



# DEPARTMENT OF COMMUNITY SAFETY AND LIAISON

‘Building a United Front Against Crime’

## It’s out there – some legal, others not

### HEROIN

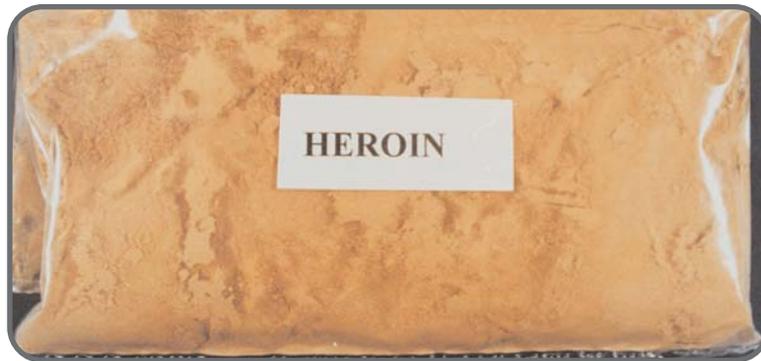
ALSO known as ‘H’, smack and brown sugar. It is produced from the dried milk of the opium poppy, often mixed or cut with other lethal substances.

The risk of death with overdosing is very real and the drug is extremely addictive. Less than 10% of addicts can overcome heroin addiction.

### WHOONGA / SUGARS

A derivative of heroin with other substances introduced into the mixture. This could include potentially lethal substances like rat poison. The side effects are similar to heroin and it is equally addictive and dangerous.

*Whoonga* is the same drug previously known as *Sugars*. Some have said that *Whoonga* contains anti-retroviral drugs but this has not been sufficiently proven. *Whoonga* is highly addictive for a number of reasons: The main ingredient is *heroin* which is highly addictive, but can dull pain. The *Strychnine* in *whoonga* causes excruciating body pains – including severe headaches, stomach pains and night sweats – which creates a



vicious cycle where users take more of the drug to get temporary relief from the pain through the heroin content.

### SYNTHETIC DRUGS MANDRAX

Also known as *Buttons* or *Whites*. *Mandrax* is one of the most powerful hallucinogens that can intoxicate a user for up to 16 hours. The most significant side effect apart from physical health is ‘flashbacks’ that can occur years, and even decades, later.

### LSD (LYSERGIC ACID)

*LSD* was popular during the ‘hippie’ generation. The drug causes perceptual changes to sight and sound. If the user is experiencing low mood, the use of *LSD* can enhance this and result in

a ‘bad trip’ where the user experiences a waking nightmare. The brain is affected by the smallest dose so the user is never certain how much is taken. It causes permanent mental illness and ‘flashbacks’.

### ECSTASY – ‘E’, DISCO BURGERS, XTC

It has been associated with the rave culture and is popular in clubs. There are more than 100 ‘brands’ of ecstasy available. Continued use leads to depression, paranoia, anxiety, insomnia, hallucinations and dehydration. It has been linked to many deaths.

### TIK - TUK TUK/ CRANK STRAW/ ICE

The effects are similar to those of cocaine but onset takes longer



and lasts longer. It can cause serious mental illness that can continue up to three years after the user stops taking the drug. It can also cause fatal lung and kidney disorders.

### CAT

A mixture of several substances, varying according to the producer. It could be cathinone or amphetamine or ephedrine – type of substances mixed with things like drain cleaner and other harmful substances. A rush is

followed by euphoria then aggression or depression.

### OTHER ABUSED SUBSTANCES:

#### *Poppers (Amyl nitrite)*

This provides a short lived rush of blood to the head. Side effects include: nausea, vomiting, dizziness and headaches.

#### STEROIDS

Abused mostly by sports people to enhance performance. It can lead to aggression and has dangerous health risks.



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## ‘Building a United Front Against Crime’

### South African National Council on Alcoholism and Drug Dependence (SANCA)

DRUG abuse is on the increase and awareness is the key to tackle the problem.

#### The SANCA story

Talking about drug abuse before children and teenagers start to experiment will go a long way to prevent youngsters falling into the drug trap.

There are more drugs available than ever before in history. From socially acceptable and legal drugs like cigarettes and alcohol, to back-street mixes that include rat poison and drain cleaner, youngsters are spoilt for choice.

“Scare tactics alone will not prevent a young person from trying drugs. Drugs are very interesting, but you need to respect them,” says Clare Savage of SANCA.

“Children laugh when I tell them this, but teenagers by their very nature are inquisitive and will experiment and investigate,” says Savage. The key to controlling the rampant escalation of drug abuse is knowledge – knowing the dangers and weighing the pros and cons before downing that shooter or popping that pill.

“Discussing it (drug use) in advance allows the child to be part of the solution. My advice to



teenagers is to get sound information from different sources and to ask yourself where you want to be in five years time.” According to SANCA, there has been an increase in drug dependency and addicts are getting younger. However, the ‘drug’ of choice is legal: the majority of young people, who were treated by SANCA in KwaZulu-Natal, abused alcohol.

Alcohol abuse is followed by dagga use. What is more disturbing is the abuse of a variety of drugs by the same user. It can be alcohol combined with dagga and the use of club drugs.

Savage said that even children at primary school are experimenting

with drugs, and many of those who did not take drugs perceived it as the norm and acceptable. “Alcohol and cigarettes are still the classic ‘gateway’ drugs with children as young as 12 smoking and drinking on a regular basis,” says Savage.

In the past ten years, there had been an increase in the number of youngsters treated for abuse, but this did not indicate the size of the problem. According to Savage, the focus should be on preventing and not only treating young addicts.

To achieve this, it is vital that parents, teachers and other caregivers are open with children and give them an opportunity to discuss issues.

“Children are smart and they are exposed to a lot of information. We have to be empathetic without being condescending. Children are confused, especially when the boundaries are not clear to them. If you set boundaries, it will have a ripple effect,” says Savage.

It is also important for parents to network and know where their children are and who they are associating with.

“Young people enjoy social events and they should not be prevented from attending, but parents must be informed what their kids are up to.” She stated that more and more children had told her that parents do not know how ‘tough it is out there.’

“Peer pressure and availability of more and more drugs are putting a lot of pressure on children, who want to fit in and be part of the cool group. It is also a way to escape. If you were six years old and on the streets, cold, abused and hungry, sniffing glue would give you solace.”

Savage also points out that there are not enough rehabilitation centres available – especially to people without medical aid. So called safety nets for street children and other vulnerable children are not adequate.

Savage said the only way to really

tackle the problem was to look at it holistically and for all involved to work together more closely.

“Be honest with children - let them be part of the solution.”

#### KZN SUBSTANCE ABUSE FORUM: JOINING ACTION AGAINST SUBSTANCE ABUSE

The KZN Substance Abuse Forum was established in 1995. The forum encourages networking and the effective flow of information between forum members. The main function of the Provincial Drug Forum is to strengthen member organisations to carry out their substance abuse programmes and to keep substance abuse high on the public and political agenda. We would like to invite all relevant stake holders and concerned citizens to contact us if there are any areas that they feel need to be addressed.

For more details contact us at: [mail@dfl.org.za](mailto:mail@dfl.org.za)  
0834582949 / 032 4815550





# DEPARTMENT OF COMMUNITY SAFETY AND LIAISON

‘Building a United Front Against Crime’

## Working together against drug abuse



Drug testing kit

THE people of KwaZulu-Natal must get back to ‘ubuntu’ and work together if they are to win the battle against drug abuse which has resulted in increased levels of crime.

The role of Community Policing Forums (CPF) is to create an effective relationship between the police at station level, as governed by the Police Act, and the community it serves.

There are 186 Community Policing Forums in KwaZulu-Natal, CPF Clusters as well as the Provincial Community Policing

Board.

Several of the CPFs have already started projects to fight drug abuse in communities and are involved with schools in their policing areas as well as working with communities.

People living in the community must be involved with the Forums if they want to reduce crime, including drug and substance abuse. It is not only CPFs working with the police that can tackle these issues. We need educators within schools on board as they have the advantage of early identification of learners

experiencing problems or vulnerable to substance abuse which can lead to early intervention.

Educators can easily identify learners already on drugs if they know what signs to look out for which would call for referral to the appropriate organisation for intervention.

We cannot achieve our goals without support of other role players, including churches that can also play a vital role. When there are problems within families, the church can intervene and assist.

Drug abuse has no race or colour – it is imperative that we all get involved. We need to address drug abuse which leads to crime, as a community rather than wait for the police. CPFs create an opportunity for a relationship between the local police and the community. We also encourage the youth to participate through Youth Desks.

I urge everyone to go back to ‘ubuntu’ and understand that drugs and crime destroy lives. For more information on CPFs, contact your local police station.

**Jerome Sibisi**  
Provincial Community Policing Board Chairman

## CONTACT NUMBERS



**AL – ANON KZN INFORMATION CENTRE**

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**CARELINE CRISIS AND TRAUMA CENTRE**

Tel: 031 765 1587 or 031 765 1314

**CHRISTIAN ACTION FOR DEPENDANTS (PONGOLA)**

Tel: 034 414 11118 or

082 567 9057

**KWASIMAMA ALCOHOLIC CENTRE – KWAMASHU**

Tel 031 503 1570

Fax: 031 503 1236

**POLICE EMERGENCY**

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**CRIME STOP**

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**CHILD LINE**

Tel: 08000 55555

**NICRO**

Tel: 031 304 2761

**ETHEKWINI SAFER CITY PROJECT**

Tel: 031 337 5500

**DEPARTMENT OF COMMUNITY SAFETY AND LIAISON**

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**SANCA DURBAN**

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031 202 2421

**SANCA PIETERMARITZBURG**

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**NEWLANDS PARK CENTRE**

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**MADADENI REHAB CENTRE**

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**SHEKINAH CENTRE**

Tel: 033 502 0024

**LIFE LINE DURBAN**

Tel: 031 312 2323

**LIFE LINE**

**PIETERMARITZBURG**

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**LIFE LINE MARGATE**

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**LIFE LINE ZULULAND**

Tel: 035 753 3333

**ALCOHOLICS ANONYMOUS – KZN**

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# DEPARTMENT OF COMMUNITY SAFETY AND LIAISON

## 'Building a United Front Against Crime'

### 'A United Fight Against Drugs'



young people who are abusing alcohol and other drugs. We know that their patterns of abuse are highly susceptible to change and that these patterns may either abate, or may become aggravated and emerge as full-blown addiction. We therefore have a range of interventions aimed at

young people, in and out of school, especially for those who we consider to be high risk groups.

There is no single strategy or magic bullet by which to reduce or eliminate the burden of substance abuse on individuals and society. This supplement is intended to provide current and reliable information on the various facets of the substance abuse problem. Our hope is that by having access to this information, individuals will reflect on the hard facts and make informed decisions about their lifestyles.

**WILLIES MCHUNU**  
**MEC for Transport, Community Safety and Liaison**

WE are now well aware of the consequences of substance abuse, the difficulties of treatment, and the serious risks they pose to the health and well-being of our communities. Preventing harm related to

substance abuse has now been firmly established as a critical international health priority, one which our province KZN, has taken up with determination.

In a developing nation such as ours, with its myriad of other challenges, the added problems associated with the abuse of addictive substances, including alcohol, is proving too heavy a load to bear. Tackling this problem will require a combination of regulatory interventions, law enforcement, community-based programmes and a high commitment to personal behaviour change.

In terms of prevention, there is no population more important than

DRUG abuse in KwaZulu-Natal, as in the rest of the world, is both a growing and worrying trend as users of drugs are getting younger. According to SANCA, a third of the users treated at their centres are younger than 20 years old.

It is alarming to note that children are doing untold and irreversible damage to themselves.

Apart from the obvious health risks, they are more likely to fall prey to criminals, to become involved in accidents or in risky sexual behaviour.

The types of drugs available to our children are vast, and it is not only illegal drugs that are a cause for concern. Alcohol and over-the-counter drugs are also abused. Children, especially teenagers, are curious and rebellious by nature. It is well known that dictating to young people on how to behave usually has the opposite of the intended effect! They need to be provided with reliable knowledge in order for them to make responsible choices.

Often drug experimentation is a result of peer pressure, but the abuse of substances really thrives when they appear acceptable within communities. How can you tell a child not to smoke if parents

### Just Say 'No'



do so openly or when alcohol flows freely at their homes?

The problem needs to be addressed holistically. Socio-economic factors play a part, but research shows that anyone can fall into the drug trap. Our young girls are lured into prostitution after 'boyfriends' ply them with gifts and then drugs. For some youngsters, drugs are an escape from extremely difficult circumstances, including abuse, death of a parent due to HIV/Aids, poverty, fear and hunger. For others, it is driven by a need to be accepted or to look 'cool' or grown up. The pressure to conform is indeed great. Visit any school toilet during breaks and you will see how many young people, including girls are smoking.

Most adults will remember the turbulence of being a teenager, but choose to forget. It is our duty as

parents, educators and custodians of children to provide a safe haven for them to feel a sense of belonging and a place to turn to for honest advice.

Children need to be listened to, without being judged and condemned. Above all, we need to provide opportunities for youngsters to release their stress, to ease their fears, have their questions answered and be provided with alternatives. We, as a Province, need to pull every possible resource together to fight this growing problem. No one entity can do it alone. As a Department, we support initiatives aimed at addressing the problem of drug abuse by our children. At the end of the day, it is up to the individual to make an informed choice, to decide not to take drugs because it is just not worth it. Again, we have to ensure that our youth have the information and guidance available to make the right choices. If they do fall into the trap of substance abuse, then they need to be made aware that help is available.

**YASMIN BACUS**  
**HOD KZN Department of Community Safety and Liaison**



# DEPARTMENT OF COMMUNITY SAFETY AND LIAISON

‘Building a United Front Against Crime’

## The extent of substance abuse in KZN

THE release of South Africa’s crime statistics in September 2010 has once again drawn attention to the country’s drug-related crime problems. Although the true extent of drug abuse is unknown, the latest crime statistics show an increase in drug-related crimes in KZN.

Analysis of the crime statistics conducted by the KZN Department of Community Safety and Liaison (DCSL) reveals that the leading areas in KZN in terms of drug-related crime are as follows: Durban Central, Mountain Rise, Point, Phoenix, Plessisslaer, Chatsworth



and Pietermaritzburg. Indeed, drug crimes are highly dependent on proactive policing and not on reporting by the general public. This could mean that an increase in these figures could either be related to a shortfall in policing or drugs flooding into the city or a mixture of both. While figures can be

manipulated and interpreted in many ways and human error also plays a part, they give a useful picture of the crime situation. This is when the general public should take note.

Within KZN, treatment centres have reported that alcohol (47%) remains the most widely-used substance, followed by dagga (28%). More importantly, according to the Youth Behaviour Risk Survey (YBRS - 2008), the use of *dagga* begins at the age of 13 and often leads to experimentation with more potent drugs. Similarly, this survey reported that 12% of learners below

the age of 13 had partaken of alcohol.

Drug consumption varied from 13% for ‘ever having’ smoked *dagga*, 12% for *inhalants*, 7% for *cocaine*, 7% for ‘*tik*’ and 7% for *mandrax*. Learners also reported that alcohol consumption was 50% for ‘ever having’ drunk alcohol and 35% for having drunk alcohol in the month preceding the survey, and 29% for having engaged in binge drinking over the month preceding the survey. In essence, the YBRS survey suggests that nearly one in every two learners has

experimented with at least one alcoholic drink in their lifetime.

According to the World Drug Report 2010, *cocaine* and *heroin* are the main drugs being transported into South Africa. Africa as a continent has become a successful drug trade competitor as it is a marketplace, offering multiple destinations to other countries, including distribution to European and Asian countries.

Since drug trafficking is an international problem, tackling the drug networks requires mobilisation of countries globally.

## Youth culture, media and substance abuse

BEING a young person in society is viewed as a transitional phase between childhood and young adulthood. For some, this period is characterised by experimentation with numerous risky behaviours, including illicit drugs and alcohol.

Alcohol and drugs appeal especially to those young people who struggle to develop an independent identity. Interest in these risky behaviours also coincides with a time of searching for interpersonal relationships, thirst for new experiences, peer pressure and a desire to fit in with the wider youth

culture.

The concept of ‘youth culture’ is a distinct category that has attained growing interest over the years. The phenomenon developed in the 1950’s in response to widespread consumerism as young people began to exercise their greater spending power.

Since then, membership into a youth culture has defined particular trends, norms, values, and behaviours for young people. The tendency to experiment with drugs and alcohol is argued to be greater among young people because they

face the greatest challenge of either looking ‘cool’ or risk being seen as misfits and outcasts. In essence, these experiences combine to increase young people’s susceptibility to the allure of substance abuse as it provides a means of escaping situations which they feel powerless to change.

Within the South African context, use of substances such as alcohol is increasingly being recognised as a lifestyle choice due to wide-scale availability of alcoholic products and relentless advertising.

Together with this, modern media

has impacted greatly on the ways in which youth are being socialised to be more accepting of alcohol and drugs. Currently, the media glamorises and promotes the use of alcohol as seen in hip hop music videos and in virtually all alcohol advertisements. This is problematic as young people are faced with conflicting messages and the abuse of addictive substances is becoming more socially acceptable and tolerated by many who cannot make informed choices.

Given that the proliferation of substance abuse amongst young

people is influenced by a myriad of factors, a meaningful response to the problem requires interventions that target societal and cultural norms. As has been said in a recent study on alcohol marketing influences on young people: “The more common and acceptable young people think drinking alcohol is, both in society as a whole and among their peers, the more likely they are to be a drinker and the greater quantities of alcohol they are likely to consume. This is worrying because alcohol is for many a ‘gateway drug’, leading to the use of other harmful substances.”



# DEPARTMENT OF COMMUNITY SAFETY AND LIAISON

'Building a United Front Against Crime'

## ARE YOU DRUG DEPENDENT?

Answer Yes or No to the following:

- Do you lose time off school or work because of taking drugs or drinking?
- Is taking drugs or drinking making your home life unhappy?
- Do you take drugs or drink because you are shy or uncomfortable with other people?
- Do you get courage from taking drugs?
- Is your drugging or drinking affecting your reputation?
- Have you ever felt bad or ashamed because of your dependence or addiction?
- Have you ever got into financial difficulties because of drugging or drinking – owing your friends and family money or stealing from them?
- Do you go to places you normally wouldn't go to get drugs or drink?
- Do you stop caring about your family when you take drugs or drink?
- Have you become less ambitious because of drugs or drinking?
- Do you crave drugs or drink



during the day, while at school or work or with friends who do not take drugs?

- Do you want to take drugs or have a drink as soon as you wake up in the morning?
- Does your drugging or drinking interfere with your sleeping?
- Has your efficiency at school, work, sport or other activities decreased since you started taking drugs or drinking?

Is your drug-taking or drinking jeopardising your schooling or work?

- Do you take drugs or drink to get away from worries?
- Do you take drugs or drink on your own?
- Have you ever lost your memory or forgot about things because of taking drugs or drinking?
- Have you ever been treated for addiction?



- Do you take drugs or drink to build up your confidence?
- Have you ever landed in hospital because of a situation relating to taking drugs or drinking?

**\* If you answered Yes to any one of these questions, this is a definite warning that you may be an addict.**

**\* If you have answered Yes to two of these questions, chances**

**are you are an addict. Get help.**

**\* If you have answered Yes to three or more of these questions, you definitely are an addict. Get help.**

**Do not wait until things get worse, seek help!**

*Source: SANCA guidelines based on the John Hopkins University Hospital questionnaire.*



# DEPARTMENT OF COMMUNITY SAFETY AND LIAISON

‘Building a United Front Against Crime’

## From the horse’s mouth – real life experience of substance abuse

**W**HEN we talk about drug abuse, it is easy to listen and think this must only be a story or just statistics because it has no face to it. The sad reality is that behind the statistics and the stories that seem unreal, there is a human being, even a child, living a life of misery, shame and turmoil.

Shame and turmoil still surrounds Nalini (not her real name) from Phoenix, a sweet young girl in her twenties. Her story is no different from others who thought they were just experimenting and never intended to be ‘addicts.’ Nalini says, “I started taking drugs some four years ago when I lost my boyfriend. My cousin introduced me to drugs to numb the pain. I had already started drinking alcohol when I was around 13 years of age. I used to feel so sad after the passing of my boyfriend and the drugs helped me dull the pain.” At first Nalini thought she was in control because she did not take drugs all the time.

Then she moved to Johannesburg for work and even stopped taking the drugs for a while. She then started dating and discovered that her boyfriend took drugs. Although the boyfriend did

not want her to take drugs, she pleaded to join him and that’s how her life took another turn for the worse.

“We would smoke *crack* on certain days and felt in control. However, the money being withdrawn from the bank was increasing as each day passed.” She started smoking drugs before going to work, as well as after work, but still, she felt all was okay. Her cousin, who had earlier introduced her to drugs, was not working and came to stay with her to feed his habit.

He started stealing from her because he used to smoke when she was at work and needed money all the time. She then kicked him out. She started going through her savings to continue with drugs but still she never saw any reason to seek help until her parents saw the tell-tale signs and took all her furniture home to Durban and ordered her to get into rehab with her new husband, the boyfriend she had met in Johannesburg.

She stayed the specified time in rehab, but as soon as she came out, she started using drugs again. She was now unemployed and started stealing from her parents to



get drugs. Her parents threw her out and she stayed with friends who also kicked out as she also stole from them.

One night she found herself in the streets like a homeless person. At this stage she says, “That was the darkest time for me. I had

reached the worst point in my life and wanted so much to stop. The problem is when I tried to stop, I would have withdrawal symptoms like joint pains, cramps and vomiting, so I had to take drugs just to stay pain free.

“In the end I told my sister I

wanted to turn my life around. My parents put me in rehab again where I could get medicines when my withdrawal symptoms got unbearable. I used to sweat and have nightmares. It was awful. During this period my husband was jailed for a drug-related offence, and as we speak, he is in Westville prison awaiting trial.”

When Nalini came out of rehab, for a while she started using drugs again but then one day, she started to pray and told herself she would use all the teachings she learnt at rehab to take it day by day and not use drugs. Nalini has been drug-free for more than a year and now helps at a shelter for young girls in the Durban city centre. In her is a strong young woman who faces her demons every day and has not lost hope. She has also started looking for a full-time job. She is now counselling others, advising them to not even start using drugs which seem cool when you are experimenting, but turns out to be a deadly habit that you have to fight for a lifetime. Her message to the youth is: ‘Don’t even experiment with drugs unless you are prepared for the misery that awaits you.’



# DEPARTMENT OF COMMUNITY SAFETY AND LIAISON

## 'Building a United Front Against Crime'

### What is crime prevention?

STEVEN P. Lab (1992:10) states, "crime prevention entails any action designed to reduce the actual level of crime and or perceived fear of crime."

Basically, it is any activity that stops or prevents crime before it is committed and addresses the causes like poverty and lack of facilities that force or lure youngsters into crime.

Children who are bored or abused are more likely to abuse substances to escape their surroundings.

A study by the Medical Research Council found that the majority of children who tried alcohol for the first time used it to deal with problems followed by boredom and curiosity. Teenagers, by their very nature, are likely to experiment and without support structures and the right information can easily fall into the trap of substance abuse.

Prevention structures include programmes for children to keep them busy and off the streets, like youth centres and activity groups that offer them alternatives to drugs.

There are a number of initiatives directed towards preventing substance abuse among young

people. This includes initiatives by Provincial Government with campaigns such as the 'Ke Moja' I am fine without drugs! campaign.

The Department of Community Safety & Liaison has a brand new Youth Alcohol Behaviour Change Programme and the Department of Education's lifeskills programmes are also geared at equipping learners to cope with pressure to take drugs. Structures like non-governmental organisations (NGOs), faith-based organisations and sport and social clubs can do a lot to ensure safe environments for young people, thus preventing crime.

Crime prevention is the strategy aimed at decreasing risk factors and strengthening protective factors. Primary prevention includes awareness and availability of information where it can reach learners. Educators play a vital role, especially in the early detection of abuse or factors that could lead to abuse.

#### Partnerships

Partnerships between various role players is the key to ensure that the problem is approached and addressed holistically. Substance abuse often has more than one

'cause' or trigger – it cannot be looked at in a vacuum.

The police may step in where child abuse had been reported. The victim or offender is then either taken into the care of the Department of Social Development or, if a crime has been committed, entered into the criminal justice system.

If the various role players work closely together, much can be done to ensure that the youth and any high-risk group are offered help and protection. This includes political support and the enforcement of legislation.

#### Can substance abuse be prevented?

Many gains can be made if vulnerable groups are identified and the sale of liquor to underage children is met with serious consequences.

Liquor outlets close to schools are also a serious concern which must be addressed.

Other risks factors that need to be addressed by relevant authorities, civil society and community networks are domestic violence, school discipline, limited recreational facilities and the availability of hard drugs and alcohol at school.

Protective factors that can be enhanced to protect young people include:

- Training and counselling
- Family and life skills training
- Access to recreational facilities
- Home based care for families in poverty and those affected by HIV/Aids

- After school care for children
- Safe schools
- Treatment centres
- Increase rehabilitation centres and programmes
- Increase shelters for street children
- Equip and increase places of safety

### "Whoonga is your passport to pain and misery"

ALSO previously better known as *Sugars*, the drug *Whoonga* is a concoction of heroin and range of other substances, including Strychnine which is used in rat poisons.

*Whoonga* is highly addictive for a number of reasons: heroin itself is extremely addictive and the Strychnine causes excruciating body pain – including severe headaches, stomach pains and muscle spasms – which lead to users taking more of the drug because the heroin provides temporary 'relief' from the pain. Users become trapped in a vicious cycle where the *Whoonga* both causes and (temporarily) 'relieves' the



agonising pain.

Many believe that *Whoonga* contains anti-retroviral drugs (ARVs). This has not been conclusively proven and experts believe that this is a myth.



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## The damaging effects of alcohol marketing on young people

A STUDY by the *British Medical Association* on the damaging effects of alcohol marketing on young people found that alcohol promotion influences social norms. These in turn influence young people's relationship with alcohol. A critical finding of the study is that the more common and acceptable young people think drinking is, both in society as a whole and among their peers, the more likely they are to be a drinker and the greater quantities of alcohol they are likely to consume.

Another disturbing phenomenon that the study draws attention to is the suggestion that the new types of alcoholic products on the market (example, designer drinks, alcopops, shots, shooters) seem to be competing directly with the youth market for illegal drugs. Furthermore, it was found that certain alcohol marketing and naming practices have the effect of infantilising alcohol consumption by creating flavours such as chocolate and lemon meringue, bottles adorned with spiders, and other childish or cool-sounding names.

Another important aspect about



alcohol marketing that selectively targets young people is that it has the effect of making alcohol more attractive by reinforcing its forbidden and adult nature.

The problem we face is that the

seemingly ‘light’ alcopops on the market today are luring young people into drinking, thereby providing a future market for alcohol manufacturers’ other alcoholic products.





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## Categories of Drugs

### SEDATIVES OR DEPRESSANTS

Drugs that have a relaxing or sedative effect such as: *alcohol, mandrax, heroin, codeine, glue, petrol, benzene, sleeping pills, tranquilisers and painkillers.*

*Risks include a hangover, headache, thirst and nausea. There are risks of unplanned pregnancies and contracting HIV/Aids because of careless*



Cough mixture – sedative or depressant drug

### STIMULANTS

Drugs that have ‘speed up’ effect. The heart rate increases and the user feels awake and ‘hyper.’ *Cocaine, crack, ecstasy, speed, caffeine (in tea and coffee), diet pills and tobacco.*

*Risks include loss of appetite, aggression, sleep disturbances, emotional roller coaster and heart attacks.*



Coffee – stimulant drug

### HALLUCINOGENS

Distort perception and cause hallucinations. *Dagga, LSD, ‘magic mushrooms.’*

*Risks include flashbacks and mood swings.*

### LONG TERM RISKS:

#### Health problems

It may be fun at the time, but in the long term, using drugs could lead to addiction or dependence. It will cause



Magic mushrooms – hallucinogenic drug

permanent damage to your brain and body including to your heart, kidney, liver, lungs, and stomach and possibly death.

#### Legal and social problems

You can be jailed if arrested in possession of an illegal substance, leaving you with a criminal record that jeopardises chances of furthering your studies and job opportunities.



Alcohol – depressant or sedative drug

### The four steps to dependence or addiction

#### 1. EXPERIMENTATION:

First time drug use – can lead to dependence.

#### 2. OCCASIONAL USE

#### 3. REGULAR USE:

When occasions like clubbing or chilling are not enough, the user takes it on a weekly or monthly basis.

#### 4. DEPENDENCE:

When you feel discomfort and cravings without the drug. It might be psychological (mood swings, feeling depressed) or physical (shaking, sweating, vomiting).





# DEPARTMENT OF COMMUNITY SAFETY AND LIAISON

‘Building a United Front Against Crime’

## It’s out there – some legal, others not

### COMMON DRUGS ABUSED ALCOHOL:

Alcohol tops the list. It is legal (under certain conditions) and socially acceptable, but no less devastating as so called ‘hard drugs’.

It is a depressant and slows down the body’s functions. More people are killed as a direct result of alcohol abuse than any other drug. The majority of fatal road accidents involve the abuse of alcohol.

It is also implicated in other crimes including women and child abuse.

### CAFFEINE

Coffee and tea may seem a harmless enough way to start the day, but caffeine is a stimulant that can and does cause psychological problems when abused. While a cup or two a day should not cause problems, abusing it can be disastrous. Caffeine is mostly abused for its ‘anti-fatigue’ qualities and students often ‘overdose’ to study. However, once the effect has worn off, you will feel drained and exhausted. The side effects include: inability to sleep, poor



Alcohol



Prescription and over the counter drugs

concentration, hyperactivity and muscle spasms.

### PRESCRIPTION DRUGS AND OVER-THE-COUNTER MEDICINES

This includes sleeping tablets and medication used for treating depression as well as conditions like Attention Deficit Disorder (ADD). Many people abuse painkillers and sleeping pills. Some prescription drugs contain *Rohypnol*, the date drug that is used to spike drinks in night clubs and parties. It causes drowsiness, light headedness, euphoria and confusion. The effects are similar to alcohol and inhibitions may be relaxed. Mixed with alcohol, it could cause loss of control and loss of

memory. Overdosing can lead to death.

Abuse of cough mixtures, example, those containing Codeine, can lead to severe liver and kidney damage and anaemia.

### DAGGA

*Dagga* is natural growing weeds and is also known as zol, dope, weed or marijuana. It is the most commonly used drug in KZN following alcohol. It damages the lungs when smoked and also leads to brain damage. Some side effects include mood swings which might vary from a sense of wellbeing to paranoia.

### COCAINE

Also known as *coke*, *lady* and *snow* – it is a powerful stimulant



extracted from the cocoa plant. It creates a feeling of well-being and increased confidence, but in large doses causes anxiety, agitation, paranoia and a feeling of bugs crawling under skin (formication).

### CRACK – POOR MAN’S COCAINE/ ROCK

*Crack* is regarded as the poor man’s cocaine. When it is smoked, its high lasts only for about 20 minutes and the need for a fix is

almost immediate. It is a mixture of *cocaine*, *rat poison*, *detergents* and other substances like *bicarbonate of soda*.

*Crack* is an integral part of the sex industry with ‘rates’ for sex-for-sale linked to the price of crack.

It leads to unpredictable and often violent behaviour and depression.

*Continued on next page.*