



HEALTH SECTOR DRUG MASTER PLAN

2019/25



health

Department:
Health
REPUBLIC OF SOUTH AFRICA





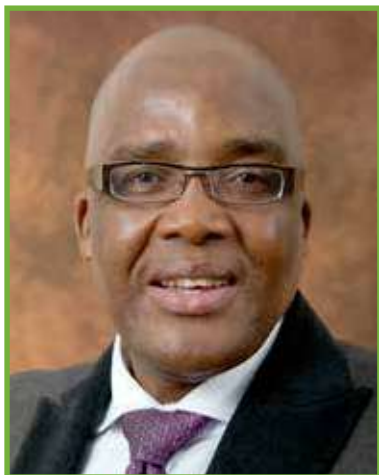
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FOREWORD BY THE MINISTER



South Africa, like many parts of the world is experiencing increased use of alcohol and other psychoactive substances. It reaches across social, racial, cultural, religious and gender barriers. Local studies have identified the link between substance use and various health and social problems, in particular, mental and physical health problems, communicable and non-communicable diseases, child abuse and neglect, family violence, intentional and unintentional injuries, road accidents and premature deaths. Abuse of alcohol and other psychoactive substances places a heavy burden on public health systems in terms of the prevention, treatment, care and rehabilitation of substance use disorder and their health-related consequences.

In line with its mandate, the Department of Health will implement a comprehensive package of substance use control measures that cover the entire public health continuum- from primary prevention and risk reduction to early intervention, treatment, care, recovery, rehabilitation and social reintegration that is grounded in the fundamental public health precepts of equity, social justice and human rights. More attention will be given to the specific health needs of vulnerable people such as children, young people, women and people who use drugs, including people who inject drugs and sex workers.

This Health Sector Drug Master Plan outlines the activities that the health sector will undertake in response to alcohol and other psychoactive substance use problem, in line with the three international drug control conventions, the 2016 United Nations General Assembly Special Session (UNGASS) outcome document and its operational recommendations, the Sustainable Development Goals (SDGs), the National Development Plan 2030 (NDP), and the National Drug Master Plan (NDMP). The implementation of this Health Sector Drug Master Plan will contribute in improving a long and healthy life for all South Africans.

A handwritten signature in black ink, appearing to be 'AP Motsoaledi', written over a faint circular watermark or logo.

Dr AP Motsoaledi, MP
Minister of Health

ACNOWLEDGEMENT BY THE DIRECTOR-GENERAL



Alcohol and other psychoactive substance misuse remains a growing problem in South Africa. Local research indicates the increasing prevalence of substance use, especially among the youth. Substance misuse is a major contributor to an escalation of health and socio-economic problems, which affect the individual, families, communities and broader society.

The Health Sector Drug Master Plan translates the recommendations from stakeholders that the national Department of Health consulted regarding the "public health dimensions of narcotic drugs and psychotropic substances problem". It draws from inputs from government departments involved in combating substance abuse, healthcare experts in the field of addiction medicine, public health and family medicine, relevant non-governmental organisations (NGOs) and non-profit organisations (NPOs), development partners, academic researchers and institutions, the Central Drug Authority (CDA), rehabilitated drug users, the Global Commission on Drug Policy and the United Nations Office on Drugs and Crime (UNODC) regional representative.

The Health Sector Drug Master Plan was further informed by research evidence covering a wide range of topics in substance abuse, including prevention of substance use disorder, treatment of substance use disorder, rehabilitation, recovery and social re-integration, prevention of HIV/AIDS, viral hepatitis and other related blood-borne infectious diseases among injecting drug users.

The Health Sector Drug Master Plan outlines strategic activities that the health sector will implement in responding to substance use. The goal of the Health Sector Drug Master Plan is to:

- ensure the availability of and access to narcotic drugs and psychotropic substances exclusively for medicinal and scientific purpose while preventing their diversion
- provide accessible and affordable evidence-based prevention, early detection, treatment, rehabilitation and after care services for substance use disorder
- minimise the adverse public health and social consequences of narcotic and psychoactive substances

The national Department of Health would like to express its sincere gratitude to all stakeholders and persons who contributed to the development of the Health Sector Drug Master Plan. I would like to thank the technical task team that reconvened to translate the output of the consultative workshops on the public health dimensions of narcotic drugs and psychotropic substances problem; Prof. Solomon Rataemane (chairperson), Shaun Shelly, Dr Nadine Harker Burnhams, Prof. Jannie Hugo, David Bayever, Griffiths Molewa, Prea Ramdhuny, Dr Antoinette Basson, and all officials within the national Department of Health who coordinated and facilitated these processes.

MP Matsoso

Director-General: Health

GLOSSARY OF TERMS

Drug or substance abuse: Encompasses psychoactive or dependence-producing drugs such as alcohol, nicotine, over-the-counter and prescription medication as well as illicit drugs such as cannabis, cocaine and heroin. (As defined in the National Drug Master Plan 2013-2017).

Dual diagnosis/co-morbidities: A patient has both a substance use disorder and another health disorder. These are often co-occurring psychiatric disorders but can also refer to co-morbid health conditions including HIV/AIDS, tuberculosis (TB), Hepatitis C, communicable and non-communicable disease.

National Drug Master Plan: A single document, adopted by government, outlining all national concerns regarding drug control.

Precursor chemical: A substance frequently used in the illicit manufacturing of narcotic drugs or psychotropic substances as defined in Article 12 of the 1988 UN Convention against Illicit Drugs and Psychotropic Substances mentioned in Table I and Table II annexed to the Convention.

Prevention: Prevention is designed to prevent or delay the onset of substance use and reduce its health and social consequences through universal, selective or indicated interventions at primary, secondary or tertiary levels of care.

Public health: The science of protecting and improving the health of families and communities through the promotion of healthy lifestyles, research for disease and injury prevention and detection and control of infectious diseases.

Substances: Chemical, psychoactive substances that are prone to be abused including tobacco, alcohol, over-the-counter drugs, prescription drugs and substances defined in the Drugs and Drug Trafficking Act, 1992 (Act 140 of 1992), or prescribed by the minister after consultation with the South African Health Products Regulatory Authority established by section 2 of the Medicines and Related Substance Control Act, 1965 (Act 101 of 1965) or by the International Narcotics Control Board.

Substance use disorders (SUDs): Substance use disorders are mental and behavioral disorders resulting from psychoactive substance use as described in the Diagnostic and Statistical Manual of Mental Disorders (DSM V) or the International Classification of Diseases (ICD 10).

Treatment: The provision of specialised social, psychological and medical services to service users and to persons affected by substance use with a view to addressing the social and health consequences associated therewith as defined in the Prevention of and Treatment for Substance Abuse Act, 2008 (Act 70 of 2008).

ACRONYMS

AIDS	Acquired Immune-Deficiency Syndrome
BI	Brief interventions
BMI	Brief motivational interventions
CDA	Central Drug Authority
DHIS	District Health Information System
EML	Essential Medicines List
FAS	Fetal Alcohol Syndrome
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HOD	Head of department
HPCSA	Health Professions Council of South Africa
HSDMP	Health Sector Drug Master Plan
MEC	Member of the executive council
NDMP	National Drug Master Plan
NDP	National Development Plan 2030
NGO	Non-governmental organisation
NHC	National Health Council
NPO	Non-profit organisation
OTC	Over-the-counter
PWID	People who inject drugs
SACENDU	South African Community Epidemiology Network on Drug Use
SAHPRA	South African Health Products Regulatory Authority
SAMRC	South African Medical Research Council
SANC	South African Nursing Council
SBIRT	Screening, brief intervention and referral to treatment
SDG	Sustainable Development Goals
STGs	Standard Treatment Guidelines
STIs	Sexually transmitted infections
SUDs	Substance use disorders
TB	Tuberculosis
UN	United Nations
UNGA	United Nations General Assembly
UNGASS	United Nations General Assembly Special Session on Drugs and Crime
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

1. BACKGROUND

Globally it is estimated that about 275 million people between the ages of 15 and 64 years worldwide used drugs at least once in 2016 and that over 31 million people who use drugs are estimated to suffer from drug use disorders (UNODC 2018). Despite this, only one in six people with drug use disorders are in treatment. The burden associated with the use of licit or illicit substances is high, with an estimated 450 000 drug-related deaths reported in 2015 (UNODC 2018).

As in the rest of the world, substance use disorders (SUDs) in South Africa place an immense health and socio-economic burden on society (Matzopoulos et al 2014). SUDs reach across social, cultural, language, religious and gender barriers. The first nationally representative psychiatric epidemiological study, the South African Stress and Health (SASH) Survey found that 16.5 per cent of adults have experienced a mood, anxiety or substance use disorder in the previous 12 months. Lifetime prevalence of substance use disorders among South African adults is 13.3 per cent, with past year prevalence of substance use disorders being 5.8 per cent. Among these 12 month prevalent cases, approximately 30.9 per cent have a severe substance use disorder (Herman et al 2009, Stein et al 2009).

Data collected from specialist substance abuse treatment centres in South Africa shows that the most frequently used substances among patients admitted for specialist care are alcohol, cannabis, cocaine, heroin (and its related concoction such as whoonga and nyaope), over-the-counter (OTC) and prescription medicines, amphetamine type stimulants (ecstasy), crystal-methamphetamine (tik), and methcathinone (cat) (Dada et al 2018). Slight variations in primary substance of abuse remain at provincial levels, for instance, in the review period January to June 2017, alcohol was reported as the dominant substance of abuse among patients admitted to treatment centres in the Eastern Cape, Kwazulu-Natal and Central Region (Dada et al 2018).

The injection of substances, especially heroin, provides a particular health risk in the midst of the HIV epidemic and the rapid spread of Hepatitis C Virus (HCV) infection amongst people who inject drugs (PWID) (Dada et al 2018).

The abuse of alcohol is a growing problem in South Africa. Recent epidemiological data in South Africa shows that between 16 per cent (Northern Region) and 43 per cent (Central Region) of patients in treatment reported alcohol as a primary drug of abuse (Dada et al 2018). The harmful use of alcohol is associated with mental and physical health problems that includes, among others, neuropsychiatric disorders such as depression or anxiety disorders, gastro intestinal diseases such as liver cirrhosis, cancers, intentional and unintentional injuries, infectious diseases such as HIV, TB, sexually transmitted infections (STIs) and Fetal Alcohol Syndrome (FAS) (UNODC 2018, WHO 2018).

Non-medical use of OTC or prescription medicine such as analgesics, benzodiazepines and amphetamines continue to be a problem in South Africa (Dada et al 2015). The South African Community Epidemiology Network on Drug Use (SACENDU) data shows that treatment admission of patients seen at specialist treatment centers for OTC or prescription medicines as a primary or secondary drug of abuse is between two per cent in the Northern Region and five per cent in the Eastern Region (Dada et al 2018). However, the percentage of people who use OTC or prescription medicine can be higher as the vast majority are unlikely to seek treatment at specialist treatment centers as they do not view themselves as needing help (Dada et al 2015). Non-medical use of OTC or prescription medicine may lead to increased risk of overdose, acute side effects, medication withdrawal symptoms, dependence and mental health problems that include depression and anxiety (UNODC 2011).

In recognition of the problems that may be caused by inappropriate use of substances, their use has been regulated by the three international drug control conventions namely, the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971, and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1998 (UNODC 2013). The three international drug control conventions established applicable control measures internationally to ensure that psychoactive substances are available for medical, scientific and research purposes, while preventing them from being diverted into illegal channels (UNODC 2013).

Target 3.5 of Sustainable Development Goal 3 commits governments to “strengthen the prevention and treatment of substance abuse”. A range of other targets are of particular relevance to drug control, particularly target 3.3 on ending the AIDS epidemic and combating hepatitis, target 3.4 on prevention and treatment of non-communicable disease and promotion of mental health, target 3.8 on universal health coverage and target 3.b on providing access to essential medicines (UN 2016).

In 2016, the United Nations General Assembly (UNGA) that was comprised of 193 member states, United Nations (UN) agencies and civil society representatives, convened a United Nations General Assembly Special Session (UNGASS) on the World Drug Problem.

The UNGASS adopted the outcome document and its operational recommendations that were prepared by the Commission on Narcotic Drugs. The UNGASS outcome document is a commitment by member states to effectively address and counter the world drug problem (UN 2016).

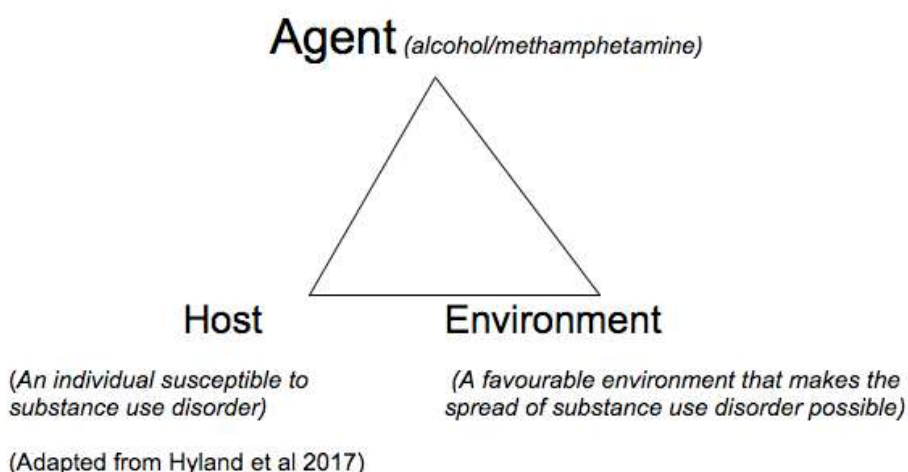
As a signatory to the three international conventions on drug control, South Africa has translated these through several mechanisms including policies, legislation, protocols and practice guidelines. Health sector legislation and policies aligned to the three international drug control conventions include the Medicines and Related Substances Act, 1965 (Act 101 of 1965) as amended, the Pharmacy Act, 1974 (Act 53 of 1974), the Drug Trafficking Act, 1992 (Act 140 of 1992), and the Prevention of and Treatment for Substance Abuse Act, 2008 (Act 70 of 2008).

The Prevention of and Treatment for Substance Abuse Act is the primary legislation governing substance abuse in South Africa. The Act provides for the establishment of the Central Drug Authority (CDA) to monitor and oversee the implementation of the National Drug Master Plan (NDMP). In accordance with the NDMP, specific departments are charged with developing operational plans in line with their core functions, hence the Health Sector Drug Master Plan (HSDMP).

Despite existing legislation and policies, South Africa continues to experience an increase in the use of narcotic drugs and psychotropic substances. Furthermore, there are emerging challenges of new psychoactive substances and precursor chemicals (UN 2017). The HSDMP outlines activities as well as strategic interventions that the health sector will implement in responding to substance use disorders through clearly defined action steps and targets. The health sector has adopted the public health model as the method to addressing substance use problems (Figure 1).

The public health model emphasises the overall health of the public rather than the health of one individual. The public health model uses a three-prong approach to prevention and treatment of substance use disorders that targets efforts at the agent, the host, and the environment. Threats to public health requires a susceptible host (the user or individual susceptible to a substance use disorder), an infectious agent (the microbe that causes the disease/risk factors, for example alcohol/methamphetamine), and a supportive environment (an environment that makes the spread of disease possible, such as unsafe living conditions). In the public health model, prevention and treatment of substance use disorders consists of intervening at any level (host, agent or environment) in varying degrees (Hyland et al 2017).

Figure 1: The Public Health Model



2. RELEVANT LEGISLATION

Allied Health Professionals Act, 1982 (Act 63 of 1982)
 Criminal Procedure Act, 1977 (Act 51 of 1977)
 Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act 54 of 1972), as amended
 Health Professions Act, 1974 (Act 56 of 1974)
 Medicines and Related Substances Act, 1965 (Act 101 of 1965)
 Mental Health Care Act, 2002 (Act 17 of 2002)
 National Health Act, 2003 (Act 61 of 2003)
 Nursing Act, 2005 (Act 33 of 2005)
 Pharmacy Act, 1974 (Act 53 of 1974)
 Prevention of and Treatment for Substance Abuse Act, 2008 (Act 70 of 2008)
 South African Medical Research Council Act, 1991 (Act 58 of 1991)
 Tobacco Products Control Act, 1993 (Act of 1993)

3. VISION

A healthy South Africa free of substance misuse

4. MISSION

To provide accessible and affordable evidence-based prevention, early detection, treatment, rehabilitation and after care services for persons at risk or afflicted with a substance use disorder and minimise the adverse health and social consequences of narcotic and psychoactive substances.

5. STRATEGIC GOALS

The five-year strategic goals of the HSDMP are to:

- reduce the demand for alcohol and other psychoactive substances
- increase the availability of and access to controlled substances exclusively for medical, scientific and research purposes, while preventing their diversion
- strengthen regulation of the cultivation, production, possession, manufacturing, storage, trade and distribution of narcotic and psychotropic substances for medical, scientific and research purposes
- improve the scientific evidence base for control, strategic measures and technical capacity to tackle and manage the challenge of new psychoactive substances and amphetamine-type stimulants
- improve institutional capacity for prevention, early detection, treatment, rehabilitation and after care services for substance use disorder
- strengthen monitoring, evaluation and research on substance use disorder

5.1 Strategic Goal 1

To reduce the demand for alcohol and other psychoactive substances

Objectives

- (a) Prevention of substance use disorders
 - Delay uptake or early initiation of alcohol and other psychoactive substances by people, in particular children and the youth.
 - Reduce progression to severe substance use disorder for people at risk of such progression.
 - Increase the availability, coverage and quality of scientific evidence-based substance use prevention measures in multiple settings.
- (b) Treatment of substance use disorders
 - Increase access to comprehensive management of substance use disorders treatment, rehabilitation, recovery and social integration.
- (c) Prevention, treatment and care of HIV/AIDS, viral hepatitis and other blood-borne infectious diseases among injecting substance users
 - Increase equitable access to evidence-based, informed HIV-prevention and substance use disorder medications, such as appropriate agonist and partial-agonist therapies and antagonist overdose-reversal medications, at community, primary, secondary and tertiary levels of the public health system.

5.2 Strategic Goal 2

To increase the availability of and access to controlled substances exclusively for medical, scientific and research purposes, while preventing their diversion

Objectives

- (a) Access to controlled substances
 - Improve access to controlled and psychotropic substances while concurrently preventing their diversion, abuse and trafficking.
- (b) Affordability of controlled substances for medical, scientific and research purposes
 - Improve affordability of controlled substances for medical, scientific and research purposes while ensuring their quality, safety and efficacy.

5.3 Strategic Goal 3:

To strengthen regulation of cultivation, production, possession, manufacturing, storage, trade and distribution of narcotic and psychotropic substances for medical, scientific and research purposes.

Objectives

- Strengthen control of access to narcotic and psychotropic substances.

5.4 Strategic Goal 4:

To improve the scientific evidence base for control, strategic measures and technical capacity to tackle and manage the challenge of new psychoactive substances and Amphetamine-type stimulants

Objectives

- Reduce the non-medical use and misuse of pharmaceuticals containing narcotic and psychotropic substances while ensuring their availability for legitimate and therapeutic purposes.

5.5 Strategic Goal 5:

To improve institutional capacity for prevention, early detection, treatment, rehabilitation and after care services for substance use disorders

Objectives

- Strengthen human resources to manage substance use disorder.
- Improve the knowledge and skills of employees to manage substance use disorder.

5.6 Strategic Goal 6:

To strengthen monitoring, evaluation and research on substance use disorder

Objectives

- Strengthen surveillance on the nature and extent of substance use disorder.
- Strengthen evaluation and research on implementation of substance use policies and programmes.

6. VALUES AND PRINCIPLES

Values	Principles
Human Rights	The human rights of people who use substances and with substance use disorder should be promoted and protected. Fundamental freedoms and the inherent dignity of all individuals and the rule of law in the development and implementation of drug policies should be protected.
Patient Rights	A significant proportion of people who use substances are patients. The Patients' Rights Charter of the national Department of Health applies fully to the care situations and interactions.
Accessibility and equity	People with substance use disorder should have equitable access to a broad range of interventions, including psychosocial, behavioral and medication-assisted treatment regardless of geographical location, economic status, race, gender or social condition.
Participation	People with substance use disorder should be involved in the planning, delivery and evaluation of mental health and substance use services. Self-help and advocacy groups should be encouraged for participation.
Efficiency and effectiveness	The limited resources available for mental health and substance use should be used efficiently, for maximum effects. Intervention for substance use disorders should be informed by the best available scientific evidence for effectiveness.
Protection against vulnerability	Developmental vulnerabilities to substance use disorders associated with life stages of infancy, middle childhood, adolescence, adulthood and old age, as well as vulnerabilities associated with gender (including pregnancy), socio-economic position, ill health and disability should be protected against through the provision of targeted prevention interventions, specifically adapted to address each of the vulnerable areas.
Collaboration	The national Department of Health should work with a range of stakeholders, including other departments and spheres of government, service providers and those that use substances as well as those affected by their use for the purpose of developing appropriate responses.
Comprehensive, layered approach	As with the approach to HIV, it is recognised that there needs to be a concerted effort not just on health promotion and prevention but also resolution of substance use disorders.

7. ROLES AND RESPONSIBILITIES

The roles and responsibilities are consistent with the roles as set out in the Constitution and the National Health Act. The roles of the national Department of Health, South African Health Products Regulatory Authority (SAHPRA), members of executive council (MECs), heads of department (HODs) at national and provincial level, the National Health Council (NHC), provincial health councils and district health councils are set out in the National Health Act. The roles and responsibilities as articulated in this document pertain only to mental health and substance use functions within the overall structure.

7.1 National Department of Health

- 7.1.1 Develop substance use policy in consultation with a range of stakeholders.
- 7.1.2 Support provinces in implementing the Health Sector Drug Master Plan.
- 7.1.3 Ensure intersectoral, interdepartmental, intradepartmental collaboration approach in the management of substance use disorders.
- 7.1.4 Facilitate continuity of care in accordance with patient's rights.
- 7.1.5 Monitor and evaluate substance use policy and legislation implementation.

7.2 South African Health Products Regulatory Authority (SAHPRA)

- 7.2.1 Register medicines based on quality, safety and efficacy and to ensure maintenance of these characteristics throughout the life cycle of the medicinal product.
- 7.2.2 Regulate the manufacturing, importing, exporting, storage and distribution of medicines.
- 7.2.3 Control access to medicines and related substances.
- 7.2.4 Determine the scheduling status of any substance or medicine based on the safety and risk-access profile of the substance.
- 7.2.5 Estimate and assess annual licit drug requirements for narcotic drugs and psychotropic substances (Schedules II, III, IV).
- 7.2.6 Estimate annual legitimate requirements of selected precursor chemicals to prevent diversion of precursor chemicals.
- 7.2.7 Submit statistical information (quarterly/annually) as prescribed.

7.3 Provincial departments of health

- 7.3.1 Translate national policy into provincial strategic and operational plans.
- 7.3.2 Ensure adequate funding for the implementation of the provincial Health Sector Drug Master Plan.
- 7.3.3 Assist and support districts to provide comprehensive substance use services with more emphasis on community-based care.
- 7.3.4 Monitor, evaluate and report on the implementation of the Health Sector Drug Master Plan.

7.4 District health services

- 7.4.1 Provide substance use services in keeping with national and provincial priorities.
- 7.4.2 Include substance use services in the core package of district health prevention, treatment, care, support and rehabilitation services.
- 7.4.3 Develop intersectoral collaboration between a range of sectors involved in substance abuse.
- 7.4.4 Ensure access to psychotropic medication to all appropriate levels of the district health system, as determined by the Essential Medicines List (EML).

7.5 General hospitals

- 7.5.1 Ensure management of co-morbidity of substance use and other health conditions.
- 7.5.2 Manage substance use withdrawal.
- 7.5.3 Refer patients according to the established referral and admission routes, to a health establishment that provides the appropriate level of care, treatment and rehabilitation service.

7.6 Designated psychiatric hospitals, care and rehabilitation centres

- 7.6.1 Ensure management of co-morbidity of psychiatric and substance use.
- 7.6.2 Refer patients according to the established referral and admission routes, to a health establishment that provides the appropriate level of care, treatment and rehabilitation service.

7.7 Other sectors

- 7.7.1 The Prevention of and Treatment for Substance abuse Act provides for the adoption by Cabinet of the National Drug Master Plan. The implementation of the National Drug Master Plan is coordinated by the Minister of Social Development. In discharging this function, the Minister of Social Development is assisted by the Central Drug Authority.
- 7.7.2 The Prevention of and Treatment for Substance Abuse Act, promotes a collaborative approach amongst government departments and other stakeholders involved in combating substance abuse. In this regard the health sector (national Department of Health, provincial health departments and district health authorities) as provided for in the Act will collaborate with stakeholders to ensure the implementation of the National Drug Master Plan.

7.8 Monitoring, evaluation and research

Monitoring of the implementation of the Health Sector Drug Master Plan relies on accurate and timely collection and reporting of data. The national Department of Health shall strengthen the monitoring, evaluation and research on substance use disorders. Primarily data will be collected through the District Health Information System (DHIS). Furthermore, information shall be collected using different methods that include periodic national surveys, surveillance system and other routine data collection instruments. The department, in collaboration with key departments, will comply with the information obligation regarding cultivation, production, possession, manufacturing, storage, trade and distribution of narcotic and psychotropic substances for medical, scientific and research purposes.

8. ACTION PLAN FOR THE NATIONAL DEPARTMENT OF HEALTH

Goal 1: To reduce the demand for alcohol and other psychoactive substances				
Objectives	Action	Indicators	Target	Responsible unit
Prevention of substance use disorders Delay uptake or early initiation of alcohol and other psychoactive substances by people, in particular children and the youth	Develop guidelines on prevention of substance use disorder in line with <i>International Standards on Substance Use Prevention</i>	Guidelines on prevention of substance use disorder developed	Guidelines on prevention of substance use disorder developed	National Department of Health, provincial departments of health and district health authorities
	Implementing the guidelines on prevention of substance use disorder	All nine provinces implementing the guidelines on prevention of substance use disorder	All the nine provinces implementing the guidelines on prevention of substance use disorder	
Reduce progression to severe substance use disorder for people at risk of such progression	Institutionalise universal screening, brief intervention and referral to treatment (SBIRT) in all levels of healthcare delivery system	Universal SBIRT is implemented at all levels of healthcare delivery system, including home-based care and primary healthcare system	Universal SBIRT is implemented at all levels of healthcare delivery system	National Department of Health, provincial departments of health and district health authorities
Increase the availability, coverage and quality of scientific evidence based substance use prevention measures in multiple settings	Develop and implement substance use public awareness campaigns strategy with the provinces	Substance use public awareness campaigns strategy developed and implemented with provinces	Substance use public awareness campaigns strategy developed and implemented	National Department of Health, provincial departments of health and district health authorities
	Develop a policy framework on medication assisted treatment, including opioid substitution therapy (OST) (aligned to <i>Standard Treatment Guidelines and Essential Medicines List</i>)	Policy framework on medication assisted treatment, including opioid substitution therapy (OST) developed	Policy framework on medication assisted treatment, including opioid substitution therapy (OST) developed	National Department of Health
Prevention, treatment and care of HIV/AIDS, viral hepatitis and other blood-borne infectious diseases among injecting substance users	Support the implementation of Goal 3 of South Africa's <i>National Strategic Plan for HIV, TB, and STIS 2017-2022</i> with regard to the targets that have been set for prevention, treatment and care of HIV/AIDS, viral hepatitis and other blood-borne infectious diseases among injecting substance users	Percentage of people who inject drugs receiving opioid substitution therapy(OST)	0.6% for FY2021/22	National Department of Health and SANAC
Goal 2: To increase the availability of and access to controlled substances exclusively for medical, scientific and research purposes, while preventing their diversion				
Objectives	Action	Indicators	Target	Responsible unit
Access to controlled substances Improve access to controlled and psychotropic substances while concurrently preventing their diversion, abuse and trafficking	Review existing STGs and EML to ensure access to controlled substances, including for the relief of pain, suffering and substance use disorders	Updated STGs and EML available	Updated STGs and EML available	National Department of Health
Affordability of controlled substances for medical, scientific and research purposes Improve affordability of controlled substances for medical, scientific and research purposes while ensuring their quality, safety and efficacy	Develop a national supply management system that comprise selection, quantification, procurement, storage, distribution and use of medication	National supply management system for selection, quantification, procurement, storage, distribution and use of medication developed	National supply management system for selection, quantification, procurement, storage, distribution and use of medication developed	SAHPRA and national Department of Health

Goal 3: To strengthen regulation of the cultivation, production, possession, manufacturing, storage, trade and distribution of narcotic and psychotropic substances for medical, scientific and research purposes					
Objectives	Action steps	Indicators	Target	Responsible unit	
Control of access to narcotic and psychotropic substances Strengthen control of access to narcotic and psychotropic substances	Implementation of the legislation and regulation of the cultivation, manufacture and use of plants containing controlled substances (e.g. cannabis)	Compliance to legislation/ regulation regarding the cultivation, manufacture and use of plants containing controlled substances available	Compliance to the laws and regulation regarding the cultivation, manufacture and use of plants containing controlled substances available	SAHPRA and national Department of Health	
	Determine the estimate of quantities of narcotics and psychotropic substances and products to be consumed for medical and scientific purposes	Estimate report of quantities of narcotics and psychotropic substances and products to be consumed for medical and scientific purposes	Estimate report of quantities of narcotics and psychotropic substances and products to be consumed for medical and scientific purposes		
	Determine the estimates of quantities of narcotic substances to be utilised for the manufacture of other narcotic substances of preparations in schedule III of the 1961 UN Convention, and of substances not covered by the convention	Estimates report of quantities of narcotic substances to be utilised for the manufacture of other narcotic substances of preparations in schedule III of the 1961 UN Convention, and of substances not covered by this convention	Estimates report of quantities of narcotic substances to be utilised for the manufacture of other narcotic substances of preparations in schedule III of the 1961 UN Convention, and of substances not covered by this convention		
	Quantify stock of drugs to be held as at 31 December of the year which the estimate relates	Report on quantity of stocks of drugs held as at 31 December of the year which the estimate relates available	Report on quantity of stocks of drugs held as at 31 December of the year which the estimate relates available		
	Regulate industrial and commercial establishments that manufacture narcotic and psychotropic substances	Monitoring visit/audit report of industrial establishments that manufacture narcotic and psychotropic substances	Monitoring visit/audit report of industrial establishments that manufacture narcotic and psychotropic substances		
	Determine the estimate quantities of synthetic narcotic substances to be manufactured	Report on the estimate quantities of synthetic narcotic substances to be manufactured	Report on the estimate quantities of synthetic narcotic substances to be manufactured		
	Collate quarterly and annual statistical data in respect of production, manufacture, utilisation and consumption, import and export of narcotic and psychotropic substances for use in monitoring evaluation and research	Quarterly and annual statistical data in respect of production, manufacture, utilisation and consumption, import and export of narcotic and psychotropic substances	Quarterly and annual statistical data in respect of production, manufacture, utilisation and consumption, import and export of narcotic and psychotropic substances available		SAHPRA and national Department of Health

Goal 4: To improve the scientific evidence base for control, strategic measures and technical capacity to tackle and manage the challenges of new psychoactive substances and amphetamine-type stimulants				
Objectives	Action steps	Indicators	Target	Responsible unit
New psychoactive substances Reduce the non-medical use and misuse of pharmaceuticals containing narcotic and psychotropic substances while ensuring their availability for legitimate and therapeutic purposes	<i>Identify and monitor trends in the composition, production, prevalence and distribution of new psychoactive substances</i>	Report on trends in the composition, production, prevalence and distribution of new psychoactive substances available	Trends in the composition, production, prevalence and distribution of new psychoactive substances identified and monitored	SAHPRA and NDoH
	Identify and monitor patterns of use and adverse consequences of new psychoactive substances	Monitoring report on patterns of use and adverse consequences of new psychoactive substances Identified and monitored	Patterns of use and adverse consequences of new psychoactive substances Identified and monitored	
	Assess the risk to health and safety of individuals and society as a whole and the potential uses of new psychoactive substances for medical and scientific purposes	Risk to health and safety of individuals and society as a whole and the potential uses of new psychoactive substances for medical and scientific purposes assessed	Risk to health and safety of individuals and society as a whole and the potential uses of new psychoactive substances for medical and scientific purposes assessed	SAHPRA and national Department of Health
	Develop and strengthen domestic and national legislative, regulatory, administrative and operational response to new psychoactive substances	Domestic and national legislative, regulatory, administrative and operational response to new psychoactive substances developed and strengthened	Domestic and national legislative, regulatory, administrative and operational response to new psychoactive substances developed and strengthened	
Amphetamine-type stimulants, including methamphetamine	Support existing research related to amphetamine-type stimulants	Existing research related to amphetamine-type stimulants supported	Existing research related to amphetamine-type stimulants supported	SAHPRA and national Department of Health
	Strengthen cooperation at all levels in tackling amphetamine-type stimulants, including methamphetamine.	Cooperation at all levels in tackling amphetamine-type stimulants, including methamphetamine strengthened	Cooperation at all levels in tackling amphetamine-type stimulants, including methamphetamine	
Non-medical use and misuse of pharmaceuticals	Enhance the sharing of information on the misuse of pharmaceuticals containing narcotic and psychotropic substances	Information on the misuse of pharmaceuticals containing narcotic and psychotropic substances shared with stakeholders	Information on the misuse of pharmaceuticals containing narcotic and psychotropic substances shared with stakeholders	SAHPRA, national and provincial health departments
	Develop and implement countermeasures and supportive public health, education and socioeconomic strategies to effectively address and counter the non-medical use and misuse of pharmaceuticals that contain narcotic substances	Countermeasures and supportive public health, education and socioeconomic strategies to effectively address and counter the non-medical use and misuse of pharmaceuticals that contain narcotic substances developed and implemented	Countermeasures and supportive public health, education and socioeconomic strategies to effectively address and counter the non-medical use and misuse of pharmaceuticals that contain narcotic substances developed and implemented	
	Evidence-based review and scheduling of the most prevalent, persistent and harmful substances	Review report and scheduling of the most prevalent, persistent and harmful substances	Review report and scheduling of the most prevalent, persistent and harmful substances	SAHPRA and national Department of Health

Goal 5: To improve institutional capacity for prevention, early detection, treatment, rehabilitation and after care services for substance use disorder				
Objectives	Action	Indicators	Target	Responsible unit
Strengthen human resources to manage substance use disorder	Develop a training programme on substance use disorder	Training programme on substance use disorder	Training programme on substance use disorder developed	National Department of Health
Improve knowledge and skill for employees on substance use disorder	Engage with the relevant councils (Health Professional Council of South Africa, South African Nursing Council, and Allied Health Professional Council), training institutions (universities, colleges etc.) to introduce content and courses on substance use	Training institutions include substance use disorder as part of their training curriculum	Training institutions include substance use disorder as part of their training curriculum	
	Explore the feasibility of creating a sub-specialty and training in mental health for substance use with the relevant professional councils (HPCSA, SANC, etc.)	Substance use disorders recognised by relevant health professional councils as sub-specialty of mental health	Substance use disorders recognised by relevant health professional councils as sub-specialty of mental health	
Goal 6: To strengthen monitoring, evaluation and research on substance use disorder				
Objectives	Action steps	Indicators	Target	Responsible unit
Strengthen surveillance on the nature and extent of substance use disorder	Extend contract with the South African Medical Research Council (SAMRC) for the South African Community Epidemiology Network on Drug Use (SACENDU) project	Bi-annual reports on the nature and extent of substance abuse available	Bi-annual reports on the nature and extent of substance abuse available	National Department of Health
Strengthen evaluation and research on implementation of substance use policies and programmes	Compile annual progress report on the implementation of the Health Sector Drug Master Plan to the Central Drug Authority	Progress report on the implementation of the Health Sector Drug Master Plan	Progress report on the implementation of the Health Sector Drug Master Plan submitted to Central Drug Authority annually	National Department of Health
	Identify research needs and priorities in partnership with research institutions, academic institutions, experts in the field of substance use and establish a register of research conducted at universities to inform policy and practice	Research needs and priorities in the field of substance use disorder identified	Research needs and priorities in the field of substance use disorder identified	

REFERENCES

1. Dada S, Burnhams NH, Erasmus J, Parry C, Bhana A, Pretorious S, Kitshoff D, Weimann R. 2018. South African Community Epidemiology Network on Drug Use: Monitoring Alcohol, Tobacco, and Other Drug Use Trends in South Africa, Phase 43: 1-65.
2. Dada S, Burnhams, NH, van Hout, MC, & Parry CHD. 2015. Codeine Misuse and dependence in South Africa: learning from substance abuse treatment admissions. South African Medical Journal, 105(9): 776-779.
3. Herman AA, Stein DJ, Seedat S, Heeringa, SG Moomal H, Williams DR. 2009. The South African Stress and Health (SASH) study: 12-month and lifetime prevalence of common mental disorders. South African Medical Journal, 99(5): 339-344.
4. Hyland et al. 2017. Design and methods of the Population Assessment of Tobacco and Health (PATH) Study Tob Control, 26(4): 371–378.
5. Matzopoulos, RG, Truen, S, Bowman, B, Corrigall, J. 2014. The cost of harmful alcohol use in South Africa. South African medical Journal. 104(2): 127-132.
6. Stein DJ, Williams DR, Kessler, RC. The Epidemiology of Psychiatric Disorders in South Africa: The SASH survey. 2009. Volume 99 no 5 (Part 2).
7. United Nations (2016) Thirtieth special session outcome document” Our joint Commitment to effectively addressing and countering the world drug problem”.
8. United Nations. (2017). Report of the International Narcotics Control Board for 2016. Vienna, United Nations Publications.
9. United Nations Office on Drugs and Crime (UNODC 2011). The non-medical use of prescription drugs: Policy direction issues, discussion paper. Vienna. United Nations Office.
10. United Nations Office on Drugs and Crime (UNODC 2013). The International drug Control Conventions. New York.
11. United Nations Office on Drugs and Crime (UNODC 2018). World Drug Report. 2018. Vienna. United Nations Publication, sales No. E.18.XI.9).
12. World Health Organisation (2016) Public Health Dimension of the World Drug Problem, Report by the Secretariat.
13. World Health Organisation 2018. Global Status Report on Alcohol and Health 2018. Geneva.



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