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INTERGRATED FREE STATE MINI DRUG MASTER PLAN

1. FOREWORD

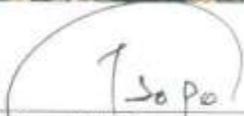
Substance abuse has been shown to destroy child and family life, promote criminal behaviour, contribute to the spread of HIV/AIDS, lead to loss of productivity and unemployment, increase poverty, and play a significant role in road accidents, violence and abuse of women and children.

For this purpose the Department of Social Development in cooperation with State Departments and their entities has developed a National Drug Master Plan (NDMP) to provide for a holistic and comprehensive strategic plan to fight/combat the supply and demand of substances and the illicit trafficking of drugs. The Free State Department of Social Development in collaboration with State Departments and other stakeholders developed an integrated Free State Mini Drug Master Plan (FSMDMP) based on the NDMP.

Ultimately, the plan is intended to help realize the vision of a drug-free society where drug services will no longer be required and where attention can be focused exclusively on improving the quality of life of the poor and vulnerable. In comparison with the National Drug Master Plan, the focus in this plan, which serves as an operational plan for the NDMP, is more on the service deliverables.

I welcome the efforts of the Free State Provincial Substance Abuse Forum (FSPSAF), State Departments and other stakeholders, knowing that these dedicated people have the knowledge and skills to continue the battle against the scourge of drug dependence in our society. To them falls the challenge of making the FSMDMP work. I know that they will strive tirelessly to achieve a measurable reduction in drug use, abuse and dependence in order to create a society free of illicit drugs.




Mrs. MA Tsopo
MEC of Social Development

Date 2008.07.25

2. SUMMARY

The National Drug Master Plan was approved in November 2006 by the National Minister of Social Development. According to this National Drug Master Plan (2006 – 2011) each Province should have a Mini Drug Master Plan, based on the National Drug Master Plan.

The development of the Free State Mini Drug Master Plan (FSMDMP) is based on the National Drug Master Plan (NDMP) (2006 – 2011) and was facilitated by the Free State Provincial Substance Abuse Forum (FSPSAF).

The FSMDMP should become a provincial strategy that guides the operational plans of all State Departments and Government entities involved in the reduction of the demand for and the supply of drugs in the Free State Province.

The plan enables cooperation between Government Departments in the field of Drug Prevention and it outlines the role what each Department should play in fighting the scourge of drug abuse. The NDMP and the FSMDMP aim to regenerate morals and values, especially amongst youth. To achieve this aim, the FSMDMP has identified nine priority areas, which form the cornerstone of the plan namely:

Crime

Youth

Vulnerable groups (such as children, women, people with disabilities and unemployed persons)

Community health

Research and information dissemination

International involvement

Capacity building

Occupational groups

The FSMDMP may serve as a business plan for the allocation of funds in the financial budget cycle of Government to secure funds for the implementation of the FSMDMP and thus also the NDMP.

Attached to the FSMDMP is an implementation plan which indicates activities, time frames and responsibilities for the next two years. The monitoring and evaluation of the implementation of the plan is important and it is an inclusive responsibility of all Departments and entities. Quarterly reports will be available to all stakeholders.

3. LEGISLATION AND POLICIES

The FSMDMP refers to the NDMP for all relevant legislation and policies.

4. FRAMEWORK FOR ACTION

4.1 VISION

The Free State strives to be a drug-free society.

4.2 MISSION

To implement holistic and cost-effective strategies to reduce the supply and consumption of drugs and to limit the harm associated with substance use, abuse and dependence in the Free State.

4.3 OBJECTIVES OF THE FREE STATE MINI DRUG MASTER PLAN (FSMDMP)

- * To ensure coordination to reduce the supply and the demand for substances.
- * To strengthen efforts to eliminate drug trafficking and related crimes.
- * To strengthen legal framework for combating the illicit supply and abuse of substances.
- * To promote the integration of programmes.
- * To ensure appropriate intervention strategies through awareness, education, prevention, early intervention and treatment programmes.
- * To promote partnership and the participation of stakeholders in the implementation of the FSMDMP.

4.4 STRATEGIC INTERVENTIONS

Substance abuse destroys lives and communities, undermines sustainable human development and leads to crime. Drugs affect everyone in all societies. In an endeavor to combat and prevent substance abuse, the FSMDMP, as the National Drug Master Plan, attempts to guide service delivery in terms of appropriate interventions.

4.4.1 INTERVENTION IN GENERAL

Preventive programmes can be divided into primary, secondary and tertiary programmes, which are defined as follows:

Primary prevention attempts to curb the supply and to prevent the new use of illicit drugs. The focus is mainly on the individual, groups such as families or society at large to protection and upliftment of all people and communities by promoting well-being and encouraging and supporting people to take pro-health decisions.

Secondary prevention is aimed at persons who display the early stages of problem. Secondary prevention attempts to avert the ensuing negative

consequences by persuading such persons to cease their alcohol and other drug (AOD) use through counseling or treatment.

Tertiary prevention strives to end compulsive use of AODs and to ameliorate their negative effects through treatment and rehabilitation. This type of programme is most often referred to as “treatment” but also includes rehabilitation and relapse prevention.

4.4.2 SPECIFICS OF INTERVENTIONS

The following interventions are crucial in addressing the substance abuse problem:

4.4.2.1 REDUCTION IN THE SUPPLY OF DRUGS (LAW ENFORCEMENT)

Although it is the primary function of the SAPS to reduce the volume of illegal drugs through effective policing strategies, other departments such as the Department of Justice, SARS and Home Affairs also play a key role through effective prosecution/sentencing and by facilitating rehabilitation.

Communities should actively support the maintenance of safety and security within their environments by reporting illegal activities to the police and following up on the results of their initiatives. They should work together with the police and involve themselves in social development community forums.

4.4.2.2 PREVENTION OF DRUG ABUSE (INCLUDING EDUCATION AND AWARENESS)

Preventive intervention is intended to help parents, educators, community leaders and any other role players in the field of substance abuse to plan for delivering services at community level. The Departments of Education, Health and Social Development are the primary actors in raising awareness of and educating people about the dangers of drug abuse.

Such awareness should result in people working together with these departments to reduce the use and abuse of licit drugs (alcohol, tobacco and over-the-counter drugs) and illicit drugs (hard drugs).

4.4.2.3 RISK FACTORS AND PROTECTIVE FACTORS IN DRUG ABUSE PREVENTION

Prevention programmes should enhance protective factors and counter or reduce risk factors. Protective factors are those associated with reducing the potential for drug use.

Risk factors are those that make drug use more likely.

Protective factors

- Strong, positive family bonds
- Parental monitoring of children's activities and their peers
- Clear rules of conduct that are consistently enforced within the family
- Involvement of parents in the lives of their children
- Success in school performance and strong bonds with institutions such as schools and religious organisations
- Adoption of conventional norms regarding drug use

Risk factors

- Chaotic home environments, particularly where parents abuse substances or suffer from mental illnesses
- Ineffective parenting, especially of children with difficult temperaments or conduct disorders, and lack of parent-child attachments and nurturing
- Failure in school performance
- Poor social coping skills
- Liaisons with peers who display deviant behaviour
- Perceptions of approval of drug-using behavior in family, work, school, peer and community environments

4.4.2.4 COMMUNITY – BASED SUBSTANCE ABUSE PREVENTION

The major emphasis of community-based prevention should be on the youth and "gateway" substances such as tobacco, alcohol and dagga, targeting individuals at risk in all age groups and at groups and communities at risk. Such intervention should take into consideration the unique developmental issues of each age group and the risk factors and protective factors that influence the health behavior of individuals and communities.

Comprehensive community-based prevention programmes should focus on the demand and supply aspects of substance use. Community empowerment is often the key to success in education on and treatment of drug abuse. The community members should therefore be encouraged to take some control over decisions that directly affect them.

4.4.2.5 EARLY INTERVENTION

Early intervention refers to preventing the onset of any substance abuse. School programmes conducted by teachers or peers are examples of universal prevention strategies. Individual and group counseling and support groups for youth with academic, family or peer problems are classified as selective prevention. Dedicated prevention strategies focus on youth involved in gangs, truancy and criminal activity or who have behaviour disorders.

4.4.2.6 DRUG TREATMENT (INCLUDING REHABILITATION AND RISK REDUCTION)

The main tasks of the Departments of Health and Social Development are to provide appropriate rehabilitation services to drug-dependent persons while maintaining a high standard of care. They have to monitor the registration and management of health and social development facilities with the Department of Social Development taking the lead in this regard and the Department of Health taking responsibility for the medical component of the treatment programme, including the provision of detoxification facilities and resources.

The criminal justice system should adopt a restorative justice approach in respect of drug induced offences through the passing of sentences aimed at restoring offenders as full and productive citizens. This would require collaboration between the Departments of Health, Social Development and Justice, and NGOs and treatment centres, to compel offenders to accept treatment and to reintegrate them into the mainstream of society.

4.5 INSTITUTIONAL FRAMEWORK

Given the seriousness of the drug problem, an institution is required to coordinate and direct drug counteraction across South Africa on both the demand and the supply side. Action to combat illicit trade in and the use of substances requires broad participation by all spheres of government, organisations, the business sector and civil society. This should be complemented by action to broaden regional cooperation between governments in reducing the cultivation, production, trafficking and distribution of drugs. Such an institution exists in the form of the Central Drug Authority (CDA).

4.5.1 CENTRAL DRUG AUTHORITY (CDA)

The CDA is a statutory body, established in terms of the Prevention and Treatment of Drug Dependency Act (Act No 20 of 1992).

Members of the CDA are appointed by the Minister of Social Development and consists of the representatives from 15 government departments and their entities

and also 12 from the private sector, who are experts in the field of substance abuse.

The primary function of the CDA is to monitor the implementation of the NDMP. The CDA ensures coordination, facilitates integration of the work of different departments and reports to parliament through the Minister for Social Development. The CDA also liaises with the provincial forums and the local drug action committees.

4.5.2 SPECIFIC INTERVENTIONS AND TREATMENT BY GOVERNMENT DEPARTMENTS

Specific departments have been identified as pivotal in the fight against drugs. Below is a brief discussion of these departments and their functions in respect of managing the supply of and demand for substances of abuse.

4.5.3 DEPARTMENT OF ARTS AND CULTURE

The Department of Arts and Culture is responsible for supporting occupational groups at risk such as artists, musicians and others.

4.5.4 DEPARTMENT OF CORRECTIONAL SERVICES

The department helps to formulate security strategies aimed at preventing drugs entering correctional centres, reducing demand through educational programmes and implementing harm reduction strategies and rehabilitation programmes for offenders suffering from substance abuse in line with Department of Health protocols. The department has formed partnerships with external stakeholders from civil society as well as with other government departments in its fight against substance abuse. Integral to this approach is the department's desire to correct the offending behaviour of sentenced persons.

4.5.5 DEPARTMENT OF EDUCATION

Drug abuse issues form part of the curriculum, specifically within the life orientation learning area. The department has to ensure that life orientation programmes provide learners with relevant knowledge on drug abuse so that they can make appropriate choices when confronted with drugs. Guidelines for the Prevention and Management of Drug Abuse in all Public Schools and Further Education and Training Institutions have been developed and will be distributed to all schools in the country.

A reduction in the supply of and demand for drugs can be brought about only through the collaboration of relevant stakeholders such as the Departments of Safety and Security, Social Development, Health, Sport and Recreation, Arts and Culture, and Justice. The programmes of the different departments should

facilitate the uninhibited access of children to after-care programmes in schools and of young people to multipurpose centres for unemployed youth. Educational programmes on the abuse of drugs should be made available to all communities.

4.5.6 DEPARTMENT OF FOREIGN AFFAIRS

The Department of Foreign Affairs has the responsibilities to enter into bilateral and multilateral agreements for the effective management of substance abuse and to ensure South Africa's compliance with its international obligations as a state in national and international instruments.

4.5.7 DEPARTMENT OF HEALTH

The Department of Health is responsible for reducing drug demand and harm caused by psychoactive drugs, including alcohol and tobacco, through the promulgation of legislation and policy guidelines for early identification and treatment. It collaborates with the Departments of Education and Social Development on national awareness campaigns and also supports treatment centres by advising on detoxification programmes, the appointment and support of medical personnel, capacity building and supervision.

The government has already promulgated far-reaching legislation on tobacco control in the country.

4.5.8 DEPARTMENT OF HOME AFFAIRS

The Department of Home Affairs is responsible for determining the status of persons (citizens and foreigners) and for issuing appropriate enabling and/or identification documents to such persons. The department reports on the movement of persons into and out of South Africa through various ports of entry. It is also responsible for the detection, detention and deportation of illegal foreigners some of whom are involved in criminal activities, including drug abuse. The department chairs the Border Control Operational Coordinating Committee (BCOCC) and is charged with ensuring that the operations of the various stakeholders (including Port Health, SARS, Agriculture, SAPS, NIA, Defence, DEAT) are coordinated and effective.

4.5.9 DEPARTMENT OF JUSTICE AND CONSTITUTIONAL DEVELOPMENT

The Department of Justice and Constitutional Development helps to reduce the demand for illicit drugs and the supply of such drugs on the street, through the criminal justice system, diverts young and non-violent offenders who require drug-related treatment to treatment programmes instead of their having to go through the court system, stipulating treatment as a condition of suspension of

sentence, pre-trial release or correctional supervision and focusing on the expedition of cases. The department sees to it that prosecutors and magistrates receive training on legislation aimed at prosecuting offenders.

Regarding supply reduction, the department deals with organised crime involving drugs through forfeiture of the gains/property (asset forfeiture) ensuing from crime as well as through deterrent sentences in the courts.

The department plays a role in the Justice Crime Prevention and Security (JCPS) Cluster and the Social Cluster in the fight against drugs. In terms of its involvement with the JCPS Cluster, the department contributes to the formulation of intersectoral strategies for combating drug-related offences.

4.5.10 DEPARTMENT OF LABOUR

The Department of Labour establishes the conditions of employment and protects the rights of employees in the workplace. It combats substance abuse in the workplace and draws up workplace policies on substance abuse.

4.5.11 NATIONAL YOUTH COMMISSION

The NYC's primary aim is to assist the government in planning a comprehensive youth development policy with reference, inter alia, to substance abuse and related issues. The NYC focuses on youth in and outside school.

4.5.12 DEPARTMENT OF SAFETY AND SECURITY

The Department of Safety and Security includes the South African Police Service (SAPS), the Independent Complaints Directorate (ICD) and the Secretariat for Safety and Security. The ICD operates independently from the SAPS in the investigation of alleged misconduct and criminality by SAPS members. Its mission is to promote appropriate police conduct.

4.5.13 DEPARTMENT OF SOCIAL DEVELOPMENT

The Department of Social Development is the lead department in the campaign against substance abuse, and it provides technical and financial support. It is responsible for developing generic policy on substance abuse and has the following strategic objectives.

- To develop a comprehensive legal and policy framework for service delivery on substance abuse;
- To develop and refine programmes on prevention, early intervention and treatment for substance abuse;

- To facilitate capacity building and training of provincial stakeholders;
- To monitor and evaluate the implementation of policies and programmes on substance abuse;
- To develop minimum norms and standards for service delivery in the field of substance abuse.

In collaboration with the Department of Health, the department provides treatment centres at community and tertiary levels.

4.5.14 SOUTH AFRICAN POLICE SERVICE

The SAPS budget includes five key departmental programmes, namely Administration, Visible Policing, Detective Services, Crime Intelligence, and Protection and Security Services. All five programmes include drug demand and supply reduction strategies.

The SAPS promotes international cooperation and acts as a competent authority under the United Nations (UN) Conventions on the Law of the Sea (FFG).

4.5.15 SOUTH AFRICAN REVENUE SERVICE

SARS is mandated to control the cross-border movement of goods, one of its functions being to prevent the movement of prohibited and restricted goods, for example narcotics. SARS participates in joint SARS/SAPS teams at certain ports of entry to interdict drugs and fulfils this function independently at other ports of entry.

4.5.16 DEPARTMENT OF SPORT AND RECREATION

The Department of Sport and Recreation, through the South African Institute for Drug Free Sport (SAIDS), develops and implements prevention programmes against substance abuse from the fifty-seven sporting disciplines at regional, national and international levels.

SAIDS accordingly outlawed doping practices, which are contrary to the principles of fair play and medical ethics, in the interest of the health and well-being of sportspersons.

The Drug Free Sport Act vests SAIDS with the statutory power to conduct a national drug testing programme that may subject any sportsperson to drug testing, at short notice or without notice, both in competition and out of competition. SAIDS is the only body in the country permitted to authorize and enforce national anti-doping policy.

4.5.17 TRADE AND INDUSTRY

The Department of Trade and Industry is responsible for the regulation of the liquor industry. The regulation of the liquor industry is a concurrent national and provincial legislative competence. In summary, the Liquor Act provides for the establishment of norms and standards, minimum standards and criteria for cooperative government in the regulation of liquor in South Africa. The objectives of the Act are to reduce the socioeconomic and other costs associated with alcohol abuse and to promote the development of a responsible and sustainable liquor industry. It also provides for public participation in the liquor licensing process.

4.5.18 DEPARTMENT OF TRANSPORT

The Department of Transport is responsible for ensuring coordination in enforcement activities (actually implemented by provinces and local authorities) through the Road Traffic Management Corporation.

Traffic Officers are trained to prosecute alcohol-related crimes on the road by three methods: breath tests conducted by means of an alcoholmeter, blood tests carried out by a registered nurse or medical doctor, and recognition of behaviour indicating that the person is under the influence of alcohol or drugs.

The new Road Safety Strategy, based on consultation with all the provinces, includes plans to increase enforcement, particularly in the form of mini roadblocks as well as multidisciplinary roadblocks. Roadblocks can identify drivers driving under the influence of drugs or alcohol and can also lead to the apprehension of people carrying drugs on the roads. Drugs have to be transported from their area of manufacture or importation to the customers, and this is generally done via roads.

4.5.19 CIVIL SOCIETY

The Department of Social Development has partnerships with various NGOs that deal with substance abuse. The most important of these NGOs is the South African National Council of Drug Abuse and Drug Addiction (SANCA). Faith-based organisations (FBOs) and community-based organisations (CBOs) are other key role players. Most of these organizations are subsidized and monitored by the department. Their work is complemented by research councils/institutions, business against crime, treatment centres and accredited addiction counselors all of whom have in-depth knowledge and experience of substance abuse and are therefore able to advise government on strategies and interventions. Civil society organisations that work in the field of substance abuse in the most vulnerable groups and previously under-serviced areas require special training and support.

4.5.20 PROVINCIAL SUBSTANCE ABUSE FORUM

The provincial substance abuse forum should involve all stakeholders in the fields of education, community action, legislation, law enforcement, policymaking, research, treatment, the business community and any other body interested in tackling substance abuse.

The main function of the provincial forum is to support member organisations in carrying out their substance abuse programmes and to keep substance abuse issues high on the public/political agenda of the province. This forum should also encourage networking and the effective flow of information between forum members. When necessary, a provincial forum should act as a mouthpiece for member organisations. The provincial forum sends a representative to act as ex officio member of the CDA at CDA meetings. The provincial forum also assists local drug action committees in the execution of their tasks.

The Department of Social Development contributes to the human and material resources of the provincial forum insofar as such resources are available. The forum has to develop integrated plans for the management of substances of abuse in the province. The plans should reflect the different roles of departments and the resources allocated to their respective activities.

Successful implementation of a national drug control strategy requires adequate, sustained and budgeted funding at all levels from collaborating departments. Spending on demand and supply reduction should be well balanced, and increased collaboration between government, private and voluntary sectors is required as the fragmented response in the past and the consequent duplication of effort has been financially wasteful. Where common goals exist, resources should be shared.

4.5.21 LOCAL DRUG ACTION COMMITTEES

Local drug action committees (LDACs) are closest to the people as they are part of local government.

A LDAC is made up of bodies/people from all sectors involved in substance abuse and related problems in a municipality such as justice, police, probation and correctional services, and school, health, social development and community structure officials. Local government drives the LDACs in terms of establishment and functioning. The local government official responsible for the LDAC liaises with the provincial coordinator of the Department of Social Development, and the LDAC co-opts additional members with special skills, commitment or expertise when required. Representation of local and rural traditional authorities is encouraged. LDACs include members of local municipalities. Geographical boundaries should be flexible for practical purposes. LDACs also elect a chairperson and other office bearers.

Resources required for the LDAC infrastructure are minimal as the existing resources of the representative departments can be accessed. Meetings can be conducted after hours, if necessary, in unused court buildings, Department of Social Development boardrooms and other free venues in municipal areas. The work of LDACs is driven intersectorally by the coordinators of substance abuse action at the Provincial Department of Social Development and linked to the work of the provincial substance abuse forum.

The LDACs ensure that local action is taken in terms of the NDMP and the FSMDMP in each community. Each LDAC is charged with the following functions.

- Drawing up its own action plan to tackle the drug problem in its area of jurisdiction in collaboration with the Provincial Department of Social Development;
- Ensuring that its drug control action plan fits into the local integrated development plan (IDP);
- Ensuring that its action plan is in line with the priorities and objectives of the NDMP, FSMDP and the strategies of government departments;
- Implementing its action plan (mini-drug master plan);
- Reporting regularly to its secretariat on its actions, progress and problems, and on drug-related events in its area;
- Providing any information the CDA may require from time to time through the provincial substance abuse forum;
- Providing, through the provincial substance abuse forum, annual reports to the CDA.

The particular local government and the departments designated by the Prevention and Treatment of Drug Dependency Act should as far as possible contribute towards the financial, human and material resources of the LDAC.

5. MONITORING AND EVALUATION

5.1 MONITORING OF GOVERNMENT DEPARTMENTS BY THE CDA

The core departments are charged by the NDMP to submit their mini-drug master plans and reports to the CDA and to show how substance abuse is being prevented and combated. The departments may also be requested to report regularly on progress with the implementation of their mini-drug master plans.

5.2 MONITORING BY PROVINCIAL SUBSTANCE ABUSE FORUM

The provincial forum is responsible for the implementation of the NDMP. The province is required to have an operational plan detailing how it deals with substance-related issues. A provincial forum consists of representatives of core departments involved in the substance abuse field. Each province also has a

provincial substance abuse coordinator appointed by the Department of Social Development to set up a secretariat for the provincial forum and collaborate with the CDA secretariat to ensure that the forum functions appropriately. The coordinator, who is monitored by the provincial department, submits two reports annually outlining progress in the implementation of the provincial mini-drug master plan. All provincial role players are accountable to the provincial department of social development.

5.3 MONITORING BY LOCAL DRUG ACTION COMMITTEES

Local Government, supported by the Department of Social Development, takes the lead in the establishment and functioning of the Local Drug Action Committee (LDAC) by providing a secretariat for the LDAC, which liaises with the provincial forum. LDACs are responsible for preventing substance abuse at local level in line with NDMP and FSMDP objectives.

Each municipal area develops operational plans at local level that detail how the drug problem is being managed at municipal level. LDACs are composed of departments operational in the municipal areas, NGOs, CBOs, FBOs and any other individual structure, such as community policing forums, concerned with the problem of substance abuse. LDACs liaise with the provincial coordinator of the Department of Social Development and are represented in the provincial substance abuse forum. The plans and reports of the LDACs are sent to the provincial coordinator of the Department of Social Development who in turn includes this information in the provincial reports.

Mini Drug Master Plan for the Free State Province

VISION

The Free State strives to be a drug-free society.

MISSION

To implement holistic and cost-effective strategies to reduce the supply and consumption of drugs and to limit the harm associated with substance use, abuse and dependence in the Free State.

PRIORITIES

Priority areas identified for the province are the following:

- Crime
- Youth
- Other vulnerable groups
- Community health and welfare
- Research and information dissemination
- International involvement
- Communication
- Capacity building
- Occupational groups at risks

Definitions of main concepts:

- * **Outcome:** The end product/result.
- * **Activity:** What you are going to do to achieve your outcome.
- * **Target:** Group as focus, for example, children.
- * **Agency:** The service provider, for example, S.A. Police Service.
- * **Time:** Time frame. When will you achieve it? (Daily, monthly or for example by 30 November 2007).
- * **Indicator:** How the activity will be measured.
- * **Budget:** Funds allocated for the specific programme/outcome.
- * **Stakeholder:** A stakeholder refers to a state department, institution or NPO involved in the field of substance abuse services.

Priority Area 1: Crime

Objective 1: To ensure effective law enforcement, especially against those involved in the trafficking and supplying of illegal drugs.						
Outcome	Activity	Target	Agency	Time	Indicator	Budget
To minimize trafficking of drugs at border posts.	Facilitate the control over arrival and departure of passengers with illicit drugs.	Community members Service providers	SAPS DoHA SARS	2007 – 2009 Daily	Number of people arrested:	
	Check South African border for incoming and outgoing substances	Travelers			Number of border posts checked:	

	Building capacity of officers involved in these operations.	Staff			Number of staff trained:	
Drug-free and safe environment in Correctional Centres and Facilities.	Searching of all people in contact with offenders, those on probation and parolees.	Community members, Correctional officials, those on probation, offenders, parolees and facilities.	DCS	Daily	Number of registered confiscated drugs.	
	Prosecute officials, members of the community and offenders who are found in possession of drugs in the Correctional Facilities. Subject DCS officials and offenders to disciplinary code.	Community members, Correctional officials, those on probation, offenders, parolees and facilities.	DCS	Daily	Number of criminal cases reported to SAPS. Number of disciplinary cases in DCS (both officials and offenders).	
	Set strict conditions for those on probation and parolees, having control measures in place to ensure compliance with	Persons on probation and parolees.	DCS (Parole Board), DSD, SAPS and Department of Justice.	Daily	Number of drug related violations.	

	related drug laws.					
Objective 2: To reduce drug-related crimes.						
Outcome	Activities	Target	Agency	Time	Indicator	Budget
Awareness programmes for children, youth and adults to reduce drug-related crime.	Arrange awareness campaigns.	Children, youth and adults in communities at large.	DSD NPOs SAPS DoH DCS	April 2008 – March 2009	Number of awareness campaigns. Number of media releases. Number of radio talks.	
Provide prevention programmes for children, youth and adults.	Develop and implement Life Skills Education programmes (e.g. Ke Moja).	Children, youth and adults in communities at large.	DSD NPOs	April 2008 – March 2009	Number of Life Skills Education programmes implemented. Number of people reached.	
Safer schools in the Free State.	Facilitate and coordinate the implementation of Safer School Project (Tiisa Thuto Safer School Project) in the Free State. Develop and implement the impact assessment tool.	Youth in schools, SGB member and educators. Youth in schools, SGB member and educators.	DPSSL SAPS Stakeholders	April 2008- March 2009 April 2008- March 2009	Number of schools involved in the Safer School Project: Impact assessment tool developed: Quarterly impact reports submitted:	

	Search learners randomly for drugs.	Learners	SAPS	April 2008 – March 2009	Number of incidents reported. % increase or decrease in reported cases. Number of learners reached.	
Objective 3: To reduce the levels of drug use in Correctional Facilities.						
Outcome	Activity	Target	Agency	Time	Indicator	Budget
A drug-free environment inside Correctional Facilities.	Facilitate training of staff in Correctional Facilities on awareness programmes.	Staff and prisoners	DCS	April 2008- March 2009	Number of prisoners trained: Number of staff trained:	
	Develop programmes to address needs of offenders.	Staff and offenders	DCS	April 2008- March 2009	Number of programmes implemented: Number of prisoners reached:	

Objective 4: To reduce the levels of substance abuse among road users.						
Outcome	Activity	Target	Agency	Time	Indicator	Budget
Reduced number of accidents on the road.	Arrange educational road blocks. Arrest road users under the influence of alcohol and drugs.	Road users	DPWRT (Traffic Department) SAPS Traffic Department	April 2008- March 2009	Number of road blocks: Number road users reached: Number of road users arrested:	
Reduce number of drivers and pedestrians under the influence of substances.	Taking and recording blood levels for road users abusing substances per SAPS request.	Drivers and pedestrians.	DoH Casualty Doctors	April 2008- March 2009	Number of tests done:	
	Alcohol screening (road blocks). Speed monitoring (project).	Motorists	DPWRT (Traffic Department) FSYC Justice DSD DoH		Number of drivers screened: Number of drivers arrested: Number of divers arrested for exceeding	

					speed limit: Number of vehicles stopped: Number of fines issued.	
	The National “Drink Responsibly” Campaign Awareness Campaign-Bridge.	High School learners and Tertiary Institution students.	DPWRT (Traffic Department)		Number of learners and students reached.	
Objective 5: To ensure pro-active policing measures and law enforcement and compliance to prevent the manufacturing, supply, trafficking and use of alcohol and drugs.						
Outcome	Activity	Target	Agency	Time	Indicator	Budget
Warning messages on containers of alcohol.	Implement and monitor national regulations relating to labeling of alcohol beverages.	Liquor Industry	DoH	2007-2009	Warning messages on containers of alcohol.	
Provincial policies pertaining to substance abuse.	Facilitate the identification of policies that are to be reviewed.	All State Departments	All State Departments	2007 - 2009	Number of policies reviewed:	
Effective law enforcement to ensure compliance with the laws.	Facilitate the identification and arrest of those involved in the supply and abuse of drugs.	Employees of DCS Offenders	DCS	Daily	Number of criminal cases reported to SAPS: Number of disciplinary cases in DCS (both	

					officials and offenders):	
Priority Area 2: Youth						
Objective 1: To motivate youth to refrain from abusing substances through ongoing integrated prevention programmes.						
Outcome	Activity	Target	Agency	Time	Indicator	Budget
Drug use and abuse in schools are addressed.	Training district staff and learners on National Guidelines for the Management and Prevention of Drug Use and Abuse.	District staff / learners	DoE (IE)	April 2008-March 2009	Number of district staff trained: Number of schools reached:	
Decrease of violence in schools where drugs or dangerous weapons are used.	Searching of learners for drugs and weapons where a reasonable suspicion exists.	Learners	DoE (Safe Schools)	2008-2009	Decrease of violence in schools experiencing problems.	
Objective 2: To apply restorative justice in countering the drug-crime problem.						
Outcome	Activity	Target	Agency	Time	Indicator	Budget
Policies and guidelines in respect of Diversion	Develop and review policies on Child Justice issues.	Youth under 18 years. Children in conflict with the	DSD NPOs	April 2007-March 2008	Number of policies developed or reviewed.	

programmes on substances implemented.		law.				
Statutory Services, care and support to children/youth in conflict with the law.	Fund NPOs to render Probation Services.	Youth and Children in conflict with the law.	NPOs DSD	April 2008-March 2009	Number of NPOs funded. Number of cases handled.	
	Implement Diversion programmes (e.g. Life Skills Education, Family Group, Conferences and Victim/Offender Mediation).	Youth and children in conflict with the law.	DSD NPOs	April 2008-March 2009	Number of Diversion programmes developed and implemented. Number of children and youth taken through Diversions programmes.	
	Compile statutory reports for Criminal Court for diverted children and youth.	Youth and children in conflict with the law.	DSD Justice NPOs	April 2008-March 2009	Number of reports provided.	
Establishment of One-Stop Child Justice Centres.	Establish and maintain One-Stop Child Justice Centres within the province.	Youth and children in conflict with the law.	DSD Justice Public Works	April 2008-March 2009	Number of One-Stop Child Justice Centers established and maintained. Number of cases handled.	

Establishment and maintenance of Secure Care Facilities.	Establish and maintain Secure Care Facilities within the province.	Children in conflict with the law.	DSD Public Works Justice	April 2008- March 2009	Number of Secure Care Centers established and maintained: Number of children placed in Secure Care Centres: Number of children discharged:	
Objective 3: To enforce the law in respect of the sale of alcohol, tobacco and other harmful substances to and by the youth.						
Outcome	Activity	Target	Agency	Time	Indicator	Budget
Agreement between SAPS and DoE on Adopt-A-Cop programme in schools.	Facilitate the Adopt-A-Cop Programme in schools.	Learners	DoE (Safe Schools)	2007 and ongoing	Increased collaboration between SAPS and DoE.	
Objective 4: To ensure that schools offer effective programmes on drug education.						
Outcome	Activity	Target	Agency	Time	Indicator	Budget
Implementation of Ke Moja Project in and out of school as a prevention programme.	Train trainers on Ke Moja activities.	Social Workers Community Development Workers Volunteers	DSD NPOs DoE	April 2008- March 2009	Number of trainers trained.	
	Implement and maintain Ke Moja activities in and out of school.	Youth in and out of school.	DSD NPOs	April 2008- March 2009	Number of schools involved.	

					Number of youth reached.	
Health Education and Health Care Facilities at schools.	Provide health education on substance abuse at Health Care Facilities and at schools.	Community at large. Youths.	DoH Clinic and hospital Health Care professionals.	April 2008- March 2009	Number of health education sessions given.	
Life Skills Training programmes revived.	Revive youth programmes in at least one school per District, providing Life Skills Training.	Youth attending school.	DoH District Substance Abuse Coordinators and Health Coordinators.	April 2008- March 2009	Number of youth programmes established and supported per district:	
Infused education on substance abuse in all learning areas across all grades.	Train 3 master trainers per district. Cascade training to schools, Life Orientation Educators and educators of other learning areas.	Learners	DoE (Curriculum)	April 2008- March 2009	Curriculum includes education of learners on substance abuse across all learner subjects.	National DoE
Objective 5: To promote a healthy lifestyle through provision of awareness and life skills programmes as well as public strategies.						
Outcome	Activity	Target	Agency	Time	Indicator	Budget
Awareness programmes to promote a healthy	Awareness campaigns at provincial, local and district levels.	Community at large, but focus mainly on youth.	DSD DoH Communities	2008 - 2009	Celebration of International Day Against Drug Abuse	

<p>lifestyle and to prevent substance abuse implemented.</p>			<p>NGOs</p>		<p>and Illicit Trafficking on 26 June.</p> <p>Two awareness campaigns per district:</p> <p>Motheo District Xhariep District Lejweleputswa District Fezile Dabi District Thabo Mofutsanyana District</p> <p>Two awareness campaigns for province.</p> <p>Number of people reached.</p>	
<p>Life Skills Education (LSE), including HIV/AIDS programmes for youth in- and out of school implemented.</p>	<p>Develop and review Life Skills Education manuals/ programmes for youth in- and out of school.</p>	<p>Children and youth in- and out of school.</p>	<p>DoE DSD Health NPOs</p>	<p>March April 2008- March 2009</p>	<p>Number of programmes implemented:</p> <p>Number of youth out of school reached:</p> <p>Number of learners reached:</p>	

	Training of trainers on Life Skills Education.	Officials of Social Development NPO's Volunteers	DSD NPOs	April 2008- March 2009	Number of sessions conducted. Number of trainees trained: Number of beneficiaries.	
Life Skills Programme	Facilitate Life Skills Programmes on Substance Abuse. District Coordinator adopted schools initiative.	Youth	DoH District Substance Abuse and School Health Coordinators.	2007-2008	Number of training sessions on Life Skills Programmes provided:	

	Implement Health Promoting School Programme.	Youth	DoH School Health Coordinators	2007-2009	Number of schools visited. Number of learners reached:	
Sport Development Programme implemented.	Facilitate healthy life-style with youth through Sport Development Programme.	65 identified schools with high levels of crime and violence.	UNICEF/ DoE (Sport)	2008	Number of Sport Development Programmes implemented in schools.	
RADS / Soul Buddyz /Ke Moja clubs are sustained and promoted in schools.	Sustaining and promoting RADS / Soul Buddyz /Ke Moja clubs.	300 Primary and 300 Secondary schools.	DoE (Life Skills, IE)	2007-2009	Number of RADS / Soul Buddyz /Ke Moja clubs sustained and promoted in schools:	
Grade 10 learners' life skills developed, trained on outreach, awareness (RADS)	Train grade 10 learners, sustain grade 11 & 12 learners' life skills.	All secondary schools.	DoE (Life Skills)	2007-2009	Grade 10 learners' life skills developed, trained on outreach, awareness (RADS)	<i>R2.1 million</i>
Grades 5-7 learners' life skills developed, trained on outreach, awareness (Soul Buddyz)	Train Grades 5-7 learners on life skills, outreach, awareness	300 Primary Schools	DoE (Life Skills) / Soul City	2007-2009	Grades 5-7 learners of 300 Primary Schools are trained on life skills, outreach and awareness.	

Awareness campaigns for youth offenders arranged.	Facilitate awareness raising campaigns on drugs and related problems (Through Life Skills programmes to promote a healthy lifestyle) for youth offenders in Correctional Centres as well as those under correctional supervision and parole and to promote a healthy lifestyle amongst them.	Youth in Correctional Centres and those under community corrections.	DCS	Daily	Number of awareness programmes implemented: Number of youth participated in programme:	
Awareness campaigns under young personnel members of DCS.	Facilitate awareness raising on drugs and related problems amongst young personnel members of DCS.	Young members of DCS.	DCS	2008-2009	Number of young members of DCS in the programme	
Priority Area 3: Other vulnerable groups.						
Objective 1: To ensure that government departments take responsibility for preventing and combating substance abuse and for offering effective information, education and communication (IEC) programmes to facilitate informed decision making by vulnerable groups.						
Outcome	Activity	Target	Agency	Time	Indicator	Budget
Mini Drug Master Plan for the Free State available.	Facilitate the development of Mini Drug Master Plans by State Departments.	State Departments	Government Departments Free State Provincial Substance Abuse	November 2007	Number of Mini Drug Master Plans that have been developed.	

			Forum (FSPSAF)			
	Integrate Mini Drug Master Plans of State Departments into a Mini Drug Master Plan for the Free State Province.	All State Departments Stakeholders	DSD FSPSAF	February 2008	Mini Drug Master Plan for the Free State Province available.	
	Monitor and evaluate the implementation of the Departmental Mini Drug Master Plan .	State Departments	FSPSAF	March 2008	Quarterly reports.	
	Consolidate all progress reports on the FSMDMP of State Departments and submit it to the FSPSAF.	State Departments	DSD FSPSAF		Quarterly reports	
	Review Free State Mini Drug Master Plan.	FSPSAF LDAC	FSPSAF	March 2009 – April 2010	Free State Mini Drug Master Plan reviewed annually.	
	Develop, implement and monitor Departmental FSMDMP.	All stakeholders and communities.	All State Departments.	2007-2009	Developed and marketed Departmental FSMDMP and Policy.	

					Quarterly progress reports on the implementation of the FSMMDMP.	
	Training of staff on and implementation of Mini Drug Master Plan.	Vulnerable groups.	DCS	30 November 2007	Mini Drug Master Plan available in DCS. Number of officials trained to implement Mini Drug Master Plan.	
Objective 2: To increase awareness among community members of issues related to substance use and abuse among vulnerable groups.						
Outcome	Activity	Target	Agency	Time	Indicator	Budget
Awareness campaigns developed that target vulnerable groups.	Arrange campaigns on issues related to substance abuse that target vulnerable groups.	Vulnerable groups, e.g. children and older persons.	DSD NPOs SAPS	2008 - 2009	Number of campaigns held: Number of people reached:	
	Hold public meetings and seminars.	Communities at large.	DPSSL	2007- 2009	Number of meetings and seminars held: Number of people attended:	

	Support Department of Social Development in Awareness Campaigns as per Substance Abuse Calendar.	Communities.	DoH Provincial, District, Local Area and Hospital Substance Abuse Coordinators.	2007-2009	Number of awareness campaigns supported.	
Health Education Sessions at Health Care Facilities arranged.	Arrange Health Education Sessions at Health Care Facilities focusing on vulnerable groups.	Pregnant women, older persons and mentally challenged persons.	DoH Hospital and Clinic Health professionals.	2007-2009	Number of Health Education Sessions. Number of people reached:	
Awareness campaigns targeting vulnerable groups.	Arrange campaigns on issues related to substance abuse under correctional supervision and parole, as well as members of the community who are relatives and friends of the above-mentioned groups.	Vulnerable groups entrusted to DCS inside their facilities as well as those under house arrest, e.g. children, juveniles, elderly and females	DCS	31 December 2008	Number of clients reached through the campaigns. Number of campaigns implemented.	
Objective 3: To ensure that vulnerable groups who abuse or become dependant on substance use have increased access to a range of advice, counseling, treatment, rehabilitation and after-care services.						
Outcome	Activity	Target	Agency	Time	Indicator	Budget

Provide Intervention, Early Intervention and Treatment Services on alcohol and drug abuse.	Provide financial support and guidance to render Intervention, Early Intervention and Treatment Services on alcohol and drug abuse	Substance abuse dependents. (Including children, women, older persons, unemployed PWD and street children).	DSD NPOs	April 2007- March 2008	Number of NPOs Funded. Number of programmes funded.	
Community-Based Services	Rendering of interviews and Early Intervention Services by NPOs and Government.	Substance abuse dependents.	DSD NPOs	April 2007- March 2008	Number of clients interviewed.	
Out-patient Treatment Service	Rendering of Out-patient Treatment Services by funded NPOs.	Substance abuse dependents.	DSD NPOs	April 2007- March 2008	Number of Out-patient Treatment Centres funded by Government.	
	Interviews by Out-patient Treatment Centres.	Dependent clients.	DSD NPOs	April 2007- March 2008	Number of dependent clients interviewed by Out-patient Treatment Centres.	
In-patient Treatment	Rendering of In-patient	Dependent	DSD	April	Number of In-patient	

	Treatment Services by NPOs.	clients	NPOs	2007-March 2008	Treatment Centres funded by Government. Number of beds subsidized by Government.	
	Rendering of Counseling Services by In-patient Treatment Centers.	Dependent clients	DSD NPO's	April 2008-March 2009	Number of patients that received counseling for in-patient treatment.	
Aftercare Services provided.	Provide screening, assessment, referral and aftercare services for substance abusers.	Community	DoH DSD NPOs	2007-2009	Number of people that received after-care services:	
Detoxification Services provided.	Provide screening, assessment, and referral for detoxification services for substance abusers.	Community	DoH DSD NPOs	2007-2009	Number of patients screened, assessed, referred and provided with detoxification services.	
Referral System functional	Promoting a healthy referral system with external stakeholders.	Community	DoH Stakeholders.	2007-2009	Number of patients referred:	

Treatment programmes developed for dependent offenders.	Develop programmes for those offenders that are already dependent on substances.	Substance dependent offenders of DCS.	DCS	31 December 2008	Number of programmes developed: Number of offenders reached:	
	Refer offenders under the community corrections system that are dependent on drugs for residential treatment.	Offenders under the community corrections system who are dependent on drugs.	DCS	Quarterly	Number of offenders referred to a rehabilitation centre.	
Establishment of a State Rehabilitation Centre in the Free State Province.	Conduct an investigation and research on the feasibility of a state rehabilitation centre and make recommendations.	Alcohol and drug dependents	DSD State Departments NPOs	March 2009	Results obtained.	
Objective 4: To empower all vulnerable people so that they know their rights under the South African Constitution and can access support and /or avoid future victimization.						
Outcome	Activity	Target	Agency	Time	Indicator	Budget
Awareness campaigns to all offenders so that they will be empowered with regard to their rights under the	Arrange campaigns on issues related to the rights of vulnerable people under the SA Constitution amongst	Vulnerable groups entrusted to DCS inside their facilities	DCS	31 March 2009	Number of people reached through awareness campaigns.	

SA Constitution.	offenders in Correctional Centres and those under correctional supervision and parole.	as well as those under house arrest, e.g. children, juveniles, elderly and females.			Number of awareness campaigns implemented.	
Objective 5: To introduce programmes for the constructive use of leisure time as an alternative to substance abuse.						
Outcome	Activity	Target	Agency	Time	Indicator	Budget
Management of the leisure time of offenders.	Arrange constructive leisure time activities and programmes for the offenders in Correctional Centres to keep them busy and constructively focused.	Offenders in Correctional Centres	DCS	Daily	Number of offenders reached by the leisure time programmes and activities. Constructive daily programmes in place:	
Priority Area 4: Community Health.						
Objective 1: To minimize risks in communities of the harm associated with substance use, including the spread of communicable diseases, injuries and premature death.						
Outcome	Activity	Target	Agency	Time	Indicator	Budget

Health Education and Support for people with a substance abuse problem in place.	Provide Health Education on the dangers of substance abuse. Provide early management and support to substance abusers.	Community	DoH Health Care Workers	2007-2009	Number of health education sessions held: Number of patients treated for substance abuse related ailments.	
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Objective 2: To ensure that clients and significant others have access to best practices in treatment and support services.

Outcome	Activity	Target	Agency	Time	Indicator	Budget
Accredited Treatment and Support Services registered.	Register new applications. Monitor existing service.	Service providers	DoH DSD	Ongoing	Number of new service providers registered: Number of accredited treatment and support services.	
	Assist and support the accreditation process as authorized by the Head of the Department of Health.	Centres that have applied for accreditation.	DoH	Ongoing	Number of accredited centres.	
Accredited and Quality Assured Services and service providers used.	Handle all service providers with a quality assurance process and	Service Providers	DCS	Ongoing	Number of new service providers registered.	

	accredit new service providers before utilizing them as such. Monitor existing services.				Number of accredited treatment and support services.	
Objective 3: To acknowledge the link between HIV/AIDS and substance abuse and to devise health and social development programmes accordingly.						
Outcome	Activity	Target	Agency	Time	Indicator	Budget
Integrated HIV/AIDS and Substance Abuse programmes in place.	Design Health and Social Development programmes aimed at eradicating the link between Substance Abuse and HIV/AIDS.	Communities at large and patients.	DoH NPOs DSD	2007 -2009	Number of integrated programmes available.	
		Sentenced offenders in the correctional system.	DCS	31 March 2009 and ongoing thereafter	Number of integrated programmes available.	
Objective 4: To ensure that persons suffering from mental illness and substance abuse morbidity (dual diagnosis) receive appropriate and accredited treatment.						
Outcome	Activity	Target	Agency	Time	Indicator	Budget
Treatment programmes addressing co- morbidity available.	Provide persons suffering from mental illness and substance abuse morbidity with	Community Patients	DoH	2007-2009	Number of individuals treated for co-morbidity.	

	appropriate treatment.					
Priority Area 5: Communication.						
Objective 1: To ensure that all educational material and other information disseminated to the public is factually and contextually correct.						
Outcome	Activity	Target	Agency	Time	Indicator	Budget
Educational material complies with standards.	Develop educational material that is contextually correct and appropriate for all race groups.	Community at large	DSD United Nations Office on Drugs and Crime NPOs	April 2008 – March 2009	Number and types of educational materials evaluated.	
	Develop educational material that is contextually correct and appropriate for all ages, cultures and race groups.	Sentenced offenders in the correctional system.	DCS SAPS	31 December 2009	Number of education materials, which comply with standards.	
Objective 2: To ensure that facilities for information dissemination are accessible to everyone.						
Outcome	Activity	Target	Agency	Time	Indicator	Budget
Resource directory for the treatment and prevention of substance abuse facilities available.	Obtain and compile information directory.	Communities at large.	DSD	2007 - 2009	Resource directory compiled and up dated.	
Objective 3: To engage all stakeholders in the implementation of the Free State Mini Drug Master Plan and ensure their accountability.						
Outcome	Activity	Target	Agency	Time	Indicator	Budget

Communication Strategy available.	Develop a Communication and Marketing Strategy for the implementation of the Free State Mini Drug Master Plan (FSMDMP).	Public State Departments Stakeholders	DSD FSPSAF	June 2008	Communication Strategy available.	
	Review Mini Drug Master Plan and Communication Strategy annually.	Community at large Stakeholders	FSPSAF	March 2009 – April 2010 (Annually)	Free State Mini Drug Master Plan reviewed.	
	Consolidate all State Departments' progress reports for the FSPSAF and distribute.	State Departments (including NPOs)	DSD	Quarterly	Quarterly reports	
Effective functioning of the Free State Provincial Substance Abuse Forum (FSPSAF).	Hold quarterly meetings, Executive Committee meetings and Portfolio Committee meetings. Train members. Share information.	Forum members	FSPSAF Government Departments NPOs	March 2008 – April 2009	Quarterly meetings.	
	Restructure FSPSAF to align it with the National Drug Master Plan (NDMP).	FSPSAF	Executive Committee of FSPSAF	March 2008	FSPSAF restructured.	
Local Drug Action Committees (LDACs) in	Develop a practice guideline and a	Stakeholders LDACs	DSD FSPSAF	March 2008	Practice guideline and constitution	

all municipal areas.	constitution for the establishment of Local Drug Action Committees in all municipal areas.				available.	
	Develop an action plan for the establishment of 10 LDACs in the province.	Social Development Provincial – and District offices.	DSD	March 2008	Action plan available.	
	Establish and maintain LDACs.	Communities at large.	DSD Local Government FSPSAF	March 2008 Ongoing	Number of LDACs established and maintained.	
	Train members of LDACs on their functions, roles and responsibilities.	Volunteers Stakeholders	DSD FSPSAF	March 2008	Number of sessions conducted. Number of LDAC members trained.	
	Develop Action Plan for Local Communities.	LDACs	DSD LDACs	June 2008	Number of action plans developed.	

Priority Area 6: Capacity Building.

Objective 1: To ensure that good practice models are adhered to in the management of substance abuse.

Outcome	Activity	Target	Agency	Time	Indicator	Budget
Availability of Minimum Norms and	Implement Minimum Norms and standards at	NPOs	DSD	April 2007- March 2008	Number of NPOs complied with the	

Standard on Out-patient and In-patient Treatment Services.	Out-patient and In-patient Treatment Centres.				Minimum Norms and Standards:	
Objective 2: To establish a training programme that builds the capacity of service providers to render an effective and appropriate service.						
Outcome	Activity	Target	Agency	Time	Indicator	Budget
A Coordinated Capacity Building Training programme for service providers developed.	<p>Establish a task team on capacity building consisting of stakeholders.</p> <p>Conduct need assessment on training needs.</p> <p>Develop and implement a Coordinated Training programme.</p> <p>Monitor the impact of training</p> <p>Secure funds for training.</p>	Service Providers	DSD DoH DCS SAPS	March 2009	<p>A coordinated training programme available.</p> <p>Number of people trained:</p> <p>Amount spent on training:</p>	
Trained Committees on issues pertaining school safety, e.g. drug abuse.	Train School Safety Committees on issues pertaining school safety.	School Safety Committees.	DoE (Safe Schools)	April 2008 – March 2009	School Safety Committees received training.	
Transfer skills to service providers in the field of substance abuse within the	Train Health professionals and stakeholders on substance abuse matters.	All relevant stakeholders	DSD DoH	2007-2009	Number of people trained.	

correctional setup						
	Train correctional officials working with offenders in the field of substance abuse.	Correctional officials	DCS	31 March 2009	Number of training sessions held. Number of people trained	
Skilled officials that are able to implement policies and procedures.	Train implementers on policies and procedures.	EAPs and Wellness officers in different Government Departments .	All Government Departments	April 2008 – March 2009	Number of officers sent for training: Number of training sessions conducted:	
Priority Area 7: Research and Information Dissemination.						
Objective 1: To conduct ongoing research on trends in substance abuse, particularly in under-served or previously disadvantaged areas so that appropriate intervention strategies can be developed.						
Outcome	Activity	Target	Agency	Time	Indicator	Budget
Research Projects conducted.	Outsource (by National Department of Social Development) research on: - Substance Abuse trends in the province. - Trends on Out-patient services. - Trends on In-	Community at large NPOs	DSD	April 2008- March 2009 Ongoing	Research Reports available.	

	patient services. Conduct research (by Provincial Office) on the extent to which substances such as alcohol and drugs are abused in the province.	Community at large	DSD	July 2008	Reports available.	
Prevalence and type of drugs used in Secondary Schools determined.	Determine the prevalence and type of drugs used in Secondary Schools and the correlation with violence, teenage pregnancy, etc.	FS Secondary Schools	DoE (IE)	2007 – 2009 2007 - 2009	Research report written.	
Availability of information on the link between substance and crime to other stakeholders.	Facilitate conducting of research on how substance abuse interlink with crime.	Offenders	DCS	31 December 2009	Number of research projects conducted. Number of offenders with drug related offences and these offenders where drugs were a contributing factor.	
Outcome	Activity	Target	Agency	Time	Indicator	Budget
A well coordinated system for the collection and dissemination of	Collect and disseminate information on substance abuse interventions in Correctional Centres	Offenders with substance abuse problems in the correctional field.	DCS	31 December 2009	Reports on intervention available:	

substance abuse information and interventions in each local Correctional Facility.	locally.				Reports on information dissemination to stakeholders available:	
Objective 2: To establish and maintain an accessible substance abuse information system that will support the implementation, evaluation and ongoing development of the Free State Mini Drug Master Plan.						
Outcome	Activity	Target	Agency	Time	Indicator	Budget
Information System in place.	Obtain data and information from District Offices and NPOs.	Community at large. Youth Adults Other Vulnerable Groups All Correctional Centres and Facilities.	DSD DCS	Quarterly 31 March 2008	Quarterly reports Quarterly reports.	
	Review information system annually.	Department NPOs	DSD	Annually	Information system reviewed annually.	
	A shared system with SAPS' hotspots in drug and crime related areas.	Community at large.	Safety and Security	Quarterly/ Monthly	Reports on hotspots.	

Priority Area 8: Occupational Groups at risk.						
Objective 1: To ensure that occupational groups that are vulnerable and that abuse or become dependent on substances have increased access to a range of advice, counseling, treatment, rehabilitation and after-care services.						
Outcome	Activity	Target	Agency	Time	Indicator	Budget
Implementation of the Employee Health and Wellness Programme.	Undertake early identification, assessment and counseling services.	Employees	All State Departments NPOs	Ongoing	Quarterly reports	
	Refer troubled employees for treatment and rehabilitation.	Employees	All State Departments NPOs	Ongoing	Number of cases referred; Progress report from service provider on each case	
	Provide after care services.	Employees	DSD NPOs	Ongoing	Number of after care cases: Progress report on each case every 6 months.	
	Utilize Employee Assistance Programme (EAP) for support of officials.	Employees	All State Departments	Ongoing	Number of interventions: Number of staff referred for treatment and rehabilitation:	
	Implement Health Wellness	Vulnerable	DoH	2007-2009	Number of	

	Programme.	occupational group.	NGOs		employees assisted in wellness programmes:	
	Implement Wellness Programme for officials in the Department of Correctional Service.	Officials	DCS	April 2008-March 2009	Programmes developed and implemented. Number of officials participated.	
Objective 2: To create awareness among the occupational groups at risk of issues related to substance use and abuse.						
Outcome	Activity	Target	Agency	Time	Indicator	Budget
Implementation of Awareness programme as part of the Employee Health and wellness Programme.	Arrange awareness campaigns to embark on: <ul style="list-style-type: none"> - Information sessions. - Training on predisposing factors and dangers. - Provisioning of information materials on substances and help resources. 	Departmental officials	All State Departments NPOs	Quarterly Quarterly Ongoing	Quarterly reports Training material in place on quarterly basis. Information material reviewed annually.	
	Hold seminars and group talks.	Officials of State Departments	All State Departments	Quarterly	Number of seminars held: Number of group talks:	

					Number of staff participated:	
Objective 3 : To encourage rehabilitated persons to educate new entrants into these occupations and civilians on predisposing factors to and the dangers of substance abuse and how to withstand pressure to take drugs and where to obtain treatment.						
Outcome	Activity	Target	Agency	Time	Indicator	Budget
Reduction of the number of potential drug users.	Forming of support groups and a peer educator's forum. Conduct information sessions and workshops for potential drug users.	New employees	DoH	2007 - 2009	Number of support groups established. Number of information session held.	
Awareness campaigns for personnel members of DCS implemented.	Arrange campaigns on issues related to substance abuse that target vulnerable groups among personnel members of DCS.	Personnel members of DCS.	DCS	31 March 2009	Number of members reached by awareness programmes.	
Priority Area 9: International Liaison.						
Objective 1: To communicate the government's policy on multilateral and bilateral issues related to substance use, abuse, trading and trafficking.						
Cross-border crime and drug trafficking prevented.	Hold meetings with Lesotho High Commissioner.	People trafficking drugs.	SAPS Lesotho High Commissioner Traditional Leaders from along the borders. Department of Home Affairs.	Quarterly meetings.	Number of strategies developed.	

THE IMPLEMENTATION PLAN OF THE FREE STATE PROVINCIAL SUBSTANCE ABUSE FORUM (FSPSAF) REGARDING THE FREE STATE MINI DRUG MASTER PLAN (FSMDMP)

Year	Activities	Responsibility
2006/2007		
November 2006	Approval of the National Drug Master Plan (NDMP) (2006-2011)	Cabinet
Year	Activities	Responsibility
2007/2008		
April 2007	Development of the Mini Drug Master Plan Framework and conducting of a way forward.	FSPSAF Secretariat
July 2007	Completion of the establishment of Local Drug Action Committees (LDACs) in all the districts.	FSPSAF Secretariat
October 2007	Submit submission to obtain approval from the MEC of Social Development to develop a Mini Drug Master Plan for the Free State Province.	FSPSAF Secretariat
November 2007	Arrange a workshop to develop a Draft Integrated Free State Mini Drug Master Plan aligned to the Government's Strategic Plan for the Province to promote integration and coordination based on the submitted Mini Drug Master Plans by relevant Government Departments and stakeholders.	FSPSAF Secretariat and FSPSAF
January 2008	Development of performance indicators for the implementation of the FSMDMP.	FSPSAF Secretariat
March 2008	Submit Final Draft of the FSMDMP to the Executive Committee of the FSPSAF for recommendation of approval to the MEC of Social Development.	FSPSAF Secretariat

March 2008	Obtain approval from the MEC of Social Development to implement the FSMDMP.	FSPSAF Secretariat
March 2008	MEC of Social Development tables the FSMDMP at the Executive Council for the commitment of all State Departments to implement the plan.	MEC of Social Development
Year 2008/2009	Activities	Responsibility
Ongoing	Facilitation and monitoring of the implementation of the FSMDMP and reporting to the FSPSAF and Central Drug Authority (CDA).	FSPSAF Secretariat FSPSAF and Government Departments
April 2008	Develop and implement the Free State Provincial Substance Abuse Forum Communication Strategy.	FSPSAF Secretariat
May 2008	Develop a code of conduct for the FSPSAF and members of LDACs.	FSPSAF Secretariat
Ongoing	Monitor the establishment and maintenance of LDACs.	FSPSAF Secretariat and FSPSAF
August 2008	Arrange biennial summit to share best practice models.	FSPSAF entities
November 2008	Evaluate and review the FSMDMP.	FSPSAF
Year 2009/2010	Activities	Responsibility
Ongoing	Facilitation and monitoring of the implementation of the FSMDMP and reporting to the FSPSAF and Central Drug Authority (CDA)	FSPSAF Secretariat FSPSAF
Ongoing	Maintenance and strengthening of the implementation of the Free State Mini Drug Master Plan	FSPSAF Secretariat FSPSAF
November 2009	Evaluate and review the FSMDMP.	FSPSAF

