



Western Cape Resource & Services Directory for the Reduction of Harmful Drug & Alcohol Use

July 2011



Department of Social Development: Western Cape Substance Abuse Unit

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Department of Social Development: Western Cape
Substance Abuse Unit
6th Floor
14 Queen Victoria Street
Cape Town

Tel: 080 022 0250

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

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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.



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> or found on 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.

Notes



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.

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

Harmful Drug and Alcohol Use

3

- 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 prescription 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?

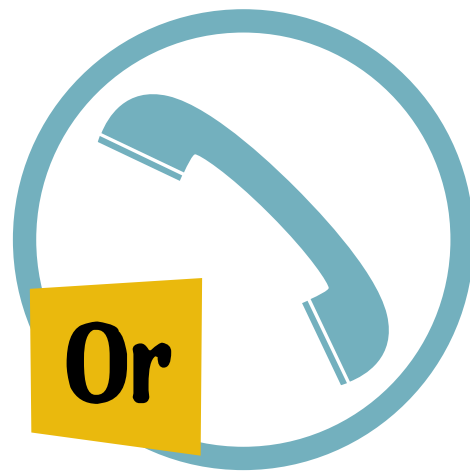
- You're neglecting your responsibilities at school, work, or home (flunking classes, skipping work, neglecting your children) because of your drug use.
- You're using drugs under dangerous conditions or taking risks while high, such as driving while on drugs, using dirty needles or having unprotected 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



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*

Notes

Location of Services available in the Western Cape

4

4.1 Cape Metropolitan Area

4.2 Eden/Karoo

4.3 West Coast

4.4 Winelands



4.1 Cape Metropolitan Area

Cape Town Athlone



Department of Social Development Local Office

Physical Address

Melofin Centre
Old Kilfontein Road
Athlone

Contact details

Tel: 021 696 8038
Fax: 021 696 8072

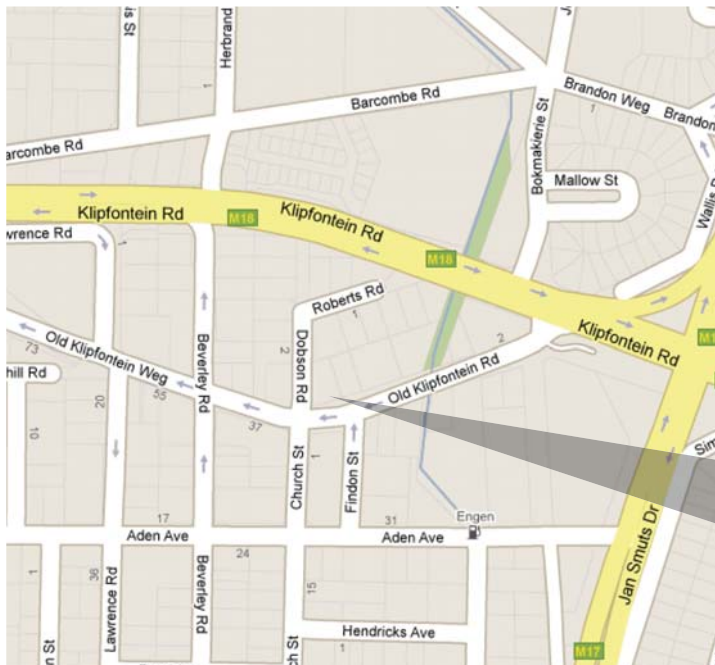
Public transport

- Athlone Train Station
- Busses and Taxis:
Klipfontein 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



Athlone Local Office
Melofin Centre
Old Kilfontein Road
Athlone

Postal Address

Private Bag X11
Athlone
7760

Website

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



Cape Town Athlone



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

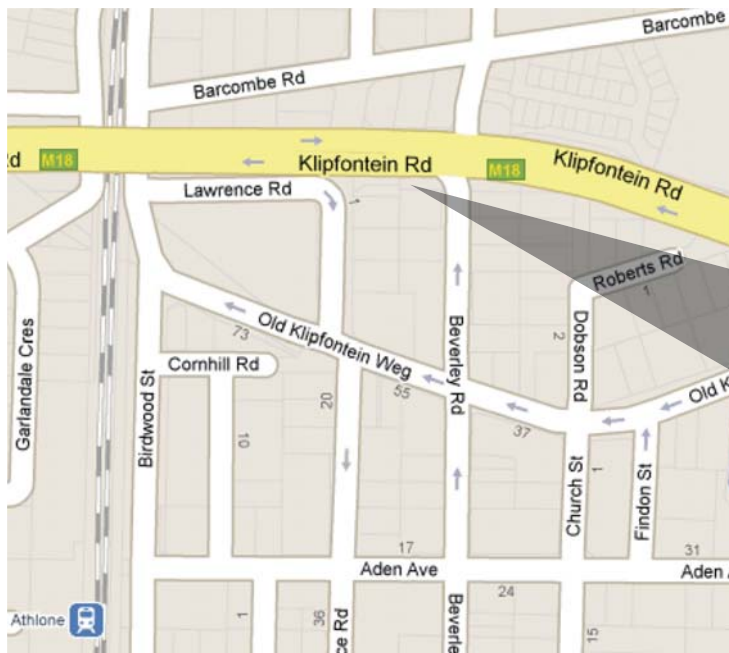
- Busses and Taxis:
Klipfontein road

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



Cape Town Atlantis



Department of Social Development Local Office

Physical Address

Mark Street
Dollie's Centre
Wesfleur Circle
Atlantis

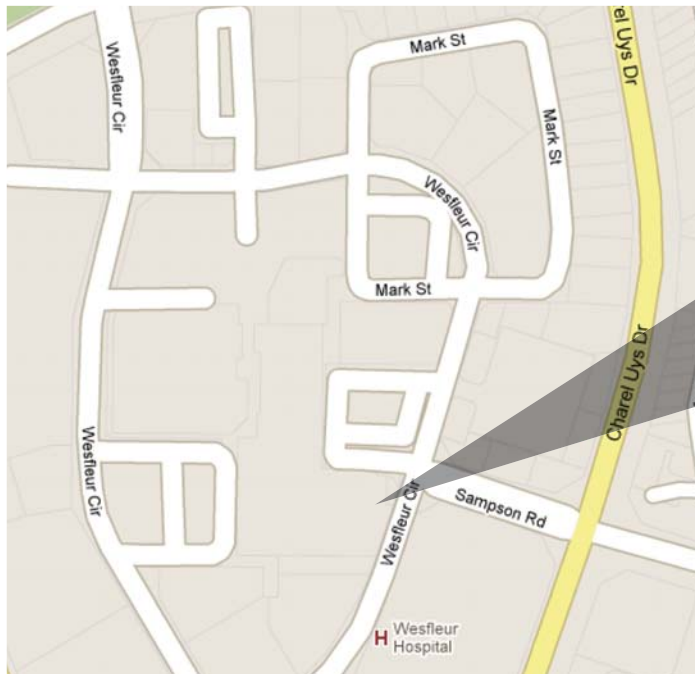
Contact details

Tel: 021 572 3124
Fax: 021 572 4952

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



Atlantis Local Office

Mark Street
Dollie's Centre
Wesfleur Circle
Atlantis

Postal Address

Private Bag X4
Dassenberg
7350

Website

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



Cape Town Atlantis



SANCA

Physical Address

1 Dolly Centre
3 Ardennes Street
Westfleur
Atlantis
7349

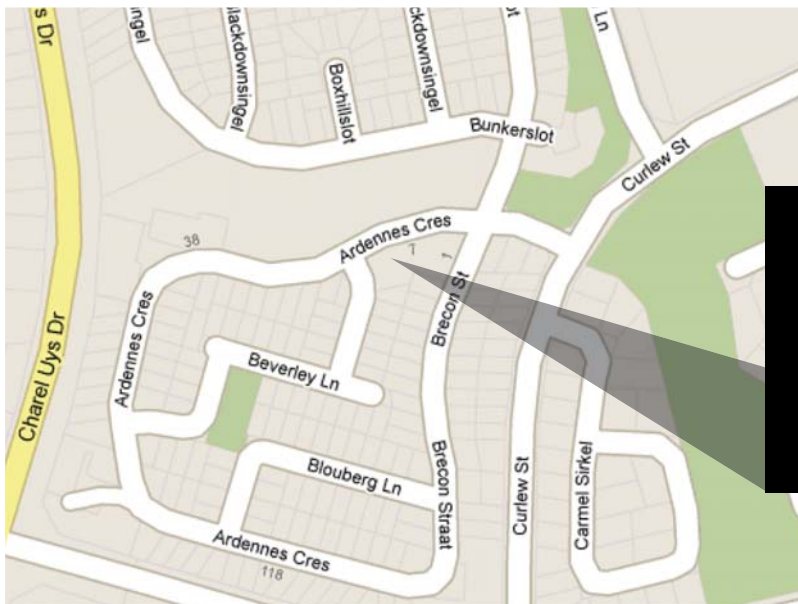
Contact details

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



SANCA - Atlantis
3 Ardennes Street
Westfleur
Atlantis

Postal Address

1 Dolly Centre
3 Ardennes Street
Westfleur
Atlantis
7349

Website

www.sancawc.co.za



Cape Town Bellville



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

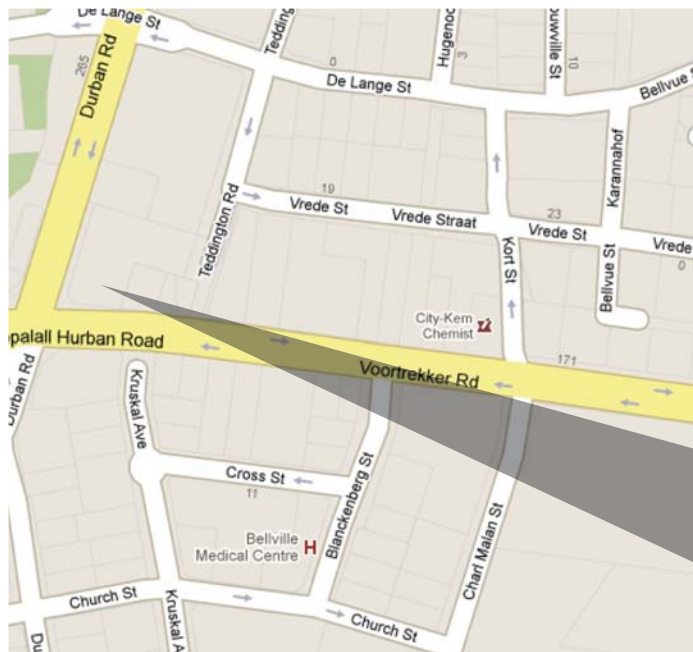
Public transport

- 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



Bellville Local Office

107 Voortrekker Road
1st floor, Ambition House
Bellville

Postal Address

Private Bag X50
Bellville
7535

Website

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



Cape Town

Bellville



Badisa

Physical Address

Marturia Centre
11 Pastorie Street
Bellville

Contact details

Tel: 021 957 7130
Fax: 021 957 7131

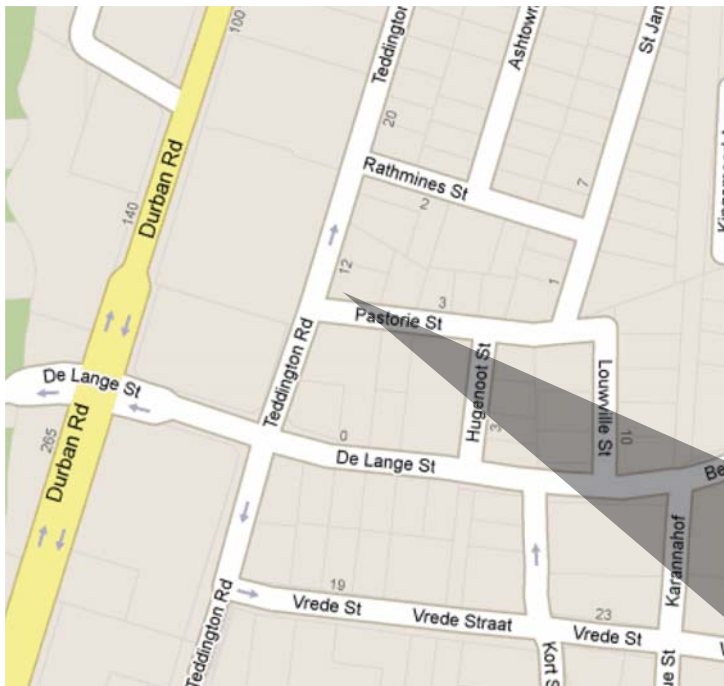
Public transport

- Busses and Taxis:
Durban Road

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



Badisa
Marturia Centre
11 Pastorie Street
Bellville

Postal Address

Privatge Bag X8
Bellville
7535

Website

www.badisa.org.za



Cape Town Bellville



SANCA

Physical Address

18 Karoo Street
Bellville

Contact details

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

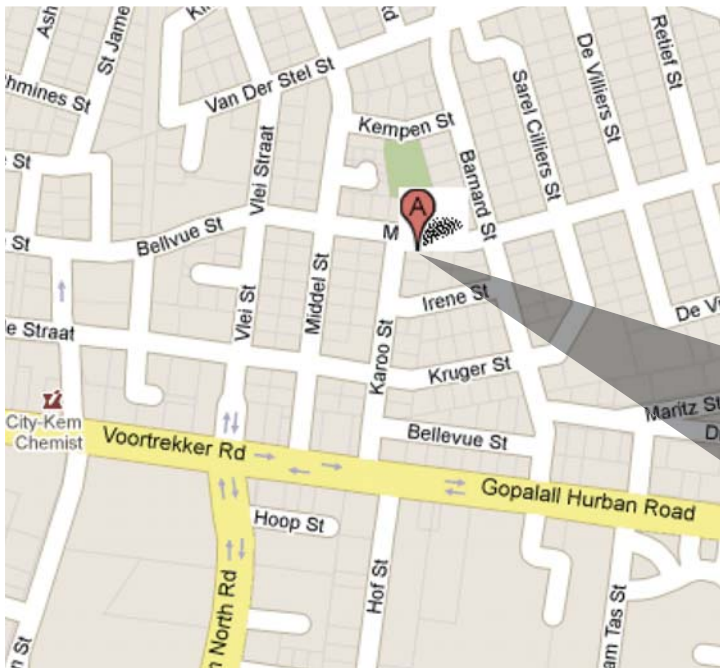
Public transport

- 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



SANCA Head Office

18 Karoo Street
Bellville

Postal Address

PO Box 860
Bellville
7530

Website

www.sancawc.co.za



Cape Town

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

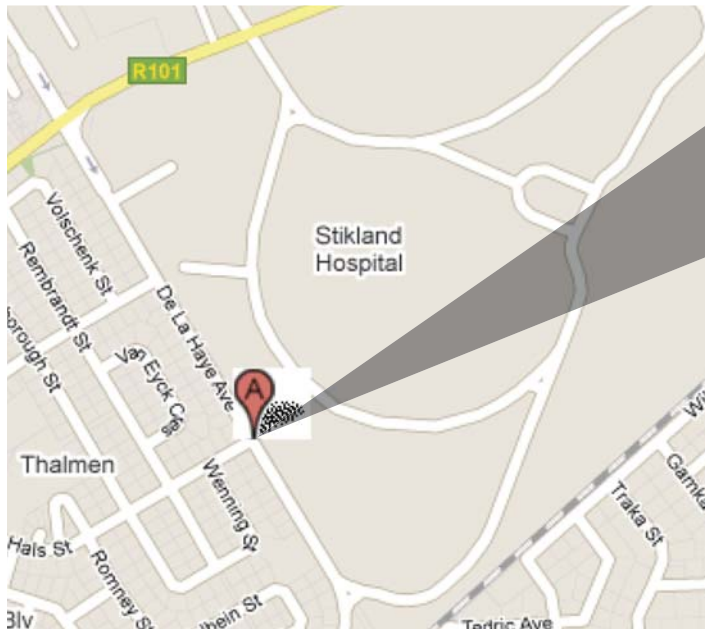
Public transport

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

Rehabilitation (Inpatient)

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

Operating Hours: 24 Hours



Stikland Hospital
De la Haye Avenue
De la Haye
Bellville

Postal Address

Private Bag X13
Bellville
7535

Website

www.stiklandhospital.co.za



Cape Town Bonteheuwel



Sultan Bahu

Physical Address

Central Park Primary
Juniper Street
Bonteheuwel

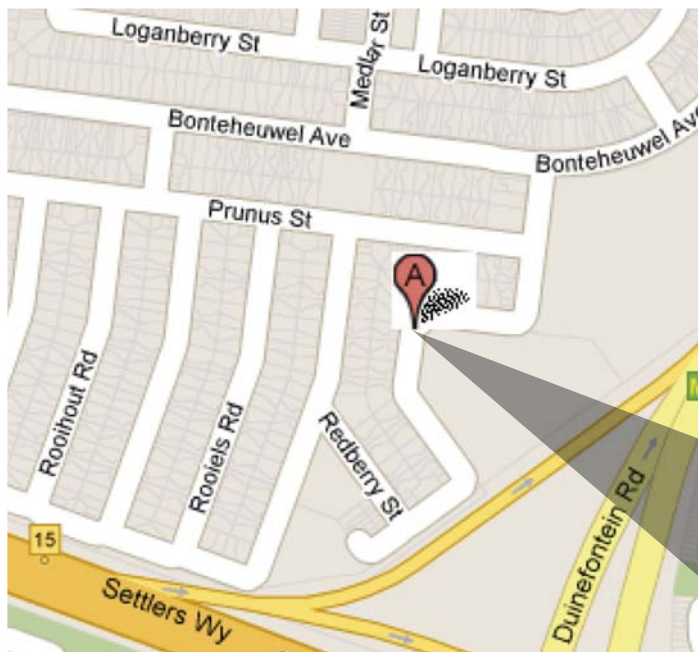
Contact details

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



Sultan Bahu
Central Park Primary
Juniper Street
Bonteheuwel

Postal Address

Central Park Primary
Juniper Street
Bonteheuwel
7764

Website

www.bahu.org.za



Cape Town City Centre



Department of Social Development Local Office

Physical Address

48 Queen Victoria Street
Cape Town

Contact details

Tel: 021 481 9700
Fax: 021 423 8331

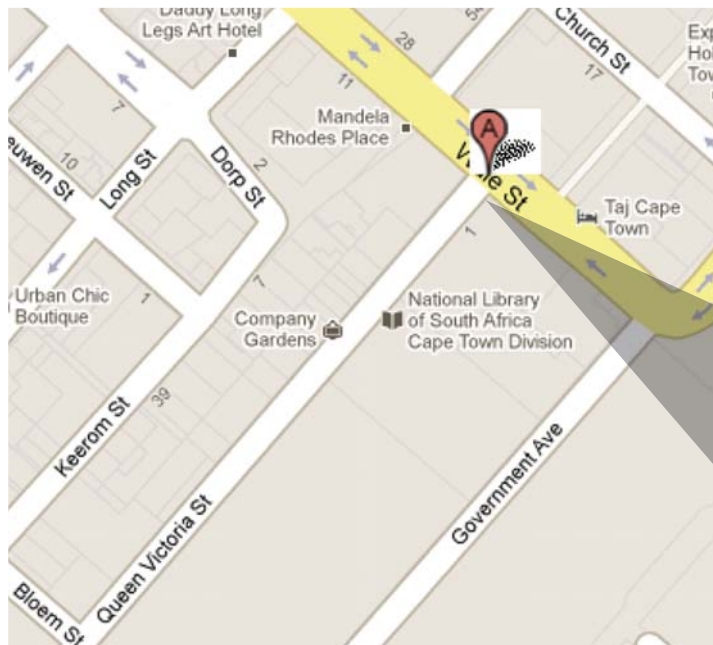
Public transport

- Cape Town Train Station
- Busses and Taxis:
Cape Town Bus Station

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



City Centre Local Office
48 Queen Victoria Street
Cape Town

Postal Address

PO Box 131
Cape Town
8000

Website

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



Cape Town Delft



Delft South Community Health Center

Physical Address

Delft South Clinic
Cnr of Boyce and
Delft Main Road
Delft South

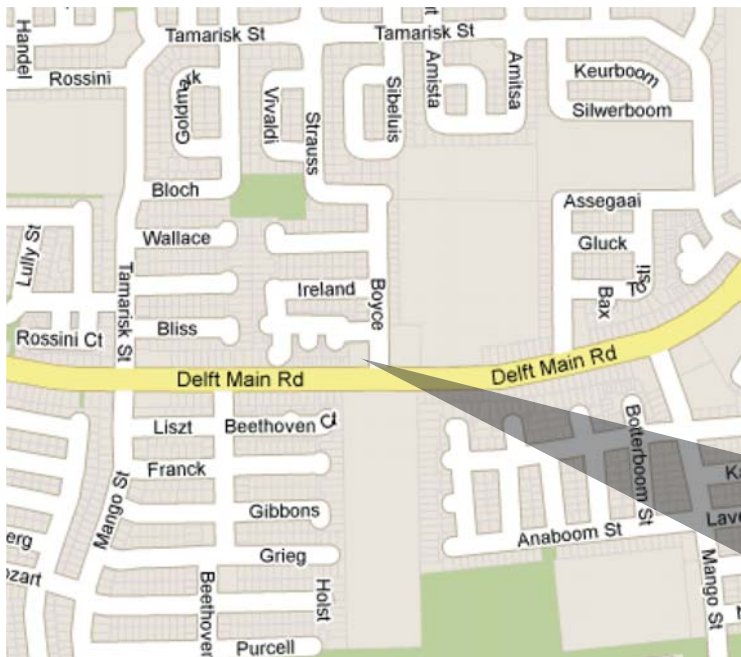
Contact details

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



Delft South Community Health Center

Delft South Clinic
Cnr of Boyce and
Delft Main Road
Delft South

Postal Address

Cnr Boyce Street
and Main Road
Delft



Cape Town

Eerste River



Department of Social Development Local Office

Physical Address

42 Main Road
Eerste River

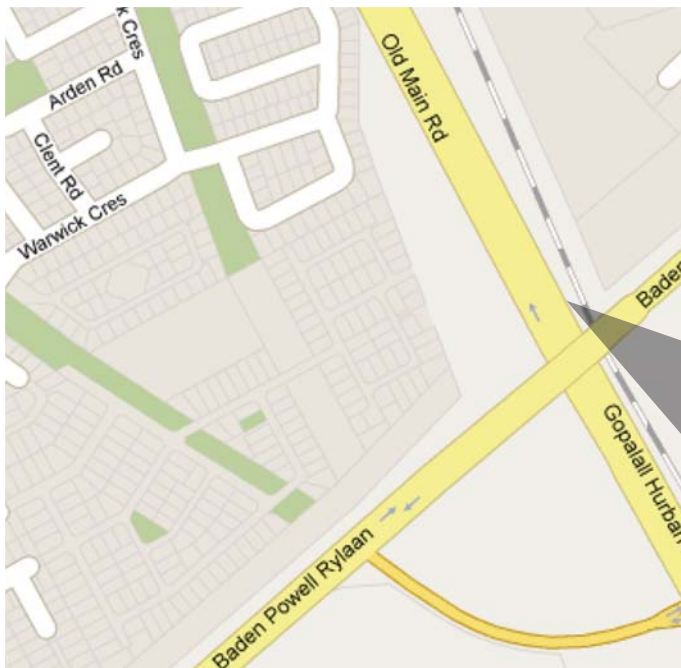
Contact details

Tel: 021 904 1021
Fax: 021 904 1164

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



Eerste River Local Office

42 Main Road
Eerste River

Postal Address

Private Bag X6
Eerste River
7100

Website

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



Cape Town Eerste River



Western Cape Youth Rehabilitation Center

Physical Address

Old Faure Road
Eerste River
7103

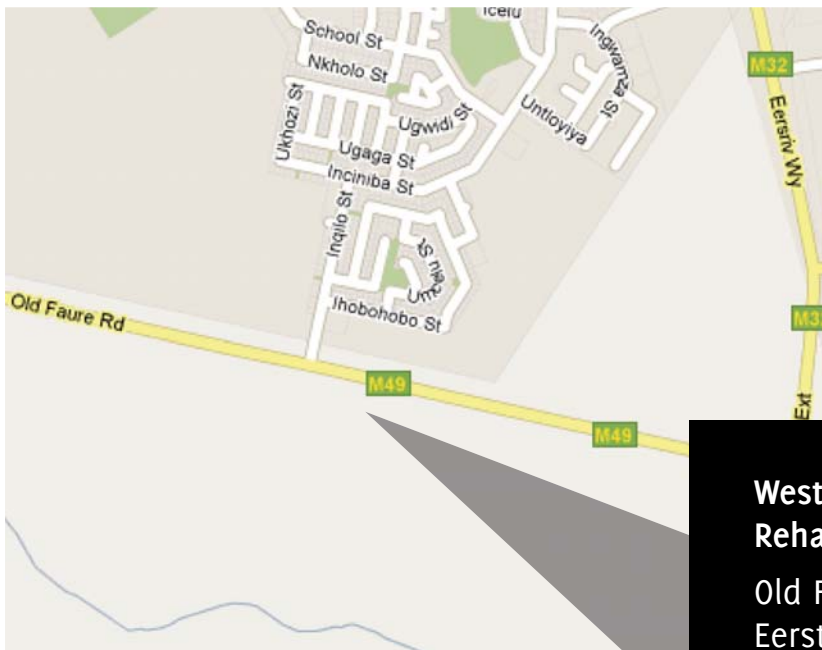
Contact details

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



**Western Cape Youth
Rehabilitation Centre**
Old Faure Road
Eerste River

Postal Address

Old Faure Road
Eerste River
7100



Cape Town

Eerste River



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



Teen Challenge

Melton Road (next to
Melton Rose Station)
Melton Rose
Eerste River

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

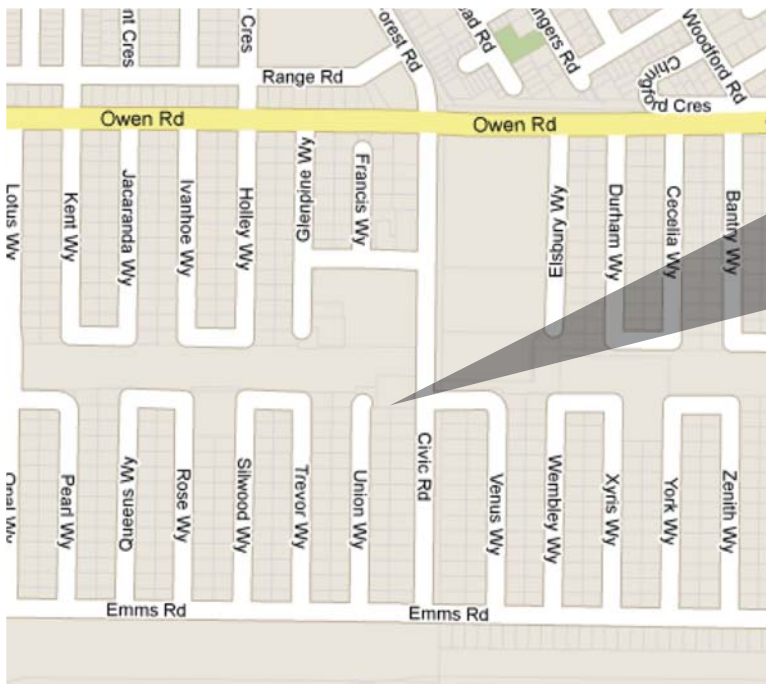
Public transport

- 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



Center of Hope

Matroosfontein Clinic
Civic Way
Matroosfontein
Elsies River

Postal Address

PO Box 10104
Belhar
7507

Website

www.touchingnations.org



Cape Town

Elsies River



Tehilla Community Centre

Physical Address

196 16th Avenue
Leonsdale
Elsies River

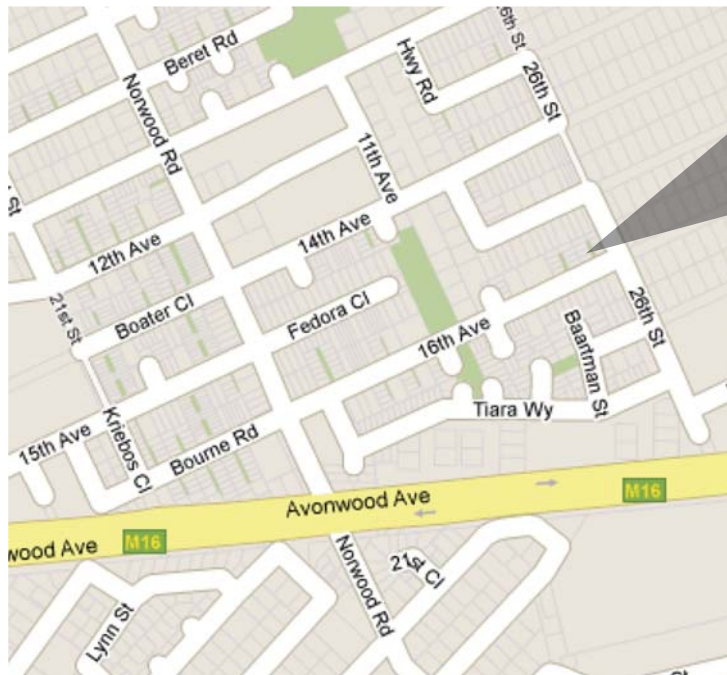
Contact details

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



Tehilla Community Centre

196 16th Avenue
Leonsdale
Elsies River

Postal Address

102 Mimosa Crescent
Mimosa Village
Belhar
7490

Website

www.tehillah.za.org



Cape Town Fish Hoek



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

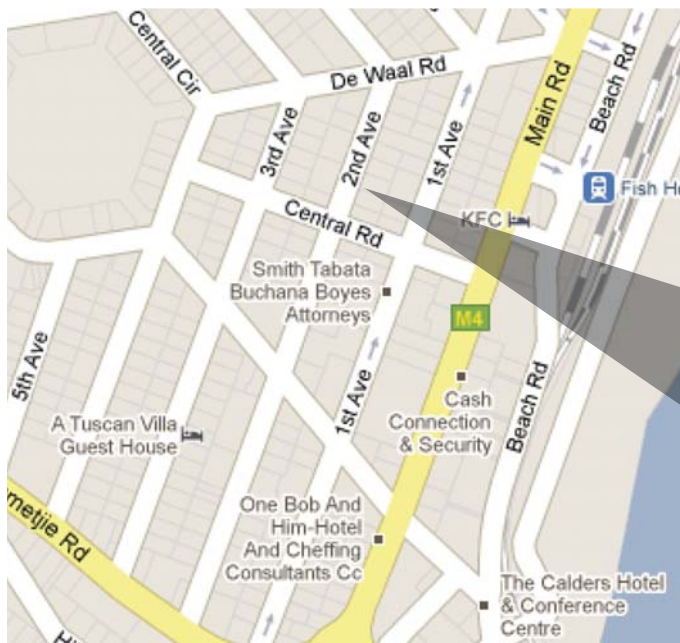
Public transport

- 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



False Bay Therapeutic Community Centre

1 Second Avenue
Fish hoek

Postal Address

1 Second Avenue
Fish Hoek
7975

Website

www.drugrehabcapetown.co.za



Cape Town

Goodwood



Claro Clinic

Physical Address

Syfred Douglas Street
N1 City
Goodwood

Contact details

Tel: 021 595 8500
Fax: 021 595 8501
E-mail: claro@claroclinic.co.za

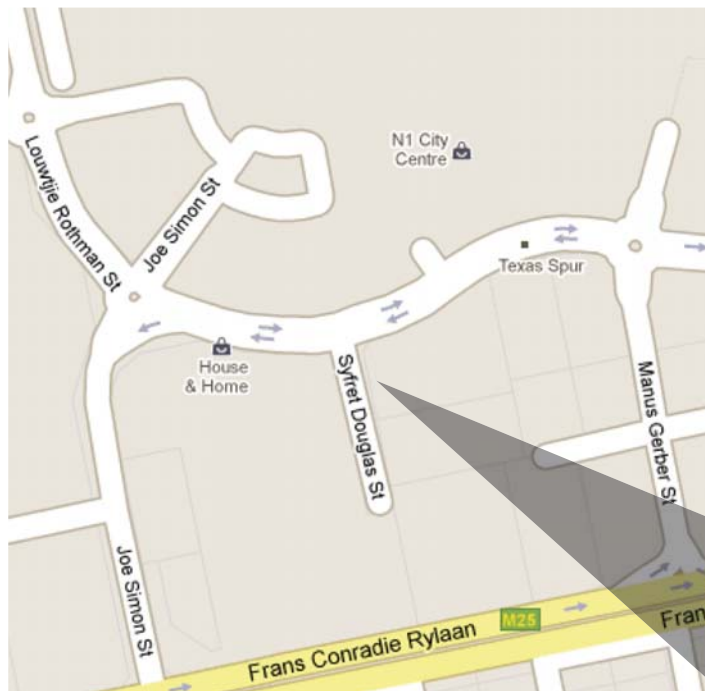
Public transport

- Busses and Taxis:
N1 City Mall

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



Claro Clinic

Syfred Douglas Street
N1 City
Goodwood

Postal Address

PO Box 13241
N1 City
7463

Website

www.lifepathgroup.co.za



Cape Town Goodwood



Alanon

Physical Address

Unit B5, N1 City Mews
Cnr Frans Conradie Drive
and Manus Gerber Street
Goodwood

Contact details

Tel: 021 595 4517
Fax: 086 523 3030

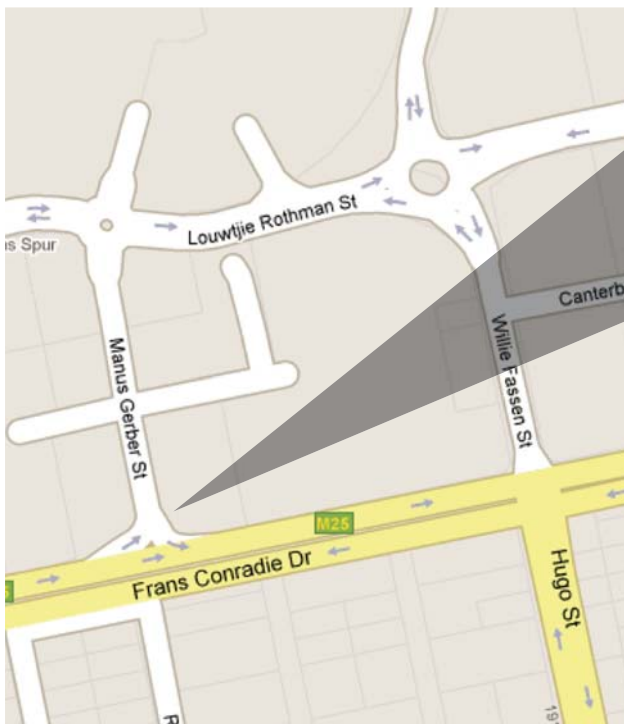
Public transport

- Monte Vista
Railway Station

Community Support

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

Operating Hours: 09:00 - 13:00



Alanon

Unit B5, N1 City Mews
Cnr Frans Conradie Drive
and Manus Gerber Street
Goodwood

Postal Address

PO Box 727
Goodwood
7459

Website

www.alanon.org.za



Cape Town Gugulethu



Department of Social Development Local Office

Physical Address

Cnr NY2 and NY3
Gugulethu

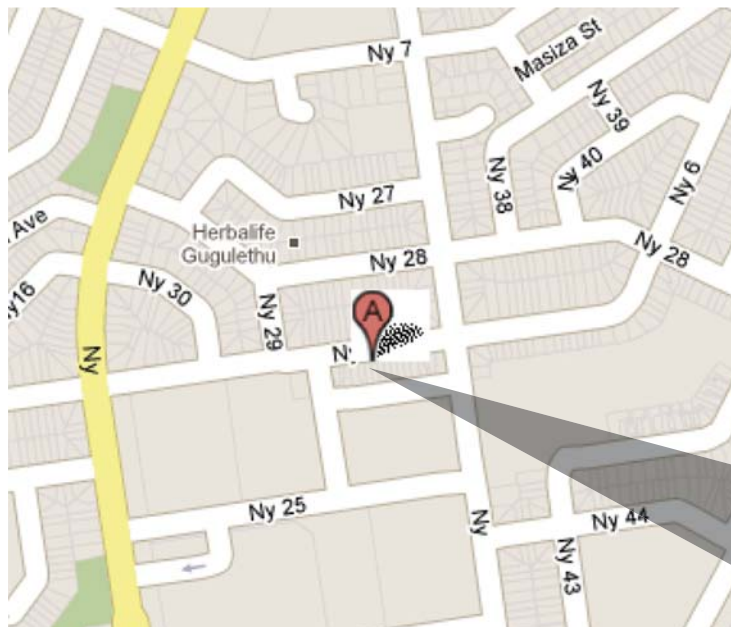
Contact details

Tel: 021 638 5158
Fax: 021 638 5117

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



Gugulethu Local
Office

Cnr NY2 and NY3
Gugulethu

Postal Address

Private Bag X2
Gugulethu
7750

Website

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



Cape Town Hanover Park



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

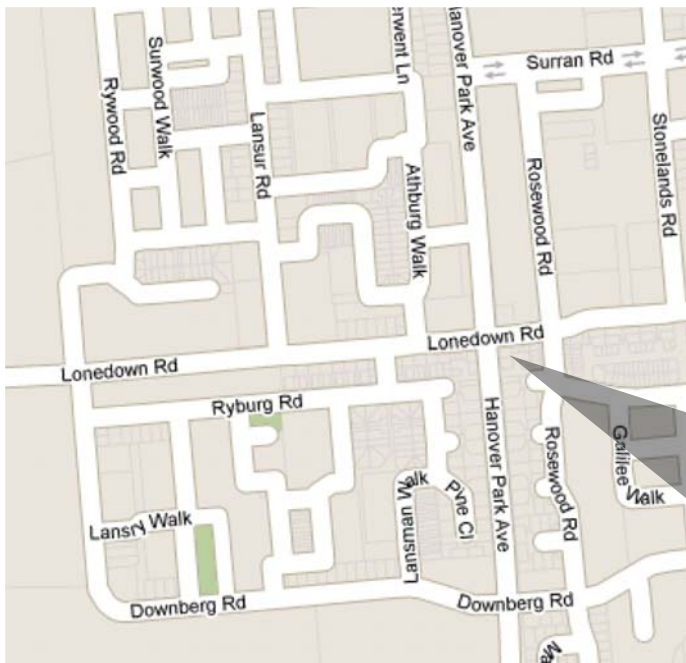
Public transport

- Busses and Taxis:
Turfal 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



Sultan Bahu

Cnr Lonedown
and Lansur Roads
Hanover Park

Postal Address

Cnr Lonedown
and Lansur Roads
Hanover Park
7780

Website

www.bahu.org.za



Cape Town

Kenilworth



Kenilworth Clinic

Physical Address

32 Kenilworth Road
Kenilworth

Contact details

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

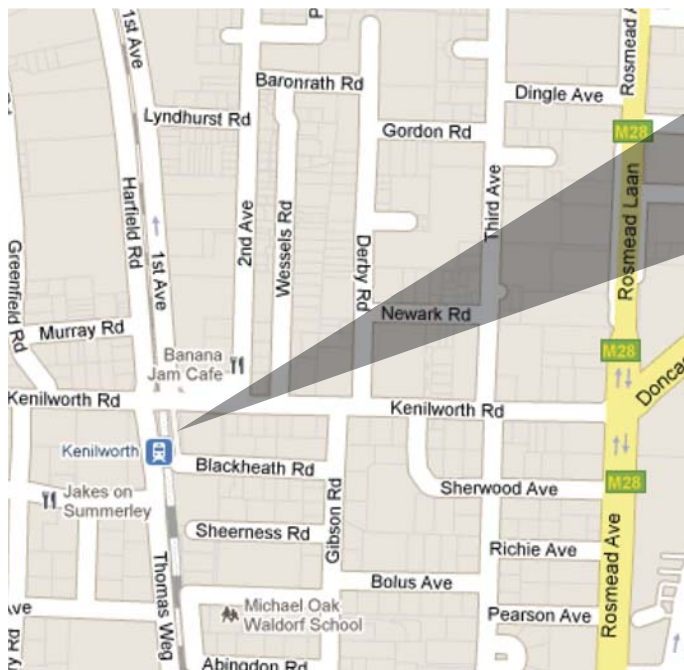
Public transport

- 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



**Kenilworth Place
Addiction Treatment
Centre**

32 Kenilworth Road
Kenilworth

Postal Address

32 Kenilworth Road
Kenilworth
7708

Website

www.kenilworthclinic.co.za



Cape Town Kenilworth



Tharagay House

Physical Address

15A Gibson Road
Kenilworth

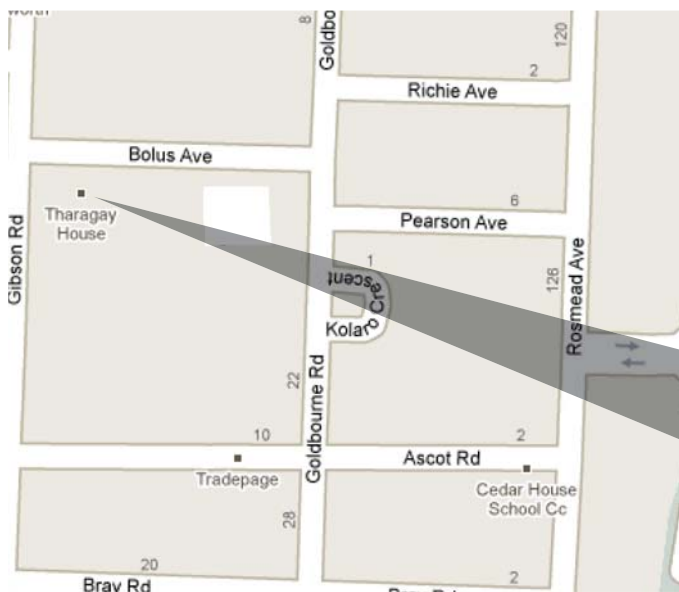
Contact details

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



Tharagay House
15A Gibson Road
Kenilworth

Postal Address

15A Gibson Road
Kenilworth
7708

Website

www.tharagayhouse.co.za



Cape Town Kensington



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

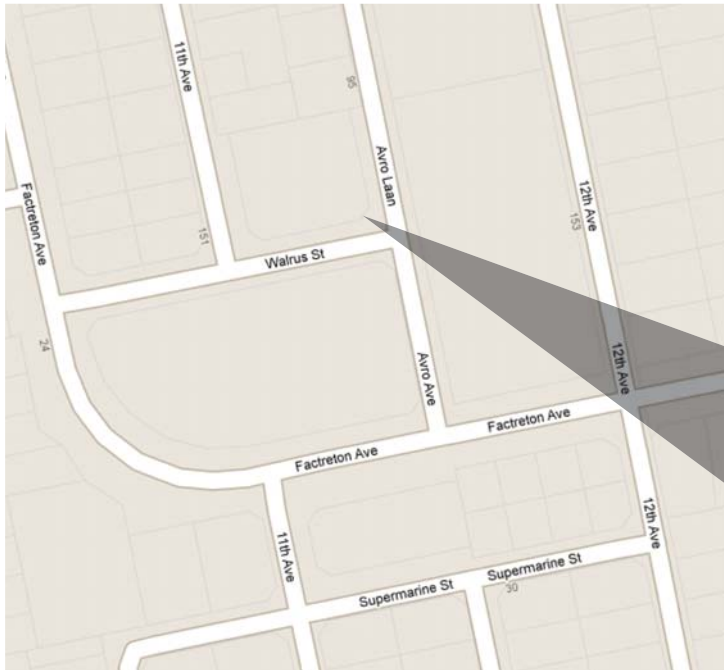
Public transport

- 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:



Community Outreach Organisation

Kensington Civic
Back entrance
Cnr Walrus and
Avro Avenue
Kensington

Postal Address

32 Ventura Street
Kensington
7405



Cape Town Khayelitsha



Department of Social Development Local Office

Physical Address

1 Julius Tsolo Street
(near the station)
Khayelitsha

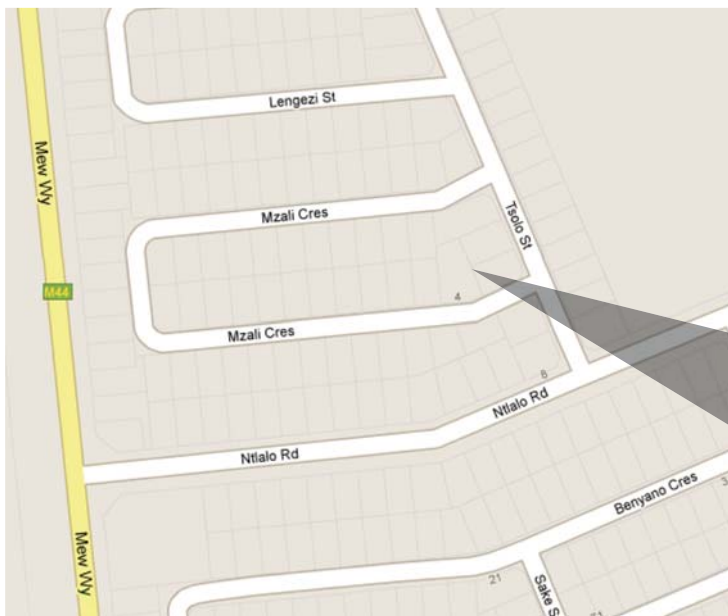
Contact details

Tel: 021 360 2100
Fax: 021 364 1337

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



Khayelitsha Local Office

1 Julius Tsolo Street
(near the station)
Khayelitsha

Postal Address

Private Bag X001
Khayelitsha
7784

Website

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



Cape Town Khayelitsha



Ikhaya Lethemba Community Services, Awareness and Prevention

Physical Address

11 Mark Street
Vredenburg

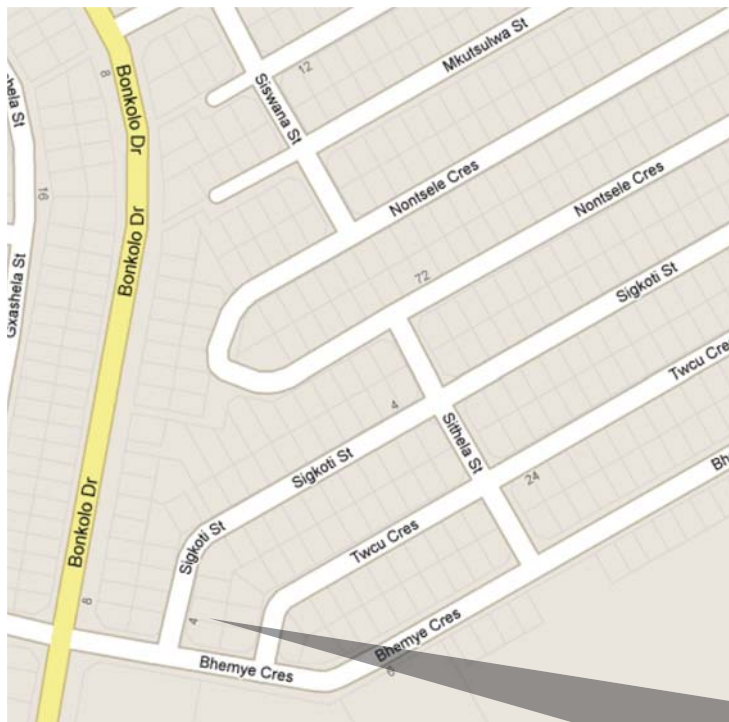
Contact details

Tel: 079 319 1966
Fax: 086 585 3140
E-mail: IkhayaLethemba@webmail.co.za

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



**Ikhaya Lethemba
Community Services,
Awareness and
Prevention**

11 Mark Street
Vredenburg

Postal Address

11 Mark Street
Vredenburg

Website

www.iklethemba.co.za



Cape Town Khayelitsha



SANCA

Physical Address

Catholic Welfare Centre
E 505 Scott Street
Khayelitsha
7784

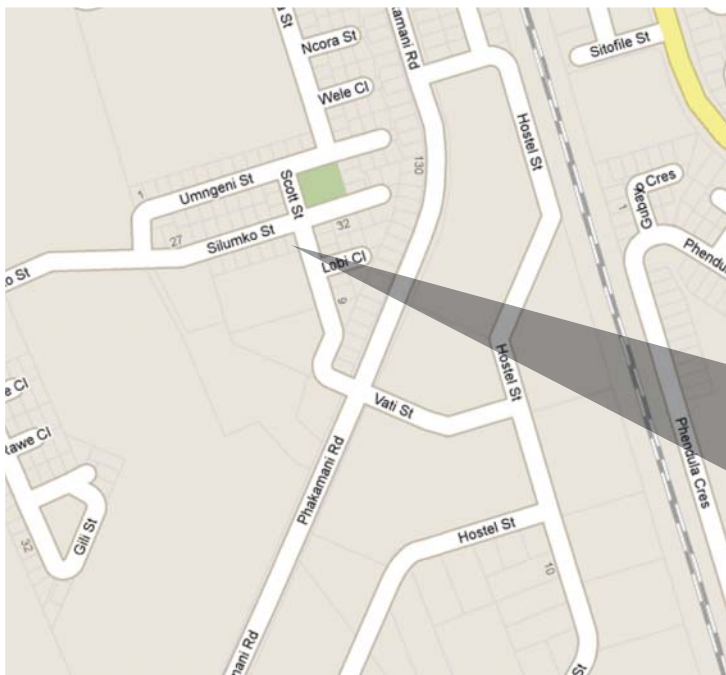
Contact details

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 out patient treatment services. **SUBSIDISED SPACES AVAILABLE (Please enquire with service provider for details).**

Operating Hours: 08:00 - 17:00



SANCA – Khayelitsha
E 505 Scott Street
Khayelitsha

Postal Address

Catholic Welfare Centre
E 505 Scott Street
Khayelitsha
7784

Website

www.sancawc.co.za



Cape Town Kommetjie



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

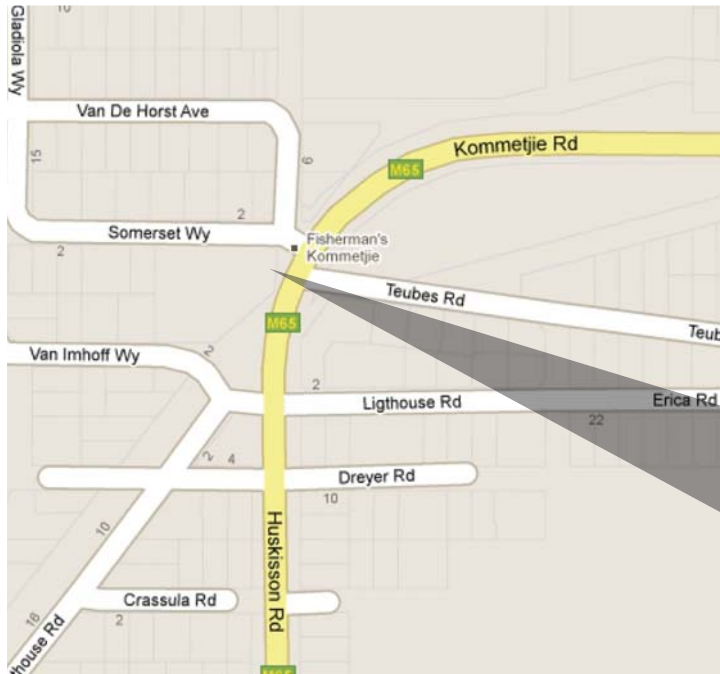
Public transport

- 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



Stepping Stones

Cnr Main Road
and Van Imhoff Way
Kommetjie

Postal Address

Cnr Main Road and
Van Imhoff Way
Kommetjie
7975

Website

www.steppingstones.co.za



Cape Town Kraaifontein



De Novo Treatment Centre

Physical Address

Old Paarl Road
Kraaifontein

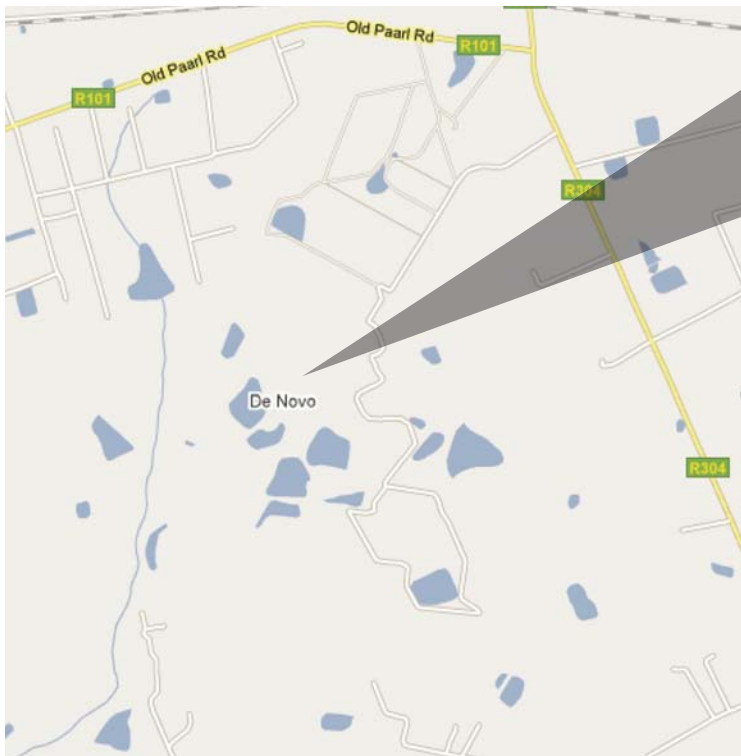
Contact details

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



**De Novo
Treatment Centre**
Old Paarl Road
Kraaifontein

Postal Address

Private Bag X1
Kraaifontein
7569



Cape Town Manenberg



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

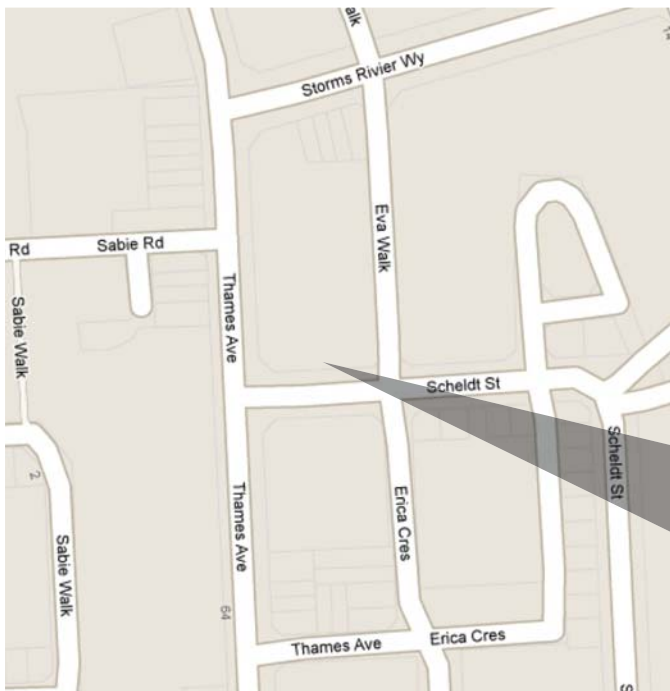
Public transport

- Busses and Taxis:
Duinefontein Rd

Intervention

Intervention programmes to keep children from harmful drug use.

Operating Hours: 09:00 - 16:00



Selfhelp Manenberg
Silvertree Development
Centre
9 Scheldt Road
Mannenberg

Postal Address

PO Box 493
Gatesville
7767

Website

<http://selfhelpmanenberg.co.za>



Cape Town

Maitland



Kensington Treatment Centre

Physical Address

Kensington Road
Maitland

Contact details

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

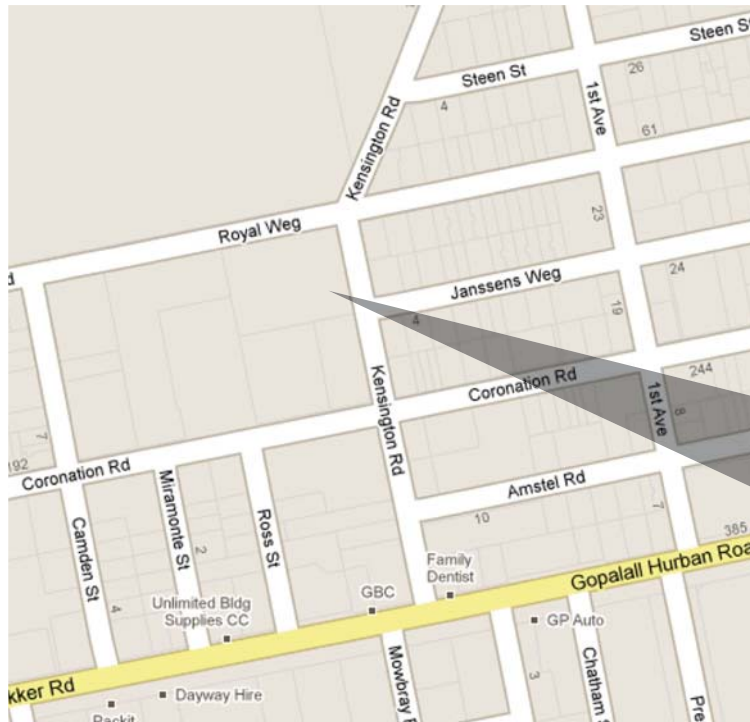
Public transport

- 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



Kensington
Treatment Centre
Kensington Road
Maitland

Postal Address

PO Box 105
Maitland
7404

Website

www.lukhanyo.co.za/Kensington.html



Cape Town Mitchell's Plain



Department of Social Development Local Office

Physical Address

45 Alpha Street
Wespoot
Mitchell's Plain
Industrial Area

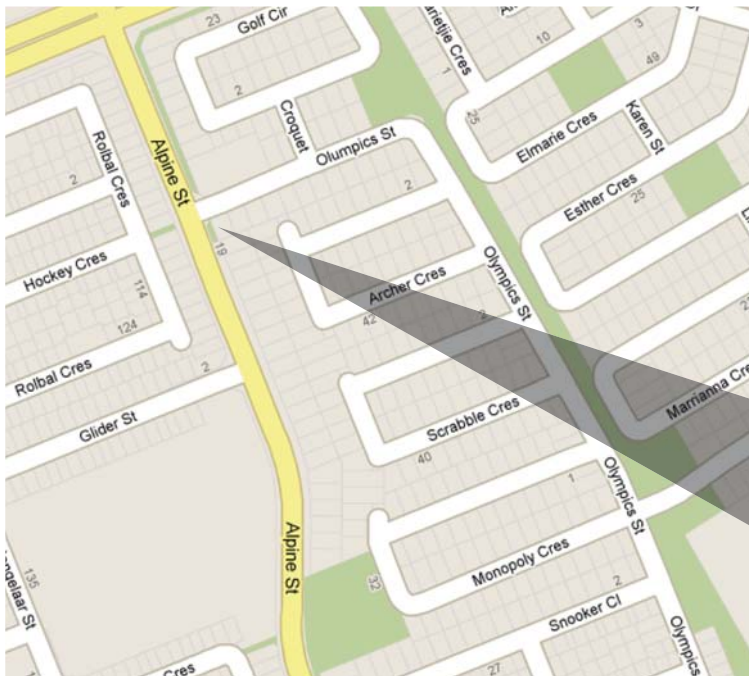
Contact details

Tel: 021 370 4800
Fax: 021 376 1342

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



Mitchell's Plain Local Office

45 Alpha Street
Wespoot
Mitchell's Plain
Industrial Area

Postal Address

Private Bag X10
Mitchell's Plain
7785

Website

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



Cape Town

Mitchell's Plain



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

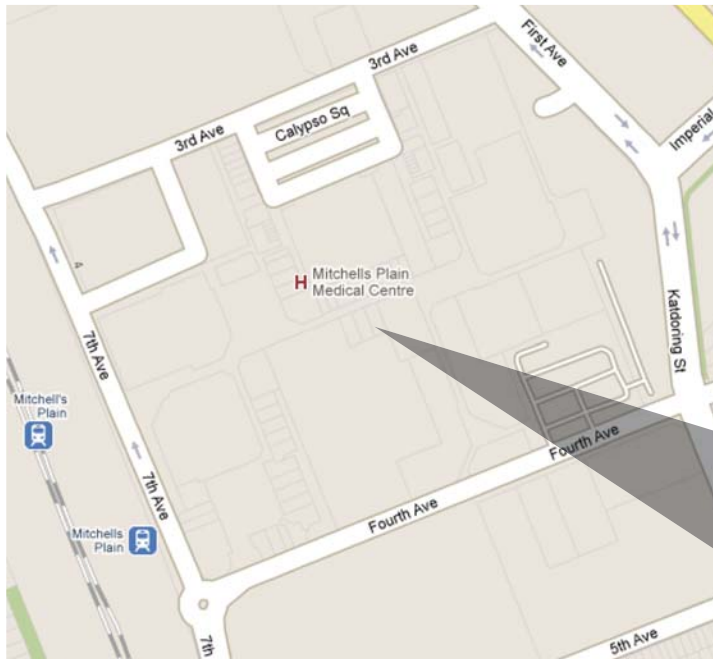
Public transport

- 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



CTDCC – Mitchells Plain
2 Symphony Walk
Town Centre
Mitchell's Plain

Postal Address

PO Box 4
Mitchells Plain
7789

Website

www.drugcentre.org.za



Cape Town Mitchell's Plain



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

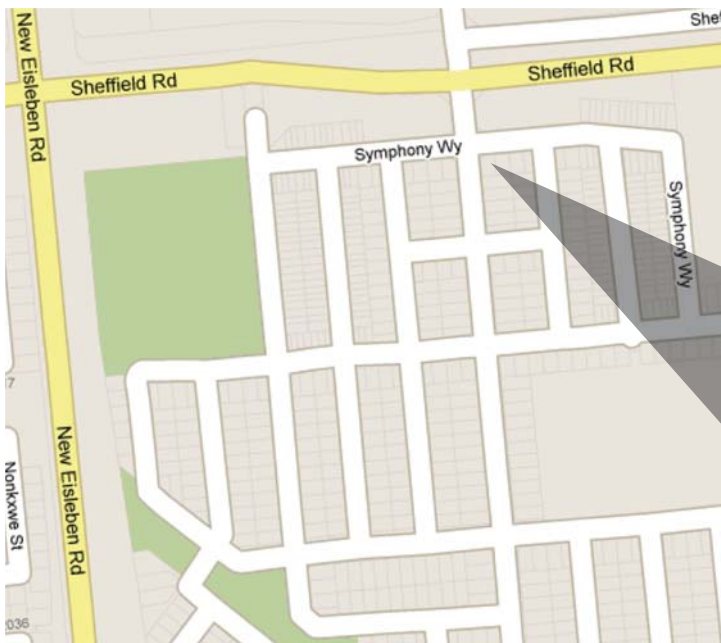
Public transport

- 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



Sultan Bahu Centre
Sultan Bahu Centre
Westridge Medical
Centre
Mitchell's Plain

Postal Address

Sultan Bahu Centre
92 Shepherd Way Westridge
Mitchell's Plain

Website

www.bahu.org.za



Cape Town

Mitchell's Plain



SANCA

Physical Address

11 Daphne Crescent
Eastridge
Mitchell's Plain
7785

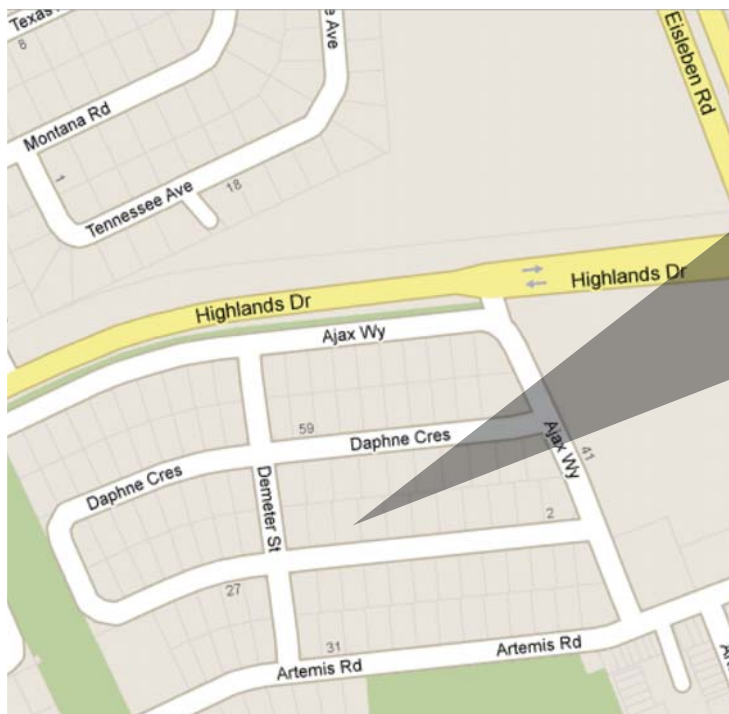
Contact details

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



SANCA – Mitchells Plain

11 Daphne Crescent
Eastridge
Mitchell's Plain

Postal Address

PO Box 761
Westridge
Mitchell's Plain
7802

Website

www.sancawc.co.za



Cape Town Mitchell's Plain



Tafelsig Community Health Center

Physical Address

Tafelsig Community
Health Centre
Cnr Kilimanjaro and
Pyrenee Road
Tafelsig, Mitchell's Plain

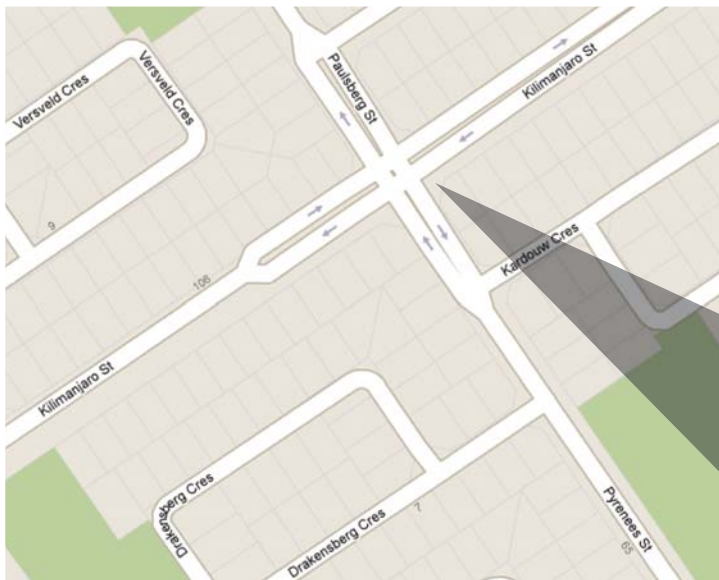
Contact details

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

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
Pyrenee Road
Tafelsig, Mitchell's Plain

Postal Address

Cnr Kilimanjaro and
Pyrenee Road
Tafelsig
Mitchell's Plain



Cape Town Muizenberg



Living Grace

Physical Address

171 Main Road
Muizenberg

Contact details

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

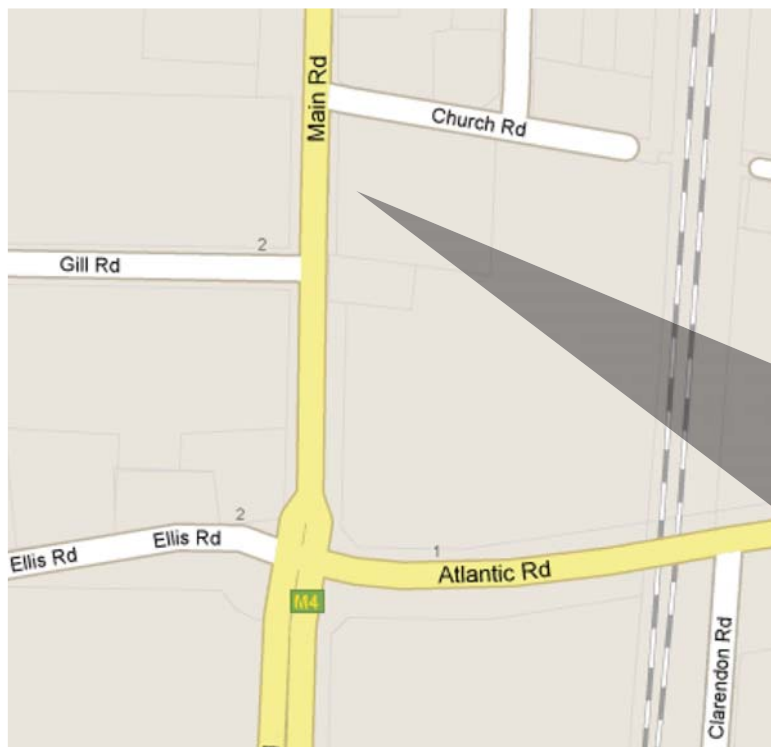
Public transport

- 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



Living Grace

171 Main Road
Muizenberg

Postal Address

PO Box 1700
Sun Valley

Website

www.livinghope.co.za



Cape Town Observatory



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

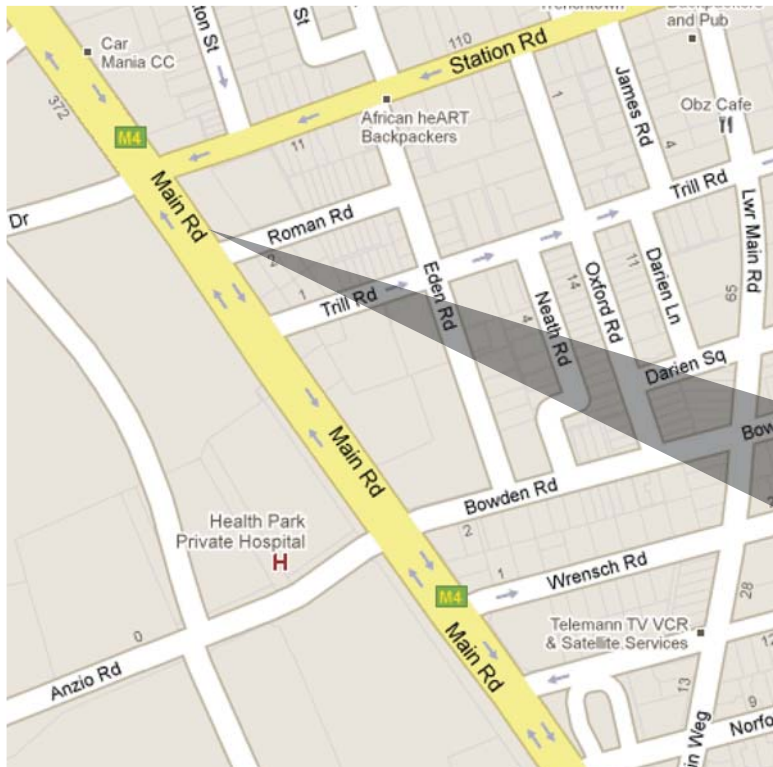
Public transport

- 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



**Cape Town Drug
Counselling Centre**
1 Roman Street
Observatory

Postal Address

PO Box 56
Observatory
7935

Website

www.drugcentre.org.za



Cape Town

Parow



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

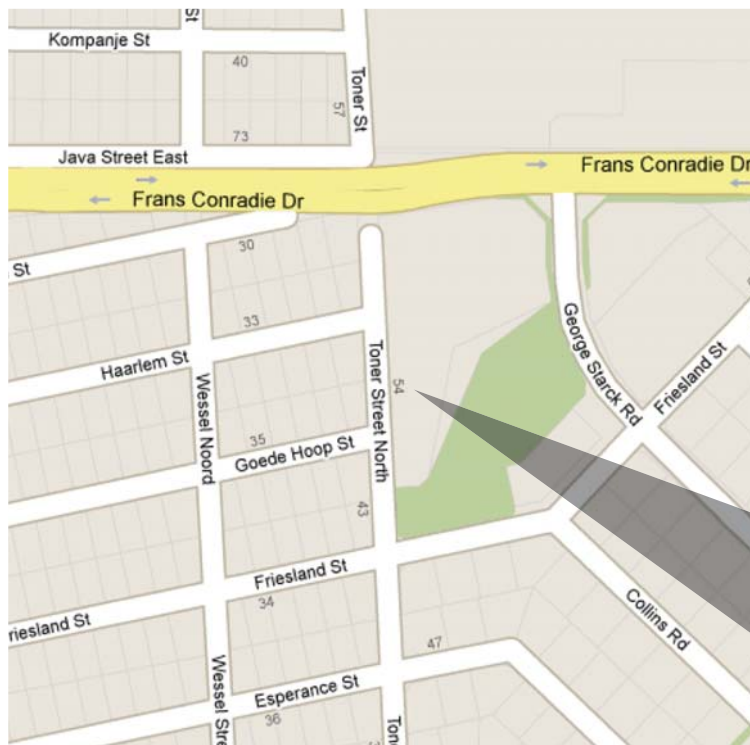
- Oosterzee Train Station

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



Ramot

54 Toner Street
Parow

Postal Address

54 Toner Street
Parow East
7500

Website

www.ramot.co.za



Cape Town Parow



Touch Community Services/Oikos

Physical Address

275 Voortrekker Road
Parow

Contact details

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

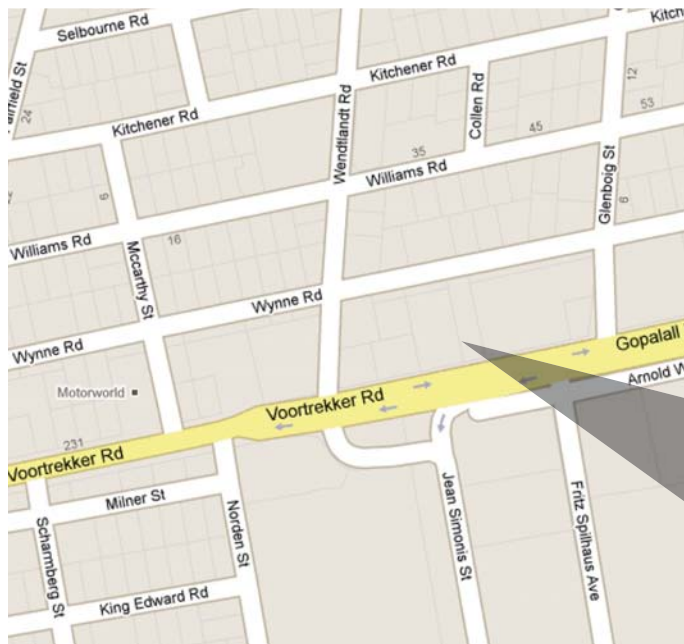
Public transport

- 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



Touch Community

275 Voortrekker Road
Parow

Postal Address

49 Wynne Street
Parow
7500



Cape Town Plumstead



Future Factory

Physical Address

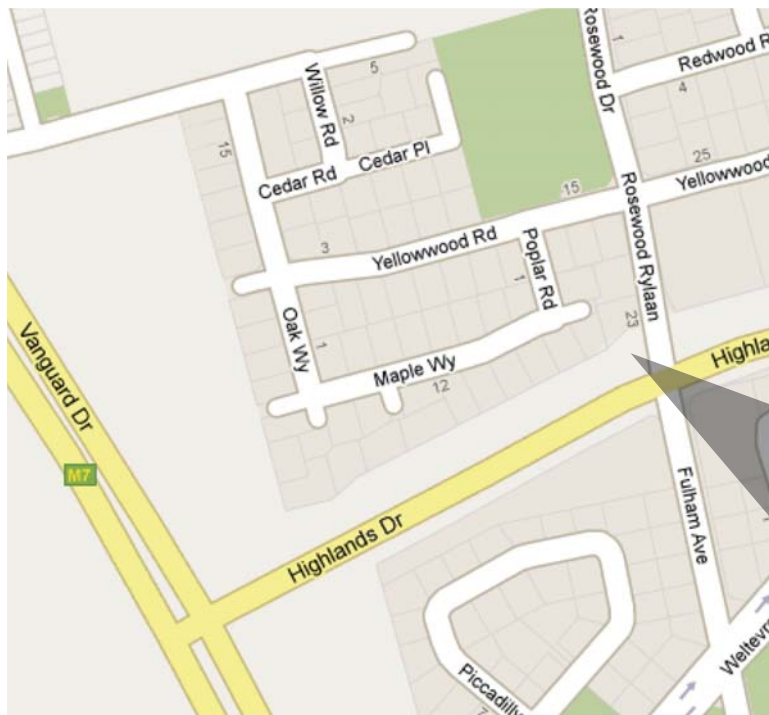
23 Rosewood Drive
Weltevreden Valley
7785

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.



Future Factory

23 Rosewood Drive
Weltevreden Valley
7785

Postal Address

23 Rosewood Drive
Weltevreden Valley
7785

Website

www.thefuturefactory.co.za



Cape Town Plumstead



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

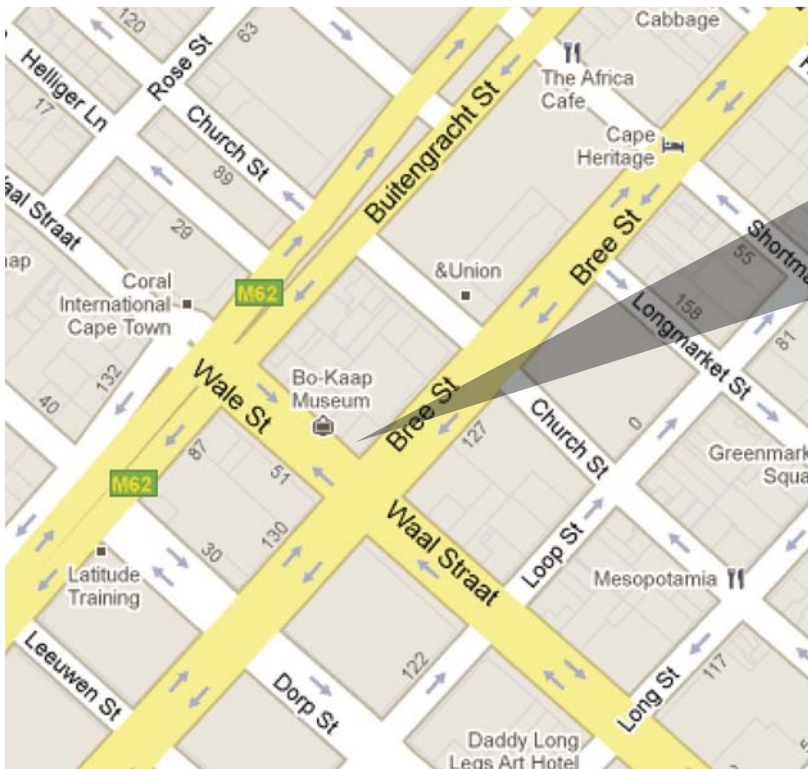
Public transport

- 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



Pascap Trust

68 Wale Street
Cape Town

Postal Address

PO Box 449
Plumstead
7888

Website

www.pascap.org.za



Cape Town Rondebosch



Foundation for Alcohol Related Research (FARR)

Physical Address

37 Thornhill Road
Rondebosch

Contact details

Tel: 021 686 2646
Fax: 021 685 7034
E-mail: lo@farrsa.org.za

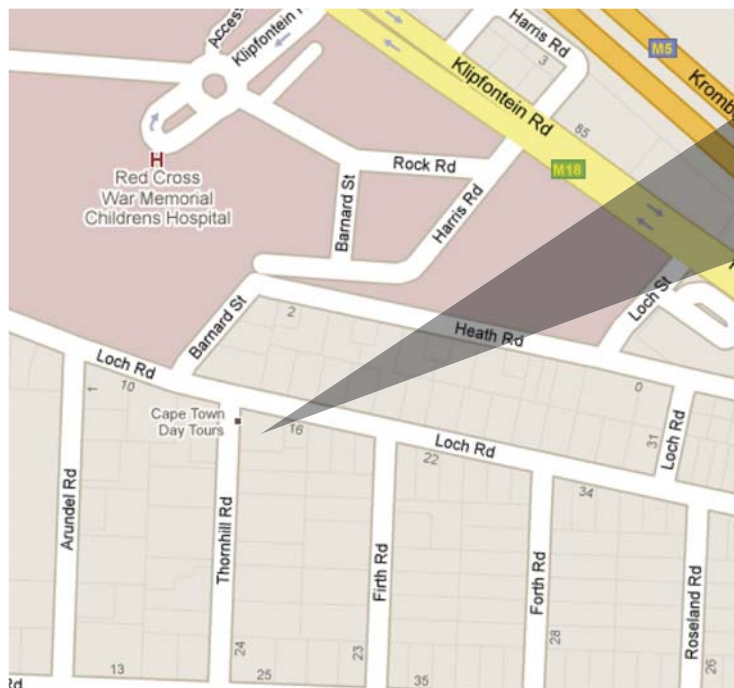
Public transport

- Busses and Taxis:
Voortrekker Road

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



FARR

37 Thornhill Road
Rondebosch

Postal Address

37 Thornhill Road
Rondebosch
7700

Website

www.farr-sa.co.za



Cape Town Simon's Town



Alcoholics Victorious

Physical Address

Chapel Lane
Simon's Town
7975

Contact details

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

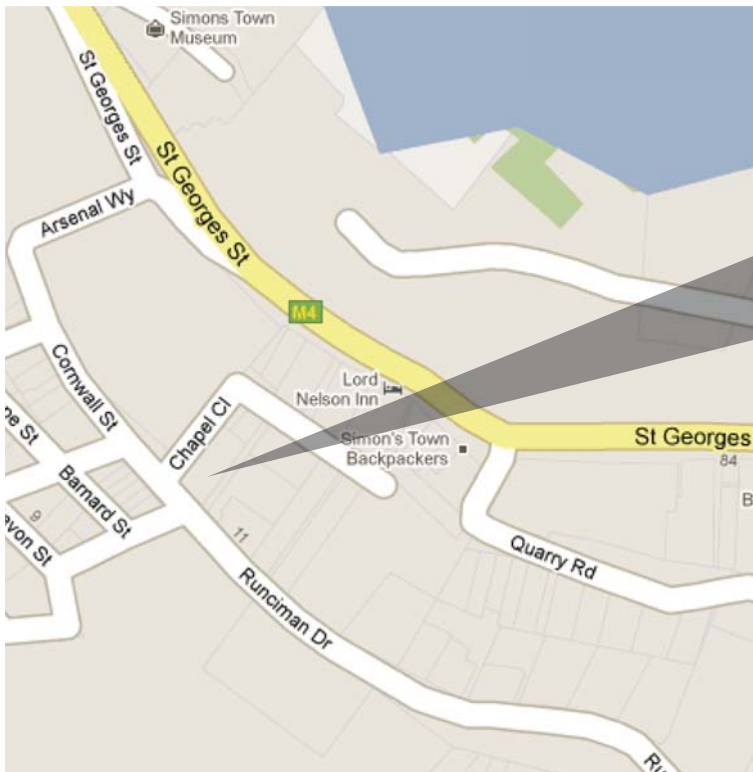
Public transport

- Simon's Town
Railway Station

Community Support

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

Operating Hours: 24 Hours



**Alcoholics
Victorious**
Chapel Lane
Simon's Town

Postal Address

PO Box 106
Simon's Town
7975



Cape Town Somerset West



Helderberg CARES (Community Awareness Rehabilitation and Education Service)

Physical Address

40 St. James Street
Somerset West

Contact details

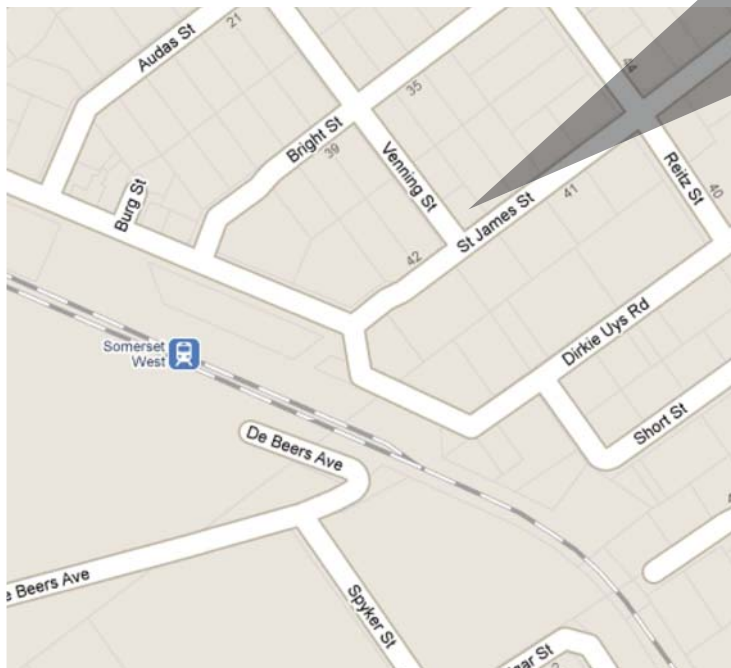
Tel: 021 850 0792
Fax: 088 021 852 6065
E-mail: cares@smart-sa.org

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.**



Helderberg CARES
(Community Awareness
Rehabilitation and
Education Service)

40 St. James Street
Somerset West

Postal Address

PO Box 2345
Somerset West
7129



Cape Town Somerset West



Pebbles Project

Physical Address

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

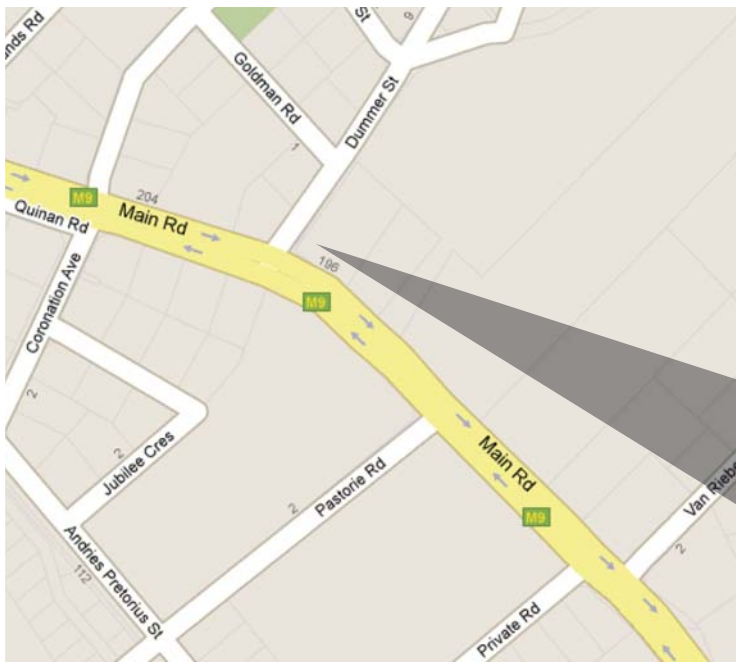
Contact details

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



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

Postal Address

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

Website

www.pebblesproject.co.za



Cape Town Tableview



Tableview Community Health Center

Physical Address

Tableview Clinic
South Road
Tableview

Contact details

Tel: 021 557 1065

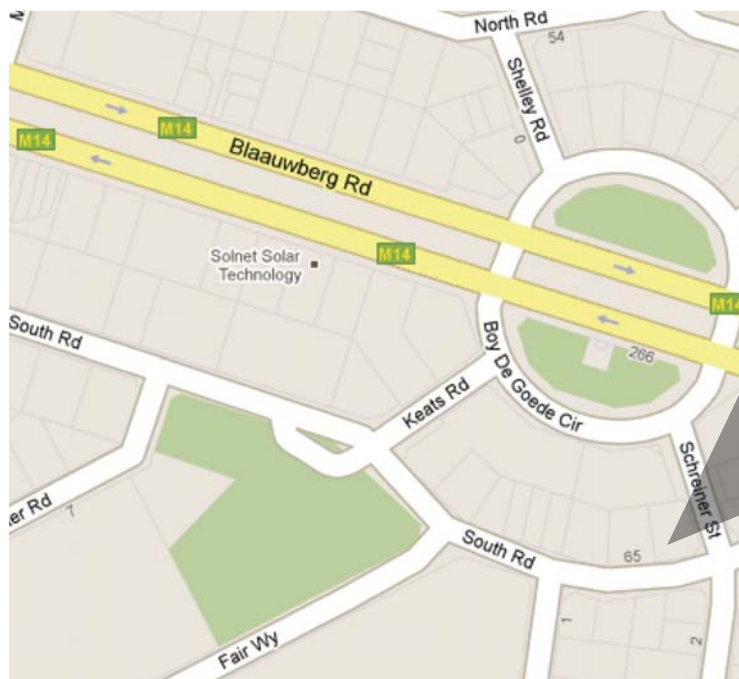
Public transport

- Busses and Taxis:
Blaauwberg Road

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



Tableview Community
Health Center
Tableview Clinic
South Road
Tableview

Postal Address

South Road
Tableview



Cape Town Tygerberg



SANCA

Physical Address

3 2nd Avenue
Boston
Bellville

Contact details

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

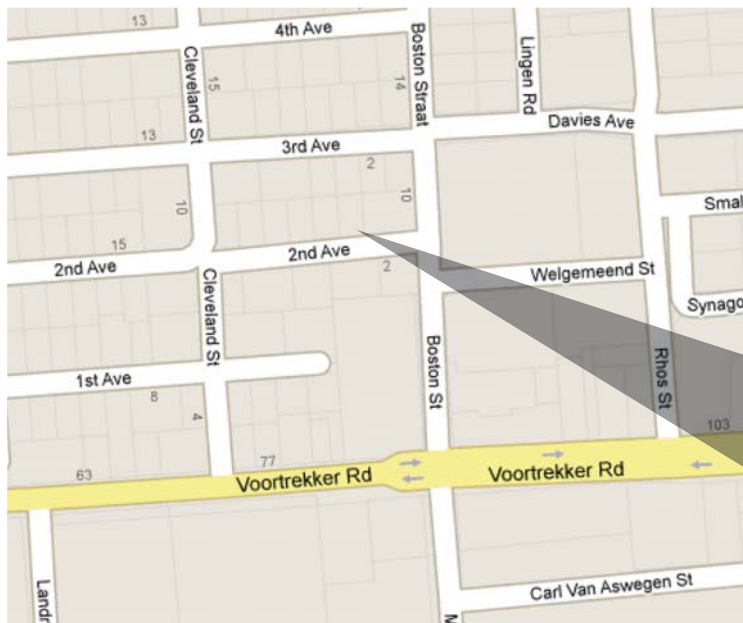
Public transport

- 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



SANCA - Tygerberg

3 2nd Avenue
Boston
Bellville

Postal Address

PO Box 860
Bellville
7530

Website

www.sancawc.co.za



Cape Town Wynberg



Department of Social Development Local Office

Physical Address

41 Rosmead Avenue
Wynberg

Contact details

Tel: 021 763 6200
Fax: 021 761 9998

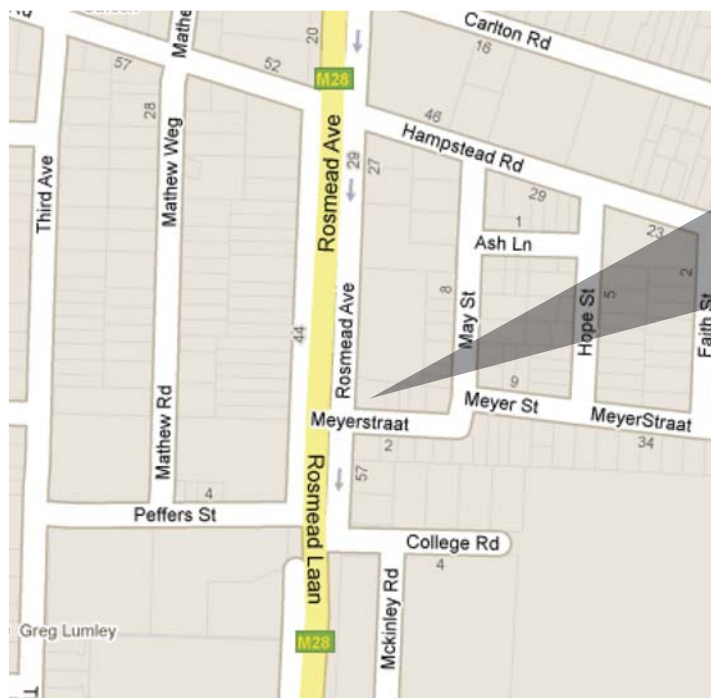
Public transport

- Busses and Taxis:
Rosmead Avenue

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



Wynberg Local Office

41 Rosmead Avenue
Wynberg

Postal Address

Private Bag X25
Wynberg
7824

Website

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



Cape Town Wynberg



Bonnytoun

Physical Address

Old Paarl Road
Kraaifontein

Contact details

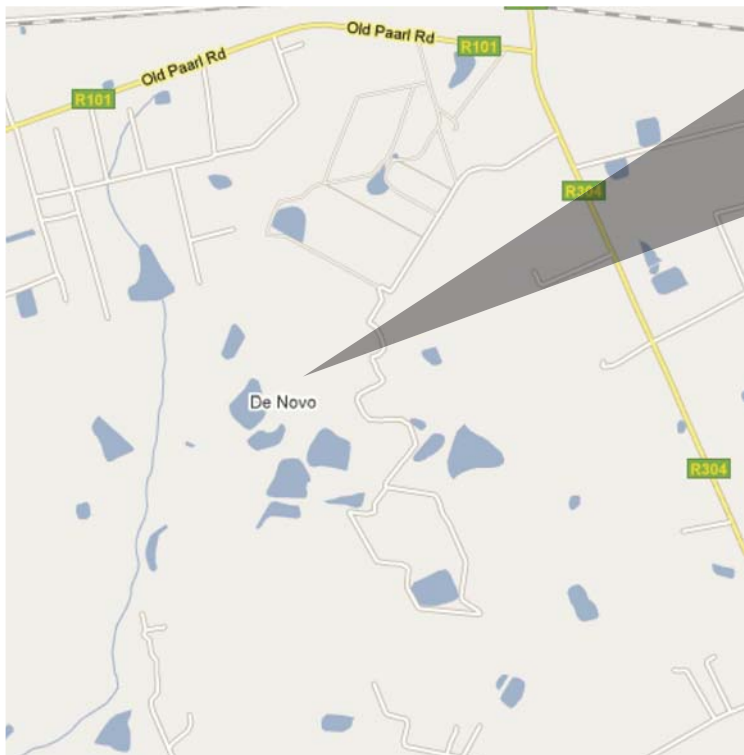
Tel: 021 987 1464
E-mail: fzwind@pgwc.gov.za

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)



Bonnytoun
Old Paarl Road
Kraaifontein





4.2 Eden/Karoo

Eden/Karoo Beaufort West



Department of Social Development Local Office

Physical Address

117 Donkin Street
Beaufort West

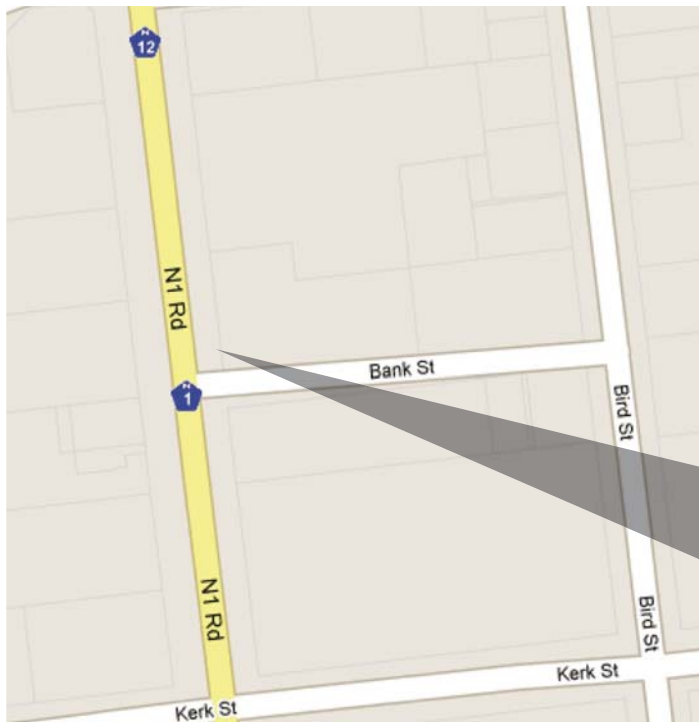
Contact details

Tel: 023 414 3204
Fax: 023 414 2128

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



Beaufort West Local Office

117 Donkin Street
Beaufort West

Postal Address

Private Bag X504
Beaufort West
6970

Website

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



Eden/Karoo George



Department of Social Development Local Office

Physical Address

Rentzburghof
44 Courtney Street
George

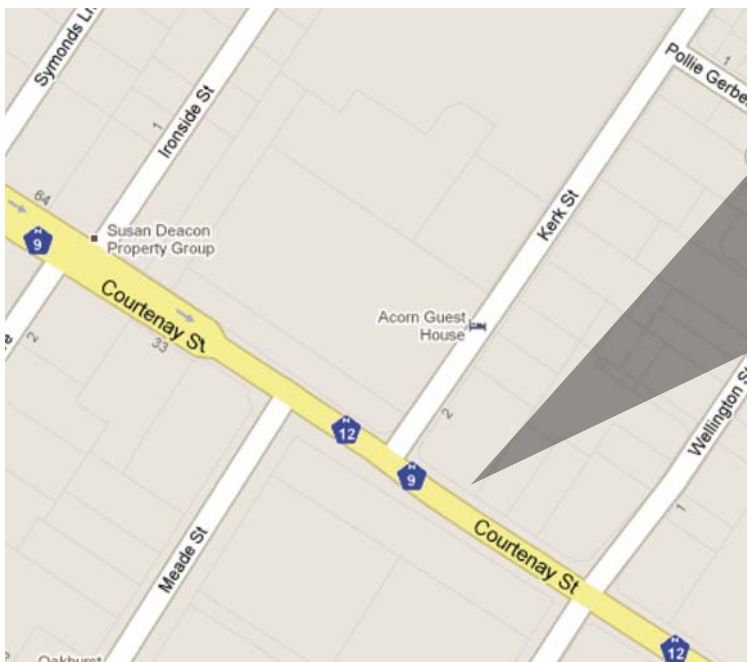
Contact details

Tel: 044 801 4300
Fax: 044 873 5422

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



George Local Office
Rentzburghof
44 Courtney Street
George

Postal Address

Private Bag X6508
George
6530

Website

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



Eden/Karoo George



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



DARE

97 Shamrock Place
York Street
Office No.10
George

Postal Address

PO Box 429
Wilderness
6560

Website

www.daresa.co.za



Eden/Karoo George



Minnesota House Treatment Centre

Physical Address

Maitland Street
George

Contact details

Tel: 044 870 8585
Fax: 044 870 7213
E-mail: info@minnesotahouse.co.za

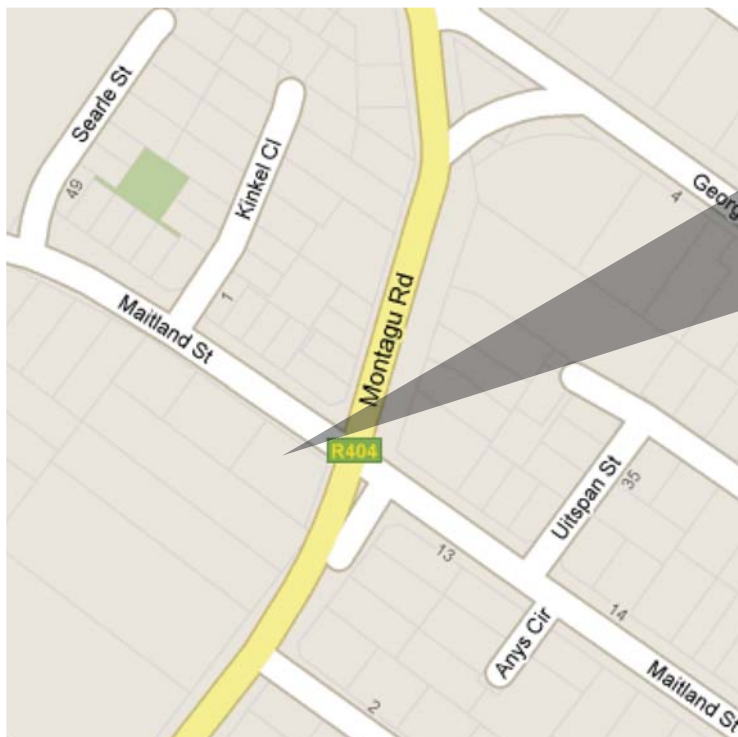
Public transport

- Busses and Taxis:
George Street

Private Treatment Centre

In- and Outpatient Treatment and Counselling.

Operating Hours: 24 Hours



**Minnesota House
Treatment Centre**
Maitland Street
George

Postal Address

Maitland Street
George

Website

www.minnesotahouse.co.za



Eden/Karoo Knysna



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

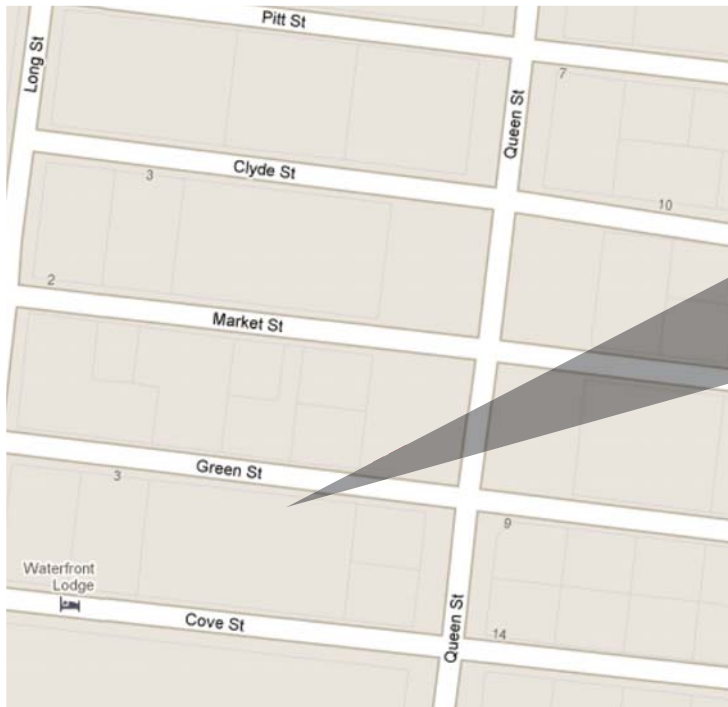
Public transport

- 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



Knysna Drug and Alcohol Centre
6 Green Street
Knysna

Postal Address

PO Box 989
Knysna



Eden/Karoo Mossel Bay



Creating Effective Families

Physical Address

9 George Road
Mossel Bay

Contact details

Tel: 044 693 1092
Fax: 044 693 3022
E-mail: Hilda.cfmbs2@telkomsa.net

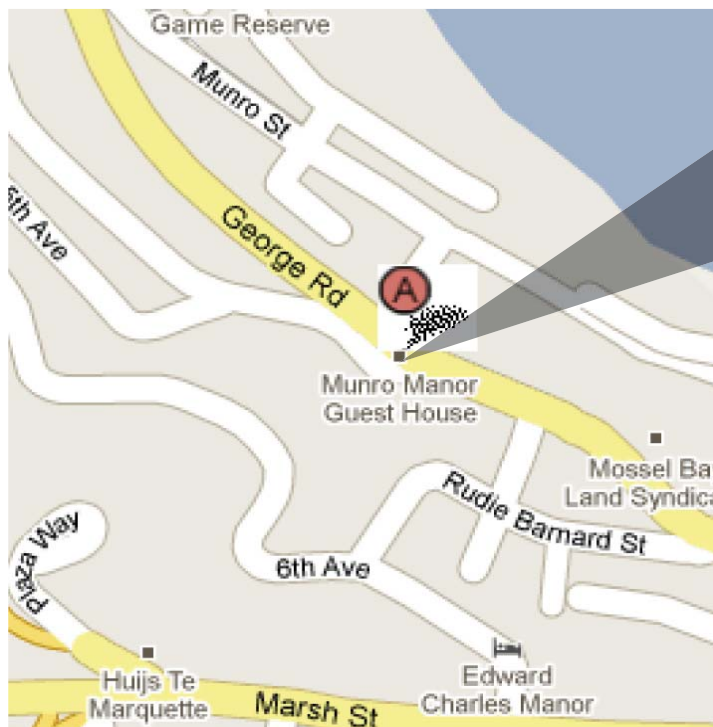
Public transport

- 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



Creating Effective Families

9 George Road
Mossel Bay

Postal Address

PO Box 2319
Mossel Bay
6500



Eden/Karoo Oudtshoorn



Department of Social Development Local Office

Physical Address

1st Floor Seppie Greeff
Building
Voortrekker Road
Oudtshoorn

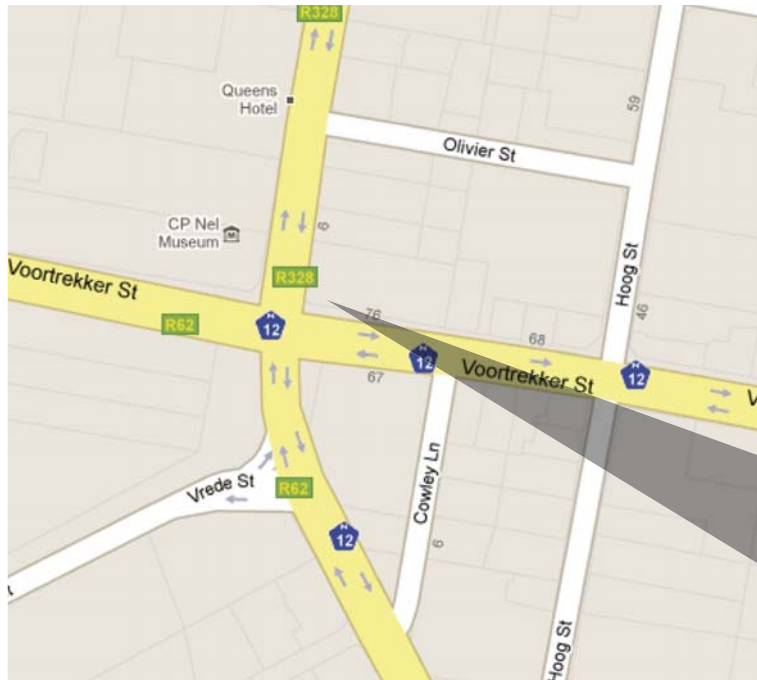
Contact details

Tel: 044 272 8977
Fax: 044 272 4007

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



Oudtshoorn Local Office

1st Floor Seppie
Greeff Building
Voortrekker Road
Oudtshoorn

Postal Address

Private Bag X2
Oudtshoorn
6623

Website

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



Eden/Karoo Plettenberg Bay



Oasis Rehabilitation Centre

Physical Address

119 Longships Drive
Plettenberg Bay

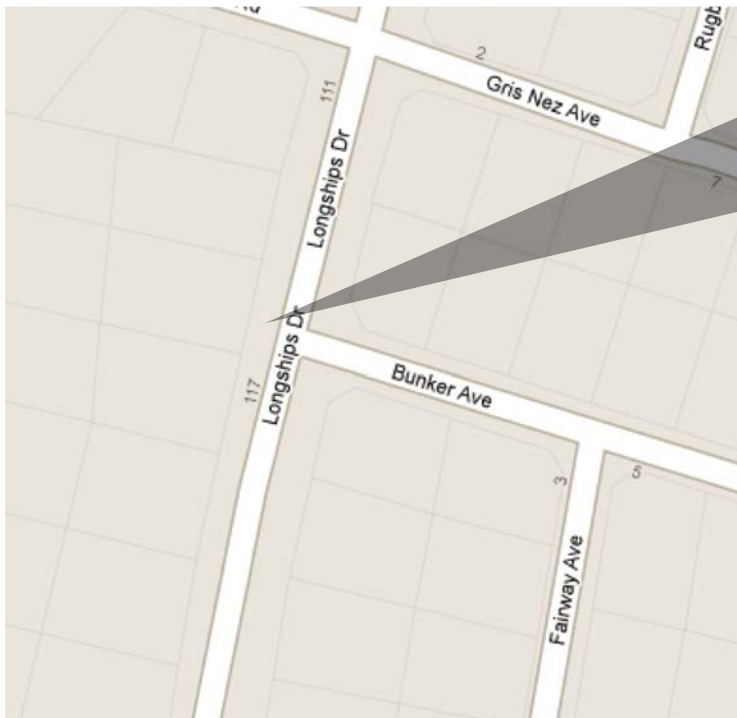
Contact details

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



Oasis Rehabilitation Centre

119 Longships Drive
Plettenberg Bay

Postal Address

Suite 27 PostNet
Private Bag X1006
Plettenberg Bay
6600

Website

www.oasiscentre.co.za



Eden/Karoo Sedgefield



Serenity Care Centre

Physical Address

Serenity Farm
Barrington Road
Elandskraal
Sedgefield

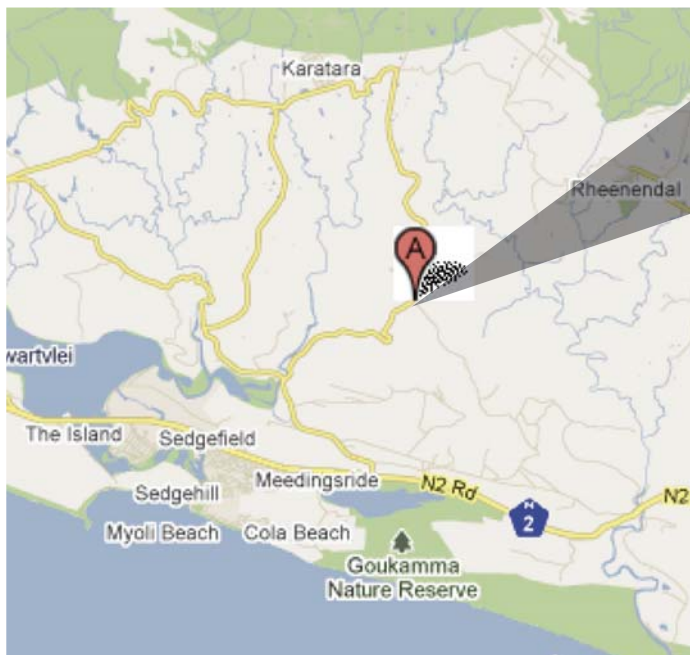
Contact details

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



Serenity Care Centre

Serenity Farm
Barrington Road
Elandskraal
Sedgefield

Postal Address

PO Box 1290
Knysna
6570





4.3 West Coast

West Coast Malmesbury



Department of Social Development Local Office

Physical Address

21 Piet Retief Street
Malmesbury
7299

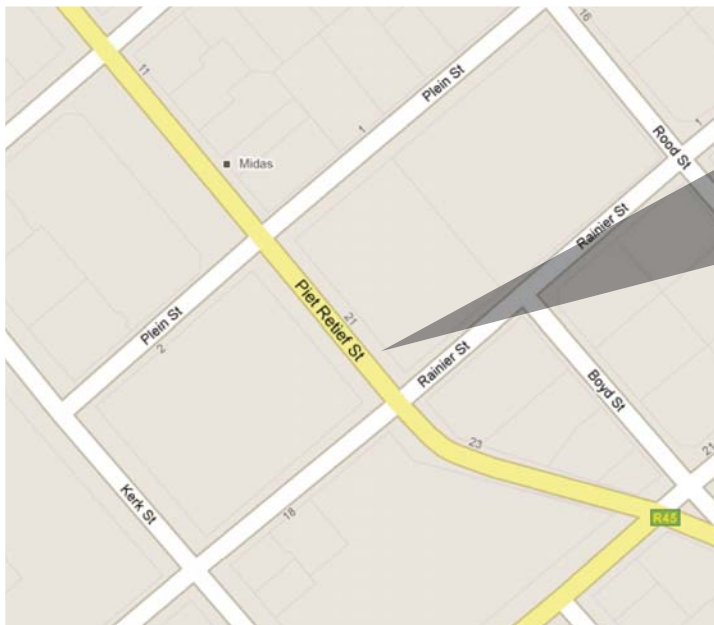
Contact details

Tel: 022 482 2245

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



Malmesbury Local Office

21 Piet Retief Street
Malmesbury

Postal Address

PO Box 153
Malmesbury
7299

Website

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



West Coast Moorreesburg



Department of Social Development Local Office

Physical Address

Moorreesburg
Gesondheid Sentrum

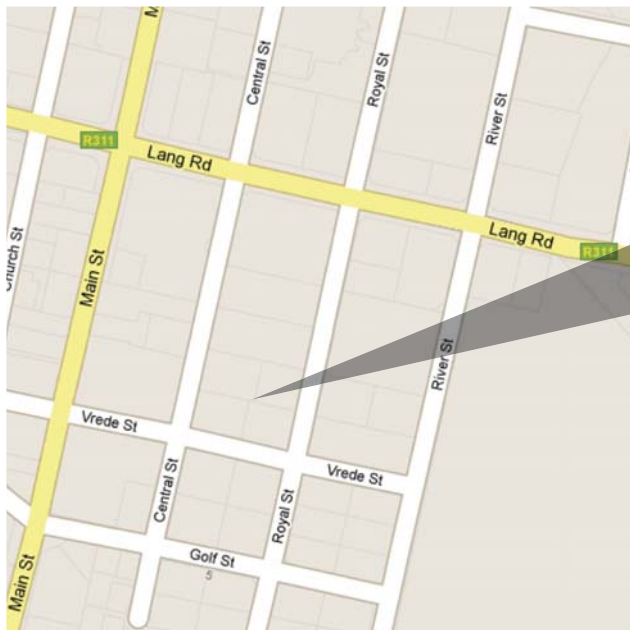
Contact details

Tel: 022 433 1109

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



**Moorreesburg
Local Office**
Moorreesburg
Gesondheid
Sentrum

Postal Address

PO Box 334
Moorreesburg
7310

Website

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



West Coast Piketberg



Department of Social Development Local Office

Physical Address

8 Tilla Avenue
Piketberg
7320

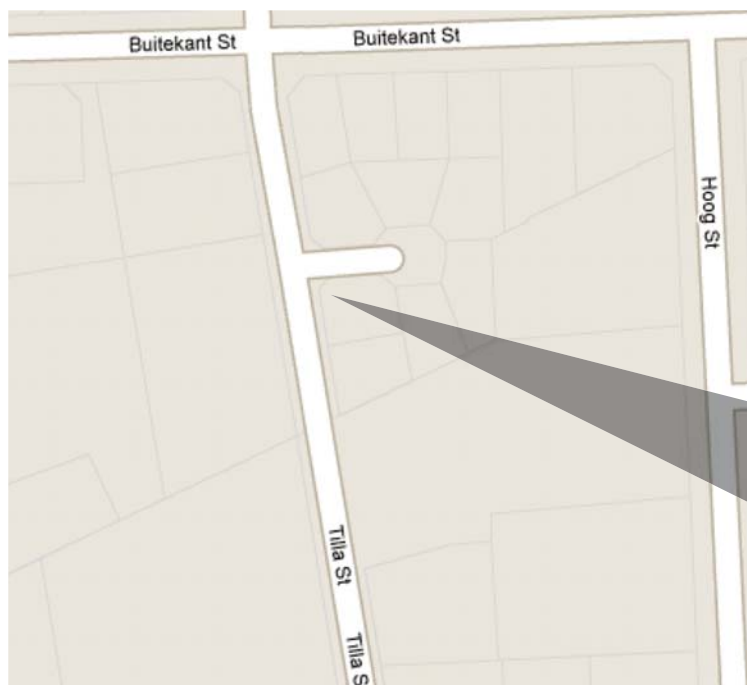
Contact details

Tel: 022 913 1525

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



**Piketberg
Local Office**
8 Tilla Avenue
Piketberg

Postal Address

8 Tilla Avenue
Piketberg
7320

Website

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



West Coast Porterville



Department of Social Development Local Office

Physical Address

28 Piet Retief Street
Porterville
6810

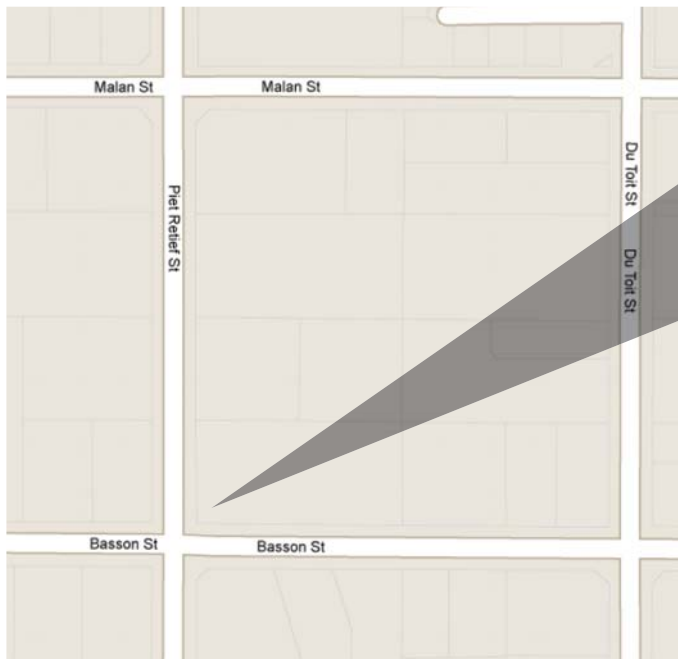
Contact details

Tel: 022 931 2789

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



**Porterville
Local Office**
28 Piet Retief Street
Porterville

Postal Address

P0 Box 182
Porterville
6810

Website

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



West Coast Riebeeck Kasteel

Department of Social Development Local Office

Physical Address

9 Van Riebeeck Street
Riebeeck Kasteel
7307

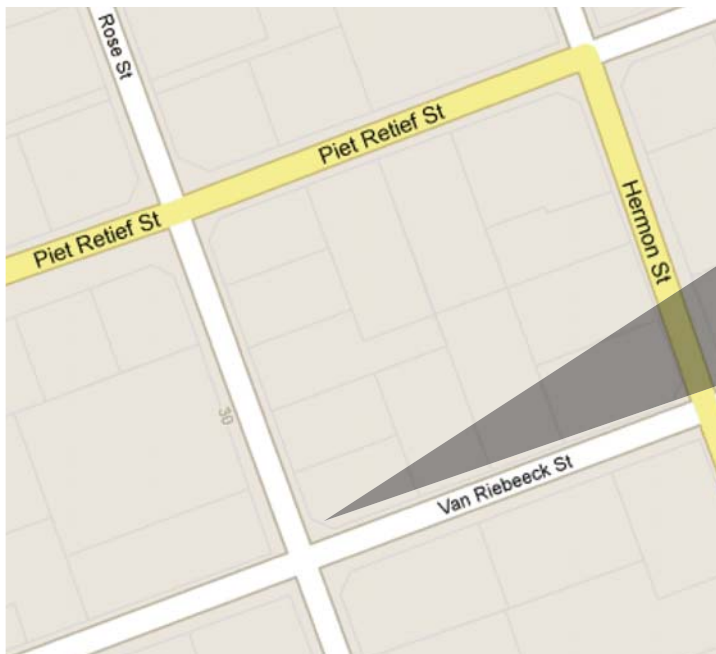
Contact details

Tel: 022 448 1748

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



Riebeeck Kasteel
Local Office
9 Van Riebeeck Street
Riebeeck Kasteel

Postal Address

PO Box 37
Riebeeck Kasteel
7307

Website

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



West Coast Riebeeck West



Department of Social Development Local Office

Physical Address

Merindal Street
Riebeeck West
7306

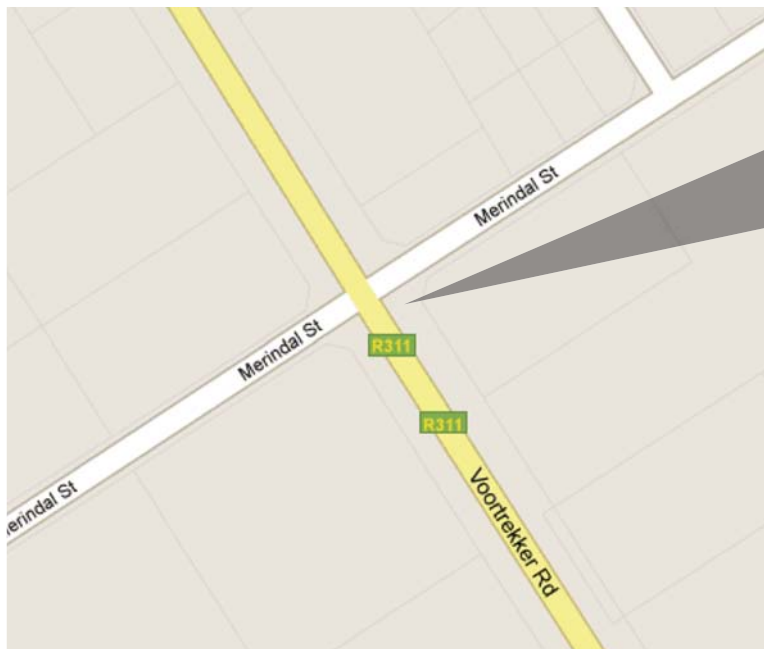
Contact details

Tel: 022 461 2420

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



Riebeeck West
Local Office
Merindal Street
Riebeeck West

Postal Address

PO Box 657
Riebeeck West
7306

Website

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



West Coast St Helena Bay



Department of Social Development Local Office

Physical Address

Strand Street
Laingville
St. Helena Bay
7390

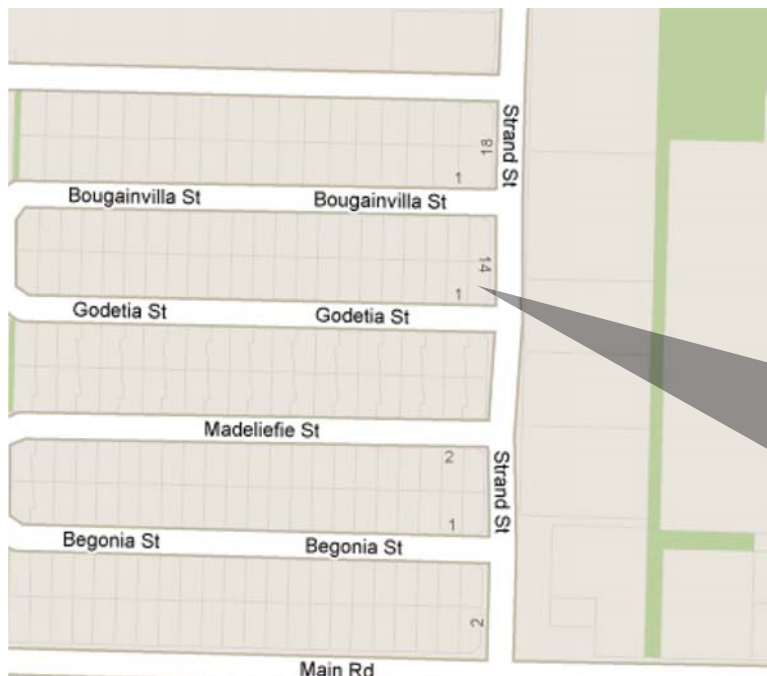
Contact details

Tel: 022 736 2566

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



**St Helena Bay
Local Office**

Strand Street
Laingville
St. Helena Bay

Postal Address

PO Box 768
Vredenburg
7380

Website

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



West Coast Vredenburg



Department of Social Development Local Office

Physical Address

28 Hout Street
Vredenburg
7380

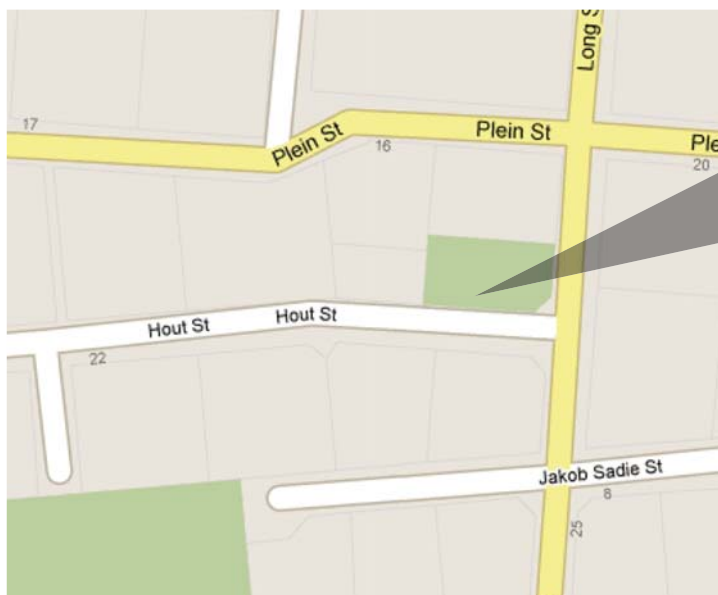
Contact details

Tel: 027 713 1723

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



**Vredenburg
Local Office**
28 Hout Street
Vredenburg

Postal Address

P0 Box 95
Vredenburg
7380

Website

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



West Coast Vredendal



Department of Social Development Local Office

Physical Address

Cnr Tuin and
Waterkant Street
Vredendal

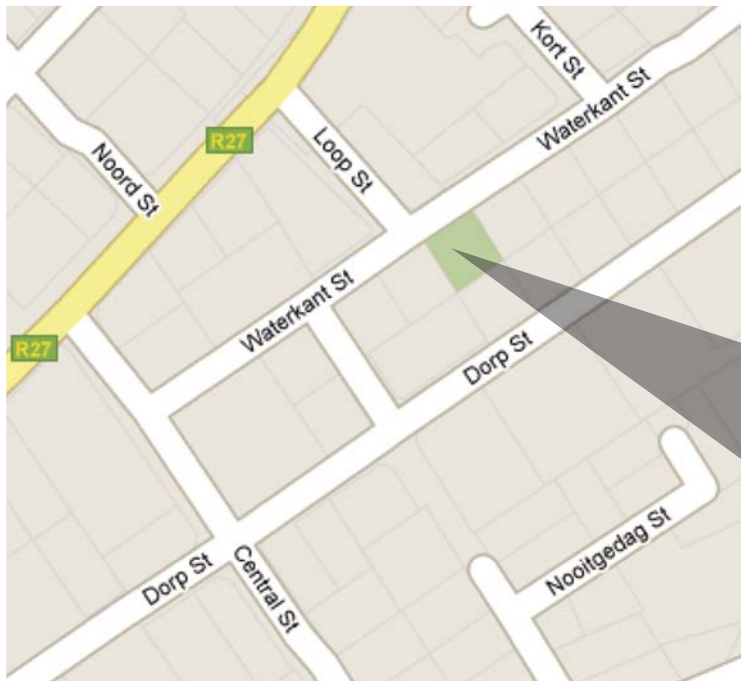
Contact details

Tel: 027 213 2096
Fax: 027 213 2142

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



**Vredendal
Local Office**
Cnr Tuin and
Waterkant Street
Vredendal

Postal Address

Private Bag X2
Vredendal
8160

Website

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



West Coast Vredendal



Matzikama Alcohol and Drug Action

Physical Address

1 Meerhof Street
Vredendal North

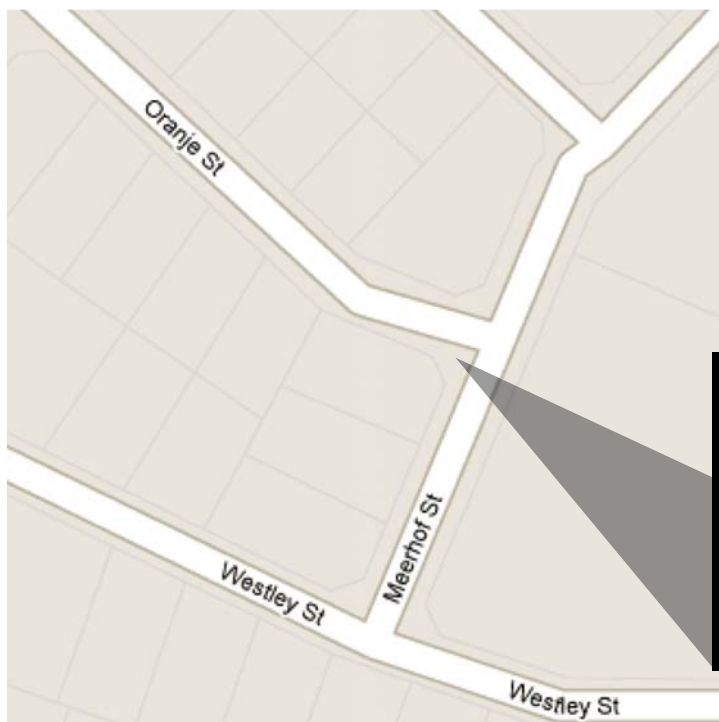
Contact details

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



MADA

1 Meerhof Street
Vredendal North

Postal Address

1 Meerhof Street
Vredendal North
8160

Website

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



West Coast Vredendal



Namaqua Treatment Centre

Physical Address

Farm 1411
Lutzville
Namaqualand

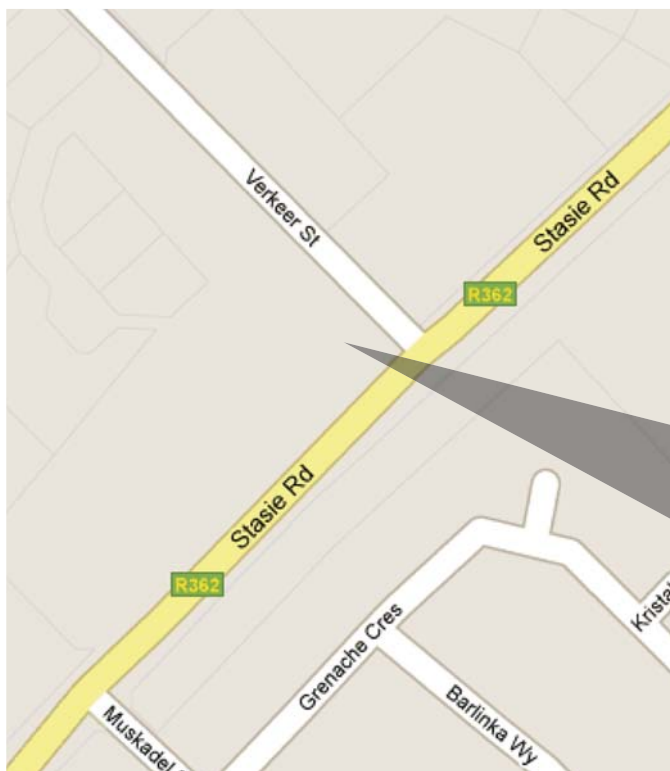
Contact details

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

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



Namaqua Treatment Centre

Farm 1411
Lutzville
Namaqualand

Postal Address

PO Box 2127
Vredendal
8160

Website

www.namaqua-rehab.co.za





4.4 Cape Winelands

Cape Winelands Caledon



Department of Social Development Local Office

Physical Address

10 Plein Street
Caledon

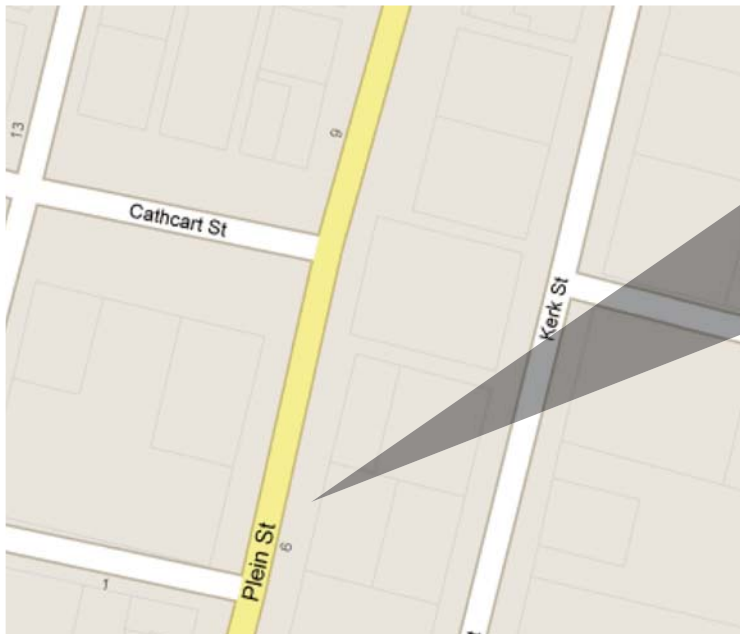
Contact details

Tel: 028 214 3000
Fax: 028 214 1780

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



**Caledon Local
Office**

10 Plein Street
Caledon

Postal Address

10 Plein Street
Caledon
7234

Website

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



Cape Winelands Paarl



Department of Social Development Local Office

Physical Address

Cnr Nuwe and
Derken Street
Paarl

Contact details

Tel: 021 871 1682
Fax: 021 872 0049

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



Paarl Local Office

Cnr Nuwe and
Derken Street
Paarl

Postal Address

Private Bag X3017
Paarl
7620

Website

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



Cape Winelands Paarl



SANCA

Physical Address

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

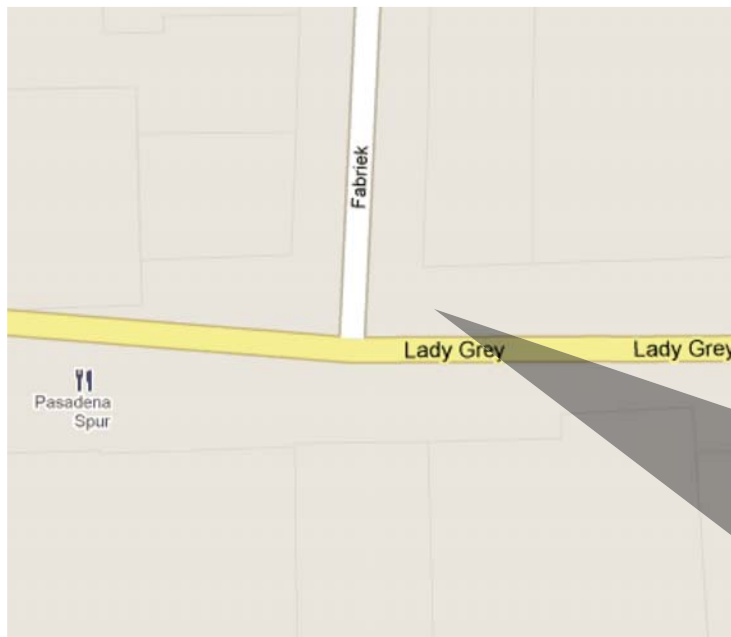
Contact details

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



SANCA - Paarl

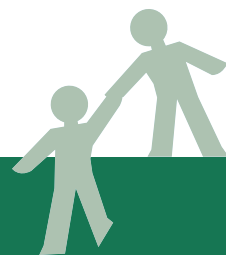
34 Lady Grey Street
Paarl

Postal Address

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

Website

www.sancawc.co.za



Cape Winelands Stellenbosch



Hesketh King Treatment Centre

Physical Address

Cnr Old Paarl and
Klipheuvel 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).

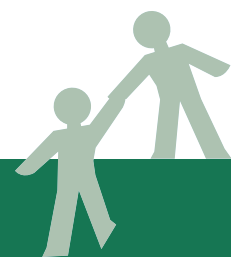
Operating Hours: 24 Hours



**Hesketh King
Treatment Centre**
Cnr Old Paarl and
Klipheuvel Road
Muldersvlei
Stellenbosch

Postal Address

PO Box 5
Elsenburg
7607



Cape Winelands Worcester



Department of Social Development Local Office

Physical Address

7 Durban Street
Worcester

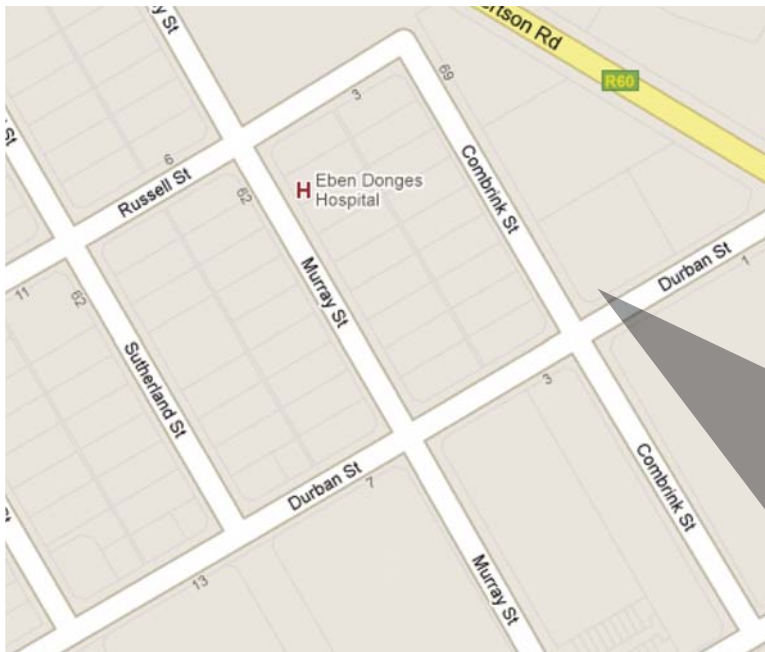
Contact details

Tel: 023 348 5300
Fax: 023 347 5181

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



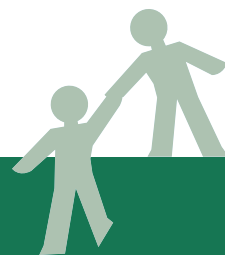
**Worcester
Local Office**
7 Durban Street
Worcester

Postal Address

Private Bag X3052
Worcester
6850

Website

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



Cape Winelands Worcester



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

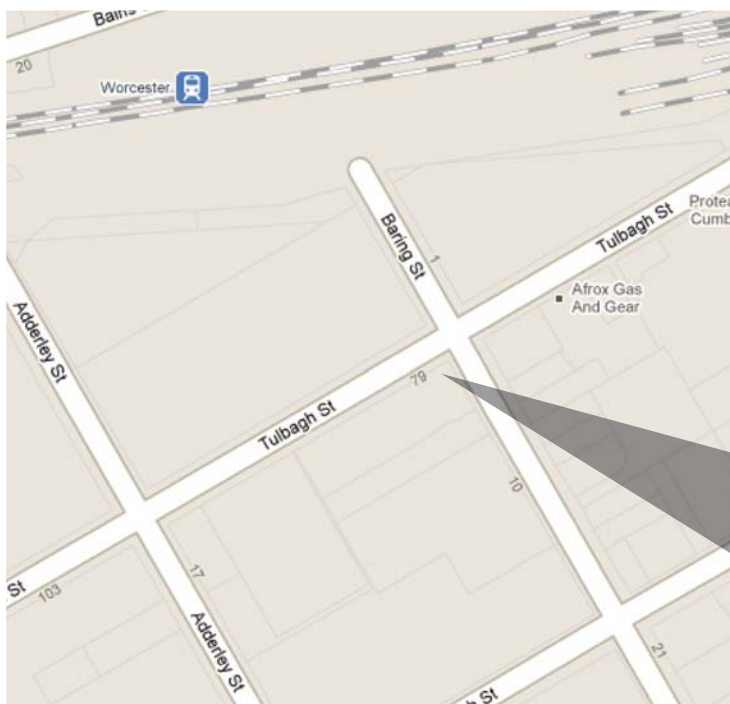
Public transport

- 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



FasFacts

1 Baring Street
Cnr Baring and
Tulbagh Street
Worcester

Postal Address

PO Box 1692
Worcester
6849

Website

www.fasfacts.org.za



Cape Winelands Worcester



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

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



Toevlug Drug Rehabilitation Centre

40 Noble Street
Riverview
Worcester

Postal Address

PO Box 515
Worcester
6849

Website

www.toevlug.org





Annexure



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.

| | Alcohol | Cocaine/Crack | Cough Medicine | Ecstasy/MDMA | Heroin |
|------------------------------|---|--|--|---|--|
| Street Names | Booze, dop. | Blow, Coke, Nose Candy, Rock. | Syrup. | X, XTC, E. | Dope, Skunk, Ungah. |
| Looks Like | Liquid (Types include wine, beer, spirit coolers, ciders etc.) | White Chrystal Powder, Chips, Chunks or Rocks. | Liquid, pills. | Branded tablets (Nike Swoosh, Playboy bunnies). | White or dark brown powder or tar like substance. |
| How it's used/abused | Alcohol is drunk excessively. Binge drinking. | Cocaine can be snorted or injected. Crack can be smoked. | Swallowed. | Swallowed. | Injected, smoked or snorted. |
| What Teens Have Heard | Makes a boring night fun. Makes them 'look' or feel mature, hip etc. | Keeps you amped up; you will be the life of the party. | Causes a trippy high with various phases. | Enhances the senses and you will love everyone. | Full on euphoria, but super risky. |
| Dangerous Because | Impairs reasoning, clouds judgement. Long - Term heavy drinking can lead to alcoholism and liver and heart disease. | Can cause heart attacks, strokes and seizures. In rare cases, sudden death on first use. | Can cause abdominal pain, extreme nausea, liver damage. | Can cause severe dehydration, liver and heart failure and even death. | Chronic heroin users risk death by overdose. |
| Signs of Abuse | Slurred speech, lack of coordination, nausea, vomiting, and hang overs. | Nervous behaviour, restlessness, bloody noses, high energy. | Slurred speech, loss of coordination, disorientation, vomiting. | Teeth clenching, chills, sweating, dehydration, anxiety, unusual displays of affection. | Track marks on arms, slowed and slurred speech, vomiting. |
| Important to Know | Being a child of an alcoholic place a child at greater risk for developing alcohol problems. Children unsupervised at parties or clubs place children at greater risk of consumption. | Cocaine is one of the most powerfully addictive drugs. | The "High" from cough medicine is caused by ingesting a large amount of dextromethorphan (DXM) a common active ingredient found in many cough medications. | Can be addictive. Has become a popular club drug because of its stimulant properties which allow users to dance for extended periods of time. | Heroin overdose is a particular risk on the street, where the purity of the drug cannot be accurately known. |

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.

| | Inhalants | Marijuana | Methamphetamine | Performance enhancing drugs | Prescription Pain Relievers |
|------------------------------|---|--|--|--|---|
| Street Names | Snappers, Poppers, Huffing, Glue, Thinners, Solvents. | Dagga, Boom, Dope, Grass, Hash, Herb, Mary Jane, Pot, Reefer, Skunk, Weed. | Ice, Speed, Tik, Meth. | Juice, Rhoids. | Codeine and host of others. |
| Looks Like | Paint thinners, glues, petrol etc. | A green or grey mixture of dried, shredded flowers and leaves of the hemp plant. | White or slightly yellow Chrystal like powder, large rock like chunks. | Tablet, liquid or skin application. | Tablets and capsules. |
| How it's used/abused | Inhaled through nose or mouth. | Smoked, brewed into tea or mixed into foods. | Swallowed, injected, snorted or smoked. | Swallowed or injected or applied to skin. | Swallowed. |
| What Teens Have Heard | A cheap, 20 minute high. | Often easier to get than alcohol. | Can keep you going for days. | Will guarantee a spot on the starting line up. | A free high, straight from the medicine cabinet. |
| Dangerous Because | Chronic exposure can produce significant damage to the heart, lungs, liver and kidneys. Can induce death. | Can cause memory and learning problems, hallucinations, delusions and depersonalisation. | Chronic long term use or high dosages, can cause psychotic behaviour (including paranoia, delusions, hallucinations, violent behaviour, insomnia and strokes). | Boys can develop breasts; girls can develop facial hair and a deepened voice. Can cause heart attacks and strokes. | A large single dose can cause severe respiratory depression that can lead to death. |
| Signs of Abuse | Slurred speech, lack of coordination, nausea, vomiting, and hang overs. | | Nervous, physical activity, scabs and open sores, decreased appetite, inability to sleep. | | Medicine bottles present without illness. Disrupted eating and sleeping patterns. |
| Important to Know | Missing household items, a drunk, dazed or dizzy appearance. | Contrary to popular belief, marijuana can be addictive. | Meth has a high potential for abuse and addiction, putting children at risk, increasing crime and cause environmental harm. | Teens who abuse performance enhancing drugs before their adolescent growth spurts risk staying short and never reaching their full height. | Abusing prescription painkillers is just dangerous and addictive as using heroin. |

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.

| | Prescription Sedatives and Tranquilisers | Prescription Stimulants | Tobacco |
|------------------------------|--|---|---|
| Street Names | Benzodiazepine. | Ritalin. | Cancer stick, Cigarettes, Fags, Smokes. |
| Looks Like | Multicoloured tablets and capsules, some can be in liquid form. | Tablets and capsules. | Brown, cut up leaves. |
| How it’s used/abused | Swallowed or injected. | Swallowed or injected or snorted. | Smoked or chewed. |
| What Teens Have Heard | A great release of tension. | Keeps you attentive and focussed. | An oral fixation and appetite suppressant. |
| Dangerous Because | 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. | Taking high doses may result in dangerously high body temperatures and an irregular heartbeat. Potential for heart attacks and lethal seizures. | Cigarette smoking harms every organ in the body and causes coronary heart disease and stroke as well as many forms of cancer. |
| Signs of Abuse | Slurred speech, shallow breathing, sluggishness, disorientation, lack of coordination. | Lack of appetite, increased alertness, attention span and energy. | |
| Important to Know | Using prescription sedatives with alcohol can slow both the heart and respiration and possibly lead to death. | Many teens abuse this prescribed medication to help them cram for exams or suppress their appetite. | Second hand smoke contributes to deaths related to cardiovascular disease. |

“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.

1. People who abuse drugs are weak-willed individuals who could control their craving for drugs if they tried.

True **or False**

2. Illicit drug use has declined among teens.

True **or False**

3. Marijuana is the most commonly abused illicit drug in South Africa.

True **or False**

4. Although “club drugs” got their start at all – night dance parties among teens, these illicit drugs have moved into the mainstream culture.

True **or False**

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 **or False**

6. Anabolic steroids are the same as corticosteroids, and both types of drugs have the same dangerous side effects.

True **or False**

7. Even one session of repeated “sniffing” of an inhalant can cause heart failure and death.

True **or False**

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.

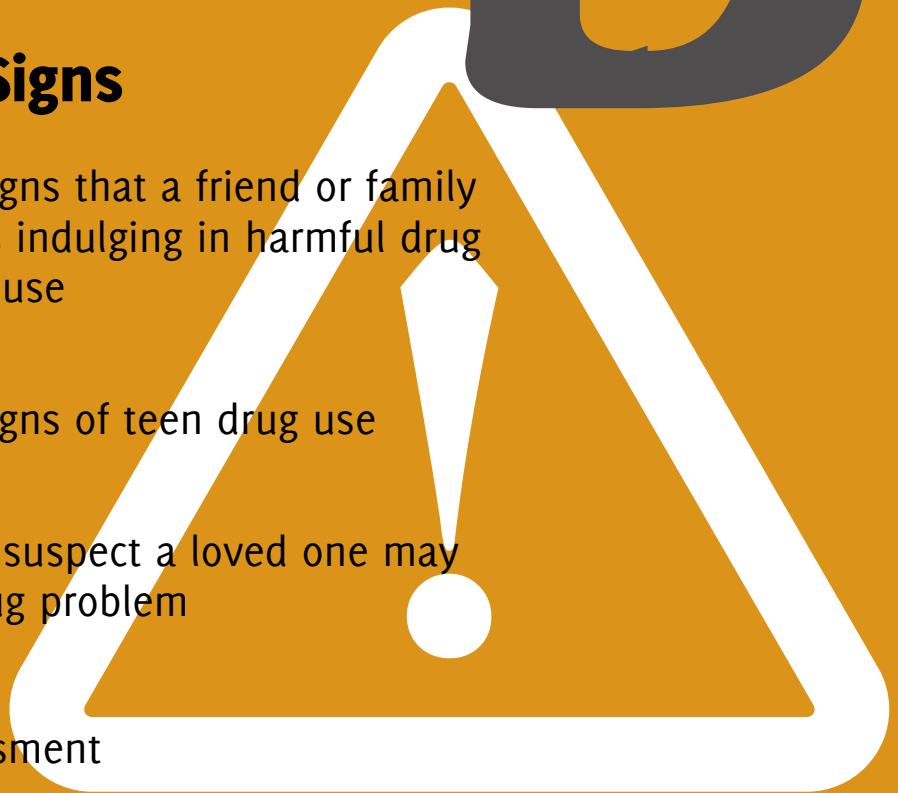
Notes

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



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:

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).

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.

Be prepared for excuses and denial with specific examples of behaviour that has you worried.

- **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.

| | |
|--|--|
| 1. When I drink, I often drink until I am drunk or there is nothing left to drink? Yes <input type="checkbox"/> No <input type="checkbox"/> | 6. In the last year, have you ever drunk or used drugs more than you meant to? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Occasionally, I use illicit drugs or use a prescription drug to get high. Yes <input type="checkbox"/> No <input type="checkbox"/> | 7. Have you had a feeling of guilt or remorse after drinking or drug use? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. It now takes more drugs or alcohol for me to get high or intoxicated than when I first started. Yes <input type="checkbox"/> No <input type="checkbox"/> | 8. Have you failed to do what was normally expected from you because of drinking or drug use? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. I function best in groups when I am making high-risk drinking or drug choices. Yes <input type="checkbox"/> No <input type="checkbox"/> | 9. Have you been unable to remember what happened the night before because you had been drinking or using? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Have you wanted, asked to or needed to cut down on your drinking or drug use in the last year? Yes <input type="checkbox"/> No <input type="checkbox"/> | 10. Have you needed a drink (or drug) in the morning to get yourself going after a heavy drinking (or drug using) episode? Yes <input type="checkbox"/> No <input type="checkbox"/> |

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 | <input type="text"/> | No | <input type="text"/> |
|-----|----------------------|----|----------------------|

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

Notes

Annexure

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.

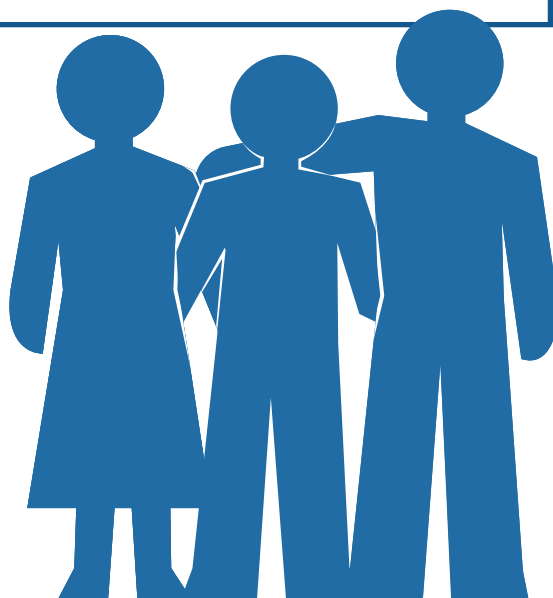
8 Be consistent in the way you apply your limits and their consequences. (Be prepared to lose a person's affection for a while. Avoid feeling guilty for their poor decisions. This does not make you a bad person).

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

“Get support and help...”



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 to 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 is 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.

“...may end up with a criminal record and may be sentenced to prison,...”



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.

Notes

Annexure



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 necessarily 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.

D10. Fetal Alcohol Syndrome (FAS)

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 Lönnroth, Jayadeep Patra; Vladimir Poznyak; and Svetlana Popova;

For the full article go to: <http://www.biomedcentral.com/1471-2458/9/450/prepub>

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

Notes

Annexure

E

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, become 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

of detoxification services can be provided at Community Health Centre level as an outpatient service.

Department of Health **does not** provide rehabilitation services for substances this is the mandate of the Department of Social Development; except for Alcohol Rehabilitation (30 bedded unit at Stikland Hospital), which has historically been attached to the Department of Health.

Issued by DEPARTMENT OF HEALTH

E5. Drugs and HIV/AIDS

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/idu>

“...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.”



Notes

Annexure

Information for Educators

F1 Drugs and Alcohol – Guidelines for Schools



F1. Drugs and Alcohol – Guidelines for Schools

In December 2002, the South African Government promulgated its Policy Framework for the Management of Drug Abuse by Learners in Schools and in Public Further Education and Training Institutions.

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

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Annexure

G

Further Information for Officers of the Law

- G1** Harmful drug and alcohol use – and the Law
- G2** Brief Summary of Prevention and Treatment of Drug Dependency Act 20 of 2008
- 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.



G2. Brief Summary of Prevention and Treatment of Drug Dependency Act 20 of 2008

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 (See: Schedule of Drugs elsewhere) 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:

(1) 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 there from 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 under 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.

(4) (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-

5 (a) shall have access to a person detained in terms of this section, except with the consent of the magistrate and

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 1 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 of1992 Sch. 2
Sch. 2 Drugs and Drug Trafficking Act,
No.140 of1992 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 diphenoxylic 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.
Dimepheptanol.
Dimethylthiambutene.
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.

Etonitazene.

Etorphine.

Etoperidine.

Fenproporex.

Fentanyl.

Furethidine.

Hydrocodone (dihydrocodeinone).

Hydromorphanol (14-hydroxydihydromorphine).

Hydromorphone (dihydromorphinone).

Hydroxypethidine.

Isomethadone.

Ketobemidone.

Levomoramide.

Levophenacymorphan.

Levorphanol.

Mecloqualone.

Mefenorex.

Metazocine.

Methadone.

Methadone-intermediate.

Methorphan, including levomethorphan and racemethorphan, but excluding dextromethorphan.

Methyldesorphine.

Methyldihydromorphine.

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 dihydrohydroxycodone).

Oxymorphone (14-hydroxydihydromorphinone or dihydrohydroxymorphinone).

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

Phenadoxone.

Phanampromide.

Phenazocine.

Phendimetrazine.

Phenomorphane.

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-dibenzo [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-phen-

ethyl)-4-piperidyl)propionanilide;

3-methyl-thio-fentanyl;

para-fluoro-fentanyl; and

thiofentanyl.

Harmaline (3,4-dihydrobarmine).
Harmine [7-methoxy-1-methyl-9H-pyrido (3,4-b)-indole].
Herion (diacetylmorphine).
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 metha-qualone 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-analogues: 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-trimethoxy amphetamine (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, 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.

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

Department of Education, South Africa: www.doh.gov.za

Department of Justice: www.justice.gov.za

South African Police Service: www.saps.gov.za

Department of Social Development: www.dsd.gov.za

City of Cape Town Alcohol and Substance Abuse website:
<http://www.capetown.gov.za/en/drugs/Pages/default.aspx>

Medical Research Council: www.mrc.ac.za

National Institute on Drug Abuse: <http://www.nida.nih.gov/nidahome.html>

Red Book Drugs (PDF of the Book):
<http://www.nida.nih.gov/pdf/prevention/RedBook.pdf>

Drug Addiction Help: <http://www.na.org.za>

Drug Awareness: <http://www.saps.gov.za/drugs/factfile.htm>

Drug Educational Council Ministries: <http://drugedu.co.za>

Drug Legislation (National Drug Policy for South Africa):
<http://www.doh.gov.za/docs/policy/drugsjan1996.pdf>

Helping Hands - Knysna: <http://www.helpinghands.za.com>

Namaqua Treatment Centre: www.namaqua-rehab.co.za

South African Council on Alcoholism and Drug Dependence (SANCA):
www.sancanational.org.za

South African Government Information: <http://www.gov.za>

South African Health Information: <http://www.sahealthinfo.org>

South African Red Cross Society: www.redcross.org.za

Stepping Stones: <http://www.stepsstones.co.za>

National Drug Master Plan (PDF):
[http://www.capegateway.gov.za/other/2009/5/national_drug_master_plan_\(2006-2011\)_a.pdf](http://www.capegateway.gov.za/other/2009/5/national_drug_master_plan_(2006-2011)_a.pdf)

IDPC Drug Policy Guidelines Version 11/2010: <http://www.idpc.net>

Google the above for more information.

Notes

Annexure

I1 Glossary of Terms



11. Glossary of Terms

A

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 dehydrogenase 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 dehydrogenase. 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.

B

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.

C

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” of 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 opiod 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.

D

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.

E

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.

F

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.

G

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.

Glial cells. 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.

H

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.

I

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.

K

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 Wernicke-Korsakoff's syndrome.

L

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.

M

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.

O

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 myeline 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.

P

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.

Q

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.

R

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.

S

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).

T

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.

V

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.

W

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.**

X

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

Notes

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>

