

IMPLEMENTATION PLAN ON NDMP 2018-2022

PRESENTATION AT THE ATTC
ADVISORY COMMITTEE
1 MARCH 2019

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Outline of the Presentation

- Purpose
- Background
- NDMP goals
- The National Drug Master Plan and relationship to NSP
- Conclusion

Purpose

- **Purpose:**
- The purpose of this presentation is to highlight the National Drug Master Plan 2018-2022 (NDMP) in relationship to NSP

NDMP REVIEW: POLICY SHIFT IN UNDERSTANDING ADDICTION

- The policy shift was necessitated by;
 - The implementation evaluation of the National Drug Master Plan 2013-2017 which was commissioned as part the National Evaluation System by the Department of Planning, Monitoring and Evaluation (DPME)
 - Changes in the field of SUD: New evidence describes addiction as a disease that effects both the brain and behaviour
 - Sheds new light on understanding of drug use and appropriate response
 - Addiction is defined as:
 - A Chronic, relapsing brain disease that is characterised by compulsive substance seeking and use, despite harmful consequences

NDMP 2018-2022

Principle 1: Rights-based-

The NDMP 2018-2022 respects, protects, and promotes human rights. All objectives are based on human rights principles enshrined in the Constitution of South Africa

Principle 2: Evidence-based-

The Plan will be adapted as new evidence becomes available

Principle 3: Multi-sectoral and multi-lateral

The success of the strategy depends on several government departments, stakeholders and cooperation at several levels. .

Principle 4: People-centred

The plan is cognisant of the harms related to SUD and addresses drug-related bio-psycho-socioeconomic issues related to the illicit home and commercial cultivation, manufacture, and production of, and trafficking in drugs.

Principle 5: Inclusive and participatory

People who use drugs and communities must be consulted in the development and implementation of the NDMP 2018-2022.

NDMP 2018-2022

KEY STAKEHOLDERS

DSD, DOH, SAPS, DCS,
DBE, SRSA, SAHPRA, DTI,
EDD, NICOC

KEY PLAYERS

DPME, COGTA, NPA,
DOJ&CD, DAFF, DAC, DHA,
DHET, DOL, DOT, DIRCO,
DST, NT, NYDA, SALGA,
SARS, SANAC, NGOs

Civil Society

People who use drugs

Business Sector

IMPLEMENTERS

NGOs, FBOs, CSOs,
Departments at national,
provincial and local levels

PROFESSIONAL COUNCILS

SAPC, SAMA, HPCSA, SANC,
SACSSP, SACE

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NDMP 2018-2022

- **Goals**

- To achieve the vision and mission, the NDMP 2018-2022 adopts the following goals:
- Demand reduction and related measures, including prevention and as well as other health related issues,
- Supply reduction and related measures; effective law enforcement; responses to drug related crime; and countering money laundering and promoting judicial cooperation,
- Ensuring the availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion,
- Identification and control of new psychotropic/ psychoactive substances,
- Promote governance, leadership, and accountability for a coordinated multi-sectoral effective response,
- Strengthen data collection, monitoring, evaluation, and research evidence to achieve the goals, and
- Stimulate robust and sustainable economic growth aimed at reducing poverty, unemployment and inequalities.

NDMP relationship to Needle and Syringe Programme

- Background
- The Central Drug Authority (CDA) formalised working relationship with South African National AIDS Council
- The two entities prepared jointly the country report to the United Nations General Assembly Special Session – New York 2016
- People Who Use Drugs (PWUD) and People Who Inject Drugs (PWID) consulted in developing the NDMP 2018-2022
- Major concern about PWID sharing injecting equipment or using contaminated equipment, which increases their chances of HIV, STI, and Hepatitis

NDMP relationship to Needle and Syringe Programme

- NDMP has social activities contributing to Government Outcomes as per Medium Term Strategic Framework – Outcome 3: All people in South Africa are and feel safe
- NDMP objective to be achieved with SANAC is:
 - Promote multi-agency partnership for prevention, education and treatment
- Priority areas in NDMP include:
 - Key populations
 - Key population for health related risk associated with drug use

NDMP relationship to Needle and Syringe Programme

- **NDMP** has measures to promote multiagency partnership for prevention, education and treatment including;
 - Hepatitis;
 - PWUD are at a greater risk of becoming infected with TB, and PWID and/or people living with HIV are disproportionately affected. For people who use drugs, treatment for TB must be integrated with prevention and treatment services for other infectious diseases, particularly HIV, as well as for drug dependence as a continuum of care within the health-care system. Integrated TB and HIV services, NSP and drug treatment, alongside a multidisciplinary approach

NDMP relationship to Needle and Syringe Programme

- NDMP interventions includes:
 - HIV: Riskier sexual behaviours when ingesting drugs and obtaining drugs could increase a person's risk to get HIV and STIs. People who inject drugs are at higher risk of contracting HIV mainly through the sharing of non-sterile injecting paraphernalia.
- NDMP advocates removing barriers and increasing access to coverage of evidence-based prevention and treatment services

NDMP relationship to Needle and Syringe Programme

- NDMP has components of aftercare that has implication for NSP:
 - Health: Health related services will provide the individual in treatment with measures to overcome or reduce their target symptoms.
 - Example Random drug testing are conducted when patients collect ARV medicines (by consent)

NDMP relationship to Needle and Syringe Programme

- NDMP measures to reducing drug related harms include:
 - Evidence-based strategies to reduce harm need to be part of comprehensive programmes
 - A comprehensive approach includes needle and syringe exchange programmes (NSP); opioid agonist therapy (OAT); HIV testing services (HTS); HIV and STI prevention and treatment; condom and lubrication programmes for people who use drugs and their sexual partners;
 - targeted information, education and communication (IEC) programmes; prevention, vaccination, diagnosis and treatment for viral hepatitis; and TB prevention, diagnosis and treatment

NDMP relationship to Needle and Syringe Programme

Goal 1: Demand Reduction	Deliverables	Responsibility	Target
	Ensure adequate capacity, quality, and availability of evidence based treatment programs and facilities	Lead: DOH DSD DCS Dependencies: SANAC, DCS, CSO,	2018 - 2022
Governance, leadership, and accountability	CDA must monitor the implementation of the NDMP by Departments in accordance with set deliverables and targets	Lead: CDA Dependencies: SALGA, SANAC, DOJ&CD, SAPS, DOH, DBE, DHET, NYDA, DHA, DIRCO, DTI, DCS, DOL, NT, DOT, SAHPRA, DAC, DPME, DAC, SANDF, COGTA, NPA, FIC, Provincial and Local Government	2018 - 2022

NDMP relationship to Needle and Syringe Programme

Goal 6:	Deliverables	Responsibility	Target
Strategic information	Strengthen data collection, monitoring, evaluation, and research evidence to achieve the goals	Lead: DSD CDA Dependencies: HSRC, SAMRC, SANAC, Universities	2018 - 2022

CONCLUSION

- The successful implementation of the NDMP and NSP depends on the commitment of everyone in the respective fields to:
 - Promote and encourage combination prevention and treatment services
 - Ensure coordinated and effective responses in place
 - Promote relevant biomedical and behavioural interventions