Commentary on the Report of the Committee of Enquiry into the Abuse of Drugs*

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SUMMARY

The Committee of Enquiry into the Abuse of Drugs in the Republic of South Africa was appointed on 25 July 1969 by the Minister of Social Welfare and Pensions, Dr the Honourable C. P. Mulder. The Committee's Report, which was published in 1970, provides information which may be presented under the following heads:

1. Types of drugs most commonly abused in the Republic of South Africa and their effect upon the human organism.

2. Consequences of drug abuse with special reference to the physical, psychological and social aspects thereof.

3. Nature and extent of drug abuse.

4. Causality of drug abuse and drug dependence.

5. Measures for the prevention, suppression and management of the problem, with special reference to the medical, medico-social, medico-sociological and juridical aspects thereof.

The respective merits of punitive, preventive and integrative justice are discussed.

The main recommendations of the Committee were adopted by the Minister and embodied by him in the Bill which he presented to Parliament and which has now been incorporated in the Statute Book as the Abuse of Dependence-producing Substances and Rehabilitation Centres Act, 1971.

S. Afr. Med. J., **45**, 1327 (1971)

The tremendous publicity which the Afrikaans and English press have given in the past 3 years to the rising incidence of drug abuse in the Republic of South Africa has made the public acutely aware of the dangers threatening the morale and the morality of our youth. It is not to be wondered at, then, that the Minister of Social Welfare and Pensions, Dr the Honourable C. P. Mulder, acting on representations made to him by senior members of the Department of Social Welfare and Pensions, after the National Council on Alcoholism and Interdepartmental Committee on Need of Care, Misconduct and Delinquency among Children and Juveniles had passed resolutions to this effect, announced the appointment of the Committee on 25 July 1969.

The persons appointed by the Minister to be members of the Committee included Dr J. A. Grobler, of the Department of Social Welfare and Pensions, who acted as Chairman; Mr F. P. Pieterse, of the Department of Social Welfare and Pensions; Mr T. B. Vorster, of the Department of Justice; Maj. F. A. J. van Zyl, of the South African Police; Dr E. R. Steyn, of the Department of Health; Dr H. E. van Hoepen, of the South African National Council on Alcoholism and Drug Dependence; Dr J. P. Grobler, Pastoral Psychologist, of Johannesburg; Prof. Dr H. W. Snyman, of the South African Medical and Dental Council; Prof. O. V. S. Kok, of the Medical Association of South Africa; Prof. G. J. Jordaan, of the National Education Council; Mr J. D. van Zyl, of the South African Pharmacy Board; Mr R. Pogir, of the Pharmaceutical Society of South Africa; and Mrs I. E. Gericke of the National Welfare Board. The Secretary of the Committee was Mr Sauermann, of the Department of Social Welfare and Pensions.

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TERMS OF REFERENCE OF THE COMMITTEE

The terms called for an enquiry into the abuse of drugs in the Republic of South Africa with special reference to:

1. The various types of drugs and the effect of each on human beings.
2. The nature and the extent of the abuse of drugs.
3. The distribution of drug abusers by sex, age, occupation and socio-economic status.
4. The causal factors concerned in the abuse of drugs, such as:
   (a) those operating in the individual personality and which may take the form of fear, anxiety, depression, and social maladjustment; and
   (b) those operating in the multiform environment and which may be culturological, urbanological and socio-economic in origin, etc.
5. The effects of the abuse of drugs on:
   (a) the family;
   (b) an industrial or commercial organization where an affected individual is employed;
   (c) the national economy; and
   (d) the incidence of criminalism.
6. Control measures such as may be made possible by:
   (a) legislation; and
   (b) the organization of social, educational, vocational and therapeutic services that will be directed to the suppression of trafficking in drugs.

The Report, as presented to the Minister, was divided into 5 sections as follows:

I. TYPES OF DRUGS MOST COMMONLY ABUSED IN THE RSA AND THEIR EFFECT UPON THE HUMAN ORGANISM

Stimulant Drugs

These include ephedrine, dexamphetamine or dexedrine ('dexies'); Anorexine ('black bombs'); methylamphetamine

or methedrine; combinations such as dexamphetamine and barbiturate ('purple hearts'); hallucinogens such as cannabis ('dagga'), mescaline, psilocybin, and lysergic acid diethethylamide ('LSD').

Depressant Drugs

These include (*a*) the barbiturates, popularly known as 'goof balls', which include Seconal (red devils'), and Nembutal ('yellow jacks'); (*b*) the non-barbiturates, which include methaqualone (Mandrax), and methyprylon (Noludar); (*c*) the anticonvulsants, which include Tegretol and Mysoline; (*d*) the tranquillizers, which include the phenothiazines and their derivatives, the rauwolfia, the diphenylmethane-group and its derivatives, the alkyldiols and their derivatives, and also a number of miscellaneous structure; (*e*) the narcotic analgesics; (*f*) the non-narcotic analgesics; (*g*) special analgesic combinations; (*h*) centrally-active muscle relaxants.

The drugs which are the most difficult to obtain in the Republic are (*i*) the hallucinogenic drugs, namely lysergic acid diethylamide and dagga, the sale and the use of which are forbidden by law; and (*ii*) the habit-forming drugs, which require the strictest prescriptions from a medical practitioner, dentist or authorized veterinarian.

II. CONSEQUENCES OF DRUG ABUSE

Under this heading the Committee, in its Report, considered firstly the diagnosis of drug abuse; secondly, the physical and psychological effects upon the individual human personality, and thirdly, the effects upon the family and the community to which the individual belongs.

The diagnosis of drug abuse in a given individual is extremely difficult, owing to the fact that no reliable chemical test is at present available. Reliance has therefore to be placed on certain well-defined clinical signs and symptoms. Generally speaking, a history of unexplained periods of confusion, drowsiness, coma or atypical neurological signs are grounds for suspicion. Loss of appetite, marked loss of weight, mood swings, irritability, insomnia, depression, a drop in scholastic performance, are all indications which should alert one to the possibility of drug abuse.

The various groups of drugs differ in the physical and psychological effects they produce in the affected individual.

Physical Effects of Drug Abuse

Stimulant drugs. The effects include fatigue, dry mouth, decreased appetite, loss of weight, increased pulse rate, palpitations, hypertension, logorrhoea, dilatation of pupils, tremors, muscular weakness and pyrexia.

The effects produced by the hallucinogenic drugs include dilatation of the pupils, photophobia, tachycardia, increased blood pressure, convulsions, pyrexia, and neuronal damage.

Depressant drugs. The effects vary according to the type of drug. *The barbiturates and non-barbiturates* cause ataxia, dysarthria, nystagmus, coma, anaemia, and skin rashes.

The anticonvulsants cause ataxia, diplopia, nystagmus, tremors, slurred speech, anaemia, gingival hyperplasia and skin rashes.

The tranquillizers, especially the phenothiazines, produce allergic skin reactions, a parkinsonian facies, convulsions, hypertension, hepatic jaundice, and pigmentation of the skin, cornea and retina; while the rauwolfia group affects the autonomic nervous system, with slowed heart rate, contracted pupils, salivation, diarrhoea, rhinorrhoea, and also causes convulsions, Parkinsonism and oedema.

The diphenylmethanes, the alkyldiols, and drugs of miscellaneous structure produce effects similar to the above.

The non-narcotic analgesics are known to cause renal damage, oedema, blood dyscrasia, gastric haemorrhage and diarrhoea.

Psychological Effects of Drug Abuse

Drugs taken in excess adversely affect the various bodily organs and thereafter, by a process of interaction, the functions of the mind. Thus the repeated or prolonged use of benzene can damage the body as a whole, but particularly the brain, and so lead to a progressive decline in mental functions as expressed in diminisned self-control and loss of judgement and discrimination.

Drugs taken to allay emotional disturbances of various kinds have usually more than one action. Thus, where on the one hand they may have a depressant effect upon fear and anxiety, they may on the other have an inhibitory effect on self-control, insight and judgement. It is well known that the stimulating effect of the amphetamine group of drugs, for example, is accompanied by a slight diminution of judgement and self-control, and that the greater the quantity of the drug taken the greater is its adverse effect upon the psyche. A few examples, may be given from the Committee's report (p. 21 - 22): 'A person who has taken a stimulant pill to keep himself awake in order to go on studying when he is tired will not, at first, notice much impairment of his judgement, but the self-control and insight of a person who has taken ten of these pills will be so impaired that he will stop studying, imagining that he already knows everything'. Again: 'A person may take a pill to keep himself awake because he is pressed for time and still has a long way to travel. This helps him and makes it possible for him to reach his destination. However, if he takes a number of such pills, he might simply cut out curves and bends in the road and take a short cut across the veld'. Again: 'A depressed person who has taken a sleeping pill with little effect, may wake up in the night and, in his confused state of mind, take ten pills to induce further sleep. He is later admitted to a hospital for attempted suicide, but strenuously denies that he ever had such intention'. A drug which very greatly affects judgement and insight is LSD. Under its influence a number of people have jumped to their death from windows, simply because they imagined that they could fly.

The repeated use of drugs in order to induce and maintain a sense of well-being often encourages the habit of self-medication. This is seldom confined to one drug, but also extends to the use of others. The excessive use of one drug gives rise to unpleasant side-effects which have to be counteracted by another drug. Thus it is well known that

alcoholics take stomach remedies, sleep-inducing drugs, stimulants, etc. to counteract the side-effects of alcohol.

Prolonged consumption of drugs leads to habituation and ultimately to dependence. Dependence develops when the conflict raging between opposite emotional forces in the subconscious remains unresolved, drugs being then resorted to in order to alleviate the pangs of insecurity connected therewith. Dependency on drugs represents the outcome of a state of mind that has been impoverished by frustration in one or other area of human relationships. The impoverishment invariably takes the form of diminished insight and judgement with respect to everyday affairs. Drug abuse may lead to sexual excesses of both the heterosexual and homosexual variety.

Many drugs affect the higher functions of the brain and, after prolonged use, have a disorganizing or even a disintegrative effect upon the personality. Certain drugs, when taken in excess, give rise to intense anxiety, paranoid suspicion, depression and a sense of isolation. A person so addicted finds the world hostile, and in due course comes to reject that world with all its laws and conventional mores. And when he finds himself alone and unwanted and cannot tolerate the horror of the void within him, he turns to the only society which will accept him as he is—the off-beat society known as 'hippiedom', and which is distinguished for its contra-normative permissive standards.

In effect, drugs of a certain kind, especially when taken in excess, may produce grave personality changes, but the fact remains that drugs may be resorted to as a means of escape from some harrowing life situation which may originate in the family or in the community to which an individual belongs. What the clinical and social psychiatrist is ultimately confronted with is a vicious cycle which he must endeavour to break at every point that is accessible to his instruments of therapy.

Social Effects of Drug Abuse

Drug abuse produces effects which undermine the well-being not only of the individual concerned but also of his immediate family and the community to which he belongs. It causes a breakdown in interparental and parent-child relations, and creates in the home an emotional climate of anger, hatred and resentment from which individual members may seek to escape. Children especially are deeply sensitive to such an environment, and they may, in consequence, develop a nihilistic attitude to life which may end in outright rejection of all existing norms.

The disorganization of family life brought about by the habit of drug abuse on the part of any one member of the family adversely affects the stability of the community and thus of society as a whole. The national economy is interdependent with the productivity of individuals and groups, so that when this is reduced through the sick-absenteeism associated with drug abuse thousands of working hours are lost to industry every year.

Lastly, drug abuse and criminalism are closely associated. In the drug underworld, law-breaking is considered *de rigueur*. The laws which are most commonly broken are those pertaining to the illicit use and distribution of drugs. A drug-dependent person will stop at nothing in his effort to obtain a drug, but theft is the commonest offence. Women are known to take to prostitution with a view to obtaining quick and easy money to purchase drugs. Other offences committed by drug-dependent persons include fraud, blackmail, physical violence and reckless or negligent driving of motor vehicles.

III. NATURE AND EXTENT OF DRUG ABUSE

Drug-taking is in the main practised clandestinely. Illicit trafficking in drugs is usually conducted in an organized fashion. A 'wholesale pusher' is invariably at the head of operations, and he obtains his supplies either through theft from importers, manufacturers, pharmaceutical wholesalers, Government medical supply depots, hospital dispensaries, retail pharmacists, doctors' surgeries and sick fund dispensaries. Drugs are also obtained by the forging of doctors' medical prescriptions, and they are also smuggled into the Republic at airports and seaports and from neighbouring states.

Pedlars or pushers, who are often drug addicts themselves, play an important role in making drugs available to would-be clients. They find this a highly profitable source of income, but the greatest haul is made by the 'wholesaler' whose identity is kept hidden from the pedlar. Drugs are also obtainable, at a price, from certain night clubs which cater mainly for teenagers at weekends.

A person who is dependent upon a particular kind of drug will stop at nothing to get hold of supplies. He may go from doctor to doctor, describing the same symptoms to each, and thus procure a prescription for the drug he urgently requires.

The financial gain derived by pushers from the illicit supply or distribution of drugs is enormous. A few examples may be given. A barbiturate tablet of 60 mg, the retail price of which is 0.4 cents per unit, is sold at a profit of 5 000%, a dexamphetamine tablet of 5 mg retail price 0.4 cent is sold at a profit of 7 500%; a morphine ampoule of $\frac{1}{4}$ gr, retail price 10 cents, is sold at a profit of 10 000%; and a pethidine ampoule of 50 mg, retail price 8 cents, is sold at profit of 12 500%.

The drug most commonly used by juveniles in South Africa is dagga, and the amphetamines come next. Adults, on the other hand, being more subjected to life's stresses, are more inclined to clutch at tranquillizers, sedatives and soporifics than at stimulants. Adults are also the main consumers of the narcotic analgesics such as morphine and related substances.

Drug-taking is most commonly practised in drive-in cinemas, parking areas, cafes, parks, discotheques, railway stations, at sea-side resorts, fun-fairs and private parties. The drugs are usually hidden in the hems of clothing, in underwear, in shoe-heels, in mattresses, curtains, carpets, radios, etc. The class of persons involved in the drug-traffic are ice-cream vendors, petrol-pump attendants, and hotel waiters. Drug-taking is also commonly practised in city night clubs. Thus in Cape Town there are 8 or 9 night clubs which cater for 300 - 400 drug addicts. In Johannesburg, especially in the Hillbrow area, 3 000 - 4 000 young teenagers, known as 'teeny toppers', do their beats on Friday and Saturday nights, and there were known to

be 200 mainliners among them. In Pretoria, 70% of the children who frequented a certain night-club, and whose ages ranged from 12 - 18 years, were found under the influence of liquor or drugs.

The incidence of drug addiction is steadily increasing, especially at our schools and universities. In a regional survey conducted in the USA, it was found that at a number of high schools in San Mateo, California, 32% of the pupils had tried marijuana, and 17% had tried it more than ten times; that 10% had tried LSD and 16·7% had tried amphetamines. It was furthermore found that at Harvard University 50% of the students, at Yale 49%, and at Connecticut 85% of the students had used dagga. In the Republic of South Africa 50% of students are known to have tried dagga.

An idea of the growing magnitude of the problem can be culled from the following facts: 40% of all mentally disordered patients admitted to our mental hospitals are known to have taken amphetamines, while the rest were addicted to barbiturates, non-barbiturate sedatives and hallucinogens. Drug addicts now constitute 20% of the case load of the Witwatersrand Mental Health Society, 2½% of the case load of the Johannesburg Regional Office, and 4% of the case load of the Durban Regional Office of the State Department of Social Welfare and Pensions. Two State retreats administered by the Department, namely, Magaliesoord Retreat for Men and the Magaliesoord Retreat for Women, and two certified retreats subsidized by the Department—Northlea for men and Mount Collins for women—admitted, over the past 2 years, slightly more than 3 000 cases of alcoholism and drug addiction, and of this total 6·3% were the latter.

Findings such as these have impelled the Committee to state in their Report that the abuse of alcohol and dagga has gained a hold on a section of our White youth, and remains the Republic's greatest drug problem. It is, indeed, of some significance that in the RSA, during the period 1968 - 1969, 27 603 persons were prosecuted, and of these 24 901 were convicted of offences in connection with the cultivation, the use, and possession of dagga; and 2 431 300 lb of dagga were seized and destroyed by the police. In 1969 - 1970 the number of persons prosecuted had risen to 37 000.

IV. THE AETIOLOGY OF DRUG ABUSE AND DRUG DEPENDENCE

Drug addiction was considered by the Committee of Enquiry to be the end-result of a combination of various factors and circumstances. Thus it stated: 'The causes of drug addiction are both multiple and additive in their impact, and they include factors originating both within the person and his environment, and each category in turn may be further divided into predisposing and precipitating causes'.

The major external precipitating factor is the ready availability of the drug, and it is one which happens to be strongly reinforced by the predisposing environmental factor of public tolerance of the practice. These external factors are sufficient in themselves to induce in susceptible individuals one or other degree of mental disorder. Individual susceptibility to drugs constitute the internal factor, and this susceptibility is particularly great in those who have failed to cope constructively with the stresses and the challenges of life.

In general, the findings of the Commitee *vis-à-vis* the causality of the problem of drug addiction may, from the standpoint of the writer's methodology, be presented under the following heads:

Factors Operating in the Psyche

These include fear of isolation; fear of exclusion; fear of rejection; fear of an incipient or established form of mental disorder; fear of life and fear of death. All these fears spell out insecurity of tenure, and they have their origin, in the main, in the world of human relations.

Factors Operating in the Soma

These include a variety of physical diseases which cause unbearable pain, such as cancer, diabetic gangrene, and also injuries and burns. The drugs, which are most commonly resorted to allay pain are the narcotic analgesics, like pethidine and morphine. Depression of endogenous origin may induce the habit of taking psychotropic drugs such as the amphetamines.

Factors Operating in the Human Surround

The family: Here the factor of the broken home operates *par excellence*. A home may be broken by the fortuitous circumstance of death, divorce, desertion or separation of parents, and as this can happen unpredictably to anyone, it is a case for humility and understanding in human affairs. But a home, although it may be intact in the legal and technical sense, may still be broken in an emotional and spiritual sense—as through lack of mutuality and reciprocity in human relations.

The community: The factors which operate here are those which contribute to an intensification of intra- and inter-group tensions, and they often have their origin in the competitive struggle for existence in a materialistic, technological age—a struggle which is futile for many, and ends in loneliness and isolation for all.

Society: The forces which operate in society constitute a major determinant of the condition of the community, the family and the individual, and they pertain, in the main, to the phenomena of industrialization and urbanization, and the overcrowding of population groups which is connected therewith.

In general, social and family disorganization creates the environment from which our bewildered youth seek to escape by whatever means, and the means most readily available are drugs—and particularly dagga.

V. MEASURES FOR THE PREVENTION, SUPPRESSION AND MANAGEMENT OF THE PROBLEM

The Committee, in its endeavour to evolve measures for the control of the problem, has had to take stock of two

basic factors, namely, (*a*) the demand for drugs, and (*b*) the supply of drugs; and to these two factors the Committee has given full attention.

The findings of the Committee *vis-à-vis* the control of the problem of drug abuse may be appropriately presented under the four heads, (1) medical control, (2) medico-social control, (3) medico-sociological control, and (4) juridical control.

The Committee has stated clearly in its Report that the handling of drug-dependent persons calls for team-work by dedicated persons with adequate training and experience, such as psychiatrists, clinical psychologists, social workers, nurses and ministers of religion. Understandably, therefore, the Committee recognized that a multidisciplinary approach to the entire problem was called for.

1. Medical Control

This involves rehabilitation of the affected individual at the physical, psychological and social levels. The actual steps in therapy consist, among other things, in the withdrawal of the drug, in treating the patient for the toxic effects of a particular drug, and in individual psychotherapy which must have reference to the psychodynamics of the patient's problem.

The Committee has recognized that there can be no fixed standard of treatment, because of the diversity of personality disturbances which lead to drug abuse, and also because of the variety of drugs that are misused, each with its own peculiar physiological and psychological effects. Thus a thorough cross-sectional and longitudinal sectional study has to be made of each case before treatment can be instituted.

Religion, and its handmaid, pastoral psychology, have, in the view of the Committee, a very definite role to play in the rehabilitation of a patient. The Church to-day, it stated, has a message for the unfortunate person who, through some special set of circumstances, has become a drug addict. And that message is love and forgiveness. The Report records that one witness, in answer to a question put to him as to how he became free of addiction, made the following statement: 'While I was in hospital for about the tenth time, something turned me over psychologically after a Christian worker visited me and just spoke to me nicely without saying anything special'.

When I read this, I was reminded of the words of St Augustine: 'Here is that Spirit by whom love is poured out in our hearts, that by loving God and our neighbour we may keep the divine commandments. Here is that Spirit in whom we cry *Abba,* Father.'

My own submission to the Committee was not dissimilar, and it was to the effect that a person who possesses religious identification with his church is more secure, and his frustration tolerance higher, than the average.

It is thus not to be wondered at that the Committee recommended that the churches play a more vigorous role where the enlightenment of our youth is concerned. The Committee furthermore noted that while there was no dearth of good theologians in our midst, there was a distinct scarcity of ministers trained in the art of diagnosing a practical problem like drug abuse within its socio-psychological context. In the Committee's own words, 'the Church can play a major role in building up people's moral resources against the temptations of drug abuse'.

When private treatment is impracticable, institutional treatment is called for. The Department of Social Welfare and Pensions has two retreats to which drug dependants over the age of 18 years may be committed, namely, the Magaliesoord Retreat for Men and the Magaliesoord Retreat for Women, both at Cullinan, Transvaal. The treatment at these institutions is based on a multidisciplinary approach.

There are no institutions at present for the treatment of children under the age of 18 years who show dependence on drugs. Up till now such juveniles have been regarded, under the Children's Act (No. 33 of 1960), as children in need of care and, where necessary, committed to a children's home or an industrial school. It is noteworthy that the Committee received strong representations from women's organizations for the establishment of an institution for the treatment of juvenile addicts under the age of 18 years. But as, according to the evidence of heads of schools, the number of such addicts in this age class was very low, the Committee took the view that a separate institution for their treatment was not jusified. The Committee, however, recommended instead that the grounds for need of care in the Children's Act be revised to provide for the contingency of drug abuse as a ground for 'need of care'.

2. Medico-social Control

The measures under this head, as visualized by the Committee, include:

(a) The amelioration of the family environment of the affected individual, such that it will become for him a haven of peace and love, and not a place from which escape via drugs becomes compulsively necessary.

(b) The integration of the affected individual into his family which has been reconstituted in the manner indicated.

(c) The integration of the affected individual and his family into the community.

With reference to the stabilization of the family environment, the Committee has recommended the establishment of a family counselling service in which specially trained personnel like the family doctor or pastoral psychologist, etc., would participate. In the meantime it needs to be stated that our Marriage Guidance Councils are doing a good job of work.

The education of the general public in regard to the evils of drug abuse and their cause is best undertaken by trained lecturers serving under the auspices of Church bodies, universities, parent-teacher associations, etc. An organization which has been rendering outstanding services in this field to the general public is the South African National Council on Alcoholism and Drug Dependence.

The Committee has furthermore found that the organizations which are currently contributing to the welfare of the individual, the family, and the community include the following:

Registered private welfare organizations. These include—family welfare and child welfare organizations, which employ social workers and render professional services to families and children in need of assistance; the National Institute for Crime Prevention and Rehabilitation of Adult Offenders (NICRO), which renders social work services for the families of prisoners and serves as a link between the prisoner and his family; the Mental Health Societies which treat, and dispose of, cases of mental disorder; private certified retreats, of which there are three in the Republic, two being in Johannesburg, namely, Mount Collins for women and Northlea for men, and one in the Cape, namely Muldersvlei; and after-care hostels, two of which, namely, Cottesloe Hostel and William Mitchell Home are conducted in Johannesburg by the Rand Aid, and one, namely Staanvas, is conducted in Pretoria by the NGK.

Unregistered welfare organizations. These include—The Haven, which operates in Johannesburg; Teen Challenge, which has a branch in Johannesburg for men, and one in Pretoria for women; and Spearhead, which operates in Benoni.

The Committee, furthermore, did not lose sight of the fact that in the control of the problem of drug abuse the private medical practitioner has a considerable role to play. 'An alarming number of unfortunate dependants', it has stated, 'were launched on their tragic path by the injudicious, and even the indiscriminate, "therapeutic" administration of dangerous drugs. Drugs are largely intended for the treatment of disease and can be used beneficially only if they are administered for a specific therapeutic purpose according to the knowledge and conviction of the medical practitioner. . . . Tranquillizers, stimulants and depressants are no permanent solution to depression and tension. They can merely serve as temporary expedients in some cases. For too long now the public have become accustomed to seeking the solution to all their personal problems in a pill box or medicine bottle instead of trying to do something about it themselves . . . Often they have been conditioned to this habit since childhood by parents and even by doctors. Even under pressure of work a doctor should not yield to the temptation of sending a patient home with a prescription, for many cases are only in need of advice and reassurance and not useless drugs.'

The Committee has also noted that the pharmaceutical profession has also a special role to play in that it is involved in each of the processes of importation, manufacture, purchase, storage, distribution and supply of drugs. The Committee expressed the view that the distribution of samples of medicinal preparations was not being effectively controlled, and consequently recommended that the provisions of Section III of the Medical, Dental and Pharmacy Act, 1928, be enforced more strictly in this regard.

And lastly, where hospital practice and administration are concerned the Committee found itself obliged to recommend that only responsible pharmacists or medical practitioners should be placed in charge of stocks in security storage; that carefully checked records should be kept of the channels of distribution of dependence-producing drugs; that proper ward records should be kept of these drugs; that unused drugs should not be kept to supplement ward stocks, but should be handed over to the patient on his discharge for further treatment, if necessary, or should be clearly balanced on the patient's record and the balance returned to the dispensary together with the record for checking.

3. Medico-sociological Control

It emerges from the Committee's findings that this form of control necessarily implies the amelioration by governmental authority—central, provincial and municipal — of the social, economic and cultural condition of the country as a whole.

4. Juridical Control

It is clear from the Committee's findings that the control of the problem of drug abuse can be partly achieved by the exercise of preventive, punitive, and integrative justice.

Preventive justice. The statutory measures extant in the Republic, and which may be subsumed under this caption, include the Drugs Control Act, 1965. This Act provides for the establishment of the Drugs Control Council, which, through its several committees, performs the following functions:

(a) the registration of existing drugs for human consumption and the release for the marketing of new drugs after registration;
(b) the imposition of certain restrictions on the sale and availability of drugs;
(c) the labelling of drugs;
(d) the control of the publication and distribution of advertisements concerning drugs;
(e) the appointment of inspectors;
(f) the withdrawal of any drugs which do not comply with prescribed requirements, or the sale of which is not in the public interest;
(g) the authorization in writing of the sale of any particular drug which is not registered in specified quantities for a specified period to a specified person or institution;
(h) the furnishing of information on drugs to medical and dental practitioners and chemists and druggists;
(i) the scheduling of drugs; and
(j) the control of manufacturing standards.

The Committee has also found that the practice of preventive justice involves, *inter alia,* the control of night clubs and places of entertainment for young people, and it has accordingly recommended that such places be placed under the control of local authorities; that such places be registered, and the proprietor thereof be subject to screening on a police report; that regular inspection by health authorities and the police be carried out; and that managers and proprietors be held responsible for malpractices on their premises.

The Committee furthermore recommended that policewomen be appointed to attend women involved in drug abuse and the drug traffic, and also to youth in general.

Punitive justice. This is provided by South African Criminal Law. The Committee pronounced that the penal provisions thereof were far from adequate as deterrents to smugglers, illicit distributors and pedlars or abusers. It accordingly recommended, where the application of penal measures was concerned, that a clear distinction be made between the smuggler or pedlar who is not himself a dependant, the dependant who keeps and sells drugs to supply his own needs, and the dependant who has drugs in his possession only for his personal use and does not traffic in them.

The Committee has conceded that, in formulating its recommendations *vis-à-vis* the punishment of drug traffickers and pedlars, it was largely influenced by the penological practice obtaining in Western Europe and American countries. Thus, in the USA, fines of up to $20 000 and imprisonment of up to 40 years or even a life sentence are imposed for the illicit supply of drugs. In France, legislation was recently introduced increasing the penalty for the illicit selling of drugs from 5 years to 25 years. In the UK penalties have recently been increased to 10 years' imprisonment. The Committee was accordingly encouraged to recommend that provision be made in our criminal law for a prescribed maximum penalty of 15 years' imprisonment for the illicit cultivation, production, manufacture and distribution of drugs; and that, in particular, provision be made for the imposition of drastic penalties on persons who supply drugs to children.

Integrative justice. The findings of the Committee virtually call for the recognition of this category of justice construed as the product of a jurisprudence that takes stock of the elements of value, fact and idea, and their relationship to one another, in a given socio-legal situation. In a more practical sense, the discipline is concerned with the evaluation of all the factors in the human continuum—that is, the body-mind-surround—which contribute to the causation of a given behaviour deviation, the purpose thereof being to assess the ultimate questions of mitigation and disposal. And lastly, the discipline is concerned with the ultimacy of the juridical object of knowledge, which can be nothing other than the easement of the adamic struggle for adjustment in the universe of human relations.

ACTION BY THE MINISTER

It subsequently devolved upon the Minister of Social Welfare and Pensions, Dr the Honourable C. P. Mulder, after taking due cognizance of the findings of the Committee of Enquiry into the Abuse of Drugs, to shepherd through Parliament an appropriate Bill which has now been incorporated in the Statute Book as the Abuse of Dependence-producing Substances and Rehabilitation Centres Act, 1971.

Generally speaking, the Act provides for: The prohibition of the dealing in, and the use or possession of, dependence-producing drugs; the imposition of a duty on certain persons to report to the police certain information in relation to certain acts in connection with such drugs; the forfeiture of certain property of certain persons; the cancellation of certain licences of certain persons; the creation of certain presumptions; the removal from the Republic of certain persons; the detention and interrogation of certain persons; the establishment of rehabilitation centres and hostels; the registration of institutions as rehabilitation centres and hostels; the committal of certain persons and their detention, treatment and training in such rehabilitation centres; the appointment of a Director of Rehabilitation Services to exercise control over rehabilitation centres and hostels and registered rehabilitation centres and the reception and discharge of inmates of rehabilitation centres.

The general provisions of the Act are eminently satisfactory, but what invites careful attention are the penal provisions covering certain contingencies such as: dealing in, use or possession of prohibited or dangerous dependence-producing drugs; dealing in, use, or possession of potentially dangerous dependence-producing drugs; failure on the part of certain persons to report certain information to the police.

Persons liable to prosecution in terms of the Act include the following:

1. Any person who deals in any potentially dangerous drug; or who uses or has in his possession any drug referred to in para. (a) of section 3 shall be guilty of an offence and liable on conviction (*i*) in the case of a conviction for a contravention of any provision of para. (a) of section 3 to imprisonment for a period not exceeding 10 years; (*ii*) in the case of a conviction for a contravention of any provision of para. (b) of section 3 to imprisonment for a period not exceeding 5 years.

2. The owner, occupier or manager of any place of entertainment, or any person in control of or who has the supervision of any place of entertainment, who has reason to believe that any person in or on such a place of entertainment has in his possession, uses or deals in any dependence-producing drug, shall forthwith report his suspicion to the police authorities, and any person who fails to comply with the provisions of subsection (i) of section 2, shall be guilty of an offence and liable on conviction: (*a*) in the case of a first conviction to imprisonment for a period not less than 5 years, but not exceeding 15 years; (*b*) in the case of a second or subsequent conviction to imprisonment for a period of not less than 10 years, but not exceeding 25 years.

It is apparent that the penal provisions of the Act are drastic and exceed somewhat those suggested in the Recommendations of the Committee of Enquiry into the Abuse of Drugs. There can be no question that penal measures are necessary for the protection of society, but then it has to be understood that they are directed to the combating of a symptom rather than to the removal of the antecedent causal process projecting that symptom; and in so far as this process continues to operate, other pathologic symptoms will ensue which may be as bad as, or worse than, the one before, namely, drug abuse.

In conclusion, then, the implementation of the penal provisions of the Act may have the effect of drastically reducing the incidence of drug abuse, but there is the danger that it may at the same time increase the incidence of other manifestations of our social pathlogy, such as alcoholism and general criminalism. Time will show whether this hypothesis is right or wrong.