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

Table 16. CMC

f) 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

Table 17. FSEC

g) 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	5Ms Rachel Motsepe
Member	6. Major Gen M TMathonsi
Ex-officio Board Chairperson	Ms Mayathula-Khosa
CDA Secretariat	Ms Wisani Khosa

Table 18. GC

The performance of these committees will be dealt with in more detail in the overall report on the performance of the CDA.

h) 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.

Name & Surname	Organizations	30-31/5/2023
Ms Nyameka Mayathula-Khoza	CDA independent Member	√
Ms Nomcebo Dlamini	CDA independent Member	√
Ms Dereleen James	CDA independent Member	√
Rev Mlahleki Sokana	CDA independent Member	√
Dr Gurunathen Kistnasamy	CDA independent Member	√
Matlhogonolo Maboe	CDA independent Member	√
Ms Japisa Mathonsi	CDA independent Member	√
Ms Rachel Motsepe	CDA independent Member	√
Mr Thabo Morabe	CDA independent Member	√
Ms Nomathemba Kela	CDA independent Member	√
Mr Devon de Koker	CDA independent Member	√
	DALRRD	X
Mr Mogotsi Kalaeamodimo	DSD	X
Mr Zaheer Laher	DIRCO	X
Clementine Makaepa	theDTIC	√
Dr Charmain Badenhorst	DoJ	√
Mr Sammy Maraba	DBE	√
Ms Bhumu Matebesi	DEL	X
Ms Nolwazi Gasa	DHET	√
Ms Norah Pitsi	DoHA	
Dr Kgalabi Ngako	DoH	√
Ms Mokgadi Fafudi	SAHPRA	X
Adv. Maphile Molefe	NPA	√
Mr Mohamed Ally/ Ms Laurienne Da Silva	SARS	X
Ms Fortune Makhubu	Cogta (Cooperative Governance)	√
Mr Samuel Khandlela	Cogta (House of Traditional Leaders and Khoisan)	√
Prof Pelmos Mashabela	DCS	√
Dr Mike Blencher	National Treasury	X
Ms Nontsikelelo Makaula	NYDA	X

Maj. Gen. Thokozani Mathonsi	SAPS	√
Ms Mandisa	DSAC	X
Mr Pheagane Modipane/Ms Bongekile Zwane/Ms Thandi Parkinson	DoT	√
Prof Goodman Sibeko	UCT/ITTC	√
Mr Koketso Mokiatane	SANPUD	√
Ms Gertrude Mngola	SANAC	√
Mr Lebowa Malaka	SANAC	√
Ms Adrie Vermeulen	SANCA	√
Ms Thembisile Msana	SANCA	√

Table 19. EGM

The governance structures of the CDA are fully functional, focussed and aligned. They are consistent in their performance and meet their obligations in terms of the Act and the Rules. The CDA Board, its portfolio committees and the Extended General Committee, comply with the Rules and the Act in terms of composition, implementation of their duties and functions and their compliance with the general governance principles. There are however challenges in terms of representation and attendance of meetings, as well as submitting reports as prescribed in the Act. Some key departments and agencies, which are critical in the implementation of the NDMP and its achievement of its goals, seem to lack commitment.

CHAPTER 7: FINANCIAL REPORT

SUMMARY OF BUDGET AND EXPENDITURE REPORT

	BUDGET	EXPENDITURE				AVAILABLE
	VOTED	EXP	Comm	TOTAL EXP	%	
	ENE	AS AT	AS AT	AS AT	SPENT	
	2022/23	31-Mar-24 3	31-Mar-24 4	31-Mar-24 5	31-Mar-24 6	AMOUNT
1	2					7
ECONOMIC CLASSIFICATION	R'000	R'000	R'000	R'000	R'000	R'000
Current payments						
Compensation of Employees	2 601	2 943		2 943	113.15	-342
Good and Services	4 424	5 081		6 374	145.57	-2 016
Transfers and Subsidies	0					
Capital payments						
Payment of Capital Assets	90	0		0	0	90
TOTAL	7 115	9 317	0	9 317	131.88	2 268

Figure 9. TOTAL EXPENDITURE AGAINST BASELINE (UNAUDITED)

1) Key Points.

- The budget allocation for the CDA for this year continued to be historic with no consideration of the added financial needs for the Biennial Summit.
- The total expenditure exceeded the budget by R2,268,000, indicating an overall over expenditure of 131.88%.
- Both compensation of employees and goods and services overspent the budget significantly, by 113.15% and 145.57% respectively.
- No funds were used for Transfers and Subsidies or Capital Payments despite the timely submission for the purchasing of audio-visual equipment.
- The expenditure on goods and services, that the CDA has neither knowledge and control over, nor information on, as this is only with the department, and not disclosed to the CDA.
- The expenditure on the Summit was mainly derived from sponsorship and was in-kind, and the department 'offered' to pay for the deficit. No information was provided to the CDA, on what was paid for, to whom and how much was spent. It appears that this expenditure was factored into the budget of the CDA.

2) Budget Review and Analysis of Overspending

a) Compensation of Employees

Analysis of overspending in Compensation of Employees is not within the mandate of the Central Drug Authority as the salaries and related matters of the Secretariat are fully managed by the Department of Social Development. However, the CDA notes that the amount allocated is unrealistic and this is an anomaly, given that even where the number of personnel remains

unchanged, the allocation should not be reduced, but should increase given the normal annual adjustments.

b) Goods and Services:

The 2023/24 financial year was an exceptional year for the CDA as it focused on the planning, preparation and execution of the nine (9) Provincial dialogues leading up to the 3rd National (Biennial) Summit on Substance Abuse and Illicit Trafficking held over a 3-day period in November 2023, the last biennial summit had been hosted in 2011.

Hosting the summit was a massive undertaking by the CDA as there was no service provider hired to do any of the work. The two CDA Secretariat members could not manage the planning, preparation and execution of the 9 Provincial dialogues as well as the national summit without the direct support of the CDA board, mainly the independent members, some of whom had to project manage.

The CDA board resolved that the 9 provincial dialogues and national summit would continue with the assistance and support of available CDA members, and they would be remunerated for their time and all effort employed in the execution of the 9 provincial dialogues and the national summit.

A further resolution was taken by the CDA EXCO to allow for the remuneration of members of the CDA who would be directly involved in the work of the final 10 days before the summit as there were various event management activities required which would normally be executed by an event management service provider.

The CDA Independent members worked on the draft of the CDA Annual Reports of 2020/21, 2021/22 and 2022/23 due to under-capitation of the CDA Secretariat who were to develop the annual report. The claims made by the independent members who have provided this support are included in the claims of both the 2022/23 FY and the 2023/24 FY which is currently under audit. The claims were for hours spent and not consultancy fees.

c) Financial Planning.

The CDA had a proposed budget which was more realistic at the value of +/- R20 million because it was responding to the National Drug Master Plan (NDMP) which was not costed from its inception. The proposed budget was not considered because the CDA does not participate in the budget process of the Department of Social Development where it is placed, nor does it have input that is considered by the Directorate which allocates funds for it.

The claims by the CDA Independent members have been raised as a high budget cost without context. Thus, the proposal that the Department of Social Development consider the budget plan presented below towards the remuneration of independent members.

The CDA is funded by the Department of Social Development, within the sub-directorate Substance Abuse Advisory Services and Oversight. It has neither saying in budget planning nor in the control of the budget. This is the implication arising from the lack of implementation of the structure and form of the CDA envisaged in the Act.

CHAPTER 8: HUMAN RESOURCES AND ORGANISATIONAL ENVIRONMENT

Section 55 of the Act provides that ‘work incidental to the performance of the functions of the central drug authority **MUST**, subject to the control and directions of the Central Drug Authority be performed by a secretariat consisting of the **Director: Secretariat of the Central Drug Authority** and such other administrative and support staff as may be required for the performance of functions of the CDA’. It further states ‘the director and staff contemplated in subsection 1 must be **suitably qualified and experienced** persons appointed by the Minister on such terms and conditions as the Minister with the concurrence of the Minister of Finance may determine’. This has never been put in place since the promulgation of the Act, yet this is an obligatory clause. This has huge implications in terms of the functionality and efficiency of the CDA.

Currently, the DSD provides very limited administrative support compared to the one envisaged in the Act. The Secretariat consists of two deputy directors with a background in social work and three administrative personnel. No Executive Director (as provided for in the Act) has been appointed since the inception of the CDA. Many of the functions that should be performed by a Secretariat are performed by the members of the Board. Failure to perform these functions would result in the CDA being ineffective and inefficient.

The Director is a line functionary of the DSD, who has his own functions aligned to departmental priorities, but he has administrative authority over the Secretariat, to whom they account. The Chief Directorate to whom the CDA has been subdelegated, perceives the CDA as a sub-entity of the Department, creating challenges with the autonomy of the CDA and its ability to interact with other stakeholders such as departments.

The organisational environment is not conducive to the effective functioning of the CDA. The CDA does not have the administrative capacity required for it to perform its functions optimally. It is therefore reliant on the department to perform certain functions, or to source these functions externally as necessary.

Examples of organisational environmental factors as at 31 March 2024.			
<i>Projects</i>	<i>CDA Input</i>	<i>Request to DSD</i>	<i>Response</i>
Directorate Secretariat as per the Act	Job Specification developed by GC chairperson and approved by CDA	Job evaluation for position of director	<ul style="list-style-type: none"> Session held with DSD Organisational Development Unit Finalisation waited for more than 18 months.
SOP for CDA	Request for SOP for independent members, with relevant policies since 2021.	<ul style="list-style-type: none"> SOP for claims aligned to policies to be provided by DSD to guide CDA. 	<ul style="list-style-type: none"> SOP received (not consulted) & presented at Meeting with ADG on 28/11/23 as draft. Subsequently CDA independent members gave input, GC chair enhanced & consolidated SOP for discussion with ACFO. Yet to be finalised
Development of APP for CDA	2022/23 2023/2024	Technical report requested	Not availed and no budget available for service provider. CDA used its internal capacity as board members had to do it.

CDA Annual Report 2022/23	GC assigned Secretariat to develop AR from April 2003.	Periodic reminders to facilitate report for submission to Minister on August 30, and to Parliament on 31 September	AR not done until GC chairperson on the directive of EXCO and the CDA Chairperson, drafted the AR.
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Table 20: Examples of factors reflective of organisational environment

The challenges indicated above are historic (see pre-2021 Annual Reports), hence the call for the CDA to be detached from the structure of the DSD, and that the provisions of the Act, and the Cabinet decision of 2019 be enacted.

Notwithstanding the above, the CDA went beyond the call of duty, to do what it has and needs to do, given the challenges of what the President of the Republic, Mr Cyril Ramaphosa, on the Scenery Park (Enyobeni) incident, called a third pandemic.

CHAPTER 9: PERFORMANCE OF THE CDA

The performance of the CDA will be measured against the powers and duties conferred to it by the Act, the promulgated Rules of the CDA, the extent to which they are fulfilling their functions in terms of the NDMP, as well as the Annual Performance Plan of the CDA. As previously indicated, the CDA is not an implementing agent, but its key function is to ensure the integration and coordination of services, to maximise effort and resources towards the achievement of the Goals of the NDMP. It must be noted that whilst the CDA has made significant strides in its performance, a large proportion of the work has had to be done by the Board Members due to lack of capacity in the Secretariat.

The most critical achievement of the CDA is the National Summit, which will be dealt with in more detail in this section.

9.1 Biennial Summit on Substance Use and Trafficking in Illicit Drugs

Section 56 (l) of the Prevention of and Treatment for Substance Abuse Act, 2008 (Act 70 of 2008, amongst the powers and duties of the CDA, directs the CDA to ‘organise a Biennial Summit on substance abuse to enable role players in the field of substance abuse, to share information’. To achieve this, noting that the summit would primarily be about the implementation of the NDMP, and as a build up to the summit, and the evaluation of the NDMP, the CDA felt it prudent to conduct Provincial Dialogues. These were held in all nine provinces. This section will review the processes and outcomes of provincial dialogues as well as the summit.

9.1.1 Dialogues

Provincial dialogues were preceded by extensive planning, jointly with the provinces and other stakeholders such as SANAC, ITTC, SA, SANCA, TB/HIV Care, SANPUD, who were part of the sub-committee planning the provincial dialogues and the national summit. The processes were led and facilitated by the EXCO of the CDA, given the limited capacity of the secretariat. EXCO members and other CDA members, notably independent members, because of their expertise and availability, were assigned to lead and facilitate processes in each province. Members were also assigned to facilitate commissions grouped in line with the goals of the NDMP. National departments could attend and participate in any of the dialogues. The costs of the dialogues were predetermined, and all measures were taken to curb costs, including the use of free venues. Some provinces bore the costs subject to the availability of funds.

Meetings and Deliverables: The subcommittee held multiple meetings to plan the national summit and provincial dialogues, develop dialogue materials, manage registrations, and execute provincial dialogues across nine provinces.

The sub-committee held at least 2 planning meetings before each provincial dialogue, depending on the level of preparedness of the province. In addition, consultations were held

sub-committees assigned specific responsibilities e.g., declarations and resolutions, communications, etc.

The attendance of the dialogues by the board members and the facilitation of the work sessions were as follows:

Name & Surname	EC	FS	KZN	GP	LP	MP	NC	NW	WC	facilitated
Ms Nyameka N Mayathula-Khoza	√	x	x	√	X	√	√	x	√	5/9
Ms Nomcebo Dlamini	√	√	√	X	√	√	X	√	√	7/9
Ms Dereleen James	√	√	x	√	√	x	X	√	√	6/9
Rev Mlahleki Sokana	√	√	x	√	X	x	X	x		3/9
Dr Gurunathen Kistnasamy	x	x	√	√	X	x	X	x	√	3/9
Ms Matlhogonolo Maboe	x	x	x	X	X	x	X	x	X	0/9
Ms Japisa Mathonsi	√	x	x	√	√	√	X	x	X	4/9
Ms Rachel Motsepe	x	√	x	√	X	x	X	√	X	3/9
Mr Thabo Morabe	x	√	√	√	√	x	√	√		6/9
Ms Nomathemba Kela	√	√	√	√	√	√	X	√	√	8/9
Mr Devon de Koker	x	x	x	X	X	x	X	x	X	0/9

Table: 21. CDA Independent Members facilitation of provincial dialogues

Achievements:

- o Successful engagement with external stakeholders and execution of nine provincial dialogues.
- o Strengthened relationships with PSAF (Provincial Substance Abuse Forums).
- o Raised awareness about the CDA (Central Drug Authority) and NDMP (National Drug Master Plan) across all provinces.
- o Collected input from all 9 provinces which was presented by the PSAF chairpersons at the national summit and submitted as input from the provinces.
- o Enabled assessment of the level of knowledge and implementation of the NDMP and PDMPs from stakeholders

Challenges:

- o Sub-optimal support from the secretariat and poor preparation of materials.
- o Limited media coverage due to a lack of communications support.
- o Inconsistent participation from government department representatives.
- o Issues with travel and accommodation logistics.

Main Recommendations:

- o Increase the frequency of provincial dialogues to improve community engagement.
- o The PSAFs must be resourced with the appropriate capacity to conduct the dialogues and to liaise with Local Drug Committees to ensure the implementation of the NDMP and the PDMPs.
- o Propose an extension of the NDMP 2019-24 by five years due to poor implementation and lack of awareness among communities and government departments.

The report on the outcomes of Provincial Dialogues is attached as Annexure C to this report.

9.1.2 3rd National Summit on Substance Use, Abuse and Illicit Trafficking

The **summit** was held at Birchwood Conference Centre in Boksburg, Gauteng Province from **14 to 16 November** 2023, attended by over 700 delegates in person and virtually, representing the Central Drug Authority and its provincial and local structures. In addition, delegates gathered and present at this summit, represented government, NGO's, business, and tertiary institutions, and working closely with the Minister in the Department of Social Development, international agencies, and all other sectors of society in South Africa.

The summit acknowledged the mission of National Drug Master Plan 2019-2024 (NDMP), a blueprint and strategy aimed at the management of the drug problem in the country, including licit substances such as tobacco and alcohol and which calls on government, the private sector and other local and international stakeholders to work in a coordinated and multisectoral manner to address drug use, misuse and abuse.

The Summit noted progress to date in the implementation of the 7 Goals of the National Drug Master Plan 2019 – 2024, and critical challenges yet to be addressed in the short to medium term, as the country works towards the review of the NDMP, and the development of one for the next five years.

The summit also identified critical challenges and gaps in the content and implementation of the NDMP, made recommendations for action and adopted resolutions to bring the country closer to a South Africa safe from alcohol and other drugs, and illicit trafficking. The Summit, recognising and articulating these challenges, and proposing concrete actions for them to be met, and after deliberations, unanimously adopted resolutions as indicated below. The resolutions are preceded by a preamble that gives context to the resolution.

GOAL 1. DEMAND REDUCTION THROUGH PREVENTION AND TREATMENT FOR SUBSTANCE USE.

RESOLUTION 1/1

- Acknowledging that most current prevention programmes are ineffective and not always appropriately targeted, and the impact thereof is not measurable and sustainable.
- Concerned about the lack of parental skills, supervision of children and alternative care for children in specific circumstances.
- Concerned about lack of positive role models for children, youth in and out of school, the glamourization of alcohol and tobacco products amongst youth, as well as societal and cultural practices that promote the use, misuse and abuse of alcohol and drugs.
- Alarmed that there is no clear harm reduction policy that guides practice in the country, with the result that there are different interpretations of the nature and scope of this form of intervention.
- Concerned about the lack of a coherent and comprehensive policy on community-based services for persons in the initial stages of SUD, limited aftercare, and reintegration for services users, resulting in relapse and non-completion of treatment programme.

The summit therefore –

- I.* Urged the Department of Social Development (DSD) to develop, jointly with all stakeholders, a comprehensive, integrated and evidence-based prevention policy

and programmes, in line with the UNODC and WHO International Standards on Drug Use Prevention.

- II.** Called on CDA to coordinate the development of a comprehensive harm reduction policy and encourage the mobilization of resources to fund evidence-based services to ensure the sustainability of programmes.
- III.** Called on the Department of Health (DoH), working with the DSD to develop policies and guidelines to ensure the package of services is standardized, including minimum human resources required to effectively run community-based centres and for the policy development process to be inclusive.
- IV.** Called on CDA to urge Cabinet and Parliament to enforce a special fund whereby the liquor industry will be compelled to contribute financially to cater for SUD needs including access to treatment services and implementation of the NDMP seven goals.

GOAL 2: REDUCE THE SUPPLY OF DRUGS THROUGH PROACTIVE LAW ENFORCEMENT; EFFECTIVE RESPONSES TO DRUG-RELATED CRIME; COUNTERING MONEY-LAUNDERING AND PROMOTING JUDICIAL COOPERATION.

RESOLUTION 2/1

- Encouraged by and commending the border management authorities for the recent spate of arrests and confiscation of large consignments of drugs intended for our country.
- Concerned though that the security measures i.e., surveillance and monitoring, at South African borders still seem not to be efficient, thus posing risks and providing opportunities for criminals to import and export illegal substances and commit associated crimes.
- Distressed about the lack of prosecution of drug dealers and the seeming failure of the criminal justice system to bring the perpetrators to book.
- Acknowledging that South Africa's geographic position makes it a transit hub in the international drug trade and the consequent surge in the quantity of drugs transiting through the country's borders.

The Summit therefore -

- I.** Called on all law enforcement agencies (SARS, SAPS, Home Affairs, SAMDF, Boarder Management Authority, Health) to:
 - a)** Invest in proper security technology and equipment at all ports of entry, to detect drugs, including investment in biometrics to close immigration loops.
 - b)** Strengthen internal control measures including regular monitoring and vetting of staff working at all ports of entry.
- II.** Urged that the CDA engages, within the next three months (by February 2024), with all the relevant Justice, Corrections and Police Services (JCPS) Cluster departments and their respective agencies, to highlight and focus on the plight of border control in all ports of entry (air, land and maritime borders) in the country.
- III.** Called on the JCPS Cluster to ensure that arrests are effected and result in the apprehension, prosecution and appropriate sentencing of drug dealers, and perpetrators of associated crimes such as human trafficking.

RESOLUTION 2/2

Noting with concern, the lack of alignment and coordination between departments in the JCPS Cluster, in relation to the drug management policy and legislation, as well its application in practice.

Further noting with concern, the lack of knowledge and a legal framework within the law enforcement and justice sectors, of the new policy paradigm regarding substance use disorders and addiction science, that require other alternatives to conviction or punishment.

The Summit therefore -

- I.** Called on the CDA to coordinate the process of alignment of all policies and legislation related to the management of supply reduction within 12 months.
- II.** Called on Police and Justice colleges to ensure capacity building, awareness raising in the application of relevant legislation.
- III.** Called for the Department of Justice to urgently review the Criminal Justice Act in relation to addressing the case management on substance use, abuse and misuse, in line with the current policy paradigm and understanding of addiction as a disease that affects the brain and behaviour.
- IV.** Called on the Justice, Corrections and Police Services Cluster to align its policies and legislation with the new paradigm.

GOAL 3: INCREASE THE AVAILABILITY OF AND ACCESS TO DRUGS INTENDED FOR MEDICAL AND SCIENTIFIC USE WHILST PREVENTING THEIR DIVERSION

- Recognising that substance use is a rising epidemic in SA, and acknowledging that there is an increase in abuse of prescriptions, sale and consumption of over-the counter-medication,
- Noting that some outlets such as spaza shops, individuals on the dark net, and others sell medicines illegally,
- Bearing in mind that some traditional/indigenous medicines are not regulated, that their potential is not fully realised, and their use/abuse is not well controlled.
- Aware of the fact that certain medicines are not on the Essential Medicine list for the treatment of substance use disorder,

The Summit therefore -

- I.** Called for greater control by SA Health Products Regulatory Authority (SAHPRA), SAPC and DOH with regards to OTC prescriptions and traditional medicines
- II.** Called on Municipalities and SAPS to strengthen monitoring of illegal distribution and sale of medicines.
- III.** Urged the national DoH to fast-track the review and inclusion of Opioid Agonist Therapy in the Standard Treatment Guidelines and Essential Medicines List for treatment of substance use disorder and enhance monitoring the availability of all controlled medicines to mitigate stockouts which impact on the quality of care.

RESOLUTION 3/2

- Acknowledging the extensive Primary Health Care infrastructure available in the country, yet the limited service it offers to people who require treatment for SUD and comorbidities.
- Concerned about the stigma attached to SUD, which deprives many, access to treatment due to the lack of understanding of SUD as a chronic medical condition which requires medical and psychosocial interventions.
- Concerned about the lack of evidence-based community-based interventions, in favour of in-patient treatment centres, which most persons with SUD cannot access due to amongst others, cost.
- Noting with concern the lack of synergy and collaboration in the design and enforcement of standards of care in treatment facilities by the Departments of Health and Social Development, which impact negatively on the efficient functioning of these facilities and by extension, on service recipients.

The Summit therefore -

- I.** Urged the Minister of Health to facilitate the process of getting medical aids to fund medicines for the treatment of substance use disorder and to make these a prescribed minimum benefit option.
- II.** Called on the Minister to ensure that all relevant medicines for the treatment of substance use disorder are provided at primary health care facilities for the outpatient treatment of SUD.
- III.** Called on the DSD and NDOH to formulate a single set of criteria for treatment centres and that a single team ensures compliance.

GOAL 4: IDENTIFY TRENDS AND CONTROL OF NEW PSYCHOACTIVE SUBSTANCES (NPS).

RESOLUTION 4/1

- Noting that there is an increase in clandestine laboratories which manufacture new Psychoactive Substances.
- Noting further that there is limited knowledge of NPS due to it emerging in new forms and names at a rapid rate,
- Acknowledging that there is an alarming increase in deaths.

The Summit therefore -

- I.** Urged SAHPRA to enhance surveillance to locate clandestine laboratories in order to close these operations and successfully prosecute those responsible.
- II.** Called on the DoH, in collaboration with the relevant authorities, to provide details of illnesses and deaths caused by NPS, that they be recorded and sent to a central database such as that of the SA Medical Research Council as evidence of the harm caused and for further research purposes.

RESOLUTION 4/2

Noting that stakeholders are working on the issue of New Psychotic Substances in silos.

- Acknowledging that the statistics on over-dosing on these substances is not all recorded in a central data base,
- Further alarmed by the proliferation of NPS and the resulting harm amongst populations at risk, including the sex work industry, young children and youth.
- Concerned about the proliferation of NPS, both physically and through the illegal web market, and
- Aware that poverty may lead to people using these NPS which may be cheaper and more accessible.

The Summit therefore -

- I.** Urged the DBE and the DHE to conduct education and awareness through various mediums, including social media, on an ongoing basis, to alert children and youth to this danger.
- II.** Called on SAHPRA to conduct education and awareness to the public about the NPS and risks associated with their use.
- III.** Called on SAHPRA, working with other stakeholders, to conduct greater surveillance and detection exercises, particularly in poverty-stricken communities and on the web, on NPS.

Goal 5: PROMOTE GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY FOR AN EFFECTIVE RESPONSE.

RESOLUTION 5/1

- Encouraged by the functionality of the CDA and responsiveness of the departments to calls to participate in the CDA and to submit periodic reports on the implementation of the NDMP.
 - Encouraged that there has been relative success in the establishment of Provincial Substance Abuse forums in all provinces.
 - Concerned about the poor and/or lack of resources, lack of independence, limited impact in achieving the objectives and functions assigned to CDA structures at all levels by legislation.
 - Concerned that there has been very little appetite for the Mayors of Municipalities to establish Local Drug Committees in every municipality as provided for by the Act, with many perceiving this as an unfunded mandate, resulting in the lack of implementation of the Drug Master Plan at a local level.
 - Aware and concerned that the NMDP is not known by spheres of government, departments and entities that are supposed to implement it at all levels, resulting in failure to implement its goals towards achieving a South Africa free of substance abuse’.
 - Conscious of the distress experienced by society due to lack of service delivery, visibility and accountability in the communities regarding challenges related to all aspects of drug and alcohol use abuse and misuse, trafficking and associated challenges.
-
- I.** Called on the President to ensure that the CDA and its structures at provincial level and local level are independent, accorded the appropriate status, resources and power to be effective and responsive to the dire situation of the people of South Africa that are adversely affected and impacted by alcohol and other drugs.

- II.** Called on the CDA to establish a team to investigate the most appropriate location and placement of the CDA, Provincial Substance Forums and Local Drug Action Committees, that will ensure their efficiency in addressing the challenges of substance use, misuse and abuse in the country.
- III.** Called on the CDA to market and popularise the NDMP.
- IV.** Implored the CDA to mobilise urban and rural communities and organs of civil society to lobby for the inclusion of the NDMP into all IDPs as per section 60 of Act 70 of 2008.
- V.** Called on Cabinet to compel government departments and all entities of government to integrate the NDMP as applicable, in their workplans and development plans to ensure that they are budgeted for and that there is accountability for the realization of goals of the NDMP.

RESOLUTION 5/2

- Recognising the responsibility assigned to the CDA by legislation, namely, to advise cabinet on policies to address the scourge of alcohol and other drugs in the country.
- Concerned about alcohol initiation at a young age and alcohol related harm in society in general, including underage drinking that is endemic in South Africa.
- Concerned that alcohol consumption is increasing and so is its impact on mortality and morbidity, and other associated challenges such as gender-based violence, domestic and child abuse, crime, road accidents and fatalities, and many others.
- Concerned that alcohol marketing normalizes and glamourizes alcohol consumption, especially amongst young people.

The Summit therefore -

- I.** Called on the Minister of the Department of Trade, Industry and Competition to table the Liquor Bill initially released and consulted in 2016 but has since not been tabled in parliament.
- II.** Called for a moratorium on issuing of new licenses and urge the provincial liquor authorities and municipalities to enforce liquor laws and by laws, through the employment of sufficient inspectors at the ratio to the population that will ensure compliance with such laws.
- III.** Implored the CDA to champion the development and adoption of a Conflict-of-Interest Policy that guides all Ministries and Department in their engagement with the alcohol private sector.
- IV.** Called on Cabinet to ensure that 2% of the 'sin tax' or any other income derived from the industry, is directed and allocated to an independent fund similar to the Thai Health Foundation, to address the harms associated with substances such as alcohol.

GOAL 6: STRENGTHEN DATA COLLECTION, MONITORING, EVALUATION, AND RESEARCH EVIDENCE FOR AN EVIDENCE-BASED RESPONSE

RESOLUTION 6/1

- Noting that the NDMP is premised on a commitment to thorough research, close monitoring and rigorous evaluation to measure its impact in addressing the scourge of alcohol and other drugs, and in guiding the development of evidence-based policies and practices.

- Concerned that policies and programmes are not evidence based and their effect is not measurable and impactful, when measured against the extent of the challenge in the country.
- Noting that there is no clearing house that would serve as a centralised hub for all data and research on alcohol and other drugs, accessible to all stakeholders for monitoring, evaluation and other purposes.
- Concerned that there is no internal research capacity within the CDA, that standards for reporting are not aligned to the deliverables and targets set in the NDMP, and that implementing agents are not integrating NDMP measures in their implementation plans.
- Recognising the dearth of robust, accurate and reliable data on SUD
- Mindful of the lack of the population wide prevalence survey on drug and substance use and abuse.
- Aware of the fragmented information on SUD across all sectors of society and limited scientific evidence-based interventions
- Appreciating the huge resource capacity available in the country
- Noting the critical role that civil society, academia and research institutions play in the field of substance use and abuse.

The Summit therefore -

- I.** Called on the CDA to coordinate all relevant stakeholders and structures, including implementing partners so that reporting is strengthened through regular submission of M&E data on demand and harm reduction interventions implemented in the continuum of care.
- II.** Urged the CDA to collate and share best practice interventions with clear M&E components which incorporate iterative feedback loops.
- III.** Urged the CDA to establish a coordinated research hub in collaboration with SANAC and other stakeholders to pool and centralise all data in relation to substance use, abuse and illicit trafficking.
- IV.** Called on the CDA to facilitate the monitoring and evaluation on existing prevention and treatment programmes and interventions.

RESOLUTION 7/1

- Confronted with the reality that our country needs to stimulate robust and sustainable economic growth, aimed at reducing poverty, unemployment and inequalities.
- Noting evidence that substance use is endemic amongst the poverty-stricken population of the country, especially those in rural areas.
- Noting that there are work opportunities in social employment programmes of government and the private sectors, that could benefit young people at risk and those in recovery, if appropriately targeted.

The Summit, therefore -

- I.** Called on the CDA to coordinate and facilitate a restructuring of social employment (EPWP, CWP, LAP) to accommodate service users and intentionally include them onto these programmes.
- II.** Called on the CDA to facilitate the enhancement of access to work opportunities, including removal of impediments that hamper their productive placement and

employment e.g., red tape which includes but is not limited to, issues of age limit and expungement of the criminal record after a year, with the Clearance Certificate from Treatment Centres or Community Based Treatment programmes. This should be done within 2 years.

RESOLUTION 7/2

- Compounded by the criminalisation and the stigmatisation of substance users even when they are in recovery and receiving supportive interventions.
- Worsened by limited or no skills that are minimum requirements for employability, and lack of entrepreneurial skills for job opportunities and/or self-employment.
- Further challenged by families, communities and workplaces that have a trust deficit with substance users, resulting in failure of re-integration efforts, opportunities and support towards sustainable livelihoods for service users.

The Summit, therefore -

- I.** Called on the CDA to facilitate the provision of skills development of service users which will include soft skills, vocational skills, business mentorship, coaching and accommodate new business concepts featuring 4IR and green economy within a year.
- II.** Called on the DSD, working with the private sector, to enhance reintegration of service users within the framework of current services and programmes and within the broader environment.

RESOLUTION 7/3

- Noting that business and the private sector are a critical stakeholder in the management of the drug situation in the country, yet do not seem to be acquainted with the NDMP and their role in this regard.
- Concerned that the impact of substance use, abuse and misuse, has a direct bearing on employment, productivity and the cost of doing business in the country.

The Summit, therefore -

- I.** Called on CDA to partner with private sector with the aim of capacitating them on the NDMP and the critical role they can play in its implementation.
- II.** Called on the CDA to mobilise business and the private sector through amongst others, hosting a Substance Abuse Business and Stakeholder Indaba by mid -2024

The Minister for Social Development signed the Summit Declaration on the day of the summit, i.e., 16 November 2023. The Summit decided that these resolutions are reasonable and actionable, and an action plan must be developed, and stakeholders kept abreast of developments. It was further acknowledged that given the short time frame for the implementation of the NDMP, and save for proposed changes, the document is still valid and should not be reviewed completely but rather amended.

The CDA has developed an action plan and publicised it through the CDA website. It is also incorporating the applicable resolutions into its next APP.

9.2 CDA Stakeholder Engagement and Training

- Participation in the High-Level Session with the South African National House of Traditional Leaders in Zambia
- Facilitated the induction of the traditional leadership on harm reduction in collaboration with SANAC.
- CADCA induction of the Secretaries of the National House of Traditional Leaders held in December in collaboration with SANCA. The training was well received by the National House of Traditional Leaders.
- CDA (3 members) attended and participated at the Alcohol Policy Conference held on 24-26 October 2023, in Cape Town. The members were informed by the secretariat that they and the DSD would compile a report which would be shared with the CDA. This conference enabled the CDA to understand the different perspectives of the policies on liquor in the country, and this will assist in further engagements on the position of the country.
- A member of the CDA attended and participated in the UNODC High Level Drug Policy Makers Training Session. The event was held in Zambia from 8-11 October 2023. A full report with recommendations, was submitted on 17 Nov. 2023.
- CDA attended the UNODC Harm Reduction Training held on 11-12 December 2023 in Johannesburg, and this enlightened the members on the harm reduction philosophy and will therefore assist in an integrated harm reduction strategy for the country.
- The CDA held consultations with the Director General of DSD to address challenges that hamper effective performance. Some of these challenges are yet to be resolved.
- The CDA participated at the 67th Sessions of the INCB held in Vienna, Austria, led and hosted some of the side events. This elevated the status of the CDA and the country in relation to issues of substance use in the world.

9.3 Policy and Legislative Review and Input

- The CDA commented on the Policy on the Prevention of and Treatment for Substance Use Disorders. As the name implies, the Policy is about substance use disorders, yet it incorporates the CDA, which has a far broader mandate. One of the recommendations was that the section on the CDA, be removed from the Policy and a new separate Bill be developed in respect of the CDA.
- The CDA gave input on the BELA Bill which amongst others provided for the sale of liquor on school premises after school hours. This section was subsequently removed from the Bill.
- The CDA also gave input on the Tobacco Bill, which is yet to be finalized.
- The CDA is consistently following up on the finalization and tabling of the Liquor Amendment Bill, which has stalled since 2016, and is monitoring progress in this regard.

9.4 The National Drug Master Plan (NDMP)

- There is better knowledge and understanding of the NDMP, and it is gaining traction amongst stakeholders, who are using it to hold government accountable, even at the local level, where communities are calling on government to work in an integrated manner.

- The NDMP was popularized in all provinces during the provincial dialogues which were extremely well attended, where stakeholder got an opportunity to interact with the document and evaluate its effectiveness.
- There is much improved accountability and reporting against the goals of the NMDP by government departments and Provincial substance abuse forums.

9.5 PERFORMANCE OF THE CDA AGAINST THE ANNUAL PERFORMANCE PLAN

Whilst it must be noted that the CDA is not an implementing entity, it is noteworthy that it does plan and prioritize its work. It must further be noted that the work of the CDA should not have to be carried out by board members. However, due to lack of competence and capacity of the Secretariat and lack of technical support, board members have had to do the work, failing which the CDA would be rendered inefficient and ineffective. Ideally, once the planning is done, the Secretariat must drive implementation, this is not possible with the current capacity. This is the context in which delivery on the performance plan must be viewed. Secondly, the CDA had to cease many of its operations at the end of the third quarter of the year, due to an unrealistic, insufficient and historical budget.

CDA Annual Performance

Outputs	Output indicators	Annual Target 2023/24	Progress	Reason for deviation	Corrective action
Ensure an effective evidence-based demand reduction strategy is developed for the country	An effective evidence -based demand reduction strategy is developed	Draft country strategy in place	Informed that there is a strategy, but it turned out it is a departmental strategy	<ul style="list-style-type: none"> ▪ Contradictions regarding existence of the strategy. ▪ Lack of Secretariat capacity ▪ Lack of funding 	Process resuscitated and reassigned to a EXCO GC Committee
	An Integrated and evidence based National Harm Reduction Strategy in place	Strategy in place	<ul style="list-style-type: none"> ▪ Consultations held with stakeholders (DoH/DSD/COSSUP/WHO, etc) ▪ Training received from UNODC. ▪ Agreed on an inclusive and integrated strategy rather than a departmental strategy 	<ul style="list-style-type: none"> ▪ Contradictions regarding existence of the strategy. ▪ Lack of Secretariat capacity ▪ Lack of funding to outsource 	Task reallocated to GC, and EXCO Committee
Development of an integrated and evidence-based country supply reduction strategy	Strategy in place	Zero strategy in place	Not achieved. - lack of understanding of the coherent approach toward the development of an integrated strategy	<ul style="list-style-type: none"> ▪ Lack of Secretariat capacity ▪ Lack of funding to outsource 	Task reassigned to an EXCO Committee to lead

Laws and policies related to supply reduction, identified for review and harmonisation .	Percentage of laws and policies identified for review and harmonization.	5%	CDA submitted inputs for the Prevention of and Treatment of Substance Use Disorder Policy to DSD.	Measure not appropriate. ▪ Lack of Secretariat capacity ▪ Lack of funding to outsource	Review of the CDA business model, form and structure
Participation and functionality of key departments and entities in the CDA structures	Percentage of departments nominated and actively participating in the CDA structures	100%	90% of departments are participating in the CDA Structures. However, the following departments: did not participate in any of the CDA meeting in this current financial year i.e., DoHA, SARS & NYDA, NT	N/A	Continuous improvement and Ministerial intervention CDA to recommend fast tracking of setting up of IMC
Departmental drug master plans developed and aligned to NDMP	Percentage of departments capacitated with the development of drug master plans	50% (10 depts)	GC conducted an audit to identify sector departments which were capacitated on the implementation of NDMP. This training included the development of DDMP'S. All departments were capacitated except for the following: DALRRD, DoHA, DSAC and National Treasury. The outstanding departments were not participating in the CDA structures hence they did not avail themselves for the capacity building workshop.	Capacity building of sector departments was included on the CDA projects to be funded for this current financial year.	CDA to consider funding the capacity building of the outstanding departments in the next financial year. Seek Ministerial intervention
Biannual reports received from department and analysed (to be confirmed)	Percentage of departments submitting biannual reports against DDMP	50% of participating departments submit report.	50% of participating departments have submitted their biannual report i.e., The Department of Employment and Labour; National Treasury; the DTIC; Department of Social Development; Depart of Health; SAHPRA; DOJ; and SAPS.	Whilst this was achieved, the CDA will need to optimise its efforts to ensure at least 75% compliance	
Enhanced partnerships (local and international)	Percentage of national level MoU's and Agreements with local (SA) and international/SADC partners (Per Annual Report-12 national and 9 international)	Stakeholders identified to have agreements with.	GC has developed a Memorandum of Understanding (MOU) for the CDA. The MOU was intended for sponsors of the CDA Summit, which will be used as pro-forma for project-based MOUs as approved by EXCO.	N/A	MoU are project based. However, CDA has forged partnership with a range of stakeholder as shown earlier in the report, such as the UNODC

					and the WHO that have government to government agreements.
All 9 provinces have functional and funded PSAF's	Costed action plans in place for PSAF's.	100%	CDA conducted a PSAF workshop and post the workshop provinces an action plan was developed to guide the PSAFs in their planning. The action plan was then sent to the provinces for inputs and none of the PSAF's responded. The process is still on hold.	GC is dependent on the feedback from PSAF's to assist them in developing APP's that would have been used as basis for resourcing of PSAFs and measuring their functionality.	Written follow-up to PSAF's. Following the summit, the matter will be tabled at EXCO for a decision.
	Percentage of functional PSAF's in line with the set criteria	15%	All the 9 PSAF's are now functional and launched by the MECs. The PSAFs attend and participate in all CDA activities and meetings and comply with all requirements for reporting		Functionality framework for PSAF yet to be developed based on agreements regarding their APPs
Incorporation of substance abuse programmes into the IDPs of municipalities	Percentage of municipalities which have incorporated substance abuse programmes into their IDPs	10%	5% of municipalities (City of Johannesburg, City of Ekurhuleni, City of Tshwane, and City of Cape Town).	Partially achieved.	COGTA roped in to work with SALGA to facilitate this with Municipalities
Capacity building plan for PSAF's developed and implemented	Number of capacity building programmes in place and implemented	5	No training was conducted in this quarter due to financial constraints.	There's no budget to capacitate PSAF's	CDA to allocate a budget for the capacity building of PSAF in the next financial year, subject to availability of funds.
Rules for CDA promulgated by the Minister	1 set of CDA Rules promulgated	CDA Rules Promulgated and fully implemented	Achieved. The CDA rules were published on 17 April 2023		Governance Committee to provide oversight into the implementation of rules
	Performance standards developed and applied for the CDA structures	100% of CDA structures assessed	Not achieved due to lack of secretariat capacity.		The office of the Chairpersons to give this urgent attention as per the Rules
Review of the NDMP	Commission evaluation of the NDMP (2019-2024)	NDMP 2025/2029	No funding for commissioning of an evaluation of the NDMP 2019-2024. However, the CDA conducted 9 Provincial dialogues. The inputs received from the 9 provinces were considered at the Summit and will be	Given that this is a statutory obligation, it needs to be given urgent attention in the new financial year.	The CDA to continue with consultative processes towards the review. DSD providing technical support but there are major delays

			used to review the NDMP 2019-2024.		
Evidence based substance abuse programmes for women and youth in correctional facilities implemented	Percentage of facilities implementing evidence-based substance abuse programmes/services	Oversight visits	Assessments were conducted at the following correctional facilities and at National Department of Correctional Services (DCS): Klerksdorp and Gauteng.	DCS has developed evidence-based programmes. Their programmes are inclusive of women and youth offenders and are implemented across all correctional facilities.	
Evidence based substance abuse programmes for children and youth in secure care centres implemented	Percentage of secure care centres implementing evidence-based substance abuse programmes/services	Oversight visits	Assessments were conducted at Mavambe CYCC in Malamulele and at National Department of Social Development (DSD).	DSD has accredited evidence-based programmes regulated by the Child Justice Bill.	CDA will continue to monitor and conduct oversight visits to ensure that children who are conflict with the law due to substance use related crimes are adequately provided for.
	Number of National and International Engagements/Conferences attended by CDA towards obtaining information about risks of drug use to multiple target groups and general population.	6 National 6 International	<p>The three members of the CDA attended and participated during the Global Alcohol Policy Conference held on 24-26 October 2023 in Cape Town, Western Cape.</p> <p>The CDA hosted the 3rd National Summit on Substance Use, Abuse and Illicit Trafficking held on 14-16 November 2023 in Boksburg, Gauteng.</p> <p>A member of the CDA attended the UNODC funded high level policy maker's training on Evidence Based Treatment of Alcohol and Drugs in Lusaka, Zambia and submitted a report</p>	The CDA raised funds from national and international key stakeholders to ensure the event is successfully executed.	
National directory of demand reduction services in place.	Integrated directory of demand reduction services developed and made accessible to the public	Develop directory of services and publish on CDA website	<p>CDA has developed a resource directory on the CDA Website which covers the following:</p> <ul style="list-style-type: none"> • The 3rd CDA Summit on Substance Use, Abuse and Illicit Trafficking • Provincial Substance Abuse Forums 		

			<ul style="list-style-type: none"> • ASSIST App • News and Events • List of public treatment centres • 2021/2022 CDA Annual Report • Provincial Substance Abuse Dialogues 		
Ensure that multiple communication channels: website; are developed, timeously updated and are effective.	Number of communication channels monitored	Ensure that multiple communication channels: website; are developed, timeously updated and are effective.	<p>Communications Plan for the CDA Summit held on 14-16 November 2023.</p> <ul style="list-style-type: none"> ▪ Media Strategy developed. ▪ daily media briefings held. ▪ Coordinated the radio and tv interviews. • Daily updates on CDA social media platforms and monitored There was an increase of followership during this period. ▪ Designed and approved accreditation tags. • Created and managed the ff links: <ul style="list-style-type: none"> ○ registration ○ resolution inputs from participants ○ live steaming of the CDA Summit <p>Public Policy Comments</p> <ul style="list-style-type: none"> • invitation for public comments on the Prevention of and Treatment for Substance Use Disorders Policy, with countdown to the due dates of 10 December 2023. 		

Table 22 - CDA Performance according to APP

9.6 Challenges.

9.6.1 Form and Structure of the CDA, including the Budget.

- Following the challenges that have persisted over many years regarding the CDA and its form and structure, as envisaged in the Act, and the realities of its current placement, within the DSD, the CDA intervened to address these challenges. These

also had implications for the budget of the CDA, which is minuscule and historic, with no adjustments made, notwithstanding the installation of the 4th CDA in 2021 to full capacity, after a decimated CDA prior to this. The budget has decreased annually over the years. To address these challenges, the CDA has –

- a) Developed an annual performance plan (2022 to 2025), which it costed very conservatively to R24m, but this was never considered by the DSD. Instead, the budget has been shrinking annually, including that of compensation of employees, which should have taken into consideration, standard annual adjustments, as the number of personnel remained constant. In addition, the control of this budget rests with the DSD.
- b) Held meetings with National Treasury in the year under review, where Treasury confirmed that -
 - The CDA qualifies to be an entity in terms of Schedule 3A of the PFMA. However, it considered that it may be administratively and financially burdensome and cumbersome for the CDA, as it is costly.
 - Whilst this is the case, the are possibilities of the CDA budget being ringfenced, even though it is in the DSD budget may be explored.
 - The NT will discuss the matter with the DSD and work towards a solution. The outcome of this intervention is yet to be received by the CDA.
- c) Consulted with DSD regarding the Secretariat as envisaged in the Act and the current deficiencies in the office of the secretariat both in terms of accountability and capacity. To this end,
 - The CDA prepared a job specification for the office of the Director Secretariat
 - Engaged the work study unit of DSD for a job evaluation for which a written response is yet to be received.
 - The legal unit of DSD was instructed by the Acting Director General in November 2023, to jointly with the CDA, interpret the clause on the Secretariat in the Act, which was finalized. A formal response is yet to be received by the CDA.
- d) Held consultations with the Minister of Social Development in May 2023 and October 2023 to bring these challenges to her attention and to enable her to address them.

9.6.2 National Drug Master Plan

- The NDMP does not have targets, which makes reporting difficult.
- It does seem that there is still some misunderstanding of joint and integrated planning, and some departments are still inward looking, and not geared towards working jointly with others, and turf and silo mentality still prevails.
- The NDMP is not costed and the CDA budget is miniscule against the functions assigned to the CDA by the Act and the Goals of the NDMP especially Goal 5 and 6.

- There are departments that have still not developed or submitted their sector drug master plans and reporting then becomes anecdotal rather than measured against a plan.
- Some departments are not participating as they should or are not there at all for engagements.
- There have been challenges of participation of departments that have national competency, to participate in provincial efforts to implement the NDMP.
- The Provincial Dialogues held by the CDA revealed communities in dire straits regarding substance use and drug trafficking within communities, and a general lack of services, including corruption by law enforcement officers. Communities and even departments were largely not even aware of the NDMP, even though this engagement increased such awareness.
- The CDA lacks the wherewithal to do scientific and critical analysis of the implementation of the NDMP.

Addressing the above challenges is crucial not only for the CDA's efficiency, but for the CDA to justify its very existence. The above challenges require urgent attention if the CDA is to be effective in fulfilling its mandate as provided for in the Act.

CHAPTER 10: IMPLEMENTATION ANALYSIS OF NATIONAL DEPARTMENTS AND ENTITIES, AND PROVINCES ON IMPLEMENTATION OF THE NDMP

10.1 ANALYSIS OF REPORTS OF NATIONAL DEPARTMENTS AND ENTITIES

The implementation of the NDMP by national departments and entities in the 2023 to 2024 financial year show the strong, multisectoral approach to addressing substance abuse in South Africa. Each department contributed according to its mandate with significant progress made in the implementation of the goals of the NDMP. The collaboration across different sectors and levels of government was essential to achieving these goals. This section will provide a high-level analysis of the contributions made by various national departments and entities that are assigned by the Act to fulfill specific functions as informed by their legislative and other mandates. This analysis is informed and summarized from the reports that have been submitted by national departments (Annexure A).

GOAL 1. Demand Reduction through Prevention and Treatment of Drug Use, Misuse and Abuse

This goal incorporates primary prevention, including awareness creation and public education. It further includes harm reduction as defined in the Act, generally treatment for substance use disorders, as well as harm reduction as per the new paradigm of treatment for opioids through needle exchange and OST, and other forms of support for PWUDs and PWIDs. Many departments and entities implement Employment Assistance Programmes. Many have reported on this programme, with prevention, early interventions, and referrals being provided as necessary.

This goal is the most implemented amongst government departments reporting on the implementation of the NDMP. It is also utilized in the case of other goals such as supply reduction, on prevention programmes by the SAPS, the DC and other social security cluster departments.

The social cluster departments that have provided reports on this goal include the Departments of Basic and Higher Education, in schools (reaching 2300 schools) and institutions of higher learning (reaching approximately 1.2m students across the country). The Department of Social Development, supported by other departments rolled out 850 community-based prevention programmes, such as Ke Moja, and Siyalulama projects, with over 500 000 youth participating. It also manages the 12 public treatment centres, 40 private centres which it registers in terms of the Act and subsidises qualifying private treatment centres. These centres render treatment and reintegration services for people with SUD. The department also commemorates the IDADIAT annually, jointly with other stakeholders and departments such as health.

The National House of Traditional Leaders were trained on harm reduction interventions by the UNODC. The DoJ has developed material for educating the public on legal consequences of substance use, reaching close to 20 000 people.

Using the Excise Tax Policy Framework, NT has, from 22 February 2023 increased the excise duties on alcohol and tobacco products by 4.9 per cent in line with expected inflation. The impact of the imposition of high excise duties on legal substances, is said to reduce demand but could on the other end fuel the illegal trade in these substances. Whether the increase in excise duties can exclusively result in a decrease in demand would have to be studied further.

GOAL 2. Reducing the supply of illicit drugs and controlling the illegal liquor trade through enhanced law enforcement, border controls and interdepartmental collaboration. The following key departments were involved in the implementation of this goal.

The lead department in supply reduction is the South African Police Services. Some of the key interventions include the following.

SAPS dismantled 150 networks across the country, significantly disrupting the supply of illegal drugs. The department made 18,000 arrests related to drug offences, including both large scale traffickers and street level dealers. Combating the illegal liquor trade resulted in the closure and shut down of 3500 illegal outlets during the year. Arrests in connection with illegal trade amounted to 2200 individuals who were apprehended. SAPS detected and dismantled 23 clandestine drug laboratories during the year. These laboratories were primarily involved in the production of methamphetamine, mandrax and other synthetic drugs. 75 arrests were made in connection with these clandestine labs targeting both operators and those involved in the supply chain of precursor chemicals.

Joint operations between SAPS and SARS resulted in the seizure of 4500kg of drugs at various border posts and ports of entry. This included significant quantities of heroine, methamphetamine, cannabis and cocaine. They conduct joint operations to monitor and inspect cargo and passengers at major points of entry and including the use of sniffer dogs, X-ray scanners and chemical detection equipment.

The other key departments involved in border control are the departments of Home Affairs and the South African Defence Force. They work alongside SARS and SAPS, to strengthen border control mechanisms including the implementation of advanced biometric systems.

The biggest challenge regarding law enforcement is at local level, where communities cite lack of policing, arrests and prosecution of drug dealers who are known by the communities. Communities live in fear of these drug dealers, who seem to have cordial relations with drug dealers, as reported in all provincial dialogues.

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

Both the South African Health Products Regulatory Authority (SAHPRA) and the Department of Health (DOH) played critical roles. Their activities were focused on regulating monitoring and ensuring the appropriate use of controlled substances to meet medical and scientific needs without facilitating misuse or illegal diversion. SAHPRA focused on the regulatory

aspects, ensuring that controlled substances were only available for legitimate purposes through licensing, compliance and monitoring, and preventing diversion. Their activities are critical in maintaining their integrity of the medical and scientific use of these substances.

SAHPRA issued approximately 1200 **licenses and permits** to manufacturers, importers and distribution of controlled substances, for their legal handling of controlled substances. monitored compliance by conducting 600 **inspections of facilities** that handle controlled substances to prevent their diversion into illegal markets. 25 **applications for the use of cannabis** for medical purposes were approved, following rigorous evaluation to ensure that it is used exclusively for medical or scientific purposes. Robust **tracking and reporting systems** are in place, which ensure that all movements of substances are recorded and monitored. In collaboration with law enforcement agencies. SAHPRA **investigated** 15 cases of suspected diversion of controlled substances and corrective measures were taken, including the revocation of licenses. SAHPRA has also rescheduled one of the substances with huge potential for abuse, i.e., Codeine, to a higher schedule, from over the counter to a prescription drug.

The Department of Health ensures that health facilities across the country have adequate supplies of controlled substances for legitimate medical use. They coordinated the distribution of controlled substances to 250 public hospitals and clinics and conducted training for healthcare providers on the safe and effective use of controlled substances, with a focus on opioids and other pain management drugs, to ensure their appropriate use and reducing the risk of misuse. Jointly with SAHPRA they conduct joint audits of healthcare facilities to ensure compliance and proper record keeping. The DoH ran public awareness campaigns to educate the public about the improper use of controlled substances in the risk of diversion of these substances.

Goal 4, with the focus on identification and control of new psychotropic/psychoactive substances

The key deliverable of this goal is to address NPS, ATS, the diversion of precursors and pre-precursors and the non-medical use and misuse of pharmaceuticals containing narcotic drugs and psychotropic substances.

SARS reports that the total number of narcotics seizures continue to decrease when compared to previous periods. In 2023/24 SARS Customs reported 409 seizures compared to 525 seizures during 2022/23 and 915 seizures in 2021/22. This indicates a continuous decreasing pattern which could be indicative of the efficiency of detection efforts deployed by SARS, which include risk-based targeting of passengers and cargo and a strong Customs to Business relationship (information sharing). Most of the seizures (367), were made at the airports, mainly OR Tambo, which accounted for 77% of all seizures. 24 seizures were through land borders. The trends suggest that South Africa remains a redistribution point for locally or previously imported narcotics. Larger seizures of drug pre-cursors were made on import while smaller more frequent seizures of various drugs are made on export primarily through express couriers. This trend has remained consistent for the past 5 yrs.

DIRCO facilitated the participation of South Africa at the African Union's Continental Technical Experts' Consultation on Synthetic Drug Supply Reduction, from 19 to 22 July 2023 in Abidjan, Cote d'Ivoire. The main objective was inter-agency collaboration and strengthening

mechanisms for real-time intelligence exchange systems amongst Member States' delegates and intergovernmental experts. Amongst many others, the continental consultation enhanced knowledge and exposed delegates to the synthetic drug global tools, platforms, and networks of other international organisations, sharing best practice in drug policy, protocols for global data collection techniques and data flows to agencies conducting screening and interdiction operations between member states.

DIRCO also facilitated South Africa's participation at the 31st Session of the Heads of National Law Enforcement Agency of Africa (HONLEA) on 24 -30 September 2023. The meeting focused on regional efforts aimed at enhancing international cooperation in the fight against illicit drugs, considering the 2019 Ministerial Declaration on strengthening actions at the national, regional and international levels to accelerate the implementation of commitments to address and counter the world drug problem.

Goal 5: Promoting governance, leadership and accountability for an effective multi-sectoral response.

The NDMP assigns most of the responsibilities on this goal to the CDA and to that end, this section must be read with the previous chapter (8) of this report. Only one other department reported on this goal, the Department of Justice, and the focus is on compliance with reporting requirement of the NMDP and participation in meetings and other engagement. They further reported on their participation in the 67th CND engagement in Vienna.

Goal 6: Strengthen data collection, monitoring, evaluation, and research evidence to achieve goals.

Three departments reported on this goal. DSD reported on the National Substance Abuse Surveillance Electronic System developed and consultation with various stakeholders in DSD Substance Abuse sector on the system.

The DSD is coordinating the submission of South Africa Country Reports on Drug Demand Reduction, Epidemiology and Annual Reporting Questionnaires (ARQ) jointly with DIRCO. They further report on their participation in the African Union Commission in Lusaka, Zambia from 08-10 November 2023 which culminated in the Lusaka Declaration as an impetus to national action to address multi-faceted challenges as result of increased availability and use of psychoactive substances trafficked into the continent and produced locally.

South Africa complies with the submission of annual reports to UNODC and AU. The social cluster departments developed the National Substance Abuse Electronic System which was piloted in public treatment centres and NPOs. DoH extended the contract with the South African Medical Research Council (SAMRC) for the collection of data, analysis and compilation of the report on substance abuse trends through the South African Epidemiology Network on Drug Abuse (SACENDU). This report is presented to AU and feeds into the PAENDU report.

DoJ provide statistical information from the Integrated Case Management System on Substance Abuse related cases in court to stakeholders. DSD National and Provinces monitors implementation of UTC and Ke Moja drug prevention programmes on quarterly basis to ensure the provision of quality and evidence-based treatment services and prevention programmes.

South Africa is yet to conduct a national prevalence survey on SUD trends which is long overdue.

The CDA recommended the review of the NDMP 2019-2024, which is a country strategy setting out measures to control and manage the supply of and demand for drugs in the Republic. However, given the short period of implementation, due to amongst others, COVID 19, and emanating from the recommendations of the Summit, there should not be a substantial review of the NDMP, but rather amendments.

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

This goal has been under reported by the economic cluster. The DSD reported that the social cluster has been consistent in the implementation of the DSD anti-gangsterism strategy for children at risk and in conflict of the law. The social cluster funded national bodies to implement the demand and harm reduction interventions i.e., SANCA, SADAG, Higher Health, SAMRC etc.

The CDA should engage the DTIC since the National Department of Economic Development was merged with the DTIC in June 2019 to explore economic initiatives to advance economic development via the creation of decent work opportunities for the unemployed service users are receiving treatment services. this will maximise the full implementation of this goal by the economic cluster.

The CDA also needs to engage Departments of Public Works and the Small Business for their participation in the CDA, as they could play a critical role in the achievement of this goal.

There are also recommendations from the summit on the engagement of the business and private sector on the relationship that could be fostered with them in pursuance of this goal. This is planned for the next financial year.

As indicated, the CDA has made significant strides in ensuring the participation of departments and entities in the CDA, and reporting has improved substantially. The CDA also acknowledges that some the reports do not necessarily reflect all the activities and programmes of departments. The challenge expressed by members is that they are not always granted the authority to seek the input from other units within departments. The CDA views this as an area of continuous improvement that will be addressed with the finalisation of the document that has been developed on the roles of the departments in their participation of their representatives in the CDA, and the possible incorporation of the NDMP into the Strategic Plans of departments and entities.

More detailed reports of departments and entities are attached as Annexure B.

10.2 Analysis of the Performance of Provinces

This section examines reports of eight provinces: Eastern Cape, Free State, Limpopo, KwaZulu Natal, Mpumalanga, Gauteng, Northern Cape, Northwest and Western Cape against the NDMP Goals for 2019-24. The consolidated reports from provinces are as per Annexure B.

This comparative analysis is based PSAF annual reports for 2023/24.

Goal 1: Demand Reduction - Prevention and Treatment of Drug Use, Misuse, and Abuse

The provinces have demonstrated a strong commitment to awareness education and treatment as has been the focus in the 2021/22 and 2022/23 CDA reports. The prevention awareness programmes reflect massive numbers which cannot be proven with some provinces such as KwaZulu Natal and the Western Cape, focusing more on providing information on the programmes implemented rather than on numbers reached.

Emphasis on prevention through awareness campaigns, particularly in educational institutions and local communities which is a grassroots approach is advanced by some provinces, with early intervention promoted. The Ke-Moja programme, which is the Department of Social Development evidence-based prevention programme, is limited to a few provinces such as Gauteng.

The provinces are generally active in demand reduction efforts, with varying levels of success in linking prevention with treatment. Provinces that have reflected large numbers reached like Mpumalanga, Northwest, and Free State stand out for their extensive engagement, while Limpopo and Northern Cape may need to focus more on converting awareness into treatment engagement.

Goal 2: Supply Reduction through Multi-Sectoral Cooperation

The provinces have closed illegal liquor outlets and made drug-related arrests, demonstrating a strong focus on enforcement and criminal justice intervention. They have conducted some training in drug prevention and linked schools to police stations. Some provinces reported large-scale drug confiscations and worked closely with stakeholders to strengthen crime prevention efforts, suggesting a more coordinated approach to reducing drug supply.

There was also a strategic focus on monitoring border posts though this was mainly in the Mpumalanga province, with KwaZulu Natal reflecting a challenge with inspections of cargo containers at the Durban Port. The Limpopo province which has been one of the provinces of concern regarding border porosity has not reflected on the border management issues in their report.

Gauteng aggressively targeted drug supply by confiscating drugs, shutting down illegal drug laboratories, and conducting various drug-related operations, reflecting a comprehensive law enforcement approach.

The provinces all focused on school safety, reaching schools and training individuals on national school safety, which points to a preventative strategy aimed at young people and this balances enforcement with educational initiatives to combat drug supply.

The drug supply reduction efforts collectively show a mix of enforcement actions, preventative measures, and collaboration across sectors.

Goal 3: Ensuring Availability and Access to Controlled Substances for Medical and Scientific

Purposes: Implementation managed at the national level; specifics not detailed.

Goal 4: Identification and Control of New Psychoactive Substances (NPS)

Some provinces have reported drug and alcohol confiscation numbers, but there is a concerning lack of information on communication and awareness programs related to new psychoactive and psychotropic substances.

The increase in Cannabis and Methamphetamine confiscations, as reflected in the SACENDU report, highlights a rise in their use across provinces. This calls for proactive awareness efforts to address the harms caused by these substances.

Goal 5: Promote Governance, Leadership, and Accountability

Provinces reported the number of established and functional LDACs but provided limited information on their activities. The Western Cape is the only exception, highlighting specific activities of its functional LDACs. KwaZulu-Natal reported numerous activities but did not clarify whether they were linked to the PSAF or LDAC.

A thorough audit of the established and functional LDACs is necessary, especially since provinces indicate that municipalities provide no human or financial resources for LDACs, viewing them as an unfunded mandate.

Goal 6: Strengthen Data Collection, Monitoring, Evaluation, and Research

All provinces submit quarterly and annual reports to the CDA, but these do not fully reflect community experiences. Community engagements, provincial dialogues, and the 3rd National Summit on Substance Abuse and Illicit Trafficking have provided a clearer view of the effectiveness—or lack thereof—of the NDMP 2019-24.

A prevalence survey is needed to give more accurate data on substance abuse in the country. The absence of a data repository, previously highlighted in reports, continues to hinder evidence-based interventions.

Goal 7: Stimulate Robust and Sustainable Economic Growth

The final goal of the NDMP 2019-24 has seen limited reporting by most provinces, possibly due to insufficient participation from provincial departments in the economic cluster and entities like the National Youth Development Agency (NYDA). To strengthen the implementation of the NDMP, there is a need to foster more robust engagement with economic cluster departments and key entities. Their active involvement is vital to achieving the plan's objectives.

Recommendations for Improved Implementation of the NDMP 2019-24 in Provinces

- 1) **Standardized Prevention Programs:** Align all prevention programs with UNODC and WHO standards to ensure effectiveness and consistency across provinces.

- 2) **Enhanced Stakeholder Participation:** Improve participation and report submissions from all relevant departments and municipalities to ensure comprehensive implementation and accountability.
- 3) **Focus on Harm Reduction:** Expand harm reduction services, especially in provinces that have primarily focused on in-patient treatment.
- 4) **Increase Interdepartmental Collaboration:** Enhance collaboration among different government departments and stakeholders for a multi-sectoral approach.
- 5) **Strengthen Data Collection and Monitoring:** Develop robust data collection and monitoring frameworks to support evidence-based decision-making and policy development.
- 6) **Expand Economic Opportunities:** Develop targeted job creation and skills development programs, particularly for youth, to address socio-economic factors contributing to substance abuse.
- 7) **Capacity Building:** Continue training and capacity-building efforts for professionals involved in substance abuse prevention and treatment to ensure high-quality service delivery.
- 8) **Address Illegal Treatment Centres:** Develop strategies to assist non-compliant treatment centres in becoming compliant or ensure their closure to maintain the integrity of treatment services.
- 9) **Regular Evaluation and Reporting:** Conduct regular evaluations and ensure timely reporting to monitor progress and identify areas for improvement.
- 10) **Increase Public Awareness:** Conduct more community outreach and public awareness campaigns to educate the public about the dangers of substance abuse and available support services.

More detailed reports of the 9 provincial substance abuse fora are attached as Annexure C.

10.3 Local Drug Action Committees

Although the report on LDACs forms part of and should be integrated in provincial reports, it warrants special attention. One of the key functions of the PSAFs is to facilitate and monitor the establishment and performance of LDACs in the province. The need to establish LDAC in every municipality is a crucial step towards addressing the alarming increase in substance abuse that continues to ravage South African communities. Currently out of 257 municipalities, only 118 (46%) LDACs are in place. Whilst this is a tremendous improvement as a result of the efforts of the CDA and the PSAFs, in partnership with the DSD, it is an indictment to service delivery and is concerning. Forty-six percent (46%) means that 18 years after the Prevention of and Treatment for Substance Abuse Act, 2008 (Act 70 of 2008) was promulgated, a little more than half of municipalities have yet to establish these critical structures, that must be at the coal face of service delivery, where the challenges of substance abuse and drug trafficking take place and are most felt.

Number of Established LDACs per Province

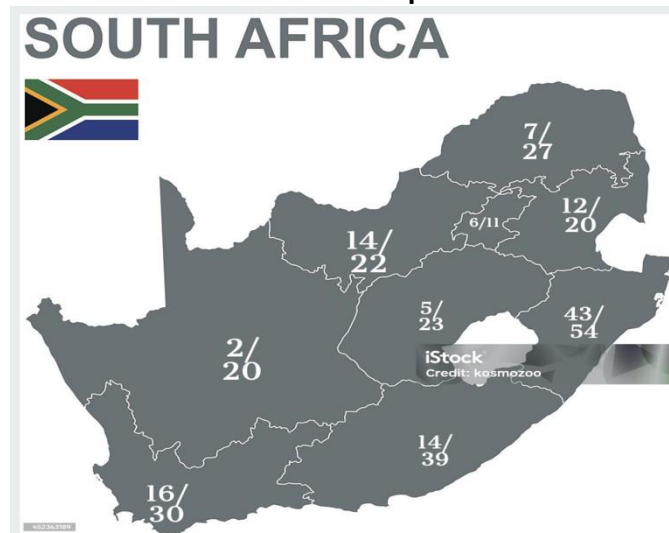


Figure 10: Map of South Africa Illustrating number of established and functional LDACs.

Figure 10 above shows the percentage of LDACs established against the number of municipalities in each province. The province of KZN has fared better in the establishment of LDACs having established 70% of LDACs, followed by Northwest 64%, Mpumalanga at 60%, Gauteng 55%, Western Cape 53%, Eastern Cape 36%, Limpopo 26%, Free State 22% and Northern Cape 10%. Currently there are no standards for measuring the functionality of LDACS, except the functions outlined in the Act. In addition, provinces report that even though LDACs are established, in most cases they cease to function as it seems, they do not understand their functions and reasons for their existence, and there is a lack of resources to sustain their functionality.

LDACs are essential to combating the scourge of substance abuse in South Africa, yet their establishment remains sporadic and insufficient. As previously indicated, Section 60 of the Act places the responsibility on the mayors of municipalities, to establish LDAC's and ensuring that they are properly supported and resourced. The MEC for Social Development must, however, provide the necessary guidance and support to municipalities, to ensure that LDACs are established and well-resourced to perform their functions.

Mayors have largely failed to prioritise the creation of these committees, as substance abuse continues to contribute to widespread social decay. One of the most common reasons cited by municipalities for the lack of LDACs is the perception that these structures represent an unfunded mandate. Municipalities claim they do not have the financial and human resources to support LDAC operations. However, this issue persists largely because municipalities have not integrated the LDAC function into their Integrated Development Plans (IDPs). Addressing this issue requires a shift in priorities at the municipal level and a coordinated effort from provincial leadership, particularly the MEC's who must lead and provide the necessary support to Mayor.

The consequences are evident: substance abuse destroys lives, destabilizes families and undermines community cohesion, while the mechanism intended to combat this problem remain underutilized. The CDA, recognizing this issue, engaged newly elected councilors at SALGAs induction sessions in provinces, following the 2021 municipal elections. These

engagements were aimed at emphasizing the urgency of the establishment of LDACs and securing the necessary funding for their operations. Unfortunately, these engagements did not yield the desired results as many still do not have functional LDACS.

The absence of LDACs directly hinders the effective implementation of the National Drug Master Plan (NDMP) and the provincial drug master plans (PDMPs). Without these local structures, efforts to combat substance abuse at the grassroots level are severely hampered, there is no accountability to communities on the services provided by various stakeholder in addressing the challenges of substance use and trafficking in illicit substances. Therefore, a workable solution must be found to ensure that LDACs are established and functional in all municipalities.

A potential model for success can be found in the Western Cape, where an official has been appointed with direct responsibility for establishing, supporting, and capacitating LDACs. This approach could serve as a blueprint for other provinces. Some provinces have seen modest gains in the establishment of LDACs, largely due to support from the political leadership within their respective Departments of Social Development. This support has been instrumental in driving the creation of new LDACs, even though overall progress remains slow.

The functionality of LDACs in provinces outside the Western Cape remains largely unconfirmed. There is little information available regarding their activities beyond basic meeting reports. In contrast, the Western Cape has provided a provincial report that highlights the positive contributions of the functional LDACs, further illustrating the importance of these committees in addressing substance abuse.

Recommendations

1. Establish and Functionalize LDACs.

All municipalities must have established and functional LDACs. PSAFs should actively engage with Mayors to establish LDACs where none exist. The CDA should continue collaborating with COGTA and SALGA to promote the establishment and functionalization of LDACs.

2. Strengthen Coordination and Communication.

PSAFs must enhance coordination and communication with all LDACs to provide ongoing support and guidance.

3. Immediate Induction and Capacity Building.

LDACs should undergo induction and capacity-building immediately after establishment. This should include training on the Provincial Drug Master Plan (PDMP) and guidance on implementing it within their municipalities. LDACs should also be encouraged to develop innovative, locally tailored solutions for substance abuse challenges.

4. Increase Community Engagement.

LDACs must maintain continuous engagement with their communities to ensure visibility and effectiveness in addressing substance abuse issues.

5. Policy Review and Alignment.

There are current processes to review the Act that provides for the establishment of these structures. There have been calls to decentralise these structures to Ward level to ensure their proximity to local communities, which must be given an opportunity to have a greater say and control in matters affecting them. The structure needs to be integrated into the District Development Model to ensure reporting and accountability.

CHAPTER 11. EVALUATION, CONCLUSIONS AND RECOMMENDATIONS

Implementation of the National Drug Master Plan (NDMP) 2019-2024:

CDA made significant strides in overseeing the implementation of the NDMP, which is the cornerstone of South Africa's approach to combating substance abuse. The plan's goals, such as demand reduction, supply reduction, and governance improvement, have guided the efforts of various departments and organizations.

Multi-Sectoral Collaboration:

The CDA successfully coordinated the efforts of numerous government departments, civil society organizations, and international partners. This collaboration enhanced the impact of drug prevention and treatment programs across the country.

Data Collection and Research:

The CDA strengthened its data collection, monitoring, and evaluation mechanisms, which allowed for better-informed decisions and the adjustment of strategies. The focus on evidence-based approaches was highlighted as a crucial factor in achieving the goals of the NDMP.

Awareness and Prevention Campaigns

The CDA led various awareness campaigns aimed at educating the public about the dangers of substance abuse. These campaigns were crucial in reducing demand and promoting healthy lifestyles.

Provincial and Local Implementation:

Provincial Substance Abuse Forums (PSAFs) and Local Drug Action Committees (LDACs) played key roles in implementing the NDMP at the provincial and local levels. Their activities contributed to a more localized approach to addressing substance abuse issues. Whilst PSAFs are functional and are significant

Challenges in the CDA Annual Report 2023/2024

Form, Structure and Resource Constraints:

This matter has been addressed extensively in previous sections of the report. It is critical if the country is serious about the addressing the challenges and implementation of the NDMP. The current Act, whilst still relevant in terms of the establishment of structures in the form envisaged in the Act, is being reviewed and this gives an opportunity to address challenges that seem to persist as to where the CDA is located. Furthermore, the structures and the form of the PSAFs and LDACs must be looked at, to make them more effective.

The report identified significant challenges related to the availability of resources, both financial and human. These constraints limited the ability of various stakeholders to fully

implement their planned interventions under the NDMP. As indicated, this applies to the PSAFs and LDAC. Full Secretariat functions must be established and resourced.

The size of the budgets allocated must collate with the size of the problem in the country, as invariably the cost of this challenge to the fiscus and the livelihoods is going to escalate to unmanageable proportions.

Coordination and Integration Issues:

Despite efforts to coordinate various initiatives, there were still challenges related to the integration of services across different departments and other sectors. The silo mentality, as previously indicted, still prevails. This lack of integration sometimes led to fragmentation and duplication of efforts or gaps in service delivery. The reports received from all parties contradict the public perception and experience of these services. It needs to be determined where the challenges are, whether it is a lack of integration, monitoring or data collection systems that are integrated.

Current and Emerging Drug Trends:

The country seems not to be making a significant impact on substance use and trafficking in illegal substances and well as addressing the public concerns regarding licit substances, despite the overwhelming evidence of harm they cause and the implications in terms of social behaviours, cost to public health, both monetary and societal consequences. The rise of new psychoactive substances (NPS) and the evolving nature of drug abuse presented ongoing challenges. The CDA noted the need for constant vigilance and adaptation of strategies to address these emerging trends effectively.

The CDA must therefore develop systems, and research must be enhanced to monitor and manage the impact that departments and other stakeholders are investing in this challenge. There is a need for a data repository system to be developed urgently.

Legislative and Policy Gaps:

The report highlighted the need for legislative and policy reviews to address gaps that hinder the effective implementation of the NDMP. The ongoing review of the National Drug Master Plan, which is set to expire in 2024, is seen as an opportunity to address these issues. The review of the current policies, and identification and streamlining of all such policies not to be conflictual and misaligned should be the goal of all parties collectively. The review of the NDMP must also take into account the resolutions of the summit of the CDA and address gaps such as the inclusion of all sectors of society, civil society organisations and others, in addressing the challenges of substance use and trafficking of drugs. The CDA must keep monitoring developments in current and new legislation to ensure that they are not in conflict and address public health and societal impacts at all levels of government, including at provincial with for example, the Liquor Amendment Act and the Liquor board legislation at provincial level.

Stigma and Public Perception:

Stigma associated with substance use disorders remained a barrier to treatment and rehabilitation. The CDA acknowledges that more work is needed to change public perceptions and ensure that individuals struggling with substance abuse receive the support they need. Education and information on SUD, need to be intensified so as to reach all of society, including law enforcement, health, and public officials, so that they understand the condition and be part of the solution to the treatment of SUD. Local initiatives and structures, and organs of civil society must be strengthened to develop and implement appropriate responses as provided for in the NDMP.

Monitoring and Evaluation:

The National Drug Master Plan 2019/24 has a monitoring and evaluation framework. However, the focus is on quantitative measures and there are no measures that focus on the outcomes and impact of interventions. There is a need for the NDMP to set clear targets that must be met for the country to determine whether it is making a difference in its efforts to combat harmful substance use, to decrease the demand for alcohol and other drugs, and curb the supply of substances of abuse and their trafficking. Furthermore, there needs to be baselines against which these measures can be determined. The goals of the NDMP as applicable, must form part of the Annual Performance Plans of the relevant departments, so that they become an integral part of departmental priorities to be costed and allocated funds.

While there were improvements in data collection, the report noted that monitoring and evaluation processes were not yet fully optimized to the extent that they should. Unless the systems that enable and facilitate monitoring and evaluation are put in place. It will, as it does now, impact the ability to measure the effectiveness of interventions accurately.

Conclusion

The CDA's Annual Report for 2023/2024 reflects a year of significant achievements in combating substance abuse through the of the NDMP. However, it also underscores the ongoing challenges that need to be addressed to enhance the effectiveness of these efforts. The report serves as a roadmap for future actions, with a focus on overcoming resource limitations, improving coordination, and adapting to new challenges in the fight against substance abuse.

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ANNEXTURE A

CONSOLIDATED PERFORMANCE INFORMATION NATIONAL DEPARTMENTS

Goal 1: DEMAND REDUCTION

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

	KEY ACTIONS	FUNCTIONARY /SECTOR	KPI	PROGRESS	EKURHULENI RESOLUTION
DEPARTMENT OF EMPLOYMENT AND LABOUR					
1. Use primary prevention measures to prevent drug use initiation and delay uptake	<ul style="list-style-type: none"> • Provide accurate information about risks of drug use to multiple target groups and general population • Develop multiple communication channels: website; Social Behaviour Change Communication (SBCC); peer educator outreach health education, WBOT • Involve professional groupings: doctors (SAMA); pharmacists (PSSA), traditional healers, nurses (SANC), and other Allied Health professionals in prevention programmes. • Ensure equal access to SAQA accredited education and training. 	Department of Employment and Labour	<p>Number of people reached through primary prevention programmes and have delayed uptake</p> <p>Employee Wellness officials participated in the training on the NDMP</p>	<p>-Psychological cases under Substance abuse: 18 cases referred and received counselling.</p> <p>-Inpatient Rehabilitation 5 cases</p> <p>3 Referred for outpatient Treatment.</p> <p>Substance abuse Awareness through psycho-educational (2) article Distributed on exchange to all DEL employees in 2023 by SANCA & Tranquillity.</p> <p>Presentation on substance abuse during the EC strategic plan on the 22 May 2023, Presentation during Orientation staff in Western Cape on 29 August 2023 and 5 September 2023. Furthermore, during pre-retirement workshop on 13 and 14 September 2023 at Head Office.</p>	
DEPARTMENT OF HEALTH					
1. Use primary prevention measures to	Develop comprehensive national drug policies that are non-discriminative	DoH and relevant stakeholders		DoH supports provinces in implementing the NDMP 2019-2024. DoH supported provinces during provincial summits on substance abuse to	5

prevent drug use initiation and delay uptake				address substance abuse and illicit trafficking and participated in the National Summit which was held on 14-16 November 2024. NDoH participated in the Drug Awareness Week during 26-30 June 2023 organised by the Department of Social Development in partnership with the CDA, UNODC, Non-Governmental organisations to raise awareness on dangers of drug use and its public health related consequence.	
To create awareness campaigns and educational sessions to promote healthy living.	Campuses capacitated on prevention and early intervention measures to curb social ills amongst children and youth	Chief Directorate: Anti-Substance Abuse and Social Crime	Provision of prevention and early intervention measures to curb social ills amongst children and youth in 30 campuses of institutions of Higher learning	Conducted integrated awareness campaign by providing prevention and early intervention measures to curb social ills amongst children and youth in 36 campuses	
	Public Treatment Centres monitored to implement Universal Treatment Curriculum (UTC)	Directorate: Substance Abuse	Submit draft Prevention of and Treatment for Substance Use Disorders Policy to Cabinet for approval	Twelve (12) public treatment centres monitored on the implementation of Universal Treatment Curriculum: Ernest Malgas; Nkangala; Dr Fabian and Florence; Kensington Treatment Centres, Swartfontein Treatment centre, Khanyani Treatment centre, Madadeni Treatment centre, Charlotte Maxeke Treatment centre, Taung Treatment Centre, Seshego Treatment centre, Northern Cape Treatment centre, JB Marks Treatment centre.	
	Prevention of and Treatment for Substance Use Disorders Policy submitted to Cabinet for approval	Directorate: Substance Abuse	Submit draft Prevention of and Treatment for Substance Use Disorders Policy to Cabinet for approval	The draft Prevention of and Treatment for Substance Use Disorders Policy was published on 10/11/2023 on a government gazette for public comments. Public comments were sought, and the process is now completed. Thereafter, consolidated the public comments and inputs. The SPCHD Cluster approved the draft policy on the Prevention of and Treatment for Substance Use Disorders on 27 March 2024 to be presented to Cabinet.	
	Conduct National Anti- Substance Abuse awareness campaign (International Day Against Drug Abuse and Illicit Trafficking and Festive season campaigns)	Directorate: Substance Abuse	Conduct 2 National Anti-Substance Abuse Awareness Campaigns	The National Department in partnership with Gauteng Provincial Department of Social Development commemorated the	

				International Day Against Drug Abuse and Illicit Trafficking on 26 June 2023 at Nkanyisa Recovery Centre, Randfontein, West Rand, Gauteng Province. The Department also participated in community dialogues held at Toekomsrus and Mohlakeng. Furthermore, the Directorate participated in various radio interviews.	
	Number of provinces monitored on the implementation of Ke Moja Drug Awareness Programme	Directorate: Substance Abuse	Monitor implementation of Ke Moja Drug Awareness Programme in 3 provinces	Ke-Moja Drug Awareness Programme was conducted at African Youth Development Fund (AYDF) on the 12th of September 2023 and at SANCA Horizon (Etwatwa Quantum Secondary School) on the 13th of September 2023, 19 and 20 September at Ga Rapisitsi and Ga-Ramokgopa in Limpopo Province.	
	Number of national bodies funded	Directorate: Substance Abuse	Funding of 2 anti-substance abuse national bodies	Three-year funding cycle was ending this year (2023/24). Facilitated payment of 2023/24 financial year first tranches to SANCA and SADAG. Assessed progress reports of both organizations. Developed Specifications for 2024/25, 2025/24 and 2026/27 funding. The Department is currently funding SADAG and SANCA	
	Number of provinces implementing Siyalulama Outreach programme	Directorate: Substance Abuse	Implementation of Siyalulama Outreach programme in 3 provinces	Siyalulama Outreach Programme was conducted on the 19th of September 2023, at Lesli Rank, Volkstrust, Mpumalanga Province, 10th November 2023, at Vhembe District, Musina Municipality, Limpopo Province, 29 November 2023 in Karoo, Hoogland local municipality in Fraserberg in Namaqua District, 02 December 2023 at King Hlatswayo District municipality and 12 December 2023 at Ugu District Municipality in Kwa-Zulu Natal and 09 October 2023 at Wells Estate at Nelson Mandela District in the Eastern Cape province and at Khathu Village Mall in the Northern Cape on 21 February 2024.	
	Public treatment centres monitored for compliance in terms of the Prevention of and Treatment for Substance Abuse Act 70 of 2008 and the Norms and Standards	Directorate: Substance Abuse	Monitor 3 public treatment centres	Monitoring for compliance in terms of the Prevention of and Treatment for Substance Abuse Act 70 of 2008 and the Norms	

				and Standards was conducted at Seshego Treatment centre in Limpopo on 27-29 September 2023, Seshego Treatment centre on 03-04 October 2023 and Kensington Treatment centre.	
	Monitor the implementation of National Department of Social Development Drug Plan	Directorate: Substance Abuse	Implementation of Department of Social Development Drug Plan Monitored	National DSD substance abuse annual report 2022/2023 and the Departmental Drug Master Plan 2023 / 2024 were approved and submitted to Central Drug Authority	
	Coordinate and facilitate a national treatment centre's forum meeting to monitor quality of services	Directorate: Substance Abuse	Coordinate 2 treatment centre's forum meetings. Compile minutes of the treatment centre's forum meetings	The Department of Social Development facilitated and coordinated the National forum for the treatment centres which was held on 06-07 September 2023.	
	Provinces capacitated on Social and Behaviour Change (SBC) Programmes	Directorate: HIV and AIDS	Capacitate eight (8) provinces on Social and Behaviour Change (SBC) Programmes	9 provinces capacitated on Social and behaviour Change (SBC) programmes.	
	Strengthened care and support services to families	Directorate: Children and families	Capacity building of the Reunification services for families in 5 provinces.	Provinces were supported and coached on the effective implementation of the Sinovuyo teenage parent's programme. The following provinces were supported: Free State province 2 and 3 August 23 Eastern Cape 17 and 18 August 23 Northern Cape province 22 Sept 2023 Mpumalanga 11 Sept 23 Capacity building on reunification services Welkom (Lejweleputswa district – 20-21 June 2023 Umthata (OR Tambo and Alfred Nzo districts 12 -13 July 23 Free State (Thabo Mofutsanyane) 19-20 July 2023 Qheberha (Nelson Mandela and Sarah Baardman districts	

DEPARTMENT OF JUSTICE AND CONSTITUTIONAL DEVELOPMENT

To contribute to the reduction in the demand for substances through educational campaigns in communities and through employee wellness	Develop and implement annual plans for public education campaign on substance abuse and its legal consequences (as part of Departmental Activity Plans-delivered through Branches)	Provincial Offices, various stakeholders	Annual plan developed by target date	84 events ±19 299 community members, learners and youth	Strengthen the collaboration and coordination mechanisms to fight the scourge of substance use /abuse
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programme s					
	Review and print existing public education material for parents and children on substance abuse and the legal consequences focusing on children.	Various stakeholders	Educational material amended and printed by target date	Achieved. The Booklet was printed and distributed to stakeholders	Strengthen the collaboration and coordination mechanisms to fight the scourge of substance use /abuse
	Development of The National Guidelines on Alternative Measures (Social Responses) to Deal with Children Suspected of being addicted to Dependence-Producing Substances	All members of the National Technical Intersectoral Committee on Child Justice	The National Guidelines approved by target date	Achieved. The National Guidelines were approved on 26 March 2024 by the Directors-General Intersectoral Committee on Child Justice. Layout and printing in progress.	Strengthen the collaboration and coordination mechanisms to fight the scourge of substance use /abuse
	Implementation of the Department's Employee Health and Wellness Policy [EHWP] (Version 1 of 2008)	HR	% completed	100% Achieved. EAP conducted 17 Alcohol and Substance Abuse awareness and prevention sessions in the provinces and reached a total of 412 employees. Ten (10) employees were referred for rehabilitation during the reporting period.	
COGTA - TRADITIONAL AFFAIRS					
Enhance multi-sectoral cooperation to reduce the demand for drugs.	Coordinate traditional affairs activities multi-sector stakeholders in the development and implementation of demand reduction strategy.	DSD, CDA, CTLSA, COGTA, NHTL, DoA, DLRRD, DSAC, DBE, DCS, DIRCO, DoH, DoHE, DoJ&CD, DEL, DHA, DoT, DPME, DST, DTIC, FIC, FSL, NPA, NT, NYDA, SAIDFS, SALGA, SANDF, SAPS	Number of stakeholders working together to reduce the demand for drugs.	Achieved. The NHTKL led or participated in the following engagements: -Dialogue between Traditional Leaders and Government in Pretoria on 17 March 2024 -SAPS convened Policing Indaba in Pretoria on 18-19 May 2023 -Launch of the Takuwani Riime Programme of Action at the Masia Traditional Community on 19 December 2023 -African Union organised Drug Demand Reduction meeting in Boksburg on 14-15 June 2023 -The African Union Commission Drug Demand Reduction meeting in Lusaka, Zimbabwe, on 8 -10 November 2024 -CDA organised Third National Summit on Substance Abuse, Abuse and Illicit Trafficking in Boksburg on 14-16 November 2023	
NPA	Mitigate the supply of drugs and liquor through enhanced operations; (investigations and prosecutions).	Project-driven investigations in collaboration with NPA and the SAPS	NPA reported the following projects: Project Deep Impact Project Ironside (Narcotics)		
		Confiscation of variety of proceeds and forfeitures	AFU participated in the confiscation of variety of proceeds and forfeitures and 12 cases were reported. AFU, achieved the following during the period under review: Number of confiscation and forfeitures: 300 value of confiscation: R12.8m Number of Freezing orders: 88 Value of Freezing orders: R10.2m Paid into CRA: R22.2m		
		Racketeering drug related cases for the period 2023/24	The NPA Has prosecuted prominent drug trafficking syndicate with charged of racketeering in contravention of POCA. the number reported is 40 & others		

		Other noteworthy cases	During the reporting period there were several drug laboratories that were uncovered 11 & others.	
		Conviction rate	NPA achieved an 89.2% conviction rate in 8515 drug related cases, which is 4.2% above target.	

GOAL 2: SUPPLY REDUCTION

FOCUS AREA	2: Supply reduction through multi-sectoral cooperation
GOAL	2: Reduce the supply of drugs through proactive law enforcement; effective responses to drug related crime; countering money-laundering and promoting judicial cooperation
MEASUREABLE OBJECTIVE 01	
OUTCOMES	

KEY DELIVERABLE	KEY ACTIONS	FUNCTIONARY/SECTOR	KPI	TIMEFRAME	PROGRESS	EKURHULENI RESOLUTION
DEPARTMENT OF TRADE INDUSTRY AND COMPETITION.						
Capacity building and awareness to prevent drug-related crime.	Conduct education and awareness on liquor abuse Conduct capacity building sessions with Registrants	the DTIC/NLA	Number of community outreach workshops conducted. Number of capacity building conducted	Continuous	70 community outreach workshops conducted. (schools, traditional leaders and community members) 33 capacity building conducted	Mobilise and involve communities to strengthen families in the fight against the scourge.
DEPARTMENT OF JUSTICE						
Contribute to development of legislation and regulations to enhance law enforcement and training of clerks of the court on intervention services provided by courts	Develop, review and/or amendment of legislation and/or regulations relating to alcohol and drug supply.	Legislative Development	Bill developed once request is received.	31 March 2024	The Cannabis for Private Purposes Bill has been approved by the National Assembly in February 2024 and has been submitted to the President for assent.	Strengthen mechanisms to minimise the illegal manufacturing, supply and all forms of trafficking of licit and illicit drugs
	Develop/amend training programs to capacitate administrative staff at courts: a) to capture complete and accurate data on substance abuse and related criminal cases on the ICMS b) on the interventions for substance abuse available at court level in terms of legislation	ICT/ NOC/ Provinces/Justice College	Number of Clerks Trained	100	None. Training will be conducted in the next reporting period as soon as the training material is amended in line with the National Guidelines on alternative measures to deal with children addicted to dependency-producing substances.	Increase investment in health, prevention, early intervention, treatment and rehabilitation and after care services
	Facilitate investigation into the establishment of dedicated	Chief Directorate Programme Planning and Support Services	Facilitate investigation and discussions as	31 March 2024	Eldorado Park - Chief Prosecutor, head of judiciary, Legal Aid and SAPS are having on going meetings to discuss	Strengthen the collaboration and coordination

	courts to prioritize drug and gang related cases specific resource and capacity at courts to deal with serious drug matters as and when required		and when required		infrastructural challenges, human resource and tools of trade to improve finalization of substance abuse related criminal matters.	mechanisms to fight the scourge of substance use /abuse
SOUTH AFRICAN POLICE SERVICES						
	Community education to reduce drug misuse and raise awareness of how to deal with problems related to drug abuse.	Division Visible Policing and Operations (Social Crime)	Number of community outreach campaigns	01 April 2023 - 31 March 2024 (Quarters 1-4)	Total of 247 Community Awareness programmes were conducted of which 15 were done at National Level and of which 232 at Provincial Level of which 36 address substance abuse and gansterism.	
		Division Visible Policing and Operations (Social Crime)	Number of schools identified for the implementation of School Safety Programmes	01 April 2023 - 31 March 2024 (Quarters 1-4)	199 Awareness Programmes were implemented of which 111 were substance abuse and drugs.	
TA						
Capacity building and awareness to prevent drug-related crime	Department of Traditional Affairs coordinate the House of Traditional Leaders of South Africa to engage in community education to reduce drug misuse and raise awareness of how to deal with problems related to drug abuse	DSD South African Police Services. Department of Traditional Affairs National House of Traditional and Khoisan leaders	Number of community outreach campaigns. Number of training interventions.	2023/24	Achieved. A national capacity building workshop that involved Members of the National and Provincial Houses sponsored by SANAC and conducted by the National School of Government took place in Kempton Park took place on 29 November 2023.	
DEPARTMENT OF TRANSPORT						
Education and awareness on substance and drug abuse amongst stakeholders from JMPD, NDOT, SANCA & Breaking Cycles (NGO).	Conduct education & awareness on the impact of drugs economically that the country encounters due to large number of road camages.	JMPD, NDOT, SANCA & Breaking Cycles	Number of road users reached through awareness campaigns & those referred for treatment or referred for professional help (3)	Q1	GBV dialogues activations ongoing	
Drug education & awareness on substance and drug abuse at tertiary institutions	Conduct education & awareness on the impact of drugs economically that the country encounters due to large number of road camages.		Number of road users reached through awareness campaigns & those referred for treatment or referred for professional help (500 youth)	Q2	50% of the target was reached.	
	Conduct commuter and		Number of road users	Q2	50% of the target was reached.	

	<p>driver education & awareness activations at taxi ranks on the adverse effects of drugs and alcohol usage including cyclist.</p> <p>Law enforcement roadblocks conducted and heightened at high traffic season to combat drug and alcohol abuse by motorists, which would include education & awareness aspect targeting passengers</p>		<p>reached through awareness. campaigns & those referred for treatment or referred for professional help (500 youth)</p>	Q1, Q2, 23, and Q4	100% of those were conducted as per the 365 Days Arrive Alive Action Agenda	
SOUTH AFRICAN POLICE SERVICES						
Forensic Support for the SAPS implementation of the National Drug Master Plan (NDMP)	Nr of Awareness programs and forensic awareness sessions on identification of drugs, clandestine laboratories for SAPS and external stake holders	Division Detective & Forensic Services	Enhance Forensic Awareness actions in order to promote progress in the fight against drugs of abuse.	01 April 2023 - 31 March 2024 (Quarters 1-4)	Annual: Internal =81% (129/160) External = 103% (40/39)	
Improved efficiency of forensic support for drug related investigations	Enhance processing of Forensic Evidence focussing on drug (chemistry) related investigations	Division Detective & Forensic Services	Enhance the forensic finalization rate	01 April 2023 - 31 March 2024 (Quarters 1-4)	Annual: 141.77 (198 347/ 139 904)	
	Enhance processing of Forensic Evidence focussing on drug (chemistry) related investigations	Division Detective & Forensic Services	95% of priority cases finalized within 14 working days	01 April 2023 - 31 March 2024 (Quarters 1-4)	Annual: 100% (1/1)	Urgent court driven cases being prioritized. Cases not requiring analysis reports being identified to ensure optimal utilization of available resources.
	Enhance processing of Forensic Evidence focussing on drug (chemistry) related investigations	Division Detective & Forensic Services	95% of priority cases finalized within 14 working days	01 April 2023 - 31 March 2024 (Quarters 1-4)	Annual: 32.16% (63 449/ 179 313)	Urgent court driven cases being prioritized. Cases not requiring analysis reports being identified to ensure optimal utilization of available resources.

	Enhance processing of Forensic Evidence focussing on drug (chemistry) related investigations	Division Detective & Forensic Services	65% of routine forensic cases finalized within 28 working days	01 April 2023 - 31 March 2024 (Quarters 1-4)	Annual: 44.10% (456/1034)	Urgent court driven cases being prioritized. Cases not requiring analysis reports being identified to ensure optimal utilization of available resources.
	Enhance processing of Forensic Evidence focussing on drug (chemistry) related investigations	Division Detective & Forensic Services	Ensure Backlog minimized compared to cases on-hand (registered)	01 April 2023 - 31 March 2024 (Quarters 1-4)	Annual: 36.79% (51 476/ 139 904)	Urgent court driven cases being prioritized. Cases not requiring analysis reports being identified to ensure optimal utilization of available resources.
Reduction of identified drug syndicates	Implementation of the Organised Crime Threat Analysis (OCTA) Strategy Ensure the optimal functioning of organised crime secretariat (OCS) at national and provincial level. Optimal utilisation of the Organised Crime Threat System (OCTMS)	Division Detective & Forensic Services DPC Crime Detection	Percentage of identified drug syndicates neutralised with arrests	01 April 2023 - 31 March 2024 (Quarters 1-4)	Annual: 60% (12 drug syndicates neutralised from a total of 20 identified, with 38 arrests.	
Effective investigation of drug related crimes	Evaluation of compliance with internal controls Facilitating the implementation of internal controls Ensuring the optimal utilisation of investigative aids and expert support Identification and packaging of best practices Regular review of investigation methodology	Division Detective & Forensic Services DPC Crime Detection	Detection rate for drug related crimes.	01 April 2023 - 31 March 2024 (Quarters 1-4)	Annual: 99.86% (173 086) from a total of 173 321	
			Percentage of trial ready case dockets for drug related crimes.	01 April 2023 - 31 March 2024 (Quarters 1-4)	Annual: 94.31% (120 121 from a total of 127 369)	
			Conviction rate for drug related crimes	01 April 2023 - 31 March 2024 (Quarters 1-4)	Annual: 96.14% (19 267 from a total of 19 985)	
The analysis and provision of intelligence products to enhance the intelligence picture and effectiveness	Number of threat and risk assessment reports generated for pro-active policing operations	Crime Intelligence	To analyse all available information and intelligence to identify the crime threat and risks	01 April 2023 - 31 March 2024 (Quarters 1-4)	Annual: 2800	

of law enforcement operations.			impacting on the safety and security of the country and its inhabitants			
	Number of profiles generated for reactive SAPS operations	Crime Intelligence	Analyse all available information and intelligence on a suspect/person of interest to generate profiles for reactive SAPS operations	01 April 2023 - 31 March 2024 (Quarters 1-4)	Annual: 120920	
	Number of intelligence analysis reports generated for reactive SAPS operations	Crime Intelligence	To analyse all available information and intelligence, according to a specific set of criteria, for reactive SAPS operations	01 April 2023 - 31 March 2024 (Quarters 1-4)	Annual: 30116	
	Number of communication analysis reports analysed	Crime Intelligence	To analyse all available communication information to establish linkages	01 April 2023 - 31 March 2024 (Quarters 1-4)	Annual: 1334	
Enhancement of intelligence collection capacity	Number of tactical operations conducted on national, provincial and cluster level. (Including Pre-operations & Enquiries)	Crime Intelligence	To conduct tactical operations to address the crime threat	01 April 2023 - 31 March 2024 (Quarters 1-4)	Annual: 16920	
	Number of network operations conducted	Crime Intelligence	To conduct network operations on provincial and cluster level on prioritized crime threat	01 April 2023 - 31 March 2024 (Quarters 1-4)	Annual: 239	
Mitigate the supply of drugs and liquor through enhanced operations (investigations and prosecutions)	Identify and prioritise project driven investigations of serious organised crime groups involved in illicit drugs.	Directorate for Priority Crime Investigation DPCI: SANEB	Percentage of registered serious organised crime project investigations successfully closed.	01 April 2023 - 31 March 2024 (Quarters 1-4)	Annual: 100% (two projects closed during year)	
	Identify and prioritise project driven investigations of serious organised crime groups involved in illicit drugs.	Directorate for Priority Crime Investigation DPCI: SANEB	Number of new serious organised crime investigative projects registered	01 April 2023 - 31 March 2024 (Quarters 1-4)	Annual: 6 (Six projects were registered during the year)	
Mitigate the supply of drugs and liquor through enhanced operations	Police actions to reduce the supply of liquor sold illegally and illicit drugs	Division Visible Policing and Operations (Proactive Policing)	Quantity/weight of illicit drugs confiscated during police actions		ANNUAL: Cannabis dry=129 298, 525 kg Cannabis planta=30224.7 kg Grand total of Cannabis dry weight + plants) = 132320.995 kg	

					Mandrax powder = 1377.022 kg Tik-Tik = 1 0362.485 kg Cocaine powder /Rocks=542,679 kg Heroin/Whoonga/Nyaope = 2 220.792 kg Mandrax (tablets) = 1036361.43 tablets	
	Police actions to reduce the supply of liquor sold illegally and illicit drugs	Division Visible Policing and Operations (Proactive Policing)	Number of crime prevention actions conducted (operations)		Annual: 3 967	
Mitigate the supply of drugs and liquor through enhanced operations	Border Policing actions targeting trafficking in drugs	Division Visible Policing and Operations (Border Policing)	Number of planned Crime Prevention and combating operations conducted at ports of entry within South Africa		Annual: 3784	
	Border Policing actions targeting trafficking in drugs	Division Visible Policing and Operations (Border Policing)	Standardised utilization of specialised drug detection equipment and other methodologies		Annual: Organic Cannabis: 6 372 033 Hydroponic Cannabis: 318557 Mandrax whole tablets: 4004 Mandrax half tablets: 82 Mandrax quarter tablets: 236 Cannabis oil: 5 Cocaine (HCL) powder: 965087 Ecstasy (per pill): 2017 Heroin (sugar) gr: 60182 Heroin (Nyaope/Whoonga) gr: 28911 Methamphetamine Tik: 187073 Kataamine powder gr: 183554 Methcathinone (CAT): 3 Dagga plant: 872 KHAT (MIRA): 843 1047	
	Border Policing actions targeting trafficking in drugs	Division Visible Policing and Operations (Border Policing)	Percentage of crime related hits reached due to Enhanced Movement Control System (EMCS) and Movement Control System (MCS) on Persons and Vehicles		Annual: Persons: 1 525 Vehicles: 1 815	
	Border Policing actions targeting trafficking in drugs	Division Visible Policing and Operations (Border Policing)	Number of profiled vehicles (Land Ports), containers (Sea Ports), cargo (Airports), searched for illicit drugs, firearms, stolen vehicles, consignment,		Annual: Vehicles profiled: 6702. Vehicles searched: 6702. Containers profiled: 2935. Containers searched: 2935. Cargo profiled: 3729 Cargo searched: 3729	

			smuggled persons, counterfeit goods/ contraband			
	Border Policing actions targeting trafficking in drugs	Division Visible Policing and Operations (Border Policing)	National/Cross Border operations initiated and executed as per NATJOINTS instructions.		Annual: 175 Provincial initiated: • Eastern Cape - 11 • Free State - 29 • Limpopo - 82 • Mpumalanga -10 • Northwest - 5 • Northern Cape -38 • Gauteng - 0 • KwaZulu-Natal - 0 • Western Cape - 0 0 National initiated operations finalized	
Mitigate the supply of drugs and liquor through enhanced operations	Identify and prioritise project driven investigations of serious organised crime groups involved in illicit drugs	Directorate for Priority Crime Investigation DPCI: SANEB	Percentage of identified clandestine drug laboratories (CDL) dismantled with arrests.		Annual 95.24% (20 from a total of 21 clandestine laboratories dismantled with 35 arrests)	
Mitigate the supply of drugs and liquor through enhanced operations	Disruption and dismantling of national and transnational drug trafficking networks.	Directorate for Priority Crime Investigation DPCI: SANEB	Number of identified clandestine drug laboratories (CDL) dismantled (AOP indicator)		Annual 21 Laboratories dismantled	
Mitigate the supply of drugs and liquor through enhanced operations; (investigations and prosecutions).	Monitor the import and export authorisation of precursors.	Directorate for Priority Crime Investigation DPCI: SANEB	Quantity of drugs confiscated during the dismantling of Clandestine Drugs Laboratories (CDL)		Annual: Methcathinone (CAT) CAT 3.40 kg, chemicals, gas, cylinders, lighting systems, irrigator system, extraction fans, 2x electric fans = R855 500.00 Mushrooms 6000 mushrooms, mushrooms, 2x electric fans, 2 x biltong dryers =R 11 500-00 Dagga/Cannabis 5329 dagga plants, Dagga 212 kg, 33 plastic bags containing Dagga cream, 314 dagga joints/pots, 60 bottle jars containing hydroponic dagga, 2.25 litres dagga oil, 2x extraction fans, 5x fans, 11x roof lights, 10 Ups, nine (9) plastic containers containing dagga oil, lighting system, irrigation system. =R3 565 292.00	

					<p>Mandrax Mandrax paste, mandrax tablets, Mandrax press, oven to dry methaqualone, and drums of powder used in the manufacturing of mandrax. 25x 25 litres containing chemical, 20x25 containing powder, 1x bar gas stove, 2 plate gas stove, 6x cooking pots, 1x 18 kg gas cylinder, black dust bin containing sludge of drugs, 13x empty 25 litres containers, container with samples, powder, and plastic bags, measuring scale, 62 500 mandrax tablets. =R165 616 500.00</p> <p>Crystal Meth 30 kg crystal meth, 215 litres of crystal meth, 40 litres bucket of unfinished crystal meth, 3 microwave, crystal meth, 2 electric fans, 5x big plastic containers, 10x small containers of soil, 2x biltong dryers, crystal meth, chemical manufacturing equipment. = R31 188 488.00</p> <p>Chemicals and possible residue in the equipment suspected to manufacture Crystal Meth drugs. =R1 500 000.00</p> <p>Methcathinone (CAT) CAT 3.40 kg, Chemicals, Gas cylinders, Lighting system, Irrigator system, Extraction fans, 2x Electric fans =R855 500.00</p>	
Mitigate the supply of drugs and liquor through enhanced operations; (investigations and prosecutions).	<p>- Seizure of drugs during confiscation.</p> <ul style="list-style-type: none"> -Proper identification of drugs -Utilisation of drug testing kits -Sealing of drugs in FSL official exhibit bags -Handing in at SAP 13 -Submit to FSL (except normal cannabis) for analyses. 	Directorate for Priority Crime Investigation DPCI: SANEB	Quantity of drugs confiscated.		<p>Annual: Crystal Meth/Tik 382.29 kg. 2 bags =R4 524 634.00</p> <p>Mandrax 159 531 Tablets =R7 686 149.00</p> <p>Cocaine 583.35 kg, 267 rocks, 2 644 pieces, 9 jaws, 962 bags =R1 415 105 284.00</p> <p>Heroin 10 961 Capsules, 340.58 kg, 26 loops, 2100 pinches, 33 packets, 28 straws, 2 Ziplocks =R91 367 305.00</p> <p>Dagga</p>	

					126 plastic containers, 658.77 kg =R2 602 070.00 Ecstasy 209 tablets =R7 080.00 Methcathinone/ CAT 5 gr =R3 000.00	
Mitigate the supply of drugs and liquor through enhanced operations; (investigations and prosecutions).	Ensure the effective and efficient investigation of money laundering cases	Directorate for Priority Crime Investigation DPCI: PCSI	Percentage of money laundering case files successfully investigated. (Only SANEB referrals)		Annual: 100% (13/13) Projects were carried from previous quarter. Project drums Project defy. Project danisa Project dirt road Project duwanda Project dukathole Project D-max Project Deep Impact Project D-Day Project Da Calculate Project Daylight Project Dethrone Project Dlumina 13/13 x 1--=100% Total – 13 projects (These projects are all drug related) -Project D-max Project Deep Impact Project D-Day Project Da Calculate Financial report submitted 26/05/2023. Potential 1866 charges after decision by the prosecutor. -Project Daylight Project Dethrone	
Mitigate the supply of drugs and liquor through enhanced operations; (investigations and prosecutions).	Ensure effective and efficient asset forfeiture investigations through the tracing and locating of property that is subject to asset forfeiture	Directorate for Priority Crime Investigation DPCI: PCSI	Percentage of asset forfeiture case files successfully concluded.		Annual: Case files submitted to AFU 108/ (579 BF +130 New registered) x100. (108/579 x 100) = 18.65% Outcome Orders obtained: 29 Preservation Orders – R3 592 920,10 34 Forfeiture Orders – R7 399 012.80	
DEPARTMENT OF TRADE INDUSTRY AND COMPETITION						
Mitigate the supply of drugs and liquor through enhanced operations; (investigation and prosecutions)	Conduct pre-, routine, targeted inspections and investigation wrt applicants and registrants. Conduct joint compliance and enforcement operations in	the DTIC -National Liquor Authority, SAPS, Provincial Liquor Authorities, Agriculture, National Gambling Board	Number of operations conducted.	Continuous	434 Pre-inspection conducted. 288 targeted inspections conducted. 225 routine and joint operations conducted	Strengthen the collaboration and coordination mechanisms to fight the scourge of substance use/abuse.

	collaboration with SAPS and other stakeholders.					
SOUTH AFRICAN POLICE SERVICE						
Conducting of liquor operations to National and Provincial Liquor Legislation to address the illegal trade in liquor.	90% of identified illegal liquor outlets closed	Division Visible Policing and Operational Services (FLASH)	Number of identified unlicensed liquor premises closed and liquor traders charged		Annual: 37 071	
Conducting of liquor operations to National and Provincial Liquor Legislation to address the illegal trade in liquor.	Maintain a 3-year average. 1 372 0000 litres	Division Visible Policing and Operational Services (FLASH)	Volume of liquor confiscated. (Liquor and home brew)		Annual: 2 591 826	
Monitor effective compliance and enforcement of Provincial Liquor Legislation	Ensure effective enforcement liquor legislation to address serious, violent and contact crime associated with abuse of liquor by maintaining a baseline of 87 634 compliance inspections per month	Division Visible Policing and Operational Services (FLASH)	Number of compliance inspections conducted at licensed liquor premises		Annual: 943 949	
DEPARTMENT OF TRADE INDUSTRY AND COMPETITION						
Transformation of the liquor laws to address the socio-economic costs of alcohol abuse and to promote economic transformation within the liquor industry.	Review of the Liquor Act	the dtic	Cabinet and Parliamentary approval of the Amendment Bill	Long term	Intergovernmental engagement on liquor issues finalised, consequently, cabinet memorandum was prepared for discussion in Cabinet. Cabinet on 01 November 2023 approved the Cabinet Memorandum on coordinated approach to develop a comprehensive legislative reform to address alcohol abuse.	Develop and implement the legal framework to restrict access and availability of alcohol.

GOAL 3

Focus Area 1	Control drugs intended for medicinal purposes and scientific use and research.
GOAL 03:	Increase the availability of and access to drugs intended for medical purposes and scientific use and research, while preventing their diversion.
MEASUREABLE OBJECTIVE 01:	To improve access to controlled and psychotropic substances while concurrently preventing their diversion, abuse and trafficking.
OUTCOMES	Improved access to controlled and psychotropic substances.

KEY DELIVERABLE	KEY ACTIONS	FUNCTIONARY /SECTOR	KPI	Time Frame	PROGRESS	EKURHULENI RESOLUTION
SOUTH AFRICAN HEALTH PRODUCTS REGULATORY AUTHORITY						
Strengthen regulation of the cultivation, production, possession, manufacturing, storage, trade, and distribution of drugs for medical	Strengthen national control systems and assessment mechanisms	SAHPRA			Cultivation and manufacture of medicines is via controlled licensing processes, enabled by the provisions of the Medicines Act. SAHPRA has employed 5 medicines control technicians	

scientific and research purposes					stationed at designated port of entries for medicines. The importation and exportation of narcotics and psychotropic substances is controlled in terms of the provisions of the medicines Act. In addition, medicines intended for scientific and research purposes are accessible and available via controlled permit processes also enabled by the provisions of the Medicines Act.	
Increase the availability of and access to drugs intended for medical and scientific use	Import and export authorisations drugs on Standard Treatment Guidelines and Essential Medicines List (EML) for drug related treatment.	SHAPRA			Schedule 2,3 & 6 have been amended based on scheduling criteria. SAHPRA is working to further introduce mechanisms for monitoring of the sale of codeine containing medicines through the supply chain through the codeine initiative.	
DEPARTMENT OF HEALTH						
Improve availability of controlled substances while maintaining their quality, safety and efficacy.	Improve affordability of controlled substances for medical, scientific and research purposes while ensuring their quality, safety and efficacy	NDoH			Planning for the project to conduct implementation research on the capacity of selected health facilities to provide Opioid Substitution Therapy (OST) has been initiated. It is envisaged that the project implementation will commence in 2024/2025 financial year.	Improve availability of controlled substances while maintaining their quality, safety and efficacy.

GOAL 4

Focus Area 1	Identification and control of new psychotropic/psychoactive substances.
GOAL 01:	Identify trends and control new psychoactive substances.
MEASUREABLE OBJECTIVE 01:	Number trained to identify and control New Psychoactive Substances (NPS) and Amphetamines Type Stimulants (ATS). Number of arrests of dealers. Number of clandestine laboratories dismantled. Arrest for internet drug dealing.
OUTCOMES	Improved systems to identify and detect new psychotropic/psychoactive substances.

KEY DELIVERABLE	KEY ACTIONS	FUNCTIONARY/SECTOR	KPI	Time Frame	PROGRESS	EKURHULENI RESOLUTION
SOUTH AFRICAN POLICE SERVICES						
Optimized identification and detection of new psychotropic / psychoactive substances	New psychotropic / psychoactive substances identified/detected.	Division Detective & Forensic Services	Number of cases (entries) where new psychotropic / psychoactive substances identified/detected.	1 April 2023 to 31 March 2024	Annual: 6 case (Eastern Cape) - Synthetic Cannabis, Cathinone Mephodrone Cathinone 1 case (KZN) - Synthetic Cathinone 1 case (Gauteng) - Synthetic Cathinone 2 case (Western Cape) - Synthetic Cannabis, Cathinone	
Enhance the disruption of the drug value chain	Regular engagement with internal and external stakeholders Conduct operations in terms of Sec 252(a) of the Criminal Procedure Act 55 1977 Conduct disruptive operations in identified areas	Division Detective & Forensic Services DPC Crime Detection	Percentage increase in the number of arrests for dealing in drugs	1 April 2023 to 31 March 2024	39.51% (425 arrests made in current period in comparison to 1324 in the previous corresponding period)	

GOAL 5

Focus Area 1	Multi-sectoral accountability.
GOAL 01:	Promote governance, leadership, and accountability for an effective response.
MEASUREABLE OBJECTIVE 01:	Percentage Annual Performance Plans containing funded NDMP 2019 - 2024 implementation plan activities.
OUTCOMES	Improved health, human rights, developmental, and security outcomes of people who use drugs and communities.

KEY DELIVERABLE	KEY ACTIONS	FUNCTIONARY/SECTOR	KPI	Time Frame	PROGRESS	EKURHULENI RESOLUTION
DEPARTMENT OF JUSTICE						
Provide reports on the implementation of the DDMP as required by law and promote regional and international cooperation	Submit Annual Reports to CDA	PRVG	Number of Annual Performance Reports submitted to the CDA	1 x Annual Report	The 2022/2023 Annual Performance Report was submitted to the CDA in July 2023. The DOJ & CD attends and participates in the meetings of the CDA, and the representative is a member of the Research Development, Monitoring and Evaluation Committee.	Strengthen the collaboration and coordination mechanisms to fight the scourge of substance use /abuse
	Promote and strengthen regional and international cooperation	International Relations Directorate	Number of coordinated regional and international response activities		South Africa participated in the sixty-seventh (67th) session of the Commission on Narcotic Drugs (CND) held in Vienna, Austria from 14 to 22 March 2024. DOJ & CD attended the preparatory process and provided inputs around progress made with the Cannabis Bill and the South African Country Position on use of cannabis.	Implement an integrated and balanced approach that includes demand and supply reduction strategies is required including international cooperation

GOAL 6

Focus Area 1	Strategic information.
GOAL 01:	Strengthen data collection, monitoring, evaluation, and research evidence to achieve goals.
MEASUREABLE OBJECTIVE 01:	Baselines available to measure impact of NDMP 2019 – 2024.
OUTCOMES	Evidence-based approach

KEY DELIVERABLE	KEY ACTIONS	FUNCTIONARY/ SECTOR	KPI	Time Frame	PROGRESS	EKURHULENI RESOLUTION
Department of Social Development						
Functional national reporting system in place. Baselines established for indicators. National drug research agenda compiled	National Substance Abuse Surveillance Electronic System	Directorate: Substance Abuse	National Substance Abuse Surveillance Electronic System developed	01 April 2023 to 31 March 2024	Provincial briefing meeting on the development of the Substance Abuse Electronic Reporting System were held on a monthly basis between Khethimpilo, IJS, treatment centres, substance abuse directorate and the provincial coordinators.	Drug analysts nationally to ensure relevant identification and reporting.
	Adherence to the International Obligations, Conventions on Narcotic Drugs and AU Plan of Action	Directorate: Substance Abuse	South Africa Country Reports on Drug Demand Reduction, Epidemiology and Annual Reporting Questionnaires (ARQ)		ARQ for UNODC World Drug Report submitted. The Department participated on the high-Level session on addressing-on-addressing Substance Use and related mental health disorders among youth, women and children convened by the African Union Commission in Lusaka, Zambia from 08-10 November 2023 which culminated in the Lusaka Declaration as an impetus to national action to address multi-faceted challenges as result of increased availability and use of psychoactive substances trafficked into the continent and produced locally.	Under capacitation of organised crime environment Lack of training and workshops
Department of Health						

Conduct surveys and surveillance to measure the impact of the NDMP 2019-2024.	Develop a surveillance and research agenda of substance use and SUD in South Africa to support the implementation of the NDMP 2019-2024.	Various relevant stakeholders			DoH extended the contract with the South African Medical Research Council (SAMRC) for the collection of data, analysis and compilation of the report on substance abuse trends through the South African Epidemiology Network on Drug Abuse (SACENDU) project for 2023/24 financial year. SACENDU feedback meetings were held with relevant stakeholders to share data and reports on trends of substance use in the country. SACENDU reports are available on the SAMRC website: https://www.samrc.ac.za/intramural-research-units/atod-sacendu .	7 9 12
Department of Justice						
Provision of statistical information extracted from the Integrated Case Management System (ICMS) on substance abuse related cases in courts to stakeholders upon request	Submit Statistical Reports to stakeholders as and when required	NOC	Number of Statistical Reports	1 x Annual Report	During 2023/24 a total of 233 children appeared in preliminary inquiries on charges of use/ possession of drugs. This number represented 2% contribution to the total number of charges against children appearing in preliminary inquiries. The ages of these children were: 1 – 12-year-old, 1 - 13-year-old, 13 - 14 year old children, 32 - 15-year-old children, 73 - 16 year old children and 113 - 17 year old children. Outcomes of preliminary inquiries: 110 cases were diverted, 87 were referred to child justice court, 14 were withdrawn, 10 were struck off the roll, 5 warrants of arrest were issued and 2 were closed because the accused were adults.	Strengthen the collaboration and coordination mechanisms to fight the scourge of substance use /abuse

GOAL 7: Sustainable Economic Growth.

Focus Area 1	
GOAL 01:	Stimulate Robust and Sustainable Economic Growth aimed at reducing poverty, unemployment, inequalities and Substance Abuse in Communities.
MEASUREABLE OBJECTIVE 01:	Baselines available to measure impact of NDMP 2019 – 2024.
OUTCOMES	Learnership programmes established, and skills development conducted.

KEY DELIVERABLE	KEY ACTIONS	FUNCTIONARY/SECTOR	KPI	Time Frame	PROGRESS	EKURHULENI RESOLUTION
Department of Social Development						
Stimulate robust and sustainable economic growth aimed at reducing poverty, unemployment and inequalities	Number of high-risk districts where the DSD Anti-Gangsterism Strategy is implemented	Implement the DSD Anti-Gangsterism Strategy in nine (9) high-risk districts with parents and school-going children	01 April 2023 to 31 March 2024		Conducted three (9) educational sessions on the DSD Anti-Gangsterism Strategy in high-risk districts;	11

Departments/entities that submitted inputs in a form of a narrative report.

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

Department/entity	Key Deliverable	Key Programmes/Projects	Progress reported	Ekurhuleni Resolution
DBE	Prevention programmes and early identification Programmes	The National Strategy for the Prevention and Management of Alcohol and Drug Use Amongst Learners in Schools	<p>In terms of the Life Orientation curricula, the DBE has implemented lessons that focus on the prevention of alcohol and drug abuse from the intermediate phase (grade 4 to 6) through the Senior Phase (Grades 7 to 9) to the Further Education Training Phase (Grade 10 to 12) in all public schools.</p> <p>In terms of training on the National Strategy, provinces and districts continue to retrain schools. This training is integrated with the training on the NSSF. Drug testing is at the centre of the training on the National Strategy for the Prevention and Management of Alcohol and Drug Use Amongst Learners in Schools.</p> <p>In the 2023-24 financial year, the Eastern Cape Education Department trained 178 schools on drug testing, while Western Cape Education Department trained 222 schools on drug testing, and the North-West Education Department trained twentyseven (27) schools on drug testing. Additionally, provinces have also given the trained schools, drug testing kits to use in their schools. Other provinces cited lack of funds to procure drug testing kits as a major challenge to conduct training.</p>	
		National School Safety Framework (NSSF)	<p>In terms of the implementation of the NSSF, provinces and districts continue to receive training on the implementation of the framework and this assists with the retraining of School Safety Committees (a sub-committee of a School Governing Body). School Safety Committee members use the NSSF to understand how violence can be best prevented within their specific locality. Post the SGB elections in March 2024, the DBE has continued to onboard members on the NSSF and responsibilities of School Safety Committees to ensure effective implementation of the NSSF by the schools. Furthermore, together with its partner the Wits Reproductive Health and HIV Institute (WitsRHI) the DBE developed an NSSF digital training course for the school community, to enable them to access the training online from anywhere in the country. The course has been accredited by the South African Council of Educators (SACE). As a result, educators receive 15 professional development points for completing the course. From April 2023 to March 2024, 80 700 people completed the course nationwide.</p>	
		Monitoring 25 Districts Annually on the Implementation of School Safety Programmes	<p>In the 2023-24 financial year, the School Safety Directorate undertook a district monitoring exercise on all school safety programmes in 25 districts nationwide. The following challenges were identified:</p> <ul style="list-style-type: none"> • Capacity constraints at district level • Lack of sufficient rehabilitation centres in communities • Inadequate Social Services Professionals available for timely provision of • psychosocial support in schools • Lack of parental support in supporting learners addicted to substance abuse. <p>The Department continues to work with Provincial Education Departments (PEDs) to address the above-mentioned challenges.</p>	
		Inter-Departmental Campaign on the Prevention of Violence, Bullying, Corporal Punishment, Gender-Based Violence, Learner Pregnancy, Drugs and	<p>The DBE and its partners, the South African Police Service, and the following Departments: Social Development, Home Affairs, Health, Communication and Digital Technologies (DCDT), as well as Justice and Constitutional Development and Correctional Services rolled out the sixth edition of the</p>	

		Substance Abuse in Schools Kwazulu Natal	<p>interdepartmental campaign on violence prevention in KwaZulu-Natal (KZN), Pinetown District between the 16th of August to the 31st of August 2023. The Campaign raised awareness on various community and school-level challenges such as bullying, corporal punishment, gender-based violence (GBV), learner pregnancy, substance abuse in schools, as well as mental health and cyberbullying in schools.</p> <p>The Campaign comprised of 10 precursor events which took place in KZN, Pinetown and Umlazi Districts. A total of 1007 learners, 45 educators and 50 School Governing Body Members were reached throughout the precursor events.</p> <p>The main event was attended by 798 learners, 102 educators and 49 SGB members from 75 schools from Pinetown, Umlazi, Ugu, uMgungundlovu and iLembe Districts. Officials from partner departments, teacher unions, civil society organisations, as well as community members and ward councilors were present at the event.</p>	
		Partnership Protocol Between the DBE and SAPS	<p>The DBE continues to implement a Partnership Protocol with SAPS to address crime and violence in schools. This protocol requires schools to be linked to their 11 local police stations. SAPS is supported by school leadership to conduct searches and seizures of dangerous weapons and illegal substances and to conduct crime awareness campaigns in schools. These engagements also address the social ills of crime and gangsterism in communities. SAPS also supports the education sector by ensuring the closure of taverns near schools. The protocol is a pillar of strength in defining this partnership and continues to be implemented on an ongoing basis in schools. The total number of searches and seizures conducted within the 2023-24 Financial year is 873.</p>	
Department of Higher Education				
		Employee Health and Wellness Programme (EHWP)	<p>There were 69 instances documented. 29 persons were self-referred. 34 were informal referrals. 12 were formal referrals. Eight were cross referrals, and two of the employees who needed treatment were referred to rehab for admittance. Substance abuse awareness and intervention are critical components of EHWP activities, which aim to give assistance and resources to persons battling with addiction.</p>	
	<ul style="list-style-type: none"> •Raising awareness about the dangers of drug abuse among students and staff. •Providing support and resources for prevention and intervention programs. •Collaborating with relevant stakeholders to develop and implement effective strategies; and •Monitoring and evaluating the impact of drug prevention initiatives within PSET institutions. 	(PSET) Programmes	<p>The Department funded HIGHER HEALTH in the amount of R 20 604 000 million for the financial year 2023 – 2024. It is divided into four quarters, and they claim at the end of each quarter R 5 1551 000 million, over the Medium-Term Expenditure Framework (MTEF) to promote the health and wellbeing of nearly two million students in the PSET system.</p> <p>During 2023/24 financial year DHE through Higher Health implemented the NDMP as follows:</p> <ul style="list-style-type: none"> • Reached 575 students through Awareness Campaign – Alcohol and Drug Abuse Prevention (ADAP) Topic. • 2107 Pamphlets on ADAP Distributed. • 1969 Dialogues Attended - ADAP Topic. • 1070 Self-risk screened for ADAP. • 42 Referred for drug and alcohol abuse. • 2 Diagnosed with drug and/ alcohol addiction; and • 2 Receiving drug and alcohol abuse counselling. 	
		Implementation Strategies and Initiatives	<p>The DHET through Higher Health has implemented various strategies and initiatives to address drug abuse within PSET institutions. These include:</p> <ul style="list-style-type: none"> • Incorporating drug education and awareness programmes. 	

			<ul style="list-style-type: none"> • Establishing support structures such as counselling services and peer support groups. • Conducting awareness campaigns and workshops on drug abuse prevention. • Strengthening partnerships with law enforcement agencies to address drug-related crimes on campuses; and • Providing training for staff on identifying and addressing drug-related issues among students. 	
NT	Excise tax policy framework	Excise duties on alcohol and tobacco products	<p>From 22 February 2023, government increased the excise duties on alcohol and tobacco products by 4.9 per cent in line with expected inflation. See below the duty rates applicable for 2023.24 financial year.</p> <p>Malt beer @ R127.40 / litre of absolute alcohol (216,58c / average 340ml can) Traditional African beer @ 7,82c / litre Traditional African beer powder @ 34,70c / kg Unfortified wine @ R5.20 / litre Fortified wine @ R8.77 / litre Sparkling wine @ R16.64 / litre Ciders and alcoholic fruit beverages @ R127.40 / litre of absolute alcohol (216,58c / average 340ml can) Spirits @ R257.23 / litre of absolute alcohol (R82.96 / 750ml bottle) Cigarettes @ R20.80 / 20 Cigarette HTPs sticks @ R15.60 / 20 sticks. Cigarette tobacco @ R23.38 / 50g Pipe tobacco @ R6.96 / 25g Cigars @ R116.40 / 23g</p>	

GOAL 2: SUPPLY REDUCTION

FOCUS AREA	2: Supply reduction through multi-sectoral cooperation
GOAL	2: Reduce the supply of drugs through proactive law enforcement; effective responses to drug related crime; countering money-laundering and promoting judicial cooperation
MEASUREABLE OBJECTIVE 01	
OUTCOMES	

Department/entity	Key Deliverables	Key Programmes/Projects	Progress reported	Ekurhuleni Resolution
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Goal 4

Focus Area 1	Identification and control of new psychotropic/psychoactive substances.
GOAL 01:	Identify trends and control new psychoactive substances.
MEASUREABLE OBJECTIVE 01:	Number trained to identify and control New Psychoactive Substances (NPS) and Amphetamines Type Stimulants (ATS). Number of arrests of dealers. Number of clandestine laboratories dismantled. Arrest for internet drug dealing.
OUTCOMES	Improved systems to identify and detect new psychotropic/psychoactive substances.

Department/entity	Key Deliverables	Key Programmes/Projects	Progress reported	Ekurhuleni Resolution
SARS				
SARS	Address NPS, ATS, the diversion of precursors and pre-precursors and the non-medical use and misuse of pharmaceuticals containing narcotic drugs and psychotropic substances	Number of narcotics seizures	The total number of narcotics seizures continue to decrease when compared to previous periods. In 2023/24 SARS Customs reported 409 seizures compared to 525 seizures during 2022/23 and 915 seizures in 2021/22. This indicates a continuous decreasing pattern which could be indicative of the efficiency of detection efforts deployed by SARS, which include risk-based targeting of passengers and cargo and a strong Customs to Business relationship (information sharing).	2
		Seizure by substances	In terms of the top 5 substances, Cannabis products accounted for the bulk of all cases with 227 seizures, followed by 48 seizures of khat, 39 seizures of Methamphetamine, 28 of Cocaine and 17 of Heroin. Cannabis products may be high in numbers of seizures, but the seizures of Methamphetamine, Heroin and	

			Cocaine will be higher in terms of street values. Notable seizures include two seizures of the drug pre-cursors Acentanthranil and L-Tyrosine that weighed 2 tons each. These seizures were made at OR Tambo International and prevented the further manufacture of considerable amounts of Mandrax and MDMA.	
		Seizures by Conveyance	<p>Seizures were made primarily at the Airports (367), followed by the Land Borders (24), and domestic seizures in couriers (18) during the 2023/24 financial year. The air cluster primarily the Express couriers, accounted for 89.7% of all reported seizures. This indicates that the small parcel space is still the preferred mode of transport for narcotics smuggling.</p> <p>The trends suggest that South Africa remains a redistribution point for locally manufactured or previously imported narcotics. Larger seizures of drug pre-cursors were made on import while smaller more frequent seizures of various drugs are made on export primarily through express couriers. This trend has remained consistent for the past 5 years.</p>	
		Seizures by Location	OR Tambo International Airport, Johannesburg accounted for 77% of all seizures made. This trend also remains consistent over the past 5 years. Because of this, the international airports in general remain a high-risk focus area for SARS.	
DIRCO	Promote and strengthen regional and international cooperation on NPS.	South Africa's participation at the African Union's Continental Technical Experts' Consultation on Synthetic Drug Supply Reduction, from 19 to 22 July 2023 in Abidjan, Cote d'Ivoire	The overall objective of the continental consultation was to promote inter-agency collaboration and strengthen mechanisms for real-time intelligence exchange systems amongst Member States' delegates and intergovernmental experts. The continental consultation further exposed the technical experts to PAENDU and supply reduction data collection tools and other variables that will be included to ensure effective synthetic drug data collection. Delegates also shared best practices, protocols, and drug policy frameworks to facilitate appropriate Transnational Organised Crime (TOC) data flows to agencies conducting screening and interdiction operations to disrupt TOC activities at critical points of the supply chain in Member States. Finally, the continental consultation enhanced knowledge and exposed delegates to the synthetic drug global tools, platforms, and networks of other international organisations, including United Nations Office on Drugs and Crime (UNODC), International Narcotics Control Board (INCB), World Health Organisation (WHO), and World Customs Organisation (WCO), among others, with the goal of increasing access and adoption by Member States.	
		South Africa's participation at the 31st Session of the Heads of National Law Enforcement Agency of Africa (HONLEA) 24 -30 September 2023	HONLEA is a subsidiary body of the Commission on Narcotic Drugs (CND). The 31st Session of the Heads of National Law Enforcement Agency of Africa (HONLEA), took place from 24 - 30 September 2023. The meeting focused on regional efforts aimed at enhancing international cooperation in the fight against illicit drugs, considering the 2019 Ministerial Declaration on strengthening actions at the national, regional and international levels to accelerate the implementation of commitments to address and counter the world drug problem. Equally, the meeting assessed progress made in the implementation of the recommendations of the 30th Session of the HONLEA, and also convened four (4) Working Group Sessions focused on (a) Regional and international cooperation to reduce illicit	

			cultivation and production of drugs, including alternative development; (b) Financial investigations in drug trafficking cases, and the role of cryptocurrencies in drug trafficking and related money laundering; (c) Measures to counter the illicit manufacturing and diversion of precursor chemicals; and (d) The link between drugs and the environment.	
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GOAL 5

Focus Area 1	Multi-sectoral accountability.
GOAL 01:	Promote governance, leadership, and accountability for an effective response.
MEASUREABLE OBJECTIVE 01:	Percentage Annual Performance Plans containing funded NDMP 2019 - 2024 implementation plan activities.
OUTCOMES	Improved health, human rights, developmental, and security outcomes of people who use drugs and communities.

Department/entity	Key Deliverables	Key Programmes/Projects	Progress reported	Ekurhuleni Resolution
DIRCO	Promote and strengthen regional and international cooperation.	Compliance with the International Narcotics Control Board's (INCB) Annual Reporting Requirement	DIRCO facilitated the following questionnaires for completion and return to the INCB Secretariat indicating the imports and exports of drugs for scientific and medicinal purposes: a) Form C – Annual statistical report on Narcotic Drugs b) Form B - Estimates for narcotic drugs, manufacture of synthetic drugs, and cultivation of the opium poppy, the cannabis plant and the coca bush c) Form A: Quarterly trade statistics on imports and exports of narcotic drugs d) Data for the supply of and demand for opiate raw materials	4 6 9

			<p>e) Form P – Annual statistical report on psychotropic substances</p> <p>f) Form B/P - Supplementary assessments for psychotropic substances.</p> <p>g) Forms A/P for quarterly trade statistics on psychotropic substances</p> <p>h) The 2023 questionnaire on ketamine</p> <p>These questionnaires are being completed by the relevant line function Departments and will be sent to the INCB.</p>	
		<p>Compliance and Reporting Requirements of the African Union Plan of Action on Drug Control and Crime Prevention</p>	<p>South Africa as an AU Member State is obligated to report annually on progress in the implementation of the AUPA through the Pan African Epidemiology Network on Drug Use (PAENDU). The PAENDU data serves as an early warning for policy makers in the Ministries of Health, Justice, Social Development and Education by providing integrated characterisation of drug use and emergence of new drug threats in the region. A significant finding of this</p>	

			<p>report is that drug supply suppression efforts for drug control are more prominent in Africa while availability and access to treatment services for substance use disorders (SUDs) remains inadequate. The report underscores the need for a holistic multisectoral approach and enhanced intra and inter-agency cooperation and collaboration to tackle illicit drug trafficking on the continent.</p>	
		<p>South Africa's Participation in Regional and International Conferences</p>	<p>DIRCO facilitated South Africa's participation to the following regional and international conferences related to international drug control:</p> <ul style="list-style-type: none"> • Continental Technical Experts' Consultation on Synthetic Drug Supply Reduction, from 19 to 22 July 2023 in Abidjan, Cote d'Ivoire. • The 31st Session of the Heads of National Law Enforcement Agency of Africa (HONLEA), from 26 – 30 September 2023 in Abuja, Nigeria, • Drug Demand Reduction 	

			<p>Consultation and High-Level Session on Addressing Substance use and Related Mental Health Disorders among Youth, Women and Children from 6 to 10 November 2023 in Lusaka, Zambia,</p> <ul style="list-style-type: none"> • The sixty seventh (67th) Session of the Commission on Narcotic Drug (CND) from 14 to 22 March 2024 in Vienna Austria 	
		<p>South Africa's participation at the Drug Demand Reduction Consultation and High-Level Session on Addressing Substance use and Related Mental Health Disorders among Youth, Women and Children from 6 to 10 November 2023 in Lusaka, Zambia</p>	<p>DIRCO facilitated South Africa's participation at the above-mentioned meeting led by Minister of Social Development, H.E Lindiwe Zulu. The Meeting discussed several issues including measures to increase knowledge on enhancing legal, policy and institutional frameworks to effectively prevent or reduce drug-use, crime, and violence amongst youth, as well as to improve implementation and access to youth-friendly and gender-sensitive programmes. The meeting also provided an opportunity for Member States to reflect on the overall health and social situation of drug use as well as</p>	

			sharing of experiences to galvanise positive South-South exchanges.	
		South Africa's participation at the 67th Session of the Commission on Narcotic Drug (CND)	DIRCO also facilitated South Africa's participation at the 67th Session of the Commission on Narcotic Drug (CND) which took place from 14 to 22 March 2024 in Vienna, Austria. The CND is the policy making organ of the United Nations tasked with the prime responsibility to assist Member States in countering and addressing the world drug problem. It was a Ministerial level Conference which was addressed by heads of UN institutions such as the Executive Director of the UNODC, the President of the Economic and Social Council (ECOSOC), Human Rights Commission and World Health Organisation (WHO), amongst others. South Africa is a member of the CND until 2027. The Commission has fifty-three (53) Member States that are elected by ECOSOC with a bureau comprising	

			of one member per Regional Group.	
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ANNEXURE B: PERFORMANCE INFORMATION PROVINCE (PSAFs)

Goal 1: DEMAND REDUCTION

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

KEY DELIVERABLE	KEY ACTIONS	FUNCTIONARY /SECTOR	KPI	Time frame	PROGRESS	EKURHULENI RESOLUTION
EC						
Strengthen prevention and response interventions for substance abuse		Department of Social Development Eastern Cape Liquor Board Higher Health Koinonia Recovery Centre FASFact Department Community Safety Thembelitsha Rehabilitation Centre Department of Correctional Services SANCA	Number of people who accessed prevention programmes on substance abuse. (awareness campaigns, seminars, educational programmes)	1 April 2023 – 31 March 2024	115 421 2 458 75 3 974	
		FASfacts Department of Social Development DSD Koinonia Recovery Centre Higher Health Higher Health	Number of public advocacy messaging conducted. e.g., advertising, road shows, entertainment	1 April 2024-31 March 2024	Radio interview with Ngqushwa FM on dangers and effects of substance abuse during pregnancy was held. As part of its Festive Season Campaign Against Drug and Alcohol Abuse, the Department	

			programmes with anti-substance abuse messaging		<p>used various media platforms and social gatherings (Berlin November Event, True FM and Umhlobo Wenene FM) to raise awareness about dangers of excessive drinking and drug use and misuse.</p> <p>Provincial Consultative Sessions were held on the Prevention and Treatment for Substance Use Disorders Policy. The sessions were attended by Departmental officials and members of the Provincial Substance Abuse Forum and inputs on the policy were submitted to National Department of Social Development on the 09th of December 2023.</p> <p>Koinonia Recovery Centre Collaborates with Link FM Community Radio Station and conducted awareness campaign on drug use and misuse.</p> <p>The Department of Health conducted Drug and Alcohol Abuse and Curriculum Dialogues reaching a total of 1 417 Students during the period under review.</p> <p>215 Students referred for Drug and Alcohol abuse psychosocial services</p>	
Strengthen the provision of in - outpatient substance abuse treatment programmes by both public treatment centres and funded NPOs		DSD Department of Health	Number of service users who accessed substance use disorder treatment services.	1 April 2023 – 31 March 2024	11 1 977	
		Thembelitsa Rehabilitation Centre Department of Social Development SANCA	Number of service users who accessed outpatient-based treatment services.	1 April 2024-31 March 2024	<p>Eleven (11) people accessed outpatient-based treatment services.</p> <p>Ninety -Nine (99) service users accessed outpatient-based treatment services on substance abuse in NMM.</p> <p>A total of 97 service users accessed the out-patient programme.</p> <p>Of these 29 were 19 years and under 68 were 20 years and older.</p>	
The provision of Reintegration and aftercare programme		Thembelitsa Rehabilitation Centre SANCA KOINONIA Department of Health	Number of people accessed aftercare and reintegration services.	1 April 2024-31 March 2024	<p>Target was 35 380 people per annum. However, 65 255 people were reached through substance abuse prevention programmes across all five districts of the Free State Province.</p> <p>There is an over</p>	

					achievement of 29 875 people which is due to Increased demand for interventions at Institutions of Higher Learning (i.e UOFS Campuses in QwaQwa and Bloemfontein), improved participation of children in Holiday Programmes and Provincial Summit which was held in Welkom in partnership with Central Drug Authority (CDA) contributed to this performance.	
FS						
Use primary prevention measures to prevent drug use initiation and delay uptake	-Provide accurate information of risks -Multiple communication channels. - Involve professionals' groups.	Various relevant stakeholders	Number of people reached through primary prevention programmes and have delayed uptake	1 April 2024-31 March 2024	<p>Target was 35 380 people per annum. However, 65 255 people were reached through substance abuse prevention programmes across all five districts of the Free State Province. There is an over achievement of 29 875 people which is due to Increased demand for interventions at Institutions of Higher Learning (i.e UOFS Campuses in QwaQwa and Bloemfontein), improved participation of children in Holiday Programmes and Provincial Summit which was held in Welkom in partnership with Central Drug Authority (CDA) contributed to this performance.</p> <p>Activities implemented include the following: -Imbizo was held on the 07 March 2024 at Ficksburg in the Setsoto Municipality. -Community awareness campaign was conducted in Bethlehem by Bohlokong an Bakenpark Community. - Awareness campaign was conducted on the 10 May 2023 to sensitize the community of Senekal about the importance of LDAC and its role.</p> <p>Awareness campaigns conducted at following schools in the province: -Rehopotswe Public School. -Khanyeng Public School -Leralla Secondary School -Olimpia Primary School -Petunia Secondary School -Dr. Block High School -Kagiso Secondary School</p>	

					-Grassland Secondary School -Pholoho Special School -Grassland Primary School -Rekgonne Primary School -Kamohelo Primary -Relebeleletse Primary -Awareness Campaign conducted at UOFS-QwaQwa and Bloemfontein. -Awareness campaign conducted at CUT Bloemfontein. -Awareness campaigns were also conducted at Primary Health Care Clinics, Creches and door to door visits in Sasolburg during April and May 2023 Period.	
KZN						
Use primary prevention measures to prevent drug use initiation and delay uptake	-Provide accurate information of risks -Multiple communication channels -Involve professionals' groups	Various relevant stakeholders	Number of people reached through primary prevention programmes and have delayed uptake	01 April 2023 to 30 March 2024	Outreach campaign held at Durban University of Technology held 26 May 2023. Men's Month was commemorated in all districts, reaching 929 beneficiaries in June 2023 A provincial Boys Assembly was hosted from 09 -12 July 2023 in Drakensburg Resort, Dr Nkosazana-Dlamini Zuma Local Municipality, Harry Gwala District. A total number of 60 Boys were reached. 54 officials and stakeholders capacitated on the Establishment of Local Drug Action Committees. On 17 August 2023. CDA Provincial Dialogue was held on 18 August 2023 at the Nelson Mandela Youth Centre in Chatsworth. 180 delegates in attendance Premier's Substance Abuse Imbizo was held on 25 August 2023 at Ginyane Sports field in Dr Nkosazana Dlamini Zuma, Harry Gwala District. More than 5000 people were reached during this event. Build up activities were held in all districts preceding the Imbizo. Deputy Minister 999 Foetal Alcohol Syndrome Disorder awareness campaign was held on 05 September 2023 at Ilembe District, Esidumbini Community Care Centre. MEC led the Anti-Substance Abuse awareness campaign on	Increase investment in health, prevention, early intervention, treatment, rehabilitation, aftercare services

					<p>19 September 2023 at King Cetshwayo, Mabuyeni Sportsground 3x Public Treatment Centers Managed by DSD during the reporting period.</p> <p>211 610 beneficiaries reached through Awareness campaigns on substance abuse for 2023.2024.</p> <p>3 550 Service users accessed substance use disorder treatment services for 2023.2024.</p> <p>1 634 service users of substance abuse accessing reintegration and after care services for 2023.20/24</p> <p>1587 Implementers trained on social behavior change programmes for 2023.2024.</p> <p>139 399 beneficiaries reached through social, and behavior change programmes for 2023.2024.</p> <p>105 528 family members participated in family preservation services for 2023.2024.</p> <p>75 010 family members participated in parenting skills programme for 2023.2024.</p> <p>2 577 persons in conflict with the law who completed diversion programmes for 2023.2024.</p> <p>Community dialogues on teenage pregnancy and Substance Abuse were held within uMgungundlovu District in partnership with relevant stakeholders. The dialogues took place in the following districts Umngeni, Richmond, Mkhambathini and UMshwathi Municipality. Youth programs offered by the DoH include the promotion of healthy living and prevention of alcohol and drug use. The following initiatives have been conducted in the province:</p> <p>Graduate Alive Campaign Targets University Campuses and TVET College Campuses in KZN. The Graduate Alive program is done under the Magic Tour program and the first visit was at Mangosuthu University</p> <p>-Ikhosomba Lamajita focuses on Moral Regeneration, Medical Male Circumcision,</p>	
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					<p>GBVF, HIV/AIDS, Physical Health Promotion, PREP Orientation, Condom Distribution, STI reduction. During the reporting period 2800 young men and boys were reached.</p> <p>-Isibaya Samadoda 1400 men reached in all districts in Moral Regeneration, Medical Male Circumcision, GBVF, HIV/AIDS, Physical/ mental health, and substance abuse: Health Promotion, PREP Orientation, Condom Distribution, STI reduction.</p> <p>-Zikhala Kanjani/SHE CONQUERS Leadership and mentorship for AYP/ workshop on developing matrix of interventions/established 55 war rooms as safe spaces/established TAPA a coordination system for tracking. Targeting 5000 Adolescent Girls and Young Women together with Adolescent Boys and Young Men</p> <p>-Zero Tolerance on Teenage Pregnancy Developed internal strategies to support and streamline health care services. Workshopped 3 districts. Mapped high burden facilities schools and war rooms in line with the integrated community-based models. 3500 Adolescent Girls and Young Women, Young Mothers, Older Parents, Community Leaders were reached.</p> <p>-3 Men's Health workshops were conducted in all districts. 180 mentors and men were reached. Mental health and substance abuse integrated into program.</p> <p>-4 Awareness campaigns conducted on substance abuse at Mowat Park high school, Isibaya samadoda launch at KwaNgcolosi area, Ntshongweni, Still A time at Umlazi K</p> <p>Adult and Youth Friendly Services (AYFS) program for all sub districts conducted within all district facilities by AYFS champion. Education on Drug abuse included within all topics covered to provide awareness.</p>	
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					<p>•PMTCT (Prevention of Mother to Child Transmission of Communicable Infections) program health talks for underage pregnant woman on prevention of alcohol use to prevent alcohol syndrome for unborn babies</p> <p>School health program where school health teams' engagement with school visited during immunization campaign and dialogues were substance abuse topics, teenage pregnancy results from Substance.</p> <p>•HAST program has continuous engagement where 02 community engagements for Ikhosomba lamadoda has been conducted within the district, males' engagement where topics of GBV, Substance abuse is discussed, sharing ways of and means to assist with male's upbringing.</p> <p>•3 HTA 's within the district where engagements with all clients visited on preventive strategies, substance use disorders and early management of HIV if diagnosed with HIV</p> <p>•Health promotion activities within all four-sub district of Harry Gwala conducted as per Health calendar, integration of programs to assist with spreading all relevant information to prevent substance use disorders</p> <p>•Happy hour for males conducted by PHC facilities to assist limiting waiting hours to identify the male target group in testing and providing awareness of relevant topics i.e., Substance abuse, GBV, sexual assault and HIV.</p> <p>•831 343 screened through COS (community outreach services) for 2023.2024</p> <p>•Client screened for mental health and substance abuse disorder - 18 years and older- 6 924 561 for 2023.2024</p> <p>•2358 New patients diagnosed and treated for Substance Abuse Disorder at Public Health Centres for 2023.2024</p>	
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					•1033 Clients treated for substance abuse disorders at Clinics and CHC for 2023.2024.	
Limpopo						
To provide substance abuse prevention, treatment, rehabilitation and support services	-Conduct preparatory meetings -Conduct prevention programmes -Monitor the impact	DSD	Number of people reached through substance abuse prevention programmes	1 April 2023 – 31 March 2024	79 737 people were reached. -Improved collaboration with stakeholders	
	-Intake -Assessment -Treatment -Aftercare services	SANCA DSD	Number of service users who accessed substance use disorders in treatment services	1 April 2023 – 31 March 2024	504 service users accessed services. -Improved intake of service users who accessed substance use disorder (SUD)treatment services due to awareness campaigns.	
	-Orientation -Screening -Assessment -Development of Care Plan -Treatment -Aftercare services -Monitoring of after care services	DCS	Percentage of offenders and parolees accessing substance abuse programmes in Correctional Centres	1 April 2023 – 31 March 2024	48 people accessed programmes in Correctional Centres (the number excludes fourth quarter information)	
	-Monitoring of services -Transfer of funds -Monitoring of utilization of funds	DSD	Number of organisations rendering substance abuse programmes, funded and monitored	1 April 2023 – 31 March 2024	27 organizations are funded and monitored	
	-Receive the file -Check the file -Set panel members -Attend Panel -Register the service centre -Issue registration certificate	DSD	Number of community-based service centres registered	1 April 2023 – 31 March 2024	-17 community Based centres were registered	
	-To conduct the district school sport tournaments	DSAC DoE	Number of learners participating at the district school sport tournaments	1 April 2023 – 31 March 2024	2 5889 learners participated at the district school sports tournaments. -Successful collaboration with Department of Education.	
	-To conduct provincial school sport tournaments	DSAC DoE	Number of learners participating at the provincial school sport tournaments	1 April 2023 – 31 March 2024	7 307 learners participated in the provincial school sports tournaments. -Successful collaboration with Department of Education.	
	-To attend the national school sport tournaments	DSAC DoE	Number of learners participating in the national school sport championship	1 April 2023 – 31 March 2024	1 035 learners participated in the national school sports championship. -Successful collaboration with Department of Education	

	-Issue invitations -Attend meetings	DSAC	Number of school sport structures supported	1 April 2023 – 31 March 2024	19 school support structures were supported.	
MPU						
Use primary prevention measures to prevent drug use initiation and delay uptake	-Provide accurate information of risks -Multiple communication channels -Involve professional groups	Various relevant stakeholders	Number of people reached through primary prevention programmes and have delayed uptake	1 April 2023- 31 March 2024	148 636 people were reached through substance abuse awareness campaigns. Implemented 2 early intervention/Siyalulama outreach programmes. 507 schools were reached through school safety program. Conducted 20 Festive season campaigns and a total number of 2226 people were reached. 3 community dialogues were facilitated in the three districts by the Department of Community Safety Security and Liaison. 2 cultural projects supported. 8 community structured were supported. 5 advance sport programmes were coordinated. 11142 learners participated in the district school's tournament. 300 athletes supported by sport academy. 1649 School safety committees and SGB's were capacitated on National school safety framework. 528 Learner Representatives Council capacitated on the roles and responsibilities towards school safety. 2420 service users accessed substance use disorder treatment services. 179 service users accessed aftercare services. Detoxification protocols have been developed and implemented in 12 hospitals. 8 Community Based services, In and outpatient treatment services that provide effective, affordable, quality treatment, care and services to people with SUD. 30 Capacity building conducted to 155 social workers and social auxiliary workers on Universal Treatment Curriculum, SUD, Opioid substitution, ASI, Aftercare, SUD, Kemoja etc. Capacity building sessions were conducted	48

					on the LDAC roles and responsibilities	
NC						
Prevent substance use initiation and delay uptake.		Lead: Social Development Dependencies: South African Police Services, Non-Governmental organisation and civil society, Cooperative Governance and Traditional affairs, Home Affairs, Sport, Arts and Culture.	Number of people reached through Substance Abuse Prevention Programmes No reports received from the following: - Cooperative Governance a Traditional affairs Home Affairs Sport, Arts and Culture.	1 April 2023- 31 March 2024	Quarter 1:661 Quarter 2:695 Quarter 3:806 Quarter 4:657 Total:2819	
Early intervention to prevent progression to substance use disorder (SUD).		Lead: Social Development, Health, Basic Education Dependencies: Cooperative Governance, Traditional Affairs, Home Affairs, Correctional Services.	Number of service users who access substance use (SUD) disorder treatment services. No reports received from: - Basic Education Cooperative Governance Traditional Affairs Home Affairs Correctional Services.	1 April 2023- 31 March 2024	Quarter 1:18 Quarter 2:51 Quarter 3:53 Quarter 4:72 Total:194	
WC						
Prevention: Early Intervention: Inpatient Treatment: CBO Treatment: Aftercare / reintegration:	KPI: Number of clients accessing SUD services across WC.	Department of Social DevelopmentSD: funded NPO partners WC DSD regions WC DOE	KPI: x14 802 Breakdown of services: Prevention programmes: 4 027 School-based crime prevention programmes 1 165 school learners. Early Intervention Services: 3 330 Inpatient Treatment Services: 187 Community Based Treatment Services: 2 690	1 April 2023 - 31 March 2024	Completed.	5

			After Care Services: 1 568			
Capacity building:	KPI 1: Kemoja programme training. KPI 2: Universal Treatment Curriculum (UTC) training.	DSD: DOE Social workers Funded NPO partner organizations	KPI 1: x58 KPI 2: x25	1 April 2023 - 31 March 2024	Completed.	5
GBV & Youth Support	KPI 1: number of GBV ambassadors' programme. KPI 2: number of Thutuzela Centres. KPI 3: number of victims receiving psychosocial support.	Western Cape Government DSD GBV Shelters DHW Thutuzela Centres NPA	KPI 1: x2 KPI 2: x9 KPI 3: x21 000	1 April 2023 - 31 March 2024	The WCG launched the GBV ambassador model in Malmesbury, which was a first of its kind for the province. These ambassadors provide information to communities about victim support programmes and services available for the intervention and prevention of GBV. The programme has also been rolled out in Delft. Since 2019, over 21 000 people per year have received psychosocial support from Thuthuzela Care Centres and DSD-supported GBV shelters. A total of 9 Thuthuzela Centres are operational across the Western Cape, with the centre at Victoria Hospital expanded and the expansion of the Stellenbosch centre underway.	5
Capacity building	KPI 1: Stimulant Harm reduction training. KPI 2: Quality Assurance Drug treatment training.	UNODC WCSAF LDACs – TWK/ Mosselbay/ Swartland DSD – programme & regional office.	KPI 1: x1 KPI 2: x1	18-20 August 2023/ 25-29 March 2024	UNODC invited the forum, LDACs, & DSD to receive Stimulant Harm reduction & quality assurance drug treatment training. Follow up pilot will take place in Mosselbay for the quality assurance training – Mosselbay has been identified as the pilot site.	
Inpatient treatment & detoxification programme	KPI 1: Inpatient opioid detoxifications KPI 2: Alcohol Inpatient Treatment rehab at Stikland.	Department of Health & Wellness (DHW): Stikland Hospital Detoxification Unit	KPI 1: x398 KPI 2: x276	1 April 2023 - 31 March 2024	Ongoing.	5
Violence prevention	KPI 1: number of violence prevention unit.	Western Cape Government DHW	KPI 1: x1	1 April 2023 - 31 March 2024	In 2023, the WCG launched the Violence Prevention Unit as part of the Western Cape Safety Plan, to address the root causes of crime. The data found in our healthcare facilities is used to further capacitate the crime-fighting & prevention programmes that are implemented by our stakeholders in civil society and government.	5
Scale up Harm reduction Services: Promote needle & syringe programmes	KPI 1: PWID: number of needle & syringe reached. KPI 2: number of PWID on Opioid	Western Cape Government Provincial Council on AIDS & TB WC Civil Society Forum DHW DSD	KPI 1: x1 821 KPI 2: x267	1 April 2023 - 31 March 2024	The South African National AIDS Council (SANAC) launched the National Strategic Plan for HIV, TB and STIs	5

involving the distribution of sterile injecting equipment, collection & safe destruction of used equipment, & information on safer injecting. Support provision of opioid substitution therapy by an appropriately trained health professional	Substitution Therapy (OST).	PWUD Sector – NACOSA, TB/ HIV Care			(NSP) 2023 – 2028 in March 2023. The Western Cape Provincial Implementation Plan (PIP) is the guiding framework for operationalising the multi-sector response to HIV, TB and STIs in the Western Cape. This PIP places a bigger emphasis on prevention interventions and the urgent need to reduce new infections as well as focussing on improving the quality of life beyond HIV suppression.	
Capacity building and awareness campaigns on Trafficking in Persons in order to prevent interrelated criminal activities which includes but is not exclusive to drug related crime.	KPI 1: Human Trafficking awareness sessions. KPI 2: number of officials & community members trained about human trafficking.	Department of Local Government: Garden Route District Municipality Mosselbay Municipality SALGA & CGE.	KPI 1: x14 KPI 2: x377 April 2023/ March 2024	1 April 2023 - 31 March 2024	Completed.	3
Creating Sustainable communities	KPI 1: number of primary caregivers completed parent education & training programmes. KPI 2: number of children reunited with their primary caregivers. KPI 3: number of families participated in family strengthening programmes.	Western Cape Government DSD	KPI 1: x14 581 KPI 2: x1 276 KPI 3: x94 832	2019/ 2023	The WCG has prioritised its Family Strengthening Programmes aimed at deepening the relationship between primary caregivers and children to reduce family and community violence.	8
Creating Sustainable communities	KPI 1: number of MOD programmes.	Western Cape Government Department of Arts & Culture Department of Education	KPI 1: x181	2023	The Mass participation, Opportunity & access, Development & growth (MOD) Programme is an after-school, mass participation initiative that provides school-going youth with access to various fun-filled, play-based & modified activities in recreation & sport, as well as in arts & culture, on a daily basis.	5
Strengthening Families Programme (SFP): Evidenced based prevention programme.	KPI: SFP: number of times implemented. KPI 2: number of families reached.	CTADAC: City of Cape Town: Social Development and Early Childhood Development Community, Arts and Culture Development	KPI: x29 KPI 2: x420 families reached.	1 April 2023 - 31 March 2024	Completed.	5
Essentially Me & the FAS Simulator Programme	KPI 1: number of times the programme was implemented. KPI 2: number of learners reached.	CTADAC: City of Cape Town: Social Development and Early Childhood Development Community, Arts and Culture Development	KPI 1: x89 KPI 2: x2820 learners reached.	1 April 2023 - 31 March 2024	The programme is aligned to prevention principles as outlined by the United Nations on Drugs and Crime. The programme was written by the Substance Abuse Unit within Social Development & ECD 10	5

					years ago. The programme is aimed at learners and promotes the enhancement of protective factors within learners.	
Prevention: After School Programmes	KPI 1: number of sites: KPI 2: number of school learners reached.	CTADAC: City of Cape Town: Social Development and Early Childhood Development Recreation and Parks	KPI 1: x432 KPI 2: x146 572	1 April 2023 - 31 March 2024	Completed.	5
Number of Substance Abuse related books circulated at Libraries	KPI: number of Substance use related books being borrowed from Libraries.	CTADAC: City of Cape Town: Library and Information Services.	KPI: x55 269	1 April 2023 - 31 March 2024	Completed.	5
Clients Screened at City Clinics offering the Matrix Model of Treatment	KPI: number of clients screened.	CTADAC: City of Cape Town: Health	KPI: x2 143 clients.	1 April 2023 - 31 March 2024	The Matrix clinic sites have been expanded over the years & provide community-based treatment in communities. City Health therapists offering screening services aligned to the Matrix Model of treatment to clients presenting for assistance at Clinics Offering the Matrix Model of Treatment.	5
Assessments conducted at City Clinics offering the Matrix Model of Treatment	KPI: number of clients assessed. KPI 2: % of clean drug tests of clients within the MATRIX programme	CTADAC: City of Cape Town: Health	KPI: x1 480 KPI 2: On average 86% clean drug tests.	1 April 2023 - 31 March 2024	City Health therapists offer assessments aligned to the Matrix Model of Treatment to clients presenting for assistance at Clinics Offering the Matrix Model of Treatment.	5
Social Media Campaign	KPI: number of posts on X & Facebook about City's services rendered to the public for substance use & SUDs. KPI 2: number of people reached. KPI 3: number of engagements. KPI 4: number of views. KPI 5: number comments. KPI 6: number of shares.	CTADAC: City of Cape Town: COMMS	KPI 1: x6 KPI 2: x34 636 KPI 3: x1 428 KPI 4: x2 467 KPI 5: x19 KPI 6: x39	1 April 2023 - 31 March 2024	Completed.	11
FASDAwareness Social Media Campaign	KPI: number of people reached through social media posts on Facebook & X KPI 2: number of reached through print media ad in newspapers.	CTADAC: City of Cape Town: COMMS	KPI 1: x 4 317 KPI 2: x644 099	1 April 2023 - 31 March 2024	Completed.	11
Prevention, Awareness campaigns, educational & recreational workshops.	KPI 1: TWK LDAC members implement awareness campaigns monthly with different targets and in all towns of Theewaterskloof municipal area.	TWK LDAC: Badisa Riviersonderend Bowl Addiction Treatment Services Dept of Health & Wellness (Overberg district hospital & clinics) Dept of Social Development (TWK Service Delivery Office)	KPI 1: x6564	1 April 2023 - 31 March 2024	Our LDAC members continue to raise awareness regularly through various educational, recreational & sports activities and community outreach events.	5 11

	Life skills programmes that focus on substance use, GBV, anti-bullying was also offered by our stakeholders – mainly in primary schools. Sports and recreational programmes via the MOD centres to learners. Target audiences: learners (primary & secondary schools), youth (unemployed and employed), pregnant women and the public.	Solution Base Riviersonderend & Genadend/ Voorstekraal Theewaterskloof Municipality: Social Development Law enforcement & Traffic Services Overberg Education Department Badisa Riviersonderend Flourish Dept of Cultural Affairs & Sport (DCAS) Dept of Local Government Community Development Workers Programme.				
Awareness campaigns and educational sessions to promote healthy living	KPI 1: Psychoeducation and awareness Roadshow session	TWK LDAC: Ramot (inpatient treatment centre). Member organizations, service users and support systems – activists/users/stakeholders DSD Overberg District municipality DHW	KPI 1: x1 roadshow & 35 stakeholders	5th February 2024	WCSAF liaised with LDACs to be included in RAMOT's roadshow – focusing on the services they offer as inpatient facility and processes for intakes etc.	8
Screenings done (walk-ins included)	KPI 1: TWK LDAC members who have qualified social workers and/or social auxiliary workers conduct screenings services at their facilities as and when it is required (new intakes, walk-ins, and referrals from CSOs)	TWK LDAC: BOWL Addiction Treatment Services Dept of Social Development Dept of Health & Wellness (DHW) Dept of Correctional Services (DCS)	KPI 1: x442	1 April 2023 – 31 March 2024	Service continues as required.	5
Individual counselling services (including attempted suicide clients)	KPI 1: TWK LDAC members who have qualified social workers to render counselling services to service users	TWK LDAC: BOWL Addiction Treatment Services DSD DHW DCS Overberg Education Department	KPI 1: x217	1 April 2023 – 31 March 2024	Service continues as required.	5
Community-based Treatment (CBT) Services	KPI 1: CBT intervention is based on the matrix model and only offered by DSD and BOWL Addiction treatment services.	TWK LDAC: BOWL Addiction Treatment Services DSD	KPI 1: x95	1 April 2023 – 31 March 2024	Service continues as required.	5 11
Referrals to additional services (inpatient treatment, dual diagnosis-mental health, other).	KPI 1: TWK LDAC members with qualified social workers, conducts thorough assessments and as part of service user's IDP will refer service	TWK LDAC: BOWL Addiction Treatment Services DSD DHW DCS Overberg Education Department Changing Lives	KPI 1: x36	1 April 2023 – 31 March 2024	Service continues as required.	

	users to relevant additional services as required (post individual counselling). CBT treatment) in 4 of our municipal towns by TWK LDAC member organisations.					
Awareness campaigns through sharing information	KPI 1: Alcohol Harms FAS Event	TWK LDAC: NDSD	KPI 1: x1	7 September 2024	Joint Alcohol Harms FAS Event held with National DSD on to showcase the success of Municipal involvement (TWK) vs lack of Municipal involvement (Langeberg) – highlighting the wins and the pitfalls. Resulted in radio coverage Cape Talk.	5 11
Support program for substance users	KPI 1: Support groups for people active and in recovery.	TWK LDAC: SAPS, DSD, Dept of Health The religious fraternities under Towdah Ministries Swartberg Primary School	KPI 1: x1 KPI 2: x1	12 November 2024 onwards	Towdah Ministries officially launched their support program for substance users – those active and in recovery. This program is supported by TWK LDAC members. In addition to this adult support group, they have also established a support group for learners at the Swartberg Primary School with buy-in and support of school principal.	5
Capacity building of community volunteers/ caregivers/ stakeholders.	KPI: Substance Abuse Awareness Ramot Roadshow The purpose of the program was to create awareness about substance abuse disorders and the devastating effect it has on the user and their loved ones. The in- as well as outpatient treatment were discussed and explained. The intake process was also discussed as well as supporting programs that are currently running. A clear referral pathway was also discussed.	TWK LDAC: SUD stakeholders Overberg District Municipality DSD DHW Substance users / recovery	KPI 1: x1	5th February 2024	The roadshow for Southern Cape & Garden Route started with TWK LDAC and stakeholders. It was well attended & the need for a follow up roadshow was highlighted.	3 5
Capacity building	KPI 1: Quality Assurance for drug use disorder treatment systems	TWK LDAC: Secretariat UNODC	KPI 1: x1	26 – 28 March 2024	TWK LDAC secretariat attended a training on Quality Assurance for drug use disorder treatment systems in South Africa, facilitated by the United Nations Office on Drugs and Crime (UNODC). The overall objective of the quality assurance	

					initiative is to enhance quality in the drug use disorder treatment system and services and ensure a high level of care for people with drug use disorders. A particular challenge that was focussed on is access to, availability and further development of evidence-based treatment services, and a family-approach during treatment. This training allowed for role-players from local, provincial, and national levels whether in government and/or civil society be able to give a broader view of the substance use service delivery arena and the impact – if any it is currently making in South Africa. Our country is the 1st in Africa to be introduced to the QA Systems training by UNODC.	
Awareness campaigns through sharing information	Number of community members reached for each KPI. KPI 1: Door-to-door and group sessions on substance awareness campaign. KPI 2: The relation of Substance abuse on GBV and street sport awareness. KPI 3: 1st 1000 days: FAS, the effects of substance abuse during pregnancy capacity building session. KPI 4: LDAC: Koringberg Substance Abuse Initiative: Substance Used Disorder – Mental Health. KPI 5: LDAC: Koringberg Substance Abuse Initiative: Monitor and evaluation consultation sessions with individuals through a door-to-door campaign KPI 6: Central Drug Authority Provincial Dialogue KPI 7: LDAC: Koringberg	Swartland LDAC: Swartland Municipality, Goedgedacht, @POP centre Koringberg, WCED Koringberg, SAPS, WCDM POP centre Koringberg, Goedgedacht Swartland LDAC, Swartland Municipality Western Cape Liquor Authority, DSD Malmesbury Local Office, Swartland, Koringberg POP centre.	KPI 1: x113 KPI 2: x97 KPI 3: x28 KPI 4: x17 KPI 5: x50 KPI 6: x35 KPI 7: x9 KPI 8: x22 KPI 9: x22	12 September 2023. 19 September 2023. 26 September 2023 10 October 2023 26 October 2023. 3 October 2023. 17 October 2023 7 November 2023. 14 November 2023	Awareness campaigns through sharing information in Darling Urban and Rural areas-process and procedures of drug testing and cannabis policy capacity building session.	5 11

	Substance Abuse Initiative: Informal discussion session with Koringberg Community members. KPI 8: LDAC: Koringberg Substance Abuse Initiative: Western Cape Liquor Authority KPI 9: LDAC: Koringberg Substance Abuse Initiative: Substance Abuse –					
Capacity building and Awareness campaigns	KPI 1: number of school learners reached: Life skills programmes was hosted through our school holiday programme in the different wards. KPI 2: number of youth volunteers.	Swartland LDAC: Municipality, SAPS, DOE, DOH, DCS, Law Enforcement, K-9 Dog Unit, Malmesbury Indoor Sport Centre (SCORE),	KPI 1: x1266 KPI 2: x34	January 2024 25-28 March 2024	Capacity building and Awareness campaigns through by promoting access to social development services for vulnerable people. To positively stimulate children through life skills activities by promoting the following topics: GBV, substance abuse, career guidance, bullying, study methods and self-awareness	3
Swartland Local Drug Action Committee (LDAC) Workshops / Trainings	KPI 1: number of LDAC stakeholders trained on: Mapping and referral pathway training on 23-24 May 2023. Capacity Building Session on cannabis legislation and drug testing procedures and processes on 27 September 2023. RAMOT Capacity Building Session o referrals to in - patient treatment centres on 11 October 2023. Swartland LDAC: Substance Abuse in the Workplace Training held on 28 June 2023	Swartland LDAC: Swartland Municipality, NGO's, WCED, Risk Training Solutions pty ltd.	KPI: x116	January 2024	Information was collected from various stakeholders and communities and compiled into Swartland Local Drug Action Committee Policy (policy is based on NDMP) and was approved and accepted by the Council	7 8
Awareness & educational campaigns	KPI 1: Awareness campaigns: Door to Door Campaigns (Pamphlet drops). Awareness day: My community, my pride: Focus areas: Mountain View / Tarka / The Haven Night Shelter / Highway Park / Erica & Diaz Primary schools /	Mosselbay LDAC: SANCA Wonderful SA SAPS All Nations Helping Hands DSD	KPI: x2	25-28 March 2024	The campaign was held outdoors to maximize impact and ensure that communities, especially those in rural areas, were well informed. In addition to the various communities that were reached, social media platforms were also utilised to cover the campaign ensuring that the youth are reached through social media platforms as well.	8 11

	Powertown / Great Brak River extension 13.					
Awareness & educational campaigns	<p>KPI 1: number of school learners reached through the awareness campaign and sport awareness as an alternative to drugs: Focus area: Hill Crest and Sao Brass Secondar Schools / Tarka / Extension 13 Sonskynvallei Friemersheim</p> <p>KPI 2: number of school learners reached - GBVF awareness campaigns at schools.</p> <p>KPI 3: number of learners reached - GBVF awareness programme at ECD Centres</p> <p>KPI 4: number of community members reached - 16 Days of activism.</p> <p>KPI 5: The Bridge between Offender & Community training programme.</p>	<p>Mosselbay LDAC: Stakeholders</p> <p>Schools: DOE</p> <p>Communities of focus areas: Mosselbay Municipality Youth Office Early Child Development Office DSD</p> <p>Mayoral VCP FBOs Dutch reformed church</p> <p>HIV/Aids, Gender, Elderly and Disability Office DCS</p> <p>Meals on Wheels</p>	<p>KPI 1: x2000</p> <p>KPI 2: x2865</p> <p>KPI 3: x 326</p> <p>KPI 4: x915</p> <p>KPI 5: x1</p>	1 April 2023- 31 March 2024	<p>The communities attended the programmes. For example, boxing, mini cricket, & drama in the streets.</p> <p>100 Day Challenge Team undertook visitations to schools as part of a concerted effort to raise awareness about addressing Gender-Based Violence and Femicide (GBVF).</p> <p>The focus was directed towards educating children on body safety, emphasizing the importance of healthy relationships and identifying situations that may cause a child to feel uncomfortable or unsafe.</p> <p>As a component of the UNWOMEN 100 Days Challenge, the Bridge Between Offender & Community Training Program was established through a collaborative effort.</p>	5
Prevention Awareness campaigns/ programmes	<p>KPI 1: number of beneficiaries reached to create awareness about substance use disorders through: Kemoja Puppet shows. Volunteer programme. Awareness Foetal Alcohol Spectrum Disorder. Awareness programme (Powertown – rural area).</p>	<p>Mosselbay LDAC: DSD</p> <p>DOE</p> <p>SANCA</p> <p>SAPS</p>	KPI: x511	April 2023 / March 2024	Beneficiaries participated well in engagements.	5 8
Brief intervention services - to mitigate at risk behaviour associated with the misuse of substances.	KPI 1: number of services users accessing brief intervention services.	Mosselbay LDAC DSD local office	KPI 1: x41	April 2023/ March 2024	Ongoing BI offered at local DSD office and LDAC refers to them.	5 11
Capacity building on referral pathway	KPI 1: Volunteer Program: To train volunteers how to assist people with Drug Use Disorders	Mosselbay LDAC: DSD Municipality	KPI 1: x	June - November 2023	Training was well attended by youth and older persons of the Great Brak River Community.	5
Support Group Services:	KPI 1: Monthly support group	Mosselbay LDAC: DSD	KPI 1: x12	April 2023 / March 2024	Ongoing. Monthly Support Group at the Mossel Bay Youth	5

		Department of Correctional Services Youth			Correctional Services Center. Sustainability of the support group is essential to ensure maximum support and impact for inmates at the Youth Correctional Center.	
Education and awareness raising campaigns	KPI 1: number of school learners reached through awareness campaign activities took place at schools & communities. KPI 2: number of school learners reached through door-to-door pamphlet drop followed by awareness raising plays and testimonies in Louville High School. KPI 3: number of community members reached through inhouse awareness raising and AOD. education sessions and activities.	SBM LDAC: SAPS Mfesane Jakhalfontein Ministries – New Hope Drug Counselling Centre (NHDCC) LouvilleHigh School staff DSD DoE Department of Correctional Services (DCS) West Coast College Vital Connection	KPI 1: x2000 plus leaners. KPI2: x900 KP3: community members reached – number undetermined	April 2023 / March 2024	The problem of drug use and supply in schools increased substantially in the last year. Primary schools specifically in the St Helena Bay area and Louville High School were targeted during this year by NHDCC. Very positive feedback was received from the relevant school principles. Existing SBM LDAC stakeholders has well-established programs raising awareness to reduce demand for drug dependency. Aspects identified to be addressed: -Girls at dignity camp -Boys camp -Awareness raising in family environment linking AOD abuse with family violence.	5 8 11
Renewed capacity building	KPI 1: number of beneficiaries reached through capacity building workshops – training given to GBV victims. KPI 2: number of community members reached through Awareness of substance abuse related information to all in community.	SBM LDAC: DSD/ SAPS/ Dept of Justice & Constitutional Development (DOJ&CD)/ DCS/ NHDCC/ Save a Life (SaL)/ West Coast College (WCC)/ Vital Connection (VC)	KPI: x50 KPI 2: x1000 plus widespread but unsure.	April 2023 / March 2024	All invited governmental departments as well as NGOs attended. SBM Mini Drug Master Plan (SBM MDMP) SBM LDAC functioning in an effective and streamlined fashion, but it can still in prove. Specific focus on capacity building in the family environment. Support groups most effective for capacity building of community volunteers/caregivers	8 11
To establish effective and sufficient treatment facilities on the West Coast of South Africa to cope with AOD abuse.	KPI 1: Assess potential facilities for this purpose Quantify the demand/need.	SBM LDAC: SBM	KPI: N/A	April 2023/ March 2024	Although the need has been identified no vacant facilities have yet been nominated. SBM council to make provision in future budget for facility upgrade. Insufficient information available to quantify exact demand (identified as required under goal 6). Substantial growth of population due to ingress from other provinces and areas.	5
Aftercare & reintegration:	KPI 1: number of clients accessing support groups.	SBM LDAC: SBM DSD NHDCC DCS	KPI: x50	April 2023/ March 2024	To improve reintegration of people in recovery into society Official support group attendance decreased from the previous year in this one. Due to SBM not having enough funds and they	5

					are considering an alternative strategy. Support groups to be established in more areas.	
Awareness campaigns and educational sessions to promote healthy living	KPI 1: number of stakeholders & community members / leaders	SBM LDAC: Ramot DSD SAPS DOE DCAS DCS Sea boarder Unit/ NHW/ Media outlets	KPI 1: x	6th October 2024	WCSAF liaised with LDACs to be included in RAMOT's roadshow – focusing on the services they offer as inpatient facility and processes for intakes etc.	8
SUD Awareness campaigns through events, door-to-door sharing of pamphlets and social media platforms	KPI 1: number of youth reached through awareness strategic session / programmes: mental health / teenage suicide, human trafficking & substance use, healthy lifestyles, including awareness about STI's. KPI 2: number of learners reached through holiday programme. Learners were also given information about certain career opportunities and advice about how to become more involved should they wish to pursue a career in any of the areas that was presented to them. KPI 3: number of learners attending Life skills program at two primary schools.	Hessequa LDAC: Riversdale SAPS DHWChild Welfare Riversdale ACVV Riversdale Working on Fire Gourits Biosphere DCAS DLG DSD Hessequa municipality	KPI 1: x50 KPI 2: x45-55 KPI 3: x22	February 2024 March 2024	The programme was successful in that it was well attended. The youth present actively participated in the programme and shared their opinions and experiences. Learners actively participated in the program. The attendance was very good on all four days. The same program will be done in all wards of the Hessequa area. The program is well received by the schools and the learners. Positive feedback is received after each session. Four-day programme with children between the ages of 14 & 18 years. Topics discussed included substance abuse and the effects it has on the families and the user, teenage mental health, fire safety and environmental awareness. Sessions takes place once weekly and various topics pertaining to life skills and social ills and challenges are discussed.	5 8 11
SUD services: support groups & referrals	KPI 1: number of support groups KPI 2: number of referrals	Hessequa LDAC: DSD Child Welfare Albertina	KPI 1: x15 KPI 2: x25	April 2023/ March 2024	Support groups are being attended well and is not only for the user, but for the family as well. Active in Albertinia since April 2023 and meets twice a week. Child Welfare Albertina also does intakes for substance abuse cases and then does the necessary referral to DSD for further intervention. Referrals for SUD's are done on a regular basis.	5 8
Capacity building of community volunteers/ caregivers/ stakeholders.	KPI 1: number of stakeholders attending Ramot Roadshow	Hessequa LDAC: DSD Ramot Inpatient Treatment Centre ACVV FBO SAPS DHW Community Activists	KPI 1: x45	February 2024	The program was well attended, and the information welcomed. The attendees participated actively in discussions. Many of the role-players stated that a similar program to the one that Ramot is doing, should be implemented in the area. Ramot stated	8 11

					that they are always available for support. The purpose of the program was to create awareness about substance abuse disorders and the devastating effect it has on the user and their loved ones. The in- as well as outpatient treatment were discussed and explained. The intake process was also discussed as well as supporting programs that are currently running. A clear referral pathway was also discussed.	
Use primary prevention measures to prevent drug use initiation and delay uptake	KPI 1: Development & completion of a local SUD Directory	Stellenbosch LDAC: DSD Stellenbosch Municipality	KPI 1: x1	June 2023	Implemented.	5
Use primary prevention measures to prevent drug use initiation and delay uptake	KPI 1: International Drug Abuse and Illicit trafficking day.	Stellenbosch LDAC: DSD, Stellenbosch Municipality	KPI 1: x14 stakeholders	June 26th 2023	Substance Abuse Prevention and Awareness event	5
Use primary prevention measures to prevent drug use initiation and delay uptake	KPI 1: number of beneficiaries reached through substance abuse awareness with the homeless.	Stellenbosch LDAC: Night Shelter, DSD. Epilepsy SA, STB Municipality, ABBA, Right2care	KPI 1: x 27	October 2023	Substance Abuse Prevention and Awareness event.	5
Use primary prevention measures to prevent drug use initiation and delay uptake	KPI 1: Substance Abuse Prevention Expo. Stellenbosch. Ida's Valley	Stellenbosch LDAC: Real Deal Stakeholders	KPI 1: N/A	February 2024	Substance Abuse Prevention and Awareness event. The Expo was well attended but unfortunately no figures were provided.	5
Use primary prevention measures to prevent drug use initiation and delay uptake	KPI 1: number of users in recovery attending the AA group in Kayamandi	Stellenbosch LDAC: Real Deal AA Kayamandi AA Gordon's Bay AA Stellenbosch Stakeholders	KPI 1: x15	February 2024	Substance Abuse Prevention Weekly Support Groups. An AA group in Kayamandi was established with the help of AA Gordon's Bay and the support of AA Stellenbosch	5
Use primary prevention measures to prevent drug use initiation and delay uptake	KPI 1: number of community members reached.	Stellenbosch LDAC Help Me Network STB Municipality WNHW SOAP Woman Epilepsy SA TCT Community feeding scheme. Bosbou Forum DLG	KPI 1: x55	March 2024	Substance use prevention and awareness program conducted in Wemmershoek. Programme was well attended	5
Awareness Campaigns	KPI 1: raising awareness about LDAC support group	Swellendam LDAC: Community Action Partnership Swellendam professional network Swellendam KOEKSITSAS Swellendam Health Forum Swellendam Hospital – doctors / psychologists (DHW) Overberg District Municipality/ Swellendam Safety Forum DSD	KPI 1:	April 2023/ March 2024	Swellendam LDAC has been active. Partners have come on board and are working closely with the CAP that is an intergovernmental & professional network – including all relevant stakeholders, community activists/ volunteers and people in recovery.	8

		ACVV WCED Swellendam Senior Secondary School Traffic department Desmond Tutu Library NPA (magistrates court officials) SAPS				
Support groups	KPI 1: number of clients attending LDAC support groups sessions.	Swellendam LDAC: CAP People who use drugs (PWUD) Family members of PWUD	KPI 1: x40	April 2023/ March 2024	Screening/ assessment of PWUD, individual support / counselling provided, & group sessions (including children & family).	8
Outreach to raise awareness of services & SUDs	KPI 1: number of outreach awareness/ psycho education programmes	Matzikama LDAC: DOE (schools) SAPS Namaqau Treatment Centre Ramot Treatment Centre	KPI 1: x9	April 2023/ March 2024	The LDAC had engagements with varies stakeholders throughout the year. They continue to have outreaches / door to door activities. They also took part in the Ramot Roadshow and has support from the local inpatient treatment centre (Namaqua) & the community-based organization (MADA). They work closely with SAPS. & they celebrated World Drug Day with its stakeholders & community.	8

GOAL 2: SUPPLY REDUCTION

FOCUS AREA	2: Supply reduction through multi-sectoral cooperation
GOAL	2: Reduce the supply of drugs through proactive law enforcement; effective responses to drug related crime; countering money-laundering and promoting judicial cooperation
MEASUREABLE OBJECTIVE 01	
OUTCOMES	

KEY DELIVERABLE	KEY ACTIONS	FUNCTIONARY/SECTOR	KPI	TIMEFRAME	PROGRESS	EKURHULENI RESOLUTION
EC						
To increase focus on disruption, dismantling and neutralising drug trafficking networks...		Eastern Cape Liquor Board SAPS	Number of illegal liquor outlets closed.	1 April 2023-31 March 2024	Seventy-Three (73) illegal liquor traders were identified and referred to the criminal justice system where (8) fines were issued by the SAPS amounting to (R29 500) and liquor to the value of (R62 000) was confiscated to await a disposal order. Nine (9) of those identified have had their case referred to court for prosecution. Another (56) was issued with warnings and then reported to the SAPS to effect arrests. Eastern Cape Liquor Board closed One Hundred and ninety-Eight (198) liquor illegal	

					outlets during the period under review. Four Hundred and Eleven (411) illegal liquor outlets were closed through crime operations conducted throughout the province	
			Number of schools identified to for the implementation of school safety programmes	1 April 2023-31 March 2024	5	SAPS
				1 April 2023-31 March 2024	A total of 8 834 people arrested for dealing with illicit drugs.	SAPS
FS						
Capacity building and awareness to prevent drug related crime	Community education to reduce drug misuse and raise awareness of how to deal with problems related to drug abuse	Various relevant stakeholders	Number of community outreach campaigns. - Number of schools identified for the implementation of school safety programmes	1 April 2023-31 March 2024	17 people were trained on the Universal Treatment Curriculum, and they are ready to write an internationally accredited examination. 30 student liaisons officers were trained on Ke-Moja, I'M Fine without Drugs Programme in QwaQwa from 26 to 28 July 2023. 136 ambassadors from different areas of Thaba Nchu were trained on substance abuse prevention programmes so to intensify awareness in Thaba area	
KZN						
Capacity building and awareness to prevent drug related crime	Community education to reduce drug misuse and raise awareness of how to deal with problems related to drug abuse	Various relevant stakeholders	Number of community outreach campaigns. - Number of schools identified to for the implementation of school safety programmes	01 April 2023 to 31 March 2024	<ul style="list-style-type: none"> •1300 is the overall total of work opportunities created through the crime prevention volunteer programme by Department of Community Safety and Liaison for 2023.2024 •Community in Blue Concept maintained at 120 stations with 5667 patrollers as part of the KZN Crime Fighting Initiative for 2023.2024 •100% compliance on metro Region monitored by SAPS •Compliance with the number of liquor outlets monitored •52 officials capacitated from safety structures •Supply Reduction outreach programme at Durban Harbor held on 23 June 2023 led by the deputy minister for Social Development •01 roadblock by SAPS and Municipality Public Safety in Alfred Duma Municipality within uThukela District. 	48

					<ul style="list-style-type: none"> •351 695 people reached through social crime prevention programmes. •Anti-gangsterism strategy implemented at 3 secure care programmes during the reporting period •Community Policing Indaba held in Durban on 24 August 2023 •Integrated Awareness held at DUT Durban campus on 20 September 2023 •The Draft Provincial Drug Master Plan was presented at the Provincial Joints on 14 September 2023 to address the challenges in terms of reporting with regards to the information in relation to Goals 2 and 4 •Integrated Awareness held at UNIZULU Richards bay Campus on 26-27 September 2023 •Integrated Awareness held at 28-29 September at UNIZULU Ongoye campus •A total amount of 6466.92kg of drugs were confiscated. Noteworthy incidents included: <ul style="list-style-type: none"> -Drugs recovered in Richards Bay with an estimated street value of R 75 000 -Drugs recovered in KwaDukuza with an estimated street value of R 100 000 -During a drug bust at Durban Harbor led to drugs recovered to the value of R 70 million -During a drug bust at Durban Trade Port, drugs to the street value of R 80 million was recovered -Drugs recovered in Durban North with an estimated street value of R 1 600 000 	
Limpopo						
All people in Limpopo being and feeling safe	<ul style="list-style-type: none"> -Surprise visits to selected schools -Search and seizures conducted in schools 	SAPS DoE	Number of schools linked to police stations	1 April 2023 – 31 March 2024	3 617 schools were linked to police stations.	
	-Establish school safety committees	DoE	Number of School Safety Committees established	1 April 2023 – 31 March 2024	10 851 School safety committees were established for the quarter.	

	-To conduct drunken driving operations	DoT	Number of drunken driving operations conducted	1 April 2023 – 31 March 2024	4 476 drunken driving operations were conducted. More operations conducted to mitigate high number of fatalities caused by Substance Abuse and as awareness in promoting road safety.	
	-To conduct drunken driving operations	DoT	Number of vehicles stopped and checked	1 April 2023 – 31 March 2024	2 864 387 vehicles were stopped and checked. More operations conducted to mitigate high number of fatalities caused by Substance Abuse and as awareness in promoting road safety.	
	-To conduct provincial inspections	LEDET	Number of provincial inspections conducted	1 April 2023 – 31 March 2024	7 950 Provincial Inspections were conducted	
	-To conduct inspections during operations	LEDET	Number of inspections conducted during operations	1 April 2023 – 31 March 2024	1692 liquor premises/ outlets inspected.	
	-To issue out non-compliance certificates	LEDET	Number of non-compliance certificates issued	1 April 2023 – 31 March 2024	296 compliance certificates were issued	
	-To issue out compliance certificates	LEDET	Number of compliance certificates issued	1 April 2023 – 31 March 2024	296 Compliance certificates were issued	
	-To conduct / inspect liquor outlets	LEDET	Number of liquor premises closed	1 April 2023 – 31 March 2024	148 licensed liquor premises / outlet was closed.	
	-To conduct hearings	LEDET	Number of hearings conducted	1 April 2023 – 31 March 2024	240 hearings were conducted; Out of the that,137 were suspended, 17 were struck off the roll, 13 were warned, 14 were postponed and 47 were lifted / not lifted.	
MPU						
Capacity building and awareness to prevent drug related crime	Community education to reduce drug misuse and raise awareness of how to deal with problems related to drug abuse	Various relevant stakeholders	Number of community outreach campaigns. - Number of schools identified to for the implementation of school safety programmes	1 April 2023- 31 March 2024	11 border posts and other ports of entry were monitored. 400 Random search and seizures conducted in schools. 1649 schools linked to police stations where school safety programmes were implemented. 74 awareness conducted on school safety including search and seizure. 56 liquor premises were visited for monitoring with their liquor licenses. 183 Operations conducted at liquor outlets.	

					14 illegal liquor outlets closed. 82 operations and roadblocks were conducted. 82 stop and search were conducted at hotspot areas	
NC						
1. Increase capacity building and awareness to prevent drug-related crime. Objective: Reduced Road fatalities Effective Law enforcement Effective road safety education for all road users	Number of Anti-Substance Abuse programmes/projects implemented. Number of drunken driving operations conducted. Number of road safety awareness interventions	Lead: South African Police Service Dependencies: Department of Social Development, Department of Justice and Constitutional Development, South African Police Service, National Prosecuting Authority, Department of Basic Education, department of Health, Department of Transport, Department of Home Affairs	Number of drunken driving operations conducted. Number of road safety awareness interventions conducted. Number of schools involved in road safety education		24 x projects were implemented in line with Anti – Substance Abuse Programme 548 x operations conducted. 80 x interventions were conducted. 77 x schools were reached.	
1. Increase capacity building and awareness to prevent drug-related crime		Lead: South African Police Service Dependencies: Department of Social Development, Department of Justice and Constitutional Development, South African Police Service, National Prosecuting Authority, Department of Basic Education, department of Health, Department of Transport, Department of Home Affairs	Conduct Awareness Campaigns and Community Outreaches.	1 April 2023-31 March 2024	Unannounced Search and seizure. (2023-05-11) Awareness Campaign: Dangerous Weapons and Drugs. (2023-05-19) Motivational talk: Discouraging learners to use drugs. (2023-05-18) Substance abuse awareness campaign in conjunction with peer pressure and Substance abuse. (2023-05-10) Talk show to address school violence, Gangsterism, Bullying, Sexual Offences, Substance Abuse, Domestic Violence and General safety Tips (2023-05-30) Domestic Violence, Sexual offences & use of drugs, Misuse of alcohol, Gender Base Violence. (2023-06-21) Youth and substance abuse awareness campaign (2023-06-15) Substance abuse awareness program held at Faith Tabernacle Church with youth awareness program (2023-06-16) Awareness Campaign for Substance Abuse (2023-06-29)	

					<p>Awareness Campaign for Substance Abuse, Teenage Pregnancy and Bullying (2023-07-24)</p> <p>Address the elderly people about the danger of using substance and alcohol abuse (2023-07-21)</p> <p>School holiday programme on Substance Abuse, Teenage Pregnancy and the importance of attending School (2023-07-07)</p> <p>Awareness on Substance Abuse (2023-07-12)</p> <p>Distribution of booklets educating community about substance abuse (2023-08-23)</p> <p>Youth programmes speak to the youth about GBV, and substance abuse</p> <p>Focusing on the Youth speak to them about the dangers of drug abuse and GBV (2023-08-24)</p> <p>Anti-Substance abuse</p> <p>Raising awareness regarding drug abuse (2023-08-01)</p> <p>Violence and Substance Abuse at Paballelo King and Imali Street Intersection (2023-09-20)</p> <p>Awareness campaign on youth safety at the Local Tavern for High School Learners (2023-09-25)</p> <p>Substance Abuse Awareness (2023-09-08)</p> <p>Awareness Campaign: Alcohol Abuse, GBV and Elderly Abuse (2023-10-24)</p> <p>Pamphlets were distributed to inform people on Liquor Awareness and the danger of it.</p> <p>Distribution of Pamphlets at roadblock (2023-10-25)</p> <p>Substance and drug abuse programme handing out of pamphlets (2023-10-26)</p> <p>Door To Door Campaign - To Raise Awareness and To Educate the Community on Substance Abuse (2023-10-25)</p> <p>Awareness campaign against GBV substance abuse and distribution</p>	
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					of Gender Based Violence. (2023-11-07) Substance abuse awareness campaign (2023-11-28) Sport Against Crime (2023-11-03) Awareness Campaign: Substance Abuse. (2023-11-01) Awareness Campaign: Substance Abuse (2023-11-09) Awareness Campaign (2023-11-28) Community Imbizo (2023-12-15) Awareness Campaign (2023-12-01) Door to Door (2024-01-25) Awareness Campaign (2023-12-18) Awareness Campaign (2023-12-19) Awareness Campaign (2023-12-06) Awareness Campaign (2024-01-24) Community Engagement (2024-01-30) Awareness Campaign (2024-02-07) Awareness Campaign (2024-02-01) Awareness Campaign (2024-02-08) Awareness Campaign (2024-02-28) Awareness Campaign (2024-03-14) Awareness Campaign: Substance Abuse (2024-03-15) Awareness Campaign: Substance Abuse (2024-03-05) Sport Against Crime (2024-03-04) Awareness Campaign (2024-03-19) Awareness Campaign (2024-03-20)	
2.Enhance operational coordination at all levels to mitigate the supply of drugs and liquor through enhanced operations; (investigations and prosecutions)	Educational campaigns (not all educational campaigns are confined to substance abuse)	Lead: Department of Justice and Constitutional Development Dependencies: Department of Health, Department of Trade and Industry, Department of Transport, South African Police Service and Social Development			19 x Provincial outreach campaigns conducted.	
Regulate availability & accessibility of liquor.	KPI 1: Increased Inspectorate Capacity. KPI 2: Training of DLO's & LEAP Officers.	Western Cape Liquor Authority: SAPS SALGA WCSAF / LDACs	KPI: ongoing	April 2023/ March 2024	Ongoing. Effective (optimal) regulation in the public interest. Regulate the retail sale & micro-manufacture of liquor as part of	2

	KPI 3: All licensed premises inspected over a 12-month period. KPI 4: Implementation of Section 64. KPI 5: Digital Transformation: E-licence Platform. KPI 6: Automated inspection processes. KPI 7: Mapping all outlets across WC.				reducing alcohol related harm.	
Decreasing Crime Rates through Western Cape Safety Plan	KPI 1: number of LEAP officers deployed. KPI 2: number of priority areas – including a reaction unit. KPI 3: number of accredited Neighbourhood Watches (NHW). KPI 4: number of NHW patrollers.	Western Cape Government LEAP officers Department of Police Oversight & Community Safety SAPS Civil society/ community organizations	KPI 1: x1 300 KPI 2: x13 KPI 3: x477 KPI 4: x14 632	2019/ 2024	The Law Enforcement Advancement Plan (LEAP) was launched in 2020 with 500 law enforcement officers deployed to 4 priority areas. It has been expanded to 13 priority areas along with a Reaction Unit, with over 1 300 LEAP officers deployed. Collaboration between the WCG and law enforcement agencies, the South African Police Service (SAPS), community organisations, and government bodies is crucial to achieving sustained improvements in crime rates in the province. Therefore, the WCG has accredited Neighbourhood Watches, compromising of patrollers that are on the ground. The WCG assesses 151 police stations and Community Police Forums annually to understand and find solutions to improve crime prevention and police efficacy.	2
Creating safer communities through Western Cape Safety Plan	KPI 1: number of area-based teams to reduce crime & improve safety – increase protective factors. KPI 2: number of arrests made by LEAP officers. KPI 3: number of confiscated illegal firearms.	Western Cape Government: Department of Police Oversight & Community Safety WC municipalities Law Enforcement SAPS LEAP Officers Business Civil Society Communities	KPI 1: x18 KPI 2: x27 262 KPI 3: x554	2020/ 2024	The Western Cape Government's efforts to reduce crime are guided by the Western Cape Safety Plan, a data-centred, evidence-based approach to addressing crime. Area-based teams have been established province-wide in specific crime hotspot areas to coordinate localised responses to violence and crime.	2
Supply reduction	KPI 1: number of municipalities that has a rural safety & K9 units. KPI 2: number of arrests made by RS&K9 units.	Western Cape Government SAPS Law enforcement Swartland Municipality Overstrand municipality	KPI 1: x3 KPI 2: x1 700 KPI 3: x54 KPI 4: x161	2022-2024	The Mossel Bay, Overstrand and Swartland K-9 Units, in partnership with the Rural Safety Units (RSUs) are continuing to work hard to help create safer	2

	KPI 3: number of crime prevention operations conducted. KPI 4: number of roadblocks conducted.	Mosselbay Municipality			communities by reducing the supply of drug trafficking.	
Supply reduction	KPI: number of drug raids conducted. KPI 2: number of arrested. KPI 3: units of drugs confiscated. KPI 4: firearms seized.	CTADAC: City of Cape Town: Safety and Security, Gang and Drug Task Team	KPI 1: x 414 KPI 2: x 774 KPI 3:x6 078 KPI 4: x25	April 2023 / March 2024	Completed. The City of Cape Town has a unit within the Safety and Security Directorate that specifically looks at Gangs and Drugs. This unit conducts raids from tip-offs.	2
Supply reduction Liquor by-law enforcements operations conducted	KPI 1: number of liquor applications. KPI 2: Number of inspections to ensure liquor compliance. KPI 3: number of licensed premises complaint. KPI 4: number of licensed premises non-complaint. KPI 5: number of unlicensed premises inspected. KPI 6: number of complaints received.	CTADAC: City of Cape Town: Safety and Security, Liquor unit	KPI 1: x238 KPI 2: x2 220 KPI 3: x1 510 KPI 4: x214 KPI 5: x876 KPI 6: x 245	April 2023 / March 2024	Completed. This Liquor unit is within the Safety and Security Directorate and conducts inspections to ensure liquor compliance	1 2
Supply reduction Person search and patrolling	KPI1: number of screenings conducted at traffic roadblocks. KPI 2: number of arrests for DUI. KPI 3: number of roadblocks conducted.	CTADAC: City of Cape Town: Safety and Security, Traffic	KPI 1: x312 730 KPI 2: x4 745. KPI 3: x936	April 2023 / March 2024	Completed. This project searches persons at traffic stops and looks for persons driving under the influence of substance.	2
Supply Reduction via K9 Dog Unit & law enforcement	KPI 1: number of K78 roadblocks held. KPI 2: Minimum number of scheduled foot patrols worked. KPI 3: Number of vehicles check points held. KPI 4: Number of by-law operations held. KPI 5: Number of awareness campaigns held. KPI 6: Number of drug operations. KPI 7: Number of liquor operations.	Swartland LDAC: Dept of Community Safety, Swartland Municipality Law Enforcement K9 dog unit Darling/ Mooereesburg, & Malmesbury SAPS, WCLA	KPI 1: x32 KPI 2:x18 KPI 3: x138 KPI 4: x 17 KPI 5: x 85 KPI 6: x129 KPI 7: x102	April 2023/ March 2024	Ongoing. The K9 unit which includes the dogs and their handlers, have been trained to provide support at integrated law enforcement. Preventing the illegal transportation of narcotics, explosives and poaching of marine resources. Delivering crime prevention through an integrated multidisciplinary model aimed at combatting and prevention of criminality. Ensuring compliance with the relevant legislation including the National Road Traffic Act, the Criminal Procedure Act, Drug and Drug Trafficking Act and Firearm Control Act. Maintaining a high degree of visible policing by means of K9 patrols, deployment to identified areas which includes	2 4

					weighbridges, key points and identified crime hot spots.	
Supply reduction: Whole community works side by side with LDAC	KPI 1: Prevent security breaches prior to raids & roadblocks.	SBM LDAC: SAPS / Sea boarder unit / Neighbour-hood Watch / Media outlets	KPI: Not determined, but ongoing.	April 2023 / March 2024	In some communities, good cooperation was achieved with Neighbourhood watch that contributed to a reduction of supply.	24
Capacity building and awareness to prevent drug related crime.	KPI 1: number of beneficiaries reached through community education	Stellenbosch LDAC: WCLA, STB Law Enforcement, DSD The Languedoc NHW.	KPI 1: x60	April 2023/ March 2024	Ongoing. Community education to reduce drug misuse and raise awareness of how to deal with problems related to drug abuse – Languedoc Community Outreach.	2
Capacity building and awareness to prevent drug related crime.	KPI 1: number of beneficiaries reached through community education.	Stellenbosch LDAC: SAPS DSD STB Housing	KPI 1: x41	April 2023/ March 2024	Ongoing. community education to reduce drug misuse and raise awareness of how to deal with problems related to drug abuse – STB SAPS Imbizo- Stb Municipal Flats.	2

GOAL 3

Focus Area 1	Control drugs intended for medicinal purposes and scientific use and research.
GOAL 03:	Increase the availability of and access to drugs intended for medical purposes and scientific use and research, while preventing their diversion.
MEASUREABLE OBJECTIVE 01:	To improve access to controlled and psychotropic substances while concurrently preventing their diversion, abuse and trafficking.
OUTCOMES	Improved access to controlled and psychotropic substances.

KEY DELIVERABLE	KEY ACTIONS	FUNCTIONARY /SECTOR	KPI	Time Frame	PROGRESS	EKURHULENI RESOLUTION
EC						
Strengthen regulation of the cultivation, production, possession, manufacturing, storage, trade, and distribution of drugs for medical scientific and research			% Increase availability of and access to drugs intended for medical and scientific use.	1 April 2023 – 31 March 2024	The Department of Health is guided by the Medicine and Related Substances Act, 101 of 1965 as amended. Standard Operating Procedures that relate to regulation of increase the availability of and access to drugs intended for medical purposes, scientific use and research, while preventing their diversion have therefore been developed on this basis.	
FS						
			Number of treatment centres established. Number of people who accessed treatment services.		There are 6 In-Patient Treatment centres in the province (5 Private and 1 Public). TOTAL SUD service users accessed services: 764 people.	
KZN						
Strengthen regulation of the cultivation, production, possession, manufacturing, storage, trade, and distribution of drugs for medical scientific and research purposes	Strengthen national control systems and assessment mechanisms	Various relevant stakeholders	Evaluate the efficiency of national control systems, capacitate SAHPRA	01 April 2023 to 31 March 2024	•116 medical officers and pharmacists were trained in all districts on the guidelines for the management of Acute Intoxication and Withdrawal for 2023.2024 •Methadone is now available for management of opioid withdrawal in hospitals.	Strengthen mechanisms to minimize the illegal manufacturing, supply, and all forms of trafficking of illicit drugs

					<ul style="list-style-type: none"> •36 district hospitals and 22 community health centres have been capacitated to provide substance abuse services for 2023.2024. •2-day training was conducted on the 14 and 15th of October 2023 for Medical Officers on Mental Health and Substance Abuse, including the Management of psychiatric condition. The training was attended by the following districts, eThekweni, iLembe, uGu and uMgungundlovu. •March 2024 NEMLEC prioritized the review of mental health and Substance abuse guidelines in the STGs. Some inclusions were Screening for substance use disorders as a routine part of patient assessment, e.g., with WHO Assist. The outcome of the screen should determine the level of intervention that is recommended— e.g., brief advice, a brief intervention (ASSIST linked brief intervention or referral to a local substance treatment programme (through a social worker or a registered NGO). •Elective detoxification: plan in conjunction with a comprehensive substance treatment plan, coordinated by the Department of Social Development. •Unplanned withdrawal: may occur during treatment for another medical condition or may be the presenting complaint. Provide brief intervention counselling and refer to a substance treatment programme. •Injection drug use: counsel on harm reduction measures and refer to needle and syringe programmes, e.g., StepUp projectlix (TB HIV Care), OUT, Anovalx and COSUPlixi. 	
Limpopo						
	-Receive referrals -Screening -Assessment -Monitoring	SANCA – LIMPOPO (NPO)	Number of people reached through drug screening / testing	1 April 2023 – 31 March 2024	917 people were reached through drug screening / testing: Out of the 917, 464 tested positive and 453 tested negative.	
MPU						
Strengthen regulation of the cultivation, production, possession, manufacturing, storage, trade, and distribution of drugs for medical scientific and research purposes	strengthen national control systems and assessment mechanisms	Various relevant stakeholders	Evaluate the efficiency of national control systems, capacitate SAHPRA	1 April 2023- 31 March 2024	The implementation of this goal is at a national level	Strengthen mechanisms to minimise the illegal manufacturing, supply and all forms of trafficking of licit and illicit drugs

GOAL 4

Focus Area 1	Identification and control of new psychotropic/psychoactive substances.
GOAL 01:	Identify trends and control new psychoactive substances.
MEASUREABLE OBJECTIVE 01:	Number trained to identify and control New Psychoactive Substances (NPS) and Amphetamines Type Stimulants (ATS). Number of arrests of dealers.

	Number of clandestine laboratories dismantled. Arrest for internet drug dealing.
OUTCOMES	Improved systems to identify and detect new psychotropic/psychoactive substances.

KEY DELIVERABLE	KEY ACTIONS	FUNCTIONARY/SECTOR	KPI	Time Frame	PROGRESS	EKURHULENI RESOLUTION
EC						
Address the NPS and ATS, the diversion of precursors and the non-medical use and misuse of pharmaceuticals containing narcotic drugs Psychoactive substances.		SAPS	Number of people found in possession of NPS, ATS and precursors	1 April 2023 – 31 March 2024	8 834	
Address the NPS and ATS, the diversion of precursors and the non-medical use and misuse of pharmaceuticals containing narcotic drugs Psychoactive substances.		SAPS	Percentage increase in the number of arrests (number of cases) for dealing in drugs (excluding cannabis)	1 April 2023 – 31 March 2024	There is 34 % increase in the number arrests (number of cases) for dealing in drugs (excluding cannabis)	
		SAPS	Number of people arrested driving under the influence of liquor.	1 April 2023 – 31 March 2024	Four Thousand One Hundred and Twenty - Nine (4 129) people arrested driving under the influence of liquor. This was a joint operation with the Department of Transport	
Strengthen regulation of the cultivation, production, possession, manufacturing, storage, trade, and distribution of drugs for medical scientific and research purposes	strengthen national control systems and assessment mechanisms	Various relevant stakeholders	Strengthen mechanisms to minimise the illegal manufacturing, supply and all forms of trafficking of licit and illicit drugs	1 April 2023 – 31 March 2024	The Forum in partnership with SAPS and Department of Justice, Correctional Services and Constitutional Development continued to implement supply reduction strategies through the following activities, issuing of fines, confiscations of substances and arrests.	
FS						
Address the NPS and ATS, the diversion of precursors and the non-medical use and misuse of pharmaceuticals containing narcotic drugs Psychoactive substances	Control the NPS, ATS and diversion of precursors, as well as the nonmedical use and misuse of pharmaceutical containing narcotic. drugs and psychoactive	Various relevant stakeholders	Number of precursor seized. Number of people found in possession of NPS, ATS and precursors		Compliance inspection: Liquor License premises (i.e., Liquor stores, Taverns, Restaurants and Hotels): First Semester: April 2023 to September 2023 Arrests: Drug Related Crimes. April = 350 May = 501 June = 475 Driving under influence of Alcohol: April = 211 May = 229 June = 278 Liquor related crimes. April = 446 May = 396	

					<p>June = 308</p> <p>Fines:</p> <p>Liquor Act.</p> <p>April = 3068</p> <p>May = 2505</p> <p>June = 2775</p> <p>Confiscation:</p> <p>Drugs.</p> <p>April = 458470.348g</p> <p>May = 491901.115g</p> <p>June = 1 295 341.031g</p> <p>Liquor.</p> <p>April = 3 928 136.5ml</p> <p>May = 5 233 377.5ml</p> <p>June = 8 409 737.5ml</p> <p>Awareness conducted.</p> <p>On Drugs.</p> <p>April = 126</p> <p>May = 123</p> <p>June = 1135</p> <p>On Liquor.</p> <p>April = 29</p> <p>May = 14</p> <p>June = 51</p> <p>(Second Semester):</p> <p>October 2023 to March 2024</p> <p>4376 Liquor premises were inspected.</p> <p>Liquor Registered Distributors – Wholesalers and Liquor Store: 47 premises</p> <p>Liquor licensed premises charged and closed = 16.</p> <p>Liquor licensed premises charged only = 4.</p> <p>Liquor licensed premises closed = 84.</p> <p>Searches at the premises related to illicit drugs = 159.</p> <p>Searches at the schools' premises = 206.</p> <p>Searches at liquor stores = 326.</p> <p>School safety = 729.</p> <p>Confiscation of drugs = 67119.762gr</p> <p>Confiscation of liquor = 42191000ml</p> <p>Awareness Campaigns Conducted in March 2024:</p> <p>Drug operations/Substance and liquor abuse awareness' = 50/93.</p> <p>Liquor Control = 21</p> <p>Arrests, Drugs Related Crime = 1404</p> <p>Driving under the influence of alcohol or drugs = 816.</p> <p>Liquor related = 1369</p>	
KZN	Address the NPS and ATS, the diversion of precursors and the non-medical use and misuse of pharmaceuticals containing narcotic drugs	Control the NPS, ATS and diversion of precursors, as well as the non-medical use and misuse of pharmaceutical containing	Various stakeholders relevant	<p>Number of precursors seized.</p> <p>Number of people found in possession of NPS, ATS and precursors</p>	<p>01 April 2023 to 31 March 2024</p> <p>•uMzinyathi District, conducted a raid integrated with other departments to prevent drug related crimes. The raid was called Operation Basadi conducted in August 2023.</p>	<p>Strengthen mechanisms to minimize the illegal manufacturing, supply, and all forms of trafficking</p>

Psychoactive substances	narcotic drugs and psychoactive. Monitor the import and export authorization of precursors				<ul style="list-style-type: none"> •138 roadblocks conducted by the Road Traffic Inspectorate during the reporting period April 2023-September 2023 •01 Cross Border Operation conducted at the uMkhanyakude District during the reporting period •11 inter-provincial operations conducted by the Road Traffic Inspectorate as part of the integrated 365-day plan April 2023-September 2023 •The Draft Provincial Drug Master Plan was presented at the Provincial Joints on 14 September 2023 to address the challenges in terms of reporting with regards to the information in relation to Goals 2 and 4. •The most used substances in KZN are Alcohol, Dagga and Heroin/Opiates. Most used substances per age category: Alcohol (35-39), Dagga (15-19), Heroin/Opiates and Tik (20-24), and OTC/PRES (10-14years). Decrease in mean age of substance use initiation is 19 years. Significant changes in age of initiation of use for Alcohol, Heroin/Opiates and Tik. Majority codeine users are male; largest age category reporting codeine use 15-19years. •A pilot project with SACENDU resulted in the development of a surveillance tool being developed to track drug trends in hospitals and clinics. The tool was piloted in 4 health facilities including hospitals and community health centres. A report is available on the outcomes of the project. Depending on availability of funding, SACENDU will roll-out the surveillance system to 11 districts (22 community health centres and 11 hospitals in the new financial year). Proposal for funding submitted to NDoH. Await approval of funding. 	
Limpopo						

	-Seizure of liquor sold illegally and illicit drug during police operations	SAPS SAPS LEDET	Quantity and weight of illicit drugs confiscated during police actions	1 April 2023 – 31 March 2024	758 759.896 of illicit drugs were confiscated. 63 040 647.75 ml of alcohol was confiscated	
MPU						
Address the NPS and ATS, the diversion of precursors and the non-medical use and misuse of pharmaceuticals containing narcotic drugs Psychoactive substances	Control the NPS, ATS and diversion of precursors, as well as the non-medical use and misuse of pharmaceutical containing narcotic drugs and psychoactive. Monitor the import and export authorisation of precursors	Various relevant stakeholders	Number of precursors seized. Number of people found in possession of NPS, ATS and precursors	1 April 2023- 31 March 2024	90 arrests were made under Drugs and Trafficking Act 21 arrests made for driving under the influence of alcohol. 80 drug related arrests and prosecution were made. 18 drug related operations were conducted	Strengthen mechanisms to minimise the illegal manufacturing, supply and all forms of trafficking

GOAL 5

Focus Area 1	Multi-sectoral accountability.
GOAL 01:	Promote governance, leadership, and accountability for an effective response.
MEASUREABLE OBJECTIVE 01:	Percentage Annual Performance Plans containing funded NDMP 2019 - 2024 implementation plan activities.
OUTCOMES	Improved health, human rights, developmental, and security outcomes of people who use drugs and communities.

KEY DELIVERABLE	KEY ACTIONS	FUNCTIONARY/SECTOR	KPI	Time Frame	PROGRESS	EKURHULENI RESOLUTION
EC						
Involve all other relevant stakeholders in the planning and implementation of PDMP 2021 - 2026		Provincial Substance Abuse Forum	Number of all stakeholders participating in PSAF.	1 April 2023 – 31 March 2024	13	
Involve all other relevant stakeholders in the planning and implementation of PDMP 2021 - 2026		Provincial Substance Abuse Forum	Number of Local Drug Action Committees functional	1 April 2023 – 31 March 2024	14	
FS						
Involve all other relevant stakeholders in the planning and implementation of NDMP 2019 - 2024	Ensuring multi-sectoral governance, involvement planning and accountability.	Various relevant stakeholders	Number of all private implementers aligned with Goals of NDMP (Mobilise and involve communities	1 April 2023 – 31 March 2024	30 representatives serve in the Provincial Forum. The following stakeholders are involved in the planning and implementation of DMP: DSD, DoH, DoE, DCS, DJC, SAPS, COGTA, NPO sector, CBO sector, Institutions of Higher Learning (i.e., UOFs). - Local Drug Action Committees (Moghaka LDAC was re-launched on the 3 – 4 April 2023)	
KZN						

Involve all other relevant stakeholders in the planning and implementation of NDMP 2019 - 2024	Ensuring multi-sectoral governance, involvement planning and accountability	Various relevant stakeholders	Number of all private implementers aligned with Goals of NDMP	01 April 2023 to 31 March 2024	<p>•A Work session was held to finalize the draft PDMP on 12-14 April 2023 at Newlands Park Centre.</p> <p>•Consultation on the draft PDMP held on the following days: -</p> <p>-13 and 20 April 2023 during the Action Work Group</p> <p>-Consultation with Service users on the draft PDMP were held as follows; Newlands Park Centre on 14 April 2023, Madadeni Rehab Centre on 18 April 2023, ARCA on 19 April 2023</p> <p>-Draft PDMP was presented and consulted at the virtual Provincial Child Protection Forum on 21 April 2023</p> <p>-Draft PDMP was presented and consulted at the virtual Provincial Child Protection Forum on 21 April 2023</p> <p>-Draft PDMP was presented and consulted at the Provincial MANCO on 15 May 2023</p> <p>-Draft and consulted SPCHD Technical Cluster on 15 May 2023 and it was supported to be presented at the SPCHD Political Cluster.</p> <p>-Provincial Substance Abuse Executive Committee Meeting held on 02 June 2023 at Valley View CYCC with the focus on Monitoring and Evaluation Framework and the draft Provincial Drug Master Plan 2023-2028.</p> <p>-Draft Provincial Drug Master Plan was presented at SPCHD Political Cluster on 07 June 2023 and supported to be presented at the Provincial Executive Council.</p> <p>-Draft Provincial Drug Master Presented at the Provincial Executive Council on 21 June 2023 and cabinet resolved that the plan be presented at the clusters.</p> <p>•54 officials and stakeholders capacitated on the Establishment of Local Drug Action Committees. On 17 August 2023</p>	8
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					<ul style="list-style-type: none"> •Draft Provincial Drug Master Plan was presented at the JCPS Technical Cluster on 28 August 2023. The document was supported to proceed to the JCPS Political Cluster •Provincial Substance Abuse Executive Committee held 06 September 2023 •Presentation on PSAF done at the Provincial sector Council on 07 September 2023. •Draft Provincial Drug Master Plan was presented at the JCPS Technical Cluster on 30 September 2023, and it was supported by the Cluster for re-tabling at the Provincial Executive Council. •Mental health and substance abuse Literacy programmes were integrated into 4 Men's health programmes held throughout the province, Mental Health Literacy training was included in 3 Men's Mental Health training workshops held on the 05/06 Oct 19/20 OCT and 26/27th Oct, respectively. Targeting district Men's forums; advocates and champions 240 were reached. •The 7th Global Alcohol Policy Conference was held in Cape Town, South Africa 24 – 26 October 2023. 521 participants from 55 countries attended the rich program over three days under the headline "Investing in people before profits: building momentum towards the Framework Convention on Alcohol Control". •3rd CDA Biennial Summit held from 14-16 November 2024. Members of the PSAF and DSD representatives participated and provided input at the Summit. •PSAF Meeting held 23 February 2024 •PSAF Executive Committee held 15 March 2024 •All (11/11) District Forums are in place within the province. 	
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					<ul style="list-style-type: none"> •33/51 Functional LDACs during the reporting period. •The Department of Health has developed a Provincial Health Sector Drug Master plan and a task team will be appointed to ensure its implementation. •Screening Brief Interventions and Referral to Treatment (SBIRT) is an evidence-based approach which seeks to identify individuals at risk for substance use disorder and provide early brief intervention where appropriate to halt the progression to worsening SUD. Training of social workers registered counsellors, occupational therapists, psychologists, PHC nurses (in consulting rooms), HIV practitioners and social auxiliary workers), was conducted at Albert Luthuli hospital in partnership with ITTC/UCT 	
Limpopo						
	-Mobilise sector role players -Implement the plan		Coordination of services	1 April 2023 – 31 March 2024	4 Substance Abuse Forum meeting were attended in every quarter	
	-Mobilise sector role players -Implement the plan			1 April 2023 – 31 March 2024	7 Local Drug Action Committees were established, 2 engagements are done with Blouberg Municipality and Molemole Municipality.	
MPU						
Involve all other relevant stakeholders in the planning and implementation of NDMP 2019 - 2024	Ensuring multi-sectoral governance, involvement planning and accountability	Various relevant stakeholders	Number of all private implementers aligned with Goals of NDMP	1 April 2023- 31 March 2024	<p>The MDMP was approved by Cabinet in August 2023</p> <p>3 PSFA's meeting were facilitated. The following Departments and Civil society are part of the MSAF i.e., DOE, DSD, DCSSL, SAPS, DOH, DCSR, Human Settlement, NPO's, Treatment Centre's (public and private), Local Municipalities, SALGA, MER</p> <p>1 Strategic planning session was facilitated with the PSFA members where an implementation plan for the forum was developed.</p> <p>18 LDAC meetings were facilitated throughout the 3 districts in the province. Out of the 18 LDACs, 12 have been appointed in</p>	8

					terms of section 60 of Act 70 Facilitated capacity building for LDACs on the roles and responsibilities of the LDACs. Participated in 3 Integrated School Safety Forum meetings. There are 84 functional Community Police Forums were assessed. 20 functional Community Safety Forum were assessed	
NC						
Support the LDACs to achieve its Mandate as prescribed in the NDMP 2019 - 2024		Lead: Department of Social Development, Provincial Substance Abuse Forum (PSAF)	Number of Coordinating structures supported	1 April 2023-31 March 2024	4	
4. Compile PSAF Annual Report to CDA		Lead: PSAF. Dependencies: All departments represented in the PSAF.	Number of reports submitted per year	1 April 2023-31 March 2024	01 Annual Report was compiled. 6 Departments submitted annual reports	
WCSAF meetings/ workshops	KPI 1: number of WCSAF/ LDACs meetings & provincial dialogue. KPI 2: number of LDAC Orientation/action plan TOR workshops/ LDACs quarterly meetings. KPI 3: Number of new LDACs established.	WCSAF: LDACs & District Municipalities WFAD GWG DSD/ DHW/ WCLA/ DOCS SAPS NPO funded partners.	KPI 1: x8 KPI 2: x18 KPI 3: x20	April 2023 / March 2024	Continuous support & engagements with LDACs, funded NPO partners & international partners – strengthen WC SUD network. WC Provincial dialogue was a success, WC had 4 sites that are linked virtually, therefore WC had provincial input because sites were across the province.	8
Promoting collaboration/ governance & strengthening the network.	KPI 1: facilitating roadshows between funded NPO inpatient partner & LDACs.	WCSAF Ramot inpatient treatment centre 4 West Coast LDACs (Cederberg/ Matzikama/ Saldanha & Swartland) 5 Garden Route LDACs (TWK/ Cape Agulhas/ Hessequa/ Mosselbay/ George).	KPI 1: x2	9-12 October 2023/ 5-8 February 2024	Ramot approached PSAF and requested a roadshow for all the established LDACs in WC – the West Coast & Garden Route Overberg LDACs.	9
Promoting collaboration/ governance & strengthening the network	KPI 1: number of international conferences/ High Level meetings.	WCSAF Global Alcohol Policy Alliance African Union UNODC Civil Society WFAD GWG	KPI 1: x2	24-26 October/ 6-10 November 2023	GAPA conference was held in CT. Invited by AU to present on the work the WC is doing in terms of implementation of the NDMP.	9
Promoting collaboration & strengthening the network	KPI 1: number of Stakeholder engagements & webinars.	WCSAF WFAD GWG UNODC/ WHO ISSUP SACENDU MRC (MaRISA Study) Civil Society Planet Youth INL US Department of State ITTC Advisory board DSD/ DHW/ WCLA/ DOCS/ DOE NACOSA/ TB HIV care AA/ NA OUT Chem Sex NPO Recovery Inclusive Cities (UK)	KPI 1: x30	April 2023/ March 2024	Attended & on occasion presented at various stakeholder engagements / webinars.	9

Implement- ation of the Trafficking in Persons Act 7 of 2013.	KPI 1: number of multi- sectoral governance stakeholders' engagements.	Department of Local Government (DLG) Civil society (NGOs & CBOS) National Prosecuting Authority (NPA)	KPI 1: x4	April 2023/ March 2024	DLG: Part of a provincial multi-sectoral governance structure in the implementation of the Trafficking in Persons Act 7 of 2013. External Human Rights & Special Projects serves on the Human Trafficking Task Team chaired by the National Prosecuting Authority (NPA). Ensuring multi-sectoral governance, involvement & accountability.	3
Promoting collaboration/ governance & strengthening the network.	KPI 1: Provincial Implementation plan for the national strategic plan on HIV, TB & STI's	Western Cape Government The Provincial Council on AIDS & TB Department of Health & Wellness DSD Civil Society	KPI 1: x1	April 2023/ March 2024	The Provincial Council on AIDS & TB is mandated to bring together government, civil society, & other stakeholders to provide a comprehensive response to the public health challenges of HIV, TB and STIs. In alignment with the NSP for HIV, TB and STIs 2023 – 2028, this Provincial Implementation Plan positions people and communities at the centre of the response effort and was developed through multiple consultations & engagements at various levels with a range of stakeholders	3
Theewaterskloof of LDAC stakeholder engagements	KPI 1: number of TWK LDAC quarterly engagements hosted for the financial year (April/September/Dec 2023 and February 2024). KPI 2: number of TWK LDAC planning session (July 2023 – beginning of municipal fiscal year).	TWK LDAC: Theewaterskloof Municipality SUD Stakeholders Western Cape Substance Abuse Forum (WCSAF) SAPS Social Crime Prevention Dept Dept Of Health & Wellness Primary Health Care unit Western Cape DSD – Policy Development Unit TWK LDAC members	KPI 1: x4 meetings. KPI 2: x1 strategic planning session.	April 2023/ March 2024	TWK LDAC quarterly sessions are used for capacity building and networking, evaluating and collaboration. Attendees differ from between 15 – 45 per engagement session. In the beginning of municipal fiscal year, TWK LDAC members jointly plan for the year ahead.	8
Theewaterskloof of LDAC stakeholder engagements	KPI 1: number of Villiersdorp SUD referral network engagements	TWK LDAC: 10 Member organizations who provide SUD related services in Villiersdorp & its surrounding farms.	KPI 1: x2	April 2023/ March 2024	Purpose of this network is to have a coordinated mechanism/structure for SUD service delivery for service users and community members seeking help in this town and its surrounding farms.	8
Theewaterskloof of LDAC stakeholder engagements	KPI 1: number of stakeholder engagement session for GBV related interventions	TWK LDAC: SAPS Overberg District Municipality Dept of Justice DHW DSD	KPI 1: x1	April 2023/ March 2024	Introduction to TWK Safe House services and referral process. This network to be used as support and access to immediate emergency service delivery to victims of GBV and DV.	8

High level Sector Specific Engagements	KPI 1: number of Network leaders' engagement in terms of linkage to healthcare services via Clinic Managers and Social Crime Prevention Officers.	TWK LDAC: Dept of Health & Wellness' Primary Health Care Services Manager for TWK. Operational Managers and all Network Leads (Caledon, Genadendal, Botrivier & Grabouw) were linked at their respective clinics. Libraries, Civil Society offices and Clinics.	KPI 1: x28	01 & 02 August 2024	High level Sector Specific Engagements were held with SAPS and Healthcare – lack of DSD support for this project noted. Commitment from SAPS and Healthcare in terms of linkage to healthcare services via Clinic Managers and Social Crime Prevention Officers.	3
Africa Drug Policy Week	KPI 1: Stand Love Alliance Project	TWK LDAC: NPO Partner STAND Women / community	KPI 1: x1 case study during Africa Policy week	16 August 2024	This project was presented as a case study for best practice (and uptake from National DSD) as an example of Harm reduction was positively received – a close eye will be kept on the progress of this.	3
ARASA Advocacy Seminar: 12 – 15 September	KPI 1: advocacy seminar	TWK LDAC:	KPI 1: x1	12 – 15 September 2024	TWK presented as success and raised the key areas of support and advocacy for WWUD in Overberg	3
Appreciation Ceremony for substance abuse service users	KPI 1: number of people in recovery receiving appreciation awards.	TWK LDAC: Substance users in recovery Civil society Provincial & national government departments on LDAC government departments on LDAC	KPI 1: x14	5 th December 2024	TWK LDAC hosted an Appreciation Ceremony for substance abuse service users who have been in recovery and have shown tremendous commitment to leading sober and healthy lifestyles for 2 months and more. Seven (7) of our LDAC organisations/departments who focus on early intervention, community-based treatment, counselling and after care services nominated 2 service users per organisation and we had 14 service users (sobriety period ranging from 2 months to 7 years) whom we honoured for their perseverance and committed to lead sober lives. It was an extremely emotional ceremony for those who spoke about their journey – what they've lost but more important what they gained; what they learned and what they want to give back to their communities.	3
Swartland Local Drug Action Committee (LDAC) & executive monthly meetings	KPI: number of stakeholders attending LDAC monthly and executive meetings throughout the financial year.	Swartland LDAC Municipality: DHW DPOCS SAPS NGO's /CBO's DSD DCS WCDM Community / activists / parents.	KPI: x272.	April 2023/ March 2024 LDAC monthly meetings: 30 August/ 27 September/ 9 November 2023 31 January/28	Regular meetings. LDAC executive meetings 10 August 2023 19 January 2024 29 February 2024	3

				February 2024		
Mossel Bay Municipality LDAC Committee Quarterly meetings & engagements	KPI: number of quarterly meetings took place as planned for the year and all action plans were implemented and reported. KPI 2: Provincial & National engagement: Provincial Dialogue	Mosselbay LDAC: DSD SAPS Faith-Based Organizations Department of Education Department of Health SANCA Wonderful SA All Nations Helpings Hands Department of Health NGO's and CBO's WCSAF / CDA	KPI: x4 KPI 2: x1	2 August 2023 03 October 2023 1 November 2023 29 February 2024	Ensuring multi-sectoral governance, involvement planning and accountability to address substance use disorders. The CDA & WCSAF in partnership with LDACs across the province held its first provincial dialogue about the review of the NDMP 2019-2024 & Mosselbay LDAC was identified and hosted one of the four sites.	8
Policy training for youth	KPI 1: Policy education training/workshop: WC Youth Development Strategy, National Youth Policy 2020-2030, Youth Café concept, mentoring & Norms & Standards of Youth Development.	Mosselbay LDAC: Youth George Museum Youth café Municipality	KPI 1: x1	19 & 25 August 2023	The Youth Development Policy education training/workshop was held with all the stakeholders who work within the Youth fraternity. The purpose of the workshop was to help those in attendance to have the same understanding of the Provincial and National government objectives and to align our youth development programs/services to the young people of the province in order to address the social ills.	
SBM LDAC MDMP	KPI 1: number of SBM LDAC meetings/engagements. KPI 2: stakeholder engagement in partnership with Chair PSAF	SBM LDAC: SBM DSD SAPS DOJ&CD DCS NHDCC SaL WCC VC Mfesane WCSAF	KPI: x55 KPI 2: x20	April 2023 / March 2024	SBM LDAC MDMP implementation schedule developed and finalised. Available in well-presented spreadsheet format with clearly color-coded project activity start dates, durations, and end dates. SBM undertook to encourage future participation through continuous and regular meetings and stakeholders' engagements.	4
Hessequa Social Development Forum Stakeholder engagement sessions (SDF)	KPI 1: number of stakeholders attending engagements /meetings.	Hessequa LDAC: DSD Stakeholders on Social development Forum. Ouma Lena se Huis Jagersbosch Development	KPI 2: x55	April 2023/ March 2024 Meeting dates: SDF & LDAC 28 November 2023 18 January 2024 6 February 2024	LDAC is a standing item on the Hessequa SDF. LDAC members were informed of the purpose of the LDAC as well as to get the support from all organizations and Government Departments to become involved with the LDAC. Members were also provided with a clear understanding of how the LDAC and each entities role and responsibility. The legislative mandate which makes the LDAC a legitimate committee were also explained and clarified.	3

Stellenbosch LDAC General meetings	KPI 1: number of quarterly general meetings of the elected.	Stellenbosch LDAC: SAPS ABBA STB ACVV HQ STB Hospital RDT, DCS, DSD STB Municipality WCLA STB Mun Law Enforcement Mudita Foundation STB Correctional Services Drakenstein Correctional Services StellCare STB University Hesketh King Treatment Centre	KPI 1: x3	April 2023/ March 2024 30 August 2023 23 November 2023 23 February 2024	Also served as a capacity building session with keynote speakers, FARR, Chantelle Pepper RAMOT Roadshow feedback.	8
Stellenbosch LDAC monthly meetings	KPI 1: number of monthly meetings of the elected.	Stellenbosch LDAC: DSD WCED DOH WCLA ACVV StellCare Local organizations.	KPI 1: x11	April 2023/ March 2024 25 April/19 May/14 June/07 August/21 September/17& 26 October/13 November 2023 15 February/12 March 2024	Regular meetings.	3
Review & development of a Terms of Reference (TOR) for the Stellenbosch LDAC	KPI 1: Approved revised TOR.	Stellenbosch LDAC: DSD Stakeholders	KPI 1: x1 TOR.	April 2023/March 2024	Completed.	3
LDAC linked to IDP of municipality	KPI 1: LDAC linked to IDP	Swellendam LDAC: Municipality / Council	KPI 1: x1	April 2023/ March 2024	Signed and implemented.	3
MOU with professional role players (parties)	KPI 1: number of Memorandum of understanding (MOU)	Swellendam LDAC: Swellendam municipality Parties: SAPS, DSD, ACVV, WCED, DHW, Community Action Partnership (CAP)	KPI 1: x1	April 2023/ March 2024	The forums were established in support of the LDAC, to ensure professionalism & sustainability / resilience & consistency. The SPN consists of professionals, guaranteeing proper inter-professional & governmental & NGOs/NPOs. The SK, consist of community volunteers, bridging the gap between professional input & LDAC support. Creating a link between the grassroots community support system group – linking them with sponsors and or VEP support to family members.	3
Strengthen of network to support LDAC	KPI 1: number of forums created to support the LDAC interventions on ground	Swellendam LDAC: Swellendam Professional Network (SPN) Swellendam KOEKSISTAS (SK)	KPI 1: x2	April 2023/ March 2024	The LDAC will refer all reported cases (recorded electronically) according to the SOP protocol established by all stakeholders.	3

LDAC protocol to strengthen governance and collaboration	KPI 1: Standard operating protocol system	Swellendam LDAC: Swellendam Professional network Swellendam KOEKSISTAS	KPI 1: x1	April 2023/ March 2024	According to the LAC, several external engagements were held and attended both online and in person. Matzikama LDAC formed part of the provincial dialogue.	3
LDAC meetings & engagements	KPI 1: number of meetings/ engagements	Matzikama LDAC: MADA & Namaqua treatment centres Badisa SAPS DSD DOE DOJ&CS DHW Buseinness sector Church leaders LGO Onse Kaia Association for People with Disabilities	KPI 1: x8	April 2023/ March 2024	Signed and implemented.	3

GOAL 6

Focus Area 1	Strategic information.
GOAL 01:	Strengthen data collection, monitoring, evaluation, and research evidence to achieve goals.
MEASUREABLE OBJECTIVE 01:	Baselines available to measure impact of NDMP 2019 – 2024.
OUTCOMES	Evidence-based approach

KEY DELIVERABLE	KEY ACTIONS	FUNCTIONARY/ SECTOR	KPI	Time Frame	PROGRESS	EKURHULENI RESOLUTION
EC						
Monitor and evaluate the implementation of the PDMP 2021 - 2026		Provincial Substance Forum	Number of PDMP targets reached	1 April 2023- 31 March 2024	Provincial Substance Forum	
FS						
Monitor and evaluate the implementation of the NDMP 2019 - 2024	Quantify accountability at all levels Disseminate national data at local, national and international level	Various relevant stakeholders	Number of NDMP targets reached	1 April 2023- 31 March 2024	Free State Provincial Substance Abuse Forum managed to hold meetings to monitor implementation of Drug Master Plan as follows: First Meeting was held on the 19th of May 2023. Second Meeting was held on the 14th of July 2023. Third Meeting was held on the 9th of February 2024	
KZN						
Monitor and evaluate the implementation of the NDMP 2019 - 2024	Quantify accountability at all levels. Disseminate national data at local, national, and international level	Various relevant stakeholders	Number of NDMP targets reached	01 April 2023 to 31 March 2024	<ul style="list-style-type: none"> •4 x Quarterly MTSP Report submitted to National DSD. •Participated and provided input at structures AWG M and AWG F JCPS and SPCHD Clusters. •The registration for Khanyani Treatment Centre was finalized on 28 June 2023. •CDA Provincial Dialogue was held on 18 August 2023 at the Nelson Mandela Youth Centre in Chatsworth. 180 delegates in attendance •13 substance use disorder services registered as follows: - -Agape House on 06 April 2024 -Zensai Treatment Recovery and Wellness Centre for Drug and 	12

					Alcohol Abuse on 22 June 2023 -Khanyani Treatment Centre on 28 June 2023 -Choose life Beach Rehabilitation Centre-15 August 2023 -Cedars Midlands-24 August 2023 -RAUF halfway house on 21 September 2023 -Careline halfway house on 21 September 2023 -AC Wellness on 30 October 2023 -ARCA-15 January 2024 -SORD on 15 January 2024 -South Coast Recovery Centre on 07 February 2024 -Cedars South Coast on 07 March 2024 -SANCA-Empangeni on 15 March 2024 •The Department of Health has included 4 new indicators on the district health Information system; there are still some fidelity issues being addressed •Client screened for mental health and substance abuse disorder - 18 years and older •Male client screened for mental health and substance abuse disorder •Substance abuse disorder diagnosed – New •PHC Client treated for substance abuse disorders – New •Clients treated for Co-Morbid mental illness and substance use disorders •Clients managed for acute withdrawal-psychiatry. •This facilitated the collection of data and the monitoring of services at facility level. •Data fidelity and monitoring of facilities is needed to ensure implementation.	
MPU						
Monitor and evaluate the implementation of the NDMP 2019 - 2024	Quantify accountability at all levels. Disseminate national data at local, national and international level	Various relevant stakeholders	Number of NDMP targets reached	1 April 2023-31 March 2024	1 annual report on the implementation of the Mpumalanga Drug Master Plan was compiled and submitted to CDA. 4 quarterly reports on the implementation of the MDMP were submitted. 1 provincial database of Registered Treatment Centres and unregistered Facilities was developed.	12
CTADAC: AOD strategy	KPI: The Alcohol and Other Drug Strategy is being monitored and supporting departments provide information	CTADAC: City of Cape Town: Directorate Community Services and Health	KPI: Quarterly progress / Annual Reports. Currently working on improving	April 2023 / March 2024	Currently working on improving reporting and using information to inform and improve on projects.	12

	monthly. This information provided allows for reports, such as this to be generated.	Social Development and Early Childhood Development, City Health, Libraries and Information Services Safety and Security	reporting and using information to inform and improve on projects.			
TWK LDAC secretariat designed a excel spreadsheet to be used as reporting template for TWK LDAC member organizations – we collect data of SUD related services offered in municipal area.	KPI 1: Information is submitted on a monthly and quarterly basis, collated, and submitted to Portfolio Committee (LDAC oversight committee in municipality) quarterly.	TWK LDAC & SUD stakeholders Over 20 civil society organizations and government departments form part of the TWK LDAC.	KPI 1: x12	April 2023/ March 2024	Ongoing.	7
Monthly, quarterly, biannual, and annual reports	KPI 1: Number of quarterly & biannual reports submitted to Community Services Portfolio Committee. Annual report submitted to WCSAF	TWK LDAC SUD stakeholders Community Services Portfolio Committee Overberg District Municipality WCSAF & CDA.	KPI 1: 4 X Quarterly reports 2 x biannual reports 1 x annual report	April 2023/ March 2024	Completed. TWK LDAC and SUD stakeholders send reports, and it is collated by TWK LDAC Secretariat.	7
Improve information systems to aid effective management. Accurate SUD statistics	KPI 1: Improve recorded statistics.	SBM LDAC: SBM on behalf of all SBM LDAC participants	KPI1: x20	April 2023 / March 2024	Initial collection of statistics sketchy. SBM undertook to keep all SBM LDAC participants accountable for proper recordkeeping and reporting. The format of meetings has been changed to address this goal. All stakeholders must now provide an update of actual activity/results 7 days after the LDAC meeting. A specific hands-on list of activities due to be done between LDAC meetings must also be provided by both government departments as well as all NGOs. DJ&CD reported statistics that confirmed the direct relationship between substance abuse & domestic violence.	12
Provision of a reliable administration support system for all activities of the SB LDAC to implement the MDMP successfully. Centralized administration capability	KPI 1: Establish administration function for all LDAC stakeholders (including re-integration coordination) Coordination of support group activities. Coordinate & distribute to stakeholders' relevant substance use disorder research.	SBM on behalf of all SBM LDAC participants	KPI: Ongoing.	April 2023 / March 2024	A responsible person identified & tasked. Implementation still in progress. Support groups of SaL & NHDCC working together successfully in several communities. Attendance of support groups problematic. To date utilization of research results & publications have been left to stakeholders themselves. SBM are now coordinating & distributing - ongoing.	7 12
Monthly reports to Council	KPI 1: number of monthly reports regarding the functioning and	Hessequa LDAC	KPI 1: 12	April 2023/ March 2024	Council is informed of the LDAC functioning. Action Plan is in process. The annual plan will be	12

	progress of the LDAC is submitted to Council				discussed during the coming meetings	
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GOAL 7: Sustainable Economic Growth.

Focus Area 1	
GOAL 01:	Stimulate Robust and Sustainable Economic Growth aimed at reducing poverty, unemployment, inequalities and Substance Abuse in Communities.
MEASUREABLE OBJECTIVE 01:	Baselines available to measure impact of NDMP 2019 – 2024.
OUTCOMES	Learnership programmes established, and skills development conducted.

KEY DELIVERABLE	KEY ACTIONS	FUNCTIONARY/SECTOR	KPI	Time Frame	PROGRESS	EKURHULENI RESOLUTION
EC						
Number of Work opportunities created		Department of Social Development	Child & Youth Care Learnership Programme NQF 5.	1 April 2023 – 31 March 2024	30	
		Department of Social Development	Social Auxiliary Work Learnership Programme NQF 5	1 April 2023 – 31 March 2024	15	
		Department of Social Development	Graduate Internship Programme (HWSETA Funded)	1 April 2023 – 31 March 2024	50	
		Department of Social Development	Number of Work opportunities created.	1 April 2023 – 31 March 2024	160	
		Department of Social Development	Number of skills development programmes conducted	1 April 2023 – 31 March 2024	During the period under review Two Hundred and Eighty-Seven (484) children in conflict with the law awaiting trial and sentenced in secure care centres from Enkuselweni CYCC in Nelson Mandela Metro, John X Merrimen CYCC, Bhisho CYCC in Buffalo City Metro, Lulama Futshane CYCC in Joe Gqabi District and Qumbu CYCC in O.R Tambo District, accessed therapeutic and vocational skills training such as basic computer training, brick laying and sewing. Children in conflict with the law were empowered with to be self-reliant and to reduce chances of re-offending.	
FS						
Number of jobs created to improve the country	Establish skills development, and Learnership programmes	Various relevant stakeholders	Number of Learnership programmes conducted Number of skills development programmes conducted	1 April 2023 – 31 March 2024	11 new job opportunities were created through private SUD Treatment Centres. Department of Social Development funded 31 NPOs to render Prevention, Treatment	

					and Aftercare services to the value of R 8 445 000.00. 230 job opportunities were created through funding of stipend.	
KZN						
Number of jobs created to improve the country	Establish skills development, and Learnership programmes	Various relevant stakeholders	Number of Learnership programmes conducted. Number of skills development programmes conducted	01 April 2023 to 31 March 2024	<ul style="list-style-type: none"> •The Department of Social Development has created job opportunities in various programmes through funding of NGOs. The following jobs were created to NGOs. •Care and Support services to families, there are a total of 33 Social Workers employed in the NPO sector. •Crime Prevention and Support, there are a total of 49 social workers employed by the NPO sector. •In terms of Substance abuse prevention services. there is a total of 37 Social Workers employed. •In terms of Victim Empowerment Services there are a total of 195 Social Workers employed by the NPO Sector that are funded by the Department. •15 005 Youth participated in skills development programmes •100 Women from DSD Programmes have been linked with economic opportunities. These women are doing sewing in partnership with SETA. •50 Youth from Weenen under uThukela District were trained on Bricklaying and Plumbing. •600 HIV counsellors have been career pathed to train as social auxiliary workers and provide psycho-social services at a clinic level. •22 registered counsellors have been appointed at Community health Centres to provide mental health and substance abuse services. 	
Limpopo						
Creation of job opportunities in the field of substance abuse	-Provide stipend to substance abuse volunteers	DSD	Number of field workers provided with stipend	1 April 2023 – 31 March 2024	51 field workers with accredited training were provided with stipend	

MPU						
Number of jobs created to improve the country	Establish skills development, and Learnership programmes	Various relevant stakeholders	Number of Learnership programmes conducted. Number of skills development programmes conducted	1 April 2023- 31 March 2024	The Department of Social Development is funding 8 NPOs which has employed 3 Directors, 5 Centre Managers, 22 Social Workers, 14 Social Auxiliary Workers, 4 Community Development Practitioners, 6 Professional nurses, 2 Peer Educators, 12 Child and Youth Care Workers and 1 educator. 140 jobs were created through arts, culture and heritage programme. 32 service users were equipped with Agricultural skills, beading skills and computer skills. 6 service users were enrolled into the skills development program at Ekurhuleni artisan and engineering college. 4 service users were linked with temporary employment. 2 service users were hired through internship at Steve Tshwete local municipality. 20 service users attended portable skills programme i.e., diesel mechanic, basic cabinet making, pipe fitting, carpentry and joinery, gas welding-mild steel. 30 service users attended the NYDA Entrepreneurship and life skills program	
NC						
1. A regulated liquor industry in the province Licensing			License application received, investigated and outcomes communicated	1 April 2023- 31 March 2024	89%	
2. A compliant liquor industry in the province Reduce number of non-compliant activities within the liquor industry			Number of district (5) being investigated to conduct compliant inspections	1 April 2023- 31 March 2024	1403 inspection conducted in all 5 districts. 100% 9 of 9 of complaints received were resolved within 30 days.	
3. Increased education and awareness campaigns Reduction on the negative effects of alcohol abuse			Percentage of complaints resolved within 30 days	1 April 2023- 31 March 2024	28	

and responsible trading						
Growth for Jobs strategy	KPI 1: reducing red tape by supporting small to medium businesses. KPI 2: number of created or sustained jobs. KPI 3: number of facilitated new investments. KPI 3: number of citizens supported with economic opportunity.	Department of Economic Development & Tourism WC communities & citizens	KPI 1: x1 600+ KPI 2: x15 300 KPI 3: xR7.5bn KPI 4: x28 000+	April 2023/ March 2024	Growth for Jobs (G4J) strategy turns one year. The mission of the G4J is to enable a thriving private sector that attracts investment capable of creating jobs & lifting our citizens from poverty to prosperity – creating meaningful opportunities that truly change the lives of residents for the better. Unemployment rate decreased by 2.2% & employment increased by 161 000 jobs or by 6.2% year-on-year.	8
Responding to basic needs of the communities to increase protective factors	KPI 1: number of community nutrition & development centres. KPI 2: number of soup kitchens. KPI 3: number of school learners' part of School Nutrition Programme.	Western Cape Government DSD Civil Society DOE	KPI 1: x102 KPI 2: x358 KPI 3: x500 00 per year	2019-2023	Since 2019 the WCG has funded cooked meals through community nutrition and development centres, soup kitchens & school nutrition programme across the province. Over a million Nutritious meals were delivered to vulnerable residents.	8
Skills Development Initiatives	KPI 1: number of eCentres. KPI 2: number of accredited e-skills training opportunities	Western Cape Government eCentres	KPI 1: x75 KPI 2: x7 096	2019/ 2023	The WCG's eCentre programme, which is available at 75 sites, makes information and communication technology freely available and accessible to communities in the province, with a special focus on rural areas where access is most needed. This training includes an e-learner. course to equip candidates with a solid foundation. for progressing on to the International Computer Driving License Course. In addition, a basic computer course is offered to people who do not have any experience in using computers.	8
Skills Development Initiatives	KPI 1: number of skills initiatives provided by I-CAN Centre. KPI 2: number of youths participating in the Year Beyond programme.	Department of Economic Development & Tourism Department of Cultural Affairs & Sport Youth across WC	KPI 1: x15 091 KPI 2: x10 000	2015/ 2023	The I-CAN Centre in Elsie's River has been supported by the Western Cape Government since its inception in 2015. The Centre has become a beacon of hope for Elsie's River & many other communities & has provided 15 091 skills initiatives to date. 5 940 of these	8

					have been since October 2019. The Year Beyond Programme aims to provide unemployed youth between the ages of 18 & 25 with meaningful work experience. Since its launch in 2015, it has supported over 10 000 young people. In 2023, the Western Cape Government won the 2023 Social Justice Bridge Builder Award that recognises individuals or programmes for their unwavering dedication.	
Skills Development Initiatives	KPI 1: number of interns participating in Premiers' Advancement of Youth (PAY)	Department of Premier & provincial government departments	KPI 3: x3 267	2019/ 2023		
Regional Socio-economic projects	KPI 1: number of towns in WC that received neighbourhood development & spatial justice – to improve the quality of life in previously disadvantaged neighbourhoods via urban, social & spatial upgrading.	Department of Infrastructure	KPI 1: x19 towns in WC	April 2023/ March 2024	The Regional Socio-Economic Projects Programme is an intergovernmental & citizen-centric initiative run in the Western Cape and is aimed at neighbourhood development & spatial justice. The programme's purpose is to improve the quality of life in previously disadvantaged neighbourhoods through urban, social & spatial upgrading. It is currently being implemented in 19 towns in the Western Cape.	8
Creating Sustainable communities	KPI 1: number of Thusong Centres.	Western Cape Government DSD Home Affairs Labour Department SASSA	KPI 1: x22	April 2023/ March 2024	A Thusong Service Centre is a one-stop service centre providing government information and services to communities from departments and institutions. Between 2019 and 2023, on average, 1.3 million people accessed services through the 22 Thusong Centres in the province.	8
Creating Sustainable communities	KPI 1: number of people accessing LandCare services. KPI 2: number of Green Jobs created.	Department of Agriculture Communities Farm workers & farms across WC Rural regions	KPI 1: x4 234 KPI 2: x4 521		Department of Agriculture's Land Care involves a process of participation with communities that focuses on land resource management through the promotion of sustainable practices. Through this programme, people are enabled to	8

					harness the natural resources in their area in a sustainable way for longevity.	
Youth Development	KPI 1: number of graduates between ages 18-25.	Western Cape Government Department of Police Oversight & Community & safety DSD	KPI 1: x 1 522	2019/ 2023	The Chrysalis Academy was set up in 2000. It is a youth development academy regarded as a flagship project in innovative youth development. It runs a three-month residential programme for youth aged 18 – 25 from across the Western Cape from as far afield as Beaufort West and Mossel Bay. The envisaged outcomes of the three-month programme include personal mastery, greater resilience, an enhanced skill set and access to a range of further learning opportunities, including a 12-month work placement to acquire work experience	8
Employment opportunity in The Strengthening Families (SFP) Programme	KPI 1: number of after school practitioners for SFP parents. KPI 2: number of Community Liaison Officers (CLOs) employed.	CTADAC: City of Cape Town Social Development and Early Childhood Development, Libraries and Information Services Recreation and Parks & DCAS	KPI: x160 After School Practitioners were employed KPI 2: x5	April 2023/ March 2024	After attending the SFP, parents were offered a job opportunity aligned to specific outcomes and assisting within their local community.	8
Career Pathway workshop	KPI 1: number of unemployed youths that attended career pathway workshop,	TWK LDAC: AVA Mobile Career Café DSD Riviers-onderend CPF Badisa Riviers-onderend	KPI 1: x28 unemployed youth with grade 12 certificates	April 2023/ March 2024	Variety of interventions will be implemented with this group of young people including an open day with institutions that offered career – study and work – opportunities.	8
TWK Youth network engagement session	KPI 1: number of youths reached through Youth networking session was hosted in Botrivier with unemployed youth with Dept of Infrastructure: NYS & Bursary programme, Edubuild Training programme & HelderCare training centre.	TWK LDAC: Dept of Infrastructure_ National Youth Services & Masakh'iSizwe Bursary Programme HelderCare Training Centre Edubuild WC & EC (ECD programme)	KPI 1: x 30 youth & x25 others.	April 2023/ March 2024	Youth networking engagements will continue quarterly. Career Expo planned for April 2024.	8
Support local economic development through skills development	KPI 1 Action: number of youth and community reached through: Swatland SMME Summit held on 12 May 2023. 12 August: Business profiling with Youth Control group.	Swatland LDAC: Municipality and SEDA NYDA / SARS, DEDAT	KPI:x 418	April 2023 / March 2024	Community members attended roadshows, trainings, and workshops on scheduled timeslots in different towns. This evidence-based data collection is from April 2022 – March 2023.	8

	<p>Swartland Youth Entrepreneurial summit held on 23 June 2023.</p> <p>SEDA Business Management Awareness training held on 17 August 2023.</p> <p>Micro SMME Session held on 18 August 2023.</p> <p>Department of Infrastructure Construction Information Session held on 16 August 2023.</p> <p>Swartland Municipality Social Regeneration SMME youth Control group workshop held on 22 July 2023.</p> <p>DEDAT: PACA Capacity Building Session held on 12 – 13 February 2023.</p>					
Promote the capacity of young adults. Promote access to social development services for vulnerable people	<p>KPI 1: Number of people (including youths) assisted with career guidance and information about economic opportunities.</p> <p>KPI 2: Number of youths from the Swartland community who entered into job opportunities with assistance from the Youth Office.</p> <p>KPI 3: Number of trainings, internships and learnerships opportunities in collaboration with other Departments with assistance from the Youth Office.</p> <p>KPI 4: Number of life skills programmes (Youth Dialogue sessions)</p>	<p>Swartland LDAC: Municipality and various stakeholders</p> <p>Catalyx Jumpstart Mr Price Group Training and in service training.</p> <p>Occupational Health and Safety training.</p> <p>First Aid Level Two training.</p> <p>Life skills: CCE and ABCD was conducted by WCCF, DSD local Office, Municipality, IEC and DOL.</p>	<p>KPI 1: x4922</p> <p>KPI 2: x105</p> <p>KPI 3: x101</p> <p>KPI 4: x475</p>	April 2023/ March 2024	<p>People are being assisted daily. This data collection is only from April 2022 March 2023</p> <p>Empower, educate, equip, link with employment opportunities.</p> <p>Youth Dialogue sessions was implemented in all towns. Youth had conversations regarding their challenges and solutions. Topics that were discussed were: GBV, Unemployment, Substance abuse, GBV, gangsterism, bullying. Youth had to come up with a project with the support from the various role players. Abbotsdale and Malmesbury hosted arts and cultural events which pertain strong messages to stop GBV and substance abuse.</p>	8
To improve reintegration of recovered substance abusers into society	<p>KPI 1: Creating jobs or provide study opportunities for people in recovery.</p> <p>KPI 2: Improve academic qualifications during latter stages of SUD treatment.</p>	<p>SMB LDAC: NHDCC</p> <p>SMB</p> <p>WCC</p>	<p>KPI 1: x5 jobs provided.</p> <p>KPI 2: x8</p> <p>KPI 3: x5</p>	April 2023/ March 2024	<p>Five job providers already actively providing jobs to recovered AOD abusers through NHDCC negotiations. This represents an improvement of 40% from last year to the 2023 – 2024 period. A new initiative allows those finished with their program to</p>	8

	KPI 3: Improve academic qualifications during latter stages of SUD treatment – completing grade 12.				improve their qualifications at a training facility of their choice whilst staying on the farm at NHDCC. They then earn their keep by contributing to the facility in their field of study. Three young men have started this year to complete their grade 12 schooling whilst also having part-time jobs as well as contributing to the NHDCC daily operations.	
Youth Development program	KPI 1: Assess status with regards to youth activities.	SBM LDAC: DSD SAPS DOJ&CD DBE DHET WCC DCAS SaL NHDCC	KPI 1: x5 youth pro- grammes.	April 2023 / March 2024	Only the following youth programs currently active: SBM Libraries - Identify youth at risk that visits library as escape. DBE - Safe schools WCC - Motivational camps. Boys to Men (Young men camp at Geelbek/national park. Girls Dignity camp More work is necessary in this area to achieve this objective.	8
Youth Council Workshop / AGM / Elections	KPI 1: Youth workshop engagements: The purpose of the workshop was to have the AGM as well as to elect new members as some of the previous members are no longer part of the Youth Council.	Hessequa LDAC: DSD's Youth Café SUFF Academy	KPI 1: x50 youth	April 2023/ March 2024	New Youth Council members were elected, and the Terms of Reference have been workshopped with the youth in attendance.	8
Youth Development Training Sessions	KPI 1: community work outreach program: Content of training: Mobile literacy Digital Marketing After school programmes Career readiness CV Writing Training sessions are also taking place at High Schools.	Hessequa LDAC: SUFF Academy	KPI 1: x50-60 – 10/15 assisted daily.	April 2023/ March 2024	Training sessions are facilitated by the Hessequa Youth Café. Youth are being empowered and capacitated with skills that are relevant to the era we are living in. They are also being trained for the career market.	8
NPO Compliance workshops	KPI 1: number of workshops. KPI 2: number of organizations reached.	Hessequa LDAC: Municipality DSD – Hessequa and Eden Karoo Regional Office.	KPI 1: x2 KPI 2: x65	April 2023/ March 2024	Training sessions were valuable as many organizations are not aware of the importance of remaining compliant. Workshops took place to capacitated local NPO's about compliance as stated by the NPO Directorate. The	8

					purpose of the workshops was to ensure that organizations rendering services to our communities remain compliant as this might affect their sustainability and funding. This could have a negative impact within the area as less services will them be available to the community.	
Training / upskilling youth	KPI 1: number of youths participating Learner License Training programme. KPI 2: number of youths participating in Life Skills Training KPI 3: Peer educators camp for youth	Mosselbay LDAC: Municipality's youth, sport & recreation office Wonderful SA	KPI 1: x104 KPI 2: x98 KPI 3: x1	17 May 2023 / 18, 20, 25, 27, & 28 March 2024 22 nd May 2023/ 12/13/15 March 2024 23-25 June 2023	The municipality's youth, sport & recreation office rolled out the much-anticipated Learner's License program with the successful candidates who applied for the opportunity – unemployed youth. The life skills training took place in Mossel Bay, Sonskynvallei and Friemersheim.	11
Junior Youth Council	KPI 1: Job Shadowing KPI 2: number of learners reached through the peer education campaign for Grade 6 & 7. KPI 3: JTC team building	Mosselbay LDAC: Junior Town Council – mini-Council of Mosselbay Municipality. Primary schools: Milkwood Primary, Ridgeview Primary, Erika Primary, Hartenbos Primary, Curro, TM Ndanda Primary and Isalathiso Primary Sports Centre	KPI 1: x KPI 2: x2000 KPI 3: x	23-30 June 2023 24-27 July 2023 29 September 2023	The Junior Town Council provides the youth with programs. The Job Shadowing is for the Junior Town Council to see what and how the Council do they work and to see how meetings work, as well as how they serve the town. The purpose of the peer education campaign was raising awareness regarding the JTC and to promote leadership and to speak about the transition from primary school to secondary school. The JTC members were well received at the schools and did an outstanding job. JTC had a team building at the Indoor Sports Centre. Icebreakers were done and the constitution was discussed with the new members. Declarations forms were signed by the JTC members.	8 11
Leadership workshops	KPI 1: leadership skills workshops: Topics covered: Basic presentation and soft skills (Reflekt Development Agency) Servant leadership self-	Mosselbay LDAC: Youth Junior Town Council (JTC) Reflekt Development Agency Wonderful SA Work4aliving Chanell Beukes	KPI 1: x12	10 February 2024	The Youth office, saw a need for the JTC executive and general members to do leadership workshop to build and develop their leadership skills to improve their communication, confidence, knowledge, and	8 11

	<p>leadership (Wonderful SA)</p> <p>Spiritual leadership (Work4aliving)</p> <p>Effective communication & conflict handling (Chanell Beukes)</p> <p>Project management. Meeting procedures.</p>				<p>commitment so that when they leave the JTC they will have skills, confidence, and knowledge to take them further in their careers. Opening was done by the Alderman Booisen and Mayor Dirk Kotze gave words of encouragement.</p>	
Creative arts & Media training	<p>KPI 1: number of youths reached through creative arts & media training.</p> <p>KPI 2: number of youths reached through Second creative arts & media training.</p> <p>KPI 3: number of youths reached through third creative arts & media training</p>	<p>Mosselbay LDAC: Municipality's youth office Wonderful SA</p>	<p>KPI 1: x5</p> <p>KPI 2: x2</p> <p>KPI 3: x6</p>	<p>26-30 June 2023</p> <p>04-08 December 2023</p> <p>25- March 2024</p>	<p>The youth are offered studio time not just to write and record but also to be themselves. This training offers a healthy way for them to express themselves and most are often challenged to be more honest with themselves because of how the space allows for vulnerability. A safe space to discuss topics such as relationships, family, conflict resolution and mentorship for who's who seek it. Speaking about it all, venting to someone and just a break away from the chaos at home. Views are discussed, challenged & changed. These sessions are a cradle of creativity which we believe will play a huge role in these young people's lives and this is an opportunity which is given at no cost at all.</p>	<p>8</p> <p>11</p>
NYDA Business Management Training (BMT)	<p>KPI 1: number of beneficiaries reached through the BMT workshop.</p>	<p>Mosselbay LDAC: NYDA Department of Infrastructure / Human Settlements</p>	<p>KPI 1: x46</p>	<p>26-30 June 2023</p>	<p>A collaboration between Mossel Bay Municipality-NYDA & Dept. of Infrastructure (then Human Settlement). As a follow-on the EPWP (construction & NHBRC) enquiries was made as to what the participants were doing and how best they could be assisted and stemming from there a group of 18 young people were enlisted in the BMT training together with 28 referrals from the MB Youth Desk.</p>	<p>8</p> <p>11</p>
Job readiness training	<p>KPI 1: first Basic Computer training: character building, job readiness and basic presentation.</p> <p>KPI 2: second BCT</p>	<p>Mosselbay LDAC: Municipality Grootbrak E-Centre Reflekt Development Division Wonderful SA Brandwag E-Centre Sport Centre's E-Centre Youth Café</p>	<p>KPI 1: x5</p> <p>KPI 2: x18</p> <p>KPI 3: x8</p> <p>KPI 4: x</p> <p>KPI 5: x</p> <p>KPI 6: x</p> <p>KPI 7: x</p> <p>KPI 8: x4</p> <p>KPI 9: x3</p>	<p>25-28 July 2023</p> <p>7-11 & 15-18 August 2023</p> <p>22-29 August 2023</p>	<p>The Youth, Sport & Recreation Development Office conducted basic computer training workshops in partnership with the WCG E-Centre across Mosselbay. This</p>	<p>8</p> <p>11</p>

	<p>KPI 3: third BCT KPI 4: fourth BCT KPI 5: 5th BCT KPI 6: 6th BCT KPI 7: 7th BCT KPI 8: 8th BCT & basic information session KPI 9: 9th BCT KPI 10: 10th BCT KPI 11: Mobile Technology training KPI 12: Nail Technician training</p>	<p>Sonskynvallei e-Centre SUFF Academy SEDA Africa Skills Joe Slovo / Asla</p>	<p>KPI 10: x18 KPI 11: x KPI 12: x25</p>	<p>21 August-15 September 2023 18 September-14 October 2023 19-29 September 2023 28-29 November 2023 12th January 2024 20-22 February 2024 12-14 & 19-22 & 26-28 March 2024 25 & 27 July 2023 15-18 August 2023</p>	<p>training provides participants with the basics of how to use for example Word, Excel, PowerPoint, etc. The Sonskynvallei e-Centre helps the people of Sonskynvallei to communicate effectively with the government sphere as well as the public sector by giving them access to email, the internet, and various civil services. The continued partnership between the Mossel Bay Municipality and SUFF Academy brought yet another opportunity for the young people of Mossel Bay, whereby the training aims to equip individuals with the necessary skills to leverage mobile technology effectively in their personal and professional lives. SEDA offered an opportunity for unemployed youth who seek to empower themselves with the necessary skills and knowledge which would enable them to either start or grow their business in the personal care industry.</p>	
Financial Training	<p>KPI: number of beneficiaries reached for Financial Equipping training workshops</p>	<p>Mosselbay LDAC: Municipality – youth, sports & recreations office Wonderful SA Brandwag e-Centre Municipality's local Economic Development Office</p>	<p>KPI: x25</p>	<p>12 September & 16 November 2023</p>	<p>The aim of this course is to equip and enlighten attendees on the bigger picture of our economy that is inevitably a part of everyone's life, knowingly or unknowingly. It also aims to show the real difference in a mindset of surviving, whatever your means, contrasted against purposeful decision making, also with finances. Lastly, it also gave some practical tips on how to have an effective budget, with the first outcomes in mind.</p>	<p>8 11</p>
Empowering informal businesses	<p>KPI 1: facilitation workshops for informal businesses KPI 2: facilitation of workshops for the ECD centres in informal settlements</p>	<p>Mosselbay LDAC: Municipality's local economic development office Informal settlements Early Childhood development Office & Centres. DSD</p>	<p>KPI 1: x KPI 2: x KPI 3: x</p>	<p>April 2023/ March 2024</p>	<p>Facilitate formalisation of the informal sector by empowering informal businesses to become part of the formal economy. Co-ordinating efforts to assist ECD Centres especially ECD</p>	<p>11</p>

	KPI 3: fostering partnerships & relationships with civil society, the private sector, inter-departments, & communities, our office has prioritized efforts to enhance social cohesion and create safer communities	<u>HIV/Aids, Gender, Elderly and Disability Office.</u>			centers in vulnerable and poor areas. Concentrated efforts to implement Drug Use Disorders projects and programs with the assistance of the DSD. The Office established a ECD Forum, the purpose of the forum is to address the challenges of ECD Centres in a coordinated manner.	
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ANNEXURE B.

REPORT ON THE PROVINCIAL DIALOGUES ON THE IMPLEMENTATION OF THE NDMP

Northern Cape Provincial Dialogue

Goal	Challenges	Recommendations
1. Drug Demand Reduction and harm Reduction	Lack of sports activities for the youth.	- Implement continuous sports programs in schools to help students develop their talents.
	Proximity of drug dealers to schools and their use of schoolchildren.	Empower teachers and parents with knowledge about trending drugs
	Issues of absent fathers and identity crises among youth.	Encourage fathers to be more involved in their children's lives, providing a safe environment for them.
2. Drug Supply Reduction	- Poorly secured borders allowing drug trafficking.	- Establish treaties with neighboring countries to strengthen drug reduction strategies.
	Foreigners using homes as unregulated tuck shops to sell drugs.	Encourage community members to report non-compliant liquor traders.
	Tavern owners not updated on regulatory challenges and community issues.	Open cases against women drinking while pregnant, following the Deputy Minister's sentiments.
	Community areas are in a derelict state, affecting security and safety.	Improve security by installing streetlights and conducting police raids on scrapyards to prevent theft and crime.
3. Availability of substances for medicinal and scientific use whilst preventing diversion	Misuse of legal substances for unintended purposes.	Increase awareness programs about the proper use of legalized drugs, including information on medications like PrEP for HIV/AIDS prevention
4. Emergence of New Psychotropic and New Psychoactive substances	Community members creating and selling homemade drugs to young people	Enhance awareness programs by interacting with people in centers and changing the narrative around drug prevention programs like Ke-Moja.
5. Governance and Accountability	Provincial Substance Abuse Forum(PSAF) and Local Drug Action Committees are not functioning optimally	Enable the PSAF and LDAC's to function by providing financial and human resources
6. Research, Data, Monitoring and Evaluation	Need for better data sharing	Ensure all relevant information and data are provided to Local

		Drug Communities (LDCs) to enhance their effectiveness.
7. Economic development to address poverty, inequality and unemployment	Communities are encouraged to open businesses, but there is a lack of funding from government departments	Provide containers to aspiring business owners and ensure collaboration between government and private sectors to support substance abuse reduction initiatives.

Northwest Provincial Dialogue

Goal	Challenges	Recommendations
1. Drug Demand Reduction and harm Reduction	Ineffective life orientation programs.	Strengthen education on substance abuse in schools and homes
	Environmental circumstances, such as substance availability and absent parenting.	Implement programs for parenting education and moral regeneration
	Moral degeneration and lack of interest in parenting programs.	Involve NPOs and NGOs in identifying and supporting children not attending school
	Early substance use among children and negative media influence.	Regulate the advertising and marketing of substances like alcohol
	Lack of proper role models and statutory issues like substance abuse leading to statutory rape.	Engage traditional leaders and churches in substance abuse prevention
2. Drug Supply Reduction	Lack of recreational facilities leading to youth frequenting taverns.	Review and strengthen by-laws and the Liquor Act.
	Gaps in regulatory policies and municipal by-laws, especially regarding substances like dagga.	Enhance community awareness and education on substance abuse laws.
	Corruption and poor collaboration between departments.	Improve coordination among departments and provide better support for SAPS.
	Inadequate border control and law enforcement.	Implement stronger border controls and harsher penalties for illicit drugs.
3. Availability of substances for medicinal and scientific use whilst preventing diversion	Lack of regulation and recognition for traditional medicines by SAPHRA.	SAPHRA should engage more with pharmacists and environmental health practitioners.

		Registered traditional healers should be involved in substance abuse prevention.
4. Emergence of New Psychotropic and New Psychoactive substances	Poor control and description of substances like Nyaope and Hubbly Bubbly.	Improve control mechanisms for new psychoactive substances and harmful household use substances
	Inadequate guidance on methadone use and control of new psychoactive substances.	Provide better monitoring and guidance for patients using regulated substances like methadone.
5. Governance and Accountability	Lack of coordination among government departments.	Establish legislation to ensure inter-departmental collaboration on substance abuse. Strengthen existing forums through capacity building and information dissemination.
	Ineffective structures and programs due to leadership changes and lack of continuity.	Promote community activism and ensure the functionality of LDACs.
	Bureaucratic red tape and lack of impact-based approaches.	Position social workers in schools and enhance the role of life orientation teachers.
6. Research, Data, Monitoring and Evaluation	Lack of accessibility to information.	Empower schools, traditional leaders, and local organizations with legislated information on substance abuse. Strengthen research initiatives through collaborations with universities and other institutions.
	Irrelevant strategies and policies that do not address current challenges	Revisit and regularly monitor and evaluate the strategies in place.
7. Economic development to address poverty, inequality and unemployment	Relapse of service users due to economic challenges rife.	Focus on economic development and skills training to prevent relapse among service users.

Limpopo Provincial Dialogue

Goal	Challenges	Recommendations
1. Drug Demand Reduction and harm Reduction	Insufficient public awareness, particularly in rural areas, on substance abuse issues	Increase awareness efforts, especially in rural and underserved areas

	Limited involvement of communities in planning and executing interventions.	Strengthen community involvement to ensure interventions are relevant and effective
	Outdated and inaccessible treatment center database	Develop a linked and accessible treatment center database for stakeholders
2. Drug Supply Reduction	Over-reliance on police enforcement in reducing supply, with outdated methods that have shown limited success	Focus on capacitating communities to deal with supply reduction using evidence-based interventions.
3. Availability of substances for medicinal and scientific use whilst preventing diversion		
4. Emergence of New Psychotropic and New Psychoactive substances	Border porosity makes it easy to get unknown substances into the country	BMA needs to check for unknown substances at all South African borders.
5. Governance and Accountability	Outdated or misaligned legal frameworks that do not address current substance abuse challenges	Review and update laws to address current substance abuse challenges
	Lack of effective coordination between stakeholders, including government, NGOs, and community organizations	Establish a robust coordination mechanism among stakeholders for better impact
6. Research, Data, Monitoring and Evaluation	Inadequate systems for tracking and assessing the effectiveness of programs.	Develop and implement comprehensive data collection and monitoring systems.
7. Economic development to address poverty, inequality and unemployment	Limited financial and human resources for implementing programs	Advocate for more financial and human resources to support programs.

Gauteng Provincial Dialogue

Goal	Challenges	Recommendations
1. Drug Demand Reduction and harm Reduction	Difficulty accessing treatment facilities with long waiting periods	Provide community-based treatment services at primary health care centers.
	Increasing substance abuse among youth, glamorized as part of fun	Conduct hotspot interventions targeting youth with awareness and education
	Outdated and inaccessible treatment center database	Develop a linked and accessible treatment center database for stakeholders
	Limited resources to mitigate harms caused by substances	Seek funding from global entities like the Global Fund by linking substance abuse with

		other public health challenges (e.g., HIV)
	Capacity in dealing with substance use disorders is limited	Seek technical support from international organizations such as WHO and UNODC.
2. Drug Supply Reduction	Over-reliance on police enforcement in reducing supply, with outdated methods that have shown limited success	Focus on capacitating communities to deal with supply reduction using evidence-based interventions.
3. Availability of substances for medicinal and scientific use whilst preventing diversion	High cost and inaccessibility of methadone for the average community member.	SAHPRA should facilitate the efforts towards the reduction of medicines such as methadone/naloxone
4. Emergence of New psychoactive and new psychotropic drugs	Lack of research and statistics on the most prevalent drugs, leading to reliance on potentially inaccurate data	Identify and disaggregate prevalence data according to different communities and genders
5. Governance and Accountability	Lack of collaboration among government departments and stakeholders in addressing substance abuse holistically	Address underlying issues like poverty and GBV in conjunction with substance abuse to develop holistic solutions.
	CDA's placement under a DSD sub-directorate is problematic for unbiased implementation of the NDMP	Action the resolution to remove CDA from under DSD and develop baselines and indicators for better monitoring and evaluation of NDMP implementation.
6. Research, Data, Monitoring and Evaluation	Research is not prioritized, leading to a lack of data for crafting evidence-based interventions	CDA must prioritize research and develop a system for stakeholders to submit data to inform policy as mandated by Act 70 of 2008.
		Stakeholders possess useful data, but no coordinating entity exists to utilize it effectively

Other Major Issues highlighted:

- High concern over why people relapse and why there is still a lack of coordination among stakeholders despite NDMP's promotion of collaboration.
- There is a general frustration among communities with government interventions that do not align with community needs.
- Border control issues leading to illegal immigration and the supply of illicit substances are also of significant concern.

KwaZulu Natal Provincial Dialogue

Goal	Challenges	Recommendations
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1. Drug Demand Reduction and harm Reduction	Efficacy of existing interventions not verified, leading to ineffective results.	Regularly assess the effectiveness of interventions to ensure they meet required outcomes.
	Detoxification services are not easily accessible, and lack of in-community treatment services increases relapse risk.	Make drug testing accessible at local clinics and implement drug testing at schools.
	Inadequate financial and human resources	
	NDMP not known, including as it relates to harm reduction.	Promote awareness of the National Drug Master Plan and develop a harm reduction policy
	Stigmatizing language is still used despite changes in the NDMP	
	There is no co-ordination of treatment centre licensing and compliance checking between DoH and DSD	Engage the Department of Health to collaborate with the Department of Social Development in ensuring compliance of treatment centres.
2. Drug Supply Reduction	Containers are inadequately checked at harbors due to staff shortages, leading to illicit trafficking	Increase human capacity at ports of entry and improve technology for border policing.
	Proliferation of shebeens in low-income areas	Review and enforce liquor licensing laws and monitor unlicensed liquor outlets
	Low prosecution and conviction rates for drug lords, with a justice system perceived as lenient	Review existing legislation
	People who report drug dealers are not safe or protected.	Strengthen safety structures like CPFs and neighborhood watches, and increase protection for whistleblowers.
	Drug dealers are providing financial and other support to communities, gaining protection for their activities	Tackle corruption among officials aiding drug lords and increase law enforcement availability to address emerging drug issues.
3. Availability of substances for medicinal and scientific use whilst preventing diversion	High use of substances like sleeping pills instead of addressing underlying issues.	Educate communities on proper use and disposal of prescribed medicines and strengthen regulations for accessing addictive medications.
	Medicine sharing and misuse of over-the-counter	Regulate informal "pharmacies" and ensure

	medications are common in communities	proper waste management for disposal of used needles.
4. Emergence of New psychoactive and new psychotropic drugs	Certain intoxicating substances like Amarula are not classified as drugs.	Improve tracking of new psychoactive substances and ensure proper scheduling of drugs.
5. Governance and Accountability	Government departments and stakeholders often do not meaningfully participate in the PSAF	CDA to engage political leadership at provincial level to motivate for meaningful engagement by departments
	Establish Local Drug Committees at ward level and strengthen multi-sectoral approaches for interventions.	CDA to engage SALGA, COGTA and Mayors to advocate for the establishment of LDAC's
	Fragmented reporting among stakeholders	Increase collaboration among stakeholders, strengthen LDACs, and integrate reporting to address fragmentation
6. Research, Data, Monitoring and Evaluation	Limited information informing interventions as data is only from in-patient treatment centers	Enhance collaboration among stakeholders, increase research on substance use disorders, and make reliable data more accessible.
Goal 7. Economic development to address poverty, inequality and unemployment	Lack of capacity building for people in recovery to prevent relapse.	Introduce more learnership and internship programs targeting people recovering from substance use disorders, and develop economic empowerment programs

Free State Provincial Dialogue

Goal	Challenges	Recommendations
1. Drug Demand Reduction and harm Reduction	Efficacy of existing interventions not verified, leading to ineffective results.	Regularly assess the effectiveness of interventions to ensure they meet required outcomes.
	Detoxification services are not easily accessible, and lack of in-community treatment services increases relapse risk.	Make drug testing accessible at local clinics and implement drug testing at schools.
	Inadequate financial and human resources	

	NDMP not known, including as it relates to harm reduction	Promote awareness of the National Drug Master Plan and develop a harm reduction policy
	Stigmatizing language is still used despite changes in the NDMP	
	There is no co-ordination of treatment centre licensing and compliance checking between DoH and DSD	Engage the Department of Health to collaborate with the Department of Social Development in ensuring compliance of treatment centres.
2. Drug Supply Reduction	Containers are inadequately checked at harbors due to staff shortages, leading to illicit trafficking	Increase human capacity at ports of entry and improve technology for border policing.
	Proliferation of shebeens in low-income areas	Review and enforce liquor licensing laws and monitor unlicensed liquor outlets
	Low prosecution and conviction rates for drug lords, with a justice system perceived as lenient	Review existing legislation
	People who report drug dealers are not safe or protected.	Strengthen safety structures like CPFs and neighborhood watches and increase protection for whistleblowers.
	Drug dealers are providing financial and other support to communities, gaining protection for their activities	Tackle corruption among officials aiding drug lords and increase law enforcement availability to address emerging drug issues.
3. Availability of substances for medicinal and scientific use whilst preventing diversion	High use of substances like sleeping pills instead of addressing underlying issues.	Educate communities on proper use and disposal of prescribed medicines and strengthen regulations for accessing addictive medications.
	Medicine sharing and misuse of over-the-counter medications are common in communities	Regulate informal "pharmacies" and ensure proper waste management for disposal of used needles.
4. Emergence of New psychoactive and new psychotropic drugs	Certain intoxicating substances like Amarula are not classified as drugs.	Improve tracking of new psychoactive substances and ensure proper scheduling of drugs.
5. Governance and Accountability	Government departments and stakeholders often do not meaningfully participate in the PSAF	CDA to engage political leadership at provincial level to motivate for meaningful engagement by departments

	Establish Local Drug Committees at ward level and strengthen multi-sectoral approaches for interventions.	CDA to engage SALGA, COGTA and Mayors to advocate for the establishment of LDAC's
	Fragmented reporting among stakeholders	Increase collaboration among stakeholders, strengthen LDACs, and integrate reporting to address fragmentation
6. Research, Data, Monitoring and Evaluation	Limited information informing interventions as data is only from in-patient treatment centers	Enhance collaboration among stakeholders, increase research on substance use disorders, and make reliable data more accessible.
Goal 7. Economic development to address poverty, inequality and unemployment	Lack of capacity building for people in recovery to prevent relapse.	Introduce more learnership and internship programs targeting people recovering from substance use disorders, and develop economic empowerment programs

Eastern Cape Provincial Dialogue

Goal	Challenges	Recommendations
1. Drug Demand Reduction and harm Reduction	Campaigns focus more on awareness than qualitative education, limiting impact.	Enhance education on the disease model of addiction and early warning signs to strengthen prevention
	Low uptake of in-patient treatment services by girls, aggravated by the center's block admission system	Strengthen community-based treatment services and invest in public education about addiction and the role of significant others in recovery
	Lack of a standardized evaluation mechanism to measure the impact of SUD treatment services.	Develop standardized impact evaluation tools to gain insights into long-term sobriety and improve content.
2. Drug Supply Reduction	Inadequate witness protection programs and alleged collusion of law enforcement officers with drug dealers, leading to distrust and apathy in communities	Improve whistleblower anonymity and broader protection for family members under threat.
3. Availability of substances for medicinal and scientific use whilst preventing diversion	Serious underreporting on the availability and extent of access to controlled medicines	Improve coordination of reporting by affected role players (pharmaceuticals, SAHPRA, DOH) and conduct provincial SAHPRA outreach programs.
4. Emergence of New psychoactive and new psychotropic drugs	Western ingredients added to indigenous medicine interfere with purity and often result in side effects.	

	Lack of substantial reporting on identification and control of new psychoactive substances.	Use research evidence to formulate strategies for identification and control of new psychoactive substances and raise awareness to reduce stigma.
5. Governance and Accountability	Non-compliance with Section 60 of the Prevention of and Treatment for Substance Abuse Act 70 of 2008 by local municipalities, limiting community participation	Amend legislation to shift the mandate for appointing LDACs from local municipalities to DSD
6. Research, Data, Monitoring and Evaluation	Unregistered organizations providing substance abuse treatment services, leading to abuse	
	Lack of evidence-based findings hinders opportunities for improved access to treatment and development of responsive programs	Invest in extensive research covering reasons for drug use from the perspective of service users, prevalence, and relapse
Goal 7. Economic development to address poverty, inequality and unemployment	Low literacy levels and unfavorable employment records hinder trust and future employment prospects	Strengthen public-private partnerships for diverse vocational skills programs and stimulate local economies for small-scale entrepreneurship

Mpumalanga Provincial Dialogue

Goal	Challenges	Recommendations
1. Drug Demand Reduction and harm Reduction	Services are far from communities, making them difficult and costly to access.	Establish one-stop centers in communities where members can easily access services from various government departments.
	Inability of community members to effectively deal with social ills such as GBV, unemployment, and stressful situations	Encourage communities to seek professional help in dealing with life's challenges.
	Social media platforms advertise drugs and substance abuse as something glamorous.	Amend broadcasting regulations to prevent the promotion of substance abuse as positive or glamorous.
	Recovering service users return to the same environment where they began substance abuse, leading to relapse.	Community based treatment services must be in all local municipalities.
2. Drug Supply Reduction	Insufficient coordination among the government departments dealing with	CDA to engage security cluster departments to foster collaboration in dealing with supply reduction

	supply reduction, with each seemingly working in isolation	
3. Availability of substances for medicinal and scientific use whilst preventing diversion	There is a need to raise awareness about the dangers of using substances derived from certain plants, which can be both beneficial and harmful	Conduct awareness sessions on the dangers of excessive use of substances found in different plants.
4. Emergence of New psychoactive and new psychotropic drugs	Challenges in preventing the transformation of legal drugs into illegal intoxicating substances.	Educate communities about legal and illegal substances and the risks associated with them.
	Insufficient drug testing laboratories.	Appoint specialized officials in all government departments to address drug issues and decentralize testing laboratories for drugs.
5. Governance and Accountability	Lack of coordination among the 21 government departments, with each working in isolation.	CDA to effectively co-ordinate the implementation of Act 70 and the NDMP.
	Unregulated school vendors	Municipalities should strengthen their by-laws, particularly concerning school vendors
	LDACs are not functional in some municipalities, and there is a lack of financial support for these structures	Municipalities should support the establishment and functionality of LDACs and allocate specific budgets aligned with their expected outcomes.
6. Research, Data, Monitoring and Evaluation	Lack of capacity building for community members, making it difficult to identify early signs of substance abuse	Educate families on the early signs of substance abuse and improve data collection from all relevant stakeholders.
Goal 7. Economic development to address poverty, inequality and unemployment	Few employment opportunities lead to high unemployment rates and relapse among recovering users.	Businesses and the private sector should offer and fund skills development programs for service users to enhance employability and provide soft skills training at treatment centers

Western Cape Provincial Dialogue

Goal	Challenges	Recommendations
1. Drug Demand Reduction and harm Reduction	Many civil society organizations work in silos, lacking synergy in service delivery.	Establish a functioning LDAC network to coordinate services and foster collaboration among stakeholders.
	Children are starting to use substances from an early age.	Implement evidence-based prevention programs and awareness campaigns at the primary school level

	Limited accessibility to inpatient treatment services for rural communities, with long waiting lists	Develop a family support resource directory and a SUD referral pathway network, including spiritual support from FBOs
	Lack of prevalence data at the local level due to studies mostly focusing on metro/provincial levels	Create an app to capture data at the municipal level to feed into provincial and national statistics
	Dual diagnosed patients are kept in general wards, which is not conducive for treatment	
	Imbalance between human resource capacity and the extent of the SUD problem	
	Stigmatization of people who use drugs, especially in rural areas.	Increase awareness programs about SUD stigma and triggers for drug users.
	Needle syringe programs are perceived as bringing drugs into communities	Strengthen and build the capacity of LDACs and other stakeholders to identify and monitor new psychoactive substances
	Inpatient treatment is expensive and difficult to sustain, with a need for more centers, especially in certain regions	
2. Drug Supply Reduction	Police officers are not adequately trained to handle substance abuse cases.	Train SAPS officers on managing substance abuse cases and assign dedicated personnel for these cases (sector policing).
	Some faith-based centers are reportedly involved in drug trafficking and money laundering	Conduct lifestyle audits on leaders in society, including FBOs.
3. Availability of substances for medicinal and scientific use whilst preventing diversion	Certain essential medicines for treating dependencies are not on the essential medicine list	The Department of Health should ensure these medicines are available and tighten control measures to prevent their diversion.
4. Emergence of New psychoactive and new psychotropic drugs	The effects of cannabis on learners are being downplayed, with a lack of prevalence data	Promote awareness of the dangers of cannabis use, especially among school learners, and ensure the correct interpretation of the Constitutional Court judgment
	No policies address the environmental impact of cultivating certain plants	The CDA should develop policies and a monitoring system for substances sold and

		increase awareness of harm reduction practices
	Lack of services addressing "chem sex" and its associated health risks	Train service providers on "chem sex" and develop a referral network for these cases.
5. Governance and Accountability	LDAC reports are not shared with stakeholders, and there is insufficient human resource support.	Members of PSAFs and LDACs must report back to their stakeholders and improve community-based treatment and aftercare services.
	There is a lack of co-ordination between government and other stakeholders implementing the NDMP.	Improve communication and coordination between government departments and ensure mandates are clear for all representatives.
6. Research, Data, Monitoring and Evaluation	Barriers to data collection, including many unregistered treatment centers and lack of data on relapse and overdose	Use M&E as a tool for growth, set clear indicators for improvement, and ensure data is used to inform interventions.
Goal 7. Economic development to address poverty, inequality and unemployment	Debate on whether to provide money (grants) or skills to individuals, with high school dropout rates	Establish skills centers to reduce dependency on grants and empower communities to take responsibility for improving their circumstances.
	Education is focused more on getting a job rather than enabling children to find ways to achieve economic emancipation	Teach entrepreneurship and promote holistic education, with parents taking more responsibility for raising their children.

