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Department of  
Social Development

## **SUBSTANCE ABUSE POLICY 2021**

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**Social Development Integrated Policy, Planning and Research (IPPR)  
Unit.**

**Policy protocol:**

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<b>Applicable to</b>	<b>All Departments and Municipal Entities (MEs) in the City of Johannesburg Metropolitan Municipality</b>
<b>Annexure to Council Report</b>	<b>Annexure E</b>
<p><b>It is hereby confirmed that this is the current approved Substance Abuse Policy with effect from 01 July 2021 (Resolution attached)</b></p>	
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<b>EH: Department of Social Development</b>	<b>Date</b>

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## PREAMBLE

The Republic of South Africa subscribes to various international paradigms and discourses that seek to address poverty and inequality by seeking to fulfil the Sustainable Development Goals (SDGs). The country also played a critical role in the development of Agenda 2063 (The Africa We Want) in the context of the African continent.

Whereas, the Constitution of the Republic of South Africa's Sections 7–39 of Chapter 2 outlines the human rights which will be protected within the Republic's jurisdiction.

Whereas, Section 153 of the Constitution stipulates that local government is obliged to ensure that sustainable services are provided to communities.

Whereas, Section 151(3) of the Constitution stipulates that a municipality has the right to govern the local government affairs of the community, subject to and in terms of national and provincial legislation.

Whereas, the Municipal Systems Act 4 (1) stipulates that the council of a municipality has the right to govern on its own initiative the local government affairs of the local community.

Whereas, the City of Johannesburg is a category A Municipality according to the criteria applicable by Section 2 of the Municipal Structures Act; read with Section 155 (1) of the Constitution.

Therefore, the Department of Social Development and all its units adopt the Substance Abuse Policy as set out in this document.

## 1. ACRONYMS AND ABBREVIATIONS

<b>CBOs</b>	Community Based Organisations
<b>CoJ</b>	City of Johannesburg Metropolitan Municipality
<b>CoJ-DSD</b>	City of Johannesburg Department of Social Development
<b>CDS</b>	City Development Strategy
<b>CDA</b>	Central Drug Authority
<b>FBOs</b>	Faith-Based Organisations
<b>FCTC</b>	Framework Convention on Tobacco Control
<b>GCR</b>	Gauteng City Region
<b>GDP</b>	Gross Domestic Product
<b>GDS</b>	Joburg 2040 Growth and Development Strategy
<b>IDP</b>	Integrated Development Plan
<b>LDAC</b>	Local Drug Action Committee
<b>ME/MEs</b>	Municipal Entity/Municipal Entities
<b>MFMA</b>	Municipal Finance Management act
<b>NDMP</b>	National Drug Master Plan 4 <sup>th</sup> edition, 2019-2024
<b>NDP</b>	National Development Plan
<b>NEPF</b>	National Evaluation Policy Framework
<b>NIDA</b>	National Institute on Drug Abuse
<b>NGOs</b>	Non-Governmental Organisations
<b>NPOs</b>	Non-Profit Organisations
<b>PSAF</b>	Provincial Substance Abuse Forum
<b>SADC</b>	Southern African Development Community
<b>SAPS</b>	South African Police Service
<b>SDBIP</b>	Service Delivery and Budget Implementation Plan
<b>SUD</b>	Substance Use Disorder
<b>WHO</b>	World Health Organisation
<b>GWM&amp;N</b>	Government-Wide Monitoring and Evaluation

## 2. GLOSSARY OF TERMINOLOGY

Concept	Definition
<b>Accounting Officer</b>	Means the City of Johannesburg Metropolitan Municipality's Municipal Manager, also known as "City Manager".
<b>Abuse</b>	Means the sustained or sporadic excessive use of substances and includes any use of illicit substances and the unlawful use of substances.
<b>Aftercare</b>	On-going professional support after a formal treatment episode has ended to enable him or her to maintain sobriety or abstinence, personal growth and to enhance self-reliance and proper social functioning.
<b>Awareness raising</b>	Ensuring that people notice and understand issues facing substance abuse.
<b>Demand reduction</b>	A general term used to describe policies or programmes directed at reducing consumer demand for psychoactive drugs. It is mainly applied to illicit drugs, particularly with reference to education, treatment, and rehabilitation strategies as opposed to law enforcement strategies aimed at preventing the production and distribution of drugs.
<b>Drug</b>	A drug is any chemical substance that causes physical, mental, emotional or behavioural change in the user.
<b>Early intervention</b>	A therapeutic strategy that combines early detection of hazardous or harmful substance use with the treatment of those involved. Treatment is offered before persons have substance abuse or dependence disorders at that point.
<b>Harm reduction</b>	A harm reduction philosophy emphasises the development of policies and programmes that focus directly on reducing the social, economic, and health related harm resulting from the use of alcohol or drugs. Harm reduction interventions are evidence-based public health principles to support people who use drugs.
<b>Illicit drug</b>	A psychoactive substance, the production, sale or use of which is prohibited.
<b>Licit drug</b>	A drug that is legally available by medical prescription or sometimes, a drug legally available without medical prescription.

<b>Concept</b>	<b>Definition</b>
<b>Policy</b>	A Policy translates government's political vision into programmes and actions to deliver outcomes, i.e. desired changes in the real world. It outlines the government's decision regarding a particular course of action that will be undertaken or an issue that needs to be addressed and provides a broad framework for decision-making and implementation.
<b>Prevention</b>	A pro-active process that empowers individuals and systems and that encourages communities to live healthy lifestyles to meet the challenges of life's events and transitions and prevent the onset of risk factors that could result in substance abuse.
<b>Psychoactive substance</b>	Any drug that affects mood or behaviour. Psychoactive does not necessarily imply that the use of the drug leads to addiction.
<b>Recovery</b>	The sum of personal and social resources at one's disposal for addressing drug dependence and chiefly, bolstering one's capacity and opportunities for recovery.
<b>Reintegration (Social)</b>	Reintegration means an ongoing professional support to a service user after a formal treatment episode has ended, aimed at successful reintegration of the service user into society, workforce, family, and community life.
<b>Substance abuse</b>	Substance abuse is the harmful pattern of using substances such as tobacco, alcohol, illicit drugs, and prescription drugs which leads to impairment or distress.
<b>Supply</b>	Supply reduction is a general term that refers to policies or programmes aimed at stopping the production and distribution of drugs, particularly law enforcement strategies for reducing the supply of illicit drugs
<b>Treatment</b>	A process aimed at the provision of specialised social, psychological, and medical services to service users and persons affected by substance abuse.
<b>Substance Use Disorder (SUD)</b>	SUD is a general term used to describe a range of disorders associated with drug use (including illicit drugs and misuse of prescribed medication). The most severe SUDs are referred to as addictions.

### 3. INTRODUCTION

### 3.1. Context and Background

Addiction to the use of substances and drugs often results in considerable and far-reaching harm to the very persons using drugs, their families, and communities, including the very communities to which they belong. The immediate and direct effects of addiction to substance and drug use comprise breakdowns in family life and relationships, financial problems and insecurity, along with poor educational performance and even loss of employment and in extreme cases, even loss of home. This background triggers other associated and co-occurring problems, including domestic violence, child abuse, homelessness, and crime, which must be addressed concurrently sustainable positive impact. According to World Drug Report (2019) close to 35 million of the worldwide population are suffering from drug abuse disorders, while only 1 in 7 people are receiving treatment. As for South Africa, the Central Drug Authority (2009) asserts that the drug problem is double the global average, and with respect to alcohol consumption, South Africa is among the top ten nations with the highest prevalence. Findings extracted from the Gauteng City Region Observatory Quality of Life Survey (2018) confirm that in the CoJ, 12.4% of its population considers drugs and substance abuse to be the biggest problem facing the communities. In the same vein, studies undertaken by CoJ (2017/18 and 2018/19) with the aim of measuring the prevalence of substances and illicit drugs indicate a prevalence rate of 10.8%. However, it is crucial to note that while alcohol is not recognised as illicit, it is the most abused drug with a prevalence rate of 24.9% in 2018 compared to 16.6% in 2019.

Abused substances include illicit drugs such as heroin, mandrax, snuff, inhalants, crack, tik/ meth, cocaine, ecstasy, and nyaope, as well as prescription drugs such as tranquillizers, analgesics, and sleeping medications. Even over-the-counter drugs, such as cough syrups and herbal remedies, can be abused. Addiction to these substances and drugs presents different health and social challenges to individuals and communities. According to the World Drug Report (2016) there is a relationship between unemployment, low levels of education, homelessness, migration, violence, sex work and imprisonment, with increased in substance abuse. Therefore, the City of Joburg has the responsibility to deal with substance abuse in conjunction with health, social and economic challenges.

Presently, the City of Johannesburg has undertaken to confront the challenge of substance abuse, its causes, and effects through a range of interventions, from suppression, preventive, and curative, to rehabilitative measures, although the interventions are fragmented and ad-hoc in

approach. These interventions include a wide range of treatment services from detoxification, primary care, counselling, income and housing support, training and education depending on the circumstances and resource availability. Generally, efforts to address substance abuse related problems in the City aim at reducing demand for, supply of, and harm associated with the use and abuse of dependence forming substances. This effort has been made through the formulation of programmes and projects intended to suppress and deal with issues of substance abuse. However, this is not enough, as challenges persist.

#### **4. STRATEGIC INTENT AND DESIRED OUTCOMES**

##### **4.1. Policy Problem Statement**

The City of Johannesburg has been battling with the problem of substance abuse to this day and several initiatives have been conducted to address the causes and effects of this chronic social and health problem at the national, provincial and local government levels. Furthermore, various organisations have been working together with the City to control the flow of substances and discourage the youth and children from getting involved with substances. Despite their efforts to control substance use, recent survey data indicate that the use of substances is still on the rise (CoJ Department of Social Development, 2019).

Noteworthy, drug abuse usually results in addiction, which comes with many costs for our government including crime, gender-based violence, child abuse, lost productivity, and other social costs to society and families. Other problems include breakdowns in family life and personal relationships, money problems, poor educational achievement, loss of employment, political instability, the escalation of chronic diseases such as AIDS and TB, injury, and premature death (Drug Advisory Board, 1999). Addressing drug addiction is, therefore a necessary precondition for ensuring sustainable, effective evidence-based prevention methods and impactful interventions in many social policy areas, including youth, health, and social development policy. It also compels policy-makers, lawmakers, educators, parents, and communities to take action.

##### **4.2. Policy Purpose (Rationale)**

The purpose of this policy is to provide guidelines for the CoJ to manage substance use and abuse effectively and to treat or prevent the development of this problem. Thus, the broader policy

purpose is to develop an empowered, resilient, and safe society, free from the vices of substance abuse and its co-occurring social problems through policy regulation. The issue of substance and drug abuse has become so perverse and rampant that it is causing countless health and social problems in the City of Johannesburg and South Africa in general. Many individuals, families, and societies are struggling to deal with the social and health issues presented by the abuse of substances and drugs. Equally noteworthy is that the victims of substance and drug abuse are entitled to care and treatment to the extent necessary for their full recovery and assimilation back into society. Addressing substance and drug abuse is critical and a precondition to the sustainable attainment of social development goals.

This policy will also effectuate the intent and purpose of the Prevention of and Treatment for Substance Abuse Act (2008) mandating Local Government to devise and implement local strategies in liaison with Provincial and National government. The policy is consistent with the broad aspirations of the National Drug Master Plan (NDMP) 2019-2024. The NDMP operationalises the Substance and Abuse Act (2008) and provides guidelines for action to all government departments and other entities.

Over and above other long-term propositions, this policy draws from the following seven (7) goals of the National Drug Master Plan (2019-2024):

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

The policy also seeks to extensively contribute towards the anticipated outcomes of the NDMP 2019-2024; these entail reduced levels of poverty, reduced levels of inequality, reduced social ills, improved well-being of children, families, and communities, empowered resilient individuals, families and sustaining communities, as well as improved sector capacity.

This policy on substance and drug abuse will also seek to bring to fruition the inherent and implied GDS objectives falling under Outcome 1: focusing on the attainment of improved quality of life and development-driven resilience for all; Outcome 2: Provide a resilient, liveable and sustainable urban environment. Hence, this policy will inform and guide the decisions of the Substance Abuse Implementation strategies, projects, and programmes of the CoJ regarding the type, form, and parameters of the substance abuse interventions, as well as ensuring that substance abuse objectives can be achieved through funding, resources and dedicated staff.

### **4.3. Policy Goals and Objectives**

The overall goal and objective are to enhance service delivery in the treatment and prevention of substance use disorders and also contribute towards South Africa's aspirations of fulfilling the Sustainable Development Goals, Goal 3, which is to ensure healthy lives and promote well-being for all at all ages. It seeks to further the broad objectives of the National Drug Master Plan 2019-2024, which are to prevent drug use before it starts, provide early intervention to ensure substance users receive treatment and rehabilitation services, and reduce the demand for illicit drugs. This policy intends to also contribute to the GDS through fostering a better quality of life, development-driven resilience, and a safe society, free from the vices of substance abuse and its co-occurring social problems through policy regulations.

#### **Policy Objectives:**

This policy, within the context of broad areas of objectives for reducing demand, supply, and harm; seeks to meet the following supplementary objectives:

- To mitigate the attendant co-occurring social problems in partnership with other relevant departments and agencies;
- To provide accessible, prompt treatment and rehabilitation to the victims of substance abuse
- To facilitate the assimilation of the victims back into society through:
  - Vocational training
  - Entrepreneurial training
  - Job and market support

- Addressing stigmatisation
- Research and development through instituting the development of knowledge resources and research toward the deployment of evidence-based policy management.

#### 4.4. Policy Statement of Intent - Desired Policy Outcomes

The desired outcomes this Policy will seek to achieve are:

- a) Improved quality of life for people living in and around the City of Johannesburg;
- b) Increased awareness regarding the negative impact of substance abuse on individuals and the community through educational programmes;
- c) Efficient and effective substance abuse prevention and early intervention programmes in the community;
- d) Improved access to treatment for indigent clients and at-risk groups;
- e) Improved co-ordination between stakeholders to design and implement substance abuse prevention programmes;
- f) Improved support for families of substance users;
- g) Changed perceptions by replacing stigma and shame with an understanding of addiction as a treatable disease;
- h) The re-integration of rehabilitated substance abusers into broader society;
- i) A reduction in easy access to alcohol in the City of Johannesburg;
- j) A lower dependency of community members on illicit substances; and
- k) A decrease in vehicle accidents due to substance abuse.

#### 4.5. Scope and Application of Policy

This policy is aligned with the fulfilment of the SDGs, NDP, and the National Drug Master Plan 4<sup>th</sup> edition, 2019-2024, as well as other key plans such as the Human Development Strategy (2005), Joburg 2040 Growth and Development Strategy (GDS). The alignment of the CoJ IDPs to this policy will be crucial to ensuring clear KPIs relating to substance abuse issues within departments and MEs, including the realisation of a “Safer City” as it provides guidance on the prevention of crime.

#### 4.6. Implementation Cohort

This policy provides a holistic approach that includes healthcare, psychosocial support, education, life skill support, and job support to enable rediscovered addicts to rediscover life and develop a passion for doing better. This policy framework is based on the following areas of focus;

- Reduction of demand for illicit drugs;
- Supply reduction targeted at stopping the production and distribution of illicit drugs;
- Mitigation of harm caused by illicit drugs through treatment and prevention;
- Broad-based economic empowerment through economic growth and job opportunities;
- Governance and accountability through promoting transparency and objectivity in reporting and all communications. Maintenance of high accountability in resource and stakeholder management;
- Research and development through the development of knowledge resources and research towards the deployment of evidence-based policy management.

Therefore, the following cohorts will be responsible for the implementation of this policy.

- a) All CoJ officials, Departments, and Municipal Entities
- b) Private sector institutions in Johannesburg that, through their corporate social investment programmes or other such programmes, deliver services to people affected by substance abuse in Johannesburg;
- c) Service providers that are contracted to deliver programmes to assist in combating substance abuse, should also be guided by this Policy;
- d) All other community-based, faith-based, non-government organisations (NGO's) and organisations focused on those affected by substance abuse;
- e) All other interested parties, volunteers, and stakeholders who participate in the delivery of services to those affected by substance abuse within Johannesburg; and
- f) All relevant government departments, private and civic organisations, and private individuals involved in delivering socio-economic services to people affected by substance abuse.

#### 4.7. Beneficiaries

- a) The Policy applies to all individuals and families directly or indirectly affected by substance abuse living in the City of Johannesburg;
- b) All organised substance abuse organisations operating in the City of Johannesburg;

- c) All organised substance abuse committee structures within South Africa.

## 5. REGULATORY FRAMEWORK

The following key legislative imperatives provide a mandate to the CoJ to manage, support, and regulate activities within the Policy scope:

### 5.1. Legislative Framework

Act	Relevance
<p><b>Constitution of the Republic of South Africa, Act No. 108 of 1996</b></p>	<p>The Constitution is the supreme law of the country. It entrenches specific rights and responsibilities that apply to everyone.</p> <p>Chapter 2, Section 9(3) states that “the state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language, and birth”; burry</p> <p>In addition, section 10 states that “everyone has inherent dignity and the right to have their dignity respected and protected”.</p> <p>Chapter 7 of the Constitution mandates local government to promote the social and economic development of communities and community participation in matters of local government.</p>
<p><b>Liquor Act No. 59 of 2003</b></p>	<p>This Act 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. An important aspect is social responsibility. A prerequisite for licencing under the Act requires a commitment to black economic empowerment, the licensee’s contribution to combating alcohol abuse, as well as promoting job creation, diversity of ownership, exports, competition, new entrants to the industry, and efficiency of operation.</p>
<p><b>Municipal Structures Act, No. 117 of 1998</b></p>	<p>The Act, inter alia, sets out to provide for an appropriate division of functions and powers between categories of municipalities; to regulate the internal systems, structures, and office-bearers of municipalities;</p>

Act	Relevance
	provide for appropriate electoral systems and provide for matters in connection therewith.
<b>Municipal Systems Act, No. 32 of 2000</b>	The Act, inter alia, provides for the social and economic upliftment of local communities; universal access to essential services that are affordable to all, the municipality working in partnership with the local community, community participation; an enabling framework for local government, human resource development, empowering the poor and overall social and economic upliftment of communities in harmony with their local natural environment.
<b>National Drug Master Plan (NDMP): 2019 – 2024</b>	<p>The NDMP is the single national governmental framework that guides both government and civil society towards collaborative efforts in fighting substance abuse.</p> <p>The NDMP views prevention as various interventions that:</p> <ul style="list-style-type: none"> <li>• Focus on an integrated and balanced approach to the individual and the environment;</li> <li>• Focus on individuals as subjects who can contribute positively to preventive action;</li> <li>• Have strong support in the wider community within which preventive action occurs;</li> <li>• Involve target groups in prevention planning and implementation;</li> <li>• Combine demand reduction (through programmes that enhance life skills and reduce socioeconomic inequalities) and supply reduction (through control or law enforcement and poverty alleviation) in a balanced, multilevel manner;</li> <li>• Are evidence or research based and thus based on the dynamics of the applicable context at a particular point in time;</li> <li>• Are implemented at one or more of the following three levels: at the primary level, where prevention is directed at reducing the initial individual and environmental risks of drug-related harm; at the secondary level, which involves early detection of risk proneness with regard to the development of drug-related harm; and at the</li> </ul>

Act	Relevance
	<p>tertiary level (usually called “treatment”) where the focus is on arresting the intensification and perpetuation of drug-related harm.</p> <ul style="list-style-type: none"> <li>• The above conception of prevention is part of a social development approach to countering social problems. It also points to the need for a multilevel, multi- system intervention in social service delivery without ignoring therapy approaches.</li> </ul>
<b>Prevention of and Treatment for Substance Abuse Act, No. 70 of 2008</b>	<p>The Act outlines local government’s role to the establishment of a Local Drug Action Committee and the development of an action plan aligned with that of the Provincial Forum. It further provides guidance on prevention, brief intervention, treatment, and re-integration programmes.</p> <p>Chapters 3, 4, and 5 of this Act have a direct bearing on policy.</p>
<b>Prevention of Organised Crime Act No.121 of 1998</b>	<p>This Act provides for the recovery of the proceeds of crime (irrespective of the source) and for the combating of money laundering.</p>
<b>Road Traffic Amendment Act, No.21 of 1998</b>	<p>This Act makes provision for the mandatory testing of vehicle drivers for drugs. The legally accepted blood alcohol level has been reduced from 80 mg to 50mg of alcohol per 100 ml of blood</p>
<b>The Drugs and Drug Trafficking Act, No. 140 of 1992</b>	<p>This Act provides for the prohibition of the use, possession, or dealing of drugs and certain acts relating to the manufacture or supply of certain substances. It further provides for the obligation to report certain information to the police and for powers to, search, seize, and detention in specified circumstances.</p>
<b>The Medicine and Related Substances Control Act, No. 101 of 1965</b>	<p>This Act provides for the registration of medicine and other medicinal products to ensure their safety for human and animal use; for the establishment of a Medicines Control Council for the control of medicines; and for the scheduling of substances and medical devices.</p>
<b>The National Road Traffic Act No. 93 of 1996</b>	<p>This Act makes provision for testing drivers of vehicles for drugs and legally accepted blood alcohol levels.</p>

Act	Relevance
<b>The White Paper on Local Government, 1998</b>	The White Paper on Local Government identifies the need for municipalities to ensure that all citizens, regardless of race, gender, or sexual orientation, have access to at least a minimum level of services. The paper further states that accessibility not only pertains to making services available, but also to making services easy and convenient to use.
<b>Tobacco Products Control Act, No. 83 of 1993</b>	This Act provides for the control of tobacco products, the prohibition of smoking in public places, advertisement of tobacco products, and sponsoring of events by the tobacco industry.

## 5.2. Other relevant pieces of legislation

- Child Care Act (No. 74 of 1983)
- Child Justice Act (75 of 2008)
- Children's Act (38 of 2005)
- Correctional Services Act (111 of 1998)
- Criminal Matters Amendment Act (18 of 2015)
- Domestic Violence Act (No.116 of 1998)
- Extradition Act (No. 77 of 1996)
- Financial Intelligence Centre Act (No. 38 of 2001)
- Health Act (No. 63 of 1977)
- International Co-operation in Criminal Matters Act (No. 75 of 1996)
- Institute for Drug-Free Sport Act (No. 14 of 1997)
- Mental Health Care Act (No.17 of 2002)
- Occupational Health and Safety Act (No. 85 of 1993)
- Pharmacy Act (No. 53 of 1974)
- Promotion of Equality and Prevention of Unfair Discrimination Act (No. 52 of 2002)
- Road Transportation Act (No. 74 of 1977)
- Road Traffic Act (No. 93 of 1996)
- Sexual Offences Act (No. 23 of 1957)
- South African Schools Act (No. 84 of 1996)
- The Protection of Personal Information Act (No 4 of 2013)

- Witness Protection Programme Act (No. 112 of 1990)

### 5.3. Related policies/ strategies (Policy instruments)

The South African youth development sector is regulated by international and national policies which guide the development of substance abuse prevention programmes.

#### 5.3.1. International imperatives

Policy instrument	Description
<b>Sustainable Development Goals</b>	The United Nations Sustainable Development Goals (SDGs) are goals that all 191 UN member states have agreed to achieve by the year 2020. The United Nations Millennium Declaration, signed in September 2000, commits world leaders to combat poverty, hunger, disease, illiteracy, environmental degradation, and discrimination against women. The SDGs are derived from this Declaration and specific targets and indicators have been allocated to each Goal.
<b>UN Convention on the Rights of the Child</b>	This is a legally binding international agreement setting out the civil, political, economic, social, and cultural rights of every child, regardless of their race, religion, or abilities. It mandates signatories to protect children from the use of substances and their involvement in the production and trafficking of Substances. Article 33 provides that “States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances.”
<b>WHO Framework Convention on Tobacco Control</b>	The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first treaty negotiated under the auspices of the World Health Organisation. The WHO FCTC is an evidence-based treaty that reaffirms the right of all people to the highest standard of health. The WHO FCTC represents a paradigm shift in developing a regulatory strategy to address addictive substances; in contrast to previous drug control treaties, the

Policy instrument	Description
	WHO FCTC asserts the importance of demand reduction strategies as well as supply issues.
<b>Protocol on Combating Illicit Drugs Trafficking, 1996</b>	SADC is aware that the region is being increasingly used as a conduit for drugs destined for international markets and that illicit drug-trafficking generates large financial gains and wealth thus encouraging cross-border criminals and organisations to penetrate, contaminate, and corrupt society at all levels. To assist in reducing and eventually eliminating drug trafficking, money laundering, and abuse of drugs through cooperation among enforcement agencies; SADC developed the Protocol on Combating Illicit Drug Trafficking. The Protocol covers international conventions to which Member States should accede to, guidelines for domestic legislation, cooperation through mutual legal assistance, and effective law enforcement. The Protocol also encourages Member States to establish drug demand reduction, institutional programmes, and effective measures between enforcement agencies to curb corruption.
<b>Single Convention on Narcotic Drugs, 1961 as amended by the 1972 Protocol, United Nations</b>	This Convention aims to combat drug abuse by coordinated international action. There are two forms of intervention and control that work together. First, it seeks to limit the possession, use, trade in, distribution, import, export, manufacture and production of drugs exclusively for medical and scientific purposes. Second, it combats drug trafficking through international cooperation to deter and discourage drug traffickers.
<b>Convention on Psychotropic Substances of the United Nations, 1971</b>	The Convention establishes an international control system for psychotropic substances. It responded to the diversification and expansion of the spectrum of drugs of abuse and introduced controls over a number of synthetic drugs according to their abuse potential on the one hand and their therapeutic value on the other.
<b>Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances, 1988</b>	The Convention provides comprehensive measures against drug trafficking, including provisions against money laundering and the diversion of precursor chemicals. It provides for international cooperation through, for example, extradition of drug traffickers, controlled deliveries, and transfer of proceedings.

### 5.3.2. National imperatives

Policy instrument	Description
<b>National Development Plan, 2030</b>	The National Development Plan (NDP) is designed to enhance sector plans with its fundamental thrust of eliminating poverty and reducing inequality by 2030. It indicates that the elimination of poverty and reduction of inequality can be realised by growing an inclusive economy, building capabilities, enhancing the capacity of the state, and promoting leadership and partnership within society. The NDP outlines that by 2030 all South Africans must feel safe and secure.
<b>New Growth Path, 2011</b>	Articulates a vision to place jobs and decent work at the centre of economic policy. It proposes major improvements in government, with a call for slashing unnecessary red tape, improving competition in the economy, and stepping up skills development. The role of government departments and agencies in meeting set targets for scarce and key skills is critical. The New Growth Path identifies measures to strengthen the capacity of the state and enhance the performance of the private sector to achieve employment and growth goals. It also sets out key job drivers and priority sectors such as infrastructure, the agriculture value chain, the mining value chain, the green economy, the manufacturing sectors, and tourism. It is based on strong, sustained, and inclusive economic growth and the rebuilding of productive sectors of the economy, so that all of society, including youth, can benefit.
<b>National Strategy for the Prevention and Management of Alcohol and Drug Use amongst Learners in Schools</b>	This strategy was developed to provide comprehensive guidance to the basic education sector in South Africa with regard to the prevention and management of alcohol and drugs in schools. It was developed in line with the Education Delivery Agreement aimed at improving the quality of basic education, as well as Schooling 2025 and Action Plan to 2014, whose major goals are improvement in learning outcomes and improved access to, and retention in, schooling. Alcohol and drug use, which is associated with poor scholastic outcomes and drop-out from schooling, is a barrier to achieving these goals.

Policy instrument	Description
<p><b>Central Drug Authority (CDA)</b></p>	<p>The Central Drug Authority Board developed regulations for the Prevention of and Treatment for Substance Abuse Act of 2008. The Act provides for a comprehensive national response for combating substance abuse in South Africa through mechanisms aimed at reducing demand and harm in relation to substance abuse through prevention, early intervention, treatment, and reintegration programmes. Through registration and establishment of treatment centres and halfway houses, through the committal of persons to and from treatment centres and for their treatment. The Committee's mandate as prescribed by the Constitution of South Africa and the Rules of Parliament is to build an oversight process that ensures a quality process of scrutinising and overseeing Government's action and that is driven by the ideal of realising a better quality of life for all people of South Africa.</p>
<p><b>The National Anti-Gangsterism Strategy</b></p>	<p>The Strategy was necessitated by the growing phenomenon of gangs and gangsterism-related criminal activities, including organised crime. The framework for National Anti-Gangsterism Strategy is based on four pillars, namely: Human Development; Social Partnerships; Spatial Design; and Criminal Justice Process. These include law enforcement, social crime prevention, and environmental design programmes and projects that address all factors involved in gang-related crime. The National Anti-gang Strategy is formulated and aligned with the National Development Plan (NDP) Vision 2030, to ensure that all people living in South Africa are and feel safe. The NDP recognises that crime and violence are not just security issues but have deep social and economic roots and consequences. Addressing this problem requires a holistic approach and the involvement of all government departments. The Strategy is further aligned to governmental priorities, including the Medium Term Strategy Framework (MTSF), which seeks to provide the framework for plans of national, provincial, and local government, and to ensure coherence, alignment and coordination between all government departments and stakeholders</p>

### 5.3.3. Provincial imperatives

Policy instrument	Description
<b>Gauteng City Region (GCR) Anti-Substance Abuse Strategy and Mobile Treatment Services, 2020</b>	<p>The Gauteng Provincial Government and its implementing partner for the Anti-Substance Abuse Social Movement, Soul City Institute, launched the brand identity and communications campaign for the Gauteng City Region Anti-substance Abuse Social Movement campaign, aimed at driving social mobilisation awareness in communities, schools, and tertiary institutions as well as announcing its partners on the campaign. The campaign was conceptualised within the vision of the GCR Accelerated Social Transformation Strategy, which is “An integrated and well-coordinated social transformation service delivery machinery that is protective, preventative, promotive, transformative, developmental and generative, for the delivery of equitable, sustainable, reliable and efficient service, to eliminate poverty and unemployment, inequality, sexism, racism, and social exclusion, the burden of the disease, increase safety and provision of modern human settlement, in partnership with an active citizenry.” The scope of the movement places emphasis on three (3) interventions: Harm reduction aimed at the provision of holistic treatment to service users and their families, and mitigating the social, psychological, and health impact of substance abuse. Demand reduction aimed at discouraging the abuse of substances by members of the public. This will be done through prevention and awareness programmes.</p>

#### 5.3.4. Local imperatives

<b>Policy instrument</b>	<b>Description</b>
<b>City of Joburg Growth and Development Strategy 2040</b>	An aspirational strategy that defines the type of society the city aspires to achieve, by 2040. The strategy restates the City's resolve in confronting the past injustices created during Apartheid, working towards a democratic, non-racial, non-sexist, and just City while simultaneously confronting present and future challenges as they emerge.
<b>Integrated Development Plan</b>	The alignment of the City's IDP to the policy aimed at creating a "safer city". The multi-dimensionality of the impact of substance abuse requires a multi-sectoral approach which needs to be informed by clear evidence on the ground, and an approach where mainstreaming of the Policy is entrenched in all the relevant departments in the CoJ.
<b>City of Joburg Human Development Strategy</b>	The CoJ has developed a Human Development Strategy (HDS) as a partner to its economic development strategy, Joburg 2030, and Joburg's Growth and Development Strategy 2040. The HDS intends to provide a framework for other CoJ policies to accommodate a human development perspective and address conditions such as poverty, inequality, and social exclusion on a city-scale.
<b>CoJ's Department of Social Development</b>	The CoJ's Department of Social Development (CoJ-DSD) vision of a caring and self-reliant society and its mission to 'transform society by building conscious and capable citizens through the provision of integrated social development services.
<b>Local Drug Action Committee</b>	This policy is aligned with the establishment of the Local Drug Action Committee. According to Section 60(1) a municipality must establish a Local Drug Action Committee to represent such municipality and to give effect to the Mini Drug Master Plan. The Local Drug Action Committee must consist of interested persons and stakeholders who are involved in organisations dealing with the combating of substance abuse in the municipality in question.
<b>Mini Drug Master Plan</b>	MDMPs are the operational plans of departments that have to be submitted to the CDA at the beginning of each financial year. The CDA continuously monitors the implementation of these plans and facilitates coordination and service integration. At the end of the financial year, departmental reports on the

Policy instrument	Description
	implementation of the operational plans have to be submitted to the CDA. These reports inform the CDA's annual report to parliament.

## 6. METHODOLOGY AND PUBLIC CONSULTATION

The public consultation conducted for the purpose of this policy comprised of identification and selection of participants, instruments designed to gather the required data and information, data-gathering processes, data capturing and arrangements, analysis, and interpretation, and the final presentation of the obtained data. As guided by the interpretive paradigm and its subjectivist epistemology, the public participation process adopted a qualitative methodology. The process employed criterion sampling in the context of a purposive sampling strategy to gain an in-depth understanding of the policy phenomenon under review.

The public participation was a three-pronged approach across all 7 seven regions: (a) hybrid data collection sessions comprising virtual and physical focus group sessions (b) the uploading of the Substance Abuse policies for public access, to the City of Johannesburg website and (c) the creation of a central email to capture the responses from participants who wished to convey their views and rationalities through emailing services. This was done to expand on the sphere of influence to foster broader participation. Public participation sessions commenced during the month of November through to December 2020 in all regions of the City of Johannesburg. The invited stakeholders were beneficiaries and representatives of the community and relevant support organisations in the CoJ regions who formed a specific reference group for consultation.

Qualitative data obtained from public participation were consolidated and prepared for analysis. Inductive reasoning was used in data analysis. This approach enabled the makers of this policy to focus on exploring new phenomena and to look at previously researched phenomena from a different perspective. Obtained field data was organised and analysed thematically, and the analysis was aided by the ATLAS.ti software. The software was used to find and organise ideas and concepts, which highlighted emerging themes. These themes were compiled and used to inform the new Substance Abuse policy, as the voice of the public.

The importance of thematic analysis that was used to review this policy lies in its ability to afford the makers of this policy an opportunity and flexibility to identify, analyse and report on the patterns (or themes) emerging within and beyond the data obtained. It thus further enabled them to minimally organise and describe the dataset in rich detail. It is worth to note that qualitative data analysis also required them to carefully scrutinise the content of the data obtained in a systematic manner to ensure that emerging trends, their frequency of occurrence, and the manner in which they are described and captured is correctly reflected in this policy. The analysis of inputs from stakeholders is therefore incorporated to inform this policy document as approved by the Council.

## **7. POLICY INTERVENTIONS AND IMPLEMENTATION (PROVISION AND PROCEDURES OF THE POLICY)**

### **7.1. Policy Directives and Intervention**

The proposed framework is implemented within the context of Chapters 3, 4 and 5 of the Prevention of and Treatment for Substance Abuse, Act No. 70 of 2008, and guided by the 2019-2024 National Drug Master Plan. This policy is effectuated through a community based model that addresses the demand, supply and harm reduction. The prescriptions for this policy are:

#### **7.1.1. Interventions towards reducing Demand**

Demand Reduction: Reduce demand for drugs through prevention and treatment of substance use and abuse

<b>Output 1: Enhanced awareness of the effect of substance abuse and co-occurring problems</b>	
<b>Prevention Interventions</b>	<b>Proposed areas of focus</b>
Change mind-sets and attitudes through education in communities and schools	<ul style="list-style-type: none"> <li>Education campaigns, road shows, media, and digital campaigns to reach out to children, youths and adults;</li> </ul>

	<ul style="list-style-type: none"> <li>• Information distribution, education, and assistance accessible to the public at various CoJ information and service points;</li> <li>• Broad-based community involvement and empowerment in the activities and programmes aimed at curbing the demand for substance and drug abuse. This includes keeping youths engaged through entertainment and social activities;</li> <li>• Enforce age restrictions in the purchase of and access to liquor halls and other public places;</li> <li>• Use mobile and digital social media platforms to disseminate health information such as television, radio, and magazines to inform people's perceptions, attitudes and opinions.</li> </ul>
Volunteerism	<ul style="list-style-type: none"> <li>• Mobilising the youth, FBOs and CBOs for the purposes of perpetuating preventative measures and information</li> </ul>
Thinning the supply and demand	<ul style="list-style-type: none"> <li>• Creation of groups that focus on the customer, the runner, the supplier, and the manufacturer/financier. This will be accomplished by working closely with relevant authorities. Specialised task forces made up of specifically dedicated police officers will need to be engaged for the dealers, manufacturers, and financiers;</li> </ul>

### 7.1.2. Interventions towards reducing harm

Treatment of Substance Use Disorder (SUD): Treat SUD to reduce the harms of drug use in communities and

Stimulation of Robust and Sustainable Economic Growth aimed at reducing poverty, unemployment, and Inequality

Output 2: Provision of effective and efficient treatment for all psychosocial and clinical cases	
Interventions	Proposed areas of focus
Administer treatment to victims of substance abuse.	<ul style="list-style-type: none"> <li>• Set-up a network of health facilities or use existing facilities to provide regular treatment;</li> </ul>

	<ul style="list-style-type: none"> <li>• Manage the facilities with skilled manpower including social workers, counsellors, and other resource persons able to provide reliable and effective psychosocial therapy and clinical treatment;</li> <li>• Provide treatment to walk-in victims of reasonable age and those referred by donor agencies in the area or other government departments for help;</li> <li>• The City shall provide screening of cases and provide treatment accordingly including aftercare services through the City Health outpatient services;</li> <li>• City health facilities will provide space for frontline services and brief interventions targeted at adolescents in schools.</li> <li>• Detoxification will be administered in situations of severe withdrawal symptoms associated with addiction to drugs and substances.</li> </ul>
Rehabilitation and damage-control	<ul style="list-style-type: none"> <li>• Administering ongoing support and programmes to help maintain the rehabilitation process;</li> <li>• Recognising the need to deal with the substance abuser, but also the family members who were traumatised by their actions.</li> </ul>
<b>Output 3: Successful reintegration of recovered abusers back into society to leave a decent life</b>	
<b>Interventions</b>	<b>Proposed areas of focus</b>
Improve employability	<ul style="list-style-type: none"> <li>• Facilitate skills building projects (vocational skills) and entrepreneurial skills</li> <li>• Avail opportunities to those who may have completed or are nearing successful completion of treatment to pursue an education that may have been interrupted by the use and abuse of substances.</li> </ul>

	<ul style="list-style-type: none"> <li>• Provision of job and market support to successful candidates to allow them to lead a decent life and reduce the chances of relapses back into old habits.</li> <li>• Partner with organisations to ensure prompt job placements and access to seed money and market support in the case of entrepreneurs.</li> </ul>
Address stigmatisation	<ul style="list-style-type: none"> <li>• Community educational campaigns and road shows aimed at reorienting mind-sets and values necessary to nurture tolerance and an inclusive community. The society will be mobilised to play an active role in the re-socialising of marginalised and recovered drug-addicts, to embrace them in the spirit of tolerance and stigmatisation.</li> </ul>
Advocacy and lobbying	<ul style="list-style-type: none"> <li>• Influence other decisions, departments, and donor organisations to reduce enabling conditions for drug and substance abuse</li> </ul>
Family integration	<ul style="list-style-type: none"> <li>• It involves providing support to broken families, personal relationships, and even in the event of the loss of homes and their comforts, a state of extreme deprivation necessitating social support as a complement to the other interventions.</li> <li>• This social support will be available only to people receiving treatment and should include accommodation, education, training, and employment support necessary for complete re-integration.</li> </ul>

### 7.1.3. Interventions towards reducing supply

Supply reduction: Reduce the supply of drugs through proactive law enforcement, effective responses to drug-related crime, countering money laundering and promoting judicial cooperation; and

Drug control: Increase the availability of and access to controlled substances exclusively for medical and scientific purposes while preventing their diversion

**Output 4: Control the distribution, retailing, and consumption of illegitimate substances**

Interventions	Proposed areas of focus
Stopping the production and distribution of liquor and illicit substances and their associated primes through law enforcement strategies	<ul style="list-style-type: none"> <li>• Place an important role in the coordination between the national and local governments, including the Department of Justice and Constitutional Development, Metro police, Law Enforcement, Traffic and Emergency Services which will remain the lead agency in this respect of supply reduction activities.</li> <li>• The efforts are focused on the reduction of alcohol-related problems, through ensuring that existing regulations are enforced. Local authorities therefore, will have a responsibility for regulating and policing the retailing of liquor, determining land use, trading hours, and the creation of alcohol free zones in special public spaces, including parks and the area adjacent to sporting, cultural and music events.</li> <li>• Reduce supply by ensuring that law enforcement operations around illicit drugs receive full cooperation from local agencies through the establishment of specific forums where the police can engage with metro police, businesses and communities to work together to help reduce drug availability. Support neighbourhood, community policing and collaborate with SAPS, Metro Police and Law Enforcement to target illicit drug dealers and unlicensed liquor outlets and conduct checkpoints. Allow for the involvement of communities including feedback.</li> </ul>

**7.1.4. Transversal Areas of Interventions**

New psychoactive substances: Identify and control new psychoactive substances;

Multi-sectoral response: Promote governance, leadership and accountability for a coordinated multi-sectoral effective response; and

Strategic information: Strengthen data collection, monitoring, evaluation and research evidence to achieve the goals

**Output 5: Ensure and sustain continuous coordination of departments, agencies and organisations involved with the policy implementation**

Interventions	Proposed areas of focus
Local Drug Action Committee coordination	<ul style="list-style-type: none"> <li>• Ensure the effect is given to the National Drug Master Plan in the municipality;</li> <li>• Compile an action plan to combat substance abuse in the municipality in cooperation with provincial and local governments;</li> <li>• Ensure the action plan is in line with the priorities and objectives of the integrated Mini Drug Master Plan and that it is aligned with the strategies of government departments;</li> <li>• Implement its action plans;</li> <li>• Annually provide a report to the relevant Provincial Substance Abuse Forum concerning actions, progress, problems, and other related events in its area; and provide such information as it may be required by the Central Drug Authority</li> </ul>

**Output 6: Secure adequate and sustainable budgetary, material and human resources needed for policy implementation**

Interventions	Proposed areas of focus
Resource pooling	<ul style="list-style-type: none"> <li>• Partner with other departments, donor agencies, and private sector companies in order to pool financial, material, human and technological resources for broad-based sustainable impact;</li> </ul>
Budgetary allocation	<ul style="list-style-type: none"> <li>• There should be appropriate budgetary resources necessary for the sustained and successful policy implementation</li> </ul>

**Output 7: Institute systems and processes for good governance and accountability in policy implementation**

Interventions	Proposed areas of focus
M&E	<ul style="list-style-type: none"> <li>• M&amp;E would be capacitated to facilitate periodic monitoring and produce information for onward decision-making.</li> </ul>

Evidence-based response	<ul style="list-style-type: none"> <li>• Strengthening research through identification of current trends, analysis, and dissemination of information;</li> <li>• Respond to emerging psychoactive substances (NPS) in the communities</li> </ul>
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**Output 8: Provision of psychosocial and legal support in liaison with other departments on the co-occurring issues of domestic violence, child abuse, homeless, trauma, and health related ailments**

Interventions	Proposed areas of focus
Domestic violence and homelessness	<ul style="list-style-type: none"> <li>• Create one stop office in each region for substance abuse, domestic violence, and homelessness;</li> <li>• Form partnerships with relevant government and non-government departments;</li> <li>• Arrangements will be made to partner with or refer cases for specialised attention including those which are criminal, extreme medical cases, GBV, and child abuse cases;</li> <li>• The responsibility to address homelessness among drug users is partly shared by the local authority and the City will; therefore, on a case by case basis provide accommodation to the homeless. In liaison with the Provincial Social Department, the City will also help in providing other support to the homeless.</li> </ul>

**7.2. Conditions and Implementation of the Policy**

The successful implementation of this Policy rests on the following critical factors:

- a) Availability of systems and processes to provide intensive efforts in dealing with Substance Abuse and recognise emerging drugs in several ways that should include education, treatment, and aftercare services.
- b) Provision of training, capacity building, and sensitisation of substance abuse prevention and specifically on the Policy. All departments must be aware of the Policy and enabled to support the planning and implementation processes. This would ensure that substance abuse prevention is mainstreamed into departmental plans; this support is indispensable for

sustained intervention efforts and touches on every other important aspect of the policy implementation including budgetary, human, and material support.

- c) Mobilising support for the implementation of this Policy and communication around the Policy. Whilst there has been stakeholder participation in its development, ongoing sensitisation thereof is critical.
- d) A functional Local Drug Action Committee (LDAC) which should consist of interested persons and stakeholders involved in organisations dealing with the combating of substance abuse in the municipality.
- e) Endorsement of the Policy by all partners and buy-in sourced from all stakeholders, both administratively and politically. Partnerships will be made with legitimate organisations in the civic sector and private sector with a view to pooling together financial, material and human resources necessary to effectuate the objectives of this policy sustainably.
- f) Functional and effective institutional arrangements meeting the following minimum standards:
  - i. A well capacitated substance abuse Sub-Directorate within Social Development to coordinate programmes with all departments to deliver on their responsibilities;
  - ii. Key stakeholders must be involved and informed at all stages;
  - iii. Multi-Sectoral substance abuse prevention forums must be established and enabled to function effectively at the ward level; and
  - iv. Reporting procedures and mechanisms from ward level to citywide must promote and ensure accountability on the utilisation of funds and meeting the KPIs for substance abuse prevention.
- g) Municipal Budgeting for substance abuse prevention. The approach to substance abuse prevention programmes at the ward level requires the allocation of specific budgeting and resources. The CoJ through its IDP processes must allocate sufficient resources to:
  - i. Improve its human resource capacity for substance abuse prevention;
  - ii. Ensure that a budget is earmarked for substance abuse prevention in line with the programmatic priorities of the CoJ; and
  - iii. Ensure that the budget is equitable, based on the population and the needs of people suffering from substance abuse in the municipality.
- h) ICT and Technological support. The covid-19 pandemic has brought to the fore the need to leverage ICTs and technology in the provision of some or all services where possible. It is therefore imperative that rehab facilities be equipped with current technologies and tailored applications that allow for the continuity of services even in times of distress, lockdown or any

other restrictions as the government may see fit. To this extent, platforms for self-service and other backup services compatible with social media platforms should be in place.

- i) Continuous progress reporting by CoJ-DSD on a policy implementation plan to the Human and Social Development Cluster;
- j) The Executive Directors of relevant departments particularly of Community Development, Health, Public Safety (JMPD), Development Planning, and Economic Development should report progress on the Policy implementation plan to their Cluster Departments;
- k) From time to time the accounting Unit may identify other relevant departments to develop and report key performance as it relates to this policy;
- l) Implementation of this Policy must be aligned with Heads of the aforementioned Departments scorecards and its annual Service Delivery Business Implementation Plans.
- m) The CoJ IDP must be aligned with the policy and clear KPIs relating to substance abuse issues within departments and MEs developed.
- n) This Policy will come into effect upon approval by the Municipal Council and an action plan for implementation must be developed within 6 (six) months thereafter.

## **8. INSTITUTIONAL ARRANGEMENTS FOR POLICY IMPLEMENTATION - ROLE CLARIFICATION**

### **8.1. Roles and Responsibility of Stakeholders**

- a) The CoJ-DSD is the custodian of this Policy, and all powers are vested in the Accounting Officer (City Manager) to ensure legitimate implementation thereof.
- b) It is the responsibility of the CoJ departments to design annual implementation programmes and action plans to give effect to this Policy. The programmes and action plans will be based on regular feedback from the recipients of the programmes.
- c) The CoJ-DSD will be responsible for monitoring this Policy and ensuring that adequate training and awareness-raising are provided on this Policy.
- d) The implementation of this Policy is the shared responsibility of the entire CoJ's Line Departments and MEs.
- e) Establishment of a CoJ Local Drug (LDAC) Committee, to represent the municipality and give effect to the National Drug Master Plan 4th edition, 2019-2024, Members of the LDAC will be appointed by CoJ Mayor. The Chairperson of the LDAC will be designated by members of the

committee. The Chairperson will be responsible for transversal programmes and represented by all Departments and MEs. The CoJ Committee must:

- i. Meet twice a month to oversee the implementation of transformational programmes including Substance Abuse.
- ii. Coordinate the implementation of the Policy in their Departments;
- iii. Identify the system to collect, collate, and package gender-disaggregated information for purposes of revealing non-discriminatory or inequality within the Departments, MEs, and among citizens that it interfaces with;

### 8.1.1. Internal Stakeholders – City Departments and Municipal Entities

The responsibilities of the following Departments related to this Policy must be captured as KPIs in their respective SDBIP to ensure alignment and effective execution.

Department	Role
The CoJ Department of Social Development	To facilitate the effective implementation, monitoring, evaluation, and regular review of the Policy and also provide adequate training and awareness-raising on this Policy.
	To design and compile a Substance Abuse Implementation plan and programme. The plan will be guided by the indicated needs of citizens in the different wards as well as feedback received from the recipients of the programmes implemented. A comprehensive and coherent 'road map' will serve as the backbone and ensure that activities are strategic and focused and will be developed within 6 (six) months of the policy coming into effect.
	To support, coordinate and facilitate an expert group (Substance Abuse Work Group) who will provide guidance to Local Drug Actions Committees (LDACs) and will be responsible to report to the National Central Drug Authority on its programmes. The Work Group should preferably be chaired by the Director of Social Development.

<b>Department</b>	<b>Role</b>
City Manager	To facilitate annual sessions with the Heads of all relevant departments including the Finance department to discuss the execution and alignment of substance abuse programmes. Mainstreaming of the Policy will start at the planning phase where Strategies for the CoJ are finalised.
Finance Department	To provide sufficient budgetary allocation for substance abuse programmes to be executed and as reflected in the MOAs of the different Directorates.
Group Strategy, Policy Coordination, and Relations	To identify the needs related to substance abuse through effective public participation sessions and to ensure the needs as well as plans to address those needs are reflected in the strategic plans of the CoJ. The Substance Abuse Implementation Plan should be incorporated in the IDP document as part of the sector plans.
The CoJ Department of Community Development	The co-creation and implementation of Preventative and Awareness raising programmes for Substance abuse through the Libraries, Sports and Recreation and Parks Directorates among others.
The CoJ Health Department	The Health Department of the CoJ will be responsible for access to appropriate health care for substance abuse users in the community and for oversight at Community Based Rehabilitation Centres.
The CoJ Department of Public Safety	Ensure community safety and will be responsible for the co-creation of programmes in the action areas of Prevention, Intervention, Suppression and Co-ordination. This Department will also be responsible for alcohol and drug awareness raising activities with schools and community groups. Law enforcement officials in this directorate will be responsible to apply by-laws to verify the validity of alcohol outlets in the City of Johannesburg to contribute towards Supply reduction.
The CoJ Department of Development Planning	Determine the density of alcohol providing establishments in communities and to not approve Land use applications for alcohol outlets in an area if it is too close to schools and to areas already densely populated with alcohol outlets.

Department	Role
The CoJ Department of Economic Development	Play a fundamental role in addressing challenges relating to substance and drug abuse involving access to economic opportunities available for recovered drug users

### 8.1.2. External Stakeholders from the Public and Private Sector

The provision of an Integrated Substance Abuse Implementation Plan is premised on strong, multi and inter-sectoral collaboration and coordination. The CoJ-DSD shall pursue a process of engagement with other public and private stakeholders.

The following institutions are key stakeholders in combating substance abuse:

- a) CoJ-DSD will partner with the Gauteng Provincial Department of Social Development to develop and share a list of Service providers in the Province as well as be responsible for issuing certificates to treatment centres. The City will also partner with the provincial government to implement prevention and early intervention programmes.
- b) CoJ-DSD will partner with Provincial Health Department for providing access and provision of health services in the area.
- c) CoJ-DSD will partner with the Provincial Department of Basic Education to implement preventative, care, and treatment programmes in schools.
- d) CoJ-DSD will partner with the Provincial Department of Economic Development to assist in proactively linking communities to economic opportunities.
- e) CoJ-DSD will partner with South African Police Service to control-related crime and reduce the supply of substances
- f) CoJ-DSD will partner with the Provincial Department of Community Safety to reduce the scourge of substance abuse and create a safer city.
- g) Government departments both at the National, Provincial, and Local will collaborate with other sectors of society to implement the NDMP to respond to the scourge of substance abuse.
- h) NGOs, CBOs, and Civil Society must be considered as partners in the implementation of the policy from prevention, detoxification, rehabilitation, in- and out-patient services to aftercare in several ways including;
  - Availing financial material resources
  - Expert resources and personnel
  - Identification of victims

- Through research on early intervention and prevention programmes
  - Collecting data on information with regard to local trends
- i) LDAC's are responsible to execute their function as outlined in the Prevention of and Treatment for Substance Abuse Act 70 of 2008. The LDAC will assist the CoJ with awareness programmes to make communities aware of the Substance Abuse Implementation Plan and related programmes to combat substance abuse in the CoJ area. LDAC's will consist of various partners of the government, non-governmental organisations, faith-based organisations and the community, including CRUM, SAPS, JMPD, Departments of Health, Social Development, Education, Community Safety, Justice, and Community based organisations
- j) The City will partner with international organisations such as the International Society of Substance Abuse Professionals (ISSUP) whose role is to provide a unique role within the drug use prevention and treatment field by becoming the focal point for information concerning the world of prevention and treatment.
- k) Other interested stakeholders which would be consulted from time to time, include but are not limited to:
- ✓ National Institute of Drug Abuse (NIDA)
  - ✓ International Narcotics Control Boards (INCB)
  - ✓ United Nations Office on Drugs and Crime (UNODC)
- l) Research Institutions will be key partners in capacity building and can assist with the design, implementation, and evaluation of early intervention and preventative programmes. Research Institutes will keep the City abreast with new developments and improvements in the area of abuse and prevention.

## 9. MONITORING AND EVALUATION

The City of Johannesburg established the “*The City of Johannesburg Monitoring and Evaluation Framework*” in line with the policy framework for the Government-wide Monitoring and Evaluation (GWM&E), and the National Evaluation Policy Framework (NEPF) in 2012. The City of Johannesburg acknowledged that there has been a shift in the City's policies, procedures, and systems associated with the inter-related areas of performance management, monitoring, evaluation, and reporting. The City has therefore developed its monitoring and evaluation

framework aimed specifically at monitoring and evaluating the outcomes of the Substance Abuse Policy.

The framework notes that at a City level, changes to the organisation's institutional model and its long-term strategy (Joburg 2040 Growth and Development Strategy [GDS]) necessitate a complete review of many organisational activities including the way in which the planning, decision-making, monitoring, and evaluation occurs. Thus, based on the above, this policy will be monitored and evaluated on a continuous basis to ensure that there is greater transparency and accountability based on evidence-based monitoring and evaluation. Service delivery will be significantly improved through the continuous generation of sound information for reporting, communication, and the improvement of service delivery.

The City of Johannesburg shall in its quest to monitor and evaluate this policy, employ the results-based monitoring and evaluation approach. The indispensability of employing the results-based (or outcome-based) monitoring and evaluation approach, lies in that, it goes beyond the counting of the policy outputs, activities, and resources to enable the City to measure and evaluate the results of the policy, and then provide information for decision-making. Results-based monitoring and evaluation of this policy will provide feedback on the actual outcomes and goals of the City's actions. Thus, it further addresses the goals of the policy, how they are being achieved in respect of the budgetary, schedule, and quality performance, and how corrective actions can be done proactively.

Monitoring and evaluation of this policy shall involve the following ten activities or steps as depicted in the sequential form below, i.e.:

## **MONITORING**

- 1) Step one: conducting a readiness assessment;
- 2) Step two: agreeing on outcomes to monitor and evaluate;
- 3) Step three: selecting key performance indicators to monitor outcomes;
- 4) Step four: setting baselines and gathering data on indicators;
- 5) Step five: planning for improvement – selecting results targets;
- 6) Step six: monitoring for results;

## EVALUATION

- 7) Step seven: the evaluation in M&E, using evaluation information to support a results-based management system;
- 8) Step eight: reporting the findings;
- 9) Step nine: using the findings, and
- 10) Step ten: Sustaining the M&E system within the organisation.

The monitoring and evaluation function of this policy seeks to address the following aspects regarding the performance of interventions emanating from this policy, i.e.:

- a) Compliance with monthly and quarterly reporting of data;
- b) Supporting the department's interventions through the provision of formative feedback on progress towards attainment of targets (monthly and quarterly targets);
- c) Providing recommendations on the way forward (possible policy expansion), and
- d) Providing an assessment of possible contributions to long term impacts of the policy, and the department.

The aforementioned M&E process will be an inherent part of the City's IDPs and designed to enhance accountability. Furthermore, this process will be conducted annually or at any time necessary to keep abreast of best practices and methodological changes, as well as for other corrective actions.

## 10. CONTRAVENTION OF POLICY

Paragraph 8.1 (a) herein above recognises the CoJ as the custodian of this Policy and that all powers are vested in the Accounting Officer (City Manager) to ensure legitimate implementation thereof. The CoJ reserves the right to act in case of breach by any party responsible for the implementation of this Policy and in case of contravention the CoJ may:

- a) Evaluate the performance of the government officials involved and reserves the right to suspend and/or re-instate until the investigation is completed;
- b) Enforce the law in case of any criminality involved; and
- c) Withdraw partnership agreements in case of stakeholders and beneficiaries breaching the terms of this Policy.

## 11. DELEGATION OF AUTHORITY

Sections 59 to 65 of the Local Government: Municipal Systems Act 32 of 2000 provide as follows: “59”. Delegations - (1) “*A municipal council must develop a system of delegations that will maximise administrative and operational efficiency and provide for adequate checks and balances, and, in accordance with that system, may delegate appropriate powers*”. In terms thereof, Council hereby delegates all powers and duties to the Accounting Officer which are necessary to enable the Accounting Officer:

- a) to discharge the Policy responsibilities conferred on Accounting Officers in terms of the Municipal Systems Act 32 of 2000 and this Policy;
- b) to maximise administrative and operational efficiency in the implementation of this Policy; and
- c) to enforce reasonable cost-effective measures for the implementation of this Policy; and proper monitoring and evaluation;
- d) to comply with his or her responsibilities in terms of Section 115 and other applicable provisions of the Municipal Systems Act (Act 32 of 2000).

## 12. POLICY REVIEW

Although the legislation does not prescribe time frames in which policies must be reviewed, this Policy must be reviewed every 5 (five) years, or sooner if required, and the reviewed policy will be tabled in Council for approval as part of the budget process.