

**SPEECH OF THE MEC FOR SOCIAL DEVELOPMENT HONOURABLE
MXOLISI SOKATSHA ON THE OCCASION OF THE SUBSTANCE
ABUSE MEDIA CAMPAIGN LAUNCH IN DE AAR, PIXLEY KA SEME
DISTRICT AT THE NONZWAKAZI HALL
ON 12 MARCH 2015 AT 11H00**

PROGRAM DIRECTOR:

**EXECUTIVE MAYOR OF THE PIXLEY KA SEME DISTRICT
MUNICIPALITY:**

CLLR J. LOLWANE

MAYOR OF THE EMTHANJENI LOCAL MUNICIPALITY:

CLLR S. STONGA

WARD COUNCILLOR OF THE EMTHANJENI MUNICIPALITY:

CLLR NKUMBI

COMMUNITY OF NONZWAKAZI AND SURROUNDING

**MANAGEMENT AND STAFF OF THE DEPARTMENT LED BY HEAD OF
DEPARTMENT MS LIZ BOTES**

STAKEHOLDERS AND PARTNERS PRESENT

ALL MEDIA HOUSES PRESENT

DISTINGUISHED GUESTS

LADIES AND GENTLEMEN

GOOD MORNING;

Allow me to greet you all this morning and thank the Mayor for having welcomed us to De Aar and the Emthanjeni Municipality.

This launch emanates from one of the twelve outcomes of our Government which calls for a reduction in substance abuse through implementation of substance abuse prevention and treatment programs and the review of the mandate and operations of the Central Drug Authority.

South Africa, as a developmental state, is striving to achieve sustainable development that promotes the livelihood and well being of its population. The scourge of substance abuse can threaten the attainment of these developmental efforts. Substance abuse remains the leading cause of and a major contributory factor to crime, poverty, dysfunctional family life, reduced productivity, unemployment and the burden of diseases such as HIV and AIDS and tuberculosis, as well as injury and premature death. It further manifests itself across social, racial, cultural, language, religious and gender and age boundaries.

In view of the aforementioned, a need was identified at National ministerial level as part of outcome three which calls for communities to be mobilized

in order to voice their concerns and possible solutions to successfully addressing substance abuse problems in the country.

So it was also key that we have all our partners here today members of the community, NGO's responsible for Substance Abuse, SANCA, Central Drug Authority, and other provincial government Departments.

Program Director; Drugs, Alcohol and Substance Abuse are in essence a counter-revolutionary feature, which if not curbed in society, could reverse the gains of our democratic dispensation and progress.

We must remind ourselves of the not so distant apartheid era, where townships of our people were flooded by Beer halls, as a means to render in particular the African community dysfunctional.

This year marks 60 years of a historic moment in our history, when South Africans from all walks of life adopted the freedom charter in 195, in Kliptown, Soweto.

They declared amongst other things; ***“that South Africa belongs to all who live in it, black and white, and that no government can justly claim authority unless it is based on the will of the people”***

Ladies and gentlemen what is happening here today is as a result of the issues raised by communities in the build-up to the 2009 and 2014 elections which provided the basis for Social Security being high on the AND-Led Government's agenda.

It does not require rocket science to notice the extent at which the abuse of drugs, alcohol and substance negatively impacts on the struggle to politically and economically emancipate the black majority and Africans in particular in our construction of a non-racial, non-sexist, democratic and united South Africa.

The abuse of these intoxicating substances and alcohol in particular does not only negatively impact the well-being of the individuals consuming them, but distorts society and leads to other grave social ills such as crime, rapid spread of HIV/AIDS, poor health, low success rates in education, sports, work, etc.

The society we are living in experiences serious social ills; these are mainly interlinked and attributable to irresponsible consumption of alcohol and abuse of drugs and substances.

The 2007 ANC 52nd National Conference political report noted that **"In the past five years the areas with the greatest number of violent crimes were identified as those that are poor and economically depressed"**.

The ANC's Organizational Report to the NGC 2002 made the following reflection, and I quote **"Amongst the challenges facing the Province are: the province needs to develop a program of addressing the rampant social ills of alcoholism and inter-personal violence amongst our people"** unquote.

The fact is that more than 30 % of general hospital admission is due to alcohol related incidence; and almost 40% of trauma related cases is because of alcohol abuse.

Of all unnatural deaths from state mortuaries, over 50% had abnormal high levels of blood alcohol concentrations.

There are many dysfunctional families. There are many shebeens and other alcohol outlets and the levels of substance abuse are very high.

Therefore, the objective of our government's Integrated Socio-Economic Development Program is also aimed at combating crime.

Our major responsibility as a government is to create awareness and come-up with preventative mechanisms, and one that we know best how to get this right is through research.

Findings of the National Youth Risk Behaviour Survey in 2008 show amongst other with respect to the Northern Cape Province that;

- The Northern Cape had the highest proportion of learners who have used alcohol on school property in school time during the time of the survey.
- The Northern Cape had the highest prevalence of learners who used dagga before the age of 13 compared amongst other provinces.
- The Northern Cape had the highest prevalence of learners who have used cocaine of 10.45 compared to other provinces and a national average of 6.7%
- The Northern Cape had the highest prevalence of learners that have used club drugs (12%).
- The Northern Cape had the second highest proportion of learners who reported having engaged in sex after consuming alcohol.

The repercussions of alcohol abuse can take many beastly forms which may leave some with life-long scars, in some cases suffered before they were even born.

Drinking alcohol during pregnancy leads to irreversible, serious physical, behavioural, and mental problems in children. Prenatal alcohol exposure results in high risk of a condition termed "Foetal Alcohol Syndrome (FAS)" in children. During pregnancy, there is no known safe amount and kind of alcohol to drink.

Only 4 prevalence studies have been done in South Africa. All these studies were conducted by the Foundation for Alcohol Related Research (FARR):

Area	Province	Date	Prevalence expressed as %
Gauteng (Parts of Johannesburg)	Gauteng	2000	2,1%
Wellington	Western- Cape	2001	8,8%
Upington	Northern-Cape	2003	6,9%
De Aar	Northern-Cape	2003	12%
		2010	8.6 % (30% Declined from 2003)
Kimberley	Northern-	2014	6.09%

	Cape		With one school having a prevalence rate of an alarming 11%
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Program Director; the Department funded the Foundation for Alcohol Related Research (FARR) in this town (De Aar) to implement the Healthy Mother, Healthy Baby program for pregnant women at risk of substance use or abuse. This program contributed to a significant decline in the FASD prevalence in this area.

WHAT IS FETAL ALCOHOL SYNDROME?

Fetal Alcohol Syndrome (FAS) includes a spectrum of physical, neurological and behavioral problems in children exposed to alcohol before birth (while their mothers were pregnant with them)

When a pregnant women drinks, her unborn baby is affected by the alcohol. The alcohol she consumed is absorbed through the bloodstream and reaches the unborn baby (fetus) within 20 minutes. The alcohol is poisonous (toxic) for the unborn baby and it may affect any of the unborn baby’s organs, although the brain is most vulnerable. For this reason, all children with FAS have a mild to severe degree of brain damage. The average IQ of a child with FAS ranges between 65 and 75. (The norm for IQ is 100). South Africa is currently following a policy of inclusive education; therefore these children are in mainstream schools. The

children with FAS, their educators, and parents fight a daily battle to cope with the daily challenges of growing up.

The Department with its social partners has achieved the following of the past years and continue to do work in this regard:

- **A number persons were reached through substance abuse prevention**
- **Departmental officials and NGO officials were trained in substance abuse prevention and treatment services.**
- **A sizable number of persons received community based or in-patient treatment services**
- **Tavern owners entered into partnership with the Department on the responsible trading campaign in certain areas that were identified as prevalent.**
- **A number of women were reached through FAS prevention services in Upington.**
- **18 Local Drug Action Committees are operational in the province.**
- **The Department has funded FAMSA in Upington to implement a substance abuse media campaign which consisted of substance abuse prevention messaging through all radio stations in the province, Billboards and Print and Social Media.**

The provincial growth and development strategy has as one of its key objectives, the development of human and social capital. The province has thus recognised that in order to achieve developmental goals and promote social cohesion, one of the areas that require urgent attention is the management of substance abuse. To this end, the provincial government, as mandated by the province's EXCO Lekgotla (Resolution 173/2007), decided to develop a five year integrated substance abuse prevention strategy. The Department of Social Development, as lead department in the field of substance abuse, was assigned the task of facilitating the development of such a strategy.

The province has also recognised the need for 'all stakeholders from the public and private sector, together with organs of civil society, to jointly determine a strategy for the sustainable growth and development of the provincial economy'. This commitment must also inform the design and implementation of the substance abuse strategy, which must involve all stakeholders in the public and private sector at provincial, district and local level. The strategy therefore creates and provides an opportunity for all sectors to work in unison and intersectorally, in the delivery of an integrated

service, to prevent substance abuse, and being responsive to the needs and challenges of individuals, families and communities affected by substance abuse by recognising, affirming and enhancing their capacity to manage this scourge.

Finally Ladies and Gentlemen; Our theme remains even more relevant in these trying times: **“WORKING TOGETHER WE CAN DO MORE”**, to cleanse our communities off the negativity associated with these Substances.

I THANK YOU.

SIYABULELA