

HEALTH & DISEASE
DRUG ADDICTION

1975 - 1978

Mercury Reporter

28/7/77

PIETERMARITZBURG.
TWO MEN who had been spied on from a hospital roof by drug-squad detectives with a telescope and binoculars were sentenced to five years' imprisonment each for dealing in dagga yesterday.

Police saw drug cache

Atilia Maqalika (24) and Monna Mankoenyane (40) — a Lesotho citizen — had pleaded not guilty to dealing in 15,7kg of the drug on March 25.

Evidence before Mr. P. J. Miller was that Sergeant Cecil Stone and two constables had taken up a position on the roof

of the Edendale Hospital.

The two accused were seen walking out of a house carrying various bags which they hid in undergrowth.

The men returned periodically but disappeared from sight in the undergrowth.

They were later arrested but denied having any knowledge of the dagga.

Both had been wearing red shirts. A third person wearing similar clothing was also arrested but Mr. Miller found this third person had been arrested merely for the purpose of obtaining further information.

Mr. D. B. Joubert appeared for the State.

The accused were represented by Mr. J. van Zuydam and Mr. W. von Willich.

Five held as police smash drug ring

(87)

D.I.D.

3/8/77

CAPE TOWN — An international drug network, stretching from Karachi, Pakistan, to Cape Town, has been smashed by detectives of the Cape Town branch of the narcotics bureau.

Nearly 20 000 Mandrax tablets worth an estimated R136 000 on the black market were seized and five South Africans arrested.

All are in their 20s and belong to prominent Cape Town families. Three were arrested at Cape Town airport on Monday.

A senior police spokesman said yesterday the detectives had known for some time that Mandrax tablets — a habit-forming sleeping tablet — were reaching Cape Town from other areas.

After intensive investigations they received information which led them to the airport on

Monday afternoon.

There they arrested two men soon after they stepped off an aircraft from Johannesburg. Hidden in the luggage they found nearly 20 000 Mandrax tablets. A man who came to fetch them was also arrested.

During the course of their investigations the police also arrested another two men and seized a further 600 tablets.

The police believe the tablets were bought in Karachi and brought to Cape Town via Johannesburg.

This was the biggest drug haul ever to be made

in the Western Cape and one of the biggest ever in South Africa.

Meanwhile, in America, Pres Carter has proposed an end to imprisonment for possession of small quantities of dagga and called for a reduction in the medicinal use of barbiturates by Americans.

In a message to Congress launching a new effort to combat drug addiction, Pres Carter said the Government should make a sustained efforts to discover why Americans were turning to drugs, including alcohol and cigarettes.

Calling for changes in the federal law on dagga,

the President said its use should be discouraged, but action could be taken without labelling the dagga smoker a criminal.

People convicted of possessing up to 31 g of dagga should be subject to fines instead of imprisonment, although individual states could impose whatever penalties they saw fit.

Pres Carter's decision has been angrily criticised by the president of the International Association of Police Chiefs in Los Angeles, Chief Edward Davis, who called it a "presidential abdication of a moral responsibility to the youth of America."

— DDC-SAPA-RNS.

M. Mercury
12/8/57
12, 1911. 1387

Sleeping sickness drug find in U.S.

GUY BERNARD

WASHINGTON — U.S. Government scientists have found an anti-virus drug to combat the usually fatal brain disease, herpes encephalitis, a type of sleeping sickness.

The drug, adenine arabinoside, or Ara-A, was first derived from a sponge found in Caribbean waters. Two French scientists first suggested its antiviral properties.

The New England Journal of Medicine published yesterday described the use of Ara-A in 28 cases of encephalitis patients in death coma. Seventy percent of an untreated control group succumbed to the disease while only 28 percent of the treated group died.

Many of the survivors suffered varying degrees of irreversible brain damage but seven of them were able to lead normal lives, said Dr. Richard Krause in Washington, the director of the National Institute of Infectious Diseases.

Dr. William Prusoff of Yale University, however, warned that Ara-A has been shown to cause defects in the offspring of pregnant animals and liver tumors in mice.

Dagga: four Rhodes students sentenced

D.D.
13/8/77
(37)

PA
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GRAHAMSTOWN — A magistrate told four Rhodes University students whom he convicted of possessing dagga yesterday that he would give them suspended prison sentences only because their university careers would be affected if he jailed them.

The magistrate, Mr A. Fritz, also warned them that a subsequent conviction of a similar offence would earn them an obligatory sentence of at least five years im-

prisonment. He said possession of dagga was a serious offence, especially in an educational centre like Grahamstown.

Mr Brian Phillips, 23, who was convicted on two counts, was sentenced to a year's imprisonment, conditionally suspended for three years.

Mr Guy Allen, 20, Mr Stephen Smith, 21, and Mr Paul Hills, 21, who were each convicted on one count, were each sentenced to nine months im-

prisonment, conditionally suspended for three years.

All four pleaded guilty at a previous hearing in June when Lt D. B. Fish said he arrested them at a flat which was well known to him as a gathering place for dagga smokers.

He confiscated a pipe and 12 g of loose dagga. Later, he confiscated a further 21.5 g.

In passing sentence yesterday, Mr Fritz said the courts were obliged to impose sentences calculated to act as a deterrent to other dagga smokers.

There was evidence that the use of dagga among Rhodes students was on the increase, he said.

That the four students were all first offenders and appeared to have learnt their lesson were mitigating factors, Mr Fritz said. — DDC.

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A full minute of the proceedings will be circulated to all members in due course.

5 August 1977

(Prof.) A.H.R.E. PAAP
Dean, Faculty of Arts

EXPRESSSCOPE **THEY ASK NO QUESTIONS**

They RS doctors who give drugs to addicts

By DIANA POWELL

UNSCRUPULOUS doctors are ruining hundreds of young lives by prescribing habit-forming drugs on a no-questions-asked basis. And it is other doctors who say so.

Although they are not breaking the letter of the law, these unscrupulous doctors in private practice in Johannesburg and Cape Town are morally responsible for many of the human derelicts of Hillbrow and Sea Point, who live only for their next drug-induced high.

These are the allegations made by fellow doctors, pharmacists and social workers, during a Sunday Express investigation this week into the criminal abuse of the hypnotic sleeping pill, Mandrax.

Mandrax, Nocturn and Isonox, all sleeping tablets containing the drug methaqualone, have been banned in South Africa and, probably by the end of this month, will be withdrawn from the market completely.

But they have already done their damage. Hundreds of people are hooked on them — either for the effects of the preparation itself or for the high they get from mixing it with other drugs such as dagga.

With the black market a fairly recent and exorbitantly expensive source of supply, where have the hundreds of thousands of Mandrax tablets come from



● The night is over . . . a young drug addict collapses on a railing outside an all-night chemist.

which are to blame for the situation? From doctors, I was told this week.



Miss Jenny Frost, superintendent of Phoenix House, Sanca's drug rehabilitation centre in Johannesburg, said doctors were still the main suppliers

of Mandrax to addicts — in spite of the seriousness of the problem. "Among the drug abusers it is known literally as 'doing the doctors'. There is a group of doctors in Johannesburg who are known to be 'easy'. Any drug-taker will

know who they are.

"We come across their names at Phoenix House and, if we are able to do so without breaking a patient's confidence, we pass them on to the police.

"What happens is that the addict makes an appointment, tells the doctor some sob story about not being able to sleep, and says the only tablet he finds effective is Mandrax.

"The doctor doesn't ask questions, but writes out a prescription for 30 or 60 Mandrax. He is paid for the consultation in cash and earns R5 for a few minutes work. "But the patient then goes to another doctor, and

another. And by taking each prescription to a different chemist, the addict does not arouse suspicions."

Miss Frost's allegations were confirmed by doctors in Cape Town, who said they



knew of colleagues who handed out prescriptions on demand for Mandrax and several other dependence producing drugs.

One general practitioner told me: "No doctor should prescribe these preparations without making sure what the patient intends doing with them. But they do.

● They are not breaking

the law. If a patient comes in and asks for Mandrax, there is no reason why the doctor should not believe he has a problem sleeping. There are other drugs one could prescribe, but it is known that Mandrax works best for some people.

"The only onus on the doctor is a moral one. He should attempt to find out the patient's full circumstances before handing him a prescription for a drug which is open to abuse — like Mandrax.

"I have patients who take Mandrax and have done so for years with no ill-effects. I don't believe it is a bad drug, taken in the right way.



with them the reasons for their insomnia and, if a solution cannot be found, that way, I offer them some other sleeping tablet.

"It is easy to see then who are the people really needing help and who are the pill pushers."

He said it was well known that eventually the Mandrax abuser would get a prescription from some doctor who had no moral conscience.

Pharmacists confirmed this. They said prescriptions for drugs like Mandrax always seemed to come from the same group of doctors.

A Cape Town pharmacist said: "We can only do something if we see a person has prescriptions from more than one doctor. But usually they are not that stupid.

Snooze torpedoes triggered explosion

THE great Mandrax explosion hit South Africa in the early seventies, when amphetamines were withdrawn from the market.

Someone found that the harmless-looking white tablet prescribed for insomnia could produce a pleasant high if one fought off the initial effects of sleepiness.

Double the dose and the feeling was even better. Triple it and it produced a brain-numbing euphoria.

It was the great new discovery. The white pill, it was claimed, had all sorts of magical qualities and earned names like goof balls, snooze torpedoes, wings and randy mandies.

It was a good substitute for the recently banned black bombs, purple hearts



and dexies. By 1973 thousands of South African teenagers were popping Mandrax.

Suddenly the highly effective sleeping tablet, prescribed by doctors all over the world, became a problem in South Africa.

"But what is the problem? Is it the pill or is it the people?" asked a Cape Town doctor who has made an intensive study of drug abuse.

"One might feel a drug like Mandrax should never have been made available to the public. But the answer to drug addiction is not as simple as that.

"If one banned every potentially addictive drug, there would be practically nothing left.

"I do not believe Mandrax is harmful if taken under medical supervision."



Miss Jenny Frost, superintendent of Phoenix House, the Sanca drug rehabilitation centre, agreed.

"Mandrax is widely used and is a problem. But banning it is not going to help. Those who want to take drugs will simply take something else.

"Community education is the only way to prevent drug abuse. More prevention services must be made available — and they must reach children at a younger age.

"Also there should be stricter control of doctors who hand out prescriptions."

With the increasing abuse of Mandrax, drug traffickers established a flourishing black market throughout the country with a single Mandrax tablet fetching an incredible R8.

Mandrax is at present a Schedule 7 drug along with opium, cocaine, chloridine and morphine. This means doctors and chemists may provide only one month's supply at a time and no prescriptions may be repeated.

The Drugs Control Council recently announced that

Mandrax was to be moved to Schedule 8, which means it may not be prescribed or sold at all.

Dr J Gilliland, coordinating director of the Department of Health, said this week: "One has got to be very careful of withdrawing a drug, and there is no doubt that Mandrax is a very useful drug in proper medical hands.

"But in this case the Drugs Control Council felt there were other drugs performing the same function as Mandrax, but which did not have the unique effect Mandrax has when mixed with alcohol or dagga."

Asked whether he felt



Mandrax should have been allowed on to the South African market in the first place, Dr Gilliland said: "That is for the pharmacologists to decide."

When the same question was put to Professor R W Charlton, chairman of the Drugs Control Council, he said: "We banned Mandrax because it has become fashionable to abuse it and because the police drug squad asked us to do so.

"I feel it is as safe as any of the others (sleeping pills) if used properly."

Prof Charlton said the council had been under pressure for several years to ban Mandrax and had done so finally only because the police could not handle the situation.

A spokesman for Roussel Laboratories, the manufacturers, said production of Mandrax had already stopped.

Man, 21, guilty of possessing drugs

EAST LONDON — A man told a magistrate in court here yesterday he stole a prescription form from a doctor's surgery for a friend and later used it to buy mandrax from a chemist because he thought he did his friend a favour.

Mr Peter Theron, 21, no address given, pleaded guilty to a charge of theft of the prescription form and another of being in possession of 30 mandrax tablets when he appeared before Mr P. S. Sauerman.

He was sentenced to R30 or 60 days' imprisonment on the theft charge and two years' imprisonment, conditionally suspended for five years on the mandrax charge.

A warrant of arrest was authorised immediately for Mr Abdula Davis, 21, no address given, who was to have appeared with Mr Theron.

Mr Theron told the court in mitigation of sentence he went to the surgery of Dr M. Abramson to have a septic wound on his leg seen to.

He took the form while Dr Abramson left the office.

"I took the form because a friend, Mr Davis, had asked me to get a prescription form for him." Mr Theron said.

He admitted two previous convictions for dagga offences. — DDR

Court told of drug theft

N Mercury

10/19/77

(87)

JOHANNESBURG — Two men, allegedly involved in a series of drug thefts, were caught near the premises of a drug distributor soon after it had been burgled, a Regional Court magistrate heard yesterday.

Sergeant Karel van Vollenhof, was giving evidence at the trial of 13 men appearing on four counts of housebreaking and one of dealing in drugs.

Sergeant van Vollenhof said that on December 26 last year, he caught a man climbing out of a window of South African Druggists in Springs.

A few minutes later the man pointed out two men, who he said, had been involved in a burglary.

The men, who were arrested, were Mr. Levison Motloun and Mr. Jeffrey Yende, two of the accused.

Mr. Nathaniel Mahime, who was warned as an accomplice, said that on October 6, last year, two of the accused, Mr. Tiny Grant, and Mr. Patric Mvubela, asked him where the mandrax tablets at South African Druggists were stored.

He refused but at another meeting with the men he was offered R1 000 for the information.

He gave them the information and then told Captain M. Conradie, of the South African Police, about the meeting.

When he went to work the next day the mandrax tablets had been stolen.

The accused are Mr. Tiny Grant (22), Mr. Lazarus Lafakane (26), Mr. Lucas Masoma (23), Mr. Armstrong Klein (24), Mr. Samuel Masaine (29), Mr. Boy Lubale (29), Mr. Phillip Ndlovu (31), Mr. Patrick Mvubela (23), Mr. Alson Sithole (29), Mr. Levison Motloun (24), Mr. Solomon Kivinda (28), Mr. Jacob Shabane (29) and Mr. Jeffrey Yende (25).

A warrant has been issued for the arrest of the 14th accused Mr. Boy Sibeko (24).

The hearing was adjourned to November 28. — (Sapa.)

1/10/77

RAND DAILY MAIL, Saturday

Dagga smugglers' network smashed by drug squad ⁽⁸⁷⁾

By EMIELIA JAROSCHEK
Crime Reporter

A DAGGA-SMUGGLING network believed to be operating from the Transkei was smashed by Johannesburg drug squad detectives early yesterday morning.

Colonel Piet Delport, chief of the Johannesburg vice squad, confirmed yesterday that two white men had been arrested in Randfontein.

Police seized 21 kg of dagga — 300 to 400 arms worth about R3 000.

Meanwhile the Cape Town narcotics bureau have launched a thorough investigation into the activities of doctors and pharmacists allegedly selling dangerous habit forming medicines illegally.

Captain Louis Fourie, head of the Cape Town narcotics bureau, told a Rand Daily Mail correspondent his team was investigating the sale of dangerous drugs — which included Mandrax, Nocturnes, Iso-nox and Qulundes — by some Western Cape doctors and pharmacists.

Possession of these drugs is to be prohibited from October 28.

Detectives last week arrested the alleged leader of an international syndicate that smuggled Mandrax tablets into South Africa. A Wynberg doctor was later arrested for alleged dealing in drugs. Mandrax tablets were confiscated.

DD. 25/11/77

EL man guilty ⁽⁸⁷⁾ on dagga charge

EAST LONDON — Sentence will be passed on November 29 in the case in which an Mdantsane resident has been found guilty of dealing in dagga.

Mr Maboisana Viti, 20, of 1461 NU1 Mdantsane, was to be sentenced in the magistrates' court here yesterday when he appeared for the second time before Mr A. Nel.

However Mr Viti will be sentenced on November 29 as the court has now requested calling another State witness to testify to the ownership of the vehicle driven by Mr Viti.

On Wednesday the court heard how a 120 km/h car chase involving a municipal traffic officer and Mr Viti ended in Traffic Officer H. Fritz finding more than 10 kilograms of dagga concealed in a trunk and leather bag in the car being driven by Mr Viti.

The vehicle, a mini, was

then confiscated by the police.

Yesterday Mr Nel ruled that it was necessary to call Mr T. Tafane to court to testify whether the car was his or that he had allowed Mr Viti to use it.

The purpose of calling Mr Tafane, he said, was to establish real ownership of the vehicle and whether the car has to be returned or forfeited to the State.
— DDR

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not model (see Bilas). Monopoly - technical . Price discrimination. See Joan Robinson, tion, Chs 15 & 16, A&A Ch 8, Hunter (in and monopoly
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ion costs and externalities. See A&A Ch 9 economic examination of traffic & Baltazzis, Readings in Applied Micro-

ference between externalities and

DAGGA SEIZED

Ni Mercury Crime Reporter 9/1/78

87

ALMOST R400 000 worth of dagga smuggled from Transkei to Natal was seized at police roadblocks along the South Coast at the weekend.

Police confiscated four cars and arrested 24 people. Also arrested were three men charged with poaching and being in possession of unlicensed firearms. Police found a dead buck in the boot of their car.

Lieutenant Johnny Wright of the Durban Narcotics Bureau, who headed the operations, said last night that among the dagga seized were 39 000 "zols."

He said that all the dagga came from Transkei and most was destined for the drug market in and around Durban.

(67) Natal Mercury 11/1/78

Drug addict had tablets

Mercury Reporter

A self-confessed drug addict was arrested after she was found in possession of 227 Mandrax tablets, a Durban magistrate heard yesterday.

Her boyfriend was also detained for having 43 dagga cigarettes and 28 grams of loose dagga.

Karen Elizabeth Hatch (26) and Kevin Daniel Grant (28) both pleaded guilty and

were convicted of possessing dangerous dependence-producing drugs when they appeared together before Mr. E. W. Hyland.

A psychologist's report handed in to the Court stated that Hatch had had herself admitted to Lulama Treatment Centre "for anxiety and depression, associated with her drug-dependency problems."

In mitigation of sentence, Mr. L. Boer (for Hatch and Grant) said Hatch was the mother of a five-year-old child and that she had a clean record.

Hatch and Grant were sentenced to one and two years' imprisonment respectively (both sentences were conditionally suspended for five years).

DOCTOR IS ACCUSED OF DRUGS OFFENCES

Court Reporter 27

A 24-YEAR-OLD White, who acted as a police trap, told a Durban magistrate yesterday he had obtained a prescription for 60 Mandrax tablets from a Durban doctor last year after telling him he had a "Mandrax problem."



Dr. A. L. Johnsen.

This was said in evidence before Mr. E. W. Hyland at the hearing of Dr. Artvig Lewis Johnsen (54) who is charged on nine counts of dealing in dangerous dependence — producing drugs, with five alternative counts of dealing in prohibited dependence-producing drugs between August and October, 1977.

He has pleaded not guilty.

It is alleged that between August 17 and October 28 he supplied 510 tablets of Mandrax to various people by giving them prescriptions for the drug.

Mr. Gerald Volker said he had acted as a drug trap on October 28 last year.

Appointment

He had arranged an appointment with Dr. Johnsen after a telephone call had been made to the doctor's consulting rooms by Detective Constable Robert Logue of the Drug Squad.

He had visited the doctor and been given a prescription for 60 tablets.

Later he handed the prescriptions to Constable Logue.

He then accompanied Constable Logue and another policeman back to the consulting rooms. Doctor Johnsen had greeted Constable Logue . . . "Hullo Bobby."

The other policeman, Lt. Wright, had told the doctor they were conducting an investigation into Mandrax.

The doctor said he had prescribed Mandrax for Mr. Volker that day.

Boy friend

Earlier the Court was told by a 19-year-old girl, Miss Tracy Burns, that she and her boyfriend had obtained Mandrax tablets from Doctor Johnsen.

They had crushed the tablets and smoked the "dagga." Miss Burns said they smoked about 60 tablets in two or three days.

She said she had been to Doctor Johnsen on three occasions last year and had given a false name and address each time.

She had done this . . . "Because I did not wish to be implicated in any way." Miss Burns admitted she had a suspended sentence for dagga.

The hearing was adjourned until today.

Court told of ^{C.T.} R5 000 promise ^{2/2/78} to smuggle drugs ⁽⁸⁷⁾

Staff Reporter

A "RELIGIOUS" man yesterday told a regional magistrate he was promised R5 000 to smuggle Mandrax tablets into South Africa from Karachi.

Mr Ashraf Edwards gave evidence in the trial of six men and a woman who face charges of dealing in dangerous dependence-producing drugs, alternatively to possession of the drugs. Mr Edwards was earlier warned as an accomplice.

The seven who pleaded not guilty to the charges are Abdurahman Dalvie, 24, Ashrat Waglay, 24, Shouke Bhikoo, 26, Ismail Solomons, 32, Mohamed Kapdi, 32, Nazier Kapdi, 26, and Gaironisa Solomons, 26.

Mr Edwards told the court he first met one of the seven, Nazier Kapdi, in May 1976.

Mr Nazier Kapdi went to India in May 1977, Mr Edwards told the court.

When Mr Kapdi returned, Edwards was asked to go overseas to collect certain goods that Mr Nazier Kapdi wanted. Mr Edwards said that he was not told what he was to collect, but was promised R5 000 to go on the trip.

He was later told to go to Karachi in Pakistan. He was only told about the Mandrax later.

"Kapdi handled all the passport and ticket details," Mr Edwards said. He left for Karachi in June but was put in quarantine on arrival because his health documents were not in order.

Mr Edwards was then shipped back to South Africa where he told Mr Kapdi of his unsuccessful trip.

"Kapdi said I could go again, but this time I would go with him," Mr Edwards said.

In July Mr Edwards and Mr Kapdi returned to Karachi and this time there were no hitches.

Mr Edwards said they went to drug stores in the city and found one that agreed to supply them with Mandrax. Mr Edwards said he was not involved in the discussions.

Mr Edwards said they returned the next day and paid the man R1 500 in travellers cheques for 10 000 Mandrax tablets.

Mr Edwards said he was told by Mr Kapdi to put prayer books on each of the boxes. Asked why, Mr Edwards said it was probably to safeguard against accidents.

The next day they returned to South Africa and Mr Edwards carried the suitcase through customs. He said he then continued his trip to Cape Town and Mr Kapdi followed him from Johannesburg soon afterwards.

Mr Kapdi collected the suitcase from him and the next day Mr Edwards went to Mr Kapdi for payment.

Mr Edwards said Mr Kapdi told him he did not have the money and would have to sell the Mandrax tablets first.

Mr Edwards claimed he went with Mr Kapdi to sell some of the tablets. One of the sales was to Mr Ismail Rylands, a State witness in the case.

Mr Edwards said he was later paid R3 000, but he never received the balance.

Under cross-examination, Mr Edwards said he was a religious man. He did not know anything about Mandrax, "but after this case I will," he said.

The case continues today.

Mr A J Burger is on the Bench. Mr D Cronje is appearing for the State. Mr H Snitcher, instructed by K Olivier is appearing for Mr Bhikoo. Mr D van Reenen, instructed by K Olivier is appearing for the Solomons and Mr Mohamed Kapdi. Mr M S Jacobs instructed by K Olivier is appearing for Mr Nazier Kapdi. Mr P Avenant, instructed by L Kadish and Company is appearing for Mr Waglay. Mr N Snitcher is appearing for Mr Dalvie.

TRAGIC STORY OF HOW 'HIPPIY' GP WENT WRONG

Drug doctor tried to help wife — and hooked himself



● Dr Modlin . . . under severe stress.



● Mrs Joan Modlin with the younger of her two children. She suffered bouts of unbelievable depression. Now she has had a haircut and has stopped wearing "queer" clothes.

DR Charles Trevor Modlin was known as the hippie doctor of Edenvale. He always consulted in jeans, never wore a tie, and sported long hair.

BY CLARE STERN

This week, as he stepped out of the Johannesburg Regional Court, he was a condemned man in terms of medical ethics.

He had injected himself and his wife with a drug, pethidine, until they were both addicted.

In sentencing the 31-year-old doctor to seven years' jail, suspended for five, and fining him R600, the magistrate, Mr J L de Villiers said: "You should be blamed for your wife becoming a drug addict, you are the cause of her landing in her present situation and you were expected to be the stronger party."

But his patients are imploring the doctor, who may be struck off the medical roll, to return to practice.

Dr Modlin was so popular he has been inundated with telephone calls from the residents of Edenvale, who fear they may lose a doctor their prize and love.

He was found guilty on 134 charges of fraud, for administering the drug for other than medicinal purposes, and for failing to keep a proper drugs register.

The 31-year-old doctor was sentenced to seven years' jail, suspended for five, and fined R600.

But he believes his actions — "an irrational grasp at a chance to survive" — were worth the agony he and his wife Joan endured.

A friend of the Modlins told the Sunday Express:

"Joan has suffered severe bouts of depression since

childhood. She has attempted suicide four times. Now for the first time in 10 years she has real deep insight into her problem, and cautious optimism that she will recover from her depression."

These are the tragic events which led to Dr Modlin writing out 128 prescriptions for fictitious patients, to satisfy his and his wife's addiction to pethidine.

He met his wife 12 years ago, soon after she had become a nurse at the Johannesburg General Hospital.

Dr Modlin's friend told the Express:

"Joan was an exceptionally good nurse, one of the best. But she was subject to severe depression, and after leaving Zambia and settling here, she took an overdose of pills, possibly because she was lonely and had few friends here."

"Trevor believed once they were married her condition would improve. He was in his final year of medicine when they married, and Joan supported him that year. The couple were very happy until Dr Modlin opened his practice in Edenvale."

The young doctor saw 60 to 70 patients a day, and was so popular he had to turn many away.

He was so devoted to his patients, he rarely got home before 9pm, by which time his two children were in bed.

He became increasingly unhappy because he had no time for himself or his fami-

ly. And when his wife felt neglected and depressed, he too became depressed on her account.

The friend said: "His decision to administer pethidine to Joan and himself was an irrational grasp at the chance to survive."

"He saw no other way of alleviating the depression that engulfed them. Divorce was out — they loved one another dearly and Trevor believed that if they parted, Joan would ultimately commit suicide."

"He was under severe stress. In the medical profession there are human lives at stake. If a doctor is conscientious and cares deeply for his patients' well-being, as Dr Modlin did, the stress element is greater."

"Dr Modlin is basically a very moral person and when the police caught up with him, he and his wife's addiction went sky high."

He has now stopped taking pethidine, and despite traumatic withdrawal symptoms, he has picked up the

broken pieces of his life, and is working for a large pharmaceutical firm, in the planning and production field.

His wife has committed herself voluntarily as a patient at Phoenix House and is responding well to treatment.

Though many of the doctor's friends sympathise with him, he is adamant that the blame for his actions rests fairly and squarely on his shoulders, and that had he devoted more time to Joan and less to his patients, she would have felt less depressed.

He is planning to write a book about his experience to make the public more aware of the problems of the medical family.

"His son, aged seven, is very bright and was always aware of the problem," the friend said.

"In fact the child encouraged his parents persistently to come off drugs."

And Joan Modlin's mother, Mrs Edith Wason, told me this week she believed the incident had been a blessing in disguise and brought her daughter and son-in-law closer together.

"The most remarkable change is in Joan's attitude," Mrs Wason said.

"She is positively blooming. She spent a fortnight out of Phoenix House with me, reading a book, 'The Erroneous Zones', which I think helped her realise where she went wrong. She had had her hair cut. Joan was a great one for wearing queer clothes, but this, too, had changed."

"When I asked her what would happen if Trevor were to go to jail, she said: 'Don't worry mum — I have every confidence I could come out of Phoenix House and build a home for my children on my own'."

Mrs Wason said she bore no resentment towards her son-in-law.

"He has always been wonderful to us, and I believe in him as a human being and a doctor of con-

The horror of pethidine

Express Reporter

THE drug pethidine hydrochloride was originally believed to be "safer" than morphine and atropine. But it turned out to be as addictive — and just as dangerous — in the end.

It effectively kills pain. But, for the addict, its main attraction is that it induces a sense of euphoria, quickly and effectively.

Like most other drugs, tolerance for pethidine grows. The doses have to get bigger and bigger. Soon it is not enough merely to swallow the drug — an injection is more effective.

Once hooked on pethidine, withdrawal is an agonising process — as agonising, physically and mentally, as coming off morphine.

Charges/convictions in terms of Dependence-producing Substances and Rehabilitation Centres Act

8. Mr. N. B. WOOD asked the Minister of Statistics:

How many (a) Whites, (b) Bantu, (c) Asiatics and (d) Coloureds were (i) charged with and (ii) convicted of the possession or sale of (aa) dagga and (bb) other drugs in terms of the Abuse of Dependence-producing Substances and Rehabilitation Centres Act during the latest year for which figures are available?

The MINISTER OF STATISTICS:

	(i) Prosecutions	(ii) Convictions
(aa) Charged with and convicted of the possession or sale of dagga		
Whites	2 079	1 759
Bantu	14 748	12 227
Asiatics	866	630
Coloureds	4 290	3 569

FEBRUARY 1978 30

(bb) Charged with and convicted of the possession or sale of other drugs

Whites	61	51
Bantu	67	59
Asiatics	14	14
Coloureds	40	32

Waarom/Why?

1. Gaan u probeer om terug na die plaas te kom of nie?

kan toevallig op kontrabandiers aidentifik

gaan om foto te verander?

Net n al selt gedink daaraan om met ander werkers saam te

ander plase?

Bevoeg n die probleme met ander werkers op die plaas of op

Wat doen u gewoonlik om die probleme op te los?

Verolwe aan plaaswerkers (2)

The lights dim at New York's Carnegie Hall during a pop concert and sweet waves of daggga smoke blanket parts of the audience.

Smoking marijuana is now a "ho-hum thing", said Mr Edward Cass, regional director of the Federal Drug Enforcement Administration in Boston. "It doesn't generate the intense polarity between the young and the old as it once did".

Marijuana has been smoked by at least one-fifth of all Americans according to a recent Federally-funded survey. And many are now doing so in public — in movie theatres in Chicago and New York, on downtown streets in Washington, DC, New Orleans and San Francisco, and in auditoriums and stadiums from Iowa to Texas, Georgia to Maine.

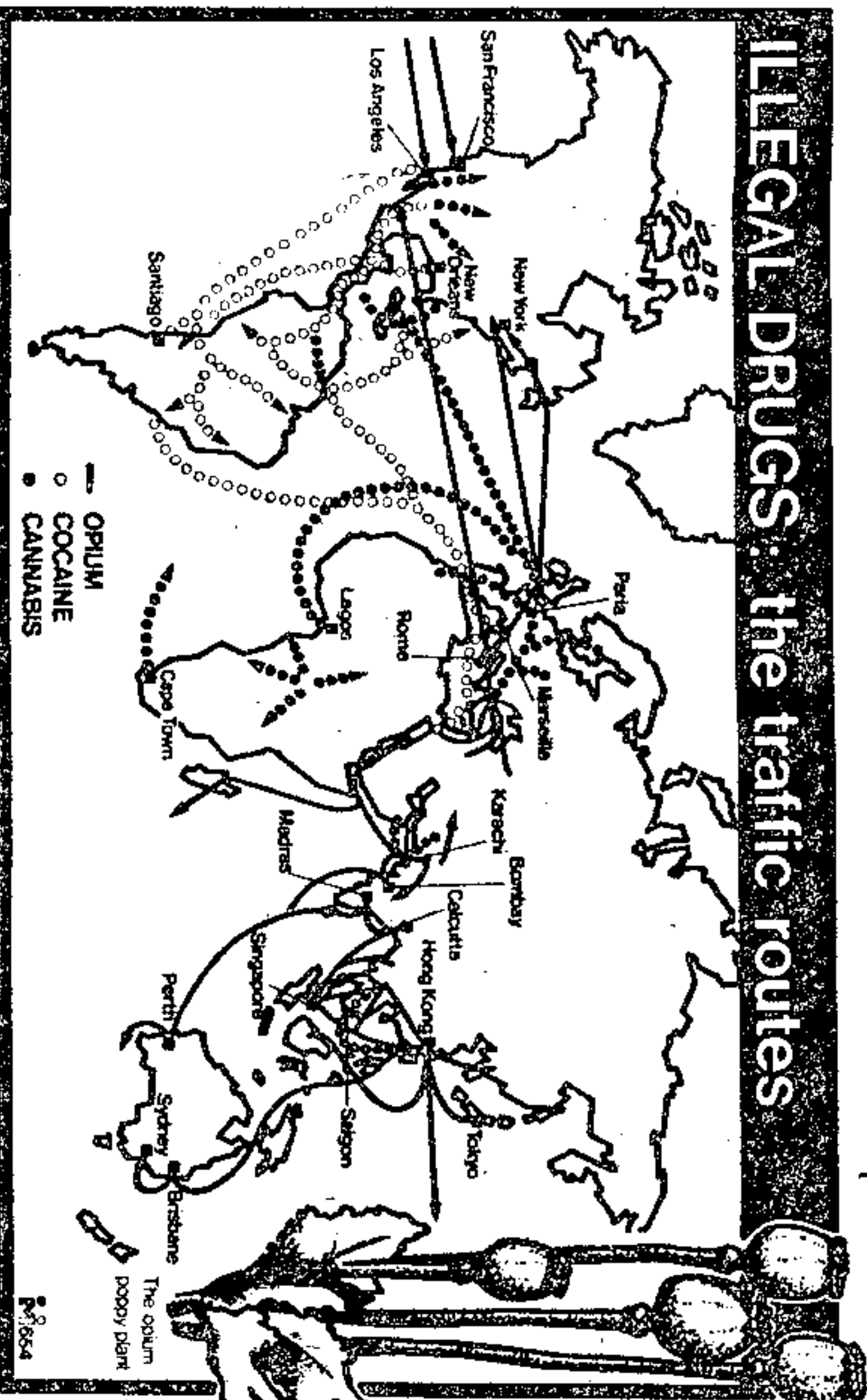
"It's so widely used here that it's not too rare to find it in junior schools," said Mr Dave Bradford, director of the Utah State Liquor Law Enforcement Agency, which has jurisdiction over marijuana in that Western state. "Everywhere you go they smoke marijuana, with the possible exception of church. But I'm not always sure about that".

The "reefer madness" of the 1930's has become the green, green grass of many a home in the 1970's. However, the United States is far from turning into a drugged society un-

Taking crime out of daggga

SD 9/21/78

87



der one giant puff of smoke.

In spite of recommendations from President Carter, the American Medical Association and numerous private citizens and elected officials to decriminalise existing laws, possession of marijuana remains illegal in most states.

Only 10 states have broken away from four decades of stringent marijuana laws and reformed their statutes. Oregon was first. Alaska, Maine, Colorado, California, Ohio, Minnesota, Mississippi, North Carolina and New York

followed. Moves are under way in 35 other states to reconsider marijuana laws and decriminalise them.

In most of the decriminalised areas, possession of small amounts results in the imposition of a fine, sometimes R85 or less, instead of a jail sentence. And there is no criminal record — much the same as in traffic offences.

In Alaska, a 1975 State Supreme Court ruling, based on the individual's right to privacy, protects the marijuana smoker in her or his own home, regardless of the amount

involved.

But in Nevada, a first-time conviction for possession of marijuana calls for from one to six years behind bars, while a second conviction results in life imprisonment without possibility of parole. A first conviction for selling carries a prison term of from one to twenty years. A second conviction and selling to a minor mandates a life sentence.

Arizona and Kansas both have punishments of up to ten years for possession of any amount. Possession of an ounce or more in Tennessee results in eleven months and

twenty nine days in the work-house and a fine of R850.

Most law enforcers agree that marijuana has not been a top priority in the war against drug abuse, even before some states decriminalised their laws. Criminal justice efforts, instead, have been concentrated on arrests involving large amounts for trafficking, and heroin, cocaine and pill sales.

"We can and should continue to discourage the use of marijuana," said President Carter. "But this can be done without defining the smoker as a criminal ... penalties against possession of a drug should not be more damaging to an individual than the use of the drug itself. And where they are, they should be changed."

Mr Keith Stroup, director of the National Organisation for the Reform of Marijuana Laws, agrees. He even predicts that five years from now, smoking marijuana will not be a crime anywhere in the United States. "Whatever unnecessary hostility resulting from cultural differences that existed has pretty much disappeared after the Vietnam war," he said. "There was a time when someone would light up a joint at a party and it was like burning the flag."

Marijuana smoking is not the idle pastime of the young and off-beat. It is a drug used by professionals, elected officials, housewives and students. It has become woven into the fabric of suburbia and the middle class, according to many observers.

According to the National Institute on Drug Abuse, marijuana has not been found to be an addictive drug. "We don't regard marijuana as harmless," said Mr Robert Petersen, assistant director of research at NIDA. "It can be injurious to the lungs. But we don't really know what we should know about long-term use."

A 1976 study by University of Florida researchers found no significant adverse effects on body or brain functions of chronic marijuana users tested. This refuted earlier studies which suggested heavy marijuana smoking could produce adverse effects.

Nida also has reported that marijuana could be helpful in treating glaucoma, cancer and asthma patients.

But even marijuana's strongest supporters do not foresee the drug taking over. "I don't think it will ever be the predominant legal drug of choice in the country," said Mr Stroup. "It's alcohol now and always will be." — SAPA-AP

Dolores Barclay

(87)
**Police
burn tons
of dagga**

POLICE have destroyed more than 150 000 kg of green dagga in Port Natal over the past four days, as part of a province-wide campaign which will continue for another fortnight.—Sapa.

Dagga was for a 'trip'

N.M. 1/3/28 (87)

Court Reporter

A DURBAN yachtsman, Brian Richard Honeysett (29), told a Durban Magistrate this week that he had intended taking 280 dagga cigarettes with him on a cruise to "smoke on the high seas."

Honeysett pleaded guilty to possessing the dagga when he appeared before Mr. E. W. Hyland.

The dagga was seized by members of the Durban Narcotics Bureau at the yacht mole on February 25.

No evidence was led after Honeysett's plea was accepted by the prosecutor, Mr. P. Weightman.

Honeysett, a first offender, was sentenced to six months' imprisonment, suspended for five years.

X Institution for Indian drug addicts

The MINISTER OF THE INTERIOR (for the Minister of Indian Affairs replied to Question *13, by Mrs. H. Suzman:

Question:

What progress has been made in the establishment of an institution for the treatment of Indian drug addicts.

Reply:

As stated in my reply to the hon. member on 11 February 1977 the accommodation requirements and plans for the proposed rehabilitation centre have already been worked out, and that efforts to acquire a new site are making progress. A new site has now been decided upon in the Newlands Indian area near Durban. As soon as the outlining of the main road to Kwa Mashu has been determined the site will be acquired.

Dagga man 'has mental age of eight'

(5)

(Mercury) Reporter

10/3/26

PIETERMARITZBURG — The Supreme Court has ordered that an illiterate Indian sentenced to five years' jail for dealing in dagga be sent to the Fort Napier Hospital for an inquiry into his mental condition after evidence that he had the mental age of an eight-year-old child.

Dodo Pillay (33) pleaded guilty and was convicted by Mr. P. J. Miller in the Pietermaritzburg Magistrate's Court on September 12 last year of dealing in 132.5g of dagga.

In papers before Mr. Justice Hefer and Mr. Justice Friedman, Pillay's brother, Mr. Kamlal Pather (37) said he had regarded his brother as mentally retarded since they were children.

Mr. Pather — a teacher at a school for retarded children — said he estimated his brother had a mental age of eight years.

Pillay was normally docile and accommodating but frequently he became aggressive and violent. After these incidents, he was unable to remember what he had done and was confused.

Pillay said in an affidavit that when being questioned by the magistrate he had been very confused.

He knew a person could be charged for making conflicting statements. He tried to make his answers coincide as closely as possible "with the accusations the police had levelled against me."

Pillay said he left school after failing Standard 2. He had smoked dagga since he was seven and was addicted.

Gained

Mr. J. Miller, the magistrate, said in an opposing affidavit that Pillay had appeared outwardly calm and no pressure had been brought to bear on him in court.

At no stage had the magistrate gained the impression that Pillay was agitated or confused. He responded readily to questions put to him by the Court.

Mr. Justice Hefer said there was no reason why Pillay should not be sent for observation.

A psychiatrist would inquire into whether Pillay had a mental illness or defect which would render him unable to appreciate the wrongfulness of his act or whether such illness or defect made him incapable of understanding the proceedings in court.

Police probe LSD link

11/3/78
87

JOHANNESBURG — LSD manufactured by an illegal factory in London is at present circulating in South Africa.

Drug squad detectives have established this link during their investigations into a possible South African connection with the world LSD ring which has been smashed by police in London.

Lt D. Blignaut, head of the Johannesburg Drug Squad, said small quantities of LSD which police had recovered in South Africa proved to be of the illegally London manufactured batch.

"We are still searching for the distributors of LSD in South Africa," he said.

He could not say how much LSD was at present circulating in South Africa.

Police said, however, that in their search for the people behind the trafficking of LSD, they had been unable to find out whether Mr Henry Todd, the LSD "marketing manager" who was jailed for 13 years in London, was ever in South Africa.

"Until we establish what names the man used, if and when he was in South Africa, we cannot say whether we were ever on to his track," Lt Blignaut said.

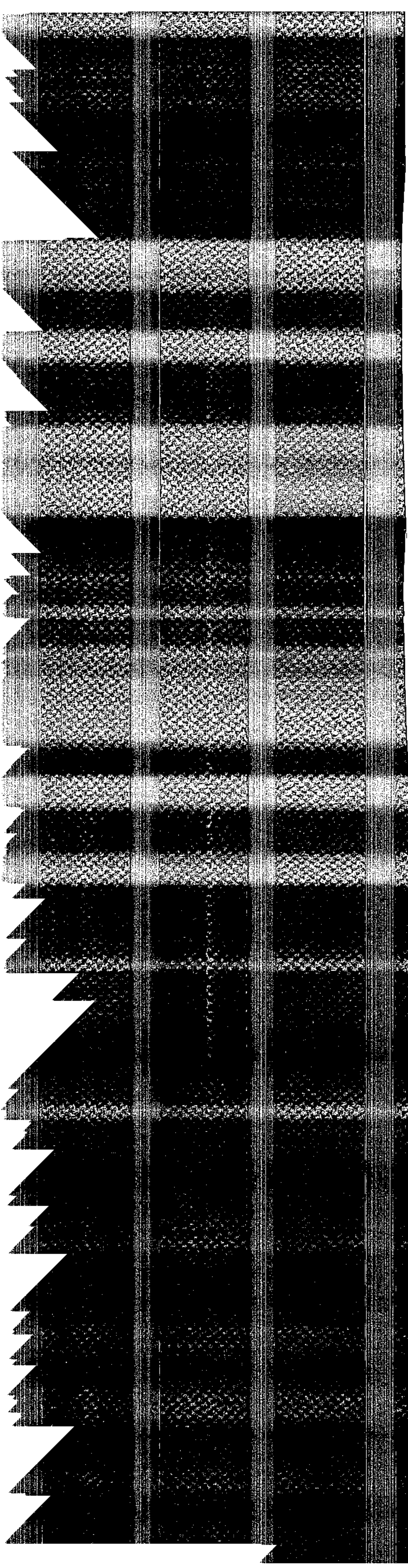
In London, the 17 main conspirators of the LSD ring were this week jailed for a total of 120 years. — DDC.

63

THEY HIPPED COPS



THE SWINGING SQUAD: The team who matched their wins against the drug conspirators — and won. The faces of some have been blanked out to protect their cov...



and how they smashed the factories of deadly dreams

IT WAS five o'clock on a cold, grey morning last March that the biggest drugs probe the world had seen reached its climax.

In towns, villages and cities all over Britain, 800 policemen — many of them armed — rapped on doors and rounded up 130 bleary, bewildered suspects.

The suspects were questioned all day, and when the sun set it set for ever on the ghastly empire of a group of plotters who made untold millions of pounds from peddling the nightmare drug LSD.

That day's work was a triumph for a gang of long-haired "hippie" undercover policemen who matched their wits against a team of brilliant scientists — and won.

Gripping

The story of their astonishing success against all the odds is more gripping than any detective novel.

They owed their triumph to years of hard, slogging, painstaking investigations — and a couple of lucky breaks.

The first came one bitter November night in Cirencester, a quiet market town in rural Gloucestershire.

There, undercover policeman Martyn Pritchard, 29, was living in a cottage, melting into the local drugs scene while working on another investigation.

One of his contacts was a cannabis user who worked on the Marquis of Bath's estate at Longleat, Wiltshire, growing his own supply on a deserted plot of ground behind the lions' enclosure in the Safari Park. He offered to supply Martyn with

ABRITISH woman doctor described as "the banker" for an international drugs ring has been found guilty of taking part in a plot which produced LSD worth an estimated £11 million.

Dr Christine Bott, Bristol Crown Court, was told during the eight-day trial, was a drug-taking revolutionary who thought LSD would make the world a better place.

She was found guilty of possessing LSD and aiding and abetting others to possess the drug.

More evidence is being laid against others allegedly involved in a huge conspiracy. Already a number of defendants have been sentenced to terms ranging from 12 months to eight years.

EDWARD LAXTON and SPENDY YOUNG report

LSD tablets and obligingly offered a sample.

Martyn passed these on to Home Office scientists, who matched the tablets with others which had turned up in Johannesburg, Melbourne, Washington, Los Angeles, Montreal and all over Europe.

The manufacturer's markings were the same. The method of production was identical. Detectives concluded that many of the tablets had come from the same illegal laboratory.

As it happens, they were wrong. There were two labs, one in Wales and one in London.

The Welsh lab was run in an old mill house at Tregaron by Cambridge scientist Richard Kemp. The London lab was run in Hampton Wick, Middlesex, by former hospital porter Henry Todd.

Kemp and Todd had, according to the prosecution, been partners but had split up.

The LSD shown to Martyn was the "diluted" London stuff. And when he was offered 80,000 tablets a week by the man in Cirencester, he realised he was on the trail of what could be the biggest LSD factory ever.

Meanwhile, police in Wales had another lucky break.

Early in 1975 Kemp was involved in a road accident near Aberyst-

wyth in which a vicar's wife was killed.

Police examining his Range-Rover found eight scraps of torn paper in the ashtray. Picked together they made up the words "hydrazone hydrate" — a vital ingredient in LSD production.

Early in 1976 enough evidence had accumulated to point to the presence of the LSD super-factory in Britain.

Horried

Horried provincial police chiefs had a hurried secret meeting to launch a massive investigation.

They voted it a £3-million budget, and put four assistant chief constables in command.

At the start their biggest headache was keeping the operation secret from Scotland Yard, whose Drugs Squad had an appalling record.

Yard men had been jilted or disciplined for irregularities, and the provincial drug-busters, wary of leaks, decided to go it alone. Scotland Yard's Drugs Squad was not told at the time.

Headquarters for the new hustle operation were set up in the hush school at Devizes, Wiltshire. Officers on duty there gave out that they were with the Bombs

Squad or the Fraud Squad — anything but the Drugs Squad.

The security undercover "swingers" were kept well away. They were told to keep in contact by phoning and asking for Julie.

Several police wives, hearing their husbands' constant calls to "Julie", suspected an affair.

But Julie was pretty Police Sergeant Julie Taylor, 27, who was second-in-command of administration... and made the tea.

Snubbed

One day someone christened the investigation "Operation Julie" — and the name stuck.

Soon the lines of inquiry had narrowed down to two: One in Wales and one in London. The net was closing in.

In Wales, Detective Inspector "Leapy" Lee, head of the Thames Valley Drugs Squad, rented a £15-a-week cottage not far from Carro, where Kemp and his sweetheart, Dr Christine Bott, lived in a tumble-down 10-bedroom mansion.

Kemp and Bott fitted unobtrusively into the local community. They were familiar figures, pottering in their vegetable garden, chatting in the village shops.

Christine Bott even entered the goats she kept in local shows and sold their milk at the roadside.

"Leapy" Lee's efforts to merge into the pattern of Welsh country life were less successful.

He was baffled when villagers ignored or even snubbed him. Then he realised why: They thought that he was homosexual — and that the undercover surveillance men who constantly reported to his cottage were his furtive boy-friends.

An undercover blonde policeman joined the team and the cloud was lifted.

Lee's men began building up a dossier on the local drug pushers — pushers like the flamboyant Alston "Smiles" Hughes.

The horrors of LSD

ONE OF the deadliest of drugs, LSD is harmless enough to look at — a cheap, colourless, odourless, tasteless liquid. LSD takers — "acid heads" — used to put a drop on a lump of sugar to swallow. Now the drug is available in tablet form.

Users say it enhances reality — but it doesn't. It only creates a false, dream-like state in which takers have been known to leap off buildings, believing they could fly... chew a hand to the bone, believing it to be an orange... or truss and prepare a baby for roasting, believing it to be an oven-ready chicken.

Three Operation Julie detectives had frightening accidental "trips" on LSD when they were left to guard the drugs "factory" at Hampton Wick, England.

They took special precautions and opened all the curtains be-

cause it was then thought that LSD deteriorated in daylight. But then strange things began happening...

Two of the detectives found themselves laughing uproariously when watching "Jesus of Nazareth" on TV. The third, taking a bath, thought he could feel every drop of water dripping from his hair to his back.

As the three walked back to the house they thought the pavement was covered with fitted carpet. Trees seemed to be sprouting multi-coloured flowers.

And one detective, looking at a pile of logs, saw instead a herd of deer at rest, watching him.

Back at the house, they called for medical help. Doctors found they had been on an unwitting LSD "trip" due to absorbing drug dust with which the house was impregnated.

Road, Hampton Wick... the second LSD factory.

For those in the conspiracy it was all over.

Most admitted their guilt when police confronted them with the huge dossier of evidence against them. Only Bott brazened it out to the end.

The evidence in the cases was staggering in its scale and detail.

The factories manufactured two-thirds of the world's supply of LSD, and their multi-million-pound turnover rivalled that of some of the biggest firms in Britain.

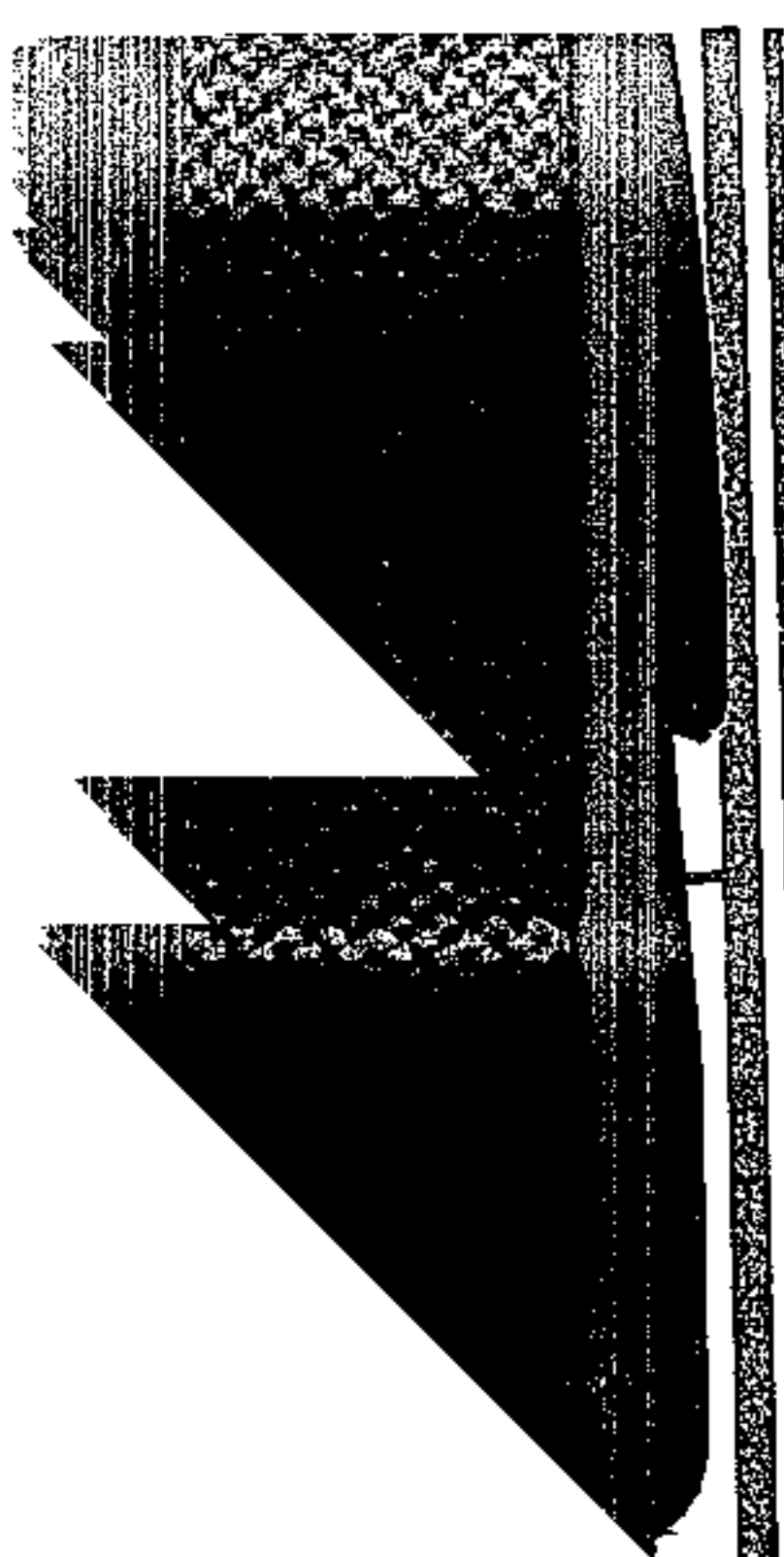
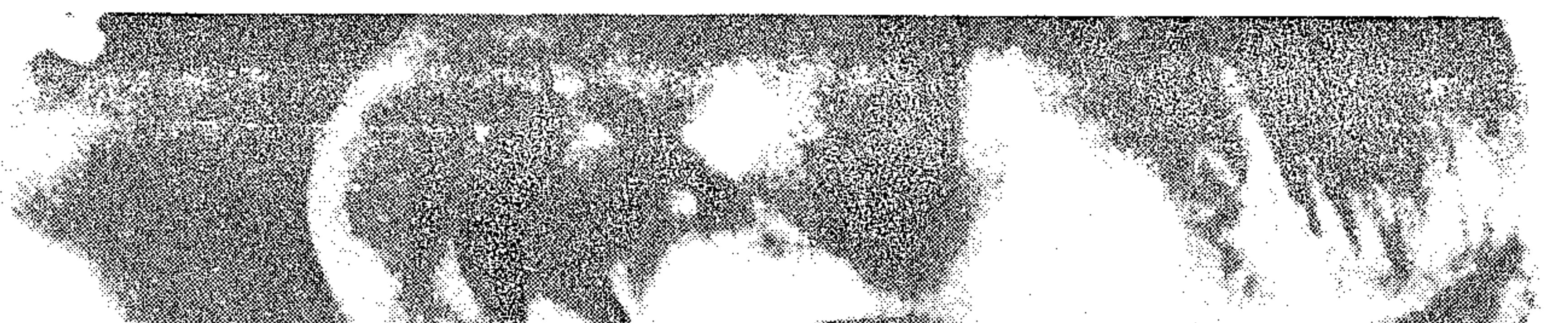
But the other side of the balance sheet — how many lives ruined — will never be known.

THE DOCTOR

Dr Christine Bott was described as "the banker" for the

THE COP

Detective Sergeant Julie Taylor, after whom the operation was named



A NEW PRESCRIPTION FOR DRUGS...

By ESMOND FRANK

(87)

THE PRICE of drugs in South Africa could probably be contained by eliminating unnecessary duplication of manufacture and increasing competition between manufacturers through mass production, according to the findings of an independent probe into the local ethical industry.

The survey was conducted by Marplan to provide a report on the industry as seen by general practitioners and specialists, while a special, private report was produced for each subscribing drug manufacturer to measure performance against a perceived norm.

Some parameters of the norm, says Marplan consultant Anna Zachezewitz, included the attitudes of medical

men towards drug manufacturers, how these attitudes could be improved in terms of products and service and what factors influence doctors in prescribing specific drugs.

Zachezewitz points out that drug manufacturers, who depend on doctors for contact with the consumer, are more removed from the end-users of their products than any other manufacturing sector.

The implications of this, she says, emerge in the survey which reveals a major communications problem between doctors and manufacturers who tend to be product rather than marketing orientated.

"Doctors," according

to the survey, "see the industry as a plethora of companies all producing similar drugs."

And the presence of "pirate" drug manufacturers producing identical drugs and marketing them on the basis of price only, serves to further confuse the situation.

Regulation

This finding suggests that drug prices could be contained by correct regulation of the market and limiting duplication of manufacture.

The survey finds that only general practitioners are really price conscious while specialists, who appear to be more aware of the inter-relationship between

brand names and manufacturing sources, tend to emphasise technical attributes.

But the survey adds: "There was no significant correlation between the manufacturers and the product names and the individual companies named."

This low level of product and corporate image association is borne out by the fact that both company and product were only named by 21 percent of the sample.

However, 74.2 percent of the participants recalled product brand as opposed to company advertisements despite the fact that manufacturers promoted their products to medical men through seminars as well as representatives and in a variety of specialist journals.

87 30/3/78
Dagga
Madal Mersing
addict

15. Aantal afhanklikes ()
wie werker moes sonder

of èrens anders vir

sent to
centre

3 4 5 6

- (a) Name (eerste name alleenlik)
 - (b) Verwantskap aan werker
 - (c) Ouderdom
 - (d) Geslag
 - (e) Woonplek
 - (f) Skooljare voltooi
 - (g) Nou op skool?
 - (h) Skool (naam, soort, distrik en afstand van plaas)
 - (i) Werk wat vir hoer gedoen word (b.v. gedurende skool vakansies)
 - (j) Jaarlikse tydperk gewerk (dae of weke)
 - (k) Jaarlikse betalings konstant
- ander

Court Reporter

A SELF-CONFESSED dagga addict, who admitted he had "experimented" with poisonous mushrooms for their "drug effect," was committed to a rehabilitation centre by Mr. E. W. Hyland in the Durban Magistrate's Court yesterday.

Anthony John Hunter (24), of Pretoria, had pleaded guilty to possessing a small quantity of dagga on March 6.

At an earlier hearing he told Mr. Hyland he had handed himself over to the police because he was a dagga addict and wanted to be sent to a rehabilitation centre.

He also told Mr. Hyland he had been in trouble "quite a few times" for dagga and theft offences.

He said he "wanted to get done" with the past.

A probation officer's report said that Hunter had run away from boarding school and played truant at day school.

He had started smoking dagga when he was 13 years old and had also experimented with Obex, LSD, black bombs and Morphine, with which he had "shot" himself twice a week for about four months.

The report said that Hunter had also admitted experimenting with poisonous mushrooms for their drug effect. He had needed medical attention after this.

Hunter admitted previous convictions for house-breaking, theft, forgery and possession of dagga.

Not good enough

NM 3/4/78

(87)

and

Tot
Spend

ONCE again statistics confirm that very little is being done to implement the rehabilitative measures in the Drugs Act. The Minister of Statistics, Dr. Schalk van der Merwe, told Parliament last week that of 17 777 people convicted of drug offences between July 1, 1975, and June 30, 1976, only 11 were committed to rehabilitation centres.

And is it just to compel the Courts to send such a pedlar to jail for five years? Yet that is what happens in terms of amendments to the Drugs Act introduced by Dr. Connie Mulder when he was Minister of Social Welfare.

The
inc
Bot

The Natal Mercury supports harsh sentences for ringleaders of the big syndicates that deal in illicit drugs. But how many of these racketeers are ever caught and punished? It can be taken for granted that Mrs. Helen Suzman, who raised the question, did not have in mind the rich manipulators who thrive on the weaknesses of drug addicts.

He justified removal of the discrimination of the Courts, and the mandatory sentence of five years' imprisonment, on the grounds that if the country's drug laws were the toughest in the West, they also contained some of the most enlightened rehabilitative provisions in the world.

ational
intersection.

Dr. Mulder said that magistrates were empowered to transform trials into inquiries. Drug addicts would be committed to rehabilitation centres for treatment by expert therapists. Crisis centres with staff working round the clock would be established.

Withd
+
Inject

Clearly her concern was for the addicts who are victims of the big-time dealers. When calling for a review she said: "It is clear that there should be far more attention given to rehabilitation and less to drastic punishment of users."

The official statistics belie these fine ideals. Most of the rehabilitation work seems to be left to welfare organisations which are hampered by lack of adequate funds. This is not good enough. The Department of Social Welfare should review and report on the situation. The public is entitled to an explanation.

Does it make sense to regard anyone found in possession of more than 150 grams of dagga as a pedlar?

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rmind,

i.e. it is not a function of current income (GNP) but determined by variables outside this model. The Marginal Propensity to Inject (MPJ) i.e. $\frac{AJ}{AY}$ is zero. Note the distinction between a movement along an existing schedule and a shift of the entire schedule, i.e. a change in autonomous injections.

(b) The withdrawals schedule is upward sloping, i.e. seen as being partly determined by income. Savings schedule has an autonomous component and an induced component i.e. $MPS - \frac{AS}{AY}$ is positive and normally < 1 . Note that the concept of "induced" saving (or spending) refers to that saving (or spending) that results from a change in income.

Here again the distinction must be made between a shift along an existing schedule and a shift in position of the whole schedule.

(c) Note that GNP is measured in constant prices along the horizontal axis, i.e. real output/income increases until the FE line. Beyond OX' real output cannot increase so that the GNP is increasing only in money terms but not in real terms.

(d) We assume that the general price level does not change from 0 to OX'

PARLIAMENT

Penalties for dagga to be eased

DD 6/4/78
97

THE ASSEMBLY — South Africa's tough drug laws are to be amended to separate sentences for dagga offences from those for other hardlined drugs and to restore the discretion of the courts for minimum sentences.

A delighted Mrs Helen Suzman (PFP, Houghton), who strongly opposed the introduction of the drug laws in 1971, welcomed the changes because "these are two of the very issues on which I fought the Bill and which led to unfounded allegations that I was in favour of dagga."

The Abuse of Dependence-producing Substances and Rehabilitation Centres Amendment Bill provides for separate maximum sentences for people convicted of dagga offences from those convicted for other drugs.

Mrs Suzman said one of her major objections to the principal Act was being met by the proposed amendments and this was "dagga is now being separated from the hardlined drugs as far as the penalties are concerned."

The other important amendment was "the restoration of the discretion of the courts as far as the mandatory sentence is concerned and the courts will have the right to suspend the sentence as far as dealers are concerned as well as the existing position which allows the suspension of sentence for users."

While she was pleased

with these amendments and the direction of the changes, "I don't think it goes far enough because it still leaves addiction as a crime whereas to my mind it is a sickness.

"Moreover, in most other countries personal use and possession of dagga or marijuana is generally ignored by the authorities," Mrs Suzman said.

Another amendment to the Bill removes minimum sentences where dagga is involved when there is a duty on owners or people in charge of places of entertainment to report any suspicions over drug abuse to police.

Mrs Suzman said the changes in the law were to a large extent in line with the recommendations of the Viljoen Commission into penal reform.

"They are also in line with the comments made by the Bench which has had to implement stringent laws against drug abuse, particularly the remarks made by magistrates and judges over the minimum sentences of two years for drug-users and five years for drug-dealers for their first offence," Mrs Suzman said.

She pointed out that almost 14 000 people had been convicted for the possession of dagga in 1976. The vast majority of these were black. In addition, over 3 000 people had been convicted for dealings and the vast majority of these were also black. — PC.

Drug Bill

welcomed

NM 6/4/74

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(a)

Parliamentary Correspondent

(b)

CAPE TOWN -- South Africa's tough drug laws are to be amended to separate sentences for dagga offences from those for hard-line drugs and to restore the discretion of the Courts for minimum sentences.

(c)

And a delighted Mrs. Helen Suzman, MP, who strongly opposed the introduction of the drug laws in 1971, welcomed the changes because "these are two of the very issues on which I fought the Bill and which led to unfounded allegations that I was in favour of dagga."

(d)

(e)

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(h)

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(j)

But she said: "I don't think it goes far enough because it still leaves addiction as a crime whereas to my mind it is a sickness."

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(k)

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In Durban Professor Harry Grant-Whyte, a member of the National Advisory Board for Rehabilitation, Prevention and Treatment of Drug Abuse and Alcoholism, said the new measure was in keeping with a world-wide move to "descriiminalise" drug offenders, especially those convicted of dagga offences.

"In most countries where drug offences have been subjected to severe punishment, it has been found that this has not had the desired effect," he said.

The Natal Mercury

FRIDAY, APRIL 7, 1978

RIGHT PRESCRIPTION

FAR too often the Government appoints a committee of inquiry and then fails to act on vital recommendations. An example is the report of the committee of inquiry into the abuse of drugs which was published in 1970.

While recognising that alcohol and dagga created serious health and social problems, the committee decided to exclude these drugs from its inquiry. Committee members said that drug dependence manifested itself in different ways among the various ethnic groups. "Up to now dagga has been a drug for which non-Whites have a predilection, although it is also abused by large groups of Whites."

Synthetic drugs were abused mainly by Whites, and so it was decided to restrict the inquiry to White drug users.

In spite of this advice Dr. Connie Mulder, who was then Minister of Social Welfare, declined to differentiate between dagga and habit-forming drug offenders. He introduced harsh penalties for all races including a mandatory sentence of a minimum of five years for pedlars. The law defined anyone in possession of more than 150 grams of dagga as a pedlar.

These tough measures did little, if anything, to reduce the illicit drug trade. Between July 1, 1975, and June 30, 1976, 17 777 people were convicted of drug offences. Only 11 of these were committed to rehabilitation centres. In 1976, 13 954 people

were convicted for the "use and possession" of dagga, and 7 050 were convicted in the first six months of 1977 for similar offences.

The Act was criticised by judges, lawyers, psychiatrists, social workers and other experts. Finally the Government has yielded to public pressure and the law is being amended. Discretion will be restored to the Courts, and there will be separate maximum sentences for dagga offences and other drug offences.

This is a welcome move. But it does not go far enough because it still regards addiction as a crime, whereas most doctors regard it as an illness. One hopes that with the reinstatement of the discretion of the Courts more use will be made of the provisions in the Act to convert trials into inquiries, and to commit addicts to rehabilitation centres for treatment.

Equally important, the Government should lose no time in forming a judicial tribunal to review sentences imposed since the Drugs Act was promulgated in 1971. Some who have served long terms in prison for relatively minor offences may still need treatment. If so this should be provided for them.

Dr. Mulder undertook to establish crisis centres in the major cities with staff on duty 24 hours a day throughout the week. A country-wide emergency service could do much to help young people to seek treatment before it is too late.

Does the Government ever intend keeping its promise?

prys (as nie gratis verskaf word nie)
 waarde aan boer
 waarde aan werker

EX-narcotics detective ^{LT} gets 6 years

(87)
9/4/78

Court Reporter

RYNIER FRANCOIS BALT, 33, a former detective-sergeant in the Narcotics Squad, was yesterday sentenced in the Wynberg Regional Court to a total of six years three months after he was found guilty on charges of housebreaking, defeating the ends of justice and dealing in Mandrax.

He is to appeal.

Balt was found not guilty on a second count of dealing in Mandrax. He was acquitted on two other charges of dealing in Mandrax at an earlier hearing.

Balt pleaded not guilty to all the charges. He was sentenced to five years for dealing in Mandrax, 15 months for defeating the ends of justice and 15 months for housebreaking with intent to steal and theft. The two 15-month sentences will run concurrently.

When pleading not guilty to the charge of housebreaking with intent to steal and theft, Balt admitted taking 17 153 Mandrax tablets from his superior officer's safe but said he took them to prompt a departmental inquiry into the Narcotics Squad.

He said he threw the tablets into the sea at Mouille Point.

The tablets were part of a massive Mandrax haul confiscated at D F Malan Airport on August 1 last year.

Six men and a woman are appearing in court in connection with the confiscation.



Detective-Sergeant Balt, right, with member of the court.

at an earlier hearing.

by the

Werkkerbeoordelings (5)

R3 000 deposit

The magistrate, Mr G J van Eeden, said he found Balt's story of how he came to deposit R3 000 in his savings account soon after his Mandrax sale was untruthful.

The court heard that soon after he sold a self-confessed "fence", Mr Ismail Rylands, 1 700 Mandrax tablets, he deposited R3 000 in his bank account.

Balt denied he sold Mr Rylands any tablets and said the deposit was a part repayment of a loan that he had made to his brother-in-law.

His brother-in-law was flown out from West Germany to testify against him. He denied that he had ever paid Balt any money.

In mitigation of sentence, Mr I G Farlam, for Balt, said that he only earned R380 a month while in the police force and that he had been suspended for eight months.

He said Balt was married and had a child by a previous marriage. Mr Farlam asked that Balt be given a fine and a suspended sentence on the charges of housebreaking and defeating the ends of justice.

Thrown out

"He will be thrown out of the police force," Mr Farlam said.

Mr Van Eeden said that the passing of sentence was an unpleasant task and that in this case it was more unpleasant because "before the court is a police detective sergeant".

"You have brought a terrible scandal on the police force," he said.

Balt was granted R1 500 bail pending appeal. He also has to report to the Mowbray police station twice daily.

Mr L van Breda appeared for the State. Mr I G Farlam, instructed by Frank Fabian, appeared for Balt.

New law to cut dagga terms

Star

9/4/78

(27)

Political Staff

CAPE TOWN — Legislation was published today which could drastically reduce prison sentences for South Africa's high rate of convictions on dagga charges.

The abuse of Dependence-producing Substances and Rehabilitation Centres Amendment Bill proposes restoring the courts' discretion with regard to dagga offences by removing the high mandatory minimum sentences included in the original measure

with regard to all drug offences, including dagga.

The drastic effect this had on prison sentences had been revealed by figures provided in Parliament recently by the Minister of Statistics, Dr van der Merwe.

They showed that of almost 26 000 convictions for dealing, use or possession of dependence-forming drugs from January 1976 to June, last year only a few hundred were not for dagga offences.

Mrs Helen Suzman, Opposi-

sition spokesman in Parliament on Justice, said today the new Bill would undoubtedly contribute towards reducing South Africa's high prison population.

She described it as a step in the right direction because it would separate dagga from hard-line drugs, which was what she had pleaded for from the inception of the present Act in 1971.

DISCRETION

It also removed the mandatory minimum sentences which interfered with the discretion of the courts in being able to distinguish between the gravity of the misdemeanour in different cases, in line with the Viljoen Commission's proposals on penal reform.

The present Act provides for mandatory minimum sentences ranging from two to five years' imprisonment for first offenders to 10 years for second offenders.

The proposed maximum sentences for using, dealing or possessing dagga contained in the new Bill are the same as in the present Act. They range from 10 to 15 years' imprisonment for first offenders to 25 years for subsequent convictions.

- (a) Name (eerste name) alleenlik)
- (b) Verwantskap aan werker
- (c) Ouderdom
- (d) Geslag
- (e) Woonplek
- (f) Skooljaar
- (g) Nou op s
- (h) Skool (n) distri
- (i) van p
- (j) Werk wat gedoen
- (k) gedurende Jaarlikse gewer
- (l) Jaarlikse kontak
- (m) ander

1 2 3 4 5 6

15. Aantal afhanklikes (gesinslede op plaas of erens anders vir wie werker moeg sorg)

Plan to finance guns with ⁽⁸⁷⁾ dagga slammed

NM 14/4/78

Parliamentary Correspondent

CAPE TOWN — The young New Republic Party MP for Berea, Mr. Nigel Wood, last night slated Transkei MP Mr. N. P. Nkosiane who is reported to have urged the Transkei Government to legalise the growing of dagga.

Mr. Nkosiane suggested the funds be used to buy weapons.

"This confirms my worst fears," said Mr. Wood.

Dagga, he said, was leaving Transkei in huge quantities and most of it was finding its way into South Africa.

"To suggest that funds from the sale of dagga be used to purchase weapons is the most extremely cynical comment it is possible to make.

"Will it become a slogan? In place of 'guns, not butter' will we have 'guns for dagga'?"

Mr. Wood said the tragedy of Transkei exporting dagga was forecast years ago.

"The South African Government was aware of the danger. But the laissez faire approach was allowed to prevail and virtually nothing done to eliminate dagga growing in Transkei before independence and replace its cultivation with foodstuffs. Now, of course, we have no control.

"The chickens of Government policy are coming home to roost," he said.

**Huge haul
of dagga
on coast**

NM 1514/28

(87)

Crime Reporter

MORE than R1 000 000 worth of dagga from the Transkei has been seized by the Durban Narcotics Bureau at roadblocks on the South Coast.

Police have also confiscated 10 cars and 30 people have been arrested.

Large quantities of dagga were also found on buses to Natal from the Transkei.

In addition to the South Coast arrests many were made in and around Durban in connection with possession of and dealing in the drug.

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(n) Werker se hu

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(b) Dalmateriaal

(c) Muurmateriaal

(d) Vloermateriaal

(e) Rieloring

(f) Verwarming

(g) Watervoorsiening

(h) Hoeveel mens

(3)

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87
901

Drink, dagga sold to patients at mental hospitals

Own Correspondent

DURBAN — Racketeers are selling dagga and drink on a daily basis to addicts and alcoholics undergoing rehabilitation at Maritzburg's two State mental hospitals.

"At Town Hill or Fort Napier you can get dagga as easy as you like. It is easier there than it is in jail," said an unimpeachable source.

The man has intimate connections with both hospitals, but because of his delicate position cannot be identified.

His admission, insofar as it concerns Town Hill mental hospital, was corroborated by an unrehabilitated alcoholic and dagga addict who was recently discharged from there.

PREPARED

The former patient asked not to be identified, "otherwise the people I'm telling you about will come and get me." But he is prepared to co-operate with the police if asked to do so.

The young man told of voluntarily entering Town Hill Hospital late last year after being warned by a Durban doctor that his

drinking problem gave him six months to live.

"Within a week of being admitted, I was approached by one of the male staff nurses who asked me how I was feeling.

"I told him I desperately wanted a drink. He asked me for R2 which I gave him. He returned 15 minutes later with a quarter bottle of brandy and 15c change.

"In the time that I spent there, I often bought liquor from this nurse and also dagga."

LARGE SCALE

The informant said that liquor and dagga was being peddled on a large scale in the hospital by a syndicate of four male staff nurses. He identified the alleged leader.

The police make frequent raids, and senior hospital staff are constantly devising new plans to try and eradicate this problem.

But, in the words of our informant: "Short of putting up a double fence and dogs, they've got absolutely no chance."

Police have ordered an investigation.

RDM
R180 000 25/4/78

dagga haul (37)

FIFTY-FOUR sacks of dagga, valued at R180 000, were confiscated in Natal after raids on growers and dealers throughout the province last week, the head of the Narcotics Bureau, Major Basie Smit, said yesterday.

The raids followed a recent clean-up of the Tugela valley area. — Sapa.

87

10/5/78

NM 10/5/78

87

Dagga dealer may get extra jail term

Mercury Reporter

A 34-YEAR-OLD man who was recently sentenced to six years' imprisonment for dealing in dagga is likely to have an additional four years imposed following a review judgment here yesterday.

Sithulela Sothetsi, a Lesotho citizen, was sentenced in the Camperdown court by Mr. H. Wolmarans on April 11 to dealing in 1,2kg of dagga.

Evidence was that on

March 4 a Mr. Wilfred Dlamini went to Sothetsi's house at the Mpumalanga township, Camperdown. He asked Sothetsi to sell him R2 worth of dagga. He agreed and entered his room after accepting the money.

Mr. Dlamini confronted Sothetsi when he had not returned 45 minutes later.

Sothetsi did not deny the allegation that Mr. Dlamini had paid him R2 and that he had not handed over the dagga. "Instead he stood

shivering."

Sothetsi's room was searched and a drum containing 43 parcels of dagga wrapped in newspaper was found.

He was sentenced to six years' imprisonment.

In a review judgment handed down in the Supreme Court here yesterday, Mr. Justice Kriek, with Mr. Justice Hefer concurring, said that the magistrate had correctly convicted Sothetsi of having dealt in dagga. But

in terms of the Act the magistrate was required to impose a minimum sentence of 10 years' imprisonment.

He had overlooked the relative provision of the Act which required a mandatory sentence of not less than 10 years' imprisonment in view of the accusing having previously contravened the provisions of the Act.

He had been sentenced to five years' imprisonment in 1972, three years of which had been conditionally suspended, for dealing in

dagga.

In his reasons for sentence the magistrate said he realised he had erred and suggested that the sentence be set aside. Sothetsi could then be re-sentenced and he (the magistrate) possibly would submit recommendations to the Commissioner of Prisons for clemency.

The conviction was subsequently confirmed but the sentence was set aside so that the magistrate could impose a different one.

Dagga

find ⁽⁸⁷⁾

N M 13/5/78

sequel

Mercury Reporter

PIETERMARITZBURG

Four men pleaded not guilty to dealing in 82,85kg of dagga when they appeared in the magistrate's court here yesterday.

The men, Mr. Joseph Malongwa (42), of Stanger, Mr. Zablon Matenjwa (40), no address given, Mr. Menywkwa Mathe (37), of Lusikisiki and Mr. Cyprian Mkhize (35), of Pinetown, also pleaded not guilty to the alternative charge of possessing the drug when they appeared before Mr. P. J. Miller.

Constable Phillip Joubert, of the local dog squad, told the Court how the men fled when he had pulled their vehicle up on the national road and discovered numerous bags of dagga in it.

The incident occurred in the early hours of February 24.

The policeman said he followed the car, which was travelling towards Durban, as it appeared to be overloaded.

He pulled the vehicle up and asked the driver and his four passengers to alight.

As he searched the car and found a large bag under the seat the African constable accompanying him shouted that the men were running away.

The hearing was adjourned until May 24.

Dagga will not go to pot

STAR 23/5728

(87)

The latest brainwave by the new Minister of Social Welfare, Mr Frederik de Klerk, that biological warfare may eradicate all dagga problems in South Africa, could turn out to be yet another illusion about the grass always being greener across the fence.

Literally too, for if our scientists find the right goggas to wither all the dagga plants in this coun-

Hopes are high that a bug could be put to grass to eliminate South Africa's dagga problem, but botanists have taken a pot shot at the theory, reports JAAP BOEKKOOL.

try, the "grass" (or pot, marijuana, hash or cannabis) would still grow lush beyond our border fences with Swaziland, Lesotho and indeed Transkei.

But according to South African botanists Mr de Klerk was daydreaming aloud in Parliament re-

cently when he said he expected that in "our time" dagga and its related offences would disappear through biological control.

The trouble with such control is you've got to find the right bug to devour dagga selectively, like cochineal munched all our Mexican cactus.

If, halfway through the dagga plantations, the bug decided it would like a change of diet, and moved into mealies . . . well, that might be the end of us all.

This, and the fact that South Africa's Plant Protection Research Institute has not done any biological research on dagga, cuts the grass (as it were) from under the Minister's feet.

The institute's deputy

director, Dr D P Anneck, says the only dagga research he has heard of was done by the Commonwealth Institute for Biological Control in Trinidad.

Dr Bernhard de Winter, head of the country's Botanical Research Institute which once grew a patch of dagga so policemen could learn what it looked like, says there's another snake in the grass in the proposed research.

"I think it's very unlikely we will be able to eradicate the plant. To do that by biological control the first requirement is to have a high concentration of plants and to keep them in the same place for years, which is not the case."

It is obvious our boffins need a long hash session to put power to Mr de Klerk's public warnings to "keep off the grass."

If not, many young South Africans will still be singing that song about the "Green green grass of home" for a long time to come.

Harvard 16 24 May 1978
 Question 12 Cols. 812 - 813

~~87~~
 87

Persons transferred from prisons to
 rehabilitation centres in terms of
 Dependence-producing Substances
 Rehabilitation Centres Act

Q12 Mr. G. N. OLDFIELD
 Minister of Social Welfare and Pensions

How many persons have been
 transferred from prisons to
 rehabilitation centres in terms of
 section 25 of the
 Dependence-producing Substances
 Rehabilitation Centres Act
 since the commencement of
 the Act?

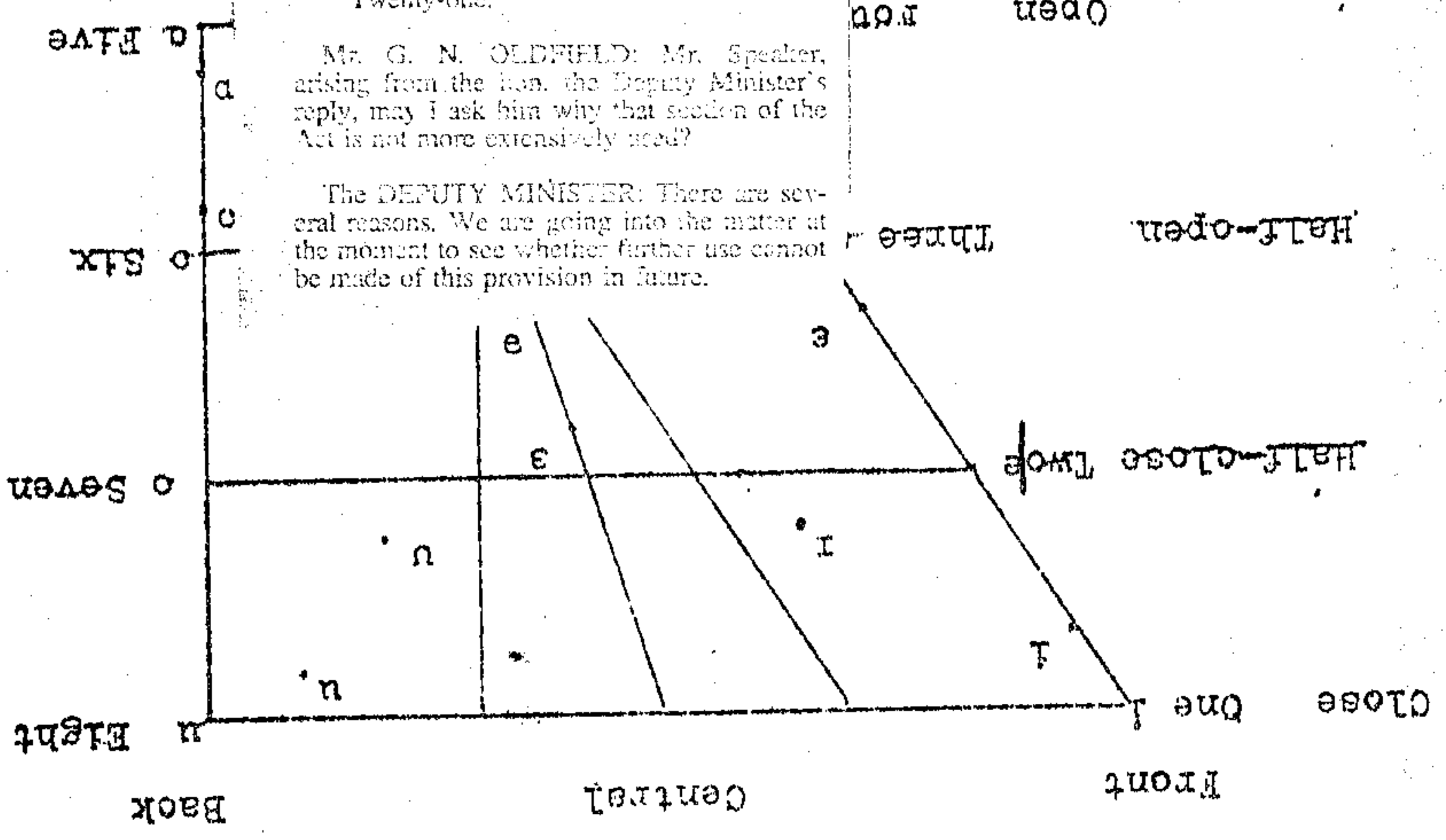
813 WEDNESDAY.

The DEPUTY MINISTER OF SOCIAL WELFARE AND PENSIONS:

Twenty-one.

Mr. G. N. OLDFIELD: Mr. Speaker, arising from the hon. the Deputy Minister's reply, may I ask him why that section of the Act is not more extensively used?

The DEPUTY MINISTER: There are several reasons. We are going into the matter at the moment to see whether further use cannot be made of this provision in future.



A diagrammatic representation of the approximate tongue positions of average Standard English vowels compared with the tongue positions of the cardinal vowels.

PHONETICS

6/7/78 R.D.M. (87)

Suzman tots up Mulder's drug law toll

'We may have made a mistake'

By MARTIN SCHNEIDER
Political Editor

AT LEAST 10 000 people have gone to jail for a minimum of five years for dagga offences under Dr Connie Mulder's drug laws, which have now been changed to give courts the right to suspend or reduce sentences, Mrs Helen Suzman said last night.

At her 26th report-back meeting for her Houghton constituents, the Progressive Federal Party MP said she would now follow up an undertaking given to her by the Minister of Justice, Mr J T Kruger, that he would consider parole for offenders.

Dr Mulder's tough drug laws, introduced in 1971 when he was still Minister of Social Welfare, provided for a mandatory minimum five year sentence for dealing in dagga.

He boasted at the time they were the toughest in the world, and Mrs Suzman's condemnation of their harshness led to accusations by Nationalist MPs that she favoured dagga smoking.

The minimum sentences were abolished by the new Minister of Social Welfare, Mr F W de Klerk, in Parliament earlier this year.

Mrs Suzman said that during a debate in Parliament this year Mr Kruger



MRS SUZMAN
... will approach Kruger

gave her an undertaking to consider parole for offenders now that the laws had been changed. She would approach him again to see what was being done.

But she said it was tragic that Dr Mulder had "such a closed mind" when he introduced the laws.

Since 1972 there had been 80 000 convictions for the use and possession of dagga, and 10 000 for dagga dealing.

All those convicted of dealing served at least five years in jail and a large number of the other 80 000 offenders were serving at least two years.

"The vast majority of

offenders were blacks, cramming out prisons to bursting point for something which in most Western countries is treated as a misdemeanour," Mrs Suzman said.

The offenders, she added, also carried the stigma of a criminal record.

Mrs Suzman said she did not bluff herself that her influence was in any way responsible for the reform of the drug laws.

This was due to the recommendations of the Viljoen Commission on penal reform and "appalling overcrowding" in jails.

"Whatever the reason," she said, "let us be thankful for small mercies."

● Mrs Irene Menell, PFP MPC for Houghton, told the meeting that the Administrator of the Transvaal, Mr Sybrand van Niekerk, had reinforced the worst views held about the white man in Southern Africa.

Referring to Mr Van Niekerk's opposition to mixed schools and theatres, Mrs Menell called him an embarrassment.

"He is able to reinforce the worst views held about the white man in Southern Africa.

"His inflexibility and lack of insight and sensitivity cause him to do a great disservice to himself, his party and his country."

Political Editor

MRS Helen Suzman last night conceded that Progressive Federal Party MPs may have made a "tactical error" by not giving direct answers to questions by the Prime Minister on the party's policy.

The veteran PFP MP's remarks at a report back meeting in her Houghton constituency came after calls at the Natal congress for an unequivocal one man, one vote policy to end confusion and vagueness over the PFP's position.

The Southern Transvaal Regional Council has also called for a complete policy revision.

Mrs Suzman said criticism of the party's parliamentary performance started largely because direct answers to questions posed by Mr Vorster were not given by PFP MPs.

"This may have been a tactical error," she said, "but many of the questions were not straightforward and could not be countered by a direct yes or no."

Reviewing the parliamentary session which ended last month, she said she could think of only three positive steps taken by the Government. They were announcements that sports clubs could apply to become multiracial, that there would be no further removals of Indian traders except in certain areas and that 26 theatres had been granted permits to admit all races.

6/7/78 (87)

Drug laws hit 80 000 says Suzman

JOHANNESBURG — At least 10 000 people have served a minimum of five years in jail for dagga offences under Dr Connie Mulder's drug laws, Mrs Helen Suzman said last night.

Making her 26th report-back meeting to her Houghton constituents, the Progressive Federal Party MP said the laws had now been changed to give courts the right to suspend or reduce sentences.

But already 10 000 people had served at least five years in jail for dealing, and a large number of the 80 000 offenders for possession were serving at least two years, she said.

Mrs Suzman — whose criticism of Dr Mulder's tough 1971 drug laws led to accusations from Nationalist MP's that she favoured dagga smoking — said she would now press the Minister of Justice, Mr Jimmy Kruger, to consider parole for offenders.

She said he had given her an undertaking during a debate in Parliament to

consider parole now that the drug laws had been changed. She would approach him again to see what was being done.

"The vast majority of offenders were blacks cramming our prisons to bursting point for something which in most Western countries is treated as a misdemeanour," Mrs Suzman said.

At the same time Mrs Suzman said South Africa would not have been a country desperately striving for survival and enduring a siege psychosis if it had not had the "intransigent, narrow-minded and racist government" it had endured for so many years.

South Africa would also have been a country to which immigrants would have flocked in their thousands instead of a land from which hundreds



MRS SUZMAN

of highly-trained men and women were emigrating, taking their skills and expertise with them.

"I believe South Africa would be a country where habeas corpus would operate, where nobody could be dragged out of bed in the dead of night, thrown into jail and kept in solitary confinement for an indefinite period without trial", she said. — DDC-SAPA:

18 to Matthew
ere

inter = between, among: inter alia : among other things
inter nos : between ourselves
intra = within: intra muros : within the walls
intra paucos dies : within a few days
iuxta = alongside, next to: (ambulans) iuxta mare: walking beside the sea
ob = because of: quam ob rem ()
quam ob causam) : for which reason.
per = through: multas per gentes : through many peoples
per annos : annually

DAGGA BY POST APPEAL WON

Mercury Bureau

PIETERMARITZBURG — A Durban man found guilty of dealing in dagga for posting six cigarettes to his girlfriend in the Cape had his five-year jail term set aside on appeal in the Supreme Court yesterday.

The Appeal Court ordered that a "thorough investigation" be held at Magistrate's Court level to determine if William Ewart DGLISH (21) — an apprentice on the Daily News in Durban — was a suitable candidate for rehabilitation treatment.

Mr. Justice Van Heerden, with Mr. Justice Thirion, said the magistrate had misdirected himself in finding that DGLISH should be treated as an adult because at the time of the offence he was only two months short of his 21st birthday.

The Magistrate, Mr. J. A. Oberholzer, decided in sentencing DGLISH on April 27 this year in the Durban Magistrate's Court that the

accused lacked the motivation to be rehabilitated. He based his finding on a report by a probation officer.

Mr. Justice van Heerden found there had not been sufficient investigation into DGLISH's circumstances to find out if he could be rehabilitated.

"For not sending a person addicted to drugs to a rehabilitation centre because he is not genuine in his desire to rehabilitate is begging the question. One would have thought this would have been part of the treatment at such centres."

Mr. Justice van Heerden said if the Magistrate again decided against treatment, he should bear in mind the discretion allowed him under the new dagga laws to im-

pose sentences lower than the mandatory five years.

DGLISH pleaded guilty to a charge of dealing in dagga in that he sent the dagga to his girlfriend, Miss Dot Chrishol, by express post on December 9 last year.

DGLISH said he had sent the drug as a Christmas gift after a request by his girlfriend. He had been under the influence of dagga at the time he wrote the letter containing the drug and had not been fully aware of his actions.

He admitted two previous convictions, both from last year, for possession of dagga.

Mr. Chris Nicolson appeared for DGLISH and Mr. Brian Drury for the State.

SIERRA RANCH

MOOI RIVER ★★ TYYY 033322-73

SWINGING SINGLES

WEEKEND



GEWONE VERGADERING

1. Opening

2. Notule Vergadering 2 April 1978:

2.1 Sake out notule;

2.2 Egpaar Tito opgeroep;

2.3 Br. J. Boezak.

3. Program: Junie - Desember 1978:

3.1 Kerkraadsvergadering elke tweede maand, derde Saterdag in die maand 2.00 nm;

3.2 Kerkraadsbiduur en onderhoud in die maand

maand 5.00 nm;

3.3 Nagmaaltjeringe el

keent 10.30 nm

3.4 Doop: Eerste Sond

3.5 Doop- en Tugkoms

3.6 Spreekuur met l

3.7 Dankoffers:

3.7.1 Eike Sond

3.7.2 By besond

3.7.3 Eike diak

3.7.4 Eike diak

3.7.5 Wanneer o

Ex-boxer dealt in dagga

By JOHAN BUYS

A FORMER professional boxer who fought against former world champion Arnold Taylor has been found guilty in the Springs Regional Court of dealing in dagga.

Sentence will be passed today.

Robert Stanley Trott, 34, who was arrested in Germiston on July 6 with 600 gm of dagga in his possession, pleaded guilty.

Trott, a fitter, of Anemone Street, Primrose, told the court in mitigation that he was heavily in debt and his wife was eight months pregnant. A brother-in-law asked him to help sell the dagga.

"I was fired from my job when I was released on bail after my arrest, but my boss said my job would be waiting for me if all went well with the case," Trott said.

Mr Cliff Wills, who appeared for Trott, said that this was an isolated case. Trott was not a hard-line drug trafficker.

Trott fought Taylor on October 7, 1968, when Taylor was Transvaal bantamweight champion. Taylor knocked him out in the third round.

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Nagmaal, Kerstees,

Eike Woensdag

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maand 5.00 nm;

in die maand 2.00 nm;

3.1 Kerkraadsvergadering elke tweede maand, derde Saterdag

3.2 Kerkraadsbiduur en onderhoud in die maand

3.3 Nagmaaltjeringe elke maand 10.30 nm

3.4 Doop: Eerste Sondag

3.5 Doop- en Tugkomsbiduur met l

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3.7 Dankoffers:

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Doop- en Tugkoms

Doop: Eerste Sond

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3.2 Kerkraadsbiduur en

in die maand 2.00 nm;

3.1 Kerkraadsvergadering elke tweede maand, derde Saterdag

Program: Junie - Desember 1978:

2.3 Br. J. Boezak.

2.2 Egpaar Tito opgeroep;

2.1 Sake out notule;

2. Notule Vergadering 2 April 1978:

1. Opening

1. Opening

2. Notule Vergadering 2 April 1978:

2.1 Sake out notule;

2.2 Egpaar Tito opgeroep;

2.3 Br. J. Boezak.

3. Program: Junie - Desember 1978:

3.1 Kerkraadsvergadering elke tweede maand, derde Saterdag

3.2 Kerkraadsbiduur en onderhoud in die maand

3.3 Nagmaaltjeringe elke maand 10.30 nm

3.4 Doop: Eerste Sondag

3.5 Doop- en Tugkomsbiduur met l

3.6 Spreekuur met l

3.7 Dankoffers:

3.7.1 Eike Sondag

3.7.2 By besondere

3.7.3 Eike diaken

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FREEDOM FOR THE JAILED DAGGA DEALERS

Tough drug laws relaxed . . . but hardline cases ⁽¹⁸⁾ stay behind bars

Tribune Reporter

SCORES of drug offenders serving five-year jail sentences for dealing in dagga will be released soon as the amendment to the drug laws begin to take effect.

More than 10 000 have been jailed for the offence since 1972. Most faced the minimum five years in jail in terms of the old drug laws, considered to be among the toughest in the world.

But the amendment to the law, which came into operation in June, abolished minimum sentences and now many drug offenders are being recommended for parole.

A Department of Prisons spokesman in Pretoria said this week that the drug law amendment had made it necessary to reconsider the release of prisoners convicted under the old



SUZMAN — Meets Kruger next week to discuss prisoner parole

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and 5.00 nm;

derde Saterdag

"A large number of these offenders are being recommended for conditional release," said the spokesman. The approval of the recommendations is a formality.

The spokesman stressed that there had been no change in the Prisons Department's policy on releasing people convicted of dealing in or being in possession of hard drugs like LSD or Mandrax.

Parole

He explained: "They are not given the privilege of conditional release. Only in very exceptional cases is this policy deviated from.

"As far as offenders who have been convicted of being in possession of dagga are concerned, they may, as in the past, be given the privilege of parole," he added.

The spokesman said that prisoners who had been convicted of dealing in dagga were, in some circumstances, considered for parole under the old drugs laws.

The amount of dagga offenders had been found to be dealing in was an important factor when

parole was considered.

He also stressed that representations made to the prisons authorities on behalf of a prisoner for parole were pointless. Individual prisoners were automatically considered for parole.

During the last parliamentary sitting the Minister of Prisons, Mr Jimmy Kruger, assured ProgFed MP Mrs Helen Suzman that he would consider parole for drug offenders convicted under the old laws.

Mrs Suzman is to ask Mr Kruger for an interview next week to discuss parole conditions for drug offenders.

More than 80 000 people have been convicted under the old drug laws since they were introduced by Dr Connie Mulder as Minister of Social Welfare in 1972.

At the time, Dr Mulder said South Africa's drug laws would be the toughest in the world.

The new Minister of Social Welfare, Mr F. W. de Klerk, abolished the mandatory jail sentences this year, allowing magistrates more discretion in the sentencing of drug offenders.

Nurse admits DRUGS DOCTOR

theft from ^{11/8/78} husband ⁽⁸⁷⁾

Mercury Reporter

NEWCASTLE — Mrs. Nomfundo Lovedalia Maseko (33) was found guilty on a charge of administering or using Schedule 7 substance drugs for other than medicinal purposes and also on a charge of theft when she appeared before Mr. I. S. Brits in the Newcastle Magistrate's Court yesterday.

She pleaded guilty to the two charges and not guilty to the main charge of dealing in drugs.

Her pleas were accepted by the prosecutor, Mr. C. A. Scott.

Mrs. Maseko is the wife of Dr. Simon Phillip Maseko, a member of the KwaZulu Legislative Assembly.

She was fined R500 or 250 days.

She admitted she had stolen, during the period August 1977 to January 1978 a quantity of ampoules of morphine or pethidine and a quantity of prescription forms from her husband, Dr. Maseko, and Dr. Kumalo.

Mr. Colin White for the defence said in mitigation that Mrs. Maseko was in such a physical and mental state that she stole and used the drugs for other than medicinal purposes.

She stole pethidine from her husband's medical bag and as a nursing sister she knew how to use pethidine.

She had studied at Natal University for a diploma in nursing and that was where she met Dr. Maseko.

There was no doubt she had caused a great deal of trouble to the doctor.

She was detained for four days. She had learnt her lesson.

~~(87)~~ ~~(88)~~

FINED R500

Mercury Reporter

NEWCASTLE — A doctor who admitted he knew his wife was taking drugs was fined R500 (or 350 days' imprisonment) after he was found guilty on three charges under the Drugs Act yesterday.

A member of the KwaZulu Legislative Assembly and a former Mayor of Osizweni, Dr. Simon Phillip Maseko (31) was found guilty of administering or using dependence-producing drugs for other than medicinal purposes when he appeared before Mr. J. J. Muller in the Newcastle Magistrate's Court.

He was also convicted of failing to make the required entries in a Schedule 7 substances register and failing to balance it at required three-monthly intervals.

Pethidine

In a written statement handed to the Court yesterday, Dr. Maseko admitted that in January he found 10 ampoules of pethidine missing.

He knew his wife was taking drugs but because he thought she was addicted he did nothing to recover the ampoules.

Referring to the two charges of failing to keep a register, he said that when he had supplied morphine and pethidine to patients he had entered particulars on their cards but due to an oversight he had failed to enter 20 to 30 cards in the register.

On a few occasions he had failed to balance the register within the prescribed time due to oversight.

Mr. White said about 30 ampoules were involved.

Mr. Brits said he took into consideration the mitigating factors but there were aggravating circumstances.

Pethidine was a narcotic not a sedative.

The same charges were withdrawn against Mr. Jackson Maseko (23) a medical student and brother of Dr. Maseko.

Labourer

Dr. Maseko was found not guilty on the main charge of dealing in dangerous dependence drugs and attempting to defeat the ends of justice, and also failing to furnish required information to an inspector.

Mr. Colin White, for the defence, told the Court in mitigation Dr. Maseko was the son of a farm labourer.

If it had not been for his wife's indulgence in drugs, Dr. Maseko would not have been charged.

Pressure

"I am happy to inform you his wife on her own has broken the habit and tells me she is no longer taking drugs," said Mr. White.

"Dr. Maseko was seeing, on an average, 120 and up to 200 patients a day. He was working under terrific strain and pressure."

He would have to appear before the Medical Council and "I trust he will not be struck off the roll."

Mandrax dealers held, police seek missing pills

15/9/78

87

Crime Reporter

In a countrywide crack-down on an international drug smuggling gang police have arrested 15 people during the past five months and confiscated Mandrax pills worth R100 000 on the narcotics market.

Police believe there are still about 50 000 pills "somewhere." They are part of a 60 000 consignment brought into South Africa from Pakistan. The first arrest was made in April this year in a Johannesburg hotel after a tip-off from Cape Town police.

CONFISCATED

Police bought R7 000 worth of pills from a man and two days later confiscated 4 250 pills in Lenasia. These pills were stolen in what was to have been an exchange in Ladysmith between gangs from Durban and Johannesburg.

Investigations led to the arrest of three Indian men and two Indian women by Durban police. It was later established

that the two women were responsible for getting the pills into South Africa through Jan Smuts Airport, according to a police spokesman.

Mandrax pills are worth between R5 and R8 each on the South African market and cost about 20 cents a pill in Pakistan.

Police are now anxious to question two men who they believe can help them in their investigations. The men are Mr Ebrahim Moos, who was last seen somewhere on the Witwatersrand and Mr Mohammed Ali Sarkhat, who escaped from police custody in Durban recently. He is 34 years old, about 1,70 metres tall and has a gold tooth.

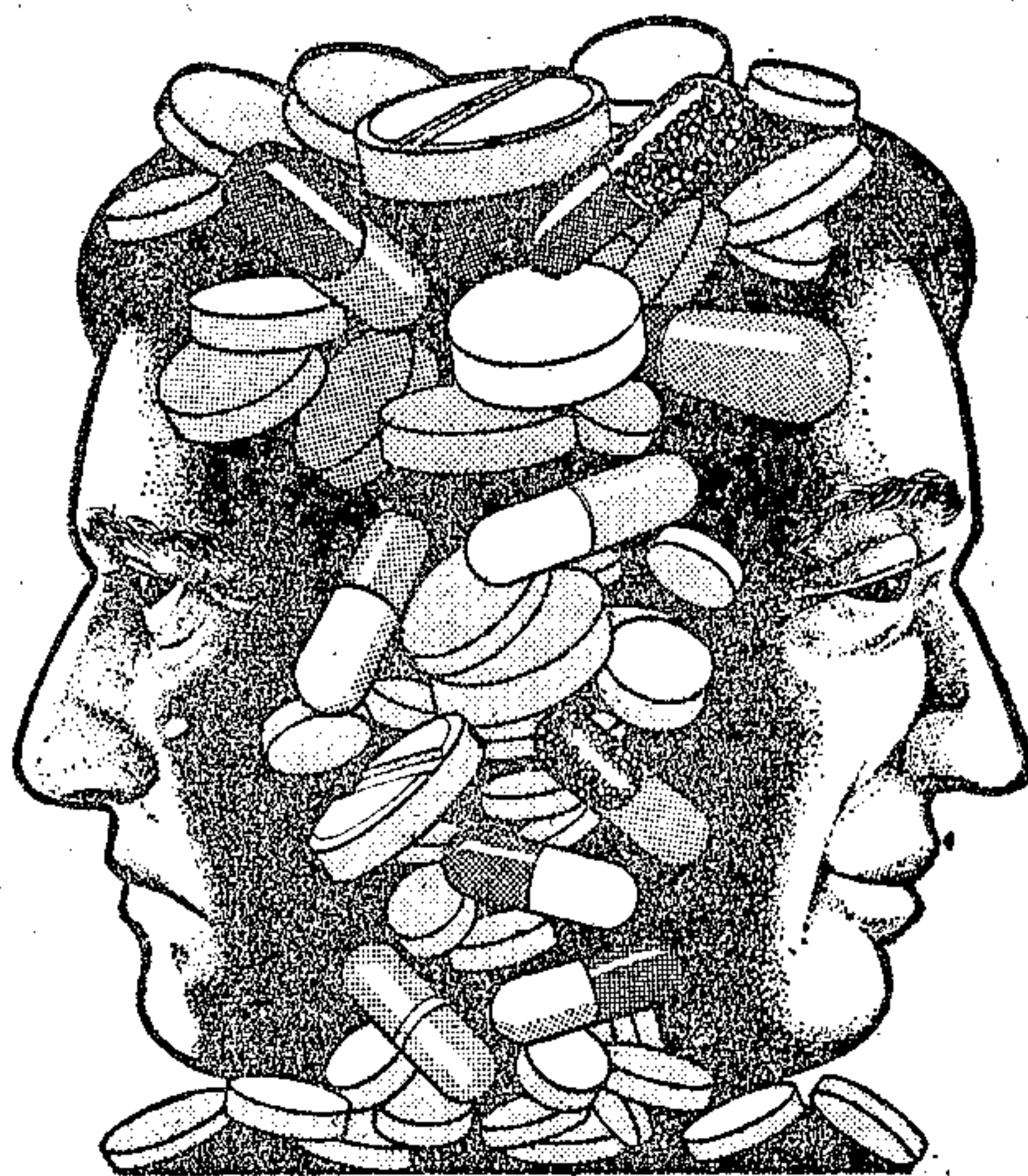
Anyone who has seen these men or knows their whereabouts has been asked to contact the Springs police at 56-0771/-2.

A COMBINATION OF LEGAL DRUGS
AND ALCOHOL A...

Star 3/18/78

87

Dangerous new form of drug



abuse developing

UNIVERSITY OF CAPE TOWN

The Star Bureau
LONDON — Police crackdowns have curbed supplies of illegal drugs in Britain. But an even more dangerous pattern of drug abuse is developing.

Today's addicts are turning to legal drugs like barbiturates and their more modern substitutes — often combined with alcohol.

The pharmaceutical industry is pouring out more and more mood-

influencing drugs, and it is impossible to say how many of them are (a) being properly used as medicine, (b) prescribed unnecessarily, and (c) fall into the hands of people for whom they were never intended, says Mr Dave Turner, co-ordinator of the Standing Conference on Drug Abuse.

The aura of respectability which legal drugs have helps to blur the division between users and abusers.

And if they are misused they can be lethal —

unlike the illegal psychedelic drugs LSD and cannabis (dagga) which have virtually no deaths on record as directly associated with their use, said Mr Jasper Woodcock, director of the Institute for the Study of Drug Dependence in London.

KILLER

Heroin is in a different category: it can kill. But its use is rigorously controlled under Britain's Misuse of Drugs Act. The legal drugs are equally if

not more dangerous, says Mr Woodcock and they are far more readily available.

"As far as we know, barbiturates and similar psychoactive drugs are not manufactured illegally here," he says. "Not many are stolen or diverted before they get to pharmacies. Most are obtained through break-ins at pharmacies and by conning doctors into providing prescriptions."

An added risk is the growing popularity of alcohol among young drug users. The hippies tended to scorn alcohol as an "establishment" indulgence, Mr Woodcock says. They gathered at coffee bars and discotheques to trade drug supplies — not at pubs.

BIZARRE

Since then British breweries have launched a campaign to lure young people back to bars. Now they are returning . . . but many are bringing their drugs with them.

file

Professor A.H.R.E. Paa
Dean,
Faculty of Arts.

Dear Colleague,

The sheet (Circular No. circular re continuatic posts (dated 1st August of underlinings and scri in the original.

This is most unfortuna

Yours sincerely,

A. H. R. E. PAAP.

Mr Turner has noticed a bizarre example of alcohol and drug users converging.

The embankment of the Thames, traditional retreat of alcoholic tramps, began to attract much younger drug users.

The tramps had prescriptions for barbiturates intended to suppress the alcohol withdrawal symptoms they were imagined to be suffering. The adolescents bought the prescriptions and the tramps bought more liquor with the proceeds.

A person under the influence of drugs may forget how much alcohol he is taking — and die in a drugged sleep warns Mr John Whittle, a senior social worker at the Hungerford centre, set up to help people concerned about their use of drugs.

HAZARD

Users who inject drugs intended to be taken by mouth face another hazard, says Mr Andy Fox, another social worker at the centre. Some tablets and capsules contain substances which do not dissolve readily in the blood when injected. They may affect the circulation and finally cause blood clots in the veins.

Far fewer barbiturates are being prescribed in Britain today, partly as a result of drives like CURB — the Campaign on the Use and Restriction of Barbiturates. But more modern drugs which are potentially as dangerous are taking their place.

Consumerism is beginning to invade surgeries as well as supermarkets. More patients want to know exactly what the doctor is prescribing and what its effects are, says Mr Turner.

"We should accept that tension and anxiety, although unpleasant feelings, are part of our lives," he says. "We should be wary of turning to a chemical oblivion to escape them."

NO 311473

Suspended sentence for (87) 'drug addict'

Court Reporter

THE WIFE and younger brother of a member of the KwaZulu Legislative Assembly were convicted by Mr. E. W. Hyland in the Durban Magistrate's Court yesterday of fraudulently obtaining 10 ampoules of pethidine, a dangerous addictive drug.

Mamfunda Lovedalia Maseko (33), wife of Dr. Simon Maseko who is a member of the KwaZulu Legislative Assembly, and her brother-in-law, Jaconia Mdalose Maseko (24), pleaded guilty to fraudulently obtaining the pethidine on January 8 this year, when Jaconia Maseko pretended to be a doctor and was supplied with the drugs by the Medicine Chest in Durban.

The Court was told Jaconia Maseko had handed the drugs to Mamfunda Maseko and she had taken them because she was addicted to pethidine.

Mamfunda Maseko also pleaded guilty to possessing the pethidine unlawfully.

A plea of not guilty to possessing the pethidine unlawfully by Jaconia Maseko was accepted by the prosecutor, Mr. P. Robertse.

The Court was told that Mamfunda Maseko, a

qualified nursing sister and mother of three, was married to Dr. S. Maseko who had been elected to the KwaZulu Legislative Assembly in 1977.

He had a busy practice in the Newcastle area which had started to decline after he became involved in politics.

His wife had become worried about this and had started taking pethidine.

Suspicious

She had removed pethidine from her husband's medical supplies but her husband later became suspicious.

She then asked Jaconia Maseko, a second year medical student, to help her.

In mitigation, Mr. C. White for both accused, said Mamfunda Maseko had now broken her pethidine addiction.

She had committed the crime because she was addicted to the drug due to worry about her husband's practice.

Jaconia Maseko had helped her because he was her brother-in-law and he felt sorry for her.

Passing sentence, Mr. Hyland took into account that Mamfunda Maseko had been addicted to the drug when she committed the offence and that Jaconia Maseko had acted under her influence.

He sentenced Mamfunda Maseko to six months' imprisonment, suspended for five years, for fraudulently obtaining the drugs and to 12 months' imprisonment, suspended for five years, for possessing the drugs unlawfully.

Mr. Hyland postponed the passing of sentence on Jaconia Maseko for five years.

Pensioner cleared of dagga deal

Mercury Bureau

4/10/78 (87)

PIETERMARITZBURG — A pensioner who was jailed for five years for dealing in two grams of dagga had his conviction and sentence set aside on appeal in the Supreme Court here yesterday.

Mr. Wilfred Jacobs (45) had originally pleaded not guilty to the charge and the alternative of possession when he appeared before Mr. J. A. Oberholzer in the Durban Magistrate's Court on April 18.

The deal was alleged to have taken place at Wests Station, Durban, on April 12.

A South African Railways detective constable said in evidence that he had seen Mr. Jacobs hand over something wrapped in brown paper to another person and receive some money in return.

The policeman, Constable Nicholaas Els, then approached the recipient who handed over two dagga cigarettes, which he claimed he had bought for 50c.

However, when Mr. Jacobs was searched no money or any further dagga was found in his possession, said the policeman.

Rejected

Mr. Jacobs claimed that the policeman was "framing" him as he had previously been charged by Constable Els for theft and was discharged.

Appealing on Mr. Jacobs' behalf, Mr. Alistair Dixon submitted that the Magistrate had erred in finding that the State had discharged the onus of proving identity.

The Magistrate had also rejected Mr. Jacobs' evidence mainly on the strength of his theory of a "frame-up" without giving proper consideration that the evidence tendered by Mr. Jacobs was possibly true, said Mr. Dixon.

When setting aside the conviction and sentence, Mr. Justice Hefer, with Mr. Justice Friedman concurring, said that the Court knew nothing about the circumstances of how Mr. Jacobs was identified.

There was a positive possibility of there being a case of mistaken identity, he said.

Mr. J. L. Oberholzer appeared for the State.

DB 12/10/78

Man guilty of having dagga

(87)

EAST LONDON — An unemployed former railway employee, who admitted that he was a dagga addict, was found guilty of being in possession of dagga for his own consumption in the magistrate's court here yesterday.

Mr Joseph Haefelle, 31, of Wingate Court, Southernwood, pleaded guilty to the main count of being in possession of 175g of dagga for the purpose of selling it on October 11.

The court entered a plea of not guilty, but guilty to the alternative charge. He

was found guilty of possessing dagga for own use.

The State led evidence that when Mr Haefelle was arrested, a plastic bag of dagga was found in his possession.

Mr Haefelle told the magistrate, Mr N. R. Oosthuizen, that he had not intended selling the dagga, but smoking it.

Mr Haefelle was remanded in custody for a probation report. Sentence will be passed on November 17. — DDR

Sunday Express

JOHANNESBURG, OCTOBER 15, 1978 30c plus tax 1c Prices elsewhere on Back Page.

TEENAGERS IN

Sun. Express 15/10/78

DRUG

(87)

ABUSE

SHOCKS



A SUNDAY EXPRESS INVESTIGATION

By PETA THORNYCROFT, PADDI CLAY and INGRID NORTON

HERE'S A GIRL WITH A TERRIBLE STORY

THREE drug shocks for parents were uncovered by the Sunday Express this week — in Transvaal schools, in the Johannesburg General Hospital and Tara institution, and in the city's teenage discotheques.

● She's 16, and has tried suicide six times this year.

See Page 2

SUNDAY JACKPOT

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● SEE PAGE 16

More than 70% of the province's high schools have drug problems, warns the SA National Council for Alcoholism and Drug Dependence. Yet headmasters refuse to let experts address pupils on the issue.

● Patients in the Johannesburg General Hospital's psychiatric ward and at Tara distribute dagga and other drugs, says a frightened Johannesburg teenager who this week told the Sunday Express her tragic story after her sixth attempt to commit suicide.

● Teenagers at many Johannesburg discotheques are now getting their thrills from a smelly and dangerous "sexy" drug which they sniff — and which is available over the counter from chemists without perscription.

The Sunday Express probed teenage drug abuse after being shown a confidential Transvaal Education

Department guide to principals on drug abuse at schools which warns: "The menace is already at our door."

Despite this dramatic document, the Director of Education for the Transvaal, Professor J H Jooste, said: "The department is not aware of a drug problem in any school."

This contrasts strongly with a statement in the guide which is issued by TED, but unsigned.

The guide advises principals how to deal with the problem of drugs among youth, and states at one point: "We are fully conscious of the gravity of the problem."

The SA National Council for Alcoholism and Drug Dependence (Sanca), approached by the Sunday Ex-

press, said that drug problems were evident at more than 75% of high schools in the province.

Yet the Sunday Express established that most schools refuse offers by Sanca to institute preventative programmes on drugs, insisting that they have no problems.

Sanca refused to comment on this information, but a spokesman said the organisation would, as always, welcome any discussion with the TED in order to find positive ways of tackling the problem within the education framework.

Principals of three prominent Johannesburg schools denied this week that drug-taking existed in their schools.

Mr Alf Widman, ex-Unit-

● To Page 2

Crucial time for SWA

AS negotiations about the future of South West Africa reached their most crucial phase this weekend the Big Five have a new weapon they plan to use against South Africa: fixed-time sanctions.

By threatening sanctions with a fixed timespan and a set date on which they will lapse unless specifically reimposed, the West intends avoiding the danger of Russia vetoing any lifting of sanctions should South Africa agree under pressure to meet international demands.

But this bodes ill for the South African Government.

● Read the latest behind-the-scenes news on Page 3

The man who did nothing

COME with Expressscope to meet the Johannesburg man who did nothing as three teenagers burned to death in their crashed car. "I saw the flames but I'm not interested in these accidents any more," he told our reporters.

But would YOU have behaved differently if someone had needed your help? Or are we becoming an I'm-all-right-Jack society where everyone cares only for himself? Read about Expressscope's experiment.

● See Pages 6 and 7

DRUG-PLAGUED TARA 'REJECTS' NATASHA

Suicide girl told: We can't help you

A JOHANNESBURG teenager who has tried to commit suicide six times this year told the Sunday Express, after trying to kill herself again this week, that she first got the idea of slashing her wrists when watching the popular television serial "Rich Man, Poor Man."

Natasha Scabold (not her real name, but one she chose herself to protect her identity) spoke to me of her tragic life.

She had four stitches on the inside of her upper left arm, where she slashed herself on Wednesday night.

She is 16.

Natasha's story is the saga of a year in hell.

It has been a year spent in and out of hospital after suicide attempts. Natasha was introduced to the shadowy world of drugs and dagga while recovering in hospital from her gory self-inflicted injuries.

Her personal drama took a new twist this week, when, hours after being stitched up, she was discharged from Tara institution because the authorities there said they could do no more for her at present.

They also said in view of the drug problem which exists at the institution, they believe Natasha "who is easily led, is better off away from this influence."

But the bitter, sad teenager believes Tara, the "only place I want to be," has abandoned her.

Natasha's mother died six years ago. She lives with her aunt and uncle in Randburg.

A SUNDAY EXPRESS EXCLUSIVE By PETA THORNYCROFT

They both work and are unable to provide her with the protection from herself which they believe she needs.

At the age of 10, when her mother died suddenly, leaving five young children, Natasha was called upon by her burly father to play surrogate mother.

"I didn't mind," she says. "I just accepted it as my duty."

"I never realised at the time that I was bottling things up. When I look back I realise I hated looking after them. I did all the cooking, and got into trouble if they were naughty."

"Then I think I thought they didn't need me any more. Nobody needs me, and nobody really loves me or understands me."

Only a year ago Natasha was a laughing 15-year-old boarder at a country school. Then she was caught smoking and asked to leave.

"I cracked when I left boarding school. At least there I had friends."

"When I went to school in Randburg I didn't know anyone. No-one knew me, and they didn't care who I was."

This feeling of abandonment — unjustified though it may have been — reached carbuncle point one night when she watched "Rich Man/Poor Man" on TV last November.

"When the character Diane cut her wrists, it

gave me an idea.

"I thought, that's what I'll do, then I can pay my father back and everyone else who doesn't love me."

Six months later, in the same bathroom, Natasha cut deeper in a moment of isolation and despair. She was interrupted by her uncle.

On another occasion Natasha was rushed to hospital from her Randburg school having swallowed more than 40 strong pain killers.

Natasha admits that not all the suicide attempts were seriously intended to end her life.

"I know, because I understand now that I was just trying to attract attention to myself because I felt low, or lonely, or wanted somebody to notice me."

"I just wanted to hurt myself, because I am useless."

After her second attempt, she said, inmates at the General Hospital offered her various drugs and dagga. She says she accepted some dagga but it had little effect on her.

"The drugs were brought into the hospital by people visiting patients. It was easy to hide the stuff from the nurses."

"I could get any pills I wanted at Tara. Dagga is

even easier to get.

"I don't take pills any more, but I have smoked dagga there quite often. But when they (the officials) ask me if I have, I tell them no."

"I would never tell anyone where I got the pills. I wouldn't be mean to a friend like that."

"I can't remember what it was like to laugh. I hate feeling like this."

"Nothing interests me. I can't even remember what my mother looked like. I don't want to remember her."

"I am frightened of the dark. I imagine she is coming to strangle me. I can't sleep at night without pills."

She enjoyed being at Tara, because she said she felt her therapist really cared about her and understood her problems.

"I cut myself yesterday because I felt so lonely. I tried to phone him (the therapist) but he was out. I felt even he had let me down."

"But I promised my therapist I would not cut myself again. He told me if I could learn to control myself and not cut myself for a couple of weeks, I would be allowed back."

But authorities at Tara say they believe Natasha's salvation is in her own hands now.

"We have done all we can for her," they say.

"Psychiatry can only do so much. But if the situa-



● Natasha... easy to get drugs

tion demands it, she will be admitted again as a patient.

"In the meantime she will receive medical help and counselling through our out-patient department."

Meanwhile, Natasha has to be left alone during the day.

She chose not to go home with her father to his phone-less house near Delmas, preferring to remain with her dead mother's sister and husband.

"I will be cured when I can accept my problems and handle them without hassles," says Natasha.

But the future is not part of Natasha's thinking.

"I don't, can't think about it. I have no plans. I never want to get married. I never want to have kids."

"I want to go back to Tara. There are lots of people like me there. Everyone has a problem at Tara, so you don't feel lonely or different."

The aunt said: "My niece has had so much to bear with her illness already. I am resentful that she learned about drugs in hospital."

"I feel somebody at the hospital should have treated the cause of her suicide attempt, as soon as it happened," the aunt said.

"I don't understand how she got out of Tara, and I am deeply distressed that they appear to have thrown her out."

"I simply do not know what to do."

Drugs shock at hospitals

● From Page 1

ed Party member for Orange Grove and the man who established Phoenix House, said:

"I have pressed for proper education in schools as far as drugs are concerned and all they have done is brought out programmes of clean living — I think they are more like programmes of National Party indoctrination."

"I would like to see a full, open programme where the matter is discussed fully and frankly from an early age or at least one teacher who has made a special study of the problem."

"I don't know why the schools have this bury-their-heads-in-the-sand attitude."

The guide issued by the Transvaal Education Department stresses that there is no need for panic:

"People who have the welfare of our youth at heart are concerned and even apprehensive; unless we act calmly and with discretion we may make serious mistakes. There is no reason for hurried action or panic. For this reason the department is not planning to launch an anti-drug campaign; rather a pro-life and pro-education campaign."

The spokesman for the Director of Education told the Sunday Express:

● A clinic school for pupils experimenting with drugs had been closed down in 1976 owing to lack of numbers.

● Assistance is provided by 42 clinics in every comprehensive school circuit which employ professional people dealing with psychological problems, speech and drama problems etc.

● There is no objection to talks given by outsiders at

schools, but permission has to be granted by the principal and the TED.

"If one group was allowed it would give encouragement to all sorts of groups to come and talk at schools," the spokesman said.

The 16-year-old teenager who in an exclusive interview made serious allegations about drugtaking at Tara institution and the General Hospital did so after a sixth abortive attempt, on Wednesday night, to kill herself. (See story on this page.)

The authorities at Tara, the H Moross Centre near Hyde Park, said they were aware that a drug and dagga problem existed at the institution "from time to time".

The acting medical superintendent of the General Hospital, Dr Neville Howes, said he was "surprised and

shocked" at the girl's story.

"I will look into this and inform the matron and the head of the psychiatric department where it appears this is going on."

In Johannesburg's swinging discotheques teenagers are using a new "aphrodisiac" drug called "poppers" — pills or capsules of an old-fashioned drug which the Sunday Express has identified but is not naming because it is available without prescription.

Dr Sylvain de Miranda, head of clinical services at Phoenix House, a Johannesburg drug rehabilitation centre, told the Sunday Express the non-clinical or excessive use of the drug causes severe headaches, nausea, vomiting and diarrhoea. Prolonged use lowers the blood pressure and dangerously increases the heart rate. It can also cause sudden unconsciousness.

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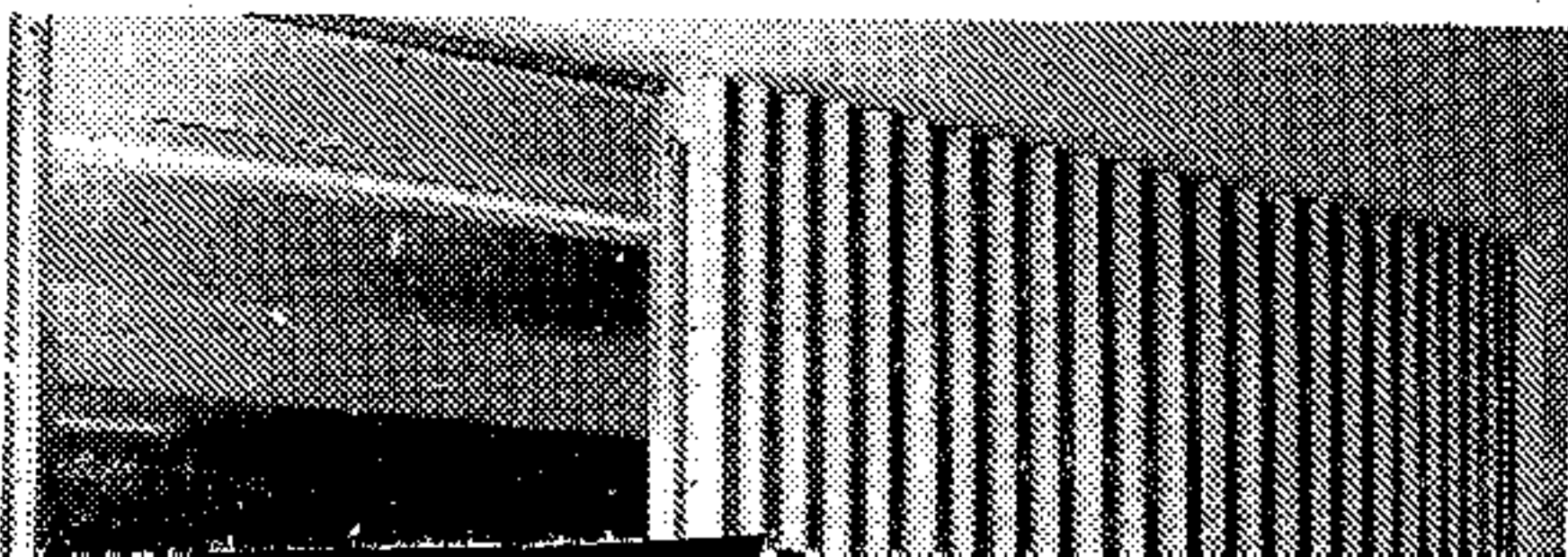
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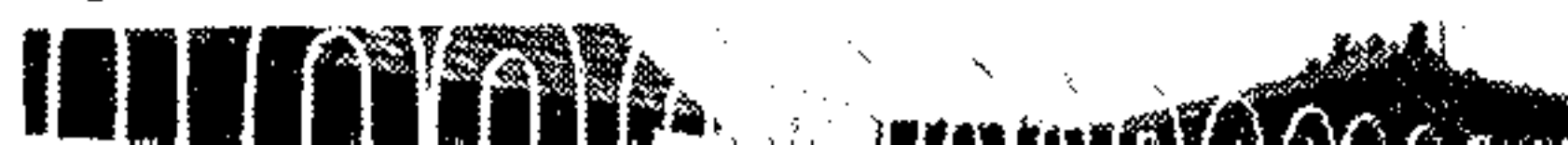
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DRUG-PLAGUED TARA 'REJECTS' NATASHA

Suicide girl told: We can't help you



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gave me an idea.

"I thought, that's what I'll do, then I can pay my father back and everyone else who doesn't love me."

Six months later, in the same bathroom, Natasha cut deeper in a moment of isolation and despair. She was interrupted by her uncle.

On another occasion Natasha was rushed to hospital from her Randburg school having swallowed more than 40 strong pain killers.

Natasha admits that not all the suicide attempts were seriously intended to end her life.

"I know, because I understand now that I was just trying to attract attention to myself because I felt low, or lonely, or wanted somebody to notice me."

"I just wanted to hurt myself, because I am useless."

After her second attempt, she said, inmates at the General Hospital offered her various drugs and dagga. She says she accepted some dagga but it had little effect on her.

"The drugs were brought into the hospital by people visiting patients. It was easy to hide the stuff from the nurses."

"I could get any pills I wanted at Tara. Dagga is

even easier to get.

"I don't take pills any more, but I have smoked dagga there quite often. But when they (the officials) ask me if I have, I tell them no."

"I would never tell anyone where I got the pills. I wouldn't be mean to a friend like that."

"I can't remember what it was like to laugh. I hate feeling like this."

"Nothing interests me. I can't even remember what my mother looked like. I don't want to remember her."

"I am frightened of the dark. I imagine she is coming to strangle me. I can't sleep at night without pills."

She enjoyed being at Tara, because she said she felt her therapist really cared about her and understood her problems.

"I cut myself yesterday because I felt so lonely. I tried to phone him (the therapist) but he was out. I felt even he had let me down."

"But I promised my therapist I would not cut myself again. He told me if I could learn to control myself and not cut myself for a couple of weeks, I would be allowed back."

But authorities at Tara say they believe Natasha's salvation is in her own hands now.

"We have done all we can for her," they say.

"Psychiatry can only do so much. But if the situa-

● Natasha... easy to get drugs

tion demands it, she will be admitted again as a patient.

"In the meantime she will receive medical help and counselling through our out-patient department."

Meanwhile, Natasha has to be left alone during the day.

She chose not to go home with her father, to his phone-less house near Delmas, preferring to remain with her dead mother's sister and husband.

"I will be cured when I can accept my problems and handle them without hassles," says Natasha.

But the future is not part of Natasha's thinking.

"I don't, can't think about it. I have no plans. I never want to get married. I never want to have kids."

"I want to go back to Tara. There are lots of people like me there. Everyone has a problem at Tara, so you don't feel lonely or different."

The aunt said: "My niece has had so much to bear with her illness already. I am resentful that she learned about drugs in hospital."

"I feel somebody at the hospital should have treated the cause of her suicide attempt, as soon as it happened," the aunt said.

"I don't understand how she got out of Tara, and I am deeply distressed that they appear to have thrown her out."

"I simply do not know what to do."

Drugs shock at hospitals

● From Page 1

ed Party member for Orange Grove and the man who established Phoenix House, said:

"I have pressed for proper education in schools as far as drugs are concerned and all they have done is brought out programmes of clean living — I think they are more like programmes of National Party indoctrination."

"I would like to see a full, open programme where the matter is discussed fully and frankly from an early age or at least one teacher who has made a special study of the problem."

"I don't know why the schools have this bury-their-heads-in-the-sand attitude."

The guide issued by the Transvaal Education Department stresses that there is no need for panic:

"People who have the welfare of our youth at heart are concerned and even apprehensive; unless we act calmly and with discretion we may make serious mistakes. There is no reason for hurried action or panic. For this reason the department is not planning to launch an anti-drug campaign; rather a pro-life and pro-education campaign."

The spokesman for the Director of Education told the Sunday Express:

● A clinic school for pupils experimenting with drugs had been closed down in 1976 owing to lack of numbers.

● Assistance is provided by 42 clinics in every comprehensive school circuit which employ professional people dealing with psychological problems, speech and drama problems etc.

● There is no objection to talks given by outsiders at

schools, but permission has to be granted by the principal and the TED.

"If one group was allowed it would give encouragement to all sorts of groups to come and talk at schools," the spokesman said.

The 16-year-old teenager who in an exclusive interview made serious allegations about drugtaking at Tara institution and the General Hospital did so after a sixth abortive attempt, on Wednesday night, to kill herself. (See story on this page.)

The authorities at Tara, the H Moross Centre near Hyde Park, said they were aware that a drug and dagga problem existed at the institution "from time to time."

The acting medical superintendent of the General Hospital, Dr Neville Howes, said he was "surprised and

shocked" at the girl's story.

"I will look into this and inform the matron and the head of the psychiatric department where it appears this is going on."

In Johannesburg's swinging discotheques teenagers are using a new "aphrodisiac" drug called "poppers" — vials or capsules of an old-fashioned drug which the Sunday Express has identified but is not naming because it is available without prescription.

Dr Sylvain de Miranda, head of clinical services at Phoenix House, a Johannesburg drug rehabilitation centre, told the Sunday Express the non-clinical or excessive use of the drug causes severe headaches, nausea, vomiting and diarrhoea. Prolonged use lowers the blood pressure and dangerously increases the heart rate. It can also cause sudden unconsciousness.

NM 26/10/78

6 months' jail for dagga smoker

(87)

Court Reporter

A 33-YEAR-OLD married man who admitted smoking dagga and drinking liquor since he was 14 and who was described as a psychopath by a psychiatrist, was jailed for six months by Mr. E. W. Hyland in the Durban Magistrate's Court yesterday for possessing dagga.

Kenneth Angus Butler of Berea Road pleaded guilty to possessing the dagga and a dagga pipe on July 19.

He admitted previous convictions, including possession of dagga, assault, malicious damage to property, negligent driving and robbery.

A probation officer's report said that Butler had a poor work record. He had also been expelled from two schools for smoking dagga and had drunk liquor since the age of 14.

He had been sent to various rehabilitation centres, but had either absconded or refused to cooperate with the staff.

He would become aggressive if he did not get his own way.

Dr. D. Solomon, a psychiatrist, said he had examined Butler on October 3. He found that Butler was a psychopath and recommended he be referred to an institution for psychopaths for treatment.

Mr. Hyland ordered that Butler be sent to Sonderwater in the Transvaal where he would be treated for his condition during his six-month sentence.

Mr. P. Weightman appeared for the State.

CIVILIAN AND MILITARY EXPERTS DISAGREE

HAS the army drugs troubles?

DRUG experts are questioning why the number of patients treated for drug addiction by the Defence Force is so low.

When the Sunday Express interviewed Brigadier C F Scheepers, Officer Commanding, 1 Military Hospital, Voortrekkerhoopje, recently, not one national serviceman was being treated in the hospital's main ward for drug addicts.

"We can only state the facts as we find them, and the fact is that we find we have fewer drug patients to treat than before," Brig Scheepers said.

But a top civilian drug expert suggested this might be because the Defence Force was not prepared to face up to the drug problem.

The expert is Dr S de Miranda, medical director of Phoenix House, Johannesburg, which treats young drug addicts.

Dr De Miranda said civilian drug authorities had seen no noticeable fall-off in drug addiction among young men, and added: "The Defence authorities might be like high school authorities

SUNDAY EXPRESS INVESTIGATION
BY JEREMY GORDIN

— not prepared to face up to the drug problem.

"We have certainly noticed no significant difference in incidence," he said.

Another drug expert, who did not want to be named, said that if the number of drug abusers in the Defence Force had apparently decreased, it was because the abusers were frightened of prosecution, not because there was a real reduction.

And the Defence Force's former surgeon-general, Lieutenant-General C R Cockcroft, who initiated the army drug treatment programme at Greefswald in the late sixties, said: "According to my information, drug abuse has not lessened."

The Sunday Express approached Defence authorities to find out what was being done for drug abusers since the closing of the treatment facilities at Greefswald military base

near the Botswana border.

Dr De Miranda, who is also head of clinical services for the SA National Council for Alcoholism and Drug Abuse (Sanea), said in the latest survey carried out by the Human Sciences Research Council, one in five — or 20.1% — of a sample of 4 588 young males aged between 16 and 21 admitted illicit drug usage.

"And this number is probably a little on the low side, because most young men are afraid of admitting drug usage," said Dr De Miranda, "and I find it difficult to reconcile these facts with the fact that no soldier was undergoing treatment for drug addiction when the Sunday Express spoke to the Officer

Commanding, 1 Military Hospital."

Dr De Miranda said that most servicemen actually caught smoking dagga were handed over to civilian authorities for prosecution.

Brig Scheepers said: "Drug addiction is not such a big problem at present."

He did not think drug laws stopped any soldier from asking for help.

"If a chap comes for help, we try to help him, not charge him," he said.

Asked what had replaced the Greefswald camp, Brigadier Scheepers said: "Greefswald military base was never a treatment centre only. It was always an operational base, and has continued to be one."

"What has changed is that drug and alcohol patients are now being treated at bases throughout the country."

The only SADF drug abusers treated at 1 Military Hospital were those



Brigadier Scheepers

drug users, not heavily involved in drugs.

Those not involved as heavily, and "experimenters" were sent back to their units for treatment after evaluation at the hospital. Brigadier Scheepers said: "He could not give the number of patients being treated at present in their units because he had no figures available."

"I can tell you, however, that there's nobody in ward 22 at the moment," he said. Asked whether it was correct that homosexuals were treated in the same ward as drug/alcohol abusers, Brigadier Scheepers said: "In that particular ward there are out-patients with a variety of complaints."

A Defence Force spokesman said yesterday there were now five drug patients in ward 22 at 1 Military Hospital.

FRIPPS FRIPPS FRIPPS FRIPPS FRIPPS

35mm SLR with built-in PENTAX through-the-lens

RIPON 2572

Sheriff seizes 12 tons of dagga

R. D. W. 5/12/78 (87)

NEW YORK. — Six men trying to smuggle 10 to 12 tons of marijuana into south Louisiana in a leaky shrimp boat were surprised by a St Mary Parish sheriff's deputy on routine patrol in a remote area yesterday, the sheriff said.

The sheriff, Mr Chester Baudoin, said the marijuana had an estimated street value of about R10-million. It

was transported to Morgan City, where it was locked in a truck for use as evidence in the court cases against the suspects.

The arrested men were unloading bales of marijuana from a 18 m shrimp boat when the deputy, Mr Dan Irwin, ran across them on patrol.

When Mr Irwin came across the suspects, they

fled into the woods. Two helicopters and four-wheel-drive vehicles were used by deputies to search for the men, who were arrested several hours later.

Bail for the suspects was set by a judge at R180 000 each and they were held in the St Mary Parish jail on felony charges of possession of marijuana with intent to distribute.

The suspects were identified as Mr Eric David Golden, 39, of Suffern, New York, Mr Reynold Church, 39, of New York, Mr Paul De Coste, 29, of Florida City, Mr Robert Williams, 25, of Situate, Massachusetts, Mr Rampil Barton, 22, of Wantagh, New York, and Mr Ducky Quinien, 26, of Abbeville, Louisiana. — UPI.

period of fast employment growth to the mid 1960s. ... very fast - in fact more than doubled between 1965-66 and 1972 - as output continued to expand fast accompanied by an actual decline in employment. Since then, however, productivity has been tending to decline somewhat (though the series is very volatile) in the recent years of heavy employment growth. Statistics for 1977 suggest that we have very fast output growth with almost static employment. We know there has been the development of a major new open-cast pit at Sishen to supply Saldanha Bay and export markets.²⁶ It seems possible that part of the 1975 employment increase has to do with development work for this project.

9.5 Detailed explanations of the changes recorded in 9.4 will not be attempted - beyond noting i) that the period has seen the development and use of both more productive open-cast techniques and of various underground improvements and ii) that as with coal, manganese, and copper (and perhaps other minerals) there are different types of deposit (e.g. surface and underground) which require different techniques (with different associated labour productivities) for their exploitation. With the qualification that there are technical factors involved which are not well understood, it seems possible to say that there has been a trend increase in employment since the mid-1950s, of the order of 5-6 per cent per annum, which technical progress has not thus far eliminated.

AS 1917-18 87

Court warns doctors over prescriptions

JOHANNESBURG — An advocate defending a doctor charged with dealing in drugs told a magistrate here yesterday "doctors were sitting ducks for drug addicts who were determined to get hold of drugs."

Mr A. P. Kruger appeared on behalf of Dr Joseph Salamon, 56, who pleaded not guilty to illegally dealing in seconal tablets and using dependence producing substances for purposes other than medicine.

Finding Dr Salamon not guilty on both charges, the magistrate, Mr E. Brandt, said he accepted the doctor's evidence but that there was a suspicion that Dr Salamon was inclined to issue prescriptions "left, right and centre."

"A word of warning must be spoken to doctors to be more careful in future," he added.

Dr Salamon told the

court a new patient consulted him and told he had a sleeping problem and asked for seconal tablets. He did not find it a strange request as many patients asked for different drugs. He prescribed a month's supply.

The man later turned out to be a detective from the drug squad.

"A doctor has to accept in good faith what a patient tells him," Dr Salamon said. — S.A.P.A.

ery largely concerned with... and writing out instances but not in all.

doing, let us say, 100 African workers, if resolved upon the introduction of a liaison committee, it would be necessary to make the necessary arrangements to break the impasse.

concluding were to insist from the chair

... in the form of a double-headed arrow... by no means, there is no quick, effective solution for reaching a difference.

Liaison Committees

... between the Liaison and the works committee for that the the former is "to consider ... and to make ... recommendations". of the latter is "to communicate the wishes, aspirations and

... of the employees in the establishment or location of an establishment in respect of which it has been elected, to their employer and to represent the said employees in any negotiations with their employer concerning their conditions of employment or any other matter affecting their interests". Evidently the legislature envisaged the Liaison committee as a consultative body while the works committee was to enjoy negotiatory rights, limited to in-plant bargaining and thus falling short of collective bargaining as it is generally understood. The chairman of the works committee was to be the intermediary between the workers' elected representatives and the employer.

While the period of office of a liaison committee was not limited by statute, that of a works committee was limited to "not more than two years".

Co-ordinating Committees

As the new system permitted the election of more than one works committee in an establishment, provision was made for a co-ordinating works committee consisting of the chairman and secretaries of each works committee where two or more such committees had been elected. The appointment of a co-ordinating committee was to be made after consultation with the employer concerned, and its duties were roughly the same as those of a single works committee.

7 February 1975

*1. Mr. L. F. WOOD—Reply standing over.

✓ Rehabilitation centres

*2. Mr. L. F. WOOD asked the Minister of Social Welfare and Pensions:

- (1) What is the (a) total number of inmates in and (b) estimated *per capita* monthly cost of (i) rehabilitation centres and (ii) registered rehabilitation centres;
- (2) how many such inmates have been committed for treatment for (a) alcoholism and (b) drug addiction;
- (3) (a) how many such institutions were established during the past year, (b) what are their names, and (c) where are they situated

① Health & Disease - Alcoholism
② Health & Disease - Drug Abuse

The DEPUTY MINISTER OF SOCIAL WELFARE AND PENSIONS:

- (1) (a) (i) 412 on 1 February 1975.
(ii) 620 on 1 February 1975.
(b) (i) R110.
(ii) Varies from R100 tot R300.
- (2) (a) (i) 344.
(ii) 120.
(b) (i) 68.
(ii) 13.
- (3) (a) One.
(b) Opstaan.
(c) Welkom, O.F.S.

HANSAARD 3 Q. column 154.

17 February 1975.

**Amounts allocated to/spent on combating
alcoholism/drug dependency**

76. Mr. L. F. WOOD asked the Minister
of Bantu Education:

What amount did his Department (a)
allocate to and (b) spend on combating
alcoholism and drug dependency during
the last three years.

The MINISTER OF BANTU EDUCA-
TION:

No direct allocation or expenditure.

~~1 Health & Dis. Alcoholism~~

2. " " " - Drug Addiction

HANDBARD 3 Q. column 155 + 156.
17 February 1975.

**Amounts spent on rehabilitation services/
institutions for Indians**

87. Mr. L. F. WOOD asked the Minister of Indian Affairs:

What amounts from (a) Revenue and
(b) Loan Account have been spent

annually since 1971 in respect of (i) re-
habilitation services and (ii) the establish-
ment of rehabilitation institutions for
Indians addicted to alcohol and drugs.

The MINISTER OF INDIAN AF-
FAIRS:

(a) (i) and (ii) As the Department is still negotiating with the authorities involved for the acquisition of a suitable site for the erection of an institution for the rehabilitation of Indians addicted to alcohol and drugs and as the rehabilitation services are rendered by the Department's social workers in the normal course of their duties, it is not possible to determine what amount is spent annually from the Revenue Account in respect of these services.

(b) (i) and (ii) Nil.

Health + Dis - Drug Addiction

HANSARD 3 Q. column 158
18 February 1975.

Institution for Indian drug addicts x

*3. Mrs. H. SUZMAN asked the Minister of Indian Affairs:

What progress has been made in establishing an institution for the treatment of Indian drug addicts.

The MINISTER OF INDIAN AFFAIRS:

A suitable site for the proposed rehabilitation centre has been identified and negotiations for acquiring it are under way.

Mrs. H. SUZMAN: Mr. Speaker, arising out of the reply of the hon. the Minister, can he inform the House where the suitable site is?

The MINISTER: The suitable site is near Pietermaritzburg and we are now engaged in negotiations with the Pietermaritzburg Town Council.

Health + Disease - Drug Addict

HANSARD S. Q. column 339.

in March 1975.

Amount allocated to/spent on combating
alcoholism/drug dependency

77. Mr. L. F. WOOD asked the Minister
of Bantu Administration and Development:

What amount did his Department (a)
allocate to and (b) spend on combating
alcoholism and drug dependency during
the last three years.

The MINISTER OF BANTU AD-
MINISTRATION AND DEVELOP-
MENT:

(a) Approximately R23 484.

(b) Approximately R22 695.

An amount of R483 390 has been spent
in respect of buildings.

~~1. Health + Dis - Alcoholism~~
2. Health + Dis - Drug Add.

HANDSARD 5

Q. column 383-4
5 March 1975

~~1. Health & Disease - Drug Addiction~~
2. Health & Disease - Drug Addiction

Amounts spent on rehabilitation of Coloured persons

88. Mr. L. F. WOOD asked the Minister of Coloured, Rehoboth and Nama Relations:

What amounts from (a) Revenue and (b) Loan Account have been spent annually since 1971 in respect of (i) rehabilitation services and (ii) the establishment of rehabilitation institutions for Coloured persons addicted to alcohol and drugs.

The MINISTER OF COLOURED, REHOBOTH AND NAMA RELATIONS:

(a)	(i)	1971-72—R158 047.	
		1972-73—R151 552.	
		1973-74—R177 660.	
		1974-75—	Actual expenditure will be known after 31 March 1975 only.

(ii)	1971-72—Nil.	
	1972-73—R4 970.	
	1973-74—Nil.	
	1974-75—	Actual expenditure will be known after 31 March 1975 only.

(b)	(i)	1971-72—Nil.	
		1972-73—Nil.	
		1973-74—Nil.	
		1974-75—	Actual expenditure will be known after 31 March 1975 only.

(ii)	1971-72—R7 343.	
	1972-73—Nil.	
	1973-74—Nil.	
	1974-75—	Actual expenditure will be known after 31 March 1975 only.

HANSARD 6

Q. column 438

11 March 1975

Buildings for Bantu alcoholics, drug dependants

*17. Mr. W. G. KINGWILL (for Mr. L. F. Wood) asked the Minister of Bantu Administration and Development:

(1) Whether any buildings have been provided by his Department for the purpose of combating alcoholism and addiction to dependence-producing substances; if so, (a) where are the buildings situated, (b) what has been the cost of each institution to date and (c) what is the number of occupants in each institution;

(2) how many Bantu were committed for (a) alcoholism and (b) addiction to dependence-producing substances during each of the last three years.

†The MINISTER OF BANTU ADMINISTRATION AND DEVELOPMENT:

(1) Yes.

(a) Madadeni.

(b) R483 390.

(c) 26 at present. Approximately 150 can be accommodated.

(2) (a) and (b)

Alcoholics dependants Drug dependants

	Alcoholics dependants	Drug dependants
1972	Nil	Nil
1973	5	1
1974	10	7

1. Health, Drug Alcohol

2. Health - Drug

Hansard 7

Q columns
21 March 1975

549-550

Persons detained in terms of Abuse of Dependence-producing Substances and Rehabilitation Centres Act

*9. Mrs. H. SUZMAN asked the Minister of Police:

(1) Whether any persons were detained during the period 1 July to 31 December 1974 for interrogation in terms of section 13 of the Abuse of Dependence-producing Substances and Rehabilitation Centres Act; if so, (a) how many persons in each race group and (b) for what period was each of them detained;

(2) whether any persons are presently in detention in terms of that section; if so, (a) how many and (b) for what period has each of them been in detention.

†The MINISTER OF POLICE (Reply laid upon Table with leave of House):

(1) Yes.

(a) Whites: 24.
Coloureds: 8
Asians: 1.
Bantu: 59.

(b) 1 for 1 day
1 for 2 days
4 for 3 days
4 for 4 days
2 for 6 days
1 for 7 days
1 for 8 days
2 for 9 days
4 for 11 days
2 for 12 days
5 for 13 days
7 for 14 days
2 for 15 days
5 for 16 days
3 for 17 days
1 for 18 days
2 for 20 days
5 for 21 days
3 for 22 days
1 for 24 days
2 for 28 days
5 for 29 days
2 for 30 days
2 for 31 days
1 for 32 days
2 for 33 days
1 for 37 days
1 for 39 days
2 for 42 days
1 for 44 days
3 for 45 days
3 for 46 days
1 for 48 days
1 for 56 days
2 for 68 days
1 for 71 days
3 for 86 days
1 for 107 days

(2) Yes.

(a) 29.

(b) 2 for 9 days
8 for 12 days
2 for 13 days
1 for 14 days
4 for 15 days
1 for 19 days
1 for 20 days
1 for 21 days
2 for 30 days
1 for 37 days
4 for 69 days
1 for 122 days
1 for 137 days

Health Disease - Drug

Standard II Q 202-203
25 April 1975

~~(1) Health + Dis. Alcohol~~
(2) Health + Dis. Drug Abuse

Rehabilitation centres

*2. Mr. L. F. WOOD asked the Minister of Social Welfare and Pensions:

(1) Whether any additional rehabilitation centres or additional registered rehabilitation centres have been established since February 1974;

(2) whether any such centres have been closed since 1974; if so, (a) which centres, (b) when and (c) why;

(3) (a) what is the total number of (i) males and (ii) females admitted to the Aurora Rehabilitation Centre in Bloemfontein since its establishment and (b) how many (i) males and (ii) females are under detention there at present;

(4) whether any juvenile drug or alcoholic offenders had been committed to (a) the rehabilitation centre at White River and (b) the reform school at Constantia; if so, (i) how many at each institution and (ii) for what reasons were these persons committed.

The MINISTER OF SOCIAL WELFARE AND PENSIONS:

(1) Yes.

(2) No. (a), (b) and (c) fall away.

(3) (a) (i) 736.

(ii) Nil.

(b) (i) 13.

(ii) Nil.

(4) (a) No.

(b) Unknown. The reform school at Constantia does not fall under the control of my Department. (i) and (ii) fall away.

HANSARD, 13. Q. columns 907-08
~~6~~ 7 May 1975.

Reform school at Constantia: Juvenile
drug/alcoholic offenders

288. Mr. L. F. WOOD asked the Minister
of National Education:

Whether any juvenile drug or alcoholic
offenders have been committed to the

Health Disease - Incep

reform school at Constantia during the
last four years; if so, (a) how many and
(b) how many are under detention there
at present.

The MINISTER OF NATIONAL EDU-
CATION:

Yes.

(a) 12.

(b) 5.

HANSARD

14

Q . 959

16 May 1975 .

Madadeni rehabilitation centre

*1. Mrs. H. SUZMAN asked the Minister of Bantu Administration and Development:

How many adults and juveniles, respectively, (a) were committed to and (b) voluntarily entered the Madadeni rehabilitation centre during 1974 for treatment for drug addiction.

The DEPUTY MINISTER OF BANTU DEVELOPMENT:

- (a) Adults—6.
 Juveniles—1.
- (b) Adults—Nil.
 Juveniles—Nil.

Health & Dis - Drug Addiction

Drugs need 'leads to crime'

STAR
9/6/75

Pretoria Bureau

Crime was not the result of drug addiction. It was rather the overwhelming desire to obtain increasing quantities of the drug which led to crime.

p5 today

This was said in Pretoria today by Professor D Botha, of the department of pharmacology of the University of Pretoria, at a symposium on drugs. The symposium is organ-

ised by the South African Police.

Professor Botha said the popular idea that morphine-addicted people were dishonest, malicious, bedraggled criminals who also showed physical neglect was not necessarily correct.

OBLIGATIONS

The addict who obtained his drugs lawfully and had enough money was neat and well-cared for and satisfactorily performed his social and work obligations. In such cases there were no noticeable differences between the addict and the non-addict, especially if the addict took the drug orally.

But the situation was different among young addicts. The drug was usually taken intravenously and supplies from the illegal trade were of different strengths and often impure.

Productivity by these addicts was low, their health was poor and they were also subject to infection due to dirty syringe needles.

Professor Botha said recent statistics had shown heroin addiction was the main single cause of death among males aged 15 to 25 in New York.

TOLERANCE

In contrast to the high tolerances of up to 5 g, developed by morphine addicts, minute quantities of LSD — in the region of 20 to 25 micrograms (one microgram equals 1 000th part of a milligram) — had an effect on the central nervous system.

Because of its potency small quantities could be absorbed in blotting paper or the point of a tie and be transported this way.

Professor Botha said deaths as a direct result of the use of LSD were unknown, although deaths did occur as a result of accidents and suicide during the intoxication phase.

Many give dagga a trial

Pretoria Bureau ^{5-TAR} 9/6/75

Most drug users were young people from early adolescence up to those in their middle 30s, Dr Min Sack, a psychologist, told the South African Police symposium on narcotics in Pretoria today.

Dr Sack said she suspected that most children had tried dagga once or twice.

It had frequently been thought that children from unhappy homes were a major part of the drug "scene."

"The real and obvious truth is that drugs are easily available to children and students as well as young adults not at university," Dr Sack said.

If discipline was not shared between father and mother in the many developing phases of a child's life, the strength of the family unit was weakened, allowing unwelcome influences to control the lifestyle of the child.

EASY TARGET

Unwelcome influences included emphasis on children's clothing, their entertainment and their needs in general for which they were given far too much pocket money, allowing them to be exploited and be an easy target for salesmanship, which also involved drug-pushers.

"If a commodity is available it will be used, and if this commodity lends itself to making money without working, the commodity will be sold with complete callousness, especially to the immature and to the vulnerable," Dr Sack stated.

"I have frequently come across children of eight to 10 years old who were involved in smelling petrol fumes, fuel in cigarette lighters, eating dagga in cakes and sweets, and lacing cold drinks with dagga and alcohol," said Dr Sack.

Younger people on drugs

Pretoria Bureau

Drug addiction and crimes associated with it had become one of the major problems in the world and if it were not combated unitedly on all fronts it could lead to the suicide of the nation.

This was said in Pretoria today by the Commissioner of Police, General Theo Crous, when he opened the symposium on narcotics organised by the South African Police.

"Never had so many people, especially young people, taken refuge in drugs. It is, however, also true that never before had there been so much concern, and also ignorance and confusion among the public," General Crous said.

STATISTICS

In the year ending June 1971, 42 148 people were arrested for dagga offences and 4 218 256 kg of dagga was confiscated. In the same period 235 people were arrested for contraventions involving drugs other than dagga, and 31 535 drug pills were confiscated.

Since 1974, after the introduction of stricter legislation and co-ordinated teamwork among the various State departments, there had been a phenomenal decrease in drug arrests, when 25 616 people were arrested for dagga offences and 506 995 kg of dagga was confiscated. In the same period 188 people were arrested for drug offences other than dagga and 21 772 drug pills were confiscated.

General Crous said that statistics for 1970-71 showed that about one-third of people arrested for drug contraventions were aged from 17 to 20 years. In 1971-72 one-third of the accused were from the ages 18 to 21, while in 1973 one-third of the people involved were in this age group. In 1974 one-third of people arrested for drug offences were in the age group 16 to 25 years.

"It is the young people who are largely involved in the drug problem and who must be helped," General Crous said.

(See Page 5)

Early age

STAR 10/6/75

warning on drugs

Pretoria Bureau

Drug taking started at an early age, most commonly from 15 to 16 years, Dr Aubrey Levin, a senior psychiatrist of the Natal Department of Hospital Services and a senior lecturer at the University of Natal, said in Pretoria today.

Addressing the symposium of narcotics organised by the South African Police, Dr Levin said that less than 7 percent of drug takers had initially been exposed to drugs before the age of 13 years.

An analysis of a large representative group of drug takers had shown they were predominantly — about 40 percent — middle class. Less than 12 percent came from both the bottom and the top of the social class structure.

They were not criminals. Apart from convictions relating to possessing drugs, only 8,7 percent had previous criminal convictions.

SUICIDE

Dr Levin said most drug takers tended to have psychiatric problems to begin with. Although 60 percent had a personality disorder and 16 percent suffered from neurosis before taking drugs, no psychiatric problems were found in 13 percent.

Of the test group 42 percent were psychotic.

One in five had made a suicide attempt.

The life style of 8 percent precluded employment, while a further 30 percent had unsatisfactory work records. Fifty-one percent had problems at home.

More than 40 percent of the test group regularly obtained drugs from friends.

Dr Levin said 65 percent of the drug takers in the test group started taking drugs while still at school.

They did badly at school, 41 percent achieving only standards 5, 6 or 7 and 38 percent passing Standard 8.

Curiosity was by far the most important reason for originally using drugs; 44 percent of the test group first starting to take drugs for this reason.

'Dagga the No 1 drug problem'

STAR 11/6/75

Pretoria Bureau
Dagga was South Africa's biggest drug problem and accounted for

99,5 percent of all drug convictions, Mr J J M Theron, of the Department of Customs and

Excise, said today in Pretoria.

Addressing the South African Police symposium on narcotics, Mr Theron said statistics over seven years before 1973 had shown dagga contraventions accounted for 97 percent of drug cases.

But in 1973—74 the position had changed because of stricter medical control.

"The illegal import of drugs does not appear to be a serious problem for South Africa.

"But it will be fatal to assume it could not become serious. Experience has shown the situation can change dramatically overnight."

"TRIP"

Using the post was a popular way of smuggling drugs. Mr Theron said methods employed included putting dagga in folded newspapers and in hollowed out books. LSD was smuggled by mixing it with the gum of the envelopes or postage stamps.

Blotting paper in which LSD had been dissolved was also sent by post. Mr Theron said LSD with a mass equal to one aspirin was enough to send 165 000 people on a "trip."

13 (A) 117 - 10000

CAPITAL TO GET *Nafal Mwanj 21/6/75* DRUG CLINIC

Mercury Reporter

PIETERMARITZBURG

A CLINIC to deal with alcoholism and drug dependence is to be established in the centre of Pietermaritzburg.

The Housing and Town Planning Committee of the Pietermaritzburg City Council yesterday approved an application from the South African Council on Alcoholism and Drug Dependence to establish the clinic in Loop Street.

In its application, Sanca said the clinic would aim to increase public understanding of alcoholism and drug dependence, to make the knowledge effectual in dealing with the problems, and to co-ordinate their treatment.

Students got LSD from lecturer

10/7/75

Cape Times Correspondent

JOHANNESBURG.—Brigadier C F van Tonder, head of the South African Narcotics Bureau, said in an interview yesterday that a lecturer at a South African university made LSD and sold it to students.

This follows the shock allegations on Tuesday by students attending an LSD trial in Johannesburg that the majority of students at the University of the Witwatersrand have experimented with drugs.

Yesterday Wits quickly denied that the LSD lecturer had ever been employed by their university.

Meanwhile Wits SRC president, Mr Mike Mendelowitz, did not dispute the students' drugs claims.

Brigadier Van Tonder said the LSD lecturer had been deported. "He made the LSD at the university — all the chemicals were available. Once you have the know-how it's easy to do," he said.

"I won't tell you which university it was — it wouldn't be fair."

Then he appealed to the public to help him fight the drug kick. "My biggest help is the public," he stressed.

"When we know who's involved we harass them until they stop. They never know where we are or what we do."

Stopping South Africa's LSD influx is, he said, a "very tricky, delicate and difficult problem. LSD is as small as a pinhead, you can get 100 in a ball point pen. It comes in anyhow, in any way."

Wits man Mike Mendelowitz meanwhile admitted: "It might be true the slight majority or at least significant minority of Wits students have experimented with drugs — probably dagga, possibly with other things."

"But it's not only Wits. It's all students, or at least all young people."

"I do not rule out the claims as being off beam, but I do think drugs have never been a problem at Wits," he said.

Professor Ellison Kahn, deputy vice-chancellor of Witwatersrand, told how students stormed his office yesterday "protesting violently at the slur on the university" caused by the drug claims.

"They represent the vast majority of students and said the claims are simply not so. They do not deny there may be a small minority involved."

"Wits is no holier and no less holy than anywhere else," said Professor Kahn.

No decision has been made at Witwatersrand on the future of two students said to be "self-confessed drug dealers".

But Johannesburg College of Education said that their self-confessed dealer, Miss Schlomit Gorman, would not be suspended.

Professor A N Boyce, rector of the college, said: "I have investigated this particular case and she will be continuing her course."

He added "I don't think drugs are a problem at my college. We are aware of the problem but we have a very healthy bunch of students."

RD 16/17/75

IAN is nineteen. He's a Wits University drop-out. His parents are wealthy and divorced. "My father is an outright bastard," he says. His parents are both strictly disciplinarian. He has one older brother. They don't have much in common. "He only wants to make money."

At the age of 12, Ian used to get pleasantly drunk on beer. "Hell, my parents were always fighting. I used to drink at their parties. My mother got blind drunk because she was unhappy."

Escaping

"I went to a private school and drank with friends. It was a way of escaping. I failed standard six because I bunked a lot. I used to sleep out with friends. Then I started smoking dagga. It was very cool, and easy to get. "I wrote Matric and got

a university pass. I didn't really have much to do with my life. I used to spend weekends smoking grass, getting stoned. So I started smoking it every day.

"Then I found an easy supply of drugs — Dexedrine, Ritalin (a type of speed) and started taking tablets to give me a buzz. I had a lot of friends. Some 'straight', but I drifted away from them. Most of my friends drugged.

"You know, if you're a complete person you don't need drugs. You don't need to escape. Druggies are people with problems who can't cope.

"They need help to come back to the world. And the world's such a rotten place. So the druggie thinks, 'Okay I'll stay in candy land. It's better than the real thing.'"

Ian hung around Hill-brow, picked up friends at parties. Not many girls.

They weren't necessary. Besides, often drugging makes you impotent. He was on dagga, cough mixtures, Peracon, Ponderax, opium tablets.

When he was 18 he was given an LSD "cap". He hitched out into the country alone, sat down in a field and swallowed it.

Tripping

"I started tripping. I couldn't walk straight. I literally tripped. But it was a soft trip. Dreamy. Poles wobbled, zing, zing, I could hear the grass singing and see the flowers smiling. I became part of them. I stumbled around. Couldn't control myself, but my brain was razor sharp. Clear, alert. I could see my emotions in front of me. I felt everything very intensely. I was communicating with the world.

"I thought I was the wisest man on earth. Everything was so clear.

Of course, it wasn't really — but I believed it was. You imagine you know everything.

"After that I really got into nature. I wrote a book on the philosophy of a plant. I thought I was communicating with people, with the world. I'd move my hand and the world would come, too.

"Then I started taking Methedrine (speed), that's an anxious trip. It's tense. I used to take six to eight dexies (Dexedrine) twice a day. With LSD I only had a bumner (bad trip) once. When I came down I wanted to die.

"I just said goodbye to the world. Spent the whole day taking drugs. They're always available. From chemists at a price. Hell, out of 20 kids here at Phoenix, at least 15 were being supplied by chemists.

"Take Carl — his chemist gave him 50 mandies (Mandrax) and vespies (Vesperax) a week. D'you

think he didn't know Carl was an addict? "Dagga's available all over. There are lots of cough mixtures that get you high, and if you're desperate, you can always sniff glue or nutmeg!"

Ian drifted down to Cape Town for a while. "I bummed around, living on the beach, scavenging for food, stealing money and clothes. Sold the clothes to get money for drugs. Then I got busted by the police. I got six months suspended for three years.

Cool

"I came back to Johannesburg, still on the scene, and went to university. It was cool. I enjoyed engineering. We used to joke and say we were there just for the drugging. It wasn't true.

"I was on grass and LSD. A heavy scene. They said it was made on the campus — fresh LSD cali-

ed Wits blue! But I never saw it being made. It only needs the simplest lab equipment, but they say the main ingredient's bloody difficult to get. We once started an LSD fund for making acid. We each paid R10 a month.

"There are not that many kids drugging at Wits. There are a helluva lot more in the army! Perhaps seven per cent at Wits smoke grass, and most of them are 'week-enders', perhaps they smoke grass occasionally over weekends. And of those hanging around, perhaps one per cent are into acid.

"One night the police busted me again. I was framed and caught. They took me to court. I told them I was an addict, and pleaded for rehabilitation. So they sent me to Phoenix House."

● For more vivid insights into drug abuse, see tomorrow's Eve, the Rand Daily Mail Women's magazine.

By CAROL LAZAR

RDM 16/7/75

THE immediate object of Project Day—a community drive by the Jaycees—is to provide funds for the Johannesburg Model—the city's four-pronged drug abuse weapon which consists of —

- The South African National Council for Alcoholism and Drug Abuse (Sanca) which provides out-patient treatment for alcoholics. They are referred to Sanca's Union Centre where medical, psychological and social treatment is offered.
 - Phoenix House, an in-patient, open therapeutic community where serious drug abusers are admitted for treatment and rehabilitation.
 - The Crisis Clinic offers a 24-hour emergency service to people who are desperate. Individuals who have personal or drug and alcohol related problems can discuss them with a professional counsellor. The Clinic is essentially a short-term out-patient facility run by the Department of Social Welfare.
 - The Parent-Child Drug Counselling and Preventive Service for schoolchildren and their parents specialises in drug education and prevention as well as counselling, medical, psychological and social treatment.
- Dr Sylvian de Miranda, clinical

director of the Johannesburg Model, says: "Drug abuse among adolescents is a real and specific problem. It is here with us now. Drugs are dangerous and destructive. There is no longer time to say 'It does not affect me. My child will not drug. It can't happen to us. It can't happen in our school. It can't happen in our church.' It can and it does. We must wake up. We must accept there is a problem and fight it in every possible way. We must have action now!"

At a national level, the Government provides Sanca with a subsidy of approximately R440 000 a year to fight the problem of drug and alcohol abuse.

"That is not enough," says Geoff Kopping, project chairman of the Jaycees. "It is not possible to fight this problem nation-wide, when we have a population of approximately 25-million people. We need facilities for treatment, more institutions like Phoenix House. We need training, research and Black facilities. This is impossible on R440 000."

The Johannesburg Model alone needs R320 000 a year to operate efficiently.

Project DAY has four urgent objectives:

- To raise funds so that the Johannesburg Model can survive as an effective service. If more staff appointments are not made immediately, it will collapse. Eleven full-time and five part-time staff members have to attend to over 30 000 patient visits a year at all four centres.

- To fund the improvements urgently needed for Phoenix House. This, the only detoxification centre for young drug dependents, is in an appalling condition.

- To start some clinical service for Black drug abusers. Soweto, with a million people has no facilities.

- To create public awareness through an education campaign.

Apart from these objectives, Project DAY must provide funds for training facilities, research facilities, development programmes, the building of comprehensive clinics and duplication of the Johannesburg Model in other centres.

The Jaycees are convinced that some sort of National Foundation should be formed, involving all services and facilities concerned with alcohol or drug abuse and youth problems.

Nine Tukkie's on dagga charges

SUN EXPRESS 3/8/75

Press Report:
NINE young Tukkie's stu-
dents appeared in the Pre-
toria Magistrate's Court this
week on charges of possess-
ing or dealing in dagga.
The students and a young
straight woman who ap-
peared with them were
granted bail of R20 each and
remanded until August 20.

They are: Mr. R. H. van
Curdshoorn, 21, of Kwaggas
vander Merwe; Mr. J. S. R. de
Villiers, 22, of Estelle; Hev-
ly, 19, of Brooklyn; Pretoria;
Mr. André van der Merwe, 20, of Nel-
son Mandela; Mr. Nico Steyn, 20, of
Hartbeespoort; and Gert Pretorius,
19, of Pretoria.

who appeared with them and
in whose flat they were arres-
ted on Monday night, is
Miss Elyene Louw, 20.
The 10 young people are
alleged to have been smoking
dagga when the police burst
in on them between 11 and
12 pm on Monday.
No evidence was led this
week.

Health Disease - Aug 5

Smoke of confusion over dagga dangers

HEALTH DISASTERS
- Drug Abuse 2

Natal Mercury 19/9/75

Marais Malan,
Science Editor

The confusion about dagga is absolute. Is it a highly dangerous drug, or is its use no more of a health problem than smoking and should it therefore be legalised? Somewhere between these two extremes must lie the truth — but where?

In 1968 Margaret Mead said: "Marijuana is no more dangerous than alcohol or cigarettes and should be legalised for anyone over the age of 16."

But then Lord Zuckerman has said of her: "Dr Mead likes speaking in headlines — but some of her headlines are highly dangerous." Was she speaking in headlines of dagga, too?

Particularly significant is the fact that in that same year, 1968, a joint statement was issued in the United States by the Committee on Drug Dependence of the National Research Council, the National Academy of Science, and the American Medical Association, emphasising the following:

- Cannabis is a dangerous drug and a public health concern. In virtually all societies where it has been extensively used, sanctions against both users and distributors have been necessary.
- Legalisation of marijuana would create a serious abuse problem in the United States.
- Penalties for violations of marijuana laws are too harsh (this has been said of the laws in South Africa, too). They should therefore be modified to penalise distributors and to deal with users in a flexible manner.
- Additional research on marijuana should be encouraged. All presently available knowledge warrants an effort to reduce the use of this drug.

Recommendation

As the dagga smoking habit increased in the United States, a growing number of psychologists, sociologists, lawyers and doctors have been urging that marijuana be treated as a soft, recreational drug that should be made freely available.

Dr Gabriel G Nahas, American physiologist and pharmacologist who has studied the pharmacology of marijuana products and has made surveys in countries where the drug has been used and abused for centuries, comments "These intellectuals, despite the absence of any hard scientific evidence, have claimed that cannabis use produces lit-

tle physical damage, is less harmful than alcohol or tobacco, and may have redeeming social value."

It has been suggested that a research group in Britain is preparing a report for the Institute for the Study of Drug Dependence in which drastic relaxations in respect of cannabis use will be recommended. It is envisaged, for example, that the report will suggest that marijuana be either legally tolerated and sold like tobacco and alcohol, or even legalised completely like groceries.

At the same time it seems that attitudes towards the use of marijuana are softening in the United States. And the pro-pot lobby has eagerly seized, for propaganda purposes, on the almost proud admission of Betty Ford that her children have smoked dagga and that if she were younger she would probably do so herself.

It is not hard, in view of present public attitudes, to guess which would carry more weight in society — the utterance of the President's wife or that of a scientist like Professor Nahas who recently wrote in the Journal of the American Medical Association:

"Recent scientific evidence has shown that marijuana is not at all harmless. Anyone using marijuana more than once a week (the time required for its elimination) cannot be drug-free, in contrast to the use of tobacco and alcohol."

Points

Quoting the journal Science, he summarises the scientific evidence which supports his views:

- Chronic marijuana smoking impairs cellular-mediated immunity.
- Cannabis may cause chromosome abnormalities that could lead to genetic damage, in other words, abnormal babies.
- Cannabis may produce impotence and temporary sterility. Growth hormone and other hormones are also affected.
- Heavy use of cannabis is severely debilitating to the bronchial tract and lungs.
- Marijuana causes sharp personality changes that lead to marked deterioration in what is normally considered good mental health.

Dr Nahas says that, because of these scientific findings, even those who claimed that marijuana was harmless are now heeding the danger signals. They are calling for further investigations into the effects of chronic dagga smoking.

TWILIGHT TOWN..

Tribune Reporter

THERE ARE twilight areas in Cape Town where girls with free-flowing hair and swinging hips sell their bodies, where minds are tortured by "cocktail" drugs, where vicious fights erupt and the chilling sounds of an addict on a bad trip alarm no one but strangers.

Most people realise there is a drug scene in Cape Town and that some children smoke dagga at teenage parties, but there is an uglier and more terrifying aspect to the situation.

This week I spoke to social workers, doctors, members of the Narcotics Bureau and to victims of the drug culture. My conclusion: It's bad.

The hippie sub-cultures of the Sixties have been replaced by a more criminally inclined sub-culture which brings back memories of the ducktail era of bicycle chains and knuckledusters.

Although they still dress in the manner of the hippies, the message is no longer peace but poison.

In communes in Woodstock, Wynberg, Devils Peak, Vredehoek and near dockland, teenagers and young adults are plying their trades — pimping, prostitution, drug-selling and theft.

These people are no longer simply blowing grass in their search for higher kicks. Instead they sniff petrol and cleaning fluid, and mix drugs into cocktails using dagga and additives such as sleeping pills and cough mixtures.

The communes are organised. Each has a lookout and any person or vehicle out of character entering the area results in windows being closed and a look of desolation around the building. The lookouts are usually older people who use drugs. They are not pushers.

The girls

But leave, find a vantage point some distance away and use a long-distance camera lens . . . and see how quickly the building comes to life again. They cannot hide everything. They cannot hide the smell of dagga or the screaming child in the gutter.

If you walk past the commune casually there will be girls in doorways, Black and White, trying to catch your eye by beckoning or moving their bodies suggestively.

The social worker I spoke to — he cannot be identified for his own safety — once took a teenage girl into his own home. The girl had been taking cocktail drugs and morphine. He found a job for her which she lost. He found another job and she lost it again. Then she couldn't take it any longer. She went back to the commune and her morphine and dagga cocktails.

The girl looked normal. She was 17. She could have been any one of the girls

Cape communes where the message isn't peace, it's poison

HEALTH & DISEASE
Drug Add



The communes are organised . . . each has a lookout

shopping for clothes on a Saturday morning.

The social worker said: "I sometimes wish they would burn these communes down, but of course that is not the answer — nor is jail. The real answer would be to motivate these people into redirecting their activities. But they are tough nuts to crack and whether this would be possible I cannot say."

Major Koos le Roux, Cape Town head of the Narcotics Bureau, said this week that Cape Town's drug problem was not bad. But it was impossible to eradicate. They could only stop it developing, and crack down on imports of hard-line drugs like heroin.

So far heroin was not a major factor among South African drug takers, he said.

I understand that although the police can contain the drug trade, the soft drugs obtainable in South Africa can

be strengthened by making cocktails of them.

A psychiatrist explained: "The use of mixed drugs can have more far-reaching effects than one would think."

"With drugs, one and one does not normally equal two. One and one could equal three — or three-and-a-half. In other words, two drugs together can produce effects that would not happen if the drugs were taken separately."

The effects

"For example, dagga taken with certain types of sleeping pills will have the normal effects of dagga and also the normal effects of a sedative, but it can also vastly increase the sexual desires of the subject."

"What these kids are trying to do is blend drugs to get them all the effects they want, and deaden the effects they don't want."

Tukkie's girl convicted over dagga

Pretoria Bureau

A second-year student at the University of Pretoria, Estelle Hefer (19), was today convicted by a Pretoria magistrate on a charge of possessing dagga.

She told Mr C J K Naude before he sentenced her to six months' imprisonment, suspended for three years, that she might be expelled as a result of the conviction.

Miss Hefer pleaded not guilty to the charge of possessing dagga.

An artist, Mr Fanie Bekker, a draughtswoman, Miss Elrene Louw, Mr P K van Oudtshoorn (18), Mr Andre Naude (20) and Mr Nic Reid were acquitted on the same charge.

PARTY RAIDED

Detective Constable A B Buys of Pretoria's narcotics bureau said he and other detectives raided a party at Miss Louw's Sunnyside flat on the night of July 28 this year.

He found 12 people there, including Miss Hefer, who was sitting in the bedroom with a dagga cigarette between her fingers.

The magistrate told he was satisfied there was dagga in the flat at the time of the party. He received police informer Peter Thomas Wood's evidence that six of those present were passing around a "roll" and drawing on it. Mr Naude described Constable Buys as "honest and trustworthy."

Miss Hefer, who was a second-year student at the University of Pretoria, was today convicted by a Pretoria magistrate on a charge of possessing dagga. She told Mr C J K Naude before he sentenced her to six months' imprisonment, suspended for three years, that she might be expelled as a result of the conviction. Miss Hefer pleaded not guilty to the charge of possessing dagga. An artist, Mr Fanie Bekker, a draughtswoman, Miss Elrene Louw, Mr P K van Oudtshoorn (18), Mr Andre Naude (20) and Mr Nic Reid were acquitted on the same charge.

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Health + Dis - Drug

Health + Dis - Drug Addict

NOOIT WEER DAGGA VIR HIERDIE TUKKIE-NOOI

Rapport

19/10/75

(1) 297
(2) 36
(3) Health +
Dis - Drugs.

Van Ons Pretoriase Kantoor

DAGGAROKERY onder studente aan die Universiteit van Pretoria kom algemeen voor. Dagga is maklik bekombaar en min ouers weet hoeveel van hul kinders op universiteit so tussen hul studies deur 'n dampie maak, het Estelle Hefer, 19, 'n student in haar tweede jaar in bourekenkunde, vandeeweek aan **RAPPORT** vertel.

Estelle is vroeër vandeeweek in die Pretoriase landdroshof skuldig bevind dat sy in besit van dagga was op 'n party wat sy en agt ander Tukkies op 28 Julie vanjaar in 'n woonstel in Sunnyside bygewoon het. Die ander studente is almal onskuldig bevind en ontslaan, maar haar is 'n opgeskorte vonnis van ses maande tronkstraf opgele.

„Ek was net ongelukkig om skuldig bevind te word. Maar ek het 'n dure les geleer en weet nou dat daggarokery en studeer nie saamgaan nie,” vertel Estelle. Sy sê dat sy teen haar skuldigbevinding gaan appelleer en al kos dit ook wat, haar naam wil sy skoon kry.

Estelle sê dat sy verlede

jaar vir die eerste keer met dagga te doen gekry het. Dis toe dat sy agtergekom het dat dié dwelmiddel eintlik maklik bekombaar is in Pretoria.

Toekoms

„Jy kry dit oral op partytjies waar jy heen gaan. Dit is nie daggapartytjies nie, maar soos die mense alkohol gebruik, is daar ook party wat dagga-rook. Dis vanselfsprekend dat 'n student dit gaan beproef as hy dit in die hande kan kry.

„Maar ek het nou my les geleer en weet dat 'n mens nie so met jou toekoms moet dobbel nie,” sê sy.

Estelle, wat verlede jaar die toekenning gekry het as die beste bourekenkunde-student van die jaar, vrees nou dat sy uit die universiteit geskors sal word. Sy het nog niks van die rektor, prof. Eddie Hamman, gehoor nie, maar dink dat hy net wag op die uitslag van haar appèl voordat hy sal optree.

Pleit

„Ek studeer steeds klip-hard en gaan my bes doen om goed te doen in die eksa-

men wat voorlê. Maar wat help dit alles as die rektor dalk besluit dat ek nie my studies mag voortsit nie?” vra sy.

Dit is nê net vir die rektor wat Estelle sal moet oortuig dat sy klaar is met dié losbandige soort plesiermakery nie.

maar ook haar ouers. Haar pa is 'n senior staatsdiensamptenaar in Durban en dis veral hy wat nou moet ly onder sy dogter se sondes.

„My ouers was vir my baie goed en het my regdeur die saak bygestaan. Ek beseft nou watter hartseer ek hulle aangedoen het en sal graag daarvoor wil vergoed.

„Al wat ek vra, is net nog 'n kans om vir almal te bewys dat ek geen daggaroker is nie. Ek is 'n student wat wil presteer en ek het nou my les geleer,” pleit die nooi met die groot, bruin oë.

Pethedine addict spent R100 000

By LEON MELLETT

IN SIX years a Durban father of three spent more than R100 000 on 15 000 self-administered injections to relieve himself of the agony he suffers as a drug addict.

Once a successful businessman, the 45-year-old man sold his business and an R80 000 property to pay for his drugs.

He begged and stole prescription pads and travelled to four countries begging for help and always fleeing from the police.

Then earlier this week the law caught up with him. He was arrested after issuing yet another false prescription for the drug, pethedine.

And yesterday the police offered him a glimmer of hope by sending him not to prison but to a rehabilitation centre at Pietermaritzburg.

Yesterday, shortly before he was taken away to Fort Napier, I spoke to him at the offices of the Durban Narcotics Bureau.

The man is a pathetic figure. He is a bundle of

nerves, counting the minutes for the effect of the drug to wear off. His arms, buttocks and legs are as hard as concrete and there is hardly a soft spot left where a hypodermic syringe could still penetrate.

Every two hours, day and night, he must have his jab. He has no more interest in life apart from having his injection and he says it's only the effect of the drug which keeps him alive.

The man, whose identity is being withheld for the sake of his wife and three sons, told me how he became a drug addict.

"About six years ago I was operated on for an ulcer. The after-effects were extremely painful and I was given pethedine injections for the pain. When the pain returned I was given more pethedine. Whenever I

went to a doctor afterwards he prescribed only more pethedine and I soon discovered that I could not do without it.

"Initially I only needed a few injections a week but when the drug started wearing off I became very depressed and suffered from fits and loss of memory.

"Shortly afterwards I was operated on for a hernia and more pethedine was prescribed. I became addicted."

TOO LITTLE DONE FOR ADDICTS

Mercury

18/11/75

By BILL FAILL

Science Correspondent

FACILITIES for the rehabilitation of drug addicts in Durban are not in good shape, although in many ways they are superior to those in other major centres.

Throughout South Africa, high ideals laid down in an official report published in 1970, seem to have fizzled out leaving a dismal scene of far too little being done, no clear idea of how many people are being rehabilitated and much dispute as to whether the correct methods are being applied in the first place.

This Mercury investigation was triggered by the recent case of a pethidine addict who after his arrest was caught up in an official limbo.

No one seemed to know quite what to do with him and for nearly two days, while suffering needlessly from agonising withdrawal symptoms, he was shuffled from pillar to post before being admitted to Town Hill mental hospital.

Adequate facilities, says the committee of inquiry report, should be created at special clinics and institutions and possibly also in psychiatric departments of general hospitals.

In the case of this particular addict there are no special clinics or institutions in existence because he is an Indian.

In this Indian's case the initial treatment, although it would have spared him some suffering, would have been almost irrelevant. For the cure he wants is clearly going to be a lengthy business and there is no long-term rehabilitation centre for his race group. Only Europeans, Coloureds and Africans are catered for.

Drug rehabilitation in this country is largely in the hands of two bodies — the Department of Social Welfare and Pensions, and Sancad (S.A. National Council for Alcoholism and Drug

place, he said, was run by social workers along with a nurse in charge of the sick bay.

On the therapy side — industrial, occupational and group — he found people in charge without proper diplomas or degrees, who had little empathy for the patients.

"In one area a women's cultural group from a local church was running things. A worthy effort on their part, no doubt, but about as appropriate as me trying to take a church service."

One particular fault he found with Magaliesoord is that it caters for both alcoholics and drug users, groups dissimilar in age and habits, needing quite separate approaches. The outlook for drug users, he says, is better than for alcoholics, with a shorter period of treatment usually being needed.

SCREENINGS

For both kinds of addicts he would like to see an officially-funded programme, starting with a careful screening of the subject, in which all aspects of his or her problem would be investigated by a multi-disciplinary team. This, he thinks, should be done in the psychiatric unit of a general hospital.

Not only would the team meet the patient but equally the patient would meet the team and learn about the course of action mapped out for him. In almost all cases, this would mean a stay in a small closed unit, of which there should be one in all major centres.

While this is his plan for drug-takers, he would like to see something similar for alcoholics.

The closed units would

environment that led them to drugs in the first place. An exception is usually made for the first two weekends when Warman House youngsters are taken in by Lulama which operates 365 days a year.

"But the later weekends present a problem — often we seem to take three steps forward during the week, and then two back over the weekend," said Mrs. Swift.

Asked what she thought was the answer to the problem of drug rehabilitation, Mrs. Swift said simply: "More money."

Warman House is an operation costing about R30 000 a year. R20 000 of this comes as a grant-in-aid from the Department of Social Welfare, the balance being raised by other means. The budget is so tight that an unexpected but necessary plumbing job came as a serious embarrassment.

This then is the drug rehabilitation scene. The crux of the matter seems to be that no one knows precisely how well the various components are working. Any detailed follow-up of supposedly cured ex-addicts would be a very expensive undertaking. Yet without it, we don't know whether we are spitting in the wind or really getting places and making an impact.

1. Health & Dis. - Alcohol

2. Health & Dis. - Drug Addicts



Prof Barnard speaking in East London last night.

DD 22/11/75

Alcohol worse than dagga says Barnard

EAST LONDON — Dagga is not a quarter as harmful as alcohol, said Prof Chris Barnard here last night.

Addressing guests at the South African National Council on Alcoholism's annual dinner, he said: "Dagga is illegal — and it should be — but alcohol is legal.

"The danger of dagga on to habit forming drugs. This occurs in a small percentage of cases in the same way alcohol affects a small percentage of people and makes them alcoholics.

"In America they have to print warnings on each packet of cigarettes. In this country they should have to print such a warning on each bottle of

Prof Barnard said there was no greater single cause of misery in South Africa than alcohol.

He suggested that in the way everyone learnt the symptoms of a heart

attack, they should learn the symptoms of alcoholism.

They should remove the stigma attached to the disease.

"A man alone is in bad company. This is what we are doing to alcoholics, isolating them and making them feel loneliness," Prof Barnard said.

He said there were many diseases which were caused by alcohol, numbered amongst which were diseases of the brain, stomach, heart, liver and pancreas.

He said there were Coloured people coming to Groote Schuur who came in with pancreas disorders because of the dop system which was legal in this country.

If they did not die they came in with the same complaint again, and if cured once more invariably came back with diabetes.— DDR.

1. Health + Dis - Alcoholism
2. Health + Dis - Dry Alcoholism

DRUG ABUSE was not only a human problem that needed everyone's help but a knowledge of the national and international situation was essential in the fight against it, Mr Mervyn Manby, a United Nations and British narcotics adviser, said in Durban this week.

Mr Manby, specialist consultant with the UN Fund for Drug Abuse Control, was asked by South Africa's Professor Harry Grant-Whyte to give a series of lectures throughout the country.

Mr Manby said a country's policymakers had to decide whether they were trying to eliminate it or contain it within a socially acceptable level.

A country had to attack the supply of drugs, but could it reduce the demand?

Drugs: hit the seller, not the user

OWN CORRESPONDENT: Durban

"You can put the addict in prison like they did in America in the 70s and Forties but you would just transfer the trafficking problem from the streets to the jails.

"You can treat addiction with alternative drugs. In England heroin addicts are given free supplies of methidine, which has reduced street crimes. They no longer have to steal to buy their supplies, and being a liquid it is taken at the clinic and cannot be sold by the addict."

An addict could be treated at an institution to

make him completely abstain or he could be encouraged to become less dependent on the drug within society.

This did not cater for the casual user, emotionally stable, who saw no difference between the moderate use of dagga and the moderate use of alcohol.

He disagreed with educating the educators and leaving them to deal with the problem: "Sex education has not stopped schoolgirl pregnancies," he said.

"We live in a drug-habi-

tuated society where drugs are taken for everything—sleeplessness, slimming and depression."

In Norwich all doctors had made a pact not to prescribe amphetamines: "The women may be fatter but they are happier."

The control of the supply position was more hopeful than the control of demand.

However, if dagga from neighbouring territories became unobtainable, South Africa might find users going to alternative sources, as in Australia

where strong security guards had to protect doctors' and hospitals' drug supplies.

There would always be a few "crooked" doctors who would sell drugs for abusive purposes, he said. In England heroin and cocaine could now only be prescribed by a very limited number of specialists

He urged South Africa to pool its information on law enforcement and intelligence methods: "You should be after the full-time commercial trafficker. He is the man to get

five or 10 years in prison, not the abuser himself," he suggested.

In the 20 years since he was in Lesotho he had seen dagga go from limited use by Blacks in Johannesburg locations and spread to Whites of all classes.

He feared it would get worse: "You must watch what is happening in your city, your country and the rest of the world: so you have early warning of changes in the situation."

He pointed out that dagga used in large amounts had the same hallucinatory

effect as LSD, and was as important as LSD because it was a mind-disturbing drug which led to goallessness.

Sedatives, such as me-thaqualone, had already been encountered in the illicit drug-trafficking in South Africa.

A weak link in the control of distribution was the doctor who over-prescribed addictive drugs so patients continued to take them or sold them.

To control the import of marijuana from Mexico, the Americans had a vast and expensive computer-controlled defence system which had netted vast quantities. "But it has done nothing to stop or reduce the amount getting in," he said.

RDM

14/1/76

Dagga danger is growing in SA

Despite some of the toughest anti-drug legislation in the world, drug-taking is booming in South Africa. Experts predict the situation will get even worse over the next three years.

The story behind the drug boom, the how and the why of addiction, the sources of supply, the latest developments and what the authorities are doing is revealed in this investigation by The Star.

STAR 2/2/76



Brigadier C F van Tonder... dagga destruction by helicopter.

They are people who have committed themselves, or been committed by their families, for rehabilitation and for whom there is no room in the rehabilitation centre. Most are young, most are White.

Their youth, their colour and their detention are symptoms of a rapidly growing drug-culture. A drug culture, moreover, that has transcended the old dagga-circumscribed limits of South African drug-taking.

Drug-addiction occurs in all South African population groups but it is the White group with its affluence and greater contact and empathy with American and European societies that has moved beyond dagga into the realms of the poppy-derived or chemically-formulated drugs.

This, combined with the still ready availability of dagga, is resulting in an immense social problem of which the country as a whole is still barely aware. Adding to the problem is the fact that many drugs capable of causing "highs" are freely and legally available.

South Africa's apparatus for controlling drug-taking and drug-peddling is formidable and has great powers but there are indications that it is barely able to stem the flood of dagga availability.

which was established on Cabinet orders in 1973. The bureau has its headquarters in Pretoria and 22 branches in the cities and as far as the main drug-smuggling routes.

At present SANB's efforts are concentrated largely on the destruction of dagga crops by helicopter destruction squads. Its director, Brigadier C F van Tonder is convinced that this, together with deterrent effect of the tough 1972 drug legislation, has all but crippled the dagga trade.

Dagga is harder to come by, he says, and prices have doubled in four years. In addition inferior crops that would once have been destroyed are now being sold on the "strung out" market.

Dubious

However Mr M C Manby, a former international drug trouble-shooter for the United Nations who is visiting South Africa, is dubious about the bureau's methods. He describes them as "purely negative" and says trends indicate South Africa will become a major dagga exporter and a target for international

smugglers of hard drugs in the near future.

"Dagga is the African peasant's only cash crop and a major if clandestine source of foreign exchange for impoverished neighbouring states," Mr Manby says.

Botswana, Lesotho and Swaziland have all made a commitment to stamp out drug cultivation and smuggling but their police forces seem unable, or unwilling, to do much about the trade.

There is some co-operation on the matter between SANB and the Botswana and Swaziland police forces but a political hostility Lesotho shuns all "collaboration." As a result of this and of the lack of strenuous activity even by the more friendly countries, large amounts of dagga from neighbouring states are finding their way into the country.

Evidence of this shows up in the fact that most large drug consignments seized by the South African police originate in neighbouring states.

Although dagga smokers claim it is still relatively easy to obtain supplies, albeit at high prices, the police do seem to have

had some success in combating the trade.

Ironically this success may have been a major factor in turning drug-takers to lethal chemical preparations which are easier to conceal and transport.

LSD seems to have become easily available and there is evidence that a good quality preparation of the drug is being manufactured in South Africa and distributed nation-wide.

No comment of this is available from the police but it is claimed that most LSD tablets seized recently seemed to have been cast in the same moulds which indicates a central, and probably local, source of supply.

Arrests for possession of drugs which should be obtainable only on prescription have soared.

Forged

These include tranquilisers, sleeping tablets, appetite suppressants and morphine. Some are bought on forged prescriptions or prescriptions bought from unscrupulous doctors and chemists; others are stolen from chemist shops and pharmaceutical factories.

There has been a great increase in pharmaceutical thefts and a group of admitted, but anonymous, drug-takers told The Star that morphine, and even heroin, could be obtained from some medical students as well as professional pedlars.



Mr Manby feels that although South Africa will have to face the "hard drugs" problem such preparations as heroin, opium and cocaine are not yet obtainable here.

However such evidence as The Star has been able to gather indicates that at least some of these drugs are already available — at least to a moneyed group in Johannesburg's Northern suburbs.

The drugs problem is accentuated by the fact that many legal medicinal preparations, usually classified under the "Poison Division 'TI'" label will cause a "high" if taken in combination or overdose.

Mr Eugene Wolfson, head of the Retail Chemists' Union, estimates that a million South Africans are addicted to such drugs.

The Star's investigators were told that in one recent case a private girls' school in Johannesburg was alerted by a nearby chemist about growing drug purchases by its pupils.

The principal called in the help of the Phoenix House anti-drug centre which supplied counsellors to the school and drug education was added to the curriculum. The school feels this has solved the problem.

The Government's approach to the drugs problem was set out in the 1972 legislation. It consists of rigid enforcement of the law, heavy penalties for drug peddling and possession plus a touch of mercy in the provision of rehabilitation facilities for addicts.

The enforcement and the penalties are being used but the provision of rehabilitation centres is lagging badly.

In the Transvaal, for instance, there are facilities for 230 men and 86 women at Magaliesoord and for another 80 addicts at White River. These facilities are all for Whites.

For other race groups there is almost a total lack of facilities — particularly "in-patient" facilities.

The extent of the Government's failure to provide for rehabilitation is that according to the director of Rehabilitation Services, Dr J. van den Berg, about 6,000 people are treated privately for drug addiction every year. Again these are mainly Whites who can afford, or whose parents can afford, private treatment.

The Government failure is also illustrated by the fact that many addicts committed for treatment have to be kept locked in police cells waiting their turn at the rehabilitation centres.

The Star's information on such detentions was supplied by a social worker but when the Secretary of Social Welfare Mr H J P von Vuuren was approached he said he was unaware of the problem but that if the names of detained people were supplied he would investigate.

However, the Deputy Secretary for Social Welfare, Mr P P Theron, and the Director of Rehabilitation Services, Dr J van



Pulling out a dagga plant.

Girl on drugs

The social worker who told The Star about the problem said she was often "distracted" at things I have to do to youngsters who, with specialised help, could easily take their places in society again.

"I blame the State most bitterly for his neglect of these lost ones, potential assets to the whole community. The whole situation could not be more hopeless," she said.

The family of one young addict has been trying desperately to place him somewhere for rehabilitation. The addict himself told The Star's investigators that he was "dangerous" when under the influence of drugs.

His family refuse to commit him to a prison cell and have been told that his chances of entering a rehabilitation centre as a volunteer are slight.

Tomorrow: The drug takers.



For those with money, hard drugs are readily available.

Star investigation by Daphne Maritz, Rian Malan, Charlene Patmore and Bill Radley. Co-ordinated and collated by Kevin Stocks.

They do anything — for drugs

In spite of stringent controls, hard drugs are fairly easy to get. The drug addiction problem is growing among the youth of all population

Heroin and morphine are being used by drug addicts in South Africa. They are "hard" drugs that cause intense physical addiction and eventually destroy health, mentality and even life itself.

A Star investigator spoke to a group of eight self-confessed "mainliners" — addicts who inject powerful drugs directly into their veins.

All were young, white and from affluent "northern suburbs" backgrounds. None would give his name or address and none took drugs in front of the investigator.

Only two of the eight were working and neither held a particularly responsible job. All had been "busted" by the police on drugs charges at one time or another although it was not clear whether the charges involved "mainline" drugs.

Prison terms

Some had been in prison on theft, burglary or robbery charges as a result of their efforts to raise sufficient funds to finance their addiction.

Members of the group claimed there was a fairly large number of young people in the Sandton-Rosebank area who were mainlining.

Hard drugs, they claimed, were available from medical sources (doctors and medical students) as well as from professional pedlars. However, the cost was high — from R30 to R50 for a single "fix" of heroin.

Most of the mainliners were between 19 and 24 years old and lived with their parents.

Money to finance the habit was a constant problem. Some was forthcoming from parents but this was seldom sufficient.

The answer was theft — theft of anything saleable from car radios upwards. One of the group had recently served a six month prison sentence on a theft conviction and there were indications that some addicts were involved in more violent crimes — in muggings and even armed robbery.

Confirmation that hard drugs are being used in South Africa comes from the army. The Surgeon General of the Defence Force, Lieutenant General C R Cockroft, has told senior officers and top politicians that in 1974 alone 20 cases of heroin addiction were identified among national servicemen.

The South African Defence Force, of course, runs a large scale drug rehabilitation programme for servicemen who are identified as drug addicts and claims a massive 64 percent "cure" rate.

That figure would raise the eyebrows of a former United Nations drug expert, Mr M C Manby, who is visiting South Africa.

In a recent lecture to police officers in Johannesburg he said there was no such thing as a cure for a true addict. The only question was how long an addict could be kept away from drugs.

The addicts The Star spoke to would also be dubious. They claimed that dagga, at least, was reasonably available in the army and that there were many "smokers" in the forces. Incidentally the argot has changed; a dagga user does not "blow grass" anymore, he "smokes it up."

LSD, according to The Star's sources, is now so freely available

groups, as this second and last article on The Star's investigation shows.

that a trip on LSD is no longer regarded as any sort of "big deal."

It was claimed that even at the rehabilitation centres some drugs were freely available — particularly easily concealed pills.

However, when it comes to pills and legal preparations bought straight off chemists' shelves the whole drug scene moves out of the affluent areas to embrace all population groups.

There are at least two types of slimming tablets, for instance, that are capable of causing "highs" and are widely used by drug takers.

Inhaler

A particular type of nose inhaler is also used. The method is to break the inhaler open, soak the tissue it contains in water or a soft drink, and drink the resulting mixture. To heighten the effect many users then chew the tissue.

Among young Blacks and Coloureds glue, petrol and benzine are sniffed to induce "highs." Dagga is also heavily used by these groups.

Indian drug takers tend to favour the same drugs as Whites with mandrax, purple hearts and LSD being particularly popular. As with the Whites this is probably

because many of them can afford the more expensive drugs.

According to a Durban social worker, Mr Ashwin Singh, the majority of Indian school-children taking drugs are girls aged between 13 and 21.

Many are Gujarati-speaking youngsters who seem frustrated by the rigid norms of their society.

A social worker with the SA National Council for Drug Abuse and Alcoholism, Mr Ephraim Tshabalala, says that among Black youngsters the glue sniffers are generally aged between 13 and 16 and thereafter dagga is the main problem.

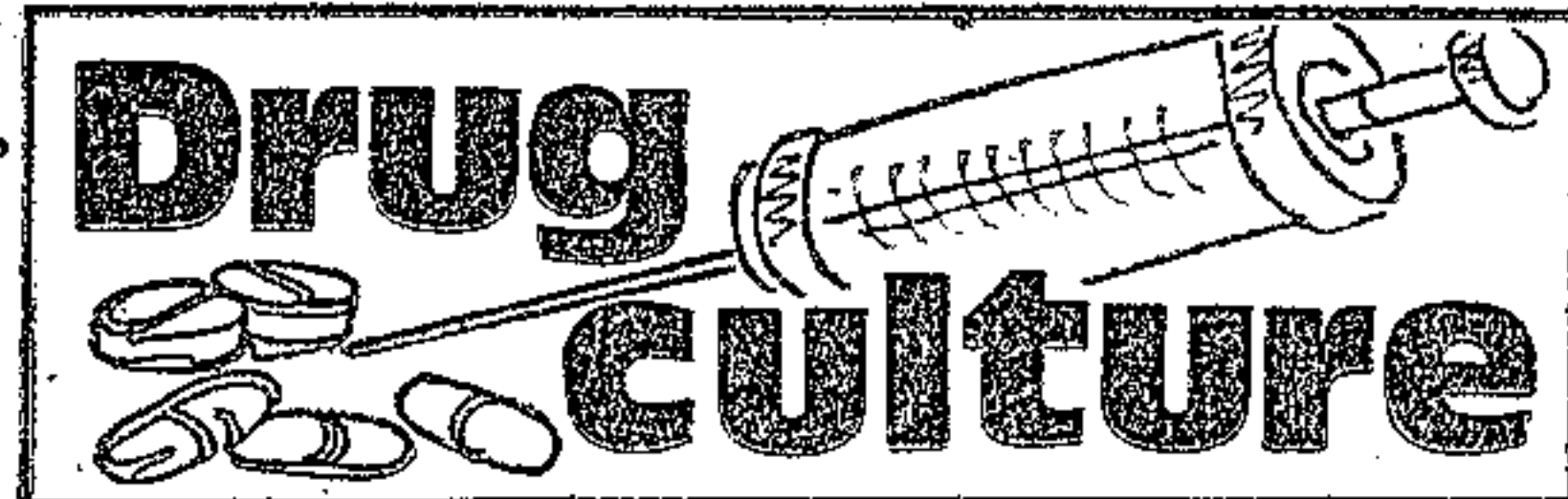
The Star's investigation showed there is sometimes almost incredible ignorance or carelessness in dealing with drug addicts.

Two months ago a young addict had to be locked in a padded cell when he became violent after taking artane tablets.

He then managed to stay off drugs for a while but eventually became desperate and went to the Crisis Clinic in Johannesburg for help.

He was referred to the Mental Health Society where he had a five-minute interview with a psychiatrist before being handed a prescription for artane tablets and another drug.

The prescription was



for 42 tablets. He took many of them and became violent again.

The psychiatrist who issued the prescription told a Star investigator he was not interested in discussing the matter.

First drugs

According to a social worker most children have at least had the opportunity of buying dagga and having their first drug experience by the time they were 14.

Dagga, she said, was available in cinema matinee queues, boarding school hostels, public parks and swimming pools.

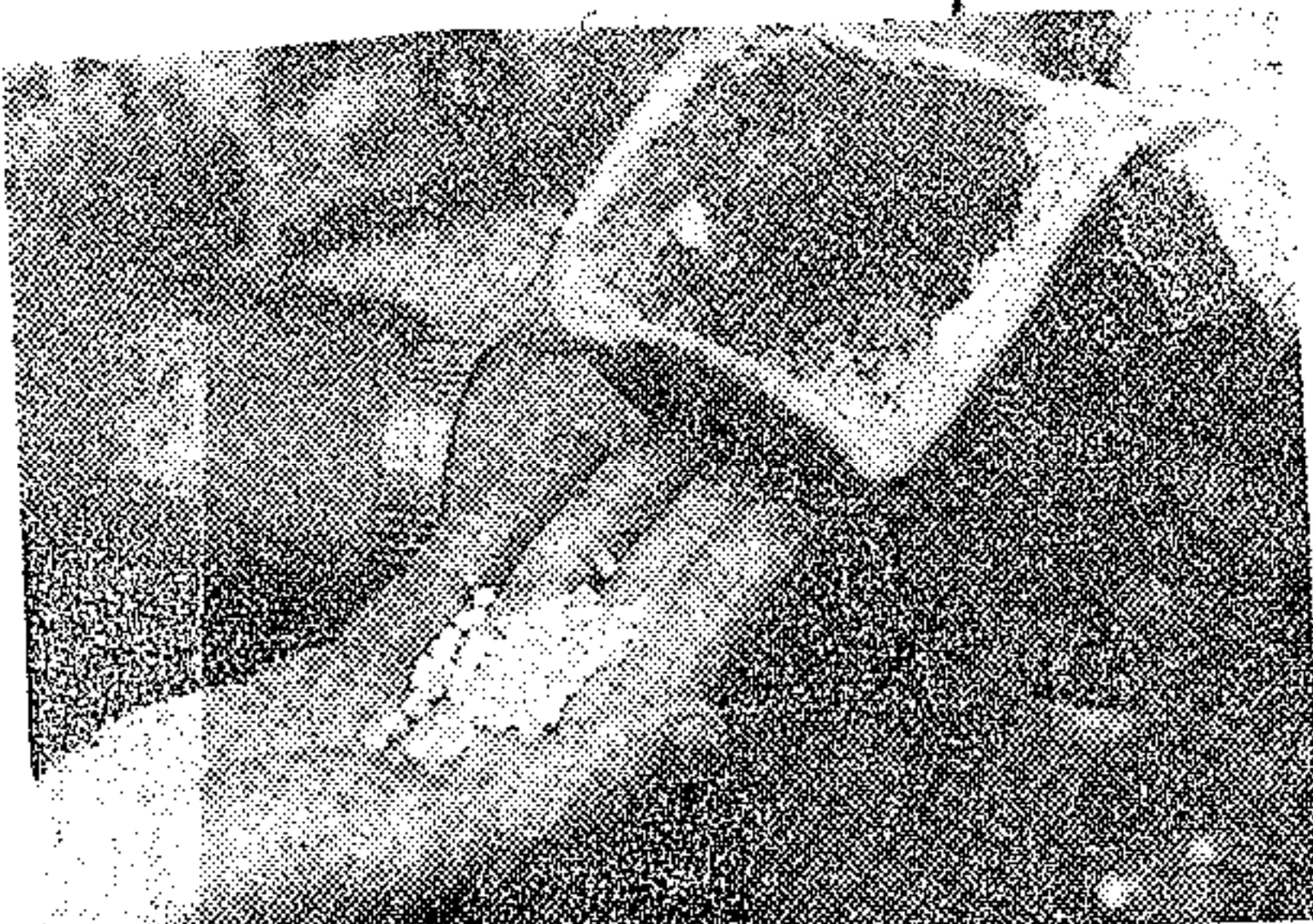
It is also clear that more and more of other types of drug are becoming available.

However it seems clear that the upsurge in drug-taking is not the result of any "communist plot." Both the head of the South African Narcotics Bureau, Brigadier C F van Tonder, and the former UN expert, Mr Manby, are agreed there is no evidence of any plot.

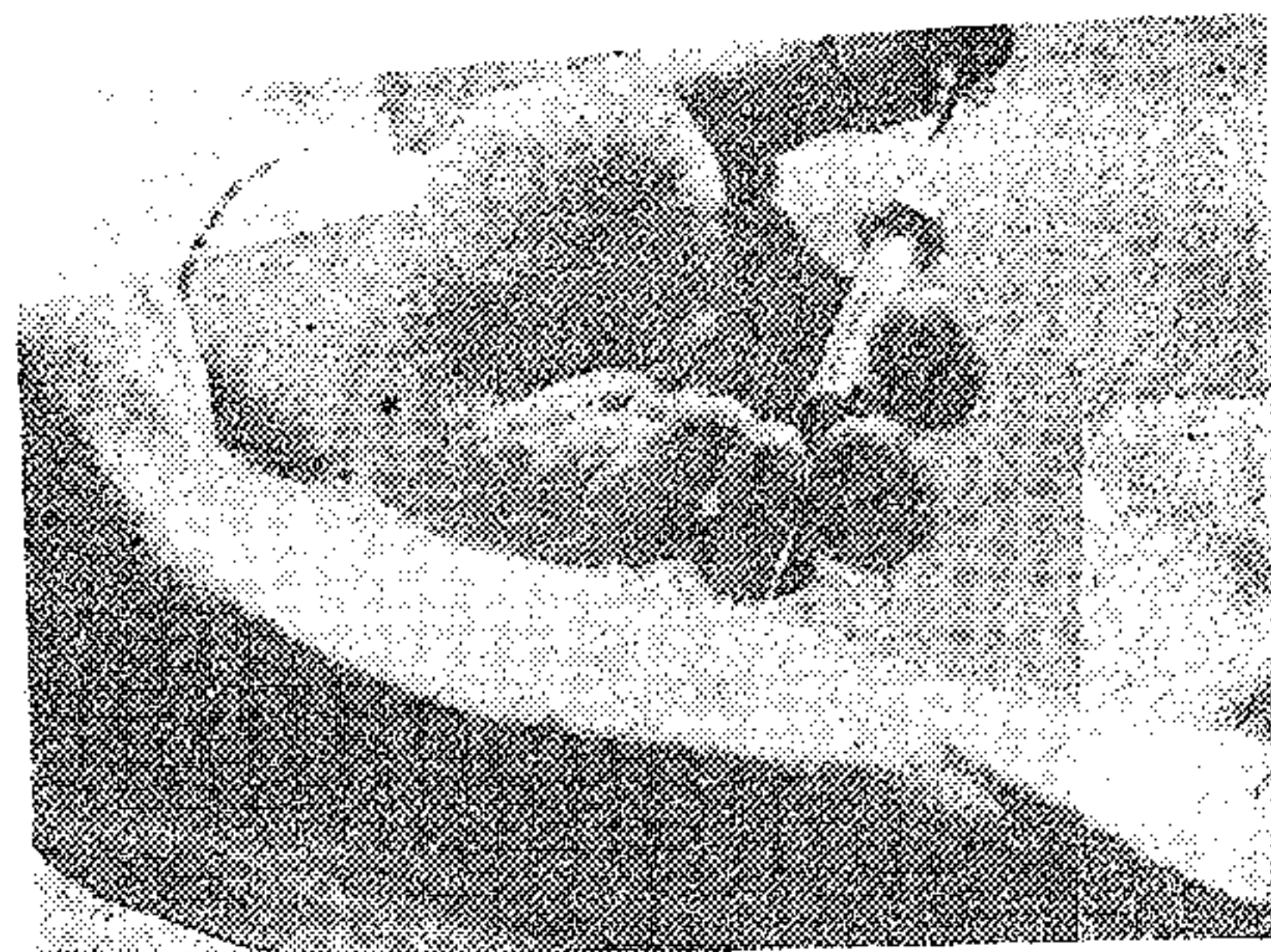
"Selling drugs is incredibly profitable," Brigadier van Tonder said.

"There will always be unscrupulous people willing to risk their freedom for money."

Star investigation by Daphne Maritz, Rian Malan, Charlene Patmore and Bill Radley. Co-ordinated and collated by Kevin Stocks.



These pills, hidden in a hollowed-out loaf of bread, were sold as LSD tablets for R105 but were found to be nothing more than asthma pills — worth 40c.



The hypodermic syringe — quick way to a trip.

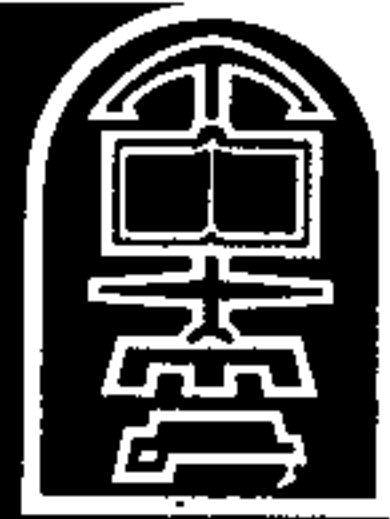


A young Black glue-sniffer... he stops sniffing only to beg.



Police with suitcases of dagga confiscated at Louis Botha Airport, Durban.

Health & Disease - Drug Addiction



Annual Report of the University of Cape Town

Hansard 3 col 170
11/3/76 (87)

Dependence-producing substances: Offences

54. Mrs. H. SUZMAN asked the Minister of Statistics:

(1) How many persons (a) of 21 years and over and (b) under 21 years in each race group were (i) charged and (ii) convicted of (aa) dealing in or (bb) using or being in possession of dependence-producing substances during 1975;

(2) in how many cases in respect of each offence in each age and race group did the offence relate to dagga;
(3) how many of the persons in each age and race group convicted of each offence were (a) committed to rehabilitation centres, (b) fined, (c) sentenced to imprisonment and (d) sentenced to corporal punishment.

The MINISTER OF STATISTICS:

(1) Information in respect of the period as requested not available. Statistics are furnished for the period 1 January 1975 to 30 September 1975.

(a)	(i)		(ii)	
	(aa)	(bb)	(aa)	(bb)
Whites	118	792	82	560
Coloureds	411	2 031	234	1 528
Asians	116	391	50	210
Bantu	2 440	8 631	1 608	6 816
Total	3 685	11 845	1 974	9 114

(b)	(i)		(ii)	
	(aa)	(bb)	(aa)	(bb)
Whites	39	592	24	410
Coloureds	146	1 218	81	935
Asians	55	265	35	151
Bantu	448	3 144	270	2 550
Total	688	5 219	410	4 046

(2) (a) Number of persons of 21 years and over charged and convicted on account of dealing in and using or being in possession of dagga.

	(i)		(ii)	
	(aa)	(bb)	(aa)	(bb)
Whites	100	778	68	50
Coloureds	402	2 023	229	1 524
Asians	113	399	48	299
Bantu	2 413	8 612	1 589	6 601
Total	3 028	11 803	1 934	9 074

(b) Number of persons of under 21 years charged and convicted on account of dealing in and using or being in possession of dagga.

	(i)		(ii)	
	(aa)	(bb)	(aa)	(bb)
Whites	37	586	24	401
Coloureds	145	1 211	81	929
Asians	54	265	34	151
Bantu	443	3 133	266	2 549
Total	679	5 195	405	4 030

(3) The information is not available in the form as required.

Statistics of sentences refer to periods of twelve months ending in June of each year.

They do not contain particulars of the ages of the convicts. The following table reflects the sentences passed regarding offences in respect of dependence-producing substances during the period July 1974 to June 1975.

Sentence	Total	Population group			
		Whites	Coloureds	Asians	Bantu
Total sentences	20 246	1 361	3 449	546	14 890
(a) Committed to rehabilitation centre	16	13	1	—	—
(b) Fine only	28	3	3	1	21
Fine or imprisonment	334	34	30	10	260
Fine plus imprisonment	1	—	—	—	—
(c) Imprisonment only	9 724	346	1 429	128	7 821
(d) Corporal punishment only	3 891	201	714	207	2 769
Corporal punishment and imprisonment	6	—	1	—	—
Other sentences	6 246	764	1 271	200	4 011

Black drug addicts need centres: Sanca

CAPE TIMES
28/9/76

87

ONLY TWO institutions in South Africa cater solely for the treatment and rehabilitation of drug dependants — and both are for Whites, a senior social worker told the Cape Times yesterday.

Mrs W Swift, director of the South African National Council on Alcoholism and Drug Dependence (Sanca) in Durban, said there was a desperate need for facilities to treat Indian and Coloured people.

Her comments follow strong criticism by a Supreme Court judge in Maritzburg on the lack of rehabilitation centres for the two population groups.

Mr Justice Didcott said in a recent review judgment of a drug case — involving an Indian man — that it was “disconcerting” to find insufficient rehabilitation centres for some population groups almost five years after the Drug Act of 1971 came into operation.

At present drug dependants are being treated at several institutions and hospitals throughout the country but most are out-patients who visit centres which concentrate on alcoholics.

Prosecution

The deputy director of Sanca's Western Cape Society, Dr Peter Brookes, said that one of the most difficult problems they faced in treating people was their fear of prosecution if they came forward to seek help.

“Many of them are unnecessarily frightened because they don't understand the provisions of the Act,” he said. (Act 41 of 1971 — the Abuse of Dependence Producing Substances and Rehabilitation Centres Act.)

Mrs Swift explained: “Unfortunately the Act does not have any protection for drug users.

“Technically once they come forward and admit they are abusing drugs, they are admitting to breaking the law.

“But we have never known the police to take action in such a case.”

Convicted

In 1975, only 16 of the 20 246 people convicted on various drugs offences were committed to State rehabilitation institutions.

These included people of all races. Of the 546 Indian people convicted, not a single one was sent for rehabilitation, said Mrs Swift.

“I know a centre for Indian people was planned — in fact it has been in the planning stage for some years — but nothing has ever come of it,” she added.

Hansard 2 vol 68 1/2/77

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Dagga

1. Mr. L. F. WOOD asked the Minister of Police:

What was the (a) mass and (b) value of dagga confiscated by the South African Police during the period 1 July 1975 to June 1976.

The MINISTER OF POLICE:

(a) 163 061 kg.

(b) R4 076 525.

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Charges in terms of Abuse of Dependence-producing Substances and Rehabilitation Centres Act

10. Mr. L. F. WOOD asked the Minister of Justice:

How many (a) Whites, (b) Bantu, (c) Asiatics and (d) Coloureds were charged with the possession or sale of (i) dagga and (ii) other drugs, in terms of the Abuse of Dependence-producing Substances and Rehabilitation Centres Act during the latest year for which figures are available.

The MINISTER OF JUSTICE:

The following statistics for the period July 1975 to 30 June 1976 were supplied by the Department of Statistics:

(1) Population group	Use or possession of dagga	Dealing in dagga
Whites	1 571	123
Bantu	11 393	3 348
Asiatics	718	174
Coloureds	3 434	643

(2) Population group	Use or possession of other drugs	Dealing in other drugs
Whites	23	24
Bantu	22	29
Asiatics	2	8
Coloureds	35	10

87

Hansard 2 col 71 1/2/77

Dependence-producing drugs

18. Mr. L. F. WOOD asked the Minister of Finance:

- (1) What quantities of (a) prohibited dependence-producing drugs, (b) dangerous dependence-producing drugs and (c) dependence-producing drugs were seized by customs officials during 1976 at (i) the ports of Durban,

Cape Town, Port Elizabeth and East London and (ii) the international airports of the Republic;

- (2) how many drug-traffickers were involved in each case;
- (3) what are the names of the drugs seized.

The MINISTER OF FINANCE:

- (1) (a) (i) 1 396,5 gramme
- (ii) 1,5 gramme and 83 tablets
- (b) (i) Nil
- (ii) Nil
- (c) (i) Nil
- (ii) Nil

(2) In respect of (1)(a)(i) 34.
In respect of (1)(a)(ii) 1

(3) Dagga, Daprisol tablets and Dexedrine tablets.

Hansard 3 Q col 275
11/2/77

Indian drug addicts: Institutions

17 Mrs. H. SUZMAN asked the Minister of Indian Affairs:

What progress has been made with the establishment of an institution for the treatment of Indian drug addicts.

The MINISTER OF PUBLIC WORKS (for the Minister of Indian Affairs):

The proposed establishment of a rehabilitation centre for Indian alcoholics and drug addicts has reached the stage where the accommodation requirements and plans have already been worked out. There has, however, been a delay with regard to the acquisition of a suitable site. In this regard I wish to refer the hon. member to the explanation given by me on 22 June 1976 which appears in Hansard No. 21 col. 10172. Plans to acquire another site are making progress. The project appears on the projected building programme of the Department of Public Works.

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Inside Mail

THE Drug Act of 1971 aimed to treat what was treatable and to punish what had to be punished, says Dr Sylvain de Miranda, director of Phoenix House rehabilitation centre.

"But in effect the law has caused, again and again, a miscarriage of justice."

Many magistrates and judges, social workers and newspaper editors have attacked the Act over the past six years — particularly the draconian penalties section which lays down mandatory minimum jail sentences ranging from two to ten years.

Dr De Miranda is happy about the recommendation of the Viljoen Commission on penal reform that the minimum sentences be scrapped from the Act. "Judges should have their discretion reinstated", he says, "so they can distinguish between hardened criminals — the drug dealers who are little less than mass murderers — and people who can only be regarded as sick patients."

The former Minister of Social Welfare, Dr Connie

Fixing the Drug Act

ARTHUR ROSE

Mulder, last week rejected out of hand the idea of scrapping the minimum sentences in the Act. But he emphasised that only five per cent of the Act was about penalties — the rest was about rehabilitation.

"That may be true," says Dr De Miranda. "But in practice only the five per cent is working — the other 95 per cent has not been functioning at all."

The Act, page after page, describes rehabilitation centres and how the Government may set aside money to establish and run them.

Evidence of its failure is that, six years after it was passed, only one rehabilitation centre has been set up by the State at Magaliesoord. It is mainly for alcoholics, but has places for 60 drug addicts and a waiting list.

Another two, run on charity with inadequate subsidies in Johannesburg and Durban, can officially take another 30.

"This is totally inadequate," says Dr De Miranda.

The 1971 Act, he says, should be regarded only as a beginning. It made some sense in theory, but in practice it had not worked. "Now we are in 1977 and we have had a fair amount of experience in the developing drug pattern. We should now sit down and evaluate it and decide which measures need changing."

Dr De Miranda believes it only needs a minor amendment to give the Act tremendous impact. At present if the accused in a drug case seems to have a problem, the prosecutor may stop the trial

and appoint a probation officer to investigate the case and draw up a report. The trial is then converted into an inquiry and the magistrate may order the accused to be detained in a rehabilitation centre.

But under the Mental Disorders Act the magistrate or judge may order the accused to be admitted to a psychiatric hospital for observation.

"I have spoken to magistrates and they would all welcome this sort of discretion in drug cases as well. All we have to do is give the bench the right to send the offender to a drug treatment or diagnostic centre for three or four weeks.

"Then he would be armed with a full report, drawn up by a multi-professional staff of doctors, psychologists and so-

cial workers with all the laboratory facilities they need.

"It is not fair to burden probation officers with this sort of inquiry — most often they don't even have the training to do it.

"We are not asking for permissiveness or for legalising dagga — all we want is the sort of powers the bench is asking for itself."

It would mean, of course, that the Government would have to spend money developing treatment and diagnostic centres for people with drug problems. But, Dr De Miranda points out, surely this would be far better than spending it on expanding prisons.

Men like Mr Simon Chilchick, with years of experience helping with drug cases in Johannesburg, suggest that more community centres are needed

for young people in places like Hillbrow and Berea, and there should be expert drug education. Dr De Miranda has ideas on this too.

The Americans spent millions of dollars, he says, trying to tell children about the dangers of drugs. But it had the opposite effect.

"If you adopt a didactic attitude, you only make drugs sound exciting. In any case, the school syllabus is saturated with facts and technology as it is.

"It is essential to relate to young people — to give them an opportunity to discuss the problem and to arrive at their own conclusions. It is important to build up their confidence, self-respect and honesty."

This approach has been tried out in children's homes and orphanages and in a series of groups run for young people in Hillbrow.

Programmes like this, Dr De Miranda believes, should be brought in right from the first years of school, combined with general health education.

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Kathryn
Please send
Arthur Rose

Triple murder: court told of drug taking

JOHANNESBURG — While "opium pusher and smoker" Johnny Karam, 41, lay dead of a gunshot wound on the couch in his lounge, several people sat around the body drinking coffee.

This evidence was given in the triple murder trial before Mr Justice Boshoff and two assessors in the Rand Supreme Court.

Mr B. Thomas, 22, and Mr Xavier Leisher, 27, have pleaded not guilty to murdering Mr Johnny Karam and two girls in September last year.

The girls, Miss Deborah Relling, 21, and Miss Irma Keulder, 20, were killed in a flat they shared with the accused and Mr Karam was killed in his home.

The case so far has been marked by evidence on drugs, LSD, gang warfare and the effects of drugs.

The court heard that Mr Leisher would say the two women looked like monsters to him before he shot them.

Mr Leisher said in a statement which was read out in court that

Miss Relling told him she had put LSD in his coffee. This was shortly before the girls were shot dead.

Mr Denis Holmes testified that he was also in the flat, but that he slept through most of the night as he had taken ten sleeping tablets. He admitted he was addicted to sleeping tablets since being crippled in a shootout in Mayfair in 1975.

Mr Holmes, who was giving evidence from a wheelchair, told the court of the "good and bad trips" a person could have from drugs.

During a bad trip, one reacted violently and faces could turn monstrous.

Miss Lorraine Lily gave evidence yesterday that she and her friend, Mr Barry Clark, lived in Mr Karam's house. They often accompanied him to the racecourse.

On the night of his death, Miss Lily said, there were a number of visitors, drinking, smoking dagga and taking drugs.

Miss Lily, who said she was under the influence of drugs, went to sleep

after the last guests had left. Mr Clark was still in the lounge.

At about 3.30 a.m., Mr Clark woke her and told her Mr Karam was dead.

Mr Clark asked her to make coffee and she got up. In the lounge she found Mr Leisher, Mr Thomas and Mr Holmes. Mr Karam was dead on the couch. She knew he was dead as she had felt his pulse.

She made coffee and sat with the men in the room. They were there for about 20 minutes.

Miss Lily said she did not ask any questions about Mr Karam's death. "I do not ask questions. If Barry had wanted to tell me he would have. What they do is their business and does not concern me."

Cross-examined by Mr C. Van Vuuren, for Mr Thomas, Miss Lily agreed that all the people at the house during the shooting were a tough crowd, who had been involved in illicit activities, except Mr Thomas. She agreed that he was a decent man, not addicted to drugs.

Drug talkers had coffee around body

By ARINA DE KOCK

AFTER the killing of opium dealer Johnny Karam in his Mayfair Karam in his Mayfair, Johannesburg, home five people sat around the body chomping coffee, the Rand Supreme Court was told yesterday.

On trial are Mr Basil Thomas, 22, and Mr Xavier Leisher, 27, both of whom have pleaded not guilty to the murder on September 4 of Mr Karam and two young women with whom the men lived.

The women, Miss Deborah Relling, 21, and Miss Irma Keulder, 20, were hot daed in a flat in Aintree building, Berea, Johannesburg.

Mr Leisher said in a statement read out to the court that Miss Relling told him that she had put LSD in his coffee shortly before she was shot.

Earlier a friend of the two accused, Mr Denis Holmes, testified he had been in the flat at the time of the killings but had slept for most of the night because he had taken sleeping pills. He said he became addicted to sleeping tablets after being crippled in a gun-fight, in 1975.

MONSTER

Mr Holmes, who gave evidence from a wheelchair, told of the effects of various drugs.

He said he had taken LSD before being crippled. During "bad trips", people reacted violently and faces seemed to turn monstrous.

He could remember how in 1974 a man with a grudge against him had seemed to turn into a "horrible monster" during an LSD party, Mr Holmes said he had then attacked the man.

Sleeping pills, Mr Holmes said, had the effect of inducing carelessness. Mr Holmes said Miss

Woman woken to find corpse on lounge sofa

Keulder had been his girlfriend. She and Miss Relling were unseparable.

"They were always trying to do something undehand to us and made us depressed," he added.

He said earlier that the girls had supplied them with drugs. They were also used by Mr Karam to get horseracing tips out of jockeys.

A woman who, with her boyfriend, Mr Barry Clark, shared Mr Karam's house, testified that on the evening of September 4 visitors had arrived.

The visitors drank and smoked a daga before leaving at about midnight. Miss Lily said she had been drugged and went to sleep after the guests left. Mr Clark was still in the lounge.

At about 3.30 am Mr Clark woke her and told her Mr Karam was dead. Mr Clark then asked her to make coffee so she got up. In the lounge were Mr Leisher, Mr Thomas, Mr Holmes and the body of Mr Karam. She had known he was dead because she had felt his pulse.

She made coffee and sat with the men in the room for 20 minutes. Miss Lily said Mr Thomas and Mr Leisher seemed drugged. Mr Leisher had a "glazed look."

When Miss Lily was asked in what way Mr Thomas had been abnormal. The two accused

AP Photo

She replied she could not explain. However she had previously seen him drugged and knew how he looked when under the influence of drugs.

She added that Mr Holmes had also been drugged and half asleep. While the men were in the house they had spoken to one another but she had not listened.

Miss Lily said she had not asked questions about Mr Karam's death. "I do not ask questions. If Barry had wanted to tell me he would have. What they do is their business and does not concern me," she said.

TOUGH

Cross-examined by Mr C. van Vuuren, for Mr Thomas, Miss Lily said that with the exception of Mr Thomas all the people in the house at the time of the shooting were a tough lot who had been involved in crime.

She said Mr Thomas was a "decent" man, not addicted to drugs. His abnormal appearance at the time could have resulted from fear.

Miss Lily said Mr Thomas had come to Johannesburg from Cape Town to look after Mr Holmes.

Asked by Mr G. Alexander, SC, for Mr Leisher, about her experience of drugging Miss Lily said she had taken drugs for six years but had given up after the Karam killing.

She had taken LSD and had always had "good



The 0.357 magnum revolver exhibited in the murder trial.

"On a bad trip one becomes like a wild animal. It all depends on how it takes you," Miss Lily said.

During LSD trips she had seen a pulsating table and colours and shapes in the clouds. "Everything is rosy with a good trip," Miss Lily said in answer to a question by Mr Alexander.

The effect of sleeping pills, she said, was to first

put one to sleep after which a "high" came on. Carelessness resulted. To get high she used to take five or six vespex at a time.

Questioned by Mr Justice Boshoff Miss Lily said she had known Mr Karam for about two and a half years.

"He was a nice person with a good heart and was never unkind to us," she said.

When asked by one of the assessors, Mr H. Horwitt, if she had considered going to the police Miss Lily replied: "It was unreal."

Captain Izak van Zyl, the investigating officer, was the last to testify before the State closed its case.

He handed in as exhibit its bloodstained clothing belonging to the two women and Mr Karam. A

0.357 magnum revolver was handed in earlier. Mr Thomas is expected to give evidence when the hearing continues today.

Mr C. van Vuuren, instructed by Mr E. Heenen of Harry Goss is appearing for Mr Thomas and Mr G. Alexander, SC, with Mr M. Hannon, instructed by Magua and Kiersch is appearing for Mr Leisher.

Mr M. E. Trucker, SC, with Mr A. de Klerk, is appearing for the State.



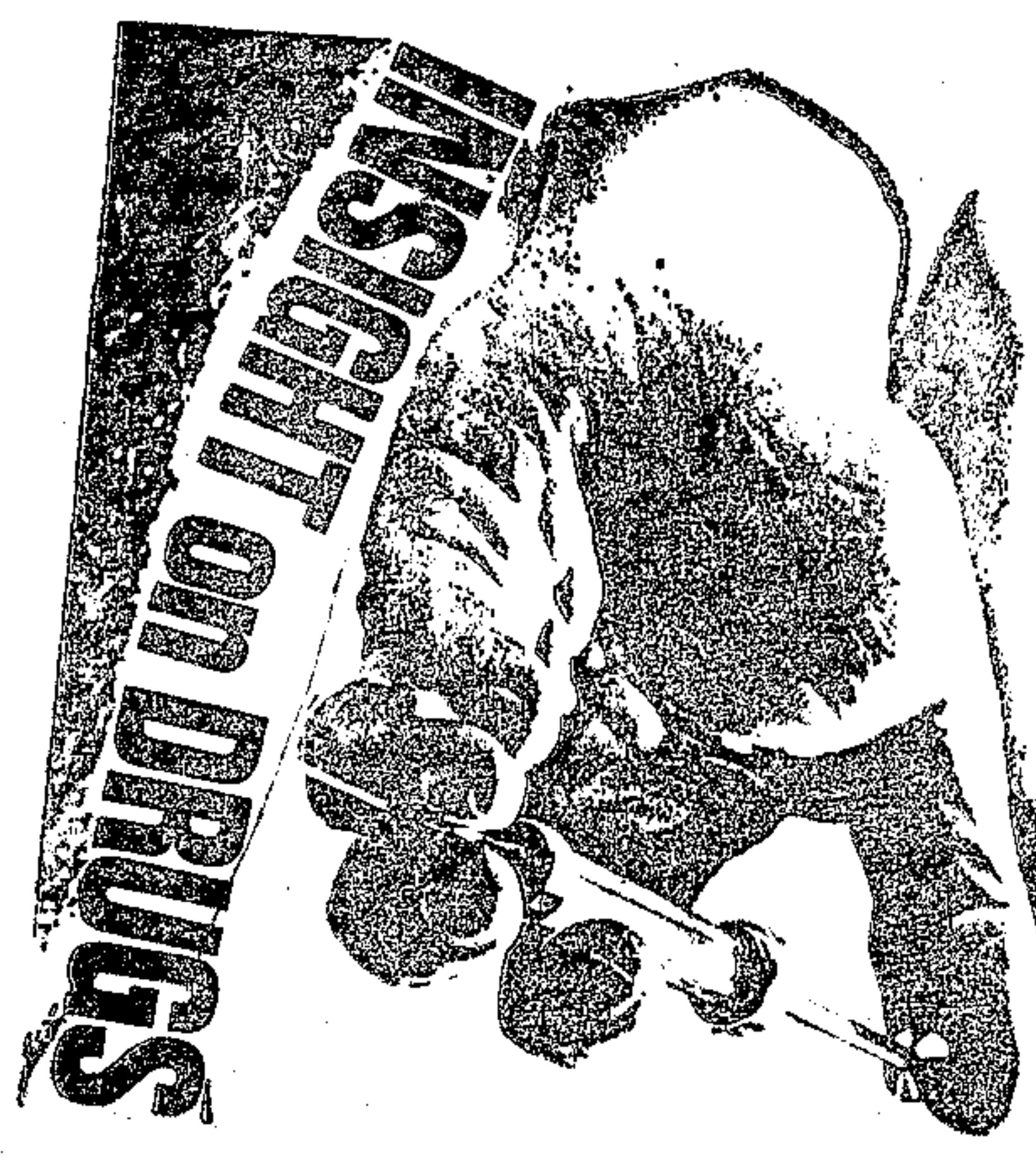
Miss Lorraine Lily, State witness. Evidence was that she was detained in connection with Mr Karam's death.

DRUGS

BY THE

MILLION

Despite tough drug legislation, the use of hard drugs in South Africa is increasing. MURPHY TURBEVILLE of The Star's Insight Team reports....



And *(10/10/77)*
girls *(10/10/77)*
are
on the
trip
more
than
boys

... that was the haul in SA in 1976

More than a million "units" of hard drugs were confiscated in South Africa last year, according to the Narcotics Bureau.

This represents a dramatic increase in hard drugs available on the black market compared to 1973 when 31 000 units were confiscated.

Although the number of prosecutions has dropped from 216 to 186 over the same period, it appears that drug trafficking has merely been driven underground since severe penalties of the Drug Act were related in 1971.

In the white, under-20 age group, girls outnumber boys in prosecutions. Drug usage appears to be

restricted to white women only in this age group. According to statistics from the bureau in Pretoria, not one coloured person, Asian or African woman was prosecuted.

Top of the drugs list is Obex, a slimming agent and stimulant, which is a dangerous drug creating dependency, and which falls into schedule seven of the prohibitive list — 396 132 of these being seized last year.

Valium, a tranquilliser was second with 182 307 tablets; equanil, another tranquilliser was a third with 96 319.

Both these appear on schedule five and are obtainable by prescription only. Mandrax, a sleeping tablet also on schedule seven, hit 17 000. "Equanil should have been taken off the market

long ago," a psychiatrist said, "it has no place in modern psychiatric medicine."

He said Section 41 of the Drug Abuse Act of 1971 "had failed hopelessly." (This section deals with rehabilitation.)

Retreat

"It has been six years since the Act was passed, and all the Government has done is to open a small section of Magaliesoord — a home near Pretoria for alcoholics — to drug addicts.

"If one looks beneath the surface, one sees it is being used as an old fashioned retreat."

The psychiatrist lashed out at the administration of rehabilitation centres throughout the country. "I believe there is gross mismanagement. There are no qualified people

running these institutions; mostly social workers and religious ministers."

Commenting on the number of drugs confiscated, versus the drop in prosecutions, Dr S de Miranda, medical director of Phoenix House, and medical officer in charge of SANGA (SA National Council for Alcoholism and Drug Dependency) for Johannesburg said:

"Being confronted by these facts does not tally with repeated reassurances from authorities that the drug problem is under control. Our impression is that it is not under control."

A recent survey at Phoenix House (a rehabilitation centre) showed that of 334 patients admitted, 31 percent had been hard drug users. "We are told by the authorities that our present strategies are

working," Dr de Miranda said.

"I say our strategies need reassessment. URGENT reassessment of legislation, facilities and funds.

"The fact that prosecutions are down is NO indication that the problem is diminishing."

Protection

Brig C F van Tonder, head of the Narcotics Bureau, said that if a person — including a social worker — applied to the police in writing for help in the recovery of a known drug user, the Act provides for the protection of the drug-user. If he is found by the police, the prosecution is converted into an inquiry.

The question Dr de Miranda asks is: "Where are all these conversions being rehabilitated?" Our facilities are totally inadequate. Two investigators for the Bureau said they are disturbed by the number of young school children who are getting kicks from cough mixtures. They contain high percentages of alcohol and Codeine (an opium derivative). "This has taken the place of glue and benzine



In four years the confiscation figure of hard drugs in South Africa has soared.

sniffing, and at about R1 a bottle is freely available.

"Young people," one said, "are being exposed to hard drugs at ice rinks, Saturday morning cinema shows, talent contests over weekends and around pin-ball machines."

The investigators said that as a general rule, tablets have a mark-up of about 500 percent. They followed a Mandrax trail and found:

- ① tablets were sold to a dealer for 50c;
- ② the dealer sold them to a distributor for 75c;
- ③ the distributor sold them to users for R2.50 each.

Last month, the Viljoen Commission on Penal Reform recommended that mandatory sentences for drug users must be scrapped because they were not working.

The Commission stated that:

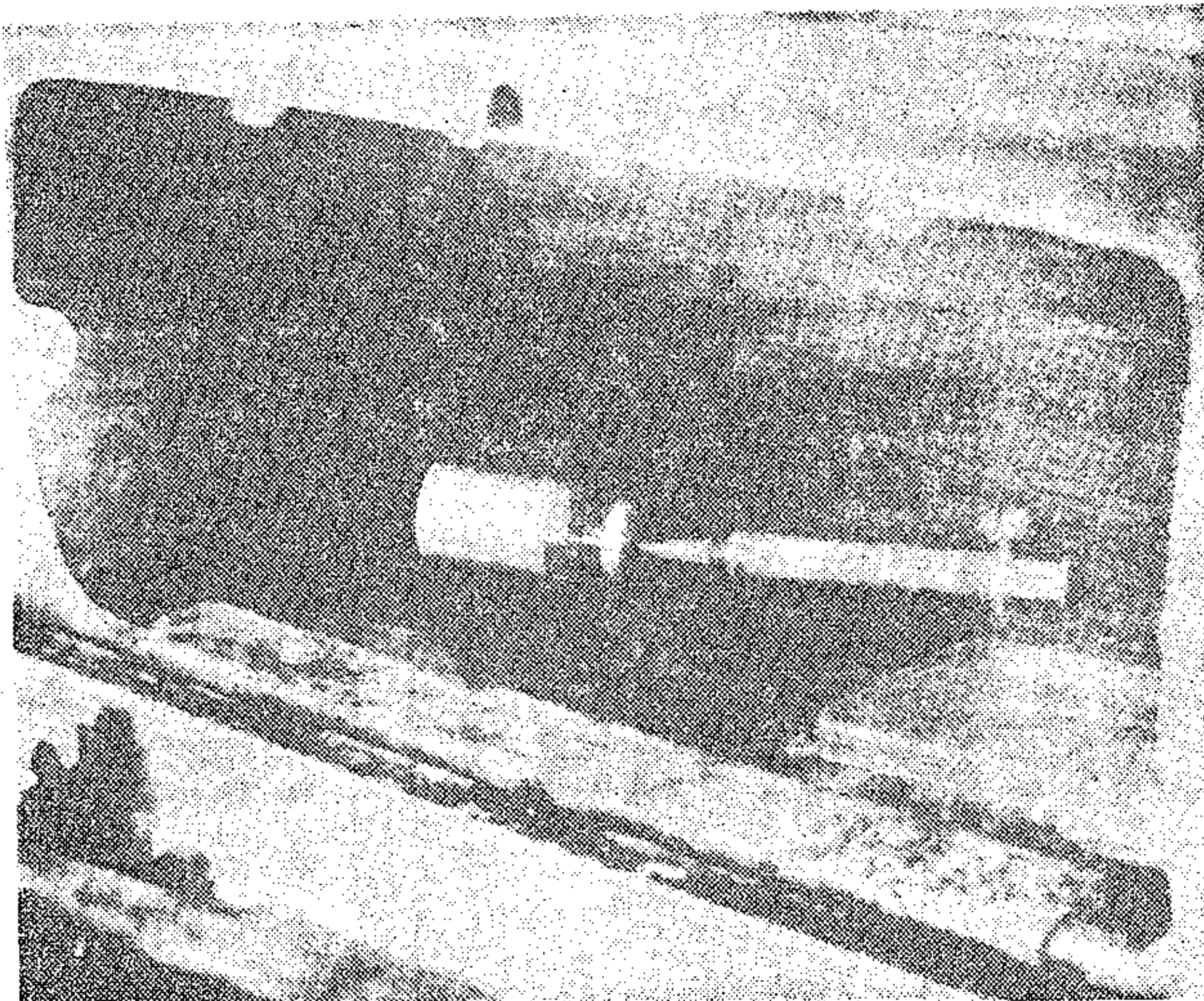
- ④ 95 percent of the Drug Act of 1971 applies to rehabilitation, yet the Government has done little to alleviate the situation.

- ⑤ No deterrent effect has been found in the mandatory sentences imposed by the Act act as a deterrent.

- ⑥ The real pusher goes underground and is rarely caught. The risk of arrest is taken by the agent who, they say, might reveal the pusher's name if he knows he could be released on payment of a fine (provided the fine is paid by the agent and not the pusher).

- ⑦ It is certain a great deal of trading was going on.

Dr Connie Mulder, a former Minister of Social Welfare and now Minister of the Interior, rejected the commission's proposals to do away with minimum sentences for drug offen-



Found in the glove compartment of a vehicle abandoned in Hillbrow.



Another place - another world. Humanity at a degrading low. A Hong Kong opium addict in the throes of "chasing a dragon."

Whites: Rehabilitation centres for drug addiction

714 Mrs. H. SUZMAN asked the Minister of Social Welfare and Pensions:

- (1) How many White (a) adult and (b) juvenile males and females, respectively, were (i) committed to and (ii) voluntarily entered rehabilitation centres during 1976 for treatment for drug addiction.
- (2) in how many instances in each category was the addiction to alcohol.

The MINISTER OF SOCIAL WELFARE AND PENSIONS:

- (1) Drug addiction.
 - (a) Adult.

	Males	Females
(i)	85	16
(ii)	281	85

- (b) Juvenile.

	Males	Females
(i)	14	5
(ii)	74	45

- (2) Addiction to alcohol.

- (a) Adult.

	Males	Females
(i)	574	102
(ii)	4 457	976

- (b) Juvenile.

	Males	Females
(i)	8	1
(ii)	15	17

The above information is in respect of rehabilitation centres as well as registered rehabilitation centres.

1. EF per unit of land.
2. OABG
3. The amount ABCF
4. The triangle ECF
5. The rectangle ABCE

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37/ In the following diagram ec

1. Help alleviate the housing
2. Increase the rate of turn
3. Increase the chances of
4. Make it more difficult
5. All three possibilities

If the equilibrium market rent was 10 cents per square foot control that laid down a maximum would be to :

1. Reduce the supply of eggs
2. Increase the demand for
3. Both 1. and 2. above.
4. Cause a surplus of eggs
5. Have no effect.

If the equilibrium market price the effect of legislation v eggs could not be below 18

1. Raise revenue by 20%.
2. Raise revenue by more
3. Reduce prices but no s
4. Both 1. and 4. above.
5. Reduce revenue, receive

34. If the price elasticity of demand for potatoes was 0.25 then the effect of a bumper harvest which raised output 20% above the expected level would be to

1. Have almost no effect on sales.
2. Place a relatively high proportion of the tax on the shoulders of the consumers.
3. Place a relatively high proportion of the tax on the shoulders of the producers.
4. Reduce government revenue.
5. Shift the demand curve to the left.

33. Where the price elasticity of demand for a good was relatively high, the effect of placing a sales tax on that good would be to :

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ECONOMIC REGIONS

The MINISTER OF POLICE:

Abuse of Dependence-producing Substances and Rehabilitation Centres Act

(720) Mrs. H. SUZMAN asked the Minister of Police:

- (1) Whether any persons were detained during 1976 for interrogation in terms of section 13 of the Abuse of Dependence-producing Substances and Rehabilitation Centres Act; if so, (a) how many and (b) for what period was each of them detained;
- (2) whether any of these persons were (a) charged with and (b) convicted of peddling drugs; if so, how many;
- (3) whether any of the persons arrested in 1976 are still in detention; if so, (a) how many and (b) for what period has each of them been in detention for interrogation.

	56	57	58	59	60
(1) Yes.					
(a) 274.					
(b) 3 for 1 day.					
6 for 2 days.					
6 for 3 days.					3 0,6
10 for 4 days.					2 2,1
11 for 5 days.					4 -
11 for 7 days.					7 -
13 for 8 days.					6 0,2
4 for 9 days.					9 -
4 for 10 days.					4 -
6 for 11 days.					1 3 -
4 for 12 days.					1 -
4 for 13 days.					2 -
10 for 14 days.					5 -
20 for 15 days.					-
7 for 16 days.					-
12 for 17 days.					-
2 for 18 days.					-
1 for 19 days.					-
2 for 21 days.					6 0,2
3 for 22 days.					9 -
3 for 23 days.					-
1 for 26 days.					-
2 for 27 days.					5,7 -
7 for 28 days.					-
9 for 29 days.					-
7 for 30 days.					-
3 for 31 days.					-
1 for 32 days.					-
1 for 34 days.					-
4 for 37 days.	0,1	-			0,1 0,1 -
6 for 40 days.	-	-			0,1 - 0,3
8 for 42 days.	-	-			- - -
6 for 43 days.	-	-			- 0,1 -
7 for 44 days.	-	-			- - -
2 for 45 days.	-	-			- - -
1 for 46 days.	0,1	-			0,2 0,1 -
3 for 48 days.	-	-			- - -
6 for 50 days.	-	-			0,2 0,3 -
1 for 52 days.	0,6	0,6			1,9 1,4 0,2
3 for 53 days.	3,1	1,1			4,8 4,4 0,1
2 for 55 days.	0,2	-			0,2 0,8 -
2 for 56 days.	0,4	0,2			2,3 1,2 0,3
2 for 57 days.	0,2	0,6			2,6 3,3 0,1
6,6 1,9 6,1	1,2	0,6			0,2 0,5 -
0,4 0,2 0,1	0,1	-			- - -
0,1 0,3 0,8	0,1	0,1			0,7 0,5 0,1

Citrus Trees (N-B)	-				
Bananas, Pineapples, Granadillas	-				
Other Sub-Trop Fruit (B)	-				
Other Sub-Trop Fruit (N-B)	-				
Nut Trees (B)	-				
Nut Trees (N-B)	-				
Grapes (B)	-				
Grapes (N-B)	-				
Other Deciduous Fruits (B)	-				
Other Deciduous Fruits (N-B)	-				
Cattle	0,3				
Sheep	0,2				
Goats	-				
Pigs	0,8				
Horses, Mules, Donkeys	0,2	0,9	6,6	1,9	6,1
Ostriches	-	0,1	0,4	0,2	0,1
Poultry	0,2	0,4	3,4	0,3	0,8

Source: Dept. of Statistics. Rep. on Agricultural and Pastoral Production 1972-73, Agricultural Census No. 46, Report No. 06-01-10.

12/4/77

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Dagga/other dependence-producing substances

716. Mrs. H. SUZMAN asked the Minister of Statistics:

- (1) How many (a) adults and (b) juveniles in each race group were (i) charged and (ii) convicted of (aa) dealing in or (bb) using or being in possession of dependence-producing substances during 1975 and the first six months of 1976, respectively;
- (2) in how many cases in respect of each offence in each age and race group and during each period did the offence relate to dagga;
- (3) how many of the persons in each age and race group convicted of each offence in relation to dagga in each period were sentenced to (a) committal to a rehabilitation centre, (b) a fine only, (c) a fine or imprisonment, (d) a fine plus imprisonment, (e) imprisonment only and (g) corporal punishment plus imprisonment.

The MINISTER OF STATISTICS:

- (1) (a) Number of persons, 21 years and over prosecuted and convicted on account of:
 - (i) Prosecutions.
 - (ii) Convictions.

(aa) Dealing in drugs and dependence producing substances.

1975

Whites	154	106
Coloureds	542	327
Asians	144	63
Bantu	3 240	2 178

January to June 1976

Whites	48	39
Coloureds	235	168
Asians	64	38
Bantu	1 297	925

(i) Prosecutions.

(ii) Convictions.

(bb) Using or being in possession of drugs and dependence producing substances.

1975

Whites	1 029	753
Coloureds	2 571	1 972
Asians	519	294
Bantu	10 609	8 491

January to June 1976

Whites	570	482
Coloureds	1 088	957
Asians	188	130
Bantu	3 594	3 008

(1) (b) Number of persons, under 21 years of age, prosecuted and convicted on account of:

(i) Prosecutions.

(ii) Convictions.

(aa) Dealing in drugs and dependence producing substances.

1975

Whites	51	26
Coloureds	187	110
Asians	82	53
Bantu	587	379

January to June 1976

Whites	11	6
Coloureds	79	63
Asians	27	20
Bantu	229	170

(bb) Using or being in possession of drugs and dependence producing substances.

1975

Whites	726	507
Coloureds	1 492	1 166
Asians	341	197
Bantu	3 944	3 260

January to June 1976

Whites	296	227
Coloureds	616	541
Asians	126	86
Bantu	1 471	1 274

(2) (a) Number of persons, 21 years and over, prosecuted and convicted on account of:

(i) Prosecutions.

(ii) Convictions.

(aa) Dealing in dagga.

1975

Whites	132	89
Coloureds	531	321
Asians	149	60
Bantu	3 211	2 157

January to June 1976

Whites	38	32
Coloureds	232	165
Asians	59	33
Bantu	1 283	911

(bb) Using or being in possession of dagga.

1975

Whites	1 014	743
Coloureds	2 561	1 967
Asians	518	293
Bantu	10 587	8 473

January to June 1976

Whites	557	471
Coloureds	1 071	945
Asians	187	129
Bantu	3 585	2 999

(b) Number of persons, under 21 years of age, prosecuted and convicted on account of:

(i) Prosecutions.

(ii) Convictions.

(aa) Dealing in dagga.

1975

Whites	48	26
Coloureds	184	109
Asians	81	52
Bantu	581	374

January to June 1976

Whites	7	4
Coloureds	78	63
Asians	27	20
Bantu	227	108

(i) Prosecutions

(ii) Convictions

(bb) Using or being in possession of dagga.

1975

Whites	720	501
Coloureds	1 483	1 159
Asians	340	196
Bantu	3 933	3 255

TABLE 6: PERCENTAGE DISTRIBUTION OF AGRICULTURAL & FODDER CROP PRODUCTION, VEGETABLE SALES, NO. OF FRUIT TREES AND NO. OF LIVESTOCK BY ECONOMIC REGION - 1971

ECONOMIC REGIONS	AS A PERCENTAGE OF PRODUCTION/SALES/NO. (1)									
	01	02	03	04	05	06	07	08	09	10
Maise	-	-	-	-	-	-	-	-	-	-
Grain Sorghum	-	-	-	-	-	-	-	-	-	-
Wheat	0,3	0,8	1,2	17,7	2,0	11,3	0,1	1,3	0,6	-
Other Cereals	1,9	0,6	2,6	32,1	5,3	17,7	0,2	1,1	1,3	0,3
Sunflower Seeds	-	-	-	-	-	-	-	-	-	-
Ground Nuts (Shelled)	-	-	-	-	-	-	-	-	-	-
Ground Nuts (Unshelled)	-	0,2	-	-	-	-	-	0,2	-	-
Legumes	0,1	0,5	2,8	28,1	2,0	3,0	0,1	0,2	0,5	-
Tobacco	-	-	0,1	1,5	1,6	-	3,1	-	0,9	-
Chicory	-	-	-	-	-	-	-	-	-	-
Seed Cotton	-	-	-	-	-	-	-	-	-	-
Sugar Cane	-	-	-	-	-	-	-	-	-	-
Sisal	-	-	-	-	-	-	-	-	-	-
Phormium Tenax	-	-	-	-	-	-	-	-	-	-
Hay & Fodder Crops	0,6	0,2	0,4	1,8	1,2	0,7	0,3	0,3	0,5	0,1
Vegetables	2,6	0,4	4,2	1,2	6,1	3,4	0,5	1,8	3,6	0,4
Citrus Trees (B)	-	-	-	-	-	-	-	-	-	-
Citrus Trees (N-B)	-	-	-	-	-	-	-	-	-	-
Bananas, Pineapple	-	-	-	-	-	-	-	-	-	-
Granadilla	-	-	-	-	-	-	-	-	-	-
Other Sub-Trop Fr	-	-	-	-	-	-	-	-	-	-
Other Sub-Trop Fr (N-B)	-	-	-	-	-	-	-	-	-	-
Nut Trees (B)	-	-	-	-	-	-	-	-	-	-
Nut Trees (N-B)	-	-	-	-	-	-	-	-	-	-
Grapes (B)	-	-	-	-	-	-	-	-	-	-
Grapes (N-B)	-	-	-	-	-	-	-	-	-	-
Other Deciduous F	-	-	-	-	-	-	-	-	-	-
Other Deciduous F (N)	-	-	-	-	-	-	-	-	-	-
Cattle	-	-	-	-	-	-	-	-	-	-
Sheep	-	-	-	-	-	-	-	-	-	-
Goats	-	-	-	-	-	-	-	-	-	-
Pigs	-	-	-	-	-	-	-	-	-	-
Horses, Mules, Donks	-	-	-	-	-	-	-	-	-	-
Ostriches	-	-	-	-	-	-	-	-	-	-
Poultry	-	-	-	-	-	-	-	-	-	-
Whites	13	3	34	—	359	201	—	687	64	196
Coloureds	1	3	30	—	1 429	714	1	1 215	56	3 449
Asians	—	1	16	—	121	209	—	192	7	946
Bantu	2	21	260	1	7 821	2 769	5	3 851	160	14 890
Total convictions	136	34	369	1	1 429	2 770	6	5 068	281	19 611

(3) Information as required is not available. Available data are as follows:
Sentences in respect of persons convicted on account of all offences in connection with drugs and dependence—producing substances during the year July 1974 to June 1975:

January to June 1976		
Whites	292	224
Coloureds	607	535
Asians	126	86
Bantu	1 467	1 270

87

Hansard 13 col 981 29/4/77

Institution for Indian drug addicts/alcoholics

*11. Mr. L. F. WOOD asked the Minister of Indian Affairs:

Whether his Department has finally decided on a site for an institution for the treatment of Indian drug addicts and alcoholics; if so, (a) where will the institution be situated and (b) when will its first inmates be accepted.

The MINISTER OF INDIAN AFFAIRS:

Yes.

- (a) In the Newlands area north of Durban.
- (b) At this stage it is anticipated that the buildings will be completed during 1983.

87

12.5.3 School of Modern Languages

- Afrikaans en Nederlands
- French
- German
- Italian

12.5.4

**No centre
for black
addicts**

Staff Reporter

MAGISTRATES in the Transvaal have nowhere to send coloured, Indian or black addicts convicted under the country's drug laws.

A Boksburg town councillor, Mr Issy Kramer, said this when he called for the establishment of a drug rehabilitation centre for Transvaal blacks.

The Boksburg Town Council has decided to give a site in Reiger Park coloured township to the South African Council on Alcoholism and Drug Dependence's East Rand Coloured Society.

VITAL

Mr Kramer said the provision of a suitable centre was a vital necessity.

Boksburg, he said, could take an important lead if it started an institution for treating black addicts as in- or outpatients.

Mr Kramer said the town council had given Sanca the ground but funds would still be needed.

The authorities should be urged to provide cash for building the proposed Sanca centre in Reiger Park.

13. Degree Nomenclature

13.1 It is not to be the same as this already

13.2 The Faculty such as

13.3 The Faculty of Literature all awards to award

13.4 Consideration of nature of in parent B.A. (Education) B.A. (Arts) where appropriate Schools.

13.5 Regulations to be set exist, re School and

14. Summary of Recommendations

14.1 Ultimate ultimate should be Unviersity

14.2 Devolution

That wherever appropriate, central decision making and executive action should be delegated to the Faculty level (see Section 6).

14.3 Faculties of Arts and Social Science and Music

That restructuring of these Faculties into three new Faculties (Human Sciences; Language and Literature; Performing and Fine Arts) be implemented forthwith (see Section 10).

... name does not have to ... name. Precedents for University.

... could award degrees ... ng, B.Sc. (URP), etc.

... ences, Language and ... g and Fine Arts might ... e latter would continue ... and present Diplomas).

... ven to indicating the ... by means of an addition ... (Social Work), ... ine Art), B.A. (Law), ... c. These titles may, ... ed with the titles of

... of each degree would have ... y concerned (where Schools ... ld be drawn up by each ... e Faculty for approval).

... recognised that the ... w of University structures ... of conditions within the ... teaching and research.

EXPRESSSCOPE JO'BURG STARTS MAJOR PROBE

The old man was admitted to a hospital with a broken skull. The injury made him more susceptible to infection and he contracted meningitis — which occurs in one out of every 100 cases of skull fractures.

He was put on to the best antibiotic for his condition, but deteriorated rapidly.

Doctors found he carried a drug-resistant germ. They switched to another antibiotic but it was too late and he died within three days.

● A woman in her mid-twenties developed an infection after a miscarriage. She was in a critical condition for three weeks and

failed to respond to antibiotics administered. Doctors discovered she had a resistant germ in her blood and immediately changed to another. The woman slowly recovered.

● A man in his thirties was being given immuno suppressive drugs after a kidney transplant. One effect of the treatment is to lower the patient's resistance to infection.

He developed septicaemia, which proved resistant to the antibiotic initially given to him.

An alternative antibiotic was immediately ordered and ultimately cured the infection.



● Too much antibiotic for trivial reasons can mean that when you really need it it doesn't work... with possibly serious results.

BY JENNIFER HYMAN and PAM KLEINOT

ANTIBIOTICS — those powerful drugs that kill your infections in a matter of days — are a double-edged sword that could one day kill you.

Evidence of antibiotic resistance has emerged in Southern Transvaal hospitals and scientists believe resistance is on the increase.

In the Johannesburg General Hospital, microbiology experts have found that 14% of all in-patients carry bacteria resistant to a wide range of antibiotics.

These resistant bacteria spread easily in hospitals where severe illness, lots of antibiotics, and hospital bacteria are concentrated.

The findings, which disturbed researchers and hospital staff, have prompted the introduction of a stringent "antibiotic policy" at the hospital.

Neville Howes, city superintendent of Johannesburg General Hospital, outlined the policy which involves:

An almost total restriction on the use of certain antibiotics, except in extreme, emergency cases where doctors have to justify their use;

● A general limitation on the use of all antibiotics in the hope that the level of resistance will diminish and restore the usefulness of the drugs to doctors;

● Tighter measures to reduce cross-infection, with barrier-nursing instituted where necessary to prevent bacteria from spreading.

Dr Howes hopes the new policy will avert a serious hazard.

Doctors are in danger of losing some of the most valuable tools they have for treating diseases.

Professor Hendrik Koornhof, head of the Microbiology Department, blames the emergence of resistant germs on the scale found at the General largely on "injudicious and overuse of antibiotics by doctors in the past".

The fact is that it is all too easy for a busy doctor to over-prescribe antibiotics. It is also common for his patients not only to expect

Wonder drugs that can cure... or kill



● Dr Colin Block... "it is a question of over-kill"

QUOTE

We have almost totally restricted the use of certain antibiotics, except in extreme cases

-Dr Neville Howes.

antibiotics but to demand them.

How does this happen?

● A doctor may diagnose the onset of flu and decide to save the patient a couple of days by prescribing an antibiotic immediately when it may not be necessary;

● Another doctor may decide to wait and see if the patient's natural defence

Dr Block pointed out that a reasonably healthy person could carry resistant bacteria in his system without posing a threat to his health.

"The problem comes with people who are at risk for some reason.

"We call them compromise patients and they are particularly susceptible to infection — perhaps because of an open wound, or because they suffer from an illness such as leukemia where the treatment itself lowers natural resistance to infection."

Other categories of people at risk include those with cancer, diabetes, serious kidney and respiratory diseases and transplant patients.

Research on resistant strains has shown that, where possible, doctors should choose a "narrow spectrum" antibiotic, effective in treating a specific infection, rather than a "broad spectrum" one, which will destroy a whole host of other bacteria in the process of combating the ones causing the infection.

"It is a question of over-kill," said Dr Block.

"A drug like chloramphenicol, which was so effective in dealing with typhoid, should not be used for relatively trivial infections. If it is, you run the risk of crippling your best typhoid cure."

Part of the new antibiotic policy involves educating both doctors and the public on the uses and abuses of antibiotics.

● Lectures and articles published in medical journals are urging doctors to use antibiotics rationally and discriminately.

● Doctors are being encouraged to keep constantly up to date with the latest research information on resistant strains.

"Doctors always ultimately have a choice," said Professor Koornhof. "They must know which infections are likely to be resistant to certain antibiotics and be able to choose a safer one."

public must be educated

QUOTE

People must learn to respect antibiotics. If used properly they save lives; if abused, they can pose serious threats.

— Dr Colin Block.

mand antibiotics for spurious reasons, such as getting rid of a cold in two days instead of five.

"If people understood that antibiotics are a mixed bag, with fantastic life-saving potential on the one hand, and the potential to pose threats on the other, they might respect them more," Dr Block said.

Side effects of antibiotics are many and varied.

The tetracycline group can cause children's teeth to discolour. Others can affect one's hearing or kidneys.

Nearly all antibiotics can produce diarrhoea by disturbing the balance of natural bacteria.

On the credit side, there is the tremendous reduction in mortality rates from certain

diseases since Alexander Fleming discovered penicillin in 1928.

Influenza is no longer the potential killer it once was, while its complications, pneumonia, can be treated in most cases.

Rheumatic fever, a once common complication of throat infections, is relatively rare today in sophisticated communities where cases of tonsillitis are treated effectively with antibiotics.

Scientists and doctors agree on two vital solutions to the problem of antibiotic resistance.

● New antibiotics must constantly be developed to take over when others have built up resistant strains;

● Antibiotic "rotation" should be practised on an organised level.

"Resistance need only be a temporary problem," said Dr Block.

"If the antibiotic involved is restricted and replaced for a while with another, then the situation will reverse itself and eventually the former drug may be used again."



DESCENDED EVERY DAY

DAGGA THAT BAFFLED POLICE

87

LONDON — Police were surprised to find that 45km of dagga which they had seized in a raid had already been treated for fingerprint traces, showing that it had been in police hands before.

Further checks showed that it came from a police storehouse in east London.

Two policemen have now been suspended from duty while Scotland Yard detectives try to find out how 400kg of the drug have disappeared from the storehouse.

The amount, worth more than R600 000, was evidence in a number of trials and would eventually have been destroyed.—(Sapa-Reuter.)

Spy point is seen by ⁸⁷ magistrate

Mercury Reporter

PIETERMARITZBURG — Facial features of people in an area where dagga was allegedly hidden by two accused were clearly visible, a local Magistrate found yesterday after testing a telescope from the roof of Edendale Hospital.

Mr P. J. Miller inspected the vantage point from which Drug Squad detectives spied on Mr. Atilia Maqalika (24) and Mr. Monna Mankoenyane (40) who have pleaded not guilty to dealing in or possessing 15,7kg of dagga on March 25.

Mr. Miller said after the on-the-spot inspection that using the telescope he could clearly identify people at a toilet near where the dagga was hidden by two men. He was also able to distinguish the features of people outside an Edendale house from which two suspects were seen leaving with two or three bags.

Counsel for the accused Mr. W. von Willich and Mr. J. van Zuydam also tested the equipment and confirmed the Magistrate's findings.

It was heard earlier that Drug Squad detectives kept watch on a group of houses and saw the accused leave a building with three bags which were hidden in the undergrowth nearby.

Help was called in and, after being directed by radio from the hospital roof, police arrested two men and recovered a large quantity of dagga.

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WORKING ENVIRONMENT:

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While there may be more arduous jobs than that of driving a tractor on a seat exposed to all kinds of weather as well as noise and dust, it is nevertheless too much to expect a highly skilled operator who has to remain alert and concentrate on what he is doing, to perform satisfactorily under such conditions for more than a few hours.

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REDE GELEWER DEUR SY EDELE DR. SCHALK VAN DER MERWE,
MINISTER VAN KLEURLING-, REHOBOTH- EN NAMABETREKKINGE,
TYDENS DIE OPENING VAN DIE ALGEMENE JAARVERGADERING VAN
DIE KLEURLINGSKAKELKOMITEE - PLAASLIKE BESTUUR O.V.S. IN
DIE EILANDSAAL, LOCH ATHLONE VAKANSIEOORD, BETHLEHEM OP
MAADAG 27 OKTOBER 1975 OM 2.00NM.

EMBARGO MAANDAG 27 OKTOBER 15h00

87

MENEER DIE VOORSITTER, DAMES EN HERE,

Dit is vir my 'n voorreg om hierdie jaarvergadering en kongres van die skakelkomitee te open. U uitnodiging om dit te kon doen word hoog op prys gestel.

In sy openingsrede van die vierde vergadering van die komitee op 4 November 1974 te Welkom, het die Sekretaris van my Departement u gelukkigwens met die gedagte oor die instelling van die komitee. Ek wil my graag hiermee vereenselwig. Die voordele van beraad en kommunikasie om dieselfde tafel kan nie oorbeklemtoon word nie. Op dié wyse kan ons gemeenskaplike probleme bespreek en uitpluis. Sodoende kry ons ook insig en beter begrip vir mekaar se probleme en standpunte. Ek wil later in my toespraak graag verder hierop uitbrei.

BEHUISING:

Meneer die Voorsitter en lede, behuising is 'n aspek wat ons almal na aan die hart lê. Mnr. Mills het dan ook verlede jaar vir u breedvoerig ingelig oor die Kleurlingbehuisingsvraagstuk in Suid-Afrika en die ontwikkeling van Kleurlingwoongebiede in die Oranje-Vrystaat. By daardie geleentheid is daar genoem wat beoog word, maar vandag kan ek, met blydschap, verdere vordering rapporteer naamlik -

- (a) Die behuisingskemas vir Jacobsdal, Fauresmith en Luckhoff sal voor die einde van hierdie jaar voltooi wees;
- (b) Die skemas vir Philippolis, Springfontein, Edenburg, Ashbury (Bloemfontein) (ten opsigte van 598 wonings), Wepener en Jagersfontein sal deur die loop van 1976 afgehandel word;

- (c) Hoewel reëlins by Trompsbueg nie na wense vorder nie, begin sake by dorpe soos Rouxville, Ficksburg, Bethulie en Smithfield nou koers kry; en
- (d) by Ladybrand, Tweespruit, Boshof, Reddersburg en Koffiefontein is die kwessie van aanwysing van geskikte terreine nog nie gefinaliseer nie.

Ek kan weer eens beklemtoon dat die Regering terdeë bewus is van die Behuisingsvraagstuk en pertinent aandag daaraan skenk. So het die Minister van Gemeenskapsbou dan ook 'n tyd gelede aangekondig dat die Regering besluit het om 'n kommissie van ondersoek aan te stel met die opdrag om ondermeer die volgende sake te ondersoek en daarvoor verslag te doen -

- (a) Die heersende hoë koste van behuising en indien nodig maatreëls om meer beskeie standarde vir behuising af te dwing;
- (b) Die moontlikheid van instelling deur bouverenigings van glyskale vir die delging van paalemente;
- (c) Die verhoging van tyd tot tyd van die maksimum leningsperk wat deur bouverenigings toegestaan kan word ten opsigte van 'n persentasie van lenings deur hulle gegee;
- (d) Die steeds heersende hoë grondpryse; en
- (e) enige ander aangeleenthede wat van belang geag word om die verskaffing van behuising te bevorder en die koste daarvan te verminder.

Soos onlangs deur die Voorsitter van die kommissie aangekondig, het die kommissie sedertdien die nodige stappe gedoen om sy ondersoek van stapel te stuur en het reeds sy eerste vergadering gehou. Volgens hierdie aankondiging sou vraeboë

binnekort aan plaaslike besture van stede en dorpe en ander belanghebbende instansies soos bouverenigings gestuur word. Ek wil op elkeen wat 'n vraeboog ontvang, 'n beroep doen om dit so gou moontlik en so volledig soos moontlik te voltooi en nie later as 30 November 1975 aan die Sekretaris van die Kommissie, Privaatsak X149, PRETORIA te stuur.

Meneer die Voorsitter, die Regering is egter nie net daadwerklik besig om in behuisingsbehoefte te voorsien nie, maar doen ook steeds stappe om ander verligtingsmaatreëls vir bewoners in te stel. So byvoorbeeld het die Departement van Gemeenskapsbou aangekondig dat vanaf 1 Januarie 1975 alle nuwe woonprojekte wat uit die Nasionale Behuisingsfonds gefinansier word vir ongeveer die eerste 5 jaar van die delgingstermyn van lenings met nagenoeg 3% verminder word om die huurgelde binne die betaalvermoë van huurders te bring. Dit word bewerkstellig sonder om die delginstydperk te verleng maar deur delgings op 'n glykskaal te laat plaasvind met 'n aanvanklike ontladingsfaktor en na \pm 10 jaar 'n beladingsfaktor.

Die doel van die ontlading- beladingstelsel is om persone met 'n lae inkomste te hulp te kom deur aanvanklik 'n laer huurgeld te vorder en soos hulle inkomste verbeter 'n hoër aangepaste huurgeld te hef.

Die paaielemente op gekoopte eiendomme word op dieselfde wyse aangepas.

'n Verdere verligtingsmaatreël is vanaf 1 Januarie 1975 deur die Departement van Gemeenskapsbou ingestel naamlik die rasionalisering of gelykmaking van huurgelde betaalbaar ten opsigte van ou en nuwe wooneenhede. Dit behels 'n huurvasstappingsformule waarvolgens huurders van nuwere wonings aansienlike verligting kry deur 'n stelsel van verminderde huurgelde daarop en relatief geringe beladings van huurgelde op ouer

skemas. Dié stelsel word so geïmplementeer dat die rente en delging van die totale aantal wonings in die regsgebied van 'n plaaslike bestuur onaangetas bly.

Hiervolgens word die huurgelde van wooneenhede wat jare gelede gebou is, maar wat in die meeste gevalle net soveel huurwaarde bied as nuwe huise, verhoog tot 'n realistiese peil. Sodanige verhogings word aangewend om die betreklik hoë huurgelde van nuwe wonings wat deur hoë boukoste, grondpryse, hoë rentekoerse, ensovoorts meegebring word, te verminder. Die maandelikse huurgelde word so bereken dat die nie 25% van die broodwinner se inkomste oorskry nie.

In sy poging om die behuisingsbraagstuk op te los word die Regering nou ook deur die privaatsektor bygestaan; 'n prysenswaardige stap van die kant van ons nyweraars en sakemanne. Daar is dan ook bemoedigende tekens dat die privaatsektor toenemend bewus raak van sy verantwoordelikheid om self 'n bydrae te lewer om die groot agterstand in behuising te help verlig. Die Kaapstadse Kamer van Koophandel het byvoorbeeld namens sy lede en in oorleg met die Departement van Gemeenskapsbou, besonderhede van 'n skema uitgewerk vir die voorsiening van behuising vir werknemers op 'n basis van huiseienaarskap. 'n Omsendbrief daaroor is deur die Departement van Gemeenskapsbou aan plaaslike owerhede uitgestuur.

Die hoof-oogmerk van hierdie skema is volle finansiering van wooneenhede vir werknemers deur werkgewers. Ek vertrou dat hierdie positiewe benadering ook in u provinsie inslag sal vind.

GEMEENSKAPSONTWIKKELING

In opvolging van die aanstelling van die interdepartementele komitee om ondersoek in te stel na en verslag te doen aangaande

die wenslikheid en noodsaaklikheid om plaaslike besture geldelik en andersins by te staan met die voorsiening van genoegsame gemeenskapsfasiliteite, het die regering maatreëls goedgekeur waarvolgens plaaslike besture hulp in hierdie verband kan verleen in nuwe en vinnig ontwikkelende dorpe waar groot getalle persone in die laer inkomstegroep woonagtig is.

Sekere administratiewe en wetlike aanpassings moes eers gefinaliseer word alvorens die maatreëls in werking gestel kon word. Die wetlike aanpassings is gedoen deur middel van wysigings van die behuisingswet vroeër vanjaar. Hierdie wysigings maak, onder andere, voorsiening vir stappe wat gedoen kan word in daardie gevalle waar plaaslike besture in gebreke bly om skemas vir die voorsiening van fasiliteite vir gemeenskapsontwikkeling uit te voer, vir die aanstelling van 'n standaardkomitee vir gemeenskapsfasiliteite en dat winste op die verkoop van grond wat met behuisingsfondse aangekoop is, vir gemeenskapsfasiliteite aangewend kan word.

Wat die administratiewe aanpassings betref, is plaaslike besture versoek om, soos by die voorsiening van behuising en aanverwante aangeleenthede, die Departement van Gemeenskapsbou om die nodige leiding te nader indien probleme met die praktiese toepassing van die voorskrifte van die Departement ondervind word. Op hierdie wyse kan volledige voorskrifte saamgestel en mettertyd in die behuisingskode opgeneem word.

BESTUURSVORME:

Sedert u laaste vergadering is standaard regulasies vir bestuurskomitees in die Oranje-Vrystaat goedgekeur. Hierdie regulasies stem grotendeels ooreen met die huidige regulasies wat vir die bestuurskomitees in Kaapland en die Transvaal in werking is. Sodra dit binnekort in werking tree kan daar ooreenkomstig aanvaarde beleid stappe gedoen word om die vier bestaande raadplegende komitees in die Oranje-Vrystaat na bestuurskomitees om te skep. Die regulasies maak, onder andere voorsiening dat die Administrateur, na oorleg met die betrokke plaaslike bestuur, mag bepaal dat al die lede van 'n bestuurskomitee verkies moet wees. Met die afkondiging

van die regulasies sal sekere bevoegdhele van die Administrateur aan die lid van die Uitvoerende Bestuur van die Verteenwoordigende Kleurlingraad belas met Plaaslike Bestuur, gedeløgeer word. Ingevolge die bevoegdheid hom aldus verleen sal die betrokke lid dan, soos die geval in die ander provinsies is, ook beheer hê oor die instelling en samestelling van bestuurskomitees in die Oranje-Vrystaat. Hy het alreeds hierdie beheer oor die bestaande raadplegende komitees in u provinsie.

Aangesien dit allerweë toegegee word dat die bestuurskomiteestelsel die bestaande indeling van funksies en pligte ontgroeï het is die hersiening daarvan met die oog op die toekenning van groter bevoegdhele aan komitees op aandrang van en in oorleg met die Uitvoerende Bestuur van die Verteenwoordigende Kleurlingraad onderneem. Daar word verwag dat hierdie aangeleentheid in die nabye toekoms gefinaliseer sal word.

Die uitbouing van bestuursvorme en die implementering van die delegasievoorstelle gepaard met 'n sinvolle uitbreiding van die bevoegdhele en funksies van bestuurskomitees, verteenwoordig positiewe maatreëls in die ontwikkelingsproses na selfstandige plaaslike bestuur en die inruiming van 'n meer betekenisvolle rol vir die Uitvoerende Bestuur van die Verteenwoordigende Kleurlingraad.

Die instelling van selfstandige Plaaslike Besture vir sekere van die meer gevorderde Kleurlinggebiede geniet in die jongste tyd reeds my drukke aandag en samesprekings is van tyd tot tyd met die Uitvoerende Bestuur van die Verteenwoordigende Kleurlingraad gevoer.

Hierdie aangeleentheid word egter voorlopig agterweë gehou aangesien die Erika Theron-kommissie dit ook in diepte bestudeer. Daadwerklike stappe in verband met die stigting van outonome plaaslike besture in Kleurlinggroepsgebiede sal ongetwyfeld volg op die bevindings van dié kommissie.

SAMEWERKING:

Die uitbouing van die stelsel van plaaslike bestuur is en bly 'n gesamentlike onderneming van die gemeenskap en die onderskeie owerhede. Dit is egter te betreur dat daar nog gevalle voorkom waar skakeling en dialoog afgebreek word weens spanning op die persoonlike verhoudingsvlak. Daar is nog lede van die publiek en plaaslike organisasies wat nie aan die bestuurskomiteestelsel sy regmatige plek en funksie wil gun nie. Die komitees word soms verbygegaan en klagtes en vertoë vind hul weg buite die voorgeskrewe kanale om. Dit gee aanleiding tot verydeling en verwarring wat geensins bevorderlik vir die gemeenskapslewe is nie.

Wat samewerking tussen plaaslike besture en bestuurskomitees betref bestaan daar oor die algemeen 'n goeie verstandhouding dog daar is ruimte vir nog groter oordeelkundigheid, soepelheid en verdraagsaamheid in die toepassing van beleid. Gesonde verhoudinge is op stuk van sake die sluitsteen van sukses op die pad om 'n gemeenskap met welslae te dien en positiewe resultate te behaal.

Aan die kant van bestuurskomitees moet gewaak word dat regmatige griewe nooit in vyandiggesindheid oorgaan nie. Komitees wat staak of werksaamhede opskort omdat daar nie aan hulle versoeke voldoen word nie moet besef dat 'n dreigende houding en verwyttende uitlatings niemand nêrens bring nie. Soos in die geval van Blanke lede van 'n stadsraad moet die lede van komitees hulleself sien as persone wat geroepe is om 'n gemeenskapsin en groep trots te skep en te stimuleer. Hulle moet dus opregte belangstelling toon en aktief deelneem in die funksies aan hulle opgedra tot bevordering van die ontwikkeling van die gemeenskap wat verteenwoordig word. Dit is allen in 'n gesindheid van onderlinge begrip

en erkenning van mekaar se bestaansreg, verantwoordelikhede en probleme wat die grondslag vir gesonde samewerking gelê kan word. Hiervoor is kennis nodig. As 'n leier van die gemeenskap moet 'n komiteelid hom identifiseer met die belange en aspirasies van sy gemeenskap. As die leier moet hy egter ook help om openbare menings langs gesonde kanale te vorm. Alleen op hierdie grondslag kan dienslewering tot wedersydse en gemeenskaplike voordeel geskied.

OPENBARE VERHOUDINGSKOMITEES:

Mnr. die Voorsitter, lede, ek het verwys na die belangrikheid van goeie verhoudinge tussen Blake Plaaslike owerheidsinstansies en Kleurlingbestuursliggame. Dit is noodsaaklik dat gesonde gesindhede tussen hierdie instansies gehandhaaf word om in die gees daarvan saam die pad vorentoe te vind.

Maar, Mnr. die Voorsitter, kan ons hierdie kardinale saak maar bloot aan daardie instansies oorlaat terwys ons, as publiek, hulle nie in hul pogings onderskraag nie? Vir my is dit een van die mees ontstellende gedagtes om te besef dat, soos ons geagte Eerste Minister by geleentheid verklaar het, meer as 60% van ons land se interne rassekonflikte aan swak menseverhoudinge toegeskryf kan word. Kan ons in die huidige tydsgewrig so 'n situasie bekostig? Kan ons toelaat dat Sy Edele die Eerste Minister tot sy uiterste gaan om detênte met leiers van swart Afrika state te vind in 'n poging om politieke ontspanning te probeer bewerkstellig - alles met een doel voor oë nl. om 'n vreedsame voortbestaan vir die inwoners van Suid-Afrika te verseker - terwyl ons self verantwoordelik is vir gespanne atmosfeer en dit maar oorlaat aan owerheidsinstansies of die Regering om gemoedere te kalmeer?

Die tyd het nou aangebreek dat elkeen van ons, afgesien van ras of kleur, ons harte sal moet ondersoek om te bepaal tot welke mate ons bydra tot daardie 60%.

Vanweë Suid-Afrika se komplekse samestelling van sy bevolking is daar maar voortdurend knelpunte wat bestaande betrekkinge nadelig beïnvloed. Baie daarvan kan toegeskryf word aan bv. swak kommunikasie (hoofsaaklik as gevolg van taalprobleme), wanbegrippe, misverstande of ander ongelukkige faktore, dog baie ontstaan egter geheel en al ongevraagd. Op dié wyse word gespanne verhoudinge geskep. - stemminge waarby ons net nie langer kan verby kyk of die oë voor kan sluit nie.

Ek glo dat in die begrip "gesonde menseverhoudinge" Suid-Afrika sy enigste hiip om 'n beter en gelukkiger land opgesluit lê - nie alleen wat stabiliteit en vooruitgang betref nie, maar ook en veral sover ons onderskeie groepe se vreedsame voortbestaan aangaan.

Om gesindhede oornag reggestel te kry, mnr. die Voorsitter, is nie moontlik nie. Ook kan daar byvoorbeeld nie wetgewing ingevoer word om menseverhoudinge te verbeter nie - die arbeidersparty in Brittanje het dit in 1968 met sy "Race Relations Act" probeer maar dit was 'n mislukking. Mense kan nie deur 'n wet gedwing word om van mekaar te hou nie. Dit berus op die ontwikkeling van 'n innerlike gesindheid en vorm deel van 'n proses van opvoeding en evolusie wat tyd en geduld verg.

Wat Suid-Afrika se Blanke en Kleurlingbevolkingsgroepe betref, is die tyd nou geleë dat daardie opvoedings- en evolusionêre proses op 'n georganiseerde en gekoördineerde grondslag geplaas en bevorder word. Gedurende die 1974 sitting van die Volksraad het Adjunk-Minister Smit aangekondig dat openbare verhoudingskomitees op bepaalde plekke, waar daar

aansienlike Kleurlinggetalle teenwoordig is, ingestel gaan word. In hierdie komitees sal sowel Blanke en Kleurling= persone dien - persone wat in hul eie gemeenskappe 'n leidende rol speel en wat hierdie belangrike saak van gesonde verhoudinge, kan bevorder. Die komitees sal hulle aandag toespits op terreine waar daar knelpunte bestaan en wat gesindhede tussen die twee groepe vertroebel, en sal besin oor gepaste optredes om dit in eie midde uit die weg geruim te probeer kry. Die belangstelling wat reeds van orals daarvoor ontvang is, is beslis bemoedigend. Dit bewys dat daar 'n wesenlike behoefte by with en bruin bestaan om sake wat hinder en wat seermaak, met mekaar te bespreek sodat gesamentlik na oplossings gesoek kan word.

Nagenoeg 70 van hierdie komitees word beoog. Die regering ag hierdie onderneming, wat as uniek beskou kan word, van so 'n hoë belang dat 7 openbare verhoudingsbeamptes op 3 November deur my Departement van Kleurling-, Rehoboth- en Namabetrekkings op verskeie sentra geplaas gaan word om die verhoudingskomitees met hul taak by te staan.

In die Oranje-Vrystaat word die beampte in Bloemfontein gevestig en hy sal spoedig met die komitees wat in hierdie provinsie ingestel is, en nog ingestel gaan word, kennis maak.

Mnr. die Voorsitter, ek wens hierdie komitees alles van die beste toe met hulle toekomstige werksaamhede. Ek persoonlik glo dat hulle nog baie sal bereik om verhoudinge tussen bruin en wit in Suid-Afrika te normaliseer en verder uit te bou.

Meneer die voorsitter en lede, ter afsluiting wil ek weer wys op wat ek in die begin gesê het naamlik slegs deur beraad om dieselfde tafel, kan ons mekaar se probleme begryp en gemeenskaplike probleme oplos ter bevordering van die belange van die gemeenskap wat ons dien.

Ek bedank u hartlik vir die voorreg om vandag hierdie vergadering te kon open. Ek wil ook die vertroude uitspreek dat die besprekings vrugbaar sal wees en wens u alles van die beste toe. Ek verklaar hierdie vergadering geopen.

UITGEREIK DEUR DIE DEPARTEMENT VAN INLIGTING OP VERSOEK VAN
DIE MINISTER VAN KLEURLING- REHOBOTH- EN NAMABETREKKINGE.
PRETORIA

COCAINE

■ **COCAINE**, the mind-lifting drug that has become the plaything of millions of Americans, is now making its mark in South Africa.

Costing more than R150 a gram — almost double its cost in New York — and taken by sniffing up the nostrils, it is finding a market among the "beautiful people" in the country's main cities.

In spite of tough drug-abuse legislation, drug smuggling continues to flourish and larger and larger amounts of cocaine are being seized by the South African Police Narcotic Bureau.

At present dealers in cocaine face a minimum five years sentence for their offence without the option of a fine.

Last month cocaine worth R600 000 was seized at Jan Smuts Airport allegedly bound for the lucrative South African market.

COCAINE — "coke, snow, charlie, leaf, flake or blow" in today's slang language — was used by Inca priests and nobles to signify their membership of the aristocracy and to aid them in the search for religious truth before the Spanish invasion of parts of South America in the 16th century.

This is not difficult to understand when one realises that the drug has traditionally been among the most expensive — its value in weight today is roughly four times that of gold — and that in the short term it makes users experience feelings of increased energy, enhanced mental alertness, euphoria and

greater sensory awareness.

It also reduces the need for food and sleep.

But, warns a fact sheet of the S A National Council on Alcoholism and Drug Dependence (SANCA), physical symptoms of

large doses include an accelerated heart beat, faster breathing, a rise in body temperature, dilation of the pupils, sweating and pallor.

After an overdose, heart failure, a high fever or convulsions can lead to death.

Cocaine is extracted from the coca bush, an indigenous plant in Bolivia, Peru, Columbia and Chile, and is a powerful stimulant of the central nervous system.

The coca leaf is today still widely used by Indians in the Andes

Mountains to counteract fatigue, hunger pangs and the intense cold.

In their search for a local anaesthetic, two German doctors, Gaecke and Niemann, in 1860 discovered that the active ingredient in the



Special report by **MILES CLARKE**, and **DIRK van**

Police 'on the lookout

IN Cape Town a specialist police drug squad is constantly on the lookout for the 'hard' drugs — cocaine, opium, heroin, and LSD.

The squad, members of the South African Nar-

cotics Bureau, maintains contacts throughout the 'jet-set' world where the exotic drugs are used.

In the past year two people have been sentenced to the minimum of five years for dealing

in cocaine.

However Captain Muller Haggard, of SANAB, believes there is little demand for cocaine in the city.

"I'm not saying it isn't coming in from time to

time but it is so expensive that few people are interested in it. I think some people read and hear about it and decide to experiment, but there is no craze for it as far as we know."

"When cocaine first surfaced in the Peninsula a year ago we made contacts in that sector of the community and it is unlikely any significant amount could circulate without our knowing

Runnin' round my brain

as/k ARGA 5
8/1/83

(87)



■ A man described his experiences with cocaine overseas:

"It made me feel intensely stimulated, but, curiously, at the same time extremely calm and euphoric.

"It is tremendously energising and although this strong feeling tapers off fairly rapidly, one still feels calm and alert even after a few hours."

His one sniffing "session" was followed by a night of vigorous disco dancing.

He said that at a dinner party the conversation had become "bright and alert, and no-one missed a nuance."

The man added that he did feel tired afterwards, as "one is stimulated to a degree where you use a tremendous amount of energy."

Cocaine was "less benign" than marijuana (dagga) and he had heard that excessive use could lead to a heart attack.

■ "After a few sniffs being straight is just so boring," says a user who has had plastic surgery to his nostrils and sinuses to repair the ravages of the drug.

Cocaine has become widely accepted in the United States and the smuggling of the



white powder has become a "cottage industry" making millionaires out of more and more middle-class people every year. One sales operation in California earned R84-million in seven months.

YL, Weekend Argus reporters.

of suppressed pain, and called it "cocaine."

Sigmund Freud was among those to experiment with the drug and became widely used in fashionable circles in America towards the end of the last century.

When adverse effects became known in the second decade of this century, cocaine distribution was restricted by legislation and there was a marked decline in usage until the 1960's.

Today millions of Americans use cocaine regularly and some hosts in wealthy suburbs of South African cities are known to have offered it to their guests.

In what is believed to be their largest single drug haul, Jan Smuts Airport customs officials last month arrested a British immigrant after seizing 2 kg of cocaine valued at R 600 000.

And in July this year two Johannesburg com-

pany directors were among six people arrested for using the drug.

Cocaine is a fine white, odourless, crystalline powder with a bitter taste and is often diluted with such inert substances as cornstarch, talcum powder or sugar.

The most common way of using it is inhalation — called "sniffing" or "snorting."

The user grinds the drug with a fine razor blade into a powder and then inhales it through a pipe or rolled up paper (in status-conscious American circles through a rolled-up hundred-dollar note), or from a small spoon, into one nostril while

pinching closed the other.

Users wanting to intensify the effect inject it under the skin or intravenously or smoke chemically treated fine powder ("free-basing").

Signs of chronic use include a running nose, damage to the nasal septum (the cartilage which separates nostrils into two compartments) and mucous membranes (sometimes causing a hole in the septum, with a resultant collapse of the nose bridge to make the nose look like a boxer's) sores and scabs, particularly on the arms and chest, and hostile and belligerent behaviour.

Physical dependence may develop in certain regular heavy users, according to SANCA's fact sheet, while psychological depen-

dence may be intense.

Cocaine is registered as a Fifth Schedule (Dangerous dependence producing drugs) Drug in South Africa and penalties as high as 10 years' imprisonment without the option of a fine could be imposed for a first offender caught in possession of or using "controlled drugs."

According to a SANCA community worker in Cape Town, Mr Tertius Cronje, "the immediate problem in South Africa is that we do not have really meaningful statistics about cocaine."

He added that it was a "rich man's vice" which he believed was growing in Cape Town.

It is estimated that it costs a host about R 25 a person to "entertain" guests on cocaine.

out it." Captain Haggard said innocuous substances like icing sugar and baking powder were often bought in for testing by anxious parents concerned about drugs.

WEEKEND FOCUS

THE LIFE OF AN ATIIVAN ADDICT

SPECIAL REPORT

by REHANA ROSSOUW
Weekend Argus Reporter



AN absolute abyss of hopelessness. Those are the words used by a former dependant, describing her once powerful addiction to Ativan.

Mary (not her real name) was prescribed Ativan by a psychiatrist after suffering from anxiety and stress following domestic problems.

"I couldn't handle the stress in my life, and my doctor suggested I use Ativan," she said.

"Ativan made me feel better. It took the anxiety away, even though it didn't take my problems away."

She said she was told that each time she felt anxious, she should take one pill.

"After a while I was taking one every three seconds. A doctor who saw me after I went cold turkey said it was a miracle that I did not develop epileptic fits after taking so many pills each day," she said.

THE pills were freely available to her, though for the first few months of her two-year addiction they were only available on prescription.

"I got to know the pharmacist quite well after dealing with him for years. All I needed was to go up to him and ask for my pills. He never asked for the prescription," she said.

Although the pills were prescribed as a tranquiliser, they gave Mary a high, she said.

"Although I've never used cocaine, I imagine it has the same effect. You feel like you're walking on a cloud, as though your feet aren't touching the ground — it sends you sky-high."

"After a while, the pills no longer sedated me. I think once you become used to them, they don't do what they are supposed to do."

SHE started mixing the pills with alcohol. Although she was not a heavy drinker, she began heavy social drinking, while under the effect of Ativan.

"If you want to go to hell before you die, mix Ativan with alcohol"

Mary realised after a while that Ativan was not helping her solve the crisis in her life. Although they helped her forget her problems for a short while, they came back when the effects of the drugs wore off.

"I wanted total oblivion"

"I descended into an absolute abyss of hopelessness. I felt there was no solution to my life," she said.

"Ativan only affected my body. It couldn't give me what I was craving for — I wanted total oblivion."

"In the end I tried to commit suicide, but it didn't work. I swallowed 50 pills one

evening and lay on my bed waiting to die. I didn't even fall asleep," she said.

THAT'S when Mary started getting angry. She felt that she was no longer in control of her actions and her life. She had reached the stage where she relied totally on Ativan to get her through another day.

"All I needed was counselling. I needed someone who would listen to me, who would share my problems with me. But there was none available. My family wouldn't allow me to talk to anyone in case everyone heard about my domestic affairs," she said.

Cold turkey

"I was so angry that my doctor had put me into this situation. He should have warned me."

Mary decided to go cold turkey. In 1984, two years after she first began using Ativan, she threw all her pills away.

"It was hell. I had terrible cold sweats, the shakes and a terrible restlessness. I couldn't keep still, I had to move around all the time."

But Mary persevered, and can cope without Ativan now. Her doctor prescribed a milder tranquilliser, which she only uses if she cannot fall asleep.

With the help of other women facing similar problems as hers, she began talking about her life and her problems.

QUOTE
"If you want to go to hell before you die, mix Ativan with alcohol. My doctor never warned me against mixing the two, it never entered my mind not to."



QUOTE
"I swallowed 50 pills and lay on my bed, waiting to die."

... and an absolute abyss of hopelessness . . .

sion, emotional instability, nausea and headaches.

The pills, available only on prescription at pharmacies, are swallowed by legitimate users but are "maintained" by injection into major arteries by abusers.

Legitimately, Ativan is benzodiazepine prescribed for the treatment of anxiety, tension and sleep disorders, but if used incorrectly could cause depression.

Abusers of the drug claim that it causes euphoria and leads to dependence on its stress-reducing effect.

Signs of abuse are alcohol-like intoxication, slurred speech, impaired co-ordination, disturbance of thought and memory, mood swings and aggression. Evidence at Mr Willey's in-

quest was that he filled three prescriptions for Ativan over 12 months. His most recent prescription was for 60 tablets on March 4. He had received 140 tablets since April 24, 1986.

Mrs Jeanne Willey told the inquest court that her husband had told her he had pills prescribed for him by a certain Dr King, but he had said he was going to stop taking them because they made him depressed.

A medical practitioner, who cannot be named for professional reasons, said: "By and large, it should only be prescribed for patients who are suffering from stress or anxiety. The pills have a terrible effect on patients who are suffering from depression."

He said the pills should only be prescribed for short-term usage as patients could become dependant on the drug very quickly.

"I've seen patients hooked, and it's not a pretty sight. They beg us to give them more all the time. And if we don't supply them, they go to doctors who will."

He said patients taken off the drug suffered withdrawal symptoms similar to alcoholics deprived of liquor.

"They get tremors, hallucinations and their bodies convulse if we deny them their 'fix', he said.

MANY doctors were hesitant to supply patients suffering from stress with benzodiazepines, he said. "I prefer treating the cause,

not the disease. What doctors should do is find out what the root of the problem is. If you have a good relationship with your patient, counselling would be a more effective remedy than popping pills."

A therapist at a drug rehabilitation centre said withdrawing from Ativan abuse was often a traumatic process for the patient.

"They come to rely on the drug so much because of the high it gives them. We find it much easier to treat alcoholism than Ativan dependance," she said.

She added that the drug was probably first introduced to abusers by their doctors, who continued to feed their patients' habit without realising that they (the patients) had become hooked.

"But we have seen cases where abusers forge prescriptions to get hold of the drug, they are so desperate."

The withdrawal symptoms were so horrendous, she added, that abusers were taken off the drug gradually, until they no longer needed it.

■ A SPOKESMAN for the Medical Association of South Africa said there were no rigid guidelines laid down for doctors when prescribing dependence-forming drugs.

"All doctors should at least have some common sense; they should be aware of the hazards of prescribing these pills."

He said all doctors were updated regularly on the dangers of certain drugs by both the pharmaceutical companies and experts in the field.

"When doctors prescribe Ativan they should warn their patients that there is a possibility that they could become dependant and they should be careful of overuse of the drug."

He said the packaging of the drug contained no warning on the possibility of becoming dependant on the drug, but this was not necessary, because it could only be obtained in small doses with a doctor's prescription.

"No patient can walk into a chemist and receive Ativan over the counter."

He said doctors should insist that patients visit them regularly, and if they noticed dependance on the drug, they should warn their patient off

slowly and prescribe a milder drug.

"The problem usually arises in patients with an addictive personality. You get some people who could just touch a drug like cocaine and become hooked almost immediately. Then you get others who can be on a habit-forming drug for years and never get hooked," he said.

"The only way to avoid dependence is to administer the smallest amount possible to the patient and ensure that it is impossible for him to obtain the drug in any way other than a legal prescription given by their doctor."

■ Representatives of the manufacturers of Ativan could not be reached for comment yesterday afternoon.

ATIVAN, the drug prescribed to the late Minister of Environmental Affairs, Mr John Wiley, has a high potential for psychological dependence, and if used incorrectly, could cause depression, according to experts.

A dependant, who was using up to four pills a day, combined with alcohol, said it sent her into "an absolute abyss of hopelessness".

The drug is classed as a minor tranquilliser, and is similar to Librium and Valium, the most abused drugs in the United States.

The street name used by dependants is "downers", as the drug causes apathy, decreased motivation, depres-

Medical Society
Government to create some kind of provision for des...

by 1961 (55) had validity. Its spokesmen
'miners are now simply confronted with a choice of evils',
namely silicosis or pneumonia, a view supported by the Professor

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Drug addiction can start at 12

Dagga probe of children under way



Two investigations into the use of dagga, one among schoolchildren and the other on cancer patients, are under way in South Africa.

The Human Sciences Research Council (HSRC) has just completed a survey of about 3 000 men over the age of 15, to see what percentage used drugs while they were at school, and what types of drugs were used.

All the questionnaires have to be processed and the results are expected to be published in October.
Mr C van der Burgh,

A Star investigation by Diana Shoebottom

chief researcher in the HSRC project said: "A similar survey done in 1975 showed that at least 20 percent of men and 21 had used drugs, mainly dagga.

"In 1979, interviews with regular drug users who were receiving treatment revealed that the average age at which they had first experimented with dagga was 16, and with other illicit drugs the age was 12."

A research programme into the use of dagga—to lessen nausea and

vomiting during treatment of cancer — will begin as soon as it has been approved by the Medical Controls Council.

"More effective anti-nausea drugs are needed as many patients pull out of therapy because the resulting vomiting is so severe," said Professor Frances Ames, head of the neurology department of the University of Cape Town.

"We intend testing about 30 consenting patients, although they will not know whether they will be getting conventional medicine,

marijuana or a placebo." This will be the first time in South Africa that experiments with dagga will be allowed to be done on human subjects.

Mr van der Burgh said: "Even though so much research is being done with marijuana and so much information is available, the public is very ignorant about it.

"There is a lot of misunderstanding about drug abuse. The word 'drugs' conjures up pictures of dagga smokers and mainliners in most people's minds, but that is only a small part of the story."

FORTY years ago in a small laboratory in Lucknow, India, a doctor trying to find a malaria cure spotted the hypnotic and drowsy effect his new drug had on rabbits.

It was a genesis: For insomniacs a new medicine. For many South African youths, a drugged hell. For the mandrax mandarins, millions of rands each year.

Dr M L Gujral had been looking for a solution to a desperate malaria problem in India — quinine, the common cure, was not available.

By accident during testing he discovered the effects of methaqualone — a mild non-barbiturate hypnotic drug which made his rabbits drowsy.

Today thousands of young South Africans are like rabbits caught in the headlights of a speeding steamroller drug derived from methaqualone.

That drug is a little white tablet, banned but ever-present, called mandrax.

Ten days ago I flew to India, home of the mandrax tablet, to trace the roots of South Africa's main drug problem.

Bombay — a bustling hectic coastal city, crowded with cars of 20-year-old design, ageing buildings and narrow streets seething with humanity.

Also one of the two cities in the world where mandrax is still produced.

Last year four factories in Bombay produced 5,5 tons of methaqualone.

In the dirty but lively streets of Bombay, mandrax tablets can be freely bought from among the city's 90 000 taxi drivers for 8 cents — already four times the manufacturing cost.

Locals then pass on tablets to tourists. By now the price has "rocketed" to a mere 50 cents.

Dirt cheap for the "big-timers" who move in on Bombay to pick up the pills for a pittance from dealers or students with the right contacts.

These "big-timers" enter India from various African states — Nairobi, Swaziland, Mauritius, and Lesotho.

They have little to fear in dealing in mandrax in India, where drug laws are lax, and the end profits on a 50c investment are staggering.

One pill sells on the streets of South African cities for between R7 and R15.

Mandrax is still made legally at Roussel Laboratories in the city for the use of the local population.

Dr Kathuria said it was difficult to manufacture methaqualone in clandestine labs because special equipment was needed for this.

"Methaqualone is a weak hypnotic but studies showed that its hypnotic effect could be extended if phenylhydramine (benadryl) was added." Mandrax contains both: 150g of methaqualone and 25g of phenylhydramine.

Lax laws

Dr S S Gothoskar, India's Drug Controller and Director-General of Health, explained that the laws imposed an average six-month sentences for dealing in hashish, cocaine and even heroin.

The average maximum

Mandrax: The white tablet of hell for SA youth

penalty for exceptionally large amounts is two years' imprisonment plus a fine.

The maximum sentence for any drug offence is three years' jail.

This law — which has not been revised since 1930 — makes no distinction between ordinary users and dealers.

Now, he says, a new bill to make a distinction between possession and trafficking is ready but not introduced.

He said this bill raises the maximum sentence for trafficking to 10 years' jail.

This is still tame compared to South Africa's drug laws. People caught trafficking here may get jail sentences of up to 25 years.

But the laxity in Indian drug laws is in tune with the mental attitude of people who have for centuries taken drugs as a form of religious experience.

From priests in the country's multitude of temples down to the poorest believer, drugs have been seen as a method of getting nearer to the gods.

Hallucinatory drinks called "bhanga" are sold legally on streets at festival time.

Several taxi drivers in Bombay and Delhi carefully admitted to me they could help obtain some under the counter.

Others offered to introduce fellow drivers with good contacts. They said the price could be anything up to 5 rupies (50c) a tablet on the black market.

Reaping profits

And having bought the pills, how easy is it to get them into South Africa to reap the enormous profits?

The mandrax smuggling route has doubled its activities in the last 12 months, with couriers carrying the drug into South Africa in false-bottomed suitcases, slippers and ornaments.

Since it was banned about three years ago, the price has shot up from 10c to anything up to R15 a tablet.

Crushed and smoked with dagga it makes a concoction known as a "white pipe".

Consignments vary in size — from 50 000 to 300 000 pills at a time.

In India they find their way to drug dealers and runners who operate from plush hotels, through taxi drives.

One of the hotels used by dealers is the luxury President Hotel in Bombay.

Runners spend days and even weeks in the hotel making dozens of clandestine telephone calls a day to set up the delivery of a consignment of drugs and negotiate its price.

A Mafia-type operation, with cut-off points, in which runners return again and again to negotiate with middlemen but never meet with the illicit supplier, has built up around the deals.

Runners make as much as R20 000 to R65 000 for importing a single consignment.

A recent consignment of 300 000 tablets worth about R3 million which was destined for South Africa was to have put R65 000 in the courier's pocket before it was intercepted.

The tablets are flown to the African conduit states and then on to South Africa.

But Indian police are not always as lax as the law. Recently they intercepted a massive consignment of 22,5kg of mandrax and 7 130 tablets at Santa Cruz airport in Bombay.

Three South Africans and one Australian who had wrapped the consignment in tin foil and then placed it in false bottomed suitcases were arrested. They may even be free by now, according to police in Bombay.

Indian police are under increasing pressure from international organizations such as the Vienna-based United Nations Commission on Drugs and the World Health Organization curb drug abuse in the country and clamp down on the supply sources.

The international problem of methaqualone is caused by the fact that far more is being manufactured than can be used for legal purposes, according to a spokesman at the UN Division of Narcotical Drugs.

Last year 100 tons of methaqualone entered the United States for illegal use whereas only 9 tons were manufactured for legal domestic purposes, he said.

South Africa's methaqualone (mandrax) problem cannot be as clearly defined yet.

But according to Swaziland and South African police, in June alone drug squad detectives in Southern African states seized consignments of 50 000 pills at Matsapa airport and 46 000 pills at Nersten Borderpost between Swaziland and South Africa.

In September, another 100 000 tablets were seized in Gaborone and 7 350 seized from two sellers in a Johannesburg hotel.

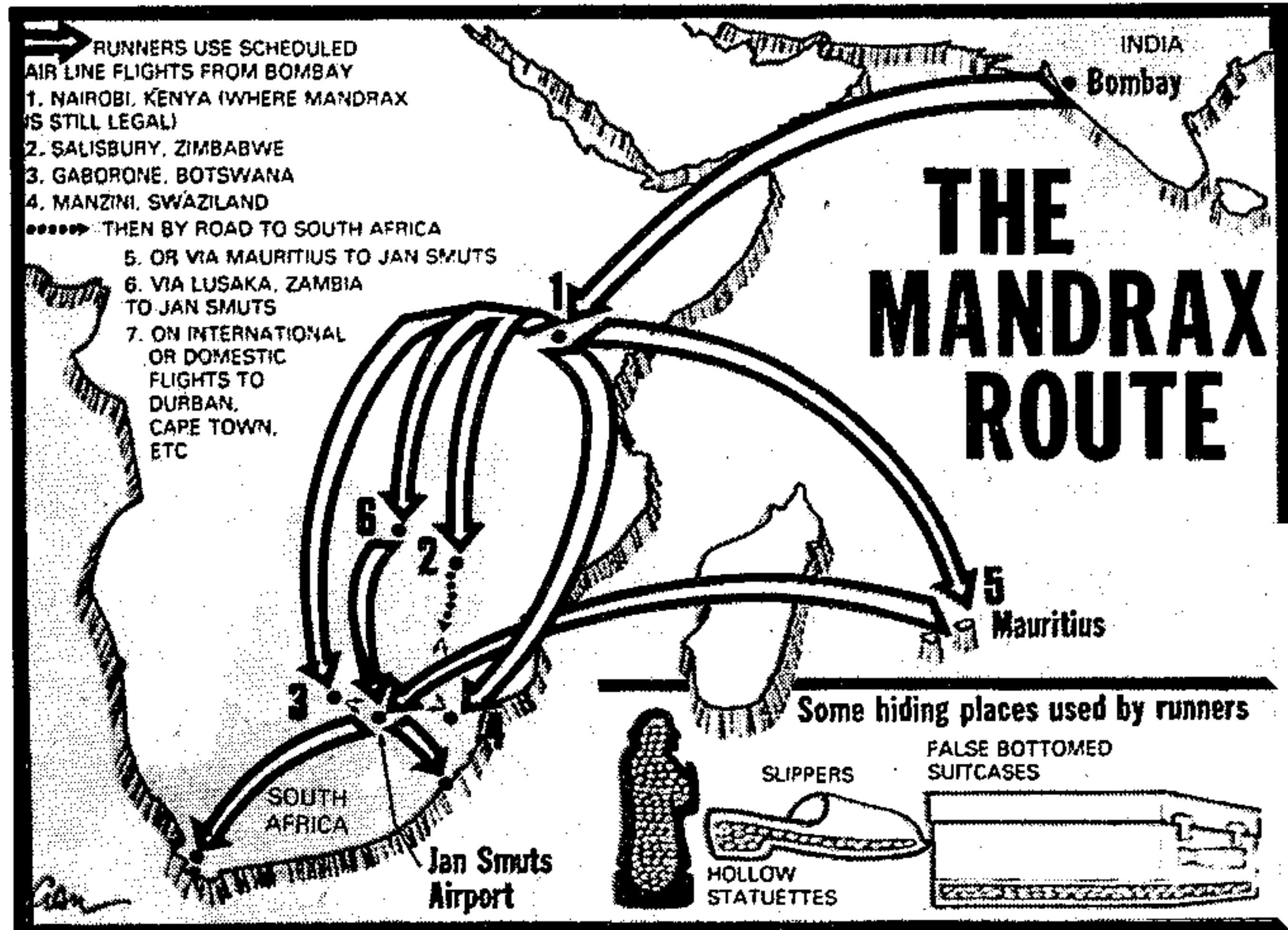
Chief of the Swaziland CID, Mr S E Dhlamini, said in past months detectives had seized three unlabelled suitcases at Matsapa Airport containing a total of 150 000 tablets worth at least R1,5 million in South Africa.

A few weeks ago they seized another consignment of 50 000 tablets.

"The culprits were never arrested because the luggage arrived unaccompanied. One would expect the owner to be among the passengers but he just never pitches up," Mr Dhlamini said.

"We managed to trace the cases' travel route back to Nairobi and from there to Bombay."

Reports by Cape Times correspondent EMILIA JAROSCHEK
Graphic by GAIL IRWIN



'My wife and child left me because of drugs'

WHITE pipe and black cinders — the stark contrast in the mandrax user's life.

White pipe — a carefree lifestyle of soaring highs; black cinders — a burnt out life, with career, family life and feelings left in ashes.

A grim picture painted not by experts or authorities but by three former mandrax addicts.

They were from respectable homes and became addicted to "white pipes" — a deadly mixture of ground mandrax and dagga.

All three are now receiving treatment for drug abuse at Johannesburg clinics.

Bennie

HOME was with a well-to-do Sandton family. At 13 he was smoking dagga. Sixteen saw the introduction to mandrax. Before he knew it he was a drug merchant and a regular "whitie" (smoker of white pipes).

"My parents tried everything. Eventually they just gave up hope and I was stupid enough just to carry on.

Bennie sometimes "popped" the tablets but did not get the same "whoomy high" as he did when he smoked the mix.

"Within seconds of inhaling it you can feel a tingling sensation all over your body. Then you just shoot up sky-high.

"I had to leave school because I had lost all interest and didn't care."

Frank

THREE months ago Frank, a 22-year-old fully-

qualified electrician, couldn't even remember his name.

His addiction to mandrax had cost him his wife and child and his hard-earned possessions — house, car, furniture and motorcycle.

He started smoking "zols" (dagga) at the age of 15. Three years later he discovered the euphoria of the "white pipe".

"It did not take long before I started each day by "busting" (smoking) a whitie.

"That smoke would carry me through till about lunchtime, when I would have another.

Because he was a regular he received tablets at a discount — R6 each.

"As my personal troubles mounted up — which in any case were due to me abusing drugs — I would just smoke more and more Mandys.

"Now I want to return to a normal life."

Linda

AT 20 Linda still shows shades of her former attractive self. But black and sunken eye-sockets and restless eyes tell their own story.

"Up to two weeks ago I was using Vesperax, Obex, Mandrax and smoking grass on virtually a daily basis.

"Sometimes I would go to bed with any guy who had drugs in his flat. I was on the pill. It was all part of the scene.

"But then a friend of mine died when he had a fit after suffering a withdrawal. I decided that was enough. Tabs were just out."

Sweet dreams could last forever

THOSE sweet dreams given to you by mandrax could last forever.

This warning was issued by Dr Sylvain de Miranda, director of the South African National Council on Alcoholism and Drug Abuse.

Mandrax is a hypnotic sleeping tablet which depresses the vital centres of the central nervous system.

It slows the pulse, heart rate, breathing, causes slurring of speech, decreases reflexes, causing drowsiness and eventually sleep depending on the dosage.

But mandrax — once considered the safest hypnotic drug on the market — can also kill.

Dr De Miranda said people who started abusing the tablet found that by mixing it with dagga they could get a "one plus one equals three" effect and trip on the tablet — creating a feeling of unreality.

"Young people take the sleeping tablet, then skip around, dance and deliberately stay awake to go "moggy" and get a form of excitement.

"In 1973 and 1974 North America reported a tremendous escalation of mandrax abuse.

"This, as with most drug problems, reached South Africa about 12 months later.

"The drug was found to cause serious physical addiction and physiological dependence. The abuser feels he cannot live without it.

"People hooked on the drug develop a tolerance which enables them to take quantities far above the lethal dosage.

"Whereas six tablets could kill a normal person, people who are hooked can take 15 and even more and survive.

"But stop the abuser taking the drug and the body goes into a state of withdrawal shock which becomes a medical emergency.

"The body — accustomed to functioning at that high toxic level — goes into shock and suffers agonising abdominal pains, incessant vomiting and seizures of an epileptic nature.

"The fatality rate of people who reach this stage without speedy medical intervention is between 8 and 14 percent.

"Symptoms usually occur 20 to 26 hours after the last dosage.

"Terribly high dosages in animals caused spasms of circulation in the small blood vessels and deadening of the terminal parts of bones.

"A totally addicted patient who once came for treatment had developed perforal muscular spasms which resulted in the tips of his fingers dying off to the extent that dead bone showed at the finger tips."

Waifs face future with a 'sniff'

AKG:12 2:04/3/82

By Tim O'Hagan

SIX children aged between 12 and 16 have told how they live like old drug addicts — sleeping in a city parking lot and surviving on charity and a perpetual high of paint-sniffing.

An Argus investigation established that for two years these children have been ignored or neglected by relatives, passers-by and the police.

They have made their 'homes' on old mealie sacks, surrounded by building debris, broken bottles and litter.

Their diet consists of bread, water, polony and the rotting contents of refuse bins.

Their incentive to live is their next 'fix' — a sniffing session with a jar of paint-thinners.

Their contact with humanity is confined to herent. He is furtive, shy

begging in car parks and, and claims no bonds with for two, selling news, home, family or friends. papers.

A social worker today described their existence as 'an appalling affront to the Christian ethic of love and good neighbourliness.'

For two years Frans Griffiths, 16, and his five friends, Leon Louw, 12, Benjamin Dlamini, 14, Kelvin Wilson, 13, Nikaas Adonis, 14, and a youngster who knows himself only as 'Boy', 12, have been hustling for a fix.

They get it at a weekly cost of R1,68 — the price of a can of paint-thinner which they pour into plastic cartons and sniff continuously.

'Boy', sits with glazed eyes and a runny nose and fumbles with the carton tucked between jersey and chest. His speech is incoherent. He is furtive, shy

His mentor and surrogate father, 16-year-old Frans, says: 'We sniff the paint because it makes us warm. In winter the paint keeps us warm. In summer the paint makes our heads hot.'

They occasionally direct cars into parking bays, and rely on tips for the bulk of their livelihood.

Kelvin Wilson, 13, used to have a home in Bonteheuwel. When his parents died, he moved to town. He and his buddies have slept against the wall of the parking lot, in Bultengracht Street, for two years, sniffing paint-thinners without a trace of public reaction or involvement.

A woman who works nearby said: 'They sleep here through summer and winter, through rain and sun. Sometimes they fight each other with broken bottles.'

Sometimes they also throw the flammable paint-thinner at each other.

Last week, Leon was severely burnt on his malnourished arms and legs when burning paint-thinner was thrown at him. He was treated at Somerset Hospital.

His parents are dead. He remembers Retreat as his former home, but he seems to have left his mind at the bottom of one of his paint bottles, and says very little.

Waif-like Nikaas, who smiles and talks more than his companions, says he has a 'fix' in



NIKLAAS ADONIS, left, ponders the effect of paint-thinner fumes with his friends, Frans Griffiths (back) and Benjamin Dlamini. (Pictures by Doug Pithey.)

weather and how 'bombed' they feel.

Hundreds of motorists have parked with their bumpers metres away from the boys.

Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University

le exclusion from the



FRANS GRIFFITHS and the ever-present paint-thinner.

Last week, Leon was severely burnt on his malnourished arms and legs when burning paint-thinner was thrown at him. He was treated at Somerset Hospital.

His parents are dead. He remembers Retreat as his former home, but he seems to have left his mind at the bottom of one of his paint bottles, and says very little.

Waif-like Niklaas, who smiles and talks more than his companions, says his mother lives in Robertson and his father lives in Manenberg.

Of his addiction to paint-thinners, he says: 'It makes me feel drunk and warm. It also makes me feel very strong.'

Benjamin and Kelvin have tried their hands at selling newspapers, but it's been an on-off business, dependent on their particular mood,



NIKLAAS ADONIS, left, ponders the effect of paint-thinner fumes with his friends, Frans Griffiths (back) and Benjamin Dlamini. (Pictures by Doug Pithey.)

weather and how 'bombed' they feel.

Hundreds of motorists have parked with their bumpers metres away from this forlorn, semi-comatose group.

A few, the children say, have paused to watch the ritual of 'sniffing'.

One or two, sensing wrongdoing, have even given chase—sending the youngsters hurtling into the anonymity of streets and alleys for refuge.

No one seems to have considered their helplessness or their future.



NIKLAAS ADONIS reels from the effect of a 'sniffing' session.

By
JAAP
BOEKOOI

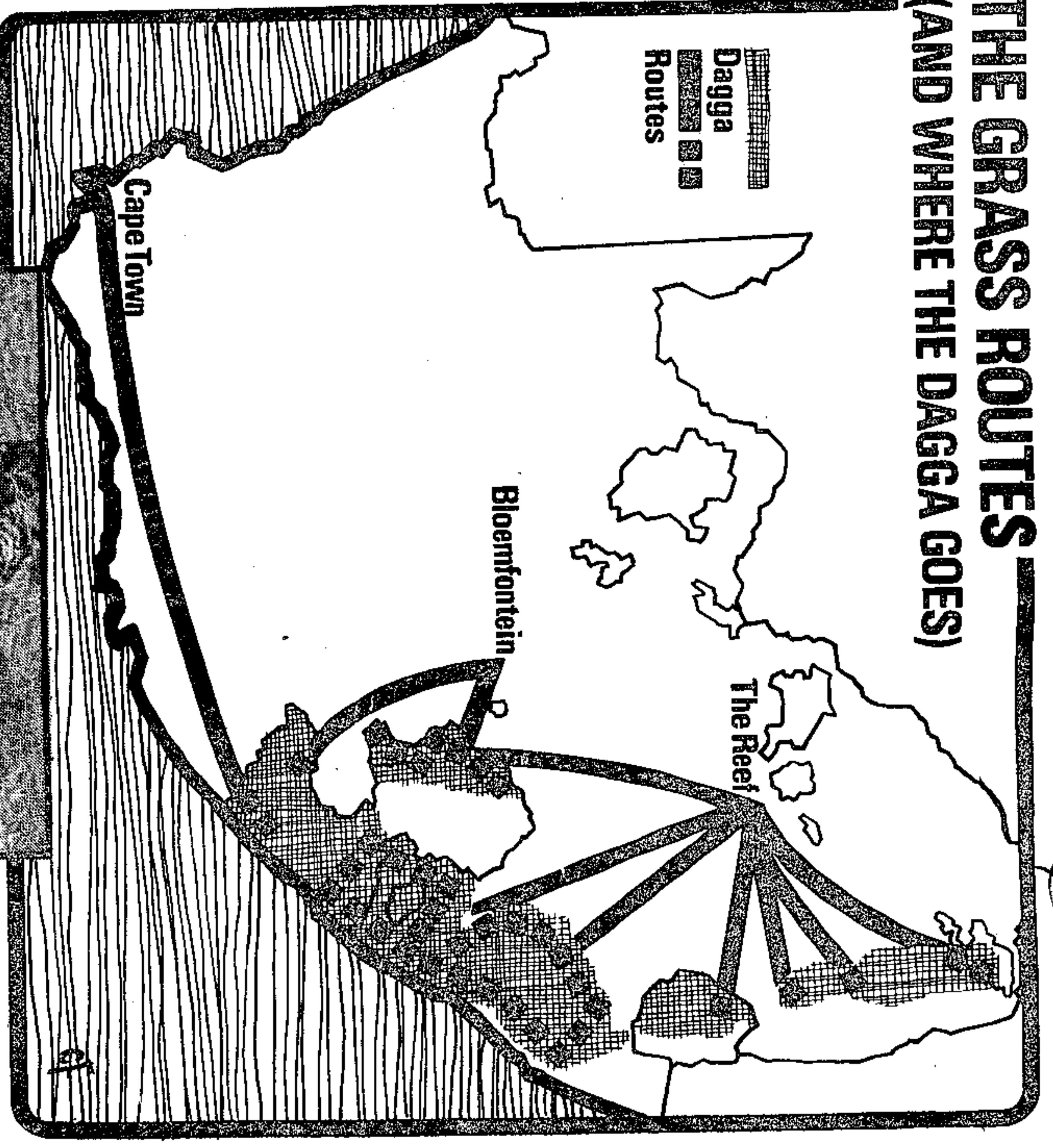
OLD van Riebeck, with the fringe tresses and the chin collar, started it all when he sent an expedition to find that valuable medicine, dagga.

The pot spots and the dagga trails of South Africa

w/e Areas 22/1/83

87

THE GRASS ROUTES (AND WHERE THE DAGGA GOES)



And now South Africa is literally covered with the grass routes of a national industry that costs up to R1 000 million a year.

In valleys and backyards, on tribal lands and in corners of white farms and behind bushes on the slopes of lonely koppies.

And from there the plants with the characteristic fan-shaped leaves are dried to death on the old and new trading routes, a spider-woven network of pot spots and dagga trails.

The graphic on this page shows the country's main grass routes. They run everywhere like a web of fine veins, with now and then a blockage in the form of a stalking police posse or a road block.

Dope caravans and the routes they follow have been in the news lately with a police statement that during three months more than 10 000 people were arrested for smuggling or being in possession of drugs and that almost R50 million worth of dagga had been confiscated during this period. This means, with a full police crackdown, as many as 40 000 people could land up behind bars each year.

Scrutiny of recent police records on dagga arrests show the most successful anti-dagga strikes are made around the homelands and inside them if they are still under the jurisdiction of the South African Police.

The police have pounced on the smugglers in some of the finest hamlets you won't even find on the map, places such as Koma-dagga, Wolkeberg, Groenlei, Ifafa, Potmeroy, Msinga, Krans-

speak of the more traditional road block areas — most of Natal, Eastern Transvaal towns such as Hoedspruit and Wakkerstroom; much of the Eastern Cape through which passes the Transkei-Cape dagga trail, and the eastern section of the Free State through which passes much of the Lesotho dagga production.

"We now have a very high success rate in our battle with the dagga smugglers," says the head of the Police Narcotics Bureau, Colonel Basie Smit. "The smugglers are having a hard time. Recently we confiscated 106 of their cars, and we get valuable information from our contacts whom, I may say, we pay very royally for tips."

Colonel Smit thinks that most of Natal is now dagga-growing territory, as is Transkei,



■ A MEMBER of the Eastern Transvaal "dagga squad" in a dagga field high up in the mountains.

Swaziland and parts of the Eastern and Northern Transvaal and Lesotho. From the Transkei dagga trails go to Port Elizabeth, East London and Cape Town, but there is also a sub-

Colonel Smit does not believe in the often-heard allegation that the police stop only one out of 10 smugglers and that the other nine escape. "I am sure, our success rate is much higher than that," he comments.

But Dr Sylvian de Miranda, head of the Alcohol and Drug Rehabilitation Centre, thinks the police are about only 20 to 25 percent successful. "This is not a reflection on our police, but even the United States Narcotics Bureau, which is tops, estimates its success to be no higher than this. So the police can be called successful in terms of its own methods, and this success is indicated by the fact that local dagga prices have gone up.

In this field there is also confusion. When the police confiscated 575 000 kg of dagga during 1979 — 80 they valued it at R200 a kilogram, thus a total haul valued at R115 million. But this year a mere 40 000 kg was valued at almost R50 million, or R1 200 a kilogram. In reality prices have not risen that fast and, according to Dr de Miranda, the retail price is between R800 and R1 000 for a bag weighing between 15 and 20 kg, and for one-tenth of this price if you buy the stuff from somebody in a dagga-growing area yourself. The difference in the price, of course, reflects the risk factor of running into a nocturnal police road block and landing in the clink for 10 years or so.

South Africa's thick network of dagga routes have a close link with politics — one can say that apartheid encourages dagga smuggling.

Much of the supply is grown in KwaZulu, Transkei and other homelands by the wives of migrant workers as a much needed extra income. When hubby comes home from the

city he pays his better husbands in cities, dagga production would fall drastically and city youth would be less inclined to go to pot, if you pardon the pun.

city he pays his better husbands in cities, dagga production would fall drastically and city youth would be less inclined to go to pot, if you pardon the pun.

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87

HEALTH + DISEASE -

Drug Addiction

1979, 1980

87 -

Manorod

6

Quest Col 329

10/3/8

[Handwritten signature and scribbles]

**Absence of Dependence-producing
Substances and Rehabilitation Centres Act**
(1934) 1934, c. 70
S42 Mr. M. GOODMAN asks the Minister
of Police:

- 1 for 23 days
- 1 for 23 days
- 2 for 26 days
- 1 for 51 days
- 1 for 56 days
- 2 for 74 days
- 1 for 75 days
- 1 for 100 days

- (1) Whether any persons were detained during 1978 for intoxication in terms of section 13 of the Absence of Dependence-producing Substances and Rehabilitation Centres Act, 1934, (a) how many and (b) for what period were so detained;
- (2) whether any of these persons were subsequently (a) charged with and (b) convicted of producing drugs, if so, how many;
- (3) whether any of the persons arrested in 1978 are still in detention for intoxication if so, (a) how many and (b) for what period has each been so detained?

(2) Yes.

(a) 21.

(b) 13.

(3) Yes.

The MINISTER OF POLICE:

(1) Yes.

(a) 31.

- (b) 2 for 2 days
- 8 for 3 days
- 15 for 4 days
- 4 for 7 days
- 7 for 8 days
- 1 for 9 days
- 2 for 10 days
- 4 for 12 days
- 2 for 14 days
- 1 for 15 days
- 3 for 16 days
- 2 for 17 days
- 4 for 18 days
- 3 for 19 days
- 3 for 20 days
- 1 for 21 days
- 1 for 22 days
- 2 for 25 days
- 1 for 26 days
- 1 for 27 days

2.10 Examples.

- (i) On \mathbb{R} , $[0, 1)$ has cluster points $= [0, 1]$
 $(0, 1]$ " " " $= [0, 1]$
- (ii) The set $\{1, \frac{1}{2}, \frac{1}{3}, \dots\} \subset \mathbb{R}$ has 0 as only cluster point.
- (iii) The set \mathbb{Z} of integers $\subset \mathbb{R}$ - no cluster points.
- (iv) In (X, d) $d =$ discrete metric; let $A \subset X$.
 Then A has no cluster points

Note on \mathbb{R} $[0, 1)$ is not closed, but it is not open also.

Hansard Drug addiction/addiction to alcohol
 5 (3) 3 30
 343. Mrs. H. SUZMAN asked the Minister of Social Welfare and Pensions:

How many White (a) adult and (b) juvenile males and females, respectively, were (i) committed to and (ii) voluntarily entered rehabilitation centres and registered rehabilitation centres during 1979 for treatment for (aa) drug addiction and (bb) addiction to alcohol?

The MINISTER OF SOCIAL WELFARE AND PENSIONS:

(a) Adults

	Males	Females
(i)		
(aa)	68	13
(bb)	1 058	120

(ii)

	Males	Females
(aa)	75	38
(bb)	4 953	1 257
(b) Juveniles		
(i)		
(aa)	4	6
(bb)	4	16
(ii)		
(aa)	1	1
(bb)	9	12

Note

ts.

nd closed.

is open (in X)

if $\emptyset \subset A \subset X$

let $x \in X - A$

$\Rightarrow x \notin A$

$\Rightarrow x$ is not a cluster point of A (given: A closed)

$\Rightarrow \exists r > 0$ s.t. $S_r(x) \cap A = \emptyset$

$\Rightarrow S_r(x) \subset X - A$

$\therefore X - A$ is open.

\Leftarrow if A has no cluster points, it is closed.

Suppose x is a cluster point of A , but $x \notin A$

then $x \in X - A$ is open.

Hansard

Dependence-producing substances
 349. Mrs. H. SUZMAN asked the Minister
 of Statistics:

- (1) How many (a) adults and (b) juveniles in each race group were during the period 1 July to 31 December 1976 (i) charged with and (ii) convicted of (aa) dealing in or (bb) using or being in possession of dependence-producing substances;
- (2) in how many cases in respect of each offence in each age and race group did the offence relate to dagga?

The MINISTER OF STATISTICS:

	Whites	Coloureds	Asians	Blacks
(1) (a) (i) (aa)	140	483	65	2 050
(b) (i) (bb)	733	1 736	323	5 521
(a) (ii) (aa)	111	333	48	1 477
(b) (ii) (bb)	619	1 495	224	4 679
(1) (a) (i) (aa)	26	199	19	510
(b) (i) (bb)	340	951	156	2 106
(a) (ii) (aa)	21	148	14	393
(b) (ii) (bb)	275	853	115	1 846
(2) (a) (i) (aa)	119	462	63	2 009
(b) (i) (bb)	707	1 729	321	5 485
(a) (ii) (aa)	95	315	46	1 441
(b) (ii) (bb)	598	1 489	223	4 649
(1) (a) (i) (aa)	23	191	19	499
(b) (i) (bb)	332	944	156	2 092
(a) (ii) (aa)	20	140	14	383
(b) (ii) (bb)	272	846	115	1 833

Dagga not an antidote to jail

17/1/79

(87)

Mercury Bureau

PIETERMARITZBURG — A 42-year-old Hungarian who smoked hothouse-grown dagga to kill pain claimed he would have died long ago had he continued using morphine or liquor.

Tamas Horvath pleaded guilty before Mr. X. Odenaal in the Regional Court here to dealing in 448 dagga trees found in his Richmond hothouse, and an additional 3,5 kilograms found in bags in the house.

He stressed that the dagga was used for medicinal purposes.

Horvath said in evidence that his arm was paralysed following a hit-and-run accident in 1963.

After being discharged from hospital his arm started to smell rotten and cockroaches ran in and out of the plaster at night.

Rotted

It was subsequently discovered that his elbow had rotted away.

Skin grafts were attempted but the pain was so severe that he was given regular morphine injections.

As the doctors couldn't stop the pain he was given liquor to consume.

"My bedside cabinet looked like a bottle store."

However, a night-shift male nurse suggested he use dagga and gave him a few parcels of the drug.

"I didn't know what other remedy I could use," said Horvath, who is a diabetic and allergic to

penicillin and antibiotics. His health improved.

But during November 1974 he was treated for a lung abscess.

He claimed that he had inhaled a fly which hatched its eggs in his lung.

The lava were "all living and started eating my lung."

After smoking dagga in a park three times a day for two days, he coughed out the fly larvae.

He then refused all further hospital treatment.

He took a dislike to buying dagga from dealers as it was usually stored in filthy places and created a bad cough.

Fast

A Coloured labourer planted dagga in his hothouse. Those discovered by

police were only four months old. "They grow so fast in my hot-house."

The magistrate sentenced him to six years' imprisonment, of which three were conditionally suspended for five years.

He pleaded guilty to a further two counts relating to the illegal possession of an unlicensed home-made 12-bore shotgun and for possessing 20 rounds of ammunition.

Both counts were taken as one for purpose of sentence and he was fined R300 (or three months) and a further six months' imprisonment which was conditionally suspended for five years.

Horvath admitted previous convictions.

Mr. W. Moyses appeared for the State.

likely to be achieved through the redistribution of income from livestock production is unlikely to improve until there is more confidence on the technical side of a service infrastructure to support product Rather than the present and sadly conventional off to explore the value of exclusively or mainly of small scale beef finishing. That would require certain supplies and stable prices for grains supervised network of outlets so that the peas

Police uncover dagga ring

DD
2/2/79
87

DURBAN — A dagga trafficking network operating between here and Johannesburg on board scheduled airways flights was uncovered on Wednesday night when police boarded an aircraft at Durban airport minutes before it took off. They seized 6 000 dagga zols and arrested a young passenger.

The passenger, 24, had almost missed the flight and had rushed into the airport after the other passengers had already boarded.

But a police dog trained to smell out dagga pointed out a suitcase among the luggage on board the plane shortly afterwards. It contained the cigarettes.

Police said several dagga consignments had already been smuggled to the Reef, but more arrests might follow. — DDC.

Flying dagga ^{21/2/79 P.M.} smuggler ⁽⁸⁷⁾ grounded

Own Correspondent

DURBAN. — A dagga trafficking network operating between Durban and Johannesburg on board scheduled airline flights was uncovered this week.

Minutes before it took off on Wednesday night, police boarded an aircraft at Durban's Louis Botha Airport and seized 6 000 dagga 'zols' and arrested a young passenger.

The passenger, a 24-year-old, well-dressed Indian, had almost missed the flight and rushed into the airport after the rest of the passengers had boarded.

A police dog trained to smell out dagga then pointed out a suitcase among the luggage on board the plane and it was found to contain 6 000 dagga cigarettes.

The dog's handler, Sergeant Peter du Plooy, and

several members of Durban's Narcotics Bureau had waited at the airport after receiving information that a consignment of the drug was to be shipped to Johannesburg.

The dog, Freddie, had earlier sniffed systematically through luggage at the airport, but only once it had been placed on board the aircraft did it find the dagga.

It is understood that several consignments of dagga had already been smuggled to the Reef before Wednesday night's swoop.

After the airport arrest the police went to a house in Umlazi where an African woman was arrested and more dagga was found.

A police spokesman said yesterday more arrests could follow.

Sentence for dagga reversed

16/2/79 (87)
Mercury Bureau

PIETERMARITZBURG — The conviction and sentence imposed on an African woman for dealing in dagga was set aside on review yesterday after the Supreme Court found the case against her was "badly presented, the issues were inadequately investigated and the evidence was carelessly considered."

Miss Lindiwe Majola (25) was found guilty by Mr. J. P. J. Buitendag in the Kwa Mashu Magistrate's Court on December 21 last year of dealing in 500g of dagga. She was sentenced to 12 months' in jail, with three months suspended.

Mr. Justice Didcott, with Mr. Justice Kumleben, said on the record the evidence at the trial appeared to have been confused, full of contradictions, and the Magistrate's reasons for the conviction were "terse and unhelpful."

The Court heard Miss Majola was found in a Kwa Mashu house on November 13 last year when a dagga raid was carried out.

There was no dagga in the room in which she was found.

87

*Answered 3
Oct 155
2/12/77*

**Institutions for combating of
alcoholism/addiction to
dependence-producing substances**

172. Mr. N. B. WOOD asked the Minister
of Plural Relations and Development:

- (1) Whether any buildings have been provided by his Department for the purpose of combating alcoholism and addiction to dependence-producing substances; if so, (a) where are the buildings situated, (b) what has been the cost of each institution to date and (c) what is the number of occupants in each institution;
- (2) how many Blacks were committed for (a) alcoholism and (b) addiction to dependence-producing substances during each year of the last three years.

The MINISTER OF PLURAL RELATIONS AND DEVELOPMENT:

- (1) Yes.
 - (a) Madadeni (Newcastle).
 - (b) R483 390.
 - (c) 52.

(2) (a)	1976	22
	1977	19
	1978	29
(b)	1976	5
	1977	8
	1978	7



FATHER Basil van Rensburg, left, with tenants of the industrial premises in Canterbury Street, District Six, from which they may be evicted tomorrow. A last-minute appeal was being made to the Public Works Department today.

Plea for homes of 19 families

Argus 27/2/79. (87)

AN attempt will be made this afternoon to persuade the Public Works Department to allow 19 coloured families to continue to occupy industrial premises in District Six. If the bid fails, the families are likely to be evicted by midnight tomorrow.

The families have been paying tenants of Mr G H Lurie and Mr W A Hamilton who run a metalworks business in Upper Canterbury Street. Most of them have been staying on the premises for more than a year.

Last month the Public Works Department informed Mr Lurie and Mr Hamilton that 'the use of the premises as living quarters will no longer be tolerated.'

Mr Lurie told The Argus today that he had

been aware that his sub-letting for living quarters was not strictly legal but that he realised his tenants would probably not have alternative accommodation to go to.

HANDS TIED

'My hands are tied now that I'm jeopardising my own business and I've got to ask these people to get out by the department's deadline tomorrow,' he said.

Mr Lurie said he had asked the Public Works Department for an extension of the deadline but this had been refused.

He agreed to make one further attempt this afternoon to plead for an extension together with Father Basil van Rensburg, spokesman for the Rent, Residents and Ratepayers Association of District Six.

Cripple gets three years

Court Reporter

87

A CRIPPLE who said he "smoked dagga to forget his problems," was jailed for three years in the Durban Magistrate's Court yesterday.

Trevor Matthews (24) was caught by members of the Drug Squad in Victoria Street with 97 dagga sticks hidden in his crutches.

The dagga was hidden in the hollow portion at the top of the crutches, and also in cloth wrapped around the legs of the crutches.

Matthews said he bought the dagga for R1,50 from a friend who needed the money.

Appearing before Mr. G. B. Smit, Matthews admitted four previous convictions for possessing dagga.

Passing sentence, Mr. Smit said he had considered alternatives for Matthews, but they did not appear to be suitable. He said previously the Courts had been lenient in granting suspended sentences, but these did not seem to have the required effect.

Mr. Smit said Matthews had not been treated for his dagga smoking problem, but in jail he would receive the necessary help.

Mr. A. Berry appeared for the State.

Table Two 143

Ability to Use English

District	Primary Language(s)	Total Pop.	Understanding English	Percentage
Karonga	Chewa	182,000	8,267	4.5%
Ruaphi	Chewa	86,552	1,803	2.2%
Mzalaba	Chewa	51,180	5,474	10.7%
Dowa	Chewa	49,865	5,428	10.9%
Salina	Chewa	54,780	5,942	10.9%
Total		416,027	30,271	7.3%

conflict between Curators, it is interesting that none of those who resigned or were dismissed were Chewa. Ethnic cleavage was also shown in that three out of five District Councils in the Northern Region were dissolved as were six out of ten in the Southern Region. Chiefs from both areas were deposed, but not "District Councils and no chiefs were touched in the Central Region. The civil servants, finding their representatives

Malawi Congress Party had in the 1950s and early 1960s poured scorn on the 'backwardness' of the traditional institutions and had accused them of being relics of a dead past and British stooges. Their idea was to overcome ethnic divisions in Malawi and build the nation. On his struggle with the young intellectuals of the so-called 'rebel' group, Banda fell back upon the 'stogoes' and 'stooges' for support and thereby discovered an alliance employed the traditional Chewa institutions of nyen and witchcraft accusations against Banda's opponents, and Banda, in turn, found much to praise in the nyen.

Such an alliance came naturally to Banda, who although Livingstonia-educated, was no nyen-speaker. While a student in Chicago, he was the linguistic informant of Mark Hanna Watkins, the first grammarian of Chewa. In his introduction, Watkins noted that Banda "was a very excellent informant", and to this day Watkins's grammar is the language and in what he conceives as its purity. In addition to his interest in the Chewa language, Banda has long been interested in Chewa history and culture, and with the nyen young people in 1946 on a visit to the nyen. Banda was a nyen and he created as a nyen and he tended to equate Chewaness with Malawian-ness, and the Chewa people with the soul of the country. During his years in nyen after 1958, while campaigning

against the education, he frequently denounced nyen in nyen, yet often emphasized that the nyen was a nyen. He frequently used the nyen picture of a nyen Chewa past. Using the alleged territorial extent of the ancient nyen empire during the

TABLE

Year	Number of cases	Number of persons	Number of persons
1946	2	2	2
1947	6	6	6
1948	9	9	9
1949	5	5	5
1950	9	9	9
1951	0	0	0
1952	2	2	2
1953	0	0	0
1954	7	7	7
1955	2	2	2
1956	8	8	8
1957	6	6	6
1958	5	5	5
1959	5	5	5
1960	6	6	6
1961	6	6	6
1962	6	6	6
1963	0	0	0
1964	2	2	2
1965	7	7	7
1966	8	8	8
1967	6	6	6
1968	3	3	3
1969	4	4	4
1970	1	1	1
1971	7	7	7
1972	2	2	2
1973	9	9	9
1974	7	7	7
1975	2	2	2
1976	4	4	4
1977	4	4	4
1978	1	1	1
1979	6	6	6
1980	4	4	4
1981	6	6	6
1982	6	6	6
1983	6	6	6
1984	6	6	6
1985	6	6	6
1986	6	6	6
1987	6	6	6
1988	6	6	6
1989	6	6	6
1990	6	6	6

Hansard 5 (368) 91317a
 Persons detained/charged/convicted in
 terms of Abuse of Dependence-producing
 Substances and Rehabilitation Centres Act

161. Mrs. H. SUZMAN asked the Minister
 of Police:

- (1) Whether any persons were detained during 1978 for interrogation in terms of section 13 of the Abuse of Dependence-producing Substances and Rehabilitation Centres Act; if so, (a) how many and (b) for what period was each detained;
- (2) whether any of these persons were subsequently (a) charged with and (b) convicted of peddling drugs, if so, how many;
- (3) whether any of the persons arrested in 1978 are still in detention for interrogation; if so, (a) how many and (b) for what period has each been so detained.

The MINISTER OF POLICE:

(1) Yes.

(a) 320.

(b) 5 for 2 days
 5 for 3 days
 9 for 4 days
 13 for 5 days
 13 for 6 days

6 for 7 days
 2 for 8 days
 7 for 9 days
 5 for 10 days
 2 for 11 days
 4 for 12 days
 3 for 13 days
 6 for 14 days
 26 for 15 days
 1 for 16 days
 6 for 17 days
 5 for 18 days
 10 for 19 days
 6 for 20 days
 2 for 21 days
 3 for 23 days
 1 for 24 days
 4 for 25 days
 4 for 26 days
 4 for 27 days
 10 for 28 days
 19 for 29 days
 2 for 30 days
 6 for 31 days
 7 for 32 days
 6 for 33 days
 6 for 34 days
 3 for 35 days
 7 for 36 days
 4 for 37 days
 1 for 38 days
 1 for 39 days
 1 for 40 days
 2 for 41 days
 1 for 42 days
 11 for 43 days
 1 for 44 days
 2 for 45 days
 15 for 46 days
 2 for 47 days
 1 for 53 days
 4 for 55 days
 2 for 56 days
 4 for 57 days
 2 for 60 days
 3 for 62 days
 3 for 65 days
 3 for 66 days
 2 for 67 days
 2 for 68 days

5 for 70 days
 2 for 71 days
 2 for 72 days
 1 for 75 days
 4 for 81 days
 3 for 85 days
 1 for 86 days
 3 for 87 days
 1 for 93 days
 1 for 96 days
 2 for 102 days
 1 for 106 days
 2 for 160 days
 6 for 167 days
 1 for 224 days

(2) Yes.

(a) 237.

(b) 77.

(3) Yes.

(a) 2.

(b) Both for 71 days.

320 detained in SA last year for drug offences

Political Staff

HOUSE OF ASSEMBLY. — The Minister of Police, Mr Jimmy Kruger, has disclosed that 320 people were detained for interrogation last year in terms of South Africa's tough drug laws.

Mr Kruger also disclosed that 137 of the detainees had been held for more than 30 days and 12 had been held for more than 100 days.

These figures, given in reply to a question by Mrs Helen Suzman (PFP Houghton), show an overall increase in the num-

ber of people detained in 1977 when 245 were held, 80 of whom were held longer than 30 days and two longer than 100 days.

The minister said the 320 people had been detained for interrogation in terms of Section 13 of the Abuse of dependence-producing substances and rehabilitation centres Act.

Mr Kruger said 237 of these had subsequently been charged and 77 convicted of peddling drugs.

He also said two of the people who were detained in 1978 were still in detention and that they had both been held for 71 days.

87

Whites in rehabilitation centres
439. Mrs. H. SUZMAN asked the Minister of Social Welfare and Pensions:

How many White (a) adult and (b) juvenile males and females, respectively, were (i) committed to and (ii) voluntarily entered rehabilitation centres and registered rehabilitation centres during 1978 for treatment for (aa) drug addiction and (bb) addiction to alcohol.

The MINISTER OF SOCIAL WELFARE AND PENSIONS:

(a) Adults			
		Males	Females
(i) (aa)	.....	100	14
(bb)	.....	885	82
(ii) (aa)	.....	251	126
(bb)	.....	4 582	1 015
(b) Juveniles			
		Males	Females
(i) (aa)	.....	5	0
(bb)	.....	0	0
(ii) (aa)	.....	42	10
(bb)	.....	11	23

87

Dependence-producing substances: persons charged/convicted
 441. Mrs. H. SUZMAN asked the Minister of Statistics:
 (1) How many (a) adults and (b) juveniles in each race group were during 1977

and the first six months of 1978 respectively, (i) charged with and (ii) convicted of (aa) dealing in or using or being in possession of dependence-producing substances.

(2) in how many cases in respect of each offence in each age and race group the offence relate to dagga.

The MINISTER OF STATISTICS:

(1) (a) ADULTS (21 YEARS AND OVER)

	(i)	(ii)
(aa) 1977—		
Whites	190	157
Coloureds	700	511
Asians	118	73
Blacks	2 963	2 222
January to June 1978—		
Whites	115	85
Coloureds	327	232
Asians	43	24
Blacks	1 541	1 121
(bb) 1977—		
Whites	1 292	1 033
Coloureds	2 493	2 143
Asians	482	347
Blacks	8 238	6 990
January to June 1978—		
Whites	739	629
Coloureds	1 310	1 125
Asians	232	173
Blacks	4 401	3 714

(1) (b) JUVENILES (UNDER 21 YEARS)

	(i)	(ii)
(aa) 1977—		
Whites	45	37
Coloureds	260	194
Asians	37	32
Blacks	629	457
January to June 1978—		
Whites	29	23
Coloureds	116	95
Asians	14	12
Blacks	361	264

(1) 1977—			
Whites	633	552	
Coloureds	1 434	1 269	
Asians	243	187	
Blacks	3 081	2 686	
January to June 1978—			
Whites	293	238	
Coloureds	753	674	
Asians	94	67	
Blacks	1 678	1 455	

(2) (a) ADULTS (21 YEARS AND OVER)

	(i)	(ii)
(aa) 1977—		
Whites	163	135
Coloureds	683	497
Asians	105	65
Blacks	2 929	2 193
January to June 1978—		
Whites	99	69
Coloureds	316	227
Asians	35	21
Blacks	1 508	1 093
(bb) 1977—		
Whites	1 264	1 059
Coloureds	2 474	2 127
Asians	481	346
Blacks	8 217	6 981
January to June 1978—		
Whites	720	616
Coloureds	1 305	1 120
Asians	224	168
Blacks	4 364	3 686

(2) (b) JUVENILES (UNDER 21 YEARS)

	(i)	(ii)
(aa) 1977—		
Whites	44	36
Coloureds	249	185
Asians	37	32
Blacks	620	448
January to June 1978—		
Whites	26	20
Coloureds	112	91
Asians	14	12
Blacks	359	263

(bb) 1977—			
Whites	626	546	
Coloureds	1 426	1 262	
Asians	243	187	
Blacks	3 078	2 683	
January to June 1978—			
Whites	290	235	
Coloureds	750	671	
Asians	92	67	
Blacks	1 668	1 446	

320 detained under drug laws

THE ASSEMBLY — The Minister of Police, Mr Jimmy Kruger, has disclosed that 320 people were detained for interrogation last year in terms of South Africa's tough drug laws.

Mr Kruger also revealed that 137 of the detainees had been held for more than 100 days.

These figures — given in reply to a question by

Mrs Helen Suzman (PFP, Houghton) — show an increase in the number of people detained in 1977 when 245 were held, 80 of whom were held longer than 30 days and two longer than 100 days.

The Minister said the 320 people had been detained for interrogation in terms of Section 13 of the Abuse of Dependence-Producing Substances and Rehabilitation Centres Act.

He said 237 of these had subsequently been charged and 77 convicted of peddling drugs.

Two of the people detained in 1978 were still in detention and had both been held for 71 days.

Mrs Suzman said yesterday these people could only be held for a limited time before being tried and then redetained.

"They are nevertheless

kept in solitary confinement.

"This is one of the laws that should be repealed, for it is a dangerous practice to give such wide powers to the police.

"If there is evidence that a person is contravening the Drugs Act, he should be charged in the courts and the ordinary laws of habeas corpus should pertain," she said.

— PC.

13 drug cases at military base

87 17/3/19

GRAHAMSTOWN — A total of 13 cases of dagga or other drug abuse involving 23 national servicemen were reported at the local military base last year, the magistrates court here heard yesterday.

This evidence was given by a military policeman, Corporal Edward Kruger, at the trial of four servicemen convicted of posses-

sing dagga.

Corporal Kruger said drug abuse was a big problem at the base. There had been prosecutions in all cases, he said.

There were some incidents in which there were not enough witnesses and in these cases the offenders were taken before their commanding officer, he said.

Three of the servicemen who appeared yesterday, Gerhard Meyer, Derek Lowe and Wallace Karlstrom, all 18, were sentenced to four months jail suspended for three years.

Daniel Nel, 20, was sentenced to four months jail.

All four had pleaded not guilty. — SAPA.

Australian Bushmen	Volunteer Corps from Australia
Blues	Royal Horse Guards
Blue Jackets	Naval unit
Carbine	Short firearm used by cavalry
C.I.V.	City Imperial Volunteers
Civil Surgeon	Doctor not in R.A.M.C.
Colonials	Volunteers from the Colonies
Colonial Rebels	Colonials in the Boer forces
Colt gun	Automatic gun
Fenians	Body of U.S. Irish who were anti-British
F.F.	Field Force
Free Church	Section of the Church of Scotland
Howitzer	Short gun for high-angle firing of shells
Khakis	Boer name for British troops
K.O.S. Borderers	King's Own Scottish Borderers
K.R.R.	Kings Royal Rifles
Line	Here refers to Railway line
Lines	Area where horses were tethered
Martini	Hunting rifle
Mauser	Methylated spirits
Orange River Colony	Free State after tein
Provost Marschal	ry
R.A.	illery
R.H.A.	Royal Army Medical Corps
C.R.A.	Principal Medical Officer (Division)
R.A.M.C.	" (Brigade)
P.M.O.	" (Regiment)
S.M.O.	
M.O.	
R.E.	
R.N.	Royal Navy
S.A.C.	South African Constabulary
Yeomanry	British Volunteer Regiment

†The MINISTER OF JUSTICE (for the Minister of Health):

*5. Dr. A. L. BORAINÉ asked the Minister of Health:

- (1) Whether a decision has been made on the addition of further additives to methylated spirits to discourage consumption by humans; if so, what is the decision;
- (2) what is the estimated amount of methylated spirits used annually for human consumption.

- (1) No.
- (2) Unknown.

87

Times 20/1/79
**More drug
(S) curb plans
— minister**

PRETORIA. — The government plans to intensify its control over habit-forming drugs, the Minister of Health, Dr Schalk van der Merwe, said yesterday.

Speaking at a symposium at the CSIR on drug abuse and the misuse of medicines, he warned that it was virtually impossible to legislate against certain kinds of drug abuse.

The intake of easily available drugs and medicines, such as antihistamines, together with alcohol or other stimulants, as well as overdoses of mild stimulants and sedatives, was posing almost insurmountable problems, he said.

He stressed the importance of the community being educated about the effect of drug dependence. Preventative action was needed against dependency.

SA se 85 000 dwelmslawe het jonk al begin

Deur **CARINA LE GRANGE**

SUID-AFRIKA het na raming minstens 85 000 daggaslawe. Verlede jaar het meer as 16 000 van hulle in die hof beland — sowat 95 persent van die totale getal dwelmslawe wat deur die polisie aangekla is.

Op 'n paneelbespreking oor dagga en ander dwelm-middels by die Universiteit van die Witwatersrand is ontstellende feite oor dwelmverslawing aan die lig gebring.

* Een uit elke vyf blanke mans tussen 16 en 21 jaar het, volgens 'n ondersoek deur die Raad vir Geesteswetenskappe, erken dat hulle al gewoontevormende dwelm-middels gebruik het.

* Verlede jaar is 18 000 mense ingevolge Wet nr. 1 van 1971 (dié op verdowings-middels) in ons land se howe skuldig bevind. Op elke werkdag is 105 daggasake in ons land verhoor.

* 'n Ondersoek van die Weermag het aan die lig gebring dat 75 persent van alle jongmans wat probleme met dwelmverslawing het, reeds op vyftienjarige ouderdom

dwelms gebruik het.

* Volgens die SA Raad insake Alkoholisme en Afhanklikheid van Verdowings-middels het meer as 75 persent van Transvaal se skole 'n probleem met dwelms.

Tien persent van die ver-slaafdes het op tussen 16 en 18 jaar met dwelms kennis gemaak. Die oorblywende 14 persent was óf ouer as 18 óf tussen 9 en 12 jaar.

In die paneelbespreking is

Verlede jaar is 18 000 in howe skuldig bevind

* Phoenix-Huis in Johan-nesburg meld dat 76 persent van die dwelmslawe wat daar behandel word, reeds tussen die ouderdomme van 12 en 16 jaar met dwelms begin eksperimenteer het.

daarop gewys dat Suid-Afrika se huidige wetgewing veroor-saak dat die duisende jong-mense wat aan dwelm-oortre-dings skuldig bevind word, vir die res van hul lewe met 'n kriminele rekord sit.

Hoë ma wou vlug oor kinders, dagga

Van
KOBUS TERBLANCHE
OOS-LONDEN

„DIT het vir my gevoel of ek kan weghardloop en nooit weer terugkom nie. Dis 'n verskriklike ding. Wat kan ek nog sê?”

Só praat mev. Elsabe Kemp, aanvallige en gewilde burgemeesteres van Oos-Londen, nadat haar drie kinders in die hof verskyn het op aanklag dat hulle dagga in hul luukse-ouerhuis aan die oewer van die Buffelsrivier besit het.

Leon Kemp, 21, en sy suster, Lynette, 26, is skuldig bevind en hul broer, konst. Colin Kemp, 19, onskuldig.

Leon is tot vier maande tronkstraf gevonniss, opgeskort vir drie jaar. Lynette se vonnis is Vrydag vir vyf jaar uitgestel. Volgens 'n hof-bevel word sy nou na 'n reha-bilitasiesentrum gestuur.

Sy het beken dat sy 5,5 gram dagga in haar slaapkamer gehad het. Sy het ook twee vorige soortgelyke ver-oordelings beken.

„Maar,” sê mev. Kemp, „ek het fantastiese kinders. Hulle het 'n fout begaan, maar ek en my man, Mossie, staan agter hulle. As dit die slegste ding is wat met hulle in hul lewe kan gebeur, dan is dit nie so erg nie.”

Sy sê hulle is doodgewone kinders wat soveel moontlik tyd by hul ouerhuis deur-



MEV. ELSABE KEMP, burge-meesteres van Oos-Londen — haar drie kinders was in die hof oor dagga.

bring.

„As ek besef het daar was iets verkeerd, sou ons opgetree het, maar nou het die ding gebeur. Hulle het iets probeer, dit het nie uitgewerk nie en hulle is uitgevang.”

„Dit was vir my en my man 'n verskriklike slag, maar ons het hulle vergewe en glo dat so iets nooit weer sal gebeur nie. As ek nog doodgewoon Elsabe Kemp was, was dit anders, maar as 'n mens 'n posisie soos ek beklee, is dit someel moeilik,” sê die burgemeesteres.

„Jy weet nie of jy die amp moet laat vaar, of wat jy moet doen nie. In 'n stadium het dit vir my gevoel asof ek kan weghardloop en nooit weer terugkom nie, maar nou het ons almal gedink oor die saak.

„Ek glo en hoop dat ons elkeen 'n les uit die voorval geleer het.”

Vandeeweek het sy met haar alombekende sjarme en mooi glimlag die opening van die Ciskeise Wetgewende Vergadering op Zwelitsha byge-woon.

Use of dagga advocated for comfort of cancer patients

NEW YORK — Marijuana (dagga) may be useful in helping some cancer patients, according to several medical authorities.

They said that tests showed marijuana has been proved safe in preventing serious side effects caused by anticancer drugs.

The medical experts include researchers from the Brown University medical programme in Providence

Rhode Island, the Sydney Farber Cancer Institute in Boston and Duke University in North Carolina.

They said the active ingredient in marijuana is often more effective than traditional drugs in combating nausea, one of the major side effects of anticancer drugs.

Nausea must be controlled or it can cause vomiting, loss of appetite and can lead to

debilitating weight loss, they said.

But the Federal Food and Drug Administration (FDA) is refusing to permit doctors to prescribe marijuana for cancer patients.

Some of the experts blamed the political controversy surrounding the private use of marijuana in the United States for the FDA's refusal to acknowledge that the

drug's usefulness in cancer treatment has been proved.

Individual state laws differ widely in the penalties imposed for possession of marijuana, from low fines to imprisonment.

Carol Cronin, a pharmaceutical researcher at Sidney Farber, said some cancer patients suffer some of the worst hours of nausea possible, which on occasions causes un-

controllable vomiting.

"If you have someone who vomits 24 hours a day after chemotherapy and if marijuana reduces that to two hours, that is a significant result."

The FDA classifies marijuana as a "schedule I" drug, a designation given to drugs, including heroin, considered to have a high potential for abuse and no accepted medical use.

Recently, the FDA's advisory committee recommended that the drug be reclassified to "schedule II."

Such drugs, including demerol and morphine, are considered to have a high potential for abuse but also have accepted medical uses.

The FDA rejected the recommendation and the matter is now being considered by Secretary of Health, Education and Wel-

fare, Mr Joseph Califano.

Dr John Laszlo, a medical researcher at Duke University, is among only a dozen cancer researchers in the United States given permission by the FDA to conduct research on marijuana with cancer patients.

He said the drug, administered orally, has proved successful with 50 severe nausea victims who were not

helped by other medication.

"The FDA has got to recognise that this has medical value," Dr Laszlo said.

"I see no reason on God's earth why a physician with a licence to prescribe morphine should not be able to prescribe marijuana."

Dr Sidney Sallan, of the Sidney Farber Institute, said marijuana

proved effective in controlling the vomiting of 120 patients in his study.

The drug should be widely available as an alternative to more traditional medicine, he said.

Dr David Lewis, professor of medicine at Brown University and a nationally

known drug expert, said he could find no reason not to use marijuana as a prescription drug.

Dr Louis Leone, director of medicine at Rhode Island Hospital and a professor of medicine at Brown, said marijuana had been researched for several years and found effective. — Sapa-Reuter.

Big dagga network smashed by police

87

Crime Reporter

A DAGGA network operating between Durban and the Reef was smashed early yesterday when Durban Narcotics Bureau detectives swooped on a flat in Hillbrow and arrested two White men and a woman.

Police took possession of two bags of dagga valued at R12 000 and have also detained two African men and an African woman for questioning. They also recovered two stolen cars.

The arrests followed an incident in Durban on Sunday evening when Constable Mark Woods of the Dog Squad spotted a light van outside a shop in Russell Street.

An African man and woman were sitting in the van while a third man was buying food from the shop. Constable Woods approached the vehicle and discovered that it was fitted with false licence discs.

He searched the vehicle and found two bags of dagga hidden under a canvas. One man then fled but Constable Wood's dog, Lucky, tackled him.

Regular run

It was discovered shortly afterwards that the dagga was destined for Johannesburg and was part of a regular run operating since earlier this year.

Lieutenant Ivan Human and two detectives from the Durban Narcotics Bureau, Constable Dougie Stevenson and Marius Botha, took over investigations.

It was decided to allow the van load of dagga to continue to its destination while the three detectives followed it.

Early yesterday they arrived at Hillbrow where the three White occupants of the flat were arrested.

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ertainment, and the 28% increase in office

S. 2 (Cont.)

NM 30/8/79 (87)

R100 000 dagga deals: nine appear in court

CAPE TOWN — Five men, a youth and three women, all British citizens, appeared before a magistrate here yesterday in connection with dealing in 480kg of dagga said to be worth R100 000 in South Africa and more than R400 000 on the overseas drug market.

They are Mr. John Green (52), his wife Mrs. Constance Green (45) of Bishopscourt, Mr. David Henry Walmsley (37) of Kent, England, Mr. Rodger Arthur Nelhams (33) of Oxford Gardens, London, Mr. George

Morton (46) of Burnside, England, Mr. Melwyn Brierly (41) of Kent, Miss Veronica Newman (25) of Kent, Miss Amanda Jane Marshall (20) of Kent and a 17-year-old youth.

Mr. W. L. de Klerk, for the State, said more people were expected to be arrested.

The hearing was postponed to September 7 and the accused were refused bail.

Mr. R. H. Peckham was on the bench. — (Sapa.)

navorsings-Fellows het aan program bygedra: dr Sheil mede-professor van Ekonomie Boshoff, gewese Rektor van

LIDM

Soos voorheen gemeld, is geregistreer as 'n maatskappij Statute van Vennootskap ' benoeming van eenhonderd hulle sluit die volgende

a) Drie stigterslede

Mnr J.G. Benfie
Mnr H.L. Kenned
Mnr P.G.T. Wats

b) Sewentien persone jaar lede van die lede aan):

Professor E.V.
Professor J.F.
Professor J.F.
Mnr C.S. Corde
Professor W.H.
Dr J.P. Duminy
Professor G.F.I
Biskop A.W. Hal
Mnr E.V.E. Howe
Professor M.F.K
Ds. W.A. Landma
Mnr G.K. Lindsa
Sir Richard Luy
Professor S.J.
Professor H.W.
Mede-professor
Professor Monica Wilson

Mennonite Central Committee se Konferensie oor: 'Die Rol van Geskiedkundige Vredeskerke', Gaborone, Botswana. Verhandeling voorgelê oor: 'The Role of Churches in Promoting Justice in Southern Africa' (Oktober).

Konferensie van die Afrikaanse Calvinistiese Beweging, Potchefstroom (Oktober).

(c) Deelname aan Welsyns- Professionele en Openbare Organisasies

Die Direkteur het aktief gebly in die Suid-Afrikaanse Instituut vir Rasse-Verhoudinge as 'n lid van die Weskaap-Distrikskomitee, die Nasionale Uitvoerende Komitee en van die Raad.

Hy is Voorsitter van die Quaker Service Fund in die Kaap, die diensafdeling van die Godsdiensvriendekring (Quakers), wat gemeenskapsontwikkeling op die platteland en in die stadsgebiede bevorder.

Die Direkteur is gekies as lid van die Raad van die Vereniging vir Sosiologie in Suidelike Afrika. Hy is ook 'n lid van die Suid-Afrikaanse Sosiologiese Vereniging en van die Internasionale Sosiologiese Vereniging. Hy is aangestel as die Suid-Afrikaanse afgevaardigde in die Raad van die Internasionale Sosiologiese Vereniging vir die tydperk 1978-1982.

WAARDERING EN DANK

Ek is altyd dankbaar vir die geleentheid wat die jaarverslag bied om my waardering te betuig aan lede van die Akademiese Advieskomitee en die Beheerraad vir hulle leiding, aanmoediging en belang in die aangeleenthede van die Sentrum.

Die Universiteit van Kaapstad het benewens 'n bydrae tot die bedryfskoste van die Sentrum, ook vir die Sentrum sedert sy stigting in kantoorruimte voorsien. Met die uitbreiding van personeel het ons die huisie op die laer

TED must act on drug abuse

8/4/79. (87)

A provincial councillor has called on the Transvaal Education Department and the Department of Health to hold a commission of inquiry into the "deteriorating" drug abuse in schools.

Mr Simon Chilchik, who is also a Johannesburg city councillor, was reacting to a South African National Council on Alcoholism and Drug Dependence (Sanca) report that in some classes 75 percent of the children smoked dagga.

"Eight years ago Sanca warned the TED about the situation. Then, only 75 percent of all schools had drug abuse problems. Now 75 percent of each class has problems," he said.

"This clearly shows the

TED's attempts to tackle the problem in its youth preparedness programmes have been a total failure. I would like to repeat my call for a committee of experts to go into the whole question of drug abuse with the aim of compiling an anti-drug programme based on fact and scientific data."

He said the recommendations of the Grobller Commission in 1970 that education programmes be set up and research conducted about drug abuse had not been taken up by the Government.

Concern about the increase of drug and alcohol abuse, prostitution and homosexuality among young people in Hillbrow has prompted a Johannesburg church to open a

"spiritual refuge" in an old Hillbrow hotel.

Pastor Derek Adcock of the Assemblies of God opened his church in the hotel a year ago with the help of other congregations in Johannesburg.

The suicide of a runaway schoolgirl, whom his wife had counselled, spurred him to make the 33 bedrooms in the hotel available to young people in trouble.

"But it will cost us R17 000 to furnish the hotel. The need is there for this kind of place and I just hope we will be able to raise the money," said Mr Adcock, who can be contacted at 678-2615.

The church is at 26 Kapteijn Street, telephone number 725-1526.

Mede-uitreker: Professor Monica Wilson

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Mennonite Central Committee se Konferensie oor: 'Die Rol van Geskiedkundige Vredeskerke', Gaborone, Botswana. Verhandelingsvoorgelê oor: 'The Role of Churches in Promoting Justice in Southern Africa' (Oktober).

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Man (50) had 'slow boats' and 4 320 dagga zols

NM
26/9/79
87

Court Reporter

THOMAS Hudson (50) was yesterday sentenced to four years' imprisonment for dealing in dagga after 4 320 sticks of dagga were found concealed behind the panels of his truck on September 7.

On the same day his wife, Mrs. Rochelle Hudson (29), was allegedly found in possession of one gram of dagga and she appeared in another court minutes after his conviction.

She pleaded not guilty and was remanded to

November 30.

Thomas Hudson had been travelling towards Richards Bay when police searched his vehicle.

Rolls of dagga were found under a false platform in the loading area of his vehicle and wrapped in plastic sheeting behind the panelling.

The dagga weighed 2 910g when dried.

Four "slow boats" — dagga and tobacco cigarettes — were found in his top pocket.

Hudson was also carrying an overnight bag and a flask of coffee.

Hudson pleaded not guilty to a charge of dealing in dagga but pleaded guilty to a charge of possession, saying he had bought the drug for his own use.

When asked why he had bought such a large supply, Hudson said he had bought the dagga for R360 from a Durban merchant.

"I was in great financial difficulties and this appeared to be a bargain," he said.

He explained that he had bought the stock — enough to last three years — at R 1.70 a roll instead of at

the market price of R6.

Hudson, an interior decorator, told the Court he had decorated every Holiday Inns in South Africa.

Mr. J. D. Morison, appearing for the State, had rejected Hudson's plea of guilty to the alternative charge.

Mr. E. W. Hyland found that Hudson had in fact been dealing in dagga and confiscated the truck used to convey the drug.

Miss J. Wild (instructed by Goldberg and Tobias) appeared for Hudson.

5 appear on dagga charge

St-1118 B9.
87

Two men and three women appeared before a Johannesburg magistrate today charged with dealing in dagga.

Mr Leonard Simon (26), Mr Shane Orestzock (18) and Miss Colleen Schoonraad (22) all of Goldreichhof, Clarendon Circle, Hillbrow and two 16-year-old girls who may not be named, were arrested on September 15 this year after allegedly dealing in 310 grams of dagga.

The accused were not asked to plead and no evidence was led. The case was postponed to November 12.

Appearances: Mr C Steenkamp was on the bench, Mr O J Barrow appeared for the State and Mr S Hardy defended.

87

GENERALLY ACCEPTED ACCOUNTING PRACTICE

APPLIED EXAMPLES

QUESTIONS

DEFERRED TAX

A.

'Dagga' chase in Langa

Arrears 13/10/79 (87)

Crime Reporter
 A WILD car chase through the streets of Langa, during which a group of bystanders hurled rocks at a police vehicle, ended today when a man suspected of transporting dagga was arrested.
 Two shots were fired when the rock-throwing

began, but no one was injured.
 A crowd of about 500 later gathered outside the Langa police station to look at the cream and brown ND-registered car.
 A Langa resident, Mr Mack Ngixiki, said the chase began shortly after 2 pm and as the 'V-8 with

balloon tyres' sped through Moshesh, Sigcawu and Jungle streets, pursued by several police vehicles, a large crowd began running from corner to corner to watch.

NO COMMENT

Police would not comment on the chase but it is believed reinforcements were called in to block the streets and that the car was eventually forced to stop.

Then, apparently as a man was giving himself up, a group of bystanders began throwing rocks at a police vehicle slightly damaging it.

It is not known whether any dagga was found.

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1.

- a) deferral method
- b) liability method?

2.

Show how the tax charge will be on income statement for the year ending 19.7 assuming

- a) deferral method
- b) liability method

(assume there are no other items causing timing differences)

3.

How will the answer to 2. be affected by the existence of an extraordinary gain on disposal of a division of the company, amounting to R70 000, all of which was taxable, in the 19.7 financial year?

4.

How does the answer to 3. change if the R70 000 is now a deductible loss, which can be set off against the taxable income from other sources of R50 000? Draw up the income statement assuming the deferral method is used.

5.

Further to Note 4, assume now that the company has a set profit before depreciation of R60 000 in 19.8.

Draw up the income statement for the 19.8 financial year under a) liability method
 b) deferral method

Assume the tax rate remains 42%

Dagga dealer on the run

RDM
16/10/79
(87)

DURBAN. — Police have put out a countrywide alert for a convicted dagga dealer, Thomas Anthony Hudson, 51, who escaped from custody yesterday.

Hudson was jailed for four years for dagga dealing when he appeared in the Durban Magistrate's Court on September 25.

Hudson was taken to a doctor's rooms on the 10th floor of Medical Centre in Field Street, Durban yesterday.

He had X-rays, and was about to leave with a warder when he suddenly jumped up and fled from the waiting room.

Egyptian-born Hudson is about 1,8m tall, of average build and has brown hair cropped in a prison style. He has three different passports and in the past has posed as an interior decorator.

Hudson was arrested when he was stopped by police while travelling to Richards Bay. More than 2 900gms of dagga were found in the false bottom and sides of his truck.

87

GENERALLY ACCEPTED ACCOUNTING PRACTICE

APPLIED EXAMPLES

QUESTIONS

DEFERRED TAX

A. Alpha Limited acquired an item of new plant for R60 000 on 1 May 19.6. Depreciation is provided at 12½% p.a. straight line. A 25% initial allowance is granted for tax purposes, wear and tear being 20% on the reducing balance. Tax rates were 40% in 19.6 and 42% in 19.7, and taxable income amounted to R45 000 and R50 000 respectively, for the financial years ended 31.12.19.6 and 19.7

1. account in respect

Police hold four in R100 000 drugs raid 8/4/79

2. By Mike Cohen, Crime Reporter
Narcotics Bureau detectives arrested four men — including a doctor — and seized drugs worth nearly R100 000 in raids on the East Rand and in Johannesburg this week.
More arrests were expected soon, Colonel Basie Smit, head of the South African Narcotics Bureau announced today.

3. Colonel Smit said detectives under Captain Dirk Blignaut seized 61 826 tablets, 20 000 of them habit-forming Wellconal pills, which had a morphine base.

He said the arrests began on Tuesday night in Kempton Park. Investigations led them to a house in Diepkloof, Soweto on Wednesday. Two white men were arrested in Kempton Park.
Later, they arrested a black man and a black doctor in Diepkloof.
The rest of the tablets were pills ranging between Schedule Two and Schedule Seven drugs. All were regarded as potentially dangerous.
In the raids, detectives also seized two firearms and a quantity of dagga.
Colonel Smit said the

tablets would probably sell at R1,50 each on the black market. A total of R100 000 could be expected from the sales.
The arrests came only two weeks after Narcotics Bureau detectives in Johannesburg and Durban had smashed an international drug ring operating from the two cities.
Three men, two South Africans and a British national were arrested and LSD worth R25 000 was found. Colonel Smith said a further 70 kg of dagga, enough to bring the sellers R70 000, was confiscated.

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taxable,
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deductible loss, which can be set off against the taxable income from other sources of R50 000? Draw up the income statement assuming the deferral method is used.

5. Further to Note 4, assume now that the company has a set profit before depreciation of R60 000 in 19.8.

Draw up the income statement for the 19.8 financial year under a) liability method
b) deferral method
Assume the tax rate remains 42%

HONEY CAKE

- 1 cup flour
- 4 t baking powder
- 2 T butter
- 1 egg
- 1/2 cup sugar
- 1/4 t salt
- 1/2 cup milk

Sift dry ingredients. Heat milk and 2 tablespoons butter until melted. Beat egg and add to milk and butter. Mix with dry ingredients and bake in buttered fairly deep pie dish approximately 20 minutes at 350°F or 180°C.

Melt honey and 1 1/2 tablespoons butter and pour over hot cake before serving. Serve with whipped cream.

NUT CAKE

- 4 eggs
- 1/4 lb sugar
- 1/4 lb ground almonds (or hazelnuts)
- 1/2 t baking powder
- 1/2 T flour
- 1/4 grated lemon (skin & lemon)

Beat yolks with sugar until creamy, then add nuts, flour, baking powder and lemon. Fold in stiffly-beaten egg-whites. Bake at 350°C for 1/2 hour. Serve with whipped cream.

Jan

- 3 T honey
- 1 1/2 T butter

City News 15/1/79
Dagga since age of 10

Staff Reporter

if in a 39-year-old man, who had served smoked dagga "since the age of 10", was convicted in the Magistrates Court of possessing dagga and sentenced to one year suspended for five years.

BEAN He was also placed in the care of a probation officer for treatment.

- 1 pkt Samuel Elias Simonoff, 39, of 1 sli Bemarr Court, Hely Street,
- 1 Kasasing 62 grams of dagga.

- handful He admitted 12 previous convictions, two of which involved possession of dagga.
- 2 bay leaves
- 1 onion studded with 8 cloves
- 2 carrots, chopped
- 2 1/2 litres water
- salt & pepper to taste

Wash beans, cover with water, bring to boil. Boil for 2 minutes. Remove from heat and soak for 1 hour. Bring to boil again, add rest of ingredients. Simmer till beans are tender. Cool. Remove meat and 1 cup beans. Purée remaining soup in blender. Heat slowly. Put a few reserved beans in each serving bowl. Sprinkle with Worcester sauce. Cover with soup. Garnish with cream and crumbled bacon or croûtons.

PRESERVED BRINJALS

- brinjals
- white vinegar
- olive oil
- garlic
- fresh marjoram

Peel brinjals and cut into Julienne strips. Put into enamelled pot and cover with white vinegar and bring to the boil. Cook for as short a time as

At a previous appearance in July, Simonoff admitted in a sworn statement to the court that he used the dagga himself and that he knew it was illegal to possess or use dagga.

A report from Valkenberg Hospital said Simonoff had been smoking dagga since he was 10 years old. Mr R H Peckham was on the Bench. Mr I Maartens appeared for the State. Simonoff was not represented.

Sue J

'LITTLE HELPERS' HOOK SA

Tranquillisers dished out too freely—doctor

Weekend Argus 17/11/79

87

Weekend Argus Correspondent

DURBAN. — White South Africans, who have become world leaders in the suicide, divorce and alcoholism stakes, are rapidly turning into one of the biggest pill-popping nations in the world.

An investigation shows there are at least 600 000 white South Africans hooked on tranquillisers.

Many of them are unaware these tranquillisers — which fall under the benzodiazaphine group of drugs — have side-effects ranging from mild anxiety to changes of personality.

And leaders in the field of pharmacology and drug abuse give this warning: 'Tranquillisers are being grossly oversubscribed in South Africa — often by doctors who are not acquainted with their side-effects or the adverse reactions they can have.'

TRIVIAL REASONS

These tranquillisers, which include top-sellers Valium and Librium, are freely prescribed by many general practitioners for trivial reasons.

Most people who take them do not know that they can cause:

- A paranormal increase in anxiety.
- Increased hostility and aggression.
- A dependence of the barbiturate/alcohol type and paranoia.
- Withdrawal symptoms, including convulsions, among patients taking high doses.

Professor Harry Grant-Whyte, former president of the South African Medical Association, and leading authority on drugs and drug abuse, said 'tran-

SIDE EFFECTS

'Patients are not always informed of the possible side effects.'

Professor William Leary, another leading authority on drugs and drug abuse, said many practitioners were often so busy they were prescribing tranquillisers instead of personally counselling patients.

SIMPLE SOLUTION

'In the Western world, many patients become accustomed to the idea there is a simple solution to everyday problems.

'In other words, the demand for tranquilisers by patients is symptomatic of a malaise in our society.'

MM

Police make

huge dagga haul

Four held after R2 000 000 drug seizure

Crime Reporter

POLICE seized 93 sacks of dagga with a street value they estimate at nearly R2 000 000 following a lucky spot-check on a hired truck in the South Coast Road early yesterday.

Constables Jerome de Villiers, Vince Eva and Allen Larson, of the Port Shepstone police, stopped the truck for a routine check at Shelly Beach about 2 a.m.

The African driver jumped out of the truck and fled when they approached him. He was arrested after a short chase. The 93 sacks of dagga were found in the back of the truck.

Police were then tipped off about another smaller truck which had been travelling ahead apparently to watch for police road blocks.

Scottburgh police were notified and the truck was stopped. Another three men were arrested.

The truck with dagga was hired from a firm in Vereeniging. Trucks stopped in police road blocks in connection with another two dagga cases earlier this year were hired from the same firm. Yesterday's haul was

also one of the biggest in South Africa since a case at Ficksburg in 1973 when 122 sacks were seized.

It is believed the dagga came from Transkei.

Colonel Martin Ngebeba, Transkei Commissioner of Police, said he was most concerned about the haul. "I always feel bad if the dagga is from

Transkei. Unfortunately we don't have the manpower to enable us to stamp dagga smuggling out completely.

"But, I assure you, we are doing our best to destroy dagga fields and catch the culprits," said Colonel Ngebeba.

Captain John Wright, the Durban Narcotics Bureau chief, said investigations were continuing.



SITTING on what is believed to be the biggest dagga catch by police on Natal roads — 93 sacks worth nearly R2 000 000 — are (from left) Sergeant Piet Burger and Constable Bles Nortje, both of the Durban Narcotics Bureau, and Sergeant Andries Fourie, of the Port Shepstone Dog Squad.

Characteristically women have a better expectation of life than men, and Fig. 6 indicates that this is so for both whites and 'coloureds'. In fact, so marked is this difference that at 45 'coloured' females have a better expectation of life than white males. What is perhaps of some concern is that the gap between the expectation of life for males and females is widening. This trend is apparent in both the whites and the 'coloured' communities, although it is particularly marked in the latter for whom Male:Female ratios, although it is particularly marked in the latter for whom Male:Female deficit of 1,0 years in 1941 at e₀ has become 6,9 years in 1970. For whites a deficit of 3,7 years in 1929 has increased to 7,0 years in 1970.

(87)

20/11/79

Teachers turn undercover agents to help police hunt

SCHOOL

DRUGS

SHOCK

87
S. Express 2/12/79

87

NARCOTICS detectives are combing Johannesburg's Northern suburbs and watching high schools following unprecedented drug abuse by schoolchildren in the area.

This was uncovered by a Sunday Express probe this week into the growing drug menace at schools.

I learnt that:

- Teachers have been roped in as undercover agents in a police bid to clamp down on drug pedlars who prey on children.
- Undercover agents are also keeping a close watch on areas where schoolchildren gather at holiday times, such as ice rinks, cinemas and the thriving disco clubs in Hillbrow and the central city.
- The school drug problem is no longer confined to dagga and drugs such as Mandrax and LSD — even heroin now features prominently.
- About 60% of schoolchildren who use drugs are

SUNDAY EXPRESS INVESTIGATION
By MARSHALL WILSON

sticking to marijuana or "grass" — but a staggering four out of every 10 children who use drugs are estimated to be using harder drugs, including methadine, morphine, heroin and pentathol. Many of these drugs are injected directly into the bloodstream — "mainlining".

• The pattern of drug abuse at schools began to change about three years ago when pupils in Standards seven and eight (aged between 14 and 16) increasingly started turning from dagga to pain-killing, sleep-inducive synthetic drugs.

• Headmasters still seem largely unaware of the extent of the problem, although the abuse of drugs in high schools has risen sharply in recent years.

Several Northern Johannesburg headmasters I

spoke to admitted a problem, but most knew nothing of "mainline" pupils.

One told me: "If it's alcohol abuse you're referring to I would say it's definitely on the increase. But while there may be some 'week-end druggies' at this school, I don't know of any specifically."

"It is something which all headmasters are afraid of — and something which, if it does exist, we hope will be stamped out as soon as possible."


A member of the Drug Squad said about the ferocious increase of the drug problem: "It's widespread, and involves a number of schools, mainly in the Northern suburbs."

"And it's particularly worrying because we've known about it for some time but are having difficulty in fingering the pushers," he told me.

A police officer confirmed new and serious threat.

"In the old days the kids used to dabble a bit with dagga, which was available through pushers who operated out of the townships and in Hillbrow.

"But now things have got a lot worse. We estimate that

• To Page 2 

P. T. O — D

(a) Neglect of preventive medicine by most practitioners and inadequate budgetary provision for it. Savage also notes the excessive expenditure on cure.

(b) Both also note the maldistribution of doctors and health services. Kirsch describes this in geographical terms, and in terms of inappropriate institutions. He notes the concentration of doctors throughout the world in urban areas. Savage describes this as a concentration in South Africa on the needs of the white and urban populations; but he also implicitly recognises an international dimension when he notes the applicability to South Africa of the 'Inverse Care Law' originally described by Hart, as it appears in Britain; 'the availability of good medical care tends to vary inversely with the need of the population served'.⁵

(c) Inappropriate institutions, particularly 'disease palaces' are associated with this geographical bias and partly responsible for both the urban- and disease-orientation of the services.

Savage discusses two further problems with health services:

(d) weakly developed ancillary services in vital areas: dental and ophthalmic services are not easily available to a large part of the population; pharmacies are absent in African townships; health educators and health visitors are few. Services for the mentally ill, handicapped and elderly are also scarce, particularly for the black population.

(e) South African medicine is deeply permeated by the structure of apartheid, with duplication of training facilities and services. Pay differentials are aggravating to black staff, and Savage shows that it would cost only R1,4 million p.a. to pay equally qualified doctors the same salary, and R4,2 million p.a. to give equally qualified nurses the same pay.

Savage, however, differs considerably from Kirsch on the tractability of these problems. He attributes the misallocation of resources in the health sector to interests than to ideas, and points out that this misallocation affects society as a whole and not merely the medical profession. He criticises those who, like Illich, believe that one can change the behaviour of individuals without altering the behaviour of the system, and shows that the maldistribution of doctors is a mirror of the maldistribution of resources in society. He sees the need for doctors to become involved in 'combating the health-denying aspects of apartheid in order to promote effective medicine'.

Other contributors (e.g. Adler) note the cause of the economic system

the third world although not inseparable effective.

2.2 Public opinion

The debate on which method satisfies the is taken to me better off with get something existing situation

In fact, only measures which entire structure apply only to the of medical care those who can be the indigent.

States and some position by health The free market be bought and sold are taken into account outsiders (excluding individual preference met efficiently when the good is distributed through a free market so that

neither can alter the price on their own, and no combination of buyers or sellers exists that can influence the price to their own advantage. In addition, there must be no information constraints on buyers and sellers. If these conditions are fulfilled, private provision will be efficient, although the possibility of efficient allocation may also exist under other conditions. The advantage of a private market are generally taken to be the minimal need for information transmission before an efficient distribution can be reached.

From Page 1

about 60% of the kids who use drugs are on dagga, with another 40% on harder stuff."

While the police refuse to name schools at which undercover surveillance is being carried out — often with help from the teachers — I understand some high schools in Houghton, Waverley, Northcliff, Parktown and Highlands North are involved.

And an undercover agent who keeps watch at popular after-school meeting places told me:

"It's a tough job. You can't just walk in and make an arrest.

"You usually have to infiltrate the group that's doing the pushing, and to do that takes time and long, long hours of work.

"The important thing is to find out who is actually making

the kill — who is making the big money — and that isn't as easy as it sounds. Because anyone making big money like that ensures that he's the last bloke to be found out.

"He uses front men to do the selling and has a reasonably sophisticated system of command to give him time to get away if something goes wrong."

Dr Sylvain de Miranda, head of Clinical Services at Phoenix House in Johannesburg, warned in a medical paper as far back as 1976 that the swing to hard drugs among children was a growing problem all over the world.

He sees the growing incidence of the menace on the Reef as so serious that the existing strategy to combat it may have to be revised.

"There are very many recent cases," he said.

"In fact I would say that 30% of young people being

treated at Phoenix House have been exposed to some sort of narcotic substance — a situation which is potentially catastrophic."

Dr De Miranda said the drug scene in South Africa began to change three years ago when children in Standards seven and eight, aged between 14 and 16, began looking for something which offered more of a challenge or gave more of a kick than dagga.

"They began experimenting with hard drugs and barbiturates which made them feel awful unless they got more of them."

Dr De Miranda says it is clear that educational programmes aimed at educating young adults against the dangers of drug abuse are not hitting home. If necessary, the deterrent factor would have to be reviewed to make drug abuse more of a crime in the eyes of the law.

Star
Swoop
4/12/79
nets **87**
R300 000
in dagga

Crime Reporter

Soweto narcotics detectives seized dagga worth about R300 000 on the black market today when they found a broken-down truck in a scrapyard.

Acting on information, the detectives swooped on the scrapyard only 300 m from the Moroka police station, and found the truck waiting to be repaired.

The driver fled.

SEEDS TOO

The truck, which had Transvaal registration plates, was packed full with the large sacks.

The detectives also found a sack of dagga seeds which could fetch considerably more than dagga.

The owner of the scrapyard had apparently been told to keep the truck until the driver returned. He knew nothing of what the vehicle contained.

QUALITY

Police do not know where the dagga came from. It is believed to be of high quality.

One sack of dagga, could fetch up to R3 000 on the black market.

The haul is believed to have been intended for sale in Soweto.

THE REPUBLIC OF SOUTH AFRICA — COMPANIES
Companies Act, No. 61 of 1973

ss. 220-222

the representations to every member of the company to whom notice is sent, whether such notice is sent before or after receipt of the representations by the company.

If the representations are not sent as aforesaid because of the company's default, the director concerned may (without prejudice to any other remedy) require that the representations be read at the meeting.

If the court is satisfied that the representations need to be sent out and the representations need to be read at the meeting, on the application of the company or of any other person aggrieved, the Court is satisfied that the rights conferred by this section shall be secured by the publication of the representations in a newspaper of general circulation.

The court may order the company's or the said other person's costs on an application in terms of section (5) to be paid in whole or in part by the director concerned, or by any other person who is a party to the application.

The power to remove a director shall be construed as depriving a person removed therefrom of any right to remuneration which may be payable to him in respect of the termination of his appointment terminating with that of the director, and of any power to remove a director which may exist apart from this section.

Power of directors, their Powers and Certain Acts

Power of directors to issue share capital.—(1) Notwithstanding anything to the contrary in any memorandum of articles, the directors of a company shall not issue shares of the company without the prior approval of the shareholders.

Approval may be in the form of a general authority to the directors, or a special resolution, or a resolution of the shareholders, or a resolution of the directors, or a resolution of the shareholders, or a resolution of the directors, or a resolution of the shareholders, or a resolution of the directors, or a resolution of the shareholders.

Approval is given in the form of a general authority to the directors, or a resolution of the shareholders, or a resolution of the directors, or a resolution of the shareholders, or a resolution of the directors, or a resolution of the shareholders.

A company who knowingly takes part in the allotment or issue of shares in contravention of subsection (1), shall be liable to compensate the company for any loss which the company may have sustained or incurred thereby, and for any such loss, damages or costs shall be commenced after the date of the allotment or issue.

222. Restriction on issue of shares and debentures to directors.—(1) No provision in any memorandum or articles or in any resolution of a company authorizing the directors to allot or issue any shares or debentures convertible into shares of the company at the discretion of the directors, shall authorize the allotment or issue of any such shares or debentures to any director of the company or his nominee, or to any body corporate which is or the directors of which are accustomed to act in accordance with the directions or instructions of such director or nominee, or at a general meeting of which such director or his nominee is entitled to exercise or control the exercise of one-fifth or more of the voting power, or to any subsidiary of such body corporate unless—

- (a) the particular allotment or issue has prior to the allotment or issue been specifically approved by the company in general meeting; or

THE KIDS AT PHOENIX WHO KNOW THE HELL OF DRUG ADDICTION GIVE OTHER YOUNGSTERS THIS MESSAGE:

Kick the trip!

THE inmates of Phoenix House — Johannesburg's largest drug rehabilitation home — this week wrote an open letter to teenagers. The message? "It's a one-way trip down. Kick the trip."

Wrote one teenager in his own personal appeal to those on the downward slide: "The dope in South Africa is good, but it's our biggest enemy. We take off by blowing our minds on dope, but man, the dope kick don't last too long. So soon we pop some freaky pills which really puts on, but that don't last too long either. And eventually we spike (inject) some of the heavy stuff into the gravy train (vein) and that's where we start coming down for a happy landing into a hole 6 x 6 x 3."

The overwhelming response from the 15 young adults came after the Sunday Express last week revealed a severe drug problem among Johannesburg schoolchildren, particularly in the northern suburbs.

According to police and medical experts who work on rehabilitation programmes involving thousands of drug addicts each year, there has been a steady increase in drug addiction among the younger generation.

One member at Phoenix House advised schoolchildren with a problem which might be too hard to handle: "Go rap your big daddy or mommy. They will know what to do about your hangup."

Another wrote: "It's not only the little freaky cats but the sexy little dolls who are also playing the game."

"Discotheques are the hangouts of most druggies or pot-smoking kids, but they won't listen to straight advice because these dudes are big headed and want to do their own thing. But they must learn the lesson the same as we have."

"Tell them to go for it and try to kick the habit same as we have. It's the only way out."

The message, hand written and displayed for the benefit of all teenagers, was clear: "The addicts at Phoenix want to warn any youngsters who are messing with drugs that they're playing with FIRE and are definitely going to get burned."

Said one young man whose treatment is complete and who only this week returned to a useful life back in Civvy Street: "That's the message we want to put out. We all agreed it was what the teen generation out there need to know."

"Don't dabble in drugs. Not even for curiosity sake. Because there'll be no end to it."

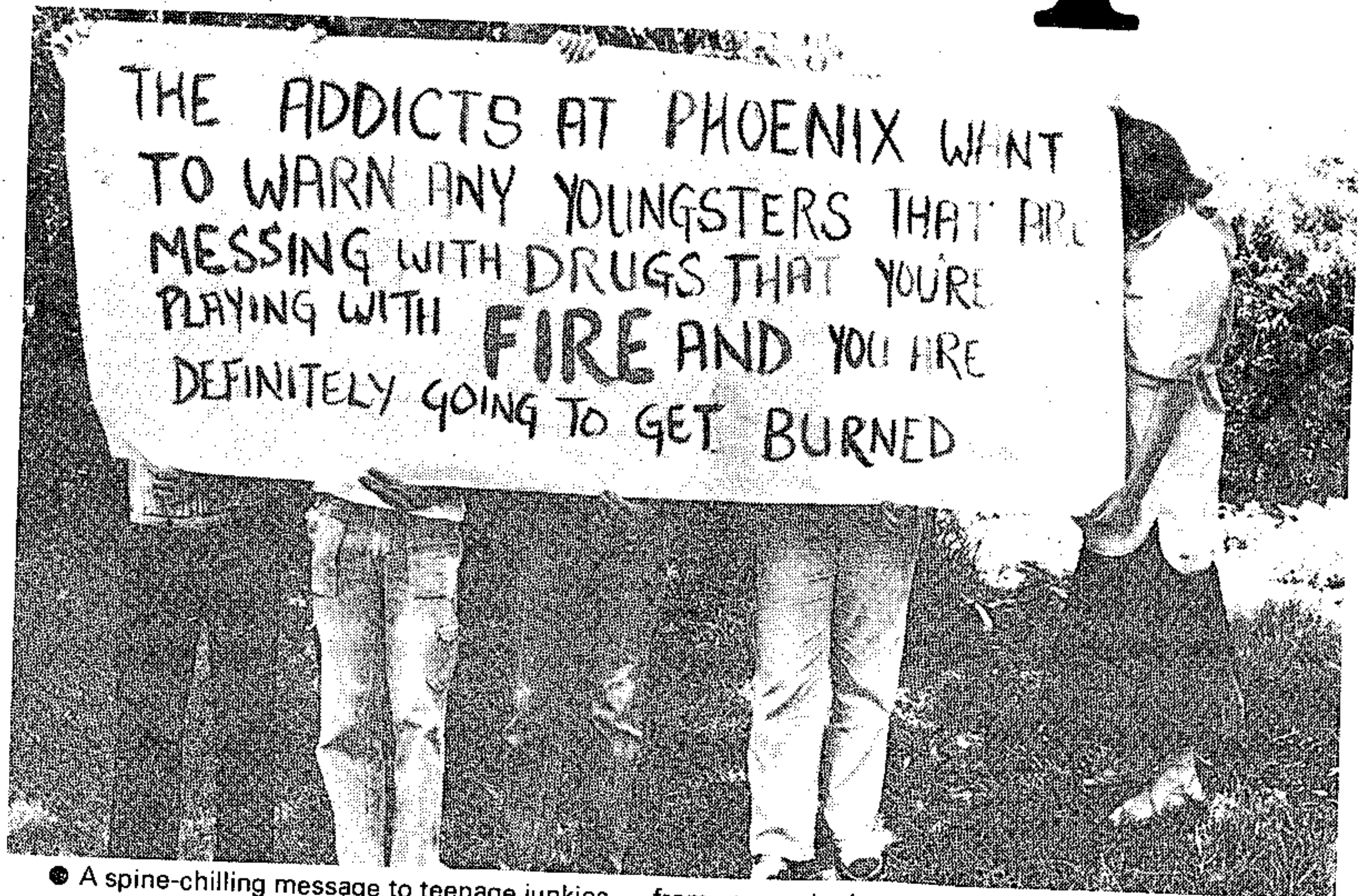
"Once you're hooked, that's it, there's no escape. It's not like just going to bed and waking up next day and saying 'I'm cured'. You'll be hooked for good — unless Phoenix House can straighten you out before you end up an old toppie way before your time."

Social workers to whom the Sunday Express spoke at Phoenix House said they were shocked by the double standards many parents adopted after finding out their children had been caught taking drugs.

"The attitude appears to be that while the parents may get smashed as often as possible on alcohol, which is legal, they can point accusing fingers at their kids who, tragically, get hooked on drugs — which makes them criminals."

"The children resent that double standard."

"That is something parents should watch out for should they find themselves in that position."



● A spine-chilling message to teenage junkies — from some who have managed to survive drug abuse.



Another social worker attributed the growing drug abuse problem among today's schoolchildren to adolescent depression.

"Very often it is something that is not picked up by their teachers at school," she said.

"In a bid to alleviate the depression the children experiment with alcohol or drugs."

"It is something teachers

could pick up through direct observation, since a noticeable deterioration in school work usually develops and the child becomes withdrawn," the worker said.

Divorce was another factor which some children blamed for tripping out. They said they could not handle the psychological trauma of the family break-up and sought drugs to ease their burden.

By BILL CAIN

ACCIDENTS caused by drug and alcohol abuse are creeping into industrial casualty statistics. Safety and welfare organisation spokesmen say the new trend is increasing just as deaths and injuries from historical working hazards are being contained.

"A few years ago shopfloor accidents caused by drug-taking were unknown. Now they are becoming part of official figures," says National Occupational Safety Association (Nosa) general manager Bunny Matthyssen.

SA National Council for Alcoholism (Sanca) information director Viv Houreld adds: "Employers are already paying out more than R200-million a year in lost time and sickness benefits for problem drinkers on their payrolls. This is apart from medical bills and damage to vehicles through drunken driving."

Preliminary figures show an estimated 2 500 people were killed and another 74 000 permanently disabled while at work. The number of reported accidents is 350 000.

"This is 2.2% of the workforce. We hope to get the accident rate down to 2% this year," says Mr Matthyssen.

Drink, drug accidents alert for industry

In 1951, when Nosa started, the death and serious injury rate was 4%.

"The Compensation Commission pays out R44 million annually. If that high rate had continued the bill would now be R77 million," says Mr Matthyssen.

Growing employer and worker awareness of on-the-job dangers has already reduced State compensation commission premiums from companies in 88 of the 111 categories.

The five most hazardous industries — fishing, transport, glass/brick/tile, building/construction and iron/steel — all show improved accident rates.

Mr Matthyssen says the successful educational safety programmes — already being copied in the US and Canada — will be intensified.

Mainspring of the campaign to cut casualties will be the

16 000 Nosa-trained men now being instructed in how to train work colleagues in eliminating shopfloor hazards.

Sanca's Mr Houreld says a growing danger from now will be the factory or office drunk. He warns that there are now as many women with drinking problems as men and that exposure of blacks to hard liquor for almost 20 years is now beginning taking its toll on a vast section of the national workforce.

"In 1970 men with drinking problems outnumbered women sufferers by seven to one. Now it is one to one with the overall figure rising every year," he says.

Mr Houreld adds that US statistics show 8%-10% of American adults have liquor problems with "the white South African population not far behind these figures." In the

Cape an estimated 22% of adult coloured males are alcoholics.

He warns: "Alcoholism knows no race, sex or age barriers. It reaches every nook and cranny of our economic and social systems. We know of alcoholic executives, clergymen, doctors, stockbrokers, artisans, judges and politicians. You name them and there they are."

Mr Houreld says employers will have to learn to live with alcoholic workers making up a bigger portion of their payrolls than in the past and urges them to regard alcoholism as a treatable disease.

After 20 years the boss might notice that the performance of one of his best men is suffering because of drink. He can ignore it, tolerate it or help him. It is cheaper in the long run to treat alcoholism than lose a valuable employee," he adds.

Autopsies on UK alcoholics show that for every 2 200 company directors who die of liver cirrhosis only 200 barmen died of the same disease.

Near the top of the list were hoteliers (773), entertainers and musicians (550) and merchant navy officers (467). Bottom of the list with barmen were lawyers, brewers and civil engineers.

NO.	W		A		C		B	
	M	F	M	F	M	F	M	F
0-1	0,51	0,33	1,10	0,21	1,80	1,59	0,13	0,10
1-4	0,05	0,06	0,02	0,10	0,15	0,17	0,02	0,04
5-24	0,07	0,06	0,09	0,10	0,14	0,17	0,11	0,13
25-44	1,09	0,44	1,31	0,70	1,54	1,27	0,73	0,78
45-64	9,75	4,44	14,76	10,70	10,33	8,25	4,61	5,01
65	42,19	32,93	55,30	47,72	43,12	40,90	13,55	14,21
ALL	4,70	3,81	3,22	2,25	2,74	2,69	1,14	1,20
NO.	9752	7926	1135	804	3114	3140	2390	1921

NO.	W		A		C		B	
	M	F	M	F	M	F	M	F
0-1	2,90	2,22	7,81	4,85	32,20	28,78	13,54	14,15
1-4	0,22	0,28	0,90	0,69	5,32	5,45	2,46	2,13
5-24	0,05	0,06	0,17	0,11	0,21	0,23	0,18	0,16
25-44	0,20	0,12	0,37	0,33	0,94	0,72	0,66	0,52
45-64	1,46	0,92	3,33	1,85	4,88	2,14	2,75	1,72
65+	11,52	7,89	16,51	13,42	20,07	10,49	9,32	6,19
ALL	1,12	0,97	1,22	0,79	2,87	2,22	1,37	1,24
NO.	2336	2019	430	282	3270	2588	2858	1951

11 msaid No 1

221
222
23
24

8/2/80

87
35

Persons charged in terms of Abuse of Dependence-producing Substances and Rehabilitation Centres Act

67. Mr. N. B. WOOD asked the Minister of Statistics:

How many (a) Whites, (b) Blacks, (c) Asians and (d) Coloureds were (i) charged with and (ii) convicted of the possession or sale of (aa) dagga and (bb) other drugs in terms of the Abuse of Dependence-producing Substances and Rehabilitation Centres Act during the latest year for which figures are available?

The MINISTER OF STATISTICS:

	(a)(i)	(b)(i)	(c)(i)	(d)(i)
(aa) Possession	1 994	12 008	657	3 938
Sale	256	3 791	137	920
Use	13	269	11	39
(bb) Possession and use	43	59	10	22
Sale	38	56	14	37
	(a)(ii)	(b)(ii)	(c)(ii)	(d)(ii)
(aa) Possession	1 689	10 232	503	3 446
Sale	199	2 789	99	670
Use	11	228	8	33

	(a)(ii)	(b)(ii)	(c)(ii)	(d)(ii)
(bb) Possession and use	36	47	5	22
Sale	34	47	9	26

Data relate to the period 1 July 1977 to 30 June 1978. Data for the period 1 July 1978 to 30 June 1979 not yet available.

87

Hansard 2 Quest. Col. 67 13/2/80

Lung cancer

170. Mr. N. B. WOOD asked the Minister of Statistics:

How many deaths due to lung cancer occurred in the Republic during the last 12 months for which figures are available?

The MINISTER OF STATISTICS:

	1977
Whites	1 175
Coloureds	422
Asians	35
Blacks	not available

Hansard 2 Ques. (81) 97(98/99/100

Dependence-producing substances

201. Mr. A. B. WIDMAN asked the Minister of Statistics:

- (1) How many White persons under the age of 21 years were convicted in each province of (a) dealing in or (b) being in possession of dependence-producing substances in each of the last two years for which statistics are available;
- (2) how many of these persons in each province and in each category were under the age of (a) 18, (b) 16 and (c) 14 years;

- (3) in how many cases in respect of each province, offence and age group did the offence relate to dagga;
- (4) in respect of what years are the statistics given?

The MINISTER OF STATISTICS:

(1), (2) and (3) Information as requested for each province separately not available. The following information is available for the Republic of South Africa. The number of White persons convicted of offences of dependence-producing substances are--

(a) Dealing in—	(1) All Substances		(3) Dagga	
	1976/77	1977/78	1976/77	1977/78
(1) under 21 years	35	44	34	40
(2) (a) under 18 years	5	8	5	7
(b) under 16 years	—	2	—	2
(c) 7 to 14 years	—	2	—	2

87

15/2/80

(b) Possession of—

(1) under 21 years	not available	500	
(2) (a) under 18 years	not available	77	508 87
(b) under 16 years	not available	14	
(c) 7 to 14 years	not available	3	19 4

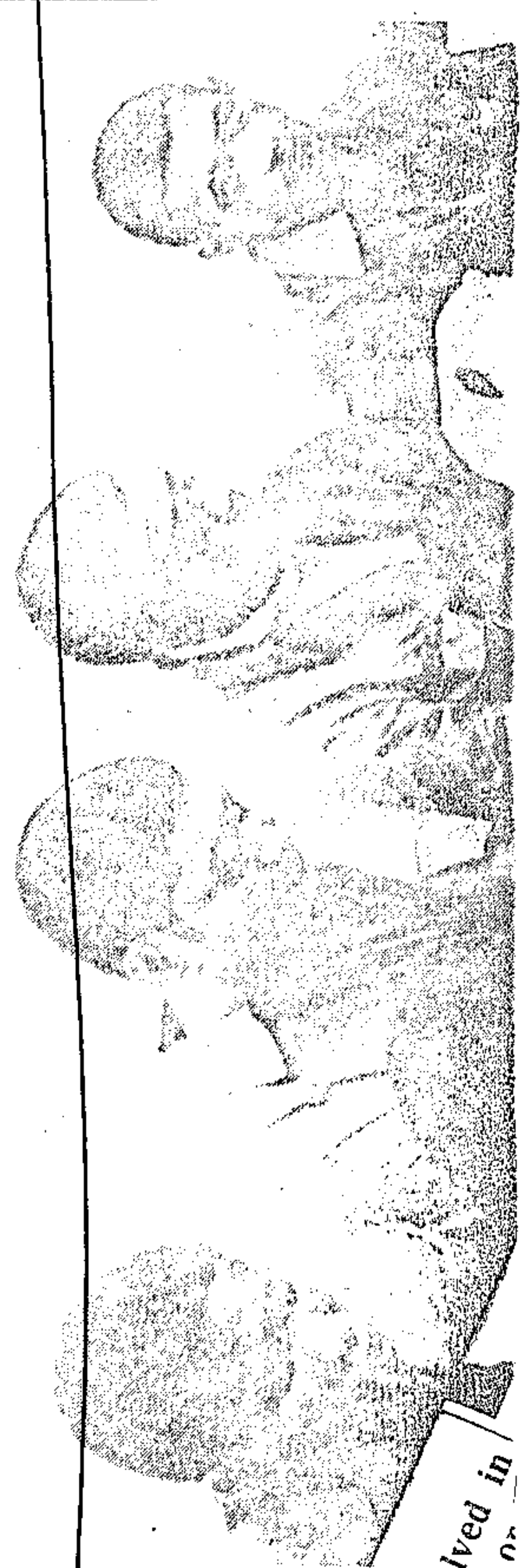
Possession and use of—

under 21 years	510	515	505	508
under 18 years	78	88	78	87
under 16 years	14	19	14	19
7 to 14 years	3	4	3	4

Information for under 14 years not available

- (4) Information relate to the years 1 July 1976 to 30 June 1977 and 1 July 1977 to 30 June 1978.

Chand arrives in SWA for talk



Own Correspondent
in northern Zululand are involved in
ns in the hunt for the eight
Attack on a trading store th
Africa, particu-
esia in the pas-

ary 19, 1980

Mugabe accuses Scouts

Rhodesian guerrilla leader, Mr Robert Mugabe called on British Governor Lord Soames, to disband armed auxiliary forces and the crack Selous Scouts which he accused of carrying out acts of violence

Drug-takers less violent — City survey

Science Reporter

A SIX-YEAR survey of drug and alcohol abuse in more than 600 criminals referred for psychiatric assessment to Valkenberg Hospital has found that drug-takers commit fewer violent crimes than do alcohol-users.

The survey, carried out by a University of Cape Town psychiatrist and a research assistant and reported in the latest issue of the SA Medical Journal, found that of 101 severely psychopathic

criminals, only one who took drugs but not alcohol was charged with a crime of violence or sex. By comparison, heavy use of alcohol on its own was found to be associated with violence and sexual assaults.

In spite of a belief that use of drugs and alcohol together caused violent behaviour this was not borne out by the survey. Use of drugs such as dagga, LSD or hard drugs alone was not associated with violence.

In a group of violent offenders it was found that 58 percent used alcohol heavily as against eight percent on drugs and 34 percent on drugs and alcohol.

The study said there seemed "no doubt that drug-taking is not causally related to violence and that any association with it is coincidental". It added that "indeed, dagga is likely to

reduce aggressiveness and violence in alcohol users".

The authors did not regard drugs as a mitigating factor in crimes of violence. They added that: "It also seems unreasonable that consumption of alcohol should be an argument for mitigation when dangerous weapons have been used, causing death, while the driver accused of manslaughter will be punished just because he has indulged in alcohol."

5
5
6
6
5

Dagga (87)
RDM
is the 20/2/80
No 1 foe'

Political Reporter

DAGGA is becoming South Africa's number one youth problem, a member of the Transvaal Provincial Council said yesterday, repeating his call for a commission to probe drug abuse among schoolchildren.

Mr Simon Chilchik (PFP Hillbrow) gave statistics to support his contention that current punitive measures were not the answer to the drug problem.

He called for the establishment of a scientific research unit into drug abuse and for a drug education programme in schools.

The Grobelaar Commission in 1970 had recommended these, but "they were never implemented in the form for which they were intended".

"It is essential that preventive programmes run on a scientific basis by experts must be given priority by the Transvaal Education Department," Mr Chilchik said.

He quoted reports showing that a large percentage of people who abused drugs and alcohol started off with the problem while in their teens, and asked the administration to canvass parents' attitudes.



Mr. Miller

26 sent ⁽⁸⁷⁾
to drug
centres

Political Staff

HOUSE OF ASSEMBLY. —
More than 20 000 people were
convicted of offences connected
with drugs and dependence-pro-
ducing substances in the year
to June 30, 1978.

However, only 26 — 15
whites, seven coloured people
and four blacks — were sent to
rehabilitation centres in the
same time.

Nearly half of the people —
9 896 — were given suspended
sentences but 6 823 were sent to
prison without the option of a
fine.

A further 12 were given a
fine and imprisonment, another
eight received corporal punish-
ment and imprisonment and
2 569 were given cuts.

Disclosing details in reply to
a question by Mrs Helen Suz-
man, Progressive Federal Par-
ty MP for Houghton, the Minis-
ter of Statistics, Dr A P Treur-
nicht, said that of the 20 386
convictions, 1 991 were white,
4 232 coloured, 629 Asians and
13 534 black.

6 months ⁸⁷ — and 20 000 convictions ^{RDM 27/2/80.}

Political Staff

THE ASSEMBLY. — More than 20 000 people were convicted of offences connected with drugs and dependence-producing substances from January to June 30, 1978.

However, only 26 — 15

whites, seven coloureds and four blacks — were sent to rehabilitation centres during that period.

Nearly half the people — 9 896 — were given suspended sentences, but 6 823 were sent to prison without the

option of a fine.

A further 12 were given a fine and jail, another eight received corporal punishment and imprisonment while 2 169 were given cuts only.

Revealing details in reply

to a question by Mrs Helen Suzman, the Minister of Statistics, Dr Andries Treurnicht said that of the 20 386 convictions, 1 991 were white, 4 232 coloured, 629 Asians and 13 534 were black.

87

Hansard
4(202)
27/2/80

Drugs/dependence-producing substances

342. Mrs. H. SUZMAN asked the Minister of Statistics:

- (1) How many persons in each race group were convicted of offences in connection with drugs and dependence-producing substances during the period 1 July 1977 to 30 June 1978;
- (2) how many of these persons in each race group were (a) committed to a rehabilitation centre, (b) sentenced to (i) a fine only, (ii) a fine or imprisonment, (iii) corporal punishment only, (iv) corporal punishment and imprisonment, (v) imprisonment only and (vi) a fine and imprisonment and (c) given wholly suspended sentences?

The MINISTER OF STATISTICS:

(1) Whites	1 991
Coloureds	4 232
Asians	629
Blacks	13 534

	Whites	Coloureds	Asians	Blacks
(2) (a)	15	7	—	4
(b) (i)	7	5	3	29
(b) (ii)	61	62	20	433
(b) (iii)	103	653	122	1 691
(b) (iv)	1	—	—	7
(b) (v)	356	1 350	78	5 039
(b) (vi)	1	—	—	11
(c)	1 353	2 068	394	6 081

4(202)
27/2/80

Hausad

4(232)

28/2/80

87

4037 Mental patients: institutions

37

46. Mr. H. E. J. VAN RENSBURG asked the Minister of Health:

- (1) How many mental patients in each race group were as at 31 December 1979 accommodated in institutions administered by (a) his Department and (b) other agencies;
- (2) what was the total cost to the State for that year in respect of institutions in each of these categories?

The MINISTER OF HEALTH:

(1) (a) White	7 286
Coloured	2 342
Black	4 700
Asian	163
Total	<u>14 491</u>

(b)

Hired Accommodation		Licences Homes	
White	643	White	879
Coloured	480	Coloured	134
Black	5 540		
Asian	397		
Total	<u>7 060</u>	Total	<u>1 013</u>

(2) Departmental Hospital	R29 921 578
Hired Accommodation	R 6 151 009
Licensed Homes	R 729 042

Hansard

4 (232)

28. 2. 80 (87)

Mental institutions
4 (232) 28. 2. 80
53. Mr. H. E. J. VAN RENSBURG asked
the Minister of Health:

- (a) How many (i) males and (ii) females in each race group escaped from mental institutions in 1979, (b) how many of the escaped persons were returned to mental institutions in 1979 and (c) how many of these patients in

233

THURSDAY, 28

each case had been committed to a mental institution as a result of the commission of a serious crime?

The MINISTER OF HEALTH:

(a)	(i)	White	359
		Black	500
		Coloured	229
		Asian	130
	(ii)	White	81
		Black	62
		Coloured	25
		Asian	3
(b)		White	329
		Black	319
		Coloured	204
		Asian	87
(c)		White	7
		Black	59
		Coloured	5
		Asian	4

Slimming drug is becoming a menace

87
RDM 10/3/80

By MARILYN ELLIOTT

ONE of the country's top selling drugs — an appetite suppressant used by thousands of South African women — is becoming a drug menace.

A Rand Daily Mail investigation into Nobese No 1 has revealed that the substance, sold in capsules over the counter, has become widely used and abused by diet-conscious women and young people in South Africa.

One of the country's leading experts on drug abuse, Dr Sylvian de Miranda, head of clinical services for Johannesburg's branch of SANCA (the South African National Council of Alcoholism and Drug Dependence) said that in the past six months, abuse of Nobese had become an extremely serious problem.

The latest census at Phoenix House — the drug rehabilitation centre in the city — shows that 75% of the patients who abuse

stimulants use Nobese No 1. Dr de Miranda maintains that the drug is potentially harmful and says that youngsters being treated at Phoenix House for Nobese abuse are showing "severe and serious psychiatric disturbances".

A spokesman from Weskoppies Hospital in Pretoria says that some psychotic cases they have treated have a history of taking Nobese tablets. The spokesman said that while Nobese was not solely responsible for the patients' condition, it was undesirable that the drug should be sold over the counter.

According to marketing statistics, in the 12 months ending June 1979, R2 665 300 worth of Nobese — roughly 10-million capsules — was sold to South African chemists.

Of the vast 1979 Nobese sales only about R17 625 was sold by prescription. The rest was sold over the counter.

The scheduling committee of the Medicines Control Council — the committee responsible for deciding whether a particular drug should be on prescription or not — is aware of the large amounts of Nobese being sold and the fact that it is being abused.

A spokesman for Johannesburg's narcotic squad has also called for the drug to be rescheduled. In an interview he said that although his squad had not come across Nobese in raids — even if it did the police could not do anything about it as it is a schedule 2 drug (meaning it can be sold over the counter) — it was obvious that the drug was being abused.

Pharmacists interviewed by the "Mail" said they had been puzzled for some time why Nobese is only a schedule 2 drug. Several pharmacists said they had always wondered why this drug was so freely available.

According to Prof R W Charlton, chairman of the Medicines Control Council, the reason why Nobese is not registered is because it was sold in the country before statute law made registration of drugs compulsory.

This week, however, the managing director of Restan Laboratories which manufactures Nobese No 1 said that Dr de Miranda had put the whole question of Nobese No 1 out of perspective. "There are hundreds of drugs like aspirin which are sold in supermarkets that are being abused."

EXAMINATION RESULTS IN FACULTY ARTS

YEAR : 1

STUD NO	SURNAME	FIRST NAMES	COURSE
13010	BACHELOR OF ARTS	MELISSA JANE	911102
152965K	MEHL	ANNETTE ELISABETH	108102 905102 916103
157093D	MERCURIO	GIANCARLO	110101
1557470	MICHAELS	KAREN	003101 064101 107101
158449Z	MITCHELL	JANE	118101
157815W	MOKRIS	CATHERINE MARIA	009101 107101 115103
150180P	MORT	MELISSA RUTH PRINCE	114101
150783V	MULLER	SUSAN FLORENCE	110101
157521U	MURRAY	ESTELLE	116120

MO	905104	CHEMISTRY IM	154286C
JE	107101	FRENCH I (PRE-1990)	156134L
JE	110101	HISTORY I	150154L
HA	115102	FRENCH INTENSIVE	133406G
SH	115103	ITALIAN INTENSIVE	
JOP			
IAT			
DES			
FREDI CHRISTIAAN			
FELICITY ANGELA			
ROBERT STEPHEN			

UJET

Police seize 267 tons of green dagga

11/21/80

(87)

Mercury Reporter

NEWCASTLE — Although 267 tons of green dagga had been destroyed by police in the Helpmekaar and Jobskop areas, large quantities still remained to be eradicated, Col C Moggee, Divisional CI Officer for Northern Natal, said

yesterday.

The operation was still continuing in the area.

In addition to the green dagga destroyed, police had also confiscated 450 bags of dry dagga.

Seventy-nine persons had been arrested on dagga charges.

UJET

STU13-9 EXAMINATION RESULTS IN FACULTY ARTS AS AT 29 02 80 PAGE 1

14149 H.A.A./H.S.S. YEAR : 4 14149

STUD NO SURNAME FIRST NAMES COURSE DESCRIPTION SYMBOL

102531X ~~ALURUA~~ ROSEMARY KAINERINE 102101 AFRIKAANS UP (-50) 4 102531X

* TOTAL NUMBER OF STUDENTS 1

REGISTRAR (ACADEMIC)

55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

Council to decide fate of diet drug

By MARK YN ELLIOTT

THE Scheduling Committee of the Medicines Control Council will today decide the fate of Nobese No 1, an appetite suppressant which doctors say is being abused.

Reliable sources say today's meeting in Pretoria might mean Nobese will be removed from Schedule Two, which means it can be sold over the counter. It will then be supplied only on prescription.

In a Rand Daily Mail investigation published this week, one of the country's leading experts on drug abuse, Dr Sylvian de Miranda, said Nobese, presently being sold over the counter, is a potentially dangerous drug and has become a serious problem in the past six months.

He quoted statistics which show that 75% of the patients at Phoenix House — a drug rehabilitation centre in Johannesburg — who abuse stimulants, take Nobese to get high.

This week, Miss Jenny Frost, supervisor at Phoenix House, said youngsters were taking up to 10 tablets a day instead of the suggested dosage of one a day to control appetite.

The chairman of the Medicines Control Council, Professor R. W. Charlton, told the "Mail" Nobese was on the council's agenda when it met last week.

Members of the council discussed the drug and referred it to the Scheduling Committee. The decision of the committee has to be approved by the Minister of Health before it takes effect.

IMPORTANT THAT YOU UNDERSTAND AND HAVE AN
HAT OTHERS WHO STAND ON THE SIDELINES AS YOU GO
WHAT YOU ARE ENGAGED IN AS BEING LADEN WITH
ATTACH A GREAT DEAL OF IMPORTANCE TO THAT
S OF WHAT YOU'VE ACCOMPLISHED TO DATE, AND THE
GREATER ACHIEVEMENT IN THE FUTURE.

BE HEARING REV. SULLIVAN'S OWN ASSESSMENT OF
) , AND WHERE HE SEES THE EFFORT GOING.

SCRIBING SOUTH AFRICA AS IT LOOKS TO US TODAY. I
UNLESS I SAID THAT WHAT HAS NOT CHANGED IN SOUTH
THAT WHAT HAS. OVER THE YEARS, SOUTH AFRICAN
VARIETY OF TERMS TO DESCRIBE THEIR INTERNAL
DEVELOPMENT, PLURAL DEMOCRACY, MULTINATIONAL
VER THE NAME, THE PRINCIPLES THEMSELVES HAVE
WE SEE TODAY IS A PROFOUNDLY TROUBLED SOCIETY,
AND LEGAL SYSTEM WHICH MOST AMERICANS FIND NOT
MORAL — AND WHICH MOST CLOSE OBSERVERS OF THE
ER ULTIMATELY UNWORKABLE.

F SOUTH AFRICA'S POLICIES INTENDED, WHAT WE SEE
OME TO PEOPLE OF ALL RACES, TO WHICH ALL HAVE
X SOCIETY, NON-WHITES PLAY A KEY AND INEVITABLY
/ IS INCREASINGLY INTEGRATED ACROSS RACIAL LINES,
FEEL DEEPLY THAT THEY HAVE A COMMON STAKE IN

NG THINGS GOING ON IN SOUTH AFRICA. THEY ARE THE
SURES AND MOTIVATIONS, CONFUSING AND SOMETIMES

CONTRADICTION; THERE HAS BEEN THE PROMISE OF MAJOR CHANGE, AND WHAT SOME
SAY IS A DEGREE OF HIGH-LEVEL COMMITMENT FROM WHICH IT MAY BE DIFFICULT TO
PULL BACK. THERE HAS BEEN SOME RELAXATION OF RESTRICTIONS ON ECONOMIC
ACTIVITIES BY BLACKS; BLACK TRADE UNIONS MAY NOW BE REGISTERED;
RESTRICTIONS ON INTEGRATED SPORTS HAVE BEEN SIGNIFICANTLY EASED; LUXURY
HOTELS, THEATRES, AND SOME OTHER PUBLIC FACILITIES IN SOME MAJOR TOWNS
HAVE ALSO BEEN OPENED TO BLACKS. BUT SO FAR, THERE HAS BEEN NO
FUNDAMENTAL CHANGE IN THE BASIC STRUCTURE OF SEPARATE DEVELOPMENT —
INDEED IT CONTINUES TO BE IMPLEMENTED. TO THIS DAY COLORED AND INDIAN
FAMILIES ARE STILL BEING FORCIBLY MOVED IN THE COURSE OF IMPLEMENTING THE
GROUP AREAS ACT. HUNDREDS OF BLACKS ARE BEING ARRESTED EACH DAY FOR

Tuesday, March 12, 1980

Council to decide fate of diet drug

By MARK YN ELLIOTT

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Members of the council discussed the drug and referred it to the Scheduling Committee. The decision of the committee has to be approved by the Minister of Health before it takes effect.

Diet drug to be probed further

(87) DM
13/3/80

By MARILYN ELLIOTT

THE scheduling committee of the Medicines Control Council has recommended further investigation into the dependence-producing potential of the appetite suppressant, Nobese No 1.

Yesterday, the council's registrar, Mr N van der Merwe, said Nobese will still be sold over the counter until the committee received further information on the drug.

The committee meets every three months and a decision on Nobese will likely be taken at the next meeting.

This week a Rand Daily Mail investigation into the drug reported that doctors maintained the drug was being abused.

A drug expert, Dr Sylvain de Miranda, of Johannesburg, recommended Nobese be sold on prescription only. He described it as a "potentially harmful drug".

UOST

STU13-9 EXAMINATION RESULTS IN FACULTY ARTS AS AT 29 02 80 PAGE 2
 15016 H.A./LL.B. YEAR : 1 15016

STUD NO	SURNAME	FIRST NAMES	COURSE	DESCRIPTION	SYMBOL
153982X	STACHAN	ANDREA KENNETH	105104	LATIN I	F (39)
156529Q	VISSEK	VIVIEN ELIZABETH	117101	POLITICAL SCIENCE I	UP (50)
153547Z	WAINC	VINGENI CHARLES	004101 102101 107101	PSYCHOLOGY I AFRIKAANS ENGLISH I (PRE-1980)	ABS (28) F (44)
156638A	ZACHERL	SAMIAE RUTH	104101	PSYCHOLOGY I	F (39)
157915X	ZACKON	JEFFREY	102101 107101	AFRIKAANS ENGLISH I (PRE-1980)	UP (50) SNX

* TOTAL NUMBER OF STUDENTS 30

DEAN

REGISTRAR (ACADEMIC)

Form with circular markers and grid lines, likely a scanning artifact or a form for recording results.

Official attitude on school drugs 'nonsense'

STAR
15/3/80
87

By Michael Crooks
and Pat Devine

People who think dagga smoking in schools doesn't go on are crazy, says Miss Jenny Frost, superintendent of Phoenix House drug rehabilitation centre. It does.

And the Transvaal Education Department has blocked her programmes, preferring its own anti-drug section's work as part of "Youth Preparedness." This, she says, is part of the completely

negative response she gets when approaching the department and other responsible bodies with suggestions.

She says that when she proposes programmes to beat school drug taking, she is told: "It isn't a problem," or "It's under control."

Almost 80 percent of the people treated at Phoenix House start smoking dagga between the ages of 12 and 16, while they are compulsorily at school, says Miss Frost.

She adds that the official attitude is nonsense. "The time has come for an urgent survey to pin down the extent of dagga use in schools.

"About five years ago, the Human Sciences Research Council conducted a survey in which it was found 20 percent of youngsters between the ages of 16 and 21 had abused drugs at one time or another," she says.

Miss Frost says the police also seem to play down the problem. It oc

curs with great frequency in the central Johannesburg areas and is also starting to flourish in the northern suburbs.

A school principal said the "Youth Preparedness" programme, in his opinion, merely advertised dagga.

Parents at schools on the West Rand have been shocked lately to find that their children are coming into contact with dagga at school.

A 14-year-old boy announced casually one day that 11 of his classmates in Standard 7 regularly smoked dagga at school.

PROBLEM

A senior police spokesman said that from Press reports, it appeared that dagga usage was becoming a serious problem at schools.

"But we need the cooperation of the public and people just don't help, even when they know the people involved and realise the tragic consequences of drug addiction," he said.

Miss Frost says there are two 16-year-olds and two 17-year-olds in Phoenix House at the moment, being helped back to life without dagga.

"They should be at school, but that's where they started smoking and that's where the problem should be stamped out."

'Time to teach drug addicts a final lesson'

STAR 28/3/80

87

"Drug addicts are all the same," said the magistrate. "When in trouble with the law, they move from one rehabilitation centre to another, attempting to get suspended sentences."

Johannesburg magistrate Mr M P Prinsloo told Dr S de Miranda (who gave a report in the trial of 21-year-old Noel Robinson) that the time had to come when addicts had to be finally taught a lesson.

Robinson pleaded guilty to a charge of illegally possessing 3,372 kg of daga on January 22. He admitted two previous convictions for drugs, two of thefts and one of housebreaking.

He also admitted that

he had been referred for rehabilitation on two occasions, the last time for a drug offence in 1978.

Dr De Miranda asked that a conditional suspended sentence be granted, one of the conditions being that Robinson would have to attend a state-registered clinic for the maximum period ordered by a court — five years.

He said Robinson could be helped if intensive after-care measures were taken once he left the compulsory clinic attendance.

Mr Prinsloo postponed the case until May 5 for a further report from Protem, the last clinic Robinson attended.

His bail of R150 was extended.

2.39

(b) Inloed op werkloosheid onder bestaande stedelike arbeidsmag

2.40

(c) Skolastiese opleiding en beskikbare werkgeleentheid

2.41

(d) Die toepaslikheid van die onderwysstelsels

2.43

(e) Die informele sektor

2.44

(f) Internasionale voorbeelde van pogings om toenemende stedelike werkloosheid teen te werk

2.45

- Uitvoerhandel

2.46

- Landelike verbetering

2.48

- Bou- en konstruksiebedrywe

2.53

(g) Die ideologiese kritiek

3.1

2.9.4 Samevatten

3.5

3.1 Aanstelling van adviesraad vir grondliggende geografiese betr

3.7

3.4 Die organisasies

3.8

3.4.1 Die komitee

3.9

3.4.2 Die direkte

3.13

3.5 Die taak van die

3.14

3.6 Die funksionele t

3.16

3.7 Befondsing van die

3.17

3.8 Aangeleenthede vir

3.18

(a) Uitgawes

3.19

(b) Die bas

Women had 1 540 g dagga

(Mercury Bureau)

PIETERMARITZBURG—
Two young Durban women were found guilty of possessing about 1 540 g of dagga when they appeared in the Mooi River Magistrate's Court yesterday.

The Court heard that Fiona Catherine Higginson, 24, and Angela Jane Arnott, 21, bought the dagga from a local merchant as stock for a proposed two month holiday in Johannesburg.

Higginson and Arnott, both social science graduates, pleaded not guilty before Mr H H van der Watt to dealing in dagga, but guilty to possessing it.

Arnott told the Court that in January this year she and Higginson, who were both dagga addicts at the time, bought more dagga than normal because it was difficult to get in Johannesburg and was more expensive.

Sentence will be passed later.

CT. 15/4/80 (87)
531 kg dagga haul: 3 arrests

Own Correspondent

QUEENSTOWN. — Dagga weighing 531 kg and worth about R45 000, was made by the Queenstown branch of the South African Narcotic Bureau, when they stopped a pantechicon on the road between Queenstown and Umtata on Friday.

The head of the Queenstown Sanab branch, Lieutenant E Claassen, said the truck was stopped during a routine road-block and not as a result of

information received.

He said the truck, which had the name of a Cape Town company on it and a Cape Town registration number, was stopped at 10 am on Friday. It was coming from Umtata.

The truck was searched and 30 bags of dagga were found hidden on it. Three men were arrested. They are due to appear in court soon.

Lieutenant Claassen said the dagga was being conveyed to Port Elizabeth.

For two reasons the actual productivity of any group cannot be predicted perfectly. First, natural

Risk Bearing

of Performance:

Imperfect Predictability

ways, told to "maximize public welfare and benefit." (The agency might be a nonprofit corporation for hospitals, colleges, or the post office.) How is "maximize public welfare" interpreted? In our example, maximize the number on board? Or maximize the catch on the boat? Or the social total? Maximizing the catch on board would, as we have seen, result in marginal products on board that are less than on shore, thereby reducing the social total—a social waste.

The ambiguous goal "maximum public benefit and welfare" is sturdy and widespread, because its ambiguity permits the authorities wide latitude of interpretation and hence of measuring performance. It is commonly mandated for government authorities who control access to the television and radio electromagnetic spectrum, air space for airplanes, postal service, highways, national and state parks and beaches, airports, harbors, schools; it is even applied to federal forests, offshore oil, and federal land. Zoning commissions that control the use of land (such as how congested it can be) are similarly instructed to maximize public usefulness. But hardly any government authority is instructed to maximize profits; not the post office, or the water, electricity, gas, or bus company. All are instructed to "serve the public," or "break even"—with consequences that are now more explainable.

boat (which is the same as total rent since we assume the boat is costless to operate). He charges a fee of 2.8 fish per person for the right to be on board. With an average catch of 6.8 out of which each pays 2.8 and keeps four, only five persons will want to be on board. Now the 14-fish rent (social gain) goes to the government and is distributed however the government sees fit. It would appear that the only difference between this and the private-property control system is in who gets the 14-fish gain. The private owners, seeking personal profits, also achieved the maximum social output.

However, if our government agent takes life easier and doesn't charge the right fee, what will he lose? The loss is imposed on the public as a whole. But who in the public or government has an incentive as strong as a private owner to detect opportunism or shirking of prescribed duty? In contrast to the private owner, a political authority suffers less loss of potential personal wealth in being less attentive to nonownable gains. And if there is uncertainty about the potential catch on board, he would permit extra people on board if that made him more popular and enhanced his hold on political office. Or to make his personal life easier, the authority might allow too few on board because that permits shorter working hours for him (like closing on holidays and earlier in the afternoons) and not operating the boat as fully as would maximize profits. Soon we shall see how *incentives* and *uncertainty* about future potential production are critical influences on methods for coordinating and controlling joint production activity.

But when has a government agency been supposed to maximize profits? It is usually, or al-

The verdict on the possible use or abuse of dagga is still undecided. Is it a highly dangerous drug and a health hazard or should its use be legalised?

The answer is that the confusion about dagga (or marijuana) is absolute. In America, data on dagga, coming mostly from animal studies or anecdotal evidence, shows that the verdict on "America's favourite recreational drug" cannot be given one way or the other.

The data is neither definitive nor complete. And, in any event, almost all research focuses on heavy, long-term use of dagga, says an article in JAMA (Journal of the American Medical Association).

JAMA adds that a number of physicians and medical researchers are starting to agree that dagga represents a health hazard in various ways, and that its growing use, particularly among the young, is a matter for concern.

Benign
Currently about 43-million Americans, about 30 percent of the adult population, are known to have tried dagga at least once. Sixteen-million use it regularly and, most alarming, says the journal, there are 4-million regular users under 17.

More than 24 000 dagga cases were reported to the SA Police in the year 1977/78 — and this is just the tip of the iceberg of the dagga problem in the country.

The previous year (1976/77) there were 22 664 reported cases. Other details about dagga smoking in South Africa include:
 ● A panel discussion at Wits University on the

More than 40-million Americans have tried dagga at least once and more than 24 000 dagga cases are reported to the SA police each year. But there is still no certainty whether dagga smoking is a health hazard. BOB KENNAUGH looks at the problem.

STAR 24/4/80

Is dagga such a menace?

"Compared with the heyday of marijuana research in the 1960s, research into the biologic effects of the drug today is a mere shadow of its previous self. This stems in part from the largely toxicological early studies that showed the drug to be surprisingly benign in its immediate effects, resulting in no gross deficiencies."

But long-term research is beginning to show subtle effects of the compound (typical street marijuana may contain up to 400 different compounds) says the journal. Research today is focusing on three areas of particular concern: the effects of the drug on the lungs, on the brain, and on the reproductive function.

"There is a great deal we don't know about the long-range effects of marijuana," says Dr Robert Peterson, of the National Institute on Drug Abuse (NIDA). "It appears that some effects include impairment of memory and intellect while the user is stoned. 'I would also be shocked to find that marijuana did not have certain pulmonary effects since the smoke is known to contain such a wide range of hydrocarbons. And of course there is a good suggestion of reproductive effects."

Tip of the iceberg
 ● A Defence Force investigation has shown that three-quarters of all young men who have drug problems started taking drugs from the age of 15.
 ● Miss Jenny Frost, superintendent of Phoenix House drug rehabilitation centre in Johannesburg said almost 80 percent of people treated started smoking dagga between the ages of 12 and 16.



The unrelenting hunt for dagga goes on in South Africa. Police land on a narrow mountain ledge a few metres from a dagga field.

the lungs and upper airways. JAMA says results of some studies indicate the smoke is significantly more toxic than tobacco smoke.

Says Dr Norman Zinburg, associate clinical professor of psychiatry at Harvard Medical School in Boston: "Undoubtedly, smoking marijuana, like smoking anything, will cause some lung damage. But very few marijuana smokers smoke more than one joint a day. Most come considerably less."

Dr Ethel Sassenrath of the department of behavioural biology at

the University of California, Davis, School of Medicine, conducted research work on monkeys.

She reports that tolerance to marijuana is achieved after about six months of drug use. At that time, the monkeys can again conceive, but the pregnancy loss rate is 40 percent compared with 10 percent in normal monkeys.

Intriguing

JAMA says regular marijuana smoking in men has been shown to result in a decrease in total sperm count and

sperm concentration. Heavy smoking is defined as three joints a day five days a week, moderate smoking at one joint a day five days a week, and light smoking as a third of a joint a day five days a week. Researchers tend to agree that occasional use — light smoking once a week — is harmless.

"Evidence showing brain effects from marijuana smoking is intriguing but inconclusive," adds JAMA. "Studies conducted in Britain and Greece showing brain atrophy in long-term users have been discredited because of poor controls. In addition, results of two American studies in which heavy marijuana smokers were subjected to computer tomographic scans failed to show any cerebral atrophy."
 However, studies conducted in monkeys by Robert Heath, chairman and professor of departments of psychiatry and neurology, Tulane Medical School, New Orleans, have shown "persistent, irreversible structural changes in the brain" after three months of heavy use, concludes JAMA.

The

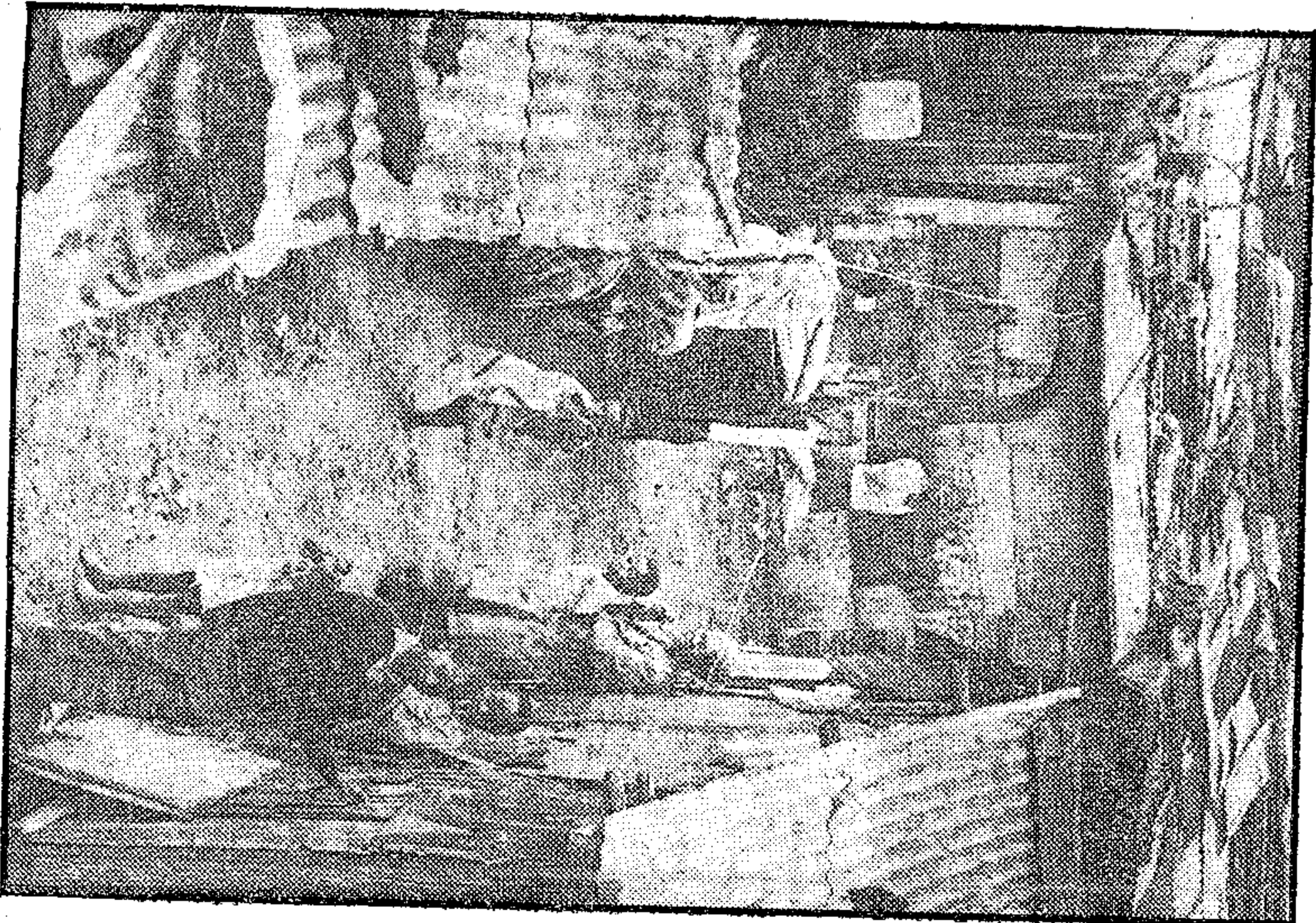
Dagga Factory

QUOTE

This is one of the major problem areas. It's probably the biggest "dagga factory" in the country. It never stops production for long.

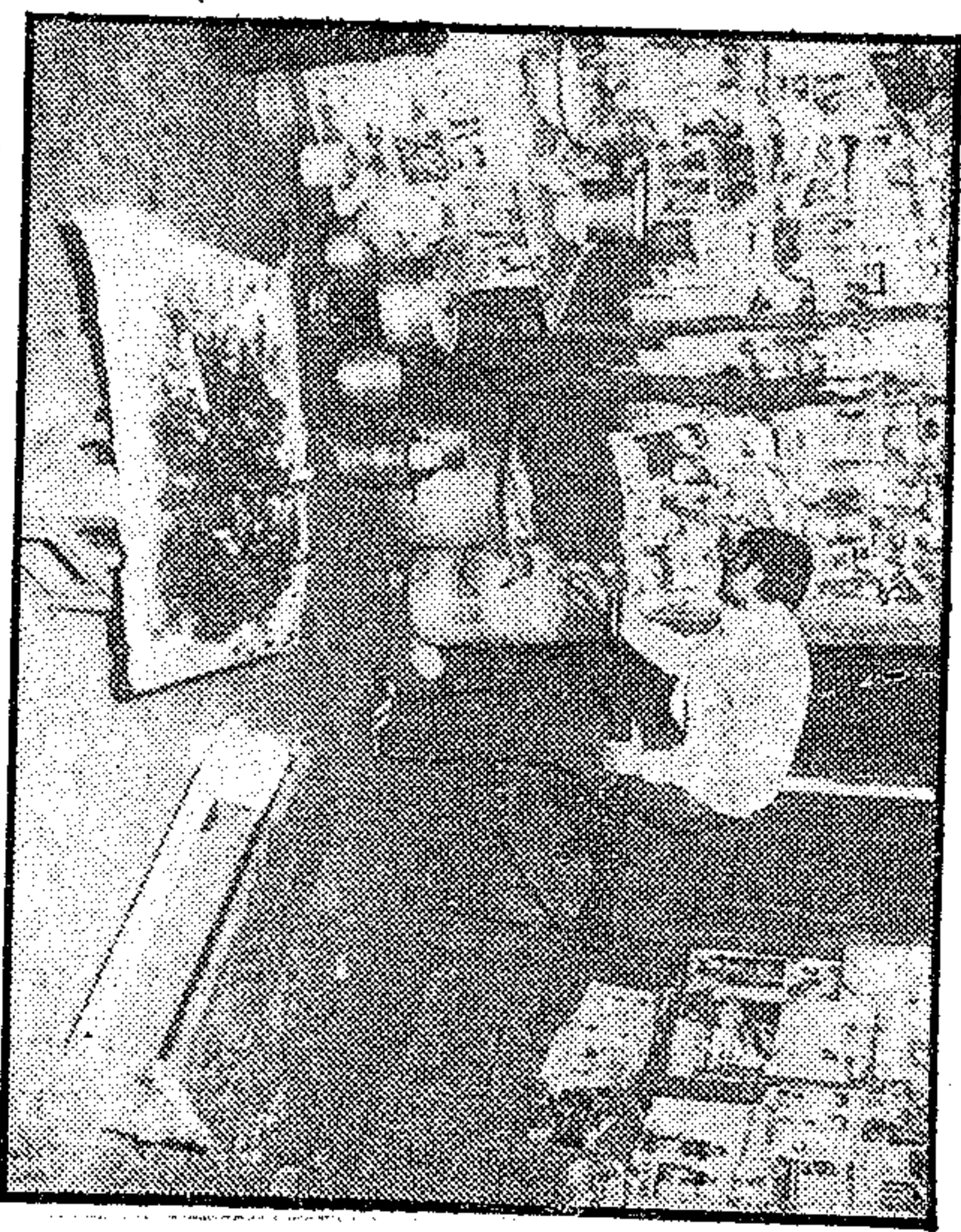
— Captain John Wright of the Vice Squad

25/05/80 JWS 1215



Bombay . . . a scrapyard of humanity

Just an hour from Durban, a 'town' they call Bombay...



A policeman searches a Bombay shanty

THEY call it Bombay — a black hole of a place half an hour from Durban, a scrapyard of humanity and rotting refuse squatting untidily at the side of the road winding to Inanda.

A shanty town notorious for its major role in the Dagga Trail from Transkei to townships, where dozens of sacks a day are processed or rolled into "zols" before ending up on the streets of Durban, Pietermaritzburg and the cities of the Reef.

"This is one of the major pro-

blem areas. It's probably the biggest 'dagga factory' in the country and even though we hit it hard with regular raids it never stops production for long," Captain John Wright, head of Durban's Vice Squad, said.

"We pulled 30 sacks of dagga out of here a while ago and one of the 'Mr Bigs' is now pulling a seven year sentence."

This week the Tribune visited the squalid squatter settlement and saw some of the problems facing the men who try to enforce the law in the area.

BALFOUR

No sooner had the two unmarked police cars turned off the tarred road on to the track to Bombay than the inhabitants began to desert the rusty shacks.

The "residents" stood in groups, murmuring to themselves, bursting into laughter at some joke, probably made at the expense of the police officers making their way through the "town."

The searchers went about their task with a nonchalance bred of experience and a first-hand knowledge of the drug runners and their techniques.

"We look for things like double walls and false ceilings — that's where they often hide stuff here," Capt Wright said.

"But nowadays we don't find much in the actual dwellings. They now seem to clear one shack and do all the work rolling zols in there. And of course, when the police come, nobody lives in or even owns that hut, so it's hard to get a conviction in that case," he said.

Capt Wright said most police raids in the area were made between two and three in the morning.

"That way we find the people in their shacks.

"Very often, once we've gone through the shacks, we search the mealie fields out back and find bags of dagga hidden among the plants."

Bombay — named by Indian squatters many years ago — is a maze of muddy, stinking lanes between tumbledown shacks of wood, rusting iron, sheets of plastic and whatever other makeshift building material comes to hand.

There's no sanitation, no fresh water and little arable land. Chickens roost alongside their human cohabitants and mangy dogs roll in the mud and slush between homes.

The stench of decay and disease hangs over the camp.

Children cry, dogs bark and the chickens and ducks add to the hubbub.

"It's like the gold-rush years ago," Captain Wright said. "You find a lot of these people going home to Transkei these days . . . probably more than are coming here.

"They make their way from the farms to the big city to make their fortune, but when they arrive they find the stories they hear back home aren't true and a lot of them go back.

"It's only the real hardcore who end up staying — and those who either have jobs or who are involved in the dagga racket," he said.

"When you come here in the middle of the day and see all these men standing around unemployed . . . but quite well dressed . . . you must realise they're making money somehow," he said.

But to the residents of Bombay dagga has become a lifeline . . . the difference between starvation and survival.



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Vol. 180]

PRETORIA, 20 JUNE 1980
JUNIE 1980

[No. 7077

PROCLAMATIONS

by the State President of the Republic of South Africa

No. R. 100, 1980

AMENDMENT OF THE SCHEDULE TO THE ABUSE OF DEPENDENCE-PRODUCING SUBSTANCES AND REHABILITATION CENTRES ACT, 1971 (ACT 41 OF 1971)

Under the powers vested in me by section 15 of the Abuse of Dependence-producing Substances and Rehabilitation Centres Act, 1971 (Act 41 of 1971), and after the Minister of Health, Welfare and Pensions has consulted with the Medicines Control Council, I hereby amend the Schedule to the said Act by the substitution for the existing Schedule of the Schedule hereto.

This Proclamation shall come into force four weeks after the date of its publication in the *Gazette*.

Given under my Hand and the Seal of the Republic of South Africa at Pretoria this Fifth day of May, One thousand Nine hundred and Eighty.

M. VILJOEN, State President.

By Order of the State President-in-Council:

L. A. P. A. MUNNIK.

SCHEDULE

PART I

Prohibited dependence-producing drugs

All the substances mentioned in this Schedule include the following:

- (a) The isomers of the substances where the existence of such isomers is possible in the specific chemical compounds;
- (b) the esters and ethers of the substances and the isomers thereof where the existence of such esters and ethers is possible;

PROKLAMASIES

van die Staatspresident van die Republiek van Suid-Afrika

No. R. 100, 1980

WYSIGING VAN DIE BYLAE TOT DIE WET OP DIE MISBRUIK VAN AFHANKLIKHEIDSVORMENDE STOWWE EN REHABILITASIESENTRUMS, 1971 (WET 41 VAN 1971)

Kragtens die bevoegdheid my verleen by artikel 15 van die Wet op die Misbruik van Afhanklikheidsvormende Stowwe en Rehabilitasiesentrums, 1971 (Wet 41 van 1971), en nadat die Minister van Gesondheid, Welsyn en Pensioene met die Medisynbeheerraad ooreleg gepleeg het, wysig ek hierby die Bylae van genoemde Wet deur die bestaande Bylae deur die Bylae hiervan te vervang.

Hierdie Proklamasie tree in werking vier weke na die datum van publikasie daarvan in die *Staatskoerant*.

Gegee onder my Hand en die Seël van die Republiek van Suid-Afrika te Pretoria, op hede die Vyfde dag van Mei Eenduisend Negenhonderd-en-tagtig.

M. VILJOEN, Staatspresident.

Op las van die Staatspresident-in-rade:

L. A. P. A. MUNNIK.

BYLAE

DEEL I

Verbode afhanklikheidsvormende medisyne

Alle stowwe genoem in hierdie Bylae sluit die volgende in:

- (a) Die isomere van die stowwe waar die bestaan van sodanige isomere in die bepaalde chemiese verbinding moontlik is;
- (b) die esters en eters van die stowwe en die isomere daarvan, waar die bestaan van sodanige esters en eters moontlik is;

STAR 27/5/80
Pat was ready to go to jail

Mrs Pat van Rensburg, MPC for Randburg, had her cases packed today, ready to go to jail.

She told a Randburg magistrate, Mr B van der Merwe, in a typed statement: "If I am found guilty of having my servant's baby illegally on my property, I will not pay a fine but elect to serve a prison sentence instead.

"I am no longer prepared to merely criticise the wickedness of apartheid, the system that callously separates mothers and babies, husbands and wives."

But Mr van der Merwe did not wish to hear her full statement.

"Thank you," he said, as she began weeping, "the court finds you guilty as charged. You are cautioned and discharged."

Expert welcomes proposed drug probe

(87)
RDM 30/6/80.

Staff Reporter
THE possibility of a study into drug abuse among schoolchildren by the Human Sciences Research Council was welcomed yesterday by an expert in the field.

The proposed study follows repeated requests by the National Council on Alcoholism and Drug Dependence and the Department of Social Welfare and Pensions.

Dr Sylvain de Miranda, of clinical services at the national council, said yesterday he was delighted.

"Something should have been done on this before any legislation was passed in 1971."

He said it was important that the dimensions of the problems be ascertained by a scientific survey before legislation was passed.

In reply to a statement by Dr Van der Merwe Brink, MEC in charge of education, that no

drug problem existed in Transvaal schools, Dr De Miranda said it was important to distinguish between drug abuse in schools or at a school-going age.

"All we know is from the patients we treat and at least 70% to 75% of them are exposed at school-going age, though not necessarily at school. Obviously a large percentage of these people will develop drug dependency problems."

Dr De Miranda said that if the maximum exposure age was between 12 and 17, then that was the time when educational programmes should be made available. These programmes could only be developed once research had been done.

In a recent thesis on drug abuse, Mr Alan Simon pointed out that the very stringent laws

covering drug usage made — research into the subject in South Africa extremely difficult — particularly with regard to endangering your subject.

A spokesman for the research council said the study would require about R20 000 and would take several months.

It was hoped the study would discover whether such a problem existed and would show whether drug abuse among scholars was isolated or nationwide.

It would enable authorities to gear any educational programme to meet the problem reflected by the study and would identify areas where quick preventive or educational action was needed.

The study would also assist planners in developing such programmes because statistics would clearly outline in which age groups drug abuse was mostly prevalent, he said.

Child drug abuse: Call for new attitude

By STEPHEN WROTTESELEY

THERE IS an urgent need for the Cape Department of Education to change its attitude towards child alcohol and drug users whom the department regards as "deviants", according to an expert on drug abuse.

Mr Dudley Green, regional director of the South African National Council on Alcoholism and Drug Dependence (Sanca), said in an interview this week it was no use applying rules that worked 10 years ago. They had to be changed.

However, it was not only the education department that had to change its attitudes, but the general public itself.

Mr Green said the widespread and increasing misuse of prescription drugs, and the continuing use of illegal

substances, were a socio-medical problem.

It was naive to believe that legal measures alone would provide solutions.

"We need a new approach, especially if we are to outwit those who undermine and abuse the potential of our youth for gain."

Asked to elaborate on the need for a new approach, Mr Green said there was a need to avoid rejection of a child involved with either drugs or alcohol. There was a need for a youth-education programme as well as more teachers trained in psychology with suitable qualifications to deal with this "specialist problem".

The need for more such teachers was apparent from the number of young people appearing in court as a result of

abuse of chemicals.

He said Sanca had had a series of symposia for senior pupils in 1970 but these had been stopped by the Department of Education after about eight months.

Sanca had seen a need to provide schoolchildren, particularly the seniors, with information on various drugs and particularly the risks involved.

He said that if every organization wanted access to schools, the learning process would be severely disrupted. But a proper body giving lectures would be a benefit to the welfare of the pupils and also to the school.

Asked yesterday whether the Cape Department of Education had any programmes for schoolchildren about drug abuse, Dr C J J Reynecke, chief educa-

tional planner (psychological services), said no lectures were being given.

"It's very difficult to know what to tell them (pupils) and what not to tell them," he said.

Asked about the termination of the Sanca symposia, he said: "We don't want people to have free entrance to our schools. We are responsible to parents."

Questioned about the approach in schools to pupils with a drug or alcohol problem, Dr Reynecke said that if a pupil carried on with drug abuse after attempts at therapy, that pupil would be asked to leave.

Asked about the process leading to a pupil's expulsion, Dr Reynecke agreed that it could have a psychological effect. "This is why we advise parents to take the child out rather than expel him or her."

Overhaul drugs laws, pleads expert

By Andrew Walker
 Organised rings dealing with drugs such as those responsible for the death of an East Rand girl this week were in their infancy in South Africa but it would be only a matter of time before this country was discovered as a lucrative drug market, Dr Sylvan de Miranda, regional director of the National Council on Alcoholism and Drug Dependence, said today.
 Calling for a review of South Africa's methods of combating and preventing

drug abuse, Dr de Miranda said in Johannesburg that drug abuse was becoming "more and more serious."
 Dru-taking patterns among youth were changing and becoming more dangerous with the use of narcotics such as Wellconal, which is believed to have caused the death of 18-year-old Leslie Roberts.
 "And unless steps are taken, more such tragedies will take place," said Dr de Miranda who advocates a fundamental overhaul of South Africa's

drug legislation.
 "There are few or no preventive measures taken in this country and many facets of the fight against drugs need serious attention.
 "For example, banning a drug does not always have the desired effect. Mandrax was banned in 1974 but we still have a major Mandrax problem."
 Dr de Miranda described Wellconal as a narcotic which had "all the dangers and effects of heroin."

"There is a flourishing black market in Wellconal."
 Col Basie Smit, head of the South African Police Narcotics Bureau, said police were investigating the misuse of Wellconal after the theft of tablets in the East Rand "and reports of thefts of prescriptions."
 Col Smit said there was a tablet-taking problem in South Africa, a problem which was identified by the fact that in the last 18 months 300 000 Mandrax tablets had been seized.

found in the current population ...
 to measure the level of unemployment but is also to be
 it should be noted, is not confined to academic attempts
 economic theory shows to be false. Naïvete on this score,
 when wage rates have changed is to make assumptions which
 to arrive at estimates of the labour supply over a period
 wage rate. To rely on rigid economic activity rates
 stake here is the extent to which labour supply depends on
 expect activity rates to be high. Of course, what is at
 activity and not yet reached retirement age, so one would
 passed the age where education is a reason for economic in-
 are probably a bit too high, yet men in this age group have
 them close to 100% for men between 25-44. The rates used
 men or women as a whole, though my study (Stimkins, 1978a) has
 lated economic activity rates of close to 100% for adult
 first assertion is simply not true - no study has postu-
 but in no sense constitute an unemployment problem. The
 1980: 106); these people appear in unemployment statistics
 jobs or to wait for something better to turn up' (Kantor,
 employed' is Kantor's phrase) 'in order to search for
 Yet such people may choose not to work ('choose to be un-
 were engaged in full-time employment (Kantor, 1980: 143).
 be needed if all the able bodied South African men and women
 generated by a comparison of actual employment that would

EXPRESSSCOPE

LOOKS AT THE SA DRUG SCENE AT A TIME WHEN YOUNG ADDICTS

Leslie was afraid of pain

LESLIE ROBERTS — the pretty girl who died a week after her 18th birthday from a lethal injection of Wellconal — was a "loner, a very sensitive child, always frightened of being hurt".

It was the small things in life that usually hurt her, said Pastor Peet Botha at her funeral service in Benoni's Church of Christ on Wednesday.

Small things: Like a syringe loaded with a drug that proved deadly to a young woman on the threshold of life.

The new and modern church where the funeral took place was packed by Leslie's family, friends and well-wishers — many of them girls in their teens who sobbed throughout the service.

Leslie's coffin was carried from the church by six of her male relatives, including her father, Mr Peter Roberts, who lives in Cape Town.

Her 16-year-old sister, Noeline, clung to her mother, Mrs Rhona Meyer.

A resident of Howard Mansions — where Leslie met her death — said Leslie had shared a flat for the past three months with 18-year-old Glen Espag.

Mr Espag and Miss Ann Leathem of Ryndfield, Benoni, appeared briefly in Benoni Magistrate's Court earlier this week, on a charge of murder.

Police believe the three were experimenting and allegedly injected each other with a solution of crushed Wellconal tablets and water.

Mr Espag and Miss Leathem were in the dock for about a minute as the senior public prosecutor, Mrs Clélie le Roux, asked that the case be postponed until December 15, pending further investigations.

The two young people will be

Girl dies after drugs party

The newspaper headline that offended Leslie Roberts' mother

held in the Benoni police cells until then.

The Meyers were already tired of reporters when I visited them at their home, the day before the funeral:

"You can have tea with me, but I'm not going to give you a story," said a composed, but haggard-looking Mrs Meyer.

"I'm upset about what has already been written in newspapers. It wasn't a drugs party as one daily newspaper said. "I could kill the guy who wrote that, because it's made this whole thing sound unsavoury, and it wasn't like that."

Reluctant to talk about the events leading to her daughter's death, Mrs Meyer denied that Mr Espag was Leslie's boyfriend, or that Miss Leathem was a friend.

The mother of Ann Leathem, told the Sunday Express at the door of her expensive Ryndfield home, that she and her husband had very strong views on drugs and would make them heard once the court case was finalised.

Glen Espag's father had been asleep at his tiny home in Benoni's low-income area of Howard Avenue when the Sunday Express called.

"No thank you — no reporters," he said angrily, and slammed the door.

TOP drug man PM to review

A TOP drug expert yesterday made an urgent appeal to the Prime Minister to review South Africa's drug abuse prevention measures as part of the Government's total strategy for the country.

This has come in the wake of the tragic deaths — two of them this week — of three young East Rand people who abused the powerful morphine-based narcotic, Wellconal.

Dr Sylvain de Miranda, head of clinical services for the South African National Council on Alcoholism and Drug Dependence (Sanca), warned that current drug abuse trends spell danger. "Unless the Government is prepared to change its current strategies we are heading for more deaths and disasters," he warned.

Dr De Miranda spelled out South Africa's future in terms of drug abuse: "What we are faced with is no different to the heroin scene in New York, Amsterdam and London.

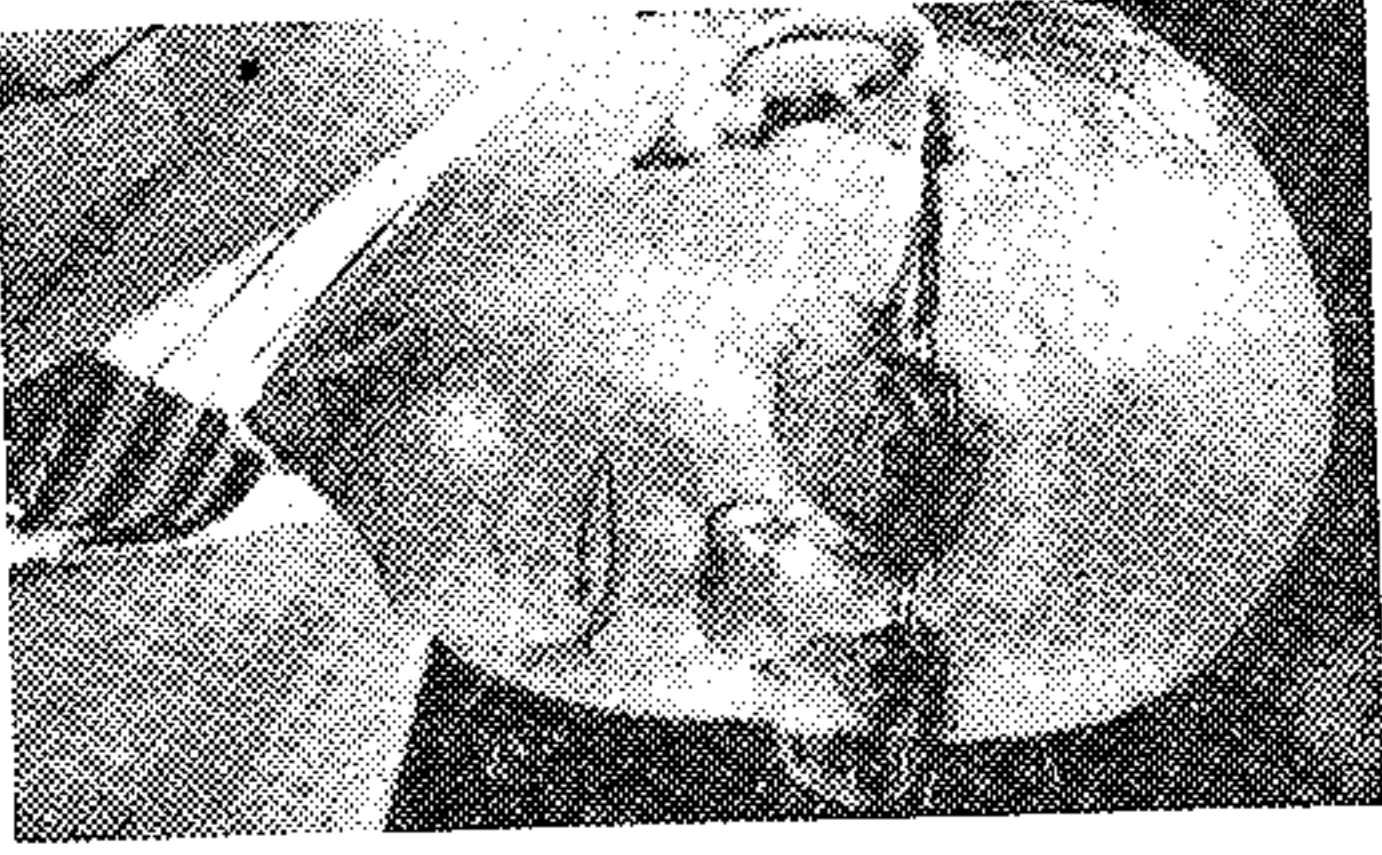
"It stands to reason that if the Government's current strategies are not working they must be overhauled."

He urged the Prime Minister to review current legislation, control measures and "the sad lack of any meaningful preventive education".

He accused the Government of gross neglect in equipping South African children with lifestyle education.

"Every day, youngsters are confronted with the dilemma of whether or not to drink, whether to try dagga and other drugs, and whether to sleep with their boyfriends. Our youth is ill-equipped to answer these questions and can't handle

SUNDAY EXPRESS EXCLUSIVE INVESTIGATION BY ANGELA HAMMERSLEY



• P W Botha asked to review drug laws

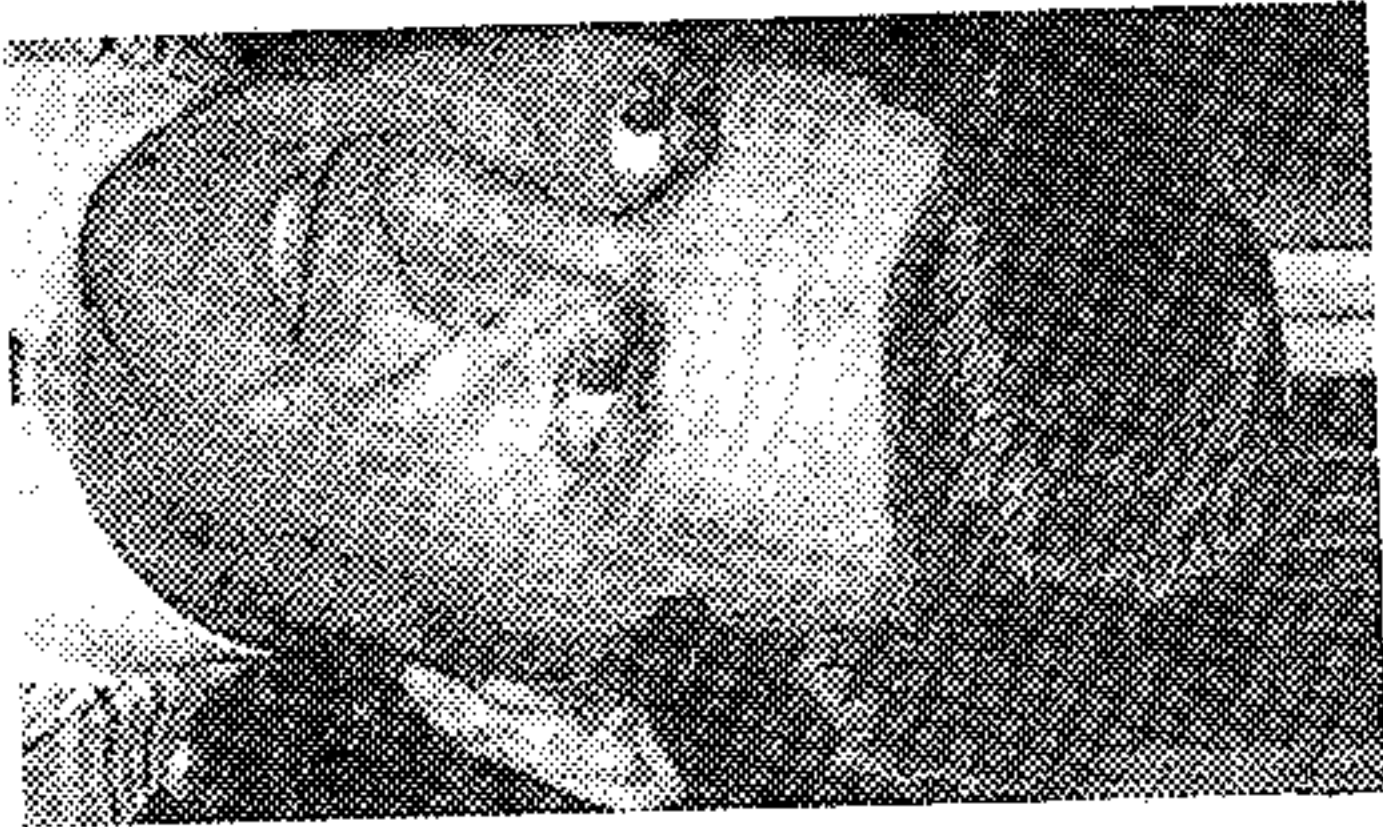
... asked to review drug laws

... the situation," he said. "It's no good having a total strategy if the youth of our country are falling apart.

"Current drug laws are not curbing drug abuse but landing thousands of young South Africans with criminal records."

He called for provision to be made for "non-criminal" sentences and enforced treatment or rehabilitation for those convicted under the drug laws.

Dr De Miranda also suggest-



• Dr Sylvain de Miranda appealed to the PM

... appealed to the PM

ed that people who wanted to obtain scheduled drugs should have to show identification first so that drug abuse could be more readily plucked up.

Dr De Miranda said some

parents had become aware that their children had problems only because of the Press coverage given to the drug deaths this week.

"Only an hour before your call, the father of a 14-year-old girl called to tell me it had just dawned on him that his daughter had been behaving in a peculiar manner for the past six months.

"He confronted her and asked if she, too, was taking drugs. She became hysterical and then admitted to her father that she had been smoking dagga and taking different pills."

Dr De Miranda said young people should take heed of the misfortune of the three people who had died.

"The authorities, parents and the public at large should be aware of the fact that things are not under control," he said.

He said that out of 344 young men and women interviewed at the Auckland Park, Johannesburg, rehabilitation centre, Phoenix House, more than 30% had had exposure to some form of narcotic drug.

"This is highly significant," he said. "Drug trends change all the time, and we now find that more and more young people are getting hooked on a particular type of drug.

"These cause severe physical or bio-chemical addiction, requiring them to take heavier and heavier dosages. Withdrawal symptoms are severe and

5.4

Painkilling was a multi-

LESLIE ROBERTS' fun and games backfired horribly last Sunday. Three days later so did Robert Budgen's.

Leslie and two of her friends played a dangerous game of Russian roulette — crushing Wellconal tablets, mixing them with water and injecting the solution into their bodies.

Robert was just another boy whose parents "didn't know" about his drug abuse and who, just the night before his death, was warned by his father about "getting involved with drugs".

Early the next morning Robert was found dead by his grandmother — a bloodstained rag lying next to him and a massive dose of Wellconal pumped into his body.

And in September this year Antoni Ferreira died in the same way.

Wellconal is a Schedule 7 painkiller, sold by chemists on a doctors prescription and often used in cancer chemotherapy.

But it has a morphine narcotic base and it's that one ingredient which makes it so popular with South Africa's drug population.

The police have called it one of their biggest headaches, and

Dr Sylvain de Miranda, director of the South African Council on Alcoholism and Drug Dependence, says that narcotics are becoming the drugs of the future here.

"Up to four years ago South African druggies were still fairly unsophisticated — they were more addicted to the junkie lifestyle than they were to drugs," he told me.

"Oh, they'd all smoke a little dope or drink some cough mixture, but if a druggie couldn't get what he wanted he wouldn't bother about it too much.

"Today the pattern has changed — they are into their drug.

"And they're willing to fight for it, steal for it or even kill for it," said Dr De Miranda.

According to Dr Miranda; Leslie Roberts, Robert Budgen and Antoni Ferreira would all have been oblivious of their approaching death.

"If Leslie took an overdose she probably simply went into a coma and died," he said.

"But if she didn't dissolve the tablet properly it was likely that she probably blocked a blood vessel leading to a vital artery — a kind of thrombosis

drug killer

would have occurred.

"It was also possible that air was introduced into the vein which again would have caused a thrombosis-like problem.

"Otherwise, the drug could have been shot straight into the artery, caused her heart to seize or her lungs to collapse. None of the deaths are very pleasant."

Dr Oppel Greeff, medical director of Wellcome, the firm making Wellconal, told the Sunday Express: "It would be disastrous to inject the drug intravenously as the tablets are specially formulated for oral use.

"Wellconal is a very well known and respected drug.

"It is used a great deal in cancer chemotherapy because it is an incredibly strong pain killer.

"But it is unthinkable for anyone to use it intravenously."

Dr De Miranda called for an intensified effort to combat drug abuse. "Four of five years ago our problem with drug addiction was minor compared with today. It is time that people started to acknowledge that we have a problem."

Drug warning was

LESS than 12 hours after Mr Percy Budgen showed his son a newspaper report about teenager Leslie Roberts' death from mainline drugs and warned him: "Look, see what can happen to you," the boy was dead — killed in exactly the same way as Leslie.

Police on the East Rand believe there are signs that the pills which caused Robert Budgen's death came from the same source as those that killed Leslie.

Expressscope this week investigated the rash of mainline drug cases on the East Rand that delivered death in agony as a Christmas gift to two families.

Two days after Wellconal pills, crushed and injected into a vein, killed Leslie, Mr Budgen showed the report of her death to 20-year-old Robert and

his older brother, Leonard.

"Well Dad," said Robert, "that's just one of those things."

Robert died early the next morning. Five Wellconal pills were found next to his bed.

"I can't believe it," said Robert's angry and upset father at his Boksburg-North home this week. "To think that I warned him only the night before. But he wouldn't listen."

Mr Budgen said he did not suspect that Robert was using drugs. "I only pointed out the story to show him what could happen," he said.

But brother Leonard told a different story:

"Robert starting smoking dagga a few years ago and had been using Wellconal for a while. Sometimes a friend would call for him at two or three in the morning, and they

ignored

would sit outside crushing the tablets."

He explained that Robert had been "on a high" for the last two weeks and it had been almost impossible to communicate with him.

Hours before his death, Robert had told his parents he was going to visit friends in Kempton Park.

He came back in the early hours of the morning when his grandmother woke up to the sound of running water. "She got out of bed and found a blood-stained cloth outside Robert's bedroom door. She thought he'd had an accident," Leonard said.

"She went in, but he was dead already."

Police have said there are indications that the pills which killed both Robert Budgen and Leslie Roberts had come from the same source.

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ARE MOVING INTO THE MAINLINE LEAGUE - AT INCREASED RISKS TO THEIR HEALTH AND LIVES

Urges

laws

S. Ennis
14/12/80

can in themselves be fatal." Dr De Miranda warned that this trend spelt danger: "It is no different to the heroin scene overseas.

"The paraphernalia involved in heroin-taking is the same as that involved when those three youngsters took Wellcanol."

Dr De Miranda said parental awareness left a lot to be desired and urged parents to "utilise powerful bodies such as Parent Teachers' Associations, to set up programmes of education for parents".

He said he met young people every day who had been on drugs for a number of years "but their parents were not aware of it".

"I find this unacceptable," he said. "People who become involved in drug-taking show changes in appearance and behaviour that parents ought to pick up. It's time people realised that drug addiction and alcoholism does not confine itself to one type of family, one type of school, or any one socio-economic group.

The doctor said parents should make time to be aware of what their children were doing and who they were mixing with a priority in their lives.

"It's not easy, I know, but either parents take the responsibility of having children or else they shouldn't have them. It's as simple as that," he said.

Boksburg MP, Mr J P "Sakkie" Blanche, has called on the mayor of the town to convene a

meeting of community leaders to set about achieving public awareness of drug abuse.

Mr Blanche urged parents: "Do not sit back and leave it to the authorities.

"It's up to every parent to be aware of the dangers and to be involved in helping stamp the problem out."

Mr Blanche said the East Rand was probably the growth point of the country "and this in itself brings its own set of problems. We are attracting more and more people and building more schools.

"It's obviously a facet of the East Rand's growth that our social problems are increasing."



• Six male relatives were pallbearers at Leslie Roberts' funeral in Benoni's Church of Christ on Wednesday.

Kids played Russian roulette with drugs

BY GERHARD PETERSE

TWO YOUNG people died horrible deaths this week when they overdosed with a drug prescribed ironically to relieve the pain of cancer sufferers and others terminally ill.

But Leslie Pamela Roberts, 18, of Benoni, and Robert William Budgen, 21, of Boksburg North, were in good health. They became the latest victims of a killer drug epidemic sweeping the country and their heartbroken parents are now asking: "Why?"

The drug both used — morphine-based Wellconal — is manufactured in pill form and is only meant to be taken orally.

But both doctors and the police say the usual method used by drug abusers is to crush the pills, dissolve them and then inject the solution.

Both victims were talented youngsters who had not been addicted to drugs, their distraught parents said this week. Both had been popular with their friends and neither had shown signs of a developing drug problem.

The two died within days of each other and lived only kilometres apart.

Leslie's grief-stricken mother, Mrs Rhona Meyer, claimed her daughter had never taken drugs prior to the single "experiment" which killed her and landed two of her friends in court charged with murder.

"We buried her on Wednesday and I am still in a state of shock," Mrs Meyer, who has remarried, said.

"I cannot believe this dreadful thing happened."

Mrs Meyer said she was "utterly convinced" that Leslie had never "fooled around" with drugs before.

"I have no idea what caused her to experiment with the stuff. She was a good girl and celebrated her eighteenth birthday only a week before she died."

Mrs Meyer said that the people who supplied drugs to youngsters were murderers. "We are shattered and

QUOTE

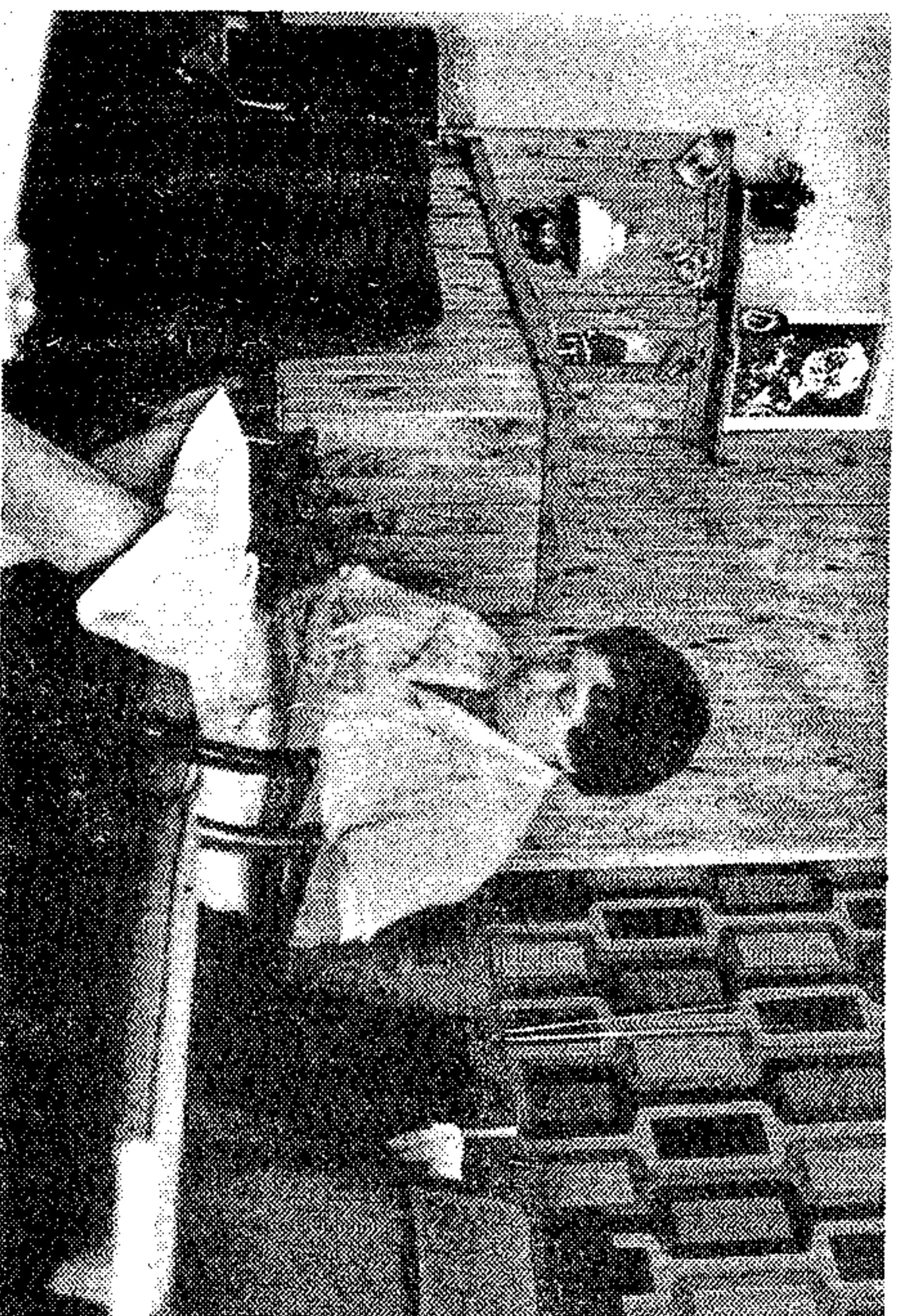
By Robert's mother:
It is sad my son had to die to prove to his friends that drugs are wickedly dangerous.

shocked. It is all so futile and final.

"It is terrible losing any child, but to lose a child under these dreadful conditions is even more tragic.

"I still cannot believe that any child is dead. When the police came to wake me and Leslie's stepfather early on Sunday morning, I kept praying and hoping that some mistake had been made.

She was such a loving child and on the brink of life, with everything going for her."



Robert's grieving mother Audrey Budgen . . . and the drug that caused her son's death



Pictures: HERMANN PAINCZYK

and that was what he did in his free time.

"He sometimes brought some of his friends home, but he would always give evasive answers when asked where he had been or what he had done."

Mrs Budgen and her mother, Mrs Elizabeth Wiggall, tried to revive Robert after they found him in bed.

"He was hardly breathing and was obviously in distress," Mrs Budgen told me.

"I had no idea that he was on the brink of death. He died in my arms on the way to hospital."

Robert had recently been given promotion at the firm

where he had worked as a printer's apprentice.

"His foreman came to see us to tell us what a bright boy he was," she said.

"He had been moved to an-

other department and had been given additional responsibility shortly before his death.

"He had his whole life ahead

QUOTE

By Leslie's mother:
We buried her on Wednesday, I am still in a state of shock.

of him. I don't know why he did this terrible thing. He could have been alive now but for those cursed pills that ended his life."

About two months ago, a 24-year old Johannesburg man, Mr Antonio Ferreira and his girlfriend, Miss Claudette Rose Kalli, died from overdoses of the same drug, Wellconal.

In a statement given to the Sunday Times, Wellcome — manufacturers of the drug Wellconal — said their product was marketed as a service to the medical profession.

QUOTE

By Leslie's mother:
We are shattered and shocked. It is all so futile and final.

for regular injections of narcotics.

Wellconal is a Schedule 7 medicine, which can only be prescribed by a doctor.

Supplies of the product cannot be repeated on the original prescription, the manufacturer said.

"Wellconal is a product formulated for oral use only, and in a recent case the tablets were crushed and dissolved in non-sterile conditions and injected into the vein.

"It is most likely that physical factors were responsible for the person's death — factors emanating from the injection of a non-sterile solution/suspension in the most unhygienic conditions.

"In any event, to inject any medicine formulated for oral use could have the same result."

QUOTE

By Robert's mother:
I had no idea he was on the brink on death. He died in my arms on the way to hospital.

die to prove to his friends that drugs are wickedly dangerous," she said.

"He was a good boy who had never given us any problems. I had no idea that he was taking drugs.

"He never showed any signs and, for all I know, it was the first time that he had experimented with the stuff.

"There was one area of his life that he never shared with us — once he started working . . .



JOHN PARKER . . . at the shrine where John Lennon prayed
Picture: AMBROSE PETERS

'Drug deaths will grow'

By GHERHARD PIETERSE

say experts

SENIOR police officers, doctors, pharmacists, politicians and community leaders have all expressed a growing concern over the increasing use and abuse of drugs.

South Africa has entered the realm of hard drugs with a vengeance. And more deaths can be expected.

Colonel Basie Smit, of the South African Narcotics Bureau, said: "I am worried about the increase in drug abuse generally, but of particular concern is the increase in the number of offences involving the morphine-based drug Wellconal.

"The one thing that is becoming increasingly clear is that a market exists."

Brigadier Stan Schutte, Divisional CID officer for the East Rand, said: "I know of at least three deaths due to drugs over the past two months."

Dr Sylvain de Miranda, director and head of clinical services of the South African National Council on Alcoholism and Drug Dependence (Sanca), said he had predicted the present crisis years ago.

"Between 1967 and 1977, we conducted a survey, which showed that more than 30 per cent of teenagers admitted to the Phoenix House rehabilitation centre in Johannesburg had had some exposure to narcotics.

"When we informed the authorities of this finding, and warned that hard drugs were on the increase, the only response we got was that they said they had the situation under control."

Dr De Miranda confirmed that drugs, such as opium, morphine, Pethadine, Wellconal and cocaine, were being increasingly used by addicts.

"We are seeing the results of this on a daily basis. Young people are now arriving at Phoenix House and other rehabilitation centres with massive abscesses on their arms and with extensive needle marks on their bodies."

Dr De Miranda predicted more deaths from drug over-

doses soon.

"Whereas people became psychologically addicted to dagga, drugs are addictive in the true sense of the word."

Dr Johan Jurgens, superintendent of the Far East Rand Hospital, said:

"I don't have figures available at this time, but it is a fact that we have had to pump out more stomachs this year than at any time in the past."

Dr Jurgens has issued instructions to his staff to curb the number of prescriptions for sedatives issued to hospital patients.

"I blame the medical profession to a large extent for the problem that we now have to cope with.

"They prescribe sedatives to their patients far too easily."

The Pharmaceutical Society of South Africa has sent a circular to all its members warning them to be on the lookout for forged prescription forms.

Members were asked to be

particularly careful with Wellconal and Obex, another drug favoured by drug abusers.

East Rand community leaders will meet soon to formulate plans to combat drug abuse sweeping their towns.

Mr Sakkie Blanche, MP for Boksburg, said an action committee including community leaders would be formed early next year "to stamp out this evil".

"We want to involve the entire community in an all-out effort to stop the spread of this cancer. We want to involve every child, every parent and every teacher."

Mr Blanche said action would have to be taken soon "otherwise it might be too late".

Mr Johan Lemmer, MPC for Benoni, said it was essential schools play a more active role.

"The dangers of drug abuse has to be taught to children as part of their school curriculum. They have to be reminded of the dreadful consequences regularly, and their parents must be involved in the whole preventative process."

Lennon was to visit Cape Town next year

By VAL CARTER-JOHNSON

JOHN LENNON, gunned down by a "screwball" in New York this week, was planning another secret visit to South Africa.

The hush-hush trip, scheduled for March, was revealed this week by Cape Town tour guide John Parker, who became the ex-Beatle's friend and confidante when he was here in May.

Lennon "fell in love" with Cape Town and its famous Table Mountain.

"He intended bringing his wife, Yoko Ono, and their son, Sean, to see the Cape," said Mr Parker.

Mr Parker got a postcard from Lennon in August thanking him for sending him photographs taken during his Cape Town stay.

He also promised to send him a yoga book for Christmas — and Mr Parker is hoping that it is in the post so that he will have another memento of their friendship.

Mr Parker, respecting Lennon's wishes for privacy, kept quiet about the musician's plan to return to Cape Town.

"I don't mind talking about it now ... I don't suppose the secrecy matters after this tragedy.

"John was so impressed with Cape Town he said he would bring Yoko and Sean to see the city. He asked me the best time to visit and I said February or March.

"He was keen on coming in March. I said I would be only

RS. Thank you for photos etc. AUG 1980
 Dear Solby
 have been
 away - plus
 V. Busy - will
 send book 'Sugar
 Blue' before Xmas.
 Shanti
 John L.

J. Parker & Family
 37 Salisbury ST.
 WOODSTOCK
 CAPE TOWN
 SOUTH AFRICA



The postcard Mr Parker got from Lennon after his visit

too pleased to show his family around, as I did with him, and he said he would take me back to New York to give me a tour of his hometown."

He was "shattered" by the news of Lennon's death.

"He taught me to meditate on the side of Table Mountain, and now that will always be a special place for me, where I

can go and think only of him.

Mr Parker says he has sent a telegram to Yoko Ono, Lennon's widow, and has included a poem, written especially for Lennon.

After Lennon's May visit Mr Parker got three letters and a postcard from him.

"The letters contain private things — things we discussed during our long drives together and when we went to the Muslim shrine on Signal Hill.

"He loved to pray at the shrine. He said it was a place of great peace."

DEATH OF A POP HERO
 Pages 11-14

Silent U.S. tribute to music guru

By RICHARD WALKER
 New York

HUNDREDS of thousands of New Yorkers are preparing today to stand together in prayer — just metres from the spot where John Lennon was shot

total silence.
 Today's prayer vigil will last 10 minutes, starting at 2pm — 9pm in South Africa.
 Scores of radio stations plan their own vigils and many will fall silent

Responding to an appeal from widow Yoko Ono and led by Mayor Edward Koch, they will say goodbye to the Beatle era with the most stunning tribute possible from the world's most vital and raucous city —

HEALTH AND DISEASE —

MENTAL HEALTH

25/2/81 — 6/10/81

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Mentally ill persons detained in police cells

251. Mr. A. B. WIDMAN asked the Minister of Police:

- (1) Whether any mentally ill persons were detained in police cells in 1939, if so, (a) how many and (b) for what period in respect of each such person;
- (2) whether any cases of alleged (a) maltreatment or (b) assault were brought to his notice in that year; if so, (i) how many and (ii) what action was taken, in each case;
- (3) whether any steps have been taken to prevent a recurrence of such cases of maltreatment or assault; if so, what steps?

The MINISTER OF POLICE:

- (1) Yes.
 - (a) 7 122.

- (b) Particulars of this nature are unfortunately not kept, and owing to the substantial number of persons involved it is also not readily obtainable.
- (2) (a) No.
 - (b) Yes.
 - (i) 2 of alleged assault by other detainees.
 - (ii) In one case a murder charge is pending and in the other instance no corroborating evidence could be found.
- (3) Yes. Instructions have been issued that mentally deranged persons are no longer to be detained in police cells, but are to be removed to the nearest institution or hospital.

Mental patients: cost to State

275. Mr. H. E. J. VAN RENSBURG asked the Minister of Health, Welfare and Pensions:

- (1) How many mental patients in each race group were as at 31 December 1980 accommodated in institutions administered by (a) his Department and (b) other agencies;
- (2) what was the total cost to the State for that year in respect of institutions in each of these categories?

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

(1) (a)	Whites	7 064
	Coloureds	2 462
	Asians	156
	Blacks	4 707
(b)	Whites	609
	Coloureds	449
	Asians	372
	Blacks	5 034

- (2) The expenditure figures for the 1980-'81 financial year are not yet available.

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26/2/81

Mental patients will still wait in police cells

By MARIKA SBOROS

PATIENTS awaiting transfer to mental institutions will in most areas still have to be accommodated in police cells until new facilities are built.

This was said yesterday by the Director-General for Health, Dr Johan de Beer.

Dr De Beer was commenting on a report in the Rand Daily Mail yesterday that early diagnostic centres were to be built as transit accommodation for mental patients awaiting transfer to institutions.

Dr De Beer said yesterday it was not possible to implement these plans immediately.

"It might be possible in some rural or small areas to put the plans into effect immediately.

"But in the majority of areas, this will be totally impossible until new buildings and suitable facilities have been built," he said.

Mr Alf Widman, Progressive Federal Party MP, said he wel-

comed the move to set up the centres, and said it was "long overdue".

He added that it took the death of a Uitenhage man, Mr Daniel Muller, and the matter being raised, questioned and debated in Parliament for these instructions to be issued.

Mr Muller was fatally assaulted in police cells by inmates last year while he was awaiting transfer to a mental institution, Mr Widman said.

A Parkhurst mother told yesterday of the distress when her mentally-ill, 30-year-old son had to spend two nights in a police cell, awaiting transfer to Sterkfontein Hospital at the weekend.

"The police were kind and considerate. But it was a terrible shock to my son, he was completely disorientated," she said.

● Editorial comment:

— Page 10



U.S. tycoon goes to court — and loses out twice

TWO flamboyant millionaires — one South African, the other American — took their disputes to the South African courts this week.

And it was American George Osseman who lost two court battles, in Johannesburg and Durban.

In Johannesburg, a judge withdrew an earlier court order authorising Mr Osseman to attach Rolls-Royces, executive jets and R1-million worth of diamonds allegedly belonging to South African millionaire Mr George Christodoulou.

In Durban, Mr Osseman lost a court action to Johannesburg property millionaire Hyrnle Tucker when the Supreme Court ruled that Mr Tucker could sell up more than R400 000 worth of assets of a coalmining company controlled by Mr Osseman to retrieve money he is allegedly owed by the company.

Mr Osseman has also been ordered to appear in person in the Maritzburg Supreme Court on June 12 to explain why he should not be jailed for contempt of court.

This action follows his refusal last year to testify before a secret commission of inquiry appointed by the court to investigate the affairs of a Natal coalmining company whose mine he bought through one of his companies.

Court records in Durban allege that last year he gained control of one of South Africa's oldest and most famous diamond mines, the Robert Victor mine near Kimberley, which has not been worked since 1913.

In July last year Mr Osseman, signed an agreement on

By GEOFFREY ALLEN and MARTIN WELZ

behalf of Ecanani (Pty) to buy all the shares in Roviv Diamonds (Pty), the company that owns the mine, for R4.1-million.

The sellers now allege that Ecanani has failed to pay even the R40 000 deposit.

But within a month of the deal being signed Roviv's diamond interests were transferred through an amazing series of transactions into Mr Osseman's R500-million American tax-shelter operation based in the Caribbean islands.

Drama

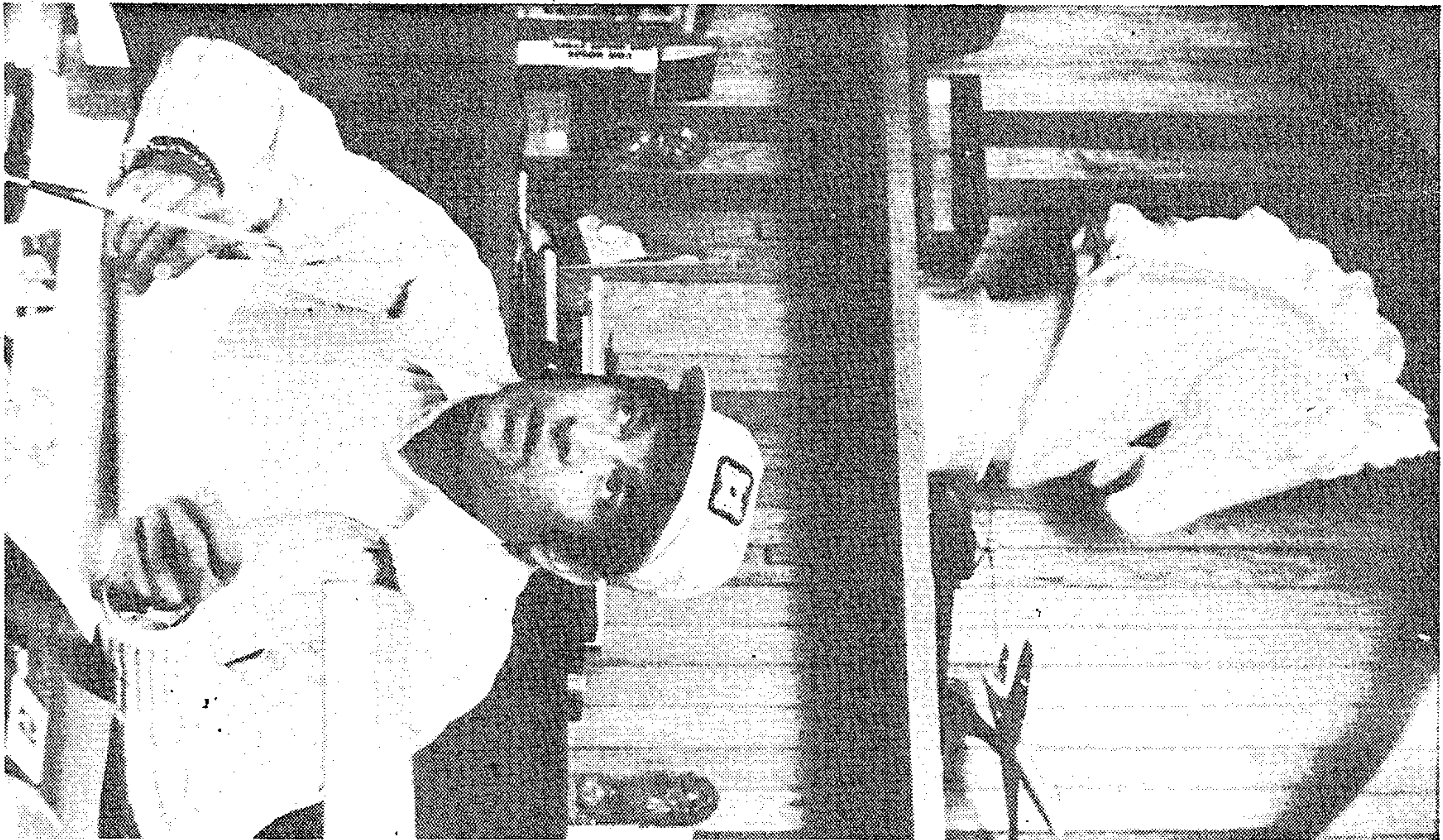
The court drama in South Africa started a week ago when Mr Osseman obtained an urgent court order in Johannesburg placing the Namibia Diamond Mining Company under judicial management.

In the same application the judge also granted an order attaching two Rolls-Royces, a R4.5-million Cessna jet, a jet helicopter and diamonds worth R1-million.

Mr Osseman claimed in the application that he had channelled R11.7-million of American investors' money into Namibia Diamond Mining but that it had been misappropriated by Mr George Christodoulou who, he claimed, controlled the company.

In a counter action brought by Mr Christodoulou and one of his companies, Diamacor (Swaziland) (Pty), on Thursday this week, Mr Justice Nicholas set aside the judicial management order on the grounds that Namibia Diamond Mining was a Windhoek-registered company and the Johannesburg court therefore did not have jurisdiction in the matter.

Mr Osseman's key offshore company, Imperial Finance NV, was ordered to pay costs.



Millionaire George Christodoulou... order withdrawn.

Picture: HERMANN PAINCZYK

Now give us our money back, say angry patients

S. Times 24/5/81



ANGRY patients duped by bogus psychologist James Malone have been streaming to his doorstep demanding their money back and the return of their confidential files, some of which contain intimate personal details.

A distraught mother, whose daughter was written off by Malone as a "dim-wit", told the phoney doctor: "I hope you realise the damage you may have done to people."

A repentant Malone, 39, told the Sunday Times yesterday: "I'm sorry if I caused any pain, but my intentions were good. 'I have done my very best to help people who came to me. I really believe that I did more good than harm. 'I sincerely regret the hurt people have felt."

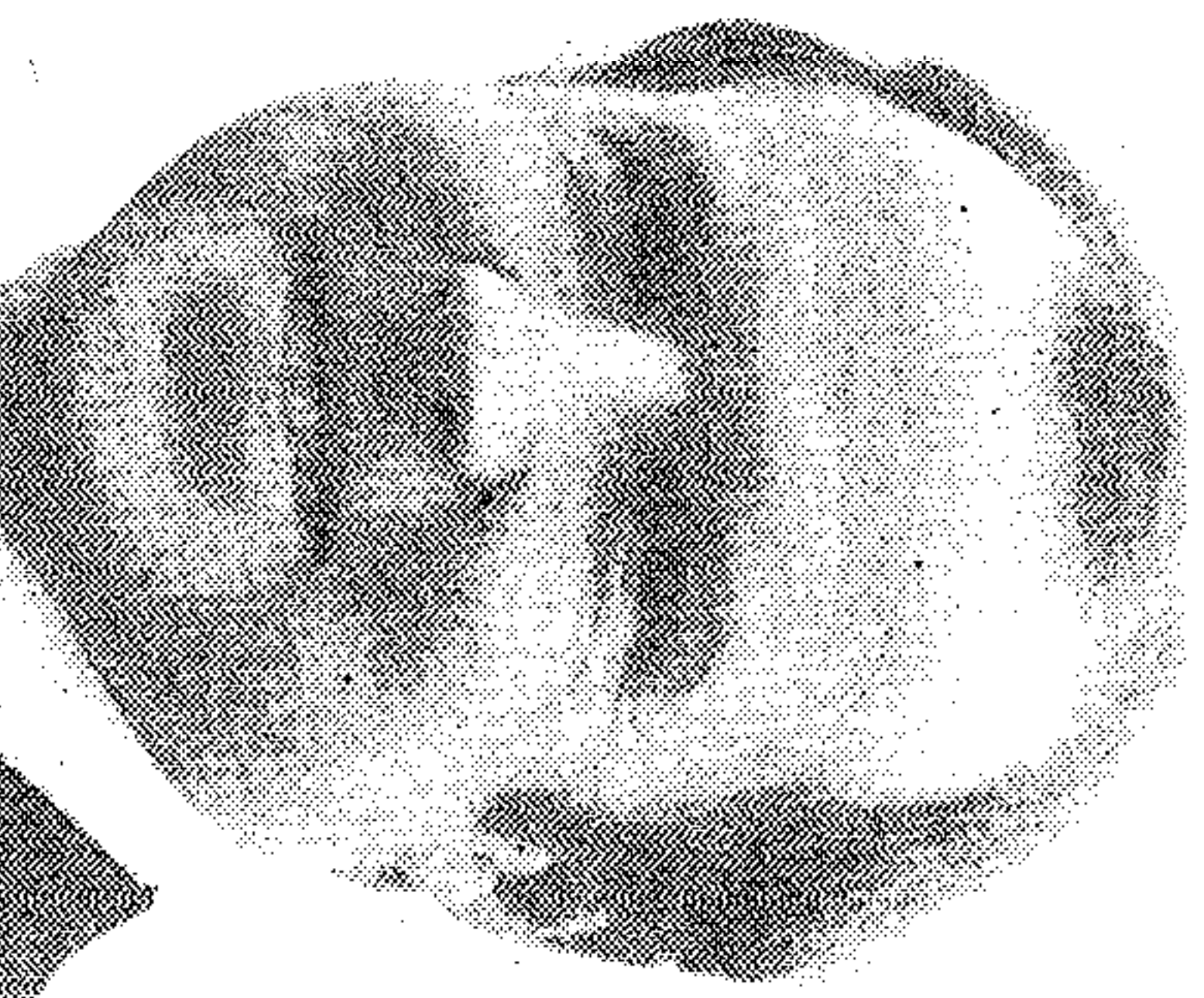
Malone, who practised as a clinical psychologist in Cape Town and built up a flourishing practice over five years, was found guilty in the Retreat Magistrate's Court last week on charges of fraud, forgery and perjury.

He fooled patients and the South African Medical and Dental Council by pretending that he had a string of professional qualifications, ranging from a BA to a doctor's degree.

Failed Matric

Malone, in fact, failed his Matric in 1961 and his university degrees were false, apart from a master's in psychology which he obtained from the Institute of Psychiatry at the University of London in 1972.

A spokesman for the institute confirmed this week that Malone had been awarded a master's degree, but said it was taking steps to strip him of the master's because he had



Jim Malone... psychologist who wasn't

BY BENNIE VAN DELT

based his enrolment on false qualifications. Malone said yesterday he had returned his degree to the institute of his own accord earlier this week.

Scores of furious patients and clinical psychologists contacted the Sunday Times after reading about Malone's "life of lies" last weekend.

The patients declined to be named and psychologists asked to remain anonymous for professional reasons.

One mother said she was almost in tears when Malone concluded that her daughter, aged six, would not pass a first-year school examination as she was "inclined to be dim" and "completely lacking in ability to concentrate".

Five agonising months after his diagnosis, the mother took her daughter to a child guidance clinic at the University of

see Malone because of marital problems, said she had stopped going as she was not satisfied with his treatment.

"He just told me to come back every time without giving proper guidance.

"Although he was not a smooth talker, he was quite a nice man and friendly."

The patient expressed her concern on what would happen to confidential information she gave to Malone.

"I am scared this personal data about my family and my marriage will fall into the wrong hands.

"It could be devastating for me."

Malone said yesterday his former patients could rest assured that their files were in safe hands.

"I will not commit a breach of contract. I have already destroyed some of the older files, while current files will be handed over to the patient's family doctor or to their new therapist."

Another upset patient said she had gone to Malone to be treated for depression.

"He was recommended by my family doctor. This week I went to his house in Newlands to get my money back — I paid him R188 for six one-hour consultations.

"Malone was sitting in the lounge. He saw me coming up the garden path, got up and disappeared.

"The patient described Malone as 'very friendly but edgy'. 'I liked him, but now I feel all the more depressed because he took me for a ride.'"

Another patient said he had suites of Malone's home to get his money back, but that nobody opened the door although he could hear voices inside.

Malone denied, however, that he had tried to hide from his patients.

As far as the complaints

were concerned always get distressed, but I hope that I did no harm.

"I doubt it ver er any person's p have been, aggr treatment.

Doctors who hians to Malone Medical and D should take full as it had accepti tion for Regis psychologist.

A spokesman s said Malone's c investigated.

"The investiga to show whethe can be blamed f Malone.

Foolpr

"At present ab chologists are r us and it would impossible to ch pliants' credenti "We will not h vise the procedu tion if it is neces "But I doubt i will ever be a fool

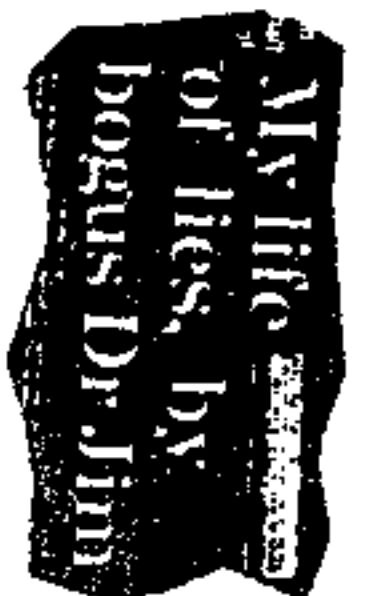
Commenting on trial files of p spokesman said t compel Malone t the files.

"As he is sit with the councl act when he viol of secrecy.

"Until he is s roll he is under o and any breach constitutes an off After his huge f posed Malone c of consultants Cape Town and namplaters.

Fis receptionist park building in t when she arrive Monday.

She said she ha Malone for the p and had found h cent and friendly



Flashht last w Sunda report "Dr" Malone

Bogus doctor faces probe over medical aid claims

S. Times 31/5/81 (88)



James Malone withdrew his money this week

A NEW probe is pending into the financial affairs of bogus doctor James Richard Malone who made a fortune by acting as a clinical psychologist.

Irregularities in his accounts sent to patients were uncovered this week.

The irregularities were aimed at enabling patients to get more money from medical aid funds, a practice banned by the South African Medical and Dental Council.

A spokesman for the council said he regarded the matter as "very serious" and it would investigate immediately.

Malone, who managed his own accounts from his house in Newlands, Cape Town, admitted some of the irregularities.

The bogus psychologist was found guilty earlier this month on charges of fraud, forgery and perjury.

The court found he had false-

By HENNIE VAN DELFT

ly pretended to have obtained several degrees, among them a doctorate in psychology, while he had failed matric.

Even the council was taken in by Malone and registered him as a clinical psychologist.

In his five years as psychologist, Malone treated hundreds of patients in his consulting rooms in the city centre and Claremont.

At R30 a session, Malone earned more than R4 000 a month.

Suitcase

On Monday, he was seen arriving with a suitcase at a Cape Town bank where he withdrew more than R60 000 in cash.

The money — all in brand new bank notes — was packed into the suitcase behind the counter.

He had earlier called on the bank to get the money, but was then told to come back later as they did not have enough cash on hand to pay him.

At the bank he produced a

South African passport for identification purposes.

Asked about the unusual procedure of carrying all that money in a suitcase, Malone denied any knowledge of it.

Admitting he had "split up" his patients' accounts, Malone alleged that other psychologists were doing the same.

"I know I was wrong to do it, but it was to the advantage of the patients," Malone said.

In a letter circulated to patients and marked "strictly confidential", Malone explained to patients that he had split up consultation fees "in order to afford clients maximum benefit and to facilitate maximum cover".

In an interview Malone said he had not followed that procedure with all his patients, but he did not deny that most of his patients benefited from the scheme.

In splitting up the accounts, Malone would, for instance, divide a consultation fee of R30 into three separate items of R10 each.

To obscure the irregularities he would place the separate

items under different headings, each with a fictitious date.

This would enable the patient, in some cases, to claim the full amount from the medical aid fund.

With bigger amounts, Malone would split his fees over a period of two years so the patient could stay within the limits of the annual amount allowed by the medical fund for psychological services.

Fast one

A spokesman for a medical aid fund said Malone had once tried to "pull a fast one" when they had sent him one cheque for two separate accounts submitted by the same member.

The cheque was for R130, but Malone split it into two amounts — one for R80 and the other for R50.

Instead of entering an amount for R80 he made it R8 and sent a further account for R72.

"Nobody else could have made that mistake, because he received the whole outstanding amount of R130 in one payment," the spokesman said.

A Cape Town psychologist said it was against the ethical code to split accounts.

"I have never heard of its happening before and I reject Malone's allegation that others are doing it as well."

A spokesman for the SA Medical and Dental Council said accounts should always state the correct fees and consultation dates.

"We regard the matter in a very serious light. In the past, medical practitioners have been severely disciplined for similar offences."

Study shows more girls anorexic

The incidence of anorexia nervosa is increasing in Johannesburg where 2,9 percent of schoolgirls are anorexic.

This emerged in a study of 1 246 schoolgirls which found 42 percent underweight, 41,5 percent the correct weight and 16,5 percent overweight.

The study — published in the South African Medical Journal — found that three in every 100 girls studied had anorexia, which contrasted with a previous study where one severe anorexic was found in every 100 schoolgirls over the age of 16.

At one private school 4,8 percent of the girls had anorexia. One known anorexic at the school refused to be weighed.

Anorexia nervosa is a self-imposed state of cachexia and malnutrition which occurs almost exclusively in middle to upper class teenage girls. Severe psychological disturbances lead to excessive dieting and sometimes death from malnutrition. A potential anorexic is 20 percent underweight and the disease is also characterised by the afflicted girl's insistence that she is overweight.

For the study, three

groups of schools were chosen: three private schools, three co-educational provincial schools and one girls-only provincial school.

Of the 42 percent found to be underweight, 33 percent were less than 15 percent underweight and six percent were 15 to 20 percent underweight, which made them potential anorexics. Probable anorexics, who were 20 to 25 percent underweight, comprised 2,3 percent and 0,6 percent of the girls, who were more than 25 percent underweight, had severe anorexia.

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Student Planners Award

K Strong

For the second best student in the subject of Building Construction.

C W von Düring

For the best student in the subject of Building Construction.

S A Brick Association Prizes

III: No award

II: A R Low Keen

I: N D G Sessions

For the best student in each of the courses of Building Economics I, II and III in the third, fourth & fifth years respectively.

LTA Prizes

P R Swift

For the highest marks in Professional Practice.

For the student obtaining the highest marks in

Surveyors' Prize

Cape Chapter of Quantity

The Committee of the Western

P C Key

For the best all-round student in any year of study.

Bell-John Prize

(Continued)

QUANTITY
SURVEYING

More teenage girls opt to starve

RBM 8/7/81

(88)

Staff Reporter

ANOREXIA nervosa, the neurotic compulsion to diet and the scourge of teenage girls, is on the increase in Johannesburg.

A recent study of the condition by a group of medical students at the University of the Witwatersrand has revealed that 2.9% of Johannesburg schoolgirls were more than 20% underweight — potential or probable anorexics — and 42% were underweight.

The survey, published in the latest South African Medical Journal, was conducted on 1 246 girls in Standards 8, 9, and 10 at three co-educational provincial schools, one girls-only provincial school, and three private schools.

Anorexia is a self-imposed state of malnutrition, which occurs almost exclusively in middle-class and upper-class, postpubertal teenage girls.

Severe psychological disturbances lead to excessive dieting, and death from malnutrition, or suicide, is a frequent result, the study said.

The students' anorexia nervosa survey found "a prevalence rate of three in every batch of 100 schoolgirls studied". A study, conducted in 1976, reported only one in every 100 schoolgirls over the age of 16 was a severe anorexic.

"The incidence of anorexia nervosa is known to be increasing," the study said. "None of the anorexics we found seemed to realise they were so severely underweight."

The highest prevalence of anorexics was found at a private school, while the remaining two private schools studied had no cases.

Overall the four provincial schools had a high prevalence of anorexia nervosa the study said, but at the working-class school surveyed the prevalence was found to be lower.

Fifty-five percent of the girls questioned felt they were overweight, but of these girls only 27% were actually overweight.

Anorexia nervosa is characterised by the girl's insistence she is overweight. She categorically denies she is ill and refuses to accept help for her problems, the study said.

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PLANNING REGIONAL URBAN &

(Continued)

SURVEYING QUANTITY

EAST LONDON — The East London mental health society plans to devote most of its attention to a better service for blacks, coloureds and Asians.

This was said at the annual meeting of the society yesterday by the chairman, Dr Leon Albert.

Dr Albert said that at the national meeting of the mental health societies of South Africa, held in December, there had been a call for more

DD 24/7/81

Plan to improve black mental care

services for blacks, coloureds and Asians.

While services for whites still left much to be desired, they were at least reasonably adequate.

"We now plan to devote most of our attention to the other population groups. In East London

we are doing our share. This year the society opened a protective workshop for mentally disabled coloured adults and a training centre for coloured children," Dr Albert said.

The society was also planning a training centre and a workshop in Duncan

Village. The society's plans had been delayed here because of uncertainty about the future of Duncan Village itself.

But now it had been decided to go ahead with the plans as soon as possible.

At the meeting Dr Albert was re-elected as chairman of the society, and Mr G. Lord was re-elected as vice-chairman.

Mrs L. E. Cohen, was re-elected as director of the society. — DDR

Mental health: now it's up to you

29/7/81

MENTAL patients all over South Africa were dealt a bitter blow two weeks ago when the Government cut back funds previously allocated for nationwide private and Government psychiatric services.

The newly-formed National Foundation for Mental Health hopes to provide more much-needed financial aid for all of South Africa's mentally disabled and it launched a national fund-raising drive yesterday.

In Soweto alone, more than 2 000 severely mentally-handicapped children and adults await clinic treatment and have applied for grants, but presently only 114 children can be helped at the two centres run by the Mental Health Society.

Two of the unfortunates who, through lack of funds, cannot be treated, are Tembhi Kumalo from Soweto and Rostia Khosi from Alexandra.

To protect their identities they have been given different names.

Tembhi, 16, is a member of a large Soweto family living in an overcrowded, unfinished hovel. All day the mentally retarded child sits

on her perch atop a milk-can in the dark kitchen corner gazing vacantly into space.

Her 37-year-old schizophrenic father — also on the waiting list for psychiatric out-patient care — collects

and sells empty bottles to provide the family's daily half-kilo of mealie meal. The 100-year-old grandmother — whose R55-monthly pension helps care for the granddaughter, schizophrenic son and several other family members — pays the R25 monthly rent.

Piles of clothes — handouts from social welfare agencies — double as bedclothes. There is no room in the tiny house for furniture.

Yet the young girl with the vacant eyes could become a useful member of society if placed in one of the two day-care centres for mentally handicapped children in Soweto — Pumla and Pumlela — says social worker Ma-

ria Maseko.

"If Tembhi could have qualified for a R33 single care grant from the Government — they were frozen in March — the grandmother could have provided better care for

her at home." In Alexandra no mental health facilities are available. Mentally retarded Rostia Khosi, 21, of Alexandra, whose schizophrenic mother is treated at Sterkfontein psychiatric hospital, receives a R33 single-care grant but doesn't have any idea of money-management.

She lives with her mother, her three-year-old daughter and feeble grandmother in a lean-to.

Rats frequently attack the baby girl at night; no water or toilet facilities are available nearby; cardboard is stuffed into large roof cracks to keep out cold. Rostia's daughter appears normal, but she may suffer

mental damage if not cared for properly.

"I don't know how the grandmother or the baby girl will survive," says a social worker. At Pumla and Pumlela,

children such as Rostia and Tembhi could be cared for, but there simply aren't enough funds to help the mentally retarded, whatever their colour. And once those lucky 114 now attending the two centres turn 18, there's no place for them to go except the streets — to beg or steal, gather bottles, perhaps clash with the law or die.

Several of the 18-year-olds continue to go to the centres, however, and learn skills such as weaving, embroidery and toy-making. But they should go to protected workshops and make room for youngsters, says Mrs Maseko.

A planned workshop — on a lot next door — is still awaiting Department of Health approval.

A working model of such a workshop is now being established in a Johannesburg "half-way house" for mentally handicapped patients, where Sister Valerie Taylor tries to train her 40 patients for work.

All patients who put in a day's work receive tokens which can be exchanged for goods in the tuck-shop.

Woodworking, leather crafts, weaving, and money management all form part of the programme towards their becoming productive members of society.

And this is precisely the aim of the South African National Foundation on Mental Health, says its acting director Mr Lage Vilus.

"Our ideal is to teach all the mentally deficient to help themselves, to become socially acceptable and self-sufficient members of our society."

Mr Justice M T Steyn, national president of the foundation, says: "We must help the mental patients out of the shadows of their psychological agony by providing them with their right to a place in the sun."

Saving our country's human resources should be just as important as restoring nature's ecological balance, says the president of the new National Foundation for Mental Health, Mr Justice M T Steyn. The aim of the foundation — formed at a time of tough Government cutbacks for mental health funds — is to pool all mental health fund drives for nationwide redistribution. ADA STUIJT reports.

Bell-John Prize For the best all-round student

QUANTITY SURVEYING

(Continued)

URBAN & REGIONAL PLANNING

One in 10 is mental case

30 Aug 1981
JF

Argus Bureau

JOHANNESBURG. — One person in every 10 suffers from mental disability of an acute form, requiring treatment or rehabilitation, according to the World Federation for Mental Health — but treatment facilities in South Africa can cope with only a fifth of the cases.

The 10 percent figured was arrived at after samples of the world population had been scientifically tested by psychiatrists for the federation, which has identified mental ill-health as the third most serious disease in the world after heart ailments and cancer.

Mr Justice M T Steyn, national president for the South African Mental Health Foundation, said if mental ill-health was linked with alcoholism and drug abuse, 'which are symptoms of mental ill-health,' it became the most serious disease on earth.

60 PERCENT

Mr Steyn said recent New York figures indicated that 60 percent of all people suffered from treatable forms of mental disturbance at some time during their lives.

In addition, 40 to 60 percent of all illness was caused by mental problems which meant a cost to South Africa of some R600 000 a day on lost productivity.

Regarding treatment facilities and mental health services, Mr Steyn said, for the white population these were woefully inadequate.

'Services for black and coloured people are a travesty of what is required.'

In Soweto alone, a minimum of 2 000 cases await treatment or care whereas a bare 140 cases are catered for in the Witwatersrand society's two day centres.

'The plight of these children is unbearable to know of — chaining to beds and a lack of protec-

tion from hostile environment are not uncommon.'

Mr Steyn said the response shown by the children to training was outstanding.

'The provision of facilities for all mentally handicapped people but particularly for black children has become an absolute priority.'

Mental illness: SA can't cope

One person in 10 suffers from mental disability of an acute form, requiring treatment or rehabilitation, according to the World Federation for Mental Health — but treatment facilities in South Africa can cope with only a fifth of the cases.

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health," it became the most serious disease on earth.

Mr Justice Steyn said recent New York figures indicated 60 percent of all people suffered from treatable forms of mental disturbance at some time in their lives.

In addition, 40 to 60 percent of all illness was caused by mental problems which meant a cost to South Africa of about R600 000 a day on lost productivity.

Mr Justice Steyn said it could be estimated that 210 000 industrial accidents were caused last year by mental problems.

Treatment facilities and mental health services for the white population were woefully inadequate and services for black and coloured people "are a travesty of what is required," he said.

based as ory eral his country. Council

of the medical schools. Australia has a four year course and the Australian Family Medicine Programme has a budget of \$5,000,000 per year. In the United States most medical schools have set up residency programmes largely as a result of State pressure. In South Africa we have virtually no vocational training in general practice. In spite of support for this by The College of Medicine

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SUICIDE

CITY

That's the
shock
finding on
Jo'burg

Mall Reporter

JOHANNESBURG is the suicide capital of the country with a white suicide rate of almost twice the national average. And Hillbrow is the city's worst suicide area, according to a study released this week.

It showed that Johannesburg topped the list of urban areas with about 90 deaths a year. Durban has the second-highest suicide rate. Pretoria is third, followed by Cape Town and Port Elizabeth.

The study was carried out by Professor G K Engelbrecht, former professor of social work at the Rand Afrikaans University.

It found that during the 10-year period to 1975 a total of 1 852 white suicides were reported — almost half of them in Johannesburg.

Factor

About three times as many men committed suicide as women, but Prof Engelbrecht warned that the suicide rate for women showed a rising trend — probably due to the increasing pressures on women in modern society.

For whites, age was a major factor in suicide. A large number were retired people. Among blacks the majority of suicides were under 45.

Other factors leading to suicide were loneliness, divorce, personal stress and lack of religious affiliation.

About two-thirds of suicides had already warned their friends or spouses of their intent. Most of these were regarded as a cry for help.

88

12/8/87

Room

Bid launched to beat mental health crisis

14/8/81. 10:00 AM
88



A HELPING HAND . . . and a smile from Mr Justice M T Steyn, president of the National Health Foundation, and committee member Mrs Annemarie Molteno.

Picture: PIERRE OOSTHUYSEN

Mail Reporter

SOUTH Africa's mental health care was in crisis, Mr Justice M T Steyn, honorary national president of the newly-formed National Health Foundation, said at its launching in Johannesburg yesterday.

The foundation's immediate financial aim is to collect and allocate at least R75 825 000 for mental health services.

This money will go towards building transition centres, training centres, special day-care centres and sheltered workshops, urgently needed for 108 000 patients for whom no treatment is possible at present.

"A crisis point has been reached in South Africa's mental health care," Judge Steyn said yesterday.

"In the past, mental health has been the stepchild of welfare work, treated mainly in the extreme, when the patient had already reached the stage of being institutionalised.

High cost

"Our aim at the foundation is to speak on behalf of those in need and to create a national fund for the mental health societies and their affiliated organisations."

One of the main functions of mental health societies in South Africa is to build sheltered workshops, training centres and special care centres to avoid the high cost of placing mental patients in institutions.

It costs R5 000 to place one patient in a sheltered workshop, compared with about R35 000 to establish one psychiatric hospital bed.

The foundation's national committee includes top business leaders.

Star 14/8/81
Millions

needed for mental care

At least R75 825 000 was needed for mental health care which had reached a crisis point in South Africa, Mr Justice M T Steyn, honorary national president of the National Health Foundation, said yesterday.

Speaking at the launching of the newly formed body, Mr Justice Steyn said the foundation's aim was to create a national fund for mental health societies and their affiliated organisations.

Fewer than 20 percent of the 2.5-million mentally handicapped are receiving care, according to the foundation.

"We have reached a sad and desperate position in the affairs of spirit. A crisis point has been reached in our mental health care," Mr Justice Steyn said.

He said priority needs included counselling services for 5 000 patients, halfway houses for 500, training centres for 6 000 children, special care centres for 800 children and protective workshops for 7 500 adults.

Mr Justice Steyn said much mental illness was caused by the stress and tensions of the industrial and technological revolution.

The lower classes are the chief victims of this epidemic, owing greatly to the wretched state in which they are allowed to pig together. In several of the back slums of the town, where a policeman is never seen, and a Town Councillor only when he is collecting rents, are tumbled down old houses and new tenements, leased out rooms. The h space on the ying down; the g (he finds his shilling or less, es of squaid t packed together

On the second day of that month, 'Citizen' wrote to the Cape Times, and in the process gave a lengthy description of conditions of poverty in the town.

Cholera struck, not in December or January, but in October. On the second day of that month, 'Citizen' wrote to the Cape Times, and in the process gave a lengthy description of conditions of poverty in the town.

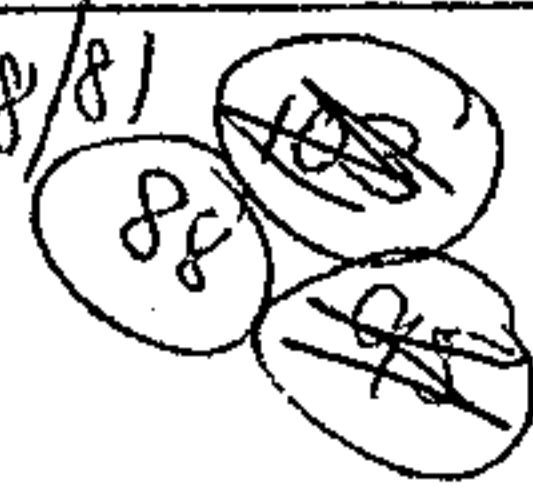
'Citizen' went on to note that Malays were allowed to 'cavarns' and that many of these were "nurseries of disease" by the Municipal Authority. 'Times' spoke on the same newspaper continued with fever could have an adverse result of dirt and overc be brought up in the Sel "A walk through at a glance an truth of the st world does not and a closer lo human beings who ordinary Christ.

like slaves in wretches sleep paid down, and own bed, usual price for such floor as a man 'room' is, in to fellows who down old houses and new tenements, leased out rooms. The h space on the ying down; the g (he finds his shilling or less, es of squaid t packed together

Such a belief would help to absolve the majority of the middle-classes from guilt for the suffering of the lower classes, even if the Town Council was also blamed for allowing insanitary conditions to help spread disease.

New psychiatric unit for Transkei

DD 19/8/81



UMZIMKULU — Transkei's first psychiatric teaching unit for nurses was inaugurated yesterday at the Umzimkulu Psychiatric Hospital by the secretary for Health and Social Welfare, Mr M. B. Potelwa.

The medical superintendent at the hospital, Dr Guy Daynes, said the first students in training were 12 registered nurses, 10 women and two men, who would do a year's course to qualify for the diploma in psychiatric nursing.

Meanwhile, Dr Daynes is to be honoured by the College of Medicine of South Africa, which is celebrating the 25th year of its foundation this month by making special jubilee awards to 11 outstanding Southern African medical men.

An illuminated scroll will be presented to him and to a colleague, Dr H. Stott of the Valley Trust, Botha's Hill, at a banquet in Durban on Saturday night by the president of the college of medicine,

Professor Geldenhuys.

Dr Daynes said yesterday that a revised edition of Clinical Medicine in Africans in Southern Africa, on which he had collaborated with Professor Y. K. Sedaat of Natal University and Dr G. D. Campbell of Stellenbosch, would be published early in the new year. — DDR.

Psychotropic drugs/maintenance drugs
Pans 50000
179. Mr. A. B. WIDMAN asked the Minister of Health, Welfare and Pensions:

311 313
What was the cost to the State of (a) psychotropic drugs used, and (b) maintenance psychotropic drugs issued to mental patients released from State mental institutions, in each of the latest specified five years for which figures are available?

243

MONDAY, 2

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

Figures are only available for the last 3 years.

	(a)	(b)
1978-'79	R1 116 313	R1 353 416
1979-'80	R1 206 241	R1 589 196
1980-'81	R1 404 499	R1 992 791

DEPARTEMENT VAN GESONDHEID,
WELSYN EN PENSIOENE

No. R. 1889

4 September 1981

WET OP GEESTESGESONDHEID, 1973

WYSIGING VAN DIE ALGEMENE REGULASIES

Die Minister van Gesondheid, Welsyn en Pensioene het kragtens die bepaling van artikel 77 (1) van die Wet op Geestesgesondheid, 1973 (Wet 18 van 1973), die Algemene Regulasies, uitgevaardig by Goewermentskennisgewing R. 565 van 27 Maart 1975, soos gewysig by Goewermentskennisgewings R. 1000 van 11 Junie 1976, R. 599 van 15 April 1977, R. 2315 van 24 November 1978 en R. 2295 van 19 Oktober 1979, verder gewysig deur die Eerste Bylae deur die volgende te vervang:

"Die gelde betaalbaar kragtens regulasie 15 is soos volg:

(a) *Binnepasiënte:*

(i) *Toelatingsgelde (vooruitbetaalbaar):*

Volgens bruto inkomste:

R0 -R2 400 per jaar: R3.
R2 401-R3 600 per jaar: R5.
R3 601-R4 800 per jaar: R6.
R4 801-R6 000 per jaar: R8.
R6 001 en meer per jaar: R10.

(ii) *Daaglikse onderhoudsgelde:*

Volgens bruto inkomste:

R0 -R2 400 per jaar: Gratis.
R2 401-R3 600 per jaar: R2 per dag.
R3 601-R6 000 per jaar: R5 per dag.
R6 000 en meer per jaar: R6 per dag.

Kortings:

- (a) Bo 30 dae: 25 persent vir die tydperk bo 30 dae.
(b) Bo 60 dae: Benewens die korting in (a) bedoel, 'n bykomende korting van 50 persent vir die tydperk bo 60 dae.
(c) Bo 180 dae: Benewens die korting in (a) en (b) bedoel, 'n bykomende korting van 100 persent vir die tydperk bo 180 dae.

(b) *Buitepasiënte:*

Volgens bruto inkomste:

R0 -R2 400 per jaar: Gratis.
R2 401-R3 600 per jaar: R3 per konsultasie.
R3 601-R4 800 per jaar: R4 per konsultasie.
R4 801-R6 000 per jaar: R5 per konsultasie.
R6 001 en meer per jaar: R6 per konsultasie.

Kortings:

Na een jaar of 12 besoeke: 25 persent.
Na twee jaar of 24 besoeke: 50 persent.
Na drie jaar of 36 besoeke: 100 persent.

(c) Die gelde van toepassing op binnepasiënte wat van buite die Republiek afkomstig is (uitgesonderd nasionale state) is R10 per dag. Geen kortings word toegestaan nie."

DEPARTMENT OF HEALTH, WELFARE
AND PENSIONS

No. R. 1889

4 September 1981

THE MENTAL HEALTH ACT, 1973

AMENDMENT OF THE GENERAL
REGULATIONS

The Minister of Health, Welfare and Pensions has, in terms of the provisions of section 77 (1) of the Mental Health Act, 1973 (Act 18 of 1973), further amended the General Regulations, made under Government Notice R. 565, dated 27 March 1975, as amended by Government Notices R. 1000, dated 11 June 1976, R. 599, dated 15 April 1977, R. 2315, dated 24 November 1978, and R. 2295, dated 19 October 1979, by substituting the following for the First Schedule:

"The fees payable under regulation 15 shall be as follows:

(a) *In-patients:*

(i) *Admission fees (payable in advance):*

According to gross income:

R0 -R2 400 per annum: R3.
R2 401-R3 600 per annum: R5.
R3 601-R4 800 per annum: R6.
R4 801-R6 000 per annum: R8.
R6 001 and over per annum: R10.

(ii) *Daily maintenance fees:*

According to gross income:

R0 -R2 400 per annum: Gratis.
R2 401-R3 600 per annum: R2 per day.
R3 601-R6 000 per annum: R5 per day.
R6 000 and over per annum: R6 per day.

Rebates:

- (a) Longer than 30 days: 25 per cent for the period in excess of 30 days.
(b) Longer than 60 days: Besides the rebate referred to in (a), a further rebate of 50 per cent for the period in excess of 60 days.
(c) Longer than 180 days: Besides the rebate referred to in (a) and (b), a further rebate of 100 per cent for the period in excess of 180 days.

(b) *Out-patients:*

According to gross income:

R0 -R2 400 per annum: Gratis.
R2 401-R3 600 per annum: R3 per consultation.
R3 601-R4 800 per annum: R4 per consultation.
R4 801-R6 000 per annum: R5 per consultation.
R6 001 and over per annum: R6 per consultation.

Rebates:

After one year or 12 visits: 25 per cent.
After two years or 24 visits: 50 per cent.
After three years or 36 visits: 100 per cent.

(c) The fees applicable to in-patients from outside the Republic (national states excluded) shall be R10 per day. No rebates are allowed."

SA's mental
health bill

Political Staff

HOUSE OF ASSEMBLY

The government's spending on psychiatric treatment has nearly doubled over the past five years to more than R70-million.

The Minister of Health, Dr L A P A Munnik, disclosed this yesterday in reply to a question tabled by Mr Alf Widman (PFP, Hillbrow).

Dr Munnik said the cost of psychiatric treatment had increased from R38,5-million in 1976/7 to R53,9-million in 1979/80 and R70,03-million in 1980/1.

140. Mr. A. B. WIDMAN asked the Minister of Health, Welfare and Pensions:

- (1) ^{14/1/51 (33)} How many (a) male and (b) female mental patients were sterilized in mental institutions in each of the latest specified five years for which figures are available;
- (2) whether any such (a) males and (b) females were sterilized without their consent; if so, how many in each category?

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

- (1) (a) and (b) None.
- (2) Falls away.

Psychiatric treatment

141. Mr. A. B. WIDMAN asked the Minister of Health, Welfare and Pensions:

What was the cost to the State of psychiatric treatment in each of the latest specified five years for which figures are available?

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

1976-'77 R38 508 000

PTO

————— D

Hans 7 Mental institutions 88
QC 385 14/9/81

202. Dr. M. S. BARNARD asked the
Minister of Health, Welfare and Pensions:

- (1) What was the total cost to the State of mental institutions administered by (a) his Department and (b) other agencies for the financial year 1980-'81;
- (2) whether the total cost to the State in respect of such institutions will be increased for the financial year 1981-'82; if so, by what amount will it be increased for each race group in respect of institutions in each of these categories?

The MINISTER OF HEALTH, WEL-
FARE AND PENSIONS:

- (1) (a) R61 347 905;
(b) R8 687 734;
- (2) yes;
(a) R7 020 095;
(b) R1 094 266;

The budget is not set out on a racial basis and I am therefore not able to furnish the Honourable Member with the required information.

Mental patients

195. Mr. A. B. WIDMAN asked the Minister of Health, Welfare and Pensions:

Hours: 1 G.C. 334
(a) How many patients were committed to mental institutions (i) voluntarily (ii) involuntarily during each of the latest specified five years for which figures are available and (b) what was the ratio of voluntary to involuntary commitments during each such year? *19/7/68*

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

(a)	(i)	(ii)
1976	9 681	15 065
1977	10 855	12 872
1978	12 072	11 749
1979	11 725	11 617
1980	12 618	12 172
(b) 1976		1:1.56
1977		1:1.19
1978		1:0.97
1979		1:1
1980		1:0.96

FROMS 3 Mental Institutions

Q.C. 463-20 22/9/81

33

194. Mr. A. B. WEDMAN asked the Minister of Health, Welfare and Pensions:

How many mentally retarded individuals in each race group were housed in (a) each of the State mental institutions, and (b) institutions catering exclusively for the mentally retarded, during the latest specified five years for which figures are available?

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

(a) Separate statistics are not kept in respect of retarded individuals in the different race groups.

	1976	1977	1978	1979	1980	
Port Napier Hospital	43	41	40	33	35	All race groups
Down Hill Hospital	26	32	38	71	52	All race groups
Orange Hospital	163	159	163	153	79	All race groups
Wentworth Hospital	124	62	33	35	31	All race groups
Wentworth Hospital	575	332	322	351	146	All race groups
Wentworth Hospital	172	129	124	150	132	All race groups
Wentworth Hospital	126	191	177	131	141	All race groups

	1976	1977	1978	1979	1980	
Windsor Donkin Hospital	30	32	33	32	43	Whites
Port Beagles Hospital	133	124	123	110	113	All race groups
Tomana Hospital	132	133	134	224	209	All race groups
Rowie Hospital	34	32	37	32	44	Blacks
Westport Hospital	0	0	4	5	13	Blacks
Westport Training and Rehabilitation Centre	44	44	34	31	0	Coloureds
Tower Hospital	100	101	100	71	73	Blacks
Wentworth Hospital	32	3	17	30	46	All race groups

(b)

	1976	1977	1978	1979	1980	
Alexandra Care and Rehabilitation Centre	956	917	394	334	351	Whites
Callinan Care and Rehabilitation Centre	139	136	139	175	173	Whites
Umgeni Care and Rehabilitation Centre	519	539	527	530	545	Whites
A.J. Stals Care and Rehabilitation Centre	364	337	332	331	725	Coloureds

PTO

→

	1975	1977	1978	1979	1980	
Witrand Care and Rehabilitation Centre.....	1 804	1 764	1 641	1 575	1 526	Whites
Oranje Care and Rehabilitation Centre.....	0	0	0	0	35	Whites

The totals of the figures under (a) and (b) do not correspond with the statistics of mentally retarded individuals included in the different annual reports. The figures included in the annual reports are provisional figures prior to detailed control of the annual statistics of each hospital. In 1980 for instance a new statistical classification of diseases was brought in use and the Dr. A. J. Stals Hospital submitted a report using the old classification causing a difference of 329 between the number of mentally retarded individuals indicated in the annual report and the above figures.

ported by 7 of the 23 institutions.

- (3) All dagga and drug incidents have been reported to the South African Police for the necessary steps. Disciplinary steps taken by superintendents hospitals in regard to incidents involving alcohol and these include the discharge of a voluntary patient and the restriction of the privileges of a certified patient who cannot accept responsibility for his actions.

16058 Mental institutions (3)
 QC 457-00 21/11/81
 196. Mr. A. B. WIDMAN asked the Minister of Health, Welfare and Pensions:

Whether any cases have been reported to date of (a) dagga, (b) other drugs and (c) alcohol being available illegally to patients in mental institutions; if so, (i) how many cases were reported annually in each such institution since 1975 and (ii) what steps have been taken in each such institution to deal with this problem?

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

(a), (b) and (c): Yes.

- (i) Detailed statistics are not kept, but the following information has been obtained from the available data:
 Dagga—an average of 75 incidents per annum have been reported by 14 of the 23 institutions;
 Drugs—an average of 10 incidents per annum have been reported by one institution;
 Alcohol—an average of 203 incidents per annum have been re-

3 health
Nov 28/9/87
centres for
(98) (88)
mentally ill

Three community health centres which will include psychiatric services are being planned for Soweto, the Minister of Health, Dr Munnik, has announced.

Speaking at a recent symposium of the Mental Health Society of the Witwatersrand at the Rand Afrikaans University, Dr Munnik said that although his department had spent R70-million during the 1980/81 financial year it was "only the tip of an iceberg as far as costs for the prevention of mental illness are concerned."

He urged private industry and the community to regard the money provided by the department "as an investment in trying to prevent mental illness."

He said mental illness was one of the major problems of the present day and the promotion of community services was vital.

"It has been estimated that 40 to 60 percent of illness is a result of mental problems, and there is no state of physical ill-health that does not cause secondary emotional distress," he said.

TUESDAY, 6 OCTOBER 1981

†Indicates translated version.

For written reply:

Mental patients: crimes

Hand 9 5/081 Qc 0623 (50)
178. Mr. A. B. WIDMAN asked the
Minister of Justice:

(a) How many ex-mental patients were convicted of crimes subsequent to being released from mental institutions in 1980 and (b) how many such patients had been convicted of crimes prior to being committed to mental institutions?

The MINISTER OF JUSTICE:

(a) and (b) The required statistics are unfortunately not readily available. During 1980, 52 (fifty-two) sentenced prisoners were transferred to mental institutions.

HEALTH AND DISEASE — DRUG ADDICTION

1981

1982 , 1983 , 1984 — DEC

Chilchik

calls for

STAR
drugs 8/1/81

87

commission

By Deon Delport

Municipal Reporter

An expected dramatic increase in deaths from hard drug dependence has led a Provincial Councillor to call for a commission of inquiry into drug abuse by schoolchildren.

The next five years would be critical for South Africa as the pill era gave way to the needle, said Mr Simon Chilchik, MPC and city councillor for Hillbrow.

He has just returned from the United States where he looked at the latest trends in drug abuse and the emphasis on education as a way of combating it.

He said he would press the Transvaal Provincial Administration to establish a commission of inquiry before there were any more drug deaths.

EDUCATION

"The US has found that the only way to satisfy the curiosity of young people about drugs is by education in schools by experts — and not by punitive measures," Mr Chilchik said.

The Provincial administration should do the same in Transvaal schools, he said.

"Scientific research in the US is now finding that dagga is definitely a harmful drug.

"The dagga smoked there is diluted for economic reasons but in South Africa children are smoking the pure form of the drug."

Mr Chilchik visited drug dependence centres in New York State.

These included a clinic where methadone was substituted for heroin.

The addict stayed an addict for life.

Mr Chilchik visited a drug rehabilitation centre and the state's Drug Education Authority.

3 doctors held in drug swoop

By EMBELIA JAROSCHEK
Crime Reporter

THREE Johannesburg doctors have been arrested by police in a sudden crackdown on the illegal supply of habit-forming drugs.

Johannesburg drug squad detectives confirmed yesterday that they swooped on two doctors' consulting rooms in Gillbrow and another in a medical building in Jeppe Street at the weekend.

Lieutenant Basil Bouwer, head of the Johannesburg drug section said that the doctors were taken to John Vorster Square after allegedly prescribing and supplying dangerous 6th schedule and 7th schedule drugs without recording the drugs or the patients in a register as required by law.

They will all appear in the Johannesburg Magistrate's Courts today.

Police swooped on the doctors after receiving reports that drugs like Welleonal, Vesparex, Physeptone and Obex were randomly being prescribed for patients without proper diagnosis of their ailments.

Police were told that the drugs were mainly being supplied to people in their twenties.

It is understood that a quantity of drugs were seized from consulting rooms by the detectives during their investigations.

Dr Sylvain de Miranda, director of Sanea (South African National Council on Alcoholism and Drug Dependence) in Johannesburg said that 6th and 7th schedule drugs can cause

severe addiction. "There are many people in the body of Johannesburg who are drug addicts and it is a very serious problem."

One of the drugs seized was physeptone, a powerful analgesic and sedative. It is a habit-forming drug and is used to relieve pain and induce sleep.

The doctor who prescribed it is Dr. P. J. van der Merwe, who is a member of the South African Medical Association. He is also a member of the Johannesburg Medical Society.

The doctor who supplied the drugs is Dr. J. H. van der Merwe, who is also a member of the South African Medical Association. He is also a member of the Johannesburg Medical Society.

The doctor who prescribed the drugs is Dr. J. H. van der Merwe, who is also a member of the South African Medical Association. He is also a member of the Johannesburg Medical Society.

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Call for tighter SA drug laws

2/26/81 STAR 87

By Diann Shoebottom

A leading Johannesburg drug expert has called for tougher laws on some potentially harmful drugs, including cough mixture.

"Some cough mixtures are popular, particularly with young people," said Dr S de Miranda, director of Phoenix House, a drug rehabilitation centre.

"The medicines contain certain narcotic and alcoholic ingredients which, taken in large quantities, make a person feel 'high.'

"The only safeguards against abuse of these drugs are that the buyer must be over the age of 16 and sign a register.

Dr de Miranda said the problem with this system was that the buyer did not have to produce proof of identity. "Miss Smith can go into one chemist and buy a gallon of the stuff, and immediately go next door as Miss Brown and buy another gallon.

IDENTITY

"I would like to see a law passed stating that everyone who purchases this type of drug be made to give proof of identity." Then, if Miss Smith was found to be taking far more medicine than necessary for a cough, a warning about her could be circulated to chemists.

Dr de Miranda said there were three arguments against this method:

- It would be unfair to put the burden of carrying identity documents on the average consumer.

- People could forge identity documents to get drugs.

- It would inconvenience 99 percent of the

population and help only the one percent abusing their medicine.

None of these arguments was valid, said Dr de Miranda. "Identity documents are needed in

all spheres these days — for using credit cards, cheques and in building societies, for example.

"Passports, driver's licences and ID books are already being forged. One

can't provide for this criminal element.

"As far as the 'one percent' is concerned, and I believe it is more than one percent, when you see the amount of damage people under the influence of drugs can cause, the inconvenience is well worth it," he said.

Ultimately the register could be fed into a computer bank, said Dr de Miranda. He believes this would not only help combat drug abuse, but could also prevent harmful medicines being sold by pharmacists.

"The computer would show that an allergic person should not be sold certain medicines and would stop reformed alcoholics accidentally being given mixtures containing alcohol.

ALLERGIC

"It would not break confidentiality," he emphasised. "The chemist would not know whether the medication should be withheld because the customer was addicted to it, or allergic to it."

Dr de Miranda pointed out that cough mixtures were not the only abused medicines. He said he often had to treat teenagers "hooked" on cola drinks spiked with aspirin substances. One girl took between 80 and 100 tablets a day.

Other popular ways of getting "high" were by smoking dagga, taking certain asthma tablets or banned Mandrax tablets which, he said, sold for about R14 on the black market, and sniffing glue, petrol or turpentine.

Use in US is falling—survey

The Star Bureau

NEW YORK — Use of illicit drugs by American senior school pupils and military servicemen is decreasing, according to the results of recent studies.

A yearly survey of 17 000 senior school pupils throughout the United States conducted by the University of Michigan has revealed that although use of drugs remains extremely high in the US, teenagers have gone off dagga and other drugs in the past year.

A similar trend toward a levelling off of drug use has been reported by the military.

Significant changes have occurred in the patterns of drug use from 1979 to 1980, the survey found.

Daily use of dagga, the most widely used substance, decreased by 12 percent, though nearly one in 10 seniors still said they smoked it daily.

Use of inhalants and hallucinogens decreased as did the use of barbiturates and tranquillisers.

Cocaine use, which has nearly doubled from 1976 to 1979, showed signs of stabilising, while the use of heroin and other opiates and LSD remained stable.

The main exceptions to the downward or stable trends were amphetamines and other stimulants, the second most widely used substances, and methaqualone, a sleeping pill.

University researchers attributed the shift in drug use to news reports of scientific evidence about dagga's effect; growing concern about risks among the young, increased disapproval among teenagers of drug use and the changing mood of the times.

Young people had assumed a "more purposeful mood," the study showed.

Drug strategy must change, say experts

RDM 24/2/81

87

By SUE ROBERTSON

TREATING the use of dagga as a criminal offence did more harm than good — and it was time drug legislation and strategy in South Africa was reviewed.

Those are the views of a top criminologist, Professor Robert Nairn, and a leading drug expert, Dr Sylvain de Miranda.

They have appealed for the decriminalisation of dagga — as opposed to its legalisation.

Prof Nairn is head of the Department of Criminology at the University of Cape Town; Dr De Miranda heads the SA National Council for Alcoholism and Drug Dependence (Sanca).

They were reacting to a weekend radio programme in which the head of the Narcotics Bureau, Major Basie Smit, called for intensified legal sanctions against dagga.

In the programme, listeners were invited to telephone in with their opinions. They made a strong stand for the decriminalisation of dagga.

Prof Nairn said yesterday: "It is evidenced that the machinery of the criminal law to try to prevent dagga use is simply not working. Evidence points to law failure, and it is clearly not the right instrument for prevention."

The Government had formed the opinion that dagga was harmful and should not be used, he said. It was imposing this opinion on the rest of the population.

Prof Nairn pointed out, however, that the country's legislation:

- Was not substantiated by enough objective evidence;
- Was causing much social dis-

ruption and harm;

- Had resulted in formulating "a very costly piece of legislative machinery to enforce";

- Was treating a socio-psychological problem as a legal one;

- And because it was a case of a "crime without a victim", was possibly interfering with an individual's right of free will in his private life.

"I do not argue that the drug is harmless. Nor do I say it is desirable that people should use or abuse it," said Prof Nairn.

"Evidence we have regarding dagga is inconclusive, and we should seek less destructive or drastic ways to control or regulate its use.

"When you say you are opposed to criminalisation, people interpret this as approval of abuse of the drug — but this is missing the point.

"I am just saying we should deal rationally with the problem and, to my mind, that means we should look to all the factors involved and not be guided by emotional reaction."

Dr De Miranda said he believed a commission of review into drugs would be "the wisest thing".

"If there was a review into drugs on all levels — legislation, education, medicine control and agricultural substitution programmes — then perhaps a far more rational approach could be introduced to handling this problem."

He added that the present legislation — Act 41 of 71 — was no longer pertinent, and that "things had changed and our knowledge of this problem had changed".

"This knowledge must be used to make legislation more effective at all levels."

Dr De Miranda urged greater emphasis on treatment and rehabilitation and the sociological effect of laws.

"Thousands upon thousands of young South Africans have landed up with indelible criminal records. On average, 20 000 people a year are convicted for dagga offences.

"If, at a very liberal estimate, half this number are serious offenders — pushers, drug addicts, etc — this leaves us with 10 000 non-criminals being convicted every year of carrying an illicit substance. This means at least 100 000 non-criminals have had criminal records imposed on them since the law came into being. No country can afford to have indelible records like this on 100 000 youths."

Prof Nairn said imprisonment for dagga possession was "out of proportion to the amount of harm they (users) could be doing either to themselves or to society".

With only one State institute for drug rehabilitation, there would be no place to put the 10 000 annual serious offenders if the courts took advantage of the rehabilitation facilities offered in Section 29 of the Act.

However, it did not seem that the courts were using the law to rehabilitate — as opposed to criminalise — serious offenders.

According to Major Smit, only four black people were sent to rehabilitation institutes instead of jail under Section 29.

Dr De Miranda said the present laws did not have a deterrent affect on dagga users, and there was no indication that dagga invariably led to the use of "hard" drugs.

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Smash the SWAZI CONNECTION

NM 17/9/81



87

Detectives seize 200 000 Mandrax tablets in what could be the biggest drugs haul in SA

Crime Reporter

MANDRAX tablets valued at nearly R2 million, smuggled into South Africa via Swaziland, have been seized by Narcotics Bureau detectives in what has been described as the biggest single drugs haul ever made in South Africa.

About 200 000 tablets have been confis-

cated in the Eastern Transvaal and in Paarl in the Cape during the past week, and nine people have been arrested.

They include two prominent Pretoria Indians, five other people in the Cape Peninsula and two in the Eastern Transvaal. More arrests are expected.

The massive sweeps came after six months of intensive investigations during

which smaller hauls of smuggled Mandrax tablets were made by police in Durban and Cape Town.

Police investigations are extending as far afield as the Middle East and Europe.

Detectives believe they have now smashed the South African connection in an international drug-smuggling network and have effectively sealed off points of entry which

smugglers used to get the tablets into the country.

The Commissioner of Police, Gen Mike Geldenhuys, said yesterday that the investigations were being led by Capt Erik Truter of the Far East Rand Narcotics Bureau. He praised detectives from other bureaus who had worked long hours in uncovering the network.

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Vol. 1891

KAAPSTAD, 11 MAART 1981
CAPE TOWN, 11 MARCH 1981

[No. 7481]

KANTOOR VAN DIE EERSTE MINISTER

OFFICE OF THE PRIME MINISTER

No. 505.

11 Maart 1981. No. 505.

11 March 1981.

Hierby word bekend gemaak dat die Staatspresident sy goedkeuring gegee het aan die onderstaande Wet wat hierby ter algemene inligting gepubliseer word:—

It is hereby notified that the State President has assented to the following Act which is hereby published for general information:

No. 38 van 1981: Wysigingswet op Geestesgesondheid, 1981.

No. 38 of 1981: Mental Health Amendment Act, 1981.

CT 19/3/81 (87)

Drug abuse 'increasing'

Staff Reporter

DRUG abuse among school-going teenagers was on the increase and cases of six-year-olds using drugs for the first time had been recorded, it was said in a panel discussion on the television programme Spectrum on Tuesday night.

The programme on drug-taking followed the recent deaths of four teenagers, apparently from overdoses of Welcanol, a drug used in cancer treatment.

The discussion featured interviews with doctors, educational authorities and with young people being treated for drug abuse.

The director of the South African National Council for the

Prevention of Drug Abuse, Dr Sylvain de Miranda, said the age of "first experimentation" with drugs among young people was constantly dropping. There was "a significant increase" in first experimentation among children under 12 and among young people between the ages of 18 and 19.

Dr De Miranda said the "sniffing" of aerosols such as carbon tetrachloride, petrol and glue had become "a big problem".

"One is horrified to think of the damage to the brain and central nervous system caused by sniffing these drugs," he said.

A youth at the Phoenix House Drug Rehabilitation Centre said

he first started "sniffing" by inhaling carbon tetrachloride fumes. A teenage girl said she had started smoking dagga with friends "because I wanted to be part of the crowd".

"I lost all interest in sport, schoolwork and my parents. Smoking grass gave me a get-up-and-go feeling. You feel good and on the next trip, you want to get more stoned than before," she said.

An psychologist said young people faced strong pressures from society, parents and teachers. Many sought release from such pressures by taking drugs. She called on educational institutions to focus on emotional development.

Benzine sniffing craze in Natal

Medical Reporter

BENZINE sniffing — now a big health hazard among Natal and Kwazulu children — is forcing nine-year-old children into hospital with aching knees and weak legs.

The problem, highlighted in an editorial in the latest edition of the South African Medical Journal, has resulted in a call for restrictions on the sale of benzine to children.

In a recent survey at Durban's King Edward VIII Hospital almost half of 112 children admitted to the hospital's paediatric wards admitted to sniffing benzine.

Almost half of the sniffers — mainly boys from urban areas — were under nine years old.

Benzine, a petroleum product freely available at most local stores, is sniffed by the children because 'it makes us feel drunk' one said.

In large doses it may damage central and peripheral nervous systems, and cause extensive liver damage, renal failure, irreversible brain damage, bone marrow abnormalities, blood disorders and chronic lung injuries.

Some of the children hospitalized in Durban were unable to walk without support.

... those from families with incomes of R5 per person per month or more, and those from families with incomes below this level (Table 6; Figure 4), and the incidence was estimated for the two groups separately. The results were as might have been predicted. The richer children had an annual incidence of 9% (the 90% confidence limits being 13, 72-5, 48%), and the poorer children had an incidence of 14% (the 90% confidence limits being 18, 56-10, 24%).

had died of tuberculosis must be taken into account, as is the possibility how closely these figures accord with the mortality estimates from within the hospital itself.

From the 1st January to the 10th September 1976 there were 289 deaths in St. Lucy's Hospital. The principal cause of death attributed to 91 (31%) of these was tuberculosis. A further 19 bore a diagnosis before death of tuberculosis, but this was not thought to be the principle cause of death. Thus 37% of those dying at St. Lucy's Hospital during this period had tuberculosis. Only 44 (15%) died of the next most commonly attributed cause, malnutrition.

In the Transkei at least tuberculosis is still the 'Captain of the Men of Death'.

$q = e^{-at}$ 1.
taking logarithms,
 $\ln q = -at \ln e$ 2.
this simplifies to,
 $\ln q = -at$ 3.

This is a straight line graph of $\ln q$ against 't', 'a' representing the slope of the line.

The results of the Heaf tests are given in Table 4 and the rate of infection is shown diagrammatically in Figure 2. The rate of infection up to the age of 10 years is estimated at 10,5% per annum (the 90% confidence limits being 12,96 - 8,64% per annum). This figure is higher than that estimated by C. de Ville de Goyet (1974) for the Transkei as a whole. However, the figures of the South African Tuberculosis Study Group (1974) which he was using show great variation from one site to another (Grade III and IV reactors comprising 65% of the children tested in Site III, but only 28% of those tested at Site VIII). From the figures for schools in the Tsoelo district given in Table 2, it seems that Ntshingo might be considered a location with a high prevalence.

The Social Parameters of Infection

The question as to whether the incidence of tuberculosis is correlated with any social or economic parameters was studied by dividing the sample of children under 11 years old according to answers given in the questionnaire, and re-estimating the incidence for the several groups. In this study three parameters were selected as being of special interest: sleeping density, family income, and cattle ownership.

There is a generally held belief that tuberculosis will have a greater incidence where sleeping conditions are crowded, this hypothesis was tested in this survey by dividing the children into groups according to how many slept in their hut at night and then re-estimating the incidence for the different groups of children (Table 5; Figure 3). Surprisingly there was no correlation between crowding and infection. The most crowded 20% (that is those sleeping 7 or more to a hut), the most crowded 40% (that is those sleeping 6 or more to a hut), and the least crowded 20% (that is those sleeping 3 or less to a hut), had all very much the same incidence of infection as the rest of the sample. It is hard to find a satisfactory explanation for this result.

Tuberculosis has been traditionally associated not only with over-crowding but also with poverty. We therefore chose family income as our next parameter. We did not ask directly for an estimate of family income in the questionnaire because we were not sure how people would react to such a question. (Women tend to be more reticent than men in such matters.) We used instead a series of questions which would give us an estimate of family income. These were: how many earned money locally, how many earned money from the township, how many earned money from the town, how many earned money from the town and some other place, how many earned money from the town and some other place, how many earned money from the town and some other place, how many earned money from the town and some other place.

... those from families with incomes of R5 per person per month or more, and those from families with incomes below this level (Table 6; Figure 4), and the incidence was estimated for the two groups separately. The results were as might have been predicted. The richer children had an annual incidence of 9% (the 90% confidence limits being 13, 72-5, 48%), and the poorer children had an incidence of 14% (the 90% confidence limits being 18, 56-10, 24%).

Finally we looked at the effect of cattle ownership on the incidence of tuberculosis in children. Although it is well established that tuberculosis can be passed from cattle to man through infected milk, it was the general consensus of local medical opinion that this was not a problem in this area. This consensus is shared by doctors in other parts of Africa, even where there is considerable infection amongst the cattle (Waddington, 1967). As cattle ownership is associated with wealth, and as the richer children had a lower incidence of tuberculosis, there was further evidence for believing that there would not be any association between cattle ownership and tuberculosis. The findings of this survey contradicted this supposition (Table 7; Figure 5), for the incidence among those children whose families did own cattle was 13,3 (90% confidence limits: 13, 28-9, 40%), whilst among those children whose families did not own cattle it was 19,45% (14, 38-6, 96%). These figures suggest the need for further studies of bovine and human cultures in the area.

Warning of serious youth drug trends

Rev 20/2/81

87

SOUTH AFRICA faced changes in trends of drug abuse which could create serious problems if ignored, Dr S de Miranda, of the South African Council on Alcoholism and Drug Dependence, said in Pretoria this week.

A recent survey at Phoenix House — the drug rehabilitation centre — showed that 13% of dependents had experimented with drugs or alcohol for the first time before they were 12 years old. A 1976 survey indicated that only 2.3% had experimented before 12.

Dr De Miranda said a further cause for concern was the serious swing towards more physically addictive drugs, includ-

ing substances which could be injected.

"When we first looked at the drug problem in South Africa in 1970, the scene was unsophisticated. People were experimenting with dagga, alcohol, pills, cough mixtures and other unsophisticated chemicals. It was part of an adolescent rebellion.

"Today, 33% of the patients treated are hooked on serious and specific drugs such as morphine, Welcanol and barbiturates."

These changes spelt trouble, and reports of young people dying from chemical substances being injected into their systems should not be seen merely as an accident —

rather as part of a serious pattern.

"We live in a society where the use of alcohol is an accepted practice — we are able to take pills for almost any complaint.

"It would not be fair just to blame young people, as they take their cues from the situation in which they grow up."

It was normal for children to try out things — this was part of healthy child development. The child would be exposed to various stress situations from an early age up to post-school level, and it was important that he should be taught to cope.

Though punitive measures might curb the problem to some extent, they were not in themselves a solution.

"I believe we must take preventive measures, which must start at a young age where, during their first years at school, children can learn what is wrong and right. We must educate young people, parents, teachers and legislators to understand what this is about."

Dr De Miranda said preventive guidance could be incorporated easily in school syllabuses. — Sapa.

CHEMICAL

Professor George Menzies Prize
Awarded on results of final
examinations to the best male
student in Land Surveying or
Civil Engineering.
H Rens
Amy Sacks Memorial Prize
Awarded to the student with the
best classwork in Engineering.
wing.

Corporation Medals
For the best student in each
of the 2nd, 3rd and final years.
Second Year (Bronze Medal)
Miss G C Littlewort
Third Year (Silver Medal)
Miss N C Davidson
Fourth Year (Gold Medal)
P M Salmon
T J Cumming
D P Weeks
J H Rens
B F McClelland

DRUG users call it "pinks", but the path it takes them on is not so rosy — just a vicious circle of highs and rushes in a world gone mad.

Until that last spike. The final rush, a slow floating feeling, then death.

That's Wellconal. A morphine derivative invented originally as a painkiller aimed specifically at cancer sufferers, the drug is being abused and — instead of relieving severe pain for some — it has brought death and destruction to many South Africans.

In the past year, its abuse claimed at least 11 lives.

"Pinks" addicts crush the tablet into a diluted form and inject it directly into their veins.

Last week 25 year-old Gerard van den Berg, better known in drug circles as Goofy, had his last spike. Slumped and dying, he was thrown out of a moving vehicle outside the Johannesburg Hospital.

His death sparked a Rand Daily Mail investigation into the drug which police, doctors and lawyers have called the worst killer among drug addicts.

Goofy was only one of scores. He might have been covered in gaudy tattoos, but there was many an affluent Northern Suburbs "pink" user who knew him well.

At first they did not "spike" or inject drugs into their bodies.

'Ultimate'

They progressed from one tablet to the next tab, until they met the "ultimate" — Wellconal.

As the head of the Narcotics Bureau in Johannesburg, Major Martin van Rooyen explains:

"They normally start off with Obex, a hunger suppressant which gives them a high and keeps them awake. From there they have to progress to Vesporex, a sleeping tablet, to help them rest.

"When they wake up, they have to have Obex, because the Vesporex had made them groggy and fuzzy. It isn't long before they use Wellconal and that could easily lead to death.

"The craving for the 'pink rush' will force them to steal, cheat or even break into a chemist to get the drug." This week self-confessed

In medical circles, it is known as Wellconal. To those who have seen the horrors of its abuse — such as that which befell Gerard van den Berg, right — it is known as . . .

*DDM
12/2/82 (87)*

Time

Pinks eat'n

By CHRIS OLCCKERS

Wellconal addicts allowed me into their world and spoke of their craving for "pinks".

They find it almost impossible to describe the "high" they get from using "pinks". They say that it is like floating on air. A feeling of release within the body and mind. An increase in the heartbeat which at times forces them to lie down.

But although they know that it can kill they continue to refuse to believe that they might be next.

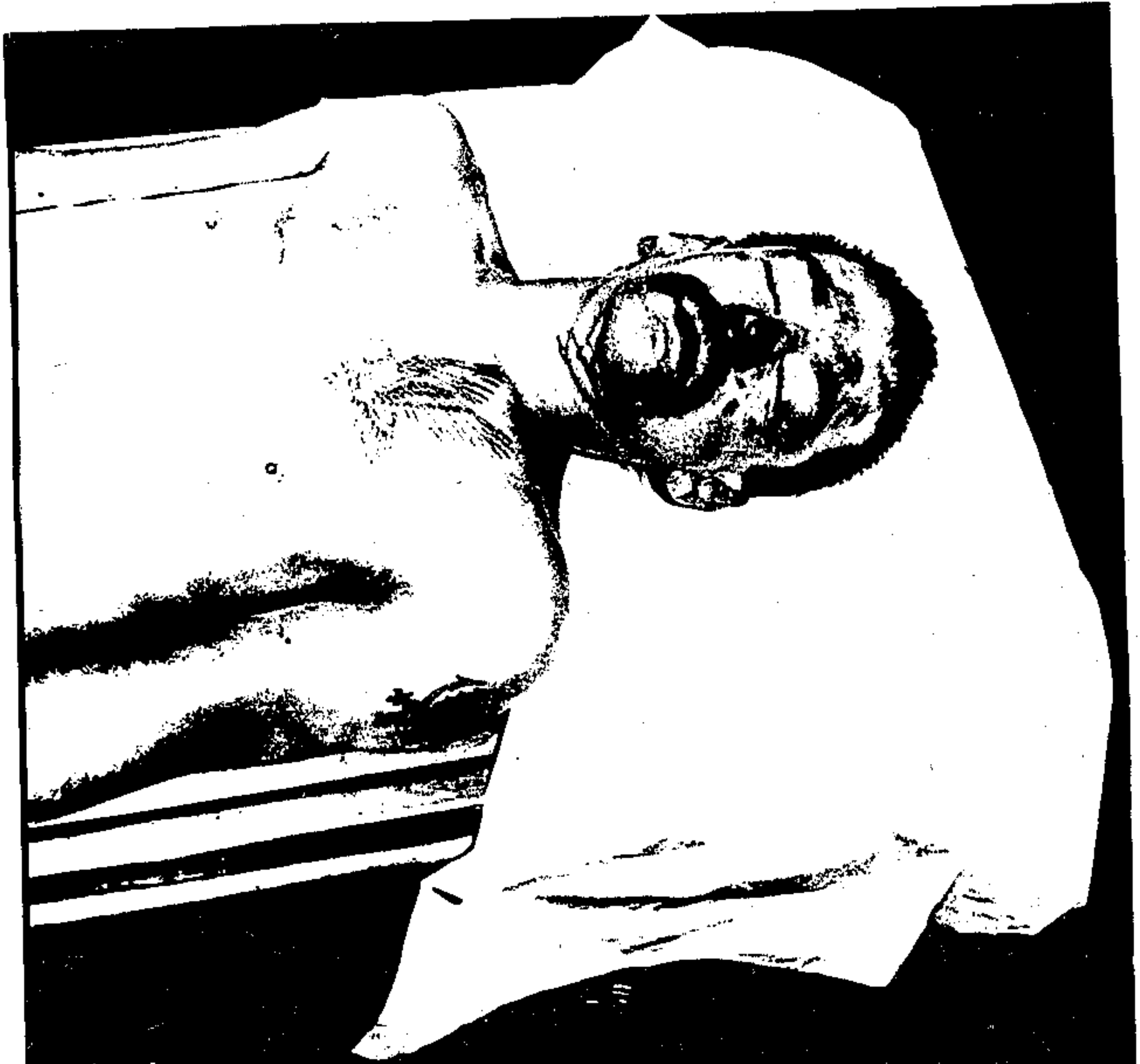
"Pinks" addicts will always try to be together so that the one can look after the other. Many have had close shaves with death. Yet, they continue.

Many got hepatitis from using dirty syringes. Some have lost limbs after sores from dirty syringes turned gangrenous.

Chris is 27 and unmarried. He has been spiking himself regularly for the last seven years.

"Man I still don't know exactly how I started, but it happened. Three spikes and I was hooked. Sometimes I wish I could stop using the stuff, but other times I don't want to.

"If you gave me 30 pinks or a chance to seduce the most beautiful woman in the world, I'll take the tabs, man," he said. His hands have swollen to



double their normal size, he has needle marks all over his body where he has spiked himself. Between his fingers, his feet, his arms.

He now injects himself in the neck by holding his breath until the veins show. Then he plunges the needle in and starts a two-hour float.

He has built up a resistance to the drug. "New converts" only use two tablets. Chris uses five — and even six.

Peter is 24. He has a cosy flat in Sandton and holds down a regular job. He has now reached the stage where virtually every vein in his body has collapsed or been damaged so that he is unable to spike himself. He has been using the drug for several months.

Peter has become so desperate for the "rush" he gets from "pinks" that he injects

himself in his penis as the veins in his groin have also been damaged.

It is desperately painful but he takes a "pink" orally so he won't feel the pain.

Some women users who have reached the same advanced stage of addiction inject themselves in their breasts.

Pat is an attractive 19-year-old who works as an escort or "anything loose" she

can get her hands on.

"Yes I have slept with certain people to get the drug. Funny, it doesn't bother me, as long as I can get my supply," she said in her Hillbrow flat.

She admitted that she had gone to bed with doctors who had given her prescriptions for Wellconal and Vesporex. She won't say who they are.

Sue, 19, has been in Johan-

nesburg for two months, and she also had gone to doctors to get Wellconal.

"One tried to get me to have sex, but I did not budge. He eventually gave the prescription to me. But I am now trying to stop the spiking.

"Too many people have died. I've just got to stop," she said.

One of Johannesburg's top drug case lawyers, Mr Itzi Blumberg, said three of his woman clients had told him that they obtained their prescriptions by sleeping with doctors.

"And it wasn't just in Hillbrow, but in Pretoria, Sandton and the West Rand," he says.

"Two of them were Clair Johnstone and Lindsay Steel, both not even 20. They are now dead. Overdose on Wellconal. The third is still alive.

Detection

"These youngsters start on tablets because they are scared of the harsh daggalaws."

"It is much, much easier to pop a tab than to smoke dagga. Detection is much more difficult and they can actually do it openly.

"Then of course they progress onto Wellconal and end up with a criminal record when they break into chemists to satisfy their craving, or else dead on a mortuary slab."

In the last 18 months five of Mr Blumberg's clients have died as a result of Wellconal.

Two of them died in the last two weeks — Goofy and 18-year-old Billy Leodakis. Billy was due to stand trial for breaking into a chemist to get Wellconal.

Major Van Rooyen says that it is very difficult to stop the abuse of tablets which otherwise could be put to good use.

"It doesn't help to ban certain tablets. The addict will find a substitute. But the public and even the law machine must be educated to understand the dangers of the vicious circle of Wellconal," he says.

By SEAN O'CONNOR, City Editor

THE Johannesburg municipal election battle in Wanderers (Ward 7) is a straight fight between the Progressive Federal Party and the Independent Ratepayers Action group (IRA) — and it is a contest the PFP is certain to win.

The PFP's candidate is Mr Peter Soal, senior vice-chairman of the PFP's Southern Transvaal region, and the IRA's candidate is Mr Raymond Levin, whose father, Mr Mike Levin, is also contesting the election under the IRA banner.

Mr Soal, 46, born in Northern Rhodesia — today Zambia — is married with three children and lives in Parkhurst. He is an administrative officer with a mining and finance house.

He is a council member of the Institute of Race Relations, a member of the Johannesburg Historical Foundation, and a member of the Institute of International Affairs.

If elected next month, Mr Soal will be committed to maintaining the "special character" of his ward and preserving the residential nature of Melrose and Illovo.

He believes the public should be involved in the planning of its environment.

Mr Levin, 26, has three children and is a director of companies.

If he is elected, Mr Levin says he will strive to maintain the "high standard" of his ward.

He believes the area lacks public sports facilities, and he will try to have these amenities established in the ward.

Mr Levin says he is opposed to mixed residential areas — and applies this belief to the flatland areas in the ward.

□ □ □

By CHRIS FREIMOND
Political Reporter

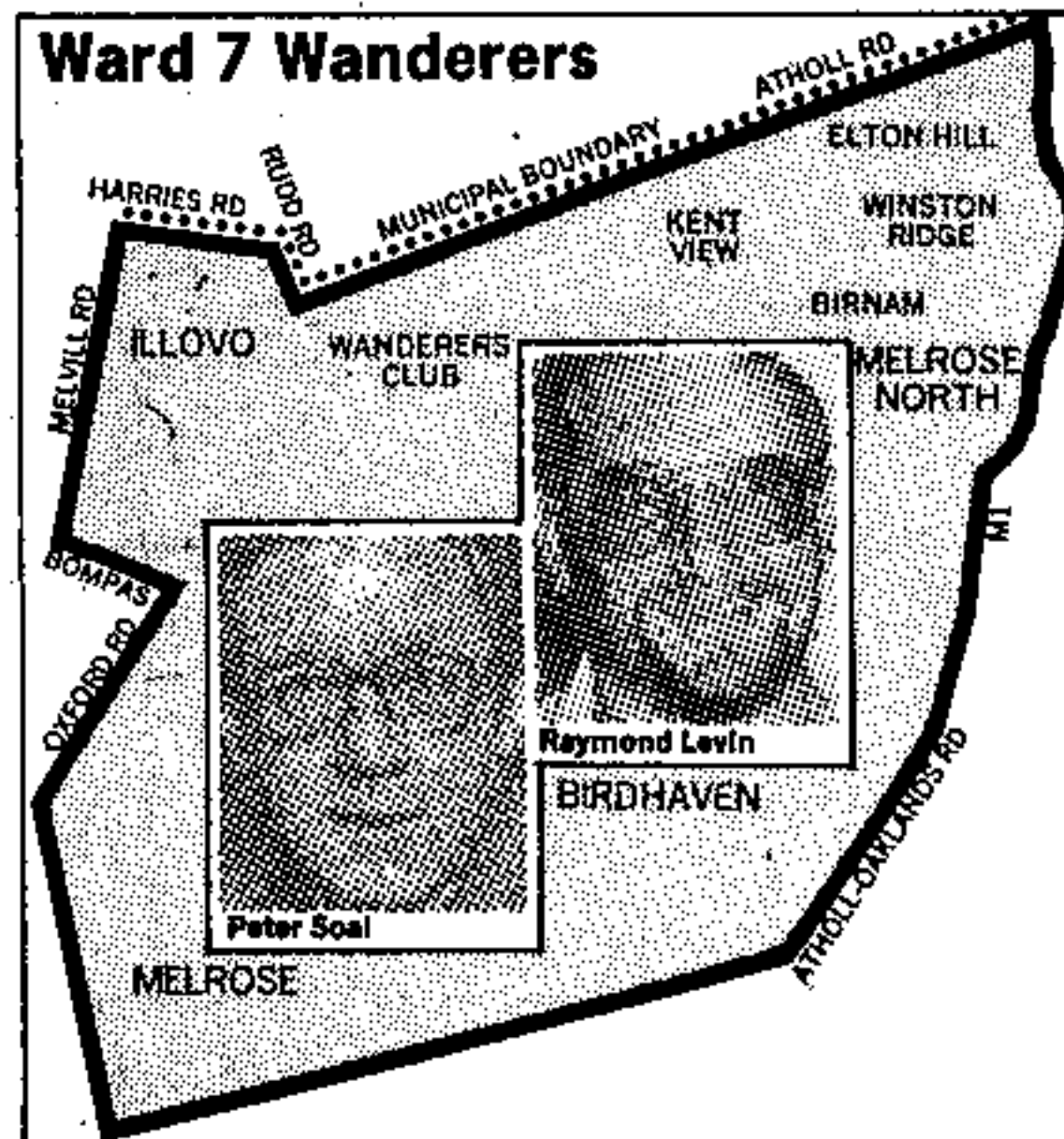
IN Ward 16 (Orchards/Oaklands/Norwood) the sitting councillor and PFP candidate, Mrs Janet Levine, is be-

ing challenged by an independent candidate, Mr Desmond Britten.

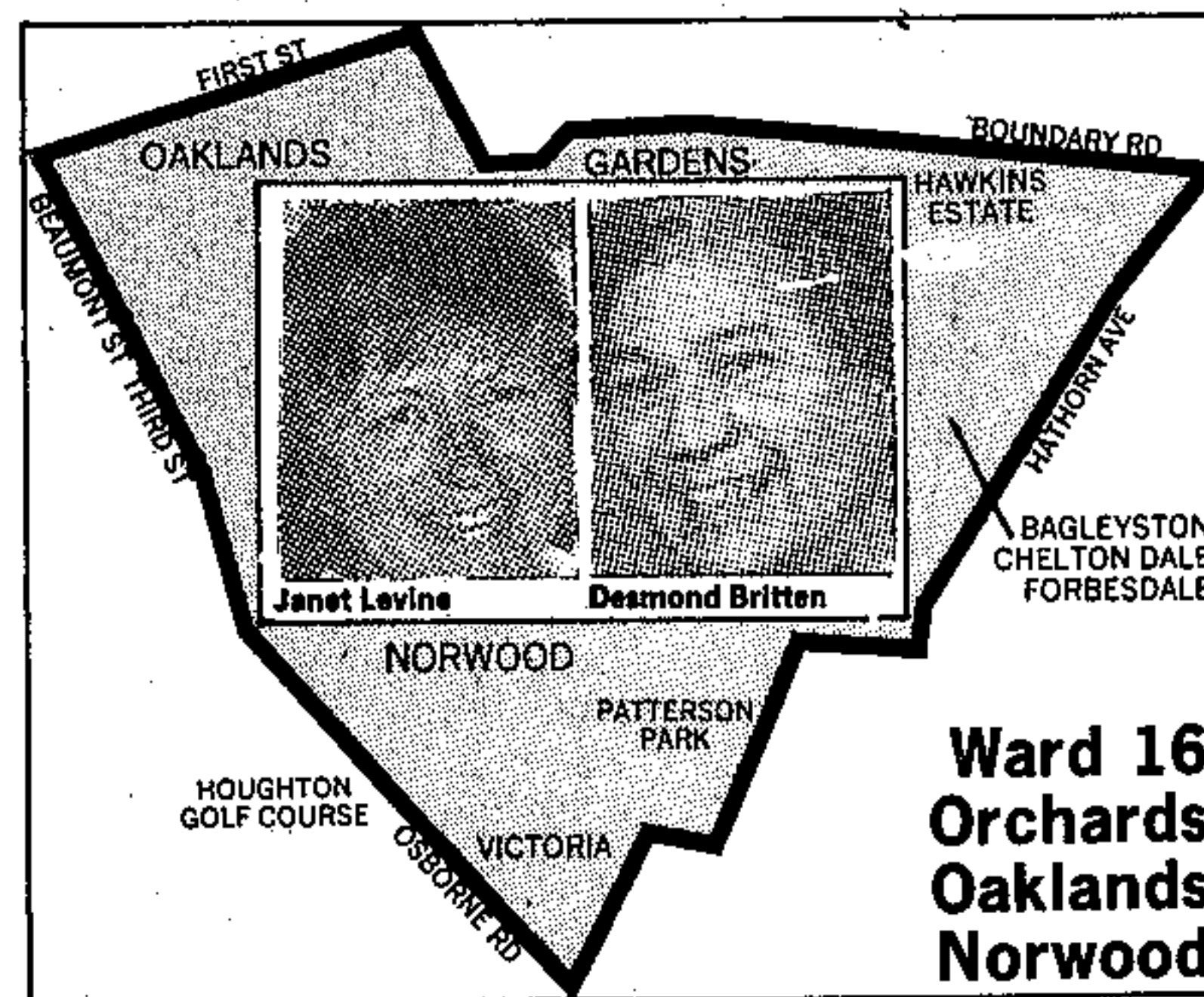
Mrs Levine has been on the city council since 1977. She has a degree in English and is a former high school teacher.

She has been actively involved in the PFP and its predecessors for 20 years.

During her term on the council, Mrs Levine has been involved in a number of major issues in the area in-



ELECTION '82: Wards 7 and 41



cluding the fight to retain the library in Norwood, the campaign to re-establish the post office in Norwood, moves to stop the construction of a road through Cheltondale Park and the campaign against the bus depot in Orchards.

If re-elected, Mrs Levine will strive for the orderly development of the ward and greater involvement of the residents in such development.

She believes PFP public representatives should "fight for a better Johannesburg".

She will continue to speak out against racial injustice and will seek to bring all ratepayers of the city into the decision-making process.

Mr Britten, 48, is married with two children. He lives in Orchards and is an architect and estate agent. He was born in Johannesburg and studied architecture at the University of Cape Town.

He is a Rotarian, vice-chairman of the Houghton School committee and chairman of the Witwatersrand Youth Choir.

If elected, Mr Britten aims to "take the political deception" out of the city council and expose the "deceit" of the PFP — particularly in their open facilities policy.

He will also encourage landowners in the ward to ask the provincial authorities to let them see their property title deeds and, where relevant, to ask them to be amended to eliminate racially offensive clauses and references.

Mr Britten will also encourage women in the ward to establish home industries free of the "hassles" of the town planning scheme. He will campaign for the lowering of street lighting to below tree foliage level so that it gives maximum benefit.

waiting.

ridiculous,' he said.

Habit of buying cough mixture to 'get high' not new to Durban

Mercury Reporter
THE habit of buying bottles of cough mixture to get 'high' was not a new one to Durban, Mr J R van der Merwe, assistant director of the South African National Council for Alcohol and Drug Dependence said this week.

He was commenting on a report in a Sunday newspaper which stated that pharmacists and parents in Johannesburg were worried by the drastic increase in the number of teenagers doing the rounds of chemists for cough mixtures containing addictive codeine phosphates.

'It is not a new problem, nor necessarily increasing, nor does it affect teenagers only,' he said. 'What it does require, however, is an extensive educational programme to get rid of the habit.'

Mr van der Merwe said that this programme should begin with parents, in that many could be taught 'not to medicate haphazardly'.

'In effect, if their children complain about a minor illness, they should not say 'go to the medicine cabinet and take some medicine' but should rather carefully dispense it themselves.

'One very important reason for doing this is that introducing any drug into

the body — no matter how mild — is a dramatic experience and, secondly, it teaches a sense of respect by example.'

He said that in any case there was room for much greater self-discipline when it came to taking medicines generally, and that this discipline would help resist the advertising campaigns of the drug companies, which were often very aggressive.

He said pharmacists also could increase their vigilance when it came to selling cough mixture. Often this was a matter of advising their assistants to take care about selling large numbers of medicines like cough mixtures to customers if the pharmacist was busy dispensing medicine in the rear of the shop.

Mercury
24/3/88

By CHRIS OLCKERS

DRASTIC action should be taken to stop the "Pink Death" drug scandal before more youngsters die.

This was the call yesterday from Wellconal addicts, their parents and relatives and an MP who is an expert in drug abuse.

The calls, which followed yesterday's Rand Daily Mail exposé of the scandal, showed that abuse of the drug is even more widespread than reported.

At least 11 people have died from addiction to Wellconal — a painkiller used for cancer sufferers — in the past 12 months.

In developments after yesterday's Mail report:

● A Member of Parliament has called for a full police investigation into the "death drug" before more youngsters die.

● The Medical Council has warned doctors who supply drugs in exchange for sex that they face the strongest possible action.

● Police issued a stern warning to doctors and chemists not to supply the drug and said chemists who are in doubt over the authenticity of prescriptions should either contact the doctor concerned or the police.

● Police also expressed concern over the growing Wellconal menace — called the "Pink Death" because of the colour of the pills — and said doctors and chemists should acquaint themselves with the dangers of the drug and how to identify possible users.

● Parents who have children hooked on the drug have pleaded for help, and have asked that the young addicts be treated as sick people and not as criminals.

Shocked

The Member of Parliament for Hillbrow, Mr Alf Widman, said he was shocked by the Mail's revelations and would urgently request the Commissioner of Police General Mike Geldenhuys to order a full-scale investigation into the "death" drug.

The Mail investigation revealed that at least 11 youngsters have died in the past year as a result of injecting a mixture of Wellconal and water into their veins.

Three Johannesburg youths have died in the past three weeks after "spiking" themselves with the morphine-based drug.

Mr Mike Liidakis whose only child, Billy, 18, died of a "pink" overdose last month, yesterday pleaded with addicts to go for treatment.

"Action must be taken before many more lovely children who could be an asset to society land up on mortuary slabs," he said.

Priority

Mrs Lydia Khourie, whose only son, Toni, 27, was this week given a suspended prison sentence after breaking into a pharmacy to get the drug, said forced rehabilitation of addicts should receive top priority.

The head of the Witwatersrand Narcotics Bureau, Major Martin van Rooyen, said police were aware of claims that doctors had slept with female addicts in return for prescriptions for Wellconal.

"But until we receive positive information we are unable to catch them. The addict will not reveal her source for it would kill the goose that lays the golden eggs," he said yesterday.

Major van Rooyen also called for an intensive education programme regarding drugs.

"The Mail deserves praise for exposing the dangers of Wellconal," he said. "Reports such as these help make the public aware of the dangers."

Several addicts who did not want to be identified said yesterday they needed help badly but were worried about being "bust" by police.

"This has given me a terrible fright. I have been spiking at least twice a week and never thought I could die. Now I need help, I but am too scared", a 24-year-old addict said yesterday.

Call to stamp out Pink Death

87
13/2/82

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death for the Soviet State, of life and death for the peoples of the U.S.S.R. From Stalin, by T.P. Murphy.

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8/1/82

Africa - new drug traffic mecca

GENEVA. — Drug dependence is growing with frightening speed in many African countries, the World Health Organisation (Who) has reported.

There also has been "a distinct increase" in the number of African nations facing the problem of drug trafficking within their borders, the Who states.

Narcotics being seized mainly involve cannabis but cocaine is being found as well.

Ghana, Morocco, Nigeria and Senegal have the worst problem while the situation is less serious in Algeria, Madagascar, Rwanda, Togo and Zambia, who said in its monthly magazine. Generally speaking, "measures taken to combat drug abuse are inadequate, if not simply deisory".

Togo is acting "as kind of a relay point for the international drug traffic", the report said. Although consumption within Togo itself is slight, the country is squeezed between Ghana and Nigeria which both have "a strong existing trade in narcotics".

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Morocco's geographical position, between two seas and at a "pivotal point" between America and Europe, makes that country "a promised land for both international traffickers and tourists".

In Senegal, cannabis production is rising steadily in the coastal regions of the Niayes and the swampy areas of Casamance in the south, the report states.

The financial yields are high from the two annual harvests, with one kilogram of Indian hemp fetching between R15 and R35 compared with just 20 cents for one kilogram of groundnuts.

Senegal faces "large scale consumption of drugs", Who said, with addiction already widespread among all social classes. Psychotropic substances are being used besides cannabis.

Most African countries are unable to give exact figures on numbers of addicts or the total area of cannabis under cultivation. And only a few of them have adhered to various international conventions on control of narcotics.

"The fact is that all efforts undertaken by one country are doomed to fail if neighbouring countries do not apply the same measures against drug abuse", the report says.

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Sniffing away their

THEY lie around barefoot, semi-clad and hungry, besmirching the beauty the park planners had in mind — but nobody seems to care.

The SOWETAN went out to speak to the little urchins who live off anything but the fat of their fatherland. We found them in the parks surrounded by the soaring skyscrapers — dirty, hungry and willing to do anything possible for cash.

Once we had won them over, they were ready to confess: sniffing glue, stealing and being homesick.

All but one confessed to coming from unhappy fami-



INTELLIGENT: Lucky, a bright boy, admits running away with his neighbours' money.

lies, and feared getting back in case their fathers got rough with them for running away.

Their sleeping place, they said, is anywhere warm enough and safe from the police. One of them called "Maveti" whom we did not meet, is said to spend his nights with a white male. The boys simply laughed us silly when we asked what that meant.

Lucky Mncube (14), struck us as an intelligent boy. He said he passed standard three last year, coming 13th in a class of 62 in a school in Meadowlands.

"How did I come here? My neighbours sent me to buy

By CHARLES MOGALE
Pics by SOLLY MOLOTSI



NAGGING: Reginald left home to escape his family's problems and school work.

them a loaf of bread and I ran to the station. I used their money to buy a train ticket." Lucky said scratching his tough, unwashed arms.

Like his companions, he knew nobody in the city. He said he had had about enough of his family problems, but would go back if his father would promise not to knock him around.

Reginald Motshabi from Kliptown thought all work and no play made Reggie a snob.



COUNTRY BOY: Neat, well-mannered Tobias is from Warmbaths and wants to go back home.

So he ran away.

"I had no money, but I travelled 'mangobe'. I did not pay the train fare," he said.

Reginald (13), said he was a standard three pupil at a school in Diepkloof. The teachers were rather strict for his liking, and he did not get on well with his family.

He decided to move into the city to get away from the school work and family nagging.

"Yes, I do sniff glue," he said. "I also steal cold drinks from delivery trucks, but they have not caught me yet. I have to do it because I must eat. Anyway, it was not the first time I did it here."

"Back home I stole a lot because nobody just wanted to give me food. Sometimes I stand around at the restaurants and rush for the food the people leave before the cleaners remove it."

As for Tobias Dire (13), the message was learnt pretty fast. Tobias is a humble, innocent country boy from Warmbaths. He came to Johannesburg earlier this year to live with relatives, but that was not enough. So, looking for a real change of scene, country boy Tobias decided to move into the heart of the big city.

That was two weeks ago and Tobias has found it worse than his former Egypt.

More reticent and less dirty than his companions, Tobias said with his alter boy manners: "I want to go home. Yes, I will go back home."

No two boys are as different as Tobias and nine-year-old Zakhele Qulu. According to Zakhele, shortly after he had ran away, he got several messages from home saying he was no longer welcome.

But Zakhele couldn't care less: "I wanted to go home, but if they don't want me, I'll



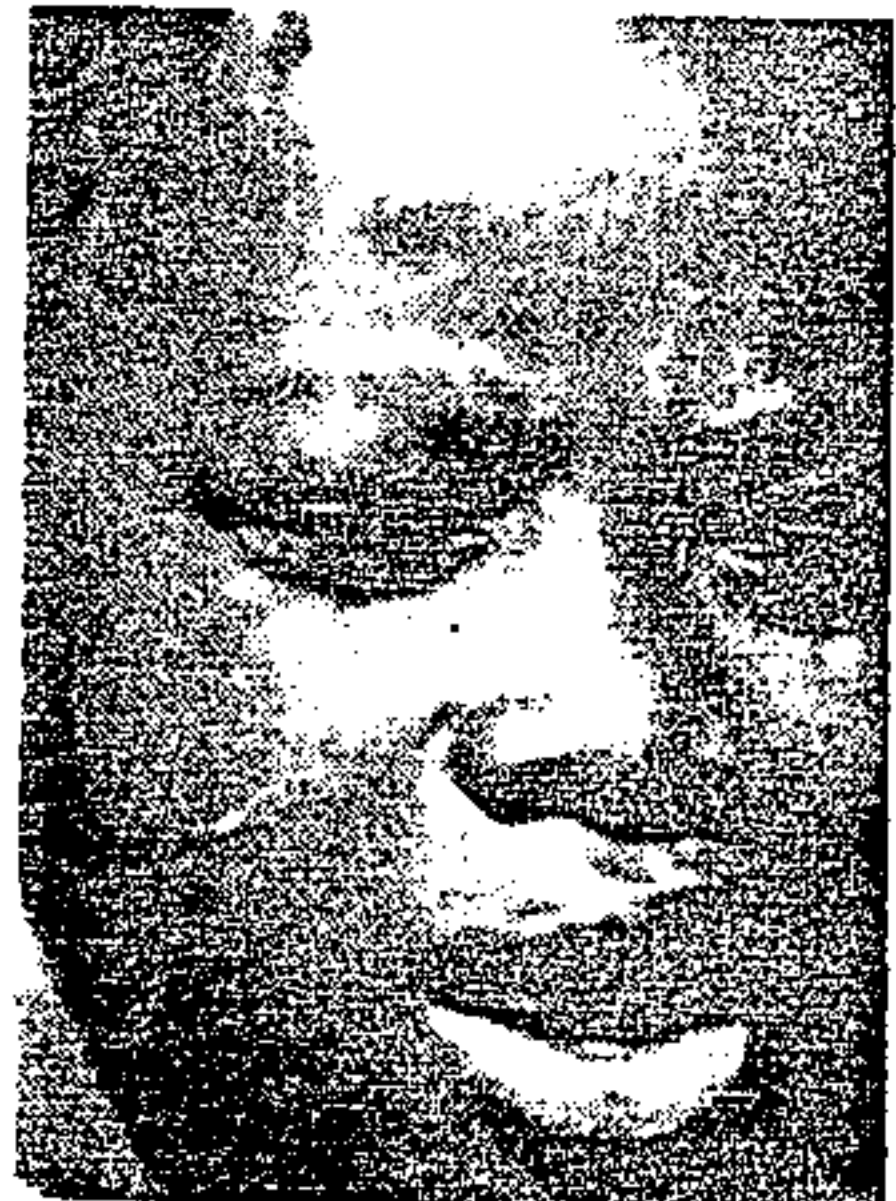
SNIFFERS: Zakhele, Tobias and pool the

stay here.

The boy is the youngest of the group, and seen the least worried about the present conditions and possible consequences.

Themba Mpetu is 10 and from Zone 13, Sebokeng. He was "high" when we met him.

"I don't care for glue, I only sniff it when I'm cold like



CAREFREE: Ten-year-old Zakhele is disowned, but does not care.

now, you see

Themba, more mature, spent seven years being "frankly" He said at the top when he was crime

The boy didn't come set free. I'm back home.

The chair Johannesburg era Social Work Mr Ben Ntise the problem life.

Mr Ntise problem with the courts' sued for ma were not be and men c "with murder

"The only ties act effective situations is already com

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**HARLES MOGALE
BY SOLLY MOLOTSI**



Reginald left his family's school work. and I ran used their train ticket.atching his rns. he he city. He out enough oblems, but t his father ot to knock habi from d work and e a snob.



Neat, well- as is from wants to go ne.

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But Zakhele couldn't care less: "I wanted to go home, but if they don't want me, I'll



SNIFFERS: Zakhele, Tobias and Reginald meet in the park to sniff and pool their stolen spoils.

stay here." The boy is the youngest of the group, and seems the least worried about the present conditions and possible consequences.

Themba Mpefu is 16 and from Zone 13, Sebokeng. He was "high" when we met him.

"I care for glue, I only sniff when I'm cold, like



CAREFREE: Ten-year-old Zakhele is disowned, but does not care.

now, you see," he said.

Themba, who looks much more mature than his age, has spent seven weeks in jail after being "framed" for a car burglary. He said he was sleeping at the top flat of a building when he was arrested for the crime.

"The white man involved didn't come to court and I was set free. I think I'll have to get back home," he said.

The chairman of the Johannesburg branch of the Black Social Workers Association, Mr Ben Ntise, said the core of the problem was unstable family life.

Mr Ntise said the urchins problem was aggravated by the courts' leniency with men sued for maintenance. Cases were not being followed up and men usually got away "with murder."

"The only time the authorities act effectively against such situations is when a boy has already committed a crime and

a Children's Court orders confinement in a place of safety.

"Several people have tried to help, but most of us become helpless when we meet such cases. There is just nothing anybody can do individually.

"I think the matter needs to be taken up at a very high level. It must be brought for discussion without delay."



HIGH: "I sniff glue only when I'm cold," says Themba.

QUESTIONS UNDER NAME OF MEMBER

previous convictions; if so, (a) how many in each category and (b) on what charges in each case;

- (3) whether any of the policemen (a) with and (b) without convictions were discharged from the Force; if so, which policemen?

The MINISTER OF LAW AND ORDER:

- (1) Yes.

(a) Whites 26
Non-Whites 37

(b) Whites 3
Non-Whites 9

(c) Whites 1
Non-Whites 3

(d) Whites none
Non-Whites 3

- (2) Yes

(a) Category (c), Non-Whites—1.

(b) Category (c); Common assault, driving under the influence of liquor and trespassing.

- (3) Yes

(a) Category (c): Non-Whites—1.

(b) Category (a): Non-Whites—3

Category (b): Non-Whites—2

Category (c): Non-Whites—1

Category (d): Non-Whites—3.

Howard Q. Col. 613-614
Abuse of Dependence-producing Substances and Rehabilitation Centres Act

535. Mrs. H. SUZMAN asked the Minister of Law and Order:

- (1) Whether any persons were detained in the second half of 1981 for interrogation in terms of section 13 of the Abuse of Dependence-producing Substances and Rehabilitation

Centres Act; if so, (a) how many and (b) for what period was each detained;

- (2) whether any of these persons were subsequently (a) charged with and (b) convicted of peddling drugs; if so, how many;

- (3) whether any of the persons arrested in 1981 are still in detention for interrogation; if so, (a) how many and (b) for what period has each been so detained?

The MINISTER OF LAW AND ORDER:

- (1) Yes.

(a) 27

(b) 2 for 5 days

1 " 6 "

1 " 7 "

1 " 8 "

2 " 9 "

1 " 10 "

2 " 12 "

2 " 14 "

1 " 15 "

2 " 17 "

4 " 22 "

1 " 29 "

1 " 36 "

1 " 45 "

1 " 67 "

1 " 74 "

2 " 100 "

2 " 123 "

(2) Yes.
The trials of 12 have not yet been concluded.

- (3) Yes.

(a) 2

(b) 123 days each.

Andrew, Mr. K. M.—

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pot-smoker may change if he smokes more than twice a week," he said.

SA drug research centre

87
S. Express
delayed
18/4/82

By LIZ VAN DEN NIEUWENHOF

A FOUNDATION to support research on drugs and alcohol addiction still has not got off the ground — six months after its official launching by the Minister of Health, Dr Lapa Munnik.

The delay has caused a loss of enthusiasm and disappointment among academics and researchers who were invited to join it.

After months of 'fruitless' negotiations there is still no clear indication of when the long-awaited foundation will come into operation.

The Foundation for Alcohol and Drug Addiction Research was officially launched by Dr Munnik in October, but until now the only sign of progress is the vacant premises leased for it in Johannesburg.

Dr Sylvain de Miranda, director of South African National Council for Alcoholism and Drug Dependence, was unable to say when the foundation would start work — because the contracting parties have yet to finalise the articles of agreement.

It is hoped that the foundation, with financial support from the private sector, will develop preventive educational programmes and intensive biochemical research.

The businessmen involved confirmed final negotiations were still to be made.

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EXPAN

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I fell for a junkie's

SUNDAY TIMES, March 28 1982 19

(87) S. Times 28/3/82

sob story

By VAL CARTER-JOHNSON

A RETIRED doctor who was disciplined this week for giving drugs to an addict said afterwards regretfully: "I have been punished for having a soft heart."

Dr Rocco de Villiers, a retired doctor who lives in Gordon's Bay, was one of seven doctors convicted of disgraceful conduct by the South African Medical and Dental Council disciplinary committee in Cape Town.

Six other doctors were reprimanded and warned, but the committee recommended that Dr de Villiers be forbidden to practise for two months, suspended for two years.

All the doctors had fallen victim to a conman addict "with a golden tongue" who persuaded them to give prescriptions for Wellconal, the habit-forming painkiller now one of the most abused drugs in South Africa.

He gave the doctors a convincing sob-story, saying he needed the Wellconal for his cancer-stricken mother who was dying in agony.

The addict, Shane Hands, died in 1979 from "abuse" of Wellconal and alcohol.

Dr de Villiers got the toughest sentence because he provided the most prescriptions — for a total of 600 Wellconal tablets:

"I got into trouble for trusting and helping a man who looked and sounded like he genuinely needed help," said Dr de Villiers after the case.

"It is a sad end to a long medical career that, until now, was without blemish.

Short-staffed

"It is easy to say that we doctors should not have been so easily fooled by one man, but we are doctors, not detectives.

"I do believe that doctors are not going to be so trusting in future, and will demand to see patients personally, even for repeat prescriptions of any drug, even at inconvenience and extra cost to the patient."

Wellconal is usually only given to terminally-ill patients as it is an extremely strong, habit-forming, pain-killing drug.

"I, personally, did not have the time to investigate every one of my 30 to 40 patients I saw daily, and I don't know any doctor who does have that sort of time. We are all short-staffed and over-worked," said Dr de Villiers.

He said he was not even aware at the time that addicts were using Wellconal to get "high".

Disgraced doctor gave drugs to addict

Medics are 'vulnerable'

DR SILVAN de Miranda, of the South African National Council for Alcohol and Drug Abuse, agreed that doctors were in a "vulnerable" position.

"Obviously, doctors can become involved, either innocently or directly.

"Doctors who give prescriptions innocently are generally not aware of the potential dangers and these things can certainly happen in good faith.

"People come up with very plausible stories.

"But a doctor should always be alerted if someone comes to him asking for a particular tablet.

"Involvement of doctors in cases of drug abuse is on the increase because there are comparatively fewer doctors.

"They have a higher workload, hence the pressure on them is obviously increased.

"There is also the problem of doctors' prescription pads being stolen and then being used by addicts," Dr de Miranda said.

His own mother died of cancer while he was still a student.

"I knew how I felt at the time — it is a terrible experience to see your own mother in pain.

"I felt great sympathy for this young man, who said he was doing his best to help his mother, although he had no nursing experience.

"The first day the young man arrived at my surgery, he had no appointment.

"He was in quite a state — a very clean-cut, nice-looking and smart young man.

"He said his mother had been treated at Groote Schuur, but hated staying in hospital, and he had brought her home to die peacefully.

"I asked to see her but he said that because he worked, he had taken her to a small-holding near Hermanus, where a friend of his was looking after her.

"He said her tablets had run out and he was on his way to see her, and was in a rush.

"Normally I would have insisted on seeing the patient.

"But, as he said she had had cancer diagnosed, and told me the hospital had said there was nothing more that

could be done for her, I agreed to give him the prescription.

"He came back a few times.

"He always came at odd times, or supper time, or when I was at my busiest at the surgery.

"I eventually told him not to come back to me, and to get a doctor in Hermanus, after he told me he had lost a prescription. I never saw him again."

But while Dr de Villiers was on leave, the man returned to the surgery, and spoke to his son and partner, Dr P G de Villiers.

Sorry

The addict also asked the young Dr de Villiers for prescriptions, telling him that his father "always gave me prescriptions" and "knows the case well".

Dr P G de Villiers also appeared before the committee and was reprimanded.

He said this week he felt "bitterly sorry for his father".

"My father is one man who has always put others before himself, has always done his best to serve the community.

"Nobody was dealing in drugs or getting money for it. It was an honest mistake," he said.

The other doctors who were reprimanded and warned after being found guilty of improper conduct are: Dr J F Cumming, formerly of Somerset West; Dr O N R Smit, of Somerset West; Dr A Hazenkamp, of the Strand; Dr J H van R Hofmeyer of Somerset West and Dr F D Smit of Grabouw.

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Drug abuse at schools 'growing'

(87)

C. Herald 24/4/82

COMMUNITY and social workers are alarmed at the mounting abuse of dangerous drugs among teenagers and pupils in 'coloured' areas.

They said dagga-smoking, mandrax popping, liquor drinking, glue-sniffing and the intake of a combination of other drugs damaging mind and body had reached crisis point.

Teenagers are smoking dagga mixed with mandrax powder. Pupils are swallowing cough mixture mixed with alcohol, or a combination of coke and aspirin.

Children as young as five have been caught sniffing glue, benzine and petrol with other youngsters.

SNIFFING

Mrs Vera Smith, administration officer for the Riverlea Services Institute said she was horrified at the increase of the abuse of other petroleum products among the young.

● Mr Fred Lambert, Southwestern Coloured Areas information officer on Sanca (South African National Council on Alcoholism and Drug Dependence), said alcohol and drug abuse among teenagers and pupils had become a major problem that had to be tackled urgently by social welfare organisations, schools and parent committees.

Social workers said school principals stayed silent about the drug and alcoholism problem among their pupils for fear of a stigma being attached to the schools, he said.

of 81 meetings during the 1980 schools boycott, a student leader said.

'It was felt that the socio-economic system was to blame. Parents should not just look for easy solutions to the problem, like beating up the children, they should look at the root causes of the problem.'

AWARE

● Mr R S Evans, principal of Livingstone, said he was not aware of such problems at his school.

An Elsie's River high school principal, Mr Gilbert Thomas, said he could not see a great increase in the use of drugs.

Mr Thomas welcomed a pilot scheme at two Elsie's River primary schools where social workers were in direct contact with pupils.

'We must nip it in the bud where the problem really starts. We must try to prevent the problem. Too many people only believe in curing it,' he said.

ABUSE

● The issue of drug abuse was a major discussion point at Committee

Benzine menace takes grim toll on children

87

~~107~~

S. Tribune 5/4/81

AFRICAN children in Natal and KwaZulu are on a benzine-sniffing binge which has already landed many in hospital.

This finding is disclosed in the latest issue of the South African Medical Journal which, in an editorial, calls for stringent control measures over benzine sales to be urgently introduced.

The journal quotes a survey at King Edward VIII Hospital in which 42 percent of African children interviewed admitted sniffing benzine.

It says the survey has brought to light what

Tribune Reporter

seems to be a major health problem among black children in both the rural and urban areas and calls for an intensive health education programme at schools and through the media to make people aware of the hazards of this practice.

A report in the same issue by three University of Natal doctors gives details of eight young hospital patients who seriously damaged their health by benzine sniffing.

One 14-year-old girl could not walk without

support, and a 13-year-old boy had to be given orthopaedic appliances for his damaged feet.

Hands and arms became weak and certain normal reflexes were found to be completely absent.

The authors say the most likely cause was Nhexane, one of the impurities in benzine, a petroleum product freely available at most corner stores in South Africa.

The authors say benzine is "bought freely by a large number of black children in Natal and sniffed to produce a state of euphoria".

Doctor on drugs and abortion charges

Staff Reporter

A JOHANNESBURG doctor, Dr Norman Gnesin, 61, appeared in the Johannesburg Magistrate's Court yesterday on charges of dealing in dependence-producing drugs, and on an abortion charge.

Applying for bail, Dr Gnesin submitted he was the sole supporter of his 84-year-old mother, with whom he lived.

He said he needed bail to straighten out his psychological affairs and to arrange care for his mother.

He told the court he had been seeing a psychiatrist in order to understand his willingness to endanger himself for the sake of others. Since seeing a psychiatrist he realised the importance of keeping within the law, he said.

Under cross-examination by the prosecutor, Mrs Winnie Botha, Dr Gnesin said he could control his willingness to help others.

In his evidence, Dr Gnesin said he had been arrested last week while out on bail of R10 000 since December, pending other abortion charges.

He also admitted being jailed for four years in 1955 on eight counts of performing illegal abortions and being fined R5 000, coupled with a suspended sentence in 1979 for five counts of abortion.

Dr Gnesin said he intended pleading guilty to the initial abortion charges, but innocent to the one allegedly committed last week.

Soon after the magistrate, Mr J Myburgh, refused bail, Mr Y W Blumberg, for Dr Gnesin, said he was applying to the Supreme Court today for bail.

The hearing was postponed to March 9.

Dagga law policy switch

NM 24/4/81

(87)

Legal experts welcome move to fine first offenders

Mercury Correspondent
CAPE TOWN—A dramatic new direction has been taken in the prosecution of dagga possessors which has been welcomed by legal experts and which virtually takes the drug back to the same position it was in before Dr Connie Mulder's 1971 Drug Act which was described at the time as 'horrifying'.

The new direction leaked out yesterday and was later confirmed by the Attorney-General of the Cape, Mr N Rossouw, but apparently has been in operation for some weeks.

After Mr Rossouw yesterday told of the move towards fining first offenders

for dagga possession, a city attorney, Mr Keith Hamblin, said that one of his clients had been sentenced in terms of the new move.

It was later confirmed that Faried Davids, 28, of Heideveld, was recently fined R30 (or 30 days) for being in possession of a small quantity of dagga.

The new move means that prosecutors can now act against dagga possessors in terms of the Abuse of Dependence-producing Substances and Rehabilitation Centres Act or in terms of the Medicines and Related Substances Control Act.

In terms of the Drugs

Act, under which most people have been prosecuted until recently, jail sentences had to be imposed although these could be suspended.

The act, which was described as 'horrifying' by a leading Cape Town psychiatrist when it was published in 1971 when Dr Mulder was Minister of Social Welfare, initially prescribed minimum two-year jail sentences for drug possessors and more severe sentences for drug pedlars.

In special circumstance suspended sentences were imposed.

In 1978 the Act was amended and dagga was

separated from other drugs. Minimum sentences were removed for possession and dealing in dagga but there was still the threat of a suspended sentence hanging over the head of offenders.

Now some offenders are being charged under Section 22A (10) (a) of the Medicines and Related Substances Control Act.

Anyone contravening the section is guilty of an offence and in terms of the penalties clause, is liable on a first conviction to a fine not exceeding R500 or, in default of payment, to imprisonment for not more than six months.

integration can be analyzed in terms of the collective social order pursued

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Social integration depends upon the effectiveness of cultural and social power, which, in turn, depends upon the scope of the two power bases. The first, control over societal values, and the second, control over the means of status attribution, are problematic in a plural society. It is to be expected, therefore, that little effective intentional sanction can be used, at a societal level, over members of a plural society. The most effective sanctions (and, consequently, the most effective power-wielding) in such a society will probably be situational: coercion and inducement.⁸

Therefore, it is to be expected that goals set and pursued within the four sectors of the society will create tensions and imbalances because they are set for all members of the society. It becomes important, then, to inquire which persons and groups are in power-wielding positions, and which persons and groups have gained control over the bases of power as they have been defined. Those who have gained control over such bases are in a position to apply effective sanctions when wielding power.

To analyze this problem, the concepts of centre and periphery are introduced. The centre refers to "the structural aspect of power and comprises those organizations, groups and individuals who exercise most 'power' in a given social system" (Jessor, 1972 : 65). The centre, then, refers to the coincidence, in the four sectors of a society, of power-wielding positions. A leading politician who is also a leading businessman and church-elder may serve as an example. Each position this person fills, taken separately, defines a position of power within one sector. The strength of the centre is measured, first, in terms of the amount of control such positions have over the bases and sanctions allied with the power-type. Second, a centre is strong insofar as the capacity compatibly to wield all four types of power coincides in such positions.

Broadly speaking, then, the critical decision-making and goal-setting positions in each of the four sectors tend to overlap. The units filling these coincident positions control a broad base from which collective (societal) goals can be set, pursued, and implemented.

The positions such units occupy constitute the centre of the society. Such units attempt, by using these positions of power, to maintain peaceful co-operation between the institutions of that society.

Units in the centre are faced with two critical and recurrent problems. Both are brought about to a large extent by the process of development in the society. First, developing out of the inherent problem of system integration (especially in developing societies), there is a constant possibility that collective goals set in institutions within the four sectors clash. Under such circumstances, the centre is liable to split into a number of competing centres (and *élites*).⁹ To avoid the formation of opposing centres, units turn to their control over the means of value creation, interpretation, and maintenance—in other words, to cultural power. Social power may also be used. Consensus (or social integration) amongst the units in the centre is critical here.

Second, units in the periphery are constantly attempting to gain control over (especially) the reward structure of the society. Thus, they attempt to gain a greater control over the means of production, distribution, and exchange of goods and services; in other words, they seek economic power. Though other sanctions types are also used, those in the centre tend in this case to apply coercion (or the threat of coercion). It is political power that is critical in the handling of centre-periphery relations.

These problems concerning social order are interdependent. The gravity

Drug Squad nets Mandrax tablets valued at R200 000

International smuggling ring involved

Mercury Correspondent

JOHANNESBURG—Drug Squad detectives smashed part of a new international Mandrax smuggling syndicate at the weekend and seized more than 25 000 of the tablets at Jan Smuts Airport.

The tablets, seized by East Rand detectives with the help of Customs and Excise officials at Jan Smuts Airport, are understood to have come from India via London.

They are valued at about

R200 000 on the black market.

Confirming the arrest of two people in connection with the haul, Col Basie Smit, head of the Narcotics Bureau, said that investigations were far from complete.

Police have now travelled to Cape Town to continue their investigations, he said, confirming the Mandrax syndicate had international connections. He would not elaborate.

Links outside South

Africa are also understood to be involved in another haul of 1 330 Mandrax tablets made by Johannesburg Drug Squad detectives at the weekend.

The tablets, seized from a coloured man as he was allegedly trying to negotiate a deal in a parking lot of Jan Smuts Airport, are understood to have entered the country through the Botswana Mandrax smuggling route.

Police declined to comment on this.

The man glares at me. "Never! Never! Never!" He spits the words spitefully, petulantly, like a spoilt child. "Goodnight", he snaps. And slams the car door.

in Natal, boxing fans of all skin

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Ten minutes later they return, marching in fine formation. No ambulance, they report.

"Right, then let's find the hospital", suggests Pizzezy. In climb the two policemen. Again the language barrier. They are not reacting to Pizzezy's words.

They find a hospital. But the wrong colour. A Black hospital.

After a spell of travelling in what Pizzezy himself feels is the wrong direction, the assault victim, a 65-year-old unemployed welder, through his pain and the blood dripping down and soaking his shirt and tie, finally directs the Canadian newsmen to the White general hospital.

The attendant at the emergency entrance puts the old man into a wheelchair, and then leans on it, telling Pizzezy to move his car. It isn't allowed to remain where it is, he explains.

The attendant is prepared to wait there, apparently, the victim still bleeding and now very faint, until the car is moved. A few well-chosen curses from the newsmen moves him first.

All that remains is for the two policemen to take Pizzezy's name and address. But they can't spell it so he writes it out in the notebook for them.

Driving back past the scene of the incident, he sees shoppers stepping gingerly over the blood as they window-shop.

Allen Pizzezy's comment at the time carried a healthy, angry punch. "Merry Christmas Joeys," he hissed. "You have mean streets".

Down a gold mine, in the heart of the Free State, where muscular Whitesupremacy is a way of life, a White miner is trapped by falling rock after saving the lives of two Black mineworkers.

"A good man," comments one of the Blacks, tears channelling down dust-grimed cheeks when told his rescuer is dead. "A White man and a good man. I never forget."

Not far away, Right-wing trade union leaders representing 9 000 White artisans on the gold mines howl down a Chamber of Mines demand to allow Black workers to move into skilled jobs.

On the bus that plies between the suburb of Kensington and the city of Johannesburg...

An immigrant woman with a marked Cockney accent tells her friend what to expect of the majority of the country's population.

"Then coons... they breed like rabbits, they do. They'll swamp this country soon. They're a bit dim, you know, Criminal minded, too. They rape, you know. Some carry guns and knives. Can't trust them, you can't. They don't wash like we do."

Certain White hotels in different parts of South Africa and South West Africa have been granted permission by the Government to admit South

11

Drug control measures need 'complete overhaul'

87

STAR 1/5/81

By Andrew Walker
Mandrax drug smuggling rings have been smashed in recent police swoops, but a leading narcotics expert says this alone will not solve South Africa's drug problem.

"Control of drugs will not solve the problem unless it is linked with massive educational programmes to reduce the demand for drugs," said

Dr Sylvain de Miranda, regional director of the SA National Council on Alcoholism and Drug Dependence.

Mandrax, he said, had been banned in 1974 yet it had remained a danger, selling for high prices on the black market.

DEMAND

"It is a question of supply and demand — we

must try to reduce the demand."

When Mandrax was available on prescription it sold for five cents a tablet.

"Now it sells for R14 to R15 per tablet on the black market."

Addicts, said Dr de Miranda, would do anything to obtain supplies. This led to an increase in crime.

Mandrax is a habit-forming drug which police investigations show has been smuggled into South Africa through Swaziland and Botswana. In the last year detectives have uncovered a number of smuggling rings, and Mandrax tablets valued at about R8-million have been seized.

OVERHAUL

But despite these efforts, a complete overhaul of South Africa's methods of combating and preventing drug abuse were urgently needed, Dr de Miranda said.

The drug problem would remain until the demand for narcotics was reduced.

He called for the establishment of a commission to review South Africa's methods of combating and preventing drug abuse.

Wits dagga-smoking survey

Staff Reporter

THE common idea that all dagga-smokers are social drop-outs and/or dangers to the community, is set aside in the latest issue of the South African Medical Journal.

In a study of drug abuse in a group of South African university students, Mr A M Simon, of the sociology department at the University of the Witwatersrand, records the findings of research involving 17 informal interviews and 1 597 questionnaire responses on drug-taking.

Very few students had used drugs besides dagga, and 25,1 percent of those who completed the questionnaire indicated they

had smoked dagga. A further 7,2 percent said they had taken dagga in other forms, according to the survey.

Taken regularly

"Many respondents were in their final years of study in their respective degree courses and yet regularly used drugs. The assumption of social unproductivity cannot, therefore, hold across the board," Mr Simon concludes, adding that it seemed drug-taking was the most "violent" crime committed against society by those interviewed.

In the study, Mr Simon found that:

- Very few students had used drugs besides

dagga.

- Students who were less religious were more inclined to drug abuse.

- Generally there was no relationship between drug-taking and loneliness.

- More men used drugs than women.

- Students aged 19 to 26 years were prone to drug use.

- English-speaking students made the greatest non-medical use of drugs.

- Jewish students used the greatest amount of drugs.

- Fifth-year students used the greatest amount of drugs, followed by third-year students and post-graduate students, in that order.

"Generally, the interviewees were irreligious and the peer group subculture appeared to be of very great importance in relation to drug abuse, drugs being most often ingested in the company of friends for the purpose of sociability," according to the article.

Another pattern which emerged was that "many interviewees reported a heightened sensory awareness subsequent to the smoking of dagga".

Mr Simon pointed out in the article that research into drug abuse in South Africa was hampered by the drug laws, which created wariness among potential interviewees.

Persons committed to rehabilitation centres
Hansard Q Col. 749 75
580 Mr. A. G. THOMPSON asked the
Minister of Health and Welfare:

How many White (a) adult and (b) juvenile males and females, respectively, (i) were committed to and (ii) voluntarily entered rehabilitation centres and registered rehabilitation centres in 1980 and 1981 for treatment for (aa) drug addiction and (bb) addiction to alcohol?

The MINISTER OF HEALTH AND WELFARE

	Males 1980	Females 1980	Males 1981	Females 1981
(a) (i) (aa)	179	18	134	17
(bb)	931	134	864	145
(ii) (aa)	189	172	228	154
(bb)	5 027	1 206	5 174	1 040
(b) (i) (aa)	14	7	13	2
(bb)	7	1	0	1
(ii) (aa)		11	39	24
(bb)	17	6	36	4

By Pamela Kleinot

Sixteen percent of medical students at the University of the Witwatersrand smoke dagga.

A survey of 868 medical students also found that nine percent of the dagga smokers had experimented with other drugs such as Obex, Mandrax, amyl nitrate, cocaine, LSD, magic mushrooms and Valium.

The survey showed that 32 percent of the students surveyed had tried dagga at some stage.

These findings were disclosed yesterday by Mr Saul Lewin at the Wits Medical Students Council conference on "Drugs — Use and Abuse" at Johannesburg Hospital.

"The idea that most medical students smoke grass is a myth," he said.

Mr Levin, a fourth-year medical student who undertook the survey, said 67 percent of Wits medical students had never tried dagga.

But the latest survey

16 percent of medical students on 'grass'

showed an increase in the number of Wits medical students experimenting with dagga compared with 1977, when 23 percent had tried the drug and 10 percent were continuing to use it.

Other results showed that there was an

increase in dagga usage as students proceeded into the fourth and fifth years of medicine, and that half of those who still used dagga were also heavy smokers.

Although one student said he was introduced to dagga by

a houseman, 89 percent were introduced to it by "friends"

Among reasons for the continued use of dagga were "an increased awareness of music and food" and that it made users feel euphoric and "high."

Of the students who had tried dagga and then decided to stop the major reason was adverse reactions such as nausea, vomiting and dizziness.

Commenting on the 47 percent of students who had never tried dagga because of the "risk of being apprehended" and "unavailability" Mr Levin said: "Strict dagga legislation does act as some form of deterrent."

And the 14 percent who gave "unavailability" as their reason could be regarded as "possible future dagga users" as their reasoning implied that, should they have the opportunity, they would use the drug, Mr Levin said.

- National Union of Leather Workers
- National Union of Clothing Workers
- General Workers Union of South Africa
- General Workers Union
- Garment Workers Union (Western Province)
- Garment Workers Union of South Africa
- Garment Workers Industrial Union (Natal)
- Black Allied Workers Union
- African Trunk & Box Workers Union
- African Leather Workers Union (Transvaal)
- African Garment Workers Union (Natal)

Textiles, Clothing, Leather and Footwear

- Rustenburg Tabakwerkersvereniging
- National Union of Cigarette & Tobacco Workers
- African Tobacco Workers Union

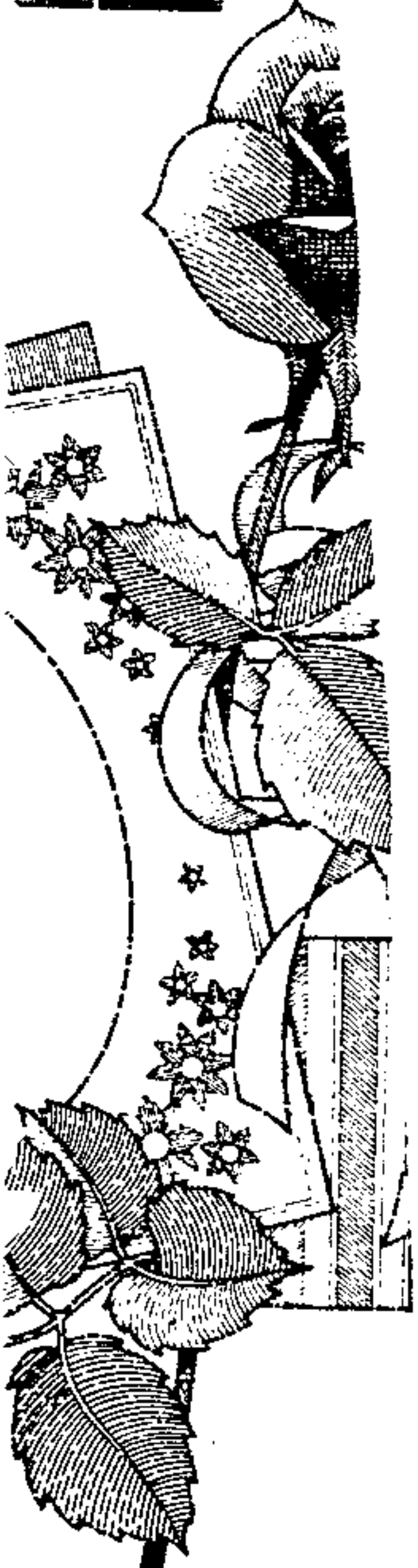
Tobacco

- Witwatersrand Brewing Employees Union
- Witwatersrand Baking & Confectionery Industrial Union
- Western Province Sweet Workers Union
- S.A. Electrical Workers Association
- S.A. Boilermakers, Iron & Steelworkers, Shipbuilders and Welders
- South African Allied Workers Union (SAAWU)
- Sugar Industry Employees Union
- Sweet Workers Union
- Sweet Workers Industrial Union (Natal)

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Probe finds medical students go to pot

87 ROOM
6/5/82

By MARTIN FEINSTEIN
Education Reporter

AT LEAST 32% of the University of the Witwatersrand's 1 000 medical students have tried dagga — and at least 16% still use it.

These are two results of a survey of drug abuse at the university's medical school, released yesterday at the annual conference of the Medical Students' Council.

The survey, conducted in 1981 by a sixth-year medical student, Mr Saul Levin, and three other students, found

use of dagga increased as students progressed in their studies.

In first year, only 6% of students tried and then continued using dagga — but by fifth year, 24% of students were using it regularly.

In the second, third and fourth years, 11%, 19% and 22% of students regularly use the drug.

Slightly more than 67% had never tried dagga.

But according to the survey, 16% of medical students had tried other "hard" drugs, including Obex (a slimming drug), Mandrax (a sleeping tablet), amyl nitrate (a po-

tent stimulant), cocaine, LSD and hallucinogenic mushrooms.

Of a total of 1 020 students, 868 responded to the survey, which also revealed that:

● A total of 66% of those who had never smoked dagga said it should not be decriminalised, while of those who smoked it, 78% said it should be decriminalised.

● Of the 16,4% who regularly use dagga, more than half had smoked more than 10 "joints" in the last six months.

● A total of 37% of students began using the drug on holi-

days at the coast, 27% at parties and 11% while abroad — especially in the United States and Israel; and

● 90% of the students said they knew regular smokers.

The survey also found 47% of students said they had never tried dagga because of its unavailability or the risk of apprehension.

"This leads us to surmise that strict dagga legislation does act as some form of deterrent," Mr Levin said.

The results of the survey were presented to a packed auditorium at the Johannesburg Hospital.

White children should play blacks: SAOB

By ANTON HARBER

WHITE schools should play sport against coloured, Indian and African schools — but not for cups or trophies, according to the SA Onderwysbond.

This recommendation by the governing body of Afrikaans teachers' organisations is in a set of guidelines for mixed sport at school level published in the latest edition of Die Unie, the journal of the SAOB affiliate, the SA Onderwysunie.

The guidelines are aimed at setting a common standpoint on mixed schools sport to avoid "distasteful incidents".

They suggest a two-tier system that would allow schools to play segregated or mixed sport, or both.

At one level, each group would play sport separately and for trophies in four

leagues.

But there would also be a mixed league where black and white schools would clash on the sports field, but not for a trophy.

Trophies would introduce a drive to win that would defeat the point of the league as a form of contact between races, the SAOB says.

The guidelines say the right of parents to decide what is best for their child must be respected. Allowance must be made for children whose parents do not want them to play with anyone but whites.

Schools must also be allowed to play in only one league if they wish.

The SAOB says black children in white schools should be able to choose in which league they wish to play in consultation with other schools.

Iran's dissidents executed

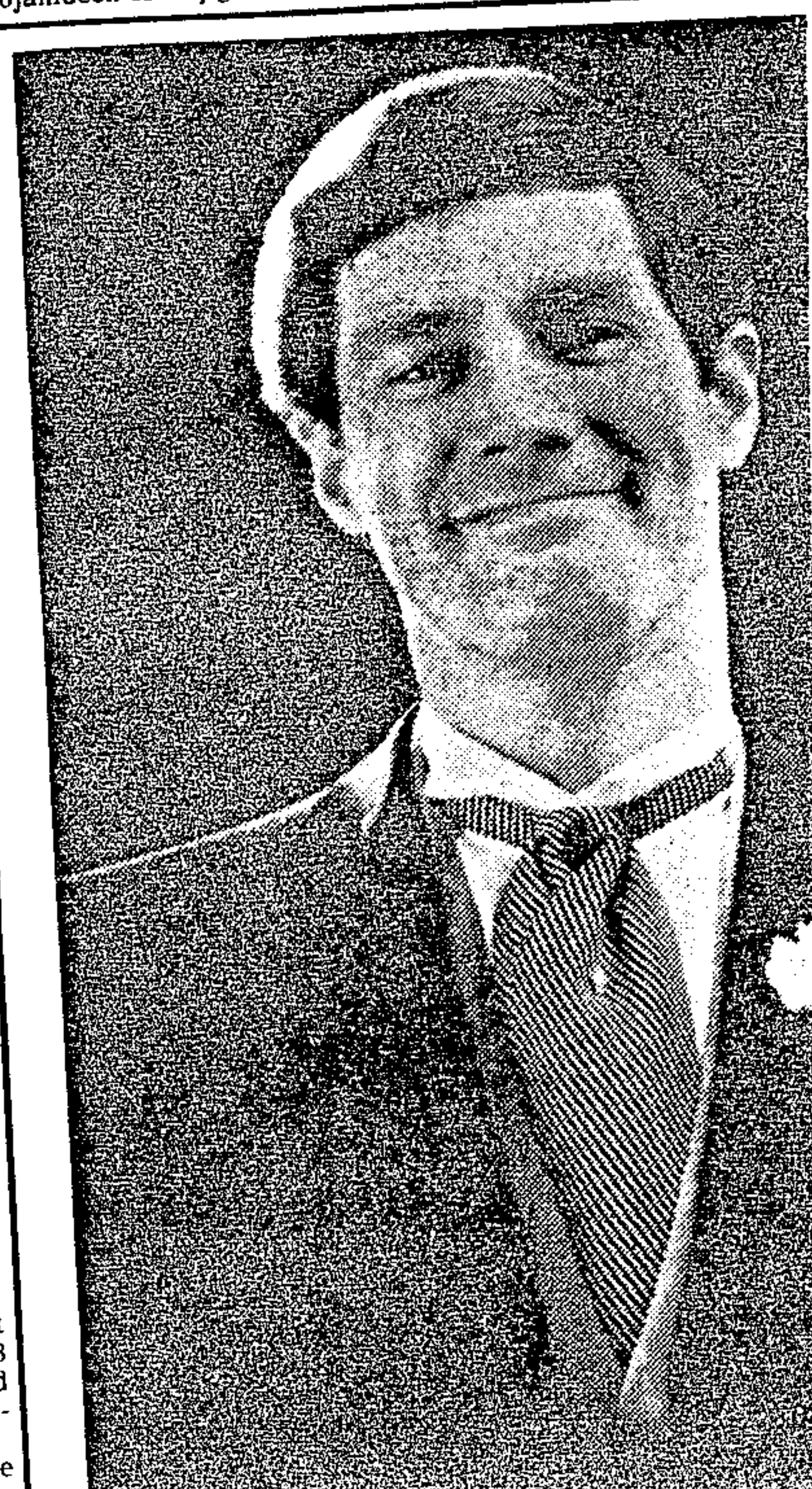
TEHERAN. — Iranian authorities have executed 11 people found guilty of armed uprising, the Teheran newspaper, Islamic Republic has reported.

Ten of those executed were Mojahideen Khalq guerrillas

who fought government forces over the weekend.

The 11th convict was identified by the paper as a male member of the Bahai sect, which Iran's Islamic regime considers to be heretical. — UPI.

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Third victim wins damages against Ripper

LEEDS. — Miss Marilyn Moore, who survived an attack by the Yorkshire Ripper in 1977 and says she still has nightmares about it, was awarded damages of almost R20 000 by the Leeds Crown

He was jailed for life last year for the murder of 13 women between 1975 and 1980 and the attempted murder of seven others.

Sutcliffe did not attend the court hearing, but his attorney told the court that he ad-

CHARLES MOCALÉ investigates

GLUE sniffing is here to stay

GLUE SNIFFERS have arrived — and are here to stay.

That is unless someone high up in authority makes a bold, positive move. But nobody seems to care, and more, nobody seems to have what it takes to stop the deadly habit that is plunging the black youth into the gutters.

The plush Indian township of Lenasia, south of Johannesburg, has been hit by glue sniffers with the impact of a common cold.

Black children, mostly newspaper vendors, have turned the township into a bastion of glue sniffing. The **SOWETAN** went out to investigate and found:

- at least one in every two black boys in the area sniffs glue;
- an Afrikans newspaper delivery van drives the boys into Lenasia every morning after they have sold the newspapers. (It could not be established why they are not driven into black townships where they live.);
- the boys are dropped off right at the door of a hardware store which sells glue to anybody over the counter.

Although the boys themselves are reveling in their life-style, it is obvious that their lives have reached a dead-end even where they had started to blossom.

His dirty clothes are expensive, and it is apparent he was from the hands of a parent who cared before he landed in Lenasia to indulge in lackadaisical laissez-faire.

When Inch saw our cameraman, he beamed with innocent delight and asked: "My broer, are you taking us?"

"O, sweet. Mncra my broer, mncra!" he says posing with a thumbs-up sign.

The elder boys swarm around him, and in no time they all have their glue pots out and are sniffing for the pic-

They speak and swear with the fluency of stevedores. To them, of stevedores.



lying and telling the truth has no significant difference, but because lying seems to come more naturally to them, they prefer to lie most of the time.

So they gave names ranging from "Inch" to "Spinks".

Inch is a diminutive seven-year-old with the breath of a blocked drain.

that glue keeps them warm.

"It is cheap and it's not cold, we sniff it because then it makes us happy. No, we don't know if it is dangerous. The cops? No, they don't bother us. Are you cops?"

The glue is now taking toll in the boy's mind and he drifts slowly from us until he is at a distance safe enough to make a face at us and laugh his lungs out.

Sipho could be 11 or less. He is a humble boy who will describe a fellow sniffer's mother's intimate anatomy this

A noise drew our attention to a group of sniffers a few paces from where we were speaking to Sipho.

Sipho took one glance at the scene, saw a friend in trouble with some of the boys. Uttering a kung-fu cry, he took a few swift strides to the scene and in seconds he was a changed man.

The boy must have seen quite a few karate movies, and punctuating his moves with ear-shattering depletives, he downed two boys like they were made of spaghetti. The others scuttled, but not before they had been reminded of their close relatives' biological endowments.

While all this goes on on a daily basis, Lenasia's Indian community looks on helplessly.

For the record, there is absolutely no law against sniffing glue, let alone buying it over the counter.

With every sniff a young black child takes, a future is being whittled away. The Indians in Lenasia are powerless against it, so are the police.

Are black parents?

WAITING: While they wait to be picked up to sell newspapers, the boys keep themselves busy sniffing.

Why do they sniff glue?

"Is oraet," that's Inch the spokesman trying to answer, but the bigger boys cut him short and one explains



"KEEPING WARM": The boys claim glue sniffing keeps them warm.

... return from Parliament where she announced that British forces on the Falkland Islands were negotiating the surrender of the Argentine invaders.

Call to keep fighting

ENOS AIRES. — Argentine police wielding rubber mallets yesterday dispersed demonstrators urging the government to continue fighting in the Falkland Islands and to issue information on the reported surrender of Argentine forces.

Witnesses said about 500 people shouting "We want to fight" and "We want guns" had clashed with police in front of the presidential palace. Some people were arrested.

The ruling military junta, whose latest official report said only that a ceasefire and withdrawal of troops had been discussed by British and Argentine commanders on the islands, met at Navy headquarters.

Military sources said the Argentine leaders were considering a ceasefire proposal made by Britain. — Sapa-outer

Drug abuse at schools alleged

CAPE TOWN 16/6/87

By MARK VAN DER VELDEN
Crime Reporter

A REHABILITATED drug addict said yesterday that drug abuse in City schools had reached an alarming level and that the general attitude was to ignore the problem, hoping it would disappear.

Mr Carl Neethling, 28, who said he was heavily addicted to drugs last year, made this claim in an interview after he had told a lunch meeting of the President 100 Club how he had found five dagga "pipes" on the premises of a Peninsula school.

"I'm not out to run certain schools into the mud, but the problem definitely has reached a level where action must be taken."

'Total addict'

He said he was speaking from personal experience. Information had been given to him by members of youth groups and scripture unions at schools.

He said he had been introduced to drugs while still a child, and was a total addict for about 13 years, "taking anything I could lay my hands on", until police arrested him



Mr Carl Neethling

in the docks last year for possession of dagga.

He was sentenced to three months, suspended for 10 years on condition that he submitted himself for rehabilitation.

"With the help of my church, I went through 'cold turkey' and became a Christian. I now have a steady job and consider myself cured, although still vulnerable to drugs. I now want to help others in the way I was helped," he said.

Brigadier "Dries" van den Heever, Divisional CI Chief for the Western Cape, said police were aware of a drug problem

at Cape Town schools. "But at this stage we are not aware of the exact extent of the problem and we cannot single out certain schools as specific problem areas."

Appeal to teachers

He appealed to teachers and parents to help police combat the problem by giving them information on drug abuse.

Members of the local branch of the Narcotics Bureau regularly gave talks at schools on the dangers of drugs and this facility was freely available, he said.

The principal of a school mentioned by Mr Neethling said that in his view drug abuse at schools was not as serious as often made out.

"The dagga 'pipes' mentioned were probably found at a spot on the school grounds often used as a short-cut by other elements, "and I really don't think the children are responsible."

He said his impression was that drug abuse among schoolchildren was lower than it had been in the late 60s and early 70s, but that alcohol abuse was now becoming more prevalent among the young.

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10 years' jail

PRETORIA. — Cathy Odendaal was sentenced by a Pretoria Supreme Court judge yesterday to 10 years' jail for the murder of her magistrate lover, Mr Marthinus Stephanus Bekker.

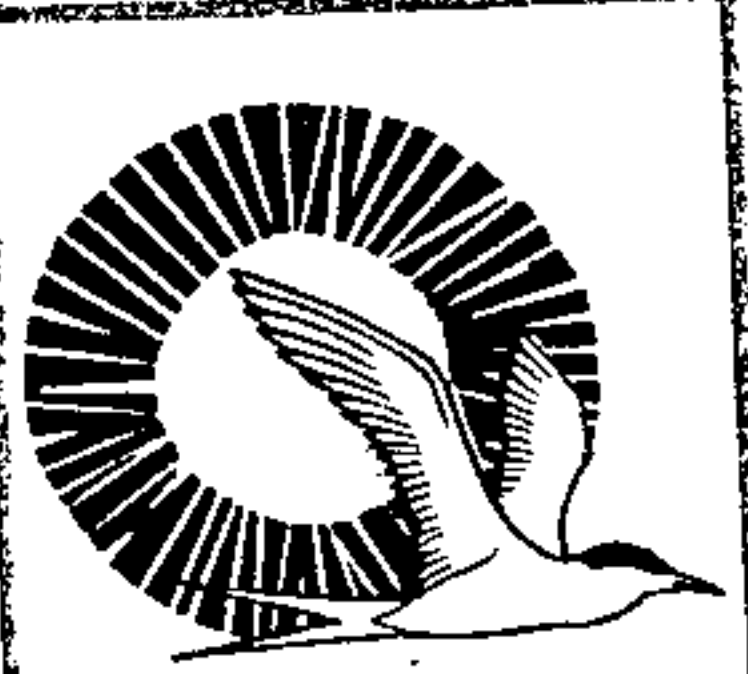
The judge said: "She is a young, intelligent woman with a complex and sensitive personality and has a good academic record," said Mr Justice Henk van Dyk.

"What must be remembered is that she had a lot

of time to consider the consequences of her act, and also had enough time to bring her emotions under control."

He said the crime had been planned over a considerable period of time. The court had heard that after Miss Odendaal had discovered two teenage girls staying with Mr Bekker, she had formed the intention at work to murder him the following day.

Odendaal was convicted



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Mandrax: Police fear SA's

★ The Cape Times, Wednesday, July 7, 1982

biggest headache

By STEPHEN WROTTESELEY
Crime Reporter

THE confiscation recently of 172 000 Mandrax tablets worth more than R1,5-million has highlighted a fear amongst narcotics investigators that South Africa is heading for a massive high.

It has led to suggestions that South Africa may soon have its biggest drugs headache ever. Except for the late 1960s when

"black bombs", "purple hearts" and LSD found their way on to the local market, abuse of pills never really worried policemen until November 1980 when Colonel Basie Smit, chief of the South African Narcotics Bureau, expressed his disquiet at the amount of Mandrax entering the Republic.

He said then that in the preceding 18 months 300 000 tablets had been confiscated. Now police have taken possession of more than half that amount in one raid.

The massive increase in Mandrax importation started between July 1980 and June 1981. The Commissioner of Police, General Mike Geldenhuys, said in his annual report for the period which was released during the last parliamentary ses-

sion: "Another drug problem that has arisen is the use of Mandrax tablets, hundreds of thousands of which are being smuggled into the country by air from the East.

"The problem is still growing despite a number of successful police operations."

More than one million tablets were confiscated in that period. The general said that as a result of police vigilance, smugglers had resorted to using

airports in neighbouring States, from where the tablets were brought into South Africa by road.

Police information about the latest confiscation and subsequent arrest of seven people is sketchy, but the fact that one of the men involved came from Cape Town indicates that at least some of the tablets, if not all, were destined for the Peninsula.

The fact that the tablets were found in Durban suggests that they might have been brought into South Africa from the Far East via Mauritius, one of the few foreign countries which has direct links with the port.

A factor which heightens fears that Cape Town might soon become a major drug centre is that in recent months, narcotics detectives confiscated the largest amount of cocaine ever found in South Africa during a raid on a City hotel, and in another swoop, found raw opium.

The route from Mauritius is one which is well-known to members of the South African Narcotics Bureau which was established in 1974 to combat South Africa's drug problem on a specialized basis.

found in Durban suggests that they might have been brought into South Africa from the Far East via Mauritius, one of the few foreign countries which has direct links with the port.

substance methaqualone, was a popular drug in South Africa for insomniacs, but dagga smokers found they reached new highs when they smoked the powdery substance with "boom" (dagga). The mixture became known in the 1970s as a "wit pyp" (white pipe).

In 1977, Mandrax was placed on Schedule 8, the pharmaceutical category denoting a prohibited, dependence-producing drug. Mandrax presently sells for

about R10 a tablet on the local black market. In India it can be purchased for about 8c a tablet, about four times its manufacturing cost.

Drugs law 'disparity' explained

87) CAFE Tmk 17/7/82

Staff Reporters

FIVE-year jail sentences imposed this week on two women — one convicted for dealing in one mandrax tablet and the other for dealing in 100 — showed the "complete disparity" in drugs legislation, a City attorney said yesterday.

The attorney took the unusual step of applying for parole for one of the women at the same time as she went to jail to serve a five-year sentence for dealing in mandrax.

Pointing out the disparity, the lawyer said the woman, who had handed a tablet to her husband who then sold it, had technically dealt in the drug and the courts were obliged to jail her for five years.

Importer

By the same token, a man who imported more than 20 000 tablets was also guilty of dealing in the drug and liable to a five-year jail sentence.

"Either we are sentencing the people like the woman too heavily or we are sentencing the dealers too lightly," the lawyer said.

The past 18 months have shown a certain relaxation on the part of the Attorney-General, Mr Niel Rossouw, as far as dagga was concerned, with a number of prosecutions taking place in terms of Medicines and Related Substances Act, as opposed to the Abuse of Dependence-producing Substances and Rehabili-

tation Centres Act.

In terms of the medicines act, fines can be imposed for the possession of dagga, as opposed to jail terms, which are compulsory in terms of the other act.

However, even before the relaxation, magistrates had a certain discretionary power as far as the jail terms went for dagga — a privilege not allowed them as far as other drugs were concerned.

In terms of the section governing the other drugs, a first offender found guilty of possession is liable to a minimum two-year jail sentence. A second offender must be sentenced to a minimum of five years.

A first offender on a dealing charge will be sentenced to a minimum of five years and a second offender will be sentenced to a minimum of 10 years.

The lawyer said magistrate's hands were so bound that they could not use their discretion as far as sentences were concerned. "The net is so wide, it is impossible to escape," he said.

The lawyer said that when the woman was jailed this week, he had immediately sent a letter to the parole board. He had done this because the magistrate had remarked in sentencing the woman that if he had not been bound by the legislation, he would have totally suspended the jail term.

Mandrax: Plea to free sick couple

W/E ARGUS 17/7/82

87

Weekend Argus Reporter

A CAPE TOWN lawyer took what could be an unprecedented legal step this week to free a sickly, middle-aged couple who were jailed for five years for handling one Mandrax tablet.

Immediately after a reluctant magistrate had imposed the mandatory five-year sentence for drug dealing, the attorney wrote to parole officials at Pollsmoor Prison

appealing for the couple to be freed.

He is urging the immediate release of 54-year-old Mary Smith, and the soonest possible freedom for her husband, 56-year-old Leonard Smith.

The mandatory minimum five-year sentence for drugs dealing is a statutory legacy of Dr Connie Mulder, who in 1971 as Minister of Social Welfare and Pensions introduced the Abuse of Dependence - Producing Substances and Rehabilitation Centres Act.

The so-called "Mulder law" was amended in 1976 to remove dagga from the minimum sen-

tence requirement, but a conviction for dealing in Mandrax still earns an offender older than 18 at least five years in jail.

HEAVY ONUS

Broad definitions of culpability in the law put a heavy onus on an accused to prove innocence, and much of the criticism by sociologists, criminologists and rehabilitation organisations against mandatory sentencing has been that the law disallows magistrates to distinguish between dealing in one tablet or 10 000 tablets.

Magistrate Mr T H de Koker told the Smiths this week that "if the

court were not bound by the legislature, the entire sentence would be suspended."

Encouraged by the magistrate's sympathy, attorney Mr Jack Kudo immediately wrote to Pollsmoor parole officials pleading for the Smiths' release.

A leading criminologist, commenting on the case, said it was possible that the recently-constituted national parole board, known as the Release Advisory Board, could formulate guidelines "to ameliorate the harshness" of some mandatory drugs sentences.

Professor Dirk van Zyl, Smit director of the UCT criminology institute said: "It might well be the case that the board says that anyone caught dealing with very small amounts could be released soon on parole. But that is still not entirely satisfactory."

In court Leonard Smith admitted selling one Mandrax tablet and five dagga cigarettes to an anonymous police informant. His wife had merely fetched the drug from another room on his instructions — but that was sufficient to convict her in terms of the law.

HI-FI AMPLIFIERS

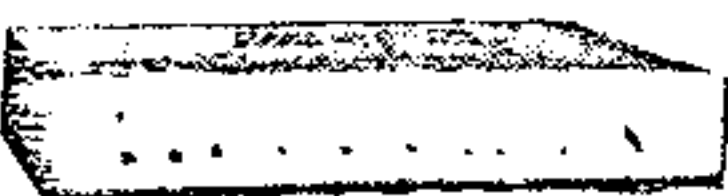
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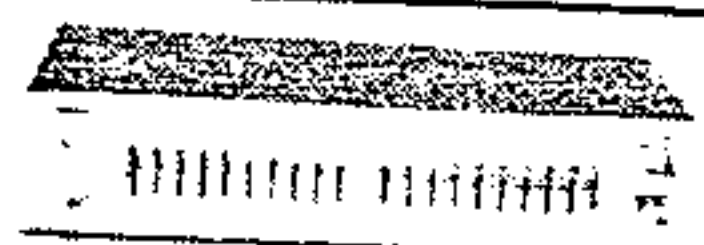
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National Party split a 'threat' to the volk

CAPE TOWN — The political split in Afrikanerdom earlier this year was, for the Afrikaner, a disaster worse than the present economic recession. Professor G G Cillie, chairman of the Afrikaanse Federasie van Kultuurverenigings (FAK) said yesterday.

Speaking at the annual meeting of the FAK, Prof Cillie said the political division threatened the continued existence of the Afrikaner volk.

"At a time when the onslaughts on our culture and on our nation increase in intensity, we can ill afford to be divided on real or supposed principles," he said.

Prof Cillie said the FAK could make a contribution to restore the lost unity.

"The FAK must contribute its part to ensure that the

current Afrikaner differences do not develop into insurmountable personal differences. They must prevent our people from taking fellow Afrikaners to pieces."

Turning to the Afrikaans language, the topic of discussion at this year's meeting, Prof Cillie announced that the FAK would retain its ban on coloured members.

"From educated and other circles the suggestion was made that we must try to win the coloured people for Afrikaans by membership of the FAK."

"The executive discussed the matter and decided that they could not recommend such a suggestion at this stage. We would nevertheless like to help if there are coloured people who want to organise their Afrikaans cultural activities." — Sapa.

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Scrap harsh provisions in drug laws, pleads MP

N/LEADS
17/7/82 Political Staff

AL/BR 87

CERTAIN harsh provisions of South Africa's drug laws were a remnant of the Connie Mulder era and should be scrapped, says an opposition spokesman on justice, Mr Peter Gastrow.

Commenting on this week's Mandrax cases in Cape Town courts, he said the Government should take a fresh look at the drug laws and should also scrap existing provisions for minimum sentences.

Mr Gastrow, Progressive Federal Party MP for Durban Central, said his party would continue to voice its strong objection to encroachments on the discretion of the courts.

COURTS' RIGHT

In two Mandrax cases in Cape Town magistrates commented that the sentences could have been far lighter if the courts had been free to decide on the extent of the punishment.

Mr Gastrow said the Abuse of Dependence-producing Substances and Rehabilitation Centres Act of 1971, although prescribing minimum sentences, did not take away the courts' right to suspend those sentences.



Mr Peter Gastrow

Dr Mulder, a former Minister of Social Welfare and Pensions, had referred to this as a "loophole" and in 1973 the Act was amended to take away the courts' right of suspending minimum sentences in respect of prohibited dependence-producing drugs, except dagga.

The PFP voiced its strong objections at the time.

"OFFENDS PRINCIPLES"

"The concept of forcing our courts to impose specific sentences offends against the fundamental principles of any enlightened penal policy," Mr Gastrow said.

"The late Mr Justice Beyers, then Judge-President of the Cape, echoed the views of most lawyers when he told a conference of the Society of University Teachers of Law:

"A judge has got to see the person and his circumstances to weigh all the facts at his disposal before he can decide on an appropriate sentence. Taking this decision out of our hands is a wrong principle."

ARGUS 21/7/82 (37)

SA drug laws being studied

Political Staff

THE Minister of Health and Welfare, Dr L A P A Munnik, said today South Africa's drug laws were being examined by an interdepartmental committee with a view to streamlining but not necessarily relaxing them.

A re-evaluation of the Abuse of Dependence-producing Substances and Rehabilitation Centres Act of 1971 would be done in the light of the increasing gravity of drug misuse and drug peddling, he said.

Dr Munnik said in an interview that this investigation, which began in January this year, was part of his department's rationalisation programme. All the laws administered by his department would be examined under the programme.

The Minister had been asked by The Argus whether any amendment or relaxation of the drug laws was being considered in the light of the outcome of recent court cases.

He was referred specifically to two Mandrax cases in Cape Town courts last week in which



Dr L A P A Munnik

five-year prison terms were imposed on women offenders, one of them the mother of eight.

In both cases the magistrates commented that the sentences could have been lighter had the courts been free to decide on the extent of the punishment.

Questioned about the possibility of amending the law to allow the courts more discretion, Dr Munnik said: "Recent court cases must be seen in perspective. One cannot only be sorry for the offender.

was spending millions of rands a year on rehabilitation centres for victims of drug abuse.

The interdepartmental committee's investigation was aimed at streamlining the law. The committee would also look at the sentences provided for.

This did not mean the law would necessarily be relaxed. The plan was to improve the law in the light of present-day circumstances and of the increasing gravity of the drug problem.

Dr Munnik said the committee's report, when completed, was likely to be handed to his successor, Dr C V (Nak) van der Merwe, who becomes Minister of Health and Welfare next month, following the recent Cabinet reshuffle.

"The problem is world-wide and must be seen against the background of hundreds of thousands of Mandrax tablets smuggled into South Africa and sold here to drug addicts, whose lives together with the lives of families are being ruined."

Not only individuals but big organisations were involved.

One of the reasons for the minimum sentences provided for in the existing law was that this could help to break the organisations involved in drug smuggling and peddling.

"One should not get over-emotional about one or two cases. People who misuse these drugs must realise they are liable to severe penalties."

Comments by magistrates about the law in Mandrax cases were likely to come to the attention of the interdepartmental committee now examining the law.

The committee included representatives of the departments of Health and Welfare, Internal Affairs, Justice, and Law and Order.

The problem of drug misuse was seen in a "very serious light" by his department. The State

THE scourge — glue sniffing — a dangerous past-time that has somewhat been restricted only to youths, is spreading, as women are beginning to be addicted.

The young women, aged between 16 and 19 years live in destitute conditions in White City Jabavu, Soweto. They have all lost touch with their feminine nature.

Their day begins with a walk to the nearby hardware shop where they buy their stuff. They have no problems as the glue is easily available across the counter.

"The shop assistants serve us before we can even make mention of what we want," exclaimed Nelly Zwane (19), as she slowly lifted her lean hand to have yet another sniff from a dirty cloth.

This gave her more guts to speak to **The SOWETAN**, and she cast off her suspicions that we would get her arrested. Nelly spoke about her life which only got her as far as Standard three. The fifth of nine children and mother of a four-year-old girl, she believes that she will be rehabilitated one day.

No feminine nature

Gruesome future for children of glue-sniffing teenage mums

(97) Sowetan
29/6/82



XOLIWE ZWANE (20):
A shot of glue.

SINNAH KUNENE reports on a slow death

"Please help me stop sniffing, it is not good. Look how thin I am, I want to be like you — ismatsatsa," she said leaning against the car, already out of balance.

Nelly's elder sister, Xoliwe (20) says the two of them started sniffing glue early last year, when a group of coalmen "invited us to a taste."

She claims the glue gives them peace of mind — just happiness, and peace. The after-effects are hunger, and a half loaf of bread is comparable to

a slice, she said.

She added that the glue deteriorated their health, but swore that she would never put her foot in the TB clinic.

"Never," she assured me.

A friend, Teresa Mqhakayi (18), also mother of a three-year-old girl, was embarrassed throughout the interview. She spoke softly about a boyfriend who deserted her during her early pregnancy.

Covered in a smeared dirty rug, she told **The SOWETAN** that the glue made her "feel dizzy, and hungry afterwards."

She eats "malebese"

(a ration from the African Children Feeding Scheme) and said that their children are well looked after.

A woman in their neighbourhood expressed concern about the young girl. She told **The SOWETAN** that they had no steady home, as even her toilet was sometimes used as a "bedroom."

Their parents had given up as they (glue sniffers) had even forgotten that they were mothers.

Irrespective of their horrible odour, they proudly cuddled their children as they posed for **The SOWETAN's** photographer. To them, 60 cents for a bottle of glue would make their day.



FAMILY: The glue-sniffers and their children.

Pics by **SOLLY MOLOTSI**

SOWETAN, Tuesday, June 29, 1982

Page 7



TERESA MQHAKAYI:
Getting some peace of mind.



NELLY ZWANE: Showing how it's done.

Nutmeg can be 'lethal'

CAPL TINTS 5/8/82

37

A YOUNG Cape Town woman who went on occasional "nutmeg trips" in the past, warned this week of its "highly dangerous and potentially lethal" effects.

The woman, who does not wish to be named, says that nutmeg has a cumulative effect and can be deadly poisonous over a certain period of ingestion.

"I took it only now and again over a few weeks. On one occasion, I noticed that five days later I was experiencing the same sensation without any further intake.

"While I was driving my car, I suddenly found myself tripping in traffic. I had to edge my way to the side of the road and stop."

She stopped taking nutmeg after concluding that its toxic substances remained in the body and built up, instead

of being metabolized and excreted.

A doctor at the Poisons Centre of Groote Schuur Hospital said a huge dose of nutmeg could prove lethal by itself or combined with other drugs, such as alcohol and anti-depressants.

"It can also cause convulsions if taken in big doses. Other unpleasant side effects are blurred vision, urinary retention, tremors, anxiety, transient loss of memory and fever."

He said when the spice was used in cooking, it had no noticeable effect as its aromatic composition was much stronger than the hallucinogenic components of the actual nutmeg.

Nutmeg seasoning in boerewors and beef sausages was made up largely of aromatic nutmeg oil, and not from the chemical component that produced the harmful side effects.



The Cape Times, Thursday, S

16/9/87 (87)

Draughtsman had cocaine, given 5 years

Staff Reporter

A DURBAN architectural draughtsman who possessed 424 grams of cocaine at a City hotel "with the intention of selling it" was yesterday sentenced to the minimum five years on the charge by a Cape Town magistrate.

In a statement handed to the court, William van der Westhuizen, 28, of Nelson Road, Berea, pleaded guilty to possessing the cocaine on June 2 at a City hotel.

"Cocaine is a dangerous dependence-producing drug," he said. "I had this cocaine in my possession with the intention of sell-

ing it. I admit that I acted wrongfully and unlawfully."

Mr A H Veldhuizen, for Van der Westhuizen, told the court his client's parents were pensioners. He had never been in trouble before, had co-operated fully with the police and had made a statement to a magistrate after his arrest.

"It was a fair quantity of cocaine and like an idiot he exchanged two diamonds for the cocaine while overseas. It is a once-in-a-life-time offence and the fact that the accused pleaded guilty is a clear indication of remorse. This traumatic experience will affect him for life and I ask that the court impose the minimum sentence."

In his verdict, Mr R A Duraan said: "It is tragic that a man of 28 stands before a court on this charge. However, society expects the courts to deal severely with people who deal in cocaine."

Before he was led to the cells, Van der Westhuizen shook hands with his attorney and his father and hugged and kissed his mother and other female relatives.

Mr T Lerm appeared for the State. Mr A H Veldhuizen was instructed by Sonnenberg, Hoffman and Galombik.

K

EVERY CANDIDATE MUST enter in column (1) the number of each question answered (in the order in which it has been answered); leave columns (2) and (3) blank.

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NOTE CAREFULLY

1. Enter at the top of each page an of the block on this cover the question you are answering.
2. Blue or black ink must be used for written answers. The use of a ball point pen is acceptable. Red or green ink may be used only for underlining, emphasis or for diagrams, for which pencil may also be used.
3. Names must be printed on each separate sheet (e.g. graph paper) where sheets additional to examination book(s) are used.
4. Do not write in the left hand margin.

ARNING

1. No books, notes, pieces of paper or other material may be brought into the examination room unless candidates are so instructed.
2. Candidates are not to communicate with other candidates or with any person except the invigilator.
3. No part of an answer book is to be torn out.
4. All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University

87

focus

A mother's nightmare of addicted son

FOR Mrs Jane Kerney, (a fictitious name) it's often been a living hell trying to cope with her son's drug addiction.

Just when she gets through one crisis and tensions slacken, she reels back into another when her son, Peter doesn't seem to be making any headway.

But Mrs Kerney has a tenacity that is part of her makeup and she isn't going to give in easily.

Today she can hardly believe that a once strapping young man, now a scrawny, listless and emaciated soul, is her son.

For four years she and her family have been supportive. But whenever there seems a faint glimmer of hope, when they just seem to be getting somewhere, Peter lapses and they're back to square one.

"Recently I found a psychologist that Peter seemed to relate to. He was opening up, really confiding in him." But the psychologist fell sick and went to hospi-

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BEING the mother of a drug addict is traumatic. It is a nightmare affecting mothers from all walks and income brackets, and sons of all ages.

Such a mother lives through the horror her son is experiencing; his struggle to kick the habit and fears of loneliness if he goes straight. She fights his problem for he often hasn't the insight to see what he's doing to himself, or the strength to pull himself out of his mad crazy, drug world. ANNE BARON reports.

tal. Now Mrs Kerney is searching for a replacement and is considering Phoenix House in Johannesburg, the best drug rehabilitation centre of its kind in South Africa.

Precious time

"We can't afford to waste precious time." Peter's behaviour follows a pattern. He manages to kick his drug habit for a while — perhaps three months — then meets old friends and is drawn back into a subculture that fascinates.

He brags that he's known by every drug merchant in town, loves the danger and excitement of fights, fast driving and that wonderfully fearless feeling when high on drugs.

Mrs Kerney admits to being at fault. Overprotective, she's covered up for her only son. "One of the hardest things is to let go. When you're a mother it's not easy to divorce yourself from the problem. I feel that I can't take my support away completely."

She's tried everything to get him straight.

She's offered to take dope with him in their Llandudno garden to avoid him smoking elsewhere and running the risk of being caught.

She's met drug dealers in Woodstock "with tatooes, three earrings in their ear and shaved heads" in the hope of finding her missing son.

She's scoured the streets of Athlone, Crawford and Lansdowne when he hasn't returned home after 10 days.

She knows all about "white pipes" and "bottle necks" and was horrified to discover that some days Peter was smoking as many as 10 white pipes — a mixture of mandrax and dagga — in a day.

Peter has brought turmoil into a happy household. Her marriage has nearly broken up. And the rest of the family are worried sick about him.

Once he had everything going for him. Bright "but lazy", looks and charm.

It wasn't till his matric year that he got caught up with drugs. That he didn't bother to get up for school and lounged about all

day. A spell of working made all the difference. But when he went to the army he took drugs again and over the years has deteriorated.

He's the world's biggest liar. "Drug addicts are all liars," said Mrs Kerney.

Sleeps a lot

"He sleeps a hell of a lot. He can sleep all day. Addicts self respect vanishes and they couldn't care about hygiene, whether their shirts are clean or their hair greasy. And they have a lack of faith."

Just when her husband decided they had to put their foot down, which has been his belief all along, the story of John Hinckley broke. His parents had decided it was time he looked after himself, and shortly afterwards he shot President Reagan.

"I was in a total state when the news broke. I know I've been too soft with Peter, but I couldn't hold back my support then."

It's been a four year nightmare. But her courage has carried her through and like only a mother can, she'll stand by her son.



Getting help from supportive groups

ALTHOUGH a business woman, Mrs Jane Kerney, has found time to do a NARCONON course on drug rehabilitation and feels that this course could be of help to other parents in a similar situation.

She learnt how to cope with a drug addict in the family and make positive steps towards rehabilitating him.

Parents of drug dependents in America have formed a supportive parents action group. "They're finding it easier to handle other drug addictive children rather than their own."

"You don't over react when you're not emotionally involved; and also have a closer understanding of these teenagers problems."

"It seems to be very successful and I feel it would be of enormous help if a similar organisation was started in Cape Town."

Mrs Kerney also feels, like many school counselors, that there is a need for schoolchildren to hold group discussions in the presence of a counsellor or social worker to talk and learn about the techniques of coping with stress levels, loneliness and anger.

Final plans ⁽⁸⁷⁾ approved for ^{S. Post} Sanca scheme ^{7/10/82}

Post Reporter

THE final plans for a multi-treatment service scheme for alcoholics and drug addicts in Schauderville have been approved.

This was announced last night by the chairman of the Port Elizabeth branch of the South African National Council on Alcoholism and Drug Dependence (Sanca), Mr G S Walton.

In his report, Mr Walton said the plans for the Thornton Road Recovery Centre in Schauderville had been approved by the Department of the Interior and the Department of Community Development.

The centre was expected to be of great benefit to people from the northern suburbs.

The capital and first-year running costs had been

assessed and an approach would be made to the Port Elizabeth City Council for financial assistance.

During the course of the year, a second information-prevention officer, Mr Louis Els, who had specialised knowledge of alcohol and drug abuse among young people, had been appointed.

He said from February, the society would have five extra offices and a lecture theatre which could seat 50 people.

The offices will be needed for the information-prevention officers which the society hoped to appoint in 1983.

Mr Walton was elected chairman last night, with Mr T Ferreira as vice-chairman and Mr F McKenzie as treasurer.

'Weird world' of Natal's drug addicts

mercury 13/11/82 Pietermaritzburg Bureau

A PICTURE of the 'weird and unrealistic' way of life of the drug sub-culture emerged in a Magistrate's Court here yesterday when a probation officer described how a 21-year-old man had been smoking dagga and 'popping' pills since he was 13.

By the age of 20, Michael Robert McDowell was taking two to three Wellconal tablets daily which cost him between R15 and R30 a day.

Appearing with McDowell before Mr L Vermaak were three other young men and an 18-year-old girl — Shane Allen Jones, 20, Ian Skinner, 21, his sister Elizabeth, 18, and Christo Paul Cotchobos, 20.

They were all convicted recently of breaking into a city pharmacy and stealing a quantity of dangerous drugs, including Wellconal, a depressant in the same class as morphine and alcohol, Obex, a central nervous system stimulant, and Ritadin.

Yesterday McDowell and Jones were both given suspended jail sentences — 12 months and nine months respectively — and are to be sent to the Magaliesberg Rehabilitation Centre for an unspecified period.

Ian Skinner was sentenced to 12 months suspended for five years on condition that he submits to the supervision of a probation officer and undergoes the treatment prescribed, and that he abstains from drugs.

Mainlining

His sister is to be sent to the Durbanville Institute for Girls, also for an unspecified term, while Cotchobos was sentenced to 12 months suspended for five years. He will also be sent to the Magaliesberg Centre.

A probation officer, Mrs S Miller, told the Court Jones had started smoking dagga at 15 and later went on to 'speed' and Obex and began 'mainlining' six months ago.

He was deeply involved in the drug sub-culture and had suffered severely from withdrawal symptoms.

McDowell, the Court heard, had been smoking dagga since 13, 'popped' pills such as Valium, and at 16 smoked 10 to 30 pipes of dagga a day until the



ELIZABETH and Ian Skinner, in the background, with members of their family, yesterday.

Greetings for Deepavali

THE Natal Mercury extends joyous greetings to its Hindu readers celebrating Deepavali tomorrow and Monday.

● Special feature, Pages 6 and 7.

Crime Reporter

MRS M H de Gouveia, a Pinetown mother of three children, was shot and wounded at her Glenugie Road home yesterday afternoon by a man who then grabbed her five-year-old son and drove off with him.

The man was later cornered in his car in Williams Road, Durban, and arrested by police who took possession of two firearms.

He will be held in custody until he appears in the Pinetown Magistrate's Court on Monday.

The child, who was not harmed, was rescued by the police who returned him to the care of relatives in Pinetown.

Col Dantjie van Wyk, Detective Officer for Durban-West, said Mrs de Gouveia, mother of two girls aged 11 and seven as well as the boy, had been involved in an argument with a man at her home.

Search

The man is alleged to have shot her three times in the stomach before fleeing with the boy in a green Mercedes.

Mrs de Gouveia was able to telephone the police before collapsing and within minutes a call went out to all police cars to be on the look-out for the car and its two occupants.

Police got a lead which narrowed the search for the wanted man after a shopkeeper telephoned to report that a man had come to his shop and had threatened to shoot him.

His car was then seen in Williams Road and a squad car forced him to a stop.

Mrs de Gouveia was admitted to Addington Hospital where she underwent emergency surgery.

A hospital spokesman last night described her condition as 'fair'.

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McDowell, the Court heard, had been smoking dagga since 13, 'popped' pills such as Valium, and at 16 smoked 10 to 30 pipes of dagga a day until the end of 1979.

He too was said to have been deeply involved in the drug sub-culture and its 'weird and unrealistic way of life'.

Elizabeth Skinner started smoking dagga at 17, tried morphine twice, and was interested in taking Wellconal to test the effect, while her brother had taken Wellconal and had 'mainlined'.



ELIZABETH and Ian Skinner, in the background, with members of their family, yesterday.

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ANGEL TWIN SET DIAMOND RING

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Drug swoops

R200-m during

YEAR.

(87) Star 27/12/82

By Mike Cohen, Crime Reporter

The Narcotics Bureau has seized dagga and other habit-forming drugs worth about R200 million in the past 12 months in a nationwide crackdown.

Some of the major successes have been scored in cocaine, LSD and opium. All three are comparative newcomers in South Africa and are regarded as "rich man's" drugs.

Lieutenant - Colonel Basie Smit, head of the Narcotics Bureau (SA-NAB), said that in many cases police had achieved a 100 percent success rate in swoops on drug rings.

He said the average rate of success is believed to be about 50 percent in South Africa.

Dr Sylvain de Miranda, head of the South African National Council for Alcoholism and Drug Abuse (Sanca) said police throughout the world achieve only a 20 percent success rate in drug cases.

Based on figures provided by the SAP during the year, a 70 percent success rate means that about R200 million worth of dangerous drugs are entering the country every year and remain undetected.

Roadblocks play an important role in the fight against dagga. In a three-month period from August to October, police seized dagga valued at almost R50-million and 106 vehicles.

Colonel Smith said this period was the off-season for dagga with the main growing period from December to March when the hauls are expected to be much higher.

Dagga is sold on the black market in the urban areas at R1 000 a kilogram. Hauls worth up to R2,6-million have been made this year in a single swoop.

Some of the largest and most successful hauls this year were against Mandrax smug-

Swaziland major smuggling route

By Mike Cohen, Crime Reporter

Swaziland's lax drug laws have allowed the country to become a major import route to South Africa, especially for the habit-forming drug, Mandrax, which has been banned in South Africa.

Recently an unemployed American in Swaziland, posing as a tourist, was fined R100 after being found in possession of 16 000 Mandrax tablets, which could fetch as much as R300 000 in the streets of South African cities.

The tablets were confiscated by the police and the man was deported — but the problem remains. It has become profitable for drug smugglers to use Swaziland as a transit country for drugs destined for South Africa.

In another case, two South Africans, found in possession of 50 000 Mandrax tablets — possibly worth almost R1 million in South Africa — were arrested. They were convicted and also fined R100.

Botswana and Lesotho have tightened up their drug laws considerably and South African Narcotics detectives receive great support from those countries.

It is understood that Swaziland is reviewing the drug problem, which has not affected the country until recently, and is considering tightening up its laws.

In South Africa drug dealers face imprisonment of up to 10 years if convicted of dealing in dangerous drugs.

gling rackets with amounts valued at up to R1,7 million being seized.

Cocaine has become South Africa's "rich man's" drug. Recently police and customs officials seized 2 kg of cocaine with a street value of R600 000. This is the largest cocaine haul yet.

Opium and other drugs available only on prescription have also found their way on to the market. Several deaths were

reported during the year after youths injected themselves with a Wellconal drug solution.

More than 70 chemists were robbed around the country this year and large quantities of drugs taken.

Lieutenant - Colonel Smit said one of the reasons for the SAP success rate is that this country is one of the few in the world that still prosecutes drug users.

Other countries concentrate on the dealers.

It's as easy as buying candy!

South Africa's prescription addicts hit the twilight world with a chemical onslaught

IT IS no longer necessary for the sinister drug pusher to lurk on street corners to sell his 'score'. The addicts no longer need them.

Today it is easier than ever to obtain scheduled drugs — legally and illegally — by simply exploiting the medicine-supply system.

And that's precisely what drug addicts are doing. Following last week's spectacular raid by the Narcotics Bureau, which smashed a massive racket involving R500 000 of stolen drugs and medicines, medical experts are again expressing concern at the rising demand for scheduled drugs.

Like Valium, appetite suppressants and painkillers. And the time has arrived, they say, to take a stand to stop the 'chemical onslaught', which is escalating to incalculable costs in terms of ill health and health-related costs.

Tiny pills that ruined tubby Amanda

BEING overweight made it a chink for Amanda to obtain Obex on prescription. Doctors she consulted never questioned her dosage or how long she had been taking the appetite suppressant.

Dr Sylvain de Miranda, director of the SA National Council on Alcohol and Drug Dependence in Johannesburg. He noted that patients have repeatedly questioned legislation which controls the supply of medicines.

Thousands of South African teenagers today have easy access to habit-forming drugs — obtained either through doctors prescribing them, or paying for them on the streets and at school. Prices range from R5 to R10 a pill.

And although the South African Narcotics Bureau is trying to keep the 'hard stuff' like LSD, heroine, cocaine, and dagga off the streets, they are having an on-going battle with the legal scheduled drugs being sold like expensive candy.

BY LIZ VAN DEN NIEUWENHOF

Most of the pills are household names, and if medically prescribed are considered legal.

Drug addicts openly admit they have "constant supplies", if not from "helpful" doctors, then from friends willing to sell.

The lucrative circle of pill-selling is vast, involving many deviant activities. These include 'sellers' who

send young girls to doctors to "vangle scripts".

And large quantities of drugs such as Wellconal, Vesparax and Obex have been stolen from pharmacies.

Pharmacy Management reported in December that 139 burglaries took place at pharmacies in South Africa

from November 1981 to April last year.

The theft of large quantities of drugs from chemists prompted the Pharmaceutical Society of South Africa to ask its members to lock up potentially dangerous drugs.

Some pharmacists have gone so far as putting up notices "no narcotic drugs stocked here".

CASE 1

Just turned 20, Amanda is well-acquainted with the Johannesburg drug scene.

Her bag and bedroom used to be cluttered with Obex, Mandrax (a scheduled drug now banned in South Africa) and Vesparax and it was a habit dating back four years.

pharmacy and then tried to escape from the police.

The police found packets of Obex and Wellconal on their bodies and linked them to a gang burglary pharmacies in the area.

Brigadier J F Erasmus, head of the South African Narcotics Bureau, said

scheduled drugs obtained illegally through doctors and then abused or obtained by people breaking into pharmacies was creating a problem.

"But all we can do is request doctors to be more careful. We are not in a position to warn them. We cannot prescribe to a doctor."

A spokesman for the Pharmaceutical and Dental Council said it had made it an "ethical rule" for doctors to prescribe drugs to their patients only after clinical examinations had been done.

effort to stay off pills." Visibly edgy and constantly rubbing her clammy hands on her jeans, Amanda was trying to conquer her withdrawal symptoms.

"They are lousy and the feelings of utter frustration are the worst." But Amanda is not angry at the Dr Feilgonds who make the drugs so easily accessible.

"Kids will always go to great lengths to try something out. You can't stop them. You pinpoint a doctor and they'll soon find another. I would rather have them go to the notorious doctors than see them break into chemists, steal and get Amanda was introduced to pills and the syringe through friends.

peatable) prescription for drugs such as in Anna's case was highly illegal.

"The drugs that she was prescribed were over schedule five drugs and for those six-months is the maximum time for a repeatable prescription."

The spokesman said that South Africa's medicine-supply system had adequate control legislations.

"What is needed is public awareness. We can no longer carry on introducing legislations to penalise the majority of people because a minority are abusing the system," he added.

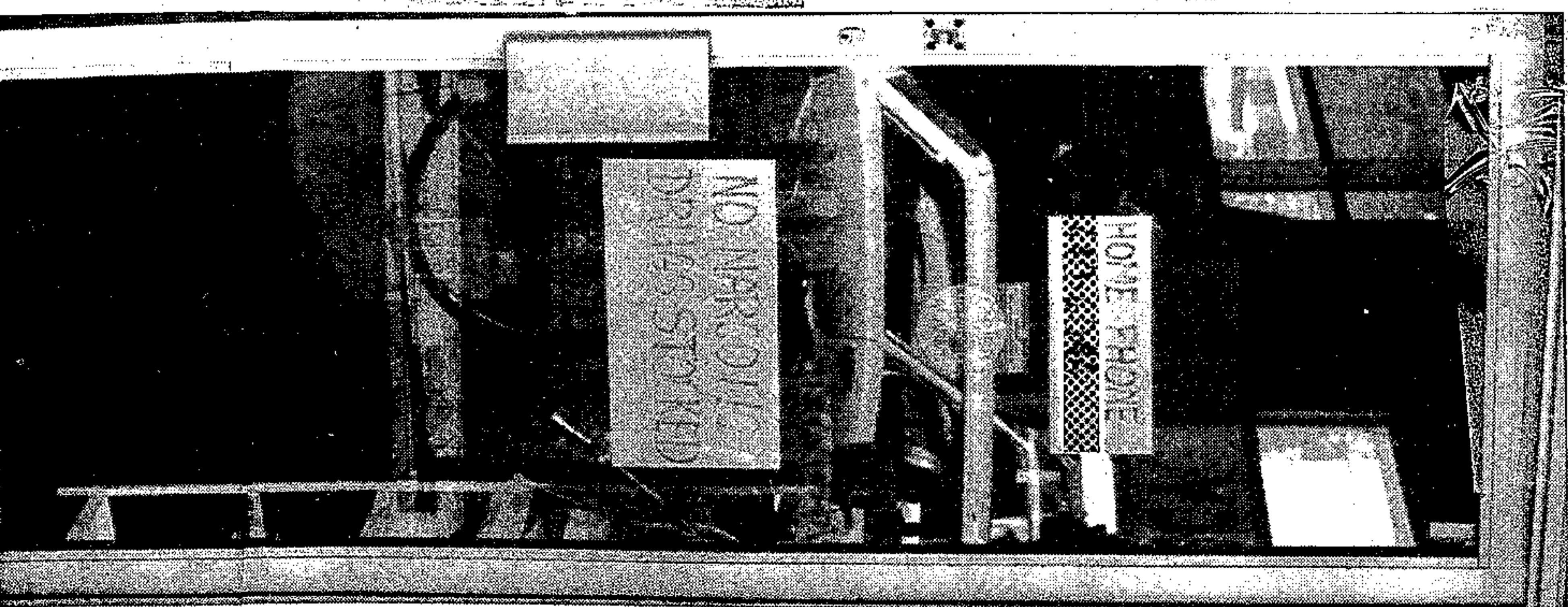
Dr Sylvain de Miranda, a leading drug abuse expert and director of the South African National Council on Alcoholism and Drug Dependence in Johannesburg, said that "prescription addiction" had reached alarming dimensions.

"Major offenders are the analgesics, the cough preparations and the appetite suppressants, whilst the continued consumption of tranquilisers is reaching astronomical proportions."

Dr de Miranda said that repeatedly parents had questioned the medicine control legislation which enabled patients to obtain 'harmful' substances almost freely.

"What is needed is thorough awareness of the dynamics involved, continued objective scientific studies and surveys coupled with massive public education directed at the lay public, the school-going population, the various professions involved with the problem and finally the legislators."

Dr de Miranda said that medical practitioners must be prepared to refuse patients' demands for prescriptions and use their authority to severely limit repeat prescriptions on the grounds of potential health damage.



Sign of the times — a Yeoville pharmacist has put up this notice in an attempt to deter burglars.

DURING her schoolbreaks 16-year-old Monica rarely romped on the playgrounds or gossiped with her classmates.

Instead they passed Obex and Vesparax pills — by the handful — to each other. Pretty, smiling and with a wisdom few healthy teenagers possess, Monica described the trap she had stepped into because of peer group pressure.

"When I was 13 they all were smoking grass (dagga) and I started to smoke it too ... I needed to share their experiences and be accepted by them."

"Then came the endless supply of pills. Pills with names I had often heard of and thought were harmless enough."

Monica, the baby in her group of friends, was never asked to pay for her pills.

"But I knew their supplies came from doctors under the pretext that they were for medical reasons."

"There was no problem about availability. The script drugs are always around and all those taking the pills know who to approach for a buy."

Monica started taking Obex and Vesparax regularly about five months ago. "I thought that it would be like smoking... stopping and starting when I pleased."

Her suppliers were always around except for the New Year holiday when disaster struck. "Suddenly I was without anyone I could rely on."

Monica, the girl who swapped 'grass' pills for

CASE 2

"Passing my last exam was a miracle. I was in such a bad state — I couldn't concentrate on what was happening around me."

"But even though I am determined to keep away from pills and other drugs I know I am going to have to fight the temptation to take. My friends keep offering me

"I can vaguely remember feeling as if I was having a fit. My sister found me writhing around and rushed me to hospital."

"Since then I promised myself I would never allow myself to go through that horrid experience again. Monica is finishing school this year and hopes to study

10 junkie years, by the 'horizontal champion'

ANNA is 60 years old, elegant and affable. Not even her friends guessed she had been a junkie for 10 years.

She did not trip on 'acid', 'horse', 'pinks' or 'white pipes' — colloquial names for LSD, heroine, Wellconal and Mandrax pills crushed and smoked with dagga.

Instead she spent most days reaching for innocuous-looking phials of tranquillisers and headache pills.

Now looking back on all those years there is little she remembers.

All that registered were her countless trips to the pharmacist with a repeatable prescription clutched in one hand.

On the prescription, in her doctor's handwriting were scrawled the words "open prescription on request".

She hates the memory of those words because they came close to destroying her.

Anna started taking Ativan, Stopayne, Notense and Prothiadin tablets for

● CASE 3

tension headaches and depression 10 years ago.

She had monthly consultations with a general practitioner to get more pills... until he got tired of writing out her prescriptions.

"He then wrote a prescription which left the road wide open for me to take as much as I wanted to.

"At the time he vaguely said that if I continued popping pills by the handful my kidneys would collapse. It was the only warning I got."

Her trips to the same pharmacy increased and no-one once queried her prescription.

And her mind and feelings become so clouded by her 10-year-long drug habit that she failed to recognise obvious warnings that she was heading for disaster.

First her employer fired her because he thought

Anna was becoming too slow.

Then her husband started "leading his own life".

"You know, thinking back I could never remember what I did during weekends. It was only recently that I found out I slept right through them and that my family jokingly referred to me as the 'horizontal champion'."

Her trance-like life was suddenly disrupted by an attack of hepatitis and pneumonia.

"Lying in hospital I had moments of clear thought for the first time in years and it suddenly hit me what I had done to myself."

Anna is now on supervised medication with doctors treating her drug abuse.

She is trying to adjust to a drug-free life, to living the way she used to.

"It's been painful. I now have to learn to ignore all those little demons in my body asking for the junk I had been feeding them all these years.

"But I'll make it."

The Star's Africa
News Service

MBABANE — Obsolete Swazi drug legislation, which has made Swaziland the centre of narcotics smuggling rings aimed at South Africa, is to be made 1 000 times more strict.

Under 1929 legislation, smugglers with about R1 million worth of Mandrax were fined T170

Under new legislation, however, first offenders can be fined a maximum of R10 000 or 10 years in prison

87

Swaziland crackdown on drugs

Star

26/2/83

The change, which will almost certainly be approved by a parliamentary majority next week, comes as a major boon to South African narcotics squad detectives.

Previously their efforts to catch drug smugglers, who

deal from India, France and Southern African states, have been frustrated by the lenient sentences handed down by Swazi courts when the smugglers are caught there.

Last year, for example, an American caught in Swaziland with 16 000 Mandrax tablets — one tablet sells for R10 in Johannesburg — was fined R170

Under the new laws, however second offenders face a R15 000 fine or 15 years in jail.

Infighting threat to national drug prevention plan

87 star 3/3/83

By J Manuel Correia

A countrywide drug and alcohol preventive educational and research programme to which the private sector has committed millions of rands, is in jeopardy because of petty jealousies and infighting, welfare sources say.

At the Alcohol in Perspective congress in Johannesburg in 1981, the then Minister of Health and Welfare, Dr Lapa Munnik, announced the formation of the South African Foundation for Addiction Research and Education.

Private enterprise greeted the announcement with enthusiasm and South African Breweries alone announced that over and above the money it had already committed to research fields, it would set aside R200 000 a year for three years for the foundation.

"But due to all sorts of jealousies and welfare infighting the programme is now in danger," a welfare source said.

It is understood the trustees of the foundation, which include Anglo American, Nedbank, the United Building Society and the Premier Group, have insisted that they are not simply going to hand out blank cheques to organisations which will subsequently find themselves in the red.

They want firm financial control of the project, which is aimed at benefiting the whole spectrum of society.

The director and head of clinical services of the SA National Council on Alcoholism and Drug Dependence's Johannesburg branch, Dr Sylvain de Miranda, said:

"In countries like South Africa where medico-social problems are a major threat to development we need the finance and expertise of the private sector."

Impasse

Should the foundation impasse not be broken there are contingency plans to establish a centre for preventive education in Johannesburg, which would liaise with all interested organisations.

The concept arose after pilot programmes conducted by Sanca Johannesburg at several private high schools in the Transvaal.

The need is particularly keen in the black sector where virtually nothing has been done in the last two decades to research and combat drug and alcohol abuse.

Drugs available in prison, says addict

Staff Reporter

A SELF-CONFESSED drug addict told a regional magistrate yesterday that he would not be able to rehabilitate himself in prison as drugs and dagga were readily available and could be bought in exchange for cigarettes and money.

Michael Joseph Kourie, 26, of Johannesburg, previously convicted of forging and uttering prescriptions to obtain Wellconal tablets, said this in mitigation of sentence after a probation officer had recommended that he be sent to jail.

Kourie appeared with four other men — Keith Hön, 22, of Queen Street, Tamboerskloof; Paul Wayne, 27, of Hope Street, Cape Town; Ernest De Lange, 23, of Maynard Street, Cape Town, and Donald Gillespie, 53, of Ruston Park, Rondebosh — who have also been convicted of forging and uttering prescriptions. They all pleaded guilty to 54 counts of forgery and uttering.

The men stole the prescriptions from Grootte Schuur Hospital and forged and uttered them at several chemists to obtain Wellconal tablets between August 24 and September 17 last year.

The magistrate, Mr J Vermeulen, previously ordered that a probation officer's report be obtained before he passed sentence.

The probation officer, Mrs S Geldenhuis, recommended that Kourie and Wayne be jailed where they would benefit from the disciplined and structured environment.

She recommended that Hön and De Lange be given suspended sentences as they were still capable of being rehabilitated.

Kourie told the court that he had been in prison for drug offences and had not benefited.

"You have to be a criminal to survive in a place like that. You can also buy dagga and other drugs in prison in exchange for cigarettes and money," he said.

Wayne asked the court to give him "a chance" to rehabilitate himself as he had since learnt to be responsible. His girlfriend was expecting his child

and he wanted to become a "law-abiding citizen".

"If it was easy to quit drugs I would have done it a long time ago. I didn't know that smoking dagga would lead to mainlining," he said.

Gillespie told the court the four other men had told him they needed the prescriptions for Wellconal for an old lady with cancer.

The officer recommended that Gillespie be deported to England.

The hearing was adjourned to Monday for sentence. Hön's bail of R100 was extended and the other accused were remanded.

Mr J Vermaak appeared for the State. Mr J Kudo appeared for Hön. Wayne and De Lange. Mr C E Lindenberg appeared for Gillespie. Kourie was not represented.

City teenagers join fight against school drug menace

n/s/k Argus

9/4/83

55

872

By SYLVIA VOLLENHOVEN
Weekend Argus Reporter

DRUG abuse in Cape Town schools has become a major problem, and according to one youth worker, even primary school children are buying "vast amounts" of dagga on the black market.

In an effort to combat this growing headache, the Red Cross Society has launched a widespread drug awareness campaign, and the South African National Council on Alcoholism (Sanca) is researching the problem in Peninsula high schools.

Red Cross youth worker Antoinette Padua says the campaign was initiated at a meeting of 79 student representatives last year.

"We discovered all the students were concerned about the problem of drug abuse and wanted us to do something about it," she says.

In interviews this week, a group of teenagers taking part in the Red Cross campaign — called "Let's Bug The Drug" — were seriously concerned

about friends or schoolmates who smoked dagga, popped pills or sniffed thinners.

Alan Pritchard, 16, a Standard 9 pupil at Cape Town High School, said he had been deeply upset when a school-friend became a "mainliner" and was eventually committed to a mental institution.

"She used to be a jovial, happy person and we did schoolwork together often. She was someone you could talk to," said Alan.

"Then she and her boyfriend started taking that cough mixture stuff for kicks. He had this big book that listed all the drugs. He used to read all the labels on the medicine bottles to see what kind of high they could get.

"Eventually they were mainliners and she was like a vegetable. I realised that I didn't want to get involved. Most teenagers are faced with the temptation to try drugs. The world is so plastic that you want something to get away from it all.

"You think there must be something more," Alan said.

He said schoolmates who experimented with drugs at his school used to be content to smoke dagga. This had changed.

The more bizarre "fashions" now included sniffing type correction fluid, thinners and swallowing "handfuls of asthma pills".

John Meiring, a UCT clinical psychology student who is working on the Red Cross campaign, said dagga was becoming even more freely available to young people.

"I've done a lot of work on the Cape Flats and you find even primary school children are buying dagga at about R1 for a cigarette. The whites (mandrax) are also plentiful, but more expensive — about R7 each," he said.

Another student taking part in the Red Cross campaign, Gareth Julius, 17, in Standard 7 at Parkwood High School, says young people are not aware of the dangers of drug abuse.

"Some of the children use dagga and that I don't know if they've got problems. Some try it out because they think their friends will accept them," says Gareth.

Andreas Erdman, 16, of Rondebosch Boys' High School, said about 10 per cent of his fellow Standard 9 classmates were keenly interested when they heard about the Red Cross campaign.

"I don't think it's a problem at our school, though. But I know a few students try out dagga, mainly over weekends and when they go to discos," he said.

Andreas said his father, a doctor, had warned him about the dangers of drug abuse from an early age.

All the students interviewed said they were not given enough information at school about the dangers of drugs.

The "Let's Bug The Drug" campaign will include a poster design competition with a total of R600 in prizes.

The campaign is being sponsored by Lions International and the proceeds of the Mayor's Festival Ball held this week will go towards it.

In the Sanca research project — the first of its kind — questionnaires will be sent out to schools later this month.

(87) *Hansard* 14/4/83
Drugs
Q. 601. 972-975

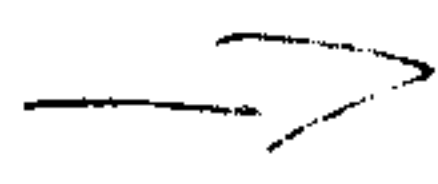
637. Mr. P. R. C. ROGERS asked the Minister of Law and Order:

- (1) What was the (a) mass and (b) value of the (i) dagga, (ii) LSD, (iii) heroin, (iv) cocaine and (v) other drugs confiscated by the South-African Police in 1982:
- (2) whether the (a) mass and (b) value of the (i) dagga, (ii) LSD, (iii) heroin, (iv) cocaine and (v) other drugs so confiscated represent an increase or decrease in comparison with the relevant figures for 1981?

Die MINISTER OF LAW AND ORDER:

(1)

	(a)	(b)
(i) Dagga	589 183 kg	±R300 000 000
(ii) LSD	393 units	5 895
(iii) Heroin	16 gram	4 000
(iv) Cocaine	3 kg 702 gram	740 400
(v) Other:		
Opium	11 kg 556 gram	11 566
Tablets	1 063 857	10 270 176



Note: The value of the dagga is based on the smuggling price which varies between R500 and R1 000 per kilogram. It is not the practice to determine the mass of LSD or other tablets on seizure. Only record of the number of units or tablets is kept.

(2)(a) en (b) Except in the case of LSD which represents a decrease, the mass and value of dagga, heroin and other drugs confiscated, in general represent an increase.

The MINISTER OF JUSTICE:

(a)(i), (ii) and (iii)(aa) No, because the section does not create an offence. It deals with the detention of certain persons in a prison in order to prevent the commission of certain offences or the endangering of the security of the State or of the maintenance of law and order.

(bb) No, not as far as is known. The reference in this part of the question to "any other statutory provisions" may even include traffic offences. In order to obtain the required information all case records of the courts in the Republic will have to be checked and compared with the names of all persons detained in terms of the provisions concerned. This is a task which can not be undertaken.

(b)(i), (ii) and (iii)(aa) No, because the section does not create an offence. It deals with the detention of witnesses under a warrant issued by an attorney-general.

(bb) See my reply to part (a)(i), (ii) and (iii)(bb) above. It is, however, known that two persons have been charged with perjury (the case concerned is still pending); and two persons were sentenced in terms of section 189 of the Criminal Procedure Act, 1977 because they refused to give evidence.

Detainees: visitors

621. Mrs. H. SUZMAN asked the Minister of Justice:

(1) Whether the persons appointed to visit persons detained in terms of section 6 of the Terrorism Act, No. 83 of 1967, paid visits to detainees during the period 1 January to 1 July 1982; if so, how many visits were paid;

(2) whether any complaints of ill-treatment were reported to him as a result of such visits; if so, (a) how many and (b) what steps have been taken as a result of the reports?

The MINISTER OF JUSTICE:

(1) Yes, 659.

(2) Yes.

(a) 14 complaints of alleged assault.

(b) All the cases have been referred to the Commissioner of the South African Police for investigation. Twelve cases were also referred to the Attorney-general concerned for his further attention and decision.

Trespass

669. Mrs. H. SUZMAN asked the Minister of Justice:

How many Black persons were convicted of trespass in 1982 in (a) each of the main urban centres and (b) the Republic?

The MINISTER OF JUSTICE:

The required information is unfortunately not readily available.

Censure

727. Mr. D. J. DALLING asked the Minister of Internal Affairs:

(1) How many (a) publications, (b) films, (c) objects and (d) plays or theatrical productions were prohibited as being undesirable in 1982;

(2) how many (a) films and (b) plays or theatrical productions were censored in that year?

The MINISTER OF INTERNAL AFFAIRS:

(1) and (2) The question of the hon. member is not clear, because terminology such as "prohibited as being undesirable" and "censored" is foreign to the wording and not in accordance with the functioning of the Publications Act, 1974 (No. 42 of 1974) which he probably had in mind when he formulated the question. The hon. member is referred to Chapter 7 of the Annual Report of the Department of Internal Affairs for the period 1 July 1981 to 30 June 1982 which was laid upon the Table on 29 March 1983, and in which he will find statistics and particulars in regard to the application of the said Act, that might be of value to him. I will gladly furnish any further information the hon. member might require in this regard.

Geologists

733. Mr. D. J. N. MALCOMESS asked the Minister of Mineral and Energy Affairs:

How many geologists were employed by his Department in 1980, 1981 and 1982, respectively?

The MINISTER OF MINERAL AND ENERGY AFFAIRS:

Geologists	1980	1981	1982
	82	73	79

Since 1 April 1981 the rank of geologist

includes the former rank of Senior Geologist as well as a number of posts in the revised rank of chief geologist. In order to furnish comparable figures, the above-mentioned numbers include all these ranks.

Uranium enrichment plant

735. Mr. D. J. N. MALCOMESS asked the Minister of Mineral and Energy Affairs:

What will be the estimated consumption of electricity by the uranium enrichment plant once it is fully operational?

The MINISTER OF MINERAL AND ENERGY AFFAIRS:

The energy consumption of the enrichment plant is classified information. It can, however, be stated that the energy consumption compares favourably, with that of other enrichment plants in the world and the energy consumed is less than one-tenth of the energy that can be produced from the enriched uranium product in a nuclear power station.

Abuse of Dependence-producing Substances and Rehabilitation Centres Act

740. Mrs. H. SUZMAN asked the Minister of Law and Order:

(1) Whether any persons were detained in 1982 for interrogation in terms of section 13 of the Abuse of Dependence-producing Substances and Rehabilitation Centres Act; if so, (a) how many and (b) for what period was each detained;

(2) whether any of these persons were

87 Howard 22/4/83 1082 - 1083

R50 000 to fight addiction

By J Manuel Correia

87

5/7/83

South African Breweries has made an initial grant of R50 000 to enable Sanca — Johannesburg's centre for alcohol and drug studies — to launch immediately a pilot preventive education programme at six private schools in Johannesburg and six in Soweto.

The grant will enable Sanca Johannesburg to launch the project and to start training teachers and volunteer educationists this week.

Other major companies have been invited to contribute to the centre's projects.

The cost at the 12 schools will be about R220 000.

The pilot programmes will be introduced next January.

They will run for three years and will be scientifically developed, implemented, monitored and evaluated.

The object of the pilot scheme will be to develop a lifestyle preventive education programme acceptable to the education authorities for eventual use in the normal school curriculum for children in all classes.

The director of Sanca Johannesburg, Dr Sylvain de Miranda, said alcohol and drug abuse was a risk among today's youth mainly because youngsters were ill-equipped to cope with the pressures of today's lifestyle.

"They need guidance that will help them see the risks in the right context and enable them to make reasoned decisions to cope with pressures from their peer groups.

"Educational methods must recognise the youngsters' physical and emotional development, and temper education to make it appropriate to their lifestyles.

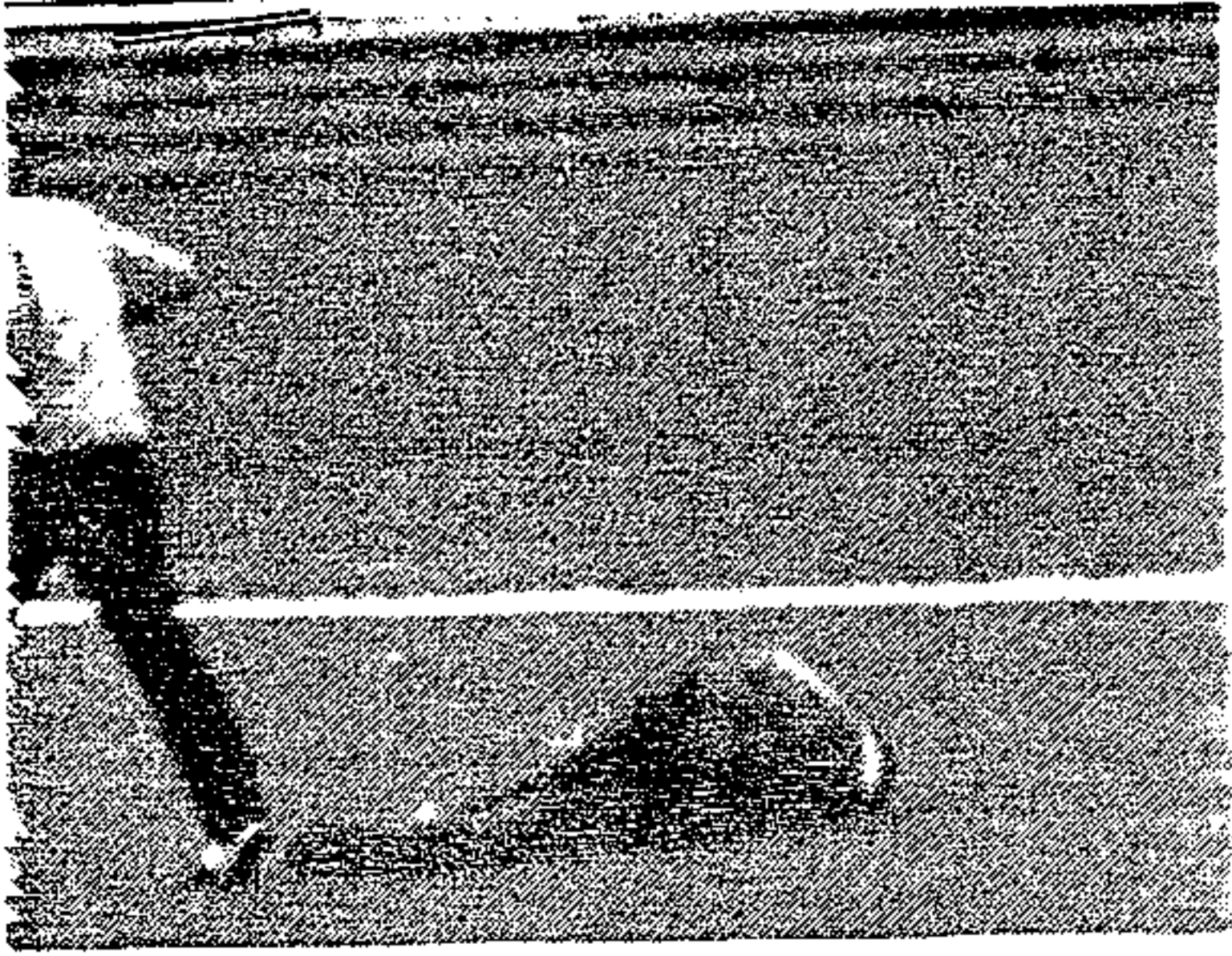
"Education which amounts simply to giving them information alone will never be effective," Dr de Miranda said.

Because South African children came from different backgrounds and held different values the lifestyle education plan would be adapted accordingly, he said.

A steering committee of teachers, guidance officers, sociologists and other specialists who understood the different lifestyles among children had been formed to formulate and monitor the lifestyle education programmes.

SAB's public affairs manager, Mr Gary May, said Breweries had put up the finance because it saw long-term education as the best way to beat the problem of alcohol abuse.

"As an alcohol beverage producer we are particularly sensitive to the dangers inherent in abusing alcohol.



...k as Swiss rider Peter Huber lies on the
...land's Norman Brown (part of Brown's
...nd) during the 500cc British Grand Prix
... were killed in the crash.

die in Grand Prix

"It was bad. The doctor was trying to get on the circuit, yet they just let us keep going round.

"I was so mad and upset about it that I was thumping my gas tank with my fist."

Crossed flags were put up at points around the circuit, but most riders did not understand what they meant.

They eventually slowed of their own accord and came off the track.

The official red flag to

stop the event did not go up until the seventh lap, after most riders had decided to abandon the race.

A protest against the delay in putting out the red flag was made by Mamola's manager, Mr Jim Doyle.

But Mr Vernon Cooper, the Autocycle Union spokesman, said the race was stopped as soon as possible.

Millions were watching on television when the crash happened.

Concern over city drug abuse

ARGUS
1/8/83
87

By SYBRAND MOSTERT, Crime Reporter

DRUG abuse in Cape Town is reaching epidemic proportions among youths and young adults, doctors say.

They say the problem is greatest in the Green and Sea Point areas.

More people are convicted of drug offences in the Peninsula than in any other part of the country except the Free State. There, the exceptionally high incidence is presumably caused by smuggling from neighbouring states.

Detailed facts and figures on the increase in drug-taking are hard to come by, but the number of convictions for possession and use of drugs in South Africa has risen by 78 percent in five years.

"Overdoses"

A spokesman at Groote Schuur Hospital said: "Youths and young adults suffering from drug overdoses are being brought into our casualty wards in increasing numbers.

"But this is only an indication of the real rate of abuse, as overdoses are relatively isolated."

Most of those brought in are women between 18 and 25 who live in Sea Point and Green Point.

Dagga

The most common overdose is of opiates, sleeping tablets and dagga — the latter often smoked with crushed Mandrax tablets to enhance the effect.

Mr Chris Joubert, a member of an executive committee formed by the Green and Sea Point Raters' Association to combat the problem, said an awareness of increasing drug abuse had come about through liaison with police, doctors and police reservists.

Facts which came to light included:

Needle marks

• A 17-year-old girl

Massey, Fontanne die

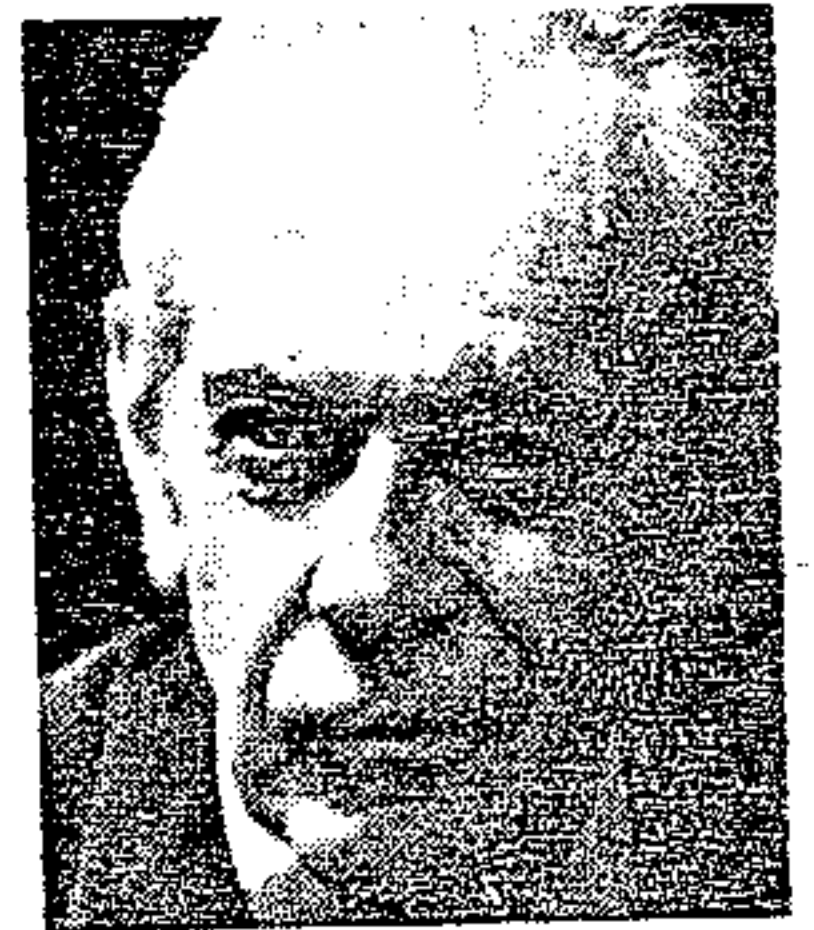
LOS ANGELES — Two famous names in the theatre have died — actor Raymond Massey and actress Lynn Fontanne.

Massey, 86, died in Los Angeles of complications from pneumonia. He was best known for his portrayals of Abraham Lincoln and his role as the crusty Dr Gillespie in the television series Dr Kildare.

British-born Fontanne, one of the American theatre's best-known leading ladies, was 90.

She began her career as a child in 1905 in the pantomime Cinderella and appeared in more than 60 plays and films.

She is best remembered for her many Broadway hits, in which she frequently played opposite her late husband, Alfred Lunt.



Raymond Massey

Fontanne was honoured with many degrees and awards and she and her husband are believed to have been the only couple to have a theatre named after them — the Lunt-Fontanne on Broadway.

She died in Genesee Depot, Wisconsin. — Sapa-Reuter.

Frontline states move to cut SA media links

Argus Africa News Service

HARARE. — Frontline states have agreed "in principle" to ban foreign correspondents who are based in South Africa from operating in their territories.

Information ministers who met in Zimbabwe at the weekend agreed it would be a good idea to ban South African-based correspondents and those reporting to regional bureaus in South Africa. This would help correct the "distorted view" of the region in the foreign media.

A communique issued after the meeting said it had also been decided that correspondents banned in one Frontline state would be banned in all of them.

There was to be a follow-up conference in Maputo in September at which methods of implementing the decision would be worked out.

Foreign correspondents based in South Africa and reporting on events here have often been blamed by Zimbabwe's Information Minister, Dr Nathan Shamuyarira, for misrepresenting the situation.

Club shooting: Man held

Crime Reporter

A MAN, 27, has been arrested following the shooting last week outside a Waterkant Street

lapsing on the pavement. His condition improved later.

He was shot in the neck and stomach about

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"I was so mad and upset about it that I was thumping my gas tank with my fist."

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Mr Chris Joubert, a member of an executive committee formed by the Green and Sea Point Raters' Association to combat the problem, said an awareness of increasing drug abuse had come about through liaison with police, doctors and police reservists.

Facts which came to light included:

Needle marks

● A 17-year-old girl was found lying on the pavement in Glengariff Road suffering from a mild overdose. Her arms were punctured with numerous needle marks, indicating she had been "mainlining" — injecting a drug directly into her veins — for some time.

● Drugs are readily available in the area. Dagga is often sold on street corners. The buyers — usually youths — collect it from a street drain or other hiding place, which makes it difficult for police to arrest the "pusher".

● A suitcase was found recently at Saunders Rocks which contained virtually all drugs available on the market, as well as the apparatus for their use.

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Club shooting: Man held

Crime Reporter

A MAN, 27, has been arrested following the shooting last week outside a Waterkant Street night club of Mr Joao Jose Simoa.

Mr Simoa, 26, was taken to hospital in a critical condition after col-

lapsing on the pavement. His condition improved later.

He was shot in the neck and stomach about 12.30 am on Thursday. The gunman fled by car.

A man will appear in the Cape Town Magistrate's Court tomorrow.

Union pulls out as school has whites-only project

JOHANNESBURG. — The South African Amateur Athletics Union has dissociated itself from a primary school sporting project sponsored by Vleissentraal because it involves only whites.

A management committee meeting of the SAAAU decided that the union could not identify itself with a project providing money along racial lines.

Mr Gert le Roux, SAAAU secretary, said the project organisers told him on two occasions that the scheme would involve children from white schools only.

Professor Charles Niewoudt, president of the Union, said: "It is up to us as administrators to ensure that everybody is given the opportunity to develop their abilities." — Sapa



87

C. Times 9/9/83

New study: Dagga dangerous

By EVELYN VOSLOO
RESEARCH opinion is beginning to turn against dagga, according to a report by the Institute for Social Development at the University of the Western Cape.

The report, on a study by social worker Mrs E M Botha, says: "The time has passed when researchers, after experimenting with students for a year or two, could announce smugly that dagga is not dangerous.

"Experts disagree over the effects on individuals of using dagga. Some researchers claim dagga is not only unhealthy, but can lead to mental disturbance, permanent brain damage, the loss of all ambition, a criminal lifestyle and the use of strong drugs.

"On the other hand there are people who believe dagga is merely the scapegoat and that the cause of the social and health problems cannot

be ascribed to dagga." The report quotes the opinions of users of dagga — among them members of a group hospitalized for dagga psychosis or toxic psychosis — on the positive and negative physical effects of regular use.

Some of the positive effects mentioned were relaxation, improved appetite, improved sleep, improved breathing — two people said their asthma symptoms were

alleviated — relief of depression, euphoria.

"The effects short-term users describe are almost always positive," the report states. "But after long-term use lung problems and headaches are increasingly experienced."

Other negative effects mentioned were coughing, insomnia, loss of appetite, restlessness, depression, mental imbalance.

"The writer has no doubt that regular use of dagga should be discouraged. There are strong indications that the chronic user's health — mental and physical — is endangered. But the use of dagga is often symptomatic of social problems rooted in a socio-economic structure. It is important that action should be taken on that level to discourage use of dagga."

Knowing what your drugs pack

(87) RUM 7/9/83

IF THE pain killer your doctor prescribed for you was addictive and could kill you, wouldn't you like to know?

If the pill you have to take every day of your life for a heart condition has worrying side effects and stringent precautions to follow, wouldn't you like to know?

Your doctor should tell you most of it with your pharmacist's help. But do they always? And if they slip up, how would you know?

Some of the information you may want to know will be contained in a package insert — the piece of paper with information about the drug required by law in every package of medication.

But this information, written in scientific jargon, is aimed at doctors and pharmacists and is not intended for the patient. Certainly the ill-educated don't have a chance of understanding.

Furthermore, pharmacists often take it out of the package of medicine they are selling in case it worries patients and in case they acquire the symptoms of the listed side-effects, because they read them. A Consumer Mail investigation into an addictive dangerous painkiller showed that many pharmacists remove the information so as not to worry the patient.

The president of the Pharmaceutical and Chemical Manufacturers Association (PCMA), Dr Hugo Snyckers told Consumer Mail that if a pharmacist removes the package insert he is liable for giving the information. He said this was contained in the Pharmacy Act which says pharmacists should give information about the drugs they dispense.

One way round this problem is to inform the patient with a different type of data sheet given out when the medicine is sold — particularly when there are obvious dangers in the drug.

This information sheet would be written in simple, non-medical language for laymen and would be designed to inform the patient fully about what would happen through use or abuse of the drug. And it would take into account the potential for

By PAT SIDLEY, Consumer Mail

scaring a patient unnecessarily.

But the PCMA's Dr Snyckers said a problem of liability arose if not all the information was contained. He said to put both types of package inserts in was too expensive.

He said the pharmaceutical industry's practice was to continue to provide the information in the way it was at present. But it was a topic for debate and many in the industry believed patients should be better informed. When a drug required special instructions on how to use it, the company often included separate instructions of its own volition.

This argument for patient package inserts is one which is gaining ground in Britain and the United States — and a handful of drugs in both countries now carry these separate warnings. One such drug in the UK is the painkiller dextropropoxyphene, sold there as Distalgesic — which Consumer Mail investigated.

But in South Africa, not one drug approved by the Medicines Control Council (MCC) and sold here — whether prescribed or sold over the counter — has information in it aimed specially at the patient.

The head of the MCC, Professor Peter Folb, confirmed this.

The issue is one of the basic consumer/medical issues: Informed consent — the notion that one should be fully informed in order to make a

decision consenting to take a drug.

Consumer groups concerned with the issue abroad believe the reason for not informing patients fully is that "worried" patients may not buy the drug and pharmaceutical firms' profits would suffer.

It is the intention, they contend, to keep consumers as uninformed as possible in order to keep selling the drugs.

Other doctors, and at least two spokesmen for pharmaceutical firms, believe knowledge in unqualified hands is destructive. Only the head of the MCC, Prof Folb, mentioned that it would be expensive too.

The consumer side of the argument has been presented by Ralph Nader's Public Citizen Health Research Group in Washington.

The Health Research Group say they "view patient package inserts as fulfilling an essential informed consent function which may not have occurred in the physician's office and endorse the mandatory distribution of these informational patient leaflets".

The group would like succinct language, bold face print and boxes to call attention to key phrases and the inclusion of brand names above the generic names, to help patients derive the maximum benefit from the pamphlets.

They also believe the inserts should be for each refill

as well as for new prescriptions.

They have prepared a simple insert for dextropropoxyphene (see box) which anybody could understand. It was to have been inserted in all packs but the Reagan Administration recently stepped in and stopped the move.

In contrast in South Africa, if a patient should see the package insert for Doloxene it would be lengthy, detailed, in medical language and would give as many of the virtues of the drug as its side-effects and warnings. Sometimes the print is too small for easy reading.

Doctors, of course, believe they inform patients adequately of all they need to know — a notion which assumes the infallibility of doctors or presupposes a right to make all decisions for a patient.

But according to a well known medical textbook, Goodman and Gilman's Pharmacological basis of Therapeutics, too many doctors fail to instruct patients adequately — about 25%-50% of patients take their medication incorrectly — and most errors are caused by bad prescription writing.

The information supplied in packages of drugs in South Africa is frequently different — and sometimes less detailed — than that supplied in Europe and the US, despite the fact that most drugs are developed abroad.

One of the dextropropoxy-

phene manufacturers for instance says in its package insert:

"One or two capsules immediately, then one capsule when required for pain."

As the drug is addictive, more on dosage should be included — at least for the doctor.

When questioned, head of the MCC Professor Folb said he was "sympathetic" to the idea of information for patients but it was not possible.

He said when the benefits were measured against the cost of the medicine, the new inserts would be prohibitively expensive.

He said it would reduce the responsibility of the doctor and pharmacist in prescribing. He was also concerned that the message would not be properly conveyed.

Asked how he viewed the fact that pharmacists removed the inserts, he explained that they were intended purely for doctors and pharmacists and were anyhow "difficult for the layman to understand".

"It is written in professional terms which the layman cannot understand."

Asked whether a patient could invariably rely on the doctor conveying enough information, he said he did not want to comment on it, then added: "The MCC's attitude is that it is necessary for the doctor to transmit the information. How the doctor decides to do that is up to the Medical and Dental Council."

Information on over-the-

counter drugs was also not necessarily aimed at patients, he said.

The spokesmen for two pharmaceutical firms which make products with dextropropoxyphene in them — Eli Lilly and Covan — both believed package inserts could worry a patient unnecessarily, though at Lilly they could see the other side of the argument.

The Covan representative exclaimed: "A patient should not read the package insert because he gets scared to use the drug — and he would think his doctor is off his trolley!"

He believed nobody was qualified except a doctor to give out the information on the dangers and side-effects of a drug.

He believed no matter what type of information was contained in the package many patients would still not adhere to the instructions and "abuse the drugs anyhow".

The Professor of Pharmacology at the University of the Witwatersrand, Professor Koppel Furman told Consumer Mail that the "modern tendency was that patients should be as well-informed as possible."

"Patients should be informed and should have the right to be informed."

He believed removing inserts because patients would be "worried" was wrong. "Patients should be worried" he said.

Prof Furman had repeatedly asked for stronger warnings to be placed on analgesics. Many of the cases of kidney failure caused by analgesics claimed they did not know the drugs could cause such harm.

Analgesics should all carry visible warnings to patients that prolonged and excessive intake could cause kidney failure. But South Africa did not follow the UK and US leads in warnings, he said.

He said analgesics of all kinds had been responsible for 20% to 25% of kidney failures in white patients in South Africa.

The PCMA's president, Dr Snyckers counters some of this saying: "There is not an effective drug with no side-effects." Analgesic abuse, he said, will continue regardless.

The package insert for (dextro)propoxyphene which has been suggested in the United States by Ralph Nader's Public Citizen Health Research Group:

● "Controlled clinical trials show that propoxyphene (the main ingredient) provides a painkilling effect somewhere between that of a placebo (sugar pill) and two aspirin.

● "Propoxyphene is a narcotic that can produce physical addiction, psychological dependence and tolerance of the opiate type. Reports suggest addiction to propoxyphene at less than the recommended daily dose and unequivocally confirm addiction at twice the recom-

mended daily dose. Withdrawal symptoms, including sweating, vomiting, abdominal cramps and convulsions, may occur following abrupt discontinuation of the drug after long-term administration.

● "Combinations of RECOMMENDED DOSES of propoxyphene with alcohol or other central nervous system depressant drugs ARE dangerous AND SHOULD BE AVOIDED. One or two alcoholic beverages may be sufficient to cause death in susceptible persons who have been using propoxyphene chronically.

● "On July 28, 1980, the Department of

Health and Human Services advised physicians to voluntarily write "no refill" on prescriptions for propoxyphene-containing products. In the light of this recommendation, patients should contact their physicians before having their propoxyphene prescriptions refilled."

And all inserts (including those for other drugs) should contain the following words:

"Before using this drug, ask your doctor to explain what the drug is being used for, and be sure you thoroughly understand the risks associated with taking this medication."

Govt to review drug law

(87)

C. Turner
17/9/83

DURBAN. — The Minister of Health and Welfare, Dr Nak van der Merwe, has called for less severe sentences for drug abusers.

Opening the South African Conference on Dagga here yesterday, he said he had appointed an inter-departmental committee to investigate the penal provisions of the Abuse of Dependence-Producing Substances and Rehabilitation Centres Act, of 1971.

Dr Van der Merwe said that when discussing legal measures, one overriding principle had to be borne in mind — "the dealer must be punished and the user had to be helped".

Among suggestions he asked delegates to consider, was doing away with minimum sentences and the laying down of maximum sentences only, to allow the courts greater discretion.

● "Quite a remark-

able experience" was how Professor Frances Ames described her first encounter with dagga.

Professor Ames, head of the Department of Neurology at Grootte Schuur Hospital and senior lecturer in neurology at the University of Cape Town, addressed the conference.

She described the results of her experiment conducted with several other students in 1958 when each took a pill of the dagga substance.

Among the invariable symptoms experienced by the group had been a change in mood — often a feeling of elation and pleasure, she said.

"Most of us found very ordinary events hilariously funny. A curious detachment was found in some subjects who would express uneasiness about their high pulse rates or disordered thought processes and within minutes shrug off our anxious inquiries."

De Miranda calls for SA survey of drug addiction

By Russell Gault

South Africa desperately needs a national survey on drug addiction.

The nation's leading drug addiction authority, Dr Sylvain de Miranda, says the success or failure of current drug programmes cannot be evaluated until a survey has been completed.

"It needs to be updated every year if we are going to seriously fight the drug traffickers and have a hope of winning. We need to know what the state of the drug problem is."

Dr de Miranda said young people, particularly in schools, were being confronted with drugs at an earlier age. Apart from dagga the most common drug, Mandrax, a sleeping pill, was being pushed heavily.

It was being used mostly by young white and Indian people. They

were also using cough mixtures containing codeine, appetite suppressants and to a lesser extent LSD.

Black youngsters were using appetite suppressants, alcohol, dagga, glue for sniffing and recently they had been discovering Mandrax.

Adults on the other hand were copping out rather than thrill-seeking.

"The older people are looking for relief from worries and depression. That's when they hit alcohol and sleeping tablets. A few of the wealthy have got into cocaine," he said.

Heroin was not a problem in South Africa as in many other countries.

"In fact we have increasing numbers of young people being sent here from North America and Europe by their parents so they can recu-

perate in a heroin-free environment."

Dr de Miranda said drugs were becoming an increasing problem as drug traffickers became more organised. He said he was particularly worried about schools because overseas experience had shown they were vulnerable and exposed to the dealers.

In 1981 police confiscated drugs with a street value of R257 million of which dagga accounted for R245 million.

The rest was made up of LSD, cocaine, opium and tablets such as Mandrax.

"That is what the police confiscated. Think of how much is actually getting used, getting through the police net.

"A conservative figure is that police here are getting about 20 percent of the total drugs trafficked," said Dr de Miranda.

DAGGA

All the bad things are true

ALL the bad things you've heard about dagga are true. The most widely available dangerous drug — second only to alcohol — it puts society at considerable risk.

And the number of people using it is too great for comfort — especially when they are driving on the same roads and mixing dagga with alcohol and other drugs.

These are a few of the facts which emerged from a top-level conference on dagga at the University of Natal in Durban this week.

Keynote speaker, Professor Henry Schankula from the Addiction Research Foundation in Ontario, Canada, told the conference that massive research led to the inescapable conclusion that cannabis (dagga) is a drug which must be viewed with considerable suspicion.

"Drugs that promise a non-consequential pleasurable experience have repeatedly been found to be undesirable," he said. "It is undesirable for our society to condone the use of a drug which obviously has sufficient undesirable effects."

Some 470 professionals who packed a university lecture theatre heard damning confirmation of the case against dagga — the most widely available drug in most countries.

They heard that:

It is definitely linked to usage of other drugs. Only a small percentage of young people who have never used it, experiment with other drugs.

It carries a serious risk to health. The average dagga zoll has twice as much tar as a strong cigarette and more cancer producing agents.

It starts in school and can be preceded by cigarette smoking.

Dr Schankula sees dagga as a drug which carries serious risks for adolescents whose emotional and intellectual stresses tend to be at a peak at this critical period of life. Noting that dagga use tended to alter perception of time and space and to impair study ability, memory and balance, he said:

The conference heard strong views on the danger that dagga using motorists pose to other road users.

"Cannabis users are much more likely to take alcohol and other drugs — a dangerous situation," said Dr Schankula.

And Professor Jurie Nel, Chief Government pathologist in Durban, said a study of 281 people who died violent or sudden deaths in the Durban area turned up some sobering facts.

More than half had alcohol in their blood, justifying the view that alcohol is society's number one problem drug.

Of 23 people who died natural deaths, more than half had cannabinoids (dagga extract) in their urine and nine percent had both alcohol and cannabinoids.

Only one in five had neither alcohol nor cannabinoids present.

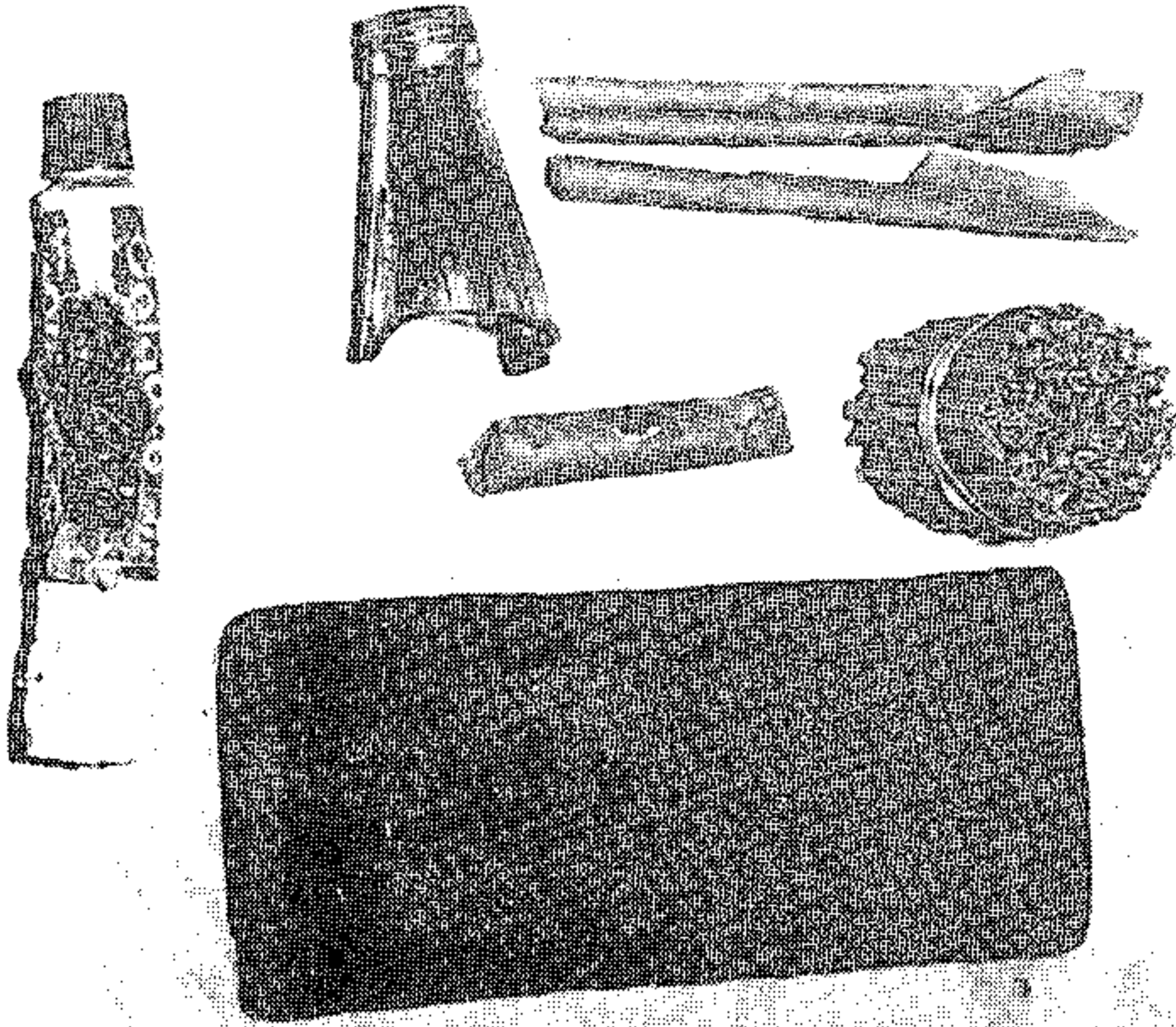
Professor Frances Ames, a neurologist from the University of Cape Town, injected a note of humour into the solemn proceedings when she noted that baboons who were slipped oranges containing dagga extract for experiments, promptly threw away the extract and ate the rest of the orange thus displaying considerably more sense than most dagga users.

Professor Schankula warned that dagga was a complex and mysterious drug which could affect the same user differently on different occasions. Noting that it was a fast-growing phenomenon among teenagers, he said it was felt to be a high-risk factor for adolescents, for whom emotional and intellectual stresses were at a peak.

At the same time he stressed that "a majority of young people have never used cannabis."

"The main danger comes from its harmful effects on behaviour and mental functioning," he said. "There is some evidence that these effects have contributed to serious and even fatal accidents.

A survey of first to fifth year medical students at Wits University in 1981 revealed that a third of them had tried the drug and that 16 percent, on average, were still using it. A repeat of the survey this year gave figures of 27 percent and 13 percent respectively.



ABOUT 500 professionals packed into a lecture theatre at the University of Natal in Durban this week to hear the latest facts about the drug that has been labelled society's second biggest problem (alcohol is the first — and it's legal). STAN MAHER summarises the conference.

Ten a day at Valkenberg

EVERY day, 10 dagga users walk through the doors of Cape Town's Valkenberg to be admitted as psychotic patients. And two or three in every batch have been made insane by the drug, the dagga conference was told.

Dr A F Teggin, senior psychiatrist at Valkenberg, Groote Schuur and the University of Cape Town, gave a nitty-gritty revelation of the world of mental patients emerging from the Cape's street gangs, where the drug is freely available.

Six in every 10 patients showed dagga extracts in their urine when tested and for half of them the levels were "very high."

He warned that there was a large pool of manic-depressive patients in the Western Cape "Who are not contained by existing hospital, prison or rehabilitation facilities."

A recent study at Valkenberg found almost no Coloured male patients who did not have cannabinoids in their urine.

Dr Teggin also said dagga seemed to trigger or worsen psychosis in vulnerable individuals and that specific behaviour changes could be detected.

Violent

Psychotics who smoked dagga had been shown to be violent, destructive and restless, with paranoid features and hallucinations.

Dr Teggin said he had treated many long-term dagga users who had to be hospitalised because they had lost

their ability to cope with life.

"A large proportion of these patients, whose initial diagnosis has been personality disorder with drug abuse, ultimately develop typical schizophrenic illnesses," he said.

But he added: "What cannot be ignored is the fact that many schizophrenics consistently report feeling better under the influence of cannabis."

He noted a trend towards development of new drugs based on cannabinoids and suggested that this might help schizophrenic patients.

Paper No (to b) NOTE 1 Er of qu Blu an ab

Dagga before bread

IN the Western Cape, dagga is at times more readily available than bread. Most users have started smoking by age 17, a quarter of them as early as 12.

And six in every 10 dagga smokers surveyed took up the habit within two years of starting on cigarettes.

These shock findings were disclosed at the dagga conference by two researchers, Mr Pieter le Roux and Mrs E M Botha, of the Institute for Social development at the University of the Western Cape.

They noted that virtually all of 148 dagga smokers surveyed were cigarette smokers, compared with only 44 per cent of non dagga smokers.

The survey was done by Mrs Botha, a social worker who visited 14 dagga smokers' haunts, or smokkelhuise, to get the facts from the horse's mouth.

Mr Le Roux told the conference her research showed that half of the dagga smokers rejected their parents' values, having grown up in homes which were non-users.

underlining, emp...

Doctors blamed for the nation's pills obsession

From Page 1

dominant in rural areas where doctors dispense their own medicines, it has begun in the cities, where prescriptions are dished out with medical aid schemes in mind.

Mr van Zyl read the Sunday Express a prescription he had on his desk which requested 800 tablets, among 15 different items amounting to a cost of about R200, for the same patient — a white person living in a Cape Town suburb.

"The prescription requests 800 different tablets, as well as eye and ear drops, throat lozenges and three different antiseptics," Mr van Zyl said.

"Some of the medicines on this prescription are incompatible. There are three different pain-killing tablets — one contains aspirin, another Paracetamol, and on top of those, Codeine has been prescribed.

"I don't know what's wrong with the patient, but it's shotgun therapy as far as I'm concerned."

Numerous attempts were made to establish consumption figures of mind-altering drugs in South Africa. However, several market research companies com-

Pills the key in two deaths

MR Angus Stewart, 21, a University of Cape Town student, was found dead this week by a cleaner at Driekoppens Residence, where he lived.

Mr Stewart apparently died from a tablet overdose. In another incident, the body of a Franschoek man, Mr R A Wood, was found in a car near Stellenbosch. Police found pills and notes to his relatives in the car. — Sapa.

"One of these tranquillisers should work by itself. If I took those I'd be walking around like a zombie.

"When doctors dispense their own medicine it may be because there is a profit motive involved. One wonders whether the patients are receiving the correct medicines or whether they are given those that return the highest profit to the doctor.

"I have very strong views on why it is some non-prescribing doctors over-prescribe, but I'm not prepared to tell you.

"The SA Medical and Dental Council turned down our proposal that doctors should not dispense their own medicines if there is a pharmacy within a 5km radius of his practice, but that proposal still stands before the Minister of Health, Mr Nak van der Merwe.

"It is very difficult to keep a check on over-prescription because it calls the credentials of qualified doctors into question.

The chairman of the SA Medical and Dental Council's tariff committee, Mr W M C Davidson, said much

A WOMAN, 59, with a 30-year history of severe protracted depression, under continued psychiatric care: Her condition was responsive only to high dosages of Parinate — a drug used for certain mental disorders such as schizophrenia.

During the last five years she developed hypoglycaemia, probably related to the high dosage Parinate. Cutting Parinate dosage only meant the woman became more depressed — establishing a vicious circle.

In desperation, her family practitioner prescribed the morphine-based Wellconal, one tablet three times a day, some three years ago.

Her consultant psychiatrist was horrified at the prescription and referred her to a consultant physician.

Both psychiatrist and physician dissociated themselves from the prescription because of the high cost of the medicine.

Mr Davidson said the SA Medical and Dental Council would not tolerate over-prescription anymore. In 35 years he had never come across such excessive over-prescribing by doctors as in the recent past.

"It doesn't apply to the medical profession as a whole. But because some people drive over the white line we have to make a new rule for everybody."

The director of clinical services of the South African National Council on Alcoholism and Drug Dependence, Dr Sylvain de Miranda, said the patient also played a role in over-prescription, which sometimes led to an addiction to the prescribed substances.

"Doctors are often deceived. Patients pretend they have lost their prescriptions, or ask for a month's supply, saying they are going on holiday. Then, there are

"Doctors are often deceived. Patients pretend they have lost their prescriptions, or ask for a month's supply, saying they are going on holiday. Then, there are

"Doctors are often deceived. Patients pretend they have lost their prescriptions, or ask for a month's supply, saying they are going on holiday. Then, there are

Woman's five-year battle to break vicious drug circle

CASE HISTORY 1

selves from the Wellconal treatment.

The woman and her husband had become aware of the addictive narcotic properties of Wellconal through newspaper articles.

The family practitioner assured them he was successfully treating a number of depressions with Wellconal and that there was no cause for alarm.

The managing director of the manufacturing pharmaceutical

patients who go from doctor to doctor, building up a supply of prescriptions.

"Prescription pads can be stolen and prescriptions faked — it's impossible for pharmacists to know every doctor's signature."

"Doctors can be lulled into a false sense of security by manufacturers who insist their products are not habit-forming."

Dr de Miranda said doctors who over-prescribed were prosecuted from time to time, "but these have been

CASE HISTORY 2

When he felt tense he usually took two to three 3mg tablets of the tranquilliser Lexotan. He had obtained his drugs by prescription from various doctors over the years.

He went to the Sanca outpatient clinic complaining of fatigue, vertigo, periods of confusion and vagueness.

Sanca has not heard from him since.

with her old psychiatrist and has proper dietary control for the hypoglycaemia.

Factor analysis by Sanca: ● Total ignorance and subsequent arrogance of medical practitioner prescribing Wellconal.

● Total disagreement of psychiatrist and physician with Wellconal prescription but "unable" to intervene.

● Drug incompatibility of Wellconal and Parinate not recognised by medical practitioner or pharmacist.

● Positive intervention of pharmaceutical manufacturer — although unsuccessful.

● Drug register did not pick up continued use of Schedule 7 substance by this patient.

● Medico-legal responsibility in the case of fatality.

● The role of the news media in gross cases, usually involving narcotic drugs.

The chairman of the Federal Council of the Medical Association of South Africa, (MASA) Prof Guy de Klerk, said MASA was "obviously very much against over-prescribing. We have established various committees which investigate the actions of doctors throughout the country.

"If a doctor is out of kilter with the rest of the profession, then we take him or her to task," Prof de Klerk said.

New dependence replaced alcohol

Factor analysis by Sanca: ● The occurrence of cross-dependence between alcohol and tranquillisers and other drugs.

● Ad lib 'demand' prescribing by a number of doctors.

● The pitfalls of supplying drugs of dependence for a few weeks at a time to dependent patients in hospital.

● The non-recognition of drug dependence by the junior hospital intern.

● Patient's non-compliance with prescribed medication.

R550 000 dagga cache seized

Woman,
RDM
74, is ^{29/2/84}
(87)
arrested

By EMIELIA JAROSCHEK
Crime Reporter

POLICE seized dagga worth about R550 000 from a 74-year old Soweto woman yesterday morning — the biggest single haul in months.

The dagga — of top quality and weighing 550 kilograms — was found stacked to the ceiling in a room in a house in Phiri, Soweto.

Johannesburg Drug Squad detectives found the dagga already packed in 36 sacks, several metal trunks and bags. The dagga was taken to John Vorster Square.

The old woman, who lived in the house where the dagga was kept, has been arrested, police said.

A team of four detectives, headed by Major Leon van Collier, visited the house at 10 am after receiving information on the cache.

A quick search of the house revealed a "treasure trove" of dagga which included a trunk full of neatly packed arms, a trunk full of neatly packed "fingers" and loose, extremely well-cleaned dagga.

The weeds were in the process of being prepared for sale on the black market.

The massive 550 kg haul of dagga was seized by detectives in the wake of the new tough Drugs Bill published in the Government Gazette last month.

In terms of the Bill dagga pedlars could be liable for a maximum fine of R100 000 or 25 years in jail or both.

At present the maximum sentence for trafficking in dagga for a first offender is 15 years, while the maximum for possession is 10 years.

● Drug Squad detectives this weekend also seized 58 grams of opium with a black market value of R14 500 and arrested 13 men and a woman in a swoop on a club on the 11th floor of a building on the corner of Esselen and Edith Cavell Streets, Hillbrow.

In the same swoop police also found small quantities of lagga, morphine, Mandrax and Obex tablets.



Warrant Officer Schalk Nel perches on top of a steel trunk filled with dagga sticks, with another 36 sacks filled with drug in the background — just part of the R550 000 haul made by Drug Squad detectives yesterday.

Picture: PAUL VELASCO

Damming the DRUGS deluge ■■■

S. Troland
4/3/84 (87)

By Tony
Spencer-Smith

AN ALARMING upsurge of drug abuse in Cape Town and its surrounding areas has led to the formation of a top-level drug action committee to tackle the problem.

The committee, believed to be the only one of its kind in the country, has been meeting secretly since the middle of last year.

This week it "went public" for the first time in a Sunday Tribune interview.

The chairman, senior Grootte Schuur hospital psychiatrist David Rabinowitz, said it appeared that the increased incidence of drug abuse — mainly of dagga, often coupled with mandrax — applied to all races, including white teenagers

from some of the wealthiest areas of Cape Town.

There was also concern about the problem in the Somerset West area where the locals had formed a citizens' action committee which was represented on his central committee.

"The committee was formed in response to a flood of calls to the psychiatric and social services here from drug abusers and their families.

"There is also parental anxiety about the problem and the police say they have been arresting a substantial number of drug abusing youngsters in the better white areas.

"While detailed studies have not been done, the problem does seem serious.

"Coping with something like this will not be at all easy. We are trying

to find answers but there are no simple solutions.

"We are now at the stage where we are ready to go looking for funds from concerned members of the public."

Dr Rabinowitz said the committee was independent but was under the auspices of the Department of Health and Welfare, on whose premises the committee met.

Among the bodies represented are the Departments of Internal Affairs and of Health and Welfare; the Chief Magistrate's office; the police's Narcotics bureau; Sanca; the health departments of the city and divisional councils and the Universities of Cape Town and the Western Cape.

"Parent service organisations like the Lions, and the Cape Education Department are also represented."

Dr Rabinowitz said the committee hoped to establish a drug assessment centre for all races in central Cape Town, under the aegis of, and staffed by, Sanca but supported by donations from the public.

If successful, similar centres in other parts of the Peninsula could follow.

The committee would research the level of drug abuse in key areas, together with follow-ups to find the most effective methods to dissuade people from becoming drug abusers.

It also aimed to bring home to the authorities how serious and widespread the problem was and the need for better facilities.

Teenager died trying to get a high high from kitchen aerosol spray

THE SNIFFER OF DEATH

THE father of a teenager this week discovered his son's body on the bathroom floor beside the can of common kitchen spray which killed him.

Harold Fraser, 14, of Krugersdorp had been sniffing a cookware coating agent to induce a sensation of euphoria. He died instead.

Now his father, Mr Harold Fraser senior, is bitter that such a product is allowed on the market. Harold had taken the can from the family kitchen.

Mr Fraser, a fitter by trade, said Harold had made coffee for the family while they were watching TV. He then went off to bath.

When they heard the water run for an excessively long time, Mrs Magdalene Fraser went to tell her son to stop wasting water.

The bathroom door was locked and there was no reply.

The water continued to run and the family grew anxious. Mr Fraser finally climbed through the bathroom window and found his son's body.

Now Mr Fraser is convinced his son's death was a tragic mistake caused by a substance that is said to be commonly abused by youngsters. He believes his son was the victim of "peer



Harold Fraser

ly with his friends; otherwise he was an obedient and quiet boy."

Mr Fraser said it was his opinion that a friend who had been visiting on the day of his eldest son's death had suggested Harold try the stuff.

"This friend was here on the day it happened with all kinds of knives and pills. I am sure he is not a good character."

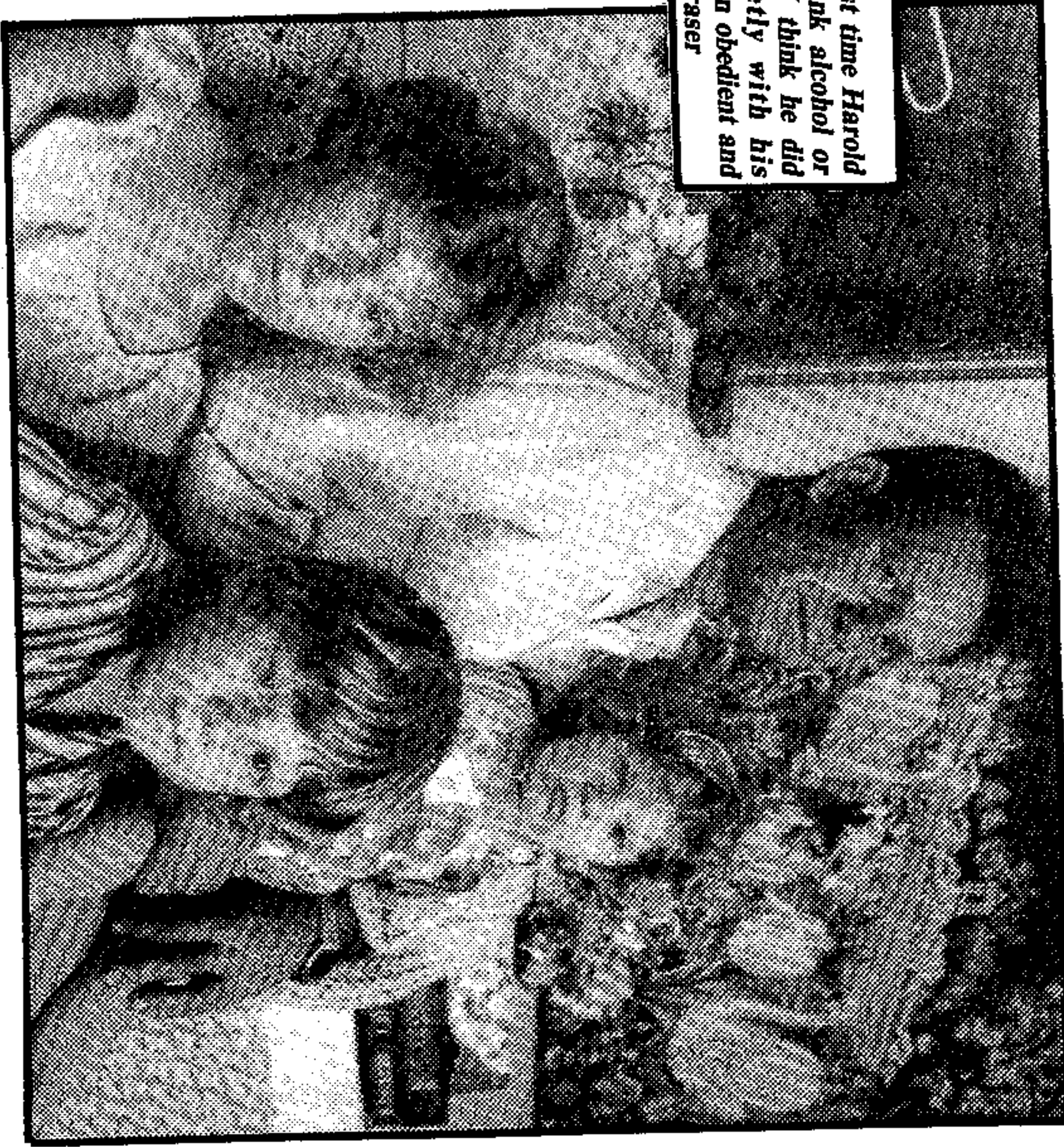
QUOTE

I am sure it was the first time Harold had tried it. He never drank alcohol or touched dagga, although I think he did sometimes smoke secretly with his friends; otherwise he was an obedient and quiet boy. — Mr Harold Fraser

Mr Fraser is alarmed that the substance that killed his son — although as a result of abuse — was from the family's kitchen.

"The ambulance men that came to take Harold away told me they had recently had a similar case of someone sniffing the same cooking agent — only he did not die."

A police spokesman said that young people were known to inhale the contents of some aerosol cans.



A shocked Mr Fraser this week with his other three children

'Kids

of

six

are

hooked

on it'

By Kay Turvey

CHILDREN as young as six are getting high in the classroom by sniffing glue and typewriter eraser fluid.

In the past six months eight Johannesburg primary schools have reported instances of children sniffing a common brand of typewriter eraser fluid in class.

"They are quite literally getting stoned during lessons," said Dr Silva de Miranda of the South African Council for Alcoholism and Drug Dependence.

Inhalant abuse was a "serious and escalating" problem among school-children, he said. "It is high time the public became aware of this acute problem."

On the West Rand this week a teenage school-boy died after inhaling the contents of an aerosol can of a cookware coating agent.

Deaths

It is the second known death on the Reef in the past six months involving sniffing of volatile carbon solvents.

In the United States it is estimated that more than 100 children a year die as a result of inhaling various solvents produced from petroleum and natural gas.

In Britian, Parliament has expressed concern over the abuse in this manner of various household and industrial products.

Dr de Miranda said the addiction was difficult to counter as the products were freely and cheaply available.

"They can't be banned as they are needed for their correct uses," he said.

The substances being abused are products such as model glue, nail polish remover, motor and lighter fuel, spot remover and aerosols ranging from antiseptics to cookware coating agents.

Dr de Miranda said sniffing was one of the most difficult addictions to break. Abusers felt lightheaded and euphoric, and experienced vivid fantasies and excitation.

'Frightening'

He said that unlike other drug problems which had more obvious causative factors, children where abusing inhalants on hearsay alone.

"Whereas glue-sniffing has commonly been a problem among socio-economically deprived groups, who do it to make them feel better when they are cold and hungry, inhalant abuse has no apparent cause."

Dr de Miranda said that where it was expected that teenagers experimented with alcohol and drugs, inhalant abuse was occurring in much younger children, with some as young as six and seven being familiar with it.

He described the situation as "frightening"; the substances were not only addictive but could kill as a result of excessive ingestion.

Large quantities of these volatile carbons would depress the nervous system to such an extent that children might fall asleep on a saturated rag; or asphyxiate due to lapsing into unconsciousness with their heads in plastic bags sometimes used by the sniffers.

Sudden Sniffing Death (SDD) was caused by cardiac arrest, while in other cases death could be due to the drying and swelling of the mucous membrane in the air passages which could result in choking.

□ The acute problem of inhalant abuse came under the spotlight at a three-day summer school of alcohol and drugs in Sandton this week.

Mall Africa Bureau
WINDHOEK. — A national serviceman who was an habitual glue-sniffer died on Old Year's Eve after being whipped by his father, according to inquest papers filed in Mariental yesterday.

Rifleman William van der Westhuizen, 19, staggered home in a daze at about 9.30pm to his parents' home in Mariental.

He had just been involved in a noisy row in the street.

"His eyes were wild and he was unsteady on his feet when he returned home," his sister told the magistrate, Mr F Truter.

His father, Mr Augustinus van der Westhuizen, grabbed a whip and beat his son, punching him on the chest.

The son hit his head

Glue ^{RAM}
sniffer ^{31/3/84}
whipped
— dies ⁽⁸¹⁾

against a wall, and then fell on top of his mother.

Other family members pulled him away, but his body had gone limp, and he died on the way to hospital.

The court heard that Rfn Van der Westhuizen habitually sniffed glue.

Mr Truter ruled he had died of unknown causes.

1011

THURSDAY, 26 APRIL 1984

- 4 for 14 days
- 3 for 16 days
- 2 for 17 days
- 1 for 18 days
- 1 for 19 days
- 1 for 20 days
- 1 for 21 days
- 2 for 22 days
- 1 for 25 days
- 1 for 31 days
- 1 for 33 days
- 1 for 75 days
- 3 for 87 days
- 1 for 109 days

- (2) Yes.
- (a) 25.
- (b) 7.
The trials of 11 persons have not yet been concluded.

(3) No.

1012

- (b) 21 for 1 day
- 5 for 8 days
- 2 for 9 days
- 2 for 11 days
- 3 for 12 days
- 2 for 13 days
- 3 for 14 days.

Internal Security Act

831. Mrs H SUZMAN asked the Minister of Law and Order:

- (1) Whether any notices in terms of section 5(1)(e) of the Internal Security Act, No 74 of 1982, (a) were issued, (b) were withdrawn and (c) expired in 1983; if so, (i) how many in each case and (ii) how many such notices were of effect as at 31 December 1983;
- (2) whether any notices which expired

1013

FRIDAY, 27 APRIL 1984

during the period 1 July 1982 to 30 June 1983;

- (2) in how many cases in respect of each race group did the infant (a) die and (b) suffer serious injury as a result of the assault?

The MINISTER OF LAW AND ORDER:

Although statistics as required by the hon member are not normally kept, the particulars furnished were specially collected.

Cape Province	(1)	(2)(a)	(b)
White	10	3	2
Coloured	42	4	11
Black	22	5	2
Natal			
White	8		

the prisoners concerned and (c) what were the reasons for the applications in each case;

- (2) whether these applications were granted; if not, why not, in each case?

The MINISTER OF JUSTICE:

(1) Yes.

(a) 132 Applications which were made by 91 prisoners.

(b) It is not in the interest of prisoners in general, or of their families, or other relatives that the names of prisoners or other aspects, which may be of personal interest to them, should be released for general information.

1014

Q. Col. 1010
Detainees: drugs
Hansard

26/4/84

823. Mrs H SUZMAN asked the Minister of Law and Order:

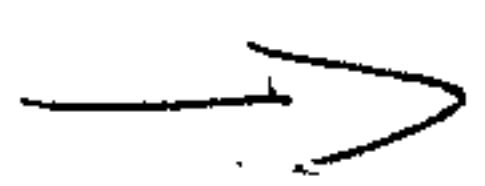
- (1) Whether any persons were detained in 1983 for interrogation in terms of section 13 of the Abuse of Dependence-producing Substances and Rehabilitation Centres Act, No 41 of 1971; if so, (a) how many and (b) for what period was each detained;
- (2) whether any of these persons were subsequently (a) charged with and (b) convicted of peddling drugs; if so, how many in each case;
- (3) whether any of the persons arrested in 1983 are still in detention for interrogation; if so, (a) how many and (b) for what period has each been so detained?

The MINISTER OF LAW AND ORDER:

(1) Yes.

(a) 41.

- (b) 1 for 2 days
- 3 for 3 days
- 2 for 4 days
- 1 for 5 days
- 1 for 6 days
- 1 for 7 days
- 2 for 8 days
- 1 for 9 days
- 3 for 11 days
- 3 for 12 days



It kills a million people a year and if Big Business has its way it's going to kill a whole lot more



SMOKING

It's been called the new slave trade and now the tobacco giants are out to hook the Third World on the deadly weed



Dr. Anton Rupert, head of Rembrandt



Dr. Derek Yach, production of tobacco must rank as the important as the introduction of syphilis

THE British medical journal *Lancet* has called it the new slave trade.

The world's seven international tobacco giants are involved in a major push to hook the Third World and the poorer sectors of developing countries like South Africa on the deadly weed.

Alarmed and angry doctors claim that, faced by increasing restrictions in the developed world, the tobacco mandarins, including the Stellenbosch-based Rembrandt empire, are beginning to unleash a plague of smoking-related diseases in poor countries still trying to cope with more traditional health problems.

South Africa's own medical journal, in uncharacteristically strong language, has compared the promotion of smoking in the Third World with the notorious opium wars of the last century.

An editorial late this month asks: "Do we want to be swamped by an increasing flood of preventable disease, or not?"

"It is not of much use to control the communicable diseases if they are to be exchanged for chronic cardiac and respiratory disease and a variety of malignant neoplasms. The opium wars were fought to protect business interests at

BY TONY SPENCER-SMITH

the expense of health. Surely we have advanced beyond that.

"It is also worth recalling that opium trading had gone on for the best part of a century before the Government of China finally banned it. We ought to be able to do a bit better than that."

This editorial is part of a growing world battle by doctors against the activities of the tobacco giants and the stakes are vast in terms of both money and health.

In one corner are the white-coated defenders of public health, in the other the bosses of multi-billion rand empires.

Accused

The doctors accuse the tobacco companies of prematurely killing off a staggering million people a year worldwide.

In an important paper presented at the Carnegie Poverty Conference this month, University of Cape Town medical researcher Dr. Derek Yach says all the major tobacco transnational companies — BAT (British American Tobacco), RJ Reynolds, Phillip Morris, Imperial Group, Rothmans, American Brands and Rembrandt — are represented in Africa.

Together they control 89 to 95 percent of world leaf tobacco.

BAT, which is British, controls the other big South African cigarette producer, Ulco Holdings, of which the United Tobacco Company is a subsidiary.

Rembrandt has a substantial shareholding in both Phillip Morris and Rothmans.

Dr. Yach writes: "BAT alone, with the largest share of the total world cigarette market, produces some 300 brands in 180 countries. Our own Rembrandt giant is the fourth largest cigarette maker in the Free World, producing one in every 12 cigarettes smoked and marketing products in 180 countries."

"The tobacco companies, despite their size and power, depend on the smoker for their wealth.

"With the decline in consumption in the developed world and the increased promotional restrictions in these countries, it has become critical to their survival to seek out new areas.

"As Dr. Anton Rupert (who heads the Rembrandt empire) said last year: 'For the industrialist the dilemma is, therefore, either a growing potential market in the developing world where money is unstable, or a shrinking market in the developed world where currency is stable.' Evidence that the former approach has been adopted both locally in-

Two reasons why we should question tobacco production in the Third World.



This poster is part of the war against killer tobacco

created emphasis on the black market) and internationally, is contained in an International Tobacco Industry memo produced after the fourth world conference on smoking and health in 1979.

This memo, put out by the International Tobacco Board, reads: "We must try to stop the development towards a Third World commitment against tobacco. We must try to get all, or at least a substantial part, of the Third World countries committed to our cause."

Dr. Yach continues: "Their methods included selecting specific countries and persuading them ... to spread the tobacco gospel. Besides using underhand methods, the tobacco companies are able to exploit the fact that in most developing countries they are not hindered by media restrictions, the need for health warnings on cigarette packets or any anti-smoking lobby.

"The two billion rands spent annually around the world on cigarette promotion, severely restricts consumer sovereignty."

A Rembrandt spokesman said this week the company was unable to obtain copies of the *Medical Journal* editorial or Carnegie conference paper at short notice and so was not prepared to comment at this stage.

Generally when the question of smoking and health comes up, the tobacco companies claim there is still doubt about the link between smoking and disease, despite the growing mass of medical evidence.

Dr. Yach said this week the heavy investment of the tobacco companies in sport, concerts, the arts and even the Heart Foundation, were used to keep the names of their products in the public eye and have been bought at the price of increasing human suffering and premature death.

He said the increasing advertising of cigarettes in the poorer sectors of South Africa and underdeveloped countries was aimed specifically at exploiting the ignorance of people about the hazards of smoking.

Highest

Dr. Yach writes latest coloured malaria cancer mortality 68.5 per 100 000 is the highest reported in the world."

Recent major have shown, that ing particular creases the risk of lung cancer, obstructive lung disease, and coronary heart disease, and produce increased prevalence chronic bronchitis, emphysema, chronic peptic ulcer, arteriosclerosis disease and acute conditions like influenza "Sir Walter Raleigh must surely rank as the most important as the introduction of syphilis, the British," con-

SELF-CONFESSED drug addicts, desperate for help to stop the nightmare of addiction, often return to their vice because facilities for rehabilitation are inadequate in South Africa.

This is the opinion of Dr Sylvan de Miranda, director and head of clinical services for the South African National Council for Alcoholism (Sanca), who recently returned from an international symposium on drug abuse.

South Africa has only four drug-rehabilitation institutions — insufficient to cope with South Africa's growing drug-abuse population, he said.

The Cape Province does not have a single institution geared to help drug addicts.

Begging

Volunteer organisations in this area report that there is an astonishingly high percentage of addicts begging for help — the tragedy is the lack of facilities to help them cope.

"Rather than wait and agitate for new institutions to help cope with this growing nightmare, we should make small adjustments to existing facilities — these small adjustments would be to make bed space available in all hospitals," said Dr de Miranda.

A State-run programme should be introduced in all health-care centres, geared for the treatment and rehabilitation of addicts.

Preventive rather than curative measures could stop the drug demon where it begins — with experimentation at school.

Programmes

Several Transvaal schools have introduced drug-awareness programmes in their curricula for this year. Pupils from Grade 2 to matric, 18 000 in all, now have drug-awareness as a school subject.

Several organisations in the Peninsula have expressed their concern at the ages and socio-economic status of those they treat:

- Dr David Rabinowitz, chairman of the Drug Action Committee, reported that the average age of addicts, begging for help to stop their addiction, are teenagers from all levels of society.

- Dr Colin Bouwer, who heads Narcotics Anonymous here, revealed the same fact — those asking to be helped are mainly of school-going age.

- Sister Colleen Jacob, regional welfare officer for the Red Cross Society, said addicts and their parents beg for help every day.

Lack of help lets SA addicts slide

Weekend Argus Reporter

Argus 20/6/84

(87)

Dagga smoking and drug abuse all showing no signs of abating despite police action

Hooked on the 'happy herb'

By Marion Abrahams

TARRIE had his first experience with the "happy herb" about two years ago when he could no longer resist the temptation to visit that "wonderful world a dagga pipe takes you to after you've had a few puffs."

"All my friends were doing it," he told me. "I was bored with alcohol so I thought I'd give it a shot."

"What happened?" I asked him.

"We were sitting around in our backyard, and, as usual the pipe was being passed around. I had made up my mind that night that I would give it a try. So when my turn came I automatically cupped the pipe with both hands and drew two short puffs and one long puff — that was the way my friends always did it."

"It was a wonderful experience. When I woke up at about five the next morning I was still in the bath," he said.

"Somehow I expected it to be strong and that it would taste foul, instead it tasted sweet and sort of tickled my throat as it went down to my lungs."

"It did not affect me immediately, but later that night when I had my bath, I experienced something I'll never forget."

"But mentally I'd say no. When I smoke my mind's somewhere else, but otherwise I think okay."

CRAWLED

"I was as if my body had crawled out of my skin. My head felt so light, I saw the bathroom walls spinning around in a huge circle and I was being sucked up through its vortex."

CONVERTED

Mampies was converted to Rastafarianism 11 years ago, a month after his first drag on the 'sweet grass'.

He says: "I'm not sorry that I started smoking the weed. 'Ha, Ha, I'll only be sorry the day I stop."

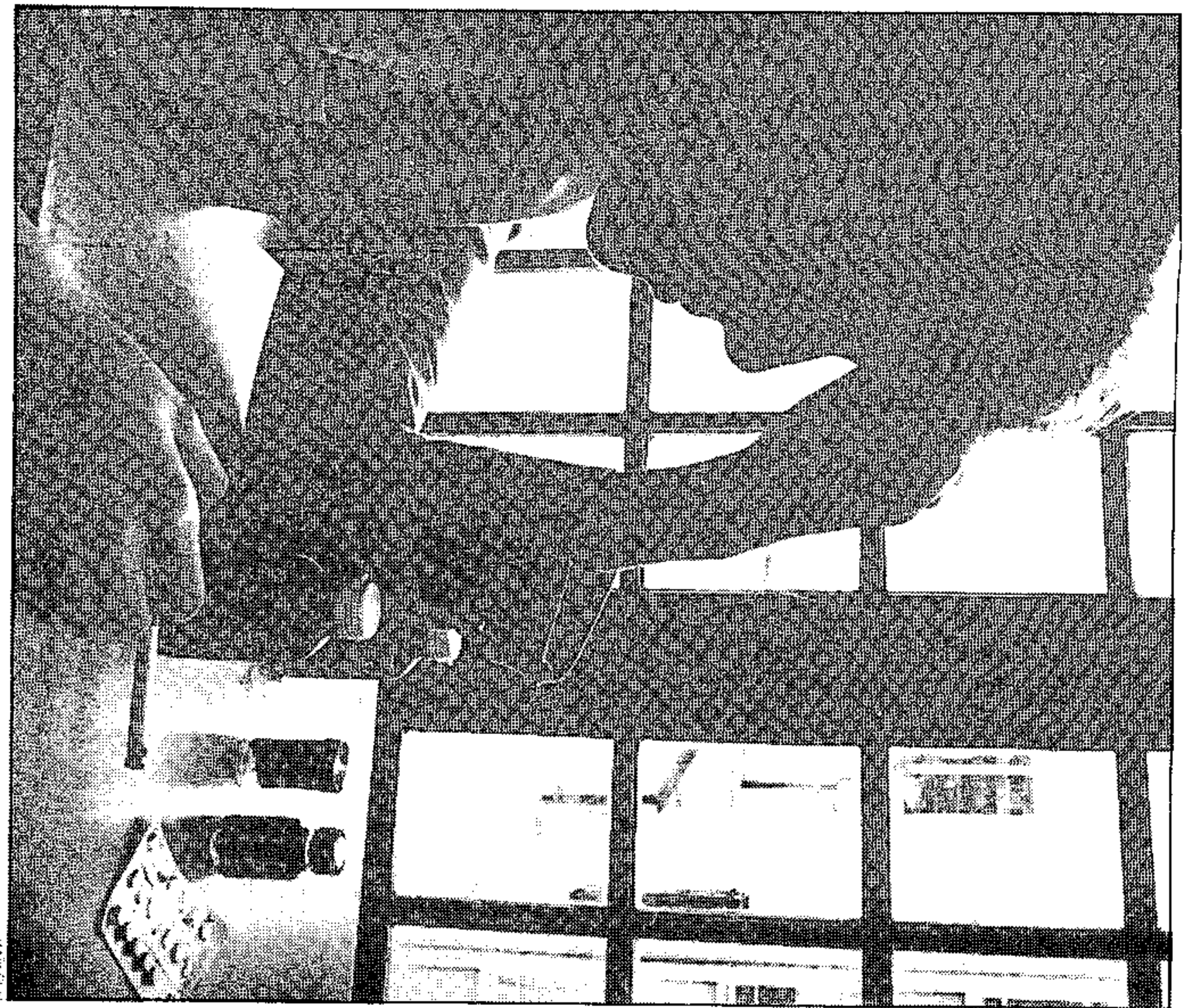
"I smoke as often as I can," he says, "and that can mean 10 to 15 pipes a day."

Mampies does not take strong drink. "Rastas don't drink. Wine is Babylon and I don't even eat grapes."

Two years after starting on dagga, Mampies contracted TB. But he says: "I didn't blame the 'kaya' (a Rasta term for dagga) for that. I know TB sufferers who don't touch the stuff."

Mampies says he is proud to call himself and addict. "It's my religion — Jah Guide!"

"I've been in trouble many times with the police but I don't give a damn. I'll die for marijuana."



Pushers' paradise

IT'S not gold that paves the streets of London these days but dagga. The British capital is a pusher's paradise, with pot sold openly under the noses of the police.

And according to top London model Jo Jo Lane, ex-wife of one-time Wings guitarist Denny Laine, a worldwide drug network ensures international pop stars.

In a recent probe of London's drug scene in the wake of a call by Wings star and former Beattie Paul McCartney, to "decriminalise" dagga, it took only a few hours for a team of reporters to discover that the country's laws against pot are largely ineffective.

They were offered the drug half-a-dozen times in areas well known to pushers, users and the police. In Piccadilly Circus, they found kids as young as 14 peddling sex and drugs.

ROCKER
They were approached by a mini-skirted punk rocker with a large piece of dagga in his silver paper. "Take some of this sweetheart," she said. "I can cut it in half and it's yours for \$40 (about R80)."

"For another \$25, we can smoke it in bed together."
In trendy Portobello Road, a Rastafarian named John came straight to the point. "Do you want any hash man?" he said. "You can have as much as you want and I can supply Paki Black or Red Leb."

"But let's do it fast, because the law is everywhere and that creep Paul McCartney hasn't done anything to help us."
If Nothing Hill, they found that almost any drug could be bought from the army of pushers lurking in doorways.

MISS Emma, Jack, Charlie and Dolly are potential killers. They are the "in-names" for some of the deadliest drugs on the black market. Here are some of the addict's most sought after drugs and their nicknames.
Morphine: Miss Emma, Morph
Heroin: smack, horse, H, Jack
Codein: schoolboy
Cocaine: coke, snow, Charlie, flake
Dagga: grass, pot, hash, dope, Durban poison
LSD: acid, zen, greenfields
Mandrax (mixed with dagga) white pipe
Barbiturates: sleepers, goof, balls, blue

A five each. Take a handful and we'll work out a price."
A 14-year-old pedlar called Noel offered hashish sticks for \$5. "Take care with your money," he warned, "you might get mugged."
They saw dealers approach people in cars, including a blue Silver Cloud Rolls and a driving-school vehicle.
They found most potential customers to be young middle-class whites.
In a smoke-filled basement gambling den, a reporter saw up to 50 men and the occasional woman selling bales of cannabis and blocks of hashish.
Cannabis is Britain's most popular black-market drug, because it is relatively cheap.
A quarter-ounce costing \$20 makes up to 50 joints. Penalties for possession can be light — often only probation or a fine for first-offenders.
Customs officials usually took the risk of seized pot worth \$25 million last year but admit this is only the tip of the iceberg.

MUSICIAN
According to 28-year-old blonde Jo Jo Lane, there are no problems in getting dope if you are a top musician.

Chasing the dragon

LONDON — They call it chasing the dragon. It is the smoke that the addict tries to capture with the tube and drag into his lungs. It is said to produce a euphoric glow within minutes, beguiling the novice, while simply returning the hardened addict to that state of denial where he offers help or advice to addicts. People seeking help or advice should contact:
● Their local doctor.
● A hospital or clinic.
● A welfare organisation for example, Life Line.
● The South African National Council of Alcohol and Drug Dependence (SANCA).
● Any office of the Department of Health, Welfare and Pensions, Department of Co-operation and Development, or the Interior ment of the Interior.

But the cost to the country in money and lives, for it is mostly the ruination of young addicts, is incalculable. Many addicts have been abandoned by their families and now placed on another piece of silver foil, with a burning taper positioned below to "cook" the substance.
As the drug congeals into a tar-like globule, the addict positions the silver tube in his mouth slightly above the paper, giving off an hiss, the "dragon" runs, the heroin liquefies and spills across the silver paper, giving off an acid smoke.
It is the smoke that the addict tries to capture with the tube and drag into his lungs. It is said to produce a euphoric glow within minutes, beguiling the novice, while simply returning the hardened addict to that state of denial where he offers help or advice to addicts. People seeking help or advice should contact:
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WHERE TO FIND HELP

THERE are many places throughout the country where confidential help is offered to addicts. People seeking help or advice should contact:
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JOHN has become moody, listless, argumentative and he has lost interest in his schoolwork. You suspect he's taking drugs. Well then, look out for these signs:
● Unsteady hands
● Sudden loss of appetite
● Insomnia
● Dilated pupils, or red eyes. Sometimes the drug user will wear sunglasses to hide these tell-tale signs
● A poor estimation of speed and time of travel
● The sudden appearance of unusual amounts of cough mixtures, glues, turpentine, nail polish and benzene in his room.

How to spot a user

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DRUG

Soweto's top
socialites in
Mandrax ring

Sowetan 18/5/84 (87)

RACKET

SOWETAN REPORTERS

A MAFIA-TYPE drug ring involving some of Soweto's well-known socialites is operating a Mandrax racket involving tens of thousands of rands.

The racketeers often double-cross each other in their undercover deals and this has resulted in many mysterious shooting incidents in which some have either been killed or maimed.

Brigadier J J Viktor, Chief of the Soweto CID, told **The SOWETAN** in an exclusive interview that many of the rich people who drive around in big cars and move around in the best of social circles in Soweto, are members of the drug syndicate.

He said police have not been able to crack the money spinning racket because the people involved will not talk.

"Even the victims of the shootings in deals that go sour refuse to name their attackers to the police for fear of being eliminated," he said.

The brigadier added that many deals have gone sour because some of the dealers plant bogus policemen or robbers at spots where meetings for the clinching of deals are to take place.

"They always do each other down. Knowing the dates and routes to be used by those who are to deliver the tablets, they hire robbers who waylay the delivery men and rob them of the tablets.

Shootings

"If not so, bogus policemen will just arrive at the time when money and the tablets are to exchange hands and one of the two parties involved will be 'arrested' and either the money or the tablets confiscated.

"It is after this type of double-crossing that revenge shootings take place and should they decide to report the shooting to the police — which is very seldom — they just don't tell the truth," Brigadier Viktor said.

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

(1) (a) Year	Bad debt written off	Total debt owing	Bad debt as % of total debt
1980/81	R 66 802	R10 475 000	0,64%
1981/82	R 28 439	R18 525 641	0,15%
1982/83	R299 842	R24 309 551	1,23%
1983/84	R466 139	R38 238 014	1,22%

(1) (b) The following number of industrialists were recruited in co-operation with the Economic Development Corporation. Not all of the industrialists were established in Lebowa as some did not comply with the requirements:

- 1980/81—Nil
- 1981/82—Nil
- 1982/83—6
- 1983/84—2

- 1980/81—Nil
- 1981/82—Nil
- 1982/83—Nil
- 1983/84—2 (R290 000)

(1) (c) The following number of industrialists were established with the aid of overseas capital:

Two overseas industrialists are at present establishing industries and will invest, according to estimates, approximately R780 000 in foreign capital. Foreign industrialists who were established in Lebowa before 1980/81 in the past four financial years invested a further R7 million in foreign capital in Lebowa.

(2) 1980/81

27/08/80	Tsutsumetse School	R50
18/09/80	Setotolwane Training Centre	R867
26/09/80	University of the North	R10 000
11/02/81	Mayor's Disaster Fund	R5 000
1981/82		

01/09/81	Helen Franz School	R100
01/09/81	Lebowa Mental Health Society	R500
24/08/81	Seshego Coral Choir	R100
09/06/81	University of the North	R10 000
29/10/81	Setotolwane Training Centre	R1 000
21/05/81	Lebowa Chamber of Commerce	R250
1982/83		

22/07/82	Lebowa Chamber of Commerce	R545
01/10/82	Lebowa Chamber of Commerce	R2 500
16/02/83	Lebowa Chamber of Commerce	R2 500
12/01/83	University of the North	R10 000

1983/84		
24/06/83	S S Selemela (Funeral)	R100
24/06/83	Lebowa Chamber of Commerce	R2 500
17/06/83	Commerce Students Council	R100
01/07/83	Lebowa Chamber of Commerce	R2 500
19/07/83	Mrs Ratale (Funeral)	R100
02/09/83	Lebowa Chamber of Commerce	R2 500
01/12/83	University of the North	R10 000
09/02/84	Lebowa Chamber of Commerce	R2 500

Over and above the above donations the following sums were paid to the Lebowa Government. These sums denote 50% of the net profit of the Lebowa Development Corporation's Beer Section. These donations are in lieu of income tax that the Beer Section would have had to pay had it been a company or other taxable body. These payments are earmarked specifically to be spent on infrastructure in towns *pro rata* to their contributions to the profit.

- 1980/81—R185 962
- 1981/82—R140 058
- 1982/83—R171 041
- 1983/84—R219 211

~~Q. 61. 1101~~ *Q. 61. 1101* 2/5/84
 Dr M S BARNARD asked the Minister of Health and Welfare:

How many patients suffering from (a) kwashiorkor and (b) marasmus were admitted to hospitals in South Africa in 1981, 1982 and 1983, respectively?

The MINISTER OF HEALTH AND WELFARE:

(a) Unknown;

(b) Unknown; these diseases are dealt with at provincial and other hospitals, not under the jurisdiction of this Department.

Q. 61. 1101 2/5/84
 852. Dr M S BARNARD asked the Minister of Health and Welfare:

How many persons in each race group died of lung cancer during the latest specified period of 12 months for which figures are available?

The MINISTER OF HEALTH AND WELFARE:
 Whites—368
 Coloureds—290
 Asians—2
 Blacks—123

~~Q. 61. 1102~~ *Q. 61. 1102*
 THURSDAY, 3 MAY 1984

†Indicates translated version.

For written reply:

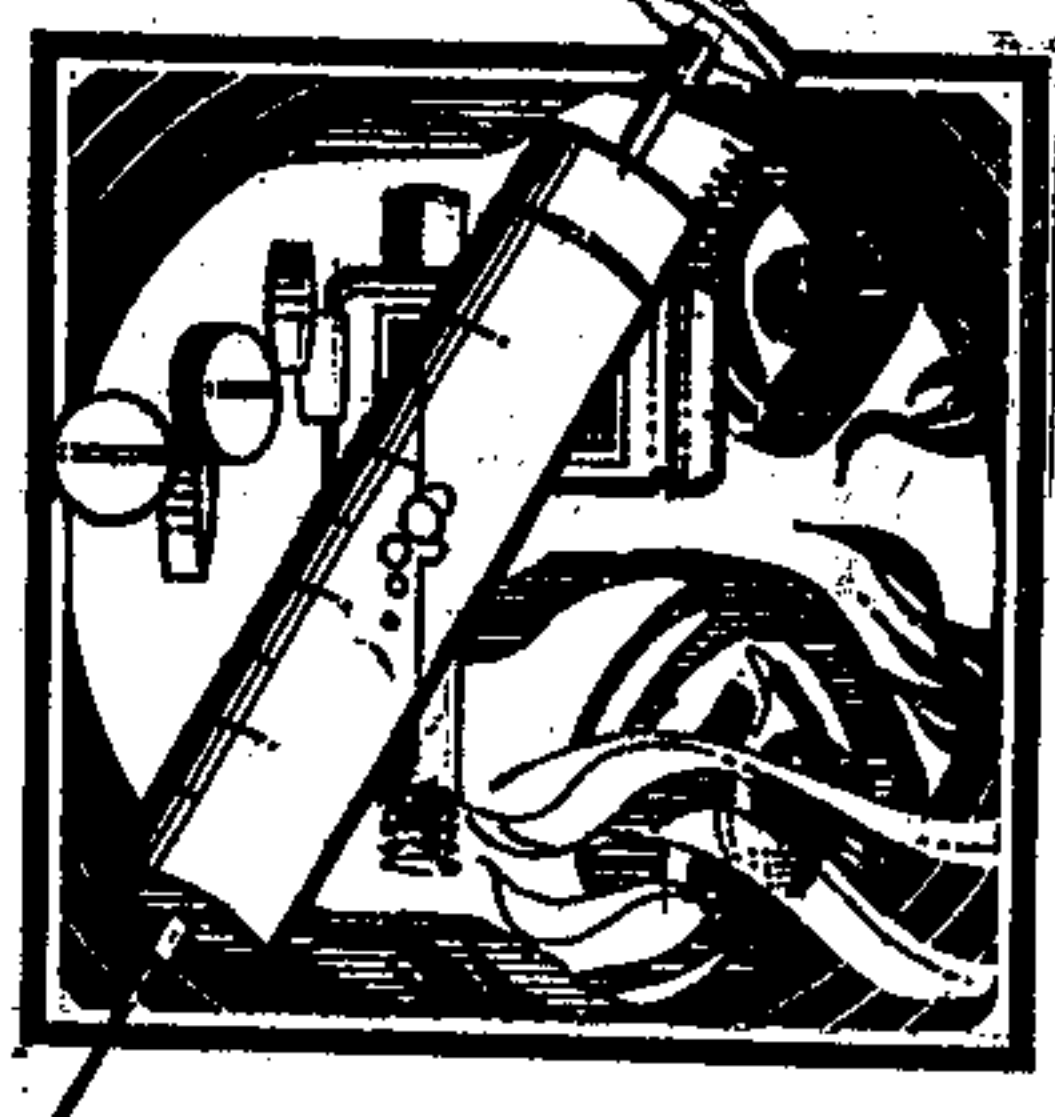
Adult education: centres

504. Mr K M ANDREW asked the Minister of Education and Training:

Whether any centres for adult education (a) administered and (b) subsidized by his Department were closed in 1982, 1983 and 1984, respectively; if so, (i) which centres, (ii) on what date in each case and (iii) how many students (aa) attended each such centre in each of these years and (bb) were attending it when it was closed?

The MINISTER OF EDUCATION AND TRAINING:

No centres administered and subsidized were closed by the Department. Classes were discontinued at certain centres where



WHEN addicts refer to "whites" they are talking about a little pill the size of a painkiller which, after daga, has become the most abused drug in South Africa.

More than 500 000 of the pills — containing methaqualone and more commonly known as Mandrax — have been seized by police during the past year; but still it remains the most readily available drug on the black market.

Police have made more than 200 arrests but social workers say its abuse has reached epidemic proportions, especially among the young, white and black.

It used to be available legally in South Africa as a sleeping pill: it was outlawed when it became clear it had other properties and was being abused.

What makes the drug so attractive to "pushers" is its size, cheapness at source, a ready market and high profits. Each tablet tends to sell for R10, price depending on availability.

It is believed that most of the Mandrax reaching here comes from India.

It first became available in America in 1965 and was hailed as a major improvement over similar products. By the late Sixties it was the drug on campuses.

It was regarded as a "love" drug because it increased sexual desire, and because it had been approved by the American authorities, it was not regarded harmful.

However, serious problems of overdose and dependence arose. In 1974 more than 80 people died in America.

By that time it was available in South Africa: it was taken off the market in the early Seventies.

The drug is psychologically and physically addictive. Prolonged use builds up a physical tolerance and produces heavy withdrawal symptoms when discontinued.

Unlike other narcotics, the amount of the drug needed for an overdose does not increase correspondingly with a user's tolerance; so that while it takes increasing amounts to attain the same effect, the amount it takes to overdose remains the same.

Eventually heavy users will get to the point where they overdose before they "get off". Mixing it with alcohol can result in death.

Death from any kind of "downer" overdose occurs after the user has lapsed into a coma. The drug can produce a near-comatose state without interfering greatly with pulse respiration or pain response.

If the user who has taken an overdose is responsive, vomiting can result — but if he is on the edge of unconsciousness it can be extremely dangerous. The legendary Jimi Hendrix died from inhaling and



LUKE ZEEMAN looks at the types of drugs used by addicts, what the effects are, and their dangers. Housewives and children can also be victims to an extent that has not been scientifically measured. The home is a virtual arsenal for the young abuser — and adults can obtain drugs legally from doctors without much difficulty.

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Jimmy Smith was found with several Wellconal tablets next to his body. He is believed to have been involved with the Stander gang in that he sold his passport to them.

A close friend said that Mr Smith had come home with a bottle of Wellconal which he said had been given to him for a stomachache.

"He swallowed them in front of me and said that they made him feel good and eased the pain. He had also been drinking heavily."

"I warned him not to take too many, but he just laughed and said he had been eating them like sweets."

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THERE are several types of hallucinogenic drugs available in South Africa without any restriction.

Authorities are faced with the problem: How do you outlaw nutmeg, mace and morning glory seeds?

All have "mind-expanding" properties and are used by addicts when the harder drugs are not available.

Hallucinogenic drugs are used to escape reality and distort normal perceptions. The most common is daga.

Convictions for dealing and possession rise steadily but the supply seems inexhaustible, mainly due to its cultivation inside the country.

Imported drugs such as LSD are also difficult to detect because of their size. Over the years they have become smaller and smaller, now they have reached microdot size.

The biggest danger facing the user are accidents due to distorted perception.

The user's symptoms follow a pattern which includes severe emotional swings, paranoia, bizarre behaviour, flashbacks, visions, disruption of thinking and mental activity and distortion of existing images.

Much has been written about the drug and scientists are still divided about the actual dangers involved.

Lesser known hallucinogenic drugs include Artane (Schedule 5) used mainly as an anti-Parkinsonian agent and administered as a tablet; the peyote cactus, known as mescaline (prohibited); magic mushroom, (no restriction), usually dried, ground and eaten; and data stramonium, known as "stinkblaaf" or "mal-

THE TINY WHITE KILLERS

The pills that spell D-E-A-T-H ... and that schoolchildren experiment with

□ This week the Sunday Tribune's LUKE ZEEMAN looks at the types of drugs used by addicts, what the effects are, and their dangers. Housewives and children can also be victims to an extent that has not been scientifically measured. The home is a virtual arsenal for the young abuser — and adults can obtain drugs legally from doctors without much difficulty.

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Death on the floor for victim No 7

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For the sniffers there's death in just about every room in the family home

SOUTH Africa's sniffers are young and mainly black — even eight-year-olds have been found doing it for kicks.

One of the reasons for its popularity is probably the availability of the substances.

Any home is a veritable storehouse of deluge for the young sniffer.

In his own room he will probably have a tube of model cement or a tube repair kit for his bicycle.

The one contains acetone and the other benzine.

In mother's bedroom there is more acetone in the form of nail polish remover and halons in aerosols such as hair-sprays.

Bathrooms could contain deodorant and antiseptic sprays. Kitchens are generally packed with substances that could be abused — fly sprays, cleaning fluids, cookware coating agents,

spot-remover, benzine, degreasers and lighter fuel.

In the garage there is generally paint-remover, various glues and for the real addict — petrol.

All these can lead to a state of euphoria although volatile solvents really fall in the depressant category.

Abuse can lead to damage to the nervous system, kidneys, bone marrow deterioration, heart damage and death by asphyxiation.

The Centre for Drug Studies in Johannesburg has found that most of inhaled-users do so on an occasional or experimental basis and usually fall into two groups: the eight- to 12-year-olds who do it for kicks, and the 14- to 17-year-olds who use inhalants as part of a broader sub-culture. Teenagers use it as a recreational pastime or as one of the possible drugs which are used experimentally.

The centre has found that users are more likely to be male, come from broken or unstable homes, have shown significant adjustment problems suffer from anxiety and display signs of hostility and lack of affection.

Shortly after the onset of the early effects, giddiness and gregariousness may occur. Other effects: Slurred speech, impaired judgment, abnormal behaviour, property damage and theft.

The short-term effects are rapidly perceptible after the initial inhalation — drowsiness, light-headedness, euphoria, sensation of weightlessness, numbness, vivid fantasies and excitation.

Deep inhalation or repeated sniffing over a short period may result in disorientation, loss of control, unconsciousness or seizures. Depressed reflexes are also characteristic of this stage.

"The management of the acutely intoxicated sniffer needs no special procedure. He should be prevented from hurting himself."

"The child, family, school and the gang may have to be dealt with if gains are to be made. Self-image must be changed from that of a loner and a loser to a person who is loved and respected."

"Treatment of the dependent youngster is difficult and relapse is frequent despite knowledge of the harmful effects or possibility of punitive action."

"The child, family, school and the gang may have to be dealt with if gains are to be made. Self-image must be changed from that of a loner and a loser to a person who is loved and respected."

COCAINE... DRUG OF THE EIGHTIES

COCAINE has become the elite drug of the Eighties. To abuse it can cost thousands of rands and its use has become a status symbol in many countries.

Virtually unobtainable here a few years ago, there is now a steady stream of arrests.

One of the reasons for its growing abuse is ease of concealment. A gram of the white powder sells for about R200.

Most of it comes from South America where it is bought for only 10 percent of the street price. It is a stimulant made from the cocoa leaf. It is usually found in powder form and addicts sniff it. It can also be injected.

The effects are a sense of elation and confidence. It can lead to aggression, convulsions — and death from overdose.

Cardiac failure, damage to organs, including liver and kidneys, have also been linked to stimulants.

Unknown to the user, the cocaine normally sold at R200 a gram is usually only fractionally pure. It is commonly mixed with talcum powder or other powdered drugs.

Signs of dependence include a redness, but a pale face, involuntary movements, insomnia, loss of appetite, dry mouth, unnatural excitement, quarrelsomeness and aggressive behaviour.

Other "uppers" include amphetamines such as Dexedrine, Benzedrine and Methedrine. All are prohibited and are used to treat narcolepsy.

Similar substances are Benzhexol, available over the counter, and Ritalin, a Schedule 7 prescription drug which is widely used to treat children with minimal brain dysfunction.

Appetite suppressants are also stimulants. Well known ones are Obex (Schedule 7), Tennate (Schedule 6), Mibobese (Schedule 5), and Nobese, available over the counter.

Other stimulants freely available include Ephedrine, used for dilation of respiratory passages and decongestion, and caffeine in stay-awake tablets and nicotine. Signs of dependence include vomiting, sweating, thirst and headaches.

SUNDAY TRIBUNE INVESTIGATION ■ Luke Zeeman probes the twilight world of drugs and addiction

(87)

THE first sight which greets the addict on his way to the State rehabilitation centre at Magaliesoord is the boom at the gates of Zonderwater Maximum Security Prison.

Normally the boom is put up adjacent to the prison on the road which leads to Magaliesoord, but it and the next stop for those that don't conform to the centre's regulations.

Drive on, past fields with the odd watchtower and you reach the gates of the three centres that make up Magaliesoord. Here, the State attempts to give meaning to the lives of the drug addicts and derelicts from all over the country.

It is not an easy task. The centres can house about 500 men and women. Most are sent by the courts and have a history of anti-social behaviour or previous convictions.

Despite its disarmingly pleasant setting — there are fields and trees, plenty of fresh air and sunshine — it is no holiday camp.

Discipline is strict. There are fixed rules which control the lives of the inmates and to break them could lead to a loss of privileges and prolong their stay.

The buildings are mainly modern and spacious. A well-equipped hospital looks over a landscaped garden. Each centre has its own hall and I was shown a spotless, but empty, gymnasium.

Therapy

All the centres are food-productive and are virtually self-sufficient in this respect. There are huge tracts of land near by where the inmates work the fields. The farms are highly mechanised, so it would be wrong to call them labour camps.

Between therapy and courses, the inmates have a lot of time on their hands, which they spend — the authorities hope — reflecting on their lives

PHOENIX House is a registered Drug Rehabilitation Centre for patients aged 16-25. Over 300 are not generally catered for.

In-patient treatment lasts about four months.

A R50 deposit is required on admission and the fees are R10 to R15 a day, which may be reduced according to means. No patient is turned away because of an inability to pay. Patients who are commit-



Luke Zeeman

LUKE ZEEMAN continues his investigation into the drug scene. This week he examines the rehabilitation facilities for drug addicts, the kind of treatment they receive and what the shortcomings may be.



Going Straight

HOW many times have you heard somebody say "I'm straight. No more pills. I'll smoke though, smoking is not addictive, I can handle it."?

Yes, I've said that often but somehow I've landed up in trouble again and again.

Why? Because it does not stay with smoking. My problem started with smoking dope.

Many other people who take bars also started by smoking dope.

Anyway, what are you going to do about going straight?

It's a long climb back from the limbo of the pill and needle

— but they see these as components of a treatment programme.

Former inmates have told me they had to work long and hard and that the only exposure they had to individual therapy were talks with social workers. None felt they had benefited. They said they had stuck to the rules in order to be released as soon as possible.

All felt the centres — Elandia and Proteem for men and Erica for women — were a lot better than jail.

One told me it was worse. "In prison there are walls keeping you in — there you can just about walk out. It is a terrible temptation."

The State has also admitted shortcomings. The legislature stipulates that written treatment programmes be submitted to the department. These must be evaluated regularly and revised where necessary.

The State believes a healthy lifestyle, strict routine, and plenty of good food and sunshine help to solve the problem

So far these requirements have not been carried out in full.

According to the authorities, the current treatment is largely based on work therapy and individual consultations, mainly with social workers. The principle of multi-faceted treatment is accepted but because of a shortage of full-time staff drawn from the other professions, few patients are fully involved in this treatment.

Two university researchers have recently presented papers on the treatment at the centres and the department has conducted its own study.

On the basis of the findings of these studies and of other observations, it has been decided to change the treatment programme to implement certain principles. The result is the "therapeutic community".

A healthy lifestyle is another component of the State's new programme. The majority of patients in the centres have, according to the department, developed an unhealthy lifestyle. This is seen not only in the abuse of alcohol or other drugs but in their attitudes and life, their routines and habits.

A start has been made patient clinic daily for two weeks before being accepted for admission. This has the effect of weeding out those not motivated for treatment.

Statutory Admissions: The Department of Health, Welfare and Pensions may make written applications, giving background reports required by courts for committal procedures.

In this approach and officials at the centres are fairly optimistic of its success. On paper it sounds laudable but a closer examination reveals some areas of concern.

There are two clinical psychologists at the centre but with 500 inmates their task cannot be easy.

An expert I spoke to questioned how well the centres were able to prepare a young drug addict for a decent life outside.

He would like to see more training to prepare the addict for a worthwhile occupation.

He believes few youths who go to these centres have ever had a decent life in the community.

"How do you rehabilitate people who have never 'habilitated' in a society. They have never had a chance to have decent lives or jobs. Many

come from broken homes. I think that they are not the social deviants people make them out to be. They just never had a chance and should be taught skills which they can use when they get out.

"Thinking cows and a healthy life with plenty of fresh air is fine. Where do they get this in Hill-brow?"

The director of the centre, J C Botha, is aware of these criticisms but feels they should be coupled to alternatives.

"With reference to the young drug addict, what we try to do here is expand his social intelligence so that he can cope, not with my or your norms, but with the norms of society. We try to develop these skills and also give him the opportunity to develop emotionally.

"I think this can be done in a group, but I think it is better done in-

dividually — and with our new programmes he does get individual therapy.

"We must remember that everyone behaves differently. One person will open up in a group but will find it difficult to explore his problems man-to-man. This we try to overcome."

"Training people in a skill they could use after their discharge presented a problem.

"Most people are here for less than six months. How can you train someone in that time? But what one can do is to nurture those skills he already has.

"The work therapy we have here is health orientated. When a patient has to do a task he does not particularly want to do we obtain a good insight into how he copes with problems and we can learn a lot from that.

"My own view is you can give someone 24-hour therapy — but how much does he benefit?"

"We want our patient not to become reliant on a therapist or the institution, but on himself, so that when he gets out he can cope with the world."

The new approach appears to be yielding good results. Of the people who underwent the therapeutic community experience last year, 80 per cent claim they are still coping outside the centre.

This does not necessarily mean they have given up alcohol or drugs, but they are coping in a society which has special pressures.

Others are sceptical of this figure. The success rate is generally low, less than 10 per cent, according to some authorities. Staff at the centre admit the figure seems high and believe the picture will only become apparent when more statistics are available.

you to make a plan to score.

Even if they do accept you are straight, they aren't going to oblige for very long. They will eventually stop contacting you if you are going to keep on tagging along, then you are stupid. You are eventually going to want to take pills 'cos you're feeling out.

Anyway how are you going to relate to people who are out of it when you are straight?

What I can't handle is that people "respect" you if you score a lot of pills and the more moves you can pull the better you are.

This attitude is dumb. Many people I know will pull dumb moves because they want to be "accepted" and once they get into trouble or they don't come right no-one wants to know them.

So, going straight is not just no more pills — but also changing your attitude and gaining self-respect. It's also respect from other people, genuine respect. It is thinking of yourself first and making yourself No. 1.

I'm not sorry I took drugs. It has taught me a lot about people. It has taught me to be able to tell how sincere they are and it has showed me how insincere they can be.

How addicts can get treatment at Phoenix House Rehabilitation Centre

PHOENIX House is a registered Drug Rehabilitation Centre for patients aged 16-25. Over 300 are not generally catered for.

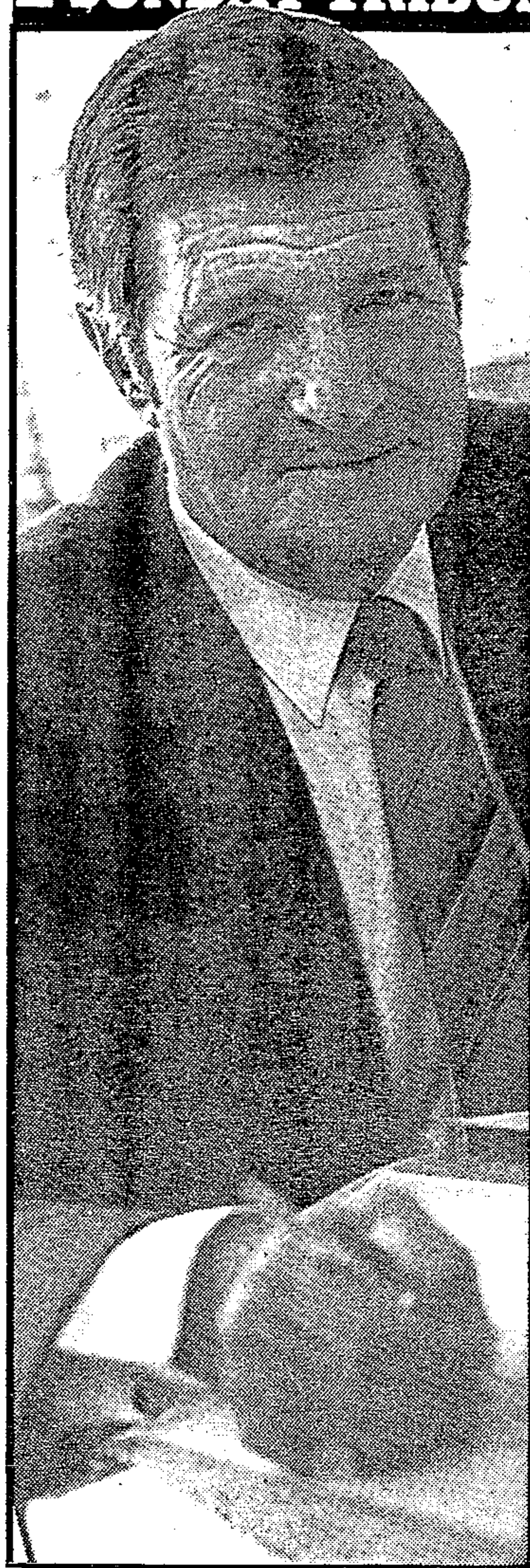
In-patient treatment lasts about four months.

A R50 deposit is required on admission and the fees are R10 to R15 a day, which may be reduced according to means. No patient is turned away because of an inability to pay. Patients who are commit-

ted are still required to pay but the State takes responsibility for payment for patients committed under the Children's Act.

Voluntary Admissions: An assessment interview is held with the superintendent to determine suitability on the grounds of age, motivation, history of drug abuse and severity of the problem.

Patients from the Johannesburg area are expected to attend the South African National Council for Alcohol and Drug Abuse (Sanca) out-



Dr Sylvain de Miranda, director of Sanca, Johannesburg, outlines the inadequacies of the Health Department and its ineffective method of dealing with the drug problem

CHEMICAL substance abuse and dependence is recognised by all as the major community health threat, says Dr Sylvain de Miranda, director of the Council for Alcoholism and Drug Abuse (Sanca), Johannesburg, who is regarded as one of the country's leading authorities in this field.

Dr de Miranda recently returned from the 30th International Institute on the Prevention and Treatment of Chemical Substance Abuse.

"Because of the tremendous cost to the community in terms of health, economics, industry, accidents and materials, drug abuse has become a massive problem," he said.

"If you are looking at modern medicine you are looking at an ideal of, as the world health people say, 'comprehensive health for all'.

"In terms of this it makes sense that one must use the health services already in existence to further this aim, Dr de Miranda said.

"To keep on building specialised units for drug addicts is never going to meet the needs of any country, especially countries like South Africa, where large sections of the community are really part of the Third World.

Fortunate

"We are fortunate that we have a fairly comprehensive, sophisticated health structure such as a grid of hospitals, infrastructure and so on.

"It is necessary that this structure be used to deal with emergencies like overdoses of chemical substance abuse.

"This is not done but it is not that difficult to organise because the structure is here at many levels. Why not use it?" Dr de Miranda asked.

He believes only a little more training would be needed to cope with drug addicts as the infrastructure is already manned by qualified staff.

"The authorities had better find answers because the problem is increasing," Dr de Miranda said.

"Most of our general hospitals don't admit



FAR-REACHING measures and other bodies before abuse, say several experts, commission of inquiry to probe the situation.

At the other end of Welfare which, although believe it is out of control.

The department came to Johannesburg recently. Seemingly was unjustified but the ties are not doing enough. Meanwhile the number

Act now, problem

Health Department is not getting

such cases. They say they don't deal with them. Only psychiatric hospitals offer crisis treatment but even many of them don't.

"I only know of one State rehabilitation centre for blacks — that's about 100 beds for more than 10 million people. I would say that is not sufficient."

Dr de Miranda paints a bleak picture of facilities for Indian drug abusers. "Young Indian drug abusers have nowhere to go for treatment, and alcohol, dagga and Mandrax have become alarming problems."

The biggest problem, says Dr de Miranda, is the fragmentation stemming from the structure of the existing Department of Health and Welfare.

"Whilst the health section of the department is fully integrated the welfare section is not.

"This means the white services are funded by the Health Department while the coloured and Indian services are financed by the Department of Indian Affairs and the black services by the Department of Co-operation and Development.

Problem

That is where the problem really lies.

"The treatment of addicts is not only a welfare service, it is also a socio-medical problem. So you cannot divorce one from the other.

"The practical difficulties of this are obvious — the Department of Health has been successfully integrated for a

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Everything

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87

Man probes the twilight world of drugs and addiction

measures will have to be taken by the authorities before South Africa can win the fight against drug al experts who have suggested action ranging from a inquiry to the formation of a co-ordinating committee ation.

end of the scale is the Department of Health and although acknowledging the drug problem, does not f control and sees no need for urgent action.

nt came under fire after six addicts died in Johan- y. Senior officials I spoke to believe the criticism but many outside the department say the authori-) enough.

umber of addicts grows . . .



Mr T Gerike, head of Rehabilitation Services: Enough centres for whites

Mr B C Loots, Director of Social Services of the Department of Health and Welfare in Pretoria

the drug is growing!

geared to handle the growing number of drug abusers, says expert

number of years but because the treatment for addicts is socio-medical, one would have to be a magician to achieve anything as it is structured at the moment," Dr de Miranda said.

He believes a major problem is that existing centres for drug addicts are more geared to treating alcoholics.

There seems to be one reason for this — the staff at these centres resist the unknown.

"My experience bears this out. They have become accustomed to dealing with alcoholics and feel uncomfortable with young drug abusers.

"It is up to those in charge of policy to train the staff at these specialised clinics to overcome this resistance," Dr de Miranda said.

Drug abusers face sev-

eral problems when it comes to rehabilitation and not the least of these is that they are required to pay R150 deposit before being treated. "What young addict can afford this?" he asked.

Liaison

Director of Social Services of the Department of Health and Welfare in Pretoria, Mr B C Loots, said the different departments functioned effectively through a liaison committee which met regularly. He is happy with the manner it operates and feels it is successful.

However, he said the department was always looking at ways to improve its functioning.

He said there had been an over-reaction to the recent spate of drug

deaths in Johannesburg and claimed that certain organisations outside the department had a vested interest in trying to exaggerate the problem.

Head of Rehabilitation Services, Mr T Gerike, said there were enough rehabilitation centres for whites and that all the hospitals catered for drug addicts.

He said the nation was basically healthy, apart from a small number of deviants. He pointed out that very few drug addicts — those who abused drugs only — were treated at rehabilitation centres and saw no cause for concern.

Mr Gerike said preventative education was extremely important and linked this to the department's recent "healthy lifestyle" campaign.

He is concerned at the manner in which the drug problem was being brought home to children at schools and feels the practice of police officials showing drugs to children could have a detrimental effect. It could stimulate an interest in drugs and be counter-productive.

Sanca has urged a national survey of drug abuse and claims there are no proper statistics.

Mr Gerike denied this and said statistics were available. He referred me to the Human Sciences Research Council.

Survey

A senior researcher at the centre, Dr Chris van den Burgh, who recently found that children as young as 11 were experimenting with drugs, has in a recent report, recommended that a national survey be undertaken by an independent organisation.

Progressive Federal Party MP for Hillbrow, Alf Widman has called on the Minister of Health to appoint a commission of inquiry to probe the problem, as has Simon Chilchick, a former Johannesburg city councillor who has fought against drug abuse for many years.

Ripples

Divisional CID chief for the Witwatersrand, Brigadier Dries van den Heever, has suggested that bodies concerned with the drug problem should form a co-ordinating committee.

But, as the ripples from the Johannesburg deaths lose their strength, the problem begins to fade from the public eye and it is unlikely that much will be achieved in the near future unless there are other dramatic events which will prod the authorities into action.

es had better find problem is increasing!

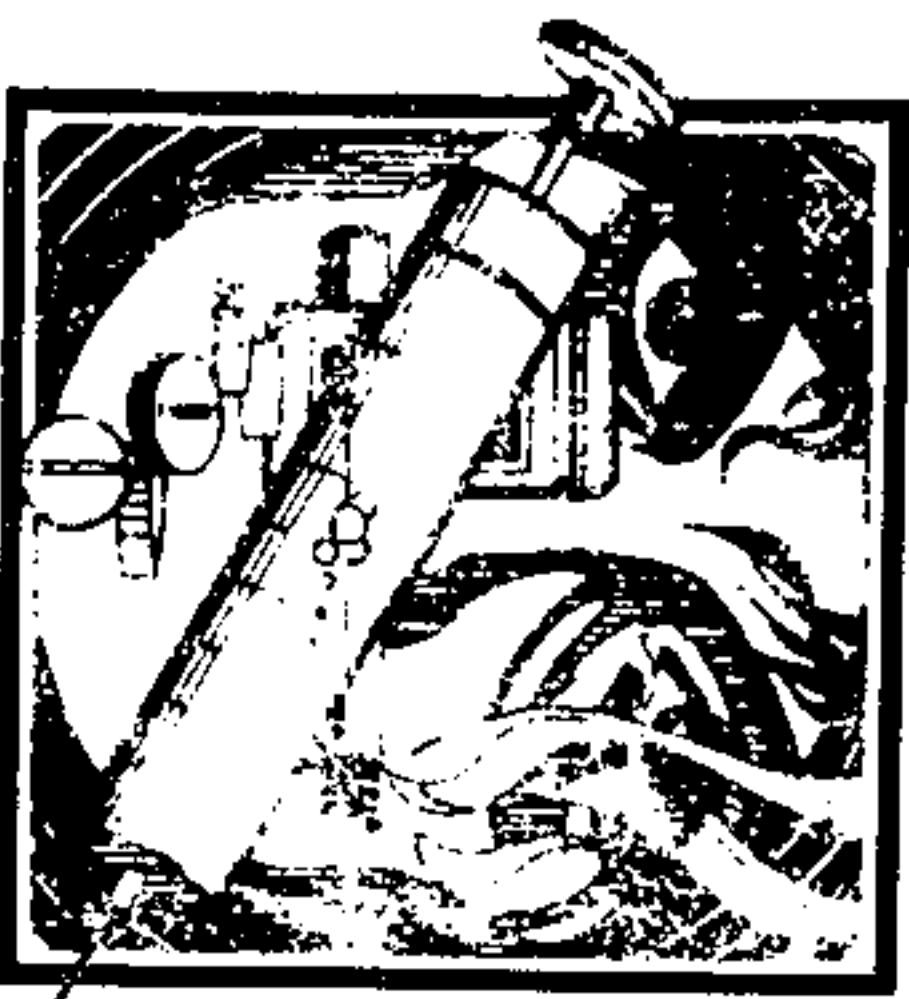
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maintaining low prices!

SUNDAY TRIBUNE INVESTIGATION ■ Luke Zeeman probes the twilight

World of drugs and addiction

Behind the scenes but never seen, his home is clean but his heart is black

Mr Big: others



HE'S the henchman of Mr Big. He meets his contacts in hotel rooms. Money changes hands and another parcel of drugs begins its slow trickle to the streets. Unlike the movies, in real life Mr Big seldom enters the picture. He is the elusive, shadowy figure that sits in the background and finances the operations to smuggle drugs into the country. His hands are dirty but his home is always "clean".

Should one of his runners be arrested, he knows they won't talk. Mr Big is the one the police are after but the highly professional dealer is a rare catch.

The "pusher" better known to the police is the small-time merchant, who tries to bring in a suitcase of Mandrax from India, cocaine from South America, or acid (LSD) from England.

He's out to make a quick killing in the market place. The biggest risk he faces is getting through customs. Most likely he will already have a market for his imports and his only other fear is that a big-time merchant will give his name to the police to protect his own outlets.



This week LUKE ZEEMAN looks at a tough little lady called Ma Baker and the elusive Mr Big who seldom enters the picture. He sits in the background and finances drug smuggling operations.

The third category, and the largest, is the addicts who sell to support their drug habits. They are the ones most likely to be picked up by the police. They sell their wares to friends, but relatively openly. Their lifestyles and dress quickly make them known to the authorities. But the difficulty facing magistrates is to decide whether to treat him/her as a seller or as

do the dirty work

addicts to a state-run rehabilitation centre — unless social workers intervene beforehand.

With pending legislation the Bench will have more discretion.

This week I spoke to a dealer-addict, who is now receiving treatment from the South African National Council for Alcohol and Drug Abuse.

Bruce — this is not his real name — was in prison facing several charges when he came to the attention of welfare workers.

His road to prison started when he first smoked dagga while still at school. He soon moved on to harder drugs.

"When I went to the army I was introduced to Mandrax. I used to smoke it in a pipe mixed with dagga.

"Later, when I got to Johannesburg I became heavily involved in drugs. Mandrax is easy to obtain, but very expensive. To get the money to buy it I got involved in crimes and used to sell dagga and use the money for Mandrax and other drugs."

Bruce never had a conscience about selling drugs to others. "I sold to people I knew because they needed it as badly as I did — a sort of a social service."

He also did not regard himself as a "merchant". "I used to buy from people who also used drugs and they bought it from others. I was just the small man at the bottom."

Social worker Bonita Cohen heads Phoenix House, Sanca's drug

group. The addicts have their own set of rules and certain things are out, like helping authority in any way.

"That is an absolute hard and fast rule. Nobody does; if they do, they are cast out immediately."

"Stealing and forging doctor's prescriptions are accepted as completely normal because that is a way to get drugs."

"I think we have to be careful not to see the addict as a psychopath or juvenile delinquent because they are breaking the law because what they are doing is that they become so enmeshed in the drug-ging world that they are not able to see beyond that."

"When and if the new laws relating to drugs

come through they are going to be pretty severe for dealers — the true pushers — but in many ways they will be a lot more reasonable because they will be providing the magistrate with some type of discretion."

Another social worker attached to Sanca, Jean Alford, says many addicts deal in drugs.

"I met someone here who decided that he needed transport. So he sold acid (LSD) during a weekend and made R2 500. He then bought a motorbike."

"It is very difficult to try to impress upon them that the consequences of dealing are not a joke and that you can sit for 15 years."

Social workers say they do not report people. "We have nothing to do with the police. It is important that our patients realise this. Whatever they tell us is 100 percent confidential and we do not pass on any personal details."

"If a policeman telephones me and asks whether I know a particular person, we are not allowed to give him any information."

"But we don't really get any pressure from the police. I think they respect the work we are doing and generally stay away."

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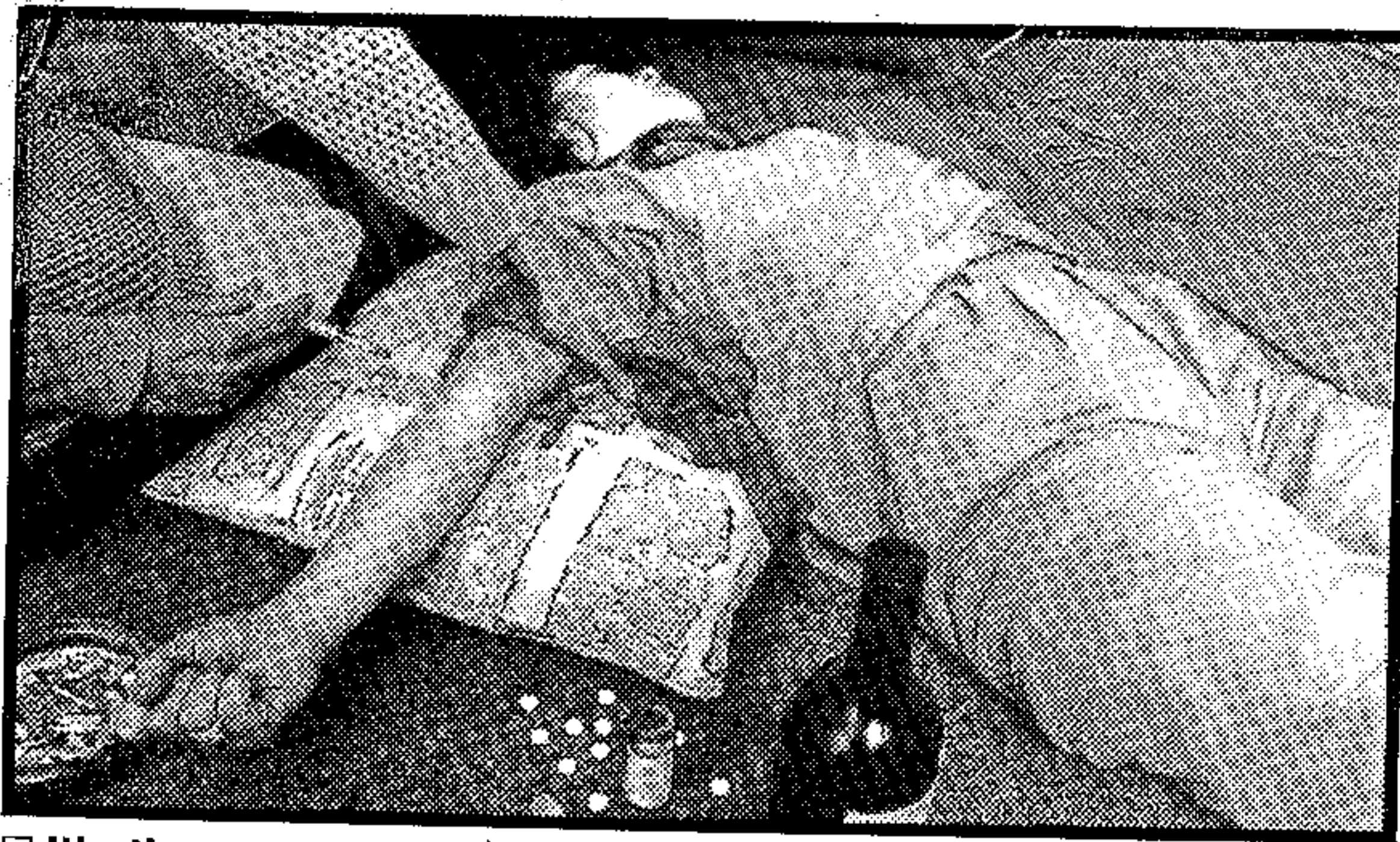
"It is very difficult to try to impress upon them that the consequences of dealing are not a joke and that you can sit for 15 years."

Authorities are irked by what they call the lack of co-operation from

social workers. It is believed they might be able to give police valuable information about dealers.

Social workers say they do not report people. "We have nothing to do with the police. It is important that our patients realise this. Whatever they tell us is 100 percent confidential and we do not pass on any personal details."

(87)



□ It's time to escape to another world until the next fix which is costly business for most junkies — and a must

Ma Baker's place is 'possie' for those junkies

TALK to anyone about drugs in Johannesburg and sooner or later you'll hear about Ma Baker.

And you won't be told she's an addict, user or pusher.

Ma had three children of her own. One was murdered in the late Seventies; one went overseas and the third stays away from the tough little lady.

So when she talks of children, it's not her own brood. She means the down-and-out, runaway, grass-smoking, pill-popping vagrants who haunt the "Bronx" — her description of Hillbrow.

She probably knows them better than anyone. You get to know people who wake you at two or three in the morning begging for a place to sleep; children who can't go home or have no home to go to.

"I've seen them come and go; most of them come to see me again sooner or later — when they get out of jail and even the ones that have gone straight.

"They remember Ma and a warm sleeping bag on a freezing night in the Bronx. Don't misjudge them, they're decent. Most people don't believe that. But I know them and will always have a



□ Ma Baker and friend Dickey. This tough 'little lady' helps young drug takers

place for them," says Ma, whose real name is Joan Stroebel.

How did she get the name Ma Baker?

"Well, if you don't know, read the classic *No Orchids for Miss Blandish*, or see the film *The Grissam Gang*."

Her life, she says, was a bit like that. She never "grassed" on anyone and doubts whether she ever will.

"At my age you don't change that much anymore. I've always believed I lived it the right way, and I'd do it again.

"It's very difficult for children these days. There are so many pressures, and so many drugs available. For many it's all they can do to keep it together.

"In my day there wasn't anything like that around. People didn't smoke dagga much, the occasional bottle-neck was all that was going round."

Ma's place is known as a safe "possie", where you can "park off" and have a "kip" without getting nailed by the "Feds."

WDM 23/10/84 (87)

Police net dagga worth R1 000m

By EMIELIA JAROSCHEK
Crime Reporter

POLICE have seized and destroyed a record haul of 1,8-million kilograms of dagga — worth R1 000-million — and arrested a staggering 29 619 people in connection with the drug in the first eight months of this year.

This was disclosed by the head of the South African Narcotics Squad, Brigadier J Erasmus at Pretoria Police Headquarters yesterday when he released details of the squads' successes up to August this year.

The haul has dealt a crushing blow to dealers

who lost only 151 701kg of dagga to police in 1983 and 158 528kg of dagga in 1982.



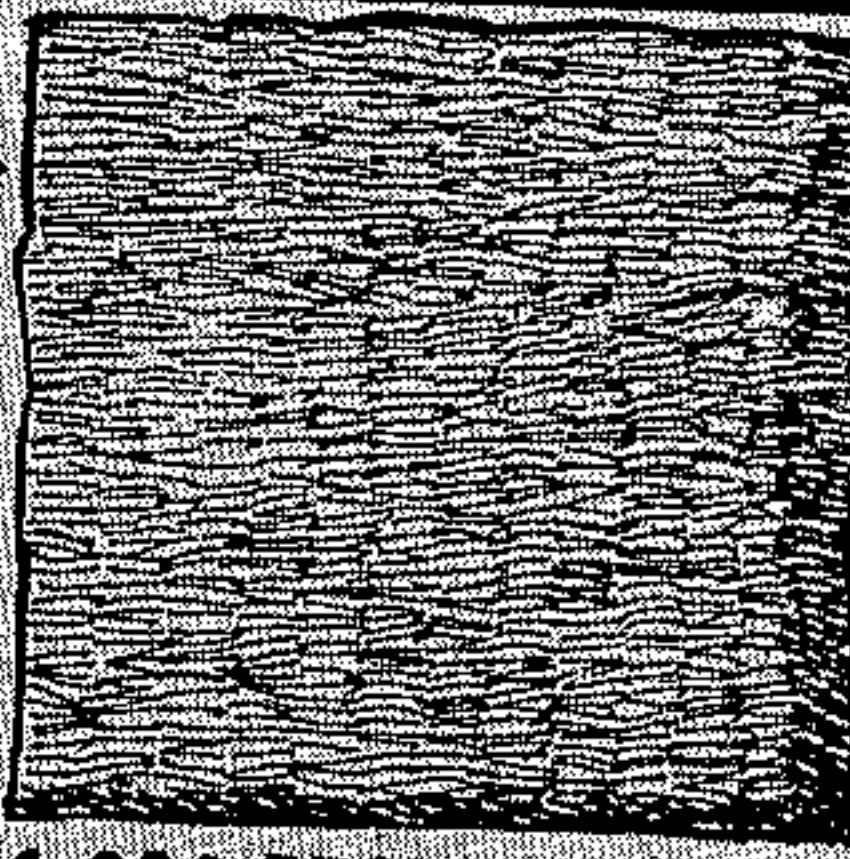
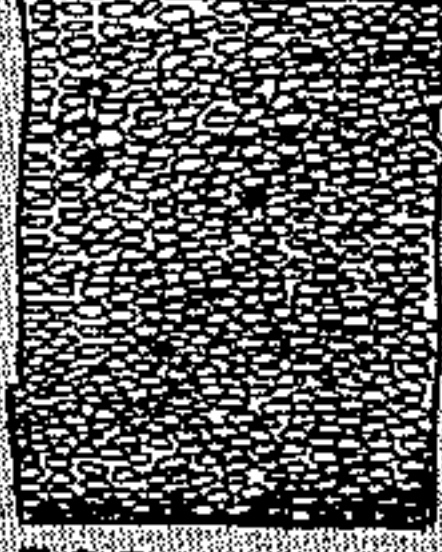











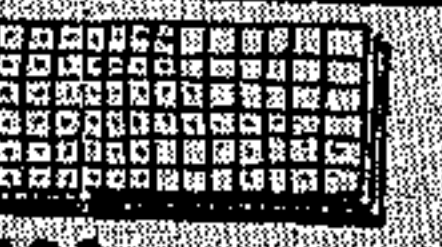





The report also reveals a sudden upsurge in the amount of heroine seized — 1,6kg — with three people arrested, compared with 16g seized and one arrest made in 1982. No heroine was seized in 1983.

LSD seems to be on the increase but so are police successes.

In the first eight months of this year they seized 1 079 caps and arrested 12 people. Last year police seized only 63 caps and arrested 15 people. In 1982 they arrested 16 people in

□ To Page 2

(87)

	1982	1983	FIRST 8 MONTHS '84
Dagga	 158 528kg ARRESTS 26 649	 151 701kg 40 908	 1 830 579kg 29 619
		bags: 310 549kg plants destroyed: 1 489 162kg seedlings: 29 828kg cigarettes: 1 040kg	
Mandrax	 502 562 ARRESTS 581	 154 349 1 631	 202 776 tablets 1 701
Cocaine	 502g ARRESTS 12	 174g 16	 590g 27
Heroin	 16g ARRESTS 1	 0 0	 1,6kg 3
Opium	 32g ARRESTS 1	 29g 15	 12g 4
LSD	 539 caps ARRESTS 16	 63 caps 15	 1 079 caps 12
Prohibited drugs	 16 801 ARRESTS 114	 37 387 89	 3 004 tablets 62

Dagga: police make 29 619 arrests

□ From Page 1

connection with 539 caps. Prohibited (strictly scheduled) drugs have taken a plunge in popularity, figures indicate, with only 3 004 varying pills seized and 62 people arrested up to August this year.

By comparison in 1983, police seized 37 387 pills of all varieties and made 89 arrests. In 1982, police seized 16 801 pills and arrested 114 people.

Opium has taken a drop as far as police successes go, with four people arrested in connection with 12g. Last year police arrested 15 people in connection with 29g, and in 1982 police arrested one man for possessing 32g.

Mandrax is still second on the "popularity pole" on the South African illegal drug market, with 202 776 tablets seized and 1 701 offenders arrested by police. The tablet is commonly smoked with dagga in a white pipe.

The staggering 29 619 arrests made in connection with dagga during the first eight months of this year are in keeping with previous arrests: in 1983 police arrested 40 908 offenders and in 1982, 26 649 offenders.

Cocaine — the rich man's drug — is still on the increase according to arrest figures.

This year police seized 590g and arrested 27 people. In 1983 they seized 174g and arrested 16 people and in 1982, 502g were seized and 12 people arrested.

GAM

Memorandum 10/9/84 (87)

Research shows new causes for drug abuse

Pietermaritzburg Bureau

A MAJOR problem in alcohol and drug abuse was not that the substances were widely used, but rather that it was not known which of the users would become addicted and need help.

This was said Dr S de Miranda, director of the Johannesburg branch of the South African National Council on Alcoholism and Drug Dependence (Sanca), in Pietermaritzburg.

Speaking to members of the local branch of Sanca, Dr de Miranda said in the United States, about 55 million people smoked dagga.

'While many of these people are not addicted to the drug, some will develop drug-related problems and others will become dependent on the drug.'

Findings

'Some researchers are starting to show a biochemical cause with a genetic base linking certain people to having a predisposition to chemi-

cal dependency,' he said.

About 85 percent of the people who developed drug-related problems in their late teens and early 20s had initially experimented with drugs as teenagers.

The remaining 15 percent arose from those who tried alcohol and drugs before the age of 12 or after the age of 18.

However, recent findings had shown that alcohol and drug use in the under-12 age group had increased to nearly 8 percent while the over-18 years group had gone up to about 19 percent, he said.

Dr de Miranda said drug abuse was not confined just to young people but affected the whole community, regardless of age, class or race.

'The reason we pick on children is that their problems are more emotive and it is so easy to divert attention by saying "What's happening to our children?" over a glass of whisky.'

About 80 percent of the population of Western society drank alcohol as

part of their lifestyle.

Of those who drank, up to 30 percent would experience a variety of problems caused by alcohol while another 6 to 8 percent would develop 'the disease of alcohol dependency'.

Sniffing

'A percentage of the population is also hooked on aspirin-like substances, especially young women, some of whom take up to 100 aspirin-related pills a day,' Dr de Miranda said.

Economically deprived societies, such as many of

the black communities in South Africa, had the problem of children between the ages of 5 and 8 years sniffing highly-poisonous glue and petrol.

'These poisons kill the brain and nerve cells, resulting in many of the children being paralysed,' said Dr de Miranda.

'Information alone does not change attitudes; we must also address ourselves to the relationships and general development of the person who has become dependent on alcohol and drugs.'

(187) D. Dipertch 9/12/84

80 pc success rate for EL Sanca branch

EAST LONDON — The branch of the South African National Council on Alcoholism and Drug Dependence here believe that their employee assistance programme (EAP) has saved more than 40 jobs over the last year.

The council's information officer, Mr George Williams, said in the two years of operations, the EAP was getting an 80 per cent recovery rate in East London.

All companies involved in the EAP recognise alcoholism as an illness and if a sufferer accepts the treatment laid down in the EAP, they are willing to guarantee the employee's job security and promotional possibilities.

Without the EAP system employees with alcohol-related problems could lose their jobs.

Mr Williams said that 23 companies were involved with the EAP system here.

"The programme became urgent when figures calculated indicated that alcoholics were responsible for bleeding South African companies of R456 million every financial year.

"By applying a 6 per cent estimation the council calculates that over a quarter million of the 8 665 700 South African workforce suffer serious drink-related problems.

Mr Williams said these cost employers 25 per cent of their annual income in absenteeism, falling production, inefficiency and other alcohol-related problems.

The escalating drink

problem can be effectively combated through early detection and referral to the council for treatment.

However, in the terminal stages the possibility of successful intervention becomes less and damage to the company and family is greater.

"It is important to break the social stigma attached to the illness together with the accompanying denial and fears," Mr Williams said.

"The loss of a job is serious for an alcoholic. Nobody will employ someone with a drinking record."

Mr Williams said that when a company fired someone with drink-related problems, it fired the family as well.

"The employee with a drink-related problem is the family source of income and consequently they suffer."

By firing the alcoholic, a company incurred considerable expense.

"They faced the cost of replacing a man who perhaps had a number of years experience with the company."

"This kind of man costs the company a sizable amount in training and by firing him the company could be firing 30 years of experience," he said. — DDR

	Whites	Coloureds	Asians	Blacks
(bb) Using or being in possession				
(a) Adults				
(i) Charged with				
1/1/79-31/12/79	1 551	3 969	501	12 052
1/1/80-31/12/80	1 911	4 555	615	14 528
(ii) Convicted of				
1/1/79-31/12/79	1 321	3 471	397	10 279
1/1/80-31/12/80	1 596	3 953	470	12 780
(b) Juveniles				
(i) Charged with				
1/1/79-31/12/79	699	2 507	253	4 594
1/1/80-31/12/80	831	2 578	274	5 569
(ii) Convicted of				
1/1/79-31/12/79	596	2 241	196	3 993
1/1/80-31/12/80	696	2 286	227	4 854
(2) Daggas				
(aa) Dealing in				
(a) Adults				
(i) Charged with				
1/1/79-31/12/79	185	692	103	4 005
1/1/80-31/12/80	175	788	101	4 221
(ii) Convicted of				
1/1/79-31/12/79	142	500	83	2 810
1/1/80-31/12/80	139	582	73	3 001
(b) Juveniles				
(i) Charged with				
1/1/79-31/12/79	44	250	32	976
1/1/80-31/12/80	37	304	18	915
(ii) Convicted of				
1/1/79-31/12/79	39	195	26	703
1/1/80-31/12/80	26	221	15	635

(bb) Using or being in possession

	Whites	Coloureds	Asians	Blacks
(a) Adults				
(i) Charged with				
1/1/79-31/12/79	1 516	3 955	501	11 989
1/1/80-31/12/80	1 881	4 512	613	14 498
(ii) Convicted of				
1/1/79-31/12/79	1 299	3 463	397	10 229
1/1/80-31/12/80	1 568	3 925	468	12 757
(b) Juveniles				
(i) Charged with				
1/1/79-31/12/79	687	2 493	253	4 580
1/1/80-31/12/80	822	2 554	274	5 560
(ii) Convicted of				
1/1/79-31/12/79	585	2 231	196	3 981
1/1/80-31/12/80	690	2 267	227	4 845

25. Mrs. H. SUZMAN asked the Minister of Statistics:

- (1) How many persons in each race group were convicted of offences in connection with drugs and dependence-producing substances during the periods (a) 1 July 1979 to 30 June 1980 and (b) 1 July 1980 to 30 June 1981;
- (2) how many of these persons in each race group were (a) committed to a rehabilitation centre, (b) sentenced to (i) a fine only, (ii) a fine or

imprisonment, (iii) corporal punishment only, (iv) corporal punishment and imprisonment, (v) imprisonment only and (vi) a fine and imprisonment and (c) given wholly suspended sentences?

THE MINISTER OF STATISTICS:

- (1) (a) 1 July 1979 to 30 June 1980
- | | |
|-----------|--------|
| Whites | 2 315 |
| Coloureds | 6 970 |
| Asians | 701 |
| Blacks | 19 200 |
- (b) 1 July 1980 to 30 June 1981: Not yet available

	Whites	Coloureds	Asians	Blacks
(2) (a)	28	1	1	8
(b) (i)	30	39	5	104
(ii)	72	133	16	627
(iii)	123	1 163	103	2 567
(iv)	—	—	—	6
(v)	430	2 044	80	6 286
(vi)	—	1	1	6
(c)	1 482	3 436	479	9 304

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Dependence-producing substances/dagga
 24. Mrs. H. SUZMAN asked the Minister of Statistics:

- (1) How many (a) adults and (b) juveniles in each race group were during the periods 1 January 1979 to 31 December 1979 and 1 January 1980 to 31 December 1980 (i) charged with and (ii) convicted of (aa) dealing in or (bb) using or being in possession of dependence-producing substances;
- (2) in how many cases in respect of each offence in each age and race group did the offence relate to dagga?

The MINISTER OF STATISTICS:

- (1) Dependence-Producing Substances
- (aa) Dealing in
- (a) Adults (21 years and older)
- (i) Charged with

	Whites	Coloureds	Asians	Blacks
1/1/79-31/12/79.....	212	713	109	4 089
1/1/80-31/12/80.....	208	807	103	4 257
(ii) Convicted of				
1/1/79-31/12/79.....	166	517	86	2 878
1/1/80-31/12/80.....	160	597	77	3 028
(b) Juveniles (7-20 years)				
(i) Charged with				
1/1/79-31/12/79.....	49	261	33	997
1/1/80-31/12/80.....	37	307	18	916
(ii) Convicted of				
1/1/79-31/12/79.....	43	204	27	722
1/1/80-31/12/80.....	26	224	15	635

Alarm at children's benzine sniffing

S. Tame
3/5/By REHANA LOONAT

BENZINE sniffing has reached alarming proportions among black children in KwaZulu and Natal.

A study by two Durban doctors has revealed the dangerous side effects of sniffing benzine.

They include acute weakness of the limbs, extensive liver damage, renal failure, irreversible brain damage, bone-marrow abnormalities, blood disorders and chronic lung injuries.

Professor Allie Moosa of the department of paediatrics and child health at the University of Natal, Durban, said a significant proportion of children, some as young as six, were "getting high" on benzine.

The distillate is freely available at almost every corner cafe at 20c a bottle. It is poured onto a cloth and the vapour inhaled.

Problems

To determine the extent of benzine sniffing among black children in Natal and KwaZulu, 112 children — 65 boys and 47 girls — who were admitted to the paediatrics wards of the King Edward VIII hospital for non-neurological problems, were questioned by a social worker about benzine sniffing.

Of the 112 children, 47 admitted to sniffing benzine. Eighteen boys and six girls were under the age of nine and 17 boys and six girls were 10 years or older.

"In the two years that I have been at the hospital, I've noticed a large number of children coming in for treatment of nervous problems," said Professor Moosa.

"Upon closer questioning I found that most of the children were benzine sniffers.

"The benzine that is being sniffed is impure and contains the ingredient n-hexane which causes nerve damage. This weakens the limbs to such an extent that children cannot continue normal activities."

Alarming

Durban drug abuse on the increase

NM 29/7/81

87

Mercury Reporter

THE abuse of drugs and alcohol in Durban was 'worse than it had ever been', according to the chief therapist at Warman House — a rehabilitation centre for adolescent drug abusers.

'In my 15 years at Warman House I have never seen the situation so bad,' said Mr Duncan Davidson yesterday.

'The use, let alone the abuse, of drugs and alcohol is far more widely accepted among adolescents nowadays than it was five years ago,' he said, 'and al-

cohol abuse in particular is taking on vast proportions.'

Mr Davidson said dagga was still the most widely used drug, although there had been a definite increase in 'mainlining' and the abuse of 'hard' drugs such as Wellcanol — a morphine-based drug administered for severe post-operative pain.

Other restricted drugs being abused included Obex, a slimming pill, and Nembutal and Vesperex — both long-acting barbiturates.

He said people even resorted to forging prescriptions and bribery to obtain these Schedule 6 and 7 drugs.

Environment

'The basic problem lies not in the adolescent field but in the older generation,' said Mr Davidson.

'It is up to parents to provide the right kind of environment for their children and to educate them on the dangers of drugs and alcohol.'

Although there had not been an increase in the

number of patients treated at Warman House over the past few years, Mr Davidson said this was no indication of the seriousness of the situation.

The peak age of drug and alcohol abuse was about 15 to 17, but it was not uncommon for children as young as 13 to be abusing them regularly.

Indicator

Mrs Winifred Swift, director of the South African National Council on Alcoholism and Drug Dependence (Sanca) in Durban, said more than 114 patients had been treated at Warman House during the period April 1976 to March 1977, and this number had dropped to 73 cases in 1979/80 and to 72 cases in 1980/81.

'But this is no indicator that the abuse of drugs and alcohol has decreased,' she said.

Mr Jan van der Merwe, the assistant director of Sanca in Durban, said the abuse of alcohol had become one of the most serious problems facing them.

'Durban is a "poly-drug

scene" — people try anything that comes along. There is not anything like a "heroin culture" here, such as in other cities round the world.

'The Durban drug scene includes anything from dagga to cough mixture, and there does exist a certain mainline element,' he said.

Capt John Wright, head of Durban's Narcotics Squad, said there had been a 'massive' influx of Mandrax, a sleeping pill, on to the drug scene over the past months.

The Minister of Police, Mr Louis le Grange, said this month nearly 1 000 000 Mandrax tablets with a black-market value of more than R10 million had been smuggled into South Africa during the past three years.

Smuggling

Since 1978 more than 170 people in the Republic had been charged in cases where Mandrax was involved.

In February this year police in Cape Town believed they had smashed a drug syndicate which was smuggling Mandrax via Durban from Bombay and the Middle East.

Speaking in Durban last week, Capt Wright said there was evidence that LSD was available in Durban, and 'Angel Dust' — which caused the user to become extremely violent — was also in evidence locally.

Hans 7 Q.C. 283 14/9/81
Drug addicts
192. Mr. A. B. WIDMAN asked the
Minister of Health, Welfare and Pensions:

How many White (a) adult and (b) juvenile (i) male and (ii) female drug addicts were treated in (aa) mental institutions and (bb) medical hospitals in each of the latest specified five years for which figures are available?

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

- (a) (i) and (ii); and
- (b) (i) and (ii)

Separate statistics are not kept in respect of adults and juveniles and in respect of males and females.

- (aa) 1976—17
- 1977—32
- 1978—37
- 1979—45
- 1980—18

(bb) The information is not available as statistics are not kept in respect of medical hospitals.

Rehabilitation centres

385. Mr. K. M. ANDREW asked the Minister of Internal Affairs: 15/1/51

(a) How many rehabilitation centres in terms of the Abuse of Dependence-producing Substances and Rehabilitation Centres Act, No. 41 of 1971, are being planned in the Western Cape for Asians for each of the next three years (b) how many patients will each such centre be able to accommodate and (c) how much money has been budgeted to be spent on building new centres in each such year?

The MINISTER OF INTERNAL AFFAIRS:

(1) None.

(b) and (c) Fall away.

R. Ames, Grootte Schuur Hospital, Cape Town.

(ii) Dr. Weilbach intended to treat a young boy suffering from severe Glaucoma. However, the treatment did not commence as a result of the inability of the medical practitioner to obtain the substance. Prof. F. R. Ames is doing research into the putative anti-emetic effect of tetra-hydro-cannabinol (THC), an extract of dagga, and its effect on intra-ocular pressure experienced by patients undergoing chemotherapy for malignancy.

- (2) There will be little danger of addiction to THC resulting from the proposed treatment by Prof. Ames.
- (3) Before permission was granted to Prof. Ames, the trial protocols were evaluated and approved by the Medical Control Council. The clinical trial will also be conducted under the strict supervision of an ethical committee who will monitor patient reaction and consider the benefit/risk ratio of the treatment throughout the trial.

I wish to emphasize that the approval for the use of dagga by Prof. Ames has been granted purely for medical experimental purposes in order to relieve suffering, and should not be seen as any change in attitude towards the present restrictions on the use of dagga, a substance which, in itself, remains a dangerous dependence-producing substance.

Dagga

Hans 7 Qc 27 1981
 *11. Mr. A. G. THOMPSON asked the Minister of Health, Welfare and Pensions:

- (1) Whether permission has been (a) sought and (b) granted for the use of dagga in experimental medical treatment; if so, (i) by whom and (ii) what benefits are claimed for such treatment;
- (2) whether there is any danger of dagga addiction resulting from such treatment; if so, what is the nature of such danger;
- (3) whether he will make a statement on the matter?

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

(1)(a) and (b) Yes.

(i) By Dr. C. N. Weilbach from Durban and Prof. F.

Rehabilitation centres for Coloureds
184. Mr. C. W. EGLIN asked the Minister
of Internal Affairs:

15/9/81
(a) How many rehabilitation centres for Coloureds in terms of the Abuse of Dependence-producing Substances and Rehabilitation Centres Act, No. 41 of 1971, are there in each province and (b) how many of these centres have been opened since 1 January 1978?

The MINISTER OF INTERNAL AFFAIRS:

SEPTEMBER 1981

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(a) None.

(b) Falls away.

It can, however, be mentioned that both the De Novo Rehabilitation Centre, Kraaifontein and the Toevlug Rehabilitation Centre, Worcester (the latter was erected by the Dutch Reformed Mission Church of South Africa on 1 April 1978), are functioning in accordance with Law No. 1 of 1971 of the Coloured Persons Representative Council.

Rehabilitation centres
Q.C. 17/1/71
353. Mr. K. M. ANDREW asked the
Minister of Health, Welfare and Pensions:

- (1) (a) How many rehabilitation centres are there in terms of the Abuse of Dependence-producing Substances and Rehabilitation Centres Act, No. 41 of 1971, in the Western Cape for Whites, (b) where is each such centre situated and (c) how many patients can each of them accommodate;
- (2) (a) how many such centres are planned for each of the next three years, (b) how many patients will each such

centre be able to accommodate?
(b) how much money was
budgeted to be spent on
centres in each such year?

The MINISTER OF HEALTH,
WELFARE AND PENSIONS:

- (1) (a) 2.
(b) Parow and Mafkardsvlei.
(c) 40 and 94 respectively;
- (2) (a), (b) and (c) the establishment of additional facilities in the Western Cape is at present being investigated.

1005 Rehabilitation centres
D.C. 161-51 2.2/1981
384. Mr. K. M. ANDREWS asked the
Minister of Co-operation and Development:

- (1) (a) How many rehabilitation centres are there in terms of the Abuse of Dependence-producing Substances and Rehabilitation Centres Act, No. 41 of 1971, in the Western Cape for Blacks, (b) where is each such centre situated and (c) how many patients can each of them accommodate;

SEPTEMBER 1981

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- (2) (a) which of these centres were opened in each of the latest specified three years for which figures are available and (b) how much was spent on building new centres in each such year;
- (3) (a) how many such centres are planned for each of the next three years, (b) how many patients will each such centre be able to accommodate and (c) how much money has been budgeted to be spent on building new centres in each such year?

The MINISTER OF CO-OPERATION
AND DEVELOPMENT:

- (1) (a) Nil.
- (2) Fall away.
- (3) The establishment of such a centre in the Western Cape is not regarded as economically viable as over the past three years only about 11 persons from the Western Cape were referred to the institution at Madadoni in Natal, which caters for 150 patients but has a present occupancy of only 59-60 patients.

HOWES Rehabilitation centres
QC 1271-2 123/181
13. Mr. K. M. ANDREW asked the
Minister of Internal Affairs:

- (1) (a) How many rehabilitation centres are there in terms of the Abuse of Dependence-producing Substances and Rehabilitation Centres Act, No. 41 of 1971, in the Western Cape for Coloureds, (b) where is each such centre situated and (c) how many patients can each of them accommodate;
- (2) (a) which of these centres were opened in each of the latest specified three years for which figures are available and (b) how much was spent on building new centres in each such year;
- (3) (a) how many such centres are planned for each of the next three years, (b) how many patients will each such centre be able to accommodate and (c) how much money has been

3 SEPTEMBER 1981

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budgeted to be spent on building new centres in each such year?

THE DEPUTY MINISTER OF INTERNAL AFFAIRS:

- (1) (a) None.
(b) and (c) Fall away.
- (2) (a) None.
(b) Falls away.
- (3) (a) None.
(b) and (c) Fall away.

The De Novo Rehabilitation Centres at Knudsen and Topping Rehabilitation Centre at Worcester (the latter was erected by the DR Mission Church in April 1970) are, however, established in terms of Law No. 1 of 1971 of the Coloured Persons Reformatory Act. An additional unit will be established at Knudsen that will accommodate 100 male patients is being planned for 1983 as well as a private rehabilitation centre for 50 female patients at Llanes, Cape Town which, according to planning, will be completed within 3 years. No information is to the best my knowledge in respect of the two projects is available at this stage.

THURSDAY, 1 OCTOBER 1981

Indicates translated version.

For written reply:

1012 3 Rehabilitation centres

23 752 11/10/81

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106. Mr. C. W. EGLIN asked the Minister of Co-operation and Development:

(a) How many rehabilitation centres for Blacks in terms of the Abuse of Dependence-producing Substances and Rehabilitation Centres Act, No. 41 of 1971, are there in each province and (b) how many of these centres have been opened since 1 January 1978?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

- (a) The Madadeni institution at Newcastle in Natal and none in the other Provinces.
- (b) The mentioned centre can accommodate 150 patients and it has an occupancy of only 50-60 patients at present.

HEALTH AND DISEASE — Drug Addiction

1985'

Cape Times 4/2/85

87

Professor: 'Dagga is part of SA tradition'

Own Correspondent

DURBAN. — Dagga is as traditional in South Africa as boerewors, biltong and witblitz, and its use should not be regarded as a criminal offence.

This was the view taken by Professor MJC Olmesdahl of the Department of Private Law at the University of Natal.

He was speaking at one of the sessions of the 1985 National S A Congress of Psychiatry being held in Durban.

South Africa could not afford to waste its resources in pursuing a witch-hunt on dagga, he said.

There were crimes such as homicide — 10 000 a year in this country — and assault, which were far more important.

Although the draconian penalties laid down by Dr Connie Mulder in 1971 had since been changed, with suspended sentences for use now being the rule, Professor Olmesdahl said he was not optimistic about any further changes in attitude here.

Dagga, he said, was widely used by the middle classes elsewhere, and there had been marked shifts in public opinion in many parts of the world.

Two other speakers, Dr JB Carlile and Mr A K Hodgson, at the same session of the congress, said they had been collaborating in an intensive study of all the known and researched facts about dagga since 1980.

Although all drug-use was a serious problem and although dagga altered body function and when abused had potential for harm, it had never been shown that it was a milestone on the road to the use of worse substances.

Studies of the effect of the substance on the body's different systems had turned up little or no evidence that it was harmful, said Dr Carlile.

It did, however, affect tracking ability, which was an important consideration in driving and flying.

All recent well-done reports had given dagga a clean bill of health as far as links with insanity were concerned, said Mr Hodgson.

The MINISTER OF JUSTICE:

The statistics for 1984 are as follows:

Magistral District	Offences				
	(a)	(b)	(c)	(d)	(e)
(i) Mooi River	42	None	None	None	5
(ii) Kokstad	57	17	None	3	6
(iii) Himeville	33	7	None	4	1
(iv) Matatiele	46	None	None	2	11
(v) Bushman's Nek	Included in the statistics in respect of Himeville				
(vi) Umzumkulu	Situated in Transkei				
(vii) Howick	180	4	4	7	20

Stock theft

months for which figures are available;

Magistral District	Months for which figures are available				
	(a)	(b)	(c)	(d)	(e)
(1) Mooi River	2	28	1	1	9
(ii) Kokstad	31	18	11	1	2
(iii) Himeville	26	21	1	1	4
(iv) Matatiele	43	31	12	—	11
(v) Bushman's Nek	6	17	—	—	—

January - December 1984

The MINISTER OF LAW AND ORDER:

(1)

Magistral District	Months for which figures are available				
	(a)	(b)	(2)(a)	(b)	(c)
(i) Mooirivier	2	28	1	1	9
(ii) Kokstad	31	18	11	1	2
(iii) Himeville	26	21	1	1	4
(iv) Matatiele	43	31	12	—	11
(v) Bushman's Nek	6	17	—	—	—

Statistics in respect of Umzumkulu are not available as it falls within the jurisdiction of the Transkei.

(3) Small stock	103
Large stock	202

HOA

Sorghum beer

476. Mr P G SOAL asked the Minister of Co-operation, Development and Education:

- (1) Whether the report of the Sorghum Beer Industry Development Committee concerning the sale of the sorghum beer interests of the Development Boards to private enterprise has been received; if not, (a) why not and (b) when will it be received; if so, (i) when and (ii) what was the decision of the committee;

- (2) whether the sorghum beer interests will be sold; if not, why not; if so, when?

The MINISTER OF CO-OPERATION, DEVELOPMENT AND EDUCATION:

(1) Yes.

(a) Not applicable.

(b) Not applicable.

(i) On 4 February 1985.

(ii) To give effect to the Government's declared policy of free enterprise, the optimum privatization of the sorghum beer industry is recommended.

- (2) Yes. Before the receipt of its final report, the Committee submitted its recommendations to the Government upon which a decision was taken and in respect of which I issued a statement on 2 October 1984.

The essence thereof is that the privatization of the industry will take place over a period of three years so that, during that period, suitable alternative sources of income for the Black local authorities can be found. In the meantime this important source of income will be retained for local authorities to be used in the interest of Black communities.

Trade union movements: detainees
R. 601. 594 12/3/85

478. Dr A L BORRAINE asked the Minister of Law and Order:

- (1) (a) How many (i) Blacks, (ii) Whites, (iii) Coloureds and (iv) Indians involved in trade union movements were detained in each month in 1984, (b) how many such persons were still in detention as at the latest specified date for which figures are available and (c) in terms of what legislation were they so detained;

- (2) whether any of those detained were released without charges being brought against them; if so, how many?

The MINISTER OF LAW AND ORDER:

(1) (a) (i) January-October 1984

—None;
November 1984—Five;
December 1984—None.

(ii) and (iii) None.

(iv) November 1984—One.

(b) None on 1985-03-04.

(c) In terms of section 29 of the Internal Security Act, No 74 of 1982.

(2) Yes, four.

87) *Heur and D. 61.594*
Drugs 12/3/85

485. Mr P H P GASTROW asked the Minister of Law and Order:

What was the (a) mass or number and (b) value of the (i) dagga, (ii) LSD, (iii) heroin, (iv) cocaine, (v) mandrax and (vi) other drugs confiscated by the South African Police in 1984?

HOA

The MINISTER OF JUSTICE:

The statistics for 1984 are as follows:

Magistral District	Offences				
	(a)	(b)	(c)	(d)	(e)
(i) Mooi River	42	None	None	None	5
(ii) Kokstad	57	17	None	3	6
(iii) Himeville	33	7	None	4	1
(iv) Matatielle	46	None	None	2	11
(v) Bushman's Nek	Included in the statistics in respect of Himeville				
(vi) Umzumkulu	Situated in Transkei				
(vii) Howick	180	4	4	7	20

Stock theft

465. Mr R W HARDINGHAM asked the Minister of Law and Order:

- (1) How many cases of theft of (a) small stock and (b) large stock were reported at police stations at (i) Mooi River, (ii) Kokstad, (iii) Himeville, (iv) Matatielle, (v) Bushman's Nek and (vi) Umzumkulu during 1984 or the latest specified period of 12 months for which figures are available;
- (2) how many persons were charged with theft of (a) small stock and (b) large stock at each such police station in that period;
- (3) how many of the reported stolen animals were recovered?

January - December 1984

(1)	(a)	(b)	(2)(a)	(b)
(i) Mooirivier	2	28	1	9
(ii) Kokstad	31	18	11	2
(iii) Himeville	26	21	1	4
(iv) Matatielle	43	31	12	11
(v) Bushman's Nek	6	17	—	—

Statistics in respect of Umzumkulu are not available as it falls within the jurisdiction of the Transkei.

(3) Small stock 103
Large stock 202

Sorghum beer

476. Mr P G SOAL asked the Minister of Co-operation, Development and Education:

- (1) Whether the report of the Sorghum Beer Industry Development Committee concerning the sale of the sorghum beer interests of the Development Boards to private enterprise has been received; if not, (a) why not and (b) when will it be received; if so, (i) when and (ii) what was the decision of the committee;
- (2) whether the sorghum beer interests will be sold; if not, why not; if so, when?

The MINISTER OF CO-OPERATION, DEVELOPMENT AND EDUCATION:

(1) Yes.

(a) Not applicable.

(b) Not applicable.

(i) On 4 February 1985.

(ii) To give effect to the Government's declared policy of free enterprise, the optimum privatization of the sorghum beer industry is recommended.

- (2) Yes. Before the receipt of its final report, the Committee submitted its recommendations to the Government upon which a decision was taken and in respect of which I issued a statement on 2 October 1984.
- The essence thereof is that the privatization of the industry will take place over a period of three years so that, during that period, suitable alternative sources of income for the Black local authorities can be found. In the meantime this important source of income will be retained for local authorities to be used in the interest of Black communities.

478. Dr A L BORLAINE asked the Minister of Law and Order:

- (1) (a) How many (i) Blacks, (ii) Whites, (iii) Coloureds and (iv) Indians involved in trade union movements were detained in each month in 1984, (b) how many such persons were still in detention as at the latest specified date for which figures are available and (c) in terms of what legislation were they so detained;
- (2) whether any of those detained were released without charges being brought against them; if so, how many?

The MINISTER OF LAW AND ORDER:

(1) (a) (i) January-October 1984

—None;

November 1984—Five;

December 1984—None.

(ii) and (iii) None.

(iv) November 1984—One.

(b) None on 1985-03-04.

(c) In terms of section 29 of the Internal Security Act, No 74 of 1982.

(2) Yes, four.

87

Drugs

485. Mr P H P GASTROW asked the Minister of Law and Order:

- What was the (a) mass or number and (b) value of the (i) dagga, (ii) LSD, (iii) heroin, (iv) cocaine, (v) mandrax and (vi) other drugs confiscated by the South African Police in 1984?

The MINISTER OF LAW AND ORDER:
DER:

(i) Daga	(a) 2 035 044 Kg	(b) Calculated at the current smuggling price of approximately R1 000 per kilogram, the estimated value is R2 035 044 000.
(ii) LSD	2 242 units	R22 420
(iii) Heroin	None	
(iv) Cocaine	610 gram	R152 500
(v) Mandrax	373 338 tablets	R1 866 690
(vi) Other:		
Opium	75 gram	R15 000
Tablets	26 754	R133 770

Talks with representatives of Swaziland
Government

497. Mr P G SOAL asked the Minister of Foreign Affairs:

- (1) Whether he or any members of his Department held talks with representatives of the Swaziland Government on or about 29 October 1984; if so, (a) what was the purport of the talks and (b) where were they held;
- (2) whether any decisions were reached during the course of these talks; if so, what decisions;
- (3) whether he will make a statement on the matter?

The MINISTER OF FOREIGN AFFAIRS:

- (1) Yes. On 29 October 1984 I met with a delegation led by the Minister of Foreign Affairs of the Kingdom of Swaziland.
 - (a) To discuss a specific sensitive issue in addition to other matters of common concern in the Southern African Region.
 - (b) The State Guest House, Pretoria.

HOA

The MINISTER OF LAW AND ORDER:
DER:

(b) 317 500 km.	
(c) Samil 50.	
(i) R2 205.	
(ii) R75,05.	
(2) (a) R3 791.	
(b) R272 460.	
(a) Cape Province	47
Natal	13
Orange Free State	13
Transvaal	45
(b) Western Cape	15

Bonus bond prize money

577. Mr H H SCHWARZ asked the Minister of Finance:

What amount in bonus bond prize money was unclaimed as at the latest specified date for which figures are available?

The MINISTER OF FINANCE:

R5 003 350 as at 28 February 1985.

Gold

579. Mr H H SCHWARZ asked the Minister of Finance:

What quantity of gold was made available in the Republic in 1984 to (a) jewelers and (b) other concerns for manufacturing purposes?

The MINISTER OF FINANCE:

- (a) 740,780 9 kg fine gold;
(23 816,64 ozs fine gold);
- (b) 1 424,249 9 kg fine gold;
(45 790,66 ozs fine gold).

Incest

589. Mr P R C ROGERS asked the Minister of Law and Order:

What are the latest available statistics in respect of cases of incest in (a) each province of the Republic and (b) the Western Cape during the latest specified period of 12 months for which figures are available?

658. Mr P G SOAL asked the Minister of Health and Welfare:

- (1) How many social workers were registered in the magisterial district of Johannesburg as at the latest specified date for which figures are available:

HOA

Howard R 61.598
12/3/85
National servicemen

654. Mr P R C ROGERS asked the Minister of Defence:

Whether any national servicemen sentenced to detention barracks since 1 December 1984 (a) were and (b) are being held in solitary confinement; if so, (i) how many in each category, (ii) what was the nature of their offences and (iii) what are the periods of solitary confinement in each case?

The MINISTER OF DEFENCE:

- (a) Yes.
 - (i) 3.
 - (ii) Contravention of Detention Barracks Regulations, Chapter 3, Regulation 20, in that they had a prohibited article in their possession.
 - (iii) One member sentenced to 7 days solitary confinement. Two members sentenced to 10 days solitary confinement.
- (b) None.

Social workers

Indian MP calls for action on drugs

NM 17/4/85 (87)

DRUG abuse was rampant among Indian schoolchildren and the Minister of Health Services and Welfare, Dr M S Padayachy, should apply his mind to it, Mr I Kathra (Sol Verulam) said in the House of Delegates yesterday.

Speaking in the committee stage of the 'own affairs' Budget debate, he said the drug problem should receive priority attention in South Africa.

While Indians could be proud of the welfare work

they did in their own community, Dr Padayachy should appoint a committee to look into the entire social welfare needs of the community.

Drug pedlars in particular should be given severe sentences because they corrupted society.

Speaking in the same debate, Mr T Palan (Sol Bayview) said tearooms near schools should not be allowed to sell single cigarettes. If they were prosecuted, the smoking habits of schoolchildren would diminish. — (Sapa)

From as young as seven, boys and girls beg for money and then buy small pots of glue which they sniff all day. When it has lost its intoxicating effect, they sometimes eat the glue. KATE MCKINNELL reports.

Sanca battles to rehabilitate Soweto's little glue-sniffers

The little girl with glue stains on her jersey has never sniffed, say the social workers helping her give up her glue-sniffing habit.

She, like the other 21 children ranging from seven to 14 at the South African National Council for Alcohol and Drug Abuse (Sanca) Soweto Day Care Centre, comes from a home of abject poverty.

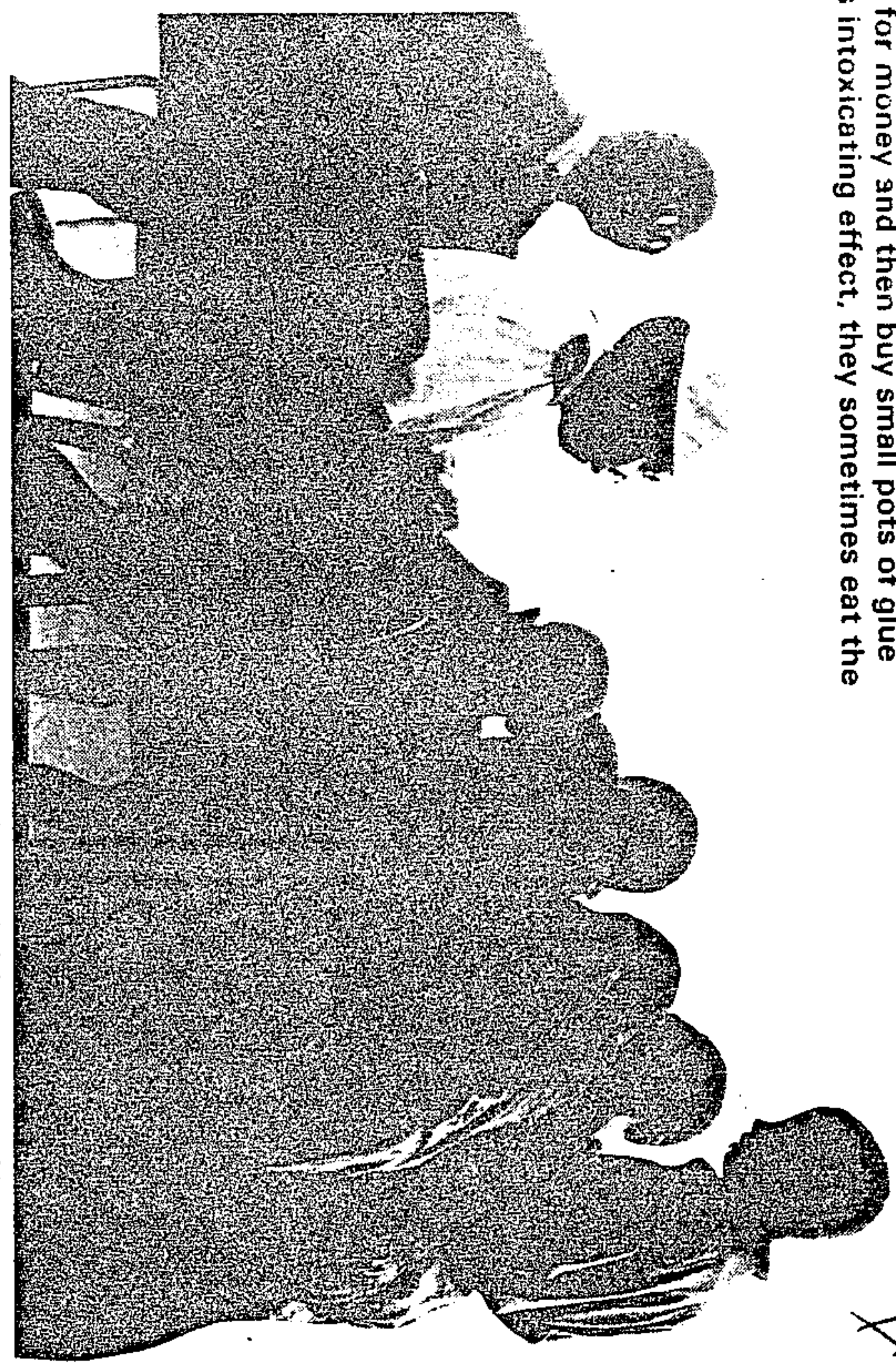
Before she came to the centre, which opened a few months ago, she had probably never sat down to a meal before. She remained, uncared for, in the Soweto streets, numbing her misery with glue euphoria.

Last year social worker Mr Elliot Tshabalala was commissioned by Sanca to survey Soweto and find out where, and how much, glue-sniffing occurs.

"I was shocked by what I found. Glue-sniffing is widespread in the poorest areas of Soweto.

"Most glue-sniffing children have dropped out of school, often one or both of their parents is an alcoholic and the families live in dirty, crowded hovels," says Mr Tshabalala.

He says the children are left to fend for them-



TROUBLED CHILDREN: Sister Patience Tshabalala and Mr Elliot Tshabalala — giving children the care they have never had before. Picture DALE YUDELMAN

selves by parents who leave for work early in the morning and are away all day, or by parents who are unemployed, but too intoxicated to care.

From as young as seven years old, boys and girls beg for money, and then buy small pots of glue which they sniff all day. When it has lost its intoxicating effect, they sometimes eat the glue.

Mr Tshabalala is now running a pilot project to evaluate, scientifically, the ways of helping the glue-sniffing children at the Sanca Soweto Day Care Centre for adult alcoholics and drug abusers.

Helping him is Sister Patience Tshabalala, superintendent of the day care centre.

"We keep the children occupied with games and informal lessons — the kind of things children of their age should be doing.

"But most important of all, we give them the care and concern which they lack so desperately.

"We don't try to force them to stop sniffing glue — but as they receive more care the urge seems to disappear," says Mr Tshabalala.

The children arrive at the clinic at eight each morning and follow a programme of writing, drawing, games and gardening before they go home at four.

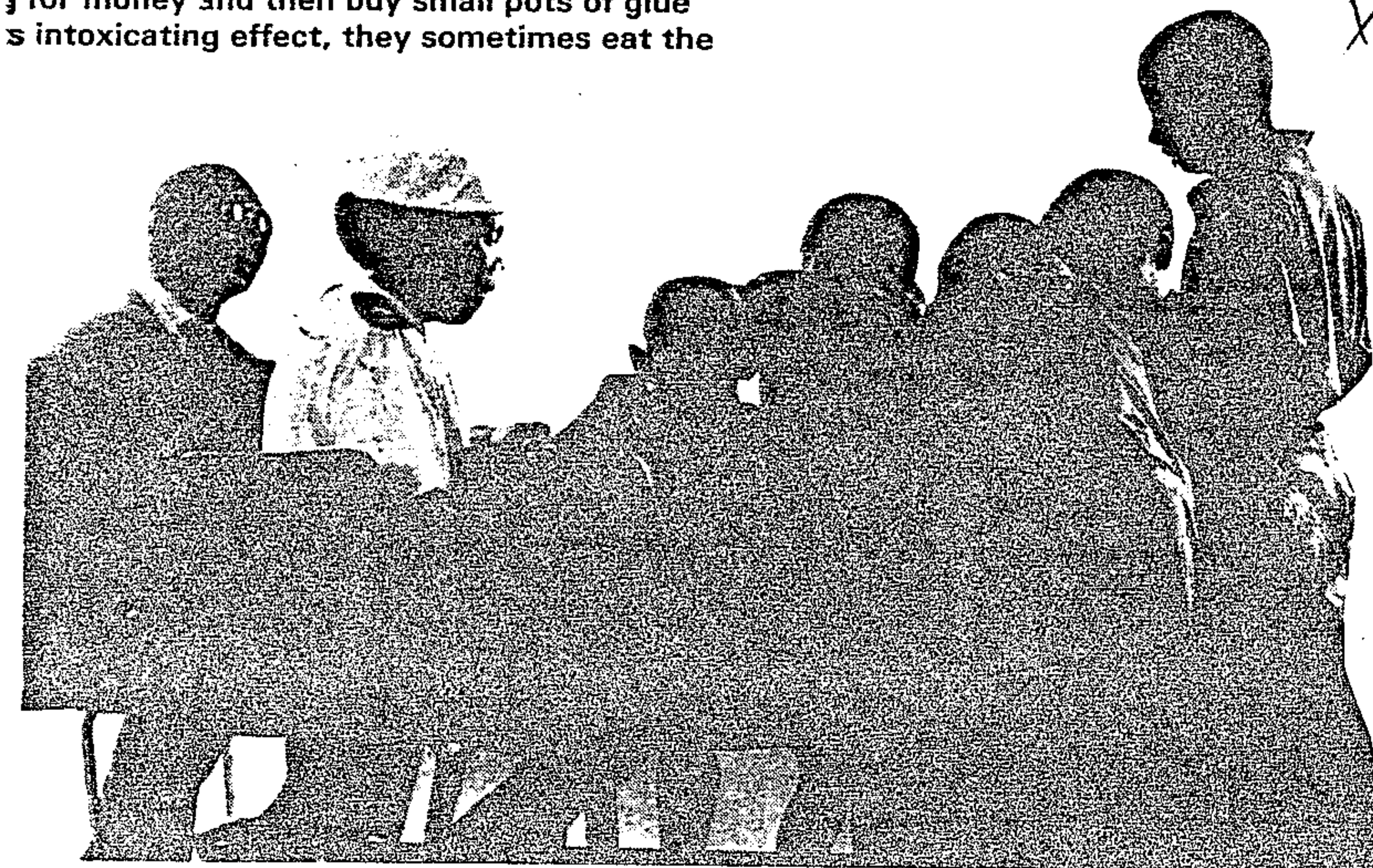
Mr Tshabalala says meals are most important as many get no food at home. The children eat breakfast and lunch at the centre, as well as morning and afternoon tea.

Sister Tshabalala says the extreme deprivation of the children's background was only discovered once they started coming to the clinic.

Medicine was absent as the children had never

WOMEN TODAY

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Sister Tshabalala says the extreme deprivation of the children's background was only discovered once they started coming to the clinic.

Mealtimes were chaos as the children had never sat down to a table before and were used to fighting for every scrap.

"When we taught them to say grace, some would not close their eyes and would pinch food from the plate of the child next to them," says Sister Tshabalala.

But the children have continued coming to the day centre without force and have quickly learnt more socially acceptable behaviour. Nine have already given up sniffing glue and gone back to school.

Mr Tshabalala emphasises that parents have been involved all the time. They have been visited in their homes and the clinic has helped those who abuse alcohol or drugs.

"If the parents do not take more responsibility for their families, their children will just return to their old patterns.

"After a few visits, many of the homes have improved and parents are making more effort to keep the houses clean and comfortable," says Mr Tshabalala.

Glue sniffers

'Instant high' says expert

More kids are

turning to it

FROM PAGE 1

"I don't think people realise the seriousness of the matter," Sister Gelderloem says. "The number of children getting hooked on sniffing is rising all the time."

"Over the past few months, we've had reports of glue-sniffing in Ravensmead, Uitsig, other parts of Elsies River and Kullis River."

George Uithaler, a social worker who has been tackling this problem almost full-time, said one of the striking features of the problem was that parents were often the last to find out about their children's habits.

"In one case, a youngster had been sniffing glue for four years before his mother found out — and then only because we went to tell her."

"It's difficult to say whether it is because they don't care about their children — many of the culprits come from disadvantaged backgrounds — or whether it is because they don't know the symptoms of glue-sniffing."

"Often teachers fail to pick up changes, brought about by sniffing, in the personality of their charges."

Disadvantaged circumstances at home and the lack of recreational facilities, are two of the most important reasons for youngsters turning to glue-sniffing, Mr Uithaler believes.

And the classic symptoms, he says, are listlessness and a loss of interest in schoolwork due to a decline in concentration.

"The real tragedy of the problem is that many glue-sniffers drop out of school."

"Glue-sniffing is something which can't be isolated from other problems — such as playing truant and shoplifting (to support the habit)."

"Remember, it is not only glue that is inhaled. Youngsters often go out to steal cough mixture, petrol, thinners and cooking mixtures contained in aerosol cans," Mr Uithaler says.



Herald 8/6/85

The glue turn-on

Problem has reached 'grave proportions'

By DOUGIE OAKES
Cape Herald staff writer

GLUE-SNIFFING — especially among children in the poorer areas of Cape Town — has reached alarming proportions, social workers said this week.

And children as young as six are becoming addicts.

"We've even had a case of a four-year-old who became addicted to glue," Sister Pat Gelderloem of the St Johns Ambulance in Clarke's Estate, Elsies River told me.

St John's started a pilot scheme several months ago to try to rehabilitate some of these young addicts.

On Saturday, June 8, St Johns will be holding a symposium on glue-sniffing at their premises in Old Stellenbosch Road, Clarke's Estate. It will take the form of an awareness problem.

TURN TO PAGE 4

● A SIGHT that is becoming alarmingly more frequent on the streets of Cape Town.

GLUE-sniffers describe the effects of inhaling chemicals contained in anything from lighter fuel to refrigerants as an "instant drunk", drug abuse expert Dr Sylvain de Miranda explained in Johannesburg recently.

Dr de Miranda took the audience at a symposium on a "verbal trip" by describing the effects of sniffing on young children and teenagers.

"The effects are intense in nature and rapid in onset and are not unlike acute alcohol intoxication."

"Feelings range from euphoria, giddiness, light-headedness and 'flying in space' to delusions, hallucinations, aggression and violence."

"Intoxication from a single exposure usually lasts from 20 to 45 minutes."

"Repeated exposures are usually used to prolong intoxication for many hours."

"Parents," said Dr de Miranda, "are helplessly puzzled when they discover their children are sniffing glue, or spray or petrol".

"The youngsters wonder 'Why all the fuss about harmless fun?'"

87

Herald 8/6/85

A swift death

Sniffing can cause heart failure

SUDDEN Sniffing Death (SSD) is a new medical term for the swift death which can come to children and teenagers who inhale glues, paint thinners, eraser fluids, benzine and other substances for kicks.

SSD is due to heart failure or suffocation, probably precipitated by violent exercise or severe fright — on being discovered, for example — after a bout of sniffing.

These facts were made known by Dr Sylvain de Miranda, Johannesburg director of the SA National Council on Alcohol and Drug Dependence, in a paper on glue sniffing in South Africa presented at a recent Summer School on Drug and Alcohol Dependence held in Johannesburg.

The after-effects of inhaling these substances — volatile hydrocarbons or fluo-carbons present in household and industrial products — can be serious and even fatal.

"Amnesia, depression and suicides are common," said Dr De Miranda. "And death due to unconsciousness and respiratory or heart failure are frequent occurrences."

The substances inhaled, found in products such as plastic cement, aeroplane glue, nail polish remover, petrol, rubber cement, cleaning fluid, aerosols — ranging from antiseptics to toiletries —

and spot remover, produce dependence, and the sniffing habit is one of the most difficult to break.

Addiction can lead to the use of other drugs, including heroin.

ABUSERS

There are four major classes of inhalant abusers in South Africa:

- Adolescent experimenters aged between 12 and 17. They are mainly male from poorer backgrounds, of lower intellect and usually with a family history of alcoholism.

- The economically-deprived group. They are very young glue and petrol sniffers — between the ages of six to 11 — and known in this country as the "Twilight children". They are found in African urban and rural communities as well as among the more deprived coloured and Indian communities.

- The new sniffers. White children of both sexes aged between nine and 12 from well-to-do backgrounds, attending good primary schools. They sniff eraser fluids in class and at home.

- Young adults, such as medical students exposed to anaesthetics, aircraft factory workers exposed to aeroplane glue and cement, panelbeaters exposed to sprays and laboratory researchers exposed to chemical inhalants.

Addington cuts down tranquillisers.

Mercury Reporter

ADDINGTON Hospital medical staff have restricted the amount of tranquillisers prescribed for patients, in an attempt to stop the problem of addiction.

Yesterday hospital superintendent Dr Margaret Barlow said the use of tranquillisers was being more 'carefully monit-

ored. 'There have been a lot of problems with people becoming addicted to Valium and other tranquillisers and therefore we are just being more careful in our use of them,' Dr Barlow said.

She said tranquillisers were 'obviously' still used in the hospital but mostly for a short term.

Laws needed to limit sales

87 15/6/88 Herald

Social workers put spotlight on the availability of solvents that children use for 'kicks'

By TYRONE SEALE

Cape Herald staff writer

TWO social workers who have been researching glue-sniffing among children in Clarke's Estate, have issued a call for legislation to control the sale of glues, thinners, benzine and other intoxicating solvents to youngsters.

In addition, they have called on shopowners to sell these potentially fatal substances "with discretion".

"The legislators should start thinking in terms of laying down laws with regard to the sale of glue and other, readily available, intoxicating substances. That would be a starting point as far as solving the problem is concerned," Miss Rehana Hoosain and Mr George Uithaler said at the weekend.

Miss Hoosain is studying for her honours degree in social work at the University of Cape Town. Mr George Uithaler is a final year social

work student at the University of the Western Cape.

They hosted an open day on the abuse of solvents at the St John's Ambulance Centre in Clarke's Estate at the weekend. Several glue-sniffers and parents from the area attended to familiarise themselves with the nature and hazards of the problem.

About a year ago, the St John's Ambulance organisation in Clarke's Estate and the social workers launched a pilot scheme to rehabilitate young sniffers.

At the moment, there are 15 habitual and 30 experimental sniffers between the ages of four and 14 in Clarke's Estate, Mr Uithaler and Miss Rehana revealed in an interview shortly before they addressed parents on the subject.

The majority of these children pursue their risky pastime by buying glue, thinners and benzine from local hardware stores and other outlets.

Many use their pocket-money to obtain their "kicks", while others would steal or rob for theirs.

The social workers cited an incident in 1983 when six children — whose average age was 10 — were arrested after breaking into a glue factory near the Langa railway station.

Bid to curb glue-sniffing in S A

NM 21/6/85
Mercury Correspondent

(87)

THE St John Ambulance Association is to appeal to the Government to consider legislation making it illegal for children under 16 to buy glue in an effort to stem the tide of a growing number of very young glue-sniffers.

The association, which has been working closely with the S A National Council for Alcoholism and Drug Dependence, believes making the sale of glue illegal to under 16s would be the first step in combating what is viewed as a 'very serious situation'.

According to Sister Pat Gelderbloem, who is stationed with the St John Ambulance depot in Elsie's River, more than 50 children between the ages of four and 16 in that area alone are known glue-sniffers — and the habit is spreading fast.

'What worries us is that although these children are willing to attend group therapy and clinical sessions and to discuss their problem, they seem unable to kick the habit,' she said.

'Many are "high" from after school to the time they go to bed. Some have been prepared to steal to get glue.

'Sanca and St John have been putting in a great deal of work, but we are containing the problem rather than solving it,' she said.

Although glue-sniffing is not known to have caused any deaths in South Africa, research in Britain indicates that habitual sniffers develop infected lungs, lose physical co-ordination and irritate the sensitive parts of their bodies, particularly the mucous membranes of the mouth and nose which develop running sores that are difficult to heal.

'Glue-sniffing' won't be solved by restriction

on sales'

MM 22/10/85 Mercury Reporter 87

INTRODUCING legislation to stop children from buying glue will not solve the problem of young people becoming habitual glue-sniffers, say manufacturers and medical experts.

They were commenting on the St John Ambulance Association's plans to appeal to the Government to consider legislation making it illegal for children under 16 to buy glue.

'That is not the way to approach the problem because if glue is not available the children will turn to petrol or benzine,' said Prof Walter Loening of the Pediatrics Department of the Natal University's Medical School.

'A study we did in Natal found that there was a high prevalence of this problem among black children from as young as six. Up to 50 percent of the children had experimented with solvent sniffing of some kind.'

Prof Loening said abuse of solvents — which includes petrol, benzine, thinners and glue — was fairly prevalent among Indian and coloured children with white children mostly abusing glue.

'The answer to the problem is education and finding something better for the children to do,' he said. The marketing manager of a large glue manufacturing company, Mr U Drewf, said he did not believe legislation on such a level would stop the problem.

'There is definitely a problem and I think one of the

solutions would be to educate children, and their parents, on the danger of glue sniffing,' Mr Drewf said.

Mr Hugh Thomas, marketing manager of another large glue manufacturer, agreed that legislation as proposed by the St John Ambulance Association would not work.

But he said the company was 'at a loss' about methods to control glue sniffing.

'We have always been perturbed about it, but there doesn't seem to be any viable solution.'

'However, we will obviously examine the steps that can be taken if the Government does consider legislation.'

But Sr Pat Gelderbloem, who is stationed with the St John Ambulance Association's depot in Elsie's River in the Cape, said legislation was only one step towards combating 'a problem that is becoming very serious'.

'In-service training for professionals dealing with children is also necessary,' Sr Gelderbloem said.

'Most professionals do not have the experience or skills to deal with glue sniffing.'

She also said rehabilitation centres for children who were addicted to glue or who experimented with it should be established.

'Another problem is that in a lot of areas children don't have recreational facilities. Therefore, through boredom and peer pressure, they start sniffing glue.'

I'm just a fighter, says M

Mrs Malikolo Motumi tackles problems of awesome proportions.

But she would probably laugh if you told her that, and steer the conversation in another direction.

"I'm a fighter — that's all."

Her title at the South African National Council on Alcoholism and drug Dependence (Sanca) is "development adviser" — a tame description for the developer and co-ordinator of Sanca's entire service for black people in South Africa.

And the post at Sanca was offered on the strength of her work in founding the Johannesburg Childminders Association, an organisation created because of the desperate need for reliable day care for black children.

She leaves today as Sanca's delegate to an international conference on alcoholism and drug abuse in Canada, and she will be travelling around the United States and Britain, studying projects tackling alcohol and drug abuse among minority groups.

Her confidence is casual — the kind so many businesswomen tie themselves in knots to achieve, but never do. And with this strength is a genuine warmth.

Sitting in her Braamfontein office, Mrs Motumi is keen to talk about her work at Sanca.

"The need for work on alcohol and drug dependence among black people is obvious. But until recently, services for blacks were developed just by the way.

"Now we are helping local bodies to develop and run services themselves," says Mrs Motumi.

She says there are only 20 societies for black people attached to the national Sanca office — most of these are in urban areas. And there are large areas of the Free State and Natal which have no service at all.

It is a problem finding social workers, nurses and other professionals to work in the rural areas.

Influx control laws make it difficult for urban people to work in the rural communities, and some professionals fear losing their rights to live in urban areas if they move to work in outlying parts of the country.

In the year 1980/81, Sanca's out-patient facilities for alcoholics treated 657 black people — a fraction of the estimated number of people needing help.

Sanca's delegate to an international conference on alcoholism and drug abuse talks to KATE MCKINNELL about her work.



MALIKOLO MOTUMI: "If something's important, I'll fight."

"We know alcoholism and drug abuse are widespread in both rural and urban areas — there are no statistics showing exactly how serious it is, but alcohol consumption figures are evidence enough.

"The problem is a lack of knowledge — people still do not realise that these substances can be addictive," says Mrs Motumi.

Dagga is no longer used as it was traditionally, in moderate amounts for medicinal purposes, but is smoked for the high it gives. In the townships, glue sniffing and the use of mandrax is on the increase.

"It is no use just applying services for white people to help people in the townships and rural areas — we have to develop specific services.

"This is mainly because the attitudes to alcoholism and drug dependence are different among black people," says Mrs Motumi.

Firstly, both the abuser and his family may not be aware the dependence is a disease which can be treated.

Health workers may need to point out the problem, and not wait for patients to seek help as is expected in the white population.

The black community also tends to see alcoholism as a disgrace and alcoholics and addicts may be rejected by families and friends who have the atti-

tude that they should "pull themselves together".

Because of this, the helper needs to reach the entire family, to educate them as well as helping the addict to find other coping mechanisms.

"The central issue is a lack of education — at even primary school levels people should be made aware of the dangers of alcohol and drugs.

"And this problem is found among minority groups worldwide," says Mrs Motumi.

She says the socio-political situation in South Africa is an obvious factor behind the increasing alcohol and drug problems among black people. Poverty, frustration and a lack of recreation breed problems.

"Another point of contention is the free availability of alcohol. Why is it the provision of alcohol so often seems to take priority over other facilities?

"Why is liquor available at just about every station in Soweto? Why do local authorities grant liquor licences in areas where supplies of basic necessities are inadequate?

"It's ridiculous."

She fights, she says, for things she feels strongly about — issues which may in their nature be political, but which for her are the difference between right and wrong.

"I say what I think, and sometimes that threatens authorities. I can cope

I just a fighter, says Malikolo

86 (87) Star 20/7/85

Sanca's delegate to an international conference on alcoholism and drug abuse talks to KATE MCKINNELL about her work.



MALIKOLO MOTUMI: "If something's important, I'll fight."

Malikolo Motumi tackles a range of awesome propor-

She would probably laugh if you said that, and steer the ship in another direction. "It's all that's all."

Malikolo is the South African National Coordinator of Sanca (South African National Council on Alcoholism and drug abuse) is "developmentally appropriate" description for the co-ordinator of Sanca's work for black people in South Africa.

Malikolo was offered an opportunity to talk about her work in founding the Johannesburg Childminders Association, an organisation created to meet the desperate need for reliable day care for black children.

Today as Sanca's delegate to an international conference on alcoholism and drug abuse in Canada, and travelling around the United Kingdom, studying projects on alcoholism and drug abuse among black people.

Malikolo is casual — the kind of woman who ties her hair back to achieve, but never loses sight of her strength is a genuine one.

At her Braamfontein office, Malikolo has been keen to talk about her work.

Her work on alcohol and drug abuse among black people in South Africa until recently, services have not developed just by the

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"The central issue is a lack of education — at even primary school levels people should be made aware of the dangers of alcohol and drugs.

"And this problem is found among minority groups worldwide," says Mrs Motumi.

She says the socio-political situation in South Africa is an obvious factor behind the increasing alcohol and drug problems among black people. Poverty, frustration and a lack of recreation breed problems.

"Another point of contention is the free availability of alcohol. Why is it the provision of alcohol so often seems to take priority over other facilities?

"Why is liquor available at just about every station in Soweto? Why do local authorities grant liquor licences in areas where supplies of basic necessities are inadequate?

"It's ridiculous."

She fights, she says, for things she feels strongly about — issues which may in their nature be political, but which for her are the difference between right and wrong.

"I say what I think, and sometimes that threatens authorities. I can cope

with that," says Mrs Motumi.

Her father, a Dutch Reformed minister, always predicted she would become a social worker.

"If it hadn't been social work I would have been nursing — I'm being around and caring for people and I always have the energy," says Mrs Motumi.

After completing her social work degree, she worked for a Government health department until 1977, when she visited the US on an exchange programme.

After this, she helped compile a report on facilities in Soweto for the Urban Foundation and later spent three months studying community projects in Britain.

"I love travelling but most important, I've found I can input into the community what I learn overseas. Programmes can't be duplicated, but they can be adapted," says Mrs Motumi.

Combining knowledge she gained overseas and her own strong feelings, she established the Johannesburg Childminders Association in 1981 and is still chairman of this organisation.

Divorced, with three children, Mrs Motumi knows the desperation of thousands of working Soweto women trying to find day care for their children.

She had to return to work when two of her children was only two months old, and battled to find adequate day care for them.

Only one pre-school centre in Soweto took children under the age of three while there was no guarantee of the reliability of childminders.

The association trains its members in child care and sets standards of hygiene. It also helps childminders to buy food and equipment at reduced costs.

Not only will mothers be sure of quality care for their children but childminders themselves are protected and promoted by the organisation. More women are also encouraged to become childminders, alleviating the shortage of day care facilities.

"It is still my pet project, mostly because I love children."

Mrs Motumi received an honours degree for her thesis on the childminders project, and she still takes an active part in its operation.

"I'm involved in a few other organisations, it is difficult to say no when people need help. I have far too much to do. But that's me," says Mrs Motumi.

Spectrum

Dagga found at all levels of South African society

DRUGS are almost all-pervasive in South Africa.

From the rich man's "sugar" of cocaine to glue sniffers on the Cape Flats, use is governed only by the ability to buy and the wish to use.

Alcohol, legal and socially acceptable, is probably used by about 85 percent of all

adults while surveys show increasing use among teenagers of all races. It is cheaper and more readily accessible than the illegal drugs and use carries very little social stigma.

Nicotine and caffeine use is endemic, while dagga appears at all levels of society.

One expert calls pill popping — the abuse of prescription drugs such as sleeping pills and tranquillisers — South Africa's major drug problem after alcohol.

But, as investigations revealed, the biggest problem of all is that — apart from sporadic and sketchy surveys

— little is known about the overall extent of drug abuse in South Africa.

The police last year confiscated or destroyed about 2-million kilograms of dagga, but they do not know what percentage this represents of the total.

The very illegality of much drug use militates against

the collecting of factual information while one expert alleges that the shortage of money for investigation is deliberate policy.

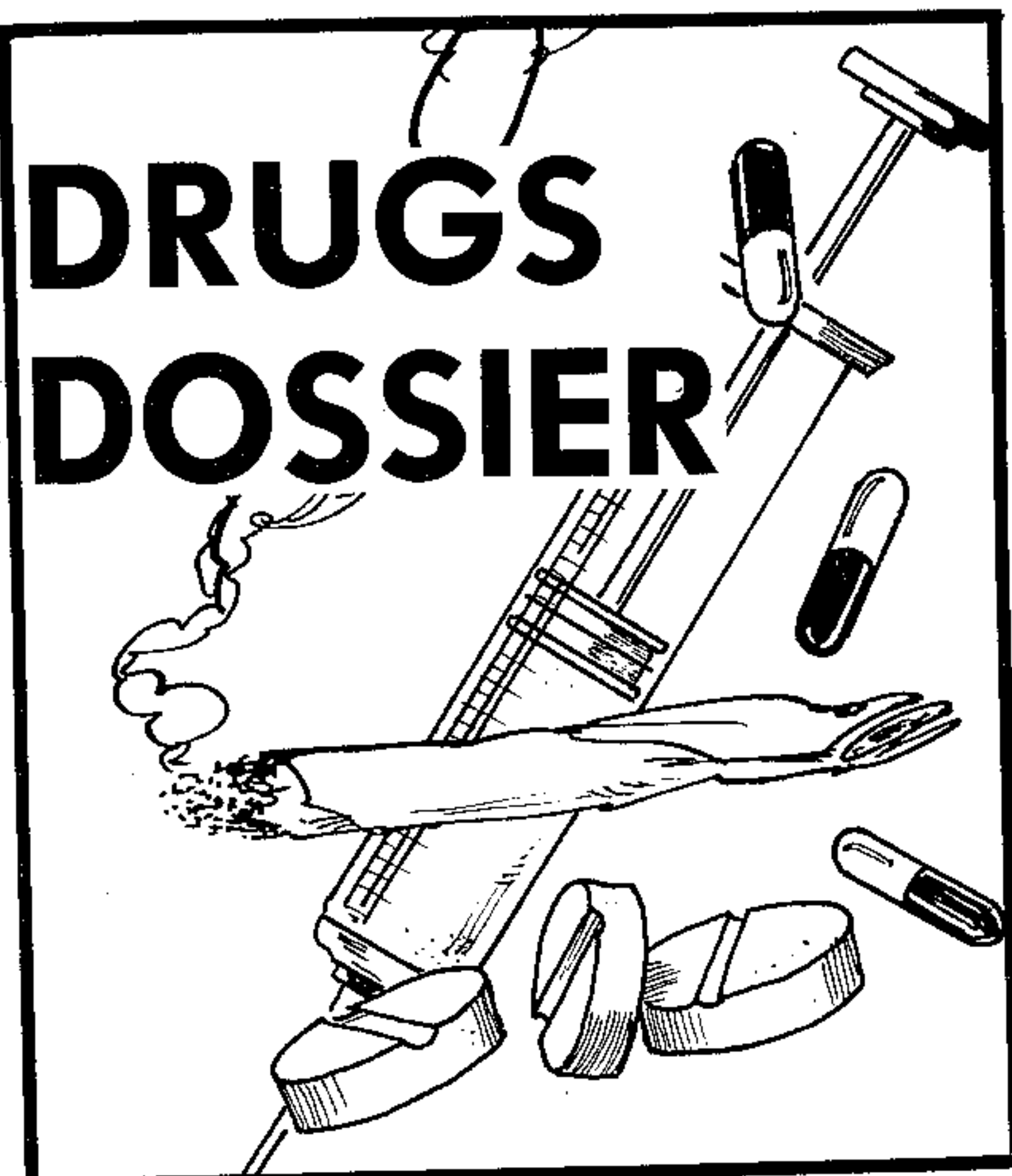
Experts agree it is unlikely that experimentation with drugs will ever be eliminated, but while hard information is so difficult to come by, myth

and inaccurate information flourishes.

Hardly the best climate in which to combat abuse. In the interests of a better educated and therefore less susceptible public, The Argus has undertaken an extensive survey of the drug situation which will be published over the next four days.

How big is drugs problem?

DRUGS DOSSIER



Staff Reporter **DICK USHER** investigates the scope of the drug problem in South Africa — and finds that drugs are all-pervasive, reaching into all levels of society, from the rich man's cocaine to the glue sniffers.



THE problem with the problem of drug abuse is that nobody knows how big the problem is.

Estimates of the number of people using drugs, whether legal drugs such as alcohol or illegal drugs such as dagga, are informed guesses at best, according to experts.

Studies conducted since 1971 commonly show about 20 percent of respondents having used illegal drugs — dagga, Mandrax, LSD, opiates — at some time.

A study in 1973 for the Human Sciences Research Council by Dr Chris van der Burgh showed that of about 4 600 white males who had left school and were between 16 and 21, about 20 percent had used dagga and/or other drugs at least once. A significant proportion had started use while at school.

Cannabis

About 10 years later another HSRC study by Dr van der Burgh indicated at least 18 percent of just over 2 650 young white males had used cannabis at least once, 10,3 percent in the previous six months.

As in previous surveys, dagga use was shown to have started at school, but this survey indicated that initial contact was in primary school.

But experts tend to regard some of these responses a little dubiously, pointing out that the very illegality of the activity builds in distortions as many people may not be completely honest in their replies.

Dr van der Burgh said information about drug use was very limited. It was an "underground" phenomenon and people did not freely indicate that they used drugs.

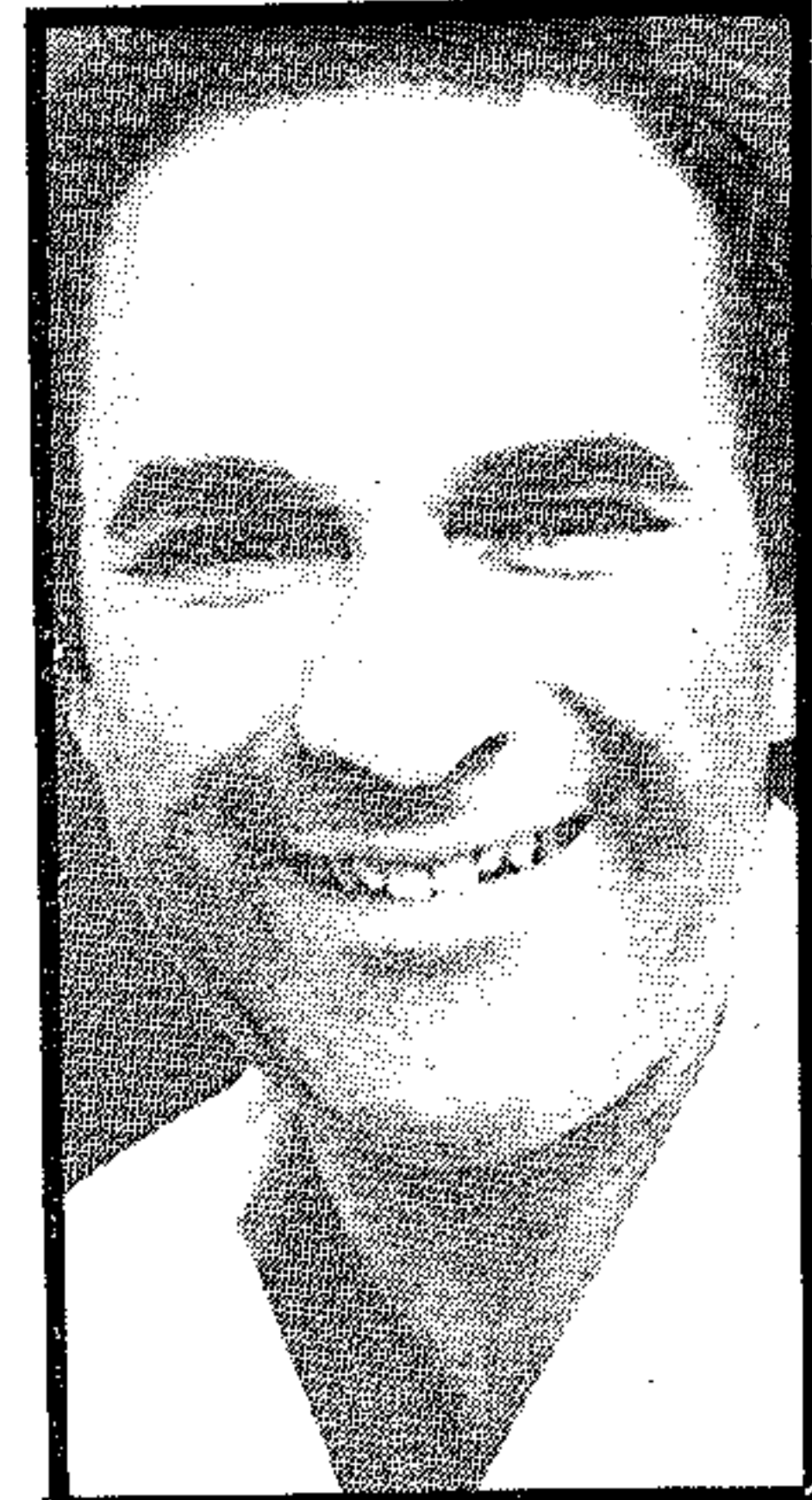
Dr David Rabinowitz, head of the Cape Drug Action Committee, says anecdotal and hearsay evidence from drug users who attend clinics suggests that the real numbers may be considerably higher.

'Opiate abuse'

"The fact, for example, that opiate abusers place an extremely small demand on our services currently says nothing about what is happening outside.

"There may be significant opiate abuse that has not yet reached the point of placing a demand on our services.

"We just don't know. We simply know very little about the



Dr David Rabinowitz ... the real numbers may be considerably higher

non-clinical population," he said.

Even with alcohol, where the legality of the activity tends to make establishing the size of the drinking population easier, the stigma attached to problem drinkers and the unwillingness of many to admit a problem also distorts the statistics.

The South African National Council on Alcoholism estimates that out of a total drinking population of 4 259 627 there may be 255 576 problem drinkers.

Hidden aspect

Another, hidden, aspect of drug abuse is the question of dependence on drugs prescribed legally which one expert calls the biggest problem after alcohol.

But, says Mrs Lee Wilcocks, executive director of the Centre for Drug and Alcohol Studies, there is simply no South African research on the extent of the problem.

With Dr Rabinowitz she says: "We simply don't know."

"Up to now we have focussed mainly on treatment because that is all we have had money for," she said.

"Now money is becoming available for education and prevention, but there has never been money for research. I sometimes wonder whether the authorities' attitude is that if they don't research the problem they can say there is no problem."

Chratchan, siesta-korrels, groen, grass or by any other name, it's still dagga.

TOMORROW: Dagga is not the harmless drug it was once thought to be — and the huge profits made in the dagga trade

Pill-popping the most serious issue

PILL-popping is the most serious drug abuse in South Africa, after alcohol.

But, as with nearly all areas of drug abuse, there is no research to indicate the extent of what experts, simply through observation and contact, know is a widespread problem.

The problem was highlighted recently when Addington Hospital in Durban announced a clamp on the dispensing of popular tranquillisers because one in every two pensioners being treated there is considered reliant on them to some degree.

Mrs Lee Wilcocks, executive director of the Centre for Drug and Alcohol Studies, says the problem is symptomatic of a chemically oriented society.

"If something is wrong we take a pill rather than treat the illness itself," she said.

"Obviously, if you can't sleep or are anxious or irritable one would like relief. So people take pills to help them sleep, to help them relax and all they are doing is treating the symptoms of an underlying illness

rather than treating the illness itself.

"We are very definitely chemically oriented and it seems as though the stresses and complexities of modern life are simply outrunning people's ability to cope," she said.

Dr Marius Barnard, PFP spokesman on health, agreed that in a chemically oriented society drugs were simply too readily available.

"Chemical treatment for stress is the easiest way out for the medical profession," he said.

"In my experience giving out pills is far too often done without any thought. It is not treatment but often simply getting rid of the patient in the easiest possible way."

Dr Chris van der Burgh, a senior researcher with the Human Sciences Research Council, who has done several surveys on drug use, backed up their views.

"We are living in an over-medicalised society and it seems as if children are picking up their attitudes towards drugs from their parents.

"It is no wonder they turn to drugs

But, while alcohol abuse is probably the major cause for concern among all people dealing with drug abuse, problems with abuse of other substances have been prominent in recent years.

The starting point for understanding drug abuse is the substance itself — the drug.

According to the South African National Council on Alcoholism and Drug Dependence (Sanca), a drug is a substance, derived from natural or synthetic sources, that brings about a change in physiology.

Abuse of drugs concerns mainly those chemicals which affect the mind and are used for their pleasurable or other mind-altering effects.

Almost any substance is available for abuse if it can be swallowed.



Dr Marius Barnard . . . drugs simply too easily available

when they see their parents coping with problems by drinking or taking a pill," he said.

"It seems as if children are being taught by their parents that there is a chemical for any condition they find themselves in."

Both Dr Barnard and Mrs Wilcocks were critical of doctors who pre-

sniffed or injected and medical literature is replete with bizarre examples of dependence.

One such involved a British woman who became dependent on Jeyes fluid, taking a spoonful in a glass of water. When she became pregnant and tried to stop she experienced withdrawal symptoms severe enough to require clinical treatment.

In recent years attention has also focussed on glue and solvent sniffing among young people, in the Cape Town area especially among coloured children.

According to a Sanca booklet, Drugs and Drug Abuse, several factors contribute to the abuse of drugs among young people.

These involve an interplay between the inner world of adoles-

scribed pills too freely or misprescribed drugs.

"It is time for the medical profession to take a much stronger position on the whole question of prescription drugs," said Dr Barnard.

Mrs Wilcocks said it was easy for abusers to get hold of large supplies of drugs.

"They can either register at several hospitals and collect a month's supply of drugs from each of them, or they can do the same thing with several doctors," she said.

"Or scripts get casually repeated all the time and people become dependent.

"The main problems are tranquillisers and sleeping pills and that affects both men and women.

"The high-powered businessman travels a lot, is under stress, takes pills to help cope with jet-lag and problems with sleeping and being in strange places. He might also mix alcohol with his pill-taking and before he knows what's happening he has a dependence problem."

cents — their desires, emotions, perceptions and values — and the outer world and its demands.

Drugs are abused because of their desired consequences or rewards, which include stimulation or relief from unpleasant feelings such as anxiety, inadequacy or poor self-esteem.

There may also be external social factors. The young person may feel, for example, that drug use is necessary to win acceptance by friends and associates, particularly if they use drugs.

This is often the reason for drug experimentation and in many cases it proceeds little further.

Longer use could lead to physical or psychological dependence.

With companion story on dependence

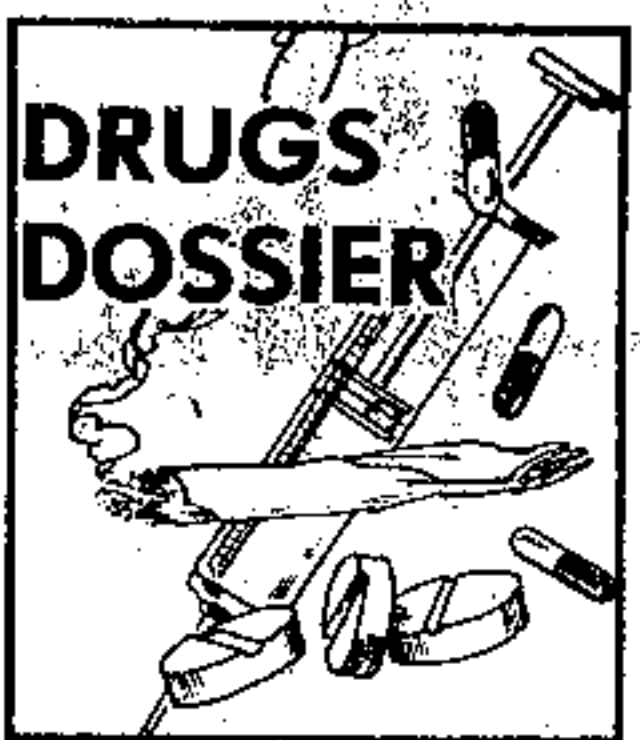
Abuse has been with us for a long time

DRUGS have probably been around about as long as the human race.

Alcohol, as Dr Marius Barnard, PFP spokesman on medical affairs, says, has become such a part of our social fabric over the past thousands of years that it will probably always be with us.

Dr David Rabinowitz, chairman of the Cape Drug Action Committee, agrees.

"Looking at it very pragmatically, I think we would have to accept that alcohol and the use of this drug is so deeply entrenched in Western culture, has such a long history and is so coupled with strong business interests that the likelihood of removing it as a factor from Western society is small if not totally unrealistic," he said.



Dagga — NOT so innocent

Traditional African-grown crop

THE drug problem and any attempts at controlling it are massively complicated by the political economy of the trade.

While it would be an exaggeration to say white teenage dagga smokers are keeping Kaiser Matanzima from being thrown into the sea, it is probable that enough of the enormous profits from the dagga trade flow into impoverished rural areas of Transkei — and other homelands — to keep people there from overwhelming dissatisfaction with their lot.

According to Professor O Ben-Arie, in an article in Continuing Medical Education, cannabis has traditionally been grown by Africans since early times and 70 per cent is grown in an area that includes some of Swaziland and Transkei; most of the rest is grown in northern Natal and Zululand, he says. Accordingly, if it ever became policy to destroy cannabis at source, political factors would have to be taken into account.

One of these political factors is the size of the dagga trade.

As with an investigation of any aspect of drugs in South Africa, their illegality makes it all but impossible to acquire reliable statistics, but enough information is available for educated guessing purposes.

During 1983/84, according to the report of the Commissioner of Police, about 2-million kilograms of dagga were confiscated or destroyed by police. Official estimates value this at R2 000-million.

Transkei

According to Professor Wolfgang Thomas of the University of the Western Cape, the gross domestic product of Transkei for 1985 would be about R1 000-million.

Professor Thomas estimated the agricultural sector of the Transkei economy at about R200-million. Professor Thomas and other economists calculated the dagga trade as being worth about R100-million a year making it Transkei's largest agricultural crop and probably the biggest single income earner, excluding exported labour.

Economists also suggest that a small producer would earn about R6 000 a year from a crop and feel that this might be the "break even point" for migrants into the South African labour market.

Men, dagga

"Dagga could thus also be seen as curbing the exodus of men into towns from rural areas," said an economist in Transkei.

"Basically, where you find men at home you'll find dagga."

DAGGA is not the harmless drug it was once thought to be.

It can cause declining physical and mental functions, damage motivation and social life and — in a small group of abusers — cause psychotic reactions.

These and other conclusions have been reached by professionals at clinics of the University of Cape Town at Grootte Schuur and Valkenberg, where the number of patients presented for treatment has increased so dramatically that existing facilities can no longer cope.

Dr David Rabinowitz, chairman of the Cape Town Drug Action Committee, is quite firm about the possible dangers of dagga abuse, although he also emphasises that his observations refer only to the patients seen in clinical situations: "We simply know far too little about our non-clinical population."

Decline

From these observations he says that over time "we do see, sometimes very clearly documented in the patient's history,

'In many individuals, their drive and motivation becomes damaged.'

a clear decline in function.

"This may show in a scholar. Declining marks often parallel the onset of drug abuse or dagga abuse, and as the individual settles into a steady and predictable pattern of drug intake his marks begin to decline very markedly and you often get dropouts from school or university.

"In many individuals, their drive and motivation becomes damaged.

"This is known as the amotivational syndrome where the individual's lifestyle becomes centred around the drug. He becomes occupationally impaired, socially impaired, scho-

lastically impaired, and he is not always aware of this.

"It often takes confrontation by others to bring the abuser to us."

Dr Rabinowitz says there are sometimes health problems — weight loss, decline in general health and energy, loss of appetite and insomnia.

"They do not appear well, their skin has often lost its tone and sheen and their hair is dull and dry."

But he also emphasised that when individuals are helped to remove the drug from their lives, recovery is possible.

Impairment

"There do not appear, so far, to be permanent forms of impairment.

"But the prolonged use of cannabis may be related to personality immaturity and once the drug is gone, the individual needs other forms of rehabilitation — social and emotional, which may take several weeks or months.

"There is usually a lot of work involved."



Up in smoke — a police officer throws petrol onto a pile of dagga in northern Natal.

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D

How much is found? How much isn't?

RUNNING dagga into the cities is risky, profitable and highly organised.

A 25kg bag that may cost R500 from the grower could, depending on its quality, be worth R25 000 on the streets of any South African city when it has been packed into sticks for retailing.

It will grow almost anywhere in Southern Africa — Malawi, Swaziland, Zululand, Lesotho, Transkei, Ciskei — and nobody is prepared to hazard a guess at how much is produced annually.

Even though the police know how much they find, either confiscated at some point in the extensive distribution network or destroyed in the field, they have no idea (or they're not saying) how much they don't find.

In the growing areas it is usually cultivated in small patches on land that is as inaccessible as possible and every imaginable precaution is taken to protect it from detection.

Trafficking

The trafficking is controlled by sophisticated syndicates of which one economist said: "The dagga trade gives the lie to all those who say black people can't run a business."

Police say that locally the

Two vehicles with CB radios will travel a route, the clean one in front and the carrier following. If the lead vehicle hits a roadblock the carrier is warned to steer clear.

running and dealing is controlled by blacks and coloured. In the Transvaal, Orange Free State, Natal and Northern Cape, the trade is dominated by black syndicates.

In the Peninsula, Eastern Cape and South Western Districts it is controlled equally by black and coloured syndicates.

Arrests

These perceptions are supported by arrest figures. Of 399 arrests for dealing in dagga in the past year in the Peninsula, only 16 involved whites, while 113 of the 284 arrests for possession involved whites.

Quantities of dagga confiscated in the same period were 2 113kg from dealers and 4 865kg from holders.

It comes to the cities from

the fields hidden in almost every conceivable fashion ... in false compartments in motor vehicles, in sacks hidden among other goods in trucks and buses and vans and by suitcase on trains.

Roadblocks

Some runners also use sophisticated modern equipment to help them avoid the frequent police roadblocks. Two vehicles with CB radios will travel a route, the clean one in front and the carrier following. If the lead vehicle hits a roadblock the carrier is warned to steer clear.

Once in the city the dagga is processed at factories, broken down into sticks, or zols, or small parcels and fed into the distribution network.

It is rarely difficult to find dagga in a major city.

The dealers are only too happy to sell it and the user and sympathiser network is so extensive that even a stranger in a city rarely has problems making a connection.

Scoring

And once a user is established within a circle, the process of scoring is almost self-perpetuating. Nearly every user has friends in other cities, and the nature of drug circles is such that friends pass each other on for a turn on.

In 1983/84, according to the annual report of the Commissioner of Police, throughout South Africa 251 634 Mandrax tablets were seized, involving 2 213 arrests.

In the Cape Peninsula last year 128 563 tabs were seized from dealers and 311 people were arrested, while 47 people were arrested for possession from whom 402 tabs were confiscated.

The main import route is from factories in India, by air to neighbouring countries and then into South Africa by road — again using all the methods of concealment that human ingenuity can conceive.

Police say that there is no opiate (opium, morphine, heroin) trafficking into South Africa.

Small quantities of cocaine (446g in 1983/84) make their appearance and LSD appears from time to time.

Recently a Camps Bay man was prosecuted and jailed for dealing in LSD, and during 1983/84 "acid" involved 27 arrests and 1 403 caps.



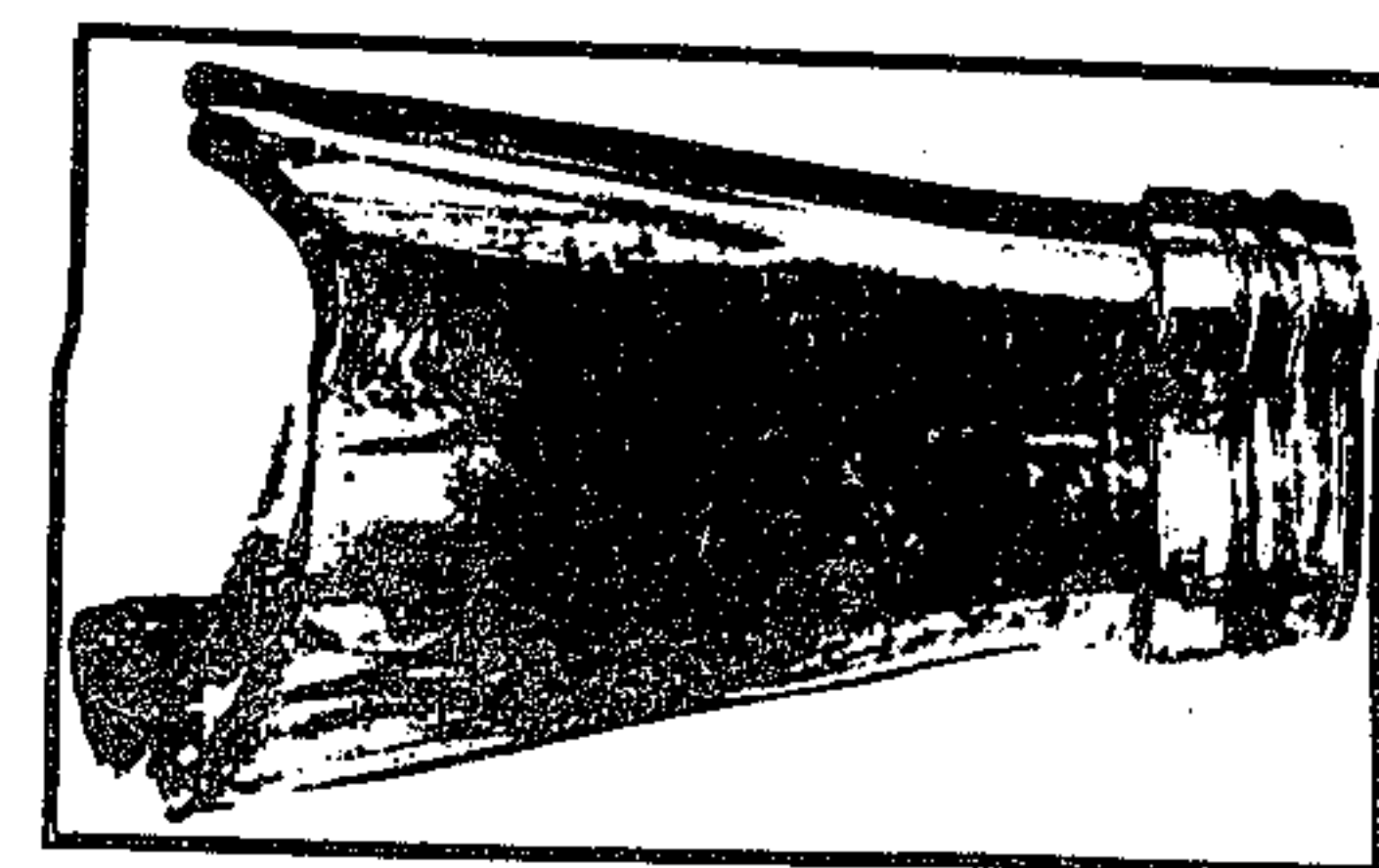
Staff Reporter DICK USHER investigates the scope of the drug problem in South Africa — and finds that drugs are all-pervasive, reaching into all levels of society, from the rich man's cocaine to the glue sniffers.

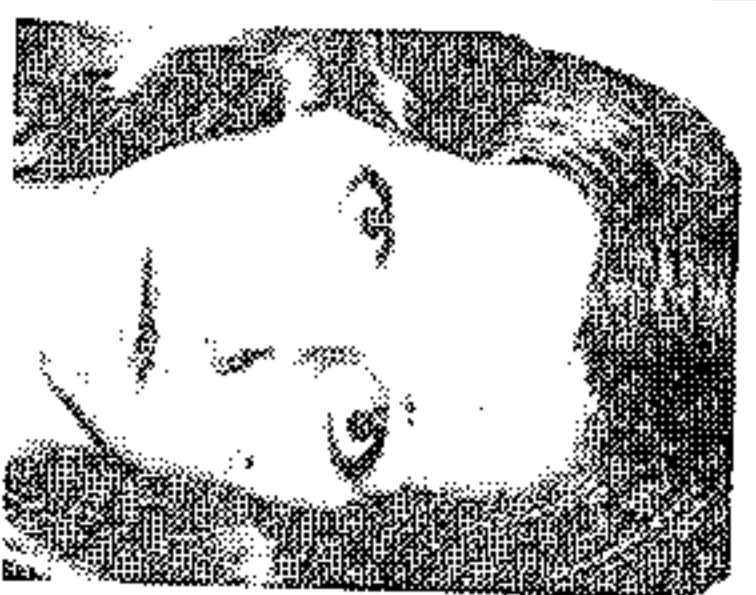
Dagga, not opium or heroin, SA's main illegal drug

DAGGA is the main illegal drug of abuse in South Africa.

Every year up to 40 000 people are arrested and prosecuted for possession or dealing, but in recent years the mixing of dagga with Mandrax has become common and another source of concern.

The crushed button, which sells for up to R10, mixed with other substances and smoked in a pipe or bottleneck, intensifies the sensations imparted by the dagga and, according to users, gives a better "buzz".





'It might sound foolish, but I think I can get myself off it.'

Trying to get by without it

NOT every abuser of a drug is an addict, but if many were really honest with themselves they would admit they can't kick whatever drug they are using.

Many who become dependent do not find themselves out on the streets looking for money to buy the next fix, many hang on to their jobs without anyone suspecting anything amiss except perhaps that their work is not quite as good as it used to be.

Their social relationships change until they find themselves mostly in the company of other drug users, their family lives deteriorate because they find themselves unwilling to face the truth of their habit — that it has become something they cannot get rid of.

Couldn't stop

"In one way or another I'd been using drugs for years before I realised that it was something I couldn't just stop," said a former dependant.

He was never institutionalised for treatment, nor did he ever approach a clinic or a professional for help.

"I don't think I need those people," he said.

"It might sound foolish, but I

think I can get myself off it."

Another person in a responsible job with a good income, he had started using dagga at about 20.

"It was one of those things. I'd never had contact with it before except for what people said about it, that it drove you mad and did other strange things to you, but I saw quite ordinary people of my own age using it and when it was offered I tried it.

"Not that it did anything magnificent for me at first, but it didn't do anything very strange either so I carried on.

"And started enjoying the sensations and feelings that came with it.

"And as you go you just keep coming into contact with more and more drugs. I've never spiked (injected) but I've used most of the other drugs that there are around, never heavily because there was enough brains left in me to make sure I went to work every day and stayed off drugs until after work.

The excuse

"It was a recreational sort of thing. The excuse was that other people were going out and getting slammed on the drug of abuse of their choice — alcohol — so I was all right going home and using dagga.



"Except that I would also go out and get slammed and then go home and use dagga.

"Even getting bust didn't have much effect.

"You think the law is all wrong, and maybe it's not so right anyway, but you never think about your human dignity having cops paw through all your personal belongings and spending the weekend in police cells and coming up before the

What happens when parents find out?

"WHENEVER one deals with issues of drug abuse one comes up against these very inconsistencies.

"Looking at it very pragmatically I think we would have to accept that alcohol and the use of some social drugs like nicotine and caffeine is so entrenched in Western culture, and has such a long history and is coupled with such strong business interests, that the likelihood of removing it from society is small if not totally unrealistic.

"The use of cannabis is moving in that direction. Not enough is known about its long-term effects, but it has no business pressure group. It could be argued, and it is our feeling from a clinical perspective, that we still have a chance with regard to cannabis and other drugs of curtailing their usage in such a way as to prevent the clinical abuser, defined as one who is impaired, often deteriorated or dependent on drugs.

"I do not think it is realistic to hope to see the cessation of all forms of drug experimentation — that is unrealistic, although desirable.

"All drug experimenters are at risk no matter how sporadic or infrequent their intake, as

magistrate on Monday morning and getting a suspended sentence and then you lay off for a while because you're paranoid the cops are coming back tomorrow.

"But then they don't come back and you start again. First you don't score, you just use some when it's offered. Then you make a connection again and it's every night you're sitting around stoned and that's about all your social life consists of. Unless it's sitting around in the pub getting slammed."

He says that it was actually perceiving a problem with alcohol that led him to look squarely at the whole problem.

"Strange things would happen when I was drunk, blackouts, awful personality changes, bouts of violence.

"It got so that a pleasant

THE widespread use of drugs means that many parents are faced with the knowledge that a child is using illegal substances. Parents reactions vary, but it is probable that these will be more extreme than if the child came home drunk. Dr. DAVID RABINOWITZ looks at these reactions.

no person can predict their 'addiction proneness' in the future.

"What we can hope for is the prevention of abuse and we would hope to achieve this by at least making the public aware cannabis is not the harmless drug it has been reputed to be, that it produces ill effects and appears to work in a subtle and insidious fashion over a long period of time.

"Accumulation may be a factor here and its consequences lie in the area of declining overall function, declining health and the possibility of psychotic breakdown which has been seen at a major mental hospital in the Cape Town area.

"But we advise parents that over-reacting, becoming panicky and over distressed at finding dagga in a child's

evening out would be defined as getting mindlessly drunk and then going about randomly abusing people.

"And it suddenly came to me that I had a drug problem. I had an alcohol problem and I had a dagga problem.

"So now I'm trying to get by without either."

possession is not the best way of handling the problem and often alienates the child.

"We rather counsel in favour of more direct forms of confrontation — parents taking more control over what goes in and out of the child's room and becoming more involved with the child's life as a whole.

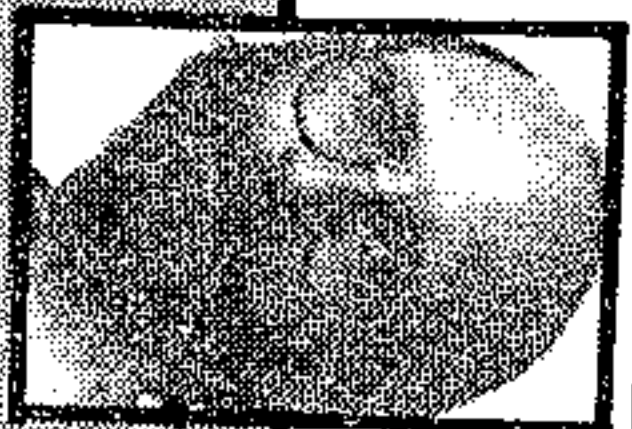
"It can become a productive confrontation rather than an over-dramatic confrontation.

"But parents must react. They should not ignore it, but use it as an opportunity to re-establish closer relationships and better control over their own house.

"There is no such thing as a safe drug, and this includes all forms of drugs — social drugs such as alcohol, cannabis, and prescription drugs.

"Ideally, in the interests of long-term health, drugs that are not for health purposes should be excluded from a person's life. That is a firm principle although we are forced to accept certain realistic fluctuations around it.

"People should be aware of this and regard anything that goes into their bodies with great care and they should make sure that what they are doing is in the interests of their mental and physical health."



Staff Reporter DICK USHER investigates the scope of the drug problem in South Africa — and finds that drugs are all-pervasive, reaching into all levels of society, from the rich man's cocaine to the glue sniffers.

Judges slam magistrate for jailing addict

Pietermaritzburg
Bureau

REVIEW judges yesterday slammed a Durban magistrate for a 'shocking and grossly inappropriate' decision to jail a man for two years on a charge of possessing 1 g of dagga, after he had handed himself over to police and had pleaded for treatment.

The judges altered the sentence and committed the man to a rehabilitation centre, with a further one year's imprisonment suspended for five years, on condition that he did not abscond from the centre and that he undergoes, to the satisfaction of

the director of that centre, whatever treatment may be prescribed for him.

Pending his removal to a rehabilitation centre, he was to be released on his own recognisance, the judges ordered.

Convictions

Mr Justice Friedman, with Mr Justice Didcott concurring, described the sentence imposed on Reginald Thomas Blakeman, 42, of Secunda, by Magistrate, Mr G E Andrews, as shocking and grossly inappropriate, and said it lacked insight into the problem.

'It treats the accused as a mere criminal where he

is clearly deserving of sympathetic treatment.

'His sentence was a last resort to be imposed only when all else has failed and I am far from satisfied that, as yet, all hope of successfully caring for the accused has failed.'

Mr Justice Friedman said apart from anything else the case reflected badly on the Court, the prosecuting authority and the Department of Health and Welfare.

The Judge said Blakeman, who had a history of drug dependence and a number of previous convictions for possession of dagga, called at C R Swart Square on May 6 this

year, and handed over two sticks of dagga weighing about 1g to the policeman on duty.

He told the policeman he had a very severe dagga problem and wanted treatment.

'He did not get treatment. Instead, on the following day, he found himself charged in the Magistrate's Court with being in possession of the very dagga he had voluntarily handed over.

'It is, to say the least, remarkable that a decision should have been made to prosecute the accused rather than con-

◆ TURN TO PAGE 2

Judges
slam
magistrate

◆ FROM PAGE 1

duct an inquiry into his admitted drug dependence,' the Judge said.

Mr Justice Friedman said Blakeman pleaded guilty to the charge and handed in to the Court a 'dignified yet heart-rending written statement in which he eloquently expounded upon his sorry plight of drug dependence and begged for assistance'.

The Judge said the Magistrate 'understandably' required a probation officer's report which he obtained on July 22.

However, the report was not 'as one might have expected, sympathetic to the plight of the accused', and did not suggest that he be sent to a rehabilitation centre, since previous attempts at treatment had failed in the past.

It instead recommended a minimum sentence of two years so that the accused could be 'assessed by the Department of Prisons multi-disciplinary therapeutic team and be put into a rehabilitation programme'.

Mr Justice Friedman said Blakeman had pointed out that in the past when in prison, he had been exposed to dagga, and that he was now so motivated into seeking assistance that he had surrendered himself to the police.

The Judge said the Magistrate did not appear to have concerned himself with 'testing or appraising in any way critically the approach and evidence of the probation officer'.

Mr Justice Friedman said instead he had simply 'as happens regrettably only too often', rubber-stamped the suggested sentence.

Mercury

2/8/85

21/8/85

87

Mandrax worth R2,5 m seized annually

By Mike Cohen and Lesley Cowling

Mandrax tablets valued at more than R2,5 million are being seized every year by South African narcotics squad detectives.

This represents only a fraction of the amount of illegal drugs entering South African from neighbouring states.

The South African Police Narcotics Bureau is in possession of information relating to the importation of the dependence-producing Schedule 7 drug, Mandrax from

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other countries. Of these countries, Zambia appears to be the major "middleman" country for the Mandrax traffic between Bombay and Johannesburg.

According to drug squad chief Brigadier Basie Smit, Mandrax is entering the country by air and road.

Most big-time arrests made by the drug squad have been at airports. The SAP is also investigating allegations that stolen cars — driven out of South Africa — are being swapped in Lusaka for Mandrax.

STAR 19/10/85

This emerged recently after the arrest of several people in the Zambian capital on drug-related charges.

Brigadier Smit said about 3 000 cars were stolen in South Africa every day. Many of them were driven out of the country and some of them were being swapped for drugs.

Mandrax has a black market value of about R20 a tablet in the urban areas of South Africa. Tablets appear to be freely available. Dr Sylvain de Miranda, head of the South African Council for Drug and Al-

cohol Abuse (Sanca) said the past 18 months had seen an increase in the smuggling of Mandrax across South Africa's borders.

"One of the major ways of smuggling Mandrax has been from India through airports and harbours," he said.

"But in the past 18 months to a year, smugglers have been flying Mandrax from India and Pakistan to Southern African countries and smuggling the tablets across the borders into South Africa."

As the police got wise to the use of ports, smugglers had been forced to find alternate routes — and it was much easier to get drugs into South Africa through border posts, he said.

"Land boundaries are far more difficult to control — there are so many small roads and points of entry," he said.

Dr de Miranda said Mandrax was an extremely addictive drug. Withdrawal from the drug was so physically traumatic that addicts' lives were endangered.

Durban woman tells of her son's battle against drugs

Desperate mother pleads for better facilities to treat addicts

Mercury Reporter

A DESPERATE mother of a Durban drug addict has appealed for better facilities in Natal for drug addicts and their families.

In an attempt to help her 28-year-old son Nigel, Mrs Jane Conolly of Glenwood agreed to tell her story of struggle and pain in an effort to draw attention to the plight of families unwittingly caught up in the world of drugs.

Originally from England, the family settled in Durban after Mrs Conolly's divorce.

Nigel was 16 and he immediately headed for the beach, not knowing anyone his own age and eventually making friends with the 'wrong crowd'.

That was when the problems started. First, he sold his clothes, then his mother's and eventually relatives' clothing or whatever he could lay his hands on to get money to buy drugs.

One evening she even had to race to Addington Hospital after receiving a telephone call telling her he had been stabbed and a lung had been pierced.

He lived, and was back on the street only days later. As his dependency grew, he became more unreliable. He could not find a job or settle down, and eventually it even affected his mother's employment and her chances of finding a job.

'Sometimes I blame myself. I had five children who all needed love and affection, but perhaps I did not give him enough,' said Mrs Conolly.

He was eventually admitted to Lulama for treatment and responded well. But a month later he befriended a young girl who was also being treated, and the two absconded.

When the relationship ended, things got worse, and Nigel turned to a brand of cough mixture to supple-

ment his drug taking. *Melwyn 4/9/85*

All he now possesses is a set of clothes and the ambition to get better. But even that is not an easy path.

This time Lulama would not accept him full time, but he was put on a programme of an hour a week.

It meant a walk of about 6 km, and the weak character that led to the drug problem in the first place also led to his dropping out.

The only alternative left to his family is to have him committed to one of the few institutions available, and those are all in the Transvaal.

'He needs the love and affection of his family, too. Without it, what are the hopes of his recovery? At least if he was nearby I could visit and help him,' said Mrs Conolly.

'What does a mother do? I can't let him just get out of my life or let him commit suicide as people have suggested I should. Why does no one care?'

Money is the problem

Mr Jan van der Merwe, assistant director of Sanea, an organisation involved in the treatment of alcoholics and drug addicts, said although there were 'large and alarming gaps' in the facilities available, nobody need go without some form of treatment.

'Although the facilities are not adequate and not always the best, we can cope. Government is actively involved, but money is the problem at the moment.'

In Natal only Lulama and Warman House, both in Durban, cater for white in-patients, while there are no such facilities for Indians and coloureds.

On average 400 to 450 whites are treated each year on an in-house basis.

Commenting on Nigel Conolly's situation, Mr van der Merwe said the assessor had obviously decided on the treatment she felt was best.



Mrs Jane Conolly . . . 'I blame myself.'

Job losses increase drug abuse

By CATHY SCHNELL

THE high unemployment rate in the Eastern Cape probably made it one of the worst-hit areas for drug abuse in the country, Mrs Adele Searll, founder of a new drug centre in Cape Town, said last night.

Children from the age of six were sniffing glue and petrol, she said.

Mrs Searll was speaking at the annual meeting of the South African

National Council on Alcoholism and Drug Dependence (Sanca) at the St John's Methodist Church Hall. E. Post

Mrs Searll said the country had no long-term in-patient centres for blacks and only two such centres for whites, Phoenix House in Johannesburg and Waman House in Durban. There was one short-term in-patient programme in Bloemfontein. 19/09/85

Mrs Searll spoke freely of how her son, Graham, had a drug abuse problem for nearly six years. 87

She said she had experienced public humiliation after her son was caught stealing and in possession of mandrax and dagga.

"But out of my nightmare has come some good — the establishment of this new drug centre in Cape Town,"

she said.

At the meeting, the chairman of the PE branch of Sanca, Mr G Walton, stepped down after 15 years for Mr J Moony.

Mr Walton said drug abuse in white schools in the Eastern Cape was more extensive than generally realised.

Drug abuse in black schools was even worse, due to the adverse socio-economic conditions.

'Drug abuse at RAU widespread'

STAR 19/10/85

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By Chris Steyn
and Jo-Anne Richards

About 35 percent of Johannesburg's Rand Afrikaans University students smoke dagga regularly, according to a report which was dropped from the front page of the university's student publication this week.

The Student Representative Council saw the story only hours before it was due to be printed in *Heraut*. The editor, Mr Edwin Dacomb, was advised to remove it at the last minute.

The Star has reliably learnt what the report contained, and that it was considered harmful to the image of the university.

According to *The Star's* information, the report claims:

- Drug abuse among the conservative Afrikaans-speaking students of RAU is on the increase.
- About 35 percent of RAU students smoke dagga regularly.
- Mandrax is the second most abused drug on the campus.
- Some students take opium.
- Many female students are addicted to slimming tablets.
- Students inhale "poppers" (amyl nitrate) and drink cough syrup.

● A few students have used LSD.

● LSD can be manufactured in the campus laboratory.

Commenting on these allegations, RAU's public relations officer, Mr Koos Roets, told *The Star* the student who wrote the article had not done proper research and could not substantiate the claims.

MEETING

The report, which was commissioned by the editor, apparently originated at a meeting of student leaders at which possible drug abuse by some students was informally acknowledged.

Students, however, told *The Star* that, while the reporter had not conducted an empirical study, they believed she had relied heavily on the "expert evidence" of an off-campus counsellor who worked with student drug abusers.

Mr Roets said there had never been a formal investigation into drug abuse on the campus. University authorities also did not intend launching an investigation on the basis of this week's allegations.

"We strongly deny there is a drug abuse epidemic on the campus. We don't deny that there are a few cases of drug

abuse, but the problem is not serious," Mr Roets said.

The editor and staff of *Heraut*, which appeared this week with an almost blank front page, printed an apology across four columns of the seven-column page, saying that because of its sensitive nature the report would not appear.

Student opinion, canvassed by *The Star*, largely opposed the dropping of the report. A few students felt the article might have been badly timed as new students were being sought for the start of 1986.

Nearly all students approached said drugs were definitely used by students but most did not perceive it as a problem.

"I think the problem has been decreasing. But maybe the emphasis has changed," said one. "Where smoking dagga was once seen as a big problem, it's not seen that way any more."

Said another student: "A big fuss has been made about this. Everybody thinks that, just because we're an Afrikaans campus, nothing like that goes on. But the university is part of Johannesburg and drugs are taken in the city, so obviously it happens on campus too."

Professor Zak Nel, acting head of the Bureau for Student

Counselling at RAU, said drug abuse on campus was not easily verifiable and there was no objective way of establishing the exact extent of such abuse.

Judging by the students he counselled, however, the incidence of drug abuse among students appeared to have declined since the '70s.

ALCOHOL ABUSE

Professor Nel said he regarded alcohol abuse among students as a far bigger problem than drug abuse. Students arrived at the university already addicted to alcohol and abuse grew during their student years.

He had handled only a few cases of drug abuse over the past three years, he said. These included a couple of Mandrax addicts and a glue sniffer.

The head of Student Counselling Services at the University of the Witwatersrand, Mr Andrew Swart, echoed Professor Nel's views on student drug addicts.

He said drug abuse was not a major problem on the Wits campus.

"There are students here who smoke dagga and we have a few people to whom drug abuse is a significant problem, but there is certainly no epidemic here," he said.

HEALTH & DISEASE —

DRUG ADDICTION — 1986

JAN — DEC .

No excuse soon for drunken criminals

Alcohol and drugs law could change

By David Braun, Political Correspondent

Cape Town

Being under the influence of alcohol or drugs will no longer be an excuse for criminals if the Government accepts a recommendation to make "criminal intoxication" an offence.

Rapists, murderers, and people committing other criminal acts will no longer be able to get off the hook for their actions by pleading that they did not know what they were doing.

Instead, if they admit to being so intoxicated that they did not know they were committing a crime, they would automatically be pleading guilty to criminal intoxication.

This new crime would carry punishment which would have been applicable to the offence committed while under the influence — except the death sentence.

This new statutory offence is recommended in a report by the SA Law Commission, tabled in Parliament today.

The commission recommended that a statutory offence of criminal intoxication be approved that would result in the conviction of a person who was under the influence of alcohol, drugs or other substance which resulted in loss of mental facilities.

The commission has also recommended that legitimate status be given to illegitimate children if the parents marry later.

This would affect children born to couples who could not marry when the Mixed Marriages Act was on the statute book.

The proposed legislation also deals with the modern problem of test-tube babies and artificial insemination, for example, from so-called sperm banks.

A child born through artificial donor insemination would be deemed to have been born in wedlock if the husband gave permission for insemination.

Legal experts have welcomed the recommendations in the report.

Welfare spokesmen have also welcomed proposed reforms which will give illegitimate children legal status if the parents later married.

Commenting on the "criminal intoxication" proposals, the Transvaal Attorney General, Mr Donald Brunette, said there might be confusion in courts if alcohol is still regarded as a mitigating factor for serious offences which carry the death penalty.

"It introduces legal complications if serious crimes which can carry the death sentence can still take persons under the influence of alcohol or drugs into consideration where other crimes can not.

"There has been a lot of criticism of the courts over the years for giving too much leeway to a person under the influence," he added.

Mr H Viljoen, chairman of the General Bar Council, said the proposed changes were not so much a legal issue as a moral one. "This is a matter that is for the community to decide. Do they want the excessive use of alcohol, which induces an offence, to be inexcusable?"

STAR 13/2/88

Child 'sniffers' are hooked on shoe glue

Medical Reporter
STAR 13/3/87
Shoemakers' glue is the most popular inhalant among child glue sniffers in the townships.

Mrs E Tsabalala, a social worker at SANC's Soweto Day Clinic, told

87 delegates at the Summer School on Alcohol and Drugs in Johannesburg this week, that shoemakers' glue was popular among glue sniffers because it was easily available and inexpensive.

"Inhalant abuse has

reached alarming proportions among deprived population groups," said Mrs Tsabalala.

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Unless the problem received serious attention on a national scale, it would grow, she said.

Teenage smoking is 'gateway for drugs'

By Joe Openshaw,
Medical Reporter

Teenage cigarette smoking is a gateway to the use of illicit drugs, says Dr Sylvain de Miranda, director of Sanca's Centre for Alcohol and Drug Studies.

The second gateway is alcohol, he told delegates to the Summer School on Alcohol and Drugs in Johannesburg this week when he addressed them on aspects of dependence.

For girls, cigarette smoking is a common gateway to the use of illicit drugs — even in the absence of alcohol.

"Youths who do not use cigarettes and alcohol during teenage years are virtually immune to ... use of other dependence-producing drugs.

He said research had shown that about 30 percent of all premature deaths in the United States resulted from two dependence-producing drugs, both of them legal — cigarettes and alcohol.

The major concern today was to examine the biological processes of chemical dependence. This had led to a refocusing on teenage years, when most decisions of "to do or not to do"

13/3/86
SMR
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were made, and to question the issue of whether experimentation with drugs was normal or healthy.

"The onset of non-medical drug use is almost limited to teenage years, peaking between the ages of 15 and 18.

"The earlier the youth starts use of any dependence-producing drug, the more likely he is to experience dependence and other negative health problems — and the more likely he is to progress to use of other dependence-producing drugs."

TRANQUILLISERS

Dr de Miranda said drug use progressed from cigarettes to alcohol, which progressed to the use of dagga, then moved to non-medical use of dependence-producing pharmaceuticals — tranquillisers, analgesics and hypnotics.

"The final step is to the use of the most stigmatised drugs, such as heroin."

While not every youth using any particular drug necessarily went on to the next drug, it was uncommon to see an alteration in this typical pattern of progression, he added.

Drug-abuse among Peninsula children now 'frightening'

Medical Reporter

MGUS 9/4/86 (87)

DRUG-ABUSE across the Peninsula had reached frightening proportions among younger children, with the age of experimentation as low as 10 or 11, drug expert Dr David Rabinowitz said today.

It was possible that one in two high school children experimented with drugs and possibly 10 percent became regular abusers, said Dr Rabinowitz, head of the Cape Town drug counselling centre in Observatory.

The availability of drugs, particularly dagga and Mandrax, the most common drugs used by teenagers in South Africa, was "frightening".

He said peer pressure was the chief cause of drug experimentation and abuse among teenagers with emotional problems.

The fact that parents were frequently unaware of the problem until it was too late was attributed to the breakdown of family life, with parents leading increasingly separate lives from their children.

Dr Rabinowitz said the drug counselling centre in Observatory had seen more than 500 patients since it opened a year ago.

"This is possibly only the tip of the iceberg. Our facilities are not adequate for in-patient care and as word spreads we expect to be overloaded."

Teen drug abuse spotlighted

Staff Reporter ⁸¹⁷ ^{AAK} ^{14/2/88}
SHOCK findings of drug abuse among Tygerberg teenagers will be spotlighted this week at a seminar in Durbanville.

Dr Colin Bower, who undertook the research, will be one of the guest speakers.

Seminar sessions take place at 7.30, at the Durbanville Presbyterian Church in Louw Street. All are welcome and there is no charge.

The full programme is:

● Monday: Dr Colin Bower of Tygerberg Hospital; Rika Visse, a social worker; Major M Hagget, police narcotics bureau; video of drug addiction and withdrawal symptoms; testimony of a rehabilitated addict.

● Tuesday: Legal aspects of drug abuse; Christian involvement; causes and recognition of addiction

(Dr Rabinowitz of the Drug Counselling Centre).

● Wednesday: An addict's parent (Adele Searll); an addict's spouse; school psychologist; a chemist talks on over-the-counter drug abuse.

● Thursday: Karl Suurvagel of Valkenberg; Naranon (a group of people who are family members of drug addicts); Dr Colin Bower.

For further inquiries ☎ 96 3044.

Daeyang Family wreck inspected

Shipping Reporter
DEPARTMENT of Transport officials were to inspect the wreck of the ore-carrier Daeyang Family off Robben Island today, after the final mopping up and cleaning of bunkers by private contractors at the weekend.

churches throughout

Durban: offences

283. Mr P H P GASTROW asked the Minister of Law and Order:

How many cases of (a) murder, (b) culpable homicide, (c) assault with intent to do grievous bodily harm, (d) common assault,

(e) rape, (f) burglary of business premises, (g) burglary of residential premises, (h) robbery with aggravating circumstances, (i) robbery, (j) common theft, (k) theft of vehicles and cycles, (l) possession of drugs and (m) dealing in drugs were reported at each specified police station in the Durban police district of the Port Natal Division in 1985?

The MINISTER OF LAW AND ORDER:

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)
Berea	8	4	53	181	10	7	454	72	23 2196	241	5	—	—
Point	10	3	71	241	12	181	134	32	42 1 372	188	16	7	—
Umbilo	27	23	87	186	19	237	286	13	86 1 620	292	—	—	—
C R Swart Plain ..	48	24	320	673	38	523	231	299	347 5 223	799	15	40	—

Durban South: offences

284. Mr P H P GASTROW asked the Minister of Law and Order:

How many cases of (a) murder, (b) culpable homicide, (c) assault with intent to do grievous bodily harm, (d) common assault,

(e) rape, (f) burglary of business premises, (g) burglary of residential premises, (h) robbery with aggravating circumstances, (i) robbery, (j) common theft, (k) theft of vehicles and cycles, (l) possession of drugs and (m) dealing in drugs were reported at each specified police station in the Durban South police district of the Port Natal Division in 1985?

The MINISTER OF LAW AND ORDER:

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)
Amanzimtoti	6	37	371	183	36	150	386	115	4 1 510	177	1	—	—
Isipingo	102	28	541	338	43	72	149	26	184 956	138	1	1	—
Montclair	68	31	145	404	43	120	185	83	75 921	169	1	1	—
Umbumbulu	93	27	150	61	23	11	123	26	45 130	10	—	—	—
Umlazi	197	50	710	1216	118	62	257	19	311 1 151	191	—	—	—
Wentworth	24	1	117	525	27	36	143	41	49 603	91	15	1	—
Brighton Beach ..	17	6	59	244	9	173	221	29	24 912	135	12	1	—

10/7/86

HANSARD
Drugs
285. Mr P H P GASTROW asked the Minister of Law and Order:

What was the (a) mass or number of units and (b) value of the (i) dagga, (ii)

LSD, (iii) heroin, (iv) cocaine, (v) mandrax and (vi) other drugs confiscated by the South African Police in 1985?

The MINISTER OF LAW AND ORDER:

(i) Dagga	(a) Mass/Number of units	(b) Value
.....	442 148,690 kilogram	Calculated at the present smuggling price of R1 000 a kilogram: R442 148 690.

(a) Mass/Number of units**(b) Value**

(ii) LSD	1 249 units	Calculated at the present smuggling price of R10 a unit: R12 490.
(iii) Heroin	None	None.
(iv) Cocaine	1 167 grams	Calculated at the present smuggling price of R250 a gram: R291 750.
(v) Mandrax	707 035 tablets	Calculated at the present smuggling price of R5 a tablet: R3 535 175.

(vi) Other drugs:

Opium

100 grams

Tablets

34 789

Calculated at the present smuggling price of R200 a gram: R20 000.
Calculated at the present smuggling price of R5 a tablet: R173 945.

HANSARD 10/4/86
Drugs
286. Mr P H P GASTROW asked the Minister of Law and Order:

(1) Whether any policemen were convicted in 1985 of (a) common assault, (b) assault with intent to do grievous bodily harm, (c) culpable homicide and (d) murder; if so, how many in each category;

(2) whether any of these policemen had previous convictions; if so, (a) how many in each category and (b) on what charges in each case;

(3) whether any of the policemen (a) with and (b) without previous convictions were discharged from the Force; if so, how many in respect of each race group?

The MINISTER OF LAW AND ORDER:

(1) Yes.

(a) 221.

(b) 43.

(c) 14.

(d) 4.

(2) Yes.

(a) Category (a) 37.

Category (b) 7.

Category (c) None.

Category (d) None.

(b) Category (a)

Non-maintenance.

Assault.

Culpable homicide (motor accident).

Driving under the influence of liquor.

Assault with intent to cause grievous bodily harm.

Theft.

Negligent driving.

Crimes injuria.

Aiming of fire-arm.

Loss of fire-arm.

House-breaking and theft.

Category (b)

Assault.

Assault with intent to cause grievous bodily harm.

Category (c) and (d) Fall away.

(3) Yes.

Dagga more harmful than tobacco — drugs seminar

Staff Reporter

DAGGA contained up to 10 times more cancer-producing substances than cigarettes and had been proved habit-forming, Dr David Rabinowitz told a seminar on drug abuse in Durbanville.

Dr Rabinowitz, head of the Cape Town Drug Counselling Centre, said last night that contrary to popular belief, dagga was not harmless.

Research proved that dagga reduced fertility, caused acute mental illness and arrested emotional development and affected willpower and drive.

It was also accumulative and traces had been found in users up to 10 weeks after one "joint" had been smoked.

Increasing

The number of people seeking help at rehabilitation centres was a sign that abuse could be increasing.

Because drug abuse is a covert phenomenon, it was easy to look the other way instead of facing the problem.

A conservative estimate was that one out of five children experimented with drugs at some stage. Of those, one in 10 would become an addict.

Dr Rabinowitz advised parents who suspected their children of abusing drugs not to be afraid of confronting them. But he warned them not to over-react.

He said they should get professional help as soon as possible, become more involved with the children and set the necessary guidelines in their homes to combat the problem.

"The fact that there is an abuser in the family should make us look at our own values as parents," he said.

"The law deals only with the supply of the drugs but consumer resistance is the responsibility of every parent."

(b) (i) Target		(ii) Nature of the incident
4 Houses of MP	Handgrenade attacks	
31 Businesses	27 Explosions	
	3 Handgrenade attacks	
11 Government buildings	1 Armed attack	
	9 Explosions	
1 Bus depot	1 Handgrenade attack	
	1 Armed attack	
1 White school	Explosion	
1 Missionary station	Explosion	
1 City Hall	Handgrenade attack	
1 Kampong	Explosion	
16 Electric Sub-stations	Explosions	
3 Power masts	Explosions	
4 Water pipelines	Explosions	
1 Delivery vehicle	Explosion	
1 Bus	Handgrenade attack	
2 Railway lines	Explosions	
Private persons at 6 occasions	3 Handgrenade attacks	
	3 Armed attacks	

Uitenhage

474. Mr T G SOAL asked the Minister of Law and Order:

Whether any members of the South African Police have been transferred from Uitenhage since 21 March 1985; if so, (a) what (i) are their names and (ii) were their ranks at the time, (b) where were they transferred to and (c) what are the new positions in each case?

The MINISTER OF LAW AND ORDER:

Yes, since 21 March 1985 a number of transfers from Uitenhage have been carried out in the interest of departmental requirements, but I am not willing to furnish the particulars, since it is a purely internal affair.

(a) to (c) Fall away.

475. Mrs H SUZMAN asked the Minister of Law and Order:

	1 for 12 days.	
	3 for 17 days.	
	1 for 21 days.	
	1 for 24 days.	
	4 for 27 days.	
(2) Yes.		(a) How many persons were charged with offences relating to sabotage in 1984 and 1985, respectively, and (b) for what period was each of these persons detained before being charged?
(a) 11.		
(b) 6.		
(3) No. (a) and (b) Fall away.		
1984	1985	
(a) 13	12	
(b) 4 persons for 4 months, 7 days	8 persons for 1 day	
3 persons for 4 months, 10 days	2 persons for 2 days	
1 person for 4 months, 11 days	2 persons for a part of 1 day	
1 person for 4 months, 17 days		
3 persons for 5 days		
1 persons for a part of 1 day		

White/Coloured/Black/Indian members

578. Mr S S VAN DER MERWE asked the Minister of Law and Order:

(1) How many Whites, Coloureds, Blacks and Indians, respectively, enlisted in the South African police in 1985;

(2) how many persons in each race group

(2)

(a) (i) Resignation

(ii) Retirement

(iii) Expulsion

(b) Other reasons:

Unfit for training

Deaths

Medical unfitness

had their service as members of the Police Force terminated in that year (a) on account of (i) resignation, (ii) retirement and (iii) expulsion and (b) for other specified reasons?

The MINISTER OF LAW AND ORDER:

(1) White	2 651
Coloured	353
Black	671
Indian	57

White Coloured Black Indian

911 113 351 34

205 12 162 5

47 33 212 6

8 — 6 —

78 23 153 5

159 15 70 5

continues espousing the virtues of a free press, won. Others, however, have succumbed and led SWERES AND SCREWS
sort of stuff," said Mr. Fedhasa, here by the tels and nightclubs on Sapa

School drugs cause concern

Dispatch Reporter

EAST LONDON — Preliminary results of research into drug and alcohol abuse at three white schools here were cause for concern, the director of the South African National Council for Alcohol and Drug Abuse, Mrs Sandra Epstein, said here yesterday.

Surveys, in the form of questionnaires, were carried out at two schools last year and at one this year.

"I'm busy analysing the results of the third school and I am not in a position to give the trend at the schools at this stage," Mrs Epstein said. The results would be used in Sanca's prevention programme.

One survey among Std

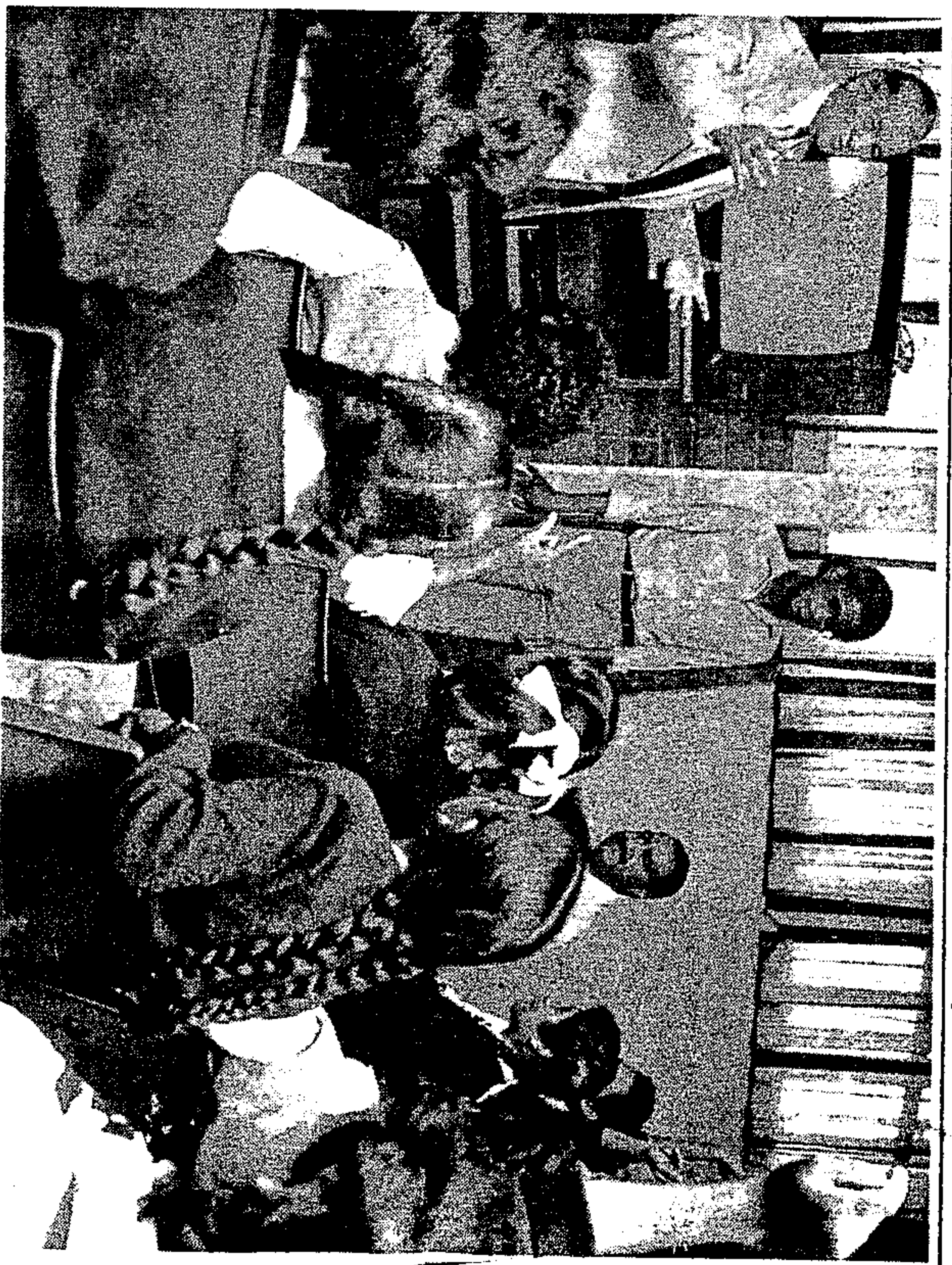
8 pupils at one of the three schools showed that 78 per cent partook of alcohol and the prime age group was 13 to 15 years.

The survey found 45 per cent of the pupils had consumed alcohol until they felt intoxicated while 23 per cent admitted to the use of drugs (mainly dagga) at one time or another.

Mrs Epstein said pupils were experimenting with drugs and alcohol through curiosity and peer group pressure. Sanca information officers were busy at other schools where surveys had not been done.

Yesterday the Sanca information officer for East London, Mr George Williams, continued his series of lectures and video tape displays at the East London High School.

"They've responded with tremendous interest," he said.



The information officer for Sanca, Mr George Williams, discusses alcohol and drug abuse with a Std 7 class at the East London High School. On his right is Mr Joseph Nondlana, a Sanca social worker, and seated is Mr U. Naidoo, the school's principal.

DS

FACTS

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Three on drugs charges

Pietermaritzburg Bureau

THREE young men appeared in the Magistrate's Court here yesterday on charges of dealing in Mandrax after being arrested at the weekend.

The three accused, Seggie Rajpaul, 20, Kubashaw Nelson, 19, and a 16-year-old youth, all of Northdale, appeared before Mr F W Strydom.

None of the accused was asked to plead and the case was adjourned until August 14.

On Monday the State withdrew charges against a fourth accused, Mr Anil Harichand, also of Northdale.

CAP Times
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Hard-drug use 'on increase'

Medical Reporter

IT WAS "just a matter of time" before drug-treatment centres started seeing increasing numbers of abusers of "hard" drugs such as heroin, opium and cocaine, the chairman of the Cape Town Drug Action Committee, Dr David Rabinowitz, said yesterday.

Overall, there had been a significant and dramatic increase over the past year in the number of drug abusers seeking treatment at the Drug Counselling Centre in Observatory, said Dr Rabinowitz, who heads the centre.

Only a "small percentage" of the more than 500 people who received treatment last year had started taking drugs again, but most of these had returned to the centre for treatment.

It was impossible to tell on the basis of the increased demand for the centre's services whether this represented a particular change in the pattern of drug use in the community.

"But we can say for sure that the centre is becoming widely known

and the increased demand is an indication of how serious the extent of the problem is," he said.

The commonest substances now in use among Cape Town's "drugging" community were dagga and mandrax tablets.

However, the sniffing of petrol fumes and glue was also assuming alarming proportions.

In addition it was known that heroin, cocaine and opium were readily available in Cape Town, but the number of patients requiring treatment for the abuse of these substances was still very low.

"There is a lag between the time a certain drug becomes prevalent in the society and when users start to make demands on our services — just because we are not seeing patients using these 'hard' drugs does not mean that abuse is not taking place.

"I think it's just a matter before we start seeing people who are experiencing serious problems because of their abuse of these drugs coming to us in increasing numbers," said Dr Rabinowitz.

search,' said Mr Piet Botha. search.

Former addict sentenced for cheque frauds

Court Reporter

A 41-YEAR-OLD former drug addict who stole a cheque book to support his habit before going on a R8 000 spending spree, was convicted in the Durban Regional Court yesterday of theft and fraud.

Allan John Marcus was cautioned and discharged on a charge of stealing a cheque book from Mr Martinus Janse van Vuuren on February 12 last year.

He was sentenced to 18 months' imprisonment suspended for five years for presenting a fraudulent cheque for R1 000 to the Standard Bank on February 14, 1985.

A further fine of R300 (or three months), suspended for three years, was imposed after Marcus was found guilty of eight counts of fraud.

Marcus told the Court he had spent all the money on supporting his drug habit.

According to a probation officer's report, Marcus had become unemployed after losing his job as a navigator on a yacht during the Cape to Uruguay race.

He had stolen a drug merchant's motor vehicle and the cheque book before spending R8 000 in three weeks on drugs.

The report stated that Marcus, originally from an affluent Jewish family, had had a long history of chronic drug abuse but since converting to the Christian

faith had been off drugs for a year.

During a lucid stage, Marcus had realised what he was doing and had gone to the Kwasizabantu Mission where he had given himself up to the police.

Mr D Botha appeared for the State.

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28/7/86
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Sanca sessions for industry

Pietermaritzburg Bureau

THE South African National Council on Alcoholism (Sanca) has launched a new education programme, aimed specifically at industry, on the dangers of the abuse of alcohol and other drugs.

Mrs Carol du Toit, acting director of Sanca here, said yesterday that the programme — known as the Employee Assistance Programme (EAP) — was directed at making both employers and employees conscious of means of both prevention and cure of alcoholism.

The programme took the form of training sessions for supervisors who would act as counsellors for employees with drug or alcohol problems.

It was designed to assist in the education of workers about alcoholism; intensify efforts to eliminate it; establish a referral system between companies and treatment centres; identify alcoholics in need of help and encourage medical aid societies to provide sick leave benefits for people undergoing treatment for alcoholism.

She said the programme had received a 'heartening response' from industries in and around the capital.

Mrs du Toit added that the programme was especially important as one in 12 employees in this country is an alcoholic.

Furthermore, untreated alcoholism, which went undetected in 95% of working alcoholics, cost South Africa at least R202 million annually in lost productivity.

'It is really heartening to see industries taking an interest and responsibility in the welfare of their employees,' she said.

Poor schools response to drug education

By Kate McKinnell

Schools have shown little interest in a programme that could help them to prevent the misery of drug addiction.

Of 80 schools invited to a drug education programme developed by the South African National Council on Alcohol and Drug Abuse's Centre for Alcohol and Drug Studies, only 10 have indicated they will attend.

Most of those 10 are private schools, although invitations were sent to Government schools.

"We are baffled as to why most of the schools have not shown any interest," says social worker Vanessa Funnell.

"We thought teachers would welcome the chance to learn more about drug addiction."

EARLY WARNINGS

She says adolescents are particularly vulnerable to drug addiction and the teacher, who sees each child regularly, is often in the best position to detect early warning signs of drug abuse.

The centre's programme is designed to give an insight into the South African drug scene and the early detection of abuse as well as the teacher's role in prevention and intervention.

School heads, guidance teachers or any other interested teachers would have to give up a few hours on three Thursday afternoons to attend the course at a Berea school.

The programme is scheduled to start this week. For more information, telephone Vanessa Funnell at (011) 836-5942.

Pushers traffic openly in flats and streets of Hillbrow

Vice kings

are flooding

Johannesburg with drugs



Shortly before this picture was taken the man on the right offered two reporters Mandrax at R5 a tablet.

29/11/87 - SMC
By June Bearzi Star Line

A multimillion-rand illicit drug trade is booming in Johannesburg, with drugs being peddled on almost every corner in Hillbrow and Doornfontein. Vice kings who operate in the shadows are using frontmen and pushers to flood the streets with hardline drugs.

A Star Line probe has uncovered many drug-peddling points where dagga, and Mandrax — a big money-spinner for racketeers who smuggle it into the country — can be bought freely.

The investigation also showed that competition is so fierce and supplies so plentiful that Mandrax, a habit-forming hallucinogen highly favoured by drug abusers, can be picked up on a supermarket-style "discount for bulk buying" basis.

In a 20-minute drive through Hillbrow with an former drug user this week, the reporter came across 16 different pushers plying their trade within a radius of 1 km.

They were operating off the streets and from blocks of flats. All had Mandrax and dagga for sale.

Some said they could also arrange to get cocaine, Vesparax and Obex from their connections.

In another exercise the next day, Stan, a Star Line contact who moves in underworld circles, said he would set up a Mandrax deal to show how easily huge quantities could be bought.

Accompanied by the reporter, who went incognito, he met the pusher in a Hillbrow alleyway and arranged to pick up 2 000 Mandrax later in the day — for R3 each.

The pusher told Stan: "The more you buy the bigger the discount I give. R6 000 is a bargain. I could pick up R12 000 if I sold at the going price."

High profits

Major L van Coler, head of the Narcotics Branch at John Vorster Square, said he was aware of the Mandrax and dagga problem in Johannesburg and his department took action daily to curb it.

Syndicates, comprised of the "Mr Bigs", their henchmen, couriers and the lower-rung pushers and runners, are said to be making exorbitant profits by smuggling Mandrax into the country in massive quantities from neighbouring states such as Zambia, Mozambique and Zimbabwe.

In June, the Mozambican authorities seized 345 000 Mandrax tablets destined for South Africa — worth R4 million.

A few months ago President Kenneth Kaunda ordered the arrest of several of the elite of Zambian society, including his son, Colonel Panji Kaunda.

They had allegedly made large sums by smuggling Mandrax valued at millions of Rands into South Africa.

President Kaunda has appointed a special tribunal to investigate the charges.

See Page 13.

Mr. Trinis 2/9/86 (82)

Widman: 'Pardon drug offenders'

By PATRICK CULL
Political Staff

HOUSE OF ASSEMBLY.—Mr Alf Widman (PFP Hillbrow) yesterday appealed for drug offenders serving mandatory prison sentences to be pardoned or set free on parole.

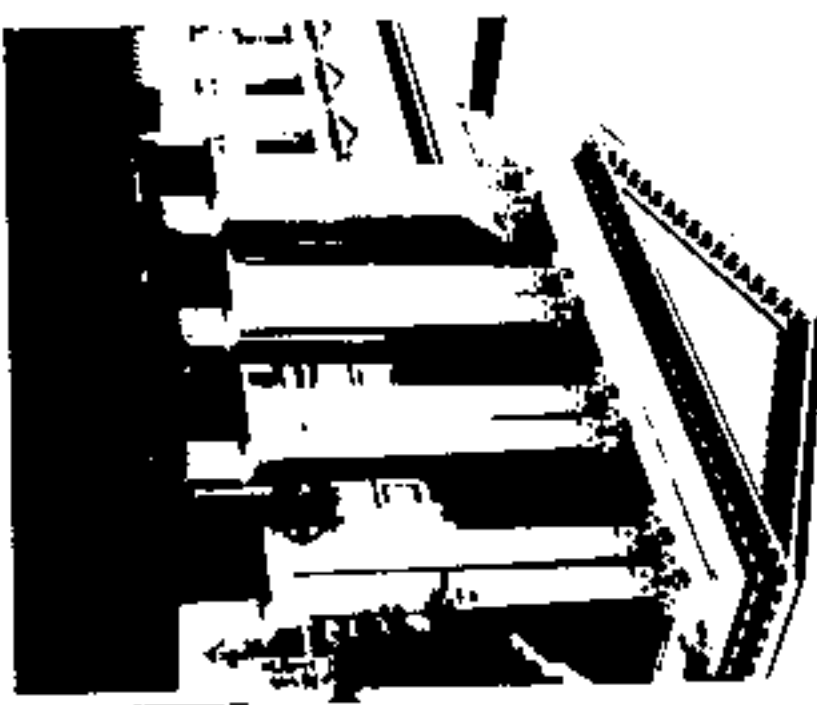
He was speaking during second-reading debate on the Abuse of Dependence-Producing Substances and Rehabilitation Centres Amendment Bill.

The bill scraps the provision in terms of which minimum jail sentences were mandatory, thereby re-

establishing the discretion of the courts with regard to sentences handed down for drug-related offences.

Mr Widman said he wished to express his anger at the government's failure to deal adequately with the drug problem and his sorrow that hundreds of people were languishing in jail because of the necessity to impose minimum sentences.

And he pointed out that the government had not only ignored representations made by the PFP about minimum jail sentences when the act was passed in 1971, but also the findings of the



Viljoen Commission of Inquiry into the Penal System in 1976.

Mr Widman said the extent of the drug problem facing South Africa had been spelled out by the Minister of National Health and Population Development, Dr Willie van Niekerk, at the weekend, when he stated that between July 1, 1984, and June 30, 1985: ● 2 586 children between 7 and 17 were charged with possession or use of drugs and 2 329 found guilty.

● 6 791 people between 18 and 20 had been similarly charged and 6 176 found guilty.

● 30 158 people over 21 were also charged and 27 245 found guilty.

Mr Widman asked how many of the total of 35 000 were still languishing in jail because of the necessity to impose a minimum sentence.

He said the courts would now be able to postpone or suspend sentence or caution and reprimand or refer to a rehabilitation centre.

Mr Widman said a distinction should be made between people who were "pushers" to make money and those who dealt in drugs because they themselves were dependent on drugs.

Generation of black addicts is Sanca's fear

SMK
19/9/80
87

The closure of black schools could create a generation of alcohol and drug addicts.

Welfare workers are concerned that there will be a massive upsurge in already grave social problems, particularly alcohol and drug abuse, of black communities.

They are finding it difficult to provide existing services, which are seriously inadequate. And they say there has been little progress in expanding these to deal with future demand.

Researchers are investigating the extent of drug abuse among black youth, but it is known that dagga-smoking and glue-sniffing, often practised by pre-school children, is increasing.

Alcoholism is a major problem in black urban areas. There are said to be 71 550 male and 15 222 female black alcoholics on the Witwatersrand.

Research has shown that one in every 10 urban black males consumes

more than 15 centilitres of absolute alcohol a day and may be an alcoholic.

Because of this, black youths have role models which condone alcoholism, said Mrs Margeret Motumi, development adviser for the national arm of the South African Council on Alcoholism and Drug Dependence (Sanca).

Limited social services and preventive programmes as well as a general lack of awareness of the problems of dependence means there are no brakes on youth experimenting with drugs or alcohol, Mrs Motumi said.

"The youth of 16 who drinks now will be an addict in 10 years' time."

Although there are young people who reject alcoholism in their parents, even they often succumb to experimenting, Mrs Motumi said.

Field work was becoming increasingly difficult for welfare workers. Their credibility was questioned and their places of contact with youth, such as schools, were being thrown into disarray.

Heroin problem heading for SA

By Don Holliday, Crime Staff

South Africa will almost certainly have a major heroin problem within a few years, according to Dr Sylvain de Miranda of the South African National Council for Alcohol and Drug Abuse.

His statement comes after the arrest of two Europeans at the weekend in Johannesburg in connection with allegations of dealing in 2 kg of heroin.

It was the second heroin-related arrest made in Johannesburg this year.

Dr de Miranda said until recently South Africa had a reputation as a virtually heroin-free country — as had most African countries. This was largely because of the high price of the drug and the low per capita income of African states.

Heroin addicts from Europe and the United States were known to come to South Africa for rehabilitation because their chances of obtaining the drug were virtually nil, he said.

However, the drug industry had intro-

duced cocaine to South Africa about two years ago and had discovered a large affluent society here.

"Cocaine sold like hot cakes and a lucrative market was quickly established. "We can expect exactly the same thing to happen with heroin.

"The United States and European markets are saturated with the drug and dealers are experiencing a glut. The obvious thing to do is to find new markets.

FREE SAMPLES

"The dealers have very sophisticated marketing programmes. Rival syndicates could start price wars. Free samples of the product could be handed out to potential clients.

"The user price of cocaine was established fairly quickly as between R200 and R300 a gram. The street value of heroin has not yet been established," Dr de Miranda said.

Heroin is probably the purest form of opium. It is a narcotic which introduces a

feeling of drowsiness and euphoria by depression of the central nervous system.

It has been used in the past for medical purposes, particularly for pain relief.

A high level of tolerance is achieved when the drug is taken with any regularity, making the "high" harder to attain.

"This is when the serious problems begin," Dr de Miranda said. "The user needs larger doses to achieve the same effect.

"While under the influence of the drug the person is not really a threat to society. It is when the user begins craving for an unavailable fix, that problems set in.

"The person will resort to almost anything to obtain money for the drug. Robbery, forging of cheques and prostitution are common practices of the heroin addict."

Dr de Miranda said there was a great need for preventive education, particularly among youth, and the development of drug-treating skills among medical personnel.

Smoking dagga 'may cause ageing'

WASHINGTON. — The active ingredient in dagga causes a loss of brain cells in rats similar to that attributed to ageing, raising a new concern about the drug, a researcher says.

Dr Philip Landfield of Wake Forest University in Winston-Salem, North Carolina, said that animal research indicated that the dagga compound, a chemical called THC, might affect the structure of the brain in the same way as ageing.

While the researcher said it was too soon to say that THC caused brains to age prematurely, he said the animal studies raised a concern that should be explored more fully.

Brain cell loss

Dr Marvin Snyder of the National Institute on Drug Abuse said the THC study raised the question of what happened to the brain when the effects of drugs were added to the normal ageing process.

Brain cell loss had previously been documented with excessive amphetamine use, he said.

At a briefing sponsored by the Alcohol, Drug Abuse and Mental Health Administration, other researchers testing cocaine in animals said the anaesthetic effect of the illicit drug could make the brain more sensitive to later, potentially fatal, seizures from small amounts of the chemical.

The researchers, Dr Robert Post and Dr Susan Weiss, said their work indicated that the brain might be more susceptible to developing le-



thal convulsions from repeated cocaine use than from a single large dose, which could also cause fatal seizures.

Cocaine was unusual in that it was both a stimulant like amphetamine and an anaesthetic, they said.

Dr Post and Dr Weiss said they did their study to find out which of these major properties of the drug caused particular side effects.

Dr Post said the stimulant effect of the drug appeared responsible for side effects such as paranoid psychosis, hyperactivity and mood swings. The anaesthetic properties, on the other hand, appeared responsible for sensory alterations, anxiety, irritability, aggression, panic attacks and seizures. — Sapa-AP.

Mr Big is among 40 believed held in nationwide dragnet

Police smash Mandrax factory

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By Mike Cohen and Glenda Spiro
A multi-million-rand Mandrax operation based in Johannesburg and spread through all South Africa's major cities has been smashed by Narcotics Bureau detectives.

While police refused to comment yesterday, underworld contacts said more than 40 people — mostly Indians with strong Bombay connections — have been arrested, including "Mr Big".

As a result of the crackdown on the import of Mandrax tablets from Bombay, and heavy surveillance at international airports in South Africa, a syndicate started to produce the tablets locally from pure methaqualone.

More than 100 kg of the drug has been seized during a lengthy Narcotics Squad nationwide investigation. Police have been tight-lipped about their investigation after the arrest of two people in connection with a R1 250 000 drug haul on July 29.

"The whole matter is sub judice," said Major Leon van Coller, head of the Johannesburg Narcotics Bureau. "The investigation began many months ago, resulting in the drug haul on July 29. Investigations are still continuing. That is all I can tell you."

The haul on July 29 netted the Narcotics Bureau 50 kg of pure methaqualone, 250 kg of assorted powders used as binding agents, two pharmaceutical scales, and other equipment.

According to information received by *The Saturday Star*, the equipment entered the country hidden in a consignment of books. It was not detected during a customs examination. It was then brought to Johannesburg.

Bombay connection codename

The *Saturday Star* has been told that the Bombay connection uses a codename: "The Fishmonger". His first name is known only as Ebrahim.

Information is that "The Fishmonger" is the man who sold the equipment and the drugs to South African connections.

This latest haul by the Narcotics Bureau is not the only success they have had in recent months. They have also seized about R10 million worth of drugs including heroin, cocaine, LSD, dagga and Mandrax. Of this, R220 000 worth was Mandrax.

In the past two months detectives have seized heroin valued at R9 million on the black market. These figures were released this week by the acting Divisional Commissioner of Police on the Witwatersrand, Brigadier Dries van den Heever.

Two kilograms of heroin, one of the most dangerous drugs on the market, were seized this week. Brigadier Van den Heever said South Africa was experiencing an increase in hard drug trafficking. "It is a very lucrative market."

He said heroin was not yet available on the street and could be obtained only from distributors. "We are worried about this problem. It receives our continuous attention, that's why I have a special squad working on it."

One kilogram of heroin was discovered by police six weeks ago. In the past six months, other drug hauls have included: 279 g of cocaine worth R56 000 — four people arrested; 43 880 Mandrax tablets worth R220 000 — 193 people arrested; 783 kg of dagga valued at R1 000/kg found and 350 people arrested; 161 units of LSD worth nearly R2 000 — eight people arrested.

Armed gang in bank drama

BARCELONA — An armed gang were still holed up in a bank in this Spanish city last night after freeing four of their hostages, officials said.

Police arrested a woman gang member as she left the building with the freed hostages, all women.

It was not known exactly how many people were still in the bank.

The gang earlier threatened to start killing their prisoners if they were not supplied with a getaway bus and 10 sets of handcuffs. — Reuter.

Classic and curvaceous

This is one facet of the winning house built by Time Housing — joint winner with Summercon Construction of "the best house at *The Star Homes Show*". Miss Shelley MacDonald (21), a Cutex Model of the Year finalist, adds her curves to the classic lines of the beautiful Time house at Fourways Gardens, Sandton. The homes show, described by experts as "the best yet" with seven showhouses realistically priced, attracted record crowds when it opened yesterday. By 6 pm 16 800 visitors had been through the gates, and five stands had been sold at the special 10 percent discount offered to showgoers. A 20-page supplement on the showhouses is included

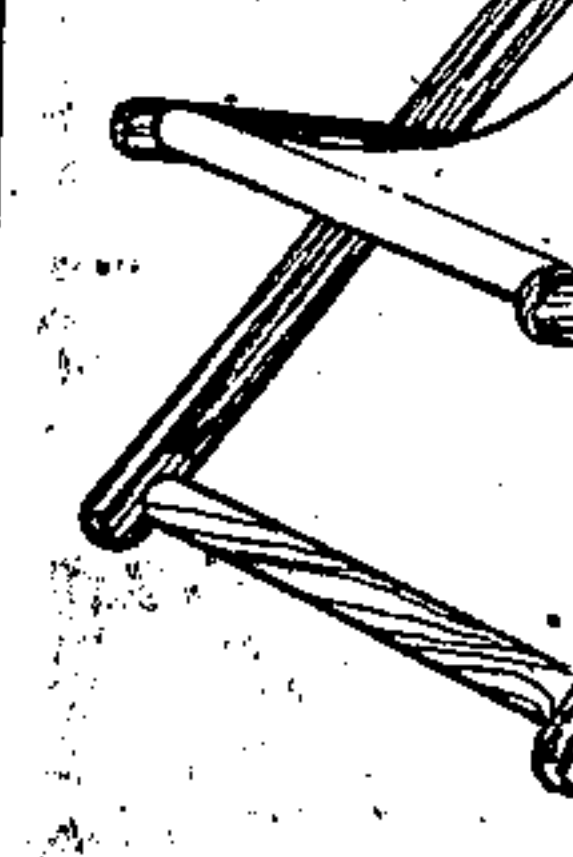
with South Africa's biggest property publication, the *Property Guide*, in *The Saturday Star* today. The houses have been individually assessed by an impartial expert, architect Anne Coventry, who describes both their good points and their bad in her reviews. *The Star Homes Show* opens at 10 am today. Visitors will enjoy a full entertainment programme after viewing the showhouses, so take the family there to see the latest and the best in housing, sited in the unusual environment of Fourways Gardens. Admission is R3,50 for adults and R1 for children. Further details are in the supplement. ● Photograph: Kevin Carter.

Singre family strike gold

By Bart Marinovich
Zithulile Singre struck gold when he won yesterday's Johannesburg Marathon, and the race turned into a successful family affair — his uncle and cousin also won medals. Alfred Mangesi and Durban Mpahlana both received silver medals for finishing the 42,2 km event less than three hours. "We've done a lot of training together and it's paid dividends. Next year, I hope to improve and who knows, in a couple of years time, I might be pushing Zithulile to the finish line," said cousin Mangusi later. "I was delighted to see that Zithulile managed to beat Plaatjes. Me? I was just aiming to finish among the medal winners," said Mpahlana. ● See Page 21

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19/11/86 STAR

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Face up to drugs and drink problem, ILO tells employers

GENEVA — Heavy drinkers and drug addicts cost employers huge amounts through absenteeism, accidents and low productivity, but too few managers and trade unions face up to the problem, the International Labour Organisation said this week.

Alcoholism tended to be high among seamen, lawyers, domestic servants, business executives, military men and police officers, an article by the ILO Information Service said.

Drug abuse was prevalent among long-distance lorry drivers, airline pilots, workers on mass-production lines and also doctors and nurses who often had easy access to drugs, it added.

Estimates of the cost of lost production and damage due to alcoholism in the United States ranged from about R108 billion to R266 billion annually, the ILO said.

Yearly losses in industry in Canada were approximately about R16,9 billion and in Britain around R3,3 billion. In Switzerland they were estimated at five million Swiss Francs (about R6,6 million) daily.

"In far too many enterprises, however, management and unions still tend to adopt an ostrich approach concerning alcohol and drug abuse, and no organised or official attempt is made to acknowledge that the problem exists.

"The addict is eventually dismissed when he or she has become too great a liability, creating hardships for the individual, the family and society," the ILO said.

Other employers in Europe and North America were finding that it was more beneficial to retain workers with drink or drug problems and try to overcome their addictions through prevention, counselling or rehabilitation programmes, it added.
— Sapa-Reuter.

SA losing drug abuse battle

2/11/85
87

Post Correspondent
JOHANNESBURG — South Africa was losing the war against drug abuse, the Chief Deputy Commissioner of Police, Lieutenant-General L P Neethling, said here last night.

Lt-Gen Neethling, who was opening the Narcotics Museum at John Vorster Square police headquarters, said SA had a serious drug and alcohol problem that did not know age or sex.

The average age of children experimenting with drugs was 14½ years and he believed schools had to be educated.

South Africa had increased its penalties and drug dealing fines were now between R25 000 and R50 000.

Last month 12 European countries sent representatives to London to discuss the drug problem.

One country had confis-

cated one ton of cocaine sufficient to make 10 million doses.

He also referred to the discovery three months ago of sufficient Mandrax to make 1,1 million doses.

"Drug abuse is a world-wide problem and we are losing the war," he added.

Concern about drug abuse is mounting.

Tomorrow morning about 5 000 people will march through Hillbrow as part of a campaign against drug abuse.

The march will highlight Anti-Drug Abuse Week, which started on Monday. It has been organised by the Drug Trust Foundation and Lions International.

The Mayor of Johannesburg, Professor Harold Rudolph, will receive a public petition signed by thousands of citizens calling on the City Council to take more active steps against drug abuse.

School set up for young drug offenders

(87) STAR
26/11/86

By Janine Simon

South Africa's first "drug school" — an alternative to a court sentence aimed at educating young offenders of the dangers of abuse and ramifications of conviction — has been set up in Johannesburg.

Called the Project for the Education of Drug Related Offenders (Pedro), the school was prompted by the increasing numbers of young people convicted on drug-related charges and their lack of understanding of the consequences of their criminal actions.

Johannesburg's Chief Magistrate has agreed to refer offenders to a trial course which is planned to begin early in De-

ember. The first person was referred earlier this month.

Pedro was instigated by the Johannesburg branch of the South African National Institute for Crime Prevention and Rehabilitation of Offenders (Nicro) and the Centre for Alcohol and Drug Studies run by the Johannesburg branch of the South African National Council on Alcoholism and Drug Dependence (Sanca).

"By the time people come to court they already have problems but we hope to intercept to prevent them becoming dependency problems," said Nicro chairman Mr Leonard Singer.

First offenders under 25 qualify for the Pedro course and their referral will comprise a

condition of a suspended sentence. The course is open to people of all races.

Offenders who qualify but are dependents will be referred directly for treatment as the course aims to educate not rehabilitate, Mr Singer said.

It comprises five sessions over two weeks. Emphasis will be placed on experiential learning and on dangers of drugs, that drugging — far from being a moral issue of how an individual deals with his body — constitutes criminal action in this country, and on the facilities available for treatment and rehabilitation, he added.

The magistrate will be informed of any continued non-attendance and, by means of a so-

cial worker's report, of the successful completion of the course.

"We aim to educate people that involvement with a drug sub-culture can, and frequently does, turn into involvement with a crime sub-culture and that drugging is a choice.

"Should they choose to continue, they should accept the consequences," said Nicro social worker Miss Jo-Anne Stevens.

● Johannesburg courts have ordered between 40 and 65 people to attend the highly successful Alcohol Safety School, an alternative to sentence initiated in September 1985 under the Department of Health Services and Welfare: House of Assembly, according to Johannesburg department head Mr Vernon van Wyk.

Hotels charged for selling liquor to teenagers

Mercury Reporter

DURBAN police have cracked down on hotels and licensed premises selling liquor to teenagers at the start of the Christmas holidays in an effort to combat the increasing numbers of teenage alcoholics.

Yesterday a spokesman for the police said members of the South African Narcotics Bureau, Sanab, had raided many hotels on Wednesday night.

Three hotels, four night clubs and one restaurant were charged for selling liquor to teenagers.

During the raids 14 teenagers, including several schoolgirls, were arrested for being inside age-restricted areas and taken to C R Swart Square

where they were charged.

'Their parents were telephoned and they were only released from custody once their admission of guilt fines had been paid,' the spokesman said.

The tough action by the police was praised yesterday by a spokesman for the S A National Council of Alcoholism and Drug Dependence.

'It is especially needed at this time of the year when post-matriculation celebrations are traditional,' he said.

He warned teenagers against the excessive use of alcohol, saying the rewards were far outweighed by the risks.

'We see the need to exuberantly celebrate the end of the year and school, but feel discretion is called for,' he said.

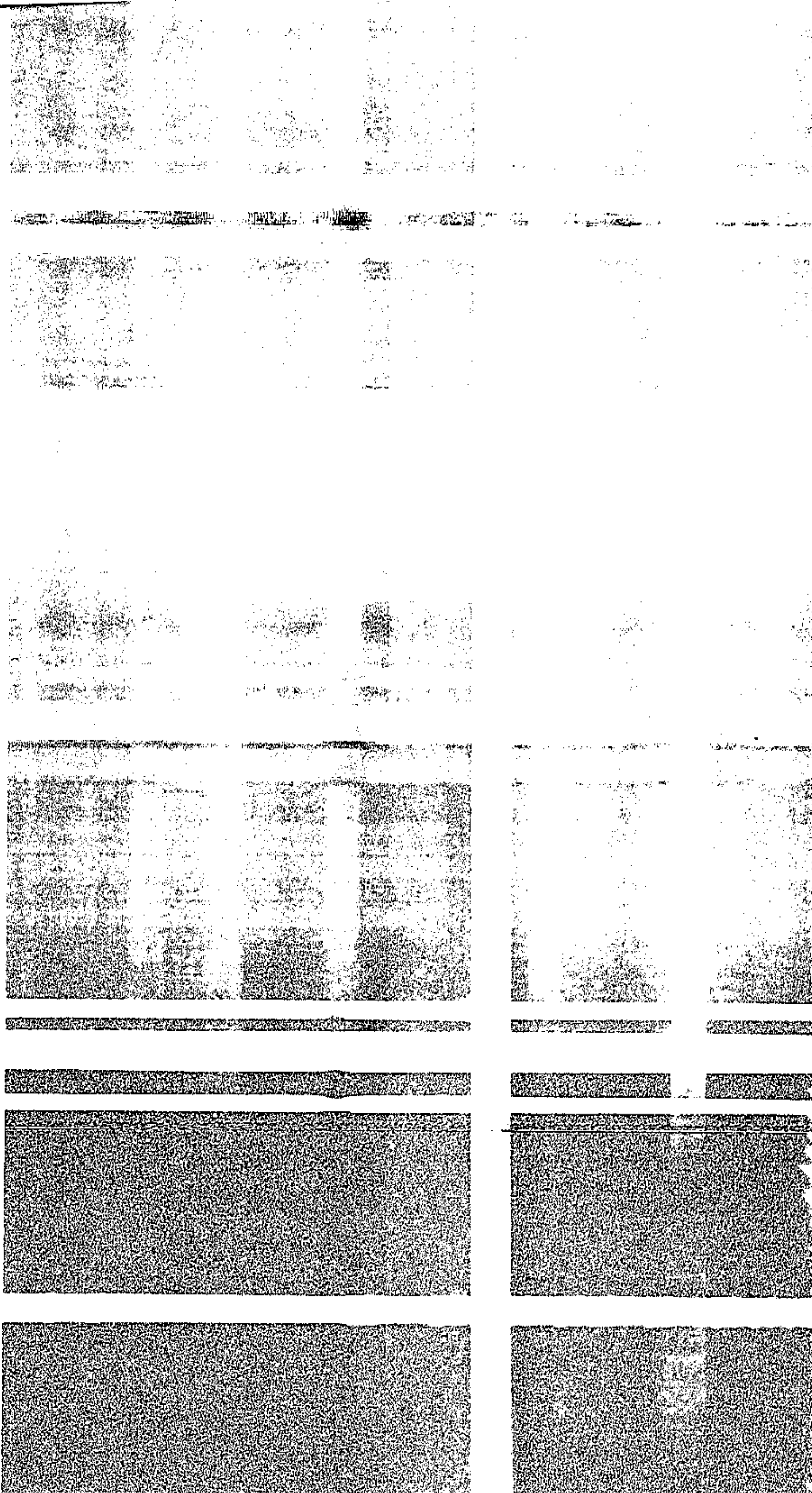
Reacting to reports that school leavers had taken to 'spiking' each other's drinks, the spokesman said this was 'very irresponsible'.

He warned that the pupils were inexperienced drinkers who did not know their own capacity and limits.

In these situations all caution was thrown overboard, he said, and unthinking actions could have disastrous consequences.

'We would prefer to see organised celebrations where the risks can be minimised. Otherwise what is essentially a good humoured release of tension turns sour.'

Meanwhile it has been reported from Pietermaritzburg that the capital also has a severe problem of teenagers drinking and using drugs.



Witchcraft: teacher stoned to death

By Mudini Maivha

A Venda teacher accused of witchcraft and of having turned dead neighbours into "zombies", was stoned to death on Sunday night.

A spokesman for the Venda police has confirmed the killing of Mr Elliot Ndweleni Maluma (32) of Matatani, Tshifulanani.

His body was found in the yard of the Tshifulanani Primary School on Monday.

No arrests have been made.

NO PROOF

"There were bricks, stones and tins around the body. We cannot confirm he was killed because of witchcraft," said the spokesman.

Among the accusations against Mr Maluma were that:

- After he had an argument with a woman teacher and told her she would have a bad time, the teacher broke her leg.
- He told a neighbour who refused to give him bricks that he would not move into his newly built house. The man died in a car accident.

Cocaine worth R9,6-m seized in SA this year

The seizure by police at the weekend of R600 000 worth of cocaine brings the amount of cocaine seized in Johannesburg this year to 3,2 kg with a street value of R9,6 million.

The latest haul occurred when narcotics detectives from John Vorster Square arrested two suspected drug dealers and seized the cocaine at the Johannesburg Sun Hotel.

According to Dr Sylvain de Miranda, the Johannesburg director of the South African National Council for Alcohol and Drug Abuse (Sanca), international drug syndicates, having saturated European and American markets with hard drugs such as heroin, were now turning to South Africa.

More affluent

Cocaine became part of the South African "drug scene" about two years ago and was used mostly by the more affluent in Cape Town and Johannesburg, Dr de Miranda said recently. It sells at about R200 to R300 a gram.

Anti-drug agencies recently expressed fears that a cocaine mixture drug — "crack" — could take off in South Africa. It is a widespread problem in the United States, where users are mostly teenagers still at school.

Crack can become addictive within six weeks — far quicker than the period for cocaine, experts say.

Because it is much cheaper than cocaine, it can be sold to schoolchildren, who are susceptible to its highly addictive properties, experts say.

According to police, drug syndicates, rather than individuals, are mainly responsible for South Africa's drug trade. These syndicates use market research techniques to test their markets.

Despite the popularity of cocaine, dagga was still South Africa's most popular drug and mandrax was a close second, a spokesman said.

Lieutenant-General L. Neethling, Chief Deputy Commissioner of the South African Police (Criminalistics), said recently that South Africa was "losing the war" against drug abuse.

He said South Africa needed community involvement and education to combat drug abuse.

The problem was largely "kept under the table" and was not discussed openly, he said.

"The average age of experimentation in drugs worldwide is 14½ years, yet we do not want to discuss the problem in school forums," General Neethling said.

He said South Africa co-operated with other countries and organisations like Interpol to fight drugs.

As part of the campaign to educate the public about drugs, a Narcotics Museum was recently opened at John Vorster Square. It will be used for school visits.

Cape Times
22/12/87

Bid to fight drug abuse

By EBRAHIM MOOSA

SEVERAL Muslim religious and civic organizations have started a major offensive against drug abuse in the Bo-Kaap and Salt River areas.

At a meeting in the Longmarket Street mosque on Friday, representatives of several civic organizations pledged to work in conjunction with the Muslim Youth Movement (MYM) on their national anti-drug campaign.

Mr Khalil Hassan, a Johannesburg social worker specializing in drug abuse cases, said materialism had destroyed healthy homes and led to an increase in drug abuse.

"Parents should stop chasing materialistic goals and find time for their children," he said.

Mr Hassan said the reintroduction of Islamic ethics and moral values could serve as an effective "preventative weapon" against this "destructive social menace" as alcohol and all intoxicants such as drugs were *haram* (prohibited by religious law).

A campaign was needed to inform people of the dangers of drugs, he said.

While rehabilitation was important, treatment did not always guarantee a total recovery by addicts.

Anybody interested in joining the anti-drug campaign could telephone the MYM office during office hours at (021) 637-8160.

HEALTH AND DISEASE - DRUGS.

1987

JANUARY — SEPT. →

Sweeteners first — then the Budget medicine

IF the Government delays the main Budget until after the general election, it will still be able to hand out the customary pre-election sweeteners in its Part Appropriation Bill — the mini-Budget.

Although the Part Appropriation Bill is technically designed to tide the State over until the Budget has been approved by Parliament, there is nothing to stop Finance Minister Barend du Plessis from using it to announce pay increases for public servants, increased pensions and other vote-catchers.

According to PFP finance spokesman Harry Schwarz, Government invariably uses a Part Appropriation Bill or Budget before an April or May election "to make announcements attractive to itself".

Mr Schwarz says: "We get the sweets in the Part Appropriation Bill and the medicine later in the Budget. It is easy enough to make the an-

By David Southey

nouncements and then to pass the legislation."

Mr Schwarz identifies four categories of voters the Government will woo:

● Farmers — they can expect aid packages and various relief measures. "They still believe that rain comes from the Government and not from the skies."

Blind eye

● Blue-collar workers — tax tables could be adjusted to take account of inflation. GST could also be reduced because its removal would appeal "emotionally and psychologically" to lower-income workers.

● Public servants — they have called for a 15% increase across the board and can expect at least 10%. The actual increase is likely to be much higher because of job regradings and new job descriptions. Mr Schwarz describes this as the "silent

increase" for public servants.

About 30% of voters are directly tied to the public service — whether as husbands, wives or children.

● Pensioners — they can also expect large increases. Mr Schwarz favours the creation of special, indexed investment bonds — similar to those in the UK — for old-age pensioners

Mr Schwarz believes the Government is caught in a catch-22 trap in its spending and it will rise by a minimum of 20% in the next financial year.

"It cannot cut back on security spending for the police and defence and is committed to raising social benefits, particularly under new pressure from the houses of delegates and representatives. The need for black housing funds is still enormous, there will be increases for unemployment relief and for job training and the vote for black education will go up substantially."

Economists believe that in the face of soaring expenditure demands — to which the Reserve Bank is hap-

py to turn a blind eye under the current depressed economic conditions — the Government will come under renewed pressure to speed privatisation.

Candidates

Two companies in which the Government has the controlling interest — National Selections and Industrial Selections — are mentioned as prime candidates for sale to private investors.

Many other Government departments are self-financing and could easily be privatised.

Mr Schwarz believes the Government should publish a white paper on its response to recommendations of the Margo Commission of Inquiry into tax and make it an election issue.

"Even if we do not know the details, we should be allowed to debate the principles of such issues as indirect and direct taxation, capital gains tax and other matters."

(87) DD 24/1/87

Long distance runners warned about drugs

Dispatch Correspondent
CAPE TOWN — The death of a Comrades Marathon novice, Major Lorraine Odendaal, who died this week after six months of drifting in and out of a coma induced by acute renal failure, has led to a warning from Dr Tim Noakes about the use of drugs by long-distance runners.



DR NOAKES

Dr Noakes — the author of *Lore of Running* — said 10 runners developed kidney failure after the 1986 Comrades Marathon, three times the normal incidence of the affliction.

“Although we have no proof that Major Odendaal took either painkillers or muscle-relaxants, of the 10 who developed kidney problems, most had done so.”

Dr Noakes said there was also conclusive evidence that an individual

carrying a virus either ran or was closely associated with the race in that a number of runners came down with yellow jaundice in line with the incubation period for the virus.

“There is a definite link between the race and a group of runners who contracted the infection at virtually the same time.”

Dr Noakes said the causes and implications of the high incidence of

renal failure at the 1986 Comrades was still being studied.

But the warning to runners planning to tackle the 90 km run to Pietermaritzburg on June 1 this year is clear, said Dr Noakes.

“Don’t take any of these agents purported to alleviate the pains associated with running, they don’t work.”

“The risks involved are high, for every one in a thousand runners, the use of these agents is potentially fatal.”

Dr Noakes mentioned that although many runners may have taken painkillers or relaxants with no ill-effects, should they have encountered either the virus or dehydrated even slightly while running, the use of the drugs would have aggravated the condition, “with potentially fatal results”.

White SA drug abuse 'explosion'

87
CAMP TRIPS 30/1/87

By CHRIS ERASMUS

AN "explosion" in South African drug abuse has resulted in a 12-fold increase in the number of whites dependent on "hard" drugs such as heroin-like opiates in the decade to 1983.

Professor Oved Ben-Arie, an associate professor at UCT's Department of Psychiatry, said this yesterday at the fifth national congress of the Society of Psychiatrists of South Africa, in its fourth day at a city hotel.

Prof Ben-Arie said cannabis (dagga) and Mandrax remained the most widely used illicit drugs in the country.

Studies in the early 1970s showed that about one-fifth of UCT students questioned admitted having used cannabis at least a few times "for kicks". The average age of first contact with

the drug was 15.

Very few drug users were found to be using substances other than cannabis or cannabis combined with Mandrax into what users called the "white pipe".

"But one thing changed during the 70s and that was that the age of first contact with drugs dropped. By the end of the decade, first contact was usually during primary school years," said the professor.

In the wake of a growing trend of drug use during the 70s had come an "explosion" in the early 80s which had overwhelmed psychiatric workers.

"Between 1973 and 1983 it was estimated that there was a six-fold increase in the number of drug abusers at psychiatric clinics," he said.

In the same 10-year period the

number of whites dependent on substances other than cannabis and Mandrax jumped from about 1% to about 12%. Most of these were using synthetic heroin-like opiates such as Wellconal.

The pattern for "coloured" drug abusers was different, however. About 92% used either cannabis or cannabis and Mandrax exclusively, while only 30% of white drug users fell into this category. This was due "entirely" to socio-economic reasons.

□ Ms C Freeman, of Cape Town's Drug Action Committee, said 1 204 patients had been seen at the DAC's clinic in Observatory where a "walk-in service" had been set up in 1985.

About half those seen came on their own account or were brought in by concerned family members, a quarter were in their teens and 80% were male.

'Explosion' in drug abuse among whites

87 N/M 30/1/87

Mercury Correspondent

CAPE TOWN—An 'explosion' in South African drug abuse had resulted in a 12-fold increase in the number of whites dependent on 'hard' drugs such as heroin-like opiates between 1973 and 1983.

Prof Oved Ben-Arie, an associate professor at the University of Cape Town's Department of Psychiatry, revealed these statistics yesterday during the fourth day of the national congress of the Society of Psychiatrists of South Africa, under way at a city hotel.

Prof Ben-Arie said dagga and Mandrax remained the most widely used illicit drugs in the country.

Studies in the early 1970s showed that about one-fifth of UCT students questioned admitted having used dagga at least a few times 'for kicks'. The average age of first contact with the drug was 15.

Primary school

Very few drug users were found to be using substances other than dagga or dagga combined with Mandrax into what users called the 'white pipe'.

'But one thing changed during the 70s and that was that the age of first contact with drugs dropped. By the end of the decade, first contact was usually during primary school years,' said the professor.

In the wake of a growing trend of drug use during the 70s had come an 'explosion' in the early 80s which had overwhelmed psychiatric workers.

'Between 1973 and 1983 it was estimated that there was a six-fold increase in the number of drug abusers at psychiatric clinics,' he said.

Abusers

In the same 10-year period the number of whites dependent on substances other than dagga and Mandrax jumped from about 1% to about 12%. Most of these people were using synthetic heroin-like opiates such as Wellconal.

The pattern for coloured drug abusers was different, however. About 92% used either dagga or dagga and Mandrax exclusively, while only 30% of white drug users fell into this category.

'The reasons for this difference are, I believe, entirely socio-economic,' said Prof Ben-Arie.

There was evidence that the heavy use of dagga, particularly in combination with Mandrax, led to 'dagga psychosis', requiring medication and professional help, he said.

12-fold increase in hard drugs usage by SA whites in decade

CAPE TOWN — An "explosion" in South African drug abuse has resulted in a 12-fold increase in the number of whites dependent on hard drugs such as heroin-like opiates in the decade up to 1983.

An associate professor at the University of Cape Town's department of psychiatry, Professor Oved Ben-Arie, said this at the fifth congress of the Society of Psychiatrists of South Africa here this week.

His studies in the early 1970s showed that about one-fifth of UCT students questioned ad-

mitted having used cannabis at least a few times "for kicks."

The average age of first contact with the drug was 15.

Very few drug users were found to be using substances other than cannabis, or cannabis combined with mandrax in what is called a "white pipe."

"But one thing changed during the 70s and that was that the age of first contact with drugs dropped. By the end of the decade, first contact was usually during primary school years".

In the wake of a growing trend of drug use during the 70s had come an "explosion" in the early 80s which had overwhelmed psychiatric workers.

"Between 1973 and 1983 it was estimated that there was a six-fold increase in the number of drug abusers at psychiatric clinics".

In the same 1-year period the number of whites dependent on substances other than cannabis and mandrax jumped from about 1 per cent to about 12 per cent. — Sapa

DA 31/1/87

specified date for which figures are available?

The MINISTER OF FINANCE:

Statistics which distinguish between

(i) Building and Construction	R	711 659
(ii) Retail		2 897 087 501
(iii) Wholesale		871 164 179
(iv) Manufacturing		822 189 247
(v) Services: Business	R366 520 096	
Personal	R 35 277 278	401 797 374
(vi) Other: Agriculture and Mining		46 308 664
Catering and Accommodation		183 278 425
Advertising		67 116 443
Unclassified		2 158 678
TOTAL		5 291 812 170

Citizen Force/Commandos

190. Mr B B GOODALL asked the Minister of Defence:

How many (a) Whites, (b) Coloureds, (c) Asians and (d) Blacks were rendering voluntary service in the (i) Citizen Force and (ii) Commandos as at 31 December 1986?

The MINISTER OF DEFENCE:

It is policy not to divulge personnel strengths. The information, expressed as a percentage of the number of volunteers of the population group in the relevant forces, is however as follows:

(a) Whites	(i)	(ii)
(b) Coloureds	75.27	86.75
(c) Asians	24.73	8.53
(d) Blacks	—	2.18
		2.54

Resettlements

191. Mr E K MOORCROFT asked the Minister of Constitutional Development and Planning:

(a) What total number of Black persons

payments of sales tax by individuals and companies are not maintained. For statistical purposes collections of sales tax are analysed under the groups specified below. The analysis for the period 1 April 1986 to 31 October 1986 was as follows:

(i) from what places were they removed,		
and (ii) in what places were they resettled,		
and (c) for what reasons were they resettled, in each case?		

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

The figures furnished in this reply do not include figures given in reply to question 63.

(a) 61 228.		
(b) (i)	Kabah/Langa	KwaNobuhle
	Outkasi (Brits)	Lethabile
	Emmerdale	Soweto
	Dalmany	Avon-Innes

(c) People from Kabah, Langa and Outkasi near Brits were resettled on a voluntary basis due to the fact that they were living in unhygienic squatter conditions, whilst those from Emmerdale were living in a Coloured group area. In respect of Dalmany they were resettled as a result of implementation of consolidation proposals.

Resettlements

192. Mr E K MOORCROFT asked the Minister of Education and Development Aid:

(a) What total number of Black persons in the national states was resettled in 1986, (b) (i) from what places were they removed, and (ii) in what places were they resettled, and (c) for what reasons were they resettled, in each case?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

(a) and (b) The power to settle Blacks in the self-governing territories vests in the governments of the territories concerned. The Department of Development Aid has no information regarding such settlement actions, but, at the request of the heads of the families themselves, resettled 764 families from Moutse, KwaNdebele, in the Imepan/Saleslout area, which is later to be incorporated within Lebowa.

Decentralisation Board

195. Mr A SAVAGE asked the Minister of Constitutional Development and Planning:

(1) How many applications were made to the Decentralisation Board during 1986 or the latest specified period for which figures are available;

(2) (a) how many applications (i) were approved and (ii) failed to meet the requirements and (b) what was the value of the applications in each category;

(3) (a) how many employment opportunities were created in consequence of the approved applications that had been finalised and (b) what estimated number of employment opportunities will be created in consequence of such applications;

(4) what was the total (a) number and (b) value of the applications involving foreign investors?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) The Board received 843 applications for the period 1 April 1986 to 31 December 1986.

(2) (a) (i) 765 applications were approved and 16 were held back pending clearance of certain policy guidelines or obtaining further information from the applicant;

(ii) 62.

(b) The proposed capital investment in respect of the applications in each category is as follows:

Approved—R839.3 million.
Held back—R13.5 million.
Not approved—R111.6 million.

(3) (a) Since it can take up to two years for a project to be physically established and real employment determined only after the industrialist's first quarterly claim is submitted to the Decentralisation Board, it is not possible to furnish particulars of employment opportunities created in respect of the applications approved for the above-mentioned period.

(b) The proposed employment creation in respect of applications received and approved is 53 515.

(4) (a) 37.
(b) A proposed capital investment of R80 million.

Abuse of Dependence-producing Substances and Rehabilitation Centres Act

196. Dr M S BARNARD asked the Minister of Law and Order:

(1) Whether any persons were detained in 1986 for interrogation in terms of

section 13 of the Abuse of Dependence-producing Substances and Rehabilitation Centres Act, No 41 of 1971; if so, (a) how many and (b) for what period was each detained;

(2) whether any of these persons were subsequently (a) charged with and (b) convicted of peddling drugs; if so, how many in each case;

(3) whether any of the persons arrested in 1986 are still in detention for interrogation; if so, (a) how many and (b) for what period has each been so detained?

The MINISTER OF LAW AND ORDER:

(1) Yes.

(a) 46 persons.

(b) 2 for 1 day
1 for 3 days
2 for 4 days
4 for 5 days
1 for 6 days
3 for 7 days
1 for 11 days
1 for 12 days
3 for 14 days
5 for 15 days
2 for 16 days
4 for 20 days
1 for 23 days
1 for 26 days
5 for 28 days
1 for 29 days
2 for 30 days
1 for 31 days
1 for 33 days
1 for 35 days
1 for 45 days
1 for 55 days
1 for 58 days
1 for 91 days

(2) Yes.

(a) 41 persons.

(b) 12 persons.

(3) No.

(a) and (b) Fall away.

Teachers

199. Mr K M ANDREW asked the Minister of Education and Development Aid:

(1) (a) How many Black teachers were employed by his Department in (i) primary, (ii) secondary and (iii) high schools in the Republic as at the latest specified date for which figures are available and (b) what was the increase of decrease in numbers for each type of school compared with those as at a date one year earlier;

(2) what percentage of such teachers are in possession of a (a) university degree, (b) teaching diploma, (c) matriculation certificate and (d) junior certificate?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

(1) (a) (i) 36 937.

(ii) 10 380.

(iii) Numbers included in secondary schools.

(b) The increase from 1985 to 1986 was—

(i) 1 629.

(ii) 1 069.

(iii) Numbers included in secondary schools.

(2) (a) 2,74%.

(b) 82,83%.

(c) 43,33% (included are the 2,74% graduates).

(d) 56,67% (Junior certificate or lower).

Figures as on 4 March 1986.

Members suspended/dismitted

201. Mr K M ANDREW asked the Minister of Law and Order:

Whether any members of the South African Police were (a) suspended and (b) dismissed in 1986 as a result of arrests, interrogations, detentions or other unrest-related activities; if so, how many in each case?

The MINISTER OF LAW AND ORDER:

Yes.

(a) 7

(b) 1

Citizen Force/Commandos

202. Mr K M ANDREW asked the Minister of Defence:

(1) Whether, with reference to his replies to Question No 1 on 12 February 1986 and Question No 879 on 2 May 1986, he will now furnish information on the number of persons who failed to report for service in the South African Defence Force; if not, why not; if so, how many persons failed to report for (a) military service in July 1986 and February 1987, respectively, and (b) (i) Citizen Force camps and (ii) Commando duty in 1986;

(2) whether any of those who failed to report in 1986 were traced; if so, how many in each case;

(3) whether the South African Defence Force took any steps against those traced; if so, (a) what steps, and (b) against how many persons, in each case?

The MINISTER OF DEFENCE:

(1) No. The situation is unchanged.

(2) and (3) The hon member is referred to the reply to section (2) and (3) of

the written question No 879 of 15 April 1986.

Military service/Citizen Force camps/Commando duty

203. Mr K M ANDREW asked the Minister of Justice:

Whether his Department keeps statistics on the number of persons who were charged in magistrates' courts with failure or refusal to report for service in the South African Defence Force; if not, why not; if so, (a) how many persons were so charged with failure or refusal to report for (i) military service, (ii) Citizen Force camps and (iii) Commando duty in 1986 and (b) what was the outcome in each case?

The MINISTER OF JUSTICE:

No. The hon member is referred to my reply to written Question No 35 of 1986 (Hansard column 399).

Black townships: members deployed

204. Mr K M ANDREW asked the Minister of Defence:

Whether any (a) Coloured and (b) Indian members of the South African Defence Force were deployed in Black townships in 1986; if so, how many in each case?

The MINISTER OF DEFENCE:

(a) and (b) Yes. It is policy not to divulge personnel strengths.

National servicemen

205. Mr K M ANDREW asked the Minister of Defence:

(1) Whether any national servicemen requested the South African Defence Force in 1986 not to require them to do duty in any Black townships in the Republic; if so, how many;

(2) whether these requests were acceded

Sara (16) tell how she beat drug addiction

By Lana Jacobson

"I am a sixteen-year-old drug addict. Like all teenagers I craved experience and needed the acceptance of my friends. At first I was too afraid to even try and smoke pot, but my friends persuaded me 'to give it a go'."

when I was in a crowd. "My addiction was a subtle process. It seemed as if nothing had happened until it was too late.

"There are two common misconceptions — the first is that teenagers get high to rebel or to escape reality. Most teenagers get involved with drugs to gain acceptance. The society we live in tells us that using drugs is 'cool'. It is accepted behaviour and normal for everyone to want to experiment.

"The second misconception is that a person cannot become dependent on daggga — commonly known as 'pot'.

"There were often periods when I managed to go without smoking a joint. But only later — much later — after my nightmare began, did I learn that there is a fat-

soluble substance in daggga called THC which can be stored in the body for up to two weeks at a time. Because I was storing the substance in my body, I was able to walk around for up to 12 days before the withdrawal and craving slowly began.

"I then experimented with other drugs. Soon I was smoking pot, snorting cocaine, shooting heroin, taking diet pills and drinking alcohol. I even

used to rob people for money to keep my habit going.

"My one or two remaining friends and my parents tried to get me off drugs at least a dozen times. One day I woke up in yet another rehabilitation centre and I asked myself, 'Why am I here?'

"I blamed my parents, the schools, the society, my friends, before admitting the truth: 'I'm here because I put myself here.'"

"I am still an addict," continues Shara, "but fortunately I have found a better way to live."

NA, like Alcoholics Anonymous (AA), is a support group which was formed for people "who have been there." The only criteria for a person to become a member is a sincere wish to stop taking drugs.

A trained social worker and drug counsellor, who has been involved with a professional drug rehabilitation centre for the past six months, says:

"There is equality among members at NA, whereas an addict who is dealing with a counsellor often feels the counsellor adopts an air of superiority or authority. When a person goes to NA they are forced to help themselves."



THE NIGHTMARE: "Although some people are more chemically prone to addiction, one has to practise being an addict." ● Picture by Trevor Kobrin, posed by a professional model.

Describing the procedure and psychology of drug addiction, she says: "Some experimentation is normal. However, the more well adjusted the child, the less likely he is to become dependent. "Although some people are more chemically prone to addiction, one has to practise being an addict." She also stresses that although drugging generally starts at the age of 13, the most dangerous age for addiction is 15 and 15.

● Narcotics Anonymous is a support group that holds weekly meetings to which only addicts are admitted, no outsiders are allowed. The service is provided free, and even if a patient is receiving outside help from other professional sources, he or she is welcome to attend NA. Once a month NA holds open meetings to which parents, counsellors and friends of the addict are welcome. In this way they become aware of what is happening to their loved ones and have some idea of the suffering of all addicts. For more information, telephone (011) 884-3181.

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occasions deliberately failed

(87) 3/3/87 N/M

Drugs 'damaging' developing countries'

Mercury Correspondent

PARIS—Drug abuse has grown to epidemic proportions over the past five years and is undermining the economic and political stability of developing countries, an international inquiry has found.

Its report, being published here this week, says the addiction rate in some developing countries now exceeds that of the United States, which has reached critical levels.

Cocaine and heroin have become so cheap and readily available that they have infiltrated poorer areas of high unemployment, resulting in an increase in corruption and organised crime. In some areas a cigarette of 'coca' costs no more than a piece of chewing gum.

Addiction has become 'not only a threat to the orderly development of democracy but it also has adverse effects on development efforts', says the report for the Organisation for Economic Co-operation and Development.

'Drug abuse is progressing most rapidly in countries with the highest rates of inflation, largest debts and deteriorating economic and financial conditions,' says the report.

Drugs are often grown by the poorest people in the poorest areas where Government control and services are weakest.

Pakistan had no recorded heroin addiction before 1979. Today its number of addicts has surpassed 300 000 at its lowest estimate and it is thought to have reached 1 000 000.

Malaysia and Sri Lanka have similar problems. Huge profits are being reaped from trafficking. The profits have been used to destabilise political and economic systems by buying newspaper groups, influencing political parties and corrupting local and national officials, the report says.

Value

Illicit drugs contaminate, corrupt and weaken the very fabric of society. There are often links between international drug networks, organised crime and terrorist groups.

A simple coca leaf increases in value as it passes from farmer to trafficker after being sold at the farm gate for \$1. On the streets of Miami the equivalent in cocaine fetches \$300.

The report praises Brazil for its determination to reduce supplies from abroad for making its law enforcement more effective, strengthening its detection methods and improving its treatment and rehabilitation of addicts.

Sanca is in need of funds

Weekend Post Reporter

EAST LONDON — A growing work load has left the East London branch of the SA National Council on Alcoholism and Drug Dependence (Sanca) desperate for funds.

The work load of Sanca has grown with an increase in the incidence of alcoholism and drug dependence, boosting its overheads

greatly.

"We get a 75% subsidy from the Government, but we have grown so much that our 25% share has become a substantial figure," Sanca's local director, Mrs Sandra Epstein, said

"We now have to find about R2 500 a month from other sources, and unfortunately ours is not one of the organisations that enjoys

wide public support."

Mrs Epstein's problem with funds was brought to the attention of East London's Mayor, Mrs Elsabe Kemp.

Mrs Kemp agreed to be the patron of a fund-raising tea to be held at the Holiday Inn on April 24.

She arranged a meeting this week of potential "hostesses"

Anybody who is willing to be a hostess should ring Mrs Epstein at 21210.

87 wpc 2/3/87

Drugs Worth

(23) SMC 43/87

Over R2-billion seized

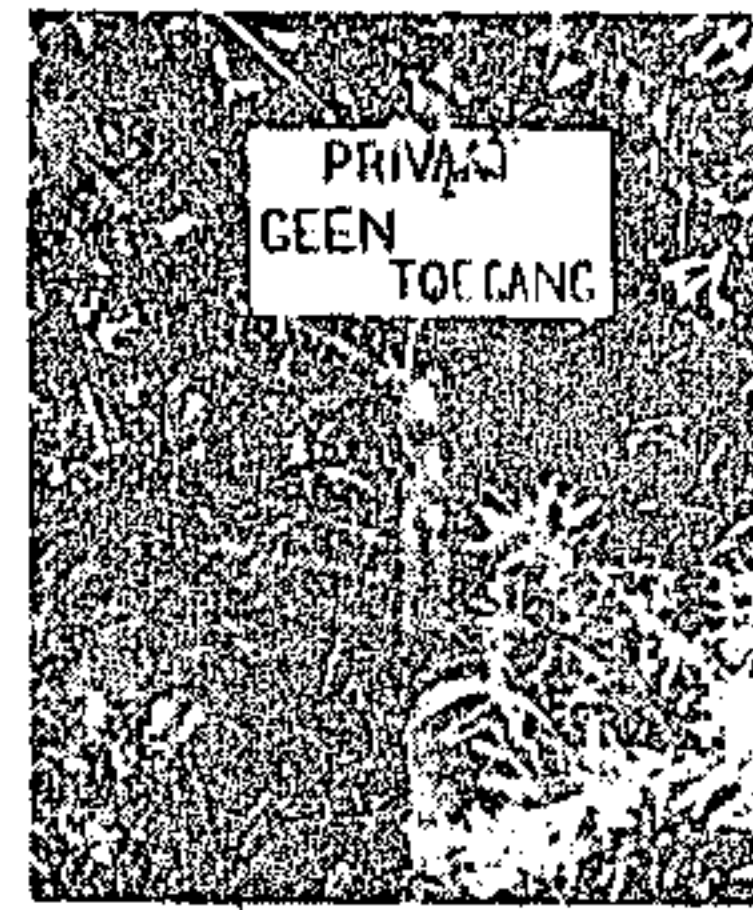
HOUSE OF ASSEMBLY — Drugs worth an estimated contraband value of R2 115 794 400 had been confiscated by the South African Police during 1986, the Minister of Law and Order, Mr. Adriaan Vlok, said last week in a written reply to Mr. Tian van der Merwe (PFP Green Point). He said 2 114 163 kg of dagga worth R1 000 a kg; 1 712 units of LSD at R10 a unit; 1 014 g of heroin at R250/g; 945 g of cocaine at R250/g; 135 769 Mandrax tablets at R5,00 each; 1 150 g of other opiates at R200/g; and 43 170 tablets at R5 each, had been confiscated.

Experts fear spread t Cocaine barons s SA mar



ABANDONED: Many of Peter Rorvik's possessions are still scattered about the farm, untouched since his arrest. Right: Hidden entrance to the Sir Lowry's Pass farm — no visitors welcome.

● Photographs: by Dana le Roux



CAPE TOWN — Cocaine barons in South America are looking to South Africa to expand their market for their billion rand product, narcotics experts believe.

Local experts say the use of cocaine hydrochloride is already commonplace in some "upper" circles of South African society and that if it is not stamped out, it will spread to all sectors.

They fear the advent in this country of "crack" — cocaine in its purest form — which, because of its cheapness, will be available to the youth.

Narrow, twisting road to Rorvik's drug factory

CAPE TOWN — The location of Peter Rorvik's cocaine-processing business was a secluded spot. Two vicious guard dogs helped ensure privacy.

The outwardly serene setting was the Renate Farm near Sir Lowry's Pass Village. It has a narrow access road skirted by dense bush.

The homestead's front lawn was allegedly the regular scene of wild parties. Hippy types and pretty girls were visitors.

A female visitor is said to have been ambushed and robbed of several thousand rands by a gang who waited in the dense bush alongside that narrow, twisting access road to the farmhouse where Rorvik processed his cocaine.

Mrs Maria Manjanja, who was casually employed by the drug dealer to clean house and who lives not far from the Renate Farm homestead, said she saw the incident take place late one night.

R10 000 IN STOLEN SUITCASE

"The men waited for Piet's (Rorvik's) girlfriend, tipped over the car and stole a suitcase with a lot of money in it. They said they would kill her but I came along and they ran away," Mrs Manjanja said.

"Later a businessman came and I heard Piet say the men had stolen a suitcase with R10 000 inside it," she said.

When newspapermen visited the Rorvik cocaine kingdom they found a dagga pipe lying outside the farmhouse and a leather headband with the words "Karata — Kid Porta Is Back" lying abandoned where Mrs Manjanja said the attack took place.

The farmhouse is small, dingy and dark and many of Rorvik's possessions still lie scattered about — in-

MARK STANSFIELD

cluding the shell of a combi.

Mrs Manjanja's 15-year-old daughter, Elmien, who helped clean the farmhouse occasionally, said she had often found dagga, dagga pipes and pills lying around. There was also always a lot of money, she said.

Elmien added: "Piet used to have people coming up all the time. Some were men with long hair, others wore suits and looked like businessmen. There were also a lot of girls."

"One day Piet disappeared and a few days later a girl from Somerset West came and took most of his stuff out of the house."

Mrs Manjanja said Rorvik had closely supervised the cleaning of the house and had not allowed her into certain rooms.

"He would stand right behind me the whole time and if I lifted anything or tried to go into the back room he would say those places didn't need to be cleaned."

"I never saw him with any white powder but we saw a lot of dagga and pills," she said.

Most of the residents in Sir Lowry's Pass Village, which is about three kilometres down the road from the farm, were unaware that "Piet" had been caught dealing in cocaine.

"One day I came to the house and he was gone. We often wondered what happened to him," Mrs Manjanja said.

"He was a nice man who didn't mind us coloured people. He used to introduce us as his neighbours," she said.

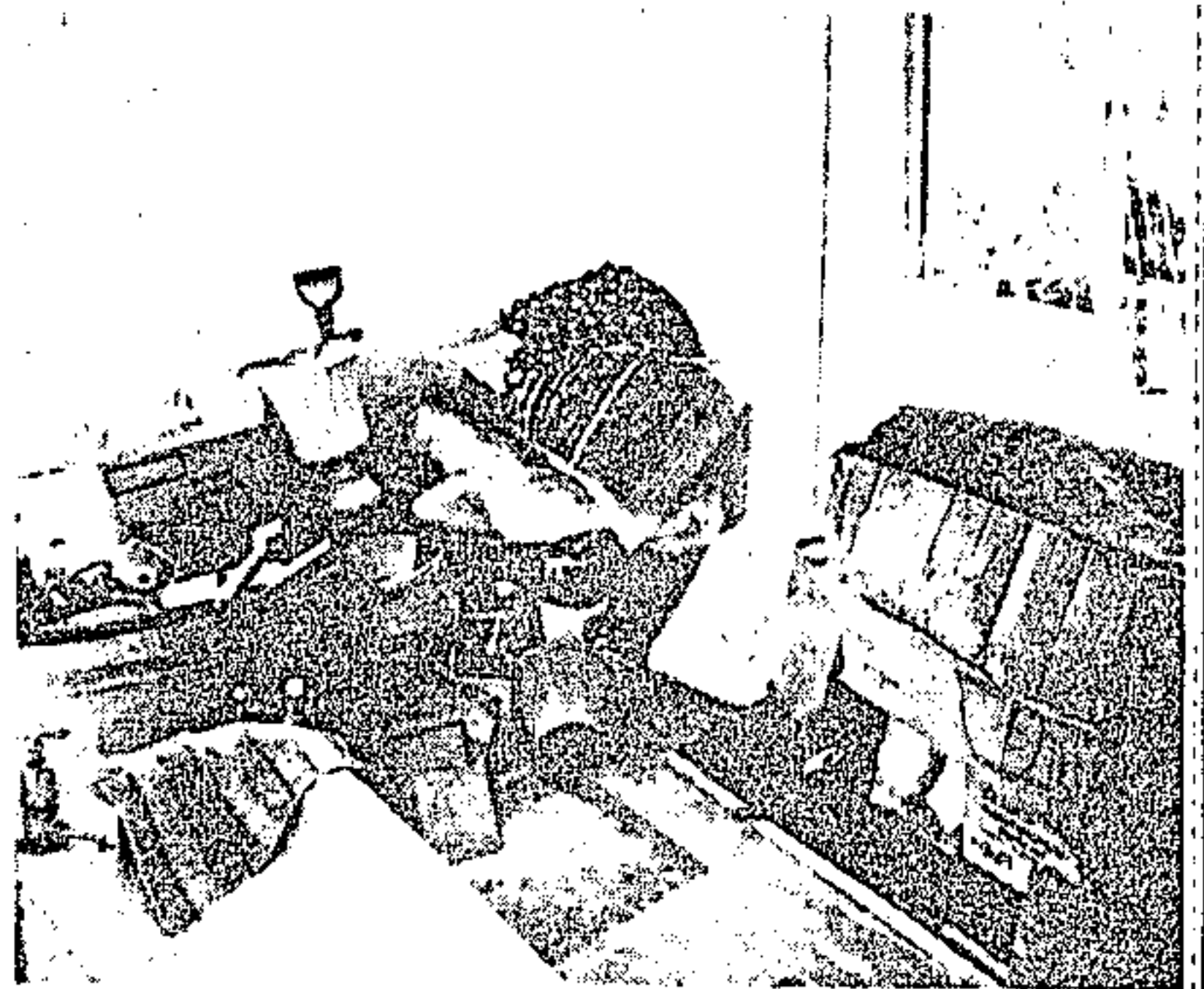


SECLUDED SPOT: The farmhouse was the nerve centre

Experts fear spread to the lower classes and children

Cocaine barons seek SA market

87
S.M.R.
14/3/87



MESSY INTERIOR: Where the cocaine was processed.



CAPE TOWN — Cocaine barons in South America are looking to South Africa to expand their market for their billion rand product, narcotics experts believe.

Local experts say the use of cocaine hydrochloride is already commonplace in some "upper" circles of South African society and that if it is not stamped out, it will spread to all sectors.

They fear the advent in this country of "crack" — cocaine in its purest form — which, because of its cheapness, will be available to the youth.

STEPHEN WROTTESELEY,

In South Africa, the Attorney-General's office has vowed to take the strongest possible action against cocaine dealers.

Mr Frank Kahn, SC, the deputy Attorney-General who prosecuted in the case against Peter Rorvik in the Cape Town Supreme Court, and who was briefed by US experts, told The Saturday Star at the end of the trial: "We will respond to it with all the vigour at our disposal."

He said would-be cocaine dealers would be wise to take note of the international co-operation the South African authorities had received in "combating this evil". An American expert has said that assistance would be given to any country that wished to take on the cocaine barons.

Mr Kahn said: "Cocaine is an insidious and socially pernicious drug which impacts on the most productive sector of the community."

"As economic barriers are reduced, it takes root among the lower classes and the children," Mr Kahn said.

Mr Raymond L Vinsik, chief of the cocaine investigation section of the US Drug Enforcement Administration, warned this week of an over-supply of cocaine and local experts said this could bode ill for South Africa because the cocaine barons were looking for new markets.

The full extent of the abuse of cocaine in South Africa is not known, as many users are wealthy enough to afford private treatment for the addiction.

Recent statistics indicate that 945 g of cocaine worth R189 000 was confiscated in one year — but experts say most of this was found at ports of entry to South Africa. They believe many shipments manage to slip past customs and narcotics experts, as in the Rorvik case.

While police admit the use of cocaine is not as widespread as that of dagga and methaqualone (Mandrax), which remain the most popular drugs for most population groups, the investigator said: "Cocaine is established in this country and there is a demand for it."

"There is a very wide interest in it among young people because it is seen as a chic, jet set drug."

"It's not a drug that is new in our society and we are going to see an increase in its use."

He said South African "street" cocaine was usually sold with a

purity of about 40 percent and cost about R200 a gram.

"That gram would contain about 40 to 50 percent of cocaine and the rest would be adulterates which mixed in to increase the quantity and increase profits."

He said that overseas there had been a move away from injecting cocaine. One of the reasons for this was the fear of spreading the AIDS virus by using dirty needles.

Many addicts were now taking to smoking the drug.

"You cannot smoke cocaine hydrochloride, so they convert this to a smoking mixture which is known as free base."

AVAILABLE

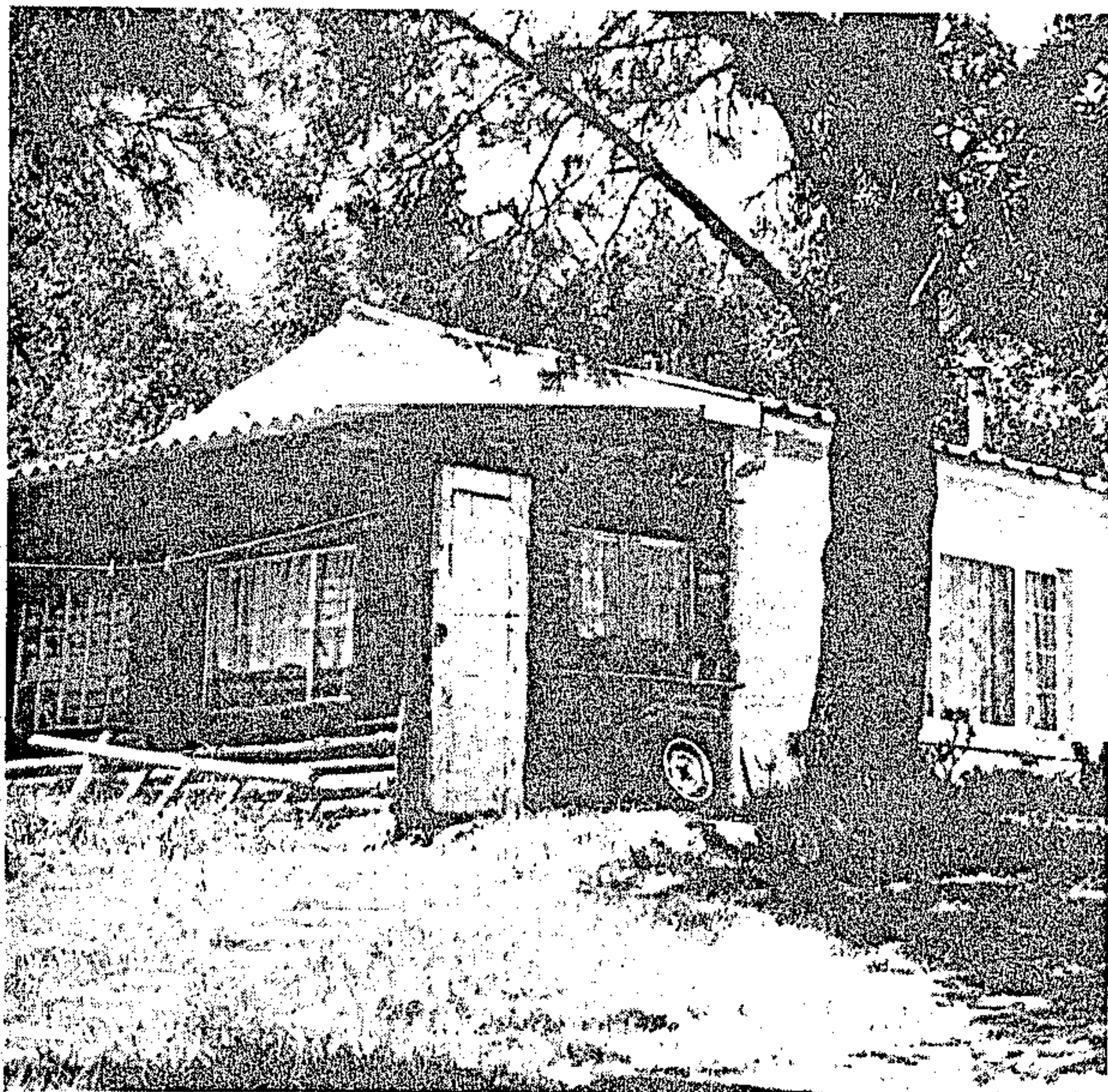
It's a simple process converting the salt back to its original free base.

"This crack or rock is sold in tenths of a gram for about \$10 in the US, which makes it cheap and makes it so much more available to young people."

With the present drug usage pattern in South Africa, crack was a real worry, he said.

"The whole kick these days seems to be to use a substance which gets you as high as possible, as fast as possible for as long as possible."

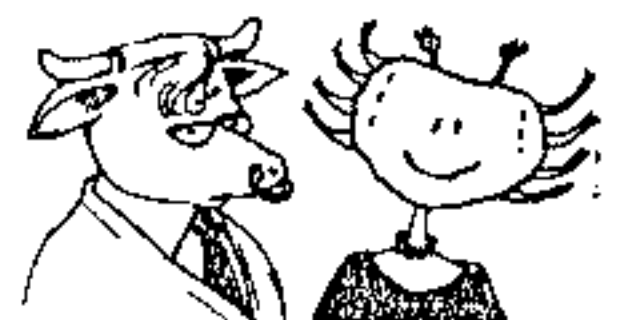
He said the source countries for cocaine were Peru, Bolivia and Colombia. The drug emanated from a perennial plant which grew on the lower slopes of the Andes and in the rain forests of Peru and Bolivia.



SECLUDED SPOT: The farmhouse was the nerve centre of Rorvik's operation.

WEEKEND!

Astrologists are right on line . . .



. . . according to a new theory. See Page 16

Dagga most common illicit drug

(87)
STAR

18/3/87

By Joe Openshaw, Medical Reporter

Dagga is South Africa's most common illicit drug. A survey last year at Phoenix House, Johannesburg's drug rehabilitation centre, showed 77,2 percent of the patients had smoked it.

The survey also showed up multi-drug abuse among young white South Africans.

The second most commonly used drug was Mandrax. Half the patients had used it.

These figures were revealed at a Summer School of Alcohol and Drug Abuse in Johannesburg yesterday by Dr Sylvain de Miranda, head of the National Council of Alcohol and Drug Abuse.

"Alcohol is undoubtedly the most socially accepted psycho-active drug; more and more South Africans are using it," said Dr de Miranda.

A Human Sciences Research Council survey shows 91 percent of white men and 76 percent of white women in South Africa drink alcohol.

There is increased alcohol-and-tranquiliser abuse among white women and young people.

Alcohol is used by 60 percent of coloured men

and 28 percent of women, 54 percent of black men and 22 percent of women, and 45 percent of Indian men and four percent of women.

"Many prescribed drugs which are abused are obtained by theft, forged prescriptions and colluded prescriptions and dispensing."

Cocaine abuse is still confined to young people from affluent homes because of its steep price — R200 to R300 a gram.

"South Africa has been identified as the largest abuser of Mandrax in the world.

"A feature peculiar to South Africa is the smoking of 'white pipes' — a mixture of dagga crushed with Mandrax tablets. This abuse is posing a major health threat in all communities."

The Mandrax habit is spreading among black people. Glue-sniffing occurs among six to 12-year-olds — and is common among urban and rural blacks.

Among household items "snorted" by drug abusers are glue, eraser fluid, benzine and paint thinners.

W Post 21/3/87

Huge increase in drug, liquor abuse

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By RAYMOND HILL

STRESS caused by overwork and fear of losing their jobs is pushing up drinking and drug-taking among office and factory workers in Port Elizabeth and Uitenhage.

The problem — estimated to cost businesses countrywide R400 million a year — has become so severe in the Eastern Cape that the SA National Council on Alcoholism and Drug Dependence (Sanca) is mounting a renewed campaign to get companies to support a programme aimed at combating the alarming situation.

But it is starting from a low base, for of six major companies which originally subscribed to Sanca's employee-assistance programme, only two remain.

The results of abuse are disturbing, according to records kept by Sanca.

Mr Stewart Bell, an executive committee member in Port Elizabeth, said this week a growing number of factory and office workers in the city and Uitenhage were turning to drugs and liquor.

"Recent reports received from employers show the number of alcohol and drug abusers was increasing among workers of all classes, including those in the top bracket.

"Stress, a higher workload and the fear of losing jobs appear to be the main reasons.

"Sanca is determined to help with finding solutions to the problem. One way is by continuing to point out to employers and their workers the enormous advantages of our special programme," he said.

Mr Bell said he regretted that many workers with an alcohol or drug problem were among those axed by employers even though the Sanca programme had been implemented in their companies.

He would like to re-introduce the programme at those companies.

The cost is R1 a worker — a worthwhile investment, Mr Bell feels, as a rehabilitated employee was an asset to any firm.

"We at Sanca train factory and office supervisors to detect job deterioration

PE focus on alcoholism

Weekend Post Reporter

ALCOHOLISM, recognised as the third major killer in the United States after heart disease and cancer, will come under the public spotlight in Port Elizabeth next week.

Because of increasing concern of this worldwide health problem, Alcoholics Anonymous is to present a "Showcase of AA" on Wednesday night.

The aim of the meeting — the first of its kind to be held in the city — is to inform civic and community organisations and individuals of the services of AA and its sister organisations, Alanon and Alateen.

The meeting, which is open to the public, will be chaired by the Mayor of Port Elizabeth, Mr Ben Olivier.

Speakers will discuss alcoholism and explain what help is available in Port Elizabeth, Uitenhage and Despatch for the alcoholic and his or her family and close friends.

The meeting in the William Perry Hall, St John's Gate, Rink Street, will begin at 8pm. There is no charge.

among workers having an alcohol or drug problem.

"Individual progress records are kept and, where necessary, cases are referred to Sanca's social workers for counselling.

"Medication in the form of pills is made available by the companies to those concerned, while medical records remain confidential."

Workers involved in the programme were encouraged to join Alcoholics Anonymous.

There was a significant drop in absenteeism and fewer financial losses were experienced by companies where the programmes were continued.

Sanca is again emphasising the benefits of the programme to employers be-

cause of the sharp rise in the number of cases among workers, especially at firms where no help was given.

Mr Bell said it was estimated that companies in South Africa lost R400 million yearly in lost production, absenteeism and medicine because of alcohol and drug abuse among workers.

87 SAN 2/13/82

Anti-drug campaign too 'simple'

A case of supply, demand

JANINE SIMON

The national anti-drug and alcohol abuse awareness campaign "Say no: say yes to life" — due to be launched in May — has come under fire from Dr Sylvain de Miranda, chairman of the Johannesburg branch of the South African National Council on Alcohol and Drug Dependence (Sanca).

"Simple minds seek simple solutions. If all it requires is to 'say no', nobody in our society would smoke tobacco and illegitimate pregnancies would be unknown," he said in the latest issue of *The Centre*, published by Sanca Johannesburg's Centre for Alcohol and Drug Studies.

The campaign — by Sanca's national arm, which Sanca Johannesburg quit several years ago — is

based on an American programme.

It will be promoted by the media and Sanca affiliates, and will advise youths that there are ways to say no to alcohol and drugs.

Dr de Miranda said a recent World Health Organisation document cautioned against copying anti-alcohol and drug strategies from another region.

"In the absence of adequate facilities and in the presence of defective social infrastructure for large sections of the population, is it realistic for that youth to answer yes to their present lifestyle?" he asked.

Past decades have seen a host of "solutions" to chemical substance abuse, which — objectively — is a problem of supply and demand, says Dr Sylvain de Miranda, the director of Sanca Johannesburg.

In the American prohibition era steps to cut supplies were introduced: international treaties, drug scheduling, licensing of premises, age limits and narcotic enforcement agencies. But abuse increased.

Pioneers then drew attention to the "demand" part of the equation

with insights such as "alcoholism comes in people, not in bottles".

Policy-makers, bewildered by the resulting research, imposed harsher curbs, leading to an era of "neo-prohibitionism".

Public frustration at the ineffectiveness of policy-makers and professional bodies gave rise to grassroots public action committees, says Dr de Miranda.

Against this background of public awareness the concept of preventive "lifestyle education" found favour.

Police on alert to stem city drug flood

AKG 23/3/87
Crime Reporter

POLICE are battling to thwart a campaign by drug-runners to flood the Peninsula with millions of rands worth of dagga.

Faced with a glut following good crops in Transkei, dealers are trying to slip their shipments past roadblocks and patrols to Cape Town.

In less than two weeks police have confiscated at least five shipments — but it is impossible to say how many others have slipped through.

The latest confiscations were at the weekend.

The Narcotics Squad, backed up by the Reaction Unit, raided a home in Crossroads about 2am on Saturday and confiscated dagga worth R800 000. A 39-year-old woman was arrested.

● At 8.40am yesterday two men transporting a shipment worth about R93 000 broke through a roadblock near Steynsburg.

Captain Mike Lombard, police liaison officer for the South Western Districts, said the car was chased and shots were fired.

The car was forced to stop and two occupants leapt out and tried to escape. They were arrested.

Police found 5½ sacks of dagga in the car.

● Dagga worth more than R1-million was confiscated when three earlier shipments were found.

Smugglers were stopped on a farm road near Graaff-Reinet on March 12 when they tried to avoid police roadblocks.

A few days later, dagga worth more than R500 000 was confiscated in a raid on a house in Mossel Bay.

Another shipment was seized in the Boland.

Major Muller Haggard, chief of the local branch of the Narcotics Bureau, said there was every indication that the drugs confiscated in the South Western Districts and Boland were destined for the Peninsula.

Dagga smuggled to Cape Town in Transkei buses

Crime Reporter

ARG 45 24/3/87 87

BUSES transporting workers and their families to Cape Town from the Transkei have been used by drug smugglers in the multi-million rand illegal trade to ship dagga to the Peninsula.

In less than three weeks, dagga worth nearly R800 000 has been seized in swoops on buses. It is not known how many other consignments have slipped through.

And because of the large numbers of people travelling on the buses, it has been almost impossible to establish who is behind the smuggling.

Only two people have been arrested although police have made eight dagga hauls in 17 days.

The disclosure today came after police confirmed they were battling to stop dagga deliveries to the Cape.

BRAZEN DEALERS

In three police divisions, the Western Cape, Boland and South Western Districts, police have spent two weeks on operations to smash the drug trade.

Dagga worth more than R2,7-million has been seized since March 6.

However, police say shipments have got through and dealers are becoming more brazen after good harvests in the growing areas of the Transkei.

Dagga-growers are faced with a glut which they are trying to distribute as quickly as possible. The Peninsula is a prime market.

Detectives said today there was another reason for the increase in drug dealing. They said that since the legislation covering drug dealing was amended to allow courts to fine dealers instead of jailing them, more people were prepared to go into the profitable business.

Teenager dies after using dangerous Malpitte seeds

By Janine Simon

(87) S.M. 27/3/87

Malpitte, the extremely dangerous seeds of the Jimsonweed or Stinkblaar plant, claimed the life of a teenage boy last week, an anti-drug agency warned yesterday.

Spokesman for the National Council on Alcoholism and Drug Dependence (Sanca) Mrs Liz Pretorius said the high school pupil in the Heidelberg district was one of many cases reported to Sanca of young people using the seed.

"Malpitte are extremely poisonous, have a hallucinatory effect and may cause death, particularly in the case of young users," she said.

Jimsonweed grew freely on the Highveld and at this time of the year produced thorny fruits containing the small black seeds.

Mrs Pretorius said the weed should be destroyed wherever it was found.

PARALYSIS AND RESPIRATORY FAILURE

Drug experimenters used the seeds in the hope of achieving a state of euphoria and sedation, but they could experience hallucinations, disorientation, confusion, memory loss and paranoid thinking.

The pupils of the eyes dilated, the person experienced intense headaches, high fever, dry skin and a rash and a burning sensation in the mouth, she said.

Nausea and vomiting could continue for two days, followed by a phase of deep sleep and, in some cases, coma. Paralysis and death from respiratory failure might occur.

Johannesburg's Poison Control Centre said treatment for the acute effects of the drug involved an intravenous injection and warned that such treatment should be undertaken with caution.

No more



disease



reports

Post Reporter

NO more cases of meningitis have been reported to the Port Elizabeth Provincial Hospital, a hospital spokesman confirmed today.

This follows the death of a 20-month-old baby who died within a few hours of contracting a virulent strain of the germ, Meningococcus, at the weekend.

Mary Grogan of Grahamstown, daughter of Rhodes University Journalism Department lecturer Mr John Grogan and his wife Felicity, died in the PE Provincial Hospital on Saturday.

The pediatrician who treated Mary said when the child complained of feeling ill on Saturday morning, Mrs Grogan took her to a doctor in the afternoon, who diagnosed a sore throat and fever.

After dinner the child developed spots and he was called in.

Mary was resuscitated in the casualty section, but died soon after being put in a bed. The cause of death was probably brain-stem haemorrhage.

He said three cases of *Meningococcaemia* were reported in Port Elizabeth this year — the first for several years. The patients survived.

The symptoms to look out for are a severe headache, a sore throat and fever.

DB
6/4/87
EP

Fourth man dies from fatal mixture of drugs

CAPE TOWN — One more man has died after using a dangerous mixture of dagga and other drugs, bringing the number of those who have died in the incident in the Boland to four.

The latest victim is Mr Andre Pietersen, of Atlantis, one of the 12 men who were admitted to hospital after using the mixture.

Police have confirmed that the substance is being analysed in Pretoria. An intensive investigation into the source of the fatal mixture has begun. — Sapa

EP. 6/4/87

(87)



A pleased Anglovaal Group chairman Mr Basil Hers...
Mall last night. A brass band entertained guests.

LIGHTS

FROM
GIO TOBACCO CORE

Deadly dagga mix: man held

8/4/87
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CAPE TOWN — An Atlantis man is fighting for his life after smoking a mixture of dagga and an unknown substance, which has claimed the lives of four people.

A man has been held under a section of the law relating to interrogation about drug offences.

A police spokesman said yesterday Mr Alfred Riddels (20), who was in the Tygerberg Hospital, was on a respirator.

"We believe he smoked dagga from the same source as the two people who died in Atlantis," the spokesman said.

The dead men have been identified as Mr Victor Bowers (32) and Mr Andre Pietersen (19).

The deaths and poisonings followed the deaths of Mr Gerald Alies (25) and Mr Winston Hermanus (18) in Paarl East.

Yesterday a spokesman said unburnt samples had been found in the clothes of one of the victims and had been sent for analysis. — Sapa

Mandrax ⁽⁸⁷⁾ factory trial postponed ^{5/11/87 8/4/87}

The trial of seven men, who appeared in the Johannesburg Magistrate's Court yesterday in connection with the discovery of a huge mandrax factory, has been postponed to May 11.

Police discovered the factory on a farm in Bronkhorstspuit earlier this year.

Six of the seven men appeared briefly before the magistrate, Mr J B van der Merwe.

They were not asked to plead and no charges were put to them.

The men are: Mr Ben Klopper (25) of Pretoria; Mr Booï Ranta (48) of Soweto; Mr Andries Lategan (41) of Pretoria; Mr Isaac Motsepe (35) of Soweto; Mr Thomas Havenga (35) of Bronkhorstspuit; and Mr Lenga Kekana (26) of Soshanguve.

The man who did not appear was Mr Solomon Motsepe (30) of Soweto.

Six of the seven men have been released on bail, and Mr Kekana was remanded in custody.

Drug addicts not criminals

DRUG addiction is a serious medical problem and addicts should not be treated as criminals.

This is according to a medical doctor who has provided advice on drug abuse for SOUTH readers.

While much attention is focussed on the affects of drugs like dagga, mandrax and cocain, very little is said about legal drugs such as painkillers and cigarettes.

"Our community has reached a stage where people want a "tablet" for each real or imagined illness. For example, if they have a headache, they must take a tablet," the doctor said.

Painkillers especially those containing PHENACETIN (the ingredients are written on the box), can cause kidney damage and kidney failure.

Panado abuse is the second most common cause of liver failure today. The abuse of Disprins can cause ulcers in the stomach.

Sedatives and tranquillizers like Valium and Atran reduce agitation,

anxiety and hyperactivity, but are also depressants. These drugs are widely prescribed by doctors and are habit forming. Patients may become physically dependent on them and withdrawal symptoms can be severe.

Smoking

The well-known health hazards of cigarette smoking must be stressed again. It can cause lung cancer, chronic bronchitis, emphysema and is associated with cancer of the bladder.

"Any drug is capable of abuse and the same drug can have different effects on different people," the doctor said.

Help is available. In the Cape Town area you can go to the Drug Rehabilitation Centre in Lower Main Road, Observatory.

Ask your doctor for advice and a letter of referral to this centre. After hours and in emergency situations, patients with drug problems will be treated at the Psychiatric Casualty Department at Groote Schuur Hospital.

SOUTH 15-2/14/87

Dr O'Brien lectures — UCT action

Five University of Cape Town student leaders allegedly involved in the disruption of lectures by Irish academic Dr Conor Cruise O'Brien last year have been disciplined.

One was refused permission to enrol at the university this year, said UCT principal and vice-chancellor Dr Stuart Saunders.

"I have severely reprimanded four (remaining) students for breaking rule 3(b) of the General Rules for Students. The rule says no student shall conduct himself in any manner or make any statement, oral or written, which brings discredit upon the university."

He said another was fined R250 for disruption of lectures. Of this amount, R150 had been suspended for a year.

Lenasia centre will help drug dependants

By Janine Simon

Lenasia's first centre for alcohol and drug dependants opened its doors today after eight years of community appeals for the service.

The centre, yet to be named, was set up by the Johannesburg Indian Social Welfare Association (Jiswa) and the Johannesburg branch of the National Council on Alcoholism and Drug Dependence.

It will operate from the Jiswa centre and provide counselling and preventive and educational services, particularly to schools. It is also negotiating for salary subsidies for sessional doctors and nurses.

"Drugs have been a real problem for a long time and the community was clamouring for a service," said Jiswa director Mr Cassim Saloojee. "Lack of services has meant that addicts have had to be institutionalised to get care."

The centre was established by Jiswa becoming affiliated to Sanca Johannesburg and with the active support of Sanca director Dr Sylvain de Miranda.

Sanca Johannesburg provided three months of intensive training to the two social workers and one information officer who will be at the new centre.

The centre will operate from Jiswa's premises in Suikerbos Street, Lenasia from 8.30am to 4.30pm daily. A clinic is planned for at least one night a week. Contact (011)852-6016/7 for information.

Sanca's offices will also provide services to Indians in the city. Call (011)836-5942/3/4.

Track not neglected, says SATS

About 500 white clerks and civil engineers were working at night and at weekends to maintain railway track in the Southern Transvaal region, according to a spokesman for South African Transport Services.

The spokesman was reacting to a recent report in The Star that track maintenance had been neglected as a result of the six-week-old strike by Sats workers and the subsequent dismissal of 16 000.

He said the engineers and clerks had worked "as labourers" over the Easter weekend and had since continued on weekends and most nights.

Track maintenance was a priority as loose bolts and buckling could lead to derailments.

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WORLD

Millions in cash, assets seized in one of the biggest 'stings' in US history

The cocaine hustlers

LOS ANGELES — Investigators have seized \$100 million in cash and assets from high-powered cocaine traffickers in a "sting" described by Attorney-General Mr Edwin Meese as the largest and most successful undercover anti-drug operation in United States history.

United States agents, seeing slow progress in their drive against cocaine production, went after the huge profits made by the big fish in the drug rings in a three-year operation code-named "Pisces".

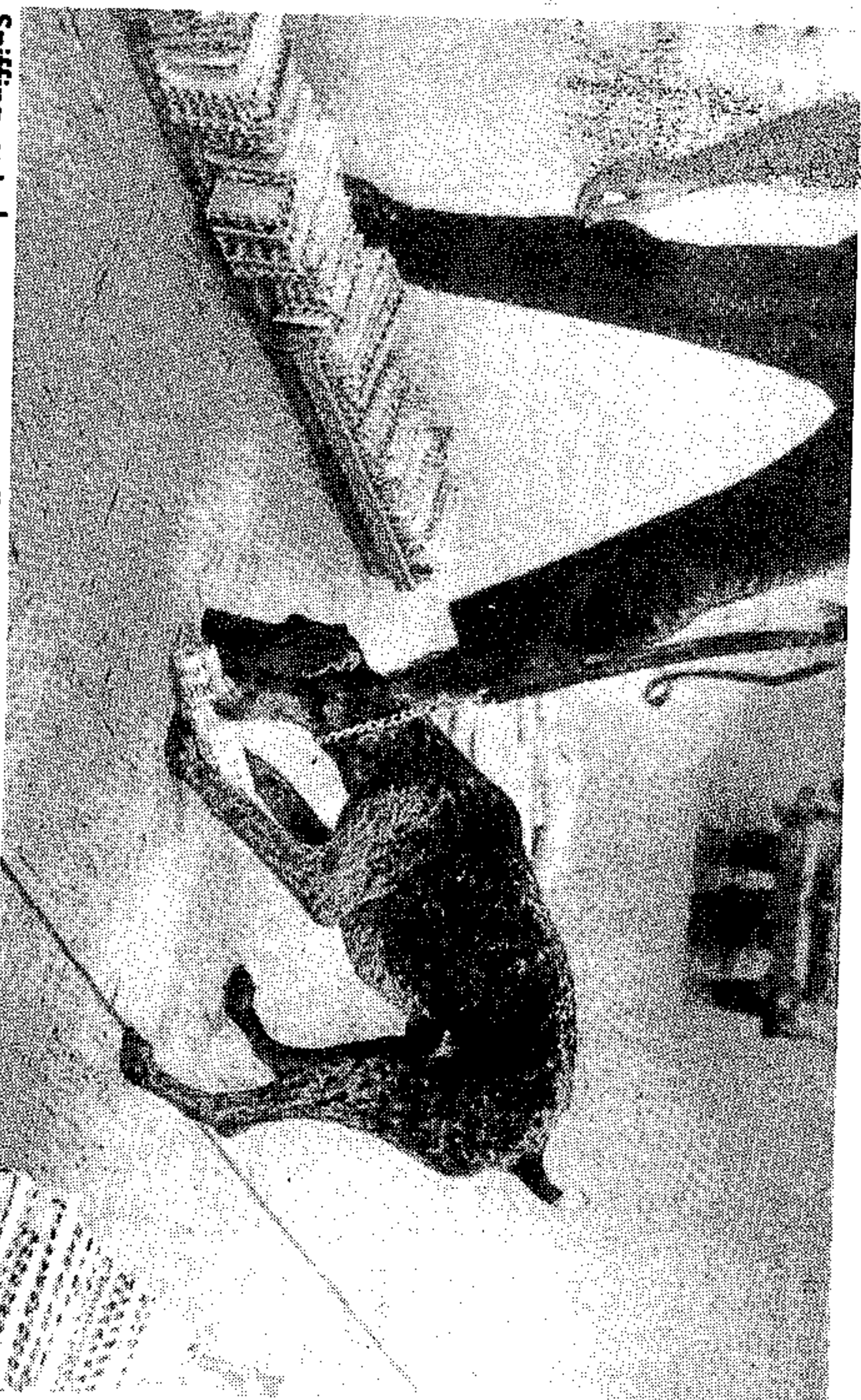
More than 350 people were arrested, including three Colombians alleged to be key figures in a cocaine trafficking cartel.

Mr Meese announced details of the three-year "sting" — an operation where criminals are hoodwinked — at a news conference.

"The results are unprecedented," he said.

"This is the largest and most successful undercover investigation in federal drug law-enforcement history."

Drug Enforcement Administration (DEA) agents set up a money-laundering ring based in Panama, with the co-operation of Panama-



Sniffing out drugs comes naturally to dogs trained by narcotics squads — the animals are invaluable to agents cracking cocaine rings.

nian banking and other authorities. They developed connections with cocaine rings eager to channel illicit profits out of the country or into legitimate investments.

Nearly 10t of cocaine and almost \$100 million in cash, jewellery and other assets were

seized, Mr Meese told the news conference at DEA headquarters in Los Angeles.

He said 115 members of international drug rings and money-laundering groups with operations in Los Angeles, New York and Miami were charged.

More important than the indictments, he claimed, was that the operation sent a message to narcotics traffickers.

"A drug cartel might survive the indictment and conviction of its leaders, but it cannot survive a substantial loss of assets," he said.

"Operation Pisces says to traffickers the world over that drug assets and the profits from drug activity cannot be secure. There will be no safe haven for drug money."

Mr Meese, accompanied at the news conference by Panamanian Attorney-General Mr Carlos Villalaz, DEA agents and local law officers, was flanked by tables bearing plastic bags containing 270 kg of cocaine, \$1.6 million in cash, gold rings worth \$6 million and other jewellery confiscated in raids.

DEA agents arrested an alleged top Colombian cocaine trafficker in Miami on Thursday when he stepped off an aircraft from Bogota. They named him as Jose Auli Lopez-Chacon and said he had operated one of the two biggest drug rings in the United States.

The two other major Colombian traffickers arrested were named as Anibal Zapata of Medellin and money-launderer Jacobo Wasserman.

Mr Villalaz said Panama's strict laws regarding bank secrecy had been waived because of the crime involved. "In Panama, we don't talk, we act." — Sapa- Reuter.

Dagga use: sociologists divided

Obtaining hashish and marijuana (dagga) in the Netherlands is as easy as buying a six-pack of beer, and no one seems particularly worried about it.

Decriminalised in 1976, the so-called "soft drugs" are not a public issue in the country which has Western Europe's most liberal drugs laws.

Although authorities ban aggressive advertising, possession of up to 30 grams of dagga is a rarely prosecuted minor misdemeanour.

Both are readily available at hundreds of coffee bars in the Dutch capital of Amsterdam, advertised by a simple picture of a marijuana leaf in the window. Sales to youths under 16 are forbidden; violation means closure of the shop.

The internationally known Milky Way, a youth night club in the city centre, has a prominent drug sales booth where several varieties of dagga are available.

The going rate is about 10 guilders (\$5) for a gram, enough for three or four smokes. The drugs generally come in sealed plastic bags containing 10 or 25 guilder portions.

While police seizures of large dagga caches occasionally make the newspapers, law enforcement authorities channel most of their efforts toward stemming the heavy flow of heroin into the Netherlands, which the Justice Ministry has referred to as a major market for illicit drugs.

"Soft drugs as such are no more dangerous than alcohol," an Amsterdam police spokesman, Mr Klaas Wiltink, said. "A problem with soft drug (use) is that it takes place in a particular atmosphere, a certain scene so that it can prompt people to switch to hard drugs."

Soft drug users did not need to support an expensive drug habit like the city's thousands of heroin addicts.

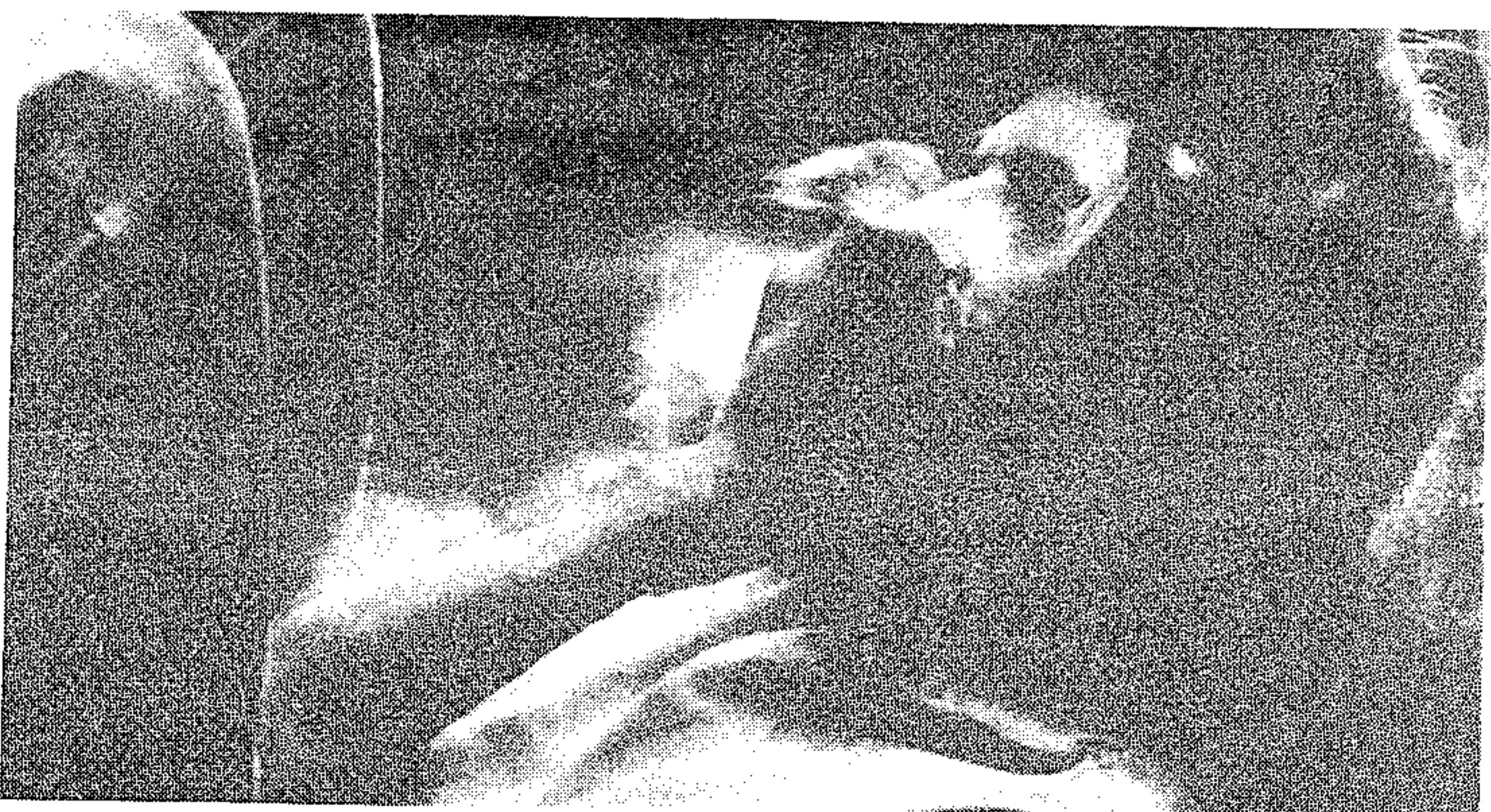
"Somebody who smokes (ordinary cigarettes) steadily really doesn't spend much more or less than somebody who uses soft drugs," he said.

An Amsterdam University sociologist, Mr Peter Cohen, who researches drug use in the capital, estimates there are a million regular soft drug users, most of them relatively well-educated urban dwellers, among the country's 14.6 million residents.

Widespread dagga use accompanied the emergence of the hippie counterculture prevalent in many Western nations in the 1960s. Dutch society's traditional tolerance for divergent lifestyles allowed soft drug use to survive the counterculture.

The bargain prices and unrestricted sales of dagga are a major draw for foreign tourists in Amsterdam. Many come from West Germany, which has some of the toughest drug laws in Western Europe.

67
bD
From PAUL VERSCHUR
in Amsterdam
16/5/87



A dagga smoker.

Most sociologists say access to the drugs has caused no harmful effects to public health or the Dutch social structure, in contrast to claims in the United States and other countries.

"The health risk and social problems are negligible," said Mr Abram de Swaan, a 45-year-old sociology professor at the University of Amsterdam who acknowledges occasional use of dagga.

But because of the tolerant Dutch attitude, very few studies have been done here on the use of dagga.

By contrast, a draft report by the US National Institute on Drug Abuse, dagga use "is associated with greater use of other drugs, with decreased participation in conventional activities, with a history of psychiatric hospitalisation, lower self-perceived psychological well-being and greater involvement in other socially deviant activities".

Earlier departmental reports have said dagga impairs memory, perception, judgment and fine motor skills.

Mr Cohen agreed that "if somebody sits all day in a coffee shop, getting stoned, then you might call that problematic" soft drug use.

"Personally I object very strongly to people who always live in a stupor," said Mr De Swaan. "I think it's disgusting, immoral but that doesn't mean it should be illegal. It's cheaper to get high on, and most people are less unpleasant when they are 'stoned' than when they are drunk.

"I think we should thank God on our bare knees that so many unemployed kids spend all day puffing away there instead of getting up to worse trouble."

But there are those who say heavy use of soft drugs can have long-term addictive effects.

"I think I had the first hash addict in my room about 10 years ago," says Mr Peter van Dalen of the Consultation Bureau on Alcohol and Drugs, a government-sponsored institution that has counseling services in most Dutch cities.

Mr Van Dalen said he treated 23 soft drug addicts last year, adding that he did not oppose legalisation of soft drugs.

"It is not a drug that causes physical dependency. It is a drug that (can) take such a place in your life that you notice you can't very well do without," he said. "Addicts notice it impairs them in their social behaviour."

The Royal Dutch Medical Association, which frequently makes official statements on medical issues such as euthanasia and Aids, has never publicly addressed the soft drugs issue.

However, a 1971 document on what the doctors' group called the "drug problem" said: "It could be recommendable to support the Justice Ministry's current policy of differentiating (between hard and soft drugs) in prosecuting" drug offenders.

The document, written by a four-member committee charged with formulating a draft statement on drugs, also said "the most important thing is that every measure should be applauded that can lead to a reduction in the use of cannabis derivatives." — Sapa-AP

(87)

The Post says:

DRUGS have not been a serious problem in South African sport, so it comes as a shock when a star performer is suspended for using them.

Chris de Beer, the South African javelin champion and record-holder, has been deprived of his title and exceptional record of 82,06 metres — only three metres short of the world mark — because a prohibited substance was found in his blood in random tests after the national

No place for drugs

championships in April. He and another javelin thrower, Leon Rheeder, have also been suspended for a year.

De Beer is threatening legal action, and denies he used "anything that is prohibited". That is his right, and he can also appeal against the finding. But we hope the South African Amateur Athlet-

ics Union remains firm in its vigilance. It must fight the drugs menace, both in the interests of the sport and of the athletes themselves.

"Pep pills" have long been a problem in world sport, and most international associations conduct regular tests for stimulants at major events. Even snooker, in

which physical effort may be slight but which demands nerves of steel, has had its drug scandals.

In the United States, where drugs seem to have permeated all levels of society, there was nevertheless stunned disbelief last year when several top baseball and basketball stars were killed by the drugs they were tak-

ing. This is what sportsmen who dabble in drugs don't seem to realise — they are playing with their lives.

What starts off as a tonic or something to settle the butterflies soon becomes an essential part of their makeup. Then follows the temptation to try a stimulant — and the sportsman is hooked.

Drugs are deadly and sports associations are right to combat them. The athletes should back the officials all the way.

CAK Tink 22/5/87

25% of SA teenagers ⁽⁸⁷⁾ 'used drugs'

Staff Reporter

ABOUT one in four South African teenagers have used illegal drugs. This startling disclosure was made by the chairman of the Pharmacists Against Drug Abuse, Mrs Debbie Cruickshank, at the Pharmaceutical Society of South Africa conference being held in Durban.

The disclosure came soon after the South African Association of Retail Pharmacists, a member of the PSSA, took over the administration of the PADA programme in February 1987. It was recognized then that retail pharmacists were in the front line of assault in the drug war, according to a PSSA statement released yesterday.

Mrs Cruickshank said strong support had been received from the pharmaceutical industry as a result of this administrative change.

There were now more than 300 pharmacists throughout the Republic engaged in speaking about drug abuse and its counter-measures to schools, trade-shops, churches, the army and other interested groups.

Such work was entirely voluntary as pharmacists accept that they are an essential link in the country's health-care network, Mrs Cruickshank said.

Many pharmacists have experienced the negative impact of drug abuse through the theft of habit-forming drugs from their pharmacies and some, even more personally, within their own families, she said.

Symposia on drug abuse are planned for Port Elizabeth and Pretoria, and student organizations at the universities of the Witwatersrand, Rhodes, Port Elizabeth, Cape Town and Stellenbosch have pledged their active support.

Other elements in the PADA campaign included a series of articles in medical and pharmaceutical journals and consumer magazines and newspapers, radio interviews and a leaflet that alerts parents to signs of drug abuse.

It also gave information on the effects of the more popular drugs, including dagga, cocaine — viewed as a growing threat — and alcohol.

Drugs Shock

But it
may
not be
that
bad
in PE

Post Reporter ONE in four teenagers in South Africa uses illegal drugs.

This claim was made by Mrs Debbie Cruickshank, national co-ordinator of Pharmacists Against Drug Abuse (PADA), at the Pharmaceutical Society of South Africa conference that ended in Durban yesterday.

However, the claim has been disputed by the Port Elizabeth branch of the SA National Council on Alcoholism and Drug Dependence.

Mrs Cruickshank said there were now more than 300 pharmacists throughout the country engaged in speaking about drug abuse and its

counter-measures to audiences in schools, churches, the army and other interested groups.

PADA also provided information on the effects of the more popular drugs of abuse, including dagga, cocaine, the "sniffer drugs" and alcohol.

During the conference, Pharmaceutical Society members endorsed a policy of education rather than stringent control as a major deterrent against drug abuse.

The director of Sanca in Port Elizabeth, Miss Charlotte van der Lugt, said the figures released by Miss Cruickshank could be misleading as there were no reliable statistics available in the country on the incidence of drug abuse among teenagers.

Good news, however, is that surveys and questionnaires in PE had revealed that youngsters were becoming more and more aware of the fact that drugs were dangerous.

"The message that is coming across is that youngsters are saying they do not want anything to do with drugs," she said.

While this was a positive sign, Miss Van der Lugt said there were still a number of children who did take drugs, the starting age being 15. However, the clinic dealt with more adults than children.

The widespread abuse of hard drugs in Port Elizabeth had not yet become a problem as most drug users used dagga

and Mandrax. There was also a certain amount of drug abuse involving substances freely available over the counter, she said.

Miss Van der Lugt stressed that the information available to Sanca was based on statistics for people who had been referred or who had come forward to the clinic.

"The problem with trying to get reasonable statistics is that many people who use drugs are not seen," she said.

While some research had been conducted in the white community, there had been none in the black townships, although attempts were being made in this area.

A PE pharmacist said the problem of "over-the-counter" drug abuse was not confined to teenagers.

87

22/5/87

E. Post

Teenage drug abuse under spotlight

87

Dispatch Correspondent

DURBAN — About a quarter of all teenagers in South Africa used illegal drugs, the national co-ordinator of Pharmacists Against Drug Abuse (Pada), Mrs Debbie Cruickshank, told the Pharmaceutical Society of South Africa (PSSA) conference which ended here yesterday.

Mrs Cruickshank said pharmacists throughout the country were speaking about drug abuse to audiences in schools, churches, the army and other interested groups.

She said Pada services were rendered voluntarily as pharmacists

accepted they were an essential link in the country's health-care network.

DD

22/5/87

Pada also provided information on the effects of the more popular drugs and alcohol.

Many pharmacists had experienced the negative impact of drug abuse through the theft of habit-forming drugs from their pharmacies and some, even more personally, within their own families.

During the conference pharmaceutical society members endorsed a policy of education rather than stringent control as a major deterrent against drug abuse.

Alcoholics Anon talks about role of clergy

87

By Joe Openshaw,
Medical Reporter

SMR
5/6/87

There are about half a million alcoholics in South Africa and many of them turn to the Church for help when they hit rock bottom.

"John H", public information secretary of Alcoholics Anonymous (AA) in South Africa, said in Johannesburg yesterday that the AA is aware of the important role ministers and priests play in counselling people who have a drinking problem.

The theme for the coming Alcoholics Anonymous Week (June 10-16) is "AA and the Clergy".

"Many members of the clergy are familiar with Alcoholics Anonymous and their role as a community resource, and religious leaders worldwide have endorsed the AA programme," he said.

"Thousands of now sober people owe their recovery to spiritual advisers who directed them to an AA group or described the programme of recovery from the pulpit or in their writings.

"There are some members of the clergy, however, who have only fragmentary information about the fellowship and a few have wrong conceptions of how AA works," he said.

SELF-HELP

"During AA Week, and for the rest of the year, we will answer questions about the fellowship."

AA is a self-help community resource and since many alcoholics look to spiritual leaders for guidance, the clergy have in the past asked AA to meet these problem drinkers and describe to them the recovery programme.

John H said AA helps by making available to the clergy the experience of alcoholics who have learnt to live without drink.

The most practical way to do this is to let them know AA is there when needed by problem drinkers.

AA came into being in Akron, Ohio on June 10 1935 and since then the movement has grown to more than 1 000 000 members.

John H explained what Alcoholics is not: "It is not a temperance society. Members neither approve nor disapprove of drink, but have learnt they cannot handle it themselves.

"It is not a religious society. The recovery programme reflects the insights of many spiritual leaders.

"It is not an evangelical movement and does not recruit adherents. It offers its message only to those who want help.

"It does not regard alcoholism a sin, rather as a sickness for which medicine has no cure."

He said alcoholics should accept that according to medical evidence, they can never hope to drink normally again.

"Alcoholics have a choice: wind up in the gutter or make a fresh start to life."

Concern over rise in child drug abuse

DD
15/10/67
27

Dispatch Reporter

EAST LONDON — Police and social workers here have expressed concern over the increased number of children becoming involved in criminal activities and drug taking.

The Border police liaison officer, Lieutenant Dot Van der Vyver, said the number of teenagers arrested during May in the East London area had increased by more than 25 per cent when compared to April.

"The number of teenagers arrested by the police in May was 34, compared to 27 during April, an increase of seven," Lieut Van der Vyver said.

During May 12 children were arrested for the possession of dagga, six for theft, five for shoplifting, four for running away from home, and one each for robbery, theft of a motor car and drinking in public.

"What is of concern is that the child caught for drinking in public was only nine years old," Lieut Van der Vyver said.

A senior social worker at the child and family welfare society, Mrs Betty Richter, said she felt there was a "terrible increase" in the number of children becoming involved with alcohol and drug taking.

Mrs Richter said one of the main causes for the increase in the figures could be the lack of parental supervision.

What Mrs Richter found of particular concern was the number of children arrested for the possession of dagga.

"Terrible demands are being made and pressure is being applied to teenagers by peer groups to join in with the smoking of dagga and drinking.

"The economic climate, and the terrible rate of unemployment in all race groups, certainly has something to do with it as well, especially if you look at shoplifting.

"A lack of parental care, perhaps even a lack of insight on the part of parents, could also be responsible for the increase in the figures."

The chief social worker for the department of health services and welfare, Mrs Renette Jarman, said she did not feel the figures provided by Lieut Van der Vyver showed any special significance.

However, she did express concern at the number of teenagers and children who were being arrested by the police.

She said the incidence of drinking and drug taking in the Bor-

der area had not increased in recent months, but that it had always been high.

"Dagga is common, probably every week we have dagga charge cases, involving children from standard five up to matric, but we have had many cases of younger children.

"In many cases children start smoking with their parents at home. This is where they learn at a young age.

"The general trend though is that there are many problems," Mrs Jarman said.

She ascribed the increase in the number of children arrested by police for possession of dagga to the time of year.

"Younger children move from primary school to high school and at the beginning of the year you do find there are more problems and they tend to decrease towards the end of the year.

"Parents should be more careful when allowing their children out at night without proper supervision.

"Many of them do not know where their children are," she said.

UN SLAMS DRUGS 'PLAGUE'



UN's Javier Peres de Cuellar... drugs create "hell on earth".

87
AP/WIDE
2/16/87

UNITED Nations secretary-general Javier Perez de Cuellar opened a UN drugs conference this week saying that drugs created "hell on earth", bred corruption and could threaten the independence of many states.

The 135-nation ministerial conference heard messages from US President Reagan, who said drugs generated crime, and from Pope John Paul, who described drug abuse as a plague.

In his message, Reagan said: "Wherever the drugs problem manifests itself, it breeds organized crime, depletes vital government resources and most disturbingly saps the energy and ambition of youth."

The Pope said the breakdown of the family was a major factor in rising drug abuse and pledged the church's support against what he described as "a

plague".

"The first victims are the drug addicts themselves who, little by little, are sapped of their strength, their intelligence and their will, and whose lives, once spoilt, become hell on earth," Perez de Cuellar told the nine-day conference.

"Just as drug addicts lose their health and freedom, so many states are marred by corruption and may even find their independence threatened," he said.

More than half the crimes in some countries were drug-related, he added, and scientists had found a link between drug abuse and the killer disease Aids.

Drug trafficking was often tied to illegal arms deals, subversion and terrorism, he charged. Perez de Cuellar's opening speech was delayed for

over an hour by a wrangle over who should chair the conference.

Malaysian Prime Minister Mahathir Ohamad taking the chair after Bolivian Foreign Minister Guillermo Edregal withdrew his candidacy — said drugs had ruined millions of lives.

"The conference marks the start of the seeking and galvanizing of the political will of all the nations to act in concert against the plague that has afflicted the international community — the pervasive spread of drug abuse and illicit trafficking," said Mahathir.

Drug abuse had spread because of a lack of will on the part of many producing, transit and consuming countries, he said.

He quoted one official estimate as valuing the global drugs trade at \$300-billion, dwarfing UN resources to fight it.

"This is but one measure of the inadequacy of our response," he added.

Malaysia has some of the toughest anti-trafficking laws in the world and frequently executes drug smugglers.

Delegates said Bolivia had hoped to gain the chairmanship to focus attention on its \$300-million plan to slash production of coca leaves. Bolivian coca leaves form the raw material for up to half the world's cocaine.

Bedregal told reporters he was withdrawing his candidacy for the chairmanship after an appeal that the issue not be brought to a vote.

One delegate commented: "We are supposed to be united against a common problem and bringing this issue to a vote would have been a very bad start to the conference." — Sapa.

(87) 2d
27/6/87

Coke becoming more popular than dagga

LISBON — Cocaine has between five and 10 million regular users and is fast replacing dagga as the most widely taken narcotic drug in the world, according to a report made public yesterday.

The report, drawn up for a European Community/Latin American interparliamentary conference, said between 20 and 25 million people had sampled cocaine and

5 000 people a day were becoming new users.

The situation in Europe was particularly alarming, said the report, which was produced by a special committee set up to investigate drug trafficking between Latin America and Europe.

"Europe is seeing an enormous increase in the consumption of cocaine, which, unlike heroin, is not classed as a drug for 'drop-

outs' but associated in users' eyes with a 'jet set' lifestyle," it said.

Cocaine seized in Europe in 1986 amounted to 20% of the world total of 6,8 tons, compared with 5% of the total in 1985.

Cocaine traffic to Europe is expected to expand further in 1987

"The producing countries of South America, especially Colombia and Bolivia, have recorded

good coca harvests in the last two years," the report said.

"Producers have sought new outlets."

Portugal and the Netherlands were listed as the major European entry points for cocaine.

The majority of cocaine seizures in Europe took place at airports, especially on air services between South America and Spain or Portugal.

By CHRIS GUTUZA

EXCESSIVE abuse of alcohol and other drugs is rife among Peninsula youth and schoolchildren.

This is claimed by several youths who spoke to SOUTH this week.

Four students, three of them matriculants, showed how they smoked dagga and a mixture of dagga and mandrax (also called buttons or "wit") through a bottleneck.

"Everybody does it at some stage or other," said

Too late for some

one boy of about 17, as the pipe was passed around.

"I do it for the kicks — I don't think I'll ever become addicted," said his companion.

The effects were soon visible. Their heads began to sag and they became quiet. They watched each other through slanted eyes and did not even notice

me leaving.

A former "roker", Gary, said some drug users saw excessive use of alcohol and dagga as a test of endurance.

"Smoking the 'white pipe' is seen as the ultimate. The more you consume, the greater the respect you earn in your social sphere," he said. Gary started smoking

dagga at an early age, when he and his friends thought it mischievous.

"We only smoked at night so that our parents would not notice. The night smoking became a regular habit, although I convinced myself that I was not hooked."

The first time he smoked was during a school outing.

"After that I steadily declined. I wanted to stop smoking, but it had become a part of my life. Then I started smoking buttons, because it became the in-thing.

"My schoolwork took a nosedive. Smoking became the centre of my life.

"It was when I began smoking by myself that

the absurdity of using drugs seemed to dawn on me. It was also with this realisation and a sudden obsession to pass matric that started to bring me back to reality. But it was a long hard struggle."

Gary said he went through pain, hallucinations and sleepless nights, "sometimes, I thought I was going in-

sane".
"On Friday, June 12, I lit a candle to celebrate my first year without drugs."

A spokesperson for the South African National Council on Alcoholism and Drug Dependence (SANCA) said social norms were responsible for excessive drug-taking.

SANCA runs workshops and programmes at schools to help students to help themselves to avoid using drugs.

Where Soweto's problem children find loving care

By Inga Molzen

Home from home for a group of "problem" Sowetan children is a corrugated-iron day-care centre in Roodepoort Road, Mofolo South, Soweto.

Since the Sanca day-care centre was started in December 1984, youngsters aged from seven to 15, who are dependent on sniffing glue or benzine, have found a refuge from their overcrowded homes — and two meals a day.

But when the 8 am to 4 pm classes are over the children have to return to their homes.

Mr Tshabalala, the centre's social worker, who has had 25 years experience in boys' recreation clubs, says giving up drugs isn't easy.

Most of the children start by sniffing benzine, then turn to glue for an immediate "high".

"Without treatment they may become addicts, dropouts or criminals."

These township glue-sniffers still live with their families, many in the poorest areas: White City, Jabavu and Mofolo South.

Mr Tshabalala monitors their home environment and school progress, and counsels the whole family.

Dependent on donations from Sanca's Johannesburg branch, the centre relies on temporary staff members — including a 22-year-old unqualified teacher. Monthly running costs are about R3 000.

There is also out-patient treatment for alcohol and drug dependants, which may include parents.

The rehabilitation process may take between six weeks and six months.



Learning new habits . . . from 8 am to 4 pm the children attend classes on subjects such as hygiene and table manners.

Homeless, glue-sniffing children appearing

By Seruthu Seruthu

BLOEMFONTEIN — Young glue-sniffing addicts are emerging in Bloemfontein.

They live in alleys and sleep in cardboard boxes with other homeless or runaway children. The children, who are five to 13 years old, roam the streets in gangs and are sometimes sexually abused. They beg outside cinemas or in the streets

and sometimes sell newspapers.

It is estimated there are at least 150 of these street children and the problem seems to be on the increase.

The children, who often come from poor surrounding areas, are drawn to the city by the possibility of work and are forced to sleep in town.

Social workers say the children often come from broken or foster homes where there

is frequent alcohol abuse and little money for the family.

Children often join gangs to meet the fundamental need to belong to a group and thus become susceptible to pressure which can ultimately lead to involvement in drugs and crime.

"Many of the kids are too young to understand the full implications of their activities," a social worker said.

Local Sanca may leave national body

By Janine Simon

Financial problems and the poor relationship with the national body of the South African National Council on Alcoholism and Drug Dependence (Sanca) dominates the annual report of the Johannesburg Sanca Society.

The report was released at the society's annual general meeting this week.

Sanca's financial report for the year ended March 31 1987 showed it was insolvent with an accumulated deficit of R48 375.

This resulted from the gap between the cost of large-scale services rendered and the subsidies received from central Government, it said.

Regarding the relationship with the national body of Sanca, the annual report said unease between the two organisations had existed for some time.

The national body had made no response to suggestions made by Johannesburg to solve the dispute, it said.

It warned that unless the national body established an efficient and community-serving organisational structure, Sanca Johannesburg might have to consider seceding from it.

87 JMS
26/8/87

SA is world's top abuser of Mandrax

By Toni Younghusband,
Medical Reporter

South Africa continues to record the highest incidence of Mandrax abuse in the world — more than 10 years after its banning in the country, according to a survey by the International Narcotics Agency.

Police said that in the first eight months of this year more than 14 million Mandrax tablets, valued at between R115 million and R216 million, were confiscated in the Transvaal alone.

The current market value of a single tablet is between R8 and R15, depending on availability.

Euphoric state

Dr Sylvain de Miranda, head of Clinical Services at the South African Council for Alcohol and Drug Abuse outlined the history of Mandrax abuse in South Africa:

"For many years Mandrax (the trade name for the active ingredient methaqualone) was used as a sleeping tablet," he said.

In 1976 manufacturers discontinued manufacture of the drug in most countries, including North America.

Studies had revealed that by taking a minimum amount of the drug a "twilight" or euphoric state could be achieved — not enough to put you to sleep but enough to create an unreal, floating, pleasurable experience.

"Mandrax then got the reputation of being an aphrodisiac. People believed it enhanced their sexuality.

"However, upon further investigation it was found that all it did was to do away with normal inhibitions, making people more sexually relaxed and available.

"However, once you put the stamp of sexuality on a drug, everybody wants to try it and that's when it became really popular among young people," Dr de Miranda said.

In earlier years, Mandrax abuse was by mouth — people swallowed the tablets.

"In one study we found that teenagers would swallow a couple of pills then run around or jump up and down. This was to ensure they didn't fall asleep but rather enjoyed a euphoric 'high'," said Dr de Miranda.

Soon after its banning in South Africa, Mandrax was smuggled into the country by way of an "Indian connection".

The drug was not banned in India and Pakistan. South Africans visiting these countries were offered huge incentives to bring the drug back to South Africa in parcels and that is how the original smuggling started, Dr de Miranda said.

As police security tightened at South African airports and harbours, the drug soon found its way overland from neighbouring countries.

"A local distribution network was set up in southern Africa and trucks and vans were used to transport the drug across the borders," said Dr de Miranda.

As abuse increased, users found other ways to

take the drug — ways which would enhance the effect.

"The habit of taking Mandrax by mouth largely disappeared. Users started crushing it up, mixing it with dagga and smoking it. This was known as the white pipe — a method which is still the most popular.

"The white pipe is virtually unique to southern Africa. I don't know why, but probably because dagga and Mandrax are both freely available here," Dr de Miranda said.

He said that when he had addressed overseas drug conferences and talked about the white pipe, delegates had interpreted his words as political references. "They had never heard of a white pipe," Dr de Miranda said.

He said the price of a Mandrax tablet was directly related to supply and demand. Just before it was banned it was sold on prescription by pharmacies at about 10c a tablet.

Then the police cracked down on a huge local manufacturing network and the price went up to about R20 a tablet.

"Prices are frequently used by Interpol as a guide to judge whether or not Mandrax busts have been successful," said Dr de Miranda.

One difficulty with the high price of the tablet is that substitutes appear whenever the tablet is priced out of the market.

"A couple of years ago some local entrepreneurs started manufacturing imitation Mandrax. These capsules were in fact nowhere near Mandrax — they contained everything but methaqualone, including pool acid.

"They were very often highly poisonous and there were a number of fatalities. The problem is that these capsules were priced at 50c each, compared to R8 for the real thing."

Another worrying aspect of Mandrax abuse is its possible link to stomach cancer.

Dr de Miranda said routine stomach examinations had recently revealed a much higher incidence of bleeding in Mandrax abusers than in the average person. Once this started it required urgent medical attention, he said.

While no figures were available on the exact number of Mandrax abusers in South Africa, it appeared as though something like 22 percent of teenagers surveyed had more than once experimented with some kind of drug.

Feeling of pleasure

"A survey of cases at Phoenix House showed that of all the illegal drugs, dagga was still the commonest. About 85 percent of cases treated were for dagga.

"But Mandrax is rapidly closing in — already showing 50 percent of the drug abusers treated," Dr de Miranda warned.

Mandrax gives a feeling of pleasure, of being carefree, of unreality, of "nothing can touch me" and euphoria.

The after effects are misery, depression and let-down, not unlike a hangover, Dr de Miranda said.

Mandrax abuse 'highest in SA'

82

18/03/87

Post Correspondent
JOHANNESBURG — South Africa continues to record the highest incidence of Mandrax abuse in the world — more than 10 years after its banning, according to a survey by the International Narcotics Agency.

Police said that in the first eight months of this year more than 14 million Mandrax tablets, valued

at between R115m and R216m, were confiscated in the Transvaal alone.

According to the head of clinical services at the South African Council for Alcohol and Drug Abuse, Dr Sylvain de Miranda, the price of a Mandrax tablet was directly related to supply and demand.

Just before it was banned it was sold on prescription by pharmacies at

about 10c a tablet.

The current market value of a single tablet is between R8 and R15, depending on availability.

Mandrax, which was originally marketed as a sleeping tablet, gave a feeling of pleasure, of being carefree, of unreality, of "nothing can touch me", and euphoria, according to Dr De Miranda.

(87) 5/9/87

Steyn: alcoholism costs R1bn a year

PRETORIA — Alcoholism was costing the South African economy up to R1 178 million annually, the Minister of Economic Affairs and Technology, Mr Danie Steyn, said last night.

Speaking at the opening of extensions to the Akasia Castle Carey, he said the latest statistics showed that about 353 000 South Africans were alcoholics and about 50 000 of these were whites.

This meant that 24 of every thousand adults were alcoholics.

The statistics showed the incidence of alcoholism in black townships in South Africa was the highest in the world: 98 per 1 000.

Another great problem was that of drugs.

"The latest indications are that one in five

youths in the country have already experimented with dagga, mandrax and/or inhalants.

"I have already sketched the negative influence of alcoholism on our economy but if we look at this aspect of drug addiction, you will realise how necessary it is to take steps to fight this evil.

"Altogether 25 per cent of a drug addicts' salary will be lost because of the addiction."

Everyone had to become involved in fighting these problems. It could not be left only to organisations like the South African National Council for Alcoholism (Sanca), Mr Steyn said.

The authorities would also take action to prevent the abuse of licences. — Sapa

BOOZE has ruined lives of 350 000

SOWETAN CORRESPONDENT

THERE are 353 000 alcoholics in South Africa — 24 for every 1 000 adults in the population, according to Mr Danie Steyn, Minister of Economic Affairs and Technology.

About 50 000 of them were whites he said when officially opening the Sanra Castle Carey clinic in Akasia, Pretoria. But urban blacks had the highest rate of alcoholism in the world — 98 per 1 000.

Alcoholism cost the country about R1178 million a year, Mr Steyn said.

"You can reason that you are safe because you are not dependent, but then you must remember that 75 percent of all road accidents are a direct result of drivers being under the influence of alcohol.

"Another area where we can be affected directly is the possibility that our children can become victims of one or other form of habit-forming dependence. "The latest figures are that one out of every five youths in our country have experimented with dagga, mandrax and/or inhalants." The fight against alcoholism and drug abuse could not be left to Sanra or Alcoholics Anonymous. "We must all try in our fields to take preventive action and to support those who are trying to correct the negative consequences." Mr Steyn repeated his warnings of a crack-down on unripy discos. He said no new liquor licences would be granted to owners of discos — except in special circumstances. Mr Steyn said he often received complaints about discos and "so-called" discos. The complaints were not only about abuse of drink but also drugs, loose morals and the fact that discos could be offensive and a nuisance to the neighbourhood. "I acknowledge that there is a need for healthy and attractive entertainment but it must not ride on the back of alcohol." Mr Steyn said he was considering legislation to make licence holders responsible for disturbances and malpractices — on their premises — unless they could prove they were not responsible.

THE proportion of smokers in SA is higher than in most developed countries and in 1984 more than 12 000 SA smokers died of diseases attributable to their habit, the Heart

Foundation of Southern Africa warned this week.

The death toll was accounted for by 4 700 deaths from diseases of the heart and blood vessels, 4 000 from cancer and 3 200 from lung diseases.

Heavy cigarette smokers subjected themselves to eight times the exposure to carbon monoxide allowed by industry and the amount absorbed was not lessened by low-tar, filter or "light" cigarettes, the foundation said.

Consumption had increased noticeably in women and blacks, with aggressive marketing aimed increasingly at these two sectors of the population.

The foundation outlined the adverse effects of passive smoking, pointing out that "sidestream" smoke contained higher concentrations of some hazardous substances than mainstream

SA smokers die by the thousand

(87) B/day 15/9/87

DIANNA GAMES

smoke.

While nicotine was not as hazardous as tar or carbon monoxide, its role was insidious as smokers ingested more and more of these substances as they ingested more addictive nicotine — which increased heart rate and blood pressure.

The implications for developing countries' health services of an increase in smoking-associated diseases were considerable as expensive medical technology was needed to treat them.

Stopping smoking very quickly reduced the risk of heart disease, and one year after stopping the risk was the same as for a non-smoker.

New laws on drug and drink crimes

87

Political Correspondent

PARLIAMENT — Legislation to punish people who commit crimes while under the influence of alcohol or drugs as if they had not been intoxicated was introduced in Parliament today.

The Criminal Law Amendment Bill introduced by Justice Minister Mr Kobie Coetsee renders punishable certain acts committed by persons whose mental faculties are impaired by the consumption or use of certain substances.

The two-clause Bill says:

(1) Any person who consumes or uses any substance which impairs his faculty to appreciate the wrongfulness of his acts or to act in accordance with that appreciation, while knowing that such substance has had that effect, and who while such faculty is thus impaired commits any act prohibited by law under any penalty, shall be guilty of an offence and shall be liable on conviction to the penalty, except the death penalty, which may be imposed in respect of the commission of that act.

(2) If in any prosecution for any offence it is found that the accused is not criminally liable for the offence charged on account of the fact that his faculty was impaired by the consumption or use of any substance, such accused may be found guilty of a contravention of subsection (1), if the evidence proves the commission of such contravention.

The Bill introduced today is on the recommendation of the SA Law Commission.

'12 000 die each year'

Smoking is big killer in SA — report

(187) 28/6/82 DMK

Medical Reporter

At least 12 000 South Africans die each year from smoking-related diseases, a comprehensive report on smoking and health issued by the Heart Foundation of Southern Africa, has revealed.

As many as one in four heavy smokers will die of diseases caused by their smoking. In all population groups, diseases of the heart and blood vessels lead to 35 000 deaths annually. Of these, 4 700 deaths can be attributed to smoking.

Smoking is also thought to cause at least 4 000 of the annual cancer deaths in the country, the report says.

"A cigarette smoker is 10 times more likely to die of lung cancer than a non-smoker and compared with non-smokers, cigarette smokers have 1,5 times the risk of having a stroke," it claims.

By 1995, death from lung cancer will be by far the most common cause of cancer death in South Africa if current trends continue.

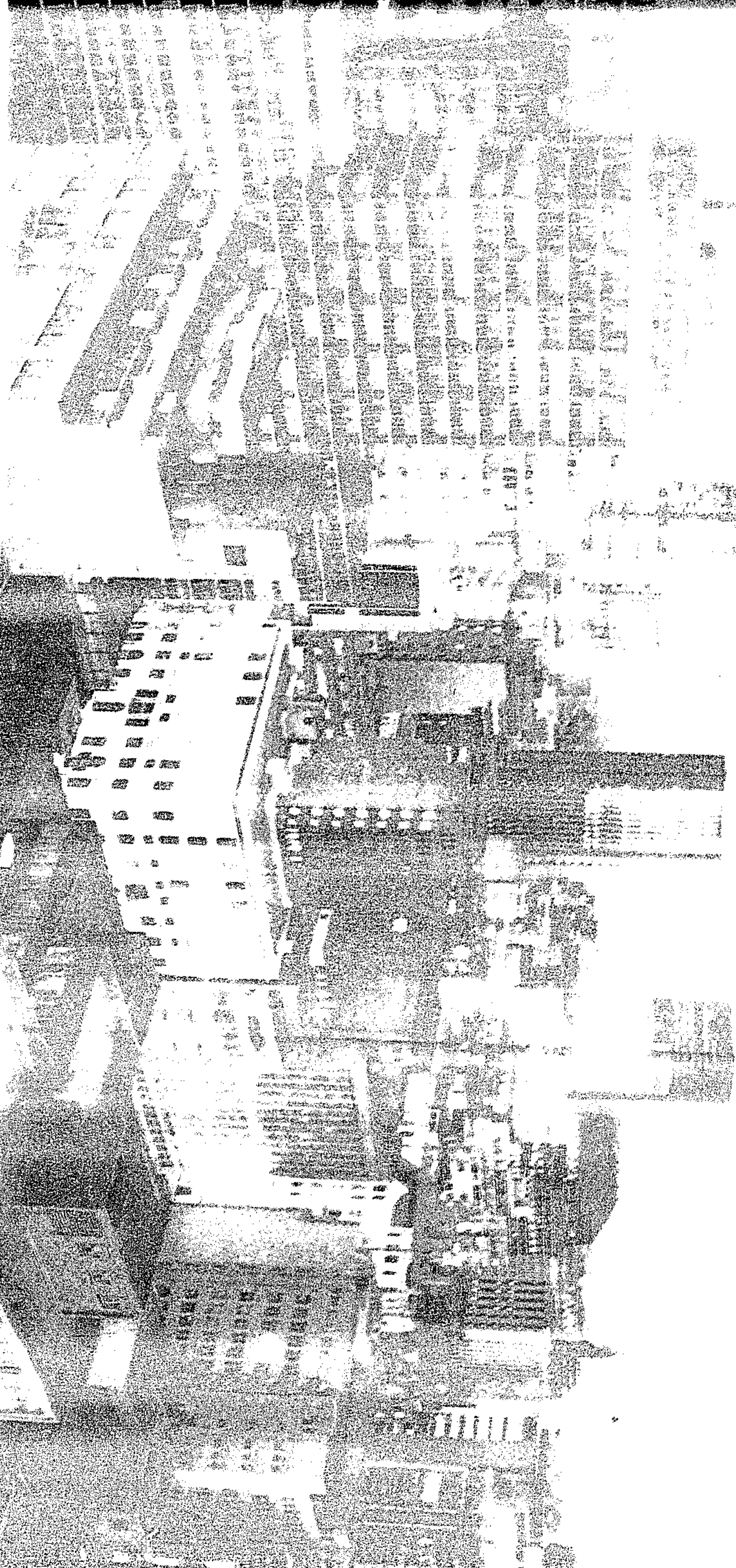
According to the report, isolated studies have shown a rapid increase in smoking in this country.

Of particular concern is the high proportion of children who begin smoking by the age of 10 or 11. The overwhelming majority of teenagers will be smoking five years after they start and probably for many years afterwards the report says.

The World Health Organisation regards smoking as one of the greatest single preventable causes of death, disease and disability, estimated worldwide to account for up to a million deaths annually. Infertility and impotence have also been shown to occur at higher rates in smokers.

The harmful effects of passive smoking (non-smokers exposed to cigarette smoke) is being increasingly documented. Research has shown that side-stream smoke contains higher concentrations of some hazardous substances than does main-stream smoke. Upper respiratory tract infections are also more common in children of smokers, the report says.

It concludes that to achieve the goal of a smoke-free society, a comprehensive health programme is required which includes sustained and effective education activities, legislative restrictions, fiscal measures and anti-smoking programmes.



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Smoking rates, turns the often-polluted, west, north House, the Standard

Bank and Anglo American buildings are silhouetted against a moody skyline.

Picture by Etienne Rothbart