Acknowledgement to all the staff of the Department, public and private facilities, NGO’s, CBO’s and individuals that assist, care for and improve the lives of those that face the daily challenges that result from harmful drug and alcohol use and their contribution to this Resource Directory.

These include but not limited to:
National Department of Social Development
Office of the Premier: Western Cape
Department of Social Development: Western Cape
Department of Justice
Department of Health: Mental Health and Substance Abuse: Western Cape
Department of Education: Western Cape
City of Cape Town: Social Development
City of Cape Town: Special Projects
City of Cape Town: Health
Cape Town Drug Counseling Centre
Drug Free Africa
Medical Research Council
PASCAP Trust
SANCA
SAPS
SMART
Western Cape Substance Abuse Forum

Researched, compiled and produced by Sakaza Communications (Pty) Ltd for the Department of Social Development: Western Cape
Content

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D8 Alcohol consumption increases risk
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D10 Fetal Alcohol Syndrome (FAS)
D11 Alcohol and TB
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E2 What is a drug?
E3 Health Warning
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F. Information for Educators

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H. References

H1 For more information

I. Glossary of Terms

J. Norms and Standards
Quick Guide

How to Use this Directory

1.1 About the Directory
1.2 Who will find this book useful
1.3 How to use the Directory
1.4 The On-line Version
1.5 Useful Information
1.6 Directory Information
1.1 About the Directory

The Government of the Western Cape is committed to working together with private and public sector agencies, non-government and community organisations and individuals to promote healthy lifestyles through education, appropriate intervention and counselling for the reduction of harmful drug and alcohol use in the Western Cape.

The aim of this Directory is to provide concerned individuals, communities and officials with tools and useful information on the harmful effects of drug and alcohol use, how to determine the need to intervene, the options and the treatment available in order to make informed decisions.

This Directory also provides information on facilities and interventions in the public and private sector that can assist anyone who seeks help or assistance in addressing the challenges and problems associated with the harmful effects and consequences of harmful drug and alcohol use.

1.2 Who will find this book useful?

This is an easy-to-read guide on a related topics and a directory of contact information for:

- the individual that is currently, or suspects that a loved-one, friend or colleague may be, misusing alcohol or drugs and wants to know more or seeks to have a better understanding of harmful alcohol or drug use;

- the individual that is seeking information or assistance in order to help themselves or another person that is engaged in harmful alcohol or drug use;

- the educator, law enforcement officer, probation officer, health or social services professional who is seeking general information on the subject, wishing to understand, to gain knowledge or exploring options available in their attempt to address a situation and/or deal with an individual that is engaged in harmful alcohol or drug use.

- the professional seeking information, guidelines, the appropriate facility and organisation that could assist the individual or the family of a person that is engaged in harmful alcohol or drug use.
1.3 How to use the Directory

The Directory for the reduction of harmful drug and alcohol use in the Western Cape is divided into **THREE** main sections.

The **first** is a compendium or ‘quick guide’ of related information on the harmful affects of drug and alcohol misuse and the treatment thereof.

The **second** section is the latest database of public sector and private centres that provides a host of related services – from counselling, in and outpatient services to education programmes and organisations that provide a service, approved by the Department of Social Development.

*The Directory lists organisations by:*

- Service Provider by area
- Subsidized and Non-subsidized Treatment
- Geographic location of each listed service provider

The **third** section provides additional information, references and additional reading as well as a comprehensive glossary of terms related to this sector.

1.4 The Online Version

The Directory is available from any Social Development office or community health centre.

However, it is also available online at [http://www.druginfo.westerncape.gov.za](http://www.druginfo.westerncape.gov.za) or found on [www.capegateway/resource.gov.za](http://www.capegateway/resource.gov.za)
1.5 Useful Information

The first section of this Directory provides useful information to anyone seeking insight, information, guidance or direction. **2.0 Where can one find Help?** provides useful information about how and where to seek assistance and help when faced with a problem related to harmful drug or alcohol use and the intervention options available.

Understanding what one is dealing with is a good place to start. So **3.0 Guide to Harmful Drug and Alcohol Use** explains and defines harmful use, providing useful information on the effects and symptoms.

The **Annexures** provide some practical guidance as what to do when dealing with someone that is engaged in harmful alcohol or drug use. It outlines what steps can be taken and what options are available. It also provides a guide that deals with the tell-tale signs of harmful use or dependency.

1.6 Directory Information

The second section in this Directory provides useful information of the **provincial, local government and private facilities** in the Western Cape to which anyone with an alcohol or drug related illness or problem can go or be referred to for assistance.

In addition to the subsidised facilities, there are also a number of partially-subsidised **Private Facilities** in the Western Cape that offer treatment and those listed in this Directory have been scrutinised, licensed and approved by the Department of Social Development as bona fide service providers. But the Department does not promote or bear any responsibility for the services they render.

There are also a number of organisations, institutions, CBOs and NGOs that offer related programmes and services that strive to address, deal with consequences and support individuals and families in the quest to reduce the direct and indirect impact of harmful drug and alcohol use in the Western Cape.

The third section of this Directory contains a number of annexures that offer more information, sources of further reading and references to educate and empower anyone dealing with the challenges of harmful drug and alcohol use.

To understand the terms and meaning of the many words used in this Directory refer to **Glossary of Terms and Acronyms**.

We trust you will find it useful, whatever your situation.
Where can one find help?

2.1 Interventions

2.2 Contact Us

2.3 Local Offices
2.0 Where can I find help for harmful drug & alcohol use?

Department of Social Development – with the support of the various other organisations listed in this Directory will help deal with the reduction of harmful drug and alcohol use in the Western Cape.

- If the harmful drug and alcohol use results in a medical problem, you may go to any clinic who will address the immediate health risk and then refer you elsewhere for sustained treatment.

- If you cannot afford private treatment, go to your nearest Social Development Local Office who will advise where to go for help or assistance.

There a social worker will screen you to gauge the severity of the problem. An assessment of you and your family will determine the appropriate intervention needed. Depending on the outcome of the screening and assessment, you may be referred to a support group, outpatient treatment or inpatient treatment.

It is generally a good idea to take your family with you for your screening and assessment as the social worker will probably want to speak to them and refer them to support groups.

If you have a medical aid and can afford private treatment, you can access a range of private psychiatrists and psychologists through any of the private treatment centres in the province. Make sure that the treatment centre you approach is registered with the provincial Department of Social Development to ensure that certain minimum standards in terms of treatment and centre management are met.

2.1 Interventions

Addressing the consequences of harmful drug and alcohol use is a process that will take time, require ongoing commitment, aftercare (continuing care services), ongoing support and reintegration services.

**Early intervention** starts with education and counselling. There are a number of Community Counselling Services available to both those that are engaged in harmful drug and alcohol use as well as their parents, partners and loved ones.

**Support groups** are people that get together on a regular basis to share the problems they face in trying to break free of a drug or alcohol habit and to encourage each other to stay free of dependence-causing substances. It is a voluntary treatment. These you can attend for as long as you need to, as well as while you are receiving any other form of treatment.

**Outpatient Treatment** is suitable for people whose substance use is affecting them emotionally, physically, socially or spiritually and treatment usually takes the form of individual, group and/ or family counselling. For this you don’t have to stay overnight at the facility in order to receive treatment, which can be either short-term or long-term.

**Inpatient Treatment** is suitable for people who are dependent on a substance and is admitted to the treatment facility for a period of two to eight weeks (short-term) to more than twelve weeks (long-term). Inpatient treatment usually takes the form of individual, group and/ or family counselling, together with supportive medical help if needed.
Aftercare services provide continuing support and intervention services to individuals who have completed treatment and are at a lower intensity than either inpatient or outpatient treatment. It provides individuals with additional tools that equip them to maintain their treatment gains, including remaining alcohol and/or drug free, avoiding relapse, and rebuilding their lives and re-integrating into society. Aftercare services are provided by self-help/mutual-help organizations such as Alcoholics Anonymous and Narcotics Anonymous.

2.2 Contact Us

Department of Social Development: Services to address harmful drug and alcohol use.

Head Office

Street Address: Union House, 14 Queen Victoria Street, Cape Town, 8001

Postal Address: Private Bag X9112, Cape Town, 8000

General Enquiry: Telephone: 021 483 5045 or 0800 220 250

Head of Department: Telephone: 021 483 3083

Secretary: Telephone: 021 483 4783

2.3 Local Offices

See Chapter 4 of this Resource Directory for details of each location.

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
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<tr>
<td>Athlone</td>
<td>Athlone, Cape Flats – Tel: 021 696 8038/9</td>
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<tr>
<td>Atlantis</td>
<td>Atlantis, Cape Town Metro – Tel: 021 577 1084</td>
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</tr>
<tr>
<td>Beaufort West</td>
<td>Beaufort West, Central Karoo – Tel: 023 414 3204</td>
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<tr>
<td>Bellville</td>
<td>Bellville, Cape Town Metro – Tel: 021 940 7129</td>
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<tr>
<td>Caledon</td>
<td>Caledon, Theewaterskloof District – Tel: 028 214 3000</td>
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<tr>
<td>Cape Town</td>
<td>Cape Town CBD – Tel: 021 481 9712</td>
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<tr>
<td>Eerste River</td>
<td>Eerste River, Cape Town Metro – Tel: 021 909 4550</td>
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<tr>
<td>George</td>
<td>George, Eden – Tel: 044 801 4300/40</td>
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<tr>
<td>Gugulethu</td>
<td>Gugulethu, Cape Flats – Tel: 021 638 5151/2/3</td>
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<tr>
<td>Khayelitsha</td>
<td>Khayelitsha, Cape Flats – Tel: 021 360 2175</td>
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<tr>
<td>Malmesbury</td>
<td>Malmesbury, West Coast – Tel: 022 482 4460/486 4593</td>
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<td>Mitchell’s Plain</td>
<td>Mitchell’s Plain, Cape Flats – Tel: 021 370 4839</td>
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<tr>
<td>Mooresburg</td>
<td>Mooresburg, West Coast – Tel: 022 433 1109</td>
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<tr>
<td>Oudtshoorn</td>
<td>Oudtshoorn, Eden – Tel: 044 272 8977</td>
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<tr>
<td>Paarl</td>
<td>Paarl, Drakenstein – Tel: 021 871 1682</td>
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<tr>
<td>Piketberg</td>
<td>Piketberg, West Coast – Tel: 022 913 2545</td>
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<tr>
<td>Porterville</td>
<td>Porterville, West Coast – Tel: 022 913 2789/2516</td>
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<tr>
<td>Riebeeck Kasteel</td>
<td>Riebeeck Kasteel, West Coast – Tel: 022 448 1748</td>
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<tr>
<td>Riebeeck West</td>
<td>Riebeeck West, West Coast – Tel: 022 461 2420</td>
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<tr>
<td>St Helena Bay</td>
<td>St Helena Bay, West Coast – Tel: 022 736 2566</td>
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<tr>
<td>Vital Connections</td>
<td>West Coast – Tel: 022 714 3554</td>
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<td>Vredenburg</td>
<td>Vredenburg, West Coast – Tel: 022 713 2272</td>
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<td>Vredendal, Matzikama – Tel: 027 213 2096</td>
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<tr>
<td>Worcester</td>
<td>Worcester, Breede Valley – Tel: 023 348 5300</td>
<td></td>
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<tr>
<td>Wynberg</td>
<td>Wynberg, Cape Town Metro – Tel: 021 710 9864</td>
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</tbody>
</table>
3.1 What is harmful drug and alcohol use?

3.2 Levels of harmful drug use

3.3 What to look out for

3.4 Common signs and symptoms of drug dependency

3.5 Where to find help
3.1 What is harmful drug and alcohol use?

There is no universally accepted definition that could include the harmful use of subscription drugs, illicit or legal drugs or harmful use of alcohol.

**Harmful drug or alcohol use** is the excessive use, misuse, overindulgence or dependence on alcohol or a drug.

3.2 Levels of harmful use

The harmful use of drugs starts quite innocently with:

1. **Experimentation**

2. **Recreational use**

3. **Occasional and controlled use** that leads to:

- **Misuse** is using in excess or in a different way to its prescribed or intended use or the use of a drug that is illegal;

- **Hazardous use** increases someone’s risk of harmful consequences to him or herself;

- **Harmful use** is a pattern of drug/alcohol misuse that actually damages the individual’s physical or mental health or causes social harm;

- **Dependency** is compulsive drug-taking behaviour that result in:
  - Physical adaptation of the body to the drug (tolerance; withdrawal),
  - Loss of control, overindulging in the drug (strong desire or sense of compulsion to take the drug; difficulties in controlling drug taking behaviour; a desire or unsuccessful efforts to cut down or control use),
  - Salience – the drug takes over the person’s life (a great deal of time is spent obtaining or using the drug or recovering from its effects; progressive neglect of alternative pleasures and interests or important activities and continued use despite clear evidence that it is harmful).

*Information provided courtesy: Department of Health: Western Cape*
3.3 What to look out for

When do you know you may have a problem?

- You’re neglecting your responsibilities at school, work, or home (flunking classes, skipping work, neglecting your children) because of your drug use.
- You’re using drugs under dangerous conditions or taking risks while high, such as driving while on drugs, using dirty needles or having unprotected sex.
- Your drug use is getting you into domestic and legal trouble, such as arrests for disorderly conduct, driving under the influence or stealing to support a drug habit.
- Your drug use is causing problems in your relationships, such as starting fights with your partner or family members.

3.4 Common signs and symptoms of drug dependency

- You’ve built up a drug tolerance. If you need to use more of the drug to experience the same effects as before.
- You take drugs to avoid or relieve withdrawal symptoms. If you go too long without drugs you experience symptoms such as nausea, restlessness, insomnia, depression, sweating, shaking, and anxiety.
- You’ve lost control over your drug use. You often do drugs or use more than you planned, even though you told yourself you wouldn’t. You may want to stop using, but you feel powerless.
- Your life revolves around drug use. You spend a lot of time using and thinking about drugs, figuring out how to get them and recovering from the drug’s effects.
- You’ve abandoned activities you used to enjoy such as hobbies, sports, and socializing, because of your drug use.
- You continue to use drugs despite knowing it’s hurting you. It’s causing major problems in your life — blackouts, infections, mood swings, depression, paranoia — but you use anyway.
3.5 Where to find help

- Department of Social Development: 0800 220 250
- South African Police Services: 0860 010 111
- City of Cape Town: 0800 435 748
- Department of Health: Stikland Helpline: 021 940 4500

Or

Contact SANCA:
- Head Office: Bellville: 021 945 4080
- Athlone: 021 638 5116
- Atlantis: 021 572 7461
- Khayelitsha: 021 364 6131
- Mitchells Plain: 021 397 2196
- Paarl: 021 872 9671
- Tygerberg: 021 945 2099

Or

Contact your nearest Department of Social Development Local Office
4.1 Cape Metropolitan Area
4.2 Eden/Karoo
4.3 West Coast
4.4 Winelands
4.1 Cape Metropolitan Area
Local Offices offer a range of social work and development services to the community, including Substance Abuse Programmes focusing on giving communities access to information; services and support that address harmful drug and alcohol use in an integrated way. This may include assessment, awareness, education, counselling, and a variety of other treatment options.

Operating Hours: 07:30 - 16:00

Website
www.capegateway/resource.co.za
www.druginfo.westerncape.gov.za
SANCA

Physical Address
Child Welfare Offices
157 Klipfontein Road
Gatesville, Athlone
7766

Contact details
Tel: 021 638 5116
Fax: 021 637 2832
E-mail: athlone@sancawc.co.za

Public transport
• Busses and Taxis:
  Klipfontein road

Awareness, Counselling and Treatment (Outpatient)

Provides specialised and accredited prevention of harmful drug and alcohol use as well as in and outpatient treatment services and referral to in-patient treatment services. SUBSIDISED SPACES AVAILABLE (Please enquire with service provider for details).

Operating Hours: 08:00 - 16:00

SANCA – Athlone
157 Klipfontein Road
Gatesville
Athlone

Postal Address
Child Welfare Offices
PO Box 528
Gatesville
Athlone
7766

Website
www.sancawc.co.za
Local Offices offer a range of social work and development services to the community, including Substance Abuse Programmes focusing on giving communities access to information; services and support that address harmful drug and alcohol use in an integrated way. This may include assessment, awareness, education, counselling, and a variety of other treatment options.

Operating Hours: 07:30 - 16:00
SANCA

Physical Address
1 Dolly Centre
3 Ardennes Street
Westfleur
Atlantis
7349

Contact details
Tel: 021 572 7461
Fax: 021 572 8743
E-mail: atlantis@sancawc.co.za

Awareness, Counselling and Treatment (Outpatient)

Provides specialised and accredited prevention of harmful drug and alcohol use as well as in- and outpatient treatment services and referral to in-patient treatment services. **SUBSIDISED SPACES AVAILABLE** (Please enquire with service provider for details).

Operating Hours: 08:00 - 16:00 Monday – Friday

Postal Address
1 Dolly Centre
3 Ardennes Street
Westfleur
Atlantis
7349

Website
www.sancawc.co.za
Department of Social Development Local Office

Physical Address
107 Voortrekker Road
1st floor, Ambition House,
Bellville

Contact details
Tel: 021 940 7100
Fax: 021 948 3024

Public transport
• Bellville Train Station
• Busses and Taxis:
  Voortrekker Road

Local Office

Local Offices offer a range of social work and development services to the community, including Substance Abuse Programmes focusing on giving communities access to information; services and support that address harmful drug and alcohol use in an integrated way. This may include assessment, awareness, education, counselling, and a variety of other treatment options.

Operating Hours: 07:30 - 16:00

Postal Address
Private Bag X50
Bellville
7535

Website
www.capegateway/resource.co.za
www.druginfo.westerncape.gov.za
### Badisa

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>Contact details</th>
<th>Public transport</th>
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<tbody>
<tr>
<td>Marturia Centre</td>
<td>Tel: 021 957 7130</td>
<td>• Busses and Taxis: Durban Road</td>
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<tr>
<td>11 Pastorie Street</td>
<td>Fax: 021 957 7131</td>
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<td>Bellville</td>
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</table>

### Prevention, Counselling and Support Groups

Provides a host of services including counselling, prevention, harmful substance use therapy and different support group services.

**Operating Hours:**
- 07:45 – 16:00 Monday - Thursday
- 07:45 – 15:30 Friday

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### Postal Address

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<tr>
<td>Privatge Bag X8</td>
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<td>7535</td>
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</tbody>
</table>

Websites:
- [www.badisa.org.za](http://www.badisa.org.za)
SANCA

Physical Address
18 Karoo Street
Bellville

Contact details
Tel: 021 945 4080
Fax: 021 945 4082
E-mail: sanca@sancawc.co.za

Public transport
• Busses and Taxis:
  Voortrekker road

Awareness, Counselling and Treatment (Inpatient/Outpatient)

Provides specialised and accredited prevention of harmful drug and alcohol use as well as in and out patient treatment services.

Operating Hours: 08:00 - 16:00

Postal Address
PO Box 860
Bellville
7530

Website
www.sancawc.co.za

SANCA Head Office
18 Karoo Street
Bellville
Stikland Opiate Detox Unit

Physical Address
De la Haye Avenue
De la Haye
Bellville

Contact details
Tel: 021 940 4400
Fax: 021 940 4543
E-mail: lizew@sun.ac.za

Public transport
- Stikland Train Station
- Busses and Taxis:
  Old Paarl road

Rehabilitation (Inpatient)

A state-funded facility that renders acute and medium / long-term psychiatrics services including acute psycho-geriatric services, Opiate Detoxification, Alcohol Rehabilitation and Therapeutic Services. **FREE TO THE PUBLIC.**

Operating Hours: 24 Hours

Postal Address
Private Bag X13
Bellville
7535

Website
www.stiklandhospital.co.za
Sultan Bahu

Physical Address
Central Park Primary
Juniper Street
Bonteheuwel

Contact details
Tel: 021 694 9874
Fax: 021 694 9634

Treatment (Outpatient)

A drug treatment centre operating in lower-socio economic communities and offering a six week intensive day program with continuing care thereafter in Mitchell’s Plain, Hanover Park and Bonteheuwel. **SUBSIDISED SPACES AVAILABLE (Please enquire with service provider for details).**

Operating Hours:
- 08:00 – 17:00 Monday – Thursday
- 08:00 – 12:00 Friday
- 09:00 – 12:00 Saturday

Postal Address
Central Park Primary
Juniper Street
Bonteheuwel
7764

Website
www.bahu.org.za
Local Offices offer a range of social work and development services to the community, including Substance Abuse Programmes focusing on giving communities access to information; services and support that address harmful drug and alcohol use in an integrated way. This may include assessment, awareness, education, counselling, and a variety of other treatment options.

Operating Hours: 07:30 - 16:00

Postal Address
PO Box 131
Cape Town
8000

Website
www.capegateway/resource.co.za
www.druginfo.westerncape.gov.za
Delft South Community Health Center

**Physical Address**
Delft South Clinic  
Cnr of Boyce and  
Delft Main Road  
Delft South

**Contact details**
Tel: 021 955 9200

**Treatment (Outpatient)**

All Community Health Centers offer information, assessment and outpatient treatment programme including group counseling, individual counseling and Family information and education. They service people and their families where there are drug and alcohol problems. **FREE TO THE PUBLIC.**

**Operating Hours:** 07:30 - 16:00

---

**Postal Address**
Cnr Boyce Street  
and Main Road  
Delft
Local Offices offer a range of social work and development services to the community, including Substance Abuse Programmes focusing on giving communities access to information; services and support that address harmful drug and alcohol use in an integrated way. This may include assessment, awareness, education, counselling, and a variety of other treatment options.

Operating Hours: 07:30 - 16:00
Western Cape Youth Rehabilitation Center

**Physical Address**
Old Faure Road
Eerste River
7103

**Postal Address**
Old Faure Road
Eerste River
7100

**Contact details**
Tel: 021 843 3200
Fax: 021 843 3259

**Treatment (Inpatient)**

The centre provides a range of services including: social work, child and youth care work, medical/mental healthcare, detoxification services, occupational therapy and education services aimed at integrating school curriculum subjects with the treatment programme. Specifically target young people between the ages of 13 and 18 who abuse drugs and alcohol. **FREE TO THE PUBLIC.**

**Operating Hours:** 24 Hours
Teen Challenge

**Physical Address**
Melton Road (next to Melton Rose Station)
Melton Rose
Eerste River

**Contact details**
Tel: 021 904 0555
Fax: 021 904 0088
E-mail: nomdoej@webmail.co.za

**Public transport**
- Melton Rose Railway Station
- Melton Rose Bus Station

**Treatment (Inpatient) and Education**
Drug rehabilitation centre, running workplace and school training with regards to substance abuse - part of the global organisation, Teen Challenge International.

*Operating Hours: 09:00 - 16:00
Medical Personnel 24 Hours*

**Postal Address**
PO Box 523
Eerste River
7103

**Website**
www.teenchallenge.co.za
Cape Town
Elsies River

Center of Hope

Physical Address
Matroosfontein Clinic
Civic Way
Matroosfontein
Elsies River

Contact details
Tel: 021 933 1424
Fax: 021 933 1245
E-mail: infor@touchingnations.org

Public transport
• Busses and Taxis: Owen Road

Education

Provides counselling and education on a volunteer basis to communities within the Tygerberg sub-district. This includes information on harmful substance use, the TB/HIV/AIDS epidemics and protecting and promoting the health of all.

Operating Hours: 08:00 - 16:30

Postal Address
PO Box 10104
Belhar
7507

Website
www.touchingnations.org
Tehilla Community Centre

Physical Address
196 16th Avenue
Leonsdale
Elsies River

Contact details
Tel: 021 933 0990
Fax: 086 522 9264
E-mail: tehillahcc@polka.co.za

Partially Subsidised Private Treatment Centre (Inpatient)

Early intervention with focus on Awareness and Prevention. Inpatient treatment centre.
SUBSIDISED SPACES AVAILABLE (Please enquire with service provider for details).

Operating Hours: 08:30 - 17:00

Postal Address
102 Mimosa Crescent
Mimosa Village
Belhar
7490

Website
www.tehillah.za.org
False Bay Therapeutic Community

Physical Address
1 Second Avenue
Fish hoek

Contact details
Tel: 021 782 6242
Fax: 086 620 5826
E-mail: falsebaytc@telkomsa.net

Public transport
- Busses and Taxis: Kommetjie Road

Private Treatment Centre

Early Intervention; In and Out Rehabilitation; Group Therapy and Individual and Family Counselling. Payment in full by personal medical aid or personal account. **SUBSIDISED SPACES AVAILABLE** (Please enquire with service provider for details).

Operating Hours: 24 Hours

Postal Address
1 Second Avenue
Fish Hoek
7975

Website
www.drugrehabcapetown.co.za
Private Treatment Centre

Addiction treatment (including dual diagnoses treatment) with a specialised Adolescent Unit. Payment in full by personal medical aid or personal account.

Operating hours: 24 Hours
### Cape Town Goodwood

#### Alanon

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>Contact details</th>
<th>Public transport</th>
</tr>
</thead>
</table>
| Unit B5, N1 City Mews  
Cnr Frans Conradie Drive and Manus Gerber Street  
Goodwood | Tel: 021 595 4517  
Fax: 086 523 3030 | • Monte Vista Railway Station |

#### Community Support

Offer understanding, help and support to the families of problem drinkers.

**Operating Hours:** 09:00 - 13:00

**Postal Address**

P0 Box 727  
Goodwood  
7459

**Website**

[www.alanon.org.za](http://www.alanon.org.za)
Local Offi ce

Local Offices offer a range of social work and development services to the community, including Substance Abuse Programmes focusing on giving communities access to information; services and support that address harmful drug and alcohol use in an integrated way. This may include assessment, awareness, education, counselling, and a variety of other treatment options.

Operating Hours: 07:30 - 16:00
Sultan Bahu

Physical Address
Cnr Lonedown and Lansur Roads
Hanover Park

Contact details
Tel: 021 691 7782
Fax: 021 691 7900
E-mail: bahuct@yahoo.com

Public transport
• Busses and Taxis: Turfall Road

Treatment (Outpatient)

A drug treatment centre operating in lower-socio economic communities and offering a six week intensive day program with continual care thereafter in Mitchell’s Plain and Bonteheuwel. **SUBSIDISED SPACES AVAILABLE (Please enquire with service provider for details).**

**Operating Hours:**
- 08:00 - 17:00 Monday - Thursday
- 08:00 - 12:00 Friday
- 09:00 - 12:00 Saturday

Postal Address
Cnr Lonedown and Lansur Roads
Hanover Park
7780

Website
www.bahu.org.za
Kenilworth Clinic

**Physical Address**
32 Kenilworth Road
Kenilworth

**Contact details**
Tel: 021 763 4501
Fax: 021 763 4558
E-mail: info@kenilworthclinic.co.za

**Public transport**
- Kenilworth Train Station
- Main Road

**Private Treatment Centre**

A dedicated alcohol and drug treatment centre. Payment in full by personal medical aid or personal account.

**Operating Times:** 24 Hours

**Postal Address**
32 Kenilworth Road
Kenilworth
7708

**Website**
www.kenilworthclinic.co.za
Tharagay House

**Physical Address**
15A Gibson Road
Kenilworth

**Contact details**
Tel: 021 762 2425
Fax: 0866 121 146
E-mail: dion@tharagayhouse.co.za

**Treatment (Inpatient)/Residential Care Facility**

A care facility specialising in the treatment of harmful drug use, alcoholism, anorexia, bulimia and compulsive overeating - includes all subsidiary addictions including gambling and sex addiction. Payment in full by personal medical aid or personal account.

**Operating Hours:** 24 Hours

**Postal Address**
15A Gibson Road
Kenilworth
7708

**Website**
www.tharagayhouse.co.za
Community Outreach Organisation

Physical Address
Kensington Civic
Back entrance
Cnr Walrus and
Avro Avenue
Kensington

Contact details
Tel: 021 593 3484
Fax: 086 530 0536
E-mail: coo@telkomsa.net

Public transport
• Busses and Taxis:
Voortrekker Road

Intervention and Counselling

Awareness programmes on harmful substance use, counselling and re-integration with family and community life.

Operating Hours:

Postal Address
32 Ventura Street
Kensington
7405
Local Offices offer a range of social work and development services to the community, including Substance Abuse Programmes focusing on giving communities access to information; services and support that address harmful drug and alcohol use in an integrated way. This may include assessment, awareness, education, counselling, and a variety of other treatment options.

Operating Hours: 07:30 - 16:00
### Ikhaya Lethemba Community Services, Awareness and Prevention

<table>
<thead>
<tr>
<th><strong>Physical Address</strong></th>
<th><strong>Contact details</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Mark Street</td>
<td>Tel: 079 319 1966</td>
</tr>
<tr>
<td>Vredenburg</td>
<td>Fax: 086 585 3140</td>
</tr>
<tr>
<td></td>
<td>E-mail: <a href="mailto:ikhayalethemba@webmail.co.za">ikhayalethemba@webmail.co.za</a></td>
</tr>
</tbody>
</table>

### Education and Intervention

Conducts intervention programmes to educate the community and effected parties on illegal substances and to abstain from it.

**Operating Hours:** 08:00 - 16:00 Monday - Friday

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### Ikhaya Lethemba Community Services, Awareness and Prevention

#### Postal Address

11 Mark Street  
Vredenburg

#### Website

www.iklethemba.co.za
SANCA

Physical Address
Catholic Welfare Centre
E 505 Scott Street
Khayelitsha
7784

Contact details
Tel: Tel - 021 364 6131
Fax: 021 364 5510
E-mail: khayelitsha@sancawc.co.za

Awareness, Counselling and Treatment (Outpatient)

Provides specialised and accredited prevention of harmful drug and alcohol use as well as in- and outpatient treatment services. SUBSIDISED SPACES AVAILABLE (Please enquire with service provider for details).

Operating Hours: 08:00 - 17:00

Postal Address
Catholic Welfare Centre
E 505 Scott Street
Khayelitsha
7784

Website
www.sancawc.co.za
## Khayelitsha Community Health Center

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>Contact details</th>
<th>Public transport</th>
</tr>
</thead>
<tbody>
<tr>
<td>Town 2 Community Health Centre&lt;br&gt;Cnr Lansdowne and Charles Mokoena Streets&lt;br&gt;Town 2, Khayelitsha</td>
<td>Tel: 021 360 4014&lt;br&gt;Fax: 021 360 4033</td>
<td>• Khayelitsha Train Station</td>
</tr>
</tbody>
</table>

### Treatment (Outpatient)

All Community Health Centers offer information, assessment and outpatient treatment programme including group counseling, individual counseling and Family information and education. They service people and their families where there are drug and alcohol problems. **FREE TO THE PUBLIC.**

**Operating Hours: 07:30 - 16:00**

---

### Postal Address

C Block<br>Ntlakhohlaza Street<br>Khayelitsha<br>7784
Cape Metropolitan Area

Stepping Stones

Physical Address
Cnr Main Road and Van Imhoff Way
Kommetjie

Contact details
Tel: 021 783 4230
Fax: 021 783 1816
E-mail: info@steppingstones.co.za

Public transport
• Busses and Taxis: Main Road

Private Treatment Centre (Inpatient)

A licensed hospital dedicated to the treatment of alcohol and other drug addiction, co-dependency, compulsive gambling and other behavioural addictions. Payment in full by personal medical aid or personal account.

Operating Hours: 24 Hours

Postal Address
Cnr Main Road and Van Imhoff Way
Kommetjie
7975

Website
www.steppingstones.co.za
De Novo Treatment Centre

Physical Address
Old Paarl Road
Kraaifontein

Contact details
Tel: 021 988 1138
Fax: 021 988 0426
E-mail: Dcowley@pgwc.gov.za

Fully Subsidised Treatment Centre (Inpatient)

A state-owned drug treatment centre. **FREE TO THE PUBLIC.**

Operating Hours: **24 Hours**

Postal Address
Private Bag X1
Kraaifontein
7569
Selfhelp Manenberg

Physical Address
Silvertree
Development Centre
9 Scheldt Road
Mannenberg

Contact details
Tel: 021 691 5924
Fax: 021 691-5924
E-mail: selfhelp@iafrica.com

Public transport
• Busses and Taxis: Duinefontein Rd

Intervention

Intervention programmes to keep children from harmful drug use.

Operating Hours: 09:00 - 16:00

Postal Address
PO Box 493
Gatesville
7767

Website
http://selfhelpmanenberg.co.za
Kensington Treatment Centre

**Physical Address**
Kensington Road
Maitland

**Contact details**
Tel: 021 511 0188
Fax: 021 510 1735
E-mail: petula@kensingtontc.org.za

**Public transport**
- Maitland Train Station
- Busses and Taxis: Voortrekker Road

**Fully Subsidised Treatment Centre (Inpatient)**

Provides Inpatient and Outpatient treatment and support groups. **FREE TO THE PUBLIC.**

Operating Hours: 24 Hours

**Postal Address**
PO Box 105
Maitland
7404

**Website**
www.lukhanyo.co.za/Kensington.html
Local Offices offer a range of social work and development services to the community, including Substance Abuse Programmes focusing on giving communities access to information; services and support that address harmful drug and alcohol use in an integrated way. This may include assessment, awareness, education, counselling, and a variety of other treatment options.

Operating Hours: 07:30 - 16:00
Cape Town Drug Counselling Centre

Physical Address
Unit 12, Woolworths Arcade
2 Symphony Walk
Town Centre
Mitchell’s Plain

Contact details
Tel: 021 391 0216
Fax: 021 391 0218
E-mail: ctdccmp@mweb.co.za

Public transport
• Mitchells Plain Train Station
• Busses and Taxi’s: Town Centre

Treatment (Outpatient)

Counselling, Outpatients Treatment, Training and After Care services. **SUBSIDISED SPACES AVAILABLE** (Please enquire with service provider for details).

Operating Hours: 09:00 - 16:00 Fridays

Postal Address
PO Box 4
Mitchells Plain
7789

Website
www.drugcentre.org.za
Sultan Bahu Centre

Physical Address
92 Shepherd Way
Westridge
Mitchell’s Plain

Contact details
Tel: 021 372 2945
021 372 4555
Fax: 021 372 1838
E-mail: bahuct@yahoo.com

Public transport
- Busses and Taxis:
  New Eisleben Road

Treatment (Outpatient)

A drug treatment centre operating in lower-socio economic communities and offering a six week intensive day program with continual care thereafter in Mitchell’s Plain and Bonteheuwel. SUBSIDISED SPACES AVAILABLE (Please enquire with service provider for details).

Operating Hours: 08:00 - 17:00 Monday - Thursday
08:00 - 12:00 Friday
09:00 - 12:00 Saturday

Postal Address
Sultan Bahu Centre
92 Shepherd Way Westridge
Mitchell’s Plain

Website
www.bahu.org.za
SANCA

**Physical Address**
11 Daphne Crescent
Eastridge
Mitchell’s Plain
7785

**Contact details**
Tel: 021 397 2196
Fax: 021 397 4617
E-mail: mitchellsplain@sancawc.co.za

**Awareness, Counselling and Treatment (Outpatient)**

Provides specialised and accredited prevention of harmful drug and alcohol use as well as in- and outpatient treatment services and referral to in-patient treatment services. **SUBSIDISED SPACES AVAILABLE** (Please enquire with service provider for details).

**Operating Hours:** 08:00 - 17:00

**Postal Address**
PO Box 761
Westridge
Mitchell’s Plain
7802

**Website**
www.sancawc.co.za
Tafelsig Community Health Center

Physical Address
Tafelsig Community Health Centre
Cnr Kilimanjaro and Pyreneez Road
Tafelsig, Mitchell’s Plain

Contact details
Tel: 021 397 8145/8906
E-mail: warren.burnham@capetown.gov.za

Postal Address
Cnr Kilimanjaro and Pyreneez Road
Tafelsig
Mitchell’s Plain

Treatment (Outpatient)

All Community Health Centers offer information, assessment and outpatient treatment programme including group counseling, individual counseling and Family information and education. They service people and their families where there are drug and alcohol problems. **FREE TO THE PUBLIC.**

Operating Hours: 07:30 - 16:00

Tafelsig Community Health Center
Tafelsig Community Health Centre
Cnr Kilimanjaro and Pyrenees Road
Tafelsig, Mitchell’s Plain
Living Grace

Physical Address
171 Main Road
Muizenberg

Contact details
Tel: 021 788 9702
Fax: 021 788 9702
E-mail: admin@livinggrace.co.za

Public transport
• Busses and Taxis: Main Road

Treatment (Outpatient) and Education

Awareness/Early Intervention/Outpatient/Aftercare and Relapse Prevention. SUBSIDISED SPACES AVAILABLE (Please enquire with service provider for details).

Operating Hours: 08:00 - 16:00

Postal Address
PO Box 1700
Sun Valley

Website
www.livinghope.co.za
Cape Town Drug Counselling Centre

Physical Address
1 Roman Street
Observatory

Contact details
Tel: 021 447 8026
Fax: 021 447 8818
E-mail: ctdcc@iafrica.com

Postal Address
PO Box 56
Observatory
7935

Website
www.drugcentre.org.za

Public transport
• Observatory Train Station
• Main Road

Treatment (Outpatient)

Counselling, Outpatients Treatment, Training and After Care services. **SUBSIDISED SPACES AVAILABLE** (Please enquire with service provider for details).

Operating Hours: 08:30 - 16:30 Monday - Thursday
09:00 - 16:00 Friday
Ramot Centre for Alcohol and Drug Addiction

Physical Address
54 Toner Street
Parow East
7500

Contact details
Tel: 021 939 2033
Fax: 021 930 3123
E-mail: admin@ramot.co.za

Public transport
• Oosterzee Train Station

Treatment (Inpatient)

A state-subsidised facility for the inpatient treatment of alcohol and drug dependents. SUBSIDISED SPACES AVAILABLE (Please enquire with service provider for details).

Operating Hours: 08:00 - 16:30
Medical Personnel 24 Hours

Postal Address
54 Toner Street
Parow East
7500

Website
www.ramot.co.za
Touch Community Services/Oikos

Physical Address
275 Voortrekker Road
Parow

Postal Address
49 Wynne Street
Parow
7500

Contact details
Tel: 083 766 2042
Fax: 021 939 6931
E-mail: carl@lighthouse.org.za

Public transport
• Tygerberg Train Station
• Voortrekker Road

Education and Support Programmes

Services to substance abusers, recovering addicts. Runs the Kemoja Awareness Programs in schools and communities. Facilitates support groups.

Operating Hours: 09:00 - 16:00
### Future Factory

**Physical Address**
23 Rosewood Drive  
Weltevreden Valley  
7785

**Contact details**
Tel: 021 371 0116  
Fax: 021 715 1709  
E-mail: mvanroodt@yahoo.com

---

**Education**

Runs community sport and other programmes to provide children in the Lavender Hill Centre, Seawinds Recreation Centre, Concert Boulevard Centre and Steenberg Recreation Centre new skills, thus keeping them off the streets and away from drugs and crime. And provides information to stem drug and alcohol use and abuse in communities.

---

**Postal Address**
23 Rosewood Drive  
Weltevreden Valley  
7785

**Website**
www.thefuturefactory.co.za

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*Image of Future Factory location on a map.*
Pascap Trust

Physical Address
68 Wale Street
Cape Town
8000

Contact details
Tel: 021 442 1580
Fax: 086 617 1378
E-mail: info@pascap.or.za

Public transport
• Cape Town Train Station
• Cape Town Bus Terminus

Education and Intervention

Conducts Substance Abuse Prevention Programmes targeting the youth.

Operating Hours: 09:00 - 17:00

Postal Address
P.O. Box 449
Plumstead
7888

Website
www.pascap.org.za
## Foundation for Alcohol Related Research (FARR)

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>Contact details</th>
<th>Public transport</th>
</tr>
</thead>
<tbody>
<tr>
<td>37 Thornhill Road</td>
<td>Tel: 021 686 2646</td>
<td>• Busses and Taxis:</td>
</tr>
<tr>
<td>Rondebosch</td>
<td>Fax: 021 685 7034</td>
<td>Voortrekker Road</td>
</tr>
<tr>
<td></td>
<td>E-mail: <a href="mailto:lo@farrsa.org.za">lo@farrsa.org.za</a></td>
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### Research and Interventions

Conducts ongoing research regarding Fetal Alcohol Spectrum Disorder (including Fetal Alcohol Syndrome) and diagnoses FAS according to the international IOM (Institute of Medicine) model.

**Operating Hours:** 09:00 - 16:30
Alcoholics Victorious

Physical Address
Chapel Lane
Simon’s Town
7975

Contact details
Tel: 021 782 5759
E-mail: avstown@telkomsa.net

Public transport
• Simon’s Town Railway Station

Community Support

Weekly Support Groups, Advice and Assisted residential care centre (8 adult males).

Operating Hours: 24 Hours

Postal Address
PO Box 106
Simon’s Town
7975
## Helderberg CARES (Community Awareness Rehabilitation and Education Service)

### Physical Address
40 St. James Street  
Somerset West

### Contact details
Tel: 021 850 0792  
Fax: 088 021 852 6065  
E-mail: cares@smart-sa.org

### Public transport
- Somerset West Train Station

### Education and Treatment (Outpatient)

The CARES centre offers a range of services to the community including outpatient drug treatment programmes, patient screening, assessment, brief interventions, education outreach, liaison and follow-up services. **FREE TO THE PUBLIC.**
Pebbles Project

Physical Address
Pebbles Project
Villiera Wine farm
Cnr of R101 and R304 Koelenhof
Stellenbosch 7605

Contact details
Tel: 021 865 2676
Fax: 086 549 498
E-mail: Sophia@pebblesproject.co.za

Intervention
Programme to enrich the lives of children from disadvantaged communities, especially those who have special needs or whose lives are affected by alcohol. **SUBSIDISED SPACES AVAILABLE** (Please enquire with service provider for details).

Operating Hours: 07:30 - 16:00

Postal Address
Pebbles Project
Villiera Wine farm
Cnr of R101 and R304 Koelenhof
Stellenbosch 7605

Website
www.pebblesproject.co.za
### Tableview Community Health Center

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>Contact details</th>
<th>Public transport</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tableview Clinic</td>
<td>Tel: 021 557 1065</td>
<td>• Busses and Taxis: Blaauwberg Road</td>
</tr>
<tr>
<td>South Road</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tableview</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Treatment (Outpatient)

All Community Health Centers offer information, assessment and outpatient treatment programme including group counseling, individual counseling and Family information and education. They service people and their families where there are drug and alcohol problems. **FREE TO THE PUBLIC.**

**Operating Hours: 07:30 - 16:00**

---

**Postal Address**

South Road  
Tableview
SANCA

Physical Address
3 2nd Avenue
Boston
Bellville

Contact details
Tel: 021 945 2099
Fax: 021 945 2098
E-mail: tygerberg@sancawc.co.za

Public transport
• Busses and Taxis: Voortrekker road

Education and Treatment (Outpatient)

Provides specialised and accredited prevention of harmful drug and alcohol use as well as in- and outpatient treatment services and referral to in-patient treatment services. SUBSIDISED SPACES AVAILABLE (Please enquire with service provider for details).

Operating Hours: 08:00 - 17:00

Postal Address
PO Box 860
Bellville
7530

Website
www.sancawc.co.za
Local Office

Local Offices offer a range of social work and development services to the community, including Substance Abuse Programmes focusing on giving communities access to information; services and support that address harmful drug and alcohol use in an integrated way. This may include assessment, awareness, education, counselling, and a variety of other treatment options.

Operating Hours: 07:30 - 16:00
Bonnytoun

Physical Address
Old Paarl Road
Kraaifontein

Contact details
Tel: 021 987 1464
E-mail: fzwind@pgwc.gov.za

Place of Safety

Place of Safety for children who are charged with committing a crime (often Drug-related) and need restrictive placement while they await trial and finalisation of their court case.

Operating hours: 07:30 - 16:00 (Office Hours)
24 hours (Childrens Home)
4.2 Eden/Karoo
## Department of Social Development Local Office

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>Contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>117 Donkin Street</td>
<td>Tel: 023 414 3204</td>
</tr>
<tr>
<td>Beaufort West</td>
<td>Fax: 023 414 2128</td>
</tr>
</tbody>
</table>

### Local Office

Local Offices offer a range of social work and development services to the community, including Substance Abuse Programmes focusing on giving communities access to information; services and support that address harmful drug and alcohol use in an integrated way. This may include assessment, awareness, education, counselling, and a variety of other treatment options.

**Operating Hours:** 07:30 - 16:00

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**Postal Address**

Private Bag X504
Beaufort West
6970

**Website**

[www.capegateway/resource.co.za](http://www.capegateway/resource.co.za)
Local Office

Local Offices offer a range of social work and development services to the community, including Substance Abuse Programmes focusing on giving communities access to information; services and support that address harmful drug and alcohol use in an integrated way. This may include assessment, awareness, education, counselling, and a variety of other treatment options.

Operating Hours: 07:30 - 16:00
DARE

Physical Address
97 Shamrock Place
York Street
Office No.10
George

Contact details
Tel: 044 884 1915
Fax: 044 884 1915
E-mail: mmuneera@mweb.co.za

Public transport
• Busses and Taxis:
  York Street

Treatment (Outpatient)

Drug Testing and Screening; Prevention Programs; Individual Therapy and Counselling.
SUBSIDISED SPACES AVAILABLE (Please enquire with service provider for details).

Operating Hours: 08:30 - 17:00

Postal Address
PO Box 429
Wilderness
6560

Website
www.daresa.co.za
Minnesota House Treatment Centre

Physical Address
Maitland Street
George

Contact details
Tel: 044 870 8585
Fax: 044 870 7213
E-mail: info@minesotahouse.co.za

Public transport
• Busses and Taxis: George Street

Private Treatment Centre

In- and Outpatient Treatment and Counselling.

Operating Hours: 24 Hours

Postal Address
Maitland Street
George

Website
www.minesotahouse.co.za
Knysna Drug and Alcohol Centre

Physical Address
6 Green Street
Knysna

Contact details
Tel: 044 382 5260
Fax: 044 382 1063
E-mail: kadcdirector@unimed.co.za

Public transport
- Knysna Train Station
- Busses and Taxis: Main Road Road

Treatment (Outpatient)

Outpatient Rehabilitation Centre. **SUBSIDISED SPACES AVAILABLE** (Please enquire with service provider for details).

Operating Hours: 24 Hours

Postal Address
PO Box 989
Knysna
Creating Effective Families

Physical Address
9 George Road
Mossel Bay

Contact details
Tel: 044 693 1092
Fax: 044 693 3022
E-mail: Hilda.cefmbs2@telkomsa.net

Public transport
• Busses and Taxis: George Road

Prevention and Support Groups

Therapeutic family support and preservation services related to HIV/AIDS and Substance Abuse.

Operating Hours: 09:00 - 16:30

Postal Address
PO Box 2319
Mossel Bay
6500
Local Offices offer a range of social work and development services to the community, including Substance Abuse Programmes focusing on giving communities access to information; services and support that address harmful drug and alcohol use in an integrated way. This may include assessment, awareness, education, counselling, and a variety of other treatment options.

Operating Hours: 07:30 - 16:00
Oasis Rehabilitation Centre

Physical Address
119 Longships Drive
Plettenberg Bay

Contact details
Tel: 044 533 1752
Fax: 044 533 1752
E-mail: info@oasiscentre.co.za

Private Treatment Centre

A drug and alcohol treatment centre and we offer help to those struggling with addiction to all types of dependencies.

Operating Hours: 24 Hours

Postal Address
Suite 27 PostNet
Private Bag X1006
Plettenberg Bay
6600

Website
www.oasiscentre.co.za
Serenity Care Centre

**Physical Address**
Serenity Farm
Barrington Road
Elandskraal
Sedgefield

**Contact details**
Tel: 044 343 1395
Fax: 044 343 1919
E-mail: serenity@cyberperk.co.za

**Private Treatment Centre**

Provides a treatment programme based on the Behaviour Modification Model to address substance abuse and suitable treatment plans when co-existing psychiatric disorders are present.

**Operating Hours:** 24 Hours

**Postal Address**
PO Box 1290
Knysna
6570
4.3 West Coast
Local Office

Local Offices offer a range of social work and development services to the community, including Substance Abuse Programmes focusing on giving communities access to information; services and support that address harmful drug and alcohol use in an integrated way. This may include assessment, awareness, education, counselling, and a variety of other treatment options.

Operating Hours: 07:30 - 16:00
Local Office

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Operating Hours: 07:30 - 16:00
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Operating Hours: 07:30 - 16:00
Local Office

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Operating Hours: 07:30 - 16:00
Local Office

Local Offices offer a range of social work and development services to the community, including Substance Abuse Programmes focusing on giving communities access to information; services and support that address harmful drug and alcohol use in an integrated way. This may include assessment, awareness, education, counselling, and a variety of other treatment options.

Operating Hours: 07:30 - 16:00
Local Office

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Operating Hours: 07:30 - 16:00
Matzikama Alcohol and Drug Action

Physical Address
1 Meerhof Street
Vredendal North

Contact details
Tel: 027 213 3270
Fax: 027 213 3270
E-mail: madamatz@telkomsa.net

Prevention

Provides primary prevention and awareness programmes as well as information.

Operating Hours: 09:00 - 15:30

Postal Address
1 Meerhof Street
Vredendal North
8160

Website
www.capegateway/resource.co.za
www.druginfo.westerncape.gov.za
Namaqua Treatment Centre

Physical Address
Farm 1411
Lutzville
Namaqualand

Contact details
Tel: 027 213 3270
Fax: 027 213 3270
E-mail: madamatz@telkomsa.net

Postal Address
PO Box 2127
Vredendal
8160

Website
www.namaqua-rehab.co.za

Treatment Centre (Inpatient)
An alcohol, drug and psychological treatment centre. Facilitates detoxification process at the Vredendal Hospital with secondary in-patient treatment programme on the farm. SUBSIDISED SPACES AVAILABLE (Please enquire with service provider for details).

Operating Hours: 24 Hours
4.4 Cape Winelands
Local Offices offer a range of social work and development services to the community, including Substance Abuse Programmes focusing on giving communities access to information; services and support that address harmful drug and alcohol use in an integrated way. This may include assessment, awareness, education, counselling, and a variety of other treatment options.

Operating Hours: 07:30 - 16:00
Cape Winelands
Paarl

Department of Social Development Local Office

Physical Address
Cnr Nuwe and Derken Street
Paarl

Postal Address
Private Bag X3017
Paarl
7620

Contact details
Tel: 021 871 1682
Fax: 021 872 0049

Website
www.capegateway/resource.co.za
www.druginfo.westerncape.gov.za

Local Office

Local Offices offer a range of social work and development services to the community, including Substance Abuse Programmes focusing on giving communities access to information; services and support that address harmful drug and alcohol use in an integrated way. This may include assessment, awareness, education, counselling, and a variety of other treatment options.

Operating Hours: 07:30 - 16:00
SANCA

Physical Address
JF Phillips Building
1st Floor
34 Lady Grey Street
Paarl
7620

Contact details
Tel: 021 872 9671
Fax: 021 872 5050
E-mail: paarl@sancawc.co.za

Awareness, Counselling and Treatment (In and Outpatient)

Provides specialised and accredited prevention of harmful drug and alcohol use as well as in- and outpatient treatment services and referral to in-patient treatment services. SUBSIDISED SPACES AVAILABLE (Please enquire with service provider for details).

Operating Hours: 08:00 - 17:00

Postal Address
JF Phillips Building
1st Floor
34 Lady Grey Street
Paarl
7620

Website
www.sancawc.co.za

SANCA – Paarl
34 Lady Grey Street
Paarl
Hesketh King Treatment Centre

Physical Address
Cnr Old Paarl and Klipheuwel Road
Muldersvlei
Stellenbosch

Contact details
Tel: 021 884 4600
Fax: 021 884 4602
E-mail: hking@mweb.co.za

Treatment (Inpatient)

A state-funded facility run by the Salvation Army that provides inpatient treatment for adult and adolescent men with a drug or alcohol problem. **SUBSIDISED SPACES AVAILABLE** (Please enquire with service provider for details).

Operating Hours: 24 Hours

Postal Address
PO Box 5
Elsenburg
7607
Local Offices offer a range of social work and development services to the community, including Substance Abuse Programmes focusing on giving communities access to information; services and support that address harmful drug and alcohol use in an integrated way. This may include assessment, awareness, education, counselling, and a variety of other treatment options.

Operating Hours: 07:30 - 16:00
FasFacts

Physical Address
1 Baring Street  
Cnr Baring and Tulbagh Street  
Worcester

Contact details
Tel: 023 342 7000  
Fax: 023 342 7001  
E-mail: jan@fasfacts.org

Public transport
• Worcester Transtel Railway Station

Education and Early Intervention

FasFacts is an info resource and conducts intervention programmes that educates communities and effected parties on legal and illegal substances and to abstain from it. It also addresses Fetal Alcohol Syndrome prevalence in communities.

Operating hours: 09:00 - 16:00

Postal Address
PO Box 1692  
Worcester  
6849

Website
www.fasfacts.org.za
Toevlug Drug Rehabilitation Centre

Physical Address
40 Noble Street
Riverview
Worcester

Contact details
Tel: 023 342 1162
Fax: 023 347 3232
E-mail: rehab@toevlug.org

Postal Address
PO Box 515
Worcester
6849

Website
www.toevlug.org

Treatment Centre (Inpatient)

An inpatient drug rehabilitation facility that caters for both youth and adult patients.
SUBSIDISED SPACES AVAILABLE (Please enquire with service provider for details).

Operating Hours: 24 hours
Further Information for Parents

A1 Parent’s Quick Guide to Street Drugs

A2 What do you know about harmful drug use?
   - Self Assessment
## A1. Parent’s Quick Guide to Street Drugs

A list of the most common drugs and substances potentially experimented with, used and abused by young people. This may be the first step on a rocky path to future misuse and abuse.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>How it’s used/abused</th>
<th>Looks Like</th>
<th>Heroin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ecstasy/MDMA</td>
<td></td>
<td>Branded tablets (Nike Swoosh, Playboy bunnies), White Chrystal Powder, Chips, Chunks or Rocks.</td>
<td>Injectable, smoked or snorted.</td>
</tr>
<tr>
<td>Cigarettes/Sniffing</td>
<td>Cigarettes/Sniffing</td>
<td>Liquid, pills.</td>
<td>Swallowed.</td>
</tr>
<tr>
<td>Cough Medicine</td>
<td>Cough Medicine</td>
<td>Branded syrup.</td>
<td>Swallowed.</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Alcohol</td>
<td>Liquid (Types include wine, beer, spirit coolers, ciders etc.)</td>
<td>Swallowed.</td>
</tr>
<tr>
<td>Cocaine/Crack</td>
<td>Cocaine/Crack</td>
<td>White Chrystal Powder, Chips, Chunks or Rocks.</td>
<td>Swallowed.</td>
</tr>
<tr>
<td>Heroin</td>
<td>Heroin</td>
<td>White or dark brown powder or tar like substance.</td>
<td>Injected, smoked or snorted.</td>
</tr>
</tbody>
</table>

### How it’s used/abused
- Ecstasy/MDMA: Swallowed.
- Cigarettes/Sniffing: Cigarettes/Sniffing.
- Cough Medicine: Branded syrup.
- Alcohol: Swallowed.
- Cocaine/Crack: White Chrystal Powder, Chips, Chunks or Rocks.
- Heroin: White or dark brown powder or tar like substance.

### Important to Know
- Heroin overdose is a particular risk on the street, where the purity of the drug cannot be accurately known.

### Street Names
- Blow, coke, nose candy, rock.
- Branded tablets (Nike Swoosh, Playboy bunnies).
- Branded syrup.
- White Chrystal Powder, Chips, Chunks or Rocks.
- Branded tablets (Nike Swoosh, Playboy bunnies).
- White or dark brown powder or tar like substance.

### Dangerous Because
- Ecstasy/MDMA: Can cause severe dehydration, liver and heart failure and even death.
- Cigarettes/Sniffing: Can cause severe dehydration, liver and heart failure and even death.
- Cough Medicine: Can cause abdominal pain, extreme nausea, liver damage.
- Alcohol: Impairs reasoning, clouds judgement. Long term heavy drinking can lead to alcoholism and liver and heart disease.
- Cocaine/Crack: Can cause heart attacks, strokes and seizures. In rare cases, sudden death on first use.
- Heroin: Can cause severe dehydration, liver and heart failure and even death.

### Signs of Abuse
- Ecstasy/MDMA: Teeth clenching, chills, sweating, dehydration, unusual displays of affection.
- Cigarettes/Sniffing: Nervous behaviour, restlessness, bloody noses, high energy.
- Cough Medicine: Slurred speech, lack of coordination, disorientation, vomiting and hangovers.
- Alcohol: Slurred speech, lack of coordination, nausea, vomiting, and hangovers.
- Cocaine/Crack: Nervous behaviour, restlessness, bloody noses, high energy.
- Heroin: Track marks on arms, slowed and slurred speech, vomiting.

### Important to Know
- Being a child of an alcoholic places a child at greater risk for developing alcohol problems. Children unsupervised at parties or clubs place children at greater risk of consumption.
- Ecstasy/MDMA: Enhances the senses and you will love everyone.
- Cigarettes/Sniffing: Can cause severe dehydration, liver and heart failure and even death.
- Cough Medicine: Can be addictive. Has become a popular club drug because of its stimulant properties which allow users to dance for extended periods of time.
- Alcohol: Makes a boring night fun. Makes them ‘look’ or feel mature, hip etc.
- Cocaine/Crack: Keeps you amped up; you will be the life of the party.
- Heroin: Full on euphoria, but super risky.
A1. Parent’s Quick Guide to Street Drugs (Continued)

A list of the most common drugs and substances potentially experimented with, used and abused by young people. This may be the first step on a rocky path to future misuse and abuse.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Inhalants</th>
<th>Marijuana</th>
<th>Methamphetamine</th>
<th>Performance enhancing drugs</th>
<th>Prescription Pain Relievers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Looks Like</td>
<td>Paint thinners, glues, petrol etc.</td>
<td>A green or grey mixture of dried, shredded flowers and leaves of the hemp plant.</td>
<td>White or slightly yellow Chrystal like powder, large rock like chunks.</td>
<td>Tablet, liquid or skin application.</td>
<td>Tablets and capsules.</td>
</tr>
<tr>
<td>How it’s used/abused</td>
<td>Inhaled through nose or mouth.</td>
<td>Smoked, brewed into tea or mixed into foods.</td>
<td>Swallowed, injected, snorted or smoked.</td>
<td>Swallowed or injected or applied to skin.</td>
<td>Swallowed.</td>
</tr>
<tr>
<td>What Teens Have Heard</td>
<td>A cheap, 20 minute high.</td>
<td>Often easier to get than alcohol.</td>
<td>Can keep you going for days.</td>
<td>Will guarantee a spot on the starting line up.</td>
<td>A free high, straight from the medicine cabinet.</td>
</tr>
<tr>
<td>Dangerous Because</td>
<td>Chronic exposure can produce significant damage to the heart, lungs, liver and kidneys. Can induce death.</td>
<td>Can cause memory and learning problems, hallucinations, delusions and depersonalisation.</td>
<td>Chronic long term use or high dosages, can cause psychotic behaviour (including paranoia, delusions, hallucinations, violent behaviour, insomnia and strokes).</td>
<td>Boys can develop breasts; girls can develop facial hair and a deepened voice. Can cause heart attacks and strokes.</td>
<td>A large single dose can cause severe respiratory depression that can lead to death.</td>
</tr>
<tr>
<td>Important to Know</td>
<td>Missing household items, a drunk, dazed or dizzy appearance.</td>
<td>Contrary to popular belief, marijuana can be addictive.</td>
<td>Meth has a high potential for abuse and addiction, putting children at risk, increasing crime and cause environmental harm.</td>
<td>Teens who abuse performance enhancing drugs before their adolescent growth spurts risk staying short and never reaching their full height.</td>
<td>Abusing prescription painkillers is just dangerous and addictive as using heroin.</td>
</tr>
</tbody>
</table>
### A1. Parent’s Quick Guide to Street Drugs (Continued)

A list of the most common drugs and substances potentially experimented with, used and abused by young people. This may be the first step on a rocky path to future misuse and abuse.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Prescription Sedatives and Tranquilisers</th>
<th>Prescription Stimulants</th>
<th>Tobacco</th>
</tr>
</thead>
<tbody>
<tr>
<td>Looks Like</td>
<td>Multicoloured tablets and capsules, some can be in liquid form.</td>
<td>Tablets and capsules.</td>
<td>Brown, cut up leaves.</td>
</tr>
<tr>
<td>How it’s used/abused</td>
<td>Swallowed or injected.</td>
<td>Swallowed or injected or snorted.</td>
<td>Smoked or chewed.</td>
</tr>
<tr>
<td>Dangerous Because</td>
<td>Slows down the brains activity and when a user stops using them, there can be a rebound effect and possibility leading to seizures and other harmful consequences.</td>
<td>Taking high doses may result in dangerously high body temperatures and an irregular heartbeat. Potential for heart attacks and lethal seizures.</td>
<td>Cigarette smoking harms every organ in the body and causes coronary heart disease and stroke as well as many forms of cancer.</td>
</tr>
<tr>
<td>Signs of Abuse</td>
<td>Slurred speech, shallow breathing, sluggishness, disorientation, lack of coordination.</td>
<td>Lack of appetite, increased alertness, attention span and energy.</td>
<td></td>
</tr>
<tr>
<td>Important to Know</td>
<td>Using prescription sedatives with alcohol can slow both the heart and respiration and possibly lead to death.</td>
<td>Many teens abuse this prescribed medication to help them cram for exams or suppress their appetite.</td>
<td>Second hand smoke contributes to deaths related to cardiovascular disease.</td>
</tr>
</tbody>
</table>

“Cigarette smoking harms every organ in the body and causes coronary heart disease and stroke as well as many forms of cancer.”
**A2. What do you know about harmful drug use?**

**A Quick Quiz**

Harmful Drug and Alcohol use occurs over time and people seldom admit there is a problem, before it is too late. At first, few wish to acknowledge they have lost control and have a problem. Parents or loved ones may suspect that there may be a problem looming but are unsure, scared to confront the user and/or are at a loss of what to do.

To assist, here are a few simple, but not necessarily scientific or conclusive quiz questions that one could ask to get some indication if the concern is valid and that further, more drastic action is needed to address a looming problem of harmful drug and/or alcohol use.

<table>
<thead>
<tr>
<th>Question</th>
<th>True or False</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. People who abuse drugs are weak-willed individuals who could control their craving for drugs if they tried.</td>
<td>True or False</td>
</tr>
<tr>
<td>2. Illicit drug use has declined among teens.</td>
<td>True or False</td>
</tr>
<tr>
<td>3. Marijuana is the most commonly abused illicit drug in South Africa.</td>
<td>True or False</td>
</tr>
<tr>
<td>4. Although “club drugs” got their start at all – night dance parties among teens, these illicit drugs have moved into the mainstream culture.</td>
<td>True or False</td>
</tr>
<tr>
<td>5. Although illicit drug use in general has declined over the last few years, the number of people abusing controlled prescription drugs has grown.</td>
<td>True or False</td>
</tr>
<tr>
<td>6. Anabolic steroids are the same as corticosteroids, and both types of drugs have the same dangerous side effects.</td>
<td>True or False</td>
</tr>
<tr>
<td>7. Even one session of repeated “sniffing” of an inhalant can cause heart failure and death.</td>
<td>True or False</td>
</tr>
</tbody>
</table>
8. Different drugs produce different symptoms, so it’s not always easy to tell when someone is abusing a substance. One possible sign of drug abuse in teens, however, is when grades slip and school attendance becomes irregular.  
   **True** or **False**

9. If you suspect that a loved one is abusing drugs, wait to discuss the issue with the person until he or she is not high.  
   **True** or **False**

10. Most people who are treated for drug abuse need only to stay in treatment for at least three months.  
   **True** or **False**

---

### The ANSWERS are

1. People who abuse drugs are weak-willed individuals who could control their craving for drugs if they tried. **False**
2. Illicit drug use has declined among teens. **False**
3. Marijuana is the most commonly abused illicit drug in South Africa. **True**
4. Although “club drugs” got their start at all – night dance parties among teens, these illicit drugs have moved into the mainstream culture. **True**
5. Although illicit drug use in general has declined over the last few years, the number of people abusing controlled prescription drugs has grown. **True**
6. Anabolic steroids are the same as corticosteroids, and both types of drugs have the same dangerous side effects. **True**
7. Even one session of repeated “sniffing” of an inhalant can cause heart failure and death. **True**
8. Different drugs produce different symptoms, so it’s not always easy to tell when someone is abusing a substance. One possible sign of drug abuse in teens, however, is when grades slip and school attendance becomes irregular. **True**
9. If you suspect that a loved one is abusing drugs, wait to discuss the issue with the person until he or she is not high. **True**
10. Most people who are treated for drug abuse need only to stay in treatment for at least three months. **False**

---

**How did you fare? Do you know enough to detect if there may be a problem or do you need to delve a bit deeper? We hope this give you a better understanding of the challenges of substance abuse in every community and that this Directory will be of assistance in some way.**
Annexure B

Warning Signs

B1 Warning signs that a friend or family member is indulging in harmful drug or alcohol use

B2 Warning signs of teen drug use

B3 When you suspect a loved one may have a drug problem

B4 Self Assessment
B1. Warning signs that a friend or family member is indulging in harmful drug or alcohol use

Warning signs that a friend or family member is indulging in harmful drug or alcohol use

Physical warning signs

• Bloodshot eyes or pupils that is larger or smaller than usual.
• Changes in appetite or sleep patterns.
• Sudden weight loss or weight gain.
• Deterioration of physical appearance and personal grooming habits.
• Unusual smells on breath, body or clothing.
• Tremors, slurred speech, or impaired coordination.

Behavioural signs

• Drop in attendance and performance at work or school.
• Unexplained need for money or financial problems. May borrow or steal to get it.
• Engaging in secretive or suspicious behaviours.
• Sudden change in friends, favourite hangouts and hobbies.
• Frequently getting into trouble (fights, accidents, illegal activities).

Harmful drug and alcohol users often try to conceal their symptoms and downplay their problem. If you’re worried that a friend or family member might be abusing drugs, look for the following warning signs:
### Psychological warning signs

- Unexplained change in personality or attitude.
- Sudden mood swings, irritability or angry outbursts.
- Periods of unusual hyperactivity, agitation or giddiness.
- Lack of motivation; appears lethargic or “spaced out.”
- Appears fearful, anxious, or paranoid with no reason.

### B2. Warning signs of teen drug use

The challenge for parents is to distinguish between the normal, sometimes volatile, ups and downs of the teen years and the red flags of substance abuse. The warning signs of drug use and abuse in teenagers often include:

- Suddenly being secretive about friends, possessions and activities.
- New interest in clothing, music and other items that highlight drug use.
- Demanding more privacy, locking doors, avoiding eye contact, sneaking around.
- Skipping class, declining grades, suddenly getting into trouble at school.
- Missing money, valuables or prescriptions.
- Acting uncharacteristically isolated, withdrawn or depressed.
- Using incense, perfume, or air freshener to hide the smell of smoke or drugs.
- Using eye drops to mask bloodshot eyes or dilated pupils.
B3. When you suspect a loved one may have a drug problem

If you suspect that a friend or family member may have a drug problem, don’t ignore it hoping things may change on its own, it won’t. Do something about it. Here are a few things you can do:

- **Speak up.** Talk to the person about your concerns, and offer your help and support. The earlier dependency is treated, the better. Don’t wait for your loved one to hit bottom.

- **Take care of yourself.** Don’t get so caught up in someone else’s drug problem that you neglect your own needs. Make sure you have people you can talk to and lean on for support, and stay safe. Don’t put yourself in dangerous situations. Join a support group.

- **Don’t cover for the drug user.** Don’t make excuses or try to hide the problem. It’s natural to want to help a loved one in need, but protecting them from the negative consequences of their choices may keep them from getting the help they need.

- **Avoid self-blame.** You can support a person with a drug or alcohol problem and encourage treatment, but you can’t force a person with a dependency to change.

You can’t control your loved one’s decisions. Let the person accept responsibility for his or her actions, an essential step along the way to recovery for drug dependency.

“...you can’t force a person with a dependency to change.”
B4. Self Assessment

There is no quick, foolproof DIY way of determining whether someone is engaged in harmful drug or alcohol use. It is best done through proper evaluation and assessment by a professional person such as a social worker, doctor or psychologist.

However, one could conduct a basic self-assessment whether there is an increased risk. The following is but a self-evaluation tool and needs to be undertaken earnestly and in all honesty to be of any value to you.

Take the time, preferably privately, to respond honestly to each question and then add up your responses. The total may give you an indication of what you need to consider or do next.

BUT we stress, this is not conclusive but a tool to maybe motivate a further action.

Instructions:
Answer the following questions for the last 12 months of your drinking or drug use.

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. When I drink, I often drink until I am drunk or there is nothing left to drink? Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Occasionally, I use illicit drugs or use a prescription drug to get high. Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. It now takes more drugs or alcohol for me to get high or intoxicated than when I first started. Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I function best in groups when I am making high-risk drinking or drug choices. Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Have you wanted, asked to or needed to cut down on your drinking or drug use in the last year? Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. In the last year, have you ever drunk or used drugs more than you meant to? Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Have you had a feeling of guilt or remorse after drinking or drug use? Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Have you failed to do what was normally expected from you because of drinking or drug use? Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Have you been unable to remember what happened the night before because you had been drinking or using? Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Have you needed a drink (or drug) in the morning to get yourself going after a heavy drinking (or drug using) episode? Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11. Have you tried to cut back on your drinking or drug use but could not?

Yes ☐  No ☐

12. Sometimes when I start drinking or using drugs, it is like something takes over and I get drunk or high without meaning to.

Yes ☐  No ☐

Assessment

Count the number of times you answered Yes out of the 12 questions.

Yes ☐  No ☐

Results

Match the number of times you answered YES to the levels below.

The level of advisability of seeking drug treatment at this time is based on the number of Yes answers you gave.

More than 4 Yes  Moderate level of concern

More than 6 Yes  Severe level of concern

Please do seek professional help
Annexure C

What can YOU do?

C1 Call to ACTION – What can YOU do?

C2 Where does one start in addressing the problem?

C3 Myths and Facts about harmful alcohol/drug use

C4 When someone resists your help
**C1. Call to ACTION - What can YOU do?**

When parents or a friend confront the challenges of dealing with a loved one engaged in harmful drug or alcohol use, they often feel helpless. **One needs to educate oneself in order to help another.**

**C2. Where does one start in addressing the problem?**

Harmful drug or alcohol use can be a very real challenge. It often requires more than just the abuser or misuser to address the problem. It may require the conscious action and commitment from the rest of the family to address the issue successfully.

The best place to start is at the beginning. Here are a few tips as to where to start the process of addressing the problem.

1. **Educate** yourself and others about the positive and negative effects of substances, the risk of using them and what resources are available. Get brochures from your local clinic, your doctor, NGOs or the Internet.

2. **Make informed choices** about your own use of mood-altering substances (e.g. relax and have a good time without necessarily using alcohol, cigarettes or other mood altering substances), and address any problems you may experience.

3. **Discuss** alcohol and other drug use openly with different people (No moralising, blaming or shaming. Let people explain their views, share your values and why you feel the way you do).
4 **Take notice** of the signs that suggest problematic use of mood-altering substances in the people around you.

5 **Set clear limits** for yourself on the way someone else’s substance use affects you and decide on consequences that you are willing and able to carry through, should their behaviour not change.

6 **Be honest, clear and caring** with the user, saying how you are being affected by their actions and what limits you have set.

7 **Offer constructive support** to the user by giving information about interventions and treatment options, should they choose to seek help.

8 **Be consistent** in the way you apply your limits and their consequences. (Be prepared to lose a person’s affection for a while. Avoid feeling guilty for their poor decisions. This does not make you a bad person).

9 **Monitor yourself.** Try to be aware of ways in which you may inadvertently be making it easier for problems to continue.

10 **Get support and help for yourself** – you will probably find many others in similar situations. Join a support group.

Information provided courtesy (c) Cape Town Drug Counselling Centre 2007
C3. Myths and Facts about harmful alcohol/drug use

The second step is to know, and then dispense with, the myths and excuses the user or abuser may offer as an explanation or promise of action.

**MYTH 1:**

Overcoming harmful use or dependency is a simply a matter of willpower. ‘You can stop using drugs if you really want to.’

**FACT:**

Prolonged exposure to drugs and alcohol alters the brain. These brain changes make it extremely difficult to quit by sheer force of will of the individual.

**MYTH 2:**

Dependency is a disease; there’s nothing you can do about it.

**FACT:**

Dependency is a disease, but that does not mean you’re a helpless victim.

Dependency can be treated and reversed through therapy, medication, exercise and other treatments.

**MYTH 3:**

Harmful drug and alcohol users have to hit rock bottom before they can get better.

**FACT:**

Treatment and recovery can begin at any point of dependency. The earlier, the better. The longer abuse continues, the harder it is to treat. Don’t wait, act immediately.

**MYTH 4:**

You can’t force someone into treatment. They have to want help.

**FACT:**

Treatment does not have to be voluntary to be successful. Someone that is pressured into treatment is just as likely to benefit as those who choose to enter treatment on their own. Advice as to how to have someone admitted, even against their will, is addressed below.

**MYTH 5:**

Treatment did not work before, so there’s no point trying again. Some cases are hopeless.

**FACT:**

Recovery from drug dependency is a long process. It often involves setbacks. Relapse does not mean that treatment has failed or a lost cause. Do not give up.
C4. When someone resists your help

All too often a parent, family member or a friend tries to help someone close to them who is engaging in harmful drug or alcohol use and is behaving dangerously, but with little success.

C.4.1 What can you do if they ignore or resist any attempt to assist them to seek help?

If the person seems mentally unstable and psychotic (e.g. hearing voices, paranoid, believes things that are untrue is true, etc.) and is a danger to themselves or others as a result of this, they should be certified under the Mental Health Care Act.

**Action required:**

- For this, the person needs to be taken to the nearest Day Hospital and ask them to assist.
- If they refuse to go to the Day Hospital, you can call the police to take him there.
- If they seem reluctant to act (sometimes the case), and then you can get a MHCA 04 Form from your nearest day hospital and take it you your local SAPS Charge Office.

The SAPS are then obliged to take him to the nearest day hospital for assessment.

C.4.2 If drugs seem to be the cause of their behaviour and the focus of the attention (e.g. violent and aggressive while high, demanding of money for drugs etc.), they can be forced to go for compulsory drug treatment under the Substance Dependence Act.

- They then need to be committed.
- You have to go to the local Magistrate’s office and make an affidavit in this regard. Then hand the affidavit in at your nearest social services office to action.
- This is a lengthy process that goes through court and can take months but it is better than leaving the situation to worsen without acting on it.
C.4.3 If they commit a crime (whether it is as a result of drug use or not), they are to be held legally accountable for this.

- If they commit a crime as a result of a mental illness, there is a process whereby patients are sent for observation at Valkenburg and get compulsory mental health treatment.

- If it as a result of their dependency, the judge can sentence them via Article 296 of the Criminal Procedure Act 1977, for compulsory drug treatment, should the probation officer recommend it.

If neither of these two reasons is at play and they commit a crime, you need to consider whether you want them to repeatedly get away with it, or learn by experiencing the consequences of their behaviour.

Unfortunately the offender may end up with a criminal record and may be sentenced to prison, which may be traumatic.

C.4.4 If the abuser is often abusive and violent at home, (domestic violence), one can also get a Restraining Order and the police are obliged to act on this and remove them.

One may also apply for a Protection Order against the offending party to avoid future confrontation and abuse.

The advice is: act to address the problem and to protect yourself and your family.

It will also be of benefit to the abuser, in the long term.

*Courtesy Dr. Weich MRC 2009*
Harmful Alcohol Use

D1 Harmful alcohol use

D2 What is alcoholism?

D3 Types of drinkers

D4 Common misconceptions about alcohol

D5 Factors which would affect the way alcohol affects a person

D6 Do I have a problem with alcohol? Self Assessment

D7 Alcohol and young adults

D8 Alcohol consumption increases risk

D9 Domestic Violence

D10 Fetal Alcohol Syndrome (FAS)

D11 Alcohol and TB
D1. Harmful alcohol use

Alcohol is the oldest and most widely used drug in the world. Consumed recreationally, most people do not have a problem with alcohol. However, millions do have a drinking problem. Many are alcoholics or suffer from the consequences of some alcohol related or induced problem or disease.

In South Africa, more than half the road accidents, more than 60% of the road deaths, domestic violence incidence and homicides are directly or indirectly related to alcohol consumption and harmful alcohol use.

D2. What is alcoholism?

Alcoholism is a treatable dependency on alcohol. It means that the drinker continues to drink despite the repeated negative effects on the person’s health, relationships, finances and other life areas.

D3. Types of drinkers:

The manner in which people consume alcohol often determines the behaviour. For many it is not a problem. What kind of drinker are you?

Social Drinkers

- Mostly drink on generally accepted social occasions.
- Do not feel regret, shame or guilt after drinking.
- Can decide to stop drinking even when there’s still plenty to drink.
- Seldom or never have conflicts with those close to them about their drinking.
- Consider and obey the ‘drinking and driving’ regulations in force.
- Know their limits and stick to that.
- Do not place themselves, family, friends or others at risk as a result of their drinking.
**High-Risk Drinkers**

- Occasionally experience blackouts (memory lapses) after drinking.
- Can drink a lot before getting drunk.
- Sometimes do or say things when they drink, which they regret afterwards.
- Find that their weekends are usually filled with drinking occasions.
- Behave impulsively and put themselves and others at risk as a result of their drinking.

**Problem Drinkers**

- Several occasions where their drinking embarrasses or angers those around them.
- Frequently drinks to alleviate a perceived problem – loss, loneliness, anger.
- Frequently drinks to alleviate the symptoms of a hangover.
- Lie about their drinking/secret drinking.
- Experience major problems in their relationships.

“...their drinking embarrasses or angers those around them.”
D4. Common misconceptions about alcohol

Misconception:
• Alcohol stimulates the brain to make people more sociable and outspoken.

✓ FACT: Alcohol depresses brain functions. By putting the rational part of the brain to sleep, inhibitions are reduced causing the person to believe he/she is more convivial, impulsive and cheerful.

Misconception:
• A person who is an alcoholic needs to drink on a daily basis.

✓ FACT: Problem drinkers do not necessarily drink daily or even regularly. In fact, in a desperate attempt to control their drinking, some problem drinkers often successfully abstain for long periods.

Misconception:
• Alcohol can be eliminated from the body faster by doing physical exercise.

✓ FACT: The liver breaks down alcohol at a steady rate and this can not be changed by doing strenuous physical exercise, drinking black coffee or taking a cold shower. Although one may feel more wakeful after doing this, it will not bring the Blood Alcohol Concentration (BAC) down.

Misconception:
• Being arrested for an alcohol-related offence is not a crime.

✓ FACT: If arrested and sentenced, even a suspended sentence, for an alcohol-related offence will be regarded as a criminal record that may come back to seriously haunt you later in life.
D5. Factors which would affect the way alcohol affects a person

- **Alcohol concentration.** The greater the alcohol content of the beverage, the more rapidly the alcohol is absorbed.

- **Presence of food in the stomach.** Food dilutes the consumed alcohol, thus slowing down absorption.

- **Speed of drinking.** Gulping drinks would result in a rapid rise in blood alcohol content (BAC).

- **Substances in the alcoholic beverage.** Some beverages such as beer contain food substances which in themselves slow down absorption. Carbonated alcoholic drinks, on the other hand, will speed up absorption.

- **Body weight.** A person with a larger body mass generally has more blood (water) and therefore a given amount of alcohol will not be as concentrated as in the body of a person with a lower body mass.

- **Effect of alcohol** It’s a central nervous system depressant and therefore it will slow down and eventually put the entire brain to sleep.

So it does not mean because someone else does not seem affected or look drunk after a few drinks, the same will apply to you.

Watch what you drink and know your own limitations.
D6. Do I have a problem with alcohol?

Self Assessment

Today, drinking alcohol in the home or socially is an acceptable social activity. In itself it may not present a big risk but its incorrect use and/or abuse does present a risk.

Not everyone that consumes too much alcohol is necessary an alcoholic.

**Alcoholism, or ‘alcohol dependence,’ is a disease that includes the following symptoms:**

- **Craving:** A strong need, or compulsion, to drink.
- **Loss of control:** The inability to limit one’s drinking on any given occasion.
- **Physical dependence:** Withdrawal symptoms, such as nausea, sweating, shakiness, and anxiety, occur when alcohol use is stopped after a period of heavy drinking.
- **Tolerance:** The need to drink greater amounts of alcohol in order to “get high.”

**Symptoms**

Here are some common symptoms to look out for. Be honest with yourself. Have you noticed that you:

- cannot control drinking (Salience of drinking);
- experience increased tolerance – drinking more before you feel drunk;
- suffer withdrawal symptoms;
- seek relief or avoidance of withdrawal symptoms by further drinking;

- experience cravings for a drink;
- experience relapses.

**Effects**

The resultant effect may be:

- Elated mood
- Impaired judgment
- Anger (Belligerence)
- Impaired social and occupational functioning
- Mood swings (Mood liability)
- Brain Damage (Cognitive impairment)
- Reduced attention span
- Slurred speech
- In co-ordination
- Loss of balance (Unsteady)
- Non-functioning (Stupor)
- Coma
- Alcohol induced amnesia
- Hallucinations
- Depression and suicide

**Effects on Alimentary Tract:**

- Liver Damage: hepatitis, liver cirrhosis, liver cancer
- Gastritis
- Peptic Ulcer
- Esophageal Varices
- Pancreatitis
- Cancers of the mouth, pharynx and esophagus

How many of the above symptoms do you have? If you can relate to more than FIVE of the above, you may have a problem. Go and speak to someone – your doctor, a counselor or family member about it. It is in your own best interest and the interest of those you love.
D7. Alcohol and young adults

Young people today face more challenges and temptations than any other generation has.

More is expected from them in their schooling – their course loads are bigger. There are new drugs and forms of drugs that are easily and readily accessible to them.

Peer pressure is a constant strain and influence on the choices they make. Relationships with parents and siblings are vitally important and have a strong influence on decision making. Alcohol and drugs play more of a role in a teenager’s attitude, schooling and health than most parents realize. Alcohol and drugs are becoming more and more accessible to teenagers every day.

The Department of Social Development: Western Cape and an array of District and local partner organizations are dedicated to informing parents about these drugs and help them help their teens.

For young people, alcohol is the number one drug of choice. In fact, young people use alcohol more frequently and heavily than all other illicit drugs combined. Early adolescence is a time of high risk when experimenting with alcohol begins.

While some parents and guardians may feel relieved that their teen is “only” drinking, it is important to remember that alcohol is a powerful, mood altering drug. Not only does alcohol affect the mind and body in often unpredictable ways, but young people lack the judgment and coping skills to handle alcohol wisely.

As a result:

- Alcohol-related traffic accidents are a major cause of death among young people. Alcohol-use is also linked with youthful deaths by drowning, suicide and homicide.

- Young people who use alcohol are more likely to become sexually active at earlier ages, to have sexual intercourse more often, and to have unprotected sex more than young people who do not drink. A high percentage of young people say they did something sexual while using alcohol that they wouldn’t have done if they were sober.

- Young people who drink are more likely than others to be victims of violent crime, including rape, aggravated assault, and robbery.

- Young people that drink are more likely to have problems with school work and school conduct.

- An individual who begins drinking as a young teen is four times more likely to develop alcohol dependence than someone who waits until adulthood to use alcohol.

Most young people are still very "now" oriented and are just starting to understand that their actions- such as drinking have consequences. They also tend to believe that bad things won’t happen to them, which helps to explain why they often take risks.
D8. Alcohol consumption increases risk

Excessive consumption often leads to uncharacteristic and risky behaviour that has long-term and fatal consequences.

Young drinkers that take unnecessary risks, act out of character and/or endanger themselves and others. People who are intoxicated lose their inhibitions and have their judgment impaired and can easily find themselves involved in behaviour that would put them at risk for contracting STD and even HIV.

Research shows that most young people are aware of the risks of becoming infected with HIV. But when under the influence of alcohol or drugs they face a very real danger of engaging in risky behaviour, such as unprotected sex with multiple partners.

Alcohol consumption may increase host susceptibility to HIV infection.

For people already infected with HIV, drinking alcohol can also accelerate their HIV disease progression. The reason for this is both HIV and alcohol suppress the body’s immune system.

Research has found that HIV patients who were receiving highly active antiretroviral therapy (HAART), and were currently drinking, have greater HIV progression than those who do not drink. They found that HIV patients who drank moderately or at ‘at-risk’ levels had higher HIV RNA levels and lower CD4 cell counts, compared with those who did not drink.

Patients with HIV who drink, especially heavy drinkers, are less likely to adhere to their prescribed medication schedule and forget to take their medication.

D9. Domestic Violence

Excessive alcohol consumption is a significant contributing factor to the high level of domestic violence experienced in society today. Recent research showed that:

- 67% of domestic violence in the Cape Metropolitan area was alcohol related (MRC).
- In a study of women abused by their spouses, 69% identified alcohol/drug abuse as the main cause of conflict leading to the incident of physical abuse (MRC).
- 76% of domestic violence in rural areas in the South-Western Cape was found to be alcohol related (MRC).

Just under half of all male prisoners had consumed alcohol or drugs at the time of, or before committing, their most recent crime. (NICRO)

To seriously address this problem of domestic violence, a holistic solution will be needed that includes the reduction in harmful drug and alcohol use.
Heavy alcohol consumption (usually in binge drinking) during pregnancy causes Fetal Alcohol Syndrome in the child. It is characterised by growth retardation, facial and the malformations of organ systems. The brain and nervous system abnormalities and dysfunctions that are clearly evident as the child grows up include:

- Mild to moderate mental retardation,
- Delay in developmental milestones (i.e. poor sucking, delayed sitting, crawling, walking and talking);
- Poor eye-hand co-ordination (e.g. catching a ball),
- Delayed development of fine motor co-ordination (e.g. picking up an item with his/her fingers) and gross motor co-ordination (e.g. running), and
- Irritability and hyperactivity.

**Q:** How much alcohol consumed during pregnancy, causes this syndrome?

**A:** The amount may vary from person to person.

**The simple solution is:** A women should [stop] drinking as soon as she realises that she is pregnant. This will greatly reduce the risk of damage to the fetus.

Similarly, a mother who breastfeeds should not consume any alcohol as it will end up in her breast milk. This is passed on to the breastfeeding infant and has the potential to interfere with further development of the brain.

*Information Courtesy of Nutrition Information Centre University of Stellenbosch: Division of Human Nutrition For more information visit http://www.sun.ac.za/nicus*
**D11. Alcohol and TB**

There is accumulated evidence of the association between alcohol consumption and Tuberculosis (TB).

**Alcohol has a pathogenic impact on the immune system causing susceptibility to TB among heavy drinkers.** In addition, heavy alcohol use strongly influences both the incidence and the outcome of the disease. About 10% of the TB cases globally were estimated to be attributable to alcohol.

Heavy alcohol use/alcohol use disorders (AUD) constitute a risk factor for incidence and re-infection of TB.

**About one-third of the people in the world are infected with M. tuberculosis.** Ninety percent of individuals in the general population who become infected with M. tuberculosis will never develop a clinical disease because they have an adequate immune system and are able to fight off the infection and do not develop the disease. However, only about 10% of those infected develop active TB, because the immune system is not able to fight off the infection.

**Research has shown that heavy alcohol use/AUD increases the risk as it results in an impaired immune system.** This increases a person’s susceptibility to active TB infection as well as to the reactivation of latent disease. Individuals with alcohol dependence are particularly susceptible to lung infections such as TB and pneumonia. In addition, the course of the disease is worsened by alcohol use and in people with AUD.

Source: Open Access
The association between alcohol use, alcohol use disorders and tuberculosis (TB).
A systematic review Jürgen Rehm; Andriy V Samokhvalov, Manuela G Neuman; Robin Room; Charles Parry; Knut Lönroth, Jayadeep Patra; Vladimir Poznyak; and Svetlana Popova;

For the full article go to: [http://www.biomedcentral.com/1471-2458/9/450/prepub](http://www.biomedcentral.com/1471-2458/9/450/prepub)

“...the course of the disease is worsened by alcohol use...”
Harmful Drug Use

E1  Harmful drug use

E2  What is a drug?

E3  Health Warning

E4  Strategy to address harmful drug and alcohol use

E5  Drugs and HIV/AIDS
E1. Harmful drug use

Today, most people are taking some form of drug or medication, prescribed or over the counter, to address some ailment, allergy or symptom. However, it is only when one misuses, becomes dependent on or overdoses on the drug that the problems arise.

E2. What is a drug?

A drug is any chemical, natural or man-made substance which, when ingested, brings about a change in the way a person feels, acts or behaves.

The fact that certain substances such as alcohol, nicotine or even over-the-counter medicines are not commonly regarded as drugs, does not change their neuro-physiological effects, therefore they can also be regarded as true drugs.

With continued use most drugs cause the body to rapidly adapt to their effects so that more of the substance must be taken to achieve the same psycho-active effects. However, drugs vary greatly in their potential to cause tolerance.

A distinction is often drawn between psychological and physical [physiological] dependency. Psychological dependency refers to the user experiencing a craving for or becoming pre-occupied with the substance. The user might experience feelings such as irritability, anxiety and headaches if the drug cannot be taken at scheduled times.

Physical dependency may include all these elements, but in addition the user experiences a range of withdrawal symptoms of mild to severe physical discomfort, such as tremors, high fever or muscle cramps.

Whereas a drug overdose can simply be described as the use of a drug at a dosage which exceeds the level at which the body has become used to. The results could range from mild (nausea, vomiting) to life-threatening (respiratory failure, cardiac arrest).
E3. Health Warning

No facility may refuse to treat clients with medical emergencies caused by substances.
The client may be referred to a District or Regional Hospital depending on the severity of the condition.

Issued by DEPARTMENT OF HEALTH

E4. Strategy to address harmful drug and alcohol use

Harmful drug and alcohol use is generally discussed in three areas of concern:

- Supply reduction (Police)
- Reduction (Treatment)
- The Treatment/Rehabilitation of those with a substance abuse problem (Department of Social Development and Partners)

South African Police Services supported by the Department of Social Development, Department of Community Safety, Education and Health, lead the struggle to curb and control the supply of substances.

Interventions to combat Drug Abuse

- **Demand reduction**, which is concerned with services aimed at discouraging the abuse of drugs by members of the public.
- **Harm reduction**, which for the purposes of this Act is limited to the holistic treatment of service users and their families, and mitigating the social, psychological and health impact of drug abuse.
- **Supply reduction**, which refers to efforts aimed at stopping the production and distribution of illicit drugs and associated crimes through law enforcement strategies as provided for in the applicable laws.

Intervention in the areas of Treatment/Rehabilitation is lead by the Departments of Social Development and Health in the province.

Department of Health provides specific services with regard to substances:

- medical emergencies,
- medical complications,
- detoxification as indicated (these are protocol driven), and
- dual diagnosis (Psychiatric Disorders and Substance Use Disorders).

The majority of services are ‘outpatient’ with limited inpatient facilities. There are only 10 beds dedicated for complicated opioid detoxification. The majority
Active users of injection drugs (primarily heroin, cocaine, and amphetamines) often share syringes, drug solution, and drug preparation equipment. These are primary routes for drug users to acquire and transmit HIV and hepatitis B and C. High-risk sexual behaviors often accompany high-risk drug use, further increasing the chances of transmission. About one-third of AIDS cases every year are related to injection drug use.

Conversely, substance abuse treatment programs can have a dramatic effect on reducing the risk of HIV transmission because it helps injection drug users (IDUs) decrease the number of injections or helps them stop injecting altogether. Less use leads to fewer drug-related risk behaviors, and that in turn leads to fewer exposures to HIV.

This information was summarised from the IDU HIV PREVENTION - LINKING HIV PREVENTION SERVICES AND SUBSTANCE ABUSE TREATMENT PROGRAMS, February 2002.

For more information go to: http://www.cdc.gov/odu
Annexure F
Information for Educators

F1 Drugs and Alcohol – Guidelines for Schools
F1. Drugs and Alcohol – Guidelines for Schools


A draft set of Guidelines on how to implement the policy is under development by the Department of Education. **Taken together, these documents focus on:**

- Prevention
- Intervention
- How to manage specific incidents.

**The approach is guided by the following principles:**

- The possession, use or distribution of illegal drugs, and the inappropriate possession, use or distribution of illicit drugs is not acceptable in South African schools;
- All learning institutions need to have clear policies for both prevention and intervention, underpinned by a restorative orientation;
- All information relating to drug use, misuse or dependency by a student should be treated as confidential (except where the student has committed a criminal offence, such as being caught dealing in drugs on school property, in which case the name can only be divulged to the police and education authorities who need to know);
- In case of disclosure, teachers and students should be given support to handle confidentiality issues;
- As far as possible, a student involved in a drug-related incident should be assisted in remaining in their school, or, if necessary, assisted in finding an alternative school.

**In addition, the draft Guidelines make the following points:**

- Drug education is included in the Learning Area of Life Orientation.
- The school should access parental/guardian assistance and knowledge in drawing up and implementing its own policy which should be harmonized as much as possible with the standard policy supplied by the Department of Education.
- Teachers should be trained in the area of drug awareness.
- Schools should promote peer education programmes on drug awareness.
- If service providers are contracted to assist in providing training to teachers or students, it will be important to check whether the service provider is recommended by the Department of Education to undertake such work.
- Schools should develop a “Learners Support Programme” which defines specific roles for students, parents, guardians and the school when the student encounters problems with drug use and may need to be referred for (out-patient or in-patient) treatment.

For more information contact the Circuit Office or the Head Office of the Provincial or National Department of Education.

*Issued by Department of Education*
Further Information for Officers of the Law

G1 Harmful drug and alcohol use – and the Law


G3 Drug offences

G4 Role of the SAPS in combatting harmful drug and alcohol use

G5 The Legal Consequences of drug related offences

G6 Scheduled Drugs
G1. Harmful drug and alcohol use - and the Law

Legal and regulatory frameworks, laws and regulations that govern the use, sale, access to and the classification of legal and illegal drugs; the behaviour and rights of those that dispense, use, abuse and are a victim as a result of that misuse are contained in volumes of Acts, Statutes and Regulations.

Herein are but a few relevant guidelines relating to harmful drug and alcohol use – and the Law.


Definition

The purpose of the Prevention and Treatment of Drug Dependency Act 20 of 2008 is to provide for a comprehensive national response for the combating of Drug abuse and to provide for mechanisms aimed at demand and harm reduction in relation to Drug abuse through intervention, treatment and re-integration programmes as well as to provide for registration and establishment of treatment centres and half way houses.

Reasons:

- The drug trade has increased globally in intensity and reach.
- Drug abuse in South Africa has increased rapidly.
- South Africa continues to combat drug abuse through programmes in order to reduce supply, demand and harm caused by drug abuse.
- A uniform law is needed to deal with the prevention of and treatment for drug abuse and the harm associated with it.
• Ensures that services are appropriate to the ages of children and youth.
• Respects the right of service users and persons affected by drug abuse to give written consent to participate in any research related to their treatment and rehabilitation; and
• respects the confidentiality of the information relating to the treatment and rehabilitation of service users and persons affected by drug abuse.
• Coordinates the educational needs of children with the relevant education department
• strives to render effective, efficient, relevant, prompt and sustainable services.

Purpose of providing prevention programmes

• The purpose of prevention programmes is to prevent a person from using or continuing to use drugs that may lead to abuse or result in dependence.

• Prevention programmes must focus on:
  - preserving the family structure of the persons affected by drug abuse and those who are dependent on drugs
  - developing appropriate parenting skills for families at risk
  - creating awareness and educating the public on the dangers and consequences of drug abuse
  - engaging young people in sports, arts and recreational activities and ensuring the productive and constructive use of leisure time
  - peer education programmes for youth
  - enabling parents and families to recognise the early warning signs with regard to Drug use and equipping them with information on appropriate responses and available services
  - empowering communities to understand and to be proactive in dealing with challenges related to drug abuse, and its link to crime, HIV and AIDS and other health conditions.
Aftercare and Re-integration Services

The Minister must, in consultation with the ministers and organs of state prescribe integrated aftercare and reintegration services aimed at the successful reintegration of a service user into society, the workforce and family and community life.

The services contemplated must include elements that:
- allow service users to interact with other service users, their families and communities
- allow service users to share long term sobriety experiences
- promote group cohesion among service users
- are based on structured programmes
- enable service users to abstain from Drug abuse

Support groups

Service users and persons affected by drug abuse may, as prescribed, establish support groups that focus on integrated ongoing support to service users in their recovery.

The purpose of the establishment of support groups is to:
- provide a safe and drug free group experience where service users can practice re-socialisation skills
- facilitate access by service users to persons in recovery or have recovered from drug abuse who can serve as role models to service users who are in the beginning or middle stages of the recovery process.

Support groups may be established at community level by a professional, non-governmental organisation or a group of service users or persons affected by drugs abuse.
G3. Drug offences

Section 5 Misuse of Drugs Act 1971 and the Drugs and Drug Trafficking Act No. 140 of 1992 are the primary legal guidelines when it comes to dealing with the use, misuse, abuse, trading in what is considered harmful drugs in South Africa.

G.3.1 Possession of a controlled drug

It is unlawful to have a controlled drug in your possession unless you have authorisation in the form of a licence or if you did not know the Drug was a controlled drug.

Three elements constitute the offence of possession:

- The Drug is in the possession or under the control of the individual. The Drug must be in an individual’s physical custody or under their control. This can include being at the property of someone who is not present but has control over that property.
- The individual knows the ‘thing exists’. The individual must know of the existence of the Drug and they must know that the Drug is a controlled drug.
- The Drug is a controlled drug. The Drug must in fact be a controlled drug. Therefore, if the individual thought they were in possession of cannabis but they were in fact in possession of tea leaves, no offence has been committed. (If the defendant can prove that, as soon as was practicable, they intended to destroy the Drug or give it to someone who had legal authority to possess it, it may be considered as a defence against a possession charge).

G.3.2 Joint possession

Depending on the circumstances of a case, an allegation of joint possession may be made.

For example, where a group of people is apprehended when travelling in a car with a stash of drugs. If it can be proven that they were all in control of the drugs, they might all be guilty of joint possession of the same batch.

• Penalties Available for Possession

The severity of the penalty applied in relation to drugs offences will depend on the individual circumstances of the case.

Please note these are the maximum sentences only and in most cases will not be reflective of the sentence given.

• Simple Possession

Class A – 7 years’ imprisonment or a fine or both
Class B – 5 years’ imprisonment or a fine or both
Class C – 2 years’ imprisonment or a fine or both

(See: Schedule of Drugs elsewhere)

(See: Drugs and Drug Trafficking Act No. 140 of 1992 and Section 5 Misuse of Drugs Act 1971)
G4. Role of the SAPS in Combating harmful drug and alcohol use

The South African Police Services (SAPS) is in the forefront of a drug and substance reduction and prevention strategy along with a number of other departments including the departments of Health, Social Development and Education.

The public look to the SAPS when they want ‘something done’ about perceived Drug abuse, dealing or any other related incident around illegal use or trading in illegal drugs and drugs. Yet few understand the role and powers of the SAPS.

From a legal perspective, SAPS is governed and guided by Section 11 of the DRUGS AND DRUG TRAFFICKING ACT NO. 140 OF 1992.

In Section 11 of the Act 40 of 1992 the powers of the SAPS are spelt out as follows:

(i) A police official may

(a) if he has reasonable grounds to suspect that an offence under this Act has been or is about to be committed by means or in respect of any scheduled Drug, drug or property, at any time-

(i) enter or board and search any premises, vehicle, vessel or aircraft on or in which any such Drug, drug or property is suspected to be found;

(ii) search any container or other thing in which any such Drug, drug or property is suspected to be found;

(b) if he has reasonable grounds to suspect that any person has committed or is about to commit an offence under this Act by means or in respect of any scheduled Drug, drug or property, search or cause to be searched any such person or anything in his possession or custody or under his control:

Provided that a woman shall be searched by a woman only;

(c) if he has reasonable grounds to suspect that any article which has been or is being transmitted through the post contains any scheduled Drug, drug or property by means or in respect of which an offence under this Act has been committed, notwithstanding anything to the contrary in any law contained, intercept or cause to be intercepted either during transit or otherwise any such article, and open and examine it in the presence of any suitable person;

(d) question any person who in his opinion may be capable of furnishing any information as to any offence or alleged offence under this Act;

(e) require from any person who has in his possession or custody or under his control any register, record or other document which in the opinion of the police official may have a bearing on any offence or alleged offence under this Act, to deliver to him then and there, or to submit to him at such time and place as may be determined by the police official, any such register, record or document;

(f) examine any such register, record or document or make an extract thereof or a copy thereof, and require from any person an explanation of an entry in any such register, record or document;
(g) seize anything which in his opinion is connected with, or may provide proof of, a contravention of a provision of this Act.

A police official may in the exercise of his powers under this section-

(a) require any vehicle, vessel or aircraft to be stopped; or

(b) request the master, pilot or owner of any vessel or aircraft to sail or to fly any such vessel or aircraft, or to cause it to be sailed or flown, to such harbour or airport as may be indicated by the police official.

Interrogation of persons under warrant of apprehension. -

(1) Whenever it appears to a magistrate from information submitted to him on oath by the attorney-general concerned, or by any public prosecutor authorized thereto in writing by that attorney-general, that there are reasonable grounds for believing that any person is withholding any information as to a drug offence, whether the drug offence has been or is likely to be committed in the Republic or elsewhere, from that attorney general, any such public prosecutor or any police official, as the case may be, he may issue a warrant for the arrest and detention of any such person.

(2) Notwithstanding anything to the contrary in any law contained, any person arrested by virtue of a warrant referred to in subsection (1) shall as soon as possible be taken to the place mentioned in the warrant and detained there, or at such other place as the magistrate may from time to time determine, for interrogation in accordance with the directions, if any, issued by the magistrate from time to time.

(3) Any person arrested and detained under a warrant referred to in subsection (1) shall be detained until the magistrate orders his release when satisfied that the detainee has satisfactorily replied to all questions at the interrogation or that no useful purpose will be served by his further detention: Provided that the attorney-general concerned may at any time direct in writing that the interrogation of any particular detainee be discontinued, whereupon that detainee shall be released without delay.

(a) Any person arrested under a warrant referred to in subsection (1) shall be brought before the magistrate within 48 hours of his arrest and thereafter not less than once every ten days.

(b) The magistrate shall at every appearance of such person before him enquire whether he has satisfactorily replied to all questions at his interrogation and whether it will serve any useful purpose to detain him further.

(c) Such person shall be entitled to be assisted at his appearance by his legal representative. Any person detained in terms of this section may at any time make representations in writing to the magistrate relating to his detention or release.

No person, other than an official in the service of the State acting in the performance of his official duties-
subject to such conditions as he may determine: Provided that the magistrate-

(i) shall refuse such permission only if he has reason to believe that access to a person so detained will hamper any investigation by the police;

(ii) shall not refuse such permission in respect of a legal representative who visits a person so detained with a view to assisting him as contemplated in subsection (4) (c); or

(b) shall be entitled to any official information relating to or obtained from such detainee.

(7) (a) Any person detained in terms of this section shall-

(i) as soon as possible be examined by a district surgeon; and

(ii) not less than once every five days be visited in private by a district surgeon, and such a district surgeon shall as soon as possible compile a report in respect of each such visit and submit it to the magistrate.

(b) The magistrate may, if he has reason to believe that it will not hamper any investigation by the police, furnish at the request of any particular detainee a copy of any report referred to in paragraph (a) to a person indicated by that detainee.

G5. The Legal Consequences of drug related offences

Any person found guilty of any drug or alcohol related offences will have a criminal record in South Africa and everywhere else in the world.

This is regardless of how minor the offence, how long ago or whether the offence resulted a fine or incarceration you will still have a criminal record.

This will impede a number of areas of your life, in the future. This may range from limiting future travel options, employment options to name but a few.

The legal consequence of being arrested and sentenced in a drug-related offence will haunt you for the rest of your life.

Consult a lawyer or attorney for more information.
G6. Scheduled Drugs

There are drugs that can be legally manufactured and prescribed by a legal vendor. The regulations that control these are the Schedule of Drug as per the Drugs and Drug Trafficking Act No. 140 of 1992.

There are two schedules.

a. Schedule 1 deals with Drugs useful for the manufacture of drugs.

b. Schedule 2 deals with dependence-producing Drugs.

SCHEDULE 1

Drugs useful for the manufacture of drugs

PART 1

1. The following Drugs, namely-
   Ephedrine.
   Ergometrine
   Ergotamine.
   Lysergic acid.
   l-phenyl-2-propanone.
   Pseudoephedrine.

2. The salts of all Drugs included in this Part, where the existence of such salts is possible.

PART II

1. The following Drugs, namely-
   Acetic anhydride.
   Acetone.
   Anthranilic acid.
   Ethyl ether.
   Phenylacetic acid.
   Piperidine.

2. The salts of all Drugs included in this Part where the existence of such salts is possible.

SCHEDULE 2

Part I Dependence-Producing Drugs

1. The following Drugs, namely-
   Amobarbital cyclobarbital and pentobarbital, except preparations and mixtures containing not more than 30 milligrams per minimum recommended or prescribed dose when intended for continued use in asthma or containing not more than 50 milligrams per minimum recommended or prescribed dose when intended for continued use in epilepsy.
   Buprenorphine.
   Chlorphentermine.
   Diethylpropion (amfepramone).
   Gluthethimide.
   Meptazinol.
   Pentazocine.
   Tiletamine.

2. Unless expressly excluded, all Drugs included in this Part include the following
   (a) The salts and esters of the specified Drugs, where the existence of such salts and esters is possible: and
   (b) all preparations and mixtures of the specified Drugs.

Part II Dangerous Dependence-Producing Drugs

1. The following Drugs or plants, namely-
   Acetorphine.
   Acetyldihydrocodeine, except preparations and mixtures containing not more than 20 milligrams of acetyldihydrocodeine per recommended or prescribed dose.
Acetylmethadol.
Alfentanil.
Allylprodine.
Alphacetylmethadol.
Alphameprodine.
Alphamethadol.
Alphaprodine.
Anileridine.
Benzethidine.
Benzphetamine.
Benzylmorphine.
Betacetylmethadol.
Betameprodine.
Betamethadol.
Betaprodine.
Bezitramide.
Chlorodyne (Chloroform and Morphine Tincture BP 1980) or any preparation or mixture thereof described as chlorodyne, except preparations and mixtures containing not more than 5.0 per cent of chlorodyne in combination with other active medicinal Drugs.
Clonitazene.
Coca leaf and any salt. compound, derivative or preparation of coca leaf, and any salt, compound, derivative or preparation thereof that is chemically equivalent or identical to any of these Drugs, whether obtained directly or indirectly by extraction from material or Drugs obtained from plants, or obtained independently by chemical synthesis, or by a combination of extraction and chemical synthesis, except decocainized coca leaf and extractions of coca leaf where such extractions contain no cocaine or ecgonine.
Codeine (methylmorphine), except preparations and mixtures containing not more than 20 milligrams of codeine per recommended or prescribed dose.
Codoxime.
Desomorphine.
Dextromoramide.
Sch. 2 Drugs and Drug Trafficking Act, No.140 of 1992 Sch. 2
Dextropropoxyphene, except preparations and mixtures for oral use containing not more than 135 milligrams dextropropoxyphene, calculated as the base, per dosage unit, or with a concentration of not more than 2.5 per cent in undivided preparations Diampromide.
Diethylthiambutene.
Difenoxin (or diphenoxyllic acid), except mixtures containing, per dosage unit, not more than 0.5 milligrams of difenoxin, calculated as the base, and a quantity of atropine sulphate equal to at least 5.0 per cent of the quantity of difenoxin, calculated as the base, which is present in the mixture.
Dihydrocodeine, except preparations and mixtures containing not more than 20 milligrams of dihydrocodeine per recommended or prescribed dose.
Dihydromorphine.
Dimenoxadol.
Dimethylethambutene.
Dioxaphetylbutyrate.
Diphenoxylate, except preparations containing not more than 2.5 milligrams of diphenoxylate, calculated as the base, and not less than 25 micrograms of atropine sulphate per dosage unit.
Dipipanone.
Dronabinol [(-)-transdelta-9-tetrahydrocannabinol].
Drotebanol.
Ecgonine and the esters and derivatives thereof which are convertible to ecgonine and cocaine.
Ethylmethylthiambutene.
Ethylmorphine, except preparations
and mixtures containing not more than 20 milligrams of ethylmorphine per recommended or prescribed dose.

Etonizene.

Etorphine.

Etoperidine.

Fenproporex.

Fentanyl.

Furethidine.

Hydrocodone (dihydrocodeinone).

Hydromorphone (14-hydroxydihydmorphone).

Hydromorphone (dihydromorphinone).

Hydroxypethidine.

Isomethadone.

Ketobemidone.

Levomoramid.

Levophenacylmorphan.

Levorphanol.

Mecloqualone.

Mefenorex.

Metazocine.

Methadone.

Methadone-intermediate.

Methorphan, including levomethorphan and racemethorphan, but excluding dextromethorphan.

Methyldesorphine.

Methyldihydromorphone.

Methylphenidate and the derivatives thereof.

Metopon.

Moramide-intermediate.

Morpheridine.

Morphine, except preparations and mixtures of morphine containing not more than 0.2 per cent of morphine, calculated as anhydrous morphine.

Morphine methobromide and other pentavalent nitrogen morphine derivatives.

Morphine-N-oxide and the derivatives thereof.

Myrophine (myristylbenzylmorphine).

Nicocodine.

Nicodicodine.

Nicomorphine.

Noracymethadol.

Norcodeine, except preparations and mixtures containing not more than 20 milligrams norcodeine per recommended or prescribed dose.

Norlevorphanol.

Normethadone.

Normorphine (demethylmorphine or N-demethylated morphine).

Norpipanone.

Opium and opiates and any salt, compound, derivative or preparation of opium or opiates, whether obtained directly or indirectly by extraction from material or Drugs obtained from plants, or obtained independently by chemical synthesis, or by a combination of extraction and chemical synthesis, except mixtures containing not more than 0.2 per cent of morphine, calculated as anhydrous morphine.

Opium-poppy and poppy straw, whether obtained directly or indirectly by extraction from material or Drugs obtained from plants, or whether obtained independently by chemical synthesis, or by a combination of extraction and chemical synthesis.

Oxycodone (14-hydroxydihydrocodeinone or dihydroxycodeinone).

Oxymorphone (14-hydroxydihydromorphinone or dihydroxydormorphinone).

Pethidine. pethidine-intermediate A, pethidine-intermediate B and pethidine-intermediate C.

Phenadoxone.

Phanampromide.

Phenazocine.

Phendimetrazine.

Phenomorphan.
Phenoperidine.
Pholcodine. except preparations and mixtures containing not more than 20 milligrams of pholcodine per recommended or prescribed dose.
Piminodine.
Piritramide.
Proheptazine.
Properidine.
Propiram.
Racemoramide.
Racemorphan.
Secobarbital.
Sufentanil
Thebacon.
Thebaine.
Tilidine.
Trimeperidine.

2. Unless expressly excluded, all Drugs or plants included in this Part include the following:

(a) The isomers of the specified Drugs or plants, where the existence of such isomers possible;

(b) the esters and ethers of the specified Drugs or plants and of the isomers referred to in subparagraph (a), as well as the isomers of such esters and ethers, where the existence of such esters, ethers and isomers is possible;

(c) the salts of the specified Drugs or plants, of the isomers referred to in subparagraph (a) and of the esters, ethers and isomers referred to in subparagraph (b), as well as the isomers of such salts, where the existence of such salts and isomers is possible; and

(d) all preparations and mixtures of the specified Drugs or plants and of the isomers, esters, ethers and salts referred to in this paragraph.

PART III Undesirable Dependence-Producing Drugs

1. The following Drugs or plants, namely-
Amphetamine. Brolamfetamine.
Bufotenine (N,N-dimethylserotonin).
Cannibis (dagga), the whole plant or any portion thereof, except dronabinol [(-)-transdelta-9-tetrahydrocannabinol].
Cathinone. Dexamphetamine.
Diethyltryptamine [3-(2-(diethylamino)-ethyl)-indole].
2,5-dimethoxyamphetamine (DMA).
2,5-dimethoxy-4-ethylamphetamine (DOET).
3-(1,2-dimethylheptyl)-7,8,9,10-tetrahydro-6,6,9-trimethyl-6H-dibeno \[b, d\] pyran-1-01 (DMHP). Dimethyltryptamine [3-(2-(dimethylamino)-ethyl)-indole].
Fenetylline.
Fentanyl-analogues: acetyl-alpha-methyl-fentanyl; alpha-methyl-fentanyl; alpha-methyl-fentanyl-acetanilide; alpha-methyl-thio-fentanyl; benzyl-fentanyl; beta-hydroxy-fentanyl; beta-hydroxy-3-methyl-fentanyl; 3-methyl-fentanyl and the two isomeric forms thereof, namely, cis-N-(3-methyl-1-(2-phenethyl)-4-piperidyl)propionanilide and trans-N-(3-methyl-1-(2-phenethyl)-4-piperidyl)propionanilide; 3-methyl-thio-fentanyl; para-fluoro-fentanyl; and thiофентанил.
Harmaline (3,4-dihydrobarmine).
Harmine [7-methoxy-1-methyl-9H-pyrido (3,4-b)-indole].
Herion (diamorphine).
Levamphetamine.
Levomethamphetamine.
Lysergide (lysergic acid diethylamide).
Mescaline (3,4,5-trimethoxyphenethylamine).
Methamphetamine and methamphetamine racemate.
Methaqualone, including Mandrax.
Isonox. Quaalude, or any other preparation containing methaqualone and known by any other trade name.
2-methoxy-4,5-methylenedioxyamphetamine (MMDA).
4-methylaminorex.
4-methyl-2,5-dimethoxyamphetamine (DOM) and the derivatives thereof.
Methylenedioxyamphetamine (MDA): N-ethyl-methylenedioxyamphetamine; and N-hydroxy-methylenedioxyamphetamine.
Nabilone.
Parahexyl.
Paramethoxyamphetamine (PMA).
Phencyclidine and the congeners thereof, namely, N-ethyl-1-phenylcyclohexylamine (PCE), 1-(1-phenylcyclohexyl) pyrrolidine (PHP or PCPY) and 1-[1-(2-thienyl) cyclohexyl] piperidine (TCP).
Pethidine-analogous: 1-methyl-4-phenyl-4-propionoxy-piperidine (MPPP); 1-methyl-4-phenyl-1,2,5,6-tetrahydropiperidine (MPTP); and 1-phenylethyl-4-phenyl-4-acetyloxy-piperidine (PEPAP).
Phenmetrazine.
Psilocin (4-hydroxydimethyltryptamine).
Psilocybin (4-phosphoryloxy-N,N-dimethyltryptamine).
Tetrahydrocannabinol 3,4,5-trimethoxyamphetamine (TMA).

2. Unless expressly excluded, all Drugs or plants included in this Part include the following:
(a) The isomers of the specified Drugs or plants, where the existence of such isomers is possible;
(b) the esters and ethers of the specified Drugs or plants and of the isomers referred to in subparagraph (a) as well as the isomers of such esters and ethers, where the existence of such esters, ethers and isomers is possible;
(c) the salts of the specified Drugs or plants, of the isomers referred to in subparagraph (a) and of the esters, ethers and isomers referred to in subparagraph (b), as well as the isomers of such salts and isomers is possible; and
(d) all preparations and mixtures of the specified Drugs or plants and of the isomers, esters, ethers and salts referred to in this paragraph.
Annexure

References

H1  For more information
H1. For more information

When *Searching* for more information of drug abuse and alcohol misuse on the internet or the library seek out links to:

- Department of Health, South Africa: [www.doh.gov.za](http://www.doh.gov.za)
- Department of Justice: [www.justice.gov.za](http://www.justice.gov.za)
- Department of Social Development: [www.dsd.gov.za](http://www.dsd.gov.za)
- Medical Research Council: [www.mrc.ac.za](http://www.mrc.ac.za)
- Drug Educational Council Ministries: [http://drugedu.co.za](http://drugedu.co.za)
- Namaqua Treatment Centre: [www.namaqua-rehab.co.za](http://www.namaqua-rehab.co.za)
- South African Health Information: [http://www.sahealthinfo.org](http://www.sahealthinfo.org)
- Stepping Stones: [http://www.steppingstones.co.za](http://www.steppingstones.co.za)

*Google the above for more information.*
Annexure I
1.1 Glossary of Terms
I. Glossary of Terms

Absorption. The process the body uses to move elements from the outside world into the blood and other tissues. Food is absorbed through the stomach and intestines. Nicotine is absorbed through the lungs.

Abstinence. The conscious choice not to use drugs. The term “abstinence” usually refers to the decision to end the use of a drug as part of the process of recovery from addiction.

Acetaldehyde. The metabolite that results when alcohol dehydrogenise breaks down alcohol in the body.

Acetylcholine. A neurotransmitter. Acetylcholine is used by spinal cord neurons to control muscles and by many other neurons in the brain as well. Nicotine binds to one type of acetylcholine receptor.

Action potential. The electrical part of a neuron’s two-part, electrical-chemical message. An action potential consists of a brief pulse of electrical current that travels along the axon to relay messages over long distances.

Acute effects. The short-term effects of a drug. Acute effects are those that people feel shortly after they ingest a drug and are under its influence (e.g., while they are intoxicated).

Adaptive behaviours. Useful behaviours we acquire as we respond to the world around us. Adaptive behaviours help us get the things we want and need for life.

Addiction. A chronic, relapsing disease, characterized by compulsive (loss of control) of drug-seeking and drug-taking despite adverse health, social, or legal consequences to continued use, and by neuro-chemical and molecular changes in the brain. Also often characterized by relapses during recovery. (also termed Dependency)

Addictive drugs. Drugs that change the brain, change behaviour, and lead to the loss of control of drug-taking behaviour.

Adenosine. A neurotransmitter that binds to the adenosine receptor. Caffeine is an adenosine antagonist and prevents adenosine from binding with its receptor.

Adrenal gland. A small gland in the body that releases a variety of hormones that help us deal with stress. Two of these hormones, epinephrine and norepinephrine, are also part of the flight-or-fight response. Cocaine sharply increases the levels of these hormones in the body.

Agonist. A chemically simple, but psycho actively complex drug commonly used in many beverages. Alcohol is a depressant drug with significant liability for abuse and addiction.

Alcohol dehydrogenise. The enzyme found mainly in the liver and stomach that breaks down (metabolizes) alcohol.

Alcoholics Anonymous (AA). One of the earliest forms of addiction treatment. AA is a volunteer-based support group and has developed a 12-step approach to assisting
recovery from alcohol dependency (alcoholism). Several other anonymous groups have also adopted the 12-step approach to help people.

**Alveoli** Tiny, balloon-like air sacks in the lungs. Alveoli are designed to allow oxygen to pass rapidly into the blood and are also efficient at absorbing inhaled drugs.

**Alzheimer’s disease.** A degenerative disease in which neurons of the brain die, leading to the loss of the ability to think, learn and remember (dementia).

**Amino acids.** Small chemical compounds that are the building blocks of proteins.

**Amphetamines.** Stimulant drugs whose effects are very similar to cocaine.

**Analgesics.** Drugs that relieve pain.

**Analog.** A drug whose chemical structure has been slightly modified from a parent compound but which has similar effects. There are many analogs to morphine or to LSD. See Designer drug.

**Anandamide.** The endogenous neurotransmitter that binds to the cannabinoid receptor.

**Anesthesia.** The loss of sensation, primarily to pain, often accompanied by the loss of consciousness.

**Anesthetic gases.** Gaseous drugs that produce loss of sensation and consciousness.

**Antagonist.** A chemical that binds to a receptor and blocks it, producing no response, and preventing agonists from binding, or attaching, to the receptor. Antagonists include caffeine and naloxone.

**Assessment.** The diagnostic process in which a professional examines a drug user to determine the extent of the person’s drug use, whether he or she is addicted, and what type of treatment might be most effective.

**Auditory cortex.** That part of the cerebral cortex that processes sounds and produces our awareness of them.

**Axon.** The cable-like structure neurons used to send messages to other neurons. It carries the neuron’s electrical message.

**Axon terminal.** The structure at the end of an axon that produces and releases chemicals (neurotransmitters) to transmit the neuron’s message across the synapse to another neuron.

**BAC.** Blood alcohol content.

**Barbiturates.** Depressant drugs that produce relaxation and sleep. Barbiturates include sleeping pills such as pentobarbital (Nembutal) and secobarbital (Seconal).

**Basal ganglia.** The large, complex set of brain structures involved in generating movements, in some cognitive functions, and in some emotional and motivational activities. The basal ganglia and the cerebral cortex work together to refine movements, thoughts, and feelings.
**Behaviour.** The observable activity of humans and animals.

**Behaviourism.** The study of behaviour, especially using operant conditioning.

**Benzodiazepines.** The so-called “minor” tranquilizers, CNS depressants prescribed to relieve anxiety and produce sleep. Benzodiazepines include tranquilizers such as diazepam (Valium) and alprazolam (Xanax) and sleeping pills such as flurazepam (Dalmane) and triazolam (Halcion).

**Bernard, Claude.** The physiologist who coined the term “homeostasis.”

**Bind.** What occurs when a neurotransmitter attaches itself to a receptor. The neurotransmitter is said to “bind” to the receptor.

**Binge.** Uninterrupted consumption of a drug for several hours or days.

**Bolus.** A concentrated amount of drug; a dose injected rapidly into a vein, a rounded mass of matter.

**Brain.** That part of the central nervous system inside our heads. Our brain is the seat of all our perceptions, thoughts, feelings and voluntary movements.

**Brain reward system.** A brain circuit that, when activated, reinforces behaviours. The circuit includes the dopamine-containing neurons of the ventral tegmental area, the nucleus accumbens, and part of the prefrontal cortex. We perceive the activation of this circuit as pleasure.

**Brain stem.** The relatively primitive brain structure that starts where our spinal cord enters our head. Neurons within the brain stem control basic functions such as heart rate and breathing.

**Buprenorphine.** A long-lasting opiate analgesic that has both opiate agonist and antagonist properties. Buprenorphine shows promise for treating heroin addiction.

**Caffeine.** A mild stimulant, the most widely used drug in the world.

**Cannabinoid receptor.** The receptor in the brain that recognizes THC, the active ingredient in marijuana. Marijuana exerts its psychoactive effects via this receptor.

**Cannabis.** The botanical name for the plant from which marijuana comes.

**Capillaries.** The smallest blood vessels. Oxygen and nutrients leave the bloodstream through capillaries to get into the body. Gases from the alveoli enter the bloodstream through capillaries in the lungs.

**Cell body.** The central structure of a neuron, which contains all of the molecular parts that keep the cell alive, generate new parts, and repair or destroy existing parts.

**Cell membrane.** The outside covering, or “skin” or a cell. Receptors and ion channels are embedded in it.

**Cellular metabolism.** The production of energy and new materials in a cell.

**Central nervous system.** The brain and spinal cord.

**Cerebral cortex.** The large, deeply folded outer layers of the brain that make our heads so big. The cortex carries out complex perceptual, cognitive, and motor tasks.
“China white”. A designer drug that was an opiate derivative. Some batches contained a neurotoxin called MPTP, which killed neurons that make dopamine, producing symptoms similar to Parkinson’s disease.

**Cholinergic.** The adjective derived from acetylcholine. A neuron that contains acetylcholine is a cholinergic neuron.

**Circuits.** A group of cortical fields or nuclei that are linked together by their axons to perform a specific brain function. Core components or circuits are constantly in touch with each other, whereas other components can be brought in as the need arises.

**Classical conditioning.** The form of implicit, unconscious learning in which a neutral stimulus becomes associated with a significant stimulus through repeated pairing of the two.

**CNS Central Nervous System.** The brain and spinal cord.

**CNS depressants.** A class of drugs that slow CNS function, some of which are used to treat anxiety and sleeping disorders; includes barbiturates and benzodiazepines.

**Cocaine.** A highly addictive stimulant drug derived from the coca plant that produces profound feelings of pleasure. See Crack.

**Codeine.** A natural opioid compound that is a relatively weak, but still effective, opiate analgesic. It has also been used to treat other problems (e.g., to relieve coughing).

**Cognitive functions.** Higher brain functions involving the manipulation of information from the senses and from memory. They often require awareness and judgment, and they enable us to know and to analyze problems and plan solutions – in short, to think.

**Consciousness.** Our own awareness of ourselves and the world; the mental processes that we can perceive; our thoughts and feelings.

**Cortical field.** A large aggregation of millions of nerve cells in a circumscribed region of the cerebral cortex, which together carry out a specific function, receive connections from the same places, and have a common structural arrangement. There are many dozens of such fields in the cerebral cortex. Elsewhere in the brain such groups are called nuclei.

**Crack.** A chemically altered form of cocaine that is smoked.

**Craving.** Hunger for drugs. It is caused by drug-induced changes that occur in the brain with the development of addiction and arises from a need of the brain to maintain a state of homeostasis that includes the presence of the drug.

**Cues.** Formerly neutral stimuli that acquire the ability to elicit drug-craving through classical condition. Cues are also called triggers.

**Decondition.** The unlearning of classically conditioned responses. Helping addicts identify and neutralize the cues of triggers they developed while they were addicted.

**Dendrites.** The branches that reach out from a neuron’s cell body to receive messages from the axon terminals of other neurons.
Denial. Unconsciously refusing to admit that someone is addicted. Denial occurs among addicts themselves and among those who are close to them.

Dentate gyrus. A key part of the hippocampus that contains one of the highest concentrations of cannabinoid receptors in the brain.

Deoxyribonucleic acid (DNA). The chemical compound that makes up genes.

Dependency. A chronic, relapsing disease, characterized by compulsive (loss of control) of drug-seeking and drug-taking despite adverse health, social, or legal consequences to continued use, and by neuro-chemical and molecular changes in the brain. Also often characterized by relapses during recovery. (also termed Addiction)

Depressants. Drugs that relieve anxiety and produce sleep. Depressants include barbiturates, benzodiazepines, and alcohol.

Designer drug. An illegally manufactured chemical whose molecular structure is altered slightly from a parent compound to enhance specific effects. Examples include DMT, DMA, DOM, MDA and MDMA (ecstasy).

Detoxification. The process of removing a drug from the body. This is the initial period addicts must go through to become drug-free. Withdrawal symptoms appear early during this process. Depending on the drug, detoxification lasts for a few days to a week or more.

Diversion. Taking legally prescribed medications (e.g., methadone, tranquilizers) and selling them illegally.

DMA. A hallucinogenic “designer drug” with psychedelic properties.

DMT. A hallucinogenic “designer drug” with psychedelic properties.

DOM. A hallucinogenic “designer drug” with psychedelic properties.

Dopamine. The neurotransmitter that produces feelings of pleasure when released by the brain reward system.

Dopamine transporter. A structure that straddles the cell membranes of axon terminals of dopamine-releasing neurons and rapidly removes dopamine from the synapse.

Double-blind trials. Studies of an experimental drug in which neither patient nor doctor knows whether the patient is receiving the experimental drug or some alternative (which might be a placebo if no treatment already exists).

Dronabinol. The generic name of synthetic THC.

Drug abuse. Using illicit drugs; using legal drugs inappropriately. The repeated, high-dose, self-administration of drugs to produce pleasure, to alleviate stress, or to alter or avoid reality (or all three). Harmful use.

Drug addiction. See Addiction or dependency.

Drug-free treatment. An approach to helping addicts recover from addiction without the use of medication.

Drug treatment. A combination of detoxification, psychosocial therapy and, if required, skill acquisition to help people recover from addiction.
**Dynorphins.** Peptides with opiate-like effects that are made by neurons and used as neurotransmitters; one of the endogenous opioids that binds to opiate receptors.

**Ecstasy (MDMA).** A chemically modified amphetamine that has hallucinogenic as well as stimulant properties.

**Enabling.** Things that people who are close to addicts do unconsciously that either encourage, or at least do not interfere with, the addict’s drug use.

**Endogenous.** Something produced by the brain or body.

**Endorphins.** Peptides with opiate-like effects that are made by neurons and used as neurotransmitters; one of the endogenous opioids that binds to opiate receptors.

**Enkephalins.** Peptides with opiate-like effects that are made by neurons and used as neurotransmitters; one of the endogenous opioids that binds to opiate receptors.

**Enzyme.** A large molecule that living organisms use to facilitate the transition from one form of a chemical to another. Enzymes are used to build, modify, or break down different molecules.

**Ether.** An inhalant. Ether was one of the first anaesthetics to be used in surgery, but has been replaced by more effective, safer anaesthetic.

**Euphoria.** Intense pleasure. Drug-induced euphoria is a “rush” or pleasurable feeling. It is caused by the release of the neurotransmitter, dopamine, within the brain reward system.

**Excitatory neurotransmitter.** A neurotransmitter that acts to elicit an action potential or make it more likely that one will be elicited.

**Explicit memory.** Memories derived from conscious learning, using our senses and attention to store information about what is in the world and where and when events have occurred.

**Fight-or-flight response.** An automatic response of our body that prepares us to act to save ourselves when we become excited or scared.

**Free will.** Our ability to make choices and decisions that are not under the control of outside forces or prior causes.

**GABA (gamma-aminobutyric acid).** The major inhibitory neurotransmitter in the brain. Gene Strands of DNA that contain the blueprint of all the molecules that make up our bodies.

**Glia.** Tiny brain cells that support neurons by performing a variety of “housekeeping” functions in the brain.

**Glucose.** A simple sugar that the brain uses as its major source of energy.

**Glutamate.** The most common excitatory neurotransmitter in the brain.
Habilitate. The process of teaching the skills needed for successful living. Habilitation helps people recover from addiction by teaching life skills that were never learned because drug use interfered with the learning and maturation process. Habilitation is especially important for addicts who started drug use young.

Halcion. A depressant drug of the benzodiazepine family used to induce sleep.

Hallucinogens. A diverse group of drugs that alter perceptions, thoughts and feelings. Hallucinogens do not produce hallucinations. These drugs include LSD, mescaline, MDMA (ecstasy), PCP, and psilocybin (magic mushrooms).

Heroin. The potent, widely abused opiate that produces a profound addiction. It consists of two morphine molecules linked together chemically.

Hippocampus. A brain structure that is involved in emotions, motivation, and learning. It plays an important role for short-term (working) memory and is crucial for our ability to form long-term memories.

Homeostasis. The process of keeping the internal environment of the body stable while the outside world changes.

Hypothalamus. The part of the brain that controls many bodily functions, including feeding, drinking, and the release of many hormones.

Implicit memory. The memories acquired through unconscious learning processes, such as operant and classical conditioning.

Inhalants. Any drug administered by breathing in its vapours. Most inhalants are organic solvents such as glue and paint thinner, or anaesthetic gases such as ether and nitrous oxide.

Inhibitory neurotransmitter. A neurotransmitter that acts to prevent a neuron from firing an action potential.

Inpatient treatment. Residential treatment for drug addiction in a hospital or clinic.

Interneuron. Any neuron that only sends its messages locally (within a millimetre or so). Many are inhibitory.

Intervention. The act of interrupting addiction and persuading the addict to enter treatment.

Intervention counsellor. A person who conducts an intervention with an addict and the addict’s family and close friends.

Intoxication. Being under the influence of, and responding to, the acute effects of a psychoactive drug. Intoxication typically includes feelings of pleasure, altered emotional responsiveness, altered perception, and impaired judgment and performance.
**Kinesthetic information.** Information from our muscles and joints that tells us where our body is in space and how its various parts are oriented in relation to each other. Kinesthetic information is crucial for making accurate movements.

**Korsakoff’s syndrome.** See Wernike-Korsakoff’s syndrome.

**LAAM.** A very long-lasting opiate agonist recently approved for the treatment of opiate addiction.

**Ligand.** Any chemical that binds to a receptor. Ligand may be agonists or antagonists.

**Limbic system.** A set of brain structures that generates our feelings, emotions, and motivations. It is also important in learning and memory.

**Localization of function.** A principal of brain organization that states that specific places (circuits) in the brain carry out specific functions.

**Locus coeruleus.** A group of neurons (nucleus) that is the source of all of the neurotransmitter norepinephrine in the brain.

**Long-term effects.** The effects seen when a drug is used repeatedly over weeks, months, or years. These effects may outlast drug use.

**Long term memory.** Enduring memories about things, places, and events.

**Long-term memory circuit.** The brain circuit, including the cerebral cortex and hippocampus, which enables the brain to lay down and store memories in the cortex.

**LSD.** A hallucinogenic drug that acts on the serotonin receptor.

**Maintenance treatment.** Treatment for opiate addiction that involves giving the addict a synthetic opiate (methadone or LAAM) to prevent the withdrawal and craving that often provoke relapse.

**Maladaptive behaviours.** Behaviours acquired by drug users that hinder them from succeeding in the normal, non-drug-using world.

**Marijuana.** A psychoactive drug made from the leaves of the cannabis plant. It is usually smoked but can also be eaten. See Cannabis.

**Marinol.** The trade name of dronabinol, a synthetic version of THC used as medicine.

**MDA.** One of several hallucinogenic “designer drugs” with psychedelic properties that are manufactured by basement chemists.

**MDMA (Ecstasy).** A hallucinogenic “designer drug” with psychedelic and stimulant properties.

**Mescaline.** A naturally occurring hallucinogenic drug that acts on the serotonin receptor.

**Messenger ribonucleic acid (mRNA).** A molecule that carries the genetic code from DNA to the parts of the cell that use the code to make components of the cell.
**Metabolic enzymes.** Enzymes that break down or inactivate drugs in the body; also, enzymes that break down food and produce energy.

**Metabolic tolerance.** The body’s increased ability to eliminate a drug, thereby making a given dose less effective.

**Metabolism.** The processes by which the body breaks things down or alters them so they can be eliminated; also, the processes by which the body extracts energy and nutrients from food.

**Metabolites.** The products that result when enzymes in the body break things down or alter them to produce energy or eliminate them.

**Methadone.** A long-lasting synthetic opiate used to treat cancer pain and heroin addiction.

**Methamphetamine.** A commonly abused, potent stimulant drug that is part of a larger family of amphetamines.

**Methaqualone.** See Quaalude.

**Microsomal ethanol oxidizing system (MEOS).** Liver enzymes that metabolize many drugs, including alcohol.

**Mind.** The container of the contents of consciousness, what we call the results of our processes of perception, thinking, and feeling. The mind is the manifestation of consciousness.

**Morphine.** The most potent natural opiate compound produced by the opium poppy.

**Motivation.** The internally generated state (feeling) that stimulates us to act. The neural substrate for motivation is most likely found in the brain reward system.

**Motor cortex.** The part of the cerebral cortex that creates the commands that make the muscles move.

**Motor neurons.** The neurons that control our muscles.

**MPTP.** A neurotoxin, found in a “designed” opiate called “China white,” which kills the neurons that make dopamine, producing a set of symptoms that look like Parkinson’s disease.

**MXIT.** A platform whereby to communicate via your cell phone.

**Myelin sheath.** A covering made of a special fat that encloses a neuron’s axon and allows it to transmit action potentials.

**N.**

**Naloxone.** A short-acting opiate antagonist that binds to opiate receptors and blocks them, preventing opiates from binding to these receptors. Naloxone is used to treat opiate overdoses.

**Naltrexone.** A long-lasting opiate antagonist used for the treatment of heroin addiction, and more recently used for the treatment of alcohol addiction.

**Narcolepsy.** A disorder characterized by uncontrollable episodes of deep sleep.
Negative reinforcement. Reward generated by the removal of painful or stressful conditions or events.

Nembutal (pentobarbital). A depressant drug of the barbiturate family used to induce sleep.

Neural substrate. The set of brain structures that underlies specific behaviours or psychological states.

Neurochemicals. Neurotransmitters and other brain chemicals produced by neurons.

Neuron Nerve cell. Neurons are unique cells found in the brain and body that are specialized to process and transmit information.

Neuroscience. The study of how the brain and nervous system work. Neuroscience integrates more traditional scientific approaches such as anatomy, physiology, and biochemistry, along with newer fields such as molecular biology and computer science, to understand how the nervous system functions.

Neurotoxins. Substances that damage or kill neurons.

Neurotransmission. The process that occurs when a neuron releases neurotransmitters to communicate with another neuron across the synapse.

Neurotransmitter. Chemicals produced by neurons to carry their messages to other neurons.

Nicotine. The drug in tobacco that is addictive. Nicotine also activates a specific kind of acetylcholine receptor.

Nicotine gum, nicotine patch. Two methods of delivering small amounts of nicotine into the bodies of people who are addicted to nicotine to help them quit smoking cigarettes by preventing nicotine withdrawal.

Nicotinic cholinergic receptor. One of two acetylcholine receptors. This one responds to nicotine as well as acetylcholine.

Nitrous oxide. An inhalant, also known as “laughing gas.” Nitrous oxide is a weak anaesthetic that does not produce unconsciousness.

Norepinephrine. A neurotransmitter and a hormone. It is released by the sympathetic nervous system onto the heart, blood vessels, and other organs and by the adrenal gland into the bloodstream as part of the fight-or-flight response. Norepinephrine is also present in the brain and is used as a neurotransmitter in normal brain processes.

Nucleus. A cluster or group of nerve cells that is dedicated to performing its own special function (s). Nuclei are found in all parts of the brain except the cerebral cortex, where such groups are called cortical fields.

Nucleus accumbens. A part of the brain reward system, located in the limbic system, that processes information related to motivation and reward. It is the key brain site where virtually all drugs of abuse act to reinforce drug taking.
**Open-label study.** A study in which both doctor and patient know that patients are receiving an experimental drug and what that drug is.

**Operant conditioning.** An unconscious form of learning in which behaviour is linked to a specific stimulus through a process of reinforcement.

**Opiate receptors.** Receptors that recognize both opiates and endogenous opioids. When activated, they slow down or inhibit the activity of neurons on which they reside.

**Opiates.** Any of the psychoactive drugs that originate from the opium poppy or that have a chemical structure like the drugs derived from opium. Such drugs include opium, codeine, and morphine (derived from the plant), and hydromorphone (Dilaudid), methadone, and meperidine (Demerol), which were first synthesized by chemists.

**Opiate Receptors.** The opiate receptor and other brain receptors are proteins located on the surfaces of nerve cells, or neurons. The brain works through neurons communicating with each other by releasing signalling chemicals called neurotransmitters. These chemicals attach to receptors on nearby neurons the way a key fits a lock. Opiates bind specifically to opiate receptors.

**Opioid.** Any chemical that has opiate-like effects; commonly used to refer to neurochemicals that activate opiate receptors (see Opiate Receptors).

**Opiophobia.** A health care provider’s unfounded fear that patients will become physically dependent upon or addicted to opioids even when using them appropriately; can lead to the under prescribing of opioids for pain management.

**Organic solvents.** One class of inhalants that includes substances such as gasoline, paint thinner, and glue. Organic solvents are neurotoxic because they dissolve fatty substances, including the axon’s myelin sheath.

**Outpatient treatment.** Non-residential treatment for drug addiction. Patients live at home, often work, and come to a clinic for treatment.

**Overdose.** The condition that results when too much of a drug is taken, making a person sick or unconscious and sometimes resulting in death.

**Parallel processing.** When various cortical fields and nuclei work together simultaneously, each on a small part of a big information-processing job.

**Paranoid schizophrenia.** A severe form of mental illness typically characterized by delusions of persecution and hallucinations. This condition may be induced by binge use of stimulants.

**Parkinson’s disease.** A disease in which dopamine-containing neurons die. It produces severe impairments in movement, cognitive function, and emotions.

**PCP (phencyclidine).** PCP has an array of effects. Originally developed as an anaesthetic, it may act as a hallucinogen, stimulant, or sedative.
**Peptides.** Small protein-like compounds made of amino acid building blocks.

**Perception.** The conscious awareness of sensory inputs, internal states, or memories.

**Periaqueductal gray matter.** A set of nuclei deep within the brain stem that are involved with visceral functions. It also plays a role in the development of physical dependence on opiates.

**Pharmacodynamics.** The study of the mechanisms of actions of a drug, the relationship between how much drug is in the body and its effects.

**Pharmacokinetics.** The study of how the body absorbs drugs, how they are distributed throughout the body, and how the body gets rid of drugs.

**Phencyclidine.** See PCP.

**Physical dependence.** Changes that the brain and body undergo as they adapt to the continued presence of high doses of drugs. Because of these changes, the brain and body eventually come to require the presence of the drug to work properly.

**Placebo.** An inactive substance.

**Plasticity.** The capacity of the brain to change its structure and function within certain limits. Plasticity underlies brain functions such as learning and allows the brain to generate normal, healthy responses to long-lasting environmental changes.

**Polydrug abuse.** The abuse of two or more drugs at the same time, such as CNS depressant abuse accompanied by abuse of alcohol.

**Positive reinforcement.** Something that increases the likelihood that the behaviour that elicited it will be repeated. Positive reinforcement is rewarding, and we typically perceive it as pleasure.

**Positron emission tomography (PET).** A technique for measuring brain function in living human subjects by detecting the location and concentration of tiny amounts of radioactive chemicals.

**PET scanner.** The machine that detects the radioactive chemicals used to measure brain functions.

**Postsynaptic neuron.** A neuron that receives messages from neurons on the other sides of its synapses.

**Prefrontal cortex.** The part of the cerebral cortex at the very front of the brain. It is involved with higher cognitive and emotional functions including short-term memory, learning, and setting priorities for future actions.

**Prescription drug abuse.** The intentional misuse of a medication outside of the normally accepted standards of its use.

**Prescription drug misuse.** Taking a medication in a manner other than that prescribed or for a different condition than that for which the medication is prescribed.

**Presynaptic neuron.** A neuron that releases neurotransmitters into synapses to send messages to other neurons.
Prevention. Stopping drug use before it starts, intervening to halt the progression of drug use once it has begun, changing environmental conditions that encourage addictive drug use.

Primary reinforcers. Stimuli, such as food and water, which produce reward directly, with no learning about their significance or other intervening steps required. Most drugs of abuse are primary reinforcers.

Projection neurons. Neurons (usually excitatory) that send their axons away from the local vicinity to communicate with other parts of the brain.

Proteins. Large molecules made up of amino acid building blocks.

Psilocybin. A natural hallucinogenic drug derived from a mushroom. It acts on the serotonin receptor.

Psychedelic drug. Drugs that distort perception, thought, and feeling. This term is typically used to refer to drugs with actions like those of LSD.

Psychoactive drug. A drug that changes the way the brain works.

Psychological dependence. When drugs become so central to a user’s life that the user believes he must use them.

Psychosis. Severe mental illnesses characterized by loss of contact with reality. Schizophrenia and severe depression are psychoses.

Psychosocial therapy. Therapy designed to help addicts by using a combination of individual psychotherapy and group (social) therapy approaches to rehabilitate or provide the interpersonal and intrapersonal skills needed to live without drugs.

Psychotherapeutics. Drugs that have an effect on the function of the brain and that often are used to treat psychiatric disorders; can include opioids, CNS depressants, and stimulants.

Quaalude. The trademark Quaalude for the addictive sedative and hypnotic agent methaqualone. Methaqualone was developed in the 1960s by William H. Rorer, Inc. By 1972, “luding out” – taking methaqualone with wine – was a popular college pastime. Excessive use leads to tolerance, dependence, and withdrawal symptoms similar to those of barbiturates. In the United States, the marketing of methaqualone pharmaceutical products stopped in 1984, and methaqualone was transferred to Schedule I of the CSA. Quaalude is an example of how a product name is carefully chosen for a positive public response. At that time, the company’s best-known product was Maalox, a digestive aid that derived its name from its ingredients, “ma”gnesium and “al”uminum hydr”ox”ides. To enhance the product recognition of methaqualone, the company incorporated the “aa” of Maalox into the name Quaalude. The other elements of the name are presumed to be a contraction of the phrase “quiet interlude” – a soothing, even poetic description of a drug with dangerously hypnotic and addictive effects.
**Receptor.** A large molecule that recognizes specific chemicals (normally neurotransmitters, hormones, and similar endogenous substances) and transmits the message carried by the chemical into the cell on which the receptor resides.

**Rehabilitate.** Helping a person recover from drug addiction. Rehabilitation teaches the addict new behaviours to live life without drugs.

**Relapse.** In general, to fall back to a former condition. Here, resuming the use of a drug one has tried to stop using. Relapse is a common occurrence in many chronic disorders that require behavioral adjustments to treat effectively.

**Respiratory centre.** A small set of nuclei in the brain stem that regulate the speed and depth of breathing ultimately by controlling the muscles that move our chest and diaphragm.

**Respiratory depression.** Depression of respiration (breathing) that results in the reduced availability of oxygen to vital organs.

**Reuptake.** The process by which neurotransmitters are removed from the synapse by being “pumped” back into the axon terminals that first released them.

**Reuptake pump.** The large molecule that actually transports neurotransmitter molecules back into the axon terminals that released them.

**Reward.** The process that reinforces behaviour. It is mediated at least in part by the release of dopamine into the nucleus accumbens. Human subjects report that reward is associated with feelings of pleasure.

**Rock.** A small amount of crack cocaine in a solid form; free-base cocaine in solid form.

**Route of administration.** The way a drug is put into the body. Eating, drinking, inhaling, injecting, snorting, smoking, and absorbing a drug through mucous membranes all are routes of administration used to consume drugs of abuse.

**“Run”.** A binge of (more or less) uninterrupted consumption of a drug for several hours or days. This pattern of drug use is typically associated with stimulants, but is seen with alcohol as well.

**Rush.** Intense feelings of euphoria a drug produces when it is first consumed. Drug users who inject or smoke drugs describe their rush as being sometimes as intense, or even more intense, than sexual orgasm.

**Seconal.** A depressant drug of the barbiturate family that induces sleep.

**Second messenger.** A molecule produced inside neurons as a step in the process of communication between cells. The second messenger lets other parts of the cell know that a specific receptor has been activated, thereby completing the message carried by the neurotransmitter that bound to the receptor. Some receptors (e.g., dopamine, opiate) use second messengers. Others (e.g., nicotine, GABA) do not.
Secondary reinforcer. Formerly neutral stimuli that acquire the ability to produce reward through the learned association with a primary reinforcer. Money and praise are secondary reinforcers.

Sensitization. An increased response to a drug caused by repeated administration. Sensitization is most commonly seen in some responses to stimulants.

Serotonin. A neurotransmitter involved in many functions, including mood, appetite, and sensory perception.

Short-term effects. The acute effects of a drug. The effects felt during and shortly after the time a person is under the influence of (intoxicated by) a drug.

Short-term memory. Also called “working memory,” short-term memory enables us to use information from our senses and from our memory and hold that information in our consciousness long enough to think about it.

“Skinner Box”. A device that automatically released food in response to an animal manipulating a specific object (e.g., pressing a bar) to test “operant conditioning”, named after the classic experiments of psychologist B.F. Skinner who trained rats and pigeons to press a lever in order to obtain a food reward.

Skin popping. Injecting a drug under the skin.

Somatosensory cortex. A brain region that processes information coming from the muscles, joints, and skin.

Stimulants. A class of drugs that elevates mood, increases feelings of well-being, and increases energy and alertness. These drugs also produce euphoria and are powerfully rewarding. Stimulants include cocaine, methamphetamine, and methylphenidate (Ritalin).

Stimulus. Any object or action that penetrates awareness or excites an animal to respond.

Stroke. The blockade or rupture of a blood vessel in the brain. This prevents oxygen from reaching neurons and may result in their death.

Synapse. The site where neurons communicate with each other. A synapse is a small gap that physically separates neurons. Axon terminals of a neuron sending a message (the presynaptic neuron) release neurotransmitters into the synapse. The neurotransmitters diffuse to the other side (the postsynaptic side) where they bind to receptors on the postsynaptic neurons, thereby relaying the message.

Synaptic transmission. See Neurotransmission.

Synthesize. To make a chemical from constitutional parts. Exact copies of drugs found in nature or created in the laboratory are synthesized in laboratories from simpler chemicals. Many substances are also synthesized in cells (e.g., large proteins such as receptors, or smaller ones such as neurotransmitters).
Tetrahydrocannabinol (THC). The major active ingredient in marijuana. It is primarily responsible for producing the high and the rest of the drug’s psychoactive effects.

Thalamus. A brain structure that lies between the brain stem and the cortex and acts as a relay to the cortex for almost all sensory inputs and other kinds of information.

THC. See Tetrahydrocannabinol.

Theobromine. A mild stimulant found in tea and cocoa. It is a chemical cousin of caffeine.

Theophylline. A chemical cousin of caffeine that is found in tea.

Therapeutic communities. Communities that provide long-term, residential treatment for drug addiction, offering detoxification, group therapy, and skill acquisition.

Titrate. Adjust the dose of a drug to a desired level.

Tolerance. A physiological change resulting from repeated drug use that requires the user to consume increasing amounts of the drug to get the same effect a smaller dose used to give; often leads to physical dependence.

Toxic. Poisonous; temporary or permanent drug effects that are detrimental to the functioning of an organ or group of organs.

Tranquilizers. Depressant drugs that relieve anxiety.

Transdermal absorption. Absorption through the skin.

Transporter. A large molecule that straddles the cell membrane of the axon terminals of neurons. It removes neurotransmitter molecules from the synapse by ferrying them back into the axon terminal that released them.

Triggers. Formerly neutral stimuli that have attained the ability to elicit drug craving following repeated pairing with drug use; also called cues.

Valium. A depressant drug of the benzodiazepine family that relieves anxiety.

Ventral tegmental area (VTA). The group of dopamine-containing neurons that make up a key part of the brain reward system. The key targets of these neurons include the nucleus accumbens and the prefrontal cortex.

Vesicles. Tiny sacks within axon terminals that produce, release, and store neurotransmitters.

Visual cortex. A brain region in the back of the head that allows us to perceive the visual information gathered by our eyes.

Wernicke, Carl. The scientist who discovered the area of the cerebral cortex that allows us to understand language. People with damage in this area of the cortex are unable to understand spoken or written words.
Wernicke-Korsakoff’s syndrome. A brain disorder characterized by the loss of the brain’s ability to store memories.

Withdrawal. The period during which a person stops using a drug to which they are addicted; see Withdrawal Symptoms.

Withdrawal Symptoms. Physical (body and brain) and/or psychological (mental/emotional) symptoms that occur after stopping drug use in a person who is physically or emotionally dependent on that drug. Withdrawal symptoms can be mild, moderate, severe and even life threatening depending on the specific case and circumstances.

Working memory. See Short-term memory.

Xanax (aprazalom). A depressant drug of the benzodiazepine family that relieves anxiety.
Annexure

Norms and Standards for Inpatient, Outpatient and Community-based services

For the latest edition on the Minimum Norms and Standards for:

- Inpatient Care
- Outpatient Care
- Community-based services

Consult the National Department of Social Development
http://www.socdev.gov.za