

HEALTH + DISEASE

DRUG ADDICTION

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'Most dangerous drug in the world' now menacing SA

By STEPHEN WROTTELEY
Crime Reporter

SOUTH AFRICA may be facing a new drug menace — heroin.

The drug is described as "one of the most dangerous and addictive in the world" and forms of it led to the deaths of at least four men in the Boland this year.

A spokesman for the police directorate of public relations in Pretoria said that as far as was known, heroin was abused on a small scale in South Africa.

"The situation is stable at this stage.

"The most recent large amount of heroin confiscated in South Africa was 1kg."

Morphine

However a spokesman for the Western Cape branch of the narcotics bureau said there was great potential for the increased use of heroin because of the widespread abuse of morphine derivative drugs.

The spokesman was com-

menting after police searching a car at a roadblock between The Strand and Gordon's Bay recently found two sachets of heroin.

They also found 5 000 mandrax tablets.

The increasing drug problem facing South Africa was highlighted recently in the Commissioner of Police's annual report to Parliament for the year ending June 30 1986.

He reported that dagga confiscations increased by a huge 227 percent over the previous year. The value of the drugs found was R1 521-million.

Dagga worth a further R612-million was destroyed in growing areas. This was an increase of nearly 100 percent on the previous year.

Mandrax confiscations increased by about 129 percent. The mandrax was worth about R10-million.

Heroin is not mentioned by name in the report but police have since then made a number of confiscations which will probably be reflected in the next report.



The narcotics bureau spokesman said the abuse of drugs derived from morphine was widespread in South Africa and that heroin had the same properties.

At present there was no real market for heroin.

The spokesman said police had found only one large shipment of heroin, and this had been in Johannesburg.

Smaller amounts had been found and four people died in the Boland after smoking a mixture of dagga and some form of heroin.

Police believe the heroin was either unprocessed or, more likely, mixed with chlorine.

At least 40 other people took ill after smoking the substance in its powdered form.

However it is thought that with increasing police action against people obtaining prescriptions for morphine based

drugs illegally from doctors, addicts might move to heroin.

Experts say that as an analgesic, heroin is between four to eight times more powerful than morphine and has the more undesirable side-effect of respiratory depression.

People become more addicted to it than they do to morphine.

The local spokesman said heroin took such strong physical control of a person's body that when an addict was deprived, his body became pockmarked — which led to the expression "cold turkey".

"In the majority of the heroin cases in the Western Cape, the drug has been found in conjunction with mandrax seizures."

"This indicates the source country," the spokesman said.

Most mandrax is smuggled into the country from India.

He said that India was close to the Golden Crescent, an area on the borders of Afghanistan, Pakistan and Iran, where much of the world's heroin is grown.

Drug abuse rife among the young in South Africa

87
SMC
12/10/87

Medical Reporter

As many as 25 percent of South Africans within the 12 to 25-year age group are actively engaged in some form of drug abuse, pharmaceutical authorities estimate.

According to a statement issued on behalf of Pharmacists Against Drug Abuse (PADA), cough mixtures, prescription medications, Mandrax, volatile substances such as paints, thinners and glues, alcohol, dagga and cocaine are regularly abused by young South Africans.

FINANCIAL SUPPORT

To combat drug abuse, pharmacists launched an extensive anti-drug abuse campaign three years ago — a campaign which recently received massive financial support from pharma-

cists throughout the country.

"No segment of our society goes untouched by the drug abuse problem. There is however, considerable evidence indicating that once people gain an appreciation of the health hazards of drug abuse, their behaviour will change," the PADA statement said.

MAJOR ROLE

The PADA campaign has played a major role in educating people on the hazards of drug abuse and since its inception pharmacists have supplied more than 500 000 information brochures on drug abuse. In addition, pharmacists in major centres in the country have been asked by schools and various other organisations to give talks on drug abuse.

1 in 4 SA
young
abuse
drugs

87
Sun Post
13/10/87

CATION

Post Correspondent
JOHANNESBURG — One in four South Africans in the 12- to 25-year age group is engaged in some form of drug abuse, according to pharmaceutical authorities.

This shock figure emerged in a statement issued on behalf of Pharmacists Against Drug Abuse, which said cough mixtures, prescription medications, Mandrax, volatile substances such as paints, thinners and glues, alcohol, dagga and cocaine were regularly abused by young South Africans.

To combat drug abuse, pharmacists launched an extensive anti-drug abuse campaign three years ago — a campaign which recently received massive financial support from pharmacists throughout the country.

The statement added: "No segment of our society goes untouched by the drug abuse problem. There is, however, considerable evidence indicating that once people gain an appreciation of the health hazards of drug abuse, their behaviour will change."

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Sowetan 20/11/87

S MUGGLERS running Asian heroin to the streets of New York, London or Frankfurt now use the airports of East Africa rather than Cairo, drugs experts in the Egyptian capital say.

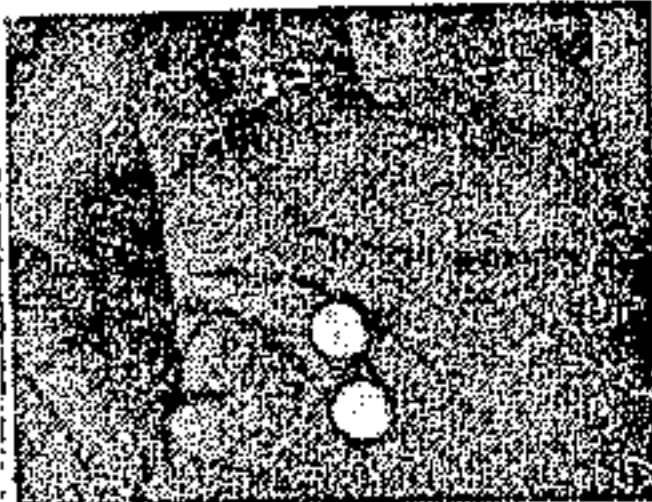
"Africa is no longer left out of the narcotics wars," one expert said.

Nigeria in West Africa has been pinpointed by Washington as a major source of heroin traffic to the United States and the experts said several East African capitals had become transit points to Lagos or direct to Europe in the past year.

Routes and smuggling methods constantly change, so Egyptian police are reluctant to predict that Cairo, an air crossroads between Asia, Europe and Africa, has seen its last drugs courier.

But they believe that tightened enforcement and the threat of the death penalty has curbed the menace.

Courts have sentenced 19 people, both foreigners and Egyptians, to death for trafficking in hard drugs since the government took action two years ago to stem a growing domestic heroin problem — on top of endemic use of the soft drug hashish.



None of the executions has yet been carried out, but police say that judges' readiness to impose the death penalty has deterred couriers.

They date the traffickers' move South to a string of seizures at Cairo airport over a three-week period last year.

Police and customs men arrested 14 Nigerians heading for Lagos or Kano, northern Nigeria, with a total of 32 kg of heroin from Pakistan destined for

Heroin — the African connection



SAPA-REUTER

western Europe and the United States.

"Since then, we haven't seized any transit cases. But we got information that they started to use other African countries as transit points," Brigadier Ahmed Nada of the Anti-Narcotics Police told Reuters.

He said Cairo was not sure what routes were now being used but Khartoum, Nairobi and Mauritius were among suspected transit points.

The experts said East African countries, not previously exposed to large-scale narcotics smuggling, had inadequately-trained officials and low penalties for traffickers.

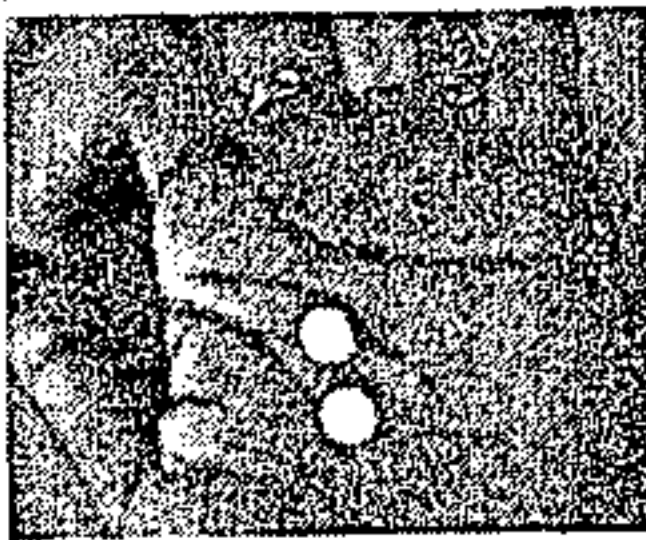
Egypt's Anti-Narcotics General Administration (Anga), founded in 1929 and one of the oldest national drugs agencies, has held several training courses for African police.

"In some other

African countries, they don't know how to recognise white powder (heroin)," Nada said in an interview.

"There isn't sufficient punishment, there isn't sufficient customs. It's easy, why run the risk of going through Egypt?"

Another expert, requesting anonymity, said East African states had what he called lax anti-drugs measures.



"Why not shift South where punishment is not so strict and sentences are ridiculously lenient," he said, citing maximum jail terms of two years and fines of 660 dollars. "For a narcotics smuggling operation, that represents no obstacle."

Seizure figures back Egypt's confidence that it is no longer a major transit point for hard drugs.

Of 66 kg of heroin seized so far this year, only 10 to 20 percent was identified as "in transit". Of 99 kg seized last year, 90 percent was on its way to West Africa or to Western markets.

One implication is that more heroin is reaching Egypt's internal market, but the experts refused to draw the conclusion that the number of addicts was rising.

Nada, who heads Anga's international section, said he believed demand for heroin was falling.

Hashish and opium remain the main domestic problem for Egypt's anti-drug squads. Cocaine is hardly known.

"Heroin was increasing until last year. Now, we think it is decreasing," Nada said.

The government media campaign, featuring a flashing skull to warn potential users, and tougher police action had "affected the demand side of the problem," he said.

Tackling the supply side is Nada's job. For the past two years, he has been after heroin from Lebanon, already the main source of hashish for the Egyptian market, as well as old suppliers India and Pakistan.

"Very little has come from Lebanon but they've started and this is the red light for us," Nada said.

But another expert said as much as one-third of the heroin reaching Egypt came from Lebanon and some was refined in Syria.

Egypt's hashish problem — some sources say it is the world's largest consumer — shows no signs of easing despite police crackdowns on Cairo sales areas years ago.

Until recently, hashish seizures were about the same as last year. Then a



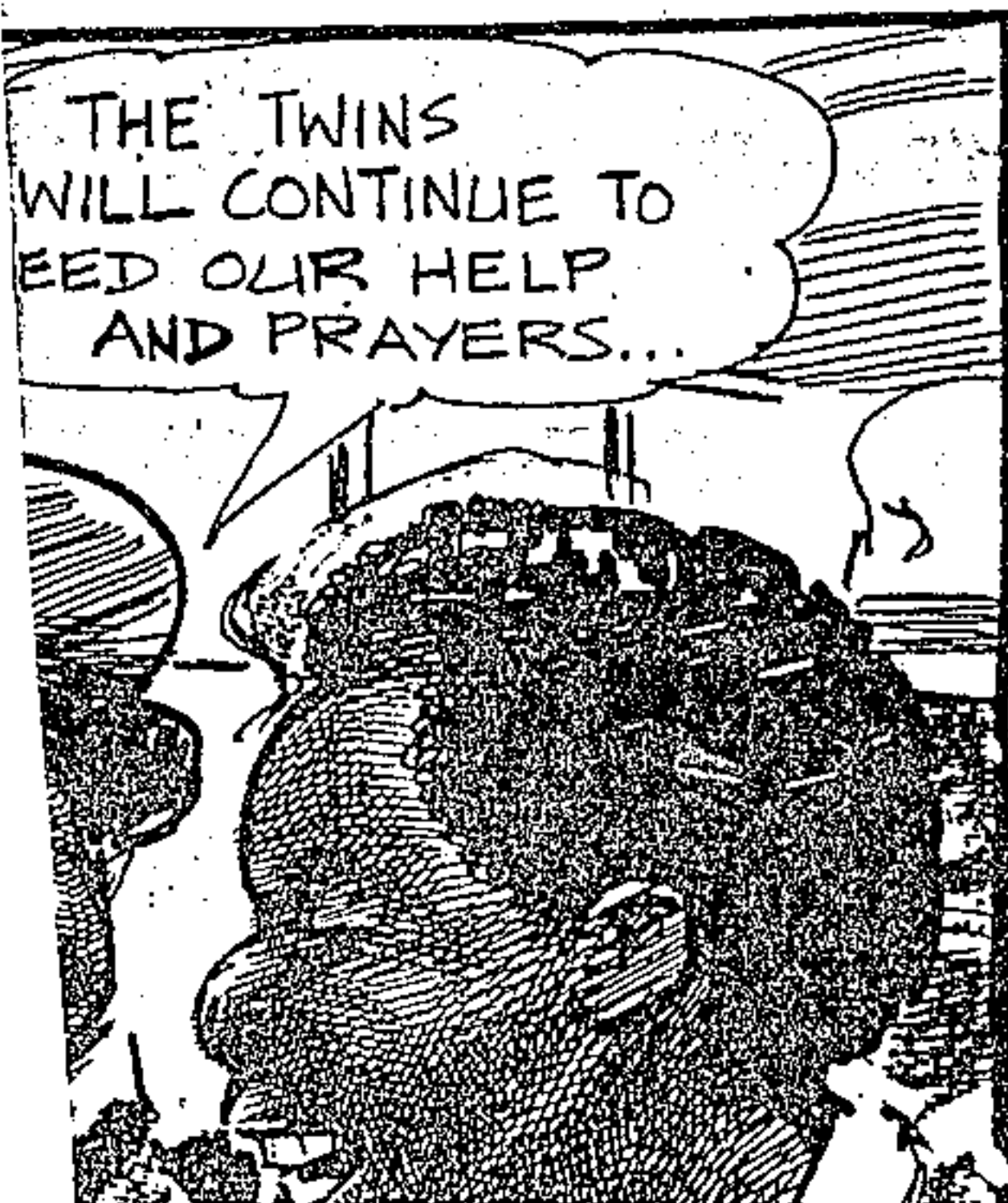
Hunduram-flag freighter called *The Star* sailed into Port Said from Lebanon to enter the Suez Canal on October 3.

Acting on a tip-off, police made Egypt's biggest drugs haul. They found 17.7 tons of hashish, worth 10 to 20 million dollars wholesale and double that on Cairo's streets, in the vessel's water tanks.

Nine Syrians and a Sudanese were arrested and are awaiting trial.

The seizure reinforced police scrutiny of a new route — to Sudan and into Egypt across the remote border.

In August, police seized 200 kg of hashish loaded onto two camels. A month earlier, border guards found seven tons of hashish and opium, as well as guns, hidden in 100 tyres on board five trucks. — Sapa-Reuter.



The Media Council

THE South African Media Council is an independent body established to deal with various matters affecting media reporting and comment.

One of the council's functions is to receive and act upon complaints from members of the public who have not been able to get satisfaction by approaching a newspaper or other news

media directly. Complaints must relate to published editorial matter and should be lodged within 10 days of publication. But late complaints may be accepted if good reasons can be advanced.

The address is: The Conciliator/Registrar, SA Media Council, P.O. Box 5222, Cape Town 8000. Telephone: (021) 46-7317. Inquiries are welcomed.



THE Sowetan today remembers journalists around the country who are in detention: • Zwelakhe Sisulu, Editor of the New

87

Primary school pupils gamble to pay for drugs

By ADA STUIJT Tygerberg Bureau

PRIMARY school children in Kraaifontein are gambling to pay for their drug habits, a survey by their headmaster has disclosed.

Younger children, including some pre-primary pupils, tend to be "sniffers" but the older pupils in Standard 5 and Standard 6 prefer dagga, which is freely available in Kraaifontein at 50c a plug.

These shock findings were made during a survey among known drug-abusers at his school by Mr S A Roelf, headmaster of the 900-pupil Parkdene Primary School in Kraaifontein.

During the survey he found that some pupils were running high-stake gambling pots to pay for their drug habits, he said.

Mr Roelf did not want to disclose the number of children involved in drug abuse at the school, but said it was "shockingly high".

He has started negotiations with the Institute of Clinical Psychology at Stellenbosch to launch a comprehensive research project among all Cape schools and draw up a report for the authorities.

The headmaster, who is also chairman of the committee for social and community activities for the Cape Professional Teachers Union, said the problem uncovered at his school was only the tip of the iceberg. Drug and alcohol abuse were prevalent at many schools in the Cape.

SOCIAL WORKER

Mr Roelf felt the authorities should employ full-time social workers at each school to "combat this incredible evil."

A social worker visits his school every Tuesday morning to discuss the problem with known drug-users and work out their problems with their families. One school in Elsies River, which has taken on a full-time social worker, has shown a drop in drug abuse among pupils.

Not all children at the school were questioned, he said. Only those pupils who had been identified as drug-users were counselled.

Mr Roelf found that:

- Some eight and nine-year-olds told how they had become "sniffers". The products used were freely available and the children said sniffing made them "feel high".

- Pupils aged 11 to 14 who used drugs preferred "sniffing" to smoking dagga.

- A number of Standard Five and Six pupils regularly bought dagga, the drug they most preferred, which was readily available in the neighbourhood at 50c a plug.

- The problem was also emerging among pre-primary pupils.

Mr Roelf found that drug and alcohol abuse was especially prevalent among the so-called "key-kids" — children of working parents whose mothers and fathers were away from home the entire day.

The Northern Areas Drug Action Group (Nadac) has made an urgent call for volunteers to join their group. Interested volunteers may telephone Nadac at 99-3316.

Foetal alcohol syndrome is 'rife'

own experience.

WOLFE

87 SM
11/10/87

CAPE TOWN — An increasing number of children are being left deformed and retarded through their mothers' alcohol abuse during pregnancy and the foetal alcohol syndrome is rife in the Western Cape.

"We are diagnosing more cases each year," said Red Cross Children's Hospital paediatrician Dr Chris Molteno, speaking at a symposium held by the South African National Council on Alcoholism and Drug Dependence for its 23rd biennial meeting in Sea Point yesterday.

During an interview Dr Molteno said he was presently handling 25 cases. "But there must be many more who are not referred."

The foetal alcohol syndrome had only recently come into the spotlight, he said. However, it was being linked with more and more problem cases. In the United States, one view was that it was more common than Down's Syndrome.

In its most commonly identifiable form the syn-

SATURDAY STAR CORRESPONDENT

drome showed up as mental deprivation, he said. Alcohol abuse during pregnancy affected the growth of the child before and after birth. Such a child showed certain facial characteristics such as small eyes, a depressed bridge of the nose, underdeveloped cheekbones and a deformed upper lip.

Congenital deformities of the brain, heart and kidneys also occurred and development was retarded. These children were usually mildly mentally retarded, did not grow as well as other children and had learning disabilities, he said.

He recommended that expectant mothers abstain from drink.

"If you must drink, make it no more than two a day and avoid binges. If you have more than one drink, the chances of the child having foetal alcohol syndrome increase rapidly."

Symptoms

Chief of the dead

STAD
28/10/87

'SA on stepping stone to a drugs epidemic'

By Tim Cohen

South Africa was in the first stages of a drug epidemic, according to Dr Alex Peros, a former undercover agent for 23 years in the American Federal Bureau of Narcotics and Dangerous Drugs.

He said the recent discovery of two clandestine drug-manufacturing laboratories indicated that many others probably exist.

And South Africa's dagga problem was becoming dangerous despite official attempts to play down the affliction, he said.

Dr Peros, who is in the country to give a series of lectures, said more "hard drugs" were finding their way into South Africa via London — a major distribution point.

"From London, drugs such as cocaine, lysergic acid (LSD) and Mandrax are sent to Zambia from where they filter down into South Africa."

Major developments in

the world drug scene was the move to cocaine, which is comparatively cheaper than before.

Another trend is "designer drugs", which are manufactured in clandestine laboratories and not made from traditional, natural derivatives — such as cocoa leaves in the case of cocaine. They are more potent than the drugs they are meant to replace.

Contrary to literature issued by South African information centres, "designer drugs" are not diluted or "cut" with substances like talcum powder.

Dr Peros considers the abuse by South Africans of "malpitte" or "Jemson weed" as it is known in America, of particular concern. It has a hallucinogenic effect.

"We once found a Johannesburg youth, who was in the middle of the road picking imaginary flowers and he later wanted to bath in some coffee he spilt," he said.

CAP: Times • 29/10/87

'White pipe' country

By PATRICK COLLINGS

SOUTHERN AFRICA has been identified as the world's largest consumer of Mandrax.

The drug, banned in South Africa in 1976, is smuggled into the country from the Far East or Europe and has become the second most used drug in South Africa behind dagga.

Dr Sylvain de Miranda, director of the South African National Council on Alcoholism, told the Institute of Public Health congress in Pretoria

this week that widespread consumption of "mood-changing" drugs was not surprising in a society where escapism was practised by young and old.

Dr De Miranda told the Cape Times that while the older generation tended to take the Mandrax tablet on its own to induce sleep, youngsters liked to mix the tablet with other drugs to experience a "twilight zone" sensation.

The most common way to take Mandrax was to smoke

300 87
"white pipes", a mixture of dagga and crushed Mandrax tablets.

Dr De Miranda said the "white pipe" was found almost exclusively in Southern Africa.

Mandrax is highly physically addictive, as opposed to being psychologically addictive.

"Should a person stop using Mandrax by itself, or as part of a cocktail, the withdrawal symptoms are very severe, nor-

mally causing the user to be violently ill."

Because Mandrax tablets are not manufactured in South Africa, supply does not always meet demand.

"This is when you get people taking advantage of the addicts and selling them homemade substitutes which contain such things as pool acid, but the addicts are so desperate or ignorant that they use this rubbish."

Expert:

Own Correspondent

JOHANNESBURG. — About 30% of drug abusers treated at a major rehabilitation centre are addicted to some form of tranquillizer — including Ativan, the drug at the centre of a dispute between consumers and manufacturers in Britain.

This is shown by a survey by the head of Phoenix House, Dr Sylvain de Miranda, who says the problem may well be greater than this figure suggests. "It's virtually impossible to establish exactly how many people abuse tranquillizers, but I have no doubt that the problem is more pervasive than is widely believed," says Dr De Miranda. Hundreds of Britons are to sue Wyeth Laborato-

CMPG Trans 13/1/88 (87)

Many abuse tranquillizers

Cape

ries, manufacturers of Ativan — to which they have become addicted.

The active ingredient in Ativan, lorazepam, falls into a group of drugs known as benzodiazepines. This group is used in the greater proportion of commonly prescribed tranquillizers.

At the centre of the British dispute is the claim by patients that they were told Ativan was non-addictive. Medical experts say, however, Ativan's addictive properties have been well documented for some time now.

The controversy has provoked renewed complaints from certain sectors of the South African medical profession regarding the effectiveness of tranquillizers. "Although doctors have been advised by the Medi-

cal Control Council (MCC) to exercise extreme caution in prescribing any of the benzodiazepines, it has become clear that this is, in effect, insufficient," says De Miranda.

A survey conducted in the US during Gerald Ford's presidency — after it was disclosed that his wife Betty had become addicted to tranquillizers — showed 50% of American women abused some type of tranquillizer.

Although there is little question regarding the efficacy of lorazepam, or Ativan, when used with caution as a short-term tranquillizer in times of acute anxiety, there is a growing lobby for stricter control to be exercised on the whole spectrum of benzodiazepines.

"The biggest problem is that patients who are

refused a second course of treatment often merely consult another doctor, who has no knowledge of the patient's case-history," says De Miranda. "In other cases doctors just become too lenient with their patients."

De Miranda advocates a system adopted in Sweden and parts of the US: A countrywide computerized network by which each individual's drug-intake can be monitored.

In reply to complaints that a patient's right to confidentiality will be sacrificed with such a system, De Miranda says access to the information can still be restricted to the patient's own doctor. Should the need arise, the computer will merely instruct a pharmacist not to issue a specific drug, without giving details.

Teenage drug, alcohol abuse on the increase

D/D
25/1/88
87

by VAL PROCTOR

EAST LONDON — Drug abuse in white schools here is increasing at an alarming rate and the average age of first-time experimenters is becoming lower and lower.

The local director of the South African National Council of Alcoholism (Sanca), Mrs Sandra Epstein, said alcohol was even more of a problem than were bona fide drugs.

The reason for this was that drinking is socially acceptable so people do not think of it as a form of drug.

Research done by Sanca on Std 8 pupils here, found that 64 per cent of the sample admitted to drinking beer, 71 per cent drink wine and 43 per cent drink the heavier spirits.

Nineteen per cent of the sample admitted to drinking beer once a week or more, compared to 13 per cent who drank wine more than once a week.

The survey also found that 55 per cent of the sample said they drank beer at home with their parents, while the corresponding figure for wine was 76 per cent.

Mrs Epstein said this indicated that of the young people who do drink, many did so responsibly at home with the permission of their parents.

An alarming statistic provided by the research was that 43 per cent of the sample admitted to becoming intoxicated after drinking too much, and the average age for their first over-indulgence was between 13 and 15.

Of the sample, 55 per cent said they were regular drinkers, of which nine per cent said they got drunk nearly every time they drank.

A more comforting figure was the 45 per cent who said they never become intoxicated.

Of the 55 per cent who drank regularly, five per cent said they drank either one bottle of wine, five beers, or half a bottle of spirits once a week or more.

Forty-five per cent claimed they would choose an alcoholic beverage at a party, most preferring beer, with a mixture of beer and spirits coming a close second.

An astonishing fifteen per cent of the

sample admitted that the consumption of alcohol left them with one problem or another, like quarrelling with friends.

An even more alarming statistic was that 17 per cent of the interviewees admitted to using a drug of some sort, excluding alcohol.

Of this figure, 20 per cent were males, while 12 per cent were females.

After alcohol, dagga was the most used drug, with all 17 per cent admitting to having tried it.

Mrs Epstein said the source of the first supply was usually a friend, with peer pressure playing a very big role in influencing the first-time abuser.

After dagga, solvents were the most abused, with nine of the 17 per cent having tried them.

Among the solvents that are most abused are glue, cleaning fluids, aerosol sprays and paint thinners.

The research also showed that first experimentation was most likely to start in Standard 7.

Sanca has various education programmes running at some of the schools to try and combat what has become a major problem among East London's younger folk.

A social worker at Sanca, Miss Cheryl Crouch, said the education programmes are run in three phases and are not just one-off sessions, but rather ongoing programmes.

Miss Crouch said that more headmasters have shown interest in the programmes than was the case last year, which seems to indicate a greater awareness of the problem.

There is now a new programme for Standard 5 pupils, who, at their age, are nearing the the stage where they are likely to experiment with drugs for the first time.

The programme aims to give the children practice in saying no to drugs and includes a session on how to deal with peer pressure.

This programme has proved to be very successful, with 98 per cent of the children saying they had learnt to make decisions which could help them later in life.

Mrs Epstein said it was usually teachers or headmasters who



Dagga abuse is increasing among the teenagers of East London.

first detected a general decline in the scholar's all-round performance and they would then inform the parents and perhaps refer the children to Sanca for counselling.

The treatment is tailored to the patients' needs, but usually consists of counselling aimed at changing their values and teaching them to take better care of themselves.

She said the main reason for first experimentation was curiosity or peer group pressure.

Children who turn to drugs are usually insecure and the drug sub-culture gives them a sense of security and acceptance.

A social worker at the Department of Health said she ran a Dagga School and an Alcohol Safety School for people who have been charged with possession of the drugs.

These courses concentrate on building up self-esteem and give guidelines for the future.

The social worker said the main offenders were those aged

between 19 and 25 that had started abusing drugs at school.

She said the courses were not rehabilitative but rather informative, aimed at schooling offenders in the dangers of drinking.

The courses have been very successful, with only one out of a group of 45 known to have been again charged with possession.

She said another major cause of the problem were parents who themselves were abusers.

Their children look to them as role models and copy their lifestyle, including their abuse of drugs.

The parents themselves, however, are also trying to do something to combat the problem.

A group known as Parents for Action was started in June last year by Miss Crouch for parents of abusers who wanted to help in some way.

She said a lot of parents with younger children had joined the group to learn how to try and prevent the problem when their children reached the

susceptible age.

Their main aim was to get into the community and try to keep the numbers of abusers down.

The group felt that if parents have information about the drug problem, then their children are more likely to respect them when they were confronted.

Parents are advised to handle the situation as calmly as possible and not to make blunt or angry accusations.

Statistics on the situation in black and coloured schools was unavailable but a social worker in King William's Town, Miss Santie Coetzee, said although it had not become a huge problem yet, many children had been found to be playing truant because of drugs.

The children apparently get the drugs from adults who sell it at discos.

Miss Coetzee said that the problem was especially bad over the Christmas and New Year period.

But, she said, drug abuse did appear to be on the rise.

MS95 28/1/88 (87)

Drug, alcohol research 'vital to avert abuse catastrophe'

The Argus Correspondent

PRETORIA. — South Africa urgently required a State-funded national drug and alcohol research forum or the consequences could be catastrophic, a leading authority warned today.

The executive director of the National Council on Alcoholism and Drug Dependence, Mrs ES Pretorius, told a forum at Broederstroom: "Ours is a drug-oriented society. There are indications of increasing substance abuse even among schoolchildren."

The misuse of alcohol alone, she said, cost R678-million a year.

"This figure is likely to increase if something is not done about it. The time has come for a major investigation into the causes of alcohol-related problems.

Influence

"Such a study can only be carried out by a large and independent research body. This would in turn provide prevention practitioners with a powerful means of lobbying for support."

Mrs Pretorius also expressed concern at what she described as "the influence of alcohol portrayals" in the media, including television, and in the advertising industry.

"Studies show that children are powerfully influenced by positive alcohol portrayals," she said.

Professor Harry Seftel of the University of the Witwaters-

rand's school of medicine said the identification of risk factors in alcohol and other substance abuse represented "a vast field for potential research".

Tax for research

The alcohol and tobacco industries formed a "mafia" which had to be fought "tooth and nail" if further disaster in human suffering and social disruption were to be averted.

He said: "Let us tax the alcohol and tobacco industries to pay for research.

"In addition, boxes, bottles and containers should all be clearly marked that they constitute a danger to human life. The public has a right to know what it is being poisoned with.

"The fact of the matter is that chemicals kill."

Waldheim cleared

VIENNA. — The historians' commission probing the controversial wartime record of Austrian President Kurt Waldheim has found no evidence he was a war criminal, a commission member said. — Sapa-AP.

Execution claims

HAVANA. — Cuba's Human Rights Committee says that contrary to government assertions, at least eight people, including five political prisoners, were executed in Cuban jails last year. — Sapa-Reuter.

Mandrax is being used by children in Lenasia — Sanca

By Shehnaaz Bulbulia
and Sally Sealey

Star 1/21/88

Dagga and mandrax are being used by children as young as 10 and 11, while cocaine is fast becoming the drug of the rich kid, in Lenasia and Fordsburg, said a social worker from the South African National Council on Alcoholism and Drug Dependence (Sanca).

Cocaine is being sold on the streets for R200 a gram. It is known as the "rich man's drug" and is new on the streets. The cheapest and most popular drugs available are dagga and mandrax. Mixed together they form what is commonly referred to as a "white pipe". Up-market drugs, such as vesperex and wellcanol are sold by dealers for between R20 and R25 each.

Communities, outraged by the high incidence of drug abuse, had their long standing request met when Sanca opened a clinic in Lenasia in May last year.

A social worker for Sanca said she had found that at least seven out of every 10 children in Lenasia and Fordsburg were using drugs.

Youths between 20 and 25 years old are the most common age group seeking help from Sanca. Social workers believe addicts feel the need to overcome their addiction after seeing their friends established, with families and solid careers.

The lack of communication between parents and their children exacerbates the problem. Unable to communicate the youths cannot confront their problem and they often fall deeper into the drug scene.

Most addictions, according to Sanca workers, have their roots in drug experimentation. They later develop as a result of a variety of reasons ranging from unemployment, to peer and pa-

rental pressure.

Drug users often steal from their homes to support their habit and many sell clothes or pawn jewellery to get the extra cash.

A social worker for Sanca said: "We do not have the in-patient facilities to wean them off drugs. They are actually trying, but they pop into the clinic once a day for an hour and still have the remaining 23 hours to deal with. I hope the Government will give us in-patient facilities soon."

Sanca offers a year-long

treatment programme which involves medical, individual and group therapy. Medical treatment generally involves giving the patient what is termed "a half-high" — anti-depressants which are used to contain withdrawal symptoms.

At least 90 percent of therapy patients drop out after two to three months. Some revert straight back to their bad habits.

Family sessions, have proved unsuccessful because parents, afraid of the stigma attached to drug abuse, shy away from confronting their children's problem.

Many organisations have been concerned with drug abuse in their communities. A spokesman for the Fordsburg Woman's Group said: "The drug issue has been of great concern in our area, it is a problem that has plagued our youth for some time."

Community organisations suggest intensive educational programmes, effective community action to expose dealers, and opening sporting facilities to all, as possible ways of dealing with the high drug addiction rate.



Started in their early teens

Most of the drug-users interviewed by The Star said they had started taking drugs when they were 13 years old.

"I started taking drugs so I could fit in with my friends," said Mr Y, who has been on drugs for eight years.

In a three-week period Mr Y smoked about R1 200 worth of drugs and lost about 8 kg.

"When you smoke heavily, you withdraw from your family and friends. For a year I never dated a girl. All that mattered was getting a high," he said.

"I smoke dope because I enjoy it, it's that sensation it gives me."

Mr Y said he regretted not furthering his studies because, "just maybe", life could have been different.

"I may smoke and get messed up, but that's a personal decision. I'll never deal and have a hand in messing up someone else's life," he said.

Mr Y is resigned to a life of drugs.

"Once a smoker, always a smoker. I'll never give it up — even if I do it once a year."

S-100 1/2/86

You can't just kick the habit, says user

Drug abuse in Lenasia is on the increase in spite of the role played by the drug rehabilitation centre there. In a frank discussion a group of drug users spoke about their own experiences.

Those interviewed have not been identified to protect their families and friends.

"I started taking drugs when I was 13. That was 16 years ago. I have been in and out of rehabilitation centres but I still smoke pipe," said Mr X.

Family pressure sure led Mr X (29) to join various rehabilitation centres. He spent three months at a drug centre in the Magaliesberg area.

Within an hour of his release he was back on drugs.

"I did it to please my family. I didn't want to give up."

Mr X was introduced to drugs by older friends and found it difficult to break away.

SUPPORT STRUCTURE

"I could relate to all my friends better when I was high."

For the users the smoking circle is an important support structure because it gives them an identity and a sense of belonging. It is also a way of socialising and gaining access to drugs cheaply.

"I could afford to smoke up to 50 buttons a night because I smoked with the merchants and got the drugs for next to nothing. I even got my hands on some coke (cocaine)."

To support their habit many users become pedlars. Users said that Mandrax is manufactured at 10c a pill, it is then sold to the wholesaler for R3 to R4, who in turn supply the dealers.

"I was really into drugs, it cost me my marriage but now I can sit and smoke one joint and feel good. I don't need to have more but I know I'll always be a smoker. You just can't kick the habit. It becomes a part of your life," he said.

suspension lasts for five days. — Sapa.

HOUSE OF
ASSEMBLY —

In supporting
the law that
provided for a
drunk or
drugged per-

Support for drink law

son to be legally responsible for an offence, MPs took a brave decision, Justice Minister Kobie Coetsee said.

The Criminal Law Amendment Bill was read a second time.

The Bill was the choice and legal feeling of the community, and he was confident those who applied this law would remember that Parliament had spoken as representative of public opinion.

The law had to be given the opportunity to be carried out in court.

The contribution of the former Chief Justice, Mr Chief Justice Rumpff, to the question should be appreciated.

The decision in S V Chretien (1981) by the Appellate Division had sparked an interesting and lively controversy. In the case, Mr Chief Justice Rumpff said drunkenness was a criterion where a person committed an act not realising that what he did was unlawful, or that his inhibitions substantially broke down.

The decision was sometimes misunderstood, and many believed that mere drunkenness was sufficient to get off scot free — this was not so. — Sapa.

16/2/88
87

Members praised for supporting new law on drink and drugs crimes

Staff Political Staff 16/2/88

The Justice Minister, Mr Kobbie Coetsee, praised the courage of members of the Houses of Assembly and Representatives for supporting new legislative measures to prevent drug or alcohol intoxication at the time of a crime being held up as a mitigating factor.

He said the legislation reflected the mood and requirements of a society

increasingly alarmed at the number of alcohol and drug-related crimes.

Mr Coetsee said in the House of Representatives that the Government had expected criticism of the Criminal Law Amendment Bill and he praised the "brave step" of the Labour Party and the United Democratic Party in supporting the Bill.

A South African Law Commission investigation

of the matter had revealed that the public was in favour of severe punishment of offenders.

It was popular perception that the courts were often lenient in accepting drug or alcohol abuse as extenuating circumstances.

The Law Commission could not find an incident where the courts had been too lenient but it recommended that so-

ciety's sense of justice and the degree of punishment now demanded for intoxicated offenders should be served by legislative measures.

The new legislation meant that a criminal under the influence of alcohol or drugs would be as legally responsible for a crime as he or she would be if intoxication were not a factor.

These criminals would face penalties as pre-

scribed by the law for the crimes involved and there would be no extenuating argument in respect of drugs or alcohol.

Mr Coetsee said the only penalty in which this would not apply would be the death penalty.

The new legislation also provided for the courts being able to view intoxication as an aggravating factor.

Mr Dave Dalling,

Progressive Federal Party MP for Sandton, said in the House of Assembly that it was cold comfort to the victim of a crime when the perpetrator argued that he or she "knew not what he or she was doing" at the time.

"Alcohol related crimes are on the increase and effective law can only be welcomed," he said.

Now black youth is taking to Mandrax, says Miranda

Mandrax abuse is spreading rapidly among young black South Africans — a phenomenon only recently noted, Dr Sylvain de Miranda, the executive director of the Johannesburg branch of the South African National Council for Alcohol and Drug Abuse has confirmed.

While in the past dagga smoking took precedence over Mandrax abuse among black teenagers, Mandrax popularity is now growing among all population groups.

The most common form of Mandrax abuse was smoking it, Dr de Miranda said.

Mandrax tablets are crushed, mixed with dagga and rolled into cigarettes then smoked. On the streets, this is known as the "white pipe"

"Our Mandrax problem in South Africa is almost unique. Overseas they have heroin and PCP (Angel Dust), here it's Mandrax," said Dr de Miranda.

He said Mandrax was being sold in capsule form as well as the conventional tablet.

"The raw ingredient which makes up Mandrax, methaqualone, is being smuggled into South Africa in powder form. What we are looking at is not the import of the actual pill, but the active ingredient being brought in in bulk at a massive profit.

"The pills are then manufactured locally or the methaqualone is put into capsules," said Dr de Miranda.

The street price of Mandrax varies, but is generally about R6 a tablet, he said.

(87) Star

18/2/88

Factor launches non-smokers' club — with big perks

Star
2/3/88

By Toni Younghusband
Medical Reporter

Johannesburg discount king Mr Tony Factor declared war yesterday on smokers and vowed that South Africa would be smoke-free by the year 2000.

He was speaking at the launch of the country's first anti-smoking club which has been established in Orange Grove.

The club, which is aimed at all sectors of the population whether they be smokers or non-smokers, will entitle members to discounts on purchases, rentals and other consumer commodities.

"The club will encompass not only the means for an intensive research programme and the dissemination of information, but also a wide variety of recreational activities and personal benefits for those who choose to join the club," said Mr Factor.

According to statistics released at the launch, smoking claimed three lives every two hours and 34,5 percent of all white men in the country died from tobacco-related causes.

CIGARETTE ADDICTION

South Africa has the highest percentage of smoking per capita in the western world — 22 billion cigarettes were bought annually by the South African consumer, Mr Factor said.

Statistics showed that more than 12 million South Africans were addicted to cigarette smoking.

Mr Factor praised South African Airways for its smoking ban on domestic flights, saying he was pleased it had had the guts to take a stand.

Mr Factor's decision to establish an anti-smoking club came after years of cigarette addiction, two heart attacks and a by-pass operation.

He gave up the habit last year and has now decided to devote the rest of his life to "the plight of the victims of smoking".

To join Mr Factor's club, a non-smoker must pay R75 per annum and potential non-smokers R95 per annum.

(87) where could we read

(87)

'No drug is safe'

By ADELE SEARLL

I am a mother who saw a son I love, a beautiful human being, descend into the depths of degradation and despair through drug addiction. Fortunately for me he has returned to being an even better person than he was in the first place.

Ten years ago my son was an 18-year-old matric pupil in Cape Town. Between his eighteenth and twenty-fourth birthdays lies a nightmarish story which - when looking at him today - I still cannot quite believe.

If I had not been hearing the same story and often much worse stories from distraught parents, I would by now have thought it was all just a bad dream.

At 18 he had a high IQ, but hardly did a stroke of work. He was shy and sensitive, but well-liked. He was very untidy, had a tremendous sense of humour and a vivid imagination.

He was a brilliant surfer and swimmer, captain of the first chess team and had a beautiful girlfriend.

He did not drink or smoke and was very much against the taking of pills. He had good relationships with his sisters, his father and me.

At the last PTA meeting before the matric preliminaries his teachers predicted he would get a first class pass.

In the July holidays he went on a surfing holiday with a group of his friends.

I had known all the boys since they were 12 years old - they had practically lived in our home and I was very fond of them. They were lovely, ordinary boys.

When they came back from that trip, they all seemed to have changed. They had started smoking dagga and what is known as white pipes (mandrax tablets crushed and smoked with dagga).

Because drugging is such an expensive habit, it drives addicts to theft as they need a great deal of money to feed their habit.

My son actually sold everything he possessed - radios, cameras, his watch, even his clothes. The others stole from us too and they put things on our accounts all over town.

It was a time of car accidents, stealing, dealing, violence, deceit, lying and debts.

I have learnt so much since then. I have learnt what drug addiction does to a family. It wreaks havoc and tears the family apart. It causes tension, trauma and pain to everyone who surrounds the addict and can even result in divorce, and hatred between brothers and sisters.

How does one recognise the symptoms?

- red eyes
- loss of appetite
- nervous and devious behaviour
- yellow stains on hands
- deterioration in school work
- sleeping unnaturally long hours
- disappearances
- lying
- needing abnormal amounts of money
- foreign-looking pipes and other drug paraphernalia lying around
- deterioration in general health

Other signs to look out for are a general rebellious streak,



ADELE SEARLL

behavioural problems and learning disabilities such as dyslexia. Poor performance in school re-enforces the youngsters' low self-image and make them particularly vulnerable.

In an article in a British newspaper recently the drug problem was described as "the most serious peace-time threat to our national well-being".

I think that the same statement could apply to South Africa.

Drug addiction is a disease which threatens the very fabric of society and promises to destroy the youth of South Africa - I cannot emphasise this strongly enough.

It is an insidious evil which seems to be creeping into all areas of South African life - unfortunately at a faster pace than you can possibly imagine.

Our story, I have discovered, is no different from hundreds of others.

Parents and addicts whom I have been counselling for the past three years have been repeating the same stories of car accidents, disappearances, violence, stealing, debts - some running into thousands of rands - arrests, suicides and overdosing.

All these ingredients make up the sordid mess of drug addiction and result in ravaged homes and families.

Why is this happening?

Firstly, there has been a considerable degree of denial from all areas. Thank goodness this is now changing - parents, teachers and the rest of the community are finally facing the awful truth.

Drug addiction is an accepted tragic fact. Most people have skeletons in the cupboard, and there are those who believe it is not polite or proper to talk about them.

I believe we can find solutions by sharing problems and talking about them.

Secondly, I believe in honesty and frankness at all times, but of course not at the expense of anyone else. It has certainly not hurt my son in any way - it has only served to help his recovery.

There has also been almost total secrecy and silence on the part of addicts themselves and their parents. Drug addiction breeds in silence. The stringent drug laws and the shame and stigma attached to the subject have served to make anyone involved terrified and embarrassed.

Thirdly, most communities expect the police to handle the problem. This is totally inadequate. There must be a combined operation of mental health specialists, social workers, educationists and the private sector because drug abuse is multi-causal.

Fourthly, young people are influenced by one another - never underestimate the strength of "peer group pressure". Drugging has become a fashion - they do not want to be left out and want to be part of the scene.

Why is dagga so dangerous? Dagga is a gateway drug - unfortunately at times to Hell.

Dagga is an accumulative drug and people who have been on dagga for an extended period of time tend to decline in overall functioning without being aware of it.

One single joint shows traces for seven days and can remain in certain organs for up to three months.

Many young people and even some adults think that dagga is safe. This is totally incorrect.

There is no such thing as a safe drug.

People on dagga tend to underfunction. In case of personality disfunctions, emotional problems

tend to be prolonged. Immaturity is maintained in teenagers and young adults.

Dagga tones down drive and initiative so that some teenagers do not have the drive to grow up and lose all motivation. What they do not realise is that dagga does not make problems disappear - they only become worse.

Important points to know are: Drug addiction is not a crime - it is an illness, but it breeds crime as drugs are so expensive.

This could happen to anyone regardless of race or social class. It could happen to you - it happened in my family.

The more open people are about it the more likely something will be done about it.

I have been dealing with and lecturing addicts and their families, and soon discovered that hundreds of people out there are going through exactly the same thing.

Their one comfort was that they were not alone and something was being done about their problem.

Until two years ago there were no facilities in Cape Town, but I am happy to say you can now go to Cape Town Drug Counselling Centre, 237 Lower Main Road, Observatory, phone 47-8026.

If you know of anyone on drugs, or have a problem yourself, Cape Town Drug Counselling Centre is there to help you.

My son has not taken drugs for four years - he has gained 25 kg, is married, studying for a B.Comm Degree at UCT and has a little baby daughter.

Luckily for me and my family my story has a happy ending so far. Others are not so lucky and every day I thank God for my son's recovery.

What can one do about it? Talk about it - don't be embarrassed.

Have an open, sympathetic and understanding relationship with your child - create an atmosphere of trust so that they can take you into their confidence.

Teach them to have the courage to say no.

Parents should act together - they should discuss the problem, decide how they are going to approach it and then stand firmly together. One should not condemn while the other covers up.

Encourage religion - a strong family belief creates the type of atmosphere I was talking about.

Know the drug scene - be as familiar with it as your children. Read booklets and go to lectures.

Examine your lives and your drinking or drugging habits - let your behaviour be a model for your children.

If you suspect that there is drug-related stress in your family, don't let it lie. Consult your doctor or go to the drug centre, but above all, don't despair.

I believe that with correct handling, a positive attitude, strength, determination and lots of family support, every drug addict can be cured.

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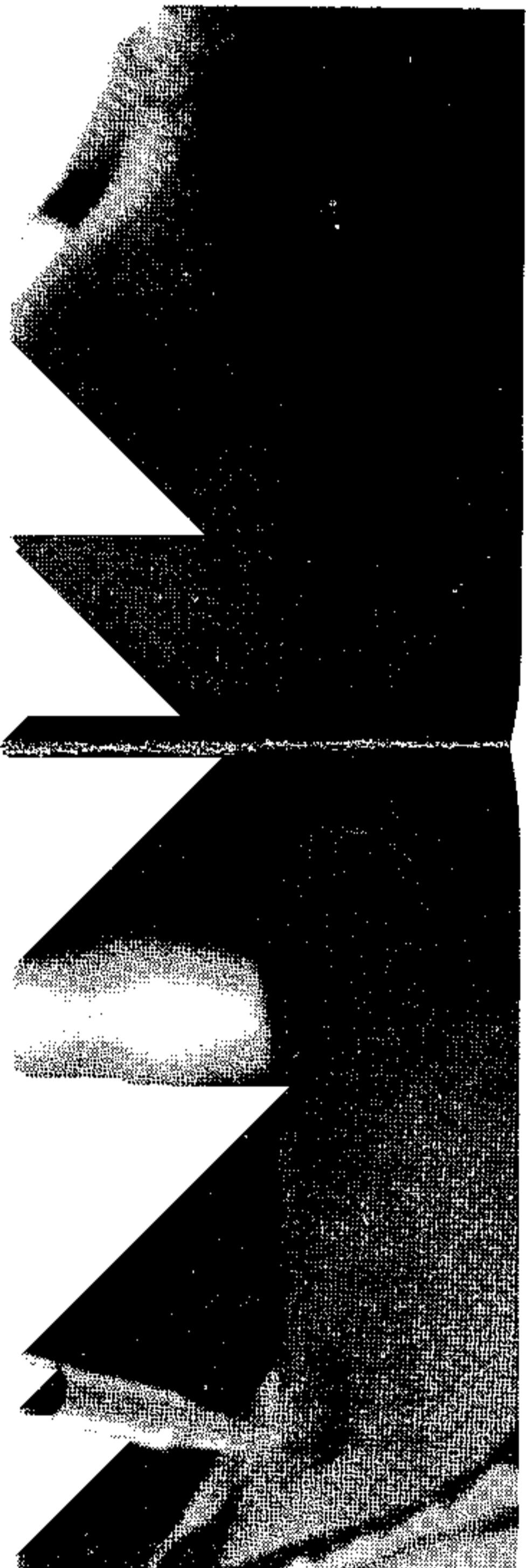
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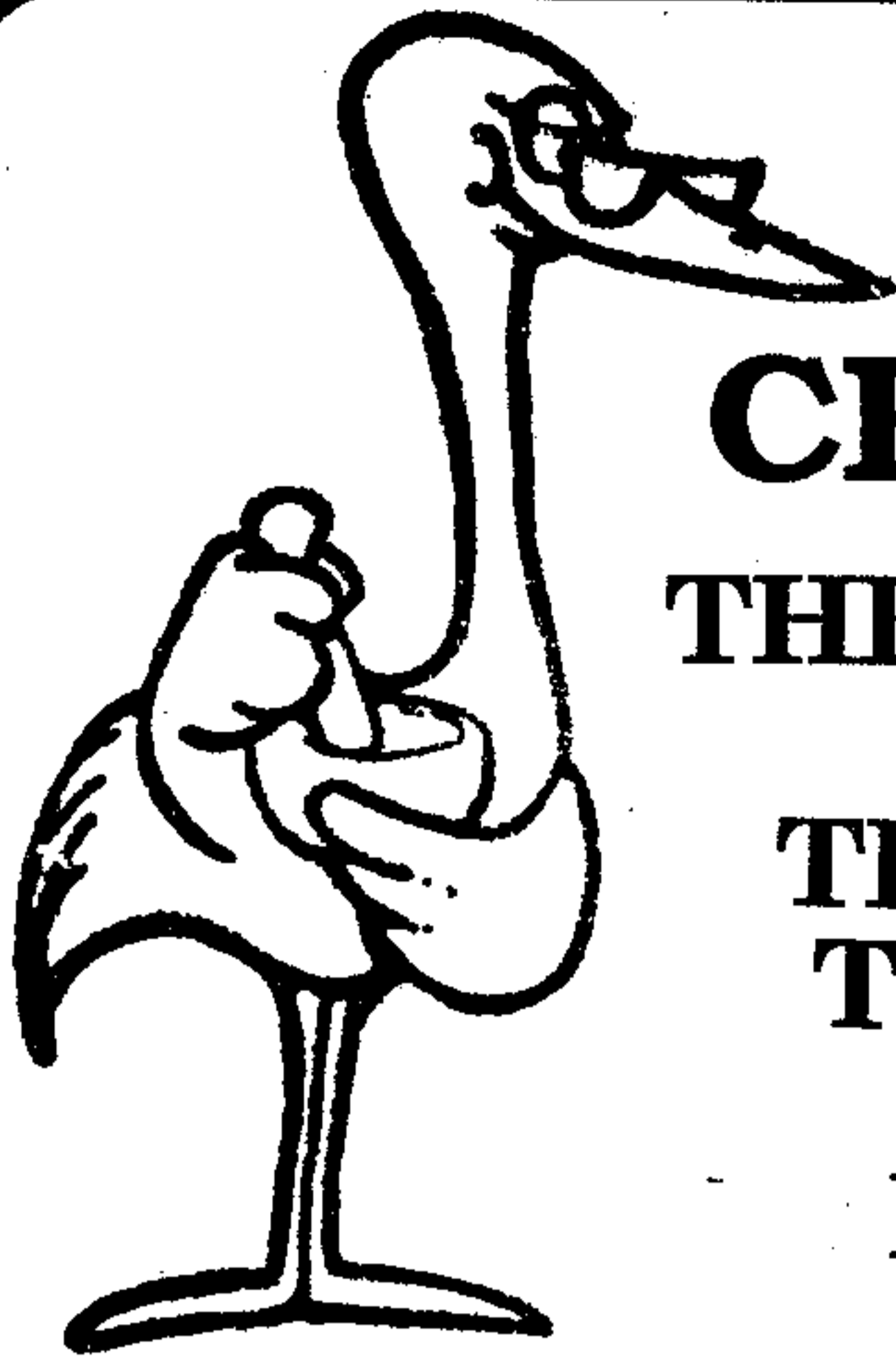
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Drug Counselling Centre,
d, Observatory. Phone 47-
045.

JBIL



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THAT SUPPORTS
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- Stellenryk : Ph 964 057
- Adelphi : Ph 445 888
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- Lansdowne : Ph 696 2960
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- Tableview : Ph 572 274
- Parow : Ph 920 197
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**Please contact the
PHARMACIST
for further advice.**

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AGAINST
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DWELMMISBRUIK

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YOUR PHARMACIST CAN HELP.

Member of PADA programme

Centre offers walk-in service

THE Cape Town Drug Counselling Centre has been operating since February 1985. It is situated in a cottage in Observatory, and is a walk-in service which operates on an out-patient basis.

It is open to all sectors of the community.

The full-time staff of the centre includes a clinical psychologist, a social worker, and administrative staff. A part-time medical doctor does sessions twice a week. A psychiatrist and a psychiatric social-worker offer supervision and consultation, and a psychiatric clinic operates weekly.

Clients approach the centre of their own accord, or are referred by family members or other agencies, to seek help in becoming abstinent from drugs. A small percentage of clients are facing drug-related legal charges.

A telephone counselling service operates throughout the day, and up to ten calls per day are received from drug abusers or their families, requesting advice or information.

People not suitable for those with alcohol problems experiencing severe withdrawal constitute a medical emergency charges other than drug

An intake clinic operates on a Monday to Friday basis. New patients do not have to be referred by a doctor merely have to be referred to the centre on Mondays to Fridays.

A small fee is charged according to income.

Over 1545 patients have been treated since the period February 1985 to February 1986. 75 percent of patients are younger than 20, and 75 percent respond to the programme as well as to the problem.

The small group of 1500 patients are generally from the age-groups of 15 to 25 years and have problems with prescription

Addiction's a public responsibility

THE South African National Council on Alcoholism (Sanca) believes that alcoholism and addiction to drugs, other than alcohol, are public health matters and, therefore, a public responsibility.

Addiction to alcohol and other drugs can and should be treated. Sanca's information centres provide educational programmes geared at prevention, which are directed primarily at the school-going child.

They:

- provide professional counselling services for problem drinkers and drug dependants, their families and friends.
- refer people to rehabilitative agencies.
- consult and co-operate with industry, commerce and employer organisations to introduce internal education programmes and counselling services
- offer training courses and seminars to increase the numbers of professional personnel in the field of dependence and addiction.

In an annual report the chairperson of Sanca, Mr BHA Winter, said there was a gap in Sanca's service to the black population in the Western Cape.

A recent review of the activities of Sanca in the Western Cape shows a considerable focus on schools and pre-primary schools.

The children of alcoholics remain an overlooked group. Yet it is they who, all too often, suffer severely as a result of their parents' habits.

Therapeutic/information groups are being set up for children from homes where drinking has wrought havoc.

Most abusers in early twenties

MAINLY young people are treated for drug abuse by the Cape Town Drug Counselling Centre.

Peaks occur in the late teens and early, mid and late twenties, the Centre has found.

A percentage break-down of age groups is: Pre-teens - two percent; teenagers - 29 percent; twenties - 46 percent; thirties - 19 percent; forties - two percent; fifties - one percent; sixties - 0,1 percent.

Dagga seems to be the most used drug. It is either used alone or in combination with mandrax, making up 82 percent of drug abusers. In 1986 19 percent used dagga alone, while 64 percent used it in combination with mandrax.

However, in 1987 the number of people who used dagga alone rose steeply. The figure for dagga alone doubled to 38 percent, with dagga and mandrax being 44 percent.

Other patterns of drug use include the use of inhalants. The percentages of the patients abusing inhalants are 10 percent. Patients abusing inhalants and thinner also show a similar pattern. The percentage increase in the use of inhalants is 10 percent.

Other patterns include the use of tranquilizers, and LSD are often abused.

An assessment was made of the use of drugs in addition to alcohol. 19 percent of patients used alcohol currently. The main drugs used in addition to alcohol are tranquilizers, 10 percent of the patients used tranquilizers, and stimulants, 10 percent.

For help contact the Centre on 237 Lower Main Road, Cape Town 8026, 47-8035 or 47-8036.

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DRUGS

— crippling a nation

DRUG and alcohol abuse is one of the most critical and devastating problems facing our country today.

No segment of our society goes untouched by this problem - from the devastating effects on individual users and their families to the decreased productivity and accidents in the workplace, virtually all of South Africa is affected.

Many pharmacists have experienced the negative impact of drug abuse through thefts of controlled substances from their pharmacies and even personally within their own families.

We know that many people, particularly youngsters are lured into the use of drugs such as dagga and cocaine, based on the false notion that these drugs can be used safely. There is considerable evidence to indicate that once people gain an appreciation of the health hazards of such drug use, their behaviour will in fact change.

Unless we reverse the devastating impact of drug use on the youth of our nation, we are in danger of having a large portion of an entire generation of South Africans with a reduced potential for maturing intellectually and/ or

emotionally.

The pharmacist is a vital link in South Africa's health care network. Highly trusted by the community, the pharmacist is an important resource for information about drug abuse. The pharmacist's daily contact with the public makes him or her accessible to parents and others who are concerned.

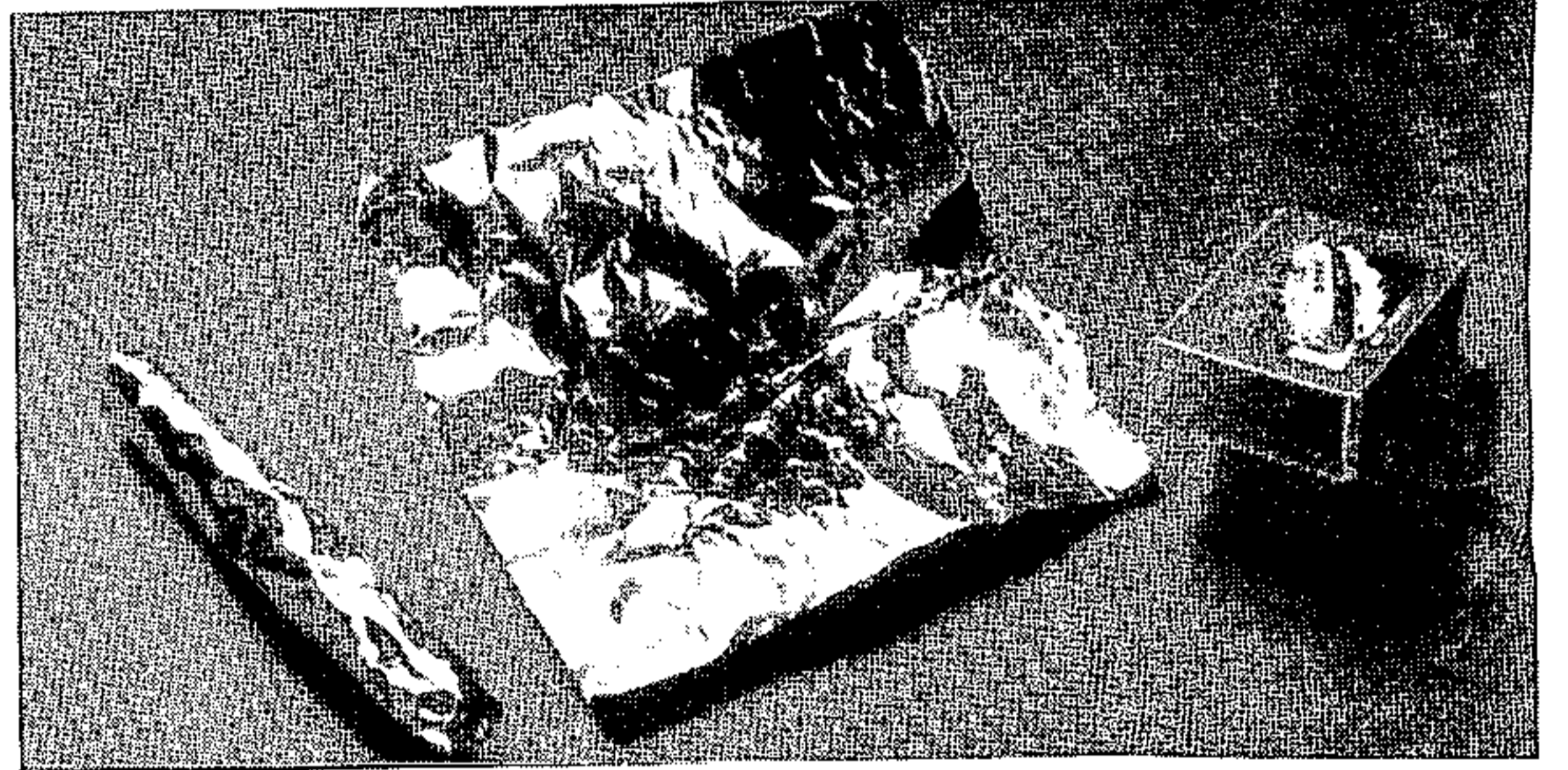
In order to assist the pharmacist in his task of drug prevention, the Pharmacists Against Drug Abuse (PADA) programme was formed.

Goals

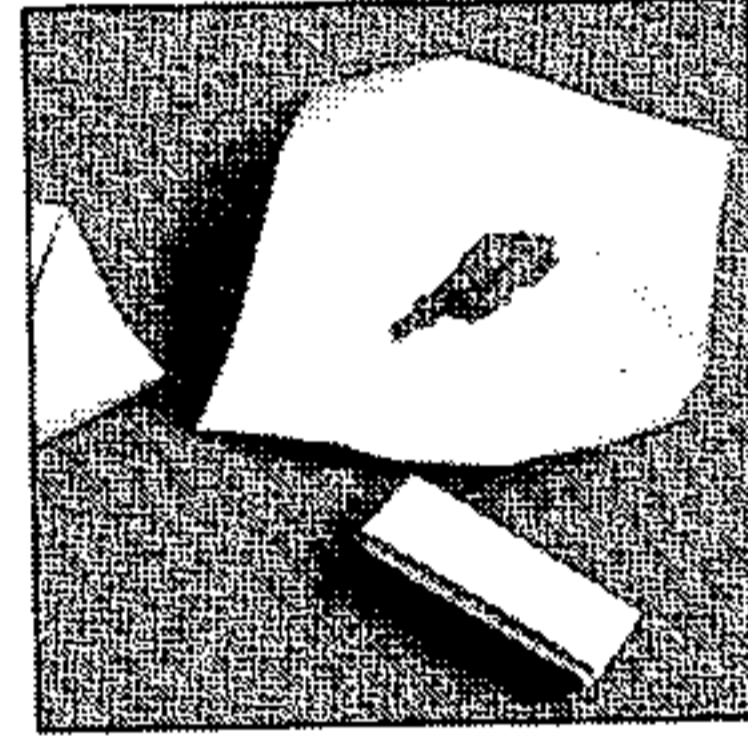
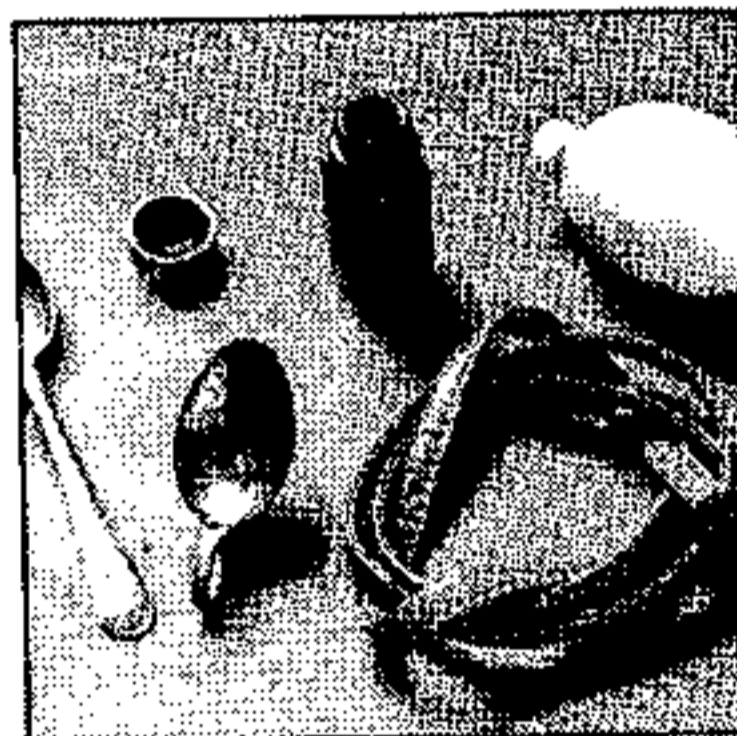
The goals of this continuing education programme on drug abuse are:

- To provide the most recent medical and scientific information concerning the illicit drugs used most frequently by youth.
- To provide an overview of the wider spectrum of illicit drugs.
- To enable the pharmacist to become involved in his or her community, to combat drug abuse.

Debbie Cruikshank
PADA Programme
Co-ordinator.



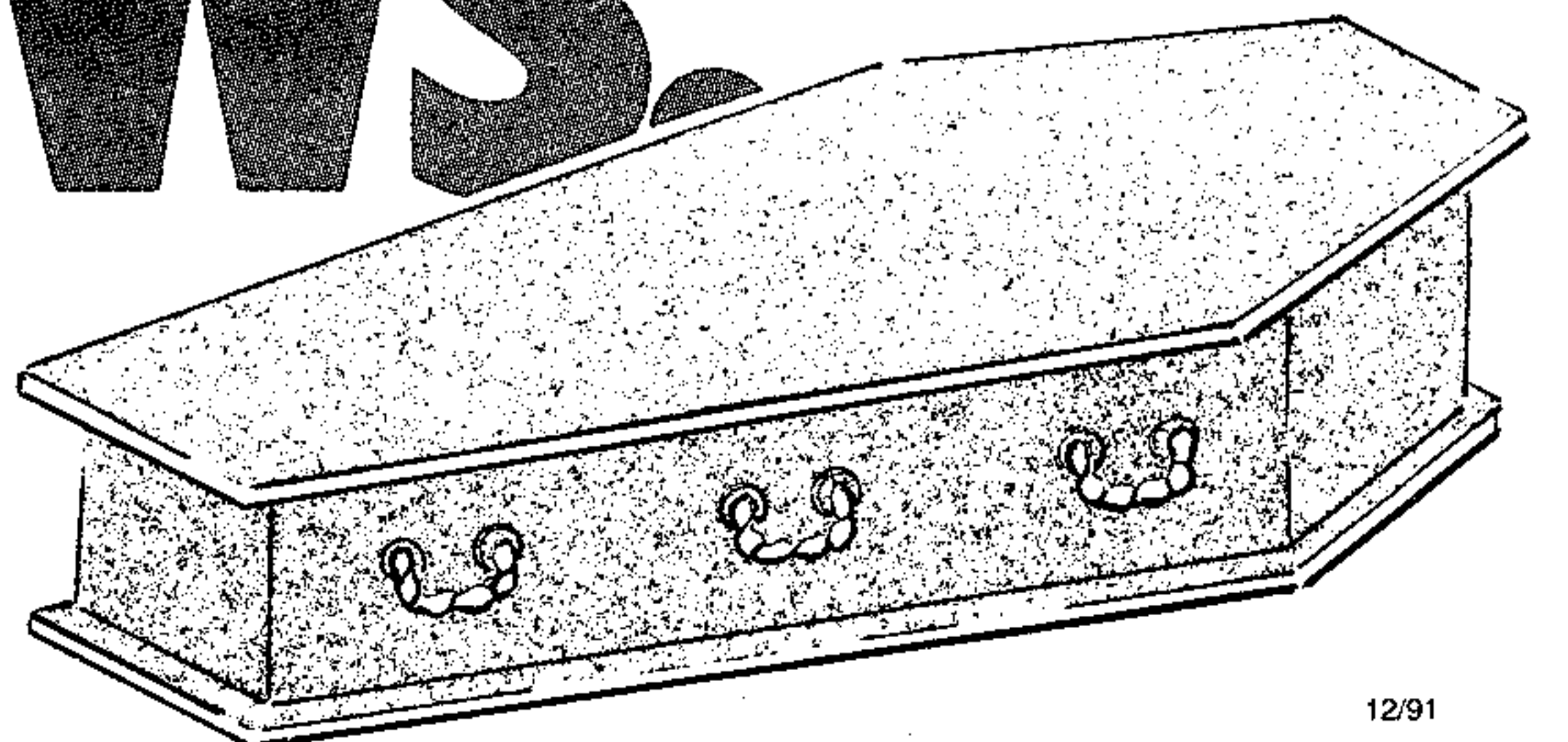
(Above) Scored tinfoil, tubes and matchbox covers, evidence of smoking heroin
 (Left) Street 'deals' or 'ching bags' — pieces of paper carefully folded to contain drugs
 (Far left) Scorched spoons in which heroin has been dissolved with citric acid.



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SACC speaks out against restrictions

The leaders of the South African Council of Churches issued this statement in protest to the government's latest draconian measures. The SACC states that the new measures are a blow directed at the heart of the church's mission in South Africa.



The SACC's Frank Chikane

WE, the leaders of South African Council of Churches, have held an emergency meeting in Khotso House, Johannesburg to discuss the crisis in our country which was created by the South African government when it banned the operations of 17 of our people's organisations, prohibited many activities of the Congress of South African Trade Unions and restricted 18 of our leaders.

We believe the restrictions represent a desperate attempt by weak people to hold onto power in the face of an ever-increasing determination by the oppressed people of our country to bring about justice, democracy and peace.

The government's drastic and brutal action removes nearly all effective means open to our people of working for true change by peaceful means, and if there is violent reaction to its action, this government must take the responsibility.

The ban on the activities of the 17 organisations is a blow directed at the heart of the church's mission in South Africa.

Firstly, the organisations which have been banned are the organisations of and for our people.

Secondly, the activities which have been prohibited are central to the proclamation of the gospel in our country. We must make it quite clear that, no matter what the conse-

quences, we will continue as a matter of course to campaign for the release of prisoners, to call for clemency for those under sentence of death, to call for the unbanning of our political organisations, to call for negotiations involving the true leaders of our country to bring about a transfer of power from a minority to all the people of our country, to commemorate significant events in the life of our nation, to call upon the international community to apply pressure to force the government to the negotiating table.

Our mandate to carry out these activities comes from God and no man and no government will stop us.

If the state wants to act against the church of God in this country for proclaiming the gospel, then so be it.

Thirdly, at least one prominent church leader known to us has been banned and house arrested in terms of the regulations. Dr Simon Gqubule, principal of the Methodist Church's John Wesley College, has been restricted to the Pietermaritzburg district and has been placed under house-arrest between 6 pm and 5 am.

We know Gqubule to be a man dedicated to justice and peace in our country and condemn the restrictions on him - as we condemn the restrictions placed on all our other leaders - in the strongest terms we can muster.

We find it particularly horrifying that the government has restricted two leaders - in the persons of Mrs Albertina Sisulu and Mr Archie

Gumede - who were until their restrictions tireless workers in the cause of peace in two of the most desperate crisis areas in our land.

Mrs Sisulu has been struggling to bring about peace between opposing groups in KTC, Cape Town. It is widely acknowledged that Gumede has been a key advocate of peace in the fighting in Pietermaritzburg.

We believe the time has come to state the truth clearly as we see it: from the government's banning of these two leaders, from its harassment of peacemakers in KTC, from its detention of leaders in Pietermaritzburg, and from its failure to arrest people against whom there is clear evidence of murder and assault, we must conclude that the authorities are deliberately obstructing peace in our country and encouraging violence amongst our people. Their purpose is to use surrogate forces to smash effective opposition to their heretical policy of apartheid, and to ensure as far as possible that it is the blood of black people, and not of white people, that is spilled in pursuance of their aim.

In responding to the current crisis, we feel we must address primarily the oppressed people in our land, for it is they who will decide in the final analysis when apartheid is going to be abolished.

We urge the oppressed to intensify the struggle for justice and peace in accordance with the gospel and we encourage them not to lose hope, for victory against evil in this world is

guaranteed by our Lord.

For our part, we commit ourselves to exploring every possible avenue for continuing to carry out the activities which have been banned, as we believe they are mandated by the gospel.

To the white voters of South Africa, we must say - without too much hope of being heard - that you are being deceived by the government.

Your fellow South Africans want nothing more than to live in a just and peaceful country. Your position is becoming untenable and we believe that you must dissociate yourselves from this government.

Apartheid is a heresy. You can't reform a heresy, and if you are to assure your futures, you must join the real struggle for democracy.

We now hope the international community - and especially South Africa's major trading partners - will wake up to the fact that this illegitimate government is threatening their interests as well as the lives and security of black and white South Africans.

It has shown quite clearly that it has nothing to offer but instability and bloodshed. It must be isolated to force it off the awful path it has chosen.

Crisis deepens for State

THE serious crisis in which the Botha regime finds itself is reflected in the latest restrictions imposed upon the UDF, Cosatu, NECC and other organisations and individuals.

The basic cause of the crisis is the defeat which the regime has suffered at the hands of the mass democratic movement over the past decade.

Such is the effect of censorship and massive ruling class propaganda that many of us are unable to see the giant strides our liberation struggle has made.

Suffers defeat

In truth, the State of Emergency has not halted the struggle. The latest restrictions are an admission that politically the regime has suffered another defeat.

It desperately wants the October apartheid local authority elections to succeed - and to bludgeon the oppressed masses into participation. It does not matter who wins the elections or who loses.

For to vote, is to vote for the regime. And this is what matters to the apartheid government.

But the elections represent only one

UDF Western Cape chairperson Abdullah Omar says the crisis for the apartheid regime has deepened with the introduction of the latest curbs on organisations and individuals while the democratic movement has retained its moral-political authority.

aspect of the dilemma facing the rulers. Already, the tricameral parliament has proved a disaster.

On the trade union front, education front, housing and sport, the crisis has deepened. Look at the restrictions imposed on Cosatu.

Less than 10 years ago came the Wiehahn strategy - recognition of the right of black workers to take part in collective bargaining **BUT KEEP THEM OUT OF THE POLITICAL ARENA!**

Restrict their activities to the factory floor! No fighting for political rights - let alone working class political power!

The bosses saw the long-term value of such a strategy and acquiesced. And indeed some unionists did try (and still try) to draw the political teeth of the working class.

But what has happened? The actual experiences of workers drove them to

enter the political arena. And now barely nine years after Wiehahn comes the Emergency measure directed against Cosatu - admission of another political defeat.

In short, it is my view that in spite of the demoralising and disorganising effect of the State of Emergency, the political position of the apartheid regime has deteriorated.

Crisis deepens

The year 1976, symbolised the decline of the regime's moral political authority. The decline of that moral-political authority has increased - not diminished.

The regime cannot survive without repression. The more Emergency measures it adopts, the more it compounds its own problems. The more the crisis deepens.

And more and more layers of the oppressed learn vital political lessons.

Why then has the government not banned the UDF altogether? Why allow it still to exist?

I think that an important reason for this is the regime's international isolation and pressure (albeit faint-hearted) from the business world.

Even Botha's best friends in the imperialist world - Reagan, Thatcher, Chirac and so on - do not think that he is managing the estate satisfactorily.

International pressure is mounting for some negotiated settlement in the region - a settlement which would safeguard "investments and western influence". These pressures are reflected in the way the restrictions have been imposed.

But what about the democratic movement?

The repression through which we are living has certainly caused and will cause further disorganisation. But the

general political climate remains overwhelmingly favourable for the mass democratic movement.

The general support and sympathy among the oppressed masses for the democratic movement have allowed it to withstand every assault.

The regime batters our organisations. Its vast propaganda machine churns out "public opinion" day in and day out. It has mounted a massive attack on the ideas and politics of the democratic movement.

Broad masses

Not only has the movement survived, it retains its moral-political authority among the broad masses.

In 1960 it was possible to put the struggle back and cause demoralisation by banning the organisations of the people.

That was a different epoch and a different setting. The year 1988 is a different proposition. The fundamental optimism, dedication and courage of workers, students and non-student youth will ensure that the latest restrictions will fail to achieve their purpose.

DRUGS - Crippling a nation

87

RUG and alcohol abuse is one of the most critical and devastating problems facing our country today.

No segment of our society goes untouched by this problem - from the devastating effects on individual users and their families to the decreased productivity and accidents in the workplace, virtually all of South Africa is affected.

Many pharmacists have experienced the negative impact of drug abuse through thefts of controlled substances from their pharmacies and even personally within their own families.

We know that many people, particularly youngsters are lured into the use of drugs such as dagga and cocaine, based on the false notion that these drugs can be used safely. There is considerable evidence to indicate that once people gain an appreciation of the health hazards of such drug use, their behaviour will in fact change.

Unless we reverse the devastating impact of drug use on the youth of our nation, we are in danger of having a large portion of an entire generation of South Africans with a reduced potential for maturing intellectually and/ or

emotionally.

The pharmacist is a vital link in South Africa's health care network. Highly trusted by the community, the pharmacist is an important resource for information about drug abuse. The pharmacist's daily contact with the public makes him or her accessible to parents and others who are concerned.

In order to assist the pharmacist in his task of drug prevention, the Pharmacists Against Drug Abuse (PADA) programme was formed.

Goals

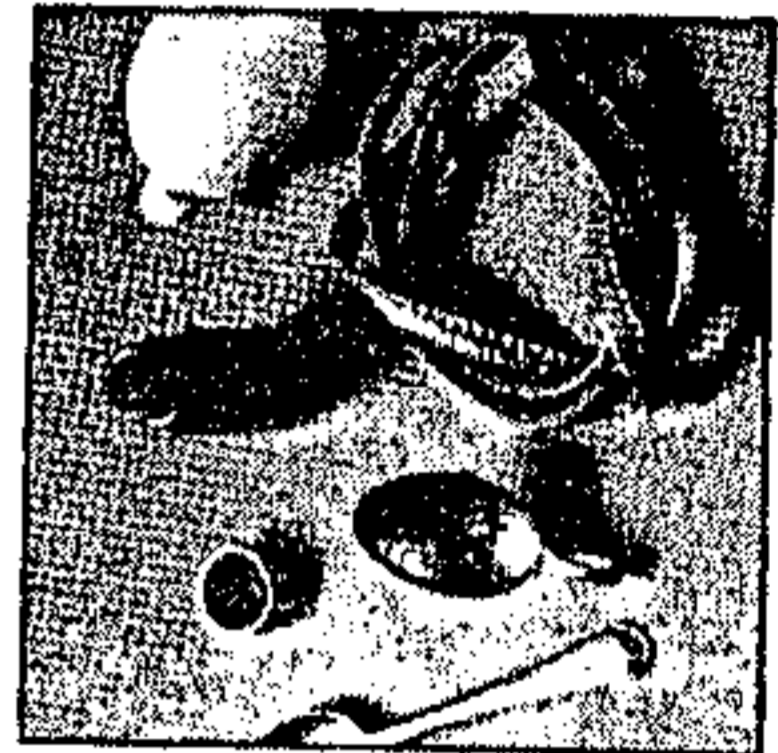
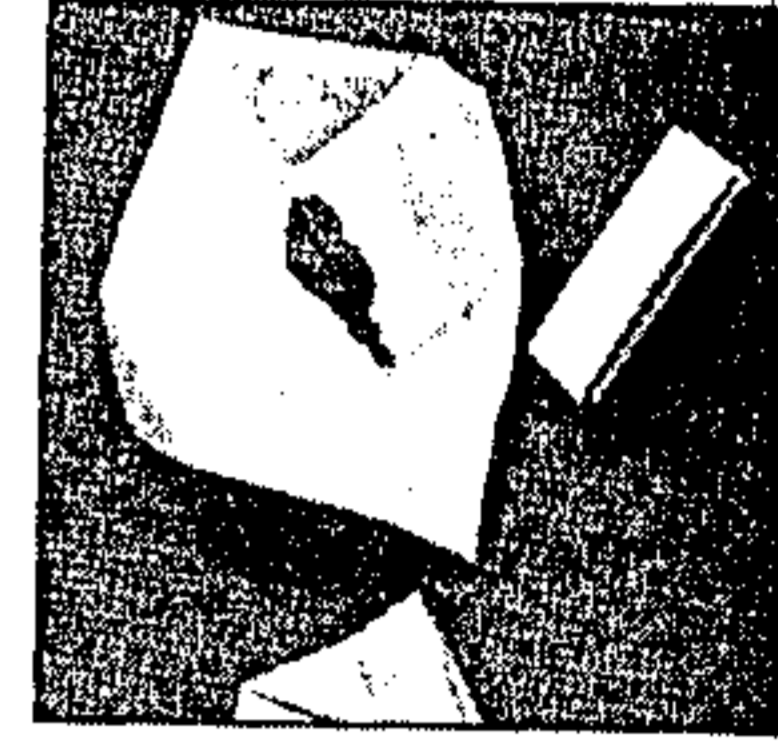
The goals of this continuing education programme on drug abuse are:

- To provide the most recent medical and scientific information concerning the illicit drugs used most frequently by youth.
- To provide an overview of the wider spectrum of illicit drugs.
- To enable the pharmacist to become involved in his or her community, to combat drug abuse.

Debbie Cruikshank
PADA Programme
Co-ordinator.



(Above) Scored tinfoil, tubes and matchbox covers, evidence of smoking heroin
(Left) Street 'deals' or 'ching bags' — pieces of paper carefully folded to contain drugs
(Far left) Scorched spoons in which heroin has been dissolved with citric acid.



Neglect of school drug abuse denied

By McKeed Kotlolo,
Pretoria Bureau

Star
7/3/88

Allegations that it has failed to tackle the problems of drug abuse by pupils have been denied by the Transvaal Education Department (TED).

Director of education Dr P H Bredenkamp stressed at the weekend that the TED would not allow organisations to give lectures on such subjects during school hours — as had been suggested.

In response to a letter published in a newspaper about problems surrounding drug abuse by pupils and the department's alleged failure to tackle those problems, he said in a statement released in Pretoria that it "has, without fanfare, been giving attention to this problem for many years".

Pupils identified as drug abusers were "immediately referred to the department's education aid centres and child guidance clinics, where problems are dealt with by highly trained staff according to prescribed procedures".

Dr Bredenkamp said it was departmental policy not to allow outsiders, "no matter how well intentioned, to give guidance to pupils during school hours". He added that his department supported groups interested in guiding pupils and parents, but only in the evenings, when parents and children could be together.

Haward

†The MINISTER OF HOME AFFAIRS:

(1) (a) Yes.

(i) Electoral Division of Pietermaritzburg South, polling station at Pelham Primary School.

(ii) Returning officer.

(iii) Closure of polling station for a period of approximately 30 minutes.

(iv) (aa) and (bb) Guarded by returning officer, presiding officer and police officers.

(b) No.

(c) No.

(2) No.

(3) No.

Employment of aliens illegally in Republic: persons convicted

*26. Mr K M ANDREW asked the Minister of Justice:

Whether any persons have been convicted since 1 January 1987 of employing aliens who are in the Republic illegally; if so, how many as at the latest specified date for which information is available?

†The MINISTER OF JUSTICE:

Yes—32 persons for the period 1 January 1987 until 31 January 1988.

Cape Peninsula: housing units for Blacks

*27. Mr K M ANDREW asked the Minister of Constitutional Development and Planning:

(a) How many housing units for Black occupation were built in the Cape Peninsula in 1987 and (b) what is the number to be built in this area in 1988?

†The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(a) 632

(b) A specific figure cannot be given because of the involvement of various utility companies, the private sector and self-help schemes in numerous building programmes of which particulars are not readily available.

Haward

Mr K M ANDREW: Mr Speaker, arising from the reply of the hon the Minister, I should like to ask him whether he does not think, in view of the importance of housing and the problems related to it, that his department should be monitoring it closely, even where the private sector is involved?

The MINISTER: Mr Speaker, the answer is yes.

Mamelodi police station: charge against certain person

*28. Mr P G SOAL asked the Minister of Law and Order:

(1) Whether a charge was laid at the Mamelodi police station on or about 29 January 1988 against a certain person, whose name has been furnished to the South African Police for the purpose of the Minister's reply; if so, (a) what was the nature of the charge and (b) what is the name of this person;

(2) whether this charge has been investigated; if not, why not; if so, (a) by whom and (b) with what result;

(3) whether this person has been arrested; if not, why not; if so, when;

(4) whether any further complaints or charges have been laid against this person; if so, (a) when and (b) what action was taken as a result;

(5) whether the Police at Mamelodi have received any enquiries concerning this case; if so, (a) on what dates, (b) from whom and (c) what was the response?

The MINISTER OF LAW AND ORDER:

(1) Yes.

(a) That he assaulted a person with the intent to do grievous bodily harm;

(b) the name which was furnished by the hon member.

(2) and (3) Yes.

A member of the South African Police investigated the case and arrested the accused on 7 February 1988. He was released in terms of section 72(1)(a) of the Criminal Procedure Act, 1977 (Act 51 of 1977), and cautioned to appear in court on 24 February 1988. His trial took place on that date and he was convicted. He will be sentenced on 25 March 1988.

Haward

(4) No.
(a) and (b) Fall away.

(5) No.
(a) to (c) Fall away.

Individual taxpayers: deduction of moneys for educational purposes

*30. Mr R M BURROWS asked the Minister of Finance:

(1) Whether he or his Department has initiated investigations into the deductibility of moneys of individual taxpayers for educational purposes at school or college level; if not, why not; if so, (a) what matters are being investigated and (b) by what body are they being investigated;

(2) whether representations on this matter have been called for; if not, why not; if so, what are the relevant details;

(3) whether the tax rebate granted for payments by parents in respect of physically disabled children has been altered in the last five tax years; if not, why not; if so, whether the rebate amount has kept pace with the increase in the educational and medical needs of the physically disabled; if not, why not;

(4) whether he will make a statement on the matter?

The DEPUTY MINISTER OF FINANCE (Mr K D Durr):

(1) Neither I nor my Department have initiated any investigation into the deductibility of expenditure incurred by taxpayers for educational purposes. Two fundamental principles of the South African income tax system are that only expenditure incurred in the production of income may generally be allowed as a deduction and domestic or private expenses are prohibited as a deduction. To deviate from these sound basic principles would only result in numerous other representations being made for similar concessions which would ultimately lead to the serious erosion of the tax base. A further drawback of such a tax expenditure is that it is of little or no benefit to taxpayers in the lower-income groups whose tax saving would be minimal. It should, however, be noted that section 18A of the Income Tax Act does already provide for the deduction of donations, within specified limits, to amongst others, universities, colleges and

*29. Mr R M BURROWS asked the Minister of National Health and Population Development:

(1) Whether he or his Department is taking any action in regard to solvent abuse or glue sniffing; if not, (a) why not and (b) what bodies are responsible for taking action in this regard; if so, what action has been taken or is envisaged;

(2) whether this matter has been discussed with any organizations or bodies; if so, (a) with what organizations or bodies and (b) when;

(3) whether he will make a statement on the matter?

†The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes;

(a) Falls away.

(b) I referred the tragic problem of solvent abuse and glue sniffing to the National Advisory Board on Rehabilitation Matters for inclusion in the National Plan to Prevent and Combat Alcohol and Drug Abuse.

(2) (a) and (b) This matter is placed on the agenda of the National Advisory Board on Rehabilitation Matters as well as the subcommittee responsible for the implementation of the National Plan. Other organizations concerned such as the South African National Council for Alcoholism, are also represented on the National Advisory Board on Rehabilitation Matters and the mentioned subcommittee thereof.

(3) No.

Mr R M BURROWS: Mr Speaker, arising from the hon the Minister's reply, may I ask him whether at this stage he intends to make any legislative changes regarding the use or control of solvents?

The MINISTER: Mr Speaker, it depends on how effectively the national plan is going to be implemented this year. We will re-evaluate the situa-

Action on glue abuse promised

Political Staff

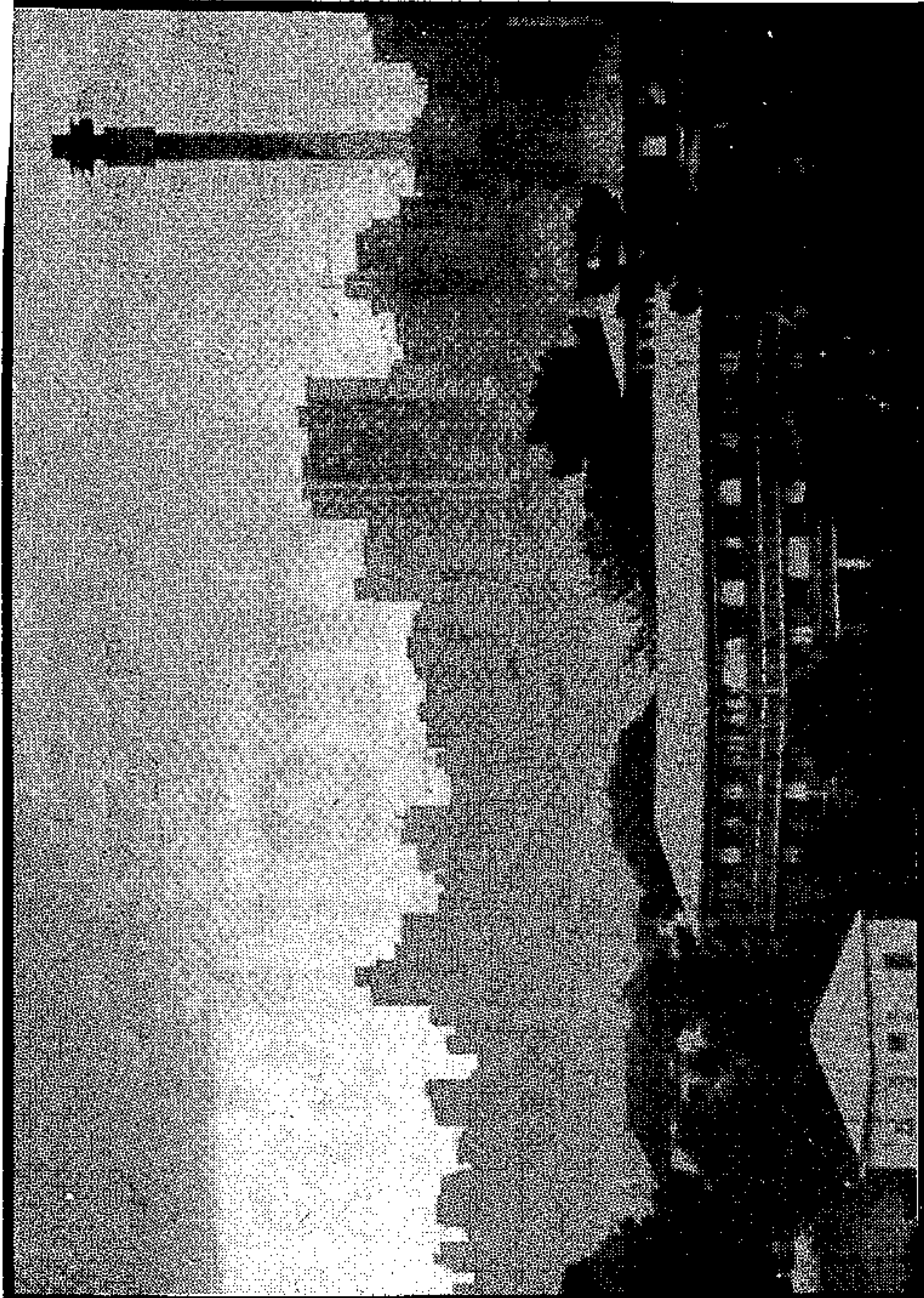
HOUSE OF ASSEMBLY — Government was taking action against the tragic problem of glue sniffing in SA and tougher laws could be introduced, National Health and Population Development Minister Dr Willie van Niekerk said yesterday.

In reply to a question from Roger Burrows (PFP Pine-town), he said he had referred the tragic problem of solvent abuse and glue sniffing to the National Advisory Board on Rehabilitation Matters for inclusion in the national plan to prevent and combat alcohol and drug abuse.

The matter was before the national advisory board, as well as the subcommittee responsible for the implementation of the national plan.

The South African National Council for Alcoholism was also represented.

What it's like to be black,²⁸ homeless and 'Brow beaten



TO MANY minds, it is synonymous with a grey area — red-light zones, a high crime rate and other evils.

To others, the Hillbrow area of Johannesburg may even represent a worst-case scenario of black encroachment on white areas.

Few seem to realise that for the seeming avalanche of black flat-dwellers there is a heavy price to pay — financially and otherwise — to live in town, as I, among thousands of other "illegals", have come to experience.

An acute housing shortage in the black areas, a direct consequence of government policy, is the primary reason for the current influx towards areas like Hillbrow.

As in education — where 58 white schools are empty or being used for other purposes while there is a shortage of 2 000 schools in the black community — there is a surplus of 38 000 housing units for whites nationally against a shortfall of 700 000 units for blacks in the PWV area alone.

impact has not left me cold. To whites, flat-hunting means going through the classified pages, selecting what one can afford and picking up the phone to arrange an appointment to view the property.

If it takes ones fancy, it's sign on the dotted line and in one goes — no pavement-slogging, no humiliating scenes. For me, following up on the same adverts has meant doors closed gingerly in my face with a taut "Sorry, I can't help you."

Recently, after all commitments had been met and I was ready to take a flat, the superintendent apparently thought at the last moment it was better after all to do business with whites. I found myself on the pavement again.

"Sorry, the flat has been taken," does not seem to take the skin off

anybody's nose in the grey areas. "Blacks shouldn't be here anyway, we are doing them a favour," is the prevailing attitude.

For those who can afford it, letting agencies, for a fee of R100-plus, do provide lists of property that is on the market. These lists usually highlight the rare instances where multiracial accommodation is available. These flats are snapped up so fast that the second caller usually draws a blank.

For many of those who have



by **Mandla Tyala**

Sunday Times reporter

managed to occupy a flat, the battle begins once they receive the key to their new home.

Inflated rents, arbitrary electricity bills and lack of maintenance are the main complaints. Abuse both by caretakers and right-wing elements also feature, though to a lesser extent.

Ironically, claims have been made that some whites have been forced out of flats to make room for blacks who could be charged exorbitant rents. One night I sat in on a tenants' meeting at a Troye

Street block of flats.

They had sought the aid of the Johannesburg Tenants' Advice Office. In its investigation, it found evidence that the tenants were made to pay rents between R100 and R130 above the rates laid down by the Rent Board.

All they got monthly by way of documents for electricity consumed were handwritten slips with amounts owing to the landlord.

"I got him (the landlord) in yesterday and told him that I will not pay my rent until he gets my toilet fixed," said a tenant who had had to use a neighbour's toilet for weeks.

In the same building the owner collected R600 for a security lock which didn't work. Tenants are now demanding refunds.

"The problem is that some

black people do not even know about rent control," says Ayub Mayet, who runs the Advice Office.

"And when those who do know go to the Rent Board, they cannot get the information they need because they are black.

"Most tenants, especially those who have not signed a lease, are completely at the mercy of their landlords."

I spent an afternoon with Mayet in his office going through a file of statements taken from Group Areas victims:

● An eviction without notice because a landlord found a tenant who had links with Actstop, the group that is mobilising residents against exploitation.

● Someone had been put out after only 24 hours' notice for a different reason.

Q & A

Gauntlet

Newlyweds and families drawn to Johannesburg by economic realities often find themselves trapped when it comes to accommodation.

Those not prepared to add impetus to the boom in the black property market are confronted by a tough choice.

Either they fork out rents in excess of R100 a month to live in someone's garage in Soweto — complete with concrete floor and ill-fitting door — or run the gauntlet by renting a flat in one of the so-called grey areas.

The second option is more popular and it has become open season for unscrupulous landlords.

How galling it is to be told, when in dire need of a roof over one's head, "Sorry, we don't take blacks", or "We are not multiracial", or even "We would like to help you, but ..."

Shield

A new variation is: "We take coloureds and Indians only. No Africans."

And this, of all places, in Africa — and in the age of that buzzword reform.

Africans, as one landlord has observed, are like termites: They are said to destroy everything systematically once they get hold of a property.

The Group Areas Act means different things to different people.

It can be used by property owners or employees who favour the present situation to refuse blacks.

To those who have a conscience to contend with, it is the perfect shield — "I can't help it, it's the law."

I was in the position for most of last year, having moved from the Cape to work in Johannesburg, to experience what the Group Areas Act really means in practice. Its

Policy

There are the people who paid a caretaker to allow them to sleep in a communal bathroom in a Pritchard Street block. A tenant who woke up in the middle of the night to go to the loo was told by the "night tenants" they had a right to be there.

Fees for overnight stays by visitors are apparently commonplace. Mayet says he is not sure whether this is a policy laid down by agents or whether caretakers are out to make a "fast buck".

He remembers a particular incident of a man who had gone to Johannesburg to seek employment. He decided to stay over at a friend's flat. That night he was assaulted by a caretaker who demanded to know what he was doing there. He was charged R150 for the few hours he had spent there, and when he could not pay the caretaker locked away his belongings in a storeroom.

Changes are on the way, we are told. Meanwhile, we wait ...

'One out of 20 drivers (87) takes too much alcohol' SMC 10/3/88

Medical Reporter

The accident risk is three times greater for a driver with a legal blood-alcohol limit of 0,08 mg/100 ml than for a driver who has taken no alcohol at all, delegates at a National Road Safety Council seminar heard in Johannesburg yesterday.

The risk is six times greater for a driver with a blood-alcohol level of 0,10 and 25 times greater for a driver with a level of 0,15.

The driver even with blood alcohol levels below the legal limit of 0,08 g/100 ml may be inclined to take unwarranted risks. There may be diminished ability to react in a crisis situation.

"Dexterity, visual acuity and especially lateral vision are impaired. Inhibitions and self-control are erratic, reflexes are slower, muscle co-ordination and reaction times are poorer," Mr Theuns

Botha of the Council for Scientific and Industrial Research's road and transport technology department said.

Research conducted in 1982 shows that South Africa had the sixth highest number of road fatalities in the world — 9 154 people died on South Africa's roads that year.

Drinking and driving and drunken driving have, until fairly recently, been underestimated as a road safety problem.

Yet, according to Mr Botha, research findings show that one out of every four drivers takes alcohol after sunset and one out of every 20 has taken too much.

Investigations of motor accidents in three cities showed that 42 percent of drivers and 53 percent of pedestrians involved in accidents at night had taken alcohol.

● See Page 11.

87 Bday 2/3/88

Smoking kills

DURBAN — Smoking kills between 30% and 40% of whites in SA and is linked to chronic heart disease and hypertension, says Prof Harry Seftel of the Department of Medicine at the University of the Witwatersrand.

Political comment in this issue by Ken Owen. Newsbills by Trevor Biseker. Headlines and sub-editing by Michael Moon. All of Times Media Ltd, 11 Diagonal Street, Johannesburg.



TONY FACTOR

Factor into fight against smoking (87)

DID 24/3/88

JOHANNESBURG — Local authorities and the central government would be petitioned to introduce anti-smoking legislation, Mr Tony Factor, businessman and anti-smoking organiser, said here.

Mr Factor was speaking after a meeting of what he called "people dedicated to the cause of making South Africa a tobacco-free society".

Convened by Prof S A Strauss of the University of South Africa, a meeting of experts representative of societies such as the Medical Association of SA, the Medical Research Council, the universities of the Witwatersrand and South Africa, the Heart Foundation, the National Council for Health and Smoking, the Brain Research Institute, the SA National Council on Alcoholism and Drug Abuse (Sanca) and various other concerned bodies, reached unanimous agreement to form an alliance of "people who will not rest until South Africa has become a tobacco-free society".

Drafting the support of celebrities from every walk of life, including business, the arts, entertainment and sport, the alliance will be pressing for tough legislation to fight the tobacco industry, including:

- The initial inclusion of a warning of the dangers of smoking in all cigarette advertising and eventually a total ban on any form of advertising;

- Much heavier taxation on smoking, to force the smoker to pay for the

heavy costs of smoking to the economy and relieve the non-smoker of the burden to subsidise smokers;

- Pressing local authorities to change existing by-laws and ordinances to outlaw smoking in public and at the workplace;

- Legislation to stop the selling of cigarettes to children and the total banning of vending machines;

- Legislation to introduce compulsory legislation on the dangers of smoking to children in schools; and

- Legislation to have nicotine declared a registered and banned (or illegal) drug.

Mr Factor also reminded the public that April 7 was worldwide No-Smoking Day.

- In Copenhagen, Denmark's anti-smoking lobby has attacked Queen Margrethe for puffing cigarettes in public, the daily newspaper Ekstra Bladet said.

Preben Ellebye, chairman of the Smoke-free Environment Association, was reported to have written to the monarch: "In my view the tobacco industry could not wish for a better advertisement for its poisonous products than the picture of our queen."

"This image is seen by many young people as a sign of liberation, so the queen is dragging them into the ranks of cancer victims."

Queen Margrethe, 47, smokes about 40 strong Greek cigarettes a day, according to the report.

— Sapa—RNS

THE SA Council of Churches (SACC) general purposes committee yesterday decided not to continue with a meeting scheduled for March 28 with the Dutch Reformed Church (DRC), it said yesterday.

In a statement to Johan Heyns of the DRC, the SACC said it was shocked at the attack on church leaders by the general synodical commission of the DRC.

"We are shocked by the unprecedented attack made on the church leaders by the general synodical commission of the Dutch Reformed Church, and the subsequent public attack on Archbishop (Desmond) Tutu

SACC slams DRC

by the State President from which you have not dissociated yourselves. We want to make it clear that an attack on Archbishop Tutu for the march and the petition we sent to the State President is an attack on all the church leaders who produced the statement and agreed to the march."

The SACC said that, on the basis of this attack, an emergency meeting of the praesidium of the SACC had decided it was impossible for delegates of the SACC to meet the DRC on March 28. — Sapa.

8/10/88
24/3/88

Xhosas run risk of cancer, says article

XHOSA-speaking people, wherever they are, run a risk of oesophageal cancer, but Zulus are at a far lower risk, says the latest edition of the SA Journal of Science.

The article, Oesophageal Cancer in the Black Peoples of SA 1980-82, said the picture was of two contrasted population groups, Xhosa and Zulu.

With Xhosas widely spread across the

Cape, it emerged that they were subject to high rates of oesophageal cancer.

This contrasted with the Zulu nation, with very significantly low rates of this cause of death. Xhosas "have long been known for their addiction to tobacco implying a likelihood of similar patterns" for both oesophageal and lung cancer. — Sapa.

88/3/88
24/3/88
87

No smoking today



881488 (87)

EAST LONDON — Today is "no smoking" day, the Minister of National Health, Dr Willie van Niekerk, announced.

"The use of tobacco products prevents many people in South Africa from attaining the World Health Organisation's (WHO) ob-

jective of the 'highest possible level of health'," he said.

"South Africa is joining other countries in a "world no

smoking day".

"This coincides with World Health Day, called for by the World Health Organisation.

"The objectives of

the day are to encourage smokers to kick the habit by informing them of the risks taken when smoking," the minister said.— DDR



MR OELOFSE



MRS BARKER



MR ANSLEY

Survey finds most hadn't heard of no-smoking day

DI D. 8/4/88

87

EAST LONDON — Most East London residents had not heard of the international "No-Smoking Day" which was celebrated by some yesterday, a random survey conducted by the Daily Dispatch discovered.

The survey, conducted in the CBD, found that smokers who were aware that they should kick smoking for the day said it made "no difference" to their smoking habits.

Miss Tammin Barker, 23, said she had no plans to quit, but would not smoke in a public place.

"I might give up," Mr Jan Oelofse said as he puffed away on a cigarette while Miss Sandy McEwan said smoking was revolting.

There were no plans to stop smoking for Mr Rob Ansley, 43, although he added, "perhaps in the future".

Mrs Diane Clark, 26, said that she knew about "No-Smoking Day," but could not resist another cigarette.

● In Geneva guests at a World Health Organisation ceremony to celebrate No-Smoking Day heard US actor Yul Brynner, a lung cancer victim, plead from a TV screen: "Whatever you do, please don't smoke." The interview was taped before he died in 1985.

Two ailing American cowboys also condemned the tobacco habit in excerpts of an anti-smoking film, Death in the West, shown to the same audience.

The British author of the film, journalist Peter Taylor, said both men and four other cowboys featured in the production had died from tobacco-related diseases since it was made in 1976. — DDR-Sapa-RNS

Hundreds of nicotine addicts cry for help

ANTI-SMOKING groups and treatment clinics were inundated with telephone calls yesterday from hundreds of nicotine addicts wanting to stop smoking.

The would-be smoking quitters were responding to the WHO's call to abandon smoking for 24 hours in accordance with yesterday's international "No Smoking Day".

The groups who received the calls included Smokenders, Tony Factor's

(27) SIPHO NGCOBO 8/10/96

Anti-Smoking Club and the Cape Town based World Wide Commodities — distributors of cut-out smoking capsules.

Tony Factor, Johannesburg businessman and founder of the recently formed Tony Factor's Anti-Smoking Club, said he received a substantial number of telephone calls between Wednesday and yesterday from people "undertaking" to

give up smoking.

"This is an encouraging sign. We expect the number to reach 2 000 by the end of the year," said Factor.

Factor described smoking as "South Africa's worst epidemic", even worse than the AIDS virus.

"One person dies every hour from tobacco smoking in SA but a big farce is made about AIDS instead of tobacco smoking," he said.

KEY MARKET MOVEMENTS — APRIL 6 to APRIL 7

REUTERS

Howard

Howard

nction with their actions during unrest situations; if so, (a) when, (b) how many and (c) what were the circumstances surrounding these complaints and charges;

(2) whether these complaints and charges have been investigated; if not, why not; if so, (a) when and (b) what were the findings in each case;

(3) whether any action has been taken against members of the Police as a result; if not, why not; if so, (a) what action and (b) in respect of how many cases?

The MINISTER OF LAW AND ORDER:

(1) Yes.

(a) On various dates during 1987.

(b) and (c) A number of complaints and charges were received. However, separate records are not kept of those complaints and charges which are unrest-related. In addition, the complaints and charges are lodged at police stations country-wide.

To gather and process this information country-wide is a time-consuming task. Members of the Force who would have carried out the task, already perform long hours of duty under difficult circumstances. They can only perform this task at the cost of other important police functions. Such a task can, in addition, not be accounted for economically. On these grounds the furnishing of the requested information can therefore not be justified.

(2) and (3) Complaints and charges lodged against members of the South African Police are fully investigated. In the case of departmental investigations, the commanding officers of those members decide whether there is sufficient evidence available to institute departmental steps. In the case of criminal charges, the case dockets are referred to the various Attorneys-general for a decision.

I wish to point out to the honourable member that the South African Police maintain strict discipline. Offences are not tolerated and suitable steps are taken without hesitation against members who

commit departmental and/or criminal offences.

Unrest-related incidents: persons killed

275. Mr R R HULLEY asked the Minister of Law and Order:

How many persons were killed in unrest-related incidents in each month from February 1987 up to and including January 1988?

The MINISTER OF LAW AND ORDER:

I refer the honourable member to my reply to written question 244 which I also regard to be a sufficient answer to this question.

Drug peddling: persons detained/charged/convicted

279. Dr M S BARNARD asked the Minister of Law and Order:

(1) Whether any persons were detained in 1987 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 1987 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) 54 persons.

(b) To gather and process this information country-wide is a time-consuming task. Members of the Force who would have carried out the task, already perform long hours of duty under difficult circumstances. They can only perform this task at the cost of other important police functions. Such a task can, in addition, not be accounted for economically. On these grounds the furnishing of the

requested information can therefore not be justified.

(2) (a) and (b) Yes, as far as can be ascertained, 46 persons were charged of which 10 persons were thus far convicted.

(3) No

(a) and (b) Fall away.

Overseas visits

562. Mr P G SOAL asked the Minister of Law and Order:

(1) Whether he or the Deputy Minister of Law and Order undertook any overseas visits in 1987; if so, (a) which countries were visited and (b) what was the purpose of each visit;

(2) whether he or this Deputy Minister was accompanied by any representatives of the media on these visits; if so, (a) what were the names of the journalists involved, (b) which newspapers or radio or television networks did they represent, (c) to which countries did each of these persons accompany him or this Deputy Minister and (d) why;

(3) whether any costs were incurred by the Ministry of Law and Order as a result; if so, what total amount in that year?

The MINISTER OF LAW AND ORDER:

(1) No.

(a) and (b) Fall away.

(2) and (3) Fall away.

Christmas cards sent out

595. Mr P G SOAL asked the Minister of Law and Order:

(1) Whether (a) he and/or (b) the Ministry of Law and Order sent out Christmas cards in 1987; if so, (i) what total number of cards was printed, (ii) to whom were they sent, (iii) what was the total cost of pro-

ducing and distributing these cards, and (iv) who was responsible for printing them, in each case;

(2) whether postage stamps were used to send out these Christmas cards; if not, how were they distributed?

The MINISTER OF LAW AND ORDER:

(1) (a) and (b) Yes

(i) 300 cards from existing stock were used.

(ii) The State President, Members of the Cabinet, Ambassadors, Members of Parliament, Directors-General of the different departments and the General Staff of the South African Police.

(iii) R410,00.

(iv) The South African Police.

(2) No. By official mail.

Own Affairs:

Primary/high schools in RSA: White pupils enrolled

117. Mr A GERBER asked the Minister of Education and Culture:

How many pupils were enrolled in White (a) primary and (b) high schools in the Republic in each year since 1980?

The MINISTER OF EDUCATION AND CULTURE:

	(a)	(b)
1980	573 172	358 341
1981	578 137	359 727
1982	580 121	366 455
1983	576 387	378 816
1984	565 094	391 731
1985	551 202	401 414
1986	530 088	404 493
1987	518 881	401 568
1988	512 964	397 971

Parents urged to fight drugs

By Toni Younghusband

It is up to every parent in South Africa to actively combat the increasing drug problem and not to sit back and expect the police and the Government to do so, Mrs Lee Wilcox, the deputy director of the South African National Council on Alcoholism and Drug Dependence (Johannesburg) said this week.

"It is all very well for the Government to come up with national drug and alcohol abuse campaigns but parents should get their acts together and do their part," Mrs Wilcox said.

The Minister of National Health and Population Development, Dr Willie van Niekerk, announced this week that the Cabinet had adopted a nationwide plan to combat drug and alcohol abuse.

Mrs Wilcox said the drug problem in

South Africa was a serious one and increasing rapidly.

"Until now we have been one of the only countries not saturated with drugs. It stands to reason that we are the next target. Drugs are coming in fast," Mrs Wilcox said.

She said traffickers were now concentrating their efforts on a southern market and South Africa, New Zealand and Australia could expect their drug problem to increase substantially.

She urged parents to be aware of drugs, to educate their children and to take an active role in discouraging children from taking drugs, both hard drugs such as cocaine and heroin and the "homemade" variety like glue and paint thinners.

Sanca's executive director, Mrs Liz Pretorius, said that as a specialist organisation in the field of drug and alcohol abuse, Sanca would put its full weight behind the Government's plan.

Sanca would this year launch its own campaign aimed at women. There are an estimated 55 000 female alcoholics in South Africa.

Mrs Pretorius said the greatest increase in alcohol abuse was now found among women and young people.

Star 22/4/88

(17) 20

Women smokers run risk of stroke

Sowetan 25/4/86

NEW YORK — Women who smoke run a higher risk of suffering a stroke than non-smokers or former smokers, according to a new study in the *New England Journal of Medicine*.

The study, one of the most comprehensive investigations of the relationship between women, smoking and stroke, is the first to demonstrate the same relationship between smoking and stroke in women as previous studies have established for men.

"Compared with the women who had never smoked, these women (smokers) had significantly higher rates of stroke, both fatal and non-fatal, which increased with the number of cigarettes smoked daily," the research team, headed by Graham Colditz of Harvard Medical School, wrote in the April 14 journal.

"The association of cigarette smoking with all strokes . . . persisted

Sapa-Reuter

87

after we controlled for known risk factors (hypertension, diabetes, and relative weight,)" they said.

The data were obtained from the nurses' health study, which was begun in 1976 and studied 121 700 female registered nurses aged 30 to 55 from 11 states who responded to detailed

questionnaires about their health at two-year intervals.

The researchers also used several methods to follow up on participants who failed to respond, especially to detect and include in the study subjects who might have died.

"The design of this study greatly reduced the probability of bias in the reporting of cigarette smoking or other risk factors for smoke," the authors said.

They said that after adjusting for age and the number of cigarettes smoked daily, the length of time a woman smoked was not related to the risk of stroke.

"However, for women who had stopped more than two years previously, the risk was reduced — i.e., closer to that of women who had never smoked," they added.

"The relative risks for fatal stroke were the

strongest — they are consistent in magnitude with those reported for men," the study said.

"The risk of stroke increased steadily with the number of cigarettes smoked — for the heaviest smokers, the risk was six times that for non-smokers."

The study also had bad news for women who are reluctant to quit smoking because they fear they will gain weight.

"Among smokers, there was a slightly higher risk of stroke

among lean women than among heavier women," the report said.

While the report did not offer a possible explanation for the apparent relationship between smoking and stroke, it concluded that "these data add further evidence to the claim that those who smoke cigarettes increase their risk of morbidity and mortality from cardiovascular disease by augmenting their risk of fatal and non-fatal stroke." — Sapa-Reuter.

Minister outlines plan to combat drug abuse

8/26/68
Unless drug and alcohol abuse was controlled, the effects would be devastating, the Minister of National Health and Population Development, Dr Willie van Niekerk, said in the House of Representatives.

The apparent harmless use of dagga could ultimately lead to the abuse of morphine and heroin, he said in committee stage debate of the National Health and Population Development Budget. (87)

NATIONAL PLAN APPROVED

Bearing this and the increase in the incidents of alcoholism in mind, the Cabinet had recently approved a national plan to prevent and combat alcohol and drug abuse.

The main objectives of the plan were to prevent alcoholism and drug dependence, control the availability of alcohol and other drugs, promote human development programmes and to co-ordinate and extend measures for the treatment, rehabilitation and re-integration of the drug dependant. — Sapa.

D.P. 415/88 (87)

Double trouble for smokers?

JOHANNESBURG — Smokers, already faced with the grim news that they may not be entitled to sick leave if their habit causes illness, could be in for another blow.

Draft regulation is presently being considered which, if passed, will entitle medical aid schemes to rate members according to risk and smoking will certainly be taken into consideration.

According to the executive director of the Representative Association of Medical Schemes, Mr Rob Speedie, South Africa, however, will not follow

British medical aid schemes in refusing to pay for treatment for smoking-related illness.

“Under present regulations, a medical aid scheme is only excluded from liability if the claim relates to willful self-inflicted injuries,” he said.

“I think to say smoking is a willful self-inflicted injury is probably going too far.

“With life assurance, smokers usually pay higher rates and I think this pattern will be followed by the medical aid schemes.” he said. — DDC

Tobacco farmers unhappy over anti-smoking drive

CAPE TOWN — Tobacco farmers were unhappy about certain tendencies and arguments that were being raised in the campaign against smoking, the Minister of Agriculture, Mr. Greyling Wentzel, said yesterday.

Mr Wentzel said it had to be realised that however much the health people fought against tobacco, people in South Africa would continue to smoke.

As long as there was a demand there would continue to be tobacco producers, he said.

"The Tobacco Board has a very responsible attitude on the health problems associated with tobacco."

Mr Wentzel added that tobacco farming was an important industry and was tremendously labour intensive.

Earlier Mr W. D Meyer (NP Humansdorp) said the PFP spokesman on health, Dr Marius Barnard, should temper his pronouncements on smoking.

Dr Barnard knew that banning and restricting smoking would not work, for as soon as a substance was banned it went underground and was then all the more difficult to control, he said.

"The government's view was very clear — it believes in negotiation and persuasion, not in making laws."

"Everything that has already been achieved in the field of smoking and health has been as a result of this process," Mr Meyer said.

"The tobacco industry provides a livelihood for 1 540 farmers and 64 000 labourers on their farms, bringing those farmers a gross income of R200 million a year."

It was one of the few agricultural activities that was able to stand on its own feet without asking for handouts from the State, he said.

This sensitive and very important industry should not be inflicted with injustices it did not deserve, Mr Meyer added. — Sapa

cmk Tmp 10/5/88 87

Police probe SA's world drug links

Own Correspondent

LONDON. — Police investigators may be closing in on international drug traffickers with links to South Africa following the arrest in Rome last month of a Cape Town couple who were carrying 20.7kg of heroin.

After repeated interrogations police appear convinced that Miss Irene Viljoen, 20, and Mr Leon Zehmke, 21, were couriers for major criminals.

The heroin was found in Mr Zehmke's luggage at Rome's Fiumicino Airport. The indications were that he had been under international police surveillance for some time.

Italian police refuse to say if the Cape Town couple were caught up by traffickers linked to the European Mafia network or the "Asian Mafia" with links to South Africa through Mauritius.

Nor will they say if the large haul of pure Asian heroin was meant for trafficking in Europe or South Africa.

If it had gone to South Africa it would have been

enough to supply every heroin addict in the country and dozens of new victims for some time.

The likelihood that South Africa had been chosen as a new territory for heroin is believed to be central to international investigations.

Pure high-quality heroin like that found in Mr Zehmke's luggage is currently fetching about £40 000 (R160 000) a kilogram in London and on the Continent.

But there is a heavy over-supply in Europe, where cocaine has taken over as the fashionable drug. It would probably fetch a better price in South Africa where stricter controls and penalties have made it rarer.

The Italian police, working with forces in several countries, say they believe the case has "very serious" international implications and are not treating it as a one-off opportunist smuggling run.

It is understood that couriers are being offered big money for the route Mr Zehmke and Miss Viljoen travelled on. A sum of \$50 000 (R100 000) and a car is being talked of.

The judge in charge of the case, Dr Luigi Gennaro,

could not comment on claims that the police hoped to cut off a global drug trail.

He said it could be another three to five months before Mr Zehmke and Miss Viljoen even come to trial because of the importance of the case to wider investigations.

The couple, who face sentences of from five to 25 years in prison if found guilty, maintain they are innocent. They say they had no idea they were carrying drugs when they flew from Bombay to Rome.

Mr Zehmke believed the parcel he was carrying was, at worst, gold or jewellery, he told police. His lover Miss Viljoen claims innocence.

The couple have been put in good quarters in Rome's central prison although they are running out of money and must survive on a pasta diet.

They share cells with two other prisoners, are allowed to watch almost unlimited television and have access to books and a prison shop when they have money.

A kindly South African consular official is seeing

generously to their formal welfare and safety, and has arranged for an Afrikaans-speaker with a legal background to help them.

Miss Viljoen, described as a pretty girl, spends much of her time befriending some of the hundreds of wild cats which have made the prison their home, while Mr Zehmke has formed a good friendship with a Pakistani prisoner.

There has been no comment on claims that Miss Viljoen now realizes she was blindly in love with South African navy reject Mr Zehmke and was led astray.

Miss Viljoen, who is taking care with her appearance, by wearing make-up and trying to keep her clothing tidy, is described as a model detainee.

The couple flew from South Africa to Harare where they were apparently able to obtain Indian visas, then flew to Mauritius and Bombay, where the drugs were placed in their luggage before they flew to Rome.

It is believed that a "dry run" of the route had been made previously and they would have returned home again via Mauritius.

Amino acid cures obviate the use of drugs — doctor

By Sven Forssman

In striving for a drug-free society, Dr Adolfo Panfili advocates the use of amino acids to assist in the treatment and prevention of diseases and conditions like diabetes, herpes, depression, frigidity, infertility, chronic pain, stretch marks, wrinkles, retardation, hair loss and chronic pain.

Founder and director of the Europa Centre for Physio-Pathology of Amino Acids in Rome, Dr Panfili says amino acids "are the building blocks of life and they have no side effects".

Dr Panfili, who addressed a number of seminars on a recent visit to South Africa, said amino acids are little known to the man in the street.

He told The Star that the 22 commonly found amino acids are not readily available in preservative-free capsule powder form in South Africa at the moment, but could become so within the next year. This was con-

firmed by a pharmacist at a private hospital.

Medical adviser to the Italian International Olympic Committee and the Italian Rugby Federation, Dr Panfili said amino acids could be obtained from a balanced diet, but they are not always supplied in the proper quality, quantity or balance.

"For the body to fully utilise and synthesise protein, all the aminos must be present in the proper proportions. A missing or lacking amino acid essential will proportionately reduce effective working of all the others.

Diet can't provide

"Physically demanding activities, stress or poor health tends to increase our requirements for the vital amino acids. In many cases up to five times or more. Unfortunately these demands cannot always be met through ordinary dietary means.

"Of the 22 aminos, nine are essentials because they can't be manufactured by the human

body. They must be obtained from a balanced diet or the right supplementation," Dr Panfili said.

"Amino acids are the building blocks of protein and can repair and replace damaged tissues, restore glucose and glycogen stores, soothe frazzled nerves and excite and stimulate tired brain cells."

He said an accurate method of nutritional testing called "amino analysis" had been developed.

"By analysing a person's plasma and urine it is possible to find out what types of amino acids he or she is lacking. A supplementation amino acid diet is then recommended.

Dr Panfili stressed that the body has no storage capacity for amino acids — they must be re-stocked constantly.

Most important, says Dr Panfili, is that amino acids in powder form contain no drugs — they are 100 percent pure, made from the biological fermentation of molasses.

respect of non-payers of school fees; if not, why not; if so, what steps;

- (3) whether he will make a statement on the matter?

The MINISTER OF EDUCATION AND CULTURE:

- (1) As has already been stated, the possible introduction of compulsory school fees is currently under consideration. Until a final decision has been reached the status quo will be maintained. Parents may accordingly be requested to make a voluntary contribution. In the circumstances currently prevailing I have no intention of making these contributions compulsory:

(a) and (b) fall away;

- (2) no;

- (3) no.

Mr R M BURROWS: Mr Speaker, arising from the hon the Minister's reply, when he does reach the stage of making the tuition fees compulsory, will he still permit voluntary school fees to be paid at each school?

†The MINISTER: Mr Speaker, seeing that the ordinary school fund as it exists today, consists of voluntary contributions, it will also still apply at any school if so desired, after the possible introduction of a compulsory school levy. I would think, however, that it would not be necessary to do this. However, we do not wish to be prescriptive if a particular management council of a school requests additional contributions from parents, provided such contributions are voluntary. This is exactly the same principle on which the ordinary school fund is dealt with at the moment. There is a difference in the amounts of school funds, as limited by the different controlling councils of schools.

Provincial directors of education

*6. Mr R M BURROWS asked the Minister of Education and Culture:

- (1) Whether, since 1 January 1988, he or the Superintendent-General of his Department has delegated any functions or powers to any or all of the provincial directors of education; if not, why not; if so, (a) which powers or functions, (b) to whom and (c) when;
- (2) whether any functions or powers previ-

ously performed or exercised by the directors of education, either directly or as delegated, have been transferred to the Superintendent-General; if so, which functions and powers;

- (3) whether he will make a statement on the matter?

†The MINISTER OF EDUCATION AND CULTURE:

- (1) Yes,

(a) and (b) the functions delegated to provincial directors of education cover the whole spectrum and would be difficult to provide as requested,

(c) 1 March 1988;

- (2) no functions previously performed by all the directors of education have been transferred to the Superintendent-General. The powers of decision-making did however differ to a certain extent among the various directors of education and have been co-ordinated by means of delegation. To illustrate, incumbents of, for example post level 7 posts like the rector of a teacher training college, who were previously appointed in the Transvaal by the Director of Education, are now appointed by the Superintendent-General on the recommendation of the Director of Education;

- (3) no.

*7. Mr R M BURROWS asked the Minister of Education and Culture:

- (1) Whether he or his Department has received any representations from a certain organization, the name of which has been furnished to the Minister's Department for the purpose of his reply, or any other persons or bodies regarding the use of a certain drug in schools under the control of his Department; if so, (a) what is the name of the (i) organization and (ii) drug in question, (b) from what other persons or bodies were representations received, (c) when were they received and (d) what was the (i) purport of the representations and (ii) response of his Department thereto;

- (2) whether he has initiated inquiries into this organization's activities in schools; if not, why not; if so, with what result;

- (3) whether he will make a statement on the matter?

The MINISTER OF EDUCATION AND CULTURE:

- (1) Yes,

(a) (i) KUDOS (Keep Unsafe Drugs Out of Our Schools), an organization of the Church of Scientology;

(ii) Ritualin.

(b) none.

(c) November 1987.

(d) (i) the representations contained information on the use of Ritualin by pupils, as well as the nature of the drug and requested that the harmful effect of the drug be further researched.

(ii) KUDOS was informed in writing that Ritualin could only be prescribed in schools of the Department by medical practitioners. It was therefore recommended that representations be made to the Department of National Health and Population Development and the SA Medical and Dental Council;

- (2) no, no activities by this organization were reported in schools. Schools of the department are at all times expected to note any aspect that may be detrimental to the pupils.

- (3) no.

FAK: Great Trek festivities

*8. Mr A GERBER asked the Minister of Education and Culture:

- (1) Whether his Department has allocated an amount for the FAK in respect of the Great Trek festivities; if so, (a) what amount and (b) when;

- (2) whether an additional amount has since been allocated to the FAK for these festivities; if so, (a) what is the amount, (b)

when and (c) for what purpose will it be used;

- (3) whether his Department is exercising control over the spending of these amounts; if so, to what extent?

†The MINISTER OF EDUCATION AND CULTURE:

- (1) Yes,

(a) R430 000

(b) 14 April 1987;

- (2) yes,

(a) R120 000.

(b) 15 March 1988.

(c) defraying expenses;

- (3) yes, in that the applicable procedures have to be followed.

Pupils at meeting of political party

*9. Mr A GERBER asked the Minister of Education and Culture:

- (1) Whether the principal and/or teachers of a certain school, particulars of which have been furnished to the Minister's Department for the purpose of his reply, during school hours announced a meeting of a political party to pupils and/or encouraged them to attend it; if so, (a) what is the name of this (i) school and (ii) principal, (b) which political party is involved, (c) what was the nature of the meeting, (d) who were the speakers and (e) (i) where and (ii) when did the meeting take place;
- (2) whether pupils of this school were transported to the meeting by school bus;
- (3) whether any action has been taken or is being considered against this principal and/or these teachers; if not, why not; if so, (a) when and (b) what action?

The MINISTER OF EDUCATION AND CULTURE:

- (1) yes, when the pupils lined up a teacher announced that Maj. Wynand du Toit would be addressing a youth gathering.

(a) (i) Vredendal High School,

(ii) Mr A P van Wyk.

Help the drug addicts as well

(87)

SIR — I would like to congratulate the South African Breweries for increasing its sponsorship to the National Soccer League. It is a great boost to a sport that South Africans regard as the most popular among blacks.

It is however a pity that the SAB can only give so little to a nation that pumps millions of rands into its coffers. Let us face facts, many of our brothers and sisters cannot go to school, not

because their parents have no money, but because they buy booze, made by the SAB, with most of their salaries.

Why can't the SAB give bursaries to these children who suffer because of its existence? The South African National Council on Alcohol and Drug Dependence (Sanca) is working or operating at a loss, because it has to give medication to people who cannot pay their bills because their

money went in buying booze.

Why then, can the SAB not pump some money into this good Samaritan who is trying to undo the damage done by alcohol?

The South African Breweries would not look bad in the eyes of the underfed and underprivileged if it also helped build a bigger and better hospital for Soweto.

MPHO ALLEN
MOKGOLO

Orlando West 11

POINTS FROM LETTERS

Howard

87

Drugs confiscated

66. Mr K CHETTY 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 Inanda, Cato Manor, Umkomaas, Mayville and Greenwood Park, respectively, in the 1987 calendar year?

	Mayville	(a)	(b)
(i) Dagga	771 grams		R771,00
(ii) LSD	58 tablets		R580,00
(iii) Heroin	none		
(iv) Cocaine	none		
(v) Mandrax	none		
(vi) Other	none		
Greenwood Park			
(i) Dagga	19 kg		R19 000,00
(ii) LSD	245 tablets		R2 450,00
(iii) Heroin	none		
(iv) Cocaine	none		
(v) Mandrax	none		
(vi) Other	none		

The MINISTER OF LAW AND ORDER:

Inanda

(i) Dagga 237,591 kg R237 591 000,00
 (ii) LSD none
 (iii) Heroin none
 (iv) Cocaine none
 (v) Mandrax none
 (vi) Other none

Cato Manor

(i) Dagga 311 grams R311,00
 (ii) LSD none
 (iii) Heroin none
 (iv) Cocaine none
 (v) Mandrax none
 (vi) Other none

67. Mr K CHETTY 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 Benoni in the 1987 calendar year?

	Benoni	(a)	(b)
(i) Dagga	19 000 grams		R1 900,00
(ii) LSD	none		
(iii) Heroin	none		
(iv) Cocaine	none		
(v) Mandrax	2 729 tablets		R27 290,00
(vi) Other	none		

The MINISTER OF LAW AND ORDER:

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A GROUP of elderly women known as the Big Five were among the first targets of a witchhunt launched by unemployed youth in Lebowa's Mapumaleng district.

When the youth, all members of the Brooklyn Youth Organisation, called a meeting to identify witches in the area, three of the nine singled out for punishment belonged to the Big Five.

After "confessing" their evil deeds, three of the five women handed over knives they had allegedly used to cut out the tongues of their victims before turning them into zombies. The youths sjambokked the women and burnt herbs found in their homes.

The following day a rumour spread that the Big Five would bewitch the "comrades" because they had been allowed to live. Three days later three of the women were sjambokked to death by terrified and furious youths.

Attacks on "witches" by members of Mapumaleng's Brooklyn Youth Organisation during 1986 were alarming and mysterious phenomena to many. During April and May at least 150 people were accused of being witches and attacked by youths; about 26 people were killed.

The Brooklyn Youth Organisation had also participated in a number of political strategies.

They helped win wood mill workers the right to travel in proper buses and not a dangerous open-backed lorry; they formed defence squads to patrol the area day and night to stop criminal gangs robbing and assaulting people and prohibited the

THE POLITICS C

use of knives in shebeen brawls; and they organised the first total stayaway in Brooklyn's history on May 1.

Recent research by University of the Witwatersrand political science student Edwin Ritchken indicates that socio-economic factors which fuelled the largely urban-based political unrest were also at the core of the witchhunts.

According to Ritchken, the youth organisation's witchhunt was the most powerful political intervention the organisation could make.

Both elderly pensioners and the youth in Lebowa had been affected by South Africa's ongoing economic decline. The "homeland" economy depended on migrant labour earnings. Large-scale unemployment and retrenchments after 1982 shattered the rural household structure, where a — usually male — household head presided over a large extended family whose income was derived mainly from the wages of migrant workers.

As more and more migrant workers lost their jobs, pensions became a crucial source of income in rural society. But there were no customary guidelines spelling out the pensioner's duty to contribute to the wider household budget, especially if her children had left the area and she was staying with relatives.

The Big Five, Ritchken points out, were all widowed pensioners living on the margins of their respective households. Several were staying at cousins' homes.

Their common isolation brought them together and they formed a "tight, exclusive group". To maintain some power and to command respect they used implicit threats of witchcraft if anyone refused to co-operate with them.

The youth, on the other hand, were left feeling idle and useless by the recession. Efforts to find work in the cities were thwarted time and time again until young men left the long queues of unemployed to return to the family home. Others

In two months of mass hysteria rural area were accused by the mob and attacked by mobs;
JO-ANN BEKKER investigates

were retrenched.

When they returned home empty-handed they placed an extra burden on the family's already stretched resources.

Aware of their relatives' resentment, they spent most of their time under shady trees talking with their unemployed peers, or playing soccer. These gathering spots became a "melting pot" of frustrations and family conflicts, Ritchken said.

Has science scorned the sangoma unjustly?

To most doctors, traditional healing remains mumbo-jumbo. But there are some who believe that it is modern scientific approach of traditional healing!

MOVES to obtain official recognition for traditional healers have sparked a bitter debate between medical practitioners, who either revere them as holistic healers or denounce their vocation as "pseudo-psychological mumbo-jumbo".

Sowetan doctor Dr Nthato Motlana heads the attack, suggesting South Africa follow Mozambique's example and send "sangomas, herbalists, witchdoctors" to a detention farm for re-education.

Zimbabwean sociology professor Gordon Chavunkuka, head of the Zimbabwe National Healers Association, has spoken on many South African platforms about the holistic approach of indigenous healers and the benefits of close co-operation between the two systems of medicine.

In the middle ground, academics point to the severe shortage of qualified medical practitioners in the rural areas — Lebowa, for example, has a ratio of 25 000 people to every doctor — and suggest collaboration with traditional healers could improve health care.

Liaison between traditional and modern medical practitioners is effectively outlawed in South Africa. The South African Medical and Dental Council forbids anyone — doctor, dentist or psychologist — registered with the council to collaborate in any way with non-registered healers.

Even the Board of Associated Health Service Professionals — which represents alternate healers such as homeopaths, naturopaths and chiropractors and is still battling for recognition in the medical world — may not co-operate with those not registered with the board, including traditional healers.

But, unofficially, there has always been contact between the two medical systems and in recent years these contacts have increased.

Firstly, there are the one-sided contacts where the Western experts inform traditional healers of the symptoms of diseases like Aids and cancer which must be referred to hospitals for testing.

Dr Ruben Sher, head of the South African Institute for Medical Research's Aids Research Unit, met about 150 traditional healers last year. "We talked to them about Aids in the hope that they would recognise and refer cases to us."

In response, every week traditional doctors arrive at the Institute's Johannesburg offices claiming to have a cure for Aids. "We have to protect patients from overnight cures which might cause greater harm," Sher says.

And secondly, there are a few examples of a more mutual co-operation — if not cross-



fertilisation.

Soweto's Baragwanath Hospital subscribes to the Medical and Dental Council's policy of non-co-operation with non-registered practitioners, according to chief superintendent Chris van den Heever. He said there had been no consultations with traditional healers.

However, Johannesburg traditional healer Horatio Zungu, who is national secretary of the South African Traditional Healers Council, says he was called to the hospital last Tuesday. Zungu says a surgeon had to operate on a sangoma who had been injured in a car accident. "He was advised to get a healer to speak to the ancestors with the idea of blessing the operation," he says. "I was pleased to see they respect our culture."

Cape Town psychologist Michael O'Brien, convener of the National Convention on Holistic Health and Healing held in Cape Town in April, says he has been involved in attempts to get Groote Schuur cancer specialists to "open up their treatment patterns" to include liaison with traditional healers. O'Brien, Zungu and others estimate 80 percent of black South Africans consult traditional healers before and after they see Western doctors.

Traditional African medicine is closely tied up with traditional religion, where people communicate with the Supreme Being through their ancestors. According to popular belief, people are most vulnerable to sorcery, causing illness, if their ancestors are "facing away". They go to healers to be instructed in the appropriate rituals to placate the ancestors and ensure good health.

Although the role of traditional healers differs slightly in different areas, broadly there are three types of healers:

● Those who specialise in herbal treatments or natural treatment methods (*inyanga* in Zulu). The *inyanga* — usually a man — apprentices himself to a practising healer for at least a year.

● Diviners (*isangoma*) who use supernaturally-orientated diagnostic methods — throwing bones, a mirror, dreams, trances. Usually a woman, a *sangoma* also has a comprehensive knowledge of herbal medicines. She is apprenticed to a qualified *sangoma* for several years.

● Faith healers (*umthandazi*) are professed Christians who work within the independent churches. They do not always undergo a period of training as a healer.

The most common medical treatments adminis-

tered by indigenous healers are infusions, hot and cold; powders which are rubbed into parts of the body where incisions have been made; poultices, lotions and ointments. Healers also prescribe vapour baths, enemas and emetics to flush out impurities.

University of the Witwatersrand history lecturer and author of several books on the Pedi, Dr Peter Delius, said in the 1860s the Pedis were innoculating themselves against smallpox — taking fluids from a person who had the disease and administering them to others by making scratches on their arms.

"It's a strong example of how folk medicine had made enormous strides in technical know-how and healing," Delius says.

"Some of the treatments are particularly dangerous. It would be very difficult to say in general traditional healing is a good thing. But they have a kernel of folk wisdom and an understanding of social responses."

There are reports of traditional healers achieving miracle cures on mentally ill people, and even on cancer patients. Wits psychology professor Len Holdstock, who has campaigned for the recognition of tribal healers for years, believes these

F W I T C H C R A F T

*ria, 150 people in a remote
eir neighbours of 'witchcraft'
26 of them died. Why?
ates the politics of sorcery*

"Private experiences are shared and made public. A new solidarity is forged amongst the youth. In a society that cannot find a place for them, nor support them, the youth have generated a culture that is both within and outside society."

He said a "propaganda machine" was at work at the daily meeting points.

"A private conflict, when shared, becomes a

common threat to the survival of society. If, in time, there is no-one to contradict it, a rumour becomes a reality as it is repeated and garnished. As public tragedies occur, people look for past villains in order to allocate responsibility. A selfish pensioner or unco-operative neighbour becomes a witch."

One Brooklyn youth leader gave Ritchken this analysis of the changes in the balance of power within households: "It is a well known fact the powerful Xhosa herbalists from the Transkei have produced a herb which, when used by women, makes men passive and obedient to their wives. It has become a major problem. These women are very mischievous with their herbs."

Ritchken also gave the example of a wife who resents the fact that her husband sends his migrant's wage and presents to his mother.

When she goes to collect water or work in the fields, the wife will share her problem with her friends and be advised: "Your mother-in-law is

giving your husband herbs so that he will love her and give her his money."

In Lebowa, it was never merely the use of herbs that determined if someone was a witch, but the belief that he or she was evil and would use the herbs at the expense of someone else.

He said it was almost impossible to prove or disprove an accusation. The accuser has to link the accused witch to a particular anti-social event. "When the link is popularly accepted, ordinary household herbs become noxious anti-social poison and a person becomes a witch."

At the local gathering points a metaphor is created that links "witches, herbs, neighbourly conflicts, domineering wives, unco-operative parents, selfish grandparents and unemployed migrants", Ritchken said.

The general consensus attributes the blame to a small group of marginal people, usually with little access to the "propaganda machine".

And under the "homeland" system which has

destroyed the authority of chiefs, there is no definitive structure to mediate in disputes between neighbours, Ritchken added.

Seizing the initiative within this leadership vacuum, the Brooklyn Youth Organisation called a meeting on May 12, 1986 to identify and punish witches.

The gathering, closed to women, was attended by 800 men. Anyone attending the meeting was permitted to put forward an accusation — including the name of the witch and whom they had allegedly bewitched. If the accusation was received with popular approval, the name was added to a list. "The most enthusiastic accusers were the older, unemployed men," Ritchken said.

By the end of the meeting 40 names were on the list. Eight women and one man were sjambokked that night. By May 16 three of the Big Five were dead.

Ritchken said the witch attacks were a warning of potential punishment for all involved in relationships which the youth define as anti-social.

"The youth had taken power and their way of showing it was by displaying — in the strongest and most public terms — that domineering wives, unco-operative neighbours, tight-fisted pensioners ... would no longer be tolerated.

"It was, in effect, the most powerful political intervention the youth could make within rural society ... And it was a revolt against a society that was no longer able to support them."

No politics. With a few exceptions ...

THE South African Traditional Healers Council describes itself as apolitical. However the council sent a telegram of congratulations to Defence Minister Magnus Malan when the South African Defence Force invaded Angola last October.

Horatius Zungu, national secretary of the council, which hopes to secure state recognition for traditional healers, stresses: "We are only concerned about the health care of the community and stability."

Executive members of the council have held separate meetings with President PW Botha, Malan, Law and Order Minister Adriaan Vlok and several "homeland" dignitaries. "We wanted the state president to recognise traditional healers. We told him we are not against the laws but are out to help the country," Zungu said. "We commended the minister of defence for stability. We appreciate the protection of citizens."

A column headed "current comments" in the latest issue of the council's newsletter, *Siyavuma*, notes Britain's Prince Phillip had drawn "adverse comment about his remark about 'apartheid slavery' when it is obvious that the only place where the indigenous population has prospered is in South Africa".

To many, such actions and statements would signal support for the South African government. But the Traditional Healers Council — which claims it has the potential to reach 18-million people — does not see it that way.

"A healer is not involved in politics because you cannot take sides and perform your duties in a satisfactory manner," says Zungu, a Soweto township manager who practises as a *sangoma*, or diviner, in Zola. "Traditional healers are neutral. They can treat anybody who is sick or injured irrespective of their political beliefs."

He says the visit to Botha last February was part of tradition. Healers customarily travel far to treat patients and their first task in arriving at a new place is to introduce themselves to the chief or ruler.

Meeting the heads of the army and police forces in July and September last year was necessary, Zungu says, because healers have to travel to neighbouring African countries to collect herbs or *muti*. "We must have free movement."

The council's consultant and permanent adviser, PC Erasmus, a former South African policeman and staff officer in Rhodesian counter intelligence, stresses traditional healers' strength lies in their apolitical stance: "They don't want to do anything to set the power blocs against them. And they do not want to move into a political position. It's a very delicate arrangement."

Erasmus says Botha did not ask for any undertakings from the healers. "As far as I can gather they (the cabinet) would prefer the traditional healer to be neutral. Obviously they are anxious to be on the good side of a chap who is so important in his environment."

Many groups have been formed over the years to try to secure official recognition for traditional healers, but none on the grand scale of the Traditional Healers Council's

The council representing sangomas says it is non-political. But it has met with cabinet ministers and issued statements congratulating the SADF and criticising Prince Phillip

17-storey Siyavuma Centre International in Jeppe Street.

The *Siyavuma* Centre — *siyavuma* is Zulu for "we agree" and is used in some divination chants — was opened several months ago when it became obvious that annual membership fees of R30 from members of the 104 healer bodies affiliated to the council were not going to support the council.

Erasmus's role as consultant is to make the centre profitable. He plans to do this by making it self-financing on a co-operative basis.

The renovated seventh floor of the centre houses the council's management headquarters, and traditional healers have hired out all the consulting rooms on the sixth floor, although advertising was purely by word of mouth. When alterations are complete the building will also serve as a training, healing and commercial centre.

Erasmus aims to introduce a "refined health care scheme" where both healers and patients who use the scheme will be paid dividends from profits. The scheme will be refundable — patients will make monthly contributions but what they do not use will be returned to them, he says, with interest.

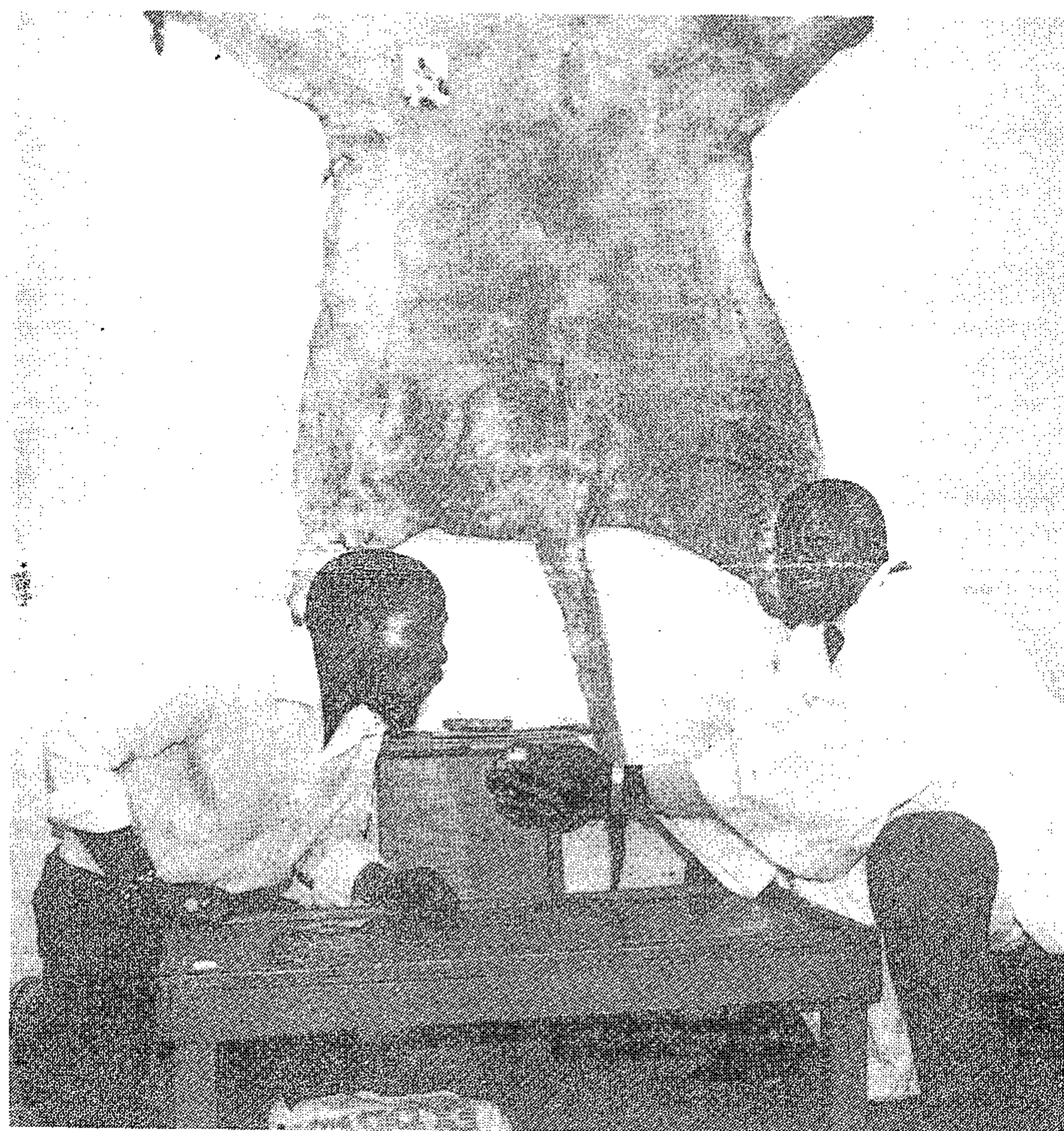
Erasmus also hopes to generate income by running concerns on a joint-venture basis. Thus multi-national pharmaceutical companies, which he refused to name, will have a stake in the pharmacy planned for the ground floor.

The same applies to suppliers of animal parts, herbs, special tobacco, snuff and beer used in healing rituals, which will be sold in other shops on the ground floor. Funds will also be generated from cash crops and a publishing company.

A training project run from the centre will equip fledgling traditional healers with some knowledge of modern medicine. Young traditional healers who have served their apprenticeships with established *sangomas* or *inyangas* will receive a three-month course in patent medicine, first aid and business skills. A one-year course as a pharmaceutical intern will also be offered.

"When the centres are going at full pace we will be returning to the national and self-governing states at least three fully qualified pharmacists and 180 people with a good knowledge of basic modern medicine a month, from the 18 major centres which will be established across the country," Erasmus said.

Registration and training of healers will help control the growing problem of imposters, Erasmus says, estimating 72 000 of the 80 000 people practising as healers in the Johannesburg and Vaal triangle area are "quacks".



Symbols of the old and new: Gazankulu sangoma "Never Die" Mushwana — his python "Dignity" draped over his robed shoulders — practices his ancient craft under the protection of the Christian cross. Right: Mashwana throws the bones for his apprentice Dennis Moloi

Pictures: STEVE HILTON-BARBER, Afrapix
cures can be ascribed to holistic treatment of the patient "incorporating aspects of healing Western doctors are unfamiliar with".

Motlana, in a graduation address to Wits students at the end of last year, said African health professionals had argued, correctly, "that the scientific bases for traditional medicine had not been established, that most of it is based on superstition, meaningless pseudo-psychological mumbo-jumbo ... often positively harmful".

He cited examples where people suffering from tuberculosis were told to avoid hospitalisation and injections. The "gogga lurking in their chests" was treated with a course of enemas and emetics.

The Medical Association of South Africa (Masa), which is opposed to official recognition of "medicine men and herbalists" whose practices "could be detrimental to the public's health", said: "Because of their unscientific diagnostic methods, cases treated by medicine men and herbalists could not be evaluated scientifically."

But Chavunduka says it is precisely these unscientific aspects of traditional medicine that must be retained. "It is modern medicine which must widen its analytical framework and conceptions

and learn from the holistic approach of traditional medicine," he argued in a paper delivered at the Cape Town convention on holistic health.

He said in Zimbabwe, where traditional healers were officially recognised and had their own association and council, research into traditional medicine tended to ignore the spiritual aspects of the work of traditional healers.

"We can no longer continue to ignore research into parapsychology and psychic phenomena, nor to continue treating witchcraft and exorcism, for example, as figments to be studied purely sociologically," Chavunduka said.

Holdstock says the more he "got in touch with Africa" the more he found Western psychology was closely affiliated to African healing. But while Western psychology talked theories, African psychology was acting on them. "For years indigenous healers have incorporated the psychological, societal, cultural, inter-personal and spiritual facets into their treatment."

Motlana said those who practised indigenous healing should be prosecuted under the Anti-Witchcraft Law "to protect the ignorant".

Masa has recommended a less severe course of action. Since traditional healers "play a traditional role in the cultures of many people, the medical profession should therefore attempt to minimise their influence through patient education rather than regulation," according to the chairman of Masa's federal council, Dr Bernard Mandell.

Sher, however, believes traditional healers do have a role to play. "A lot of diseases are psychological, and it is a role they have played for years and years. Who are we to say they must stop?"

WEEKLY MAIL
 CONN. JUN

The 'legal' shebeeners don't fear police. Just the taxman

South Africa's 670 shebeeners need no longer fear police raids and the confiscation of their liquor stocks. But legality has brought with it new problems for the taverners, who previously ran cash-only businesses on a somewhat informal basis. Now they have to pay taxes, keep books, work to regular hours and ensure premises conform with set standards.

It's not surprising that many remain illegal. There are an estimated 4 000 illegal taverns in Soweto alone, according to South African Breweries public affairs manager Gary May.

Lucky Michaels, chairman of the 10 800-member National Tavern Association, says many taverners operate their businesses only on a part-time basis and choose not to acquire licences. Others cannot afford to pay for a licence because their operations are small, he says.

Michaels believes the advantages of being legal outweigh the disadvantages. "You make your customers more comfortable because there are no

more 'two-tvos' (the police vans)," he says.

Legality earns shebeeners greater respectability in the community, Michaels says, "because they don't sell liquor to children anymore".

He adds that the price legal taverners pay for liquor is lower and the taverner pays the supplier only for what is sold.

Unlike operators of unlicensed shebeens, who have to rely on bottle stores for supplies, the licensed taverners deal directly with the liquor manufacturers.

For the South African liquor industry legal shebeens are a substantial market.

But it's one they monitor carefully. A taverner who becomes licensed

Legality has brought respectability and safety to the owners of shebeens. But it means more book work, health regulations and, of course, taxes

gains access to credit — a great advantage, but one which changes the nature of a business which has been accustomed to paying cash.

South African Breweries, the taverners' largest supplier, grants taverners 15 days' credit, extended to 30 days only in some cases.

Breweries offers a 1,5 percent discount to those who pay within the 15-day period.

Customers who voluntarily pay

cash on delivery receive a 2,5 percent discount. But customers with bad credit records are required to pay COD and are not entitled to discounts, May says.

Breweries also has a special retail department, which offers advice to shebeeners on how to run their businesses.

According to May, SAB has so far had no financial problems with the taverners.

May said although the procedure for applying for a liquor licence had been simplified recently, the procedure was still a complicated one for shebeeners.

Michaels says shebeeners who want licences have to join the National Tavern Association, which then

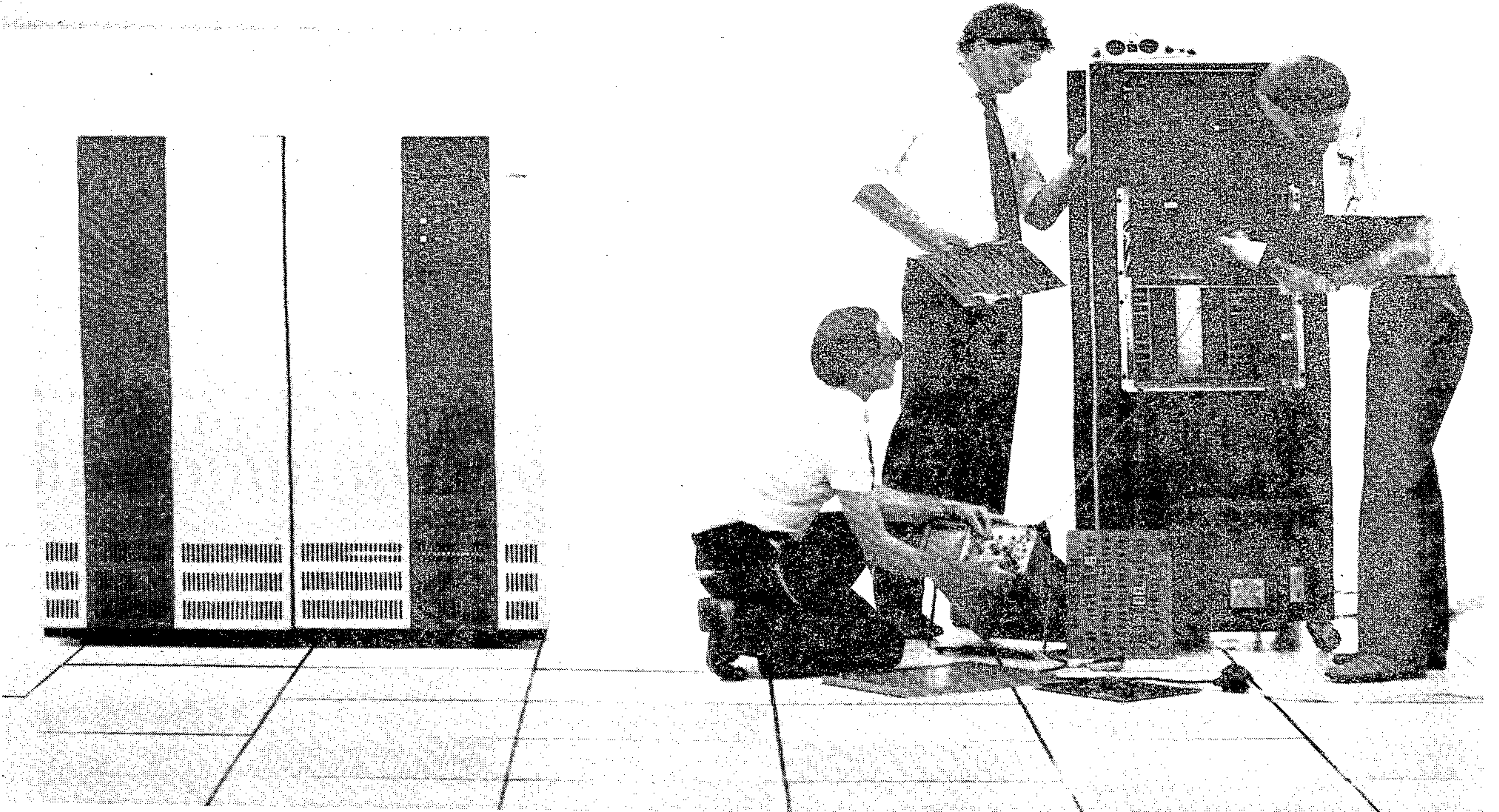
applies on their behalf to the appropriate local authority and to the Liquor Board. The application costs R2 000 and a R100 renewal fee is supposed to be paid annually once the licence has been issued.

An application can take up to six months since the Liquor Board sits only once a year in each province. The regulations are, however, due to change soon, with licences to be issued by local authorities rather than by the Liquor Board.

Department of Trade and Industries public relations officer Theo van der Merwe told *Weekly Mail* that of the 670 licensed shebeens, 501 were in the Transvaal, 134 in the Free State, 24 in the Cape and 11 in Natal.

The area with the highest number of licensed shebeens is Vanderbijlpark, which has 81. Soweto is second with 80. In the Free State Botshabelo leads with 52, followed by Welkom with 30. In Natal there are seven in Durban and three in Pietermaritzburg. In the Cape Athlone has 18 while Warrenton has two.

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(Ours Is On The Left)

our clients the only 98% up-time guarantee in the business.

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Central Data Systems
 Quietly getting on with the job

Whole Centrehead (87)

WITCHHUNT

destroyed the authority of chiefs, there is no definitive structure to mediate in disputes between neighbours, Ritchken added.

Seizing the initiative within this leadership vacuum, the Brooklyn Youth Organisation called a meeting on May 12, 1986 to identify and punish

A GROUP of elderly women known as the Big Five were among the first targets of a witchhunt launched by unemployed youth in Lebow's Manhattan district. When the youth, all members of the Brooklyn Youth Organisation, called a meeting to identify witches in the area, three of the nine participants for punishment belonged to the same apartment building. The meeting was attended by women, was attended

WEEKLY MAIL, June 3 to June 9, 1988

14



**Everyone has the right
to equal pay
for equal work.**



HOUSE OF REPRESENTATIVES

The MINISTER OF MANPOWER:

† Indicates translated version.

For written reply:

General Affairs:

Sheltered employment: salary parity

18. Mr T R GEORGE asked the Minister of Manpower:

- (1) What procedure is followed in determining the salaries of (a) White, (b) Coloured and (c) Indian persons employed in sheltered employment facilities;
- (2) whether salary parity has been attained in respect of Whites, Coloureds and Indians employed in such facilities; if not, (a) why not and (b) when is it anticipated that parity will be attained;
- (3) whether he will make a statement on the matter?

- (1) (a), (b) and (c)

The salaries of employees who are employed under the sheltered employment scheme are coupled to the salary scales of the occupational class maintenance officer (post class factotum) in the Public Service on condition that the salaries for each population group must correspond with the gradings per population group for the post class factotum.

- (2) No.

- (a) Attention is being given to the attainment of parity for employees under the sheltered employment scheme.
- (b) Once the necessary approval has been obtained and funds become available.

- (3) No.

HOUSE OF ASSEMBLY

† Indicates translated version.

For written reply:

General Affairs:

Privatisation policy: reserve values

938. Mr C J DERBY-LEWIS asked the Minister in the State President's Office entrusted with Administration and Broadcasting Services:

Whether any reserve values are being placed on the assets of the State prior to selling them in terms of the current privatisation policy; if not, why not; if so, what formula is used in this regard?

The MINISTER FOR ADMINISTRATION AND PRIVATISATION:

The question bears on a policy matter concerning which decisions still have to be taken. Rest of question falls away.

Organization: criminal proceedings

1068. Mr R M BURROWS asked the Minister of Justice:

Whether, since 12 January 1987, any criminal proceedings have been instituted against a certain organization, the name of which has been furnished to the Minister's Department for the purpose of his reply; if so, (a) in which regions, (b) when, (c) on what charges, (d) with what results and (e) what is the name of this organization?

The MINISTER OF JUSTICE:

I caused enquiries to be made from all the attorneys-general and according to them no prosecutions in this regard have been instituted up to 26 May 1988.

Drug-related crimes: statistics

1150. Mr C J DERBY-LEWIS asked the Minister of Justice:

Whether his Department keeps statistics on drug-related crimes committed in the Republic; if not, why not; if so, what percentage of crimes committed by (a) Whites, (b) Coloureds, (c) Indians and (d) Blacks during the

latest specified period of 12 months for which statistics are available were drug-related?

The MINISTER OF JUSTICE:

No. Statistics regarding prosecutions for and convictions of offences are kept by the Central Statistical Services. The information is however not available there in the required form. The number of convictions for offences with regard to drugs and dependence-producing substances for the period 1 July 1986 to 30 June 1987 was however obtained and is as follows:

- (a) Whites: 2 965
- (b) Coloureds: 10 359
- (c) Indians: 1 676
- (d) Blacks: 21 777

Own Affairs:

Educational Institutions: properties purchased/expropriated

134. Mr R M BURROWS asked the Minister of Education and Culture:

(a) in respect of what schools or educational institutions were properties purchased or expropriated for educational purposes in each of the provinces in the 1986 and 1987 financial years, respectively, and (b) what sum was paid for each of the properties so purchased or expropriated?

The MINISTER OF EDUCATION AND CULTURE:

1986

Cape

(a)	(b)
De Grendel Special School, Milnerton	R 475 000
Beaunhurst Primary School	250 000
Hudson Park High School	25 000
Victoria Girls High School	122 500
Denneoord Primary School	720 000
Denneoord Preparatory School	159 000
Diamantveld High School	
Knysna Proposed High and Primary School	
Dirkie Uys High School, Moorsburg	
Swartland High School	

HOUSE OF DELEGATES

Indicates translated version.

For written reply:

General Affairs:

Port Natal Division: murder victims

36. Mr K CHETTY asked the Minister of Law and Order:

- (1) How many cases of murder involving (a) White (i) male and (ii) female (aa) adults and (bb) children and (b) Indian (i) male and (ii) female (aa) adults and (bb) children as victims were reported in the Port Natal Division of the South African Police during the latest specified period of three years for which figures are available;
- (2) how many of these cases in each specified category (a) were (i) investigated and (ii) solved by the (aa) Durban murder and robbery squad and (bb) local district police and (b) remained unsolved as at the latest specified date for which information is available;
- (3) whether he will make a statement on the matter?

The MINISTER OF LAW AND ORDER:

(1) to (3)

Crime statistics are kept in respect of police station areas and do not indicate the race, sex and age of the murder victims.

Murder cases are usually investigated by the detective branches of the various police stations in whose station areas the murders were committed. If specialized assistance is required, the Murder and Robbery Squad of Durban is used for this purpose. However, separate records of such instances are not kept.

The question of the honourable member in his present form can therefore not be answered.

Drugs confiscated

68. Mr K CHETTY 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 Reservoir Hills, Newlands, Asherville, Overport and Sydenham, respectively, in the 1987 calendar year?

The MINISTER OF LAW AND ORDER:

RESERVOIR HILLS

	(a)	(b)
(i) Dagga	2 kg	R2 000,00
(ii) LSD	257 tablets	R2 570,00
(iii) Heroin	none	
(iv) Cocaine	none	
(v) Mandrax	none	
(vi) Other	none	

NEWLANDS

(i) Dagga	5 kg	R5 000,00
(ii) LSD	245,5 tablets	R2 455,00
(iii) Heroin	none	
(iv) Cocaine	none	
(v) Mandrax	none	
(vi) Other	none	

ASHERVILLE

(i) Dagga	1 000 grams	R1 000,00
(ii) LSD	10 tablets	R100,00
(iii) Heroin	none	
(iv) Cocaine	none	
(v) Mandrax	none	
(vi) Other	none	

OVERPORT

(i) Dagga	397 grams	R 397,00
(ii) LSD	225 tablets	R2 250,00
(iii) Heroin	none	
(iv) Cocaine	none	
(v) Mandrax	none	
(vi) Other	none	

SYDENHAM

(i) Dagga	210 kg	R201 397,00
(ii) LSD	1 000 tablets	R10 000,00
(iii) Heroin	none	
(iv) Cocaine	none	
(v) Mandrax	none	
(vi) Other	Vesperax 394 tablets	R932,50

Drugs confiscated

69. Mr K CHETTY 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 Phoenix, Verulam, Tongaat and Stanger, respectively, in the 1987 calendar year?

The MINISTER OF LAW AND ORDER:

PHOENIX

	(a)	(b)
(i) Dagga	18 kg	245 g R18 245 000,00
(ii) LSD	94 tablets	R940,00
(iii) Heroin	none	
(iv) Cocaine	none	
(v) Mandrax	none	
(vi) Other	Vesperax 12 tablets	R920,00

VERULAM

(i) Dagga	5,341 g	R5 000,00
(ii) LSD	none	
(iii) Heroin	none	
(iv) Cocaine	none	
(v) Mandrax	none	
(vi) Other	none	

TONGAAT

(i) Dagga	1 154 g	R1 154,00
(ii) LSD	55 tablets	R550,00
(iii) Heroin	none	
(iv) Cocaine	none	
(v) Mandrax	none	
(vi) Other	none	

STANGER

(i) Dagga	123 kg	373 g R123 373,00
(ii) LSD	17 tablets	R170,00
(iii) Heroin	none	
(iv) Cocaine	none	
(v) Mandrax	none	
(vi) Other	none	

Drugs confiscated

70. Mr K CHETTY 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 Lenasia in the 1987 calendar year?

The MINISTER OF LAW AND ORDER:

(a) and (b) (i) to (vi) None.

Drugs confiscated

71. Mr K CHETTY 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 Chatsworth, Merebank and Isipingo, respectively, in the 1987 calendar year?

The MINISTER OF LAW AND ORDER:

CHATSWORTH

	(a)	(b)
(i) Dagga	88,069 kg	R88 096 000,00
(ii) LSD	2 094,5 tablets	R20 945,00
(iii) Heroin	none	
(iv) Cocaine	none	
(v) Mandrax	none	
(vi) Other	Vesperax 49 tablets	R490,00

MEREBANK

(i) Dagga	8 kg	R8 000,00
(ii) LSD	none	
(iii) Heroin	none	
(iv) Cocaine	none	
(v) Mandrax	none	
(vi) Other	none	

ISIPINGO

(i) Dagga	2,5 kg	R2 500,00
(ii) LSD	120 tablets	R1 200,00
(iii) Heroin	none	
(iv) Cocaine	none	
(v) Mandrax	none	
(vi) Other	none	

Drugs confiscated

72. Mr K CHETTY 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 Laudium in the 1987 calendar year?

The MINISTER OF LAW AND ORDER:

LAUDIUM

	(a)	(b)
(i) Dagga	2 177 g	R2 177,00
(ii) LSD	none	
(iii) Heroin	none	
(iv) Cocaine	none	
(v) Mandrax	1 944 tablets	R23 328,00
(vi) Other	none	

Star 15/6/88

Damages in smoking suit 'inevitable'

Medical Reporter

It was inevitable the law would eventually award damages to the family of a person who died of lung cancer due to smoking, a spokesman for the National Council on Smoking and Health said in Johannesburg yesterday.

Dr Dennis Baird was commenting on a case in America where a court awarded R800 000 damages to the husband of Mrs Rose Cipollone, who died at 58 of lung cancer in 1984.

The jury found that the Liggett Group failed to warn the public about the dangers of cigarettes. This is the first time a tobacco company has been found liable for contributing to a smoker's death.

Dr Baird said there were about 400 cases of this nature pending in America. He said there was no reason why a similar case could not succeed in South Africa although South Africans were reluctant to take this type of thing to court.

There were an estimated 12,5 million smokers in this country and South Africans spent about R2 billion annually on tobacco products.

SA drug problem a 'time-bomb'

w/e Argus 25/6/88

87

Weekend Argus Correspondent
JOHANNESBURG.— The South African drug problem is a time-bomb waiting to explode but the authorities refuse to acknowledge its seriousness, says Dr Sylvain de Miranda, director of Phoenix House, Johannesburg's drug-treatment centre.

"While the United States has declared war on drugs, with both major candidates in the presidential election making it a powerful election issue, the apathetic attitude of the South African authorities defies description.

"South Africa is identified by the International Narcotics Control Commission as the largest abuser of Mandrax," he said.

Figures released in Parliament from the annual report of the Commissioner of Police disclose that since the mobile Mandrax laboratory was closed down last year there has been a marked escalation of the intake of other drugs.

According to the report, more than 3 716 legally prescribed tablets, including Wellconal, were seized between June 1985 and June 1986. The

following year the figure escalated to 42 868.

The overall figure of illegal oral-dosage drugs that have been seized has risen from 1 092 between June 1985 and June 1986 to 58 072 in 1987.

More than 40 000 drug abuse cases appeared in court last year.

"There are no figures to indicate a national profile," Dr de Miranda said.

"The Johannesburg figures are nothing more than a drop in the ocean, yet more than 134 drug-dependent patients have been admitted to the Johannesburg Out-patients Clinic since January and more than 40 to Phoenix House in the same period," he added.

"They have yet to accept that preventive education is the only long-term solution to the problem," he said. But he praised the work of the local Drug Squad.

"Tomorrow, countries throughout the world are commemorating the International Day Against Drug Abuse and Illicit Trafficking proclaimed by the United Nations.

"South Africa is once again ignoring it."

SA is sitting on a drugs time-bomb

Star 25/6/88

(87)

SARA MARTIN

THE DRUG problem in South Africa is a time-bomb waiting to explode — and the authorities refuse to acknowledge its seriousness, says Dr Sylvain de Miranda, director of the Phoenix House drug treatment centre in Johannesburg.

"While the United States has declared war on drugs," he said, "with both major candidates in the presidential election making it a powerful election issue, the apathetic attitude of the South African authorities defies description."

"South Africa is identified internationally by the International Narcotics Control Commission as the largest abuser of Mandrax."

Figures from the annual report of the Commissioner of Police revealed in Parliament show that since a mobile Mandrax laboratory was closed down in February last year, there has been a marked escalation of the intake of other drugs.

The report said that between June 1985 and June 1986, police confiscated 652 g of cocaine — and 1 402 g in January 1987.

More than 3 716 tablets — which it is possible to obtain with a legal doctor's prescription — were seized between June 1985 and June 1986. They included Wellconal. A year later the figure rose to 42 868.

The number of illegal oral dosage drugs seized rose from 1 092 in the period June 1985 to June 1986, to 58 072 in 1987.

More than 40 000 drug abuse cases were heard in court last year.

"There are no figures to indicate a national profile," says Dr de Miranda.

"The Johannesburg figures are nothing more than a drop in the ocean, yet more than 134 drug-dependent patients have been admitted to the Johannesburg Outpatients' Clinic since January, and more than 40 to Phoenix House alone in the same period. Yet we are doing nothing about it."

"The authorities have yet to accept that preventive education is the only long-term solution to the problem."

But Dr de Miranda was full of praise for the work of the local Drug Squad.

He added: "Warnings issued years ago that the drug problem was escalating appear to have been ignored, with the result that today heroin and cocaine — until two years ago unknown on the South African drug market — have become a dangerous reality of the drug scene."

"In the past five months, 15 heroin cases were admitted to the Sanca Clinic in Johannesburg alone."

"Tomorrow countries all over the world are commemorating the International Day Against Drug Abuse and Illicit Trafficking proclaimed by the United Nations."

"South Africa is once again ignoring it. One cannot help but wonder at this sort of laxity."

A member of the Drug Squad in Johannesburg said yesterday that he felt it was time South Africa fell in line with other countries in fighting drug abuse.

"In Singapore, for example, as you enter the country customs officials stamp your airline ticket with the words: 'Death to Drug Dealers.' That sort of thing acts as a strong deterrent."

"In 1988, we in South Africa are fighting the drug problem with 1960 methods," he added.

Minister of National Health Willie van Nie-

● To Page 2

Drugs time-bomb (87)

● FROM PAGE 1 Star 25/6/88

kerk announced in April that an educational programme for schools would be introduced in an all-out effort to combat drug and alcohol abuse.

"So far nothing has come of it," says Dr de Miranda.

He added: "Towards the end of last year the fear of Aids infection through unsterilised needles played a predominant part in curbing the taking of certain drugs."

"That fear, however, now seems to have been overcome, and we are back to square one. It is the classic syndrome ... 'It'll never happen to me', the addicts tell themselves."

● See opposite page

gle. Among them were

Post Office employees.

Three weeks ago the police arrested 14 suspects in Soweto. — Sapa.

Wellconal addiction is claiming more lives

Star 25/1/88 (87)

AN upsurge in the abuse of Wellconal — one of the most dangerous narcotic drugs obtainable on prescription and with similar properties to heroin — is claiming lives all over the Reef.

The Wellconal plague has reached crisis proportions, say the Narcotics Bureau and SA Council on Alcoholism and Drug Dependence (Sanca).

Known in drug-pushing circles as "welkies" or "pinks", Wellconal has claimed the lives of three young people in the past few weeks.

Tragedy surrounding abuse of the drug reached a new low when first Wayne Falconer, of Hillbrow, and then his wife, Noleen, were found dead in a bath after injecting themselves with an overdose of Wellconal. The young Hillbrow couple were survived by a three-year-old toddler, now in its grandparents' care.

Detectives of the Johannesburg Narcotics Bureau know of 14 fatal Wellconal-related cases reported since January.

Sanca's out-patients clinic in Johannesburg has admitted 16 Wellconal-dependent patients since January. Of the 40 patients admitted to Johannesburg's major drug rehabilitation centre, Phoenix House, during the same period, 15 were on Wellconal.

On the Reef

According to a survey conducted by The Saturday Star, the Wellconal overdose problem appears to be concentrated in the Witwatersrand, with Sanca reporting more than three dozen cases since January.

The Rev Duncan Davidson, therapist from the Lulama Treatment Centre in Durban, says the drug is causing considerable problems, but no fatalities have been reported to him.

A clinical psychologist of the Cape Town Drug Counselling Centre said even though the centre was aware of the problem, no serious case had been reported to her.

Medically, Wellconal is used for controlling pain and has similar properties to morphine, except that while morphine is derived from opium, Wellconal is synthetic. It is highly addictive and taken in overdose creates a state of euphoria.

Drug addicts abuse it by dissolving it in water and injecting ("mainlining") it into a vein.

The reason this drug has a high fatality poten-

SARA MARTIN

tial is that the addict develops a tolerance, and to experience an effect demands an increasingly high dosage and more powerful drugs," says Dr Sylvain de Miranda, director of Phoenix House.

"It eventually affects and depresses the vital cells of the brain, leading to death."

The effect on unborn foetuses is horrifying. Many go into Wellconal withdrawal and stress at birth, and often die if the symptoms are not recognised.

According to Dr de Miranda, there does not appear to be an Aids problem connected with Wellconal.

Dr de Miranda, who has been monitoring the situation carefully in the Transvaal and Natal, says however that using the drug often leads to complications such as abscesses from injecting with dirty needles.

Dealers sell the

"pinks", which they obtain through false prescriptions or on the black market, at R12 each. Some batches of the drug are believed to originate from Mozambique.

Two weeks ago, backyard "pinks" preparations from unknown sources entered the market.

The Medicines Control Council in Cape Town said last night the drug could not be banned because it was necessary as a pain killer.

"We know that Wellconal is open to abuse, so we have tried to control it as carefully as possible by giving it, like morphine, one of the highest levels of scheduling and making it inaccessible to anyone except doctors and pharmacists," said Professor Peter Folb, chairman of the council.

Detectives from the Johannesburg Narcotics Bureau request the help of pharmacists and doctors in reporting cases of suspected Wellconal abuse.

An ode to 'King records addict's

"CARLA" has been convicted on seven charges of producing seven fraudulent medical prescriptions for Wellconal — or as the addicts call the little pills, "pinks".

Her case is no different from that of other Wellconal drug addicts, except perhaps for her age — she is only 18.

The diary she compiled during the periods she spent in jail and a rehabilitation centre from which she escaped three times, is a vivid document of intense, bitter-sweet emotions of love, pain, longing for freedom — repentance and unrepentance.

"Why is life such a problem to handle?" she asks.

"There must be something better out there. A world with no pain and tears."

Meticulously she recorded all the months she spent in custody under the heading "Days I got bust for prescriptions Mandrax and Wellconal".

Love poems dedicated to her boyfriend are placed side by side with her odes to "King Wellconal".

She writes: "Our Wellconal King, which art in Wellconal factory,

Hallowed be our pinks

Thy kingdom come,

Thy score us some in Magaliespoort as it is in Hillbrow.

Give us this day our daily pinks,

And forgive us for our straight friends,

As they forgive us for our smoking and shooting.

Lead us not into prison cells, but into new chemists,

For thine is the spick, the needle and the tablet.

Forever. Amen."

One of the last entries in the diary reads: "We are sitting in the Germiston court cells. We now have been everywhere. It's pathetic. These little cells are so stupid. I wish I was at home in bed. I will never do another script again. If I get out of this one, I'll really make a drastic change. It's weird, it's like we're hoping for the best but expecting the worst. Please, God, let us

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Heroin addiction a 'major problem'

CAP- Times 29/6/88
87

JOHANNESBURG. — Heroin addiction is rapidly becoming a major problem in South Africa, with experts warning that urgent attention must be paid to effective prevention and adequate treatment facilities.

According to the South African National Council for Alcohol and Drug Dependence (Sanca), 15 heroin addicts have been admitted to its outpatient clinics since January.

Two addicts died after heroin overdoses in March and April. In one week, four addicts telephoned Sanca for assistance with withdrawal.

Heroin is a nervous-system depressant, and can be injected, sniffed, smoked or swallowed.

The most common administration is by injection, although many heroin users initially try to confine their habit to smoking or sniffing, hoping to evade the dangers of "needle infections".

Feelings of well-being

According to Sanca, self-administered dosage varies from three to four milligrams per day by chronic heroin addicts.

"Because of its potency and both its analgesic and euphoric effect, heroin has the greatest dependence potential of all narcotic analgesics," said Sanca.

"Its short-term effects include suppression of sensation of pain, euphoria and feelings of well-being. Shortly after administration there is a drowsy, dreary, mild dozing state."

As tolerance developed and larger doses were taken, these signs and symptoms became accentuated, with an ever-increasing impairment of concentration and slowing of speech.

"One of the most desired effects is the heroin rush, often referred to as an abdominal orgasmic sensation, immediately following the intravenous injection," said Sanca. — Sapa

87 (87) (87) CAPE TOWN, 30/6/88

Dagga simply won't work, says drug expert

Staff Reporter

RESEARCH involving local dagga smokers had shown them to have an up to 25% greater incidence of illness and to take up to 21 days more sick leave a year than non-dagga users, according to a top local psychologist and researcher.

Addressing a health seminar hosted by the local region of the National Occupational Safety Association (NOSA), Dr Colin Bower, chairman of the Northern Areas Drug Action Group, said South African dagga was the strongest naturally occurring dagga in the world and not all its properties were known.

Industrialists needed to adopt a definite

policy regarding the abuse of the drug which he insisted should include the rehabilitation of users and post-rehabilitation follow-up programmes.

He appealed to industry to help workers become more effective parents by educating for lifestyles in which dealing with tensions and sexuality excluded resorting to drugs. This was the best first-line defence, he added.

Dr Bower said he wanted to explode the myth that dagga use made for "better" workers, "helps for sex and makes you a better lover", and that it helped asthma sufferers.

A recent study with abusers who smoked

five "stoppe" a day for three months had shown a reduction of 11% in blood flow over the left hemisphere of the brain. This condition had only normalized six weeks after the abuse stopped.

Symptoms of dagga smokers included a peculiar cough and loss of short-term memory and giggling. All symptoms were difficult to detect because of the ability of regular abusers to maintain an outwardly normal facade.

Problems with fighting drug abuse included the mass media popularizing non-prescription drugs and an illogical resistance by school headmasters openly to discuss the topic, he said.

Expert in call for 'war' on SA drugs use

Star 8/7/88

87

By Toni Younghusband,
Medical Reporter

International campaigns against drug abuse have resulted in a decrease in drug experimentation among children, but the absolute eradication of the problem will not occur overnight.

This is the view of leading drug abuse expert, Dr Sylvain de Miranda, of the South African National Council against Alcohol and Drug Abuse (Sanca), who has called on authorities to declare "war" on drugs.

A reader of The Star yesterday said in a letter that the international "war on drugs" had failed to deter drug abuse.

Upsurge in crime

"The main result of America's war on drugs has been an upsurge in violent crime and an increase in drug abuse," the reader said. "It is the laws which forbid the selling and using of drugs which have these bad consequences.

"We need to consider the radical policy of legalising drugs if we are to have any hope of solving our drug problem."

This, said Dr de Miranda, was sim-

ply not true. He said that American and Canadian research conducted during anti-drug abuse campaigns showed a definite decrease in drug experimentation among children.

"There has been a complete change of attitude. There is a trend towards healthier living, exercise and better lifestyles," said Dr de Miranda.

However, he pointed out, the drug problem was far from over.

"We have had drug abuse since the 1950s and it has affected millions of people. To stop it completely you cannot hope for overnight results. It takes time," he said.

Dr de Miranda said in view of the recent reinforcement of international drug laws, it was highly unlikely that drugs would be legalised within the next 50 years no matter what representations were made.

"The legalisation of drugs might very well bring down the abuse problem. We don't know. But there is another side to the story and that is the moral issue.

"If drugs are harmful to the body, as we know they are, can we as medical people morally allow the taking of these substances which are harmful? It is a moral responsibility issue and one which has been debated for many years," he said.

Seek help before it's too late

CINDY GARY

Watch for the tell-tale signs

THE STREETS of Hillbrow on a Sunday morning are littered with signs of drug-taking — syringe packets and empty boxes from over-the-counter medicines for which no prescription is necessary. You find them lying on the pavements, in gutters, even, surprisingly, in the refuse containers fastened to lamp posts.

Little wonder a recent classified advert in The Saturday Star read: "Drugs! Parents, do you suspect your children? Children, do you know what it is doing to you? I was a drug addict for 20 years. Embarrassed to go for professional help, I'm sure I will be able to help you before it is too late."

The offer of help comes from 40-year-old Selwyn, who managed to kick the habit without help just 18 months ago. He moved to Johannesburg from Port Elizabeth a year ago and said he was disgusted at what he saw in Hillbrow. Drugs,

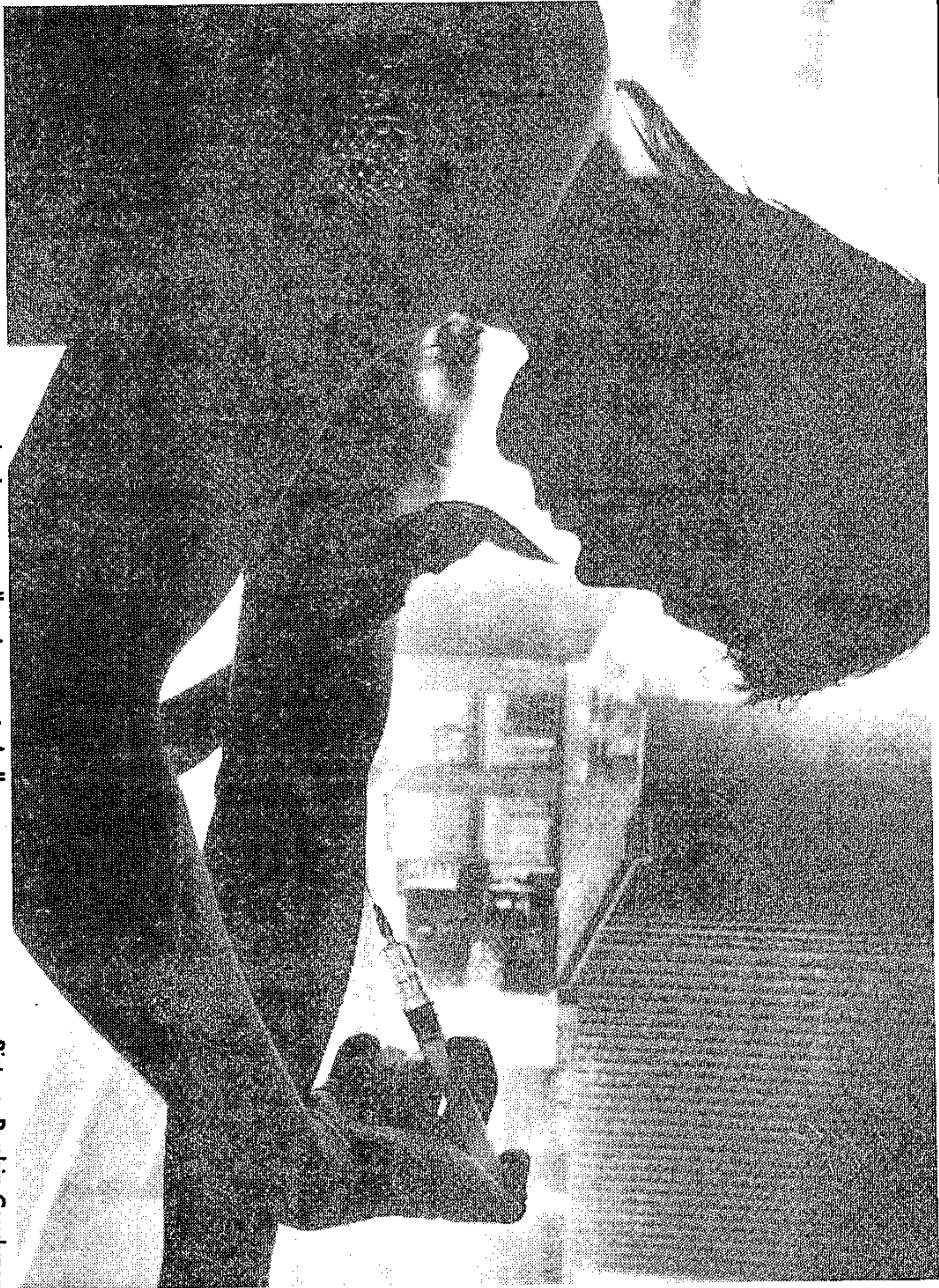
especially Wellconal, were readily available. The response to the advert had been fairly good but not as good as he hoped, Selwyn said. He had spoken to several parents and children. People as young as 15 were becoming hooked because of drugs' easy availability. Peer pressure also played a part, as people did not want to be seen as different. Selwyn aims to help by showing these people the irreparable damage caused by drugs. He intends to take them to places where drugs are sold and taken, to make them face reality. Selwyn's addiction

As dependence set in the individual may not function properly. At this stage the drug's effects and the way the drug was taken would become apparent. A user might suck peppermints or use a mouth spray to mask oral administration. Dagg would leave a distinctive sweet smell and stain the smoker's hands. Chronic sniffers would experience runny noses and watery eyes. Those who injected themselves would have bruises on arms, legs, hands, feet, neck and groin. If a child developed these signs he or she should be confronted in a firm but supportive manner by the parent, said Dr De Miranda.

CINDY GARY

phone the doctor as he had stopped breathing. Selwyn was affected mentally and physically. He lost everything. His wife left and took their three children with her after 17 years of marriage. He lost his home, his car, his self-respect. Having kicked the habit he is "too terrified" to take anything and is never tempted to go back to his old ways. However, he estimated that only a small proportion of addicts gave up permanently. Addicts sent by the courts to rehabilitation centres returned quickly to the drugs scene when they were released.

Having experienced personally the harm caused by drugs, Selwyn said he was in a position to help other addicts, although self-motivation was the most important factor. "Stay away from drugs. You can have a good time without alcohol and without chemicals," he said.



ONE-WAY TICKET: An addict gets set to embark on a needless journey to hell.

Picture: Ruphin Coudyzer

Govt delaying drugs education

Star 23/7/88

(87)

A LIONS International project to sponsor Government officials on a 10-day tour of the United States in September — to learn and evaluate a drug-prevention youth programme — has been described as a "freebie at the cost of the Lions" by Dr Sylvain de Miranda, director of Phoenix House, a drug treatment centre in Johannesburg.

"The South African authorities have been looking at programmes for the past 15 years. I find it sad they are still looking at programmes."

"Had they not developed the ostrich policy of keeping their heads in the sand, heroin and cocaine would not have been introduced to this country."

No need for a trip to the US

SARA MARTIN

Dr de Miranda was reacting to Mr Ron Roberts, immediate past governor of Lions International, who travelled from Bloemfontein to meet Dr de Miranda and question his statement — published previously by the Saturday Star — that the "pathetic attitude of the South African authorities with regards to drugs defies description."

Mr Roberts, also a Multiple Distinguished Drug-Awareness co-ordinator, said the trip to study the drug education Lion-Quest programme "Skills for Adolescence" was a breakthrough and a sign that the authorities are "on the move". All four of the education departments will be represented in the trip to the United States.

"I have the greatest respect for Dr de Miranda, but he is wrong," he says. Dr de Miranda replied: "We deve-

"It was the only programme that has been scientifically evaluated by educational psychologists running study groups over three years. It was looked at by world authorities even those who have excluded SA from their membership. We even held work groups with educational authorities.

"Nothing has happened. The authorities' excuse is that the drug problem is not significant."

Dr de Miranda is not impressed with the procrastination of the educational authorities.

"That is white education. What about the other colour groups where there is no preventative education at all?" he asks.

"The only thing that has happened with black education is that the authorities have point blank refused to even discuss the problem. Nothing is happening."

"By a preventative education programme we don't mean a once-off talk about alcohol and drug abuse in schools. It must become an integral part of the curriculum and on-going.

"South-Africa is the only so-called modern country where we cannot say scientifically how many drug-incidents there have been in the school-going population because the authorities do not allow for a proper survey."

"Preventive education should ideally begin at the age of 6 years. Chit-chatting in primary schools is not unusual.

"Our education programme has been successfully implemented in 20 private schools. It is now up to the parents and teachers of pupils at Government schools to pressurise the authorities to act without delay and solve the problem."



FACE TO FACE: Dr Sylvain de Miranda (left), director of Phoenix House, and Mr Ron Roberts, immediate past governor of Lions International.

Drug of doom hits SA streets

(87) Times 24/7/88

HEROIN — the world's deadliest drug — has found its way on to the streets of South Africa.

"We have already experienced two deaths from heroin overdose," said Mrs Laura Edmonds, superintendent of Johannesburg's National Council for Alcohol and Drug Dependence (Sanca) outpatients clinic.

"Two years ago we were a heroin-free society, but now addiction is rapidly becoming a major issue of concern.

"The drug is available in this country, it is being used and it's here to stay."

A spokesman for the police Narcotics and Alcohol Bureau confirmed heroin had hit the streets.

"But the problem hasn't become all that big yet because of the availability of Wellconal — a synthetic type of heroin," he said.

"Should we ban Wellconal in this country, we would be opening the doors to a massive heroin market."

He said the first heroin arrest had been made two years ago.

Since then, there had been three large seizures of heroin in this country — two cases involving one kilogram and the other case involving two kilograms.

"There have also been a handful of

By JANINE LAZARUS

smaller heroin busts involving 20g to 200g," said the spokesman.

Called "H", "horse", "dust", "scag" or "snow", the drug can be injected, sniffed, smoked or swallowed and has an estimated street value of between R120 000 to R200 000 for 120g.

Mrs Edmonds said: "But heroin doesn't hook only people who are able to afford it."

"A lot of addicts have their connections. They have ways of getting money to get the drug."

Plagued

About four kilograms of heroin have been confiscated by the Narcotics Bureau over the past two years and 15 addicts have been admitted to Sanca's outpatient clinic since January this year.

The clinic has also been plagued by requests from addicts for assistance with heroin withdrawal.

"These addicts knew each other and turned to us for help when their supply had dried up.

"Unfortunately they have since stopped telephoning as their supply is back from wherever it came," said Mrs Edmonds.

Reports to the clinic had indicated that heroin was becoming easily obtainable on the streets.

"The frightening thing is that although it is still in its early phases, it could grow much bigger in the next few months.

"It is probably one of the worst drugs, with the most far-reaching socio-political and economic implications."

Self-administered dosage varies from three to four milligrams by novices and up to 300mg a day by the chronic heroin addict.

It is sometimes mixed with amphetamines or cocaine on the black market and brown heroin powder containing impurities — known as "brown sugar" — has also found its way here.

Mrs Edmonds said short-term effects of heroin included euphoria, feelings of well-being and suppression of pain.

Confused

As tolerance developed, the symptoms became accentuated with an increasing impairment of concentration and slowing of speech.

"A heroin addict is not a pleasant sight. The person loses all muscle structure, has a terribly drawn face and seems to be totally confused.

"Urgent attention needs to be given to the implementation of effective and professional preventive strategies as well as the development of adequate treatment facilities.

"This is a massive task but something must be done."

Help for drug-hit families

By SIMPIWE NCWANA

TOUGH Love, a programme to assist parents whose children abuse drugs, has been introduced by the Centre for Continuing Education at Wits University.

Social worker and course co-ordinator Linzi Cohen said many parents suffered from the problem of children who were abusing drugs and Toughlove would assist them to do something about the problem.

"It is common knowledge that many parents tend to blame themselves for their children's problems. They then suffer an enormous amount of guilt and shame.

"The end result is that they feel helpless and hopeless, pretending and hoping that the problem will just go away.

"Toughlove assists and offers a set of principles to help parents solve and deal with the problem constructively," she said.

She added that parents were shown how to help their children and themselves to face the reality of the problem and to stop the family from falling apart.

Tomorrow, Toughlove will hold a one-day workshop at Wits University.

For more details phone (011) 716-5510.



Call me

24/7/88





Nicotine addiction is forever

Nicotine addiction stays forever, says Mr D M Baird, executive director of Smoking and Health in South Africa.

According to him, the "wicked" aspect of smoking is the nicotine dependence. We can all say we are not going to smoke any more. But there is no choice with dependence. You can't just switch it on or off.

"It may be dormant but it is always there. That's the sad thing about young people. They feel they can smoke for one or two years then give it up. This they can do, but the addiction stays with them for ever."

Mr Baird confirms that in South Africa, too, more young girls smoke than young boys, "but as far as statistics are concerned it is beginning to level off".

He says in 1984 an average of 34,9 percent of whites in South Africa smoked, of which 40,6 percent are men and 29,3 percent women. In the black community the average is 27,7 percent of which 44,5 percent are men and 6,2 percent are women

Forty-one percent of the coloured community smoke of which 49,7 percent are men and 33 percent are women.

Mr Baird says often the statistics hide the severe differences between men's and women's smoking rates.

The total number of smoking related deaths in 1984 reached 21 000.

"By the year 2000, if we take the white rates and apply them to the black population, the deaths will exceed 60 000 a year."

289

88/1/1/1/2 NATS

Concern over drug abuse mounts

'Education for living' plan on cards for SA schools

Stev
30/7/88
(87)

Fall dashes Sylvain's world congress hopes

A TELEPHONE call and a nasty fall shattered the hopes of the country's top drug expert representing South Africa at a World Congress in Norway yesterday.

Mr Sylvain de Miranda, director of the SA National Council on Alcoholism and Drug Abuse, had been invited as one of the main speakers at the World Congress on the Prevention and Treatment of Alcohol and Drugs Dependence.

A quirk of fate caused him to trip over a telephone wire as he was attempting to answer two phones simultaneously earlier this week. The fall resulted in a broken hip and several days confinement at a private clinic. He is in great pain and will be walking with the help of crutches for several weeks.

SATURDAY STAR REPORTER

THE Government is considering making an effort to launch an "education for living" programme in schools to prevent and combat drug abuse.

As schools re-open for their final lap next week, concern among teachers and parents over this issue is mounting.

The Saturday Star highlighted the need for a drug-prevention youth programme in schools in several reports.

Dr Sylvain de Miranda, director of the SA National Council for Alcoholism and Drug Dependence, was quoted as saying the delay in initiating such a programme had allowed drugs like heroin to slip into the country.

SABC radio mentioned that such a programme was envisaged. The Department of National Health and Population Development, however, said it had not officially announced it.

A spokesman for the department said a committee was presently looking into an "education for living programme" and ultimately hoped it would be introduced into school curriculums.

"The course should be seen in a much broader sense than merely drug education," he said.

"The ultimate idea is to incorporate in such a programme all factors of importance to prepare the youth for a socially acceptable adult life."

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REV. SAM STARK

SIGHT & SOUND

SATURDAY STAR SURVEY . . . AUGUST 27th

(87) Star

Bosmont 'in desperate need of upgrading'

Municipal Reporter

Bosmont is one of Johannesburg's Cinderella suburbs and is desperately in need of upgrading, says independent municipal candidate Mr Mark Ramjee.

He appealed to residents to become civic minded and to add muscle to election campaigns to upgrade the area.

Major problems which had to be tackled included the use of the area as a dumping site by road contractors and the poor state of the parks, which were no longer being used for recreation.

"Our rates have been increased but we do not see the benefits. The council shops are run-down, pavements and streets are neglected and speeding traffic is a hazard for our children, particularly in Maraisburg Road," he said.

87 19/8/88

Alarm at black drinking

By Toni Younghusband,
Medical Reporter

Alcoholism costs the South African economy more than R1 billion each year, a study by the South African National Council on Alcoholism and Drug Dependence has shown.

According to the results of a Sanca research project begun in 1985, alcoholism costs the country at least R530 million annually in terms of lost production.

Lost production probably constitutes 45 percent of the total cost of alcoholism, the other 55 percent being made up of health and medical costs, road accidents, fire losses, violence and crime and the costs of so-

Huge burdens imposed on SA economy by alcoholism

cial programmes to deal with alcoholism.

Sanca says there are almost 500 000 alcoholics in this country and that alcoholism among urban black males is alarmingly high — probably because of the high levels of crime and violence in townships.

"The rate of alcoholism among urban blacks is a matter for urgent intervention and prevention," says Mrs. Liz Pretorius, Sanca's executive director.

Because the incidence of alcoholism is increasing faster among South African women than men, the council's annual campaign will focus this year on women with alcohol and drug problems.

The campaign will start on August 22 and will aim at improving general knowledge about the use, abuse and dependence upon alcohol and other drugs among women. It will also encourage the development of rehabilitative and preventive

services for these women.

Sanca's official estimate is that 55 000 South African women are alcoholics, but it believes double that number is probably more accurate.

"Alcoholism has traditionally been viewed as a man's disease, but in the past few decades the increase in alcohol use among women has surpassed that of men."

Sanca said that over the last 13 years, the number of women who use alcohol had increased considerably.

Escalating pressures to excel, both in the traditional role as wife and mother and as a generator of extra income for the family, are contributory causes.

Actstop to champion cause of domestics

By Shirley Woodgate,
Municipal Reporter

25/8/88
Actstop has instructed the Legal Resources Centre to act on behalf of the domestic workers who have been banned from having visitors in their living quarters in two Parktown blocks of flats.

A statement by Actstop spokesman Mr Cas Coovadia condemns the ban by the body corporate of Majestic Towers and Majestic Gate as "reprehensible and contrary to all Christian norms".

"No person can deny families the right to reside together and we are confident our case will succeed," he said.

OPPRESSION

"We appeal to the controlling body to reconsider its decision and to act in a humane manner. Domestic servants are subject to immense oppression and exploitation in our communities and this type of action adds to their suffering.

"Although the controlling body denies it is being racist, it is a fact that only black people are domestic servants. The decision of the controlling body can therefore only be interpreted as racist and it will add to racial tension already aroused by legislation such as the Group Areas Act.

"Actstop intensifies its call for humanitarian behaviour on the part of landlords, controlling bodies and other lessors."

This is the first in a two-part series on drug addiction. They are true stories of addicts, the hell they went through, and the merchants who trapped them into a life of

crime and misery. It is also the story of the Cape Town Drug Counselling Centre, and the people who struggle to stop the terrible waste of young lives.

W/C Argus
27/8/88
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LISTEN, MY CHINA!

by MARK STANSFIELD
Weekend Argus Reporter

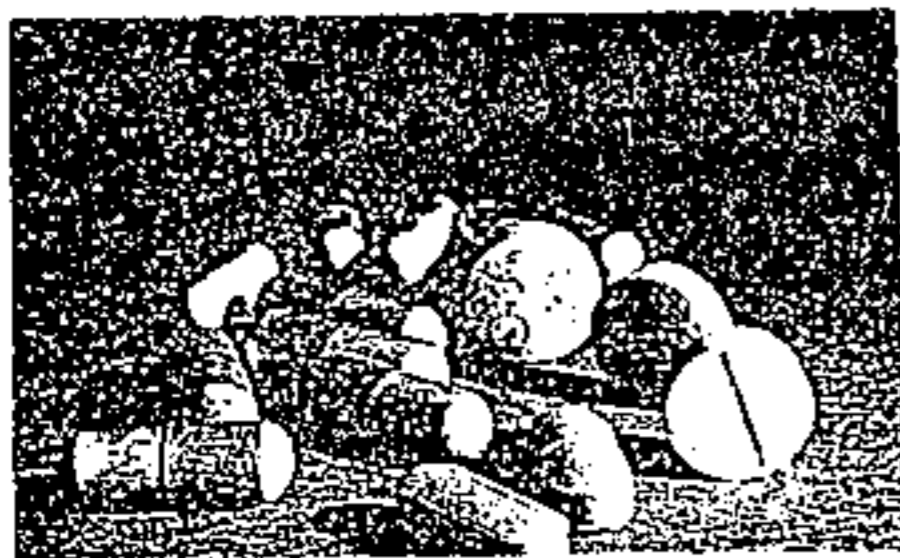
LISTEN CHINA! and listen well... because this story is true and it concerns all of you out there who say dagga is lekker and not harmful:

This week I met two men who know the buzz. One of them pulled pipe for 20 years, the other pulled pipe for 16. He "graduated" onto the other "good" things available on our city streets which can be smoked, swallowed, sniffed and spiked — including the Big H (heroin), coke (cocaine) and LSD.

Many of you will recognise them by what they have to say, because you often smoked and jabbed with them (they're old Peninsula rookers), but I've changed their names because they've turned their backs on stealing and lying and jolling and they want to talk because they hope some of you will listen before it's too late. They went through hell and they just want to warn you where all the jolling and smoking ends up.

So, before you take another toke, sit back, relax and just listen.

This week Darryl tells his story and next week we'll give Willie a chance. Then we'll interview some heavy merchants (now straight citizens) about how they trapped young addicts into owing them thousands, and how these naive young drug users still fear for their lives because of deals that took place years ago. Some of them owe the merchants a lot of money. They've stopped using drugs but the merchants still threaten them with physical harm (even death) until they pay up. Many cannot — they owe too much. So, before you fall into the same trap. Listen:



Darryl was 10 when he was walking to school one day. He was already stealing his mum's ciggies but this particular day he had run out so a worker at the school shared his own, home-grown rollie with him as a joke.

Darryl didn't know it was dagga but he liked the feeling and it became his regular smoke. Ten years old.

He went to SACS, still smoking zoll and jolling, China, except that now it was dagga and Mandrax, and when he scraped through matric he got a good job with a nice fat salary but it wasn't enough.

His whole salary was blown on drugs, and he began stealing things to keep himself high.

In December he got a fat end-of-year bonus from his company — so for 14 days after that Darryl didn't go to work. He partied and smoked zoll all day. Hell, this was the life... who needs to work? His company took him back even though he had disappointed them.

Darryl worked some more, except now his habit was very heavy. He borrowed money from a money-lender to get by.

"I was spending about R400 every two days to keep myself up," he says.

The next December Darryl got his bonus again and this time he quit. With his pension money he had six grand in hard cash, China... enough to really blow one's mind.

After a month of heavy jolling he'd spent R5 000. So Darryl jolled it up to Jo'burg because no company wanted to take him back. He had a bad reputation, you see, because he was unreliable-like, you know.

In Jo'burg his money ran out and he ended up sleeping on park benches until a drug merchant gave him the chance he needed.

He sold caps of good LSD for the merchant, and got a cut of the take — enough to keep his habit under control.

Eventually Darryl set himself up as a merchant selling Mandrax and LSD. He was rich, China... big larney house and fast cars, swimming pool, jacuzzi, a speed boat for the Vaal. Chicks with long legs willing to do anything, ANYTHING for Darryl!

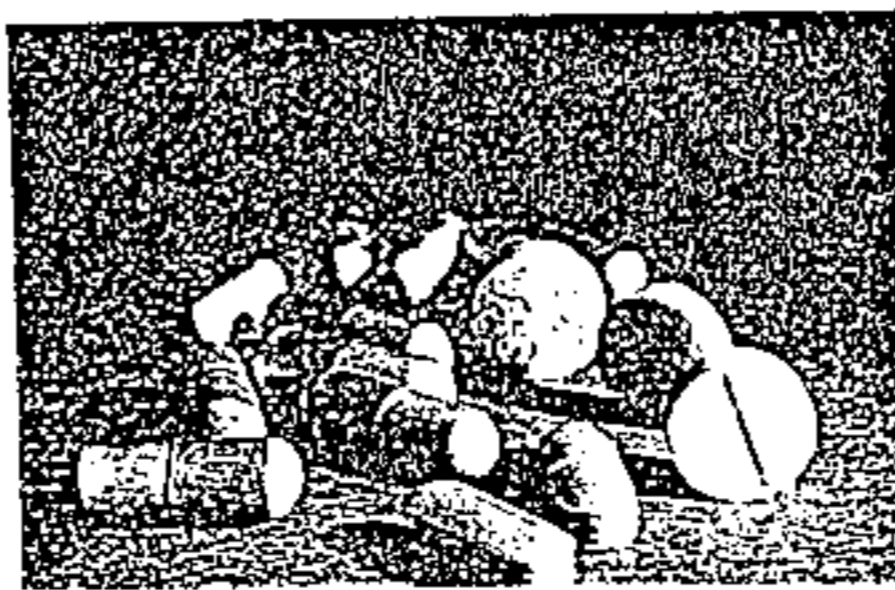
But Darryl couldn't be bothered because Darryl was so hooked now, China, that he just parked off in his bedroom dreaming the good dreams that drugs bring.

Darryl was smoking, sniffing and spiking R1 543 worth of Mandrax, Welconal, heroin, coke and acid a day!

He weighed 48 kg — like a skeleton, Darryl was, and he spent his days curled up in bed. Great life hey!

Darryl is a kind man. He's well-educated and wouldn't harm a fly, hey? Isn't that what we all say about dagga? 'Makes us mellow and peaceful', right?

So why, at the age of 23, was Darryl in the back-room of a house in Soweto torturing a man?



The man was tied to a chair and Darryl and his friends had tied a G-clamp to his head. He was screaming in agony and Darryl could hear the man's skull bones cracking as they tightened the screws. When that didn't work they made him swallow a bottle of Jik.

They were doing it because the Soweto man was a supplier and he had ripped off R8 000 without supplying the drugs that amount of money bought. "When I think of it now I want to be sick," says Darryl.

From riches to the gutter: A true tale

There was no money, no drugs. Darryl was on the bones of his arse. He craved a fix. He couldn't afford anything so he began crying and banging his head against the wall. Screaming like a loonie, hey!

And that was when Darryl realised what he had become: He was a lying, cheating, snivelling drug addict. That was all he was and he wanted out.

Darryl was one of the lucky ones. He had will-power. He stopped taking drugs, 'phoned his parents and came home.



He still goes for occasional therapy and treatment at the Cape Town Drug Counselling Centre in Observatory, where his employment stipulation (yes, Darryl was given another chance) is that he undergo a drug test every two weeks and attend counselling once a week.

"My memory and concentration have been badly impaired but I won't end up 40-years-old without anything to show for my life except a craving for a fix," he said.

A young man was sitting talking but his face, especially his eyes, were of a far older person. Darryl may have stopped drugs but the ravages will always be there to see.

Good story hey?

Well, carry on smoking, China, and then come to me in 10 years' time (if you live that long) and I'll write your tale quite gladly but I wish you'd listen to Darryl instead because he's been there, seen it all, done it and he's grateful that he managed to get another stab at re-joining society:

"I spent 16 years of my life on drugs and I have nothing to show for it all.

"Is that what life was all about?" he asked.

NEXT WEEK: Drug Trafficking — the inside story of how drug merchants open accounts for drug addicts trapping them into a life of endless misery as they try and pay back their debts, with threats of physical harm if they don't pay up.

GREEN and SEA POINT HEBREW CONGREGATION

MEMBERSHIP AND SEATING FOR HIGH FESTIVALS 1988

Applications for Membership and Seating for the High Festivals 1988 are invited from the public who wish to attend the Rosh Hashanah and Yom Kippur Services. Our office will be open daily from 8.30 am and on Sunday August 28 and September 4 from 9 am to noon.

Complimentary seating is available to bona fide students from out of town and National Servicemen.

Reservations are to be made in person.

(AAAP1535)



87 483 May.

IESS DAY, Wednesday, September 21 1988

3

Unethical to promote Vesperex — evidence

EDYTH BULBRING

AN EXECUTIVE director of a drugs company told the Johannesburg Magistrate's Court yesterday it was unethical to promote a dependence-producing drug like Vesperex.

William David Marais of Lennon Peterson Agencies said Vesperex, a schedule six drug, was never given as a free sample and it was company policy to refuse sample requests for the drug from doctors.

Marais was giving evidence at the trial of Jean Henri Coppez, 37, of Bryanston, and Maseraadeen Mohideen, 36, of Mayfair, who pleaded not guilty on Monday to 11 charges of fraud and alternative charges of forgery and dealing in Vesperex tablets.

The state alleges Coppez and Mohideen fraudulently ordered 284 800 Vesperex tablets for a non-existent pharmacy and debited the company's account by more than R130 000 from July 1985 to July 1987.

Marais said he had told employees none of the company's products were to be discounted without his prior knowledge or debited to the company's account. Coppez, a former employee, had been present at these briefings.

Last year it was drawn to his attention that Vesperex tablets were being debited to the company's account. Some orders were going out at less than the wholesale price and others were not paid for.

The frightening menace of Mandrax

By STEPHEN WROTLESLEY,
Crime Reporter

MANDRAX is one of the most profitable drugs for dealers in South Africa — and they make the most of it.

While dagga is the country's traditional home-grown drug, the position of methaqualone, which used to be marketed in South Africa as Mandrax, has grown since it was banned as a prescription sleeping pill in the 1970s.

Addicts started using Mandrax in large amounts in the early 1970s when they found that smoking it in crushed form with dagga boosted the effects of the indigenous drug.

Today this form of abuse is unique to South Africa, according to a police narcotics agent.

When Mandrax was

banned, its abuse had not reached anything near the proportions known today. And the demand is growing.

Bought for a few cents in India and Pakistan, tablets sell for between R8 and R18 each in the Cape, depending on the season.

An idea of the money that dealers are after can be gauged from the quantities confiscated by the police. In the past week, an alleged drugs factory was raided in Durban and more than R7.5-million worth of Mandrax powder was confiscated.

Days later detectives confiscated tablets worth more than R2-million in Cape Town.

According to statistics released by the Commissioner of Police, Mandrax worth R10-million was confiscated in the year ending in June,



Mandrax tablets seized on a truck in Cape Town

1986, an increase of more than 100 percent on the previous year.

In less than a week this year police confiscated almost the same amount as they did in the whole of 1986.

agents tightened controls at airports and based drug units at entry points, dealers changed their tactics.

They started using:

- Neighbouring states as staging points, flying their drugs to other international airports and switching them to hiding places in cars and lorries to be driven through border posts;

- Aircraft flying from the East via other destinations; and

- Hidden compartments in other imports.

In recent years, police have found tablets hidden in aqualungs purportedly used by tourists returning from a holiday in Mauritius and in a box of dried fish.

Narcotics agents said this week a sizeable quantity of Mandrax could be hidden in a

relatively small space.

"With dagga, you have to have a whole truckful to make a reasonable profit. But with Mandrax, you can hide it between a shipment of fridges, in an expanded silencer system or in a hidden compartment," one said.

Police are not prepared to comment on the co-operation they get from neighbouring states in combating the Mandrax scourge.

However, in recent years it has become apparent that these countries are also operating against the drug dealers.

Zimbabwe alone has confiscated millions of rands worth of the drug.

"It is a dangerous drug and it is habit forming.

"It has a serious effect on people," an agent said.

By Mckeed Kotlolo,
Pretoria Bureau

A group of concerned black and white businessmen and community leaders in the lowveld have organised a series of events, including sports and music shows, until the end of the year in an attempt to fight drug and alcohol abuse by young people.

A company was formed about a month ago to raise funds and to fight drug abuse by keeping youths busy.

They are organising a series of music festivals

Lowveld is planning a really high season

and sport activities, including professional football featuring some of the leading National Soccer League clubs.

A spokesman for the organisation, Mr Charles Parsons, said the lowveld was dead entertainment-wise, "with people spending boring weekends because of lack of facilities".

He said the few available recreational facilities

were in poor condition, and that contributed to the "high drug and alcohol abuse among teenagers because they have nothing to keep them busy".

He added that the newly-formed group was planning to provide facilities to keep youths away from drugs and alcohol — and also "keep up the good relationship between the people of

Nelspruit and kaNgwane".

Nelspruit has only one cinema — multiracial — and one promising professional football club, Dangerous Darkies, which is in the NSL Second League.

The group plans to put up a recreation centre outside Nelspruit.

On November 27 at Likazi Stadium, kwaNyamazana, there will be a 10-hour extravaganza with top musicians and a soccer match between Dangerous Darkies and Umtata Liverpool.

Guns will be barred to alcoholics and addicts

Stev
15/10/86
(87)

ALCOHOLICS and drug addicts are among the people who will lose the right to use or own a gun when the stricter new Arms and Ammunition Act is implemented.

Minister of Law and Order Mr Adriaan Vlok said the stricter measures had to be introduced to curb the violent acts involving firearms.

Police also intend using the laws to clamp down on the number of weapons stolen.

Quoting statistics, Brigadier Leon Mellet, public relations officer for the Minister, said 1 013 cases of murder and attempted murder in which a stolen firearm had been used were reported in 1986.

In the past two years about 20 000 firearms had been stolen.

Another phenomenon that has caused much concern is the role alcohol plays in many cases of violence — family murders in particular.

For this reason the law has been amended to make it an offence to use a weapon while under the influence of drugs or alcohol.

Alcoholics, drug addicts, people with psychological problems and individuals prone to violence are among those identified as being unfit to own or use a weapon.

A person negligently firing a weapon and killing or wounding a person, damaging property or handling a weapon in a negligent way — whether it goes off or not — now faces a maximum fine of R3 000 or a year's jail, or both.

A maximum sentence of 25 years' jail can now be imposed on a person who possesses cannons, machineguns (or parts thereof), projectiles that can be fired from a cannon, hand grenades, bombs, limpet mines, mortars and similar equipment.

The new law makes allowances for a person to have such items if they get a permit from the office of the Minister of Law and Order.

Brigadier Mellet called on the public to assist the police by reporting possible transgressors.

This would help to ensure greater safety in South Africa. — Sapa.

New gun laws best ^{Star 17/10/88} in world, say police ⁸⁷

By Claire Robertson,
Pretoria Bureau

New legislation on gun control came into effect on Friday barring, among others, alcoholics, people with violent tendencies and the mentally ill from possessing firearms.

The legislation is the result of local and international research on gun control following intense concern among the authorities about the increasing number of family murders and the abuse of firearms.

More than one million South Africans own weapons, according to police figures, and there are more than 2,6 million licensed weapons in the country.

The latest figures show that 1 013 murders, 13 rapes and 1 886 robberies involving stolen firearms were committed in 1986.

The measures include:

- It is now an offence to handle a weapon while under the influence of alcohol or narcotics, or to provide a weapon to such a person.
- Weapon owners must carry their licence or a certified copy whenever they carry the firearm and produce it when asked by police.
- No civilian may own a cannon, machine-gun or parts, cannon projectiles, grenades, bombs, limpet mines, mortars or similar military arms — even those immobilised and kept as trophies, as was permissible before the legislation. These may only be owned with written permission of the Minister of Law and Order. Imitations are also banned.

Shell casings and the like used as ornaments or ashtrays are permissible.

Anyone with knowledge of these articles being illegally owned is obliged to inform the police. Contravention of these laws carries a maximum 25 year prison sentence.

● A missing firearm must be reported to the police within 24 hours of discovering the loss, and not 48 hours as in the past.

● Police permission must be obtained before destroying one's firearm.

● A person can now be declared unfit to own a weapon if he or she handles it negligently — whether or not anyone is injured or killed as a result. Such a person is also guilty of an offence carrying a maximum R3 000 fine.

● Regulations governing one's right to own a weapon have been tightened, and the following persons may now be declared unfit to possess a firearm: mentally-disturbed persons; drug addicts; alcoholics; and people with violent tendencies.

Lieutenant Newton van der Mescht of the SAP Legal Division said authorities in every country where South Africa has diplomatic representation were consulted before the legislation was drawn up.

"It is one of the most advanced systems in the world by far. Australia has already adopted some of these measures after consultation with us," he said.

"I want to emphasise that the SA Police and the Government do not in any way intend to limit the sale or possession of firearms, but to control the abuse of firearms," the Minister of Law and Order, Mr Adriaan Vlok, said in a statement.

Gun laws not directed at ex-alcoholics

MARK GLEESON

NEW gun control legislation promulgated last week will not effect the reformed alcoholic, says Law and Order ministry spokesman Brigadier Leon Mellett.

His response came after complaints from reformed alcoholics that they were being "persecuted".

He pointed out yesterday the new legislation would only effect those under the influence of alcohol or narcotics. "There is nothing stopping a rehabilitated alcoholic or drug user owning a firearm. These laws are not aimed at them.

"The law is to protect people from those still under the influence," said Brigadier Mellett.

The new legislation, described as among the most advanced in the world, came into effect last Friday and includes the following measures:

- It is an offence to handle a weapon under the influence of drink or drugs, or to provide a weapon to such a person.
- Weapon owners must carry their licences whenever they carry a firearm.
- Missing firearms must be reported within 24 hours to the police.
- Police permission must be obtained before destroying a firearm.
- A person can now be declared unfit to own a weapon if he or she handles it negligently.

According to police figures, more than a million South Africans own weapons, with some 2,6 million licensed weapons in the country.

Last year 1 013 murders, 13 rapes and 1 886 robberies involving stolen firearms were committed.

The SAP legal division said authorities in every country where South Africa had diplomatic representation were consulted before the legislation was finally drawn up.

And Australia had adopted some of the measures after consultations with South African experts, the SAP said.

In a statement the Minister of Law and Order, Mr Adriaan Vlok, said: "I want to emphasise the SA Police and Government do not in any way intend to limit the sale or possession of firearms, but to control the abuse of firearms."

Star 15/11/88

87

By Toni Younghusband,
Medical Reporter

South Africa's jobless youth was unwittingly paying an annual R10 million in tax simply by smoking, Mr Denis Baird, of the National Council on Smoking and Health, has pointed out.

Mr Baird said South Africans under the age of 19 contributed an estimated R10 million to the State in the form of taxes levied on tobacco.

And, said Mr Baird, more and more young people were smoking. "According to our statistics, approximately 70 000 youths become addicted to cigarettes each

Jobless smokers are boosting State coffers

year — that does not include those who already smoke," he said.

Recent figures show that 25 000 South Africans die each year from tobacco-related diseases yet the number of smokers is growing.

"This is a real catastrophe. If we don't do something soon, we are going to see 60 000 tobacco-related deaths in the next few years," said Mr Baird.

Dr Yussuf Saloojee,

who will head the Council's newly-formed Research, Education and Training Centre, said while cigarette addiction was showing a marked decline in other countries, South Africa still had a very real problem.

He said last year Britain sold 40 billion cigarettes less than the previous year and in the United States the number of smokers had dropped to its lowest in 40 years.

"In these countries they recognise that smok-

ing is the single most preventable cause of death. In South Africa, we tend to neglect this fact, to try and ignore it."

One shocking fact which people tended to ignore was the effect of "passive" smoking. Dr Saloojee said research showed that if the father in a family smoked, his child was smoking the equivalent of 45 cigarettes a year simply by inhaling the smoke in the air. If the mother smoked, the child was "smoking" 60 cigarettes annually.

Passive smokers were particularly susceptible to lung cancer.

SA for world talks on drugs

By Toni Younghusband
Medical Reporter

The World Association on Alcohol and Drug Dependence has set aside a special day during its annual congress next week for 15 papers by a southern African delegation.

The delegation will be led by the Johannesburg drug expert, Dr Sylvain de Miranda, and includes speakers from Bophuthatswana, Zululand, Vista University and the Human Sciences Research Council.

The six-day congress is in Israel.

"In our present political climate, this is quite a breakthrough for us," Dr de Miranda said.

He believed one of the reasons a special day had been earmarked for the southern African delegation was its first world/third world situation.

"And of course, we have similar drug dependency problems to those in Israel. In Israel they have a very restless, angry youth who are turning to drugs.

"Their population is, like ours, multi-ethnic which makes the establishment of a universal preventive programme that much more difficult.

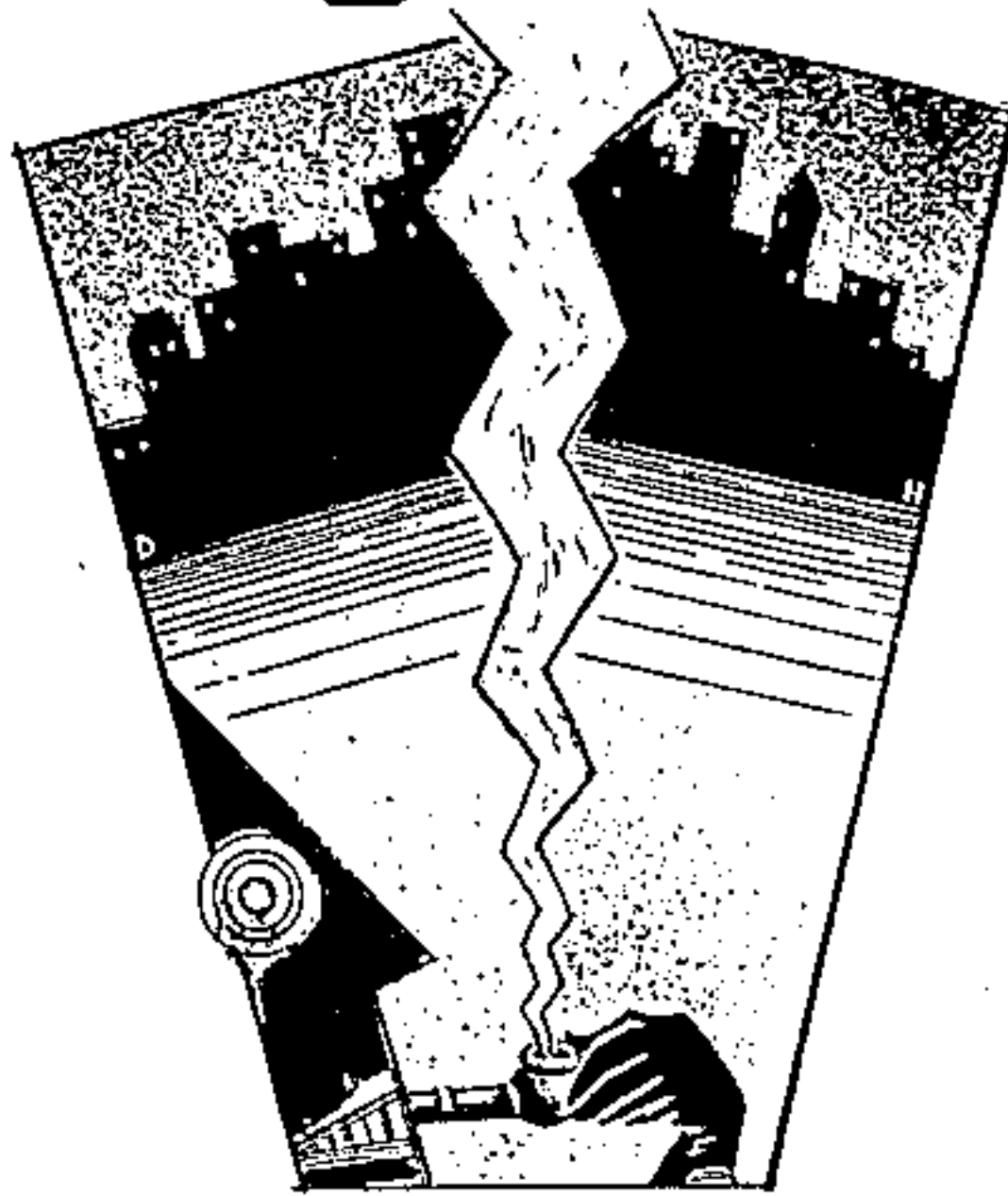
"We, because of our complex societies, have first-hand experience of the difficulties involved in setting up universal programmes," said Dr de Miranda.

87 WMAK
2-8/12/88

THE WORLD

Clamps on Holland's 'hassle-free highs'

In response to pressure from neighbouring states, the Dutch are tightening their liberal drug-trafficking laws.
EDWARD CODY reports



Drugs: crime or social problem?

UNCOMFORTABLE with its reputation as a country that is soft on drug users, the Netherlands has tightened laws to combat trafficking and discourage young tourists from coming here in search of a trouble-free high.

The trend towards more vigorous law enforcement has come in response to concern from neighbouring European countries, Dutch officials said. It also coincided with a shift in public opinion leading some Dutch to question the attitude that has made the Netherlands a champion of dealing with drug use as a social problem as much as a crime.

Despite the tightening, Dutch authorities have continued to tolerate illegal sales of soft drugs such as marijuana and hashish in the dark coffee houses that line Amsterdam's canals. This is in line with a decade-old policy drawing a sharp distinction between offences involving the use of hard drugs, which is prosecuted, and soft drugs, which are permitted in practice although barred by law.

Drug specialists say this policy, which has helped make the city famous among young travellers, has also limited the bad effects of soft drugs by sparing youths the need to deal with criminals to experiment with marijuana.

A survey commissioned by Amsterdam's city government showed that far fewer youths have tried cocaine — or even marijuana — in the Netherlands than in the United States.

Monte Aart Alexander van Capelle, a public prosecutor directing the anti-drug effort under Justice Minister Frits Korthals Altes, said police have stepped up enforcement of laws and guidelines without abandoning the overall policy of tolerance on soft drugs and their users and compassion for hard-drug addicts.

"But we are screwing it down a bit," he said in an interview.

The result has been strengthened enforcement of police rules to keep marijuana sales small-scale and discreet and to prevent formation of big distribution networks.

More than 200 coffee houses in Amsterdam still purvey soft drugs. But their owners have been put on

notice to stop calling attention to their wares, dealing in carry-out quantities or selling cocaine or heroin under the counter.

Police have ordered coffee houses to take down price lists previously posted in windows and on sidewalks signs. Menus listing "space cake" hashish pastries and plastic bags of dope are still available inside, but a coffee house owner was convicted two weeks ago for defying the ban on visible signs and lists.

Under a four-year-old agreement with West Germany, German hard-drug users who commit crimes in the Netherlands will be refused methadone treatment here and turned over to West German border police.

Methadone treatment has long been part of an extensive government programme to nurse Dutch heroin addicts into as normal a life as possible.

Seventy percent of the country's approximately 65 000 addicts come into contact with the programme at least periodically. "If you want assistance, you can get it the same day," an official said.

Heroin has been readily available in the Netherlands. Rotterdam, the world's busiest port, receives 2.5-million cargo containers a year as potential caches. Van Capelle said the port began using a computerised container-tracing system at the beginning of the year to make smuggling of hard and soft drugs more difficult.

Between 300 and 400 heroin addicts in Amsterdam who refuse the government's assistance effort have become inveterate criminals. To support their addiction, they have persisted in breaking into cars and shops to steal, raising protests about unsafe streets. — The Washington Post

Chemists urged to help foil drug addicts

Star 2/12/88

The tightening up of hospital security and internal administration has done much to combat the theft of hospital prescriptions but the problem still exists and a recent spate of thefts at the Johannesburg and J G Strijdom hospitals is demanding the attention of Reef police.

It is not only the hospital prescription pads which are stolen but also the hospital bed letters which are included in a patient's file and Transvaal Provincial Administration letter heads.

"What we have tried to do is to ensure that the patient does not lay his hand on the file and that it is passed directly from the administration clerk to the ward sister.

"However, it does happen that drug addicts devise ways of getting hold of these scripts. They come snooping around here and will do their damndest to get hold of a script, bed letter or even a hospital letterhead. To stop this problem we need the private pharmacists' help too," says Dr Wallace.

He says the theft of scripts has been a problem for some years and when it became particularly serious he and a colleague devised a plan which they felt would do much to stop prescription abuse.

Unfortunately, pharmacists have failed to put it into practice.

"Hospital prescriptions, particularly for Wellcon-

By TONI YOUNGHUSBAND

The theft of prescriptions from hospitals and doctors' consulting rooms is a common problem which has been around for many years. Dr Richard Wallace, the head of the Johannesburg Hospital's casualty department, believes pharmacists could do much to alleviate the problem.

al, should be queried by pharmacists. It is very unusual to find a hospital prescription at a private pharmacy as most are filled at the hospital.

"Therefore, if a pharmacist is asked to fill a hospital prescription he should ask the person collecting the medicine to show an identity document, especially since the drug is usually prescribed for the very ill or elderly and youngsters come to collect the medicine. He could then enter the ID number in a register and then if he is suspicious as to the authenticity of the script, the person could be easily traced.

"No drug addict is going to want to present his ID," says Dr Wallace.

"Unfortunately pharmacists haven't done this. I don't know why but it is probably because they think it would mean extra work. In practice it wouldn't

because, as I said, no drug addict would show his ID book and would therefore leave the pharmacy.

"If all pharmacists insisted on an ID for these scripts, the drug addict would have great difficulty in obtaining the medicine," Dr Wallace points out.

He says another deterrent for pharmacists might be the question of testifying in court.

"They don't have the time to sit around court all day," he points out.

He says Wellconal is particularly popular among drug addicts today because it is so difficult to obtain.

"It is a powerful painkiller, a narcotic analgesic which is usually only used for relief of extreme pain such as for painful terminal conditions, painful cancer tumours and the like".

At the pharmacy, one Wellconal tablet costs about R1 but on the black market the price is more than R10.

One of the dangers of Wellconal, says Dr Wallace, is that if addicts go through a period of withdrawal, their tolerance level for the drug drops dramatically. "And if they return to the same dosage they were using before they had withdrawal, it could be very dangerous," he says.

Dr Wallace urges pharmacies to contact the hospital if they receive a suspicious script. "It is the only way we are going to tackle this issue," he says.

HEALTH AND DISEASE — DRUG ADDICTION

1989

(87) Smith
26/1-2/2/89.

GUN PALM was one of those women who disliked the cigarette smoke which filled the machinery design office in Stockholm where she worked as a technical draftsman for a Swedish shipbuilding firm.

A confirmed non-smoker, Palm found the smoke drifting across from her colleagues' cigarettes annoying, but she tolerated the irritating atmosphere because the job itself was good and gave her considerable satisfaction.

In 1976, Palm found that she had lung cancer. She was shocked to learn that she did not have long to live — but when she learnt more about her disease, her fear turned to anger. Although she had found her colleagues' smoking habits repugnant, she had not been aware during the 14 years she put up with it that inhaling their exhaled cigarette smoke was damaging her own lungs.

Palm decided to sue her employer for damages, claiming full compensation for industrial injury. The social insurance board rejected her claim, but after she died of lung cancer in 1982 her family took the case to Sweden's Supreme Industrial Court.

The Court finally ruled that Palm's lung cancer was caused by passive smoking, classified her disease as an industrial injury, held her employer liable — and ordered the firm to pay the family the equivalent of R30 000 damages.

A number of similar cases in other countries over the last six years have legislated to limit smoking.

Strictest perhaps is New Jersey, which requires all employers to implement plans for smoke-free working environments.

The question of whether people should light up in the presence of non-smokers had become a burning issue in the 1980s, often igniting anger. Some smokers complain that the ban on smoking infringes on their personal rights.

Medical experts certainly agree with today's attempts to curb smoking. Dr Everett Koop, the US Surgeon General, says that tobacco smoking is responsible for one out of every six deaths in the US each year — a total of 350 000 people.

It kills in the form of heart disease, chronic bronchitis, emphysema and cancers of the lung, mouth, throat and bladder.

Various studies in the US, West Germany and Japan have shown that

Smoking: A burning issue in the workplace

Following lawsuits by victims of smoking-caused diseases and increasing evidence of the hazardous effects of tobacco, smoking is gradually becoming socially unacceptable in many industrialised countries. DR SANJIVA WISJESINHA looks at a burning issue.

smokers' spouses — although themselves non-smokers — incur up to three times the risk of dying from lung cancer as non-smokers.

And the children of smokers, says the Worldwatch Institute, are twice as likely to get pneumonia and bronchitis as the children of non-smoking parents.

In Britain, complaints by employees of Cambridge University Press about headaches and sore throats due to stuffy air prompted the phasing out of smoking.

They first allowed smoking only in coffee-break areas after 10.30am; then, a month later, only after 12 noon.

Finally, they limited smoking to one closed room only. Employees had to check out to smoke there in their own time.

Since the company operates on "flexi-time" (where employees work a set number of hours, but choose their own times) smokers had to make up time spent smoking by working extra time.

Smoking by-law is on the cards

Municipal Reporter

THE City Council has proposed legislation requiring restaurants to set aside 50% of their tables for non-smokers.

Some of this information emerged at yesterday's monthly City Council meeting, when Mr Arthur Wienburg asked what had happened to resolutions taken on the subject by the council months ago.

Mr Louis Kreiner, chairman of the amenities and health committee, replied that the city's legal adviser last month completed a draft of the required legislation.

The content of this draft by-law has not yet been disclosed, but is expected to take effect next month.

The draft legislation will come up for discussion at the amenities and health committee meeting on Monday next week, and if approved it will come before the full City Council at the end of next month, possibly in amended form.

Reaction from restaurants last night was cautiously supportive. The manager of Blues in Camps Bay, Mr Stephen Birt, said his establishment would be happy to do whatever the public wanted.

Ms Michelle Fawthrop of Truffles restaurant in Heathfield, one of the top 10 in the Peninsula, said she thought the 50-50 demarcation was "great".

Schools drug-abuse row

By MALCOLM FRIED

MANY high schools across the Peninsula are refusing to allow drug counsellors to address pupils and drug abuse is leading to a "terrible drug-disaster chain", according to a city medical expert.

Dr Terry Berelowitz, the consulting general practitioner to the Cape Town Drug Counselling Centre, has ascribed this partly to laymen and many doctors feeling there is little danger from dagga.

"It's a fact that drug experimentation has become widely acceptable," Dr Berelowitz said yesterday.

day. This "dangerous attitude" was being aggravated by many headmasters' refusal to allow counsellors into their schools.

Research showed that every high school had some form of drug problem, and abuse would increase if pupils were not warned of its dangers.

He said people needed constant exposure to the "social disaster" of drugs, but "lots of schools" were resistant to lectures.

Educationist Mr Rudy Nadler-Nir said many schools were resisting because of their fear of the consequences of such lectures.

"Children who don't use drugs tell their parents about the counsellor, and the parents then panic and phone the headmaster to complain that their school is becoming known as a 'drug school'."

Parents who believed their schools were "clean" were pressuring their headmasters to reject counsellors.

He would not specify which schools were reticent, as "we don't want to hurt our chances of getting in", but said they were throughout the Peninsula.

High schools polled yesterday were not prepared to comment.

South 2-8/3/89

Strike at SAB called off

THE prolonged strike at South African Breweries by members of the Food and Allied Workers' Union (Fawu) is over.

The seven week strike ended on Wednesday, but details of the return are still being worked out.

Meanwhile, taverners have resumed selling beer after a two week boycott of the brew by about 1 500 taverners in Port Elizabeth and Uitenhage.

National health workers launch

"HEALTH in the Hands of the People" is the theme of the launch of the South African Health Workers' Congress, to be held in Johannesburg on Sunday.

Sister Bernard Ncube and Father Smangaliso Mkhathshwa are the guest speakers at the launch, which is being organised jointly by the Health Workers' Association and the Health Workers' Organisation.

South
2-8/3/89

Smoking also harms those who do not smoke themselves

THE smoking habit is rapidly developing into a very hazardous health risk. The simple truth is that smoking can and does cause a wide spectrum of dangerous and even fatal diseases.

Smoking plays a major role in heart disease, high blood pressure and vascular diseases of the arterial system.

Cardiologists have labelled smoking as one of the most important removable causes of cardiac (heart) disease. Often, in mild high blood pressure patients who smoke, cessation of this habit allows the BP to normalise.

The nicotine in the cigarette smoke causes the blood vessels to narrow, assists in plaque

and thrombosis formation (blood clots) in arteries which can lead to fatal heart attacks.

It also affects the nervous system in causing an acceleration of the heart pulse rate that can lead to one feeling tense, palpitations of the heart beat and a sweaty feeling.

Any responsible doctor will insist that a patient who smokes while suffering from a heart disease should immediately stop.

Lungs

Smoking can also affect the lungs severely. It causes emphysema (stretching) of the lung tissues. This condition leads the patient to be out of breath and more prone to chest infections and pneumonia. It also aggravates asthma and bronchitis.

These patients can end up with handfuls of tablets, inhalers, drugs and oxygen apparatus. It is a cruel death and can be preventable.

Just do not start or please stop smoking now.

Smoking often causes excessive acid secretion in the stomach and you

rarely find people who suffer from stomach ulcers who do not smoke.

Smokers are more prone to indigestion than non-smokers. They are also susceptible to cancer of the lip, tongue, oral cavity, vocal chords and larynx (voice box).

This can be caused by the cigarette being kept on the same spot on your lip or by the high temperature of the smoke and the nicotine in the smoke being inhaled on and into your mouth and throat.

If you smoke with a cigarette holder and you often keep this on the same spot, the holder can become a chronic irritant and cause lip cancer.

Chewing tobacco can be very dangerous too. It may also cause cancer of the oral cavity. A pipe can result in the same problems described for the cigarette holder.

Mothers

Cigarette smoking mothers are more prone to cancer of the mouth or womb. Studies in Japan have shown that non-smoking wives of smoking husbands are more prone to lung cancer than non-

HEALTH GUIDE



By MOKGADI PELA

smoking wives of non-smoking husbands.

This is called passive smoking, active smoking is when you personally smoke.

Death

In South Africa people may not smoke in churches, cinemas, aeroplanes and libraries.

Most people will not co-operate when asked to extend non-smoking to public transport like trains and buses.

What about the 30-odd people who burnt to death last year in the London underground disaster caused by a cigarette.

When smoke gets in your rice

Cape Town's Medical Officer of Health, Dr Michael Popkiss, and tobacco baron Dr Anton Rupert are at loggerheads over plans to make the city a smokeless zone. How would Johannesburgers react? **SALLY SEALEY** reports.

When it comes to choosing between filling their mouths with a juicy steak or a smoky cigarette butt, some Johannesburg smokers say they would rather opt for the fag.

"If it comes to banning smoking in restaurants, I just won't go," said one determined smoker, who did not want to be named.

In a snap survey by The Star to test how smokers would react to a smoking ban in restaurants, responses varied.

Most, however, agreed that the best solution would be to divide restaurants into separate sections.

One restaurant we visited was divided — one section for smokers and one for non-smokers, although we found many a non-smoker dining with a smoker.

Diner Mr George Slabbert said: "I come from a smoking family, but prefer to sit in a section of the restaurant which is reserved for non-smokers. If this is not available, I don't mind sitting with smokers."

A travelling evangelist from Cape Town, Mr M Pepper, said he thought "non-smoking zones were the answer".

Endangered species

Mrs Joyce Ndlovu, a nursing sister from Soweto, said smoking ruined her appetite. "I prefer going to restaurants where there is a choice."

Ardent smoker Mr T C Nel, who was sharing a table with his three non-smoking colleagues, said: "Smoking is a natural process. I love it and won't give it up. But if they ban smoking in restaurants and other public places as they already do in cinemas, it won't really bother me as I can go without for the duration of a movie or a meal."

Smokers are fast becoming an endangered species but two businessmen in a busy downtown restaurant said: "It is strange that nobody seems to complain half as much as when their director blows cigar smoke across the boardroom. It seems there is one rule for us cigarette smokers and another for them. I know smoking is bad for my health but that's my business and I should be given the choice."

Not all restaurant owners were keen on us disturbing their guests. "People come here to relax at lunchtime, they don't need to have their habits questioned," said the owner of one of the larger city restaurants.



Mrs Joyce Ndlovu ... "smoking ruins my appetite — I prefer going to a restaurant where there is a choice".



Ardent smoker Mr T C Nel ... "a ban on smoking in public places won't really bother me".

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ly reconsider their R50 000 sponsorship of the Cape Town Symphony Orchestra. The orchestra has been privatised, but will receive a R4m grant from council this year. Local restaurateurs have been surprisingly silent about what would be a gross intervention with their freedom to trade. They will have noted, however, the experience of one owner who sought to prohibit smoking in his restaurant some years ago. He suffered such a decline in customers that he was forced to drop the prohibition.

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<p>1993. Rupert suggested that if these aims were achieved the "Mob" would take over these activities, as it did during Prohibition days, and it would not pay tax (in contrast to the efficient tax-collection service currently provided by the tobacco companies). Rembrandt have also pointed out that if such a bylaw was passed they would certainly</p>	<p>Rupert has subsequently pointed out, in an open letter, that one of his privately funded family foundations has already funded public-cations on Aids. He also pointed to the impracticability of further proposals made by the MOH to the council, which would seek to prohibit smoking on public property by 1992 and to restrict it to private dwellings by</p>
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CAPE TOWN AND SMOKING

Coughing up

Cape Town has long prided itself in being a liberal and progressive city. Now it is finding out that there is a price to be paid for being progressive. The council has been learning all this following its agreement last month to a bylaw which would require restaurants to demarcate at least half of their seating for non-smokers.

The decision was approved by a very large majority in the council, mayor Peter Muller being only one of five councillors to vote against the proposed bylaw. The decision only really attracted comment when correspondence between the city's Medical Officer of Health (MOH) Michael Popkiss and Anton Rupert, chairman of tobacco group Rembrandt, leaked to the press. It emerged that just four days before the council debate, Popkiss had written to Rupert appealing for funds in an Aids awareness campaign in Cape Town. Rupert turned down the request, leaked in which he reportedly expressed surprise at Popkiss's conduct saying that "he must either think Dr Rupert is foolish or, alternatively, he's totally devoid of any sensitivity." Other councillors have jumped to Popkiss's defence, saying that the policy is not his own, but that of council whose vote on it was near unanimous.

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There are dangerous drugs in your cupboards

A 16-year-old Northern Transvaal boy died recently after apparently inhaling a corrective fluid thinner. Thinners are commonly abused by teenagers in South Africa — as are many other apparently harmless household substances. **Toni Younghusband, The Star's Medical Reporter,** describes these cheap but dangerous "drugs".

For many South Africans, the drug abuser is a downtrodden person hunched in an alley with a dirty needle protruding from his arm or a highly strung young woman popping multicoloured pills.

In reality, there are thousands of undetected teenagers abusing substances we seldom recognise as addictive drugs.

Those seemingly harmless household substances found in most kitchen cupboards are being used increasingly by South African teenagers as cheap, easily available drugs.

Stove cleaners, insecticide sprays, lighter fuel, paint and paint thinners, glue, spot remover fluid and even nail polish remover are commonly abused substances.

Popular

As they are easily attainable, not generally recognised as "drugs" and cheap to buy, they are popular among younger children, even those in primary school.

Glue sniffing, for example, is particularly common among children between the ages of six and 12 years.

Acute abuse of these substances leads to feelings of "drunkenness", weightlessness, light-headedness and drowsiness. The inhaler feels numb and experiences a state of unreality.

Experts believe it is this feel-

ing of unreality which prompts substance abuse among the poor. Many of the children living on the streets in our major cities are addicted to glue and have said the effect of inhaling glue takes away their feelings of hunger and cold.

There are various ways of inhaling or sniffing these substances, sometimes directly from the container. However, some abusers will first spray the substance into a plastic or paper bag, hold it around his mouth or nose and inhale. Or they will spray or pour it on to rags, tissues or a handkerchief.

These substances are extremely addictive, psychologically and physiologically.

Chronic dependence on inhalants can be difficult to break.

There is deterioration of the brain and other nerve tissues, and kidney, liver and lung damage are common.

According to drug expert Dr Sylvain de Miranda, sudden death after the abuse of inhalants can occur as a result of heart stoppage. This is probably owing to an acute irregularity of the heartbeat, brought on either by a sudden fright or physical exertion while sniffing or by choking while inhaling through a plastic bag. Sometimes the abuser may die as a result of a severe spasm of the air passages brought on by the freezing effect of many aerosol propellants.

Rural areas hit by alcohol abuse

87
Chwees

26/3/89

By SAMKELO KUMALO

DRUG and alcohol abuse is not only restricted to South Africa's cities, but has spread at an alarming rate into the rural areas.

Helping to combat the scourge, an organisation in Venda - called Save - has been set up to deal with drug- and alcohol-related problems.

Working within Save is a group comprising civil servants, teachers, nurses, soldiers and policemen who are operating in dense concentrations of people in rural villages.

Director of Save, Edzisani Ramaite, says his organisation - based at Tshilidzini Mission - handles about 20 people a month

whom they visit for assessment and counselling.

According to Ramaite, in most rural areas unhealthy, highly potent home brews cause illness and threaten lives.

He says the iron containers often used by women to prepare and store beer have been found to cause many illnesses.

These containers are eroded by the acid of the brew and can poison the drinker or cause cirrhosis of the liver, diabetes and pancreatic damage.

"The problem of alcohol psychosis is growing rapidly," he said.

Ramaite said drugs widely abused in the semi-urban areas are alcohol, dagga, glue and benzine and that the high rate of school

dropouts on glue and benzine are a cause for serious concern.

"Most of our patients have been fired from their jobs or are from broken families.

"The tremendous number of weekend assaults and casualties following alcohol and drug abuse are one of the most tragic results of changing drinking patterns," he said.

Projects in the organisation's programme include lifestyle education, which is conducted on all the schools where the emphasis is on healthy lifestyles.

The Parents Drug Awareness programme educates parents about drugs and how to handle adolescents, while the employee assistance programme educates

employers on how to handle employees with drug problems.

Ramaite says the State provides an annual grant but the sum hardly meets the urgent needs.

"Despite our success we are unable to expand without further funds.

"There is an urgent need to build our own information and rehabilitation centre from which not only Venda but the whole of the Northern Transvaal will benefit," Ramaite said.

He appealed to companies and organisations to help with donations which could be sent to Private Bag 2430 Sibasa, Venda.

Donations can also be deposited with the First National Bank, account number A/A 6003 857 018.

Rural areas hit by alcohol abuse

87
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Govt asked to limit legal drugs on market

BY HELEN GRANGE

As South Africa is fast becoming one of the highest alcohol and drug consumer countries in the world, there is only one method to control abuse effectively — limit the availability of legal drugs.

This is the opinion of Professor Thomas Neslund, executive director of the International Commission for the Prevention of Alcoholism and Drug Dependency, who is currently visiting South Africa as a guest of the South African National Council on Alcoholism and Drug Dependence (Sanca).

"Consumption of alcohol and drugs in South Africa is increasing at an alarming rate, with each drinker consuming R947 worth of liquor per year.

"In 1985, South Africans spent R4 168 million on alcohol. The revenue derived from the sale of alcoholic beverages, in the form of sales tax and excise duty amounted to R1 163 million," said Professor Neslund.

Statistics

Further, statistics showed that there was a minimum of 353 000 alcoholics in South Africa, which meant there were 24 alcoholics out of every 1 000 adults. This proved South Africa to be in the top five alcohol consumer countries in the world.

A Sanca survey showed that urban black males had the most serious drinking problem and that males between the age of 16 and 18 consumed relatively high quantities of alcohol.

Professor Neslund points out that the money spent worldwide on alcohol and drugs could feed and house every individual adequately.

The main solution to cutting down alcohol and drug dependence, says Professor Neslund, is to reduce the availability of legal drugs.

"There is a strong relationship between the use of alcohol and tobacco, just as there is a strong relationship between smoking and the use of other drugs. Seventy-eight percent of smokers are drinkers and a substantial percentage of smokers are found to use marijuana and other illegal drugs.

Gateway drugs

"Smoking and alcohol are gateway drugs to other drugs, and the answer is to limit these legal drugs. In addition, the use of drugs has proved to be strongly related to crime," says Professor Neslund.

Professor Neslund says the South African Government should further address the problem by raising the legal drinking age to 21; limiting the outlets for alcohol and drugs; increasing prices and tax on alcohol and cigarettes; reducing television and media advertising of the items.

He also suggested reducing alcohol content in each beverage by 50 percent.

"Taxes from drugs should be injected into organisations like Sanca so that more can be spent on prevention strategies such as education, and media campaigning," he said.

"By simply making drug busts, only the surface of the drug problem is addressed. Governments also tend to have a fatalistic attitude to the ever-increasing demand for drugs and alcohol, believing that it is the public's responsibility to reduce demand.

"I believe it is the government's responsibility to educate the public and reduce the supply," he said.

B/Dam 3/13/89 (87) (83)

Council bans tobacco adverts

CAPE TOWN — The Cape Town City Council has banned the advertising of cigarettes and tobacco on all council-owned property.

The council decided on the ban by 16 votes to 11 and has also decided to forbid its employees smoking while dealing directly with the public.

These decisions came at the end of two hours of debating during which a number of suggestions aimed at combating smoking were watered down.

The council, to set an example, has

prohibited all smoking in its own committee rooms.

The executive committee rejected most of the anti-smoking proposals of the amenities and health committee including one that tobacco products should not be advertised on radio and TV.

In a sharp attack, Councillor Arthur Weinberg said restaurant owners did not have the right to decide what to allow and what not to allow when it came to health matters. He also said Rembrandt chairman Anton Rupert had lacked sensitivity on the matter. — Sapa.

Based on Betty Ford

New clinic *Star 7/4/89* for addicts, alcoholics

Medical Reporter

A centre for the treatment of alcohol and drug dependency — based on the well-known Betty Ford Clinic in the United States — is to be opened north-west of Johannesburg.

Riverfield Lodge is being built on a site bordering the Jukskei River and will initially accommodate 66 people. A non-racial treatment facility, it will be staffed by professionals trained at Phoenix House in Johannesburg and at the Centre for Alcohol and Drug Studies.

According to drug expert Dr Sylvain de Miranda, there is a desperate need for such a centre. "At present, there is less than one bed for every hundred whites needing institutional treatment; no facilities at all for Indian people; very few for coloureds; and about one bed for every 5 000 black dependants.

"In spite of the extent of chemical dependence in South Africa little attention has been given to the need for specialised treatment facilities," he said.

Mr David Tabatznik, chairman of the Lifecare Group which is building the centre, said research indicated there were more than 700 000 people in this country suffering from some form of alcohol or drug dependence yet only a tiny minority was receiving treatment.

"The existing general hospitals are unable to provide the appropriate therapy for these patients and offer no treatment programmes," he said.

Patients at Riverfield Lodge will receive specialised medical and nursing care, psychometric testing and assessments.

To promote lasting recovery, family therapy and post-discharge support services will also be provided.

The centre is expected to be completed in the second half of the year.

Pupils to be tested for use of drugs

All schoolchildren in Eersterus, including primary school and high school pupils, are to be tested for drugs as part of an extensive campaign to stop drug and alcohol abuse. (87)

The action by the Department of Health Services follows confirmed cases of drug abuse among pupils at a leading primary school in Eersterus.

The action was requested by the Ministers' Council of the House of Representatives.

Mr Thinus Dempsey, spokesman for the Ministers' Council, said drug abuse would not be tolerated in schools.

Mr Dempsey said complaints about drug abuse had been received from parents. — Pretoria Correspondent.



Experts' plan against abuse of substances

87

By Toni Younghusband,

Medical Reporter

Star 13/4/87
Experts on alcohol and drug abuse met in Johannesburg yesterday to discuss implementation of a nationwide plan to combat the growing incidence of drug abuse in this country.

At a press conference after the meeting, Dr Wallace Anderson of the Department of Health, said every member of the community had to become involved in the plan.

"We need doctors, teachers, nurses, welfare organisations and even parents. The whole community must become involved if we are to find a solution to this growing problem," he said.

STRESS

Accurate statistics are not available on drug and alcohol abuse in South Africa but it is estimated that there are at least 353 000 alcoholics nationwide. During 1985, South Africans spent more than R4 million on alcohol.

One area of great concern to health authorities was the growing incidence of stress-related drug abuse. More and more women were taking tranquilisers to cope with stress while alcoholism was on the rise among urbanised men.

Dr Sylvain de Miranda, a director of the South African National Council on Alcohol and Drug Dependence, said if any preventative plan was to work there had to be a unification of all groups dealing with drug and alcohol treatment.

13/4/87
(87)

'Tell children about alcohol, drug dangers'

By Toni Younghusband,
Medical Reporter

Education authorities must include preventive programmes on alcohol and drug abuse in primary school curriculums, the director of the Johannesburg branch of the SA National Council on Alcohol and Drug Dependence, Dr Sylvain de Miranda, said yesterday.

"The education authorities have been our biggest stumbling block in abuse prevention. They are totally blinkered in their approach to educating children about these problems. If we are to combat the growing incidence of drug and alcohol abuse in this country we must start at primary school level," he said.

HEALTHIER LIFESTYLES

It was too late to convince teenagers that abuse was wrong. "Many of them have already experimented with drugs and won't listen. You must teach young children about healthier lifestyles and encourage a better way of life."

Dr de Miranda said it was no use bombarding the public with shock tactics. "Shock tactics are short term. If you are to prevent these problems you must concentrate on long-term prevention and you can do that only through education."

"For example, when Aids was first made public a large number of drug abusers attending our clinics stopped injecting themselves. But by the beginning of this year the numbers were going up again."

Drug counselling ^{Added} for northern areas ^{2/5/89} 87

By SHARON SOROUR
Tygerberg Bureau

ANY fight against drug abuse must come from within the community, says Mrs Gaynor de Beer, administrator of the new Northern Areas Drug Action Group (Nadag).

"If you can generate resistance to drugs in the community, then you've come a long way. The northern areas' public needs to become aware that they have a drug problem in their midst. It's there and it's being recognised now," she said.

The two-month-old drug counselling centre is the first of its kind in the northern areas and has been getting a steady increase in telephone calls.

Said Mrs de Beer: "We have received 34 calls for help up to now and have 15 clients."

Potential clients phone the centre and are then assessed by social worker Ilse Barnard before being accepted for treatment.

"The person must be motivated to come off drugs. That's the main criterion. The client then makes a succession of appointments for outpatient therapy or will be referred to another facility like Lentegeur psychiatric hospital in Mitchell's Plain or Denova rehabilitation centre near Kraaifontein."

Psychiatric nurses work for the Nadag on a voluntary basis and do assessments after hours.

The centre serves the municipalities of Bellville, Goodwood, Parow, Brackenfell, Kraaifontein, Kuils River and Bothasig.

Nadag offers two services: outpatient counselling and therapy to the addict and promoting public awareness through an information service.

A gift of R44 000 to the centre will be used to set up a mobile information unit.

"Our problem is one of transport: we serve a wide range of clients who often have to take the day off work to get to our centre. The mobile unit will be

able to operate over a large area," she said.

The drug problem is evident in schools among teenagers, but principals of white schools are not keen to have Nadag address the pupils directly.

Said Mrs de Beer: "The speaker has to be vetted by the Cape Education Department. So far we have been invited by one school and I hope it will open the way. Coloured schools have a much more open approach and Nadag has presented a number of programmes to them.

"During the first three years, before we had a centre, we gave more than 1 000 talks at every level of the community," she said.

● Nadag's address is 9 Quarry Road, Bellville, ☎ 941 254.

Doctors asked to discourage habit

Smokers fill half ⁽⁸⁷⁾ of Groote Schuur

Step 8/5/89

Own Correspondent

CAPE TOWN — Almost half the patients at Groote Schuur Hospital got there because of smoking, according to an editorial in the latest *South African Medical Journal*.

In an edition carrying several articles on the costs — physical and financial — of smoking, the editorial calls on doctors to be in the forefront of the fight against the habit.

Smoking-related diseases are the single most avoidable cause of mortality in this country, says an article.

In an article on the economic effects of smoking, Dr SP Taylor and Mr DE McIntyre of UCT's Department of Community Health said the available information suggests that the costs of the tobacco industry to society at present, and particularly in the future, outweigh the economic benefits.

The conservatively estimated costs of smoking to South Africa in terms of health care costs

and lost productivity in 1985 were between R362,3 million and R396,9 million — more than the entire budget of the Natal Hospitals Service in the same year.

Smoking costs money in terms of health care, productivity losses, the actual price of the tobacco, disability grants, fire hazards (to both property and to forests), the health costs of passive smoking, implementation of legislation and anti-smoking campaigns.

Total ban

A total ban on smoking would mean more money had to be spent on pensions (because people would be likely to live longer), increased health costs in geriatric care, loss of excise duty, dislocation costs of changing crops, manufacturing plants, and the costs associated with increased obesity.

Another editorial suggests it is time to ban all tobacco advertising — in 1987 R55 million, or five percent of all advertising

expenditure in South Africa — was spent on tobacco advertising.

Studies showed "an alarming" 56,3 percent of all cinema advertising came from tobacco and associated products.

"Despite the tobacco industry's denials that they encourage children to smoke, its targeting of cinema advertising suggests this is clearly the case."

The editorial suggested excise tax on cigarettes be increased by 25 percent to offset a loss of revenue to the media, and this money would be used to fund advertising promoting health.

The editorial also suggests the price of cigarettes be linked to the consumer price index (CPI).

In a study on smoking habits in Langa, Khayelitsha's Site B and the more settled areas of Khayelitsha, researchers from the Centre for Epidemiological Research at Parow found that 60 percent of men and seven percent of women smoked, while 23 percent of boys in three schools also smoked. All preferred manufactured cigarettes.

3/10/87 12/5/87

DIANNA GAMES

THE promotion of the harmful substances of tobacco, alcohol and high-cholesterol food — the “anti-health mafia” — should be curbed by law as voluntary agreements on the issue had never succeeded, Prof Harry Seftel said this week.

Seftel, professor of African diseases at Wits University, was speaking on heart disease at the SA Institute of Medical Research as part of its 75th anniversary.

Commonest

The incidence of coronary heart disease had fallen markedly in the higher socio-economic bracket levels of Western countries but there was little evidence in SA to show the same, he said. It was still the major cause of death in whites and Asians.

It was also the single commonest cause of death in coloured and black adults.

Seftel attacked cholesterol and smoking as the highest contributors to heart

Call for curbs on tobacco

disease, saying the message about their dangers could never be repeated too often.

Among whites and Asians high cholesterol contributed to 80% of coronary cases, and smoking 50%. “There is no such thing as a moderate smoker” he said.

Giving up smoking reduced the risk of coronary heart disease by 50% in one year and in five-to-10 years the risk was totally removed, he said.

“There is no medicine that comes close to that benefit.”

Stress, he said, “creates great executives” and, while there was little evidence to show it directly caused heart disease, it invariably led to smoking, alcohol, obesity, lack of exercise and high blood pressure — all potential killers.

One in four children are drug abusers'

BLOEMFONTEIN — There are no exact figures for alcohol and drug abuse in the Free State and Kimberley region, but there has been a tremendous increase abuse among the youth, even at primary school level.

Unofficial figures indicated that four in 10 children were abusers, said Mr Gert Kruger,

Bloemfontein director of the SA National Council on Alcoholism and Drug Dependence.

This emerged at a meeting in Bloemfontein yesterday to devise a national strategy against alcohol and drug abuse.

Mr Kruger said the Bloemfontein Regional Welfare Board had proposed that the legal blood alcohol level for drivers

should be zero, as in West Germany and the USA.

Legislation should provide for stricter measures against those convicted of drunken driving or drug dealing.

It was also proposed that, as with cigarettes, a health warning should appear on alcohol and the advertising of alcohol on TV should be abolished. — Sapa.

'Craving will decrease after 48 hours'

Smokers urged to lay off for a day

By Toni Younghusband,
Medical Reporter

Smokers nationwide are being called upon to give up their habit for 24 hours in support of tomorrow's World No Smoking Day.

"If a smoker can give up for one day, he can give up forever," Dr Yussuf Saloojee, deputy director of the National Council on Smoking and Health, said.

According to Dr Saloojee, the craving for a cigarette is at its worst the first two days after kicking the habit.

"After that the craving decreases and the need to smoke will disappear," he said.

Lung cancer

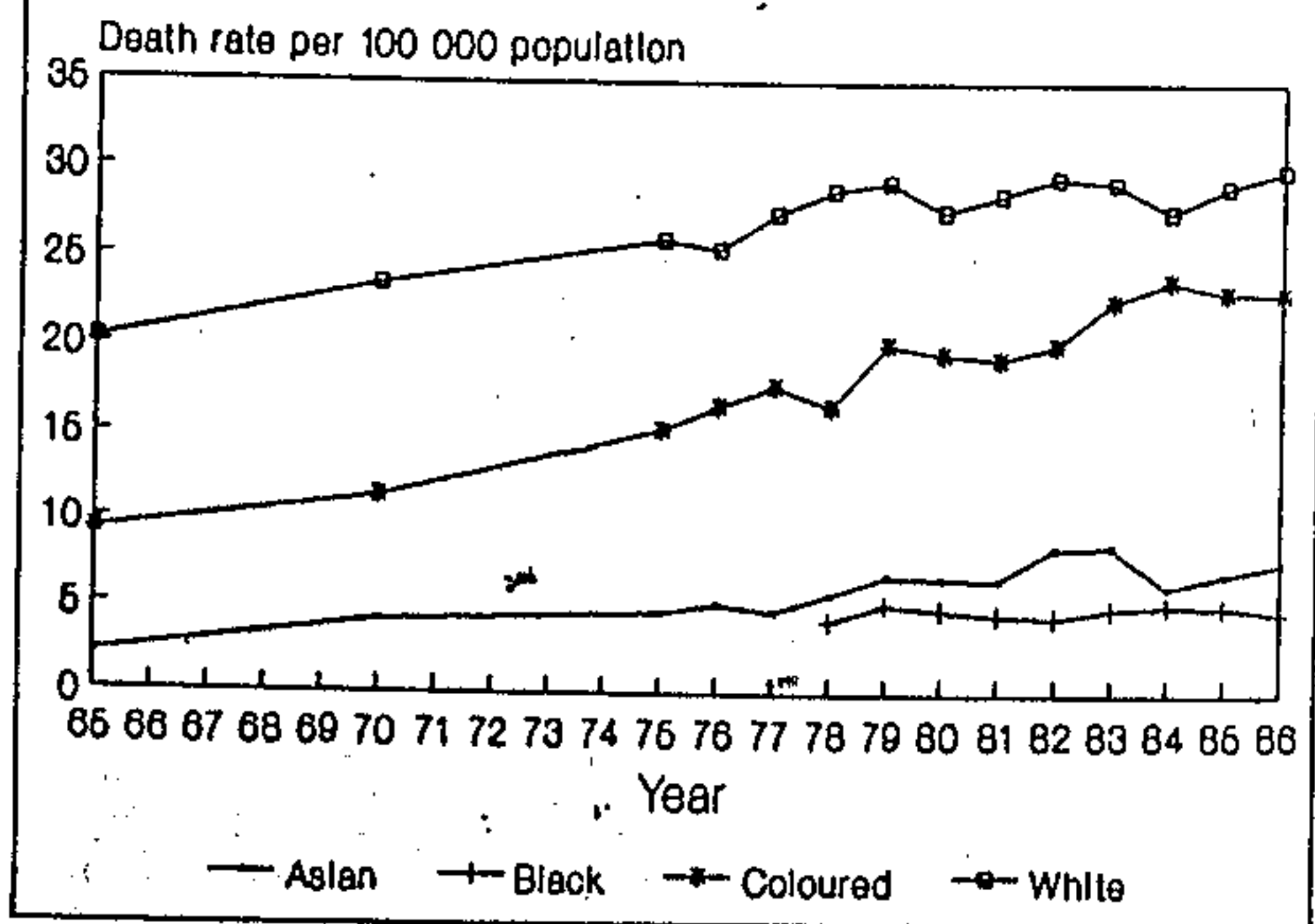
Cigarette consumption in South Africa has risen dramatically over the past few years and already more than 85 percent of deaths from lung cancer are smoking-related.

"Non-smokers who live with smokers have a 35 percent increase in the risk of lung cancer compared to non-smokers who live with non-smokers," Dr Saloojee said.

Pregnant mothers who smoked harmed their unborn babies and parents who smoked would find their children suffering more respiratory illnesses than those who did not.

Dr Saloojee stressed that it

Lung cancer death rates — trends in South Africa: 1965 to 1986



was never too late to give up, even for heavy smokers.

"There is evidence that if you stop smoking, it takes about five years for your chances of lung cancer to fall to similar levels of those of a non-smoker," said Dr Saloojee.

Dr Derek Yach of the Council's western Cape branch said that despite repeated calls to Government and local authorities to implement policies aimed at reducing the impact of smoking, the response to date

had been "highly selective" with only a few local authorities willing to take steps.

● A drug that has long been used in the treatment of high blood pressure apparently helps smokers give up cigarettes.

A recent study conducted on 71 heavy smokers in the United States showed that more than half who took the drug, clonidine, gave up smoking within four weeks of starting treatment, without displaying typical withdrawal symptoms.

Shooting police probe

CA... ..

S Africa burns 5-million (87) kilos of tobacco each year

Medical Reporter

South Africans smoke more than 20 000 million cigarettes a year, burning some 5 million kg of tobacco, the National Council on Smoking and Health has reported.

According to the council, tobacco claims 390 000 lives worldwide each year. Two thirds of those deaths result from cardiovascular disease, lung cancer and chronic respiratory ailments like emphysema.

In South Africa, three people die every hour of smoking-related causes.

"The average male smoker is 22 times as likely to die from lung cancer as is a non-smoker," the council says.

In an attempt to highlight the hazards of smoking, the council is to promote "World No Smoking Day" on May 31. The emphasis will be on clean indoor air and the rights of non-smokers.

Star 25/5/89

Unborn babies smoke 87

By Toni Younghusband
When a pregnant woman smokes, so does her unborn baby.

This is one of the horrifying messages the National Council on Smoking and Health hopes to get across next week, on May 31, World No Smoking Day, to the thousands of South African women who believe that smoking during pregnancy has no effect whatsoever on their unborn children.

According to the council, many people are aware that smoking is harmful to their own health, but do not realise what it does to those around them.

Poisonous

Recent research has proved that when a pregnant mother inhales cigarette smoke the poisonous ingredients of cigarette tobacco circulate through the infant's system. Nicotine retards the flow of blood to the baby and the nourishment which the mother passes on to her child.

The chemical properties in tobacco smoke also stunt a

baby's growth during pregnancy, and at birth the incidence of complications is high and premature birth is not ruled out.

In fact, says the council, pregnant women who smoke have a greater chance of stillbirths and their babies are more likely to die within the first month.

More often than not, if a mother has been smoking more than 15 cigarettes a day during her pregnancy, the baby will be less than 2,5 kg and in later life may be marginally smaller.

"Pregnant mothers also do not realise that the fumes of smoke accelerate their babies' heartbeat," the council points out.

But the damage occurs not only during pregnancy.

Scientists have found that respiratory illnesses happen twice as often to young children whose parents smoke at home, compared to children with non-smoking parents. A major study involving thousands of babies in their first year of life found that they suffered a higher rate of pneumonia and

bronchitis if their parents smoked.

Another study showed a reduction in small airways function in the lungs of children between the ages of five and nine who had smoking parents, compared to children with non-smoking parents.



STAX UNBELIEVABLE PRICES

For the Grace Kelly look, join a large group and the front of the neck and

Unborn babies smoke Star 25/5/89

By Toni Younghusband

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SA joins campaign to kick the habit

⁸⁷
Pretoria Bureau

South Africa joined other countries yesterday in declaring May 31 as "World No Smoking Day" in order to reduce the health hazards caused by smoking, the Minister of National Health and Population Development, Dr Willie van Niekerk, said.

In a statement, he said that "if the epidemiological information that is available in South Africa and the international literature are taken into consideration, there is overwhelming evidence that smoking causes ill health".

Research has shown that smokers are more inclined to suffer and die of heart and lung disease, lung cancer and other conditions.

The statement added that the South African Medical Research Council had estimated that in 1984, 34,5 percent of all deaths among white people in South Africa were attributable to smoking-related diseases. The number of Asians who have died from smoking causes totalled 24,5 percent, coloureds 14,5 percent and blacks 3,9 percent.

(87)
"In future, May 31 will be known as no-smoking day, worldwide, including South Africa. The objectives are to bring to the notice of all people the true facts about the health hazards of tobacco, to encourage and assist smokers to give up smoking for that day, and

to encourage dealers to refrain from selling all forms of tobacco on the day," the statement added.

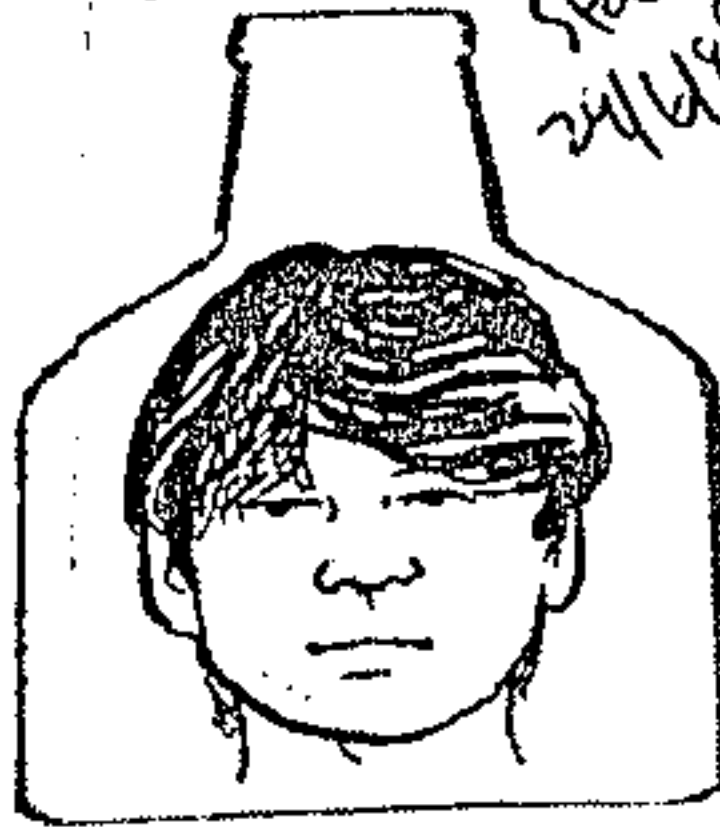
The World Health Organisation (WHO), which has eradicated the scourge of smallpox and is battling a world epidemic of the killer disease Aids, has also targetted the tobacco habit as "a major avoidable cause of ill health and early death".

Its director-general, Japanese physician Hiroshi Nakajima, who kicked the habit 11 years ago, told a news conference to mark World No-tobacco Day: "The struggle against tobacco cannot be restricted to one day each year; it is a continuous fight."

Sanca calls for action on drinking by SA children

Medical Reporter

The South African National Council on Alcohol and Drug Dependence (Sanca) has called on the parents of schoolchildren to take a stand against under-age drinking and to insist that the relevant drinking laws are more strictly enforced.



"In taking a definite stand we should hopefully see a decrease in the number of unsupervised parties, and parties where alcohol is served to adolescents in private homes," Mrs Lee Wilcocks, editor of Sanca's newsletter, *The Centre* said.

The setting of such limits "has been long overdue", she noted.

Mrs Wilcocks said parents should insist that under-age drinking regulations were more strictly enforced in public entertainment facilities and that offenders received harsher sentences.

"With luck, this might be the beginning of a powerful parent movement which may achieve legislative changes."

Mrs Wilcocks said Sanca had been invited by private schools in the Transvaal to deliver a series of lectures on alcohol and drug abuse to the parents of their pupils.

"It is a gigantic and courageous step for the private schools to have taken..." she added.

Anti-drug (87)

campaign

51-2 37-7187
Pretoria Bureau

Schools in the Pretoria township of Eersterus will embark on an anti-drug campaign when they re-open in July.

The chairman of the Eersterus branch of the South African National Council on Alcoholism and Drug Dependence (Sanca), the Rev I Petersen, announced this weekend that there would be a programme of lectures, film shows, exhibitions and competitions — with drugs as the theme.

The activities would culminate in a Youth Day scheduled for September 1 when there would be a procession through the streets of Eersterus, he said.

Terror drug crack hits Cape Town

By CHRIS BATEMAN

CRACK — the highly addictive cocaine-based drug which has spread like wildfire across the United States — has made its appearance in the city, sparking concern among drug rehabilitation workers and police.

Three of the top drug rehabilitation centres in the Peninsula yesterday cited multi-drug users as having reported experimenting with the drug. One psychiatrist, Dr Don Wilson, of the Observatory Drug Counselling Centre, expressed doubt as to whether sufficient medical facilities existed to handle the acute withdrawal symptoms of the drug as it "inevitably" became more popular.

Psychiatrists and psychologists working full-time with drug problems at Groote Schuur, Stikland and Lentegeur hospitals and at the Observatory and northern areas drug counselling centres all cited reports of crack abuse.

All said the reports had surfaced within the past six months.

Dr Wilson said it appeared that supplies of the drug were insufficient for anyone to acquire sufficient quantities to deal extensively. Abuse reported to him had generally been in fairly

affluent circles and on a "one off" basis.

Dr Wilson said "four to five" people at the Observatory Centre had reported having used crack in the "past few months".

Dr Colin Boucher, regional chairman of Sanca and head of the Northern Areas Drug Action Committee, said crack sold at between R200 and R300 for 28g.

While nobody had been presented to his clinics with acute crack withdrawal symptoms, the drug had "come to the fore" in the past six to eight months with a "handful" of reports of its use.

Major Jasper Coetzee, of the police Narcotics Bureau, said his detectives had not come across the drug in the Western Cape or the Boland.

The white crystalline powder is cheaper than cocaine, is smoked and gives users an instant powerful "rush". Withdrawal from addiction usually involves urgent sedation, up to five days' detoxification and then up to six months of counselling to overcome psychological dependence.

● In the United States, crack has spread from three cities eight years ago to every state in the nation and has become "the fast food of drugs", Drug Enforcement Administration officials said.

Cape Times

18/7/89

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18/7/89

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'Crack' war may spread to streets of South Africa

10/18/88
Toni Young



Last year, Colombia exported 400 metric tons of cocaine with a street value of approximately R8 billion.

Most of the coca paste needed to produce the drug was imported from Peru where some 700 000 hectares are at present under coca bush cultivation. This industry supports at least 70 percent of farmers in that country and without it, many would starve.

It is these economic realities which drug enforcement agencies are fighting against. How do you convince a farmer who feeds his family on the profits earned through the cultivation of the coca bush that drug abuse must be eradicated?

At a recent international congress in France on drug and alcohol abuse, health authorities agreed that the only way to win the war was to co-ordinate law enforcement and treatment programmes.

Dr Sylvain de Miranda, director and head of clinic services of the South African National Council on Alcoholism and Drug Dependence (Sanca) in Johannesburg, who attended the congress, said health authorities agreed that cocaine abuse and dependence deserved special attention as it dominated many of the present drug trends.

For many years, only the wealthy could afford cocaine and the drug was confined to the upper echelons.

Today, with the advent of the cocaine derivative "crack", the drug is within the reach of the lower classes and thousands of

Illicit drug trafficking today brings in more money than the international oil trade and is second only to the arms industry. It is against this background that world health authorities are fighting the losing battle to combat drug abuse, reports **The Star's Medical Reporter, TONI YOUNGHUSBAND.**

teenagers, some as young as 11 and 12, are trading on the streets.

And while the drug user is now able to afford to buy "crack" more easily than cocaine, the "crack" manufacturer is also raking in the profits.

According to Dr de Miranda, 10 small pellets of "crack" are derived from one gram of cocaine. Cocaine has a street value of about R200 a gram and if a dealer sells each "crack" pellet at R25, he makes a handsome profit.

"Crack" is of particular concern to health authorities because of its addictive properties. A person will become totally addicted to "crack" within six weeks of first sampling the drug — the fastest addiction known to man.

"It also gives an incredible kick, hitting the brain within seven seconds. It has the most incredible stimulant effect known to medical science," Dr de Miranda said.

"But you also come down within minutes — with a bang".

The intensity of both the "high" and the "low" result in paranoid delusions and terrific aggressiveness. In recent months there

have been reports of gangs of schoolchildren terrorising neighbourhoods in their relentless search for "crack".

In New York, sociologists report an extraordinary resurgence of violence since the introduction of "crack". More and more teenagers are selling the drug on the streets, the profits being used to support the family.

Dr de Miranda said during discussions with international drug enforcement agents it was revealed that while heroin abusers tried to destroy the drug when caught by police, the "crack" abuser would fight to the death. The US drug enforcement agency lost six men in six months in "crack" raids.

While "crack" has yet to make an impact on South Africa, Dr de Miranda believes the climate is perfect for the introduction of the drug.

"We have a population which is already restless and aggressive. The worst thing that could happen would be the introduction of 'crack'. And unfortunately, we may find the drug becoming a political weapon and the addicted, the pawns," he warned.

He said the appearance of "crack" in our society would have serious consequences for the population as a whole.

"We can expect a marked increase in the crime rate — more theft, burglary and assault — and a steep rise in male and female prostitution because ultimately that's all the addict will have left to sell."

There have been a few suspected "crack" cases identified in the Cape up to now. Dr de Miranda said one of the health authorities' gravest concerns was this country's borders.

"When you look at a country of this size you realise there is no way you can effectively prevent the drug coming in."

This was one of the problems raised by international experts at the French conference. The abolition of borders and customs controls on January 1 1993 with the establishment of a unified European Economic Community will make drug control even more difficult.

Drug abuse-related Aids infection is another area of concern. Between 50 and 80 percent of drug addicts sharing needles in Italy, Spain and southern France have tested positive for the Aids virus.

The French conference concluded that the only way to fight drug abuse was through a global onslaught. No single agency and no single country could manage the drug problem. International co-operation and co-ordination was the last resort.

Tobacco 'kills one third' ^{some from}

DELEGATES to the health congress being held in Durban have been told that tobacco smoke causes the death of about one third of white South Africans, SABC Radio

News reports.

He called for curbs on those he called "moguls of the food industry" who, through their advertising encouraged gastronomic extravagance.

30/5/84
87

Drug traffickers may look to an SA market

Sheer 12/9/89 (87)

The newly inspired crackdown on illicit drug trafficking in Britain, Europe and America, where the cocaine and heroin market is near saturated, could well result in drug dealers shifting their focus to Africa, a relatively unexplored and potentially lucrative market for these addictive drugs.

Dr Liz Pretorius, national executive director of the South African National Council on Alcoholism and Drug Dependence (Sanca), says South Africa would not escape this possible new avenue for major drug cartels exporting huge quantities of heroin, cocaine and "crack" from drug capitals throughout the world.

"Africa, including South Africa, has been identified as a viable future drug market and, with the renewed clampdown by overseas governments, the possibility that the South African market will be engaged is a serious threat," says Dr Pretorius.

Heroin, cocaine and "crack" have up to now been found only in small quantities in South Africa and the market has not yet been tested on a wide scale. And in a large country surrounded by numerous borders, there was no way authorities could effectively prevent drugs from coming in.

If South Africa was to become a target, says Dr Pretorius, much tougher measures would have to be employed.

According to Dr Sylvain de Miranda, director and head of clinic services of Sanca, South Africa has the perfect cli-

The alarming increase in illicit drug trafficking in Europe, Britain and America has recently prompted governments to launch an even tougher clampdown on dealers than before. Should the fight against drugs bear any success, exported quantities of heroin, cocaine and "crack", a cocaine derivative, will be substantially curtailed. But what will this mean for South Africa? **HELEN GRANGE** looks at the drug scenarios that may result.

mate for the introduction of "crack". "We have a population which is already restless and aggressive. The worst thing that could happen would be the introduction of the drug. Unfortunately, we may find the drug becoming a political weapon for the addicted," he warned.

South Africa's main drug problem at the moment lay in the use of dagga, a home grown drug, and mandrax. The suppliers of mandrax were mostly from western Europe, although mandrax syndicates producing the drug in South Africa had occasionally been found.

Dr de Miranda says, however, that the most pressing problem facing South Africa's health authorities is the results of a decrease in the availability of highly addictive drugs.

"I don't believe the crackdown overseas will result in a greater supply to South Africa. To the contrary, I think the inflow

will decrease because of the new emphasis on cracking drug sources rather than ineffective attempts at intercepting shipments of drugs.

"Should the sources, mainly in South America, be successfully curtailed, the quantities of drugs being exported will naturally decrease," he says.

Of major concern was the sector of the population already addicted to drugs such as heroin, cocaine and "crack".

"Should their drug supplies be limited, they will face higher prices and become targets for 'fly-by-night' operators manufacturing dangerous substitutes for the real thing."

Only last year, when millions of mandrax tablets were confiscated by the narcotics bureau, the sudden shortage of supplies led to the distribution of substitute tablets containing pool acid as one of the ingredients. They were sold for 50c as opposed to R25 for a mandrax tablet.

Several mandrax addicts became desperately ill, and in the Cape, some deaths were recorded, says Dr de Miranda.

Addicts facing escalating prices were also highly prone to theft and prostitution as a way of getting money.

"What we need to look at in the event of drug supplies being curtailed is the rehabilitative facilities in South Africa. Addicts will need to be able to turn to someone for treatment while remaining anonymous," Dr de Miranda says.



Dr Liz Pretorius of Sanca . . . South Africa with its large border may find it difficult to stop the inflow of dangerous and highly addictive drugs.

Lasers used to

Journalist

South Africans happy to let their health go up in smoke

Star 3/10/89

87

It appears that many South Africans, especially Indian males, are more than happy to have their health go up in smoke.

Anti-smoking propaganda has backfired if tobacco consumption statistics are anything to go by. Tobacco craving among South Africans is on the increase, while worldwide trends show a marked decline.

The Tobacco Board spent R100 million in foreign exchange alone in 1988 to import tobacco as a result of domestic shortages.

In 1986, nearly 29 million kg of tobacco was smoked and the 1988 figures show an increase of 5 million kg.

Statistics from the National Council on Smoking and Health (NCSH) indicate racial and sexual differences in the percentage of South African smokers, with Indian males topping the list.

- White males: 40,6 percent, females 29,3 percent.
- Black males: 44,5 percent, females 6,2 percent.
- Coloured males: 49,7 percent, females 33 percent.
- Indian males: 55,4 percent, females 3,2 percent.

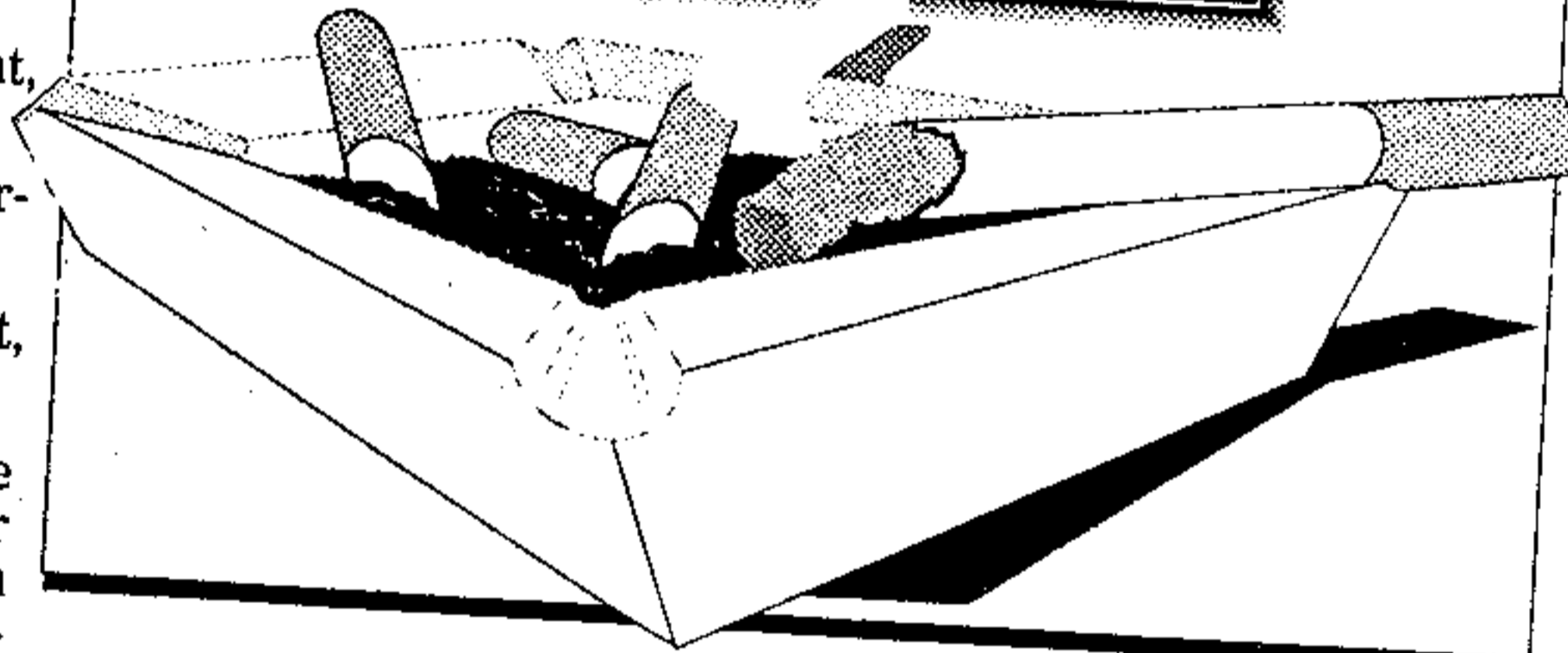
Dr Yusuf Saloojee of the NCSH says the figures for Indian and African women are low due to cultural factors. Closet-smoking tips the scales in favour of, if you wish, the anti-smoking lobby.

However, there's an about turn if one adds the amount of cigarettes consumed daily — with white males and females puffing the hardest at their addiction.

Smoking in Europe

The percent of people in each country who are smokers

An average of four surveys conducted by the EEC since 1987 covering about 4,000 people aged over 15.



AP/T. Dean Caple

- White males: 19,8 cigarettes daily, females 18,3.
 - Coloured males: 11,9 cigarettes daily, females 9,5.
 - Indian males: 11,6 cigarettes daily, females 6,6.
 - Black males: 11,6 cigarettes daily, females 4,6.
- Smoking habits indicate major differences in smok-

ing-related diseases for the different groups, says Dr Saloojee.

The killer disease lung cancer, 90 percent of which is a direct result of smoking, is by far the most common among white, Coloured and Indian men, he says.

SHEHNAAZ BULBULIA

STAR 8.7

7/10/89

Saturday Star October 7 1989

NEWS

Drugs influx threatens SA youth

SOUTH AFRICA may soon face a drug abuse problem among its youth on the same scale as that in countries like America unless it pays urgent attention to an extensive "lifestyle education" programme that shows youngsters the dangers of drugs.

This warning comes at a time when experts are detecting an alarming rise in drug abuse among pre-teens and teenagers. Children as young as eight are abusing substances such as glue, typewriter eraser fluid, petrol and the repellent gas from aerosol cans on a scale that experts find very worrying.

A recent international drugs seminar declared that illegal drugs trade had displaced oil as the world's second largest industry. The largest is still armaments, but experts say unless drastic action is taken to reduce demand, drugs could one day top the list. Local research shows that one in every four school children in South Africa has experimented with drugs, including alcohol, at some stage. And experts say this is a conservative figure.

There is also an alarming shortage of treatment centres for drug addicts. Research revealed that in-patient facilities had only one bed available for every 100 white patients who required special care. For black people there was only one bed available for every 1 000 people who needed help.

Many people who require special attention end up in jail, simply because there is no other option. In America there are more than 1 000 private

treatment centres for drug abusers. In Africa, there are none. The first, Riverfield Lodge, is due to open on the Reef at the end of the month.

According to the director of the new centre, Mrs Lee Wilcocks, South Africa urgently needs a major drugs survey to establish the precise extent of the problem.

She says the problem among the country's youth is growing. Teenagers are coming to treatment centres "literally at death's door" and a major increase in the quantity of drugs entering the country is expected, Mrs Wilcocks says.

Heroin, the one drug which the country has so far been spared, will start coming in soon, as syndicates are cracked in other parts of the world.

Private schools recently issued guidelines to parents about how to detect possible drug abuse.

"Everyone has ignored the problem for years. Now, as a nation, we must get mobilised. When the big drug syndicates hit us, we will lose an entire generation," Mrs Wilcocks says.

Ms Joanne Stevens, a social worker for the National Institute for Crime Prevention and the Rehabilitation of Offenders says the abuse of drugs such as dagga is extensive in the country's jails.

Recently Nicro developed an educational course called Pedro, the Project for the Education of Drug-Related Offenders, aimed at people still in the experimental stage of drug abuse.

Ms Stevens says the idea is to get the courts to make it a condition of sentence that offenders attend the course, the aim of which is to make people aware of the physical, criminal and legal consequences of

Education in lifestyle vital, say experts

OWN CORRESPONDENT

drug abuse.

"Pedro is an attempt to help before people have been to prison. Once they have been on the course, they will think very seriously before they start taking drugs," she says.

Another social worker, Ms Sue Hickey, says the problem of drug abuse among young people is worsening. Cases are increasingly being found among children as young as 12.

"Designer drugs" such as "crack" and "ecstasy" are being used on a larger scale. At present no one knows how to treat people using these drugs because they are a combination of "uppers, downers and hallucinogens", she says.

Ms Stevens and Ms Hickey believe drug education alone can do more harm than good. If it is not

coupled with a broader "lifestyle education" that teaches children self-confidence, assertiveness and decision-making skills, the result can be that children's curiosity about drugs is merely heightened.

The problem is also growing among the country's older generation, where more and more people, often out of laziness or carelessness, are abusing drugs such as tranquillisers. This sometimes results in bizarre behaviour.

Many patients declared by doctors to be suffering "senile confusion" were later found merely to be experiencing the effects of certain drugs they were abusing. They were cured immediately they came off the drugs.

The country's leading drug abuse expert, Dr Sylvain de Miranda, director and head of clinical services for Sanca, says he knows of cases among the elderly where people with ingrown toenails were taking tablets for heart ailments.

"As one gets older, one requires more medication. Many older people start abusing certain drugs simply because they're not sure whether they've taken their tablets already. This sort of thing is becoming a big problem among the elderly," Dr de Miranda says.

In the general population, dagga is still the most commonly used illegal drug, with Mandrax a close second. Dr de Miranda says that of all people treated for drug abuse in South Africa, between 55 and 60 percent had abused Mandrax. This drug is fast catching dagga as the country's most widely abused substance and the country is ahead of the United States, with its far greater population, in Mandrax abuse, he says.

Another popular substance in use on a large scale in South and southern Africa, but which is not found anywhere else in the world, is the "white pipe" — a mixture of dagga and Mandrax.

Substances such as cough mixtures are being abused on an alarming scale by teenagers, Dr de Miranda says. Once people are hooked on these, it is difficult to give up.

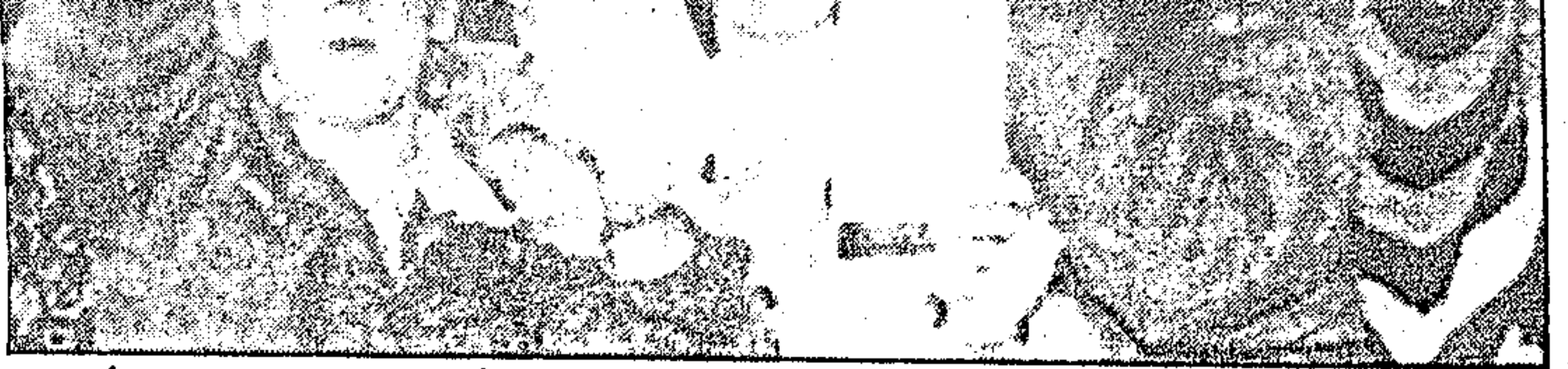
LSD is also being found among teenagers. This is a drug that was sometimes "in fashion and at other times not".

"An additional problem in South Africa at the moment is that a few years ago the drug syndicates discovered that there was a lucrative market here. That's when we saw cocaine introduced. Now this drug is here to stay," Dr de Miranda says.

Cocaine comes mostly from Colombia, which exported a staggering 400 tons of the substance last year. It sold for R300 a gram, which is why it has never been a problem in Africa, where people cannot afford it. Things are different in South Africa, however, which has a relatively affluent white population, he says.

Dr de Miranda says a sophisticated "lifestyle education" programme has already been developed in South Africa and is in use in 26 private schools.

The problem is to get it introduced in government schools as well. The defensiveness of the authorities and the fact that the education system is so complex, with so many departments involved, makes this very difficult, the expert says.



ave the temporary travel permits they were given in Prague yesterday which allow them to travel to the West.

Mind drugs raise dilemma — expert

Star 3/11/89

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The Star's Foreign News Service

KINGSTON (Jamaica) — Doctors were warned yesterday to face the dilemma of "brave new world" drugs.

The development of a new range of mind control medicines raised vital issues, said senior psychiatry lecturer at Manchester University, Dr Bill Deakin, addressing a British Medical Association congress.

He said the medical profession should answer an important question.

PRESCRIBED

Should drugs be prescribed simply to change anti-social behaviour and make people more attractive?

The discovery of a very effective drug called 5HT, now used to combat depression, had opened a new era in drug therapy, said Dr Deakin.

Various 5HT derivatives which altered behaviour were being tested in Britain and elsewhere.

They could reduce appetite and

craving for alcohol, and could be used to treat obesity and alcohol abuse. They could also cut aggression and abnormal sexual urges.

He asked the congress: "Where do you draw the line in treating psychiatric disorders and controlling society? If people are not satisfied with their weight, should they be prescribed a pill? What sort of aggression are we going to treat?"

"Is it right to use drugs to control anti-social behaviour, such as sexual impulses and aggression, rather than treat specifically diagnosed conditions?"

"There is an argument that patients should have total freedom and be able to buy whatever they want. Is this the sort of society we want, where you can get drugs that affect your behaviour over the counter? My answer is no."

He said doctors and society would have to reach consensus about the role of such medicines.

Red tape slashed to help

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Drugs rife in Soweto schools

87

Sowetan
23/11/89



SCHOOLS CRISIS

Articles in this series, written by a Sowetan journalist and a professional teacher, tell the untold story of the crisis in education.

"PUPILS as young as 13 are smoking dagga and sniffing drugs at secondary schools in Soweto," a pupil recently wrote to the *Sowetan*.

"During school hours or during the lunch break some boys smoke dagga behind the toilets while others drink liquor. They then drag girls as they pass by," he wrote.

"The violence that started in 1985/86 has escalated. Rape and death of pupils shot by classmates as they are showing off their guns are common. I was surprised to see girls smoking dagga as the boys have graduated to harder drugs.

"Many schoolgirls have been gang-raped - probably by drunken fellow pupils. Sometimes girls fear to leave school premises because of hooligans who wait impatiently at the gates.

Parents

"Principals and teachers try to reprimand pupils but that is in vain because pupils have lost the value of life. When one tries to stop them one is told to buzz off or else face an early death.

"At parents meetings called to discuss the drug problem, parents blame teachers, saying their children are exposed to drugs at the schools. This was saddening at our school because the children of

the parents who blamed teachers are the ones pushing drugs here.

"Who is to blame?"

The letter sums up the concerns of the few responsible pupils in the morass of the school crisis in Soweto.

The *Sowetan* found that in contrast to Soweto schools private ones in Johannesburg are taking up the challenge of the drug problem.

Solution

A corrective and preventive programme called Lifestyles has been started at private schools by the South African National Council on Alcoholism and Drug Dependence (Sanca).

Work on a solution for Soweto has, however, started.

"During this year we were called to over 10 high schools and three primary schools where the problem was serious," says Mrs Malikolo Motumi, Sanca's national manager of development services. "We have also been to the East Rand."

Children as young as five years are addicted to sniffing glue, petrol fumes and correcting-fluid thinners.

"Some children are fully-fledged alcoholics and drug addicts at the age of 13," Motumi said.

"We are aware of Jun-

ior Stokvels where pupils go high on drugs and alcohol.

"Violence and general lawlessness at school can be attributed to drug abuse. Loss of concentration and aggression are among the short-term effects of drugs.

"Parents have a vital role to play in combating the spread of abuse. Children themselves are scared to ask for help because drug-taking is illegal.

Projects

"We have started a number of projects at some schools. We however do not have blanket permission from the Department of Education and Training to operate in schools."

Motumi said the extent to which drugs have penetrated the black community has not been assessed yet.

Sanca in Bloemfontein estimates that at least 40 percent of the children in that area abuse drugs.

Heroin

Despite the lack of official statistics, dagga and mandrax appear to top the list of drugs in black schools whereas hard drugs like LSD and heroin are prevalent in private and white schools.

"Some people are selling drugs to our children and it is the duty of teachers, the community and police to combat drug abuse and addiction," Motumi said.

The Soweto police regularly report catching mandrax tablets and dagga.

DET Johannesburg regional director Mr Peet Struwig, said: "We are aware of the drug problem. We have departmental rules to deal with it and we have trained our guidance teachers through the Educational Auxiliary Services and Sanca in both preventive and curative solutions for drug abusers."

Sanca has a clinic and day care centre at 827 Roodepoort Road, Moroka. Their telephone number is (011) 984 4017/8.

(To be continued tomorrow).

● Report on open schools - Page 29.

‘By the time I realised my mistake I was an addict’

By SOPHIE TEMA

DRUG dealers will go to any length to get their merchandise – even to the extent of using the disabled.

Johannes Malambule is a person whose handicap has been exploited like this.

Paralysed from the waist down, Malambule says he was being used by a drug dealing syndicate in Hillbrow and Bellevue to procure drugs. He escaped from their clutches by the skin of his teeth.

WELLCONAL

Because of his condition doctors can prescribe Wellconal, a strictly controlled schedule seven drug only used for severe pain.

He would then pass the drug to the dealers who sold the tablets – also known as “pinks” – for between R10 and R15 each.

Taken orally, Wellconal is a strong pain-killer, but dissolved in water in a syringe and injected or “spiked” in the veins, it becomes a highly addictive and dangerous drug.

SYNDICATE

Malambule says he had been working for the syndicate since early this year and went to doctors in Hillbrow, Mayfair and Mafikeng for prescriptions or “scripts”.

A police spokesman confirmed Johannes has laid a complaint at the Hillbrow police station.

How did an innocent paraplegic get involved in the shady underworld of narcotics?

Born in Tokoza 26 years ago, Malambule was not always a cripple.

HAWKER

He was a hawker until his life was turned upside-down when thugs stabbed him and robbed his takings. This left him paralysed.

On one of his frequent visits to Hillbrow Hospital he was approached by two men who asked him to act as a “courier” for their illegal business.

The unemployed Malambule agreed, tempted by profits.

He left his East Rand

home and went to live with the men in a Yeoville flat. Eventually he too became a victim of the drug and started “spiking”.

Malambule got cold-feet when one of the doctors who gave him the Wellconal refused to prescribe any more, saying he suspected Malambule was not using the drug as prescribed.

When he wanted to pull out of the syndicate they threatened to kill him.

Last week Malambule decided to leave the dealers after two of them assaulted him.

He said they handcuffed, gagged and bound him. They also tried to inject him with a syringe, but he screamed till neighbours

came to his rescue.

“I have made up my mind that I want nothing to do with them and want to start a clean slate,” Malambule said.

An investigation by City Press has shown that drug abuse in the Hillbrow, Yeoville and Bellevue area is on the increase and teenagers are being used to sell the stuff.

Crippled Johannes Malambule fell prey to the evil dealings of a Johannesburg drug syndicate. ■ Pic: GIDEON NHLAPO



My escape from drugs

HEALTH & DISEASE - DRUG ADDICTION
1990



Dr Sylvain de Miranda . . . growing demand.

Hard drugs hitting SA streets

19/11/90

Over the past three years South Africa has changed its status from being a society free of cocaine and heroin to one where hard drugs like these are readily available.

This is the view of Dr Sylvain de Miranda, director of the Johannesburg branch of the South African National Council on Alcohol and Drug Dependency (Sanca).

"Heroin reached the South African market three years ago. Demand for the drug is growing. We can no longer sit back and ignore the availability of hard drugs on the streets," he said this week.

Of all drugs confiscated by police, 80 percent of the street value seized was already in circulation, he said.

Early this week police arrested two men and a woman after they found a quantity of heroin with a street value of R300 000, three uncut diamonds and a kilo-

Authorities have at last admitted that South Africa is no longer a cocaine and heroin-free society and that the number of people addicted to these drugs is growing. **SHEHNAAZ BULBULIA** reports.

gram of platinum.

Heroin, he said, was a serious addictive drug which was often injected into the body.

"Some heroin addicts are now beginning to smoke it because they fear they may contract AIDS from intravenous injections. Doctors should be on the alert for addicts who do not display needle marks," Dr de Miranda added.

The street price for heroin stands at R100 to R150 a gram and cocaine runs between R200 and R300 per gram.

"Users don't necessarily come from up-market areas," he said.

87 "Regardless of their class backgrounds, addicts will do anything to support their habit. This includes prostitution and stealing."

An estimated 25 percent of school children have already experimented with drugs, Dr de Miranda pointed out.

"This inevitably means that there is an overall increase in the number of people already hooked on hard drugs," he said.

The Johannesburg branch of Sanca caters for 4000 outpatients monthly, he said.

Thirty percent of this figure accounts for both alcohol and drug users, he added.

Dr Malcolm Steinberg, an Aids researcher at the South African Medical and Research Council, said the heroin haul indicated that main line drug abuse is more serious a problem than the public believed.

Trends

Helping you keep up with the future

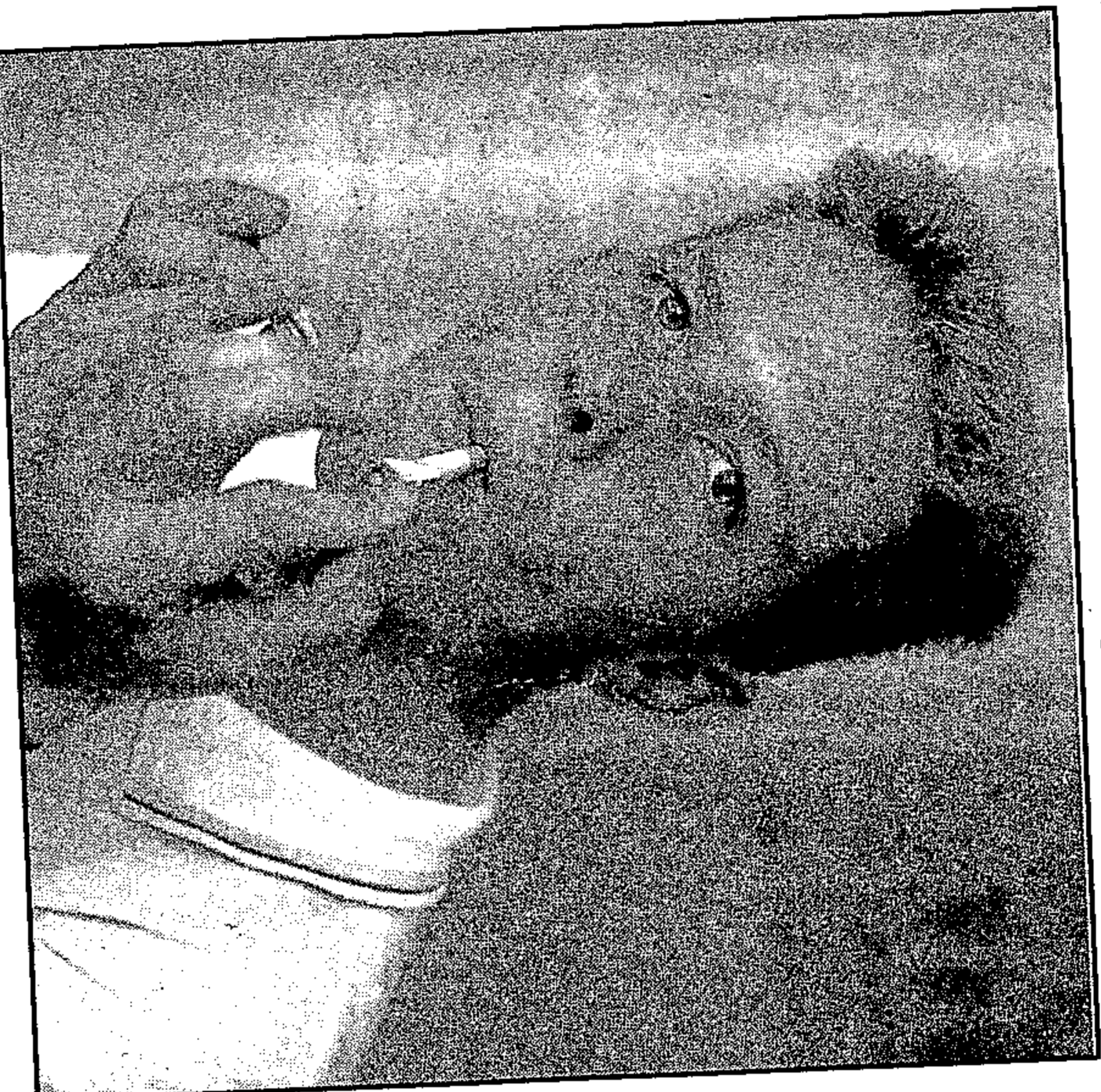
Amplified music is causing such widespread hearing impairment in young people that researchers are facing problems finding normal subjects for deafness studies. — The Independent.

A motorist found superglued to his steering wheel in a car park at London's Heathrow airport told police he had been hijacked by a gunman at a service station. — The Daily Mail.

Quarrying for slate has traditionally involved dynamite and shovels, but a novel technique is being used in England's Lake District to help prevent excessive scarring of the countryside. — The Financial Times.

LIFESTYLE

Tricks to put out the fires of teenage smoking

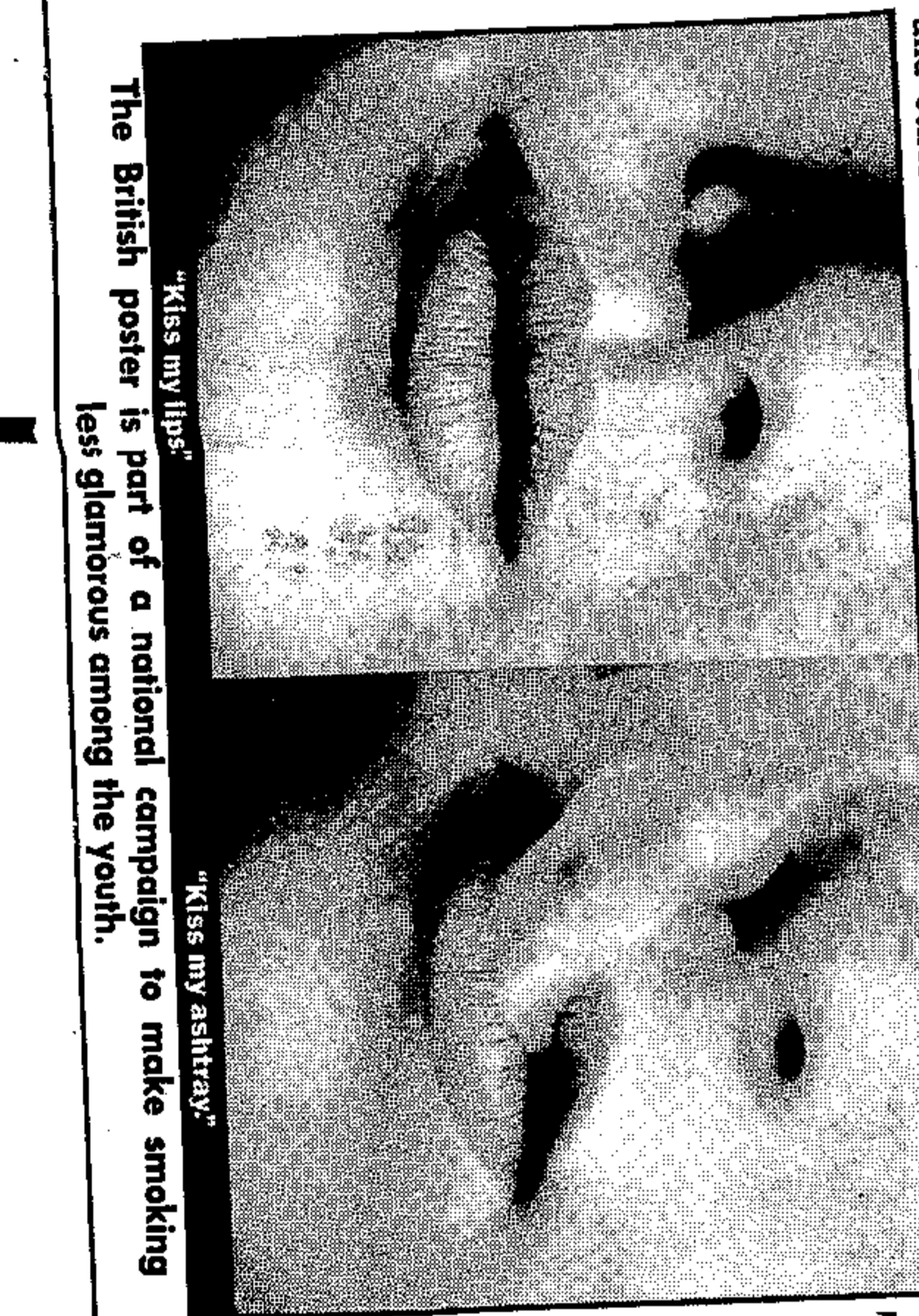


Dylan Milo (16) of Fairmount is asthmatic and started smoking when he was 14. "I could stop if I wanted to, but I don't want to." Pictures by Herbert Mabuza

Dylan defies the danger

Advertising of tobacco is one of the main influences of smoking on children, who readily identify with the symbols of young, beautiful, athletic models, and see smoking as glamorous, adult and chic. The most popular brands among young smokers are the ones that are most heavily advertised.

Dylan Milo (16) of Fairmount, Johannesburg, is asthmatic and started smoking when he was 14. At first, it made him feel ill, very ill, he says. "But I persevered, and now I enjoy it," he says. He is aware that smoking is dangerous for asthmatics and of the link between smoking and lung cancer, but he doesn't care. Even seeing his father, who smoked heavily, go through the trauma of a heart attack was not enough to put him off cigarettes. His parents were bitterly disappointed when they learnt he was smoking. They don't approve at all, says Dylan, but they know it is use-



The British poster is part of a national campaign to make smoking less glamorous among the youth.

Star 25/1/90 (87)

An anti-smoking campaign to persuade teenagers that non-smokers are more "chic, cool and glamorous" has been launched in Britain, at a cost of £10 million (R40 million).

In Britain, previous campaigns focusing on health risks were found to have little impact on teenagers, who see them as a problem for older people.

That's not surprising, says Dr Yusuf Saloojee, of the South African National Council on Smoking, because teenagers live in the present, and they are impressionable.

The council, says Dr Saloojee, is delighted to hear of the British campaign and has a few tricks up its own sleeve to put out the fires of smoking among local teens.

The council will step up its activities this year, and will press for a government ban on all advertising of tobacco as well as a ban on the sale of cigarettes to children under 16.

And he would not be at all averse to heavy taxation on the industry. The taxes could be used to promote health campaigns not only related to smoking, he says.

Advertising of tobacco is one of the main influences of smoking on children, Dr Saloojee says. The most popular brands among young smokers are those most heavily advertised.

The tobacco industry claims that the average smoker is 35, yet cinema and other advertising show models

who look younger than 25, as well as symbols such as balloons, surfing, wind-surfing, with which young children readily identify.

In 1988 the tobacco industry in South Africa spent R55 million on advertising compared with less than R300 000 which independent anti-smoking bodies could muster.

In that year, almost 55 percent of cinema advertisements was devoted to smoking.

Dr Saloojee would like South Africa to follow overseas trends to combat smoking among the youth. In Britain anti-smoking education is part of the curriculum. In France places frequented by children under the age of 18 have to be smokeless zones.

This year the World Health Organisation has designated the theme of "Children and Smoking" for the World No-Smoking Day on May 31, part of the national no-smoking week from May 28 to June 2.

Dr Saloojee says that national figures on South African children who smoke are not available, but a recent study on children in Cape Town revealed "frightening" results which were probably typical of most other areas of the country.

Twenty-three percent of male black primary school children smoke. Twenty percent of white male high school children smoke; among girls the percentage was 18. **MARIKA SBOROS**



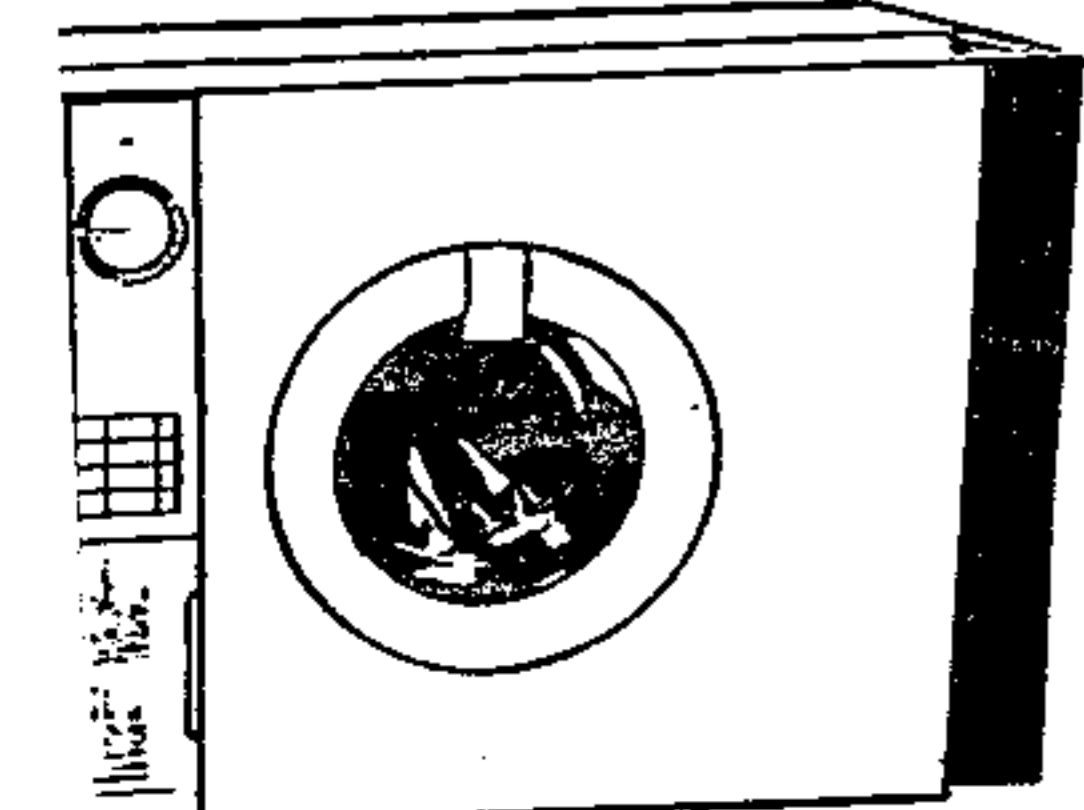
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Pregnant cocaine addicts face child abuse charges

PROSECUTORS in the United States are bringing charges against more and more pregnant women who take drugs, but a lawyer for one woman accused of delivering cocaine through the womb says the war on drugs is "going from hysteria to absurdity."

Authorities in areas where expectant mothers have been arrested say they are turning to

criminal law as a last resort because nothing else worked in stopping the growing number of cocaine-addicted babies.

"When you see these children shake it gets to you," said Lt. Stephen Banakas, narcotics chief for the Pensacola Police Department.

"If it's through arrest or the threat of arrest, whatever it's taken to get people to take care of

their children, it's working," he said

The controversy has emerged from the growing use of crack cocaine around the nation, but mothers addicted to other drugs also have been charged. In Wyoming a judge dismissed a child abuse charge against a pregnant woman who drank excessively. The judge said the prosecutor did not establish that the

woman's drinking habits injured the unborn baby.

More than 30 women have been arrested nationwide since the first mother was convicted of delivering cocaine to her newborn in Central Florida last August, said Allison Marshall, a Washington D C lawyer.

Some police and prosecutors said the arrests are a way of forcing mothers of cocaine babies to get

drug treatment. They contended that some pregnant addicts are going straight because they fear prosecution.

But there are numerous critics of the police crackdowns.

They include the American Health Association, National Women's Health Networks and the National Organisation for Women who say the arrests are doing more harm than good.

SOWETAN Friday March 9 1990

The 'cancer stick' strikes the youth

NATIONAL DETAINEES DAY MEETING MARCH 11, 1990

SUPPORT POLITICAL PRISONERS ON HUNGER STRIKE

On February 25, 1990, political prisoners on Robben Island started the sacrificial action of a hunger strike to draw attention to their plight. The hunger strike has now spread to prisons throughout the country.

- In spite of President F W de Klerk's concessions made in his speech to Parliament on February 2, 1990, the facts are:
- The State of emergency still exists! Detentions are still with us; Section 29;
 - People are also detained in terms of the Internal Security Act and its infamous Section 29;
 - Conditions of detention have not improved!
- Although the Liberation Movement is unbanned, people imprisoned for their activities in the struggle against apartheid, have been released very selectively, and most are still behind bars. These prisoners are now protesting because they are to be used as a bargaining tool at the negotiating table.

On National Detainees Day, we remember and salute all those who have suffered for the cause of justice and for a non-racial, democratic South Africa.

EXPRESS YOUR SOLIDARITY with detainees and those on hunger strike in prisons throughout the country.

1. Focus of organise worship services on their plight on Sunday, March 11, 1990;
2. Participate in fasts on March 11 and 12, 1990, in solidarity with hunger strikers;
3. Attend meetings of Solidarity for Political Prisoners and Detainees on March 11 and 12, 1990;
4. Write to President F W de Klerk demanding the release of all political prisoners and detainees.

- VANUE:** Regina Mundi, Soweto
- TIME:** 2.00pm
- SPEAKERS:** Fr S Mangaliso Mkatshwa and Jackson Mthembu, Trade Union Speaker
- EAST RAND:** Syathamba Stadium, Balfour
- TIME:** 10.00am
- SPEAKERS:** From community organisations, the Church and the Liberation Movement
- PRETORIA:** St Alban's Cathedral, Schoeman Street
- TIME:** 2.00pm
- SPEAKERS:** Max Coleman and Cass Saloojee
- V.A.A.L.:** Roman Catholic Church, Zone 12, Sebokeng
- TIME:** 2.00pm
- SPEAKERS:** Moss Chikane and Audrey Coleman. Other: Delmas thafists
- NEWCLARE:** St Francis Anglican Church, Croesus Avenue, Newclare
- TIME:** 3.00pm
- SPEAKERS:** Rev E Jones, Thami Laphoko and others

Issued by SACCC and SACBC

S 4319

THE World Health Organisation (WHO) regards smoking as one of the most preventable causes of disease and disability. They say it accounts for the death of about one million people annually.

That South Africa rates second - after Egypt - in the continent in the consumption of what has been termed the 'cancer stick', is truly an indictment. Of even more concern for public health officials is the high prevalence of smoking among children.

According to Dr Derek Yach of the Centre for Epidemiological Research in Southern Africa at the Medical Research Council, the advertising of cigarettes has promoted the habit among the youth.

A Cape Town study of school pupils has revealed that smoking starts young.

Among the respondents aged between 15 and 24, 20 percent of males and 18 percent of females had smoked before they were 15 years old.

Another random sample of the twelve white high schools in Bloemfontein - 733 boys

87

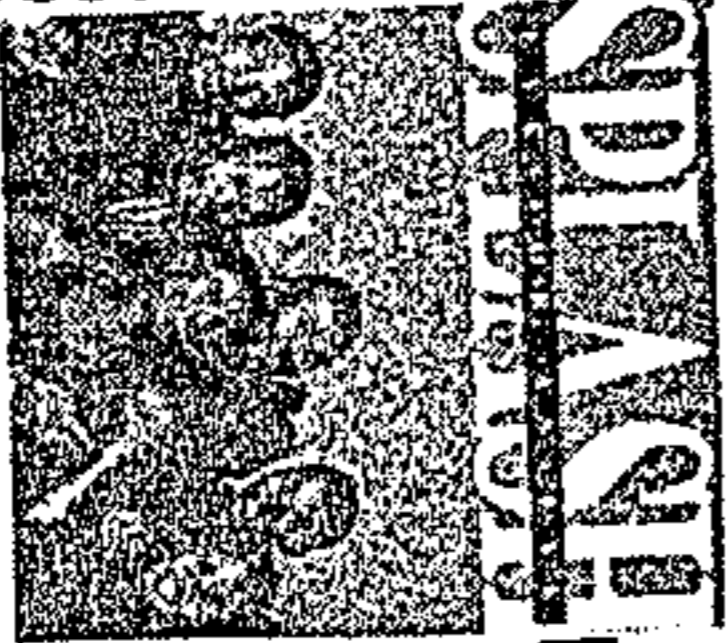
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- Pamela Nkutha - Suffering Low Price R19,99
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- Chaka Khan - Eye To Eye Low Price R19,99
- Ayobayo Band - Sorry Bra Low Price R19,99
- New Age Kids - Get Down Low Price R19,99
- Zandi G - Malawi Man Low Price R19,99
- Little Big Man - So Where To Low Price R19,99
- Professor Rhythm - Mr Dirty Low Price R19,99
- Shamila & Pata Teanet - Shamila Low Price R25,99
- Quincy Jones - Back On The Block Low Price R18,99
- Lulu Masilela - Blessing - Cool Down Low Price R25,99
- Adava - Musical Freedom Low Price R25,99



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HEALTH NEWS
and 773 girls - revealed that 25,8 percent of the boys were smokers, 90 percent of whom started at between 12 and 18 years.

Yach's research has also showed that many smoke at Wits, Cape Town and Pretoria universities.

At Wits 23 percent of males compared to 16 percent of females were smokers. At UCT, of a total of 665 selected, 17 percent were regular smokers.

The concern is understandable because in Pakistan and also in Bangladesh, lung cancer is now the most common variety. In SA, from 1949 to 1979 the lung cancer mortality rate in males rose from nine to 68,5 per 100 000 people.

Cardiologist Professor Harry Seftel said some of the causes of heart disease included smoking.
"It needs to be stressed that there is no such thing as moderate or excessive smoking. Smoking of all kinds is bad," he said.

-SA needs drugs programme to cut demand — De Klerk

4/04/90 9/13/90

TANIA LEVY

87

SA NEEDED a balanced programme to reduce demand and supply of drugs, President F W de Klerk said in a message to a Johannesburg working conference yesterday.

The two-day conference will address the implementation of a national plan to prevent alcohol and drug abuse.

De Klerk said drug abuse was a contemporary issue which could not be ignored. The drug war in Colombia clearly indicated drug cartels would stop at nothing to further the production of drugs to generate money.

De Klerk said although many countries were concentrating on availability of drugs, others were calling for the only long-term answer to the problem — a reduction in the demand for drugs.

As long as people had an urge to take drugs, suppliers interested in easy profit would certainly make these chemicals available to willing buyers, he said.

Opening the conference, National Health and Population Development Minister Dr Rina Venter said the most important target group for prevention was the youth — pre-school and school-going.

However, adults should not be overlooked as they had the responsibility of educating youth.

She said the goal of prevention should be the reduction of demand.

Venter said programmes of prevention, treatment and rehabilitation, research and law enforcement should not be implemented independently of one another but should be co-ordinated to balance and complement each other.

Bill ups jail terms for drug dealers

CAT 7/15
19/3/90
87

Political Staff

PARLIAMENT. — Mandatory prison sentences for drug dealers — up to a maximum of 25 years — as well as unlimited fines have been provided for in the Abuse of Dependence Producing Substances and Rehabilitation Centres Amendment Bill tabled here.

The Bill also makes provision for increased penalties for use or possession of dangerous drugs.

However, no minimum sentences are prescribed. As a result, a court will still be able to suspend any period of imprisonment involved.

The memorandum to the Bill states that the increase in drug traffic in South Africa indicated that prescribed penalties for dealing in, possession or use of dependence-producing substances were no longer a sufficient deterrent.

It adds that the main object of the Bill was to "indicate Legislature's earnest in combating the drug menace, and to heed the public's call for firmer action against drug offenders".

If the Bill becomes law, anyone convicted of dealing in any prohibited dependence-producing drug or plant from which such a drug can be manufactured faces a mandatory jail sentence of up to 25 years, and any fine which the court may "in its discretion" deem fit.

Currently, the maximum sentence is a fine of up to R30 000 or 15 years' jail, or both.

The penalty for use or possession is "any fine" or imprisonment for 15 years. The previous maximums were R20 000 or 10 years.

The memorandum adds that one of the principles behind the removal of limits on fines is to allow for fines to be imposed in line with the value of the drugs involved.

Legislation
19/3/90

Standard

Heavier penalties to combat drug abuse

CAPE TOWN — Mandatory prison sentences of up to 25 years for drug dealers, as well as unlimited fines, are provided for in the Abuse of Dependence Producing Substances and Rehabilitation Centres Amendment Bill tabled here.

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Political Staff

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Row after

teargas at march

W/L PRESS
14/4/90

at march

By SHARON SOROUR
Weekend Argus Reporter

SALT River religious leaders have slammed police for firing teargas into a peaceful crowd — including women and children — who were marching through the suburb to highlight the area's drug problem.

They also accuse police of being "in cahoots with drug merchants".

Police say the marchers were warned to disperse and they reject the allegation of siding with drug dealers.

Sheik Mogamadcorr Moerat of the Tennyson Street mosque said he could not condone the action of the police.

"It was uncalled for and unnecessary to fire teargas. We were marching peacefully to present a petition to the police," he said.

Although permission for the march had not been granted by a Cape Town magistrate, hundreds of Muslims gathered outside the Tennyson Street

mosque at 2.30pm yesterday. Many police were in the area.

After a show of hands the crowd decided to go ahead and march to Malta Road where members of the Salt River Coordinating Council, with the support of the Cape Town Drug Counselling Centre, hoped to present an anti-drug petition to the Commissioner of Police.

Police warned the marchers as they set out that the gathering was illegal and asked them to disperse but the crowd of about 500 carried on, chanting "Allah is the greatest."

Some exchanged angry words with 10 men said to be drug dealers.

10 minutes

The police fired teargas into the crowd as it reached the corner of Tennyson and Addison streets. The march had lasted 10 minutes.

The crowd dispersed and hundreds went into the Tennyson Street mosque.

A service was conducted by Sheik Moerat in the street outside — where about 100 people

prayed — because the mosque was full.

Imam Rasheed Omar said they were "treated like dogs" and accused the police of being "in cahoots" with the drug pedlars.

It was decided not to hand the petition to the police but to send it to a higher authority.

The petition, signed by nearly 3 000 Salt River residents, claims that drugs sold by 11 merchants contribute to prostitution and crime in the area.

Police spokesman Major Jan Calitz said the crowd was warned that the gathering was illegal and given five minutes to disperse.

"They did not adhere to the warning and police used minimum force to disperse the crowd," Major Calitz said.

He said it was not true that the police were siding with drug dealers and were in cahoots with them.

"I reject that allegation with the contempt it deserves," he added.



Salt River residents set out on an anti-drugs march.

Pictures: DANA le ROUX, Weekend Argus.



After the abortive march Muslim marchers pray in Tennyson Street because the mosque was crowded.

Drug death threat: Imam under guard

CAPE TOWN 18/4/90

AN Imam in Salt River has been placed under protection by members of the Muslim community after death threats against him by drug bosses.

Sheikh Mogammad Moerat of the Tennyson Street Mosque said yesterday that his car's tyres were slashed recently by dealers who have turned Salt River into a thriving 24-hour-a-day drug market.

The run-down suburb, sandwiched between "notorious" Observatory and Woodstock, had become one of the Peninsula's main drug-trade centres which had earned it the name of "Drug City", he said in an interview yesterday.

Sheikh Moerat is a member of the Salt River Co-ordinating Council, which fights the drug problem in the area.

Yesterday afternoon the Cape Times witnessed several youths on street corners allegedly peddling dagga and Mandrax.

Another council member, Imam Rashid Omar, said that even company drivers were making purchases in company cars for further distribution in Cape Town. The area had become a thriving drugs market.

The council said drug prices were relatively low in Salt River.

Mandrax could be bought for R12 to R13 there whereas the price was R15 in Cape Town. "Half a finger" of dagga went for R1 and a bank bag cost R5.

A police spokesman, Major Jan Calitz, said yesterday that police were attending to the problem, and called on members of the public to supply police with information.

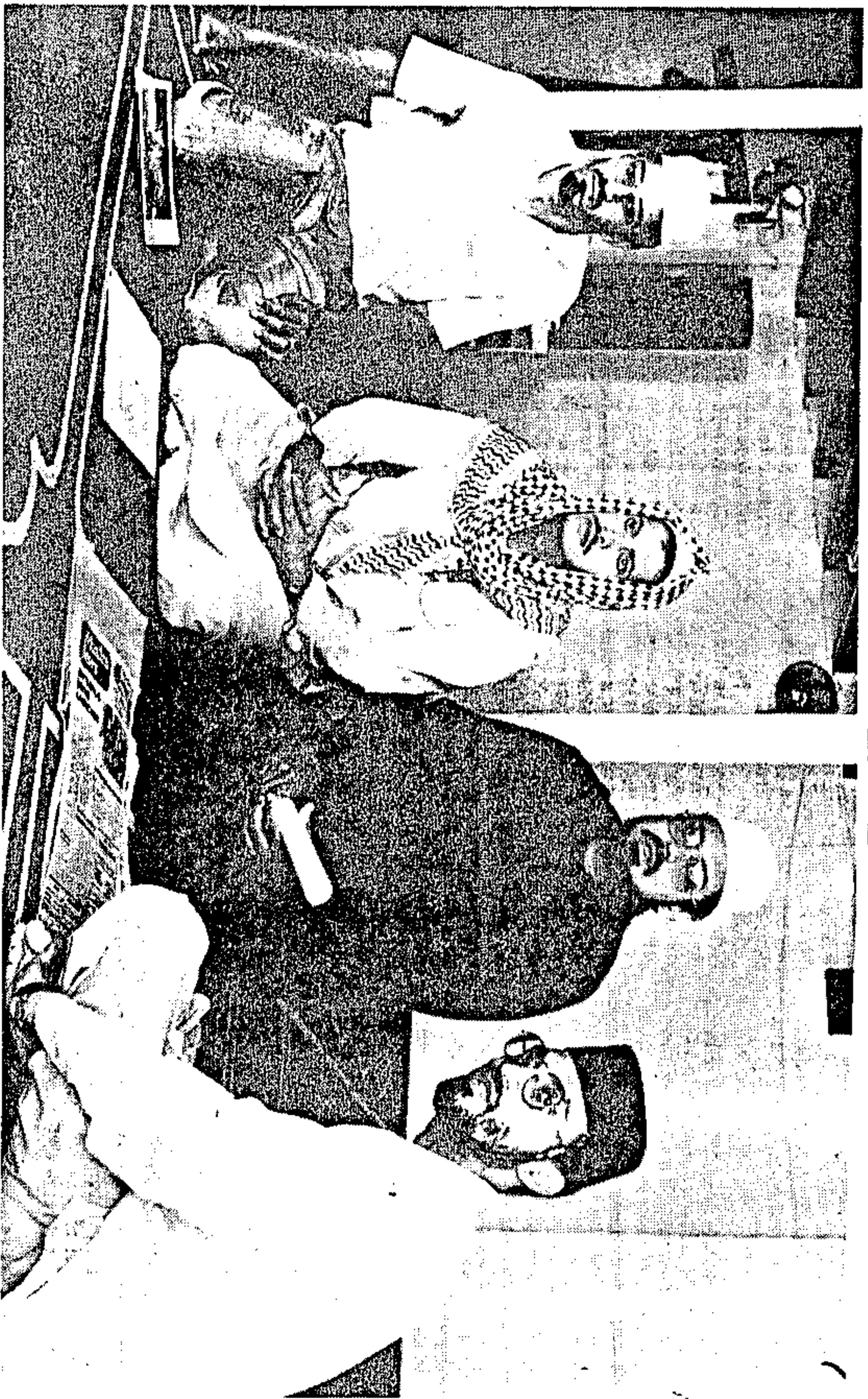
However, it was evident yesterday that arresting peddlers would be difficult. They don't keep drugs on them, and supply it, preferably to known clients, only once they have carefully scoured the street.

As soon as they spotted a Cape Times photographer, they either shouted at him or disappeared.

Sheikh Moerat said that up to half of the social cases he handled entailed drugs. The situation had become a threat to the fabric of the Salt River community, and prostitution had entered the picture.

Members of the council said the vice bosses lived in Nyanga and Rylands Estate but they had been unable to identify them positively.

Imam Omar criticised the police for acting against a recent drug-abuse protest march. He said a meeting on the issue would be held on Sunday at the Bo-Kaap Civic Centre at 10.30am.



FIGHTING THE DRUG BARONS . . . Muslim community leaders Imam Moejahiet Laatoe, Moulana Azeem Khatiep, Sheikh Mogammad Moerat and Imam Rashid Omar in the Tennyson Street Mosque, Salt River. Leaders have called for drug dealers in the suburb to be rooted out.

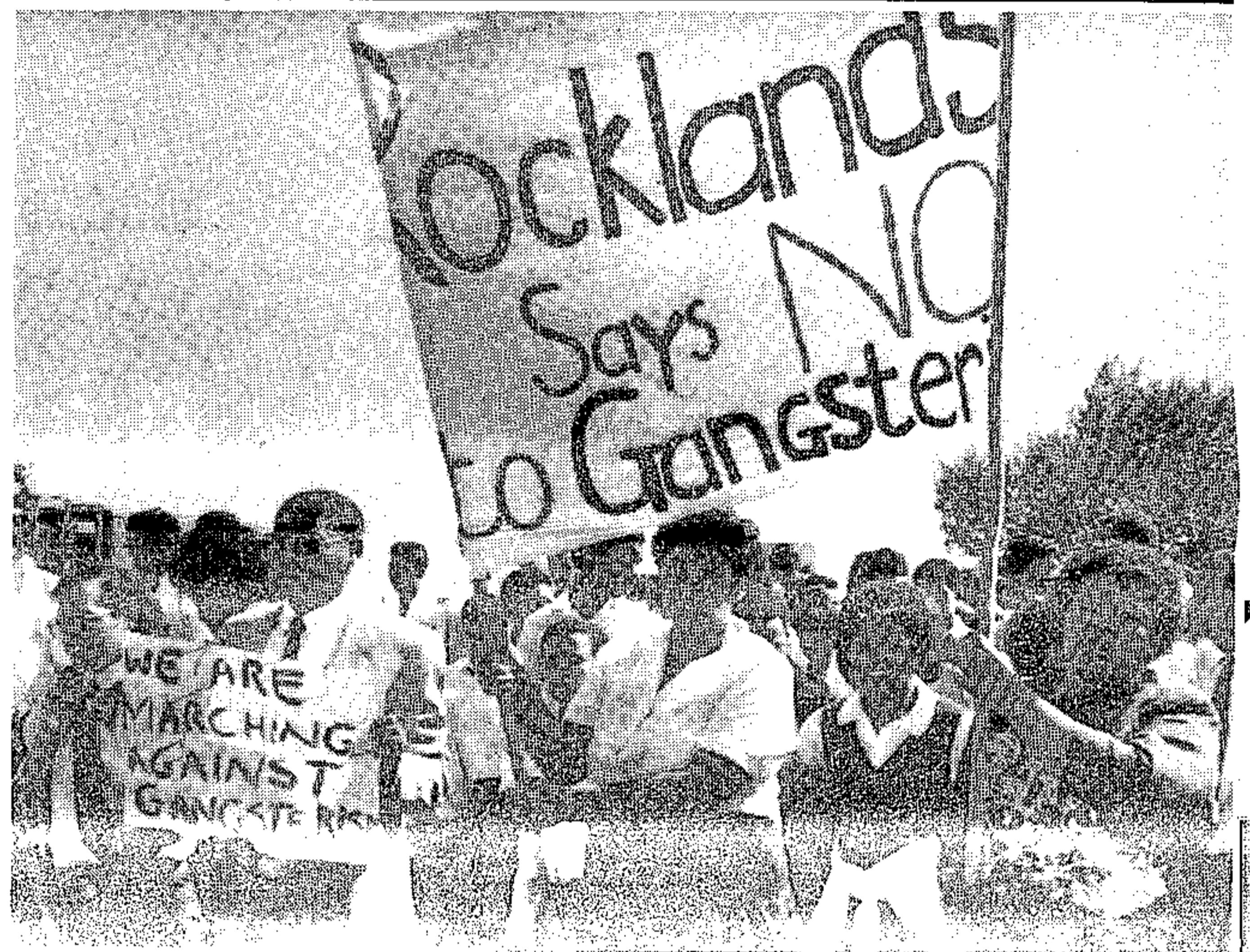
Picture: RICHARD BELL

Clean up in 'Drug City'

Salt River, a semi-industrial suburb of Cape Town, has become known as "Drug City".

And in Mitchells Plain, gangsterism claimed another victim recently when a pupil was stabbed to death.

In both communities, angry residents, however, have decided to rid their areas of the "scourge". REHANA ROSSOUW investigates:



At the forefront of Tuesday's march against gangsterism was Mrs Pilda van Louw, right, whose son was killed by gangsters, and Mr JJ Markgraaf, principal of Rocklands High.

PIG: YUNUS MOHAMED

DESPITE threats from drug dealers and police tear-gassing their march last Friday, Salt River residents have stepped up their anti-drug campaign and are determined to clean up their area.

They hope the "Drug City" suburb close to Cape Town city centre will become an area where youth thrive, instead of being a slum where the youth are dragged into the nightmare of drug abuse.

Salt River, sandwiched between Observatory and Woodstock, found itself in a strategically-central supply position and quickly developed into a suburb which now has more than a dozen known peddlers.

Cheaper

Another "attraction" that lured users from all parts of the Peninsula was the competitive prices offered by peddlers in Salt River: Mandrax tablets sold at up to R5 cheaper.

By the 1980s, the easy availability of the drugs through the peddler network gave rise to a large drug-taking population.

This had a tremendous effect on the character of the suburb. The first salvo against drug sales and abuse in Salt River was launched in 1983 after an initiative by the Muslim Youth Movement (MYM).

"We began with an awareness cam-

paign, but it soon became obvious that people were not prepared to come into the open and admit that we had a problem," said Imam Rashid Omar, founder member of the Salt River Coordinating Council.

The battle against drugs in Salt River resumed in 1986, when the MYM called a mass rally to discuss the problem.

The Salt River Coordinating Council was launched after the meeting by a group of concerned residents. It began campaigning by visiting residents and drug dealers to discuss and develop more awareness about the drug problem.

Hardened

"Our dilemma was that the guy on the corner selling dagga and mandrax was our brothers, our families, and we could not exclude them from our community," said Omar.

"We are not fighting a vendetta against peddlers individually; we are only fighting against their activities."

Dealers, while admitting that their activities were morally wrong, were not prepared to give up a lucrative enterprise.

"There is a lot of rivalry between the peddlers. Most of them are small fry for the big dealers, although some have grown in power over the years," said Omar.

"The major obstacle to negotiations with them is the fast profits they pull in. We are fighting greed in Salt River."

Although fights between the peddlers are not frequent and seldom af-

fect innocent residents, the brutality involved sends shudders through Salt River.

A dealer was shot in bed while his wife was sleeping next to him and a young man was found in one of Salt River's many lanes last year with his throat slashed.

The incidence of housebreaking and theft has increased dramatically in recent years, with youth stealing from their own parents to pay for their next "fix".

"The dealers allow the addicts to buy on credit, then demand large sums of money from youths who are unemployed or still at school," said a mother with first-hand experience.

"These boys will steal anything their parents own or become peddlers themselves to make money to pay off their debt.

The mother also complained of police inability to take action against peddlers.

Her son, drawn into dealing because of the money owed to peddlers, brought Mandrax into her home.

Horrified, she went to the police after much soul-searching and decided to turn her son in.

"That happened a year ago. They have not come up till today to investigate my complaint," she said.

"People in Salt River are saying SAP means Save All Peddlers."

When police raided, the peddlers were often "clean".

"A friend of mine lives next to a peddler. One morning she found hundreds of tablets and seven guns in

her backyard. The peddlers had thrown them over the wall.

Omar said the Council was also concerned about the effect drug abuse had on the liberation movement.

"I have had experience in civic work of good people who are committed to the struggle who sell their comrades for a button," he said.

"That is why the Council refers to drugs as a tool of oppression."

The Coordinating Council — now revitalised — has elected an executive committee of 11 people and uses the Tennyson Street mosque as its base.

The Council wishes to hold another big march against drugs but is first consolidating its support in the area and reaching out to other areas.

"Two of our members are doing a drug counselling course with the South African National Council on Alcoholism; we are appealing to addicts to come forward for help," Omar said.

"The community is prepared to pay whatever it costs if they are serious about rehabilitation."

Omar said the Council was also developing a network of street committees to monitor the extent of drug sales and use.

The Council has also sent confidential letters to residents, asking questions on drug usage. The letters can be posted without mentioning names of the users.

"Through the drugs issue we have built community structures and won community support like never before," Omar said.

City drug scourge: 0

87 2/4/90

Daily tragedy but what can 'Mama' do?

IN a small backyard surrounded by high walls, the old woman known as "Mama" to the dealers and addicts of Salt River watches them as they go about their life-destroying business.

Her small flat overlooks this "safe" courtyard and day and night she sees them selling and smoking their deadly mix of dagga and Mandrax.

"They stand at the bottom of the steps which lead up to my flat," said Mama. "Locking the door into the area does not help because they climb over the wall. I speak to them. I know many of them. They are the children of families who live in Salt River. I have seen some of them grow up before my eyes.

"Many are as young as 15. On a few occasions there have been those who are younger. There are also the outsiders who join them. Young white boys, often men.

"I have seen two boys drop to the ground after smoking a 'pipe' of dagga and Mandrax. They break bottles to use the neck to smoke through. Sometimes they hide them away for the next time.

"Fathers come to buy with their small children and I have also seen young girls who are involved.

"Asked me to pray"

"Mama" said she spoke to a young man this week and asked him why he was destroying his life.

"He said he was 19 and that his father was away at sea. His mother was having an affair and he could not handle what was happening in his home.

"I once shouted out to a group of them: 'Gee vir my ook 'n skuif'.

"They refused me, saying that it was no good for me. I asked them if it was no good for me why were they doing it. They could not reply to this but did ask me please to pray for them."

She said she did not know how to approach the parents of the children she had seen taking drugs. She did not know what their reaction would be.

"Family pride is one of the biggest problems that one has to deal with in Salt River. I could also never phone the police. How could I get these children jailed?"

"During the Salt River anti-drug march last Friday there were many mothers whose children are involved in drugs who joined. They cried. They need help and the community is now going to give it to them."

IN an all-out effort to wipe out the booming drug problem in Salt River, the community has rallied to fight the scourge on its own.

In spite of police teargassing their anti-drug march last Friday, and the verbal abuse and threats which residents face daily from drug peddlers, they are determined to clean up the suburb.

As a spin-off from the Salt River march, residents from five other Cape Town suburbs have also taken a stand against the drug problems in their areas.

They are each forming committees and a rally to launch the Bo-Kaap Anti-Drug Campaign will be held tomorrow at the Schotsche Kloof Civic Centre. A group of about 10 Salt River mothers, some whose sons are drug-abusers, will meet the director of the Drug Counselling Centre in Observatory next week to discuss ways of informing the community of the dangers of drugs.

They will also be taking a course on how to counsel families and users. Since the march the Salt River Co-ordinating Council has re-elected the Salt River Anti-Drug Action Committee, which will hold open discussions to get the campaign off the ground.

Support and expertise

A meeting has been set up with the Drug Rehabilitation Action Group and the Tough Love group, which has offered its support and expertise.

Imam Rashid Omar, founder member of the Salt River Co-ordinating Council, said he was amazed at the response since the march.

"We will liaise with the anti-drug committees which are being formed by residents from Bo-Kaap, Surrey Estate, Kensington, Hanover Park and Rocklands. "The drug problem does not only exist in these areas, it is widespread, but I think many people have now had enough of the destruction of our youth. We have to protect our young generation from what has happened to so many of their older brothers and sisters.

"Since the march there has been an openness among the Salt River community which has never been experienced before. The uncalled for action taken by police at the march has brought us even closer as a community.

"Over the years, because of the many political upheavals experienced in Salt River and the confrontations with the police, our community does not see them as protectors.

"It is a complex problem. We have been told by the police that they do not have the manpower to deal with the drug dealers on the streets.

"They should be working for the community but, after the teargassing of the march which included women and children, there is a strong feeling against them now."

Mr Omar said the Salt River community did not want a vendetta to develop between them and the drug merchants.

"Many of the drug merchants are part of our community. We will have to reach out to them as well but this will be a major problem as drug dealing is a lucrative business."



Deal Drugs change hands often at corners of Salt River. People from all over come to the area.



Imam Rashid Omar — helping to fight abuse.

Few families

FEW families have been spared by the scourge of drug addiction which has plagued the suburb for years.

Drug addiction has taken the lives of many, while others are being cared for in hospitals and at home are battling to cope.

One family has lost a whole generation of children to drug and dagga addiction. Parents, wives and children through is taking its toll.

In a neat upper room in one of the narrow streets of Salt River, the parents of a family of addicts spoke of their time about the night they were through since their teenagers.

Grandparents of the family said they were both born in the area. They have never lived anywhere else. Their community, as they are close-knit they speak of what their sons have done.

"I have two sisters."

■ Stories: JOCELYN MAKER
■ Photographs: LEON MULLEN

Community acts

2 (87) 21/4/90 Weekend Argus



WOMAN SEES STEPSON TURN ADDICT

FIVE times a day an elderly Salt River mother prays for the stepson whose drug addiction robbed her of her home and security.

His R25 000 debt with a drug merchant who supplied him with his daily intake of Mandrax and dagga had to be paid.

She met the dealer who was partly to blame for the destruction of her small family and a decision was reached.

To repay the dealer a second bond had to be taken on one of the two houses which were left to both of them by her husband, who died more than 10 years ago.

But six months ago the secret arrangement to pay the dealer backfired.

Her son received the cheque from the bank and disappeared back into the dark underworld of drugs. His craving drove him to spend almost every cent to feed his addiction.

Eventually, to pay the dealer, she had to sell both houses.

"My son is 27 and recently got divorced. During his marriage his wife had two miscarriages. I was told the babies were deformed and his addiction was the reason for this.

"Life with a child who is a drug addict is very hard. His mother died two months after he was born. Just over a year later I married his father.

"I loved him as if he was my own. I sent him to school and cared for him. He was our only child. I do not know what went wrong.

Eyes always red

"He changed when he reached his teens. When he was about 18 I knew he was taking drugs. His eyes were always red and he slurred when he spoke.

"I fought with him. I searched his cupboards and clothing and often followed him, without him knowing, to find out if he was selling the stuff.

"But I could never catch him doing it. I begged and pleaded with him to stop but he could not.

"Our lives fell apart and when his father died he became more deeply involved with other addicts in Salt River.

"When both houses were sold he told me he would give me my share. But he never did and now I have to live with relatives. I miss my big house and am still paying for the flooring I put down.

"I pray for my stepson because I know he has gone astray.

"If he knocked on my door and asked me to feed him I would — but never would I give him a roof over his head. How could I? He robbed me of mine."

hands often and freely outside houses and on the street. People from all walks of life, from all over the Peninsula come to the area to buy their supplies.

Few families untouched

FEW families have been untouched by the scourge of Salt River which has plagued the small community for years.

Drug addiction has claimed the lives of many, while a number of people are being cared for in psychiatric wards and at home by parents who are battling to cope.

One family has lost almost an entire generation of sons to Mandrax and dagga addiction and the hell their parents, wives and children are going through is taking its toll.

In a neat upper middle class home in one of the narrow streets of Salt River, the parents of two sons who are addicts spoke openly for the first time about the nightmare they have been through since their boys were teenagers.

Grandparents of 19 grandchildren, they were both born in the area and have never lived anywhere else. It is their community, and although they are close-knit they still feel the shame of what their sons have done.

"I have two sisters. Between the

three of us we have four sons whose lives are owned by Mandrax. On my husband's side there are two sons who are also addicts.

"We are all normal families who have put our children first. We have brought them up in religious homes and they have never had to go without. It is not us who are to blame for what has happened to them. The moment they get out on to the streets of Salt River they stand no chance. Drugs are available at every turn."

"It has cost us thousands to try and rehabilitate them. One has been admitted to hospital twice but this did not work. He has been arrested and we have had to bail him out of jail at all hours of the day and night.

"To try and help them with their education or find a career we have spent thousands more, but this has not worked. There is very little we can do to pull them out of the clutches of drugs.

"One of our sons stole money and cheques from us. My rings also disappeared and we found out that they too had been traded in for drugs."

LYN MAKER
LEON MULLER, Weekend Argus

The shady world of dealers and 'freelancers'

FOR two days this week the drug merchants in Salt River were without a supply of Mandrax.

The busy Easter weekend trade had depleted their stocks and according to a former addict who still has contact with the network, a new consignment was expected by late Wednesday.

By Thursday trafficking began to pick up and yesterday morning deals were being made openly on street corners and at many houses.

"It is not only the youngsters in the community who are involved. There are many older men who smoke dagga as well.

"Most of the merchants operate from houses. Users usually go through the back door and at many of these places the stuff can be smoked in the back yard. Merchants have people who work for them on the streets. They are called 'freelancers'.

"When a car pulls up outside a mer-

w families untouched

families have been untouched by the scourge of Salt River which has touched the small community for years.

Addiction has claimed the lives of many, while a number of people are being cared for in psychiatric hospitals at home by parents who are trying to cope.

The family has lost almost an entire generation of sons to Mandrax addiction and the hell their wives and children are going through is taking its toll.

One of the upper middle class homes on the narrow streets of Salt River has parents of two sons who have spoken openly for the first time about the nightmare they have lived through since their boys were born.

The parents of 19 grandchildren, both born in the area and never lived anywhere else. It is a small community, and although they are knitted together they still feel the shame of their sons' actions. They have two sisters. Between the

three of us we have four sons whose lives are owned by Mandrax. On my husband's side there are two sons who are also addicts.

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MAKER
MULLER, Weekend Argus

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By Thursday trafficking began to pick up and yesterday morning deals were being made openly on street corners and at many houses.

A former drug abuser who is involved in the anti-drug campaign, he said in an interview the time had come to clean up the suburb and turn it into a decent healthy place for children.

Festive season

"The drug trade does not only survive on users who live in the area. People from all races and all walks of life on the Peninsula buy their drugs in Salt River.

"During the festive season and over public holidays more users come into the area. This is also when the prices rise. Usually one Mandrax tablet or 'button', as they are called by users and dealers, can be bought for R15. But over holiday periods the prices go up to R25 each.

"I was deeply involved in drugs and can only say I am pleased to be out of it and alive.

"It is not only the youngsters in the community who are involved. There are many older men who smoke dagga as well.

"Most of the merchants operate from houses. Users usually go through the back door and at many of these places the stuff can be smoked in the back yard. Merchants have people who work for them on the streets. They are called 'freelancers'.

"When a car pulls up outside a merchant's house or on the corner nearby the 'freelancer' will approach the vehicle. He will not have drugs on him. He finds out what the buyer wants, takes the money and either goes into the house to get the stuff or will take it from a stash which he has hidden in a tin in one of the drains.

"Things have changed in Salt River over the years. Now the merchants work like big companies, arranging drugs for other dealers.

"Many dealers are men who have grown up in the community. Some are well educated; others have no education at all.

"Dealers are also now using youngsters who are living in Salt River as 'freelancers'. They earn good money and many of them are between the ages of 12 and 14.

"In some cases merchants take in 'freelancers' to live in their homes. They provided them with food and

some clothing and a place to sleep. They also give them a free supply of Mandrax for their own use.

"They also use the children of relatives to sell for them. Often they are barely in their teens.

"Freelancers can earn up to R11 000 a week, which is a lot of money. I was taking up to 10 Mandrax a day. It's an expensive addiction and I almost lost everything I owned."

Muslim drive to wipe out drugs

Staff Reporters

THE Muslim community wants to more drug-counselling centres in the Peninsula.

The move — the latest in an anti-drug drive — was proposed at a meeting held by the community at the Schotsche Kloof Civic Centre yesterday. About 1 000 people attended.

Speakers condemned drug abuse in the community, especially in the Salt River-Woodstock areas, and urged the establishment of as many counselling centres in the Peninsula as there are shebeens.

WANTED MAN

Nearly 50 people offered to train as drug counsellors in response to a call for 10 young men and women to volunteer for the task of fighting the drug scourge and eradicating it within the community.

Sheik Moegammad Moerat of the Tennyssen Street Mosque, Salt River, who helped to initiate the campaign, said he was a wanted man in the eyes of the drug pedlars because he had become so active.

Referring to an incident on April 13 when police tear-gassed marchers in an anti-drug protest from his mosque, he said the community "could not call the police part of our force".

Community worker Mr Taa-hier Levy, who runs welfare bureaux in Woodstock, Claremont and Lansdowne, said between three and four new drug-abuse cases were reported daily.

POLICE SQUADS

● Police public relations officer Captain Gys Boonzaaier said there were police anti-drug squads all over the country and they had been successful in combating the sale and use of drugs.

"These policemen work long hours and they pay many people informal fees for information in order to combat the drug problem.

"If Sheik Moerat says the police are neglecting their duties he does not know what he is talking about."

CMF Times 23/4/90 (23) (87)

1 000 vow to take up fight on drugs

AN estimated 1 000 people crammed into the Schotschekloof Civic Centre yesterday and vowed to take up the fight against drug abuse and establish as many drug counselling centres as there were shebeens.

Speaker after speaker condemned the incidence of drug abuse and defiantly said they would eradicate the drug scourge which one man said "turns people into zombies".

Dr Rafiq Khan said some drug dealers who are serving prison sentences were running a lucrative trade from inside prison. Dagga was smuggled into hospitals strewn over food and mandrax tablets were smuggled in inside koeksisters.

His appeal for ten young men and ten young women to volunteer for training as drug counsellors was met by about 50 enthusiastic young people who received thunderous applause.

Sheik Mogammad Moerat, of the Tennyson Street mosque and who has been in the forefront of the anti-drugs drive, said he had been so active that he was a wanted man in the eyes of drug pedlars.

Referring to an incident on April 13 in which anti-drugs marchers were teargassed, Sheikh Moerat said the community "could not call the police part of our force".

Mr Taahier Levy, who runs social welfare community clinics in Claremont, Woodstock and Lansdowne, said between three and four new drug-abuse cases were reported every day.

● A police liaison officer, Captain Gys Boonzaaier, last night said the march was illegal and this had forced police to act. Regarding the incidence of drug abuse, police had drug squads countrywide to combat the problem and had already scored major victories.



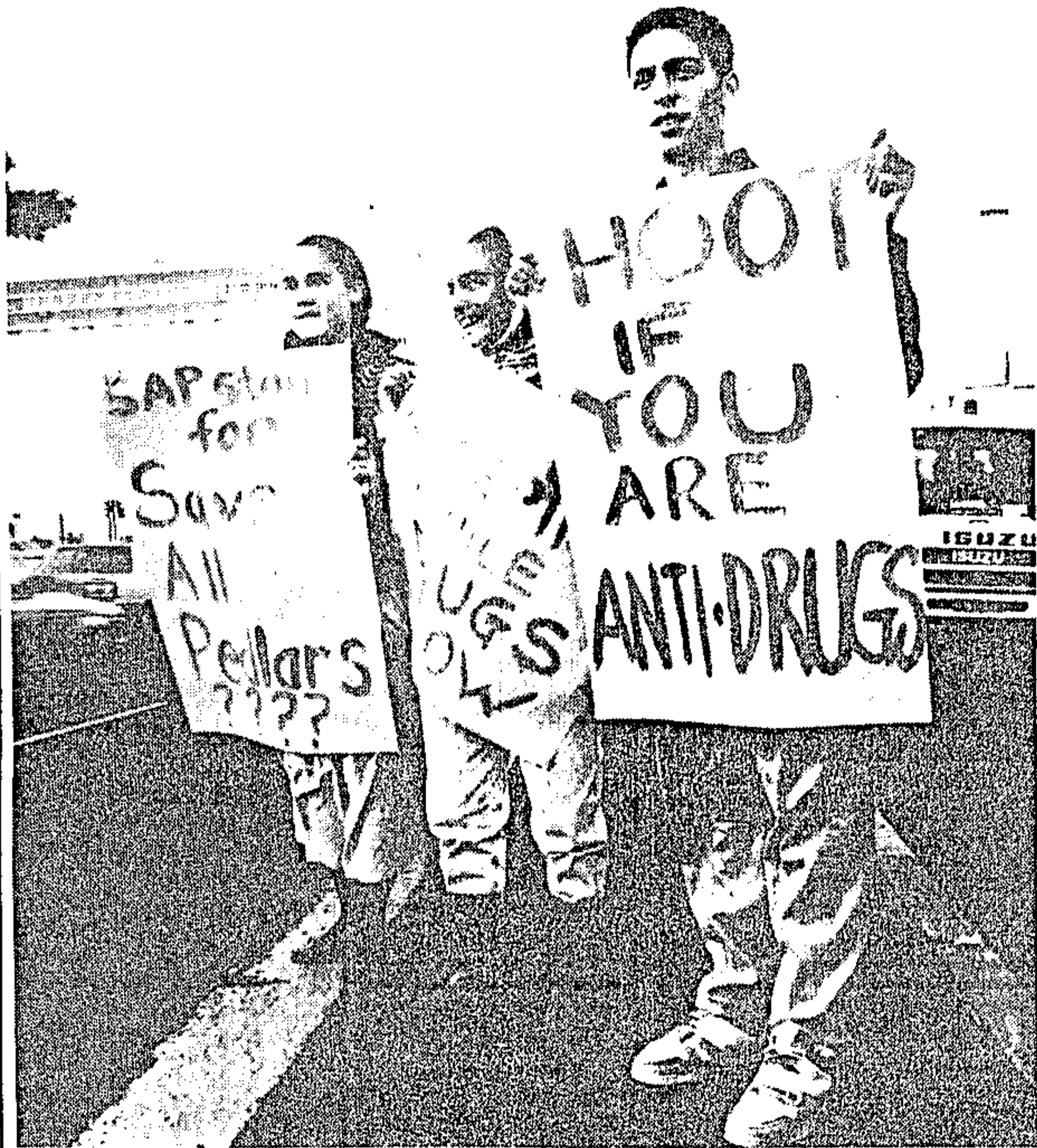
WRITING ON THE WALL ... Part of the crowd which yesterday afternoon crammed into the Schotschekloof Civic Centre where an anti-drugs meeting was held.

Picture: BENNY GOOL

"We can only improve if we have full co-operation of the public and all information will be treated confidentially. The police yearly pay thousands of rands to informers to combat this problem and show its seriousness in the matter.

"The drug squad work hundreds of hours overtime for days on end and anyone who claims police are too weak to deal with drug dealing clearly does not know what he is talking about."

● The march had been banned by the chief magistrate "due to a lack of policemen" at the weekend.



ANTI-DRUGS PROTEST ... About 20 anti-drug campaigners from Bo-Kaap held a placard demonstration in Buitengracht Street at peak hour this week. The protest is part of a hard-hitting campaign against drug pedlars and drug abusers in the community. Campaigners (from left to right) were Ms Fa-eeza Brown, Ms Fayroz Moerat and Mr Nur Ziervogel.

CBM Tins 11/5/90   Picture: GLENN SHERRATT

BID 1115790

SA drug expert sees hope of joint action after US conference

STV DANIEL FELDMAN

SA National Council on Alcoholism and Drug Dependence (Sanca) director Dr Sylvain de Miranda was the only SA expert invited to the US to take part in a recent international conference on the prevention and treatment of drug dependence and alcoholism.

The conference, sponsored by the Parents' Resource Institute on Drug Education (Pride), was held in Orlando, Florida, during the last week of April. Participants were invited by the US Information Administration through a US presidential grant.

De Miranda was one of four representatives chosen from sub-Saharan Africa. The other three — from Kenya, Zimbabwe and the Ivory

Coast — were among the representatives of 70 different nations at the conference.

"All the African delegates resolved to seek and continue regional co-operation, regardless of government impediments," De Miranda said. "I foresee we will soon start organising workshops, establishing treatment programmes and setting up skills training sessions throughout the continent."

No accurate statistics existed on SA's drug problem, he said. "Almost 25% of SA's youth experiments with drugs, but we do not know

how many cases escalate to adult addiction." De Miranda felt the SA government would fully support drug abuse programmes.

"On the day of my departure, President F W de Klerk sent me a message wishing me success, and he then sent a message to the Pride congress identifying his concern over the worldwide escalation of drug abuse and its effects, and pledging SA's support of international co-operation.

"Maximum assistance and co-operation were also offered by the US agencies: whether by supplying resources free, assisting us with valuable skills or helping us develop professional personnel exchanges," De Miranda said.

(3) whether his Department conducts specific campaigns to discourage children from smoking; if not, why not; if so, what campaigns?

Hansard 15/5/90 B994E
#The MINISTER OF EDUCATION AND CULTURE:

(1) Yes,

(a) and (b) results of a recent empirical survey by the Pilot Committee Care for our Youth 2000 will shortly be released as a component of the full report;

(2) see (1);

(3) yes, the campaign against the smoking habit amongst pupils receives continual attention during the lessons in applicable subjects and in programmes in the curriculum of primary and high schools. In addition the recommendations of the Pilot Committee Care for our Youth 2000 will also receive serious attention.

For written reply:

General Affairs:

Black apprentices

300. Mr S VAN DER MERWE asked the Minister for Administration and Economic Co-ordination: *Hansard* 15/5/90

(1) (a) How many persons were serving apprenticeships in the public service as at the latest specified date for which information is available. (b) how many of these persons were Black and (c) (i) in what capacity and (ii) in which Departments were such Blacks serving apprenticeships;

(2) whether there are currently any limitations on the employment of Blacks as apprentices in any Government Departments; if so, (a) what limitations, and (b) why, in each case? *Hansard* 15/5/90 B777E

The MINISTER FOR ADMINISTRATION AND ECONOMIC CO-ORDINATION:

Details as on 31 December 1989 are as follows:

(1) (a) 379

(b) 56

Force, (b) how many of these are filled by conscripted national servicemen and (c) in respect of what date is this information furnished;

(3) how long is the basic training period under the new one-year national service scheme? *Hansard* 15/5/90 B890E

The MINISTER OF DEFENCE:

(1) (a) The figures for each intake differ and the February 1990 intake is used as an example.

(i) PhD Law	: 2
LLM	: 2
LLB	: 144
BA Law	: 10
B Proc	: 27
B Juris	: 16
B Comm Law	: 7
BLC	: 2

(ii) This statistic is not kept and is therefore not readily available.

(b) National servicemen who possess the degrees PhD Law, LLM, LLB or B Proc are utilised as Military Law Officers or Law Clerks. Those in possession of the degrees BA Law, B Comm Law, B Juris or BLC are utilised as Military Police Officers or Military Police Clerks.

(2) (a) 214

(b) 112

(c) 30 April 1990.

(3) 7 weeks.

Exchequer personnel corps in Natal: employees

364. Mr W C MALAN asked the Minister for Administration and Economic Co-ordination:

How many (a) Whites, (b) Blacks, (c) Coloureds and (d) Indians were employed in each specified salary interval of the exchequer personnel corps in Natal, excluding KwaZulu, in September 1988? *Hansard* 15/5/90 B892E

The MINISTER FOR ADMINISTRATION AND ECONOMIC CO-ORDINATION:

Information regarding the geographical distribution of the exchequer personnel corps is not

readily available. It would also not be possible to obtain information as far back as September 1988 from departments. *Hansard* 15/5/90

Exchequer personnel corps in Transvaal: employees

365. Mr W C MALAN asked the Minister for Administration and Economic Co-ordination:

How many (a) Whites, (b) Blacks, (c) Coloureds and (d) Indians were employed in each specified salary interval of the exchequer personnel corps in the Transvaal, excluding the self-governing territories, in September 1988?

The MINISTER FOR ADMINISTRATION AND ECONOMIC CO-ORDINATION:

Information regarding the geographical distribution of the exchequer personnel corps is not readily available. It would also not be possible to obtain information as far back as September 1988 from departments.

SADF: suicides

376. Lt-Gen R H D ROGERS asked the Minister of Defence:

Whether any (a) national servicemen, (b) members of the Permanent Force and (c) members of the Citizen Force/Commandos (i) attempted to commit and (ii) committed suicide in 1989; if so, (aa) how many in each case and (bb) what means did each such person employ? *Hansard* 15/5/90 B904E

The MINISTER OF DEFENCE:

(a) National Servicemen

(i)	(ii)	
(aa)	259	11
(bb)	168	Overdose 1
	70	Shot 2
	3	Gassed 8
	3	Hanged
	1	Shot
	4	Gassed
	1	Sniffed CO ₂
	5	Ate metal
	1	Bumped head
	2	Self-mutilating
	1	Drank brasso

Minister is so involved in practising politics and in carrying out his Broederbond instructions that he is trampling agriculture underfoot in the process. [Interjections.]

In the Free State, with which I am familiar, there are people who, when they join the CP, have not participated in those activities which the hon the Minister has just read out from the Act, but they are simply not reappointed to the agricultural credit committees. [Interjections.] The hon the Minister is aware of this because his friend the former MP for Heilbron was also involved in this. The hon the Minister, too, was involved in this. He knows about it. He knows which people I am referring to. I want to tell him that this nepotism which he is displaying here by way of the type of remark he has just uttered once again, is a typical Third World characteristic. It is one of those characteristics that cause foreign investors to say that they are not interested in us.

I can understand the hon the Minister displaying a Third World tendency. After all, he is on the road to an Azanian culture. [Interjections.] It is a typical Third World approach that he is displaying here. [Interjections.] That approach is that those people should look after themselves—at the expense of the industry. [Interjections.] [Time expired.]

*Mr A B BRUWER: Mr Speaker, this hon Minister has just told us that once a man begins to practise politics or to concern himself with politics, he will no longer appoint him to those committees. Surely Dr Grobler, whom they had to get onto that committee at any cost, also practises politics. Does he not practise politics? Did he not practise politics? [Interjections.]

If, according to this letter, he consults the NP in connection with names of members of the committees, why does he not also consult the CP? [Interjections.] Surely if he were to do this, he would be acting fairly. [Interjections.]

Another statement which this hon Minister made, was that there were, in fact, CPs on those committees. Those places in which there are, in fact, CPs serving on those committees are those places where there are no longer any Nationalists to serve on those committees. [Interjections.] Yes, they are in the Transvaal. [Interjections.] There are certain places in the Transvaal where there are no more Nationalists! [Interjections.] They have no confidence in this hon Minister. I

think this hon Minister has disappointed the farmers. He ought to resign. I believe it would be in the interests of the farmers of South Africa if he were to resign. [Interjections.] [Time expired.]

*The MINISTER OF AGRICULTURAL DEVELOPMENT: Mr Speaker, I just want to reply firstly to the hon member for Albany.

†I should like to tell the hon member I am delighted with his support. I take it to heart. We try to select the best farmers for this very important job, and we will continue to do just that.

*I now come back to the charge the CP have laid at my door in this regard. We will relieve anyone, regardless of whether he is a Nationalist, a CP or whatever, of that office if he practises politics whilst he holds that office. [Interjections.] If he practises politics under the guise of the Agricultural Credit Board, I shall relieve him of his post. [Interjections.] That applies to everyone. He must therefore serve agriculture independently. That, of course, is not what the CP does. [Interjections.]

Surely this is an old game of the CP! They have brought about a division in politics. They have divided the cultural organisations. They have even made an assault on the church. [Interjections.] Surely that is true! Now they are attempting to divide agriculture. [Interjections.] Do they think we are going to accept that? No, Sir! [Interjections.] Let us just take a look at how we reacted.

The hon member for Lydenburg is fighting with me about so-called political appointments. There are quite a number of former chairmen of district and regional agricultural unions sitting in this House whom I could mention—they are from Wellington, Humansdorp and Cradock—who, when they were elected to Parliament, resigned from their positions in organised agriculture. [Interjections.]

Did the hon member for Lydenburg resign from his position? [Interjections.] He wears two hats on his head, a political hat and an agricultural hat, and the word "CP" is written on both of them. [Interjections.] Does he think we will fall for that little joke?

With regard to this little game I just want to say that we in agriculture work with realities and with facts, but realities and facts are foreign to the CP. They are working with emotions and

attempting to take over things to the detriment of agriculture. I also want to warn organised agriculture that if they do not watch out for this, they will become bogged down in the empty ideology of the CP. [Interjections.] [Time expired.]

Debate concluded.

QUESTIONS

†Indicates translated version.

For oral reply:

Own Affairs:

Onderstepoort: teaching establishment

*1. Mr R V CARLISLE asked the Minister of Education and Culture:

(1) What is the (a) total planned teaching establishment and (b) current staff complement of the Onderstepoort Veterinary College;

(2) whether there is a shortage of teaching staff at this college at present; if so, (a) to what is this attributable and (b) what steps are being taken to eliminate the shortage?

Humansdorp 15/5/90 B929E
The MINISTER OF EDUCATION AND CULTURE:

(1) (a) Still being considered,

(b) 83;

(2) yes,

(a) a shortage of veterinary surgeons with post-graduate qualifications who are interested in an academic career,

(b) veterinary surgeons are encouraged to undertake post-graduate studies.

Onderstepoort: new animal hospital

*2. Mr R V CARLISLE asked the Minister of Education and Culture:

(1) (a) (i) When and (ii) at what estimated cost will the new animal hospital at Onderstepoort be commissioned and (b) what is the proposed staff establishment of this hospital;

(2) whether it is his intention to give academic status to the college and hospital at Onderstepoort; if not, why not; if so, when?

†The MINISTER OF EDUCATION AND CULTURE: B930E

(1) (a) (i) June 1991

(ii) R38 000 000,

(b) still under consideration;

(2) no, because the facility at Onderstepoort is a full faculty of veterinary science of the University of Pretoria and not a separate institution.

BHS: bomb threat

*3. Mr A GERBER asked the Minister of Education and Culture:†

(1) Whether a bomb threat was received at the Boys High School in Paarl on or about 23 April 1990; if so, what are the relevant details; Humansdorp 15/5/90

(2) whether security measures for the protection of the pupils and teachers at this school have since been taken; if not, why not;

(3) whether he will make a statement on the matter?

B933E
The MINISTER OF EDUCATION AND CULTURE:

(1) Yes, a telephonic warning was received. The necessary security measures were taken whereafter the normal school programme continued;

(2) no, the existing measures are sufficient;

(3) no.

Schoolchildren smoking

*4. Mr K M ANDREW asked the Minister of Education and Culture: Humansdorp 15/5/90

(1) Whether his Department has any estimate of the number of schoolchildren smoking cigarettes; if not, why not; if so, (a) how many are cigarette-smokers and (b) what are their ages; 87

(2) whether this number is increasing or decreasing;

Drug abuse meeting

South 175 - 245790

THE Drug Rehabilitation Awareness Group (Drag), based at Ward Four, Lentegeur Pyschiatric Hospital, is holding a drug awareness public meeting in Mitchell's Plain on Saturday.

Drag was formed after relatives and friends of drug addicts saw the need to meet and share their traumatic, drug-related experiences.

The family support group has gained a wealth of experience on the effects of drug addiction from their fortnightly family group discussions. (87)

This has strengthened relatives of addicts and helped others facing similar problems.

Saturday's rally starts at 2.30pm at the Nicro Centre, Palestrina Road, Eastridge.

Salt River anti-drug leader arrested

By BRONWYN DAVIDS

THE battle against drug abuse in Salt River took a twist yesterday when a Muslim religious leader involved in a hard-hitting anti-drug campaign in the area was arrested on a charge relating to an illegal gathering.

The man, who works for the Salt River Co-ordinating Council for Drug Abuse (SRCC), appeared briefly in Cape Town Magistrate's Court, where he was released on R100 bail.

Mr Rashied Omar, a member of the SRCC, said the man was arrested about 9.30am and was told by police that they believed he was one of the leaders of the "illegal" anti-drug march on April 13, which was aborted when police teargassed about 1 000 protesters near the Tennyson Street Mosque.

The marchers allegedly defied an order from the chief magistrate of Cape Town barring the march.

Several organisations have criticised the arrest. Mr Michael Duffett, clinical administrator of the Cape Town Drug Counselling Centre, commended the "concern and enthusiasm" shown by the Salt River community in their campaign to rid the community of drug abuse and peddling.

He said: "It is ironical that they arrested the man. I wonder if the community is not left thinking that the police really do not care."

Mr Anwar January, secretary of the SRCC, said the committee "strongly condemned" the arrest.

The Cape director of the Muslim Youth Movement, Mr N Hendricks, said the arrest was an attempt to intimidate the entire community from participating in mass action against drug abuse.

New alcohol, drug centre opened

A NEW alcohol and drug dependents centre was recently opened 40km north-west of Johannesburg.

Owned by the Lifecare group, Riverfield Lodge is staffed by a highly trained multi-disciplinary team consisting of medical doctors, nursing sisters, social workers, psychologists and occupational therapist.

Admission to the centre is preceded by an intensive assessment involving the patient and his family.

In 1985 the Human Sciences Research Council and the South African National Council on Alcoholism and Drug Dependence estimated that more than 750 000 people were potentially, alcohol dependents needing urgent intervention.

Added to this, in 1987, South African courts dealt with more than 40 000 drug-related cases.

Presently there is one bed for every 100 white patients needing institutional treatment as opposed to a single

HEALTH NEWS



BY MOKGADI PELA

bed for 5 000 black patients.

Surveys of general practitioners indicate that at least 10 percent of patients suffer from alcohol or drug-related problems.

For instance, more than 80 percent of cirrhosis of the liver and pancreatic cases can be directly linked to alcohol dependency.

According to surveys reported in the British Medical Journal in 1987, many alcohol dependents remain undetected because doctors fail to take accurate histories of alcohol consumption.

The estimated cost to South Africa of alcohol and drug dependency-

manhours lost, medical and hospital fees-is well over R550 million per year.

Added to this are the psychological damage to immediate families, the number of suicides and alcohol-related accidents, the number of mentally retarded children born to alcoholic mothers, the link between alcohol and cancer of the breast, liver, lung, colon and rectum.

A company faced with a drug-related problem can do one of the two things:

* Tolerate the employee and shift him to where no damage can be done;

* Look for ways of treating the disease or as a last resort fire the person.

Many companies have found that an Employee Assistance Programme (EAP) is an invaluable aid in identifying the twin dependencies and setting some form of treatment in motion.

In South Africa a large number of the top 100 companies have EAP's.

Sowetan 25/5/90

Death threats for anti-drugs imam

Send 30/5 - 6/6/90

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By REHANA ROSSOUW

THE Imam of Chiappini Street mosque, Sheikh Moutie Saban, received death threats in the build-up to Thursday's anti-drug march.

The Salt River Coordinating Council (SRCC) has legal permission to march through the streets of the area.

In April, a similar march was banned and an outcry followed police teargassing of marchers.

The death threat followed Sheikh Saban's call in the mosque for his congregation to join the march.

Colourful

March organisers suspect drug dealers are responsible for pulling down posters advertising the event.

The event promises to be colourful and organisers have drawn in cultural workers to drive home their anti-drug message.

Taliep Petersen and David Kramer have been invited to perform anti-drugs songs in an attempt by the organisers to get local musicians involved in the campaign.

"We also have rap musicians and a play depicting drug abuse," said Imam Rashied Omar of the SRCC.

"We want to promote an anti-drug culture which will immunise our youth against drug abuse."

Speakers before the march begin include Advocate Dullah Omar, anti-drug campaigner Adele Seall and Salt River community leaders.

Eradicate

The SRCC sees the march as one tactic in their war against drugs.

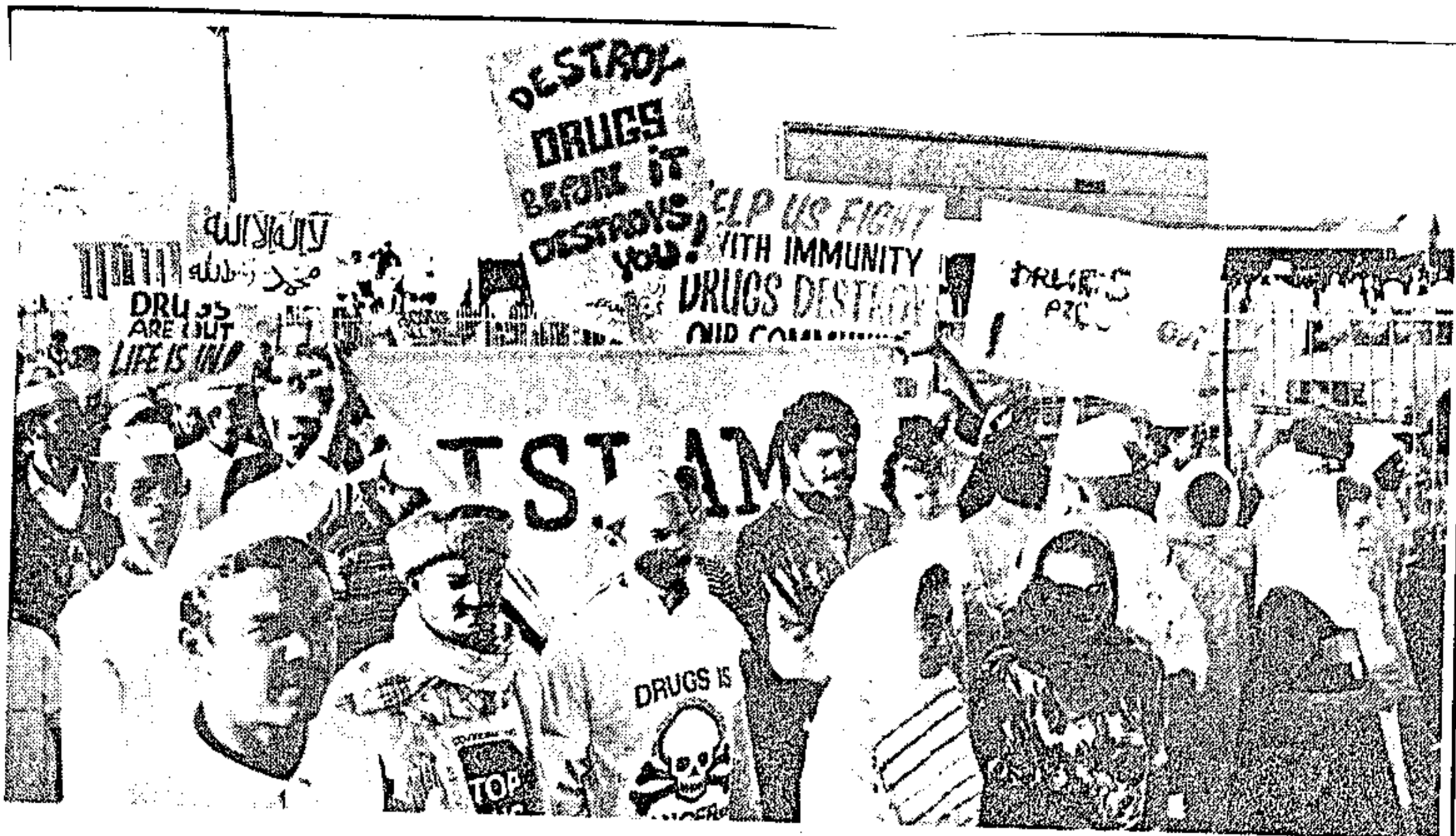
"No amount of high profile marches or rallies will be able to eradicate the deep-rooted drug problem in our midst," their newsletter states.

"We see the march as a kind of noisy siren of an ambulance. It raises a loud alarm that someone is seriously ill and could in fact die, if we do not act fast.

"With the drug abuse, the problem is of a far greater magnitude — an entire community could perish."

They see their ability to sustain and extend the high level of interest in their community and the motivation for the anti-drug campaign as major challenges.

The march starts at 2pm from the Shelley Street field.



Picture: DION TROMP, The Argus.

NO TO DRUGS: Part of the crowd of more than 3 000 who marched against drugs and drug peddling in Salt River.

Down with drugs, say 3 000 at Salt River rally

ARGUS 1/6/90 (87)

By DAVID YUTAR
Staff Reporter

THE narrow streets of Salt River were filled with cries of "down with drugs" and "we say no to drugs" when more than 3 000 people of all ages took part in a march against drugs and drug abuse.

Yesterday's march went off peacefully — unlike a march on April 13 which was tear-gassed by police.

Among the crowd were several people in wheelchairs, babies in carry-cots and many elderly residents.

The anti-drugs march, organised by the Salt River Co-ordi-

nating Council, started at the Shelley Street sportsfield about 3pm.

It was preceded by a variety show which included an anti-drugs play presented by the Muslim Students Association and music by the African Hip-Hop Movement.

The campaigners claimed that until 1983, when the Muslim Youth Movement had started its anti-drugs campaign, Salt River had justifiably earned the title of "drug city". Drug pedlars had been able to promote their trade with ease.

Veteran anti-drug campaign-

er Mrs Adele Searll and UDF vice-chairman Mr Dullah Omar were among the speakers.

Several speakers emphasised the importance of preventative education and action on an individual level, rather than merely dealing with addiction after the problem had arisen.

Mr Omar said the solution to addiction was in the hands of the people themselves, and not with the authorities.

He reminded the audience that at this point in South Africa's history, "not only political liberation but also human liberation is at stake".

CAA Times 1/6/90

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AT THE MARCH . . . The first row of an estimated 3 500 people, including Mrs Adele Searll, Mr Dullah Omar, Sheikh Mohammed Moerat and Mr Anwah Nagiah, who yesterday marched through the streets of Salt River to show their opposition to drug abuse. Picture: RICHARD BELL

3 500 in Salt River anti-drug march

Staff Reporter

A MARCH through Salt River streets yesterday afternoon was an indication that parents cared for their children, their future and a better drug-free society, and a better drug-free society, an estimated 3 500 people, including community leaders, were told at an anti-drug march meeting yesterday.

The march, organised by the Salt River Co-ordinating Committee, was preceded by short talks by several speakers, including Imam Rashid Omar, anti-drug activist Mrs Adele Searll and advocate Mr Dullah Omar.

The anti-drug message was also conveyed in song, poetry, a short play and an anti-drug rap song.

Police in cars monitored the rally while riot police in two vans drove around the suburb.

Sheikh Mohammed Moerat said the march indicated that people cared for their children, their future and a better and drug-free society and it was important to translate efforts into a campaign and generate preventive education.

"The fact that the march is taking place is an indication that people wanted to change their

own condition. No pedlar is going to stand in our way," he said.

Mrs Searll said prevention and education was the only way to stave off drug problems. The anti-drug lobby would fight to have drug education introduced in schools, she said.

Mr Anwah Nagia of the New Unity Movement said drugs knew no colour, sex, religion or creed.

Mr Omar said the march was important because people were saying to the world the answer to the drug problem was in their own hands and not in the hands of the government or the police.

~~12/6/90~~ (3) (a) and (b) No. ~~12/6/90~~
(i) and (ii) Fall away.

Certain persons: order for release by Minister

301. Mr S S VAN DER MERWE asked the Minister of Law and Order:

- (1) Whether he has ordered the release of (a) Mr Abraham "Slang" van Zyl and (b) Col Joe Verster; if so, (i) why, and (ii) when, in each case; ~~12/6/90~~
- (2) whether he similarly ordered the release of Mr Butana Almond Nofomela; if not, why not;
- (3) whether he intends ordering the rearrest of Mr van Zyl and Col Verster at any stage; if not, why not; if so, (a) when, and (b) for what offences, in each case;
- (4) whether he intends issuing any other instructions regarding Mr van Zyl and Col Verster to those members of the South African Police currently investigating the murders of Mr Anton Lubowski and Mr David Webster; if so, what are the relevant details? B778E

The MINISTER OF LAW AND ORDER:

- (1) (a) and (b) Yes.
(i) In order to allow them to give evidence before the Harms Commission.
(ii) 8 March 1990.
- (2) No, because Nofomela is a sentenced prisoner and his release does not fall under my jurisdiction.
- (3) A decision in this regard can only be taken after the investigation by the Harms Commission has been completed and if the Police investigation reveals facts which will justify such a step.
(a) and (b) Fall away.
- (4) No. The investigation into the murder of Dr Webster is continuing and the docket will on completion, be submitted to the Attorney-General for his decision. The murder of Mr Lubowski is being investigated by the Namibian Police.

Prohibited gatherings: arrests
343. Mr S S VAN DER MERWE asked the Minister of Law and Order: ~~12/6/90~~

HOUSE OF ASSEMBLY

How many persons were arrested by the security forces in 1989 for allegedly attending gatherings prohibited in terms of (a) section 46 of the Internal Security Act, No 74 of 1982, and (b) the emergency regulations?
~~12/6/90~~ B833E

The MINISTER OF LAW AND ORDER:

- (a) 2 171 persons.
- (b) 303 persons.

Fire-arms arrests

344. Mr S S VAN DER MERWE asked the Minister of Law and Order: ~~12/6/90~~

- (a) How many persons were arrested in each province of the Republic in 1989 for (i) illegal possession of fire-arms and (ii) being in possession of stolen fire-arms and (b) how many of the lawful owners of such fire-arms were traced in each category? B834E

The MINISTER OF LAW AND ORDER:

	(a)	(i)	(ii)	(i)	(ii)
Cape Province	298	283	77	152	40
Orange Free State	88	74	38	247	268
Natal	1 103	625	206	247	
Transvaal	703	545	256	268	

Patrol vehicles of SAP at Oberholzer/
Westonaria

352. Mr P J PAULUS asked the Minister of Law and Order:

- (1) Whether he will furnish information on the patrol vehicles which are at the disposal of the South African Police at Oberholzer and Westonaria; if not, why not; if so, (a) how many such vehicles at (i) Oberholzer and (ii) Westonaria are available and (b) in respect of what date is this information furnished;
- (2) on what basis are vehicles allocated to police stations? B859-62E

The MINISTER OF LAW AND ORDER:

- (1) Yes.
(a) (i) 29
(ii) 14
(b) 30 May 1990

- (2) On the basis of organisational and method investigations, the Division Efficiency Services of the South African Police determine the ideal number of vehicles that should be allocated to a station.
Police forces in homelands

383. Mr P G SOAL asked the Minister of Law and Order:

- (1) Whether, in terms of section 21 of the National States Constitution Act, No 21 of 1971, he has permitted the (a) establishment, (b) control, (c) organisation and (d) administration of a police force in (i) Gazankulu, (ii) Lebowa, (iii) KaNgwane, (iv) KwaNdebele, (v) Qwaqwa and (vi) KwaZulu; if so, subject to what conditions in each case; ~~12/6/90~~
- (2) whether the (a) control, (b) organisation and (c) administration of any personnel of the police force transferred to the government of each of the self-governing territories referred to above is subject to any conditions determined by him; if so, which such conditions has he determined? B911E

The MINISTER OF LAW AND ORDER:

- (1) and (2) No.

Fuel levies

390. Mr A GERBER asked the Minister of Transport:

- (1) What amounts were collected by the State in fuel levies during (a) 1980, (b) 1985 and (c) 1989;
- (2) what portion of these amounts was spent by the State on roads in the Republic? B932E

The MINISTER OF TRANSPORT:

- (1) All the relevant information is not readily available to the Department of Transport. That which can be made available is the portion of the fuel levy which was collected for purposes of the National Road Fund. The amounts are also unfortunately not available in the form of calendar years but in financial years. The amounts for 1980/81 and 1985/86 are R140 863 106.04 and R404 782 830.00, respectively. Since 1 April 1988 funds for

- (2) The full amounts were spent on national road building purposes are voted by Parliament and the amount for 1989 can therefore not be made available.

Abuse of Dependence-producing Substances and Rehabilitation Centres Act: persons detained

407. Mr M J ELLIS asked the Minister of Law and Order:

- (1) Whether any persons were detained in 1989 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; ~~12/6/90~~
- (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 1988 are still in detention for interrogation; if so, (a) how many and (b) for what period has each been so detained? B954E

The MINISTER OF LAW AND ORDER:

- (1) Yes
(a) 26 persons
(b) 1 for 1 day
1 for 2 days
1 for 4 days
1 for 5 days
2 for 6 days
1 for 9 days
1 for 10 days
2 for 13 days
2 for 14 days
2 for 15 days
1 for 18 days
1 for 19 days
1 for 20 days
1 for 21 days
1 for 28 days
2 for 33 days
1 for 42 days
1 for 52 days
3 for 56 days
- (2) Yes

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12/6/90
(a) 23 persons 87
(b) 11 persons
(3) No 87
(a) and (b) Fall away.

SAP: frauds office

411. Mr H H SCHWARZ asked the Minister of Law and Order:

- (1) Whether there is a special frauds office in the South African Police at present; if not, why not; if so, what is the (a) nature and (b) strength of this office;
- (2) whether it is intended to strengthen the said office; if not, why not; if so, what are the relevant details?

B958E

The MINISTER OF LAW AND ORDER:

- (1) No, because the Commercial Crime Unit of the South African Police is responsible for these investigations.
- (a) and (b) Fall away.
- (2) Falls away.

Saturdays: postal deliveries

421. Mr R R HULLEY asked the Minister of Mineral and Energy Affairs and Public Enterprises:

- (1) Whether the postal authorities have terminated the postal delivery service on Saturdays in any areas; if so, (a) with effect from what date, (b) why, (c) in respect of which areas and (d) (i) when and (ii) by whom was the decision taken;
- (2) whether any complaints have been received from the public in this connection;
- (3) whether he will make a statement on the matter?

Hansford 12/6/90 B998E

The MINISTER OF MINERAL AND ENERGY AFFAIRS AND PUBLIC ENTERPRISES:

- (1) Yes.

(a) Initially during October 1983 only on the Witwatersrand on two Saturdays of the month. This arrangement was extended country-wide during July 1986 and during January 1990 the

delivery of mail on Saturdays was suspended in general on a trial basis.

- (b) Postmen performing mail delivery services at the larger centres seldom succeeded in completing their delivery rounds before 16:00 or even later on Saturdays. The Department was, therefore, experiencing increasing opposition to Saturday postal deliveries which was visibly starting to have a disruptive effect on the quality of mail deliveries on week-days as well. Timorous action to counter a worsening situation was essential. Only mail intended for street addresses is affected and the arrangement exists that all street mail to hand on a Saturday is delivered the following Monday. Mail addressed to private post boxes is still sorted into these boxes on Saturdays. It is also the case that many businesses are closed on Saturdays.
- (c) At all centres, except these smaller ones where mail can be delivered within the normal Saturday office hours. At the larger centres Postmen now only perform mail sorting functions up to noon on Saturdays in preparation of delivery the following Monday. Hansford 12/6/90
- (d) (i) As indicated under (1) (a) above, the measure was introduced in different phases and from different dates. The decision to suspend mail delivery in general on Saturdays was taken on 8 December 1989.
- (ii) Postmaster General.
- (2) The number of public complaints received are minimal.
- (3) Not at this stage. A statement in connection with the matter will be considered once the position has been fully evaluated after a reasonable period.

Johannesburg North: telephone services/private post boxes

Hansford 12/6/90
459. Mr P G SOAL asked the Minister of Mineral and Energy Affairs and Public Enterprises:

Whether any applications for (a) telephone services and (b) private post boxes were outstanding in the Johannesburg North constituency as at the latest specified date for

which figures are available; if so, (i) how many and (ii) when is it anticipated that the backlog will be eliminated?
B1080E

The MINISTER OF MINERAL AND ENERGY AFFAIRS AND PUBLIC ENTERPRISES:

- (a) Yes;
- (i) 724 as at 30 April 1990,
- (ii) In addition to applications that are met on demand on a continuous basis where telephone numbers and cable leads are available, service will be provided as follows to waiting applicants in the areas indicated:

Exchange area	Number waiting applicants	When services are to be provided
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Bramley (includes the suburbs of Eltonhill, Winston Ridge, Kentview and Binnam)	102	Within the next three months as cable works are completed.
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Rosebank (includes the suburbs of Fairway, Illovo, Melrose, Melrose North, Melrose Estate, Birdhaven, Dunkeld West, Parktown North, Parkhurst and Craighall Park)	191	Within the next 5 months as cable works are completed.
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Randburg (includes the suburbs of Craighall and Blairgowrie)	387	Within the next 2 months when an extension to the Randburg exchange is taken into use and as cable works are completed.
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Linden (includes the suburbs of Victory Park, Pieterneef Park, Pine Park, Blairgowrie and Beaconsfield Estate)	44	Within the next month as cable works are completed.
--	----	---

- (b) Yes;
- (i) 307 as at 17 May 1990 (Binnam Park 19, Parkhurst 21, Craighall 52, Pinegowrie 215);
- (ii) The installation of additional private post office boxes at Binnam Park, Parkhurst and Craighall is not possible because of the structure of the buildings. The waiting applicants at these centres can only be accommodated as and when existing boxes become vacant and specific dates for the elimination of the backlog cannot, therefore, be furnished. The Pinegowrie Post Office will be moved to new premises during October 1990 where 2 100 private post boxes will be installed which will eliminate the backlog of waiting applicants. It should be mentioned that vacant private boxes exist at Saxonwold (64), Northlands (24), Bramley (792) and Parklands (352).

Whipping as punishment

476. Mr L FUCHS asked the Minister of Justice:

- (1) Whether whipping as a punishment is (a) permitted and (b) applied in South Africa; if so, (i) under what circumstances, (ii) (aa) who applies the punishment and (bb) how are such persons
- (2) whether any alternative punishments are available to the prisoner; if so, what are the alternatives; if not, (a) why not and (b) what procedures are available to pris-

selected and (iii) what precautions are taken to ensure that the health of the prisoner is not adversely affected;

Education can be used to 87 stop smoking

IT is important for the future generation to realise that smoking is dangerous to one's health, says Dr Krisela Steyn of the Medical Research Council.

In a study done in 1988 by the Centre for Epidemiological Research in Southern Africa, Steyn said smoking rates among the black youth were alarmingly high. He said the research in 1988 revealed that by the age of 12, nearly 20 percent of boys had started smoking and this increased to almost 45 percent by the age of 16. Smoking among girls was found to be uncommon.

Steyn said these figures were expected to rise with increasing urbanisation.

The smoke prevention study involved 35 ten year-old pupils of Litha Lower Primary School in Gugulethu, Cape Town.

"Lack of self-

By MOKGADI PELA

confidence was found to be directly related to smoking rates and a lack of refusal skills. A four-phase programme was introduced by the class teacher, aimed at increasing the children's self-confidence, and so equip them to make decisions for a healthier life-style," Steyn said.

Success

Following the programme, no new smokers were recorded. Even children using snuff stopped the practice.

Steyn said the principles of the programme could be used successfully in all education departments. But education authorities needed to realise that much success would only be achieved when appropriate health education was introduced.

The World Health Organisation (WHO) regards smoking as one of the greatest single pre-

ventable causes of disease and death, estimated to account for up to one million premature deaths annually.

Consumption forecasts for 1980-84 estimated that cigarette smoking would increase three times faster in developing countries than in developed areas. In Pakistan, cigarette consumption has almost doubled in a 10-year period from 24 billion in 1970 to 39 billion in 1980. In India, consumption rose 400 percent in the same period while in the more remote Papua, New Guinea, annual consumption trebled between 1976 and 1980.

In South Africa smoking rates are inversely proportional to socio-economic class. There are 58 white males smokers in every 100, while 70 percent black males smoke.

The obvious effects of smoking include lung cancer, oesophageal cancer and heart attacks.

Heart disease costs SA's insurers 'R200m a year'

B 10-11 18/6/90

87

THE life assurance industry paid out more than R200m a year in benefits for victims of heart disease, the single biggest cause of death claims, Sanlam Life Assurance chief medical adviser J Altus van der Merwe said in Durban at the weekend.

Speaking at the Pfizer Media Tutorial: Fighting Coronary Heart Disease in SA in the 90's, Van der Merwe said on average more than 10 death claims a day were due to cardiovascular disease.

The disease accounted for about a third of total life assurance claims. Cancer was responsible for 15%, while accidents and violence were the cause of about 30% of claims.

Van der Merwe said about 47% of deaths of people over 45 were caused by coronary heart disease. Cancer caused about 19% of deaths in this age group. Cardiovascular disease victims claimed about 50% of total dread disease claims.

TANIA LEVY

Dread disease insurance covers all traumatic diseases such as cancer, strokes, coronary bypass and kidney failure.

An essential insurance product in SA, dread disease cover could only be underwritten where the medical investigation and data existed to support it, Van der Merwe said.

Factors

Smoking was the most important risk factor taken into account by insurers, Van der Merwe said. Statistics showed there were 15 smokers to every non-smoker among people who died of lung cancer. Non-smokers who died of hypertension were outnumbered eight to one by smokers.

Hypertension, obesity and high cholesterol were other risk factors considered for insurance purposes.

Visiting scientist at the National Health Institute in Maryland Jacques

Rossouw said the SA population needed to be continually reminded that smoking, saturated fat and dietary cholesterol, untreated blood pressure, obesity and inactivity were bad for their health.

However, health information was not enough, he said. Messages needed to be endorsed by people and organisations with high credibility — a powerful strategy used in the US.

Regulatory action to modify the environment was essential and included smoke-free areas and health warnings on cigarette packs.

Specific strategies were needed to meet the needs of different groups in SA. The familial type of high blood cholesterol in Afrikaans families should receive attention and, in Indians, diabetes.

Reasons for the alarming increase in high blood pressure among urban blacks needed to be clarified and effective programmes to treat and prevent hypertension had to be implemented.

not, (a) why not and (b) (i) how many persons are estimated to be living in the area illegally and (ii) what percentage of such persons is being prosecuted; if so, (aa) how many persons does this involve and (bb) when will they be prosecuted? *Hansard* 22/6/90 B1073E

THE MINISTER OF THE BUDGET AND LOCAL GOVERNMENT:

No, the prosecution of contraventions in terms of Group Areas legislation does not fall under the jurisdiction of this Department.

(a) Falls away — the Department's actions however are aimed at the achievement of a negotiated settlement where complaints were received and in case of need to be of assistance with alternative housing.

(b) (i) Not determinable — unknown.

(ii) None, as far as known.

(aa) and (bb) Fall away.

CESM: research output publications

137. Mr M J ELLIS asked the Minister of Education and Culture:

What was the number of research output publications (books, chapters, articles or patents) approved for subsidy purposes for the 1987-88 financial year for CESM (Classification of Educational Subject Matter) (a) category 9, (b) category 15 and (c) category 16 in respect of the University of (i) Cape Town, (ii) Stellenbosch, (iii) Pretoria and (iv) the Witwatersrand? *Hansard* 22/6/90 B1357E

THE MINISTER OF EDUCATION AND CULTURE:

This information is not available. Research output approved for subsidy purposes is not reported per CESM-category.

HOUSE OF DELEGATES

QUESTIONS

† Indicates translated version.

For written reply:

General Affairs:

Lenasia/Zakkeriyya Park: postal delivery service

28. Mr D K PADIACHEY asked the Minister of Mineral and Energy Affairs and Public Enterprises:

- (1) Whether, with reference to his reply to Question No 6 on 4 April 1990, he will consider introducing a postal delivery service for (a) Lenasia Extensions 8, 9, 10 and 11, respectively; (b) Lenasia South and (c) Zakkeriyya Park; if so, what are the relevant details;

- (2) whether street numbers are displayed and letter boxes have been provided by the residents of the above areas; if not, what is the position at present; if so, how soon can the said delivery service be introduced?

D221E

THE MINISTER OF MINERAL AND ENERGY AFFAIRS AND PUBLIC ENTERPRISES:

- (1) (a) No,
(b) no,
(c) no.

As stated previously, Lenasia Extensions 8 and 11 are already being served sufficiently by means of mail collection points while similar facilities are to be provided in Lenasia Extension 9 as soon as possible. A mail collection point will also be erected in Lenasia Extension 10 as soon as the area has been proclaimed. The establishment of a post office and two mail collection points for Lenasia South has been approved and the expected date of completion of these is April 1992. A mail collection point for Zakkeriyya Park has likewise been approved for erection

as soon as a suitable stand has been acquired;

(2) Street numbers yes, letter boxes no.

Since the areas concerned have been or are to be provided with mail collection points and the residents' requirements can best be satisfied by this method of mail delivery, it is not the intention to introduce a street delivery service.

Tobacco/alcohol advertisements: banning

30. Mr D K PADIACHEY asked the Minister of National Health and Population Development:

- (1) Whether she has called and/or intends calling for the banning of tobacco and alcohol advertisements in the Republic; if not, why not; if so, what are the relevant details; *Hansard* 22/6/90

- (2) whether she will make a statement on the matter? *(87)* D240E

THE MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) No, these two substances are viewed separately, and accordingly the approach to the advertising thereof differs.

A code of practice for tobacco product advertising was formulated by the Advertising Standards Authority in conjunction with the Department of National Health and Population Development to ensure control over the advertising of tobacco products. This code is updated regularly. By way of agreement with the tobacco companies, the advertising of tobacco on television, Radio South Africa and Radio Suid-Afrika is prohibited.

- (2) Advertising of alcohol aims to promote responsible use. These advertisements are not directed at excessive use or abuse. The ethical code on advertising, permits any person to complain about advertising that promoted undesirable behaviour.

- (2) Yes, to regard a blanket ban on all tobacco and alcohol advertising as constituting a primary objective, is a principle essentially in conflict with a free enterprise society.

Any legislation to achieve a total ban would tend to create a false sense of

HOUSE OF DELEGATES

security, and in general would tend to diminish the awareness of the harmful influences of these substances.

It is reasonable to adopt the rule that advertising should only be considered permissible as long as it is ethically fully responsible.

Own Affairs:

Ministerial Representatives: telephones

52. Mr H M NEERAHOO asked the Minister of the Budget and Auxiliary Services:

(1) (a) What amount was paid by the Administration: House of Delegates for the use

of telephones by each of the Ministerial Representatives in their residences in (i) Natal and (ii) the Transvaal during the period 1 January 1990 up to the latest specified date for which figures are available and (b) what was the cost of the use of telephones by each of these Ministerial Representatives in their offices in (i) Natal and (ii) the Transvaal during the same period;

The MINISTER OF THE BUDGET AND AUXILIARY SERVICES:

(1) (a) Residences in:

(i) Natal: 1 January 1990 to 30 April 1990

Ministerial Representative: M Rajoo

Ministerial Representative: S E Mansoor

(ii) Transvaal: 1 January 1990 to 30 April 1990

No claims for telephone expenditure were received from Ministerial Representative: Reverend Reddy for the said period.

(b) Offices in:

(i) Natal: 1 January 1990 to 30 April 1990

Ministerial Representative: M Rajoo

Ministerial Representative: S E Mansoor

(ii) Transvaal: 1 January 1990 to 30 April 1990

Ministerial Representative: Reverend Reddy

(2) Entertainment expenses incurred from 1 January 1990 to 31 May 1990

Ministerial Representative: M Rajoo

Ministerial Representative: S E Mansoor

Ministerial Representative: Reverend Reddy

D232E

Answers 22/6/90

R457,18
R298,80

R1 060,74
R449,67

R371,04

R390,45
R432,23
R 44,41

INTERPELLATIONS UNDER NAME OF MEMBER

Abraham, Mr M—

Own Affairs:

Education and Culture, 1351, 1651

Coetzee, Mr H J—

Own Affairs:

Health Services, Welfare and Housing, 196

Andrew, Mr K M—

General Affairs:

Education, 61

Own Affairs:

Education and Culture, 90, 830, 1638

De Jager, Adv C D—

General Affairs:

Justice, 1

Law and Order, 157

Eglin, Mr C W—

General Affairs:

Constitutional Development, 1716

Foreign Affairs, 408

Ellis, Mr M J—

General Affairs:

National Health and Population Development, 7

Own Affairs:

Health Services, Welfare and Housing, 324

Burrows, Mr R M—
Own Affairs:

Education and Culture, 569, 1214, 1440

Gerber, Mr A—

Own Affairs:

Education and Culture, 32, 1019, 1554

Carlisle, Mr R V—

General Affairs:

Planning and Provincial Affairs, 1190

Goodall, Mr B B—

Own Affairs:

Health Services, Welfare and Housing, 1847

Charterwood, Mrs C H—

General Affairs:

Finance, 670

Herandien, Mr C B—

Own Affairs:

Housing, 213

Local Government and Agriculture, 218, 595

Chetty, Mr K—

General Affairs:

Mineral and Energy Affairs and Public Enterprises, 933

Isaacs, Mr N M—

General Affairs:

Law and Order, 919

Own Affairs:

Education and Culture, 739

Education and Culture, 1493



LEGALISE IT! Cape Town Rastas celebrate outside the Magistrates Court after charges were withdrawn against 34 members who participated in an illegal march on parliament to call for the legalisation of dagga. The rastas intend marching again on Saturday (87) South 12/7-18/7/90

PIC: YUNUS MOHAMED

Rastas get permit for daggga march in city

Staff Reporter

CAPETONIANS will tomorrow witness a colourful march by the local Rastafarian movement in support of calls for the legalisation of "ganja" (dagga) and in protest against alleged "unwarranted harassment of members" by police.

A city council spokesman said permission had been granted provided the Rastas stuck to the defined city route and did not disrupt

vehicle or pedestrian traffic. The marchers have also obtained magisterial permission.

A spokesman for the group, Rasta I-Man Gavin Reuben, said they demanded the immediate and unconditional unbanning of all healing "herbs of creation, especially ganja, throughout South Africa and the decriminalisation of marijuana".

They were also marching to call for an immediate end to the violence in Natal and the Boland and the suspension of the state of

emergency nationwide.

Other demands include the immediate "disarming of all weapons of war to be declared between all parties in SA, especially the ANC, PAC, Azapo and all progressive liberation, government, police and army forces".

The final demand was for the recognition of the Rastafarian movement as a "valuable and dynamic cultural and religious association in the society's transformation towards future peace and love".

A police liaison officer, Major Jan Calitz, said in response to the alleged harassment of Rasta members by police that one of the main principles of policing was the maintenance of law. Dagga use or possession was against the law, he said.

The march will begin in Kaisersgracht Street in District Six and proceed along Darling Street to Cape Town Magistrate's Court where a petition will be handed over to a Justice Department official.

City Times 13/7/90



87

Salt River slowly squeezing pushers

CAPE TOWN 18/7/90

By JILYAN PITMAN

THE Salt River Co-ordinating Council is continuing its campaign to stamp out the drug problem in the suburb and bring the surviving pedlars to the attention of the police.

Mr Moulana Azeem Khatieb, anti-drug campaigner and co-ordinator for the council, said: "These pedlars are selling dagga and Mandrax tablets from street corners to people in cars or to anyone who has the money to buy them.

"The sale of Mandrax tablets, at R12 each, is going slowly at the moment because of the weather but in summer they sell for R25 each and trade is brisk. A freelance pedlar can earn up to R11 000 a week."

He added: "The drug problem is long-term and has been addressed quite successfully over the years but we have not won yet. We have now stepped up our campaign."

Too few patrols

Explaining community action, Mr Khatieb continued: "We have a new programme for primary schools in Salt River and other areas. Members of the SRCC dress up in animal costumes and they depict characters from children's TV programmes. One member will be dressed as a pedlar offering drugs and the children have the pleasure of throwing him out of the school grounds.

"Other animal figures depict what drugs do to the mind and body.

"About 40 organisations in Salt River have been helping us in our project because we know that, of the 11 pedlars in the area, nine are not doing so well — they have resorted to using the drugs themselves. The other three are surviving.

"Our intelligence is so good now we know who the pedlars' clients are but we still have a problem alerting the authorities."

He said: "One of the pedlars claims he is providing some of the drugs to the police but we cannot find proof.

"The drug squad has been keeping an eye on the problem and they are doing a better job but they don't patrol often enough. We would like them to patrol at least once a day, at different times.

"In fact, the police only come when we complain to them."

Bail too low

Mr Khatieb continued: "In the last few years I have seen a great decline in behaviour of the youth in our area. This is because of the lack of recreational facilities in the area and low incomes. People live under a lot of stress and when they spend the little money they have on drugs it is because they don't realise this is not the way to solve the world's problems."

He maintained: "Salt River does not have the biggest drug problem in the Cape. In other areas it is worse: residents in areas like Bo-Kaap and Mitchells Plain are too frightened to do anything about it. The pedlars in Salt River have been frightened off but no doubt they will surface elsewhere.

"One of the difficulties we have to face is the bail imposed on the pedlars — R100 — is not enough; it should be at least R500."

Many arrests

Colonel Muller Haggard, head of the Narcotics Squad in Cape Town commented: "The drug problem cannot be eradicated by patrolling the area because drugs are usually hidden in various places, like drains.

"In a newspaper article in April we asked people to come forward to supply us with up-to-date information on the drug situation in the southern suburbs and there was no response at all. We need new information so we can open a new file.

"Furthermore", he added, "we don't know about police being involved in buying dagga or Mandrax for themselves. If anyone can prove this I would like to hear from them. An anonymous call to us will be sufficient to help us with our investigations."

Colonel Haggard added: "We have arrested 123 drug pedlars in Salt River and Woodstock since the beginning of this year."

Dagga-smoking demos in protest

DOZENS of police looked on as Rastafarians marched through the streets of Cape Town smoking dagga pipes and dagga cigarettes during a legal march at the weekend.

Rastafarians offered dagga, which they believe is a holy healing herb, to the impassive uniformed men, urging them to try it. *Sowetan 17/7/90*

They marched in support of their demand for legalisation of dagga. The

marchers lit up large dagga cigarettes and pipes in front of the assembled policemen and arranged displays of dagga on paper on the street.

Billowing clouds of sweet-smelling dagga smoke rose above the colourful crowd of 300 chanting demonstrators, including women and children, who marched from Keizersgracht Street in District Six to the chief magistrate's office in the city to demand the legalisation of dagga. - Sapa

3 held after biggest-ever cocaine bust

Own Correspondent

DURBAN. — Drug Squad detectives have arrested three men and seized a stash of cocaine with a street value of more than R600 000 — the largest ever uncovered in South Africa.

Guns and ammunition were also seized.

Two Peruvians and a Portuguese-speaking man from Mozambique were arrested on Saturday after the police swoop on a house in Durban, which netted the haul of three kilograms of cocaine, 24 .22 revolvers and 350 rounds of ammunition.

According to Detective Warrant Officer Gert Grobelaar of the Durban branch of the SA Narcotics and Alcohol Bureau, months of patient detective work by undercover Drug Squad detectives led to the arrest of the men, and the seizure of the drug and firearms.

The drugs and weapons had been sent from Peru. The revolvers, with a street value of R400 each, were destined for the black market — and police have information they were actually part of a larger consignment which had already been imported and distributed.

"The drug haul shows SA has been identified as a market ripe for the introduction and importation of cocaine. There is obviously a demand for the drug in this country", DWO Grobelaar said.

"We have information SA is also regarded as an ideal conduit for importing the drug into Europe and we have no doubt this is not the first consignment to enter the country."

DWO Grobelaar said police were following up certain leads, and further arrests were possible.

New narcotics unit formed

CH-Units 18/8/90 (87)

Police step up anti-drug war in Bo-Kaap

By DALE GRANGER

POLICE have intensified the war against the Peninsula's drug barons and have launched a special new anti-narcotics unit to concentrate on wiping out the problem in the Bo-Kaap.

Cape Town narcotics head Lieutenant-Colonel Muller Haggard said yesterday that special narcotic agents had been appointed to work in the Bo-Kaap area.

Today an estimated 3 000 people, including parliamentarians, will march from the Bo-Kaap to the city to hand a petition to the Minister of Law and Order, Mr Adriaan Vlok, calling for a commission of inquiry into drug trafficking.

The Bo-Kaap Anti-drug Committee is demanding police patrols, no bail for drug dealers and heavier sentences for convicted dealers.

Support for the march has come from the ANC, Cosatu, the Democratic Party, the Salt River and Bellville Anti-Drug Co-ordinating councils and Mrs Adele Searll, chairwoman of the Cape Town Drug Counselling Centre.

Asked to comment on anti-drug efforts, Colonel Haggard said that this year police had confiscated more drugs in Cape Town than in 1989.

R1,50 'a stop'

"We've had very big successes and from stepping up our operations we've shut off many of the supply routes of dagga and Mandrax," he said. "Mandrax now sells for R15 a tablet, which shows us there is a shortage. If it was selling for R2 it would show there was plenty around."

Dagga sells for R1,50 "a stop" (a one-gram parcel) in Cape Town.

Cocaine (R250 a gram) and LSD are less of a problem in the city.

Colonel Haggard named the Bo-Kaap, Salt River, Woodstock and Maitland as areas where drug use was rife.

The police do not advertise the fact

that informers are paid and some receive between R100 and R300 for information.

"One must realise drugs do not differentiate between sex, age or colour," he said.

Mr Abdullah Adams, a member of the Bo-Kaap Anti-drug Committee, said drug dealing in the Bo-Kaap had escalated, mainly due to the location of the area, "which is an ideal distribution centre".

"The clientele have no problems coming in and outsiders exploit the area by selling their drugs," he said.

Mrs Searll yesterday praised the Bo-Kaap anti-drug committee for their stance, saying: "They've decided to do something about it."

'Need for action'

Mr Jannie Momberg, DP MP for Simon's Town, said that "anyone found selling drugs to kids should be locked up and the key thrown away".

"I believe that tomorrow's march will embrace the need for action and I support that 100%," he added.

A police liaison officer, Captain Attie Laubscher, said yesterday that police investigations had found that complaints from Bo-Kaap residents about the level of drug dealing in the area were justified.

A team of narcotics branch detectives had, therefore, been assigned to "crack down on the smugglers and street-sellers until we are all satisfied that the Bo-Kaap is drug-free", Captain Laubscher said.

The community living on the slopes of Signal Hill had made it clear they would assist and police had also decided to pay cash rewards for information passed on about drug activities, he said.

All information can be given — confidentially — to the new unit's commander at 45-7613.

"The police really appreciate the public's involvement in stamping out this drug menace," Captain Laubscher said.



ANTI-DRUG LOBBY... Hundreds of people opposed to substance abuse parade through the central city on Saturday demanding, among other things, heavier sentences for convicted drug-pedlars.

CAPE TOWN 20/8/90

87

South African market is still small ⁽⁸⁷⁾ for now, anyway

By REG RUMNEY

W/M 24/8 - 26/8/90

BY comparison with Europe and the United States South Africa's drug business — for now, anyway — is small.

A simple extrapolation from the street value of the two most popular South African drugs seized last year by the police gives an estimate of R150-million to R600-million.

The value of dagga actually seized last year was R16-million, and Mandrax an estimated R24-million.

Only 1 642g of cocaine were seized last year in 32 arrests, and heroin arrests netted three dealers and 1 532g.

Dominating the South African drug business are dagga and Mandrax, the widespread use of which is unique to South Africa. Smoking Mandrax with dagga seems popular nowhere else.

South African drug abuse patterns make it difficult to adopt the money laundering approach to stamping out drug dealing.

It may work for Mandrax dealers. The active ingredient for Mandrax is imported, as are most of the tablets, though in recent years local Mandrax factories have been uncovered.

Hence money at some stage has to flow out of the country, and it is here

that it could be detected, as well as when drug money enters the formal economy, such as bank accounts.

On the other hand dagga dealing offers little conspicuous money movements to catch the eyes of the authorities.

Dagga growers, such as those in kwaZulu, seem to be small farmers, and the distribution chain seems to be composed of informal traders so the cash amounts that change hands stay relatively small.

The strategies suggested by the British Task Force would come in handy if the drugs which have wreaked havoc in the West continued to land on our shores in increased quantities.

The amount of cocaine and heroin confiscated in drug arrests by the SA Police is negligible now, though the threat posed by these two potent chemicals leaves no room for complacency.

Sanca national executive director Dr Liz Pretorius says it is accepted that the market in the United States for cocaine (and the cheaper form of cocaine, crack) and heroin are saturated.

Africa is a vast potential market for these drugs and so one can expect the drug czars to target the continent for its products.

More teenagers falling prey to drug pedlars

CMA TIMES

9/10/90

87

DRUG-TAKING among teenagers in Sea Point, Green Point, Three Anchor Bay and Clifton is a continuing problem.

The manager of Sea Point Security Services, Mr Hans de Leeuw said: "We have arrested 12 people for pushing drugs in the past couple of months. One was employed as a gardener in Green Point. Residents saw him selling packets to school children.

"One of my officers smelt dagga at a garage in Three Anchor Bay and found three people smoking it. What was worse was the sight of children entering the garage and coming out rolling a dagga cigarette."

Signal

Mr De Leeuw said the dealers had a pre-arranged plan. Teenagers using drugs would signal by putting up three fingers and the dealer would deposit the dagga in a dustbin and it would be paid for later.

"In this way no dagga changed hands, no money was seen to be paid and the pedlar had merely deposited the dagga in a bin."

Mr De Leeuw served

as a police reservist for eight years in Sea Point and used to give lectures on drug abuse. He emphasised that the public must be made aware repeatedly of the bad effects drugs have on youngsters.

He said: "Teenagers tempted to take drugs must see examples of people who have used drugs, destroyed themselves and become pitiful wrecks.

Mr De Leeuw added that with the influx of visitors expected during the coming season the problem was likely to worsen.

He said his staff of eight were all former police officers and worked in close conjunction with Business Watch and the traffic police.

Relationships

During the two years they have been established, he said they had arrested 1 600 people in Sea Point, and nearby areas for various crimes including car thefts, breaking and entering premises, fights, drunkenness and drugtaking.

City Councillor Chris Joubert, who was a captain in the police reserve, said it was up to parents to ensure that relationships within the family were strong enough to help teenagers to withstand outside pressure to experiment with narcotics.

"My whole aim is to get them away from 'dives'

and to adopt a healthy life style. I realise that very little seems to be done for the children in Sea Point.

Mr Joubert stressed that a bowling alley in Sea Point — similar to the one in Parow which is packed with teenagers — would be a welcome outlet.

Ruthless

"I supported a request recently from someone who wanted to open a billiard room and said if it was properly controlled by security people, without liquor on the premises, we should have no objection to this. It will, at least give the youngsters somewhere to go. I must give assurance to the parents that everything we support is under strict control."

Mr Joubert said drug pushers were ruthless — Business Watch and other security-minded people were getting prepared to increase their efforts to try to reduce the problem.

He thought that residents could put pressure on Parent Teacher Associations, headmasters and Scout and Girl Guide groups to warn youngsters of drugs. But, he added that the primary responsibility still rested with parents.

He said it was imperative that parents should continually re-evaluate their relationship with their children.

Oyster
Liza

new body and she has lost 110

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Passive smoking causes cancer

Sowetan 16/10/96

87

FOCUS

By Mokgadi Pela in Toronto, Canada

THE harmful effects of passive smoking at work may be enough justification for employees and employers to stop this habit, says an Australian occupational health disease expert.

Dr Alistair Woodward, a senior lecturer in the department of community medicine, University of Adelaide, told the 23rd international congress on occupational health that passive smoking in the workplace was a real health risk.

"As a result of passive smoking and its attendant dangers in the workplace, millions of dollars have been spent on ventilation systems to reduce tobacco smoke pollution.

"In many countries employers are now fearful that unless they control smoking in the workplace, they will be found liable in the courts for passive smoke-related illness," Woodward said.

He mentioned three conditions associated with passive smoking that have most relevance to the workplace: irritation of the respiratory tract, lung cancer, and coronary heart disease.

Woodward showed a slide indicating the results of 19 studies of passive smoking and lung cancer association up to 1989. Sixteen of the 19 studies reported an increase in the risk of lung cancer associated with passive smoking. He suggested that the best estimate of the increase in risk of lung cancer due to exposure to smoke was higher than 35 percent.

Woodward said the epidemiological studies appeared at odds with the

biological data. The levels of smoke compounds in the bodies of passive smokers may be as low as 0,05 percent of those observed in active smokers. Yet the increased risk of disease associated with passive smoking is much greater than 0,05 percent of the increase in risk due to active smoking.

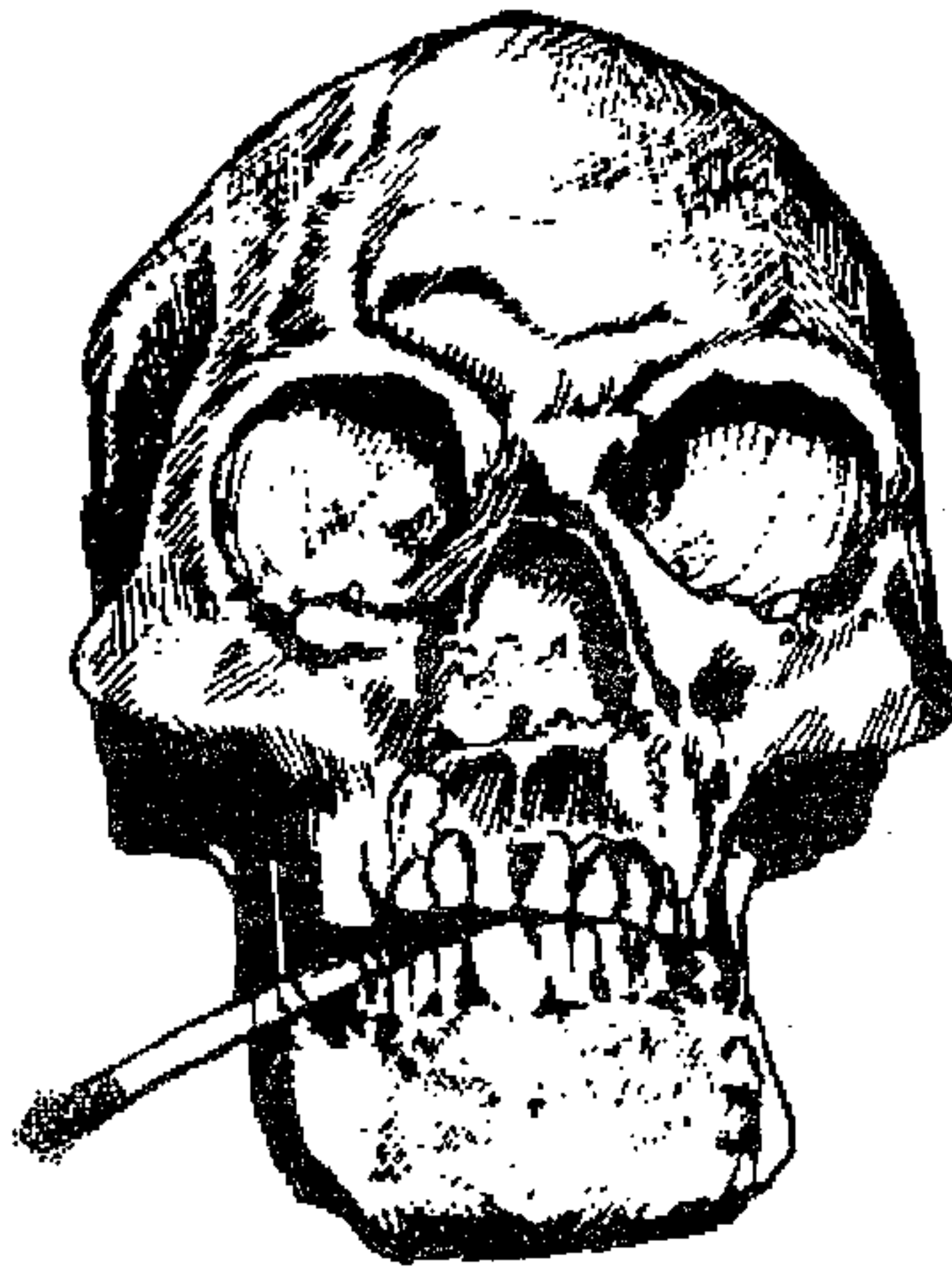
"This inconsistency is puzzling. However, I think the biological data are not strong enough to overturn the epidemiological findings.

Heart

"Tobacco smoke contains a large number of potentially toxic substances many of those being present in large concentrations. It is not known which of these substances are responsible for cancer, heart disease and other smoking-related diseases. For these reasons, one must be cautious in extrapolating dosages from active smoking to passive smoking on the basis of biological measures," Woodward said.

Woodward said men whose wives smoked suffered 30 percent more heart disease events. His conclusions were based on the results of the Multiple Risk Factor Intervention Trial. This was a prospective study of US men with greater than average risk of coronary heart disease. Non-smoking men whose spouses smoked were compared with non-smoking married men whose spouses did not smoke. After seven years follow-up men whose wives smoked suffered 30 percent more heart disease.

Smokers risk health of others



In April this year, Dr Stan Glantz presented a paper to the World Conference on Tobacco and Health in which he described 11 published epidemiological studies on passive smoking and heart disease. All but one reported an increase in risk.

"There is no doubt that passive smoking makes the eyes water, inflames the nose and irritates the throat. It is probable that passive smoking does cause cancer of the bronchus. There divided on whether the verdict is cause and effect is also a link with heart disease but opinion is

or not proven," Woodward said.

For many workers, therefore, questionnaire studies show that the workplace is the major source of exposure to other's tobacco smoke. He gave an example of an Australian taxi driver who counted 143 cigarettes lit and smoked in his cab in one 12 hour shift adding that most taxis in Australia were today smoke-free.

The most comprehensive questionnaire study of passive smoking at work is an international project co-ordinated by the IARC. Women in 10 countries participated,

and the proportion reportedly exposed at work varied from 2 percent (Chandigarh, India) to 67 percent (Sendai, Japan). In all cases, except Chandigarh, at least one third of the women were exposed to passive smoke at work.

Discussing the health risks of passive smoke at work, Woodward referred to a New Zealand study which estimated the number of deaths in that country that were attributable to passive smoking at work.

Risk

The authors pooled risk estimates for lung cancer and heart disease. They estimated that passive smoking in the workplace contributes about four times the load of smoke particulates resulting from passive smoking at home and hence four times the excess risk of passive smoking related disease. On this basis there were in 1985 approximately 26 lung cancer deaths and 152 ischaemic heart disease attributable to passive smoking at work.

The mortality among non-smokers from passive smoking in Britain is estimated to be about 1000 deaths per year.

Russel and Wigle estimate that passive smoking causes about 330 deaths from lung cancer in Canada each year.

The US has set as a target a lifetime cancer risk of one in 100 000, for involuntary exposures affecting the public.

The food and Drug Administration sets a more stringent standard-one in a million lifetime risk. By these standards passive smoking is an unacceptable risk, Woodward said.

Children of smokers at risk

Woman's Reporter

87

THE children of smokers are twice as likely to get lung cancer as the children of non-smokers, a new study has found. *Sowetan 10/9/90.*

The report, published in the *New England Journal of Medicine*, estimates that 17 percent of all lung cancer cases in the United States resulted from their exposure to smoking at home.

The study is based on a survey of 191 non-smokers in New York state who were diagnosed as having lung cancer during the early 1980s.

Cigarette smoke

Their lifetime exposure to cigarette smoke was calculated by multiplying the number of years they lived in a house by the number of smokers who lived there and their levels of exposure were then compared with those of healthy non-smokers.

Exposure to 25 "smoke years" (say, 12,5 years spent with two smoking adults) could double the chances of getting lung cancer, the researchers found.

World's drug barons target South Africa

By BRENDAN TEMPLETON in Johannesburg

Argus
5/12/90
87

INTERNATIONAL drug traffickers have targeted South Africa as a future heroin market, according to a leading drug abuse expert.

Following the police haul of R15-million worth of heroin at Jan Smuts Airport on Monday, director of Johannesburg rehabilitation centre Phoenix House, Dr Sylvain de Miranda, warned the event was not an isolated one, but was part of a general upsurge in interest in South Africa by international crime syndicates.

In October he went on record saying that the use of the drug was on the increase.

The Jan Smuts haul was not intended for Maputo, as stated by police, but was rather aimed for an unprepared and largely unsuspecting South Africa, he said.

Unprepared

And South Africa lacked the necessary infrastructure to deal with the problems which were usually associated with the drug.

Welfare organisations were unprepared and their staff lacked the necessary skills required to counsel and treat those hooked on heroin.

The international market

was becoming saturated and drug syndicates were casting their nets wider in an attempt to create new markets for the drug.

"It (the haul) says what we have been saying for a long time — that the drug scene here is taking on serious proportions, that abuse is becoming more sophisticated, similar to the pattern experienced overseas.

Indication

"I am happy on one hand that they managed to bust it, but it also gives an indication of what we are up against. That heroin was meant for this part of the world."

Drug running was the second largest industry in the world. He said a survey by the International Narcotic Authority last year showed that money generated by drugs came second only to the arms industry and ahead of the oil industry.

Last year, Interpol warned Africa was becoming a growing trade route for the drug after traditional routes through Iran and Afghanistan were cut off by the Iranian revolution and the invasion of Afghanistan by the Soviet Union.

With a potential war brewing in the Gulf, it is possible that this trend may intensify which also has grave implications.

After mandrax — South Africa is the highest abuser of the drug worldwide — was made illegal in India and Pakistan, the sophisticated laboratories needed to produce it moved to Western Europe.

When it started wending its way down Africa on its way to South Africa, central

African states like Kenya and Zambia suddenly started finding themselves developing the problem of mandrax abuse.

The same pattern regarding heroin was likely to occur in Africa and particularly Southern Africa which was seen as a particularly lucrative market by international drug syndicates, Dr de Miranda said.

Implications

But the greater implications of heroin addiction have yet to hit those in charge of education in South Africa.

Saying he is "fed up", Dr de Miranda warned authorities had to start educating children about the cataclysmic implications of fooling with heroin.

South Africa was a fertile breeding ground for the drug. Highly addictive, it is the type of habit which can spread right across the board of different social classes.

Everyone from the junkie to the high-powered executive was prone to its misuse, he said.

Potential

The high degree of social uncertainty and potential for revolutionary change in South Africa meant drug abuse was an attractive escape mechanism for people who sometimes found they were unable to deal with uncertainties like not being able to meet economic demands or to make concrete plans for the future.

"Education authorities have to stop dilly-dallying. The time for talk is over. The time has arrived to start doing things.

"South Africa is starting to come out of its international isolation and as it does so it is going to find that we will not just get nice things from outside.

Effects

"There is also an ugly side to it. Heroin is one such drawback and has to be seen with all seriousness."

The effects of heroin on an individual could be seen on two levels.

"It is highly addictive — if you start playing with it, chances are you will get hooked."

But a regular addict quickly built up a resistance to the drug which meant more and more was needed to stay on a heroin high.

It quickly made the addict dysfunctional and he or she soon wanted nothing else but to remain under the heroin high forever.

This meant addicts spent their whole time trying to feed their habits.

Even food was cast aside as a unnecessary pastime, making them prone to disease due to malnutrition.

Dirty needles meant Aids and other infections were also a danger, he said.

Poverty

But the heroin danger had to be tackled on an holistic basis, because heroin addiction was often closely associated with crime, prostitution, poverty, uncertainty and disease.

Heroin abusers in South Africa had not yet moved on to injecting the drug into their bodies and were still largely smoking it.

But that time was rapidly passing and it was time for the whole country to close ranks and pay strict attention to the problem, he said.



Dagga smokers were really on a high this year (87)

GREEN ISSUES

BY TSHOKOLO WA MOLAKENG

DAGGA smokers were really high this year. And so were the government and police — sort of. *W/Mail 20/12/90 - 10/1/91*

Smokers felt that since political trends had brought a new concept, the "new South Africa", they could also increase the lexicon. News junkies did not disappoint them. They nicknamed our country *Marijuanaland*.

The sobriquet followed the report that South Africa was a leading world dealer in dagga. But the South African Police Narcotics Bureau were not lax in dealing with the problem. The bureau said they had confiscated 1 100 tons of the weed — a quarter of all dagga confiscated in the world.

Yet the authorities weren't pleased. For years they had destroyed the industry by using the slash-and-burn method.

Seemingly the strategy was not effective because the police decided to employ a more sophisticated method: the aerial spraying of the plantations through the Paraquat chemical.

The poisoning lasted only three weeks and on a small scale in Natal. Environmentalists and toxicologists took umbrage; they argued that the chemical was lethal. Medical practitioners stated that Paraquat patients could not be treated and they ultimately died. It could be genocide: informal estimates gathered from several sources suggested that there were well over two million reefers in the land.

Law and Order Minister Adriaan Vlok decided that the practice would be suspended until a meeting was called next year.

South African Rivers Association representative Graeme Addison said there would be "trouble" if the cannabis industry was liquidated because the growers' livelihood would be taken away. The solution, he said, was for the government to assist the farmers in establishing alternative cash crop farming.

People have been invited to contribute "constructive suggestions". The pity is, smokers cannot afford to show their faces at the powwow. The same goes for a sizeable number of people whose sole income is dagga selling. Most are based in the Eastern Transvaal and Natal — where most arrests have been made.

On July 14, 250 Cape Town dagga smokers made history. With the law's relaxed attitude towards marches, the smokers decided to seize the opportunity. They marched

At the magistrate's court they made the usual demands: an end to police harassment, the release of political prisoners ... But the main demand was: legalise the herb.

The march had been preceded by an earlier similar march but they were taken into custody — and later discharged — because they had not received the magistrate's green light.

The "legal" marchers also demanded, in a memorandum handed to a justice department official, that their Rastafarian movement be recognised as a "dynamic cultural and religious association in the society's transformation towards future peace and love".

While they blew spliffs into a policeman's face without upsetting his bile, in no way did it herald legalisation. In 1961 the United Nations required that all signatory nations declare marijuana an illegal drug

Police have picked up 13 060 reefers this year during their "normal and special actions", said Lieutenant-Colonel Neels Venter of the narcotics bureau. The maximum sentence for possession is 25 years, and/or any fine a court deems fit.

Venter conceded that dagga dealers were an "inventive" bunch. Their resourcefulness, he explained, was illustrated by how they smuggled the weed to Europe. They sewed the stuff into luggage and handicrafts such as dolls. Rather less imaginative, some peddlers carried the weed in "containers" and on their persons.

Venter said the dealers were involved in the trade for financial gain while smokers said dagga gave them physical strength.

An impromptu representative for the Cape marchers did not have a whacky reason. "It's for meditation," he proclaimed, "High meditation."

And Rastafarian Brethren could not agree less. Another marcher burst out: "A wicked leader leads his people with a cigarette or whisky or beer or rum. This (dagga)," he said, "is the whole communication of the Almighty Father. This is my Ark of the Covenant."

A Soweto smoker said: "Whites don't want us to smoke ganja because it makes us think brilliantly. Booze dulls the brain. Ganja is behind the success of white professionals who smoke it like nobody's business."

Ad campaigns against drunken driving 'well meaning but wasted'

ADVERTISING campaigns against drunken driving are well-meaning but essentially a waste of money, says SA National Council on Alcohol and Drug Dependence's (Sanca) Johannesburg director Dr Sylvain de Miranda.

Reacting to the latest season of "Don't Drink and Drive" advertisements, he said 93% of the population might be aware of the message being brought to them in the media, but there was still a rise in the road death toll over Christmas.

De Miranda suggested two strategies to combat the increases in drug and alcohol abuse, teen pregnancies and AIDS.

Education

"Ultimately the only way to achieve this is to devise methods of changing people's attitudes in order to effect a change in their behaviour."

He said maximum results in this area came from preventative education early in life.

De Miranda said it was disturbing that at the same time as Transvaal schools were experiencing their best matric results yet, reports from the coastal resorts indicated a marked increase in drinking binges and other reckless behaviour by youths.

"It is time the educational authorities stop procrastinating and come to terms with the fact that current education programmes do nothing to

LINDEN BIRNS

stem the destructive behaviour," he added.

For adults prone to recklessness or alcohol/drug dependence, he suggested treatment with proper and regular assessment.

"Too many people go to court on a charge of drunken driving, put up a good defence and sentence is handed down. But unless the sentence is coupled with treatment and supervision, then the whole legal exercise is useless as the same person will be back a second and third time," he explained.

"The easiest and most effective way of assessing people is by submitting them to random breathalyser tests."

De Miranda said this method was already being used with some success in France.

He also suggested that the long-term preventative education syllabus be examinable when learner drivers applied for drivers' licences.

"But this question of the 'Just Say No' type of campaigns are a waste of time and public money and just don't work," he said.

De Miranda said the argument that the legal blood alcohol content should be lowered from 0,08mg was also futile.

"All this will do is create more anger, subversion of the law and the devising of more tricks to dodge the tests."

Probe into youth's death in detention

WILSON ZWANE

POLICE are investigating a murder charge after a youth died this week while in detention in the northern Cape town of Prieska.

Police spokesman Lt-Col Steve van Rooyen said the youth died on Wednesday while being interrogated by an SAP member.

Van Rooyen said the youth was arrested on December 20 in connection with a housebreaking charge.

"The investigation is being led by the regional head of the Detective Branch, Col De Klerk," Van Rooyen said, adding that a post mortem to establish the cause of death would be performed by a Cape Town-based state pathologist as soon as possible.

The SAP Pretoria Public Relations Directorate was unable to supply figures on how many people had died in custody since the beginning of the year.

"For this office to sketch the circumstances of each case would be almost impossible as each individual case would have to be drawn and the circumstances under which the persons died established," the directorate said.

It said since the topic was usually raised in Parliament, it could be accepted that it would be dealt with by Law and Order Minister Adriaan Vlok next year.

The Human Rights Commission recently said three people had died in custody this year. Two of them had hanged themselves while the third had died from meningitis.

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Marchers' anti-Rasta protest

By KURT SWART (6)

ABOUT 100 anti-drug demonstrators marched through central Cape Town yesterday — apparently in protest against a march earlier this year by Rastas demanding the legalisation of dagga. *St Times 30/12/90*

Organisations taking part included the Bo Kaap Anti-drug Co-ordinating Committee, the Salt River Co-ordinating Committee and the Wynberg Anti-drug Committee.

Placards read: "Legalisation of dagga is a crime against humanity", "Pro-dagga march — Democracy or Madness?"

Chanting "No to drugs, kill the peddlers!", the peaceful protestors carried a banner with a slogan linking drug use with "devious behaviour, rape, sexual diseases and genocide".

HEALTH & DISEASE - DRUG ADDICTION

1991

SA fights the deadly 'white pipe' ^{ster} 9/11/91

Justin is fighting a five-year addiction to Southern Africa's preferred road to drugged oblivion — dagga spiced with Mandrax sleeping pills.

"I thought, please help me, somebody. You need it so bad you do anything. I'm not the sort of person who can just rob anybody at gunpoint, but I did," said the fair-haired 19-year-old.

Seized 47x

According to latest United Nations figures cited by police, in 1987 law enforcement agencies seized 16 million doses of Mandrax worldwide, of which 15 million were in South Africa.

In Namibia, Zambia, Lesotho, Botswana and Swaziland, but mainly in South Africa, heat-calloused hands are stuffing dagga and white "buttons" into glass bottle-neck pipes.

"You take a blow and everything goes woood," Justin recalled in an interview.

"You start coughing, your muscles go all lame. You can't help spitting. Druggies pass around a spit bucket.

Mandrax is a trade name for pills containing methaqualone, banned in some countries in the mid-1970s.

It remained legal in India and Pakistan. Some members of South Africa's Indian community cashed in on the difference in price in Bombay and black market rates at home.

"Then some great mind tried to crush the tablets mixed with marijuana and smoke it — and got a far bigger kick," said Dr Sylvain de Miranda, director of the SA National Council on Alcoholism and Drug Dependence.

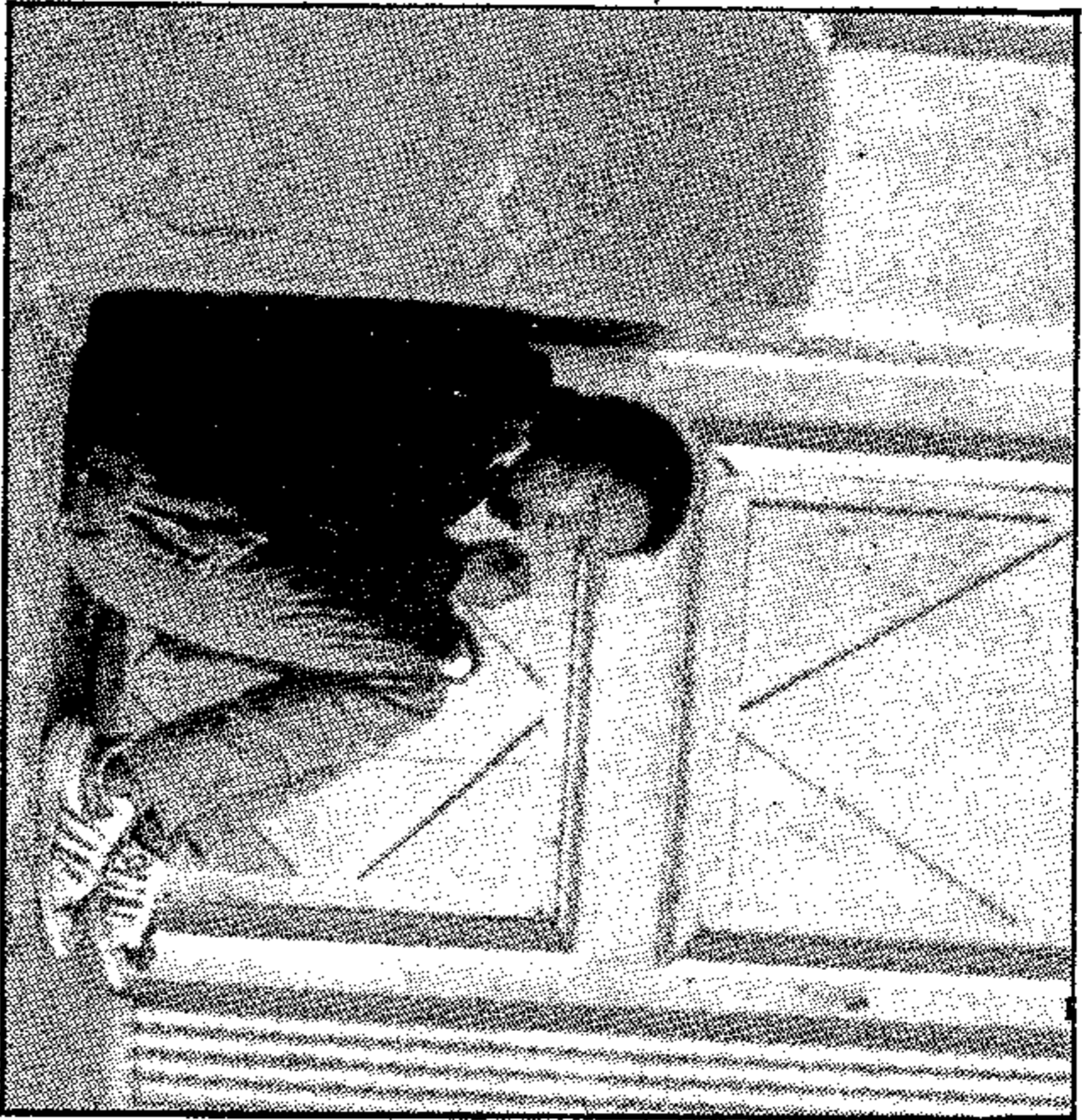
"This became the notorious white pipe of Southern Africa."

Dr de Miranda said the white pipe first spread among Indians and whites, who could afford the high price.

Then it took hold among the coloured people of the Cape, where dagga abuse was already widespread.

Mandrax is still mainly brought in from India, although it has now been banned there and in Pakistan, according to police.

In November Zimbabwean police seized a shipment from



Mandrax addiction . . . An increasing number of South Africans are smoking the notorious "white pipe".

Bombay of 963 kg with an estimated street value of R45 million.

Police said much of the drug was brought overland across South Africa's vast land borders from African states.

Dr de Miranda said this av-

hostage at gunpoint to ensure he was not cheated.

According to Pete, who ran three "butlers" selling pills for him in the Cape, several major suppliers are now black.

"It used to be the Indians. Now if I want a rush of buttons I go see a black guy 'cos they are the ones making it," said Pete, who, like Justin, says he wants to stop and gave a false name.

Dr de Miranda said Mandrax was increasingly being manufactured inside the country.

In 1987 police closed a major factory near Johannesburg that was supposed to be producing fertiliser from milk.

Unscrupulous dealers are supplying deadly fakes, disguised as the crude pills.

"Guys just keel over after a pipe. You say wow, what a rush. Then you see the guy is dead," said Justin.

Lieutenant Colonel John Wright, head of the police narcotics bureau in Pretoria declined to estimate the value of the trade, worth many millions of rands on the street.

The tablets now cost users

about R8 each, but sank to R3 when the big internal factory was operating in 1987, then rose to R22 when there was a shortage.

Dr de Miranda predicted frightening social costs as mandrax spreads among the 28 million blacks, whose communities are dislocated by poverty and increasingly, by Aids.

"What is needed is massive preventative education at lifestyle level, not just about drugs, alcohol, sex, but the lot. It should be aimed at the whole school-age population, including the many children who do not go to school," he said.

Shortage

"The facilities for alcohol and drug problem treatment in the black community are totally inadequate," he added.

On the front line are 750 narcotics detectives country-wide, a senior police officer revealed last year.

Colonel Wright would not give a total, but said: "There are not enough. Manpower is always in shortage, we could do with more." — Sapa-Reuter.

White pipe puts SA ^{MSU's} high on ^{8/19/87} drugs list

JOHANNESBURG. — Justin is fighting a five-year addiction to southern Africa's preferred road to drugged oblivion; the potent local marijuana spiced with a sleeping pill called mandrax.

"I thought, please help me, somebody. You need it so bad you do anything. I'm not the sort of person who can just rob anybody at gunpoint, but I did," said the fair-haired 19-year-old.

According to latest United Nations figures cited by police, in 1987 law enforcement agencies seized 16 million doses of mandrax worldwide, of which 15 million were in South Africa.

In Namibia, Zambia, Lesotho, Botswana and Swaziland, but mainly in South Africa, heat-calloused hands are stuffing marijuana and white "buttons" into glass bottle-neck pipes.

"You take a blow and everything goes woooo," Justin said.

SPIT BUCKET

"You start coughing, your muscles go all lame. You can't help spitting. Druggies pass around a spit bucket. It's the worst drug, it is disgusting," he said.

Mandrax is a trade name for pills containing methaqualone, banned in some countries in the mid-1970s.

It remained legal in India and Pakistan. Some members of South Africa's ethnic Indian community cashed in on the difference in price in Bombay and black market rates at home.

"Then some great mind tried to crush the tablets mixed with marijuana and smoke it — and got a far bigger kick," said Dr Sylvain de Miranda, director of the state-funded South African National Council on Alcoholism and Drug Dependence.

"This became the notorious white pipe of southern Africa."

FILLS A NICHE

Mandrax fills a niche occupied elsewhere by cocaine or by heroin, which are still rare but beginning to spread.

Dr de Miranda said the white pipe first spread among Indians and whites, who could afford the high price.

Mandrax is still mainly brought in from India although it has now been banned there and in Pakistan, police say.

South African police say much of the drug is brought overland across vast land borders from African states, usually by blacks.

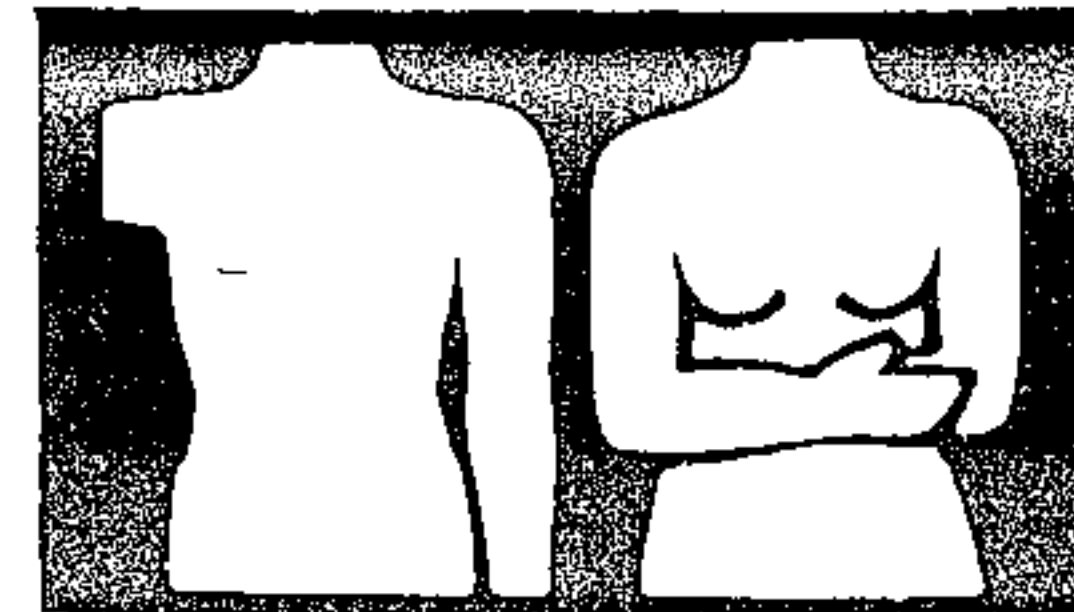
According to Dr De Miranda, this avenue will inevitably lead to a spread in its use across Africa — it is beginning to be seen in Kenya — and among South Africa's black majority.

MADE LOCALLY

Dr De Miranda said mandrax for South Africa is increasingly being manufactured inside the country.

He predicts frightening social costs as mandrax spreads among the 28 million blacks, whose communities are dislocated by poverty, crime and increasingly, by Aids. — Sapa-Reuter.

KNOW YOUR BODY



Urban marketing to ⁽⁸⁷⁾ promote disease or health?

New Nation (Learning Nation)
113 - 713111

Marketing is used to increase the profitability of a company but has the potential to promote health. This article, adapted from one written by Dr Derek Yach of the Centre for Epidemiological Research in Southern Africa, Medical Research Council, examines marketing trends aimed at the growing black urban population.

New marketing strategies

The marketing of certain products which could have a bad effect on health if used excessively or inappropriately, includes new strategies to stress the safe use of these products. For example, the Red Meat Board collaborated on a marketing campaign with the Heart Foundation. The Board agreed to remove visible fat and promote leaner (less fatty) cuts of meat. Similarly, the South African Breweries support programmes aimed at addressing the safe use of alcohol. These products are being increasingly and aggressively marketed in the growing urban environment and are not dangerous to health unless abused.

share contrast tobacco with its consumer product which is harmful when used as intended. This article will focus on tobacco advertising.

Advertising to recruit smokers or to change brands?

The tobacco industry claims that advertising results in people changing brands and not in the recruitment of new smokers. However, several studies show that this is untrue and that the industry needs to advertise to recruit new smokers to replace those who give up or die. Studies investigating the impact of both alcohol and tobacco advertisements have found that advertising reinforces consumption of these products, makes it hard for smokers to give up and in fact, plays a role in introducing their use. Most studies now show that the increasing amount of money spent on cigarette advertising results in an increased number of cigarettes being smoked. A particularly strong example of this is the development of the Virginia Slims advertising aimed at women.

Changing targets for tobacco

The collective impact of all anti-smoking activities in the USA has resulted in a decline in per capita consumption over ten years. Calculations show that without anti-smoking campaigns, levels of use would be over 80% higher than the present level. This shows that a committed media effort can decrease the number of new smokers as well as increase the number of people quitting. A review of the impact of media and community interventions suggests that when populations were exposed to mass media campaigns promoting anti-smoking, the quitting rate was 15%. This increased to 34% if media campaigns were combined with community strategies.

In response to the decline in tobacco use in the USA, the industry has attempted to recruit new smokers. Advertisements are increasingly aimed at women, minorities (particularly blacks) and the working class. For women, this has resulted in a dramatic increase in the proportion of cigarette adverts being placed in women's magazines. A similar trend is increasingly visible in South Africa. The impact of such advertising has already resulted in marked increases in tobacco consumption among women. Lung cancer has replaced breast cancer as the leading cancer death among women in the USA.

In addition, throughout the developed world, the rate of increase in deaths due to lung cancer in women far outstrips that of any other disease.

In an attempt to convince worried adults that certain brands are safer than others, low nicotine and tar cigarettes are being advertised. However, you are at the same risk of having a heart attack whether you smoke high or low nicotine cigarettes.

Advertising and marketing in South Africa

and many other countries, national economies have become dependent on tobacco for foreign exchange. These business interests have meant that anti-smoking activities have failed to take hold. In such countries, the health of the consumer has not been considered. Rather, profits generated by tobacco production and sales are the prime motivation. The tobacco corporations use every opportunity, including billboards in the townships, sales of packets of 10s, providing free cigarettes, sponsorship of the sports and arts, all in an attempt to maintain and increase their position of dominance.

Sponsorship by the tobacco industry is not aimed at promoting the welfare of society, but at ensuring that publicity is obtained that will encourage the use of its products.

Undermining the health of people in the townships

Over the last few years there has been a steady and sustained increase in the proportion of tobacco advertising being directed at township populations. Already the impact of tobacco products on health has been documented in South Africa. By the year 2000 and beyond, many cigarette-related early deaths will occur among the black and "coloured" populations.

1. Radio

Radio advertising is a very powerful way of influencing the black market. It is independent of urban/rural status, is relatively cheap, repetitive and is not affected by whether people can read or not.

2. Billboards

Billboards advertising tobacco products appear on all major transport routes to and from the townships and suburbs.

3. Cinema and print media

Cinema attendance information clearly shows that adverts in cinemas are directed at youth despite denials by the tobacco

Are you reaching the black consumer?

Whatever business you're in, you must look to the fast growing black consumer market for future growth and profits!

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- Understand the myths and realities of the Black Market
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- Understand the relevance of cultural and linguistic issues, and bridge the communication gap
- Develop a Black marketing strategy
- Judge the effectiveness of communication in the Black Market

PHONE 337-8600 or 880-6720, OR CALL AT DAMELIN CENTRE CNR HOEK & PLEIN STREETS, JOHANNESBURG. OUR SPECIAL NIGHTLINE 795-2593 IS OPEN BETWEEN 6 - 9 p.m.

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EVENINGS
CITY CENTRE
COURSE
STARTS
2 AUGUST

This advert clearly illustrates the move towards marketing strategies aimed at the black urban population.

industry. While the percentage of tobacco advertising in magazines is still relatively low, with increased readership, particularly in the black population, it already reaches a very large proportion of the population.

Profits at the expense of the health of township residents

The effects of targeting the townships has already been profitable for the tobacco industry. The black market share of household expenditure increased from 19,7% in 1970, to 33,7% in 1985. Importantly, the location of outlets where people commonly buy cigarettes and tobacco products shows how successful the industry has been in ensuring increasing sales in the townships. 72,5% of cigarettes and tobacco products bought by black consumers in 1985 were purchased in the township (as opposed to the city centre) compared to 46,6% for perishable foods, 25% for toiletries and 2,3% for fridges and stoves.

Time for action!

The time has clearly come for strong action. One short-term approach suggests that health warnings be placed on all adverts. In South Africa, a voluntary agreement between the tobacco industry and the government has resulted in an almost invisible warning on cigarette packets with no health warning attached to advertisements.

In the USA, a further short-term proposal ensures that tobacco adverts contain no photographs or graphics except the company, brand name, price, tar and nicotine levels with a health warning.

Further, tobacco advertising should be

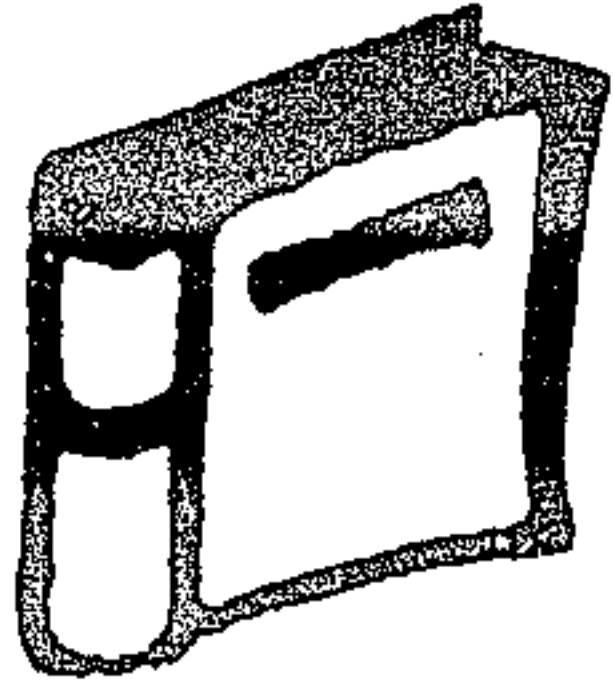
banned from all billboards, and tobacco companies should not be allowed to advertise indirectly or sponsor sports events.

Calls for a complete ban on tobacco advertising and all forms of tobacco promotion have been made by various health-related organisations internationally. These international calls have already resulted in 30 countries partly or completely banning the promotion of tobacco products. In South Africa, these calls have not yet had an impact.

Advertising alone will not be sufficient to increase the quit rate and stop the number of new smokers entering the industry. Advertising is not the sole cause of adolescent smoking. The reality is that there are many causes and it is necessary to have a co-ordinated plan which includes a ban on cigarette advertising, an increase in the overall price of cigarettes and an extensive education programme. (In South Africa, the price of cigarettes has fallen well behind the consumer price index, making them relatively cheaper than many other products.)

Conclusion

The rapidly urbanising areas of South Africa are providing growing opportunities for the marketing of products such as tobacco, which are hazardous to health. Strong measures are needed to cut down their use. There is an urgent need for counter advertising to be used throughout the townships. For this to be successful, smoking needs to be recognised as a threat. Such counter advertising could make use of the major transport media in the country including buses and taxis.



MATRIC LITERATURE

Introduction to syllabus literature



Ghanaian poet and teacher Keorapetse Kgositsile Pic: Kevin Carter, Weekly Mail

As from next week, this page will be dealing with the literature prescribed for the 1991 syllabus. We will spend 7 weeks on each network, starting with Shakespeare's drama, *Romeo and Juliet*. Here is our plan for the year.

Romeo and Juliet:	8 March - 19 April
I heard the owl call my name:	26 April - 7 June
The Wind at Dawn:	14 June - 26 July
Close to the Sun:	2 August - 13 September
Exam Practice:	20 September - 11 October

The four weeks of Exam Practice at the end of the year will provide you with model exam questions and answers on all your networks. As for the seven weeks which we are going to spend on each book, we are going to investigate a different topic each week. Every week I will also give you questions to do or topics to think about. I will also try to show you how you can use these articles for school and exam purposes. The articles cannot replace a teacher, but they can help you if you use them in combination with your schoolwork and study aids.

After the exam period at the end of the year we would like to use the literature page for literature-related topics of more general interest. We want to provide you with information about literature which is not in the syllabus. **But how do I know what your most burning questions and interests are? Here you have to help me. I would like all of you who read this page even if you are not matric students - to keep in contact with me throughout the year, by writing to me and telling me what you would like to read about once the matric exams are over. By the end of September I will hopefully have a huge list of topics which you yourselves have suggested.**

I advise you to get yourself a folder to keep each page safe each week. By the end of the year you will then have a file of 28 lessons which will make your revision easier. Sometimes I will also ask you to look back at previous lessons because I connect ideas in one article with the ideas in another article.

My main aim is to arouse and keep your interest in your prescribed literature. I would like you to get some enjoyment out of reading your books. This does not mean that I require you to like your books.

You may find that you gain more from these articles if you read them in groups or pairs. The tasks which I set can be done alone or together. You must discover what is best for you.

Let me emphasize that I hope this literature page will be of some interest to non-matriculants as well. If you are interested in literature generally, you may at times find ideas on this page that are relevant to your life too. After all, what is literature? In the view of Deon van Tonder, who reviewed Sue Williamson's book *Resistance Art in South Africa* in the *New Nation* of June 15 - June 21, 1990,

literature is one way of giving expression to your experiences of life

Ivor Powell, who reviewed the same book in the *Weekly Mail*, February 23 - March 1, 1990, wrote:

Art in its fullest flowering celebrates and explores the full range of human emotions and responses.

Literature is not a visual art, but it is art with words. That is why general statements about art apply to literature as well. In an article on culture in the *New Nation*, May 11 - May 17, 1990, we read this about Napo Mokoena, co-ordinator of the Katilehong Art Centre:

Mokoena recognises art as a vehicle for communicating with the masses.

This view of the function of art reminds me of a question which has often been asked: Should artists and writers align themselves with a political cause? This question has never been resolved. The poet Mzwakhe Mbuli has said that art is a "weapon in the struggle". The Cultural Desk, of which Mbuli is a member, has expressed the view that writers should in fact ally themselves to the struggle against Apartheid.

When we compare this view with the words of exiled poet Keorapetse Kgositsile, spoken in an interview with Shaun de Waal in *The Weekly Mail*, November 2 to November 8, 1990:

I would question the sanity of a resolution against flowers, or against love in poetry. Ready slogans appeal to sentiment - at the point of crisis historically, something is needed to rally people round. Slogans are appropriate at a rally, but after that rally we still need poems. Those who shout slogans are not beyond the resentment of their humanity being denied. As brutal as Chile has been, Pablo Neruda did not write slogans. As brutal as Vietnam has been, Ho Chi Minh did not write slogans. And they suffered no less than we did.

How do these ideas relate to our networks? Our prescribed literature is certainly not in danger of being slogans. In that case, is it automatically too personal and irrelevant? D.E.T. networks have often been accused of being irrelevant to the lives of South Africans. During the course of the year, we will come back to these questions by looking at our syllabus in more detail. I will always try to explain to you the reasons behind my own views, or behind other people's views. In the end, you have to make up your own mind about what you think of the poems, the play, the stories and the novel.

Western Cape facilities for Aids patients

121. Miss M SMUTS asked the Minister of National Health:

Whether any facilities are available in provincial hospitals in the Western Cape for the (a) treatment, (b) counselling and (c) monitoring of Aids patients; if not; why not; if so, (i) what facilities, and (ii) at which hospitals, in each case? *Hansard 26/3/91 - B337E*

The MINISTER OF NATIONAL HEALTH:

- (a) Yes,
- (b) yes and
- (c) yes,
- (i) see (ii) below, and
- (ii) all provincial hospitals have a responsibility to treat, to counsel and to monitor all patients, including AIDS patients. The AIDS Treat-

Information Centre

(ATIC) in Cape Town furnishes information services to HIV infected persons and persons with AIDS. In this regard they act as a specialized AIDS Centre.

Radiographers: vacant posts

166. Mr B B GOODALL asked the Minister of National Health:

- (1) How many vacant radiographer posts are there in all provinces and disciplines in South Africa and (b) in respect of what date is this information furnished;
- (2) (a) how many students qualified in radiography in each province at the end of 1989 and (b) how many of these radiographers were still in practice with the province concerned at the end of 1990?

The MINISTER OF NATIONAL HEALTH:

(a) and (b)

Provincial Administration of Transvaal	171	7 March 1991
Radiodiagnostic	22	7 March 1991
Provincial Administration of Natal	7	28 February 1991
Radiodiagnostic	12	28 February 1991
Radiotherapy and Oncology	14	7 March 1991
Provincial Administration of the Orange Free State	6	7 March 1991
Oncotherapy	8	7 March 1991
Nuclear Medicine	24	28 February 1991
Provincial Administration of the Cape of Good Hope	15	28 February 1991;
Radiodiagnostic	(a) and (b)	
Radiotherapy	35	22
Provincial Administration of Transvaal	32	16
Provincial Administration of Natal	9	6
Provincial Administration of the Orange Free State	77	25
Provincial Administration of the Cape of Good Hope		

Academic hospitals: cost per bed

168. Mr M J ELLIS asked the Minister of National Health:

What is the daily cost per bed for each recognized academic hospital in South Africa? *Hansard 26/3/91 B449E*

The MINISTER OF NATIONAL HEALTH:

Provincial Administration of Transvaal	
Baragwanath	R187,20
Coronation	R208,10
Ga-Rankuwa	R193,79
H F Verwoerd	R384,09
Hillbrow	R293,65
J G Strijdom	R544,70
Johannesburg	R400,07
Kalafong	R187,28
Provincial Administration of Natal	
King Edward VIII	R276,00
Wentworth	R365,00
Provincial Administration of the Orange Free State	
Bloemfontein Academic	
Hospital complex	R363,44
Provincial Administration of the Cape of Good Hope	
Groote Schuur	R353,98
Tygerberg	R271,84

Drug-awareness programmes

179. Mr L FUCHS asked the Minister of National Health: *Hansard 26/3/91*

- (1) Whether, during the latest specified 2-year period for which information is available, she or her Department allocated any funds for drug-awareness programmes aimed at (a) schools and (b) the general public; if not, why not; if so, (i) how much money was allocated for this purpose and (ii) to which organizations was it given;
- (2) how many drug-related deaths and suicides occurred in each province during (a) the latest specified period of 12 months for which information is available and (b) the corresponding period two years previously;
- (3) whether she or her Department plans to launch any drug-awareness programmes

in the near future; if not, why not; if so, (a) what programmes and (b) when? *Hansard 26/3/91 B492E*

The MINISTER OF NATIONAL HEALTH:

- (1) (a) and (b) No, preventive programmes which include drug-awareness programmes in schools and for the general public are instituted by own affairs administrations and other government departments. Funds are also allocated to welfare organisations by own affairs administrations;
- (2) (a) and (b) suicide and self administered poisoning

Solids and fluids	1988	1986
Gasses in home use	171	147
Other gasses and vapours	10	1
Total	9	3
Total suicides	190	151
Drug and medicament related deaths	1 813	1 604
Alcohol dependence syndrome	255	136
Drug dependence syndrome	1	3;

- (3) (a) and (b) prevention is the responsibility of the entire population and the impact of a single programme does not have a measurable influence. The reduction in the availability of drugs should accompany a diminishing in the demand for drugs. The National Plan to Combat and Prevent Alcohol and Drug Misuse intends to co-ordinate all the actions. Progress is being made and many institutions and organizations work in closer co-operation in this respect. Further implementation is being undertaken.

Economically active persons

201. Mr P H P GASTROW asked the Minister of Home Affairs: *Hansard 26/3/91*

- (a) How many persons in each population group were economically active in the Republic as at the latest specified date for which figures are available and (b) how many such persons were employed by the public sector?

Hansard 26/3/91 B522E

Clampdown on puffing in restaurants

87

By Louise Burgers ^{Star} 2/13/91
Municipal Reporter

Johannesburg restaurants will soon have to provide space for non-smokers, the council decided last night.

Non-smoking city councillors won the day when they had a resolution passed — by five votes — requiring restaurants to reserve space for non-smokers, despite strong opposition from smokers in the council.

The council decided that 60 percent of seating in restaurants must be reserved for non-smokers and that smoking must be prohibited in take-away restaurants.

The decision has to be advertised in the Provincial Gazette to allow for objections before it becomes law.

The vote has drawn criticism from the Federation of Hotel, Liquor and Catering Associations of South Africa (Fedhasa), which says it will harm trade.



Rejecting slow murder . . .
Professor Harold Rudolph.

In a lively debate, smoking councillors were described as "selfish" and anti-smokers as "maniacs".

A motion to refer the item to the health committee was defeated by 23 votes to 18.

The management committee's Paul Asherson (DP) defended smokers' rights, saying suicide in South Africa was not illegal.

"Yes, but slow motion murder is," countered Professor Harold Rudolph (Ind).

"We have no intention to invade the rights of smokers. This is an attempt to provide a place for non-smokers in restaurants."

Addressing puffing councillors, he said: "You have the right to smoke in your own home, but when you smoke in a public place, you interfere with my rights."

Mr Asherson and colleague Izzy Schlapobersky questioned the right to intrude on the rights of restaurateurs. Mr Schlapobersky said the law was an invasion of privacy.

Anchen Dreyer (DP) said it was about human rights: "I don't deny a smoker's right to smoke, but I don't want anyone to interfere with my right to breathe clean, unpolluted air."

NP councillor Patricia Lion-Cachet called for the council to implement

tougher measures to control smoking in public places.

Fedhasa said a smoking ban in restaurants and hotels was impractical, would upset trade and would impose yet another regulation on a sector that was already over-regulated.

Restaurants and hotels should be left to make these decisions themselves.

Transvaal regional director Lourens Oberholzer said: "Cape Town dabbled with a similar ban and it had to be withdrawn because of objections and the fact that it was impossible to enforce."

"The Johannesburg City Council seems set on making the same mistakes and we are prepared to take a very strong stand against the whole idea."

"There is no simple solution to the question. Basically, every restaurateur and hotelier has to decide for himself what is in the interests of his business."

Star 4/4/71

Anti-smoking ad tough on puffers

By Stan Hlophe

(87)

South Africa's first anti-smoking commercial advertisement will be screened nationally in selected cinemas from Monday, it was announced in Johannesburg last night.

The campaign has been launched by the National Council Against Smoking and the Heart Foundation.

Professor Harry Seftel has described the advertisement, which will run for two weeks, as a landmark event for the country.

He pointed out that 34 percent of all deaths among South African whites were smoking-related.

The advertisement highlights that eight out of 10 people who die from bronchitis and emphysema are smokers, and cigarette smokers are twice as likely as non-smokers to get heart disease. Nine out of 10 lung cancer deaths are caused by smoking.

Mixed media reaction to anti-smoking advertisements

Star 8/4/91.

By Helen Grange

(87)

As South Africa catches up on world awareness of smoking hazards, the media are set to be increasingly drawn into wider anti-smoking advertising campaigns.

The reaction to the prospect of anti-tobacco adverts by media institutions, many of which have been good vehicles for the relatively unthreatened tobacco industry for decades, varies from reluctance to full acceptance.

The SABC, which has consistently refused to advertise cigarettes, has taken an almost equally hard line on anti-smoking ads — saying last week it would be unfair to accept anti-smoking ads in the light of a "gentleman's agreement" with

the tobacco industry.

The National Council Against Smoking is currently fighting an advertisement in cinemas, but may well look to other media to spread its message, according to executive director Yussuf Saloojee.

Print media has expressed a far more accepting attitude towards running such advertisements — despite the fact that many of its biggest advertisers are tobacco companies.

Argus managing director Peter McLean said it was a basic principle of the company to accept any advertisements, as long as they are legal and in good taste.

"In this case, we would do our tobacco advertisers the courtesy of letting them know of the appearance of an anti-smoking advert, so they would be able to change their advertising sched-

ule if they wanted," he said.

Times Media newspapers follow the same principle. Said Peter McKenzie, advertising director: "Obviously it's a sensitive issue. We would advise our tobacco advertisers of plans to run an anti-smoking advert in case they wanted to withdraw their ads from that issue."

Perskor, which owns The Citizen and The Transvaler, said it would leave it to the editors of its newspapers to decide whether to run an anti-smoking ad.

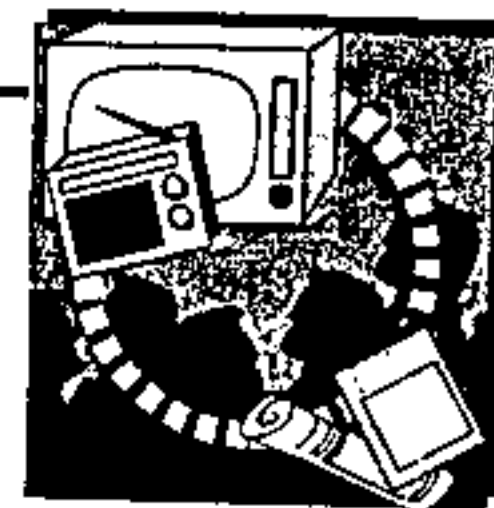
Daan de Bruyn, advertising general manager of Nationale Pers, which owns Beeld and City Press, said the company would be "hesitant" to run an anti-smoking advert.

The Weekly Mail's policy on this issue is that the newspaper opposes censorship of any kind.

TOBACCO ADVERTISING

PUFFS UNDER PRESSURE

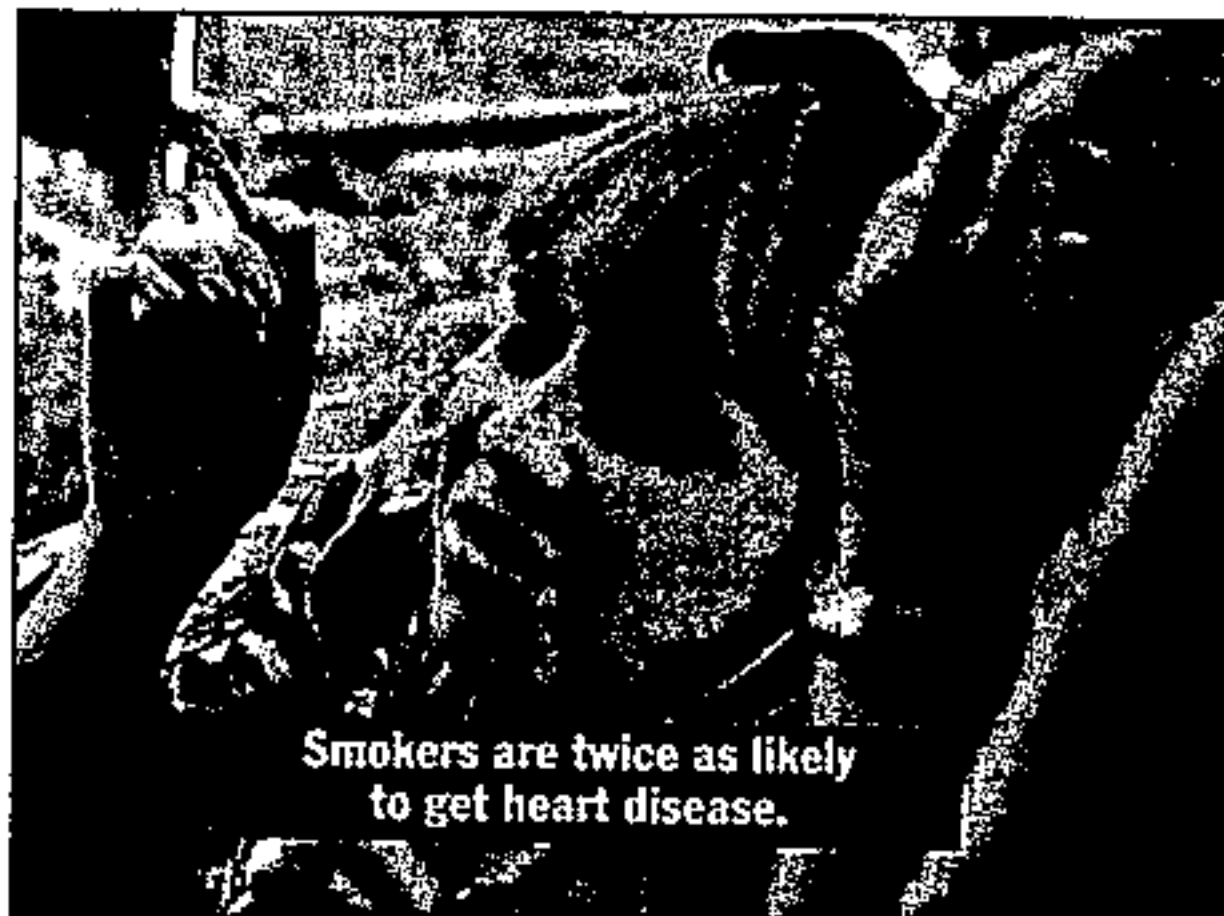
87 FM 12/4/91



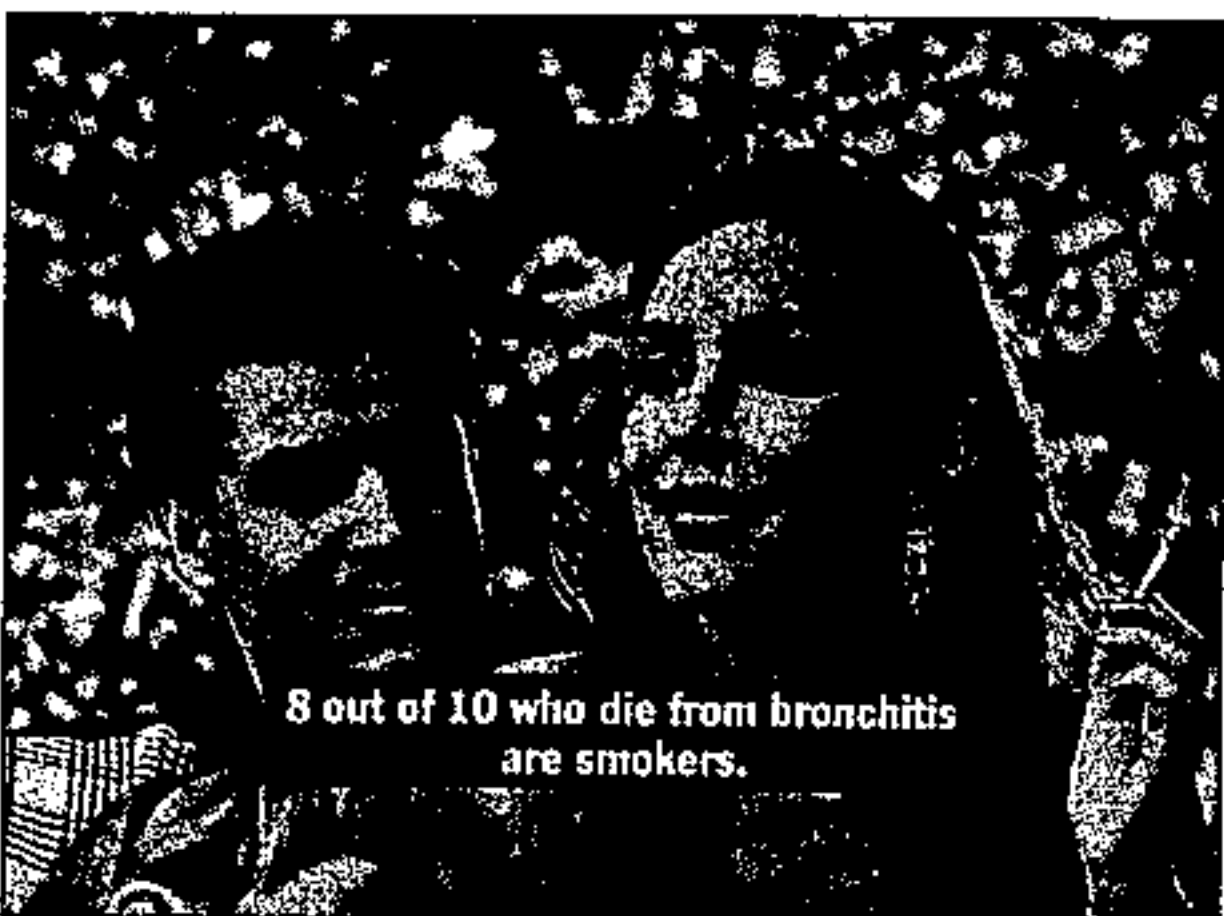
Though its first anti-smoking commercial is a small beginning, the National Council Against Smoking could become a serious thorn in the side of the tobacco and advertising industries.

If tobacco were discovered today, council chairman Harry Seftel likes to say, it would immediately be banned as a poison. It is, he points out, more dangerous than many scheduled poisons available on prescription.

However, the official, less extreme stance of the council is tactically wise. It does not want to ban the sale of tobacco except to children, but does want a total ban on adver-



Smokers are twice as likely to get heart disease.



8 out of 10 who die from bronchitis are smokers.

Anti-smoking crusade ... strike up the banned

tising cigarettes. It's also calling for a ban on smoking in public places and mandatory health education in schools.

In the absence of an advertising ban, the council would settle for a requirement that 20% of all tobacco advertising should be given over to "strong rotating health warnings." And who should pay for this? The tobacco manufacturers.

This could be in their interests, argues council executive director Yussuf Saloojee. "Health warnings have worked to the advantage of the tobacco companies in the US. The heirs of a woman who died of lung cancer are suing a tobacco company on the grounds that she had not been informed of the hazards. The company's defence was that the standard health warning on cigarette packs indemnified them."

By avoiding a call to ban smoking, the council has responded to two of the arguments against the anti-smoking lobby: that people should have freedom of choice and that bans on widely used products don't work. "We don't want to make the decision for people but we do want to encourage them to stop smoking," Saloojee says.

But its attitude towards the principle involved is a little disingenuous. True freedom of choice can exist only when there is freedom to expound opposing points of view. If the council were to call for equal time to make the case against smoking and leave it there, one could not take exception.

The council also tends to be a little casual about the vested interests involved. However unconscionable it may be for a huge industry to be based on "selling death" (as Seftel puts it), one can't ignore the problems of interests that were built up at a time when smoking was socially acceptable. The council does not exude sympathy. The tobacco industry must diversify, Saloojee says. In Canada there is a government-funded programme to help them do so, he says.

He's kinder on the media, which benefited from R89m in cigarette advertising last year. The council proposes a 6c-a-pack increase in excise duty, which would raise R96m a year. This sum could be channelled into health education advertising and sponsorship to compensate the media for revenue losses.

BANKING BATTLE

First National Bank's TV commercial using giant credit cards to underscore the claim that Firstcard is the biggest credit card in SA has been banned by the Advertising Standards Authority.

A complaint was lodged by Standard Bank after new research figures put Standard's Mastercard in front.

"The market has changed since the ad came out," says FNB's advertising senior manager, Allan Owen. "When we put the campaign together we used Amps figures that put us ahead at the time. Now we're slightly behind."

The matter is to go on appeal, with FNB arguing that Firstcard is still the biggest in its category. Mastercard nosed in front by adding up the number of holders of a range of cards, including the gold card and the silver card. But the basic Firstcard still has more cardholders than the basic Mastercard, claims FNB.

But that's irrelevant, says Standard GM John Holloway: "We have more customers carrying a Mastercard than they have carrying a Firstcard. If people want to make a claim they must be really sure of their facts."

Meanwhile, the campaign has been with-

drawn. "If we have to modify the copy we'll do so in our next burst," Owen says. "Or we could call it the world's biggest card."

A CAN OF McCANN

On a cost-per-thousand basis, it was an expensive commercial — even though it cost only about R15 000 to make and was never seen on TV. The 90-second spot was made for a single VCR flighting to an audience of six. But it worked — it helped to get McCann the Castrol R2m-a-year advertising account.

The account has been in limbo since the previous agency, U5, went out of business this year. Pitching against tough competition, McCann hired actors Ian Roberts and Norman Anstey (Boet and Hennie in Castrol's "can of the best" campaign) to recreate their characters.

Only this time they discuss Castrol's search for a new agency, with Hennie recommending McCann. "McCann are the best," Boet agrees.

Tony Koenderman



The FM's Client of the Year award, to be announced on June 7 in the *FM* survey *Advertising Focus 1991*, seeks to recognise the client who best understands the place of advertising in the marketing mix. We're asking for nominations from ad agencies — and there is *no limit* on the number of nominations an agency may make.

The selection will be based on the following criteria:

- Understanding of advertising and its importance in marketing;
- Willingness to innovate; and
- Relationship with the agency.

In the case of large agency groups, nominations may be made by each agency within the group. We'd like entries by April 22.

We're also going to be making some other awards, including Advertising Achiever of the Year (for achievement as an ad agency executive).

Smoking deaths rise, but will the Govt act?

Sowetan
16/4/91

87

By MOKGADI PELA

TOBACCO alone kills about 12 000 South Africans each year, University of Witwatersrand cardiologist Harry Seftel said this week.

Addressing guests at the launch of an anti-smoking advertisement, Seftel said that the figure exceeded the number of both fatal accidents and murders.

"Lung cancer, heart attacks and lung disease directly caused by smoking kill one South African every 45 minutes. Internationally, one in every twenty deaths is caused by tobacco. In the US, one in six deaths is due to cigarettes," he said.

Seftel added that if doctors could not save the 2,5 million people killed by tobacco globally each year, then it was the duty of politicians. Governments were responsible for the health and safety of their citizens.

"However, political cures cause controversy and it is necessary for pro-health advocates to show clearly the advantages of any measures we propose and to deal objectively with the counter-arguments that are put forward," he said.

The Medical Association of South Africa recently called for a ban on the advertising and promotion of tobacco products. Major international health, medical and consumer groups like the World Health Organisation, the International Union Against Cancer, and the International Organisation of Consumer Unions have identified such a ban as an essential component of a comprehensive smoking control programme.

Seftel reiterated the traditional arguments used by smoking protagonists:

"Cigarette advertising is a matter of free speech, if it's legal to sell, it should be legal to advertise. If we ban cigarette ad-



HARRY SEFTEL

vertisements today, tomorrow it will be the turn of red meat, eggs or fur coats."

"The arguments end," said Seftel, "by saying cigarette advertising does not increase its consumption but only encourages current smokers to switch from one brand to another and that anyway, bans do not work."

The industry's most powerful argument against regulation is that tobacco is a legal product. Public thinking is deliberately steered away from the real issue - whether promoting tobacco is in the public interest - and directed to the wider issue of whether is "fair" that the advertising of legal products should be outlawed.

The industry is thus able to portray itself as the victim of repressive moral crusaders who are fabricating hysteria against a legitimate and profitable business.

"In refuting the industry's arguments, let us state that no reputable health organisation wants a ban on tobacco, except for sales to children.

"To reduce deaths from road accidents, we do not ban the motor car, instead we make motorists pass driving tests and wear seat belts. Similarly, the aim of legislation is to create a social environment which encourages

the individual to make healthy and sensible decisions and not to make the decision for him or her by banning tobacco.

"It is necessary to say that many people confuse freedom of speech with freedom of commercial speech. There is no right of commercial speech in South Africa. Doctors and lawyers are not allowed to advertise their services, nor can scheduled drugs be commercialised. It is legal to practise as a doctor, but illegal to advertise your practice.

"The industry tries to win support from other businesses by warning that a ban on tobacco advertising will be followed by a restriction on any product that is potentially harmful. Alcohol, cars, high-cholesterol products or sports are cited as being the next casualties. The tobacco industry's objective is to make a ban look ridiculous.

"The crucial difference between tobacco and other products is that the latter are not hazardous to health unless abused or consumed in great excess. Tobacco, on the other hand, is the only major product that is harmful when used exactly as intended and there is no known safe level of use. Any exposure can be harmful, even to passive smokers.

"It is ludicrous for the industry to claim that its advertising does not recruit new smokers to replace those who have quit or died. It is equally absurd to suggest that advertising only affects brand shares and does not affect total sales for the industry," Seftel said.

He added that advertising undermined health messages. Last year the tobacco industry spent R90 million in advertising its products. Its advertising also buys friends through sponsorships of cultural or sporting events.

Sponsorship also allows companies to breach a voluntary agreement banning tobacco ad-

vertising on television. A total of R3 million was spent last year advertising the Camel Pyramid of Light, the Rothman's July, Benson and Hedges cricket and other events sponsored by tobacco companies.

"When all else fails the ultimate resort of the tobacco industry is that bans do not work. Over 20 countries (including Canada, Australia, Iceland and Norway) have complete bans on tobacco advertising and a further 27 have laws restricting its commercialisation," he added.

An analysis of consumption in 33 countries found that annual average cigarette consumption fell by 1,6 percent in countries with a total ban, compared with an increase of 1,7 percent in those with no restrictions at all.

In 1990, Canada enacted some of the toughest anti-smoking measures in the world and tobacco consumption has fallen more quickly there than anywhere else in the world and twice as rapidly as the US.

The time has come for decisive action. Can we allow our youth to be skillfully manipulated with images and illusions?

"If as a society we wish to we should ban its advertising," said Seftel.

He further said that a modest increase in cigarette prices could be used to fund a Health Promotion Foundation.

"A six cent increase per packet of twenty would yield R96 million a year. The foundation would promote not just non-smoking but health education across the board. It would also cushion the advertising agencies and the media against the loss of tobacco advertising agencies and the media against loss of tobacco commercialising revenue and could replace its sponsorship of sports, arts and university."

Political comment in this issue by Aggrey Klaaste and Deon du Plessis. Newsbills by Sydney Matlhaku. Sub-editing and headlines by Ivan Fynn. All of 61 Commando Road, Industria West, Johannesburg.

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Ban goes up in puff of smoke

Star 24/4/91

2788
87

By Shirley Woodgate

Johannesburg City Council's controversial partial ban on smoking in restaurants has been rejected by the powerful Johannesburg Chamber of Commerce and Industry.

The council recently voted in favour of forcing restaurants to set aside 60 percent of seating for non-smokers, but the JCCI claims the decision was based on a major flaw — its total unenforceability.

Mockery

"Regulations which are near impossible to implement make a mockery of the law and diminish the effect and authority of enforceable regulations and legislation," the JCCI said.

The council's decision, which still awaits the Administrator's approval, has also been condemned by Fedhasa as one which would upset the trade, imposing yet another regulation on a sector that is already over-regulated.

Confused

The Johannesburg ban was preceded by a similar decision in 1989 by the Cape Town City Council which the Cape Administrator refused to ratify following representations by businessmen and restaurateurs.

Among the 17 points raised by objectors were that the partial smoking ban would have negligible effect on public health, the regulations unfairly disadvantaged the restaurant industry, tourists would be confused, and mixed smoking and non-smoking groups could not be accommodated.

Whether there has been an increase in the fees charged at pre-primary schools under his control since 2 February 1990; if so, by what percentage in respect of each executive component of his Department?


The MINISTER OF EDUCATION AND CULTURE: B818E

Cape : No,
Natal : Yes,
18,6%

OFS : information not available as fees are determined by the management councils themselves,
Transvaal : yes, at present fees vary between R4,50 and R5,89 per school day for 1 child. Remission of school fees is possible for children who qualify.

1 April 1990: Income group	Percentage increase
less than R6 000	144% for 1 child, 176% for 2 children, 192% for 3 children
R6 000 to R9 999	113% for 1 child, 125% for 2 children, 136% for 3 children
R10 000 and more	111% for 1 child, 115% for 2 children, 117% for 3 children

White State school pupils: *per capita* expenditure

66. Mr K M ANDREW asked the Minister of Education and Culture: 
What was the *per capita* expenditure, (a) including and (b) excluding expenditure of a capital nature, on White school pupils at State (i) primary and (ii) secondary schools in the 1989-90 and 1990-91 financial years, respectively? *Hansard 2-1/4/91*

The MINISTER OF EDUCATION AND CULTURE: B832E

*1989-90: (a)(i) and (ii) R3 561
(b)(i) and (ii) R4 103
*1990-1991: (a)(i) and (ii) R3 407
(b)(i) and (ii) R3 960

*the SANEP system provides this data in connection with primary and secondary schools, concurrently.

HOUSE OF REPRESENTATIVES

1217

MONDAY, 29 APRIL 1991

1218


QUESTIONS

*†*Indicates translated version.

For written reply:

General Affairs:

Provincial hospitals: drug-related deaths

18. Mr T R GEORGE asked the Minister of National Health: 

(1) Whether she will furnish statistics on the number of drug-related deaths that oc-

C82E

The MINISTER OF NATIONAL HEALTH:

(1) Yes,

Orange Free State:

1989:

Indian:

White:

Coloured:

Black:

1990:

Indian:

White:

Coloured:

Black:

(a)(i) Men	(ii) Women	Hospital	(b) Age Group
—	1	—	—
—	1	Parys	60
—	—	Ficksburg	25
—	—	—	—

(a)(i) Men	(ii) Women	Hospital	(b) Age Group
—	—	—	—
1	—	Provincial Bloemfontein	60
—	—	Provincial Bloemfontein	40

No statistics in respect of drug-related deaths are kept by the other provincial hospitals;

(2) The Department of National Health and Population Development gives continuous attention to combating drug abuse. The activation and co-ordination of the implementation of the National Plan to Prevent and Combat Alcohol and Drug Abuse in South Africa is receiving urgent attention.

The Department of National Health and Population Development briefed the Cabinet Committee on Social Matters (CCSM) on the drug problem in South Africa, whereafter the CCSM appointed a task group to urgently attend to the handling of the drug problem in South Africa, with specific reference to aspects

Own Affairs:

such as legislation, funding and the promotion of co-operation between relevant state departments.

Administration: HoR: office complexes

17. Mr W J DIETRICH asked the Minister of Housing:

(1) Whether, with reference to the office complexes and other buildings currently being used by the Administration: House of Representatives in George, Port Elizabeth, East London and Middelburg (Cape), he will furnish the House with the names of the directors of the companies mentioned in subparagraph (1)(g) of his reply to Question No 6 on 27 March 1991;

The stocky midfielder, on K5 /30 ball each, arrested on Friday Interior Minister Julio Mera Figueroa said earlier in a flat in a

quarters until early 1991 day before being transferred to a detention

abandon international football and return to captain the national side.

South Africa 29/11/91 87

Drugs threaten new era of hope

BARELY two years into the new South Africa, there is a new threat in the country - a drug epidemic of alarming proportions.

The South African Narcotics Bureau has worked closely with the National Drug Intelligence Unit and police forces of neighbouring states to combat the epidemic.

Judging by the "astronomic quantities" of hardcore drugs which were confiscated by the Sanab in 1990, it appears that international drug cartels have identified South Africa as an important new market, commissioner of police General Johan van der Merwe said in his annual report.

The report was tabled in Parliament on Friday.

More than 100kg of cocaine and about 1 000kg of Mandrax were confiscated last year.

Van der Merwe said police were heavily pressurised by the ongoing unrest and public violence last year but had to a large extent succeeded in combatting drug trafficking.

He said he expected drug trafficking

proper attention to the prevention of crime", Van der Merwe said. He said large-scale urbanisation, squatting, rising unemployment, creeping poverty, deteriorating economic conditions and social decline had contributed to the escalating crime.

In particular, these social conditions led to murder, robbery, vehicle thefts and housebreaking.

"This, however, is a worldwide tendency and not limited to South Africa only," Van der Merwe said.

He also expressed alarm over the increase in what he called unprovoked murders and said visible policing still remained the most effective way of preventing crime.

An amount of R421 million was allocated last year to get more police on the streets and to expand the force.

Van der Merwe said he foresaw an increase of about 10 000 in the police force.

"Operation watchdog was launched by the police in May 1990, during which all available members were used to prevent crime.

to increase in the near future.

"Next to implements of war, drugs were the world's biggest trade commodity, even bigger than oil.

"The South African Police are, however, ready to make the country's youth defensible against the national and international drug onslaught," he said.

Dagga destroyed

Some 8 million dagga plants were destroyed last year. An additional 5 billion kilograms of processed dope were also destroyed.

Last year police made 16 738 arrests and seized 308 vehicles in dagga-related actions.

About 90 percent of the arrests involved Mandrax.

Van der Merwe said the SAP would intensify its fight against crime this year.

In 1990, mass action took up most of the time of the police. As a result the police were "greatly hindered from giving

"This operation did not satisfy all the expectations and research has since been done to ascertain which methods and techniques produced the best results.

"In the new year, the police will concentrate on an objective manner to prevent crime.

"Comprehensive planning is being done in this regard," he said.

There were 39 vehicle theft units in operation throughout the country, Van der Merwe said.

Car thefts

Computer fraud, especially with regard to registration documents created new challenges for the police, he said.

Car thefts were also an ongoing problem. About 45 percent of vehicles stolen in South Africa were taken to neighbouring states.

Van der Merwe said several breakthroughs were made last year in this regard. The police forces of Malawi and Mozambique were trained by the SAP Vehicle Theft Unit in an effort to crack down on the stolen car trade.



Passive smoking a burning issue 87

Sowetan 30/4/91.

PASSIVE smoking is one of the major causes which create lung infections in adults.

This issue, often ignored by the public, was raised by the Department of National Health and Population Development in its annual report tabled in Parliament recently.

By ISMAIL LAGARDIEN
Political Correspondent

The department notes that formal approaches to health at the workplace were grossly inadequate.

"It seems reasonably certain that less than 20 percent of factories have

in-house health services of any kind.

"Less than half the country's workforce is covered and, where health services exist, quality leaves a great deal to be

desired," says the department's director-general Dr CF Slabber.

Issues "of immediate concern" were that:

- * Many factories had no environmental measurements;

- * Current lists of hazardous substances were not routinely used;

- * Half the factories with more than 1 000 employees in the tested areas had no health service; and

- * Contradictions existed between the potential hazards which were present in the factory and the physical examination and biological monitoring devices.

Venter tackles crisis in academic medicine

81 Dec 30 1971
GOVERNMENT has committed itself to redressing urgently grievances among full-time medical specialists after Health Minister Rina Venter held an impromptu meeting with the SA Full-time Specialists Association (Safsa) in Pretoria on Saturday.

Safsa chairman Ken Bofard said yesterday, "concrete suggestions aimed at preserving academic medicine are now being discussed at the highest levels of government"

Committee 85

He said Venter was supportive of Safsa's concern that the crisis in academic medicine in SA needed urgent attention. After an "in-depth discussion", she invited the association to take part in an investigative committee to deal with the problem of poor pay and service conditions in the hospital services.

Safsa recommended that representatives from the Medical Association of SA, the National African Medi-

MATTHEW CURTIN

cal and Dental Association and the Committee of University Deans join the committee.

It would present an interim report to Venter in three months, while further announcements would be made in her departmental budget debate in May.

The meeting followed Venter's announcement on Friday that government had accepted the principle of limited private practice for specialists working in the public health sector.

In a second of two polls of full-time specialists at Wits University, the Wits branch of Safsa found 90% of those polled said limited private practice would help avert the deterioration of academic medicine.

The first poll conducted in November found two-thirds of specialists were already moonlighting, and 80% intended leaving the public health service within two years if conditions did not improve.

The burning end of a fortune

Spar 3/5/91 (87)

Despite worldwide campaigns, more people are smoking, reports Agricultural Correspondent **GEORGE NICHOLAS.**

IN SPIRIT of the anti-smoking campaign now sweeping across the country, South Africans are smoking more than ever before.

So much so that local tobacco producers are simply not able to satisfy demand, and tons have to be imported every year.

The intensity of the latest anti-smoking publicity drive appears to be counter-productive, with some smokers quite sceptical about the disastrous effects on health.

"I agree that smoking in excess may be damaging to health, but so are all excesses, including drinking, eating and breathing polluted air," said a colleague who has been smoking moderately for years and is still a picture of good health.

As for the claims that passive smoking causes cancer, several smokers dismissed this as codswallop.

They argue that if passive smoking — the inhalation of other people's cigarette smoke — in restaurants and other public places has serious consequences, the public of Johannes-



Up in smoke . . . 1 000 South African tobacco growers employ 60 000 farm-workers, supply 40 000 retailers and 450 wholesalers.

burg and Pretoria would have been wiped out long ago by traffic fumes alone.

However, there is statistical evidence that smoking is not decreasing in South Africa — but escalating at the rate of 2 per cent a year, which, of course, is good news to South Africa's 1 000 tobacco growers.

It is also good news to the

State, which reaps R1 billion a year in excise duty and tax on tobacco.

Although the area being planted with tobacco has decreased from 34 000 ha a decade ago to 24 000 ha, in the same period the annual output of growers has remained at an average 35 million kg. This indicates that their production

skills are continually improving.

But this output is simply not enough to satisfy the country's smokers, and about 10 million kg are imported annually, mainly from Zimbabwe and Malawi.

Many growers of maize and other grain crops would like to venture into tobacco production, which is much more lucrative, but they are deterred by the great demands made by this branch of farming on scientific and technical skills, as well as by the high capital investment.

There are only a few areas in the country suitable for growing tobacco. They are in the northern, north-western and Lowveld regions of the Transvaal, eastern Cape, western Province, little Karoo and parts of Natal.

Few people realise the important part played by the tobacco industry in the total agricultural sector.

Although there are only about 1 000 growers, they provide employment for about 60 000 people who, with their families, are accommodated on the farms.

In addition, there are nearly 40 000 retailers and 450 wholesalers with their work-forces.

Of course, the industry's benefit to the State is immense. Tobacco farmers, of necessity, are also big spenders. Their wage bill alone, plus the cost of rations supplied to their workers, is quite substantial, and

they also spend millions a year on chemical products, fuel, machinery and implements.

Smoking and tobacco production is increasing throughout the world. Most of the producer countries are actively increasing the areas under crop in an effort to achieve bigger harvests.

More than 100 countries are producing the leaf and their combined output today is more than 7 million tons a year.

The biggest producers include China, Asia, the Americas, Eastern Europe, the USSR and Africa (including Malawi and Zimbabwe). South Africa is one of the smallest producers.

China is responsible for more than 25 percent of the world's production of cigarettes.

Smoking in that country is reported to be increasing by nearly 9 percent a year.

The world's biggest exporters of tobacco are the United States, Greece, Italy, Brazil and Zimbabwe.

Those in the know overseas have predicted that tobacco production is unlikely to keep up with demand and that consumption worldwide will increase by about 4 percent a year.

It is estimated that by the year 2000 the annual shortage will amount to 185 000 tons. □

City council confident of applying smoking ban

MEMBERS of Johannesburg's City Health Department are confident that, despite intense lobbying by business organisations, the council will get legislation passed partially banning smoking in the city's hundreds of restaurants.

This week was the deadline for objections to be lodged.

The council recently voted in favour of forcing restaurants to set aside 60 percent of their seating for non-smokers. "Now that the period for lodging objections has lapsed, council officials are to prepare a report and the issue which will be de-

bated in August," said a council legal advisor.

Strong objections were raised by the Johannesburg Chamber of Commerce and Industry, and Fedhasa. The two groups said that the proposed ban would be impossible to enforce.

But the smoking ban is already being practised effectively by certain restaurants, including most branches of the Mike's Kitchen franchise.

Dr Mary Ross of the council's Department of Health said: "We've seen plenty of support for the legis-

PAT DEVEREAUX

lition which gives non-smokers the opportunity to have a reserved area."

Giving reasons for the council's intended ban she quoted a recent overseas report on passive smoking.

"The latest research into passive smoking, which analyses research done in 24 projects in eight different countries, indicates that second-hand smoke is a Group A carcinogen — a substance that definitely causes cancer in humans," said the

report.

Professor Douglas Anderson, spokesman for the National Cancer Association, said cigarette smoke kills roughly twice as many people from heart attacks as it does from cancer. He said research has shown that every eight smokers who die from smoking take one non-smoker with them.

A study done at Yale University School of Medicine revealed that children exposed to smokers are more than twice as likely to develop lung cancer in adulthood as those brought up in a smoke-free environ-

ment.

A report in a British medical journal said that children whose parents smoke have 50 percent increased risk of being admitted to hospital with bronchitis or pneumonia.

South African municipal laws on smoking vary. In many of the major cities smoking is outlawed in auditoriums, buses, places where food is prepared and in museums, art galleries and libraries. But most smaller towns and cities have no restrictions except in cinemas and theatres.

Govt preparing laws to dissuade smoking

Legislation aimed at systematically discouraging the habit of smoking was being prepared, Minister of National Health, Dr Rina Venter said in Parliament yesterday.

Replying to debate on her department's budget vote, she said the legislation would address, among other things, advertisements and the selling of tobacco products to minors.

However, she said an anti-smoking target could not be reached overnight.

"The Government and the Department of National Health can never over-emphasise the dangers related to smoking." The department was continually conducting and supporting actions against smoking, Dr Venter said.

The department had put together a comic for semi-literate readers to urge and help them to stop smoking, as well as booklets warning teenagers and passive smokers on the dangers of smoking.

— Sapa.

Industry tight-lipped on anti-smoking plan

CAPE TOWN — The tobacco industry has responded with stony silence to a warning by National Health Minister Rina Venter that legislation aimed at discouraging smoking was in the pipeline.

The industry, dominated by the Rembrandt Group, declined to comment yesterday on the draft legislation which recommends the banning of the sale of cigarettes to children and the strengthening of the existing code of advertising.

A spokesman for the industry's representative body, the Tobacco Institute, said: "We have no response."

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B1024 76/5/91
LESLEY LAMBERT

The draft legislation, which has been circulated in the industry and is due to be introduced in Parliament next year, stops short of banning tobacco advertisements.

Instead, sources say, it recommends the strengthening of the advertising code, which dictates that tobacco advertising should be aimed at encouraging a change of brands, rather than at boosting sales.

Anti-smoking bodies, such as the National Council Against Smoking, have been campaigning for an advertising ban.

The council says SA's tobacco industry

has an annual turnover of about R3bn. Statistics on childrens' smoking habits indicate that sales to children account for a considerable proportion of this.

Sapa reports from Pretoria that the Medical Association of SA (Masa) yesterday said it strongly supported government moves.

"It is vital that attempts to dissuade teenagers from smoking should be formalised, as this is the group which is most susceptible to peer pressure and to tobacco advertisements," said Masa secretary-general Dr Hendrik Hanekom.

This ban may save

MANY LIVES

Star 18/5/91.

Tobacco move hailed by (87) medical bodies

SHIRLEY WOODGATE

Thousands of lives and millions of rands could be saved by Government plans to ban the sale of tobacco to children and to restrict advertising, said the Heart Foundation of South Africa.

Also supporting proposals by Minister of Health Dr Rina Venter in Parliament this week, the Medical Research Council (MRC) claimed the curbs on the use of tobacco did not go far enough, while senior physician in the University of the Witwatersrand's Department of Respiratory Diseases Dr Guy Richards called for a total ban on smoking.

Imperative

He said the ban was essential because the bulk of South African smokers were among lower educated people, comprising the largest sector of the population.

MRC spokesman Dr Derek Yach said research had shown that by the age of 15, 40 per cent of black schoolboys were smokers.

Education aimed at schools was imperative.

He also called for an increased tax on cigarettes. This revenue could be poured into the national health budget.

A recent MRC report on smoking showed that in 1984 34 per cent of all white deaths in South Africa were smoking-related.

The report estimated that the health related costs of smoking at more than R400-million.

While consultants for the tobacco industry issued a terse "no comment at this stage", the Medical Association of South Africa (Masa) strongly backed Dr Venter's proposals.

Masa spokesman Dr Hendrik Hanekom said: "It is vital that attempts to dissuade teenagers from smoking should be formalised, as this is the group which is most susceptible to peer pressure and to tobacco advertisements."

He said Masa's attitude was in line with a World Medical Association policy statement in 1988, calling for strict curbs on smoking, a ban on government subsidies for tobacco and tobacco products, increased research into the effects of smoking on health and increased taxation on tobacco products.

Heartening

McKeed Kotlolo reports that the national director of the Heart Foundation, Rika de Ruiter, also said it was heartening to note that South Africa would fall in line with many other countries in trying to protect the health of its citizens.

Mrs de Ruiter described the legislation as good ground for further action.

Minister of National Health Dr Rina Venter said in Parliament on Tuesday that an anti-smoking target could not be reached overnight.

She, however, added that "the Government and the Department of National Health can never over-emphasise the dangers related to smoking."

Smoking shock

46% of city

kids smoke
at 14

(87)

Staff Reporter

ANTI-SMOKING laws will not combat the after-school dash to buy cigarettes.

Smoking is rife in Cape schools and draft legislation announced on Wednesday by the Minister of Health, Dr Rina Venter, will not be broad enough to combat it, Medical Research Council (MRC) officer Dr Derek Yach told the Cape Times yesterday.

Figures released recently by the Council Against Smoking (CAS) said 46% of Cape Town's children are regular smokers by the age of 14.

A spot survey of schoolchildren conducted by the Cape Times showed the lethal habit is growing, not slowing.

A storekeeper at the Grand Parade, Ms Ferial Adams, said: "When the schools finish there is usually a rush by kids to get cigarettes, with children as young as six buying them."

Single or "loose" cigarettes sell for between 17 and 20 cents from cafés.

Young smokers from a city school said as many as nine out of 10 of their friends smoke at school, some even

bring education in schools about the inherent dangers of the habit encourage smoking, Dr Yach said.

Advertising by the tobacco industry is directed at the youth and the burgeoning black urbanised population, he said.

He was concerned that there were no moves in the draft bill to stop tobacco advertising on the radio or at cinemas.

Dr Yach said cinemas cater mainly for the young, but receive 50% of their advertising revenue from the screening of tobacco adverts.

The MRC wants nothing less than a total ban on tobacco advertising, anti-smoking education in schools and a hefty increase in tax on the product.

Deputy chairman of the council's executive committee and chairman of the amenities and health committee, Mr Louis Kreiner, said: "South Africa is far behind other countries in the world in its promulgation of by-laws against smoking."

Adverts portray smokers as "beautiful people" and "macho men" and



SMOKING RINGS ... Fourteen years old and after three years of smoking he has perfected blowing smoke circles. However, he did not want his name mentioned in case his mother found out.

Picture: OBED ZILWA

people seem to think sport exists because of the tobacco industry's sponsorship, "when it exists in spite of it," he said.

Azayo tackles drug problem

Sowetan 27/5/91

87

THE Azanian Youth Organisation is to establish anti-drugs and anti-alcohol campaigns to ensure the maximum participation of the black youth in the liberation struggle, according to a statement commemorating Azayo's fourth anniversary this Friday.

Azayo president, Mr Thami Mcerwa, urged the black youth to work with high discipline and obedience with all structures of the community.

Vigilant

"During this process, we must be vigilant. Our discipline should not be hijacked and used to compromise our revolutionary struggle," he said.

Referring to the June 16 commemorative services, Mcerwa pleaded with the youth to remember the day with dignity and unity befitting the fallen heroes of 1976.

He said the difference between the youth of 1976 and today's youth lay in discipline the former displayed, very much in the tradition of the Black Consciousness Movement, which initiated the uprising.

Mcerwa added that Azayo had started fundraising to rebuild the tombstone of Hector Petersen which was destroyed by thugs a few years ago.

By MOKGADI PELA

"Azayo is going to consult the families of the late Azapo defence secretary, Muntu Myeza, 1976 Soweto Student Representative Council president, Tsietsi Mashinini, and Azayo's first interim president, Sam Seema, with the intention of helping towards the unveiling of their tombstones."

On the question of violence, Mcerwa admitted that the black youth has been "terribly involved in the carnage".

He said: "The community has been harassed at different levels.

"In their homes, in the streets and every part of black townships, all in the name of mass action and political involvement.

"The black youth is notoriously known for being ill-disciplined and disrespectful to both our elders and our black working class.

"We also intend holding discussions with youth gangsters in the townships regarding car-hijackings and we hope to explore the possibility of their efforts being directed somewhere else.

"Anarchy and gun-toting is the order of the day.

"This sad state of affairs is clearly epitomised by people who hijack cars

at gunpoint.

"Given this scenario, we want to urge the black youth to understand that the current violence is unwarranted in the black community.

"Our militancy must be directed against our enemies.

"We must refuse to be victims of political games planned by the racist, settler regime led by FW de Klerk and his gangsters.

Socialism

"We must unite the black community on all fronts so as to intensify the struggle.

"The above can only happen if we know who our enemy is.

"We have to hold political discussions at all times - read about our his-

tory so that we can understand that we have been dispossessed of our land and we must fight for its repossession.

"We must also fight against capitalism and build socialism."

Mcerwa said since Azayo's launch in Durban in 1987 the organisation suffered a leadership crisis in terms of harassment by the State and its agents.

Seema was detained along with other executive members in terms of the state of emergency regulations.

The then national organiser, Siphosiso Mngomezulu, was killed when political thugs attacked him and set him alight.

On the day of his funeral in Emdeni, Soweto, Mngomezulu's coffin was partly burned by people who attacked the mourners.

On February 24 1988 Azayo and 23 other organisations were restricted.

He said his organisation's membership was growing in many parts of the country. The Port Elizabeth branch was launched last week.

Mcerwa accused the United States and Britain for championing ploys to make drugs and alcohol accessible to the black youth "so as to keep our youth psychologically oppressed and physically useless, in order to derail them from involvement in the liberation struggle".

New warning for passive (87) smokers

Star
29/5/91

By Carina le Grange
Medical Reporter

Passive smoking, according to studies, is responsible for one in four of all deaths from lung cancer, Council Against Smoking executive director Dr Yusuf Saloojee said in Johannesburg yesterday.

Dr Saloojee said passive smoking had assumed such importance as far as health was concerned that "environmental tobacco smoke" (as opposed to mere active smoking) had been classified as a class A carcinogenic in the United States, which now put it in the same class as other carcinogens such as asbestos.

Launch

Carcinogens are agents which cause or can lead to cancer.

Apart from the link between passive smoking and cancer, a link had also been established between passive smoking and heart disease in non-

smokers, Dr Saloojee said.

Dr Saloojee was speaking at the launch of the Tobacco Action Group.

He said that in the United States, the main preventable cause of death had been found to be active smoking, with alcohol ranking second and passive smoking coming third.

Dangerous

"There is no doubt at all that passive smoking harms the non-smoker. We estimate that probably no one is tobacco-free, and that even the smallest amounts of tobacco particles in non-smokers are harmful," Dr Saloojee said.

Apart from active and passive smoking, sidestream smoking — which is the smoke emitted from a smouldering cigarette — was the most dangerous as it contained high densities of harmful properties.

Dr Saloojee said 6,5 million South Africans in a recent calendar year spent about R3 billion on 43 million kg of tobacco.

Anti-tobacco group aims to deter puffers

Star 29/5/71
Medical Reporter (87)

The Tobacco Action Group (TAG) was launched in South Africa yesterday as a united move by the Council Against Smoking, the National Cancer Association (NCA) and the Heart Foundation of Southern Africa.

The launch of TAG comes just before World No-Tobacco Day on Friday.

Heart Foundation spokesman Rika de Ruiters said the three organisations responsible for TAG would use their combined expertise to strengthen the cause against smoking.

Council Against Smoking executive director Dr

Yusuf Saloojee said the only way these bodies could fight the "might of the tobacco industry" was to plan a combined long-term strategy.

NCA president Dr Douglas Anderson said smoking played a role in two-thirds of all cancer.

There will be special messages to young people on Friday from runners Bruce Fordyce and Mark Page.

Members of the Council Against Smoking will also be picketing public places throughout the country tomorrow to demand that "places had better be tobacco free". Students from the medical school of Wits University will also stage a protest demanding clean air tomorrow.

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ST Ct 29/5/91

Campaign launched to curb smoking

Medical Reporter

SMOKERS beware. A national Tobacco Action Group (TAG) was launched in Cape Town yesterday in a new war against smoking.

The action group was formed by the Council Against Smoking, the National Cancer Association and the Heart Foundation in a strong bid to create a smoke-free environment.

The organisations marked May 31 — World No-Smoke day — with a lively anti-smoking march by schoolchildren through the streets of the city yesterday.

Designer anti-smoking T-shirts were unveiled at the launch and paraded around the city by the little campaigners. These garments can be purchased from the Western Cape branch of the National Cancer Association (NCA).

TAG aims to highlight the increasing danger of passive smoking. The group is basing its campaign on research by the Department of National Health and the Medical Research Council which shows that passive smoking has adverse effects on child health, adult respiratory health and the risks of cancer and cardiovascular disease.

"The issue of smoking and health is no longer one of merely seeking to protect the health of the smoker," a TAG statement said. "Instead we must now also consider how to protect the health of the non-smoker by controlling environmental tobacco smoke as a conventional indoor pollutant."

Dr Carl Albrecht of the NCA said there are 25 000 to 30 000 smoking-related deaths in South Africa each year.

Venter takes up the call for no smoking

81 Day 30/5/91

TANIA LEVY

NATIONAL Health Minister Dr Rina Venter has pledged her support for World No-Tobacco Day and backed the anti-smoking campaign by organisations such as the Tobacco Action Group.

The theme of World No-Tobacco Day tomorrow is "Public places and transport had better be tobacco-free".

In a Press statement yesterday, Venter said she was particularly concerned about the increasing evidence of health risks caused by passive smoking.

Nearly 10 years had passed since scientists first suggested that exposure to environmental tobacco smoke could increase the risk of lung cancer, she said (87)

Research now showed that the risk of lung cancer in non-smokers was 20% to 50% greater in people married to smokers. Passive smoking also increased the risk of heart disease, said Venter.



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Anti-smoking crusaders face an uphill puff

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WAR has been declared against smoking in SA this year.

But the SA anti-smoking lobby has a number of frontiers to cross before it can claim the kind of victories seen overseas in the fight against the world's most preventable cause of disease and death.

The joining of forces by the Council Against Smoking, the National Cancer Association and the Heart Foundation, which last week formed the Tobacco Action Group (TAG), was the latest development in the fight to clear the air in SA.

Johannesburg City Council landed the first blow against smokers this year by outlawing smoking at fast-food outlets and compelling restaurateurs to set aside 60% of tables in non-smoking zones.

This was followed by the screening of SA's first anti-smoking advertisement, and Health Minister Dr Rina Venter's warning of proposed anti-smoking legislation. The draft legislation bans the sale of cigarettes to minors and strengthens the advertising code for tobacco products.

TAG welcomed Venter's announcement as an important sign of whose side she was on, said Council Against Smoking executive director Yussuf Saloojee. "But we will push for even stronger legislation in line with that proposed by the World Health Organisation and already on the statute books of many other countries."

A total ban on cigarette advertising exists in more than 41 countries, including Australia, Mozambique, Canada, Finland, Portugal and Spain, and last month the EC proposed a blanket ban on advertising in the 12 EC countries from 1993. About 13 countries have strong partial bans on cigarette advertising and more moderate partial bans exist in more than 20 other countries worldwide, including the US and UK.

The Netherlands and the US state of Minnesota are among places which have banned smoking in all public buildings, including schools and hospitals. Singapore has gone a step further and fines anyone who smokes on a public street or pavement. The Australian parliament went totally smoke-free this week.

Saloojee says TAG would also like to see an additional levy charged on cigarettes. He quotes the SA Medical Research Council's Derek Yach, who says: "Effective legislation and education can achieve some reduction in smoking, but to achieve the goal of a non-smoking society the price of cigarettes must be raised substantially and repeatedly."

Studies have shown that a 10% cigarette price increase results in a 4% decrease in consumption. And price hikes are especially successful in deterring young people from smoking, with a 10% price rise resulting in a 12% drop among teenagers, says Saloojee.

TANIA LEVY

Charging an extra 10% on cigarettes would raise about R300m which could be spent on health education and on sponsoring sport and cultural events which currently depend on backing from the tobacco industry, he says.

A tax of 6c a pack would raise about R96m a year which could be spent on health education advertising. The tobacco industry last year spent nearly R90m on direct advertising.

Saloojee takes pains to stress that the fight is not against smokers.

"We are anti-smoking, not anti-smoker. We don't even want tobacco to be banned. Smokers have a right and need to smoke. They are victims. It is no use 'victim-blaming', he says.

For Saloojee the tobacco industry is clearly enemy number one. "A director-general in the National Health Department has admitted to me that the tobacco industry is the most powerful lobby in Parliament.

"The tobacco industry buys silence from newspaper and magazine editors and even TV producers who are too aware of the revenue to be earned from cigarette advertising.

"These ads distort health messages, making the tobacco industry

guilty of a deliberate campaign of disinformation. No reputable medical, scientific or health organisation in the world questions the link between smoking and disease and death," Saloojee says.

According to the National Cancer Association, one in three cancer deaths are caused by smoking and cancer is SA's second biggest killer.

It is commonly accepted that smoking causes lung cancer and heart disease but fewer people realise that smoking has been shown to contribute to other cancers such as that of the gullet, uterus and bladder. There is also growing evidence that passive smokers are at risk.

Since 1986 at least eight studies in different countries around the world have shown that non-smokers are more likely to get heart and lung diseases if they are continually exposed to other people's smoke.

Saloojee says passive smoking is the third most preventable cause of disease in the world, after smoking and alcohol.

He says the SA anti-smoking lobby has to focus more on heightening the awareness of black and coloured communities, particularly the youth, who are increasingly being targeted by the tobacco industry.

This is similar to the strategy of the international tobacco industry which has taken to targeting its products at the Third World as it loses markets in the more developed



□ VENTER

countries. According to Yach, smoking has already cost SA too much: "It would be a tragedy if the benefits of declining rates of infectious diseases and malnutrition were to be outweighed by increased death and disease due to smoking-related diseases."

SA has no alternative but to fight to the point where smoking in SA is a habit practised by the minority, Saloojee concludes.

LETTERS

'Education needed to tackle drug problem'

87

Star 18/6/91

By Paula Fray

Johannesburg's increasing drug problem, highlighted by figures released in Parliament last week, needed to be tackled not only by law enforcement but by education as well, leading groups said.

Minister Adriaan Vlok revealed last week that 2 141 suspected dealers were arrested in Johannesburg last year, of whom 1 455 had been sentenced.

Nearly R10 million worth of dagga had been confiscated along with more than R13 million worth of Mandrax. Other drugs confiscated included heroin (R112 905), cocaine (R844 350), LSD (R44 800), Wellconal (R4 335), Valium (R18 380) and Rohypnol (R5 500).

Democratic Party MP Tony Leon said the problem had reached almost epidemic proportions. He believed the SAP was dealing with the problem quite practically.

"It has to be a co-ordinated response," Mr Leon said.

The fight against drugs had to be elevated and treated in the same way economic crimes were being treated, he added.

"We need to try and eliminate it at the source. The other half of the campaign is through education," Mr Leon said.

"The frightening thing about drugs is that it isn't just crimes related to narcotics but violent crimes, child abuse and prostitution as well

Dr Nicky Padayachee, said the council had established an Outreach programme to deal with prevention in inner-city areas.

The Outreach programme was started in Hillbrow about six months ago using teams of young people working in discos and bars counselling and talking to drug users.

Dr Padayachee said the council wanted to facilitate the work of existing organisations such as the South African Council for Alcohol and Drug Abuse (SANCA) and see where it could assist these groups.

"Obviously this is a problem which will be given more and more attention in the future," he said. One aspect was prevention through education.

"I think the biggest impact will come from working in (and with) schools," he said. "Arresting people is the end stage of tackling the problem."

Dr Padayachee said the council was also looking at creating environments which were conducive to positive decisions.

"This needs to be an integrated strategy with long and short-term goals."

David Bayever, national convenor of the Drugwise Campaign run through pharmacies, said they were aware that there was a "massive problem".

"There needs to be a great depth of public awareness. People need to be in a position to recognise tell-tale signs at an early stage."

At the moment various

When psychologists take the stand

Star 20/6/91

28

25

44

ON MONDAY a Supreme Court judge said psychological evidence had taken up much time during an already lengthy trial.

The trial of Leon van Vuuren, who was jailed for 12 years for the murder of his wife Michelle, followed a continuing trend in trials of wealthy accused to try to avoid criminal responsibility for their actions by using psychological evidence. Most of it is not accepted by the courts.

The Van Vuuren case is the latest in a trend identified by the head of Sterkfontein Hospital's forensic unit, Dr Meryl Foster.

Earlier this year she submitted a report to the Department of Health and Welfare dealing with the amount of time spent in court by State psychiatrists.

Van Vuuren, who strangled his wife and then put her body into a bath of water, pleaded not guilty to murder on the grounds that he was not criminally responsible for his actions.

The court heard evidence from a psychologist in private practice who had previously worked in the Prisons Service. Johan Benade claimed that Van Vuuren did not know the difference between right and wrong when he strangled his wife.

To rebut this claim, the State called Dr Foster. She said it had become fashionable to claim that an "emotional storm" resulted in a condition known as automatism. This meant that the person acted unconsciously.

nia (loss of memory), Dr Foster said. The defence team asked for an adjournment, but when they returned, Dr Foster's evidence was not challenged.

When Mr Justice L. Weyers summed up the evidence, he referred to the psychologist's report as very lengthy, while Dr Foster's evidence was "short, powerful and impressive". All her conclusions were found to be acceptable.

The judge found that Van Vuuren had had the direct intention to kill, convicted him of murder and sentenced him to 12 years' jail.

In her study of trials heard in the Rand Supreme Court between October 1989 and last September, Dr Foster concluded that there was a high percentage of cases where psychiatric evidence was presented. And State psychiatrists were used increasingly to present, screen or modify claims.

"On the whole, judges accepted the evidence of expert witnesses. Psychiatric reports are unchallenged and where the accused were found unfit

Psychological evidence is being used constantly and to little avail by defence lawyers in South African courts, reports CATHY STAGG.

psychiatric evidence accepted as part of their defence.

The system of having three psychiatrists for accused who were sent for observation on capital offences had been developed to attain objectivity, she said.

It was not uncommon for defence counsel to bring along two or three additional experts to make their claims, and judges may soon need more than two assessors in order to cope with all the conflicting information, Dr Foster said.

"At present, judges are obliged to listen to all the evidence presented by both the prosecution and the defence so that the accused has a fair trial. It is surprising that they have so little criticism of ex-

period of Dr Foster's investigation.

Dr Foster said that of 249 cases, 25 had psychiatric or psychological testimony. No records could be found for 27 trials, so it was accepted that in 197 cases no psychiatric evidence was led.

The 197 cases were referred to as the control group, and the other cases as the study group.

On the findings regarding accused, Dr Foster said the most frequent age grouping, 20-29, was followed by the 30-39 group. This trend was seen universally among criminals.

In both groups, males far outnumbered females.

Regarding race, Dr Foster said: "Whites are vastly over-represented in the study group. This probably reflects a better financial situation which led to them briefing counsel.

"Such counsel may be more sophisticated than pro deo counsel, and use psychiatric evidence as only one of several tactics. It certainly does not imply that the whites in the study group suffered more

the study group had any success with their claims, this is hardly an unexpected finding, Dr Foster said, adding that studies done in other countries showed that mentally ill patients were not more likely to be involved in crime than is the general population.

There was no reason to believe this would vary in South Africa, she said.

Only one accused was referred because of the bizarre nature of his crime. (He cut out his brother's heart and ate it after a sangoma told him this would prevent detection of his crime.) He was found not to be mentally ill.

The types of claims were: intoxication, 6; amnesia, 4; epilepsy/head injury, 3; low IQ, 4; automatism, 3; depression, 2; confused spells, 1; low self-esteem, 1; influenced, 1; hearing difficulty, 1; bizarre crime, 1.

Of this total of 27 claims, there were seven which were successful: toxins, 1; head injury, 1; low IQ, 2; amnesia, 1; and depression, 2.

One claim of intoxication led to referral and a finding of diminished responsibility, but on the grounds of a personality disorder.

Depression was the only claim that was fully accepted.

Dr Foster added: "Head injury and mental retardation are claims not made lightly as they will frequently result in the declaration of the offender as a State President's patient."

The single case where hearing difficulties were claimed is still pending, because the accused escaped.

"With many varied claims, prosecutors tend to be exposed to single cases only, and so require more assistance in dealing with expert witnesses," she said. □

Mentally ill patients are not more likely to be involved in crime than is the general population

to stand trial, the proceedings were discontinued.

"Of interest is the singular lack of success by private psychologists in persuading judges. A study of their activities in the lower courts is worth undertaking," she said.

If it turned out that their efforts there were no better, then it should be recommended that they cease to be considered as experts.

In the study, only seven out of 249 cases (2.8 percent) had

pert evidence which is sometimes long-winded and finally makes no contribution.

"Offenders with minor mental illnesses are offering their conditions in order to get diminished responsibility. The cases with major disorders are clear-cut and accepted by our courts. It is the other cases that cause psychiatrists to spend days in court."

State psychiatrists employed at Sterkfontein spent 30 days in court during the

mental disease.

"It is interesting to note that two of the three State President's patients were black. One may conclude that only the more severely disordered black offenders made use of psychiatric evidence.

"As blacks become more sophisticated, this trend will probably change."

The overwhelming majority (78 percent) of the study did not have a previous psychiatric history. As only seven of

Will govt buy⁽⁸¹⁾ up Dist 6 land?

CT20/6/91
THE repurchase by the government of privately owned vacant land in District Six is believed to have been on the agenda of yesterday's cabinet meeting.

If the vote went as Cape administrator Mr Kobus Meiring seems, from his positive public statements, to expect it to go, there could be a dramatic announcement in the next couple of weeks.

Planner and ANC regional executive member Mr Basil Davidson, who has a place on a committee to find acceptable guidelines for redeveloping District Six, complained yesterday that the government had been dragging its heels on this issue "for a year now".

Cape Town City Council, the provincial administration, landowners and the ANC are represented on the planning committee.

Mr Clive Keegan, the chairman of this committee, confirmed yesterday that some weeks ago he had made another approach to the government to ask it to buy the land. "We have been asking for that for months," he said.

The smoking advert with a sting in the tail

By JOHN PERLMAN
21/6 - 27/6/11



It starts off looking like any advert might... well, like any cigarette advert, actually. Stylish young things, cycling off into the country, lounging in the grass, puffing away.

And then they start waxing lyrical about the pleasures of smoking — bad breath, blocked arteries and heart disease, so much to look forward to. "Call me old fashioned," goes the punchline, "but I'll settle for lung cancer."

That commercial was made for free by a leading ad agency, D'Arcy Massius Benton & Bowles, on behalf of the Council Against Smoking, a non-governmental body which has been in existence since 1976.

It certainly has some bite. But the Council's director, Dr Yusuf Saloojee, believes the ad, shown for just a week in cinemas, was no more than a puff compared with the efforts of the tobacco companies.

"They spend millions on adverts, all of which associate smoking with healthy lifestyles, glamour and sophistication," he says. "They spend more in an hour than we spend in a year. My total budget is less than R200 000 a

year."

Willie Sonnenberg, creative director at DMB&B, acknowledges as much. "The fact is cigarette adverts are incredibly powerful. They are selling images and they are past masters at that. The objective of our commercial was not to convert smokers but to get people talking about the whole anti-smoking campaign, which it did," he says.

The council, together with the Heart Foundation, the National Cancer Association and the Department of National Health, has now formed a Tobacco Action Group. That will give the anti-smoking lobby more muscle, as will new measures being proposed by Health Minister Dr Rina Venter, if they become law. But Saloojee believes there is still a long way to go.

"By the year 2000, the World Health Organisation estimates that smoking will be the world's number one cause of death. These are not just statistics — they represent people dying out there. What are we doing to protect them? The answer does not lie with doctors but with politicians."

Saloojee believes there are a number of steps that can be taken. He supports

the idea of rotating health warnings, provided they are strong. "They should say things like 'smoking causes lung cancer', 'smoking can harm unborn babies', 'smoking is a major cause of heart disease'," he says.

Saloojee says the council would like to see mandatory health education on smoking in schools and a complete ban on tobacco advertising.

"The purpose of advertising is to recruit new smokers, despite the advertising code of practice forbidding it. The tobacco industry has to do this — they have to replace the 1 000 people who die prematurely each month because of smoking.

"Most new smokers are young people. They need to be protected against this advertising."

Saloojee believes there should also be protection for non-smokers. "The WHO's position is that all public places should be tobacco free. We now know that smoking is a cause of lung cancer and heart disease in non-smokers."

Tobacco is not taxed enough, Saloojee says. "When the price increases, consumption goes down. Worldwide it has been shown that a 10 percent in-

crease in price leads to a 4.7 percent decrease in smoking among adults, but most significantly, a 12 percent drop among youth.

"Our taxes are low. In most European countries, around 70 percent of the price of cigarettes is taxation. That is what we should be aiming at. That revenue can then be used for health projects and to fund the sports that may have lost out from curbs on tobacco company sponsorships."

Saloojee insists that the medical evidence against smoking is incontrovertible. "For 30 years the tobacco industry has hidden behind its claims that the evidence is controversial. They do not have the backing of a single medical association in the world, yet in South Africa we are still battling to prove it's a health risk.

"The single most preventable cause of death and disease in the United States is active smoking. The next is alcohol, followed by passive smoking. In South Africa tobacco kills an estimated 12 000 people a year."

Saloojee is not persuaded that a decline in smoking will be economically ruinous. "Money that goes out of the tobacco industry will not go out of the economy. And think of what the country will save in the costs of treating smoking-related illness, in work days lost by productive members of the society.

"This country has long accepted that preventing diseases is much cheaper than trying to cure them in expensive hospitals. All this costs the state far more than the revenue it gets."

Saloojee says the council's work is aimed at the tobacco industry and not at smokers. "Smokers have my sympathy," he says. "They are addicted."

Wimail 21/6 - 27/6/91

●From PAGE 1

Day by not smoking. His office replied that his schedule that day was too stressful for him to go it alone. Still, PW Botha's antipathy to smoking — he banned it in cabinet meetings — was never expressed in anti-tobacco measures.)

The tobacco industry is a major source of taxation, export revenue and jobs. Just how the government balances up the claims of wealth against those of health will be watched closely by others asking similar questions of the state, like environmentalists — even if animal conservation concerns are being taken up in ads for some cigarettes.

Venter has taken on a formidable opponent in the tobacco industry. Its biggest player, Rembrandt, has well-oiled links with government and a long record of backing the National Party. Together with the United Tobacco Company, the industry last year generated R988-million in taxes, employed over 60 000 people and spent nearly R90-million on advertising. To that can be added sponsorship of major sports events like Benson & Hedges cricket and the Rothmans Durban July, and of cultural events like the Triennial, the country's premier fine art competition, sponsored by Rembrandt.

Rembrandt also has substantial stakes in other areas of business — large stakes in the liquor industry, in banking and life assurance, in mining, timber and most recently in Nasionale Pers. It also has a 50 percent stake in a major chain of clinics.

Both Rembrandt and UTC prefer to let these statistics speak for them in public and save their words for the corridors of influence and power. A leaflet called *Common sense in smoking — Personal choice and moderation the key* is available, put out by the "Tobacco Industry", which argues that "allegations against smoking are often based on emotional reactions rather than factual foundations. Scientists are not unanimous about smoking's possible effects on people." It goes on: "The industry does not react to points of view which are made merely for the sake of generating publicity, but prefers to put its own point of view to those people who are mindful of their health and the convenience of others and who are prepared to make allowances for other forms of enjoyment."

Others will come out on tobacco's behalf, such as hotels, restaurants, and sports bodies

87

Rina Venter
kicks butts



Anton Rupert's Rembrandt group won't comment on the draft legislation

Quite whom this "point of view" is being put to is unclear. Neither UTC nor Rembrandt is prepared publicly to debate the issue of smoking and health, which they say is emotional and founded on "controversial evidence". Both UTC and Rembrandt declined to be interviewed.

In a private conversation with a senior tobacco company executive, however, arguments criss-crossed similar ground. The medical evidence against cigarette smoking was controversial, except in the case of "passive smoking" — the involuntary inhalation of smoke by non-smokers. That was simply "nonsense". The word "emotional" came up regularly. Smoking has been shown to help some people by relieving tension, he said, and thereby helps to prevent ulcers. Moderation, as in everything else, was important, and so was consideration. So too was freedom of choice.

Advertising was aimed at existing smokers and not recruiting new ones, he said, and Rembrandt was particularly scrupulous about keeping its distance from the youth, so much so that it had now stopped making donations to schools for libraries and other facilities.

The tobacco industry would not use its large contribution to advertising revenue to influence the public debate on the issue, he said, although it would be "reasonable" to expect that stories on the hazards of smoking would not be placed "too near" adverts for cigarettes. Rembrandt chairman Anton Rupert had "mentioned" his sponsorship of the Cape Town Symphony Orchestra in his attack on that city council's intention to regulate smoking in restaurants, he said, but it was not a threat.

The minister of health was clearly perceived as issuing a serious challenge. The overall impression was that before

Venter got going the industry had been prepared to roll with the occasional punch that came its way.

For a start there have been a number of "gentlemen's agreements" at work which have effectively cushioned the tobacco industry. One of these is with the SABC. The cigarette companies voluntarily agreed to forego direct advertising (which they presumably believed would be an early target of anti-smoking legislation) and relied instead on sponsorship of sports events and so on. The SABC, in turn, has trod lightly round the issue, in one instance declining to place an anti-smoking advert submitted by a medical foundation.

Rembrandt and UTC also know that others will come out smoking on their behalf. Among the strongest critics of controls on smoking in restaurants is the hotel industry. Sports bodies are likely to weigh in against measures that might cut into sponsorship. And when an anti-tobacco commercial was flighted in cinemas this year, Cinemark waived its usual policy of giving free play to public service messages and charged — not surprising, perhaps, since some 28 percent of all movie-house ads are for tobacco products.

The current balance is going to be shaken around. The Department of Health is working from the standpoint that smoking is a major cause of heart disease and lung cancer and can contribute significantly to other illnesses such as ulcers. It has no reservations about the evidence on passive smoking — it finds passive smoking dangerous.

That view is to be put across strongly on television later this year in the department's regular programme on TV2/3, *The Road to Health*. "We will have three programmes on smoking," says Van Niekerk. "The first will help people to stop smoking, the second will be aimed at encouraging youth not to start, and the third will tell passive smokers what their rights are."

More of that will put Auckland Park's existing gentlemen's agreement under strain. But then that is just one of the relationships the looming tobacco battle will call into question. What emerges from that process will depend crucially on how much support the Department of National Health gets from the rest of the government. One minister, however determined, is not going to disperse the smoke ring alone.

SA drug laws to change

JOHANNESBURG. — South Africa's drugs law is to be amended to bring it in line with international standards for drug legislation.

In a statement to mark the International Day Against Drug Abuse and Illicit Trafficking today, Health Minister Dr Rina Venter said yesterday that the 1971 act on drugs would be amended.

The amendments would allow

South Africa to sign the United Nations Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances.

Dr Venter said that while the Department of Justice would deal with the penal aspects of drug abuse, in terms of the amendment, rehabilitation would remain the responsibility of the Department of National Health and Population Development.

'One in four kids has smoked dagga'

Political Correspondent

AT LEAST one in every four children under the age of 16 in South Africa has smoked dagga.

And according to Deputy Minister of Law and Order Mr Johan Scheepers, this is "only the tip of the iceberg".

"What lies underneath the water is what we really have to fear and its size is unknown," he told an international day against drug and alcohol abuse in Durban.

Mr Scheepers said the use of dagga often led to more serious drug abuse with mandrax, cocaine or heroin — which were growing problems on the South African drug scene.

Police destroyed 4,9 million kilograms of dagga with a street value of R5,1 billion last year.

In 1990 they confiscated 1,1 million mandrax tablets and arrested more than 2 000 people for the possession and illegal selling of the drug. "Mandrax now rivals dagga as the country's most serious drug problem. The fact that dagga and mandrax are used together contributes to the seriousness of this drug."

Mr Scheepers said that "significant inroads" into the South African market had been made in the trafficking of heroin, the most commonly abused narcotic drug in the world today.

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In 1990 the police arrested 22 people and confiscated 40 184 grams of the drug, as against only three arrests and the confiscation of 1 532 grams in 1989.

"There is good reason to believe that this drug may also become a serious problem in South Africa," he said.

South Africa had also become one of the fastest-growing markets in the world for the powerful stimulant cocaine.

Last year the police confiscated 10 092gm of cocaine and arrested 46 people.

Mr Scheepers said that thousands of street children were chronic users of solvents or central nervous system depressants.

Star 26/6/91 (87)

Drug laws to be revised - Venter

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The amendments would allow South Africa to sign the UN's Convention Against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances.

Dr Venter said while the Department of Justice would deal with the penal aspects of drug abuse, in terms of the amendment, rehabilitation would remain the responsibility of the Department of National Health and Population Development.

She said that the only way to solve the problem of drug abuse and illicit trafficking was by prevention. — Sapa.



THE SNIFF OF DEATH ... Desperate poverty is often the cause of drug abuse among youths. ■ Pic: EVANS MBOWENI

'Poverty causes drug abuse'

By SOPHIE TEMA

C1 Press
30/6/91

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THE best way to fight drug abuse is to create better living conditions, says Deputy Planning Minister Andre Fourie.

Speaking to social welfare leaders at the international day against alcohol and drug abuse called by the United Nations, Fourie said the lack of proper health facilities for blacks had aggravated the drug problem.

Phoenix house director Dr S de Miranda said the massive increase in alcohol and drug abuse in black communities had not seen a parallel increase in facilities.

He said drug abuse among young children is most common in poorer communities.

"Research carried out in Soweto showed that children involved with drugs came from very poor homes and were suffering from malnutrition."

De Miranda called on the government to improve the entire health services network rather than waste money building more clinics.

"Because of the poor economic climate many blacks got involved in illicit drug trafficking. Their luxury cars, expensive clothes and big cigars attract young people," he said.

Government move against smoking: ~~187~~ Tobacco industry ⁸⁷ wants more talks

By VUYO BAVUMA, Staff Reporter

THE tobacco industry hopes to have more meetings with the Minister of National Health and Population Development, Dr Rina Venter, to discuss the government's anti-smoking campaign.

Dr Venter has briefed representatives of the industry about the campaign.

The government wants legislation to force all tobacco advertisements to carry a health warning, to curb cinema advertising that romanticises smoking and to prohibit sales of cigarettes to anyone under 16.

The use of television to warn the public, especially young people, against the dangers of smoking has also been considered.

The government believes advertisements should not be allowed to depict women of child-bearing age smoking and should not associate the habit with any sports activities.

Mrs Susan van Niekerk of the Health Department's primary health care division said a technical hitch had delayed the release of draft anti-smoking legislation.

A spokesman for the Tobacco Institute, Mr J Groenewald, said the industry hoped to hold further talks with Dr Venter.

Meanwhile, Mrs Rika de Ruiter, director of the National Heart Foundation, said it was "very pleasing" that steps were to be taken to force the tobacco industry to warn people about the dangers of smoking.

The foundation was quite happy with the proposed legislation to prohibit minors from buying cigarettes, but felt the authorities still were doing too little.

"We are worried about how the authorities are going to see the proposed law is not broken. We also are concerned about the amount of tobacco advertising surrounding sports events.

"We think this should be limited as the advertisements are reaching the youth, not the sportsmen. No real sportsman would endanger his career by smoking."

The foundation's efforts were aimed mainly at young people as it was difficult for the older people to change their lifestyles.

Rina Venter vs Smokers



DR RINA VENTER

Buses, hospitals to be the first targets

Sowetan 1/7/91

Political Staff

A MAJOR anti-smoking campaign, including tighter control over advertising, is to be launched by the Government this week.

Programmes to warn the public, especially young people, against the dangers of smoking will also be stepped up.

Television programmes will be used and all advertisements for tobacco products will have to carry health warnings.

Cigarettes

Health authorities are particularly keen to curb cigarette advertising in cinemas and advertising which romanticises smoking.

The sale of cigarettes to anyone under 16 will be prohibited.

Draft legislation to be

gazetted on Friday will also curb the sale of cigarettes to minors and will enable the Department of Health to regulate smoking in public places.

Existing powers of local authorities will be consolidated in the planned legislation and the Minister of Health, Dr Rina Venter, will have the power to control smoking in public places by legislation.

According to a departmental spokesman, the powers to bar or limit smoking in public places would probably be used first in the case of buses and hospitals. Complaints had also been received of smoking in food shops and in restaurants.

Warnings

The Control of Smoking and Advertising of Tobacco Products Draft Bill is at first being published for information and interested parties will have the opportunity to make representations to the Government.

The measure could be introduced in Parliament next year.

The spokesman said that the tobacco companies had an appointment with the Minister in the near future.

There was already some co-operation between the two sides through the publication of health warnings and tar content notices on cigarette packs.

Smoking

He said the measure was not in the first place aimed at the tobacco companies but there was concern about the effect of smoking, especially on young people.

Education programmes were aimed both at getting young people not to start smoking and to get people to stop smoking.

Passive smoking when non-smokers inhale tobacco smoke - is also causing increasing concern in health circles.

At present rules for cigarette advertising are contained in the Advertising Standards Authority, code which the Health



A smoker blowing away.

Department spokesman described as a gentleman's agreement between the Government and the advertising and tobacco companies.

The Government now wanted more direct control over cigarette advertising. The ideal would be to ban all cigarette advertising but this aim would not be attainable in South Africa. The Government was moving to get South Africa more in line with the approach of the World Health Organisation, the spokesman said.

Downers can become uppers

Star 4/1/91

87

New evidence supports the theory that some commonly prescribed tranquilisers have the effect of increasing aggressive behaviour while marijuana can act to inhibit aggression.

Tranquillisers such as Valium, commonly prescribed to calm patients, make them more aggressive, says an American psychologist.

Marijuana, or dagga, on the other hand, seems a more benign drug, which acts to inhibit aggression.

A group of volunteers at Kent State University has been sampling alcohol, marijuana, cocaine, and amphetamines (speed); others were given coffee and diazepam (Valium).

Professor Stuart Taylor of Kent State says diazepam, alcohol and cocaine increased aggressive behaviour.

Barbiturates, tranquilisers with a different chemical composition and different way of acting from diazepam, and marijuana did not.

Professor Taylor describes his discovery that diazepam increased aggressive behaviour as a "sobering finding, since physicians prescribe minor tranquilisers ostensibly to reduce agitated states".

"Our hypothesis is that the reduction in anxiety resulting from diazepam serves to enable the consumers to act on their aggressive tendencies".

He says that while the scientific community devotes a lot of attention to the physical side effects and addictive potential of many drugs, comparatively little attention has been paid to their effects on social behaviour.

"Large numbers of people use and abuse drugs. Only a small fraction of these consumers is dependent or addicted."

He has called for concerted efforts to identify other drugs that might instigate aggressive behaviour.

Dr Michael Ewart-Smith, head psychiatrist at Sterkfontein Hospital, says

that it has been known for many years that some people have a paradoxical reaction to drugs like diazepam.

"But in clinical practice this is not a problem with the majority of patients who use these drugs, and in many instances aggressive behaviour is controlled," Dr Ewart-Smith says.

He says it is important to recognise that some patients may have unexpected effects, but the biggest problem with diazepam and other benzodiazepines is addiction.

"In some patients, benzodiazepines are of enormous benefit.

"Our big problem is standing up to patients who have become dependent on them, and who get very upset if you won't prescribe the drugs."

Dr Ewart-Smith says there is no doubt that benzodiazepine drugs were overprescribed in the past, "but there is a lot of evidence that this is changing".

"Doctors are becoming more aware of the problem and are using them more responsibly."

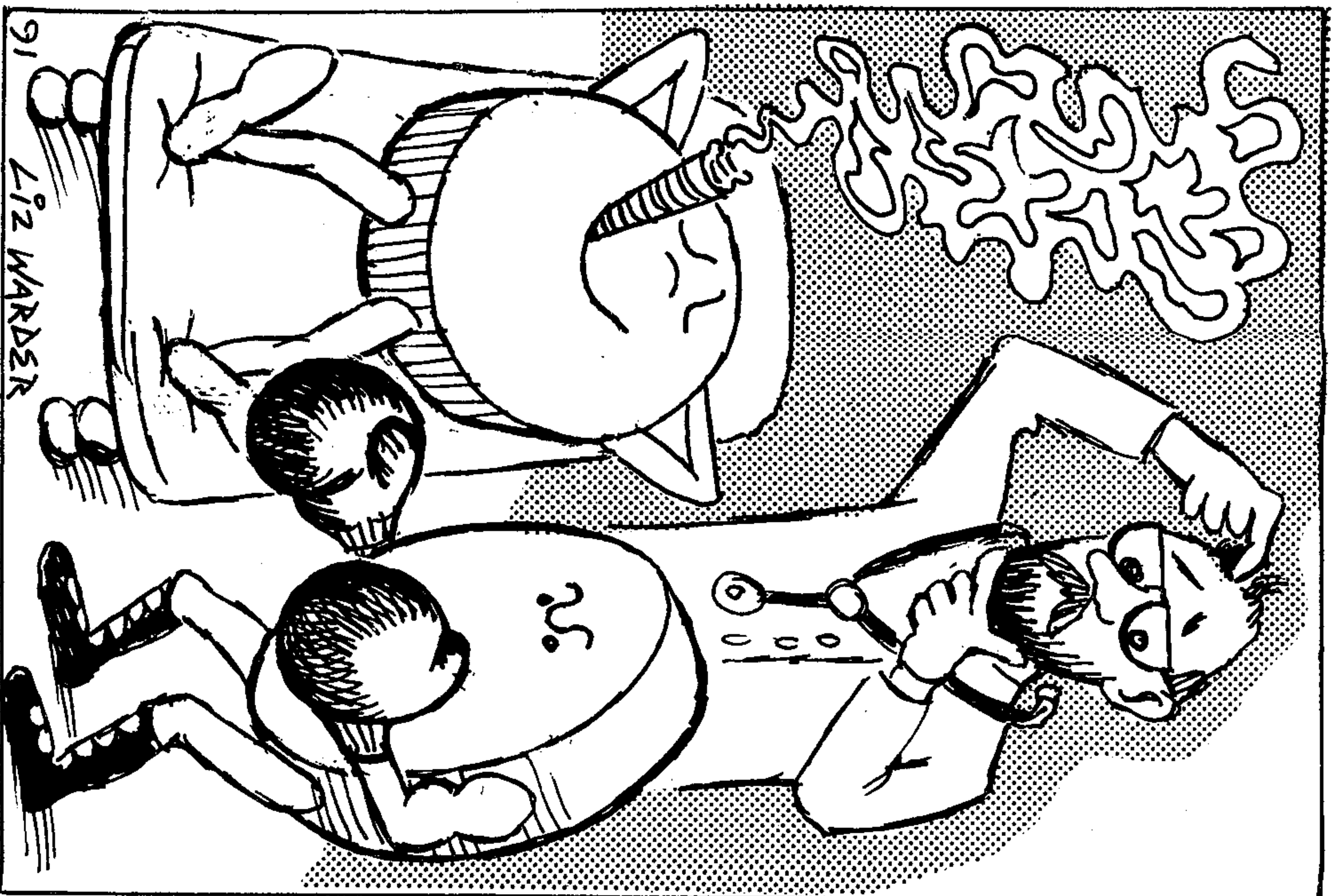
As far as marijuana goes, he says psychiatrists have found that although it is claimed to have tranquillising effects, many people will act violently under its influence.

"This is a problem which needs to be more widely recognised.

"It is likely that many social problems develop from violent or irresponsible behaviour in people who have used marijuana.

"Our work would be ever so much easier if so many of our patients did not use marijuana and alcohol which confuses diagnosis and treatment response, and has become a major problem for psychiatry," says Dr Ewart-Smith.

THE INDEPENDENT AND MARIKA SBOROS



Anti-smoking Bill delayed

^{to W. van}
5/7/91

GOVERNMENT shelved plans to publish draft legislation enabling National Health Minister Dr Rina Venter to curb smoking in public places a day after she met high-level tobacco industry representatives.

National Health director-general Coen Slabber said the Control of Smoking and Advertising of Tobacco Products Draft Bill was held back to "allow for representations from various people". He said the delay would "ensure better acceptance of the legislation".

National Council Against Smoking executive director Yusuf Saloojee said it was difficult to understand the delay in the Bill's publication when the express purpose of publication was to elicit comment.

He said he did not know whether the

TANIA LEVY

hold-up was linked to Venter's meeting with the Tobacco Institute of Southern Africa. "But I am sure the tobacco industry will try to stop anti-smoking legislation being passed," he said.

The council's immediate concern was that the delay would prevent the legislation being passed during the next parliamentary session.

Slabber said he could not specify when the draft Bill would be published but the delay would be "minimal".

He said he did not expect the contents of the Bill would be changed because it was "conservative and in line with World Health Organisation recommendations".

Daggas drawn as medic back going to 'pot'

87

Star 11/7/91

Drugs can be medicinal or recreational: marijuana is both. For nearly 20 years, advocates of its medicinal use — to relieve the nausea of chemotherapy, to treat glaucoma and to help Aids patients gain weight — have fought in the American courts to have the drug reclassified so doctors can prescribe it.

Currently, marijuana is grouped with the most disapproved of drugs, such as LSD and heroin.

The government argues that it must remain so because it has "no currently accepted medical use in treatment".

A new study by researchers at Harvard University refutes this.

Mainly because of its effectiveness in treating the vomiting common among

cancer patients during chemotherapy, tetrahydrocannabinol (THC) — the main psychoactive ingredient in marijuana — was approved for medical use in the United States in 1985. A synthetic form of THC is sold in pill form under the trade name Marinol.

Last year, almost 100 000 doses were prescribed. Smokable marijuana, however, is available to just 34 people through a "compassionate use" programme.

To the confusion of many police officers, these patients are given a supply of marijuana cigarettes rolled by government hands at a research farm in Mississippi.

Proponents claim that smoking marijuana works better than taking oral THC.

In 1988, Francis Young, a judge who examines administrative issues for the Drug

Enforcement Agency, recommended that marijuana be reclassified on the ground that "current acceptance" of a drug is present if a "respectable minority" of doctors endorse it.

The administration disagreed, claiming that the majority of doctors believe oral THC is as reliable and effective as smokable marijuana and produces fewer side effects.

Enter Rick Doblin and Mark Kleiman, two drug-policy researchers at Harvard's Kennedy School of Government.

To test the administration's thesis, they conducted a random survey of members of the American Society of Clinical Oncology. Some 1 035 of the members responded, about 10 percent of America's oncologists.

The results, published in

the July issue of the Journal of Clinical Oncology surprised even Mr Doblin and Mr Kleiman: nearly half the respondents said they would prescribe smokable marijuana if it were legal.

Indeed, 44 percent of them said they had already done so by recommending it to one or more of their patients.

Nearly two-thirds of the oncologists agreed that marijuana was an effective anti-emetic, while 77 percent of the 157 who expressed a preference, said that smokable marijuana was more effective than oral THC. A majority said that marijuana was no worse than Marinol in terms of producing bad side effects.

In South Africa, Professor Werner Bezwouda, the head of haematology oncology at the University of the Witwatersrand Medical School

and the Johannesburg Hospital, says the drug is not used for medical treatment in this country.

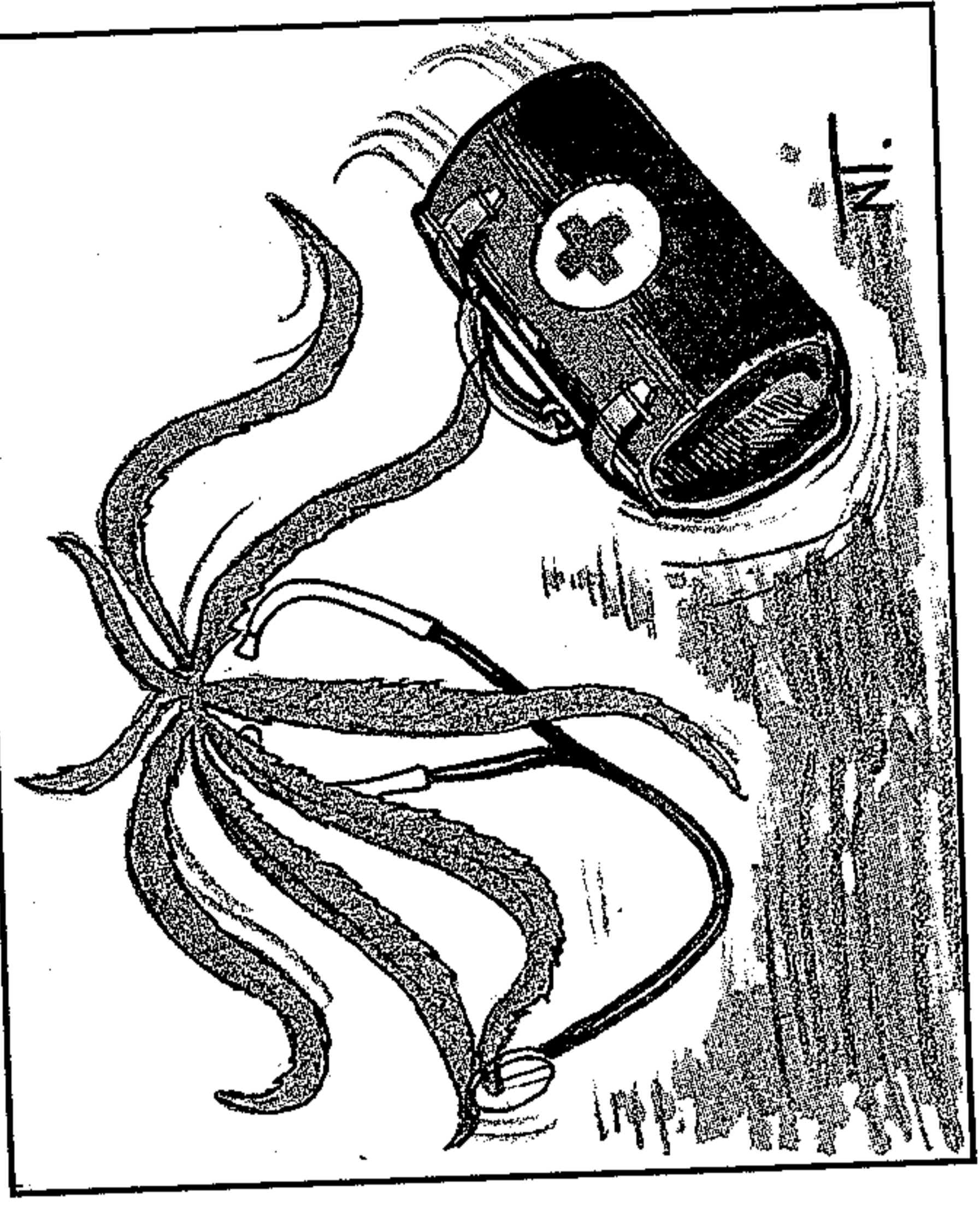
"It's an issue of the past, anyway," says Professor Bezwouda.

Marijuana does have an anti-nausea effect and can relieve nausea and vomiting from chemotherapy treatment, he says, but there are much more effective, non-cannabis-based medications available.

Professor Bezwouda says investigations were conducted in Cape Town a few years ago into the use of medications derived from cannabis to control nausea, but these never reached clinical use.

"They were found to be no better than standard medications that were available at the time," he says.

THE ECONOMIST AND MARIKA SBOROS



Journal hails Minister's anti-smoking drive

CAPE TOWN — The recent move by the Minister of Health to set up legislation to prevent the sale of cigarettes to minors and to limit, if not ban, all tobacco advertising is welcome, according to an editorial in the latest issue of the SA Medical Journal (SAMJ).

While cigarette packets in South Africa carried a health warning, many people felt the

Star 11/7/91.
phrase on the packet, "Smoking is a health risk", was not enough.

Perhaps the Minister could be motivated to act more strongly in this direction by an item in a British medical journal, The Lancet, which reports on the changes in tobacco-use warnings to be carried on cigarette packets in the UK, the SAMJ said.

The existing British

warning, "Tobacco seriously damages health", would still appear on the front of packets, and tar and nicotine yields would also continue to be disclosed.

However, new messages had been designed to comply with the European Community's Tobacco Products Labelling Directive, which was to be implemented by the end of the year.

87
On the back of each pack would appear one of six new health warnings: "Smoking causes cancer"; "Smoking causes heart disease"; "Smoking causes fatal diseases"; "Smoking when pregnant harms your baby"; "Protect children: don't let them breathe your smoke"; and, perhaps the most telling of all, "Smoking kills". — Sapa.

Hospitals urged to ban ⁽⁴⁸⁾ smoking before lawsuits ⁽⁸⁷⁾

Sowetan 11/7/91
HOSPITALS should ban smoking before they lose a lawsuit for damages to patients' health from passive smoking, the South African Medical Council says in an editorial in the latest edition of its journal, *Lancet*.

They should make the decision and effectively enforce it before a successful lawsuit forced a decision upon them. - *Sapa*

CPA in anti-smoking bid

CT 12/7/91

87

THE Cape Provincial Administration was doing "everything possible" to restrict smoking in hospitals, but was hampered by the lack of anti-smoking legislation, a spokesman for the CPA hospital and health services branch said yesterday.

Ms Gerda Pretorius said staff members were not allowed to smoke in areas where they were in contact with patients or members of the public, and visitors were prohibited from lighting up in passages, waiting areas, lifts and wards.

Patients who insisted on smok-

ing were put together in a ward, but there was no legislation to back a total ban, she added.

A CPA circular sent to hospitals in 1989 said firm action taken against smoking during the remainder of this century could substantially reduce the need for expensive treatments for smoking-related diseases such as coronary heart disease and lung cancer. An editorial in the latest issue of the SA Medical Journal said there appeared to be a "curious reluctance" on the part of provincial authorities to enforce

anti-smoking policies.

The article said that in all too many hospitals, a person who lit a cigarette was unlikely to be told to put it out.

The time had come for all hospitals to ban smoking and enforce the ban effectively, before a successful lawsuit for damages to a patient's health from passive smoking made the decision for them.

"Hospitals are supposed to be dedicated to health, and smoking should not be tolerated in them for a single moment," the editorial said. — Staff Reporter

KICKING BUTTS: Health workers fume as legislation is put on hold. By JOHN PERLMAN

Anti-tobacco lobby comes out smoking as state stalls

THE government's commitment to controlling the use and marketing of tobacco will come under close scrutiny in the next two weeks following news that the department of health has delayed the publication of anti-smoking legislation. A draft bill, due to be gazetted at the beginning of the month, has been held back to allow for "the incorporation of a few new ideas", according to a health department source.

The source said the decision had been taken after meetings with a range of groups. He said legislation would "hopefully" be gazetted by the beginning of August and would definitely not be softer than the original version.

"It is actually going to be better, more detailed." But organisations who want to see smoking regulated are concerned that this decision may have arisen after Health Minister Dr Rina Ventur held a meeting with senior representatives of the tobacco industry.

"We understand that there was high-level tobacco industry input at the last minute," says Dr Derek Yach, co-

ordinator of community health research at the Medical Research Council. "We would not be surprised to find that the industry will do its level best to make sure that no formal legislation goes through. They would prefer voluntary agreements to regulate tobacco advertising, which worldwide have been shown to favour the advertisers."

The original draft, called the Control of Smoking and Advertising of Tobacco Drafts Bill, tightened restrictions on the nature of cigarette advertising, particularly associations with sport, and made rotating health warnings mandatory. It also empowered the minister to bar or limit smoking in certain public places.

Yach and the MRC were involved in the drafting of a document entitled *Smoking and Health in South Africa: the Need for Action* in April 1988. "More than three years ago we gave the department of health this comprehensive document, which spelled out options for control, including legislation. It has taken them more than three years to respond," he said.

"I am also concerned that none of the political organisations, which will be in parliament, have taken a stand on tobacco. I do believe that the department of health is now 100 percent convinced of the need to act. But it remains to be seen what support they get in the cabinet. Internationally, it has taken courage at cabinet level for there to be action against tobacco."

Cocaine surge sign of the times

12/9/87

THE RECENT seizure at Jan Smuts Airport of 19 kg of cocaine, with a street value estimated at R10 million, is a sign of South Africa's growing drug dependence problems caused by the unstable political situation and people going through rapid changes, says a local drug expert.

The biggest cocaine seizure in local history highlights a growing drug dependence, reports ZINGISA MKHUMA.

alcoholism and drug abuse in the whole of Soweto with a population of over 2 million people," he said.

Dr Sylvain de Miranda, the director of the Johannesburg drug rehabilitation centre, Phoenix House, was responding to the police announcement that the cocaine found at Jan Smuts last Friday was the biggest haul in South Africa's history.

Initially cocaine, very expensive at R300 a gram from the back-door dealers, was confined to people who could afford it. Now even people who could not afford it were becoming addicted.

sized 19 kg, showed that authorities were not doing enough to deal with the drug problem.

Dr de Miranda said the rising incidence of drug dependency would continue relative to people's fears and uncertainties about the political future of the country.

"We are faced with a vulnerable population where unemployed people seek easy solutions by dealing in drugs," he said.

Dr Miranda pointed out that it was widely believed that aggressive and restless youths affected all aspects of society, and he believed it certainly did not help anybody if the youths were drugged and drunk.

"The market will continue to grow unless we step up awareness campaigns in our schools."

Dr de Miranda praised police successes in seizing large quantities of drugs, but warned that confiscating drugs solved only part of the problem.

Dr Miranda pointed out that it was widely believed that aggressive and restless youths affected all aspects of society, and he believed it certainly did not help anybody if the youths were drugged and drunk.

"That is when you get prostitution and theft to get the money," added Dr de Miranda.

"What really upsets me is that narcotics departments are allocated a lot of money to find and prosecute drug offenders.

Dr Miranda pointed out that it was widely believed that aggressive and restless youths affected all aspects of society, and he believed it certainly did not help anybody if the youths were drugged and drunk.

"We are faced with a vulnerable population where unemployed people seek easy solutions by dealing in drugs," he said.

The fact that the police had seized only 2 kg of cocaine in 1989, and three years later

Dr Miranda pointed out that it was widely believed that aggressive and restless youths affected all aspects of society, and he believed it certainly did not help anybody if the youths were drugged and drunk.

"We need to supply the right infrastructure to deal with drug addicts and also train people who handle drug cases. We have to realise that this problem is the same — and as bad — as anywhere else in the world.

"We should copy what the Americans do. They have strong structures consisting of various people in the community, including welfare workers, health workers and teachers, to deal with drug problems.

"Communities need to be led and need a movement to make people aware. We are 20 years behind the times." □



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Stricter anti-smoking (87) legislation delayed ^{Star} 15/7/91.

By Jacqueline Myburgh

Stricter new anti-smoking laws may only be legislated in August, the Department of National Health and Population Development said at the weekend.

The legislation — which would have placed strict curbs on cigarette advertising — was originally planned to have been gazetted at the beginning of July.

According to the department, representations had been received from "various people", and Dr Rina Venter, the Minister of the department, had decided to review these representations before publishing the proposed legislation.

Concern has been expressed in some quarters that the powerful tobacco industry — which pays R988 million in taxes each year — is placing pressure on the Minister to soften the laws.

The department said

last week that the delay in the publication of the proposed legislation was not due to representations from the tobacco industry. However, the spokesman could not reveal whether or not the Minister was being pressured to change her proposal.

So far, Dr Venter has met tobacco industry representatives once to discuss the proposed laws, but had corresponded with them for several months, the department said.

● The Cape Provincial Administration (CPA) was doing "everything possible" to restrict smoking in hospitals, but was hampered by the lack of anti-smoking legislation, said a spokesman for the CPA hospital and health services branch.

Gerda Pretorius said staff members were not allowed to smoke in areas where they were in contact with patients or members of the public, and visitors were prohi-

bited from lighting up in passages, waiting areas, lifts and wards.

Patients who insisted on smoking were put together in a ward, but there was no legislation to back a total ban, she added.

A CPA circular sent to hospitals in 1989 said firm action taken against smoking during the remainder of this century could substantially reduce the need for expensive treatments for smoking-related diseases such as coronary heart disease and lung cancer.

An editorial in the latest issue of the SA Medical Journal said there appeared to be a "curious reluctance" on the part of provincial authorities to enforce anti-smoking policies.

The time had come for all hospitals to ban smoking and enforce the ban effectively, before a successful lawsuit for damages to a patient's health from passive smoking made the decision for them. — Sapa.

Stricter⁽⁸⁷⁾ laws on ^{Sowetan} smoking ^{16/7/91} on cards

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Retreat firm bans smokes

VIVIEN HORLER
Medical Reporter

Argus
A RETREAT-based company has become one of the first in South Africa to ban smoking on the premises.

Staff reaction has been mainly positive, said Mrs Bernice Anderson, secretary to the marketing director of the pharmaceutical firm Parke Davis.

"Most smokers, including me, would really like to stop and this is probably a good opportunity. You need something to give you that little push."

The smoking ban, accepted at board level, is being phased in over six months. From July 1 smoking was restricted to private offices and a demarcated area of the canteen, but from January 1 next year smoking will be banned throughout the premises.

At the same time the phasing-in period will be launched at all other Parke-Davis and Warner-Lambert premises in South Africa.

Marketing director Mr Ian Robertson, who gave up smoking years ago, said: "As a pharmaceutical company

25/7/91
we are committed to the health-care needs of South Africa. The health-care needs of our staff are a logical extension of our duty to society."

Mrs Anderson said that at present people who worked in open-plan areas in the Retreat premises were smoking in a small disused office. "People pop in there for the occasional smoke and it really stinks. It's quite revolting. I've now stopped smoking at work altogether, because I can't bear the smoking room."

"Most people here have welcomed the ban, although there are one or two who don't like it."

"People from other companies have told me they envy the ban."

"But you feel it in the beginning, you know, not smoking. You definitely feel that something is missing."

Parke-Davis's decision has been welcomed by the Heart Foundation. Spokesman Mrs Rika de Ruiter said: "In the United States the threat of passive smoking is so great that environmental tobacco smoke has actually been classified a class A carcinogen, on a par with substances such as asbestos."

Star 26/7/91

Stub out workplace smoking – it's risky

The National Institute for Occupational Safety and Health in the US has recommended that "all available preventive measures" be used to minimise occupational exposure to smoking.

Those measures include banning smoking outright or restricting it to enclosed, separately ventilated areas.

The agency's report is the first official government statement on the dangers of workplace cigarette smoke.

It recommends that employers and unions co-operate to eliminate smoking, establish smoking-cessation programmes and offer workers incentives to stop smoking.

SAPA-AP

SA firm stubs out smoking

Star 29/7/91
Own Correspondent

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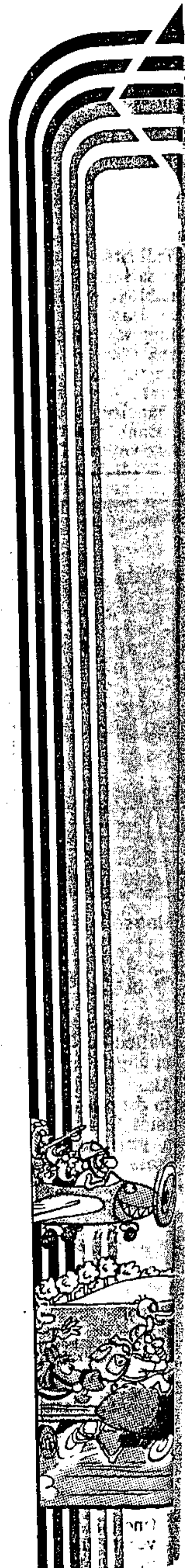
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Min dae for office smokers

Anti-smoking legislation has been delayed, possibly until next month, but at least one company has decided to ban smoking on its premises. CARINA LE GRANGE asked other companies about their policies on smoking.

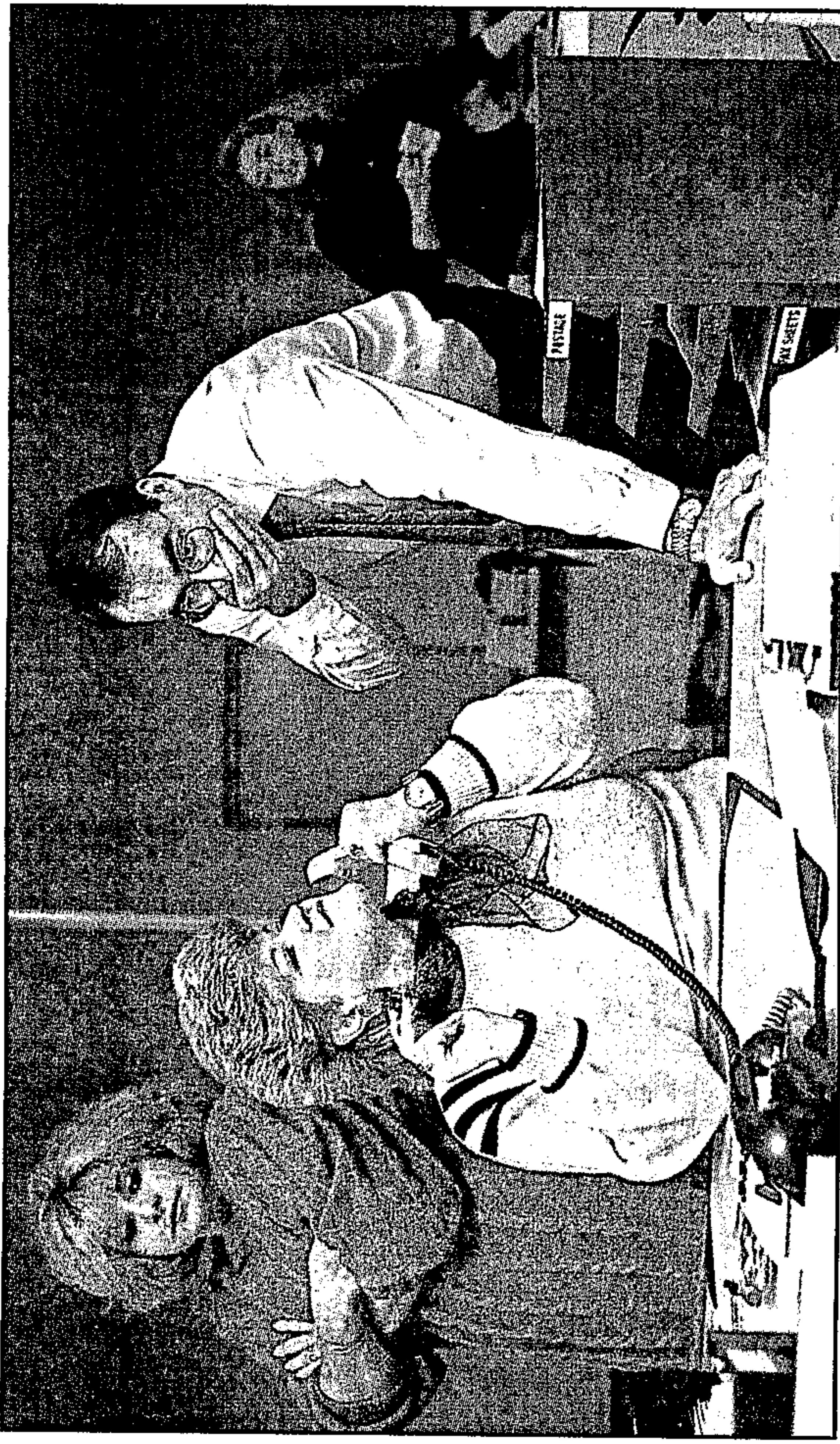
BOARD members of Parke-Davis took the bull by the horns with its recent ruling that it is phasing out smoking on the premises over a six-month period, with a total ban on smoking in all areas of its premises operating from the end of January 1992.

Chairman of the Council on Smoking, Professor Harry Seftel told The Star the pharmaceutical company's decision was a "very important development and long overdue".

He said he thought this company was the first local one to impose a phased-out ban on smoking.

Some major companies, however, referee between the interests of smokers and non-smokers through group decision, declining to be autocratic by planning to impose a blanket ban on smoking. But this may change.

The Parke-Davis decision might be a sign of things to come, considering the fact that South Africa so often follows the lead (albeit always some time later) of the giant of Western thought and practice, the United States.



Enough is enough . . . non-smokers are demanding that the habit be banned from the workplace. Picture: Sean Woods

As Professor Seftel says: "Many US companies already do this. Some won't even employ people who smoke and I think this a very good thing indeed. I welcome this, and I know of others who are considering the same action."

Glaxo's corporate affairs manager Martin Jennings said smoking had always been banned in manufacturing areas

for various logistical reasons and safety, but that smoking had never been restricted in offices prior to Glaxo's phased move to its new headquarters in Midrand.

"We now have an interim ruling — no smoking in offices but we have a coffee room used by smokers . . ."

Glaxo was not autocratic in enforcing the ruling, and it

worked on "an understanding" with people sticking to it. The ruling has also been endorsed at board level and it was felt that it now forms part of the general enhancement of working conditions in the new premises.

Twins Pharmaceuticals' director of group human resources and operations, George Needham, made the same points for production and distri-

bution staff — who can resort to special set-aside areas for a quick puff.

"In some departments senior management try to discourage smoking but it's not a law. We don't ban it altogether. One must be careful — where do you draw the line? Some American companies refuse to hire people who smoke or drink," he said.

Banking giant First National

Bank's personnel general manager Colin Hunt said FNB had no formal policy on smoking and no plans to introduce one, but that if people in the offices experienced problems as a result of colleagues smoking, they were welcome to make their own "informal" plans.

Anglo American Corporation's headquarters does not prohibit smoking in its building, with the exception of certain "No Smoking" zones, senior communications officer Glen Finnegan said.

Mrs Finnegan said the corporation's head office has to date not received any formal objection from non-smokers on a significant scale.

All these companies — with the exception of Parke-Davis — may have to rethink their positions soon however, judging from the response by the National Health's director-general Dr H Steyn.

He said proposed legislation — expected to be pushed through in the near future — would give the Minister of Health the power to "prohibit, restrict or otherwise regulate" smoking in public places.

The "public places" could also include the workplace, he said.

Dr Steyn said his department had already sent out a circular letter with a code of practice on smoking to all institutions and offices in the department.

It is hoped that other organisations will follow this example. The management of any organisation can control smoking on its premises, Dr Steyn said.

It may well look as if it could soon be *min dae* for the smoking fraternity. □

Soweto pupils the Mandrax dealers' latest target

Star 12/18/91

A BUSSE of the tranquilliser

Mandrax is spreading into black communities, police have warned.

In Soweto, Mandrax abuse has become so widespread that some shebeens are doubling up as drug dens.

According to National Institute for Crime Prevention and Rehabilitation of Offenders (Nicro) social worker Thithi Poee, at least 10 percent of pupils in Soweto are abusing drugs, with as many as 40 percent doing so at one school.

Soweto police spokesman Colonel Jac de Vries said 49 people were arrested for dealing in Mandrax and 12 for possession last month. Police had confiscated 361 tablets and 1 g of Mandrax powder.

"The black community has always been an untouched market for Mandrax dealers but has now become a problem area," Colonel de Vries said.

"Although negligible compared with white areas, the average 361 tablets we confiscate a month is too high for us."

The dealers pushed the drugs among schoolchildren because children were curious and prepared to try anything.

"The number of people found in possession of Mandrax is alarming. What is worrying is that it is mostly children who use the drugs."

The problem, he added, was now becoming similar to that in the white community.

Drug expert Dr Sylvain de Miranda recently criticised the allocation of large sums of money to narcotics departments to detect and prosecute drug offenders while only R5 400 a month was allocated to prevent drug and alcohol abuse in Soweto, with a population of more than 2 million.

A teacher in Orlando West, who refused to be named, said it was usual to find pupils, especially boys, attending classes under the influence of drugs.

He said the school sometimes referred cases to Nicro, some were sent for counselling and

A quiet Saturday morning in Orlando East, Soweto's oldest township, was disturbed by shrieking screams from a cluster of shacks.

A teenage boy was holding a gun and pointing it at people in his mother's backyard.

The terrified squatters dashed inside their shacks and came out holding money which they passed to the youth. Others fiddled in their pockets, pulled out a few coins and dropped them into his hand.

All the time he was threatening to shoot "any dirty dog that doesn't want to pay their rent".

The youth pocketed the money, stashed his gun in his pocket and took off.

"He is going to buy drugs with our money," said one angry shack dweller.

By ZINGISA MKHUMA and THABO LESHILO.

Readily available . . . the abuse of Mandrax is spreading in township schools.

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"It is not uncommon to find boys smoking dagga during school breaks. But those that take Mandrax misbehave in class and threaten others with violence."

A social worker at a Rockville school admitted she had counselled pupils with drug problems, but refused to disclose the number of pupils she has seen, saying all cases were



strictly confidential.

All teachers agreed that pupils who used drugs should not be expelled but rather treated with sympathy.

"We believe our role is to mould pupils, because some of them come from broken homes and are ignorant of the dangers," one teacher said.

According to Nicro regional developer for Soweto, Shimane Khumalo, the alarming spate of

violent crimes in the township was compounded by the availability of drugs.

Teenage addicts, some as young as 13, lurk on street corners, ready to pounce on anybody to finance their habit.

The drug is known by many names. Some call it "Popomala", because it turns the user into a zombie, while others call it "i-ngidi", meaning "lock", because it locks their knees, impairing movement.

A 16-year-old boy, who claimed to have been addicted since the age of 11, told The Star he wore an overcoat, even in warm weather, because "the combination of dagga and Mandrax makes me feel cold".

He said he was introduced to drugs by an older friend. He lapsed into short bouts of memory loss and frequently had to be reminded what he said last when spoken to.

He said more than six houses

in Orlando East alone sold Mandrax to regular customers. New clients must be accompanied by a regular.

The boy bought a tablet for R10 for The Star.

Prices range between R5 and R15 depending on availability.

A Soweto social worker who deals with drug cases has claimed that young boys were being used by crime syndicates to rob people in return for drugs.

"We are responsible for this mess. Drugs are being peddled in schools by the suitcase. So long as there is a demand, suppliers will continue selling drugs," she said.

"Those teenage drug addicts that come to our attention are frog-marched here by their parents, but few return for treatment. Out of the many cases we see every month, we are lucky to end up with only one person." □

Drug abuse on the rise in black areas

Sowetan 13/8/91

87

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Depression in children is often not recognised

Sowetan 13/8/91
SERIOUS depression in children is often underestimated or not identified because it appears to be a behavioural problem, Mr JL le Roux of the Department of Psychiatry at the University of the Orange Free State, said at a conference on school health in Bloemfontein.

Le Roux said that anti-social behaviour and the use of drugs or alcohol could indicate depression.

The child wanted to leave home because he felt he was not understood or accepted.

These children were often sullen, reluctant to be involved in family activities and withdrew from social activities by staying in their rooms.

Poor self-care and a specific sensitivity to rejection in a love relationship might also appear.

Le Roux said that special features of depression in youth were irritability and inter-personal problems at school.

Alcoholism

Views were expressed that they are "dumb" or "unpopular" and there was an acute reduction in school achievement.

Le Roux said that 46 percent of children with depression also had other disturbances such as alcoholism and anxiety problems.

There was no family history of depression in 31 percent of the children, but 23 percent had a history of depression in the family.

Dr Frieda van Rensburg of Bloemfontein told the delegates that children who suddenly "vanish" and do not respond, are too often diagnosed as epileptics.

Other factors such as health and the lack-of-attention syndrome also caused

this condition. *87*

As more demands were placed on the child, its problems increased. *88*

The measurement of the electrical waves of the brain (EEG) was not a sifting test and too many children received anti-epileptic medication after such a test.

Van Rensburg said that other factors should also be considered before medication, which had side-effects, was prescribed.

Dr Pieter Bettings of the UOFS said that the neuro-psychiatric evaluation of pre-school children should receive more attention.

Problems

Of 1 132 pre-schoolers examined in Bloemfontein, more than 400 suffered from neuro-psychiatric illness.

Bettings said that problems found with children examined were with motor co-ordination, perceptual problems, abnormal behaviour, learning problems and minimal brain dysfunction.

It was also found that illnesses such as epilepsy, asthma, allergy and infections had mostly already been diagnosed and that the children were receiving doctors' treatment.

The school health authorities had referred 18,8 percent of the children to, mainly, specialists.

Mrs F Janeke, of the Child Guidance Clinic of the Free State Education Department, suggested that teaching methods should be examined for possible breeding grounds for problems, while classes should be offered to help children from other cultural groups so that children were not unnecessarily referred for remedial teaching. - *Sapa*

Call for stiff drugs laws

Sowetan 14/8/91

87

THE only solution to the drugs problem in the townships was the imposition of the death penalty against peddlers, callers to the *Sowetan*/Radio Metro Talkback Show said yesterday.

"Kill the peddlers like it is done in many Muslim countries," said Isaac of Soweto.

Anthony of White City Jabavu, Soweto, said: "I put the blame squarely on the State. This problem is inter-



linked with social problems blacks are experiencing.

"The only solution is for the State to impose severe sentences on offenders."

Yusuf of QwaQwa said: "The death penal-

ty should be imposed on peddlers. It is not only a problem to the youth but also to the broader community."

Shadrack of the Free State said: "Rehabilitation centres should strengthen measures for treating addicts. But that will only be part of a solution to the problem."

"The death penalty is the only solution like it happens in many Muslim countries."

"Peddlers are getting rich at the expense of the community. And all the dealers should be hanged," said a caller from Sebokeng.

The Government also came under scathing attack for playing a role in the problem.

Some callers accused the State of not providing recreational facilities which would keep the youth away from "sinister activities". - *Sowetan Reporter*.

TV, SAP in drive against drugs

Sowetan
Reporter

M-NET television has joined forces with the South African Police in a drive to discourage the use of habit-forming drugs.

The drive started on Monday on the children's channel, KTV. It will broadcast education and information on drug abuse until Saturday.

The broadcasts, known as Public Service Announcements (PSAs), have the backing of the SAP.

Lieutenant Sally de Beer, SAP Community Relations Officer, said: "The PSAs will communicate the life-threatening situations which can arise when children don't communicate with their parents."

Children

Members of the police will appear on the programme, giving safety advice to children. Topics to be dealt with include: the danger of drugs, accepting lifts from strangers, obscene callers, fire-arms and sexual abuse.

De Beer said avoidance of these issues deprived children of a defence and often led to unpleasant situations. She said a problem frequently encountered by police was that children with drug-related problems refused to talk for fear of being labelled tattle-tales by their peers.

Free drugs

Pushers flood schools with

Star 22/8/91

By Thabo Leshilo
and Zingisa Mkhuma

Mandrax dealers in Soweto supply hundreds of the habit-forming tranquilisers free to pupils in a bizarre advertising campaign aimed at creating a market for their illicit products, The Star has learnt.

"Once the children have tasted it and get hooked on the drug, they are prepared to buy it — regardless of the cost. They then know where to get it," said Elliot Tshabalala of the South African National Council on Alcoholism and Drug Dependence (Sanca).

The pushers, mostly young boys, are paid commission, encouraging them to compete for sales among "school junkies".

In some schools, at least 40 percent of the pupils are ad-

dicted to "white pipes", a combination of dagga and Mandrax. "The white pipe has hit our schools at such an alarming rate that it is not uncommon to find pupils puffing it openly during school breaks," said a worried teacher at a high school in Diepkloof.

Two cases of extreme addiction at the school have been referred to Sanca in two years.

"A 16-year-old boy became totally disorientated in class and couldn't concentrate. I would teach the class something, write it on the board and erase it a few minutes later. The boy would say something

totally different when asked to explain what was on the board barely a minute before," the teacher said.

The boy gave up treatment at Sanca, his condition worsened and he eventually dropped out of school. In the other case, a girl also gave up her schooling.

The youngest Mandrax addict being treated at the Sanca centre is only 14. The oldest is 19.

"We had to refer a 17-year-old boy in a critical state to our Boksburg centre because he was in an advanced stage of addiction."

Thithi Poole, a social worker with the National Institute for Crime and Rehabilitation of Offenders (Nicro), has researched the drug problem at schools. Quoting from court records, she said from January to July 1990 alone, 244 people, mostly youngsters, were convicted of drug-related offences at Protea Magistrate's Court and 421 at Klipfontein, Orlando and Meadowlands courts. She said the drugs involved were only dagga and Mandrax.

Miss Poole said offenders did not benefit from imprisonment and suggested alternative sentencing. Magistrates, Nicro and

Sanca should encourage sending first offenders for rehabilitation, coupled with suspended sentences.

At Nicro the offenders attend lessons focusing on negative effects of drugs, links between the sub-cultures of crime and drugs as well as skills training.

A common feeling among "involuntary clients" was that as they had harmed no one but themselves they saw no reason why they should be prosecuted.

Nicro developer for Soweto, Shimane Khumalo, said one of the consequences of the drug's wide availability in Soweto in the past three to five years was

that Sowetans were becoming increasingly dependent on Mandrax as a source of income.

Mr Khumalo emphasised the need to educate people about the negative physical, emotional and legal consequences of drugs to prevent abuse.

"We should act now while the problem is still in its early stages. We shouldn't wait until it reaches overseas proportions — where even children as young as 13 use and sell cocaine, heroin and crack."

Parents should encourage children to play sport and have hobbies to keep them busy. Addicted children should be given

support, not ridicule. "The rehabilitation programme involves the whole family. We deal with changing attitudes. Parents need to stop treating addicts as black sheep of the family," said Sanca's Mr Tshabalala.

He said instability in the home and parents who misunderstood their children made youngsters feel insecure and unwanted. "Such a child is a sitting duck for bad peer group influence," he said.

Mr Tshabalala slated Soweto school authorities for hiding the drug problem at their schools until it was too late.

"We are often called into schools to give talks to pupils only once there has been a crisis. We would rather talk to children who have not yet touched drugs than addicts who won't even hear what we are saying."

Mr Khumalo said extensive training programmes involving social workers, community organisations and drug abusers were necessary.

Soweto police spokesman Captain Ngobeni said the SAP was worried by increasing number of people arrested in possession of Mandrax in the township.

Also worrying was the police's inability to crush drug syndicates. "The users respect and fear the godfathers and would rather go to jail than betray them," he said.

The Star Thursday August 22 1991

Star 27/8/91
Conduct code **(87)**
to clear the air

The Department of Health and Population Development has banned smoking in its buildings.

The department has also drawn up a code of conduct for protecting non-smokers as part of its responsibility to help create an environment to promote better health for all South Africans.

The code of conduct calls for a ban on smoking in lifts, passages and other public areas. —

Sapa.

Health bodies ban smoking

CT 28/8/91 (87)

Staff Reporter

HEALTH-CARE authorities yesterday took a hard line in the growing campaign to stub out smoking in public places.

The Medical Research Council president, Dr Philip van Heerden, yesterday announced that the council would ban smoking in its buildings from January 1 next year and offer to pay for employees to attend a course to kick the habit before then.

Dr Van Heerden said the Department of Health had also yesterday banned smoking in its buildings.

He said the government was "moving in the right direction", and called for a ban on smoking

in hospitals, provincial and municipal buildings and the prohibition of cigarette-vending machines in public hospitals.

Dr Van Heerden said he deplored cigarette advertising in cinemas because it encouraged "impressionable youngsters" to take up the habit.

Cigarette packets, he said, should be allowed to carry only the brand name and a clear "graveyard" warning that smoking was harmful to the user's health.

Welcoming the latest moves by the MRC and Department of Health, a city pharmaceutical company that recently set a precedent by banning smoking at

work, said it felt there was a growing trend to stamp out smoking in public.

Mr Ian Robertson, marketing director for Parke Davis, said he hoped other firms would follow suit.

The smoking ban at the Retreat-based company is being phased in over six months. From July 1 smoking was restricted to private offices and a demarcated area of the canteen, and from January 1 it will be banned throughout the premises.

"We are investigating an anti-smoking course for our staff to be paid for by the firm, but this will depend on the reaction of our smoking members," he said.

Health Dept ban on smoking hailed

Star 29/8/91
By Shirley Woodgate

The ban on smoking in buildings of the Department of Health and Population Development and the introduction of a code of conduct for the protection of non-smokers has been widely praised in medical circles.

Giving a full stamp of approval to the move, the Medical Association of SA added that a decision to turn its own buildings into smoke-free zones would be implemented on October 1.

Arch-opponent of smoking, Professor Harry Seftel, who instigated the smoking ban on South African aircraft, went beyond expressing his full support. Professor Seftel, the

chairman of the Council Against Smoking in Southern Africa, called for a tax on "billionaire tobacco companies which pedal poison".

He said: "They already do this in the Australian state of Victoria where the additional tax is devoted to health education, rehabilitation and preventive measures such as quit-smoking programmes."

Support

Acting ahead of the department's decision, the Medical Research Council has already decided to ban smoking in buildings under its control from January.

Today the National Occupational Safety Association will become one of the first local organisations to implement the ban in most areas on

its premises.

The Nosa action has the unanimous support of all 200 employees, said marketing manager Rodney Scott.

The Carlton Hotel in Johannesburg has designated no-smoking areas and pharmaceutical company Parke-Davis decided in July to phase out smoking on its premises over a six-month period, with a total ban in effect from February.

The Health Department's code of conduct calls for a ban on smoking in conference centres during meetings, in lifts, passages and other public areas.

It also states that the wishes of non-smokers in offices should be respected. Employees of the department have been prohibited from smoking in front of patients and members of the public.

(81)

Anti-drug alcohol body established

A new organisation to fight South Africa's drug and alcohol abuse problem was launched in Johannesburg yesterday. *Star 29/8/91*

The Drug Trust Foundation (DTF) hopes to generate funds — about R1 million a year — from commerce and industry in order to finance education projects for all sectors of the public on the dangers of drug and alcohol abuse and the treatment, rehabilitation and counselling of addicts.

DTF chairman Abe Krok, who is also the director of Twins Pharmaceuticals, said that apart from the devastating effects that drug and alcohol abuse had on the community and family life, it resulted in the loss to the country's economy of about R1,2 billion a year.

Mr Krok said the fight against the drug and alcohol abuse problem needed to be a joint effort between the private sector and the Government. — Staff Reporter.

Coughing up for a cheap, easy thrill

It looks like an innocent cough remedy, but it offers a 'high' as potent as that of hard drugs. And it is available over the counter at pharmacies that ignore the law to make a profit. In a special Weekly Mail investigation, **BEATHUR BAKER** exposes an addiction that crosses all social boundaries

TWO highly addictive brands of cough mixture are being widely abused as a substitute for expensive, hard drugs. The trend is tacitly encouraged by pharmacies which sell large amounts of the substances over the counter to anyone who has the money. *W/mailed 30/8-5/9/91*

As a measure of the widespread nature of the abuse, *The Weekly Mail* this week pinpointed three Hillbrow pharmacies at the heart of the trade.

The chemists supply both marketed and "no-name" brands of the cough mixture to hoboes, prostitutes, junkies and teenagers — some of them affluent children out for a cheap thrill.

Two cough remedies are the focus of addicts: Phensedyl and Lenazine Forte Linctus. Both are schedule two drugs — available over the counter without prescription — but they contain a considerable amount of the habit-forming drug codeine phosphate.

Just more than half an hour after drinking a bottle, an addict achieves a typical drug "high". It is cheaper, involves no legal risk and can be bought over the counter in large quantities without restriction — if the user knows which chemists to approach.

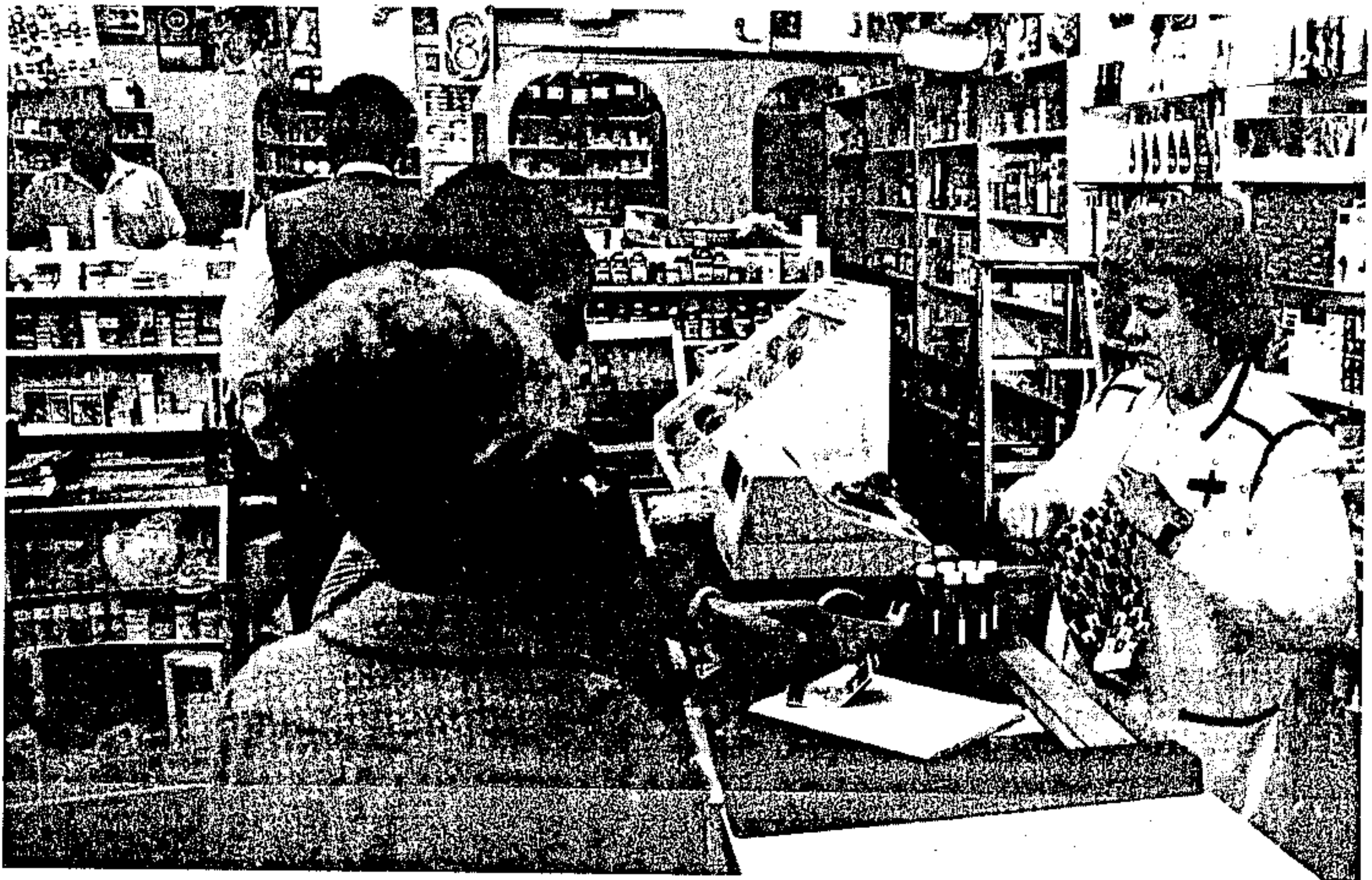
In terms of the Medicine and Related Substances Act, all purchases must be reflected on a register, with the name and address of the customer. However, this requirement is largely ignored. It also appears that most pharmacy staff are fully aware of the purpose for which the cough mixture is usually purchased.

Phensedyl comes in 100ml bottles, while Lenazine is packed in large 200ml and regular 100ml bottles. The smaller Lenazine bottles sell at R7,50, but there appears to be a standard rate set for the larger bottles and for Phensedyl, which both cost exactly R10, including tax.

The Weekly Mail effortlessly bought 11 large and nine small bottles of these cough mixtures from three Hillbrow pharmacies this week.

● At the 24-hour Express pharmacy and medicine depot in Wolmarans Street, Hillbrow, our reporter asked for seven large bottles of Lenazine. The saleswoman simply packed the order on to the counter, took the money, rang it up and put the bottles into a bag.

The mixture appeared to have been



Weekly Mail reporter Beathur Baker purchases a number of bottles of cough mixture. No questions were asked

Photo: GUY ADAMS

CODEINE - IT'S A KILLER

W/mailed 30/8-5/9/91
THE drug codeine is the most addictive ingredient in cough mixtures. In every 5ml, or teaspoonful, there is 9,0mg of codeine phosphate. This amounts to a large part of the contents in a 100ml bottle.

The opium poppy has two derivatives. Most people know only one — morphine, from which heroin is derived. The second by-product is codeine, a narcotic with several uses.

It is found in different medicines in varying quantities, depending on the end use and effect of the product.

In cough mixtures codeine is an amphetamine, a decongesting synthetic stimulant. It can act as an analgesic, reducing severe pain which hasn't responded to standard paracetamol pain

killers. Taken in prescribed amounts, it even stops diarrhoea.

In long-time abusers symptoms of cough-mixture intoxication can be misinterpreted as those of alcohol. The eyes are bloodshot and faces flushed, and some addicts stagger like drunks.

Codeine addiction has all the implications of heroine addiction. It induces drowsiness and a dreamy state of mind. Like alcohol, it can make things seem better, giving the user a sense of false hope.

Large amounts can be fatal, causing the stomach lining to erode and haemorrhaging from the stomach. Steady liver poisoning and, eventually, liver failure are other causes of death.

mation or identity. They sold us five bottles of Phensedyl without asking us to sign any register.

● Another pharmacy in the same street was approached and asked for five bottles of Phensedyl. Two elderly salespeople explained that they had just run out of stock but would have supplies by the next morning. They did not query the amount requested. As the reporter walked out, she overheard one of the salespeople whispering to the other in a shocked tone: "Is she really using this stuff?"

The Weekly Mail has spent many hours over the past two weeks observing customers purchasing cough mixtures at pharmacies and medicine de-

pots. The number of regular customers was remarkable.

One evening early last week, a reporter was inside the Express pharmacy when two women, one white, one black, dressed identically in body-hugging black leggings, white shoestring tops and sequined "bomber" jackets — a "uniform" of street-walkers in Hillbrow — entered. They hailed the salesman by name and were in turn greeted by their first names. One of the women said, "10 please"; the other said, "I'll have five". This was clearly their "usual".

Without further discussion, the salesman packed the required quantities of Lenazine into bags, took their

money — R150 for 15 200ml bottles — and bid them a good evening. No register was in sight.

Last Friday night, at around 8pm, a young white man who was obviously intoxicated walked into a pharmacy. No words were exchanged. A sales assistant simply reached under the counter and placed a brown plastic bottle into the customer's shaking hands. He dropped a handful of coins on the counter, and the assistant put them in the till. No information was requested; no register was produced.

It later became clear that he was a regular: four hours later he returned for another bottle.

The clients at these pharmacies seem to conform to several norms. Teenagers out for cheap thrills or dangerous experiments pull up in fast cars; young men, often already intoxicated, come in alone, purchasing bottles one by one; prostitutes, often in teams of two or three, buy in bulk.

Most customers observed by *The Weekly Mail* were white. Among the exceptions was a black youngster who bought a bottle, walked to the next corner and handed it to a dishevelled white man, who paid him.

The most startling aspect of the trade was how flagrantly the law is ignored.

And considering the potency of the drug contained in the remedies, it is alarming that there aren't tighter restrictions on access.

Johan Shlebusch, of the South African Medicines Council, acknowledges that "the council is now looking into up-scheduling the drug", in order

● To PAGE 18

P.T.O.

Venter talks to anti-smoking group

PRETORIA. — National Health Minister Dr Rina Venter held talks with an anti-smoking delegation suggesting that advertising be curtailed and cigarette taxes increased. — Sapa.

②7 A/C 30/8/91

Internal probe clears doctors of negligence

Staff Reporter

2/9/91

AN internal investigation has cleared doctors and medical staff of negligence following the brain damage of a two-year-old girl after heart surgery.

According to the deputy medical superintendent of the Red Cross Children's Hospital, Dr Rod Marshall, Nicole Williams, of Retreat, was affected by "cerebral anoxia" after the operation in December last year.

He said Nicole was born with a hole in her heart. She suffered respiratory problems after the operation to repair her heart. An oxygen shortage had caused brain damage and Nicole had lost her sight. Nicole's mother, Miss Magdalene Williams, could not be reached for comment yesterday.

Vasco woman, 65, rained robbed in flight

Own Correspondent

JOHANNESBURG.

The government appears determined to push ahead with its plans to have anti-smoking legislation passed during the next session of Parliament.

National Health deputy director-general Dr Hans Steyn said at the weekend his department had taken steps to ensure that the proposed legislation could be handed in for next year's parliamentary session.

The Control of Smoking and Advertising of Tobacco Products Draft Bill was to have appeared in the Govern-

Law on smoking still on the cards

ment Gazette two months ago. The delay in publication led to suspicions that government was bowing to pressure from the tobacco industry.

The proposed legislation includes provision for rotating health warnings on tobacco products and advertising. A delegation made up

of representatives of the Medical Association of SA, the Heart Foundation of SA and the National Cancer Association of SA has called for the phasing out of all forms of tobacco advertising and promotion, strong rotating health warnings on cigarette packs and advertising in the interim, increased taxation of tobacco products and banning cigarette sales to children under the age of 16.

The delegation also wants a ban on smoking in all closed public places and smoking restrictions in more open public places.

November 1991

fail to retire after paper

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Govt takes steps to push through anti-smoking laws

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APOLOGY

Due to circumstances beyond our control telephone lines in the Roodekop/Germiston area have been out of order continuously.

We apologise for any inconvenience caused to our customers.

In the event of further breakdowns please phone or fax our Pretoria office at Tel (012) 77-6131/2 or fax (012) 77-4149.



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Amsterdam's solution to drugs, vice

CTT/9/91

BY ARI JACOBSON

WE'VE just strolled into a coffee shop in Amsterdam. Wim, the Dutchman with me, signals to the guy behind the counter to "show him the best stuff you've got". Not coffee, but dope.

The man behind the counter hauls out two bags. This, he says, holding out one, is sensi all the way from Jamaica, and those red heads are from Transkei. There is nothing strange about ordering dope in Amsterdam, nor that the guy I'm with, Wim, is a cop who tells me that "freeing-up soft drugs has been the best cure for the hard drug problem" in this continental city.

Once outside we carry on cruising through the red-light district where, whatever your sexual preferences, you have only to ask — and pay.

The concept, says Wim, was devised around 1985 to free up regulations on vice and drugs. At first everybody was concerned that it would exacerbate the drug problem — that a heroin addict would come to Amsterdam for his final shot on earth.

"That's gone," he adds. "No young junkies are coming onto the street. The average age among them is 30 to 35."

We enter a corridor where almost every inch is covered by a glass box, with scantily-clad women inside.

"If they run into any problems a bedside bell alerts the police," says Wim. "But there's not that much harassment," he adds, because of the regulated manner in which their trade is overseen — medical check-ups, compulsory use of condoms and so on.

"You see that blonde?" He's pointing at someone who could have stepped out of Playboy magazine.



OBLIVION . . . a young man continues rolling a joint at a pavement coffee shop in Amsterdam, quite unconcerned that a policeman is riding past on a bicycle. Picture: ARI JACOBSON.

hours. If they return in that time we lock them away", explains Wim.

When the dope laws were relaxed in 1985 the inflow of junkies was tremendous, he adds, but the stark reality of what drugs can do to a human being had a remarkable effect. It was clear for youngsters to see — being a junkie was not so cool.

The Dutch government introduced a methodone programme, with buses cruising through the city providing junkies who were trying to dump the habit with an alternative drug with the same kick as heroin but without the addictive side-effects. Within a year to 18 months — and a little luck — addicts are rehabilitated.

The government have got it right, he explains, and "the whole of Europe is starting to copy us".

"She does this because she enjoys it. She's not into drugs, just not interested in a nine-to-five job."

The small alley opens on to a canal. This particular one, De Zuiderdyk, is famous among the heroin junkies.

"Hashish is confined to smoking in cafés. Smoking anywhere else is forbidden."

Nothing happens to anyone smoking in the street. There is a problem, however, for the coffee shop owners, because anyone caught smuggling dope into the country faces conviction.

"How they get the goods from Morocco, or wherever, is their problem. Once in the coffee shop, it's legal."

We move into a sleazy area where the junkies hang out.

"If we catch them shooting they're treated like naughty boys and kicked out of this area for seven

Amsterdam's solution to drugs, vice

By ARI JACOBSON

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Pictures: ARI JACOBSON.

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MOVIES ON SUNDAYS

From ANTHONY JOHNSON
Political Correspondent

DURBAN. — The government plans a massive cut in red tape allowing for the showing of movies and the sale of liquor on Sundays.

The action will be part of a plan to turn tourism into a R20-billion-a-year moneyspinner by slashing restrictive laws and helping to reorganise the entire industry.

Among the key changes expected are the easing of regulations curbing the sale of alcohol and the showing of films on Sundays.

Tourism Minister Dr Org Marais said in an interview yesterday that a major government-private sector drive would be launched soon to turn tourism into the country's largest industry.

'Gold mine'

The first leg of the twin strategy would involve a massive cutting of legislative red tape currently inhibiting the tourist industry from reaching its full potential.

The second would entail the reorganisation of the whole industry according to a "scientific plan", including the establishment of a comprehensive data bank so that all tourist-related information could be audited and used for more effective planning.

According to Dr Marais: "We are

relaxation of regulations affecting the charter-flight industry but calls for the legalisation of casinos "would probably have to wait until the new South Africa".

He said it was critical that regulations currently "choking" the tourism industry be removed.

"At the moment, we don't even have the staff available to administer the regulations properly anyway."

Tourism currently accounted for only 0.7% of South Africa's gross national product, while the average for most countries in the developed world was 6%, he said.

Billions in revenue

Another factor hampering revenues from tourism was that only 300 000 of the one million tourists currently visiting South Africa originated from the wealthy industrialised countries of Europe, the United States and Japan.

"Within the next two years tourists from these countries could increase to one million, pushing up the revenues from tourism to R4 billion."

"If we could reach our goal of pushing income from tourism up to 6% of GDP, the average for Western countries, tourism in South Africa could become a R20-billion-a-year industry, surpassing gold."

Dr Marais said there were already one million Japanese wishing to visit South Africa every year, but it was not clear if the local standards of hotel cleanliness and public transport could meet their needs.

Last puff for smokers

• Banning the sale of tobacco products to children under the age of 16 years (87 CT 1/9/91)

• A compulsory note on cigarette packets giving the nicotine and tar content and a health warning.

However, advertising of tobacco products would not be outlawed as the Department of National Health believed this was not practical, he said.

Dr Marais said an advertising code for cigarettes might be introduced.

• SA economy 'set to grow' — Page 2

Travel Agencies Act and the Hotels Act.

He had also asked the Liquor Board to remove obstacles to the sale of liquor which might adversely affect the tourist trade.

The Competition Board would review laws affecting caravan parks, guest houses and bed-and-breakfast accommodation to remove all impediments affecting them before the end of next year.

The Department of Justice would review the Public Holidays Act, particularly the provisions preventing the showing of films on Sundays. Local authorities would in future be able to decide when films could be shown.

Dr Marais said the government was also prepared to look at calls for the

DURBAN. — The government will soon be empowered to ban smoking in certain public places.

A law governing the control of tobacco products was currently being drafted which would give the Minister of Health the authority to issue regulations outlawing smoking in certain areas, the Minister of Trade and Industry, Dr Org Marais, disclosed yesterday.

He said other features of the proposed legislation, expected to be tabled in Parliament early next year, included:

sitting on a gold mine that is being badly managed and under-utilised."

The goal was an eight-fold increase in foreign tourism to South Africa which at present sees one million visitors spending R2.5 billion a year in South Africa.

Dr Marais said a white paper on a new tourism strategy for South Africa would be finalised later this month after a meeting on September 24 with members of the industry.

Early next year a new consolidated Tourism Bill, which was aimed at slashing the red tape inhibiting the rapid expansion of the tourist industry, would be submitted.

Dr Marais said the new bill would also entail the repeal of the Tourist Guide Act, the Travel Agents and

MRC to enforce a smoking ban ⁽⁸⁷⁾

Sowetan
By XOLANI
MAKWEDINI

THE Medical Research Council has instituted a ban on smoking in all its buildings with effect from January 1 next year to give staff time to stop smoking.

This move enforces a no-smoking policy which was introduced by the council in 1984, but which was not fully implemented.

The MRC has also offered to pay for employees to attend a course to give up smoking.

Dr S van Heerden, president of MRC, said: "People who smoke at work are not only damaging their own health, but also the health of co-workers who do not smoke."

"Working in a smoke-

filled environment is not merely an inconvenience for non-smokers, but poses a real risk to their health.

"The MRC has a responsibility to restrict health risks at work to a minimum."

Van Heerden praised the action of some companies which had recently issued bans on smoking on their premises, adding that private industry could play an important role in discouraging the smoking-habit and establishing non-smoking as a social norm.

In 1988 the MRC produced a comprehensive document on the effects of smoking on health which the Department of Health consulted before introducing the recent draft legislation on cigarette sales and smoking.

AS SA awaits the introduction of legislation to restrict tobacco advertising, a fiery debate over the same issue has erupted in Canada. And the local tobacco industry has lost little time in adding the Canadian experience to its own armoury.

On July 26 Quebec Supreme Court judge Jean-Claude Chabot struck down the Tobacco Products Control Act 1988 as unconstitutional and a violation of freedom of expression.

He labelled the Act — which banned tobacco advertising on Canadian radio, TV, newspapers, magazines and billboards — as “a form of censorship and social engineering incompatible with the very essence of a free and democratic society”.

The Act also made health warnings compulsory on tobacco products, restricted tobacco industry sponsorship of sport and cultural events and prohibited use of tobacco trademarks on anything other than a tobacco product itself.

The Canadian government's attempt to control the thoughts, beliefs and behaviour of its citizens was an unacceptable form of paternalism and totalitarianism, Chabot said.

Now Canadian federal lawyers are fighting back with an appeal challenging Chabot's ruling which they say has implications for other federal laws such as the regulation of guns, prescription drugs and alcohol — all legally manufactured products which have socially acceptable restrictions placed on their advertisement, sale and distribution.

They claim the fundamental issue is that the Canadian Charter of Freedoms and Rights guarantees both health and freedom of expression as basic rights. Restricting the right of tobacco manufacturers would be justified in the interests of public health.

But the Canadian debate is as much about the power of advertising as it is about health or freedom of expression. The anti-smoking lobby sees tobacco advertising as a powerful way of getting young people

Canadian court ruling fires up SA tobacco industry

B 10 Aug 25/9/91
TANIA LEVY

hooked on smoking, reassuring existing smokers, drowning out health messages and buying silence from mass media dependent on this advertising revenue.

The tobacco industry argues that advertising is not used to recruit new smokers and heralds the Canadian court finding as “the most telling endorsement of the right of tobacco manufacturers to inform smokers about their products”. The court finding, says the Canadian Tobacco Industry — in a statement issued locally by the SA Tobacco Institute which represents local tobacco manufacturers, farmers and other tobacco interests — “is the most telling deconstruction of unsupported arguments for tobacco advertising bans”.

Chabot dismissed the “enormous volume” of scientific evidence filed by the attorney-general on tobacco's health hazards as “irrelevant” to the case and said it “served merely to colour the debate unnecessarily”.

At the heart of his judgment was his finding that the Act was not about health but about advertising. Chabot said the Act's stated objective of protecting public health was “incidental if it existed at all”. As he saw it the true purpose was to control the advertising and promotion of tobacco products.

“Advertising” — in particular tobacco advertising — was the “evil” which parliament intended to prohibit, not the manufacture, sale or use of tobacco, he said. The Act was “singularly timid, not to say mute”, on concrete measures to deal with the problems of tobacco use.

And this is the crux of the matter. The ban sought to stop advertising and Chabot could see nothing wrong with advertising. It did not promote hatred or violence and in and of itself was not harmful. Quoting Aristotle, he said no one had ever been bitten by the word “dog”. In fact, advertising had an important role to inform.

Banning tobacco advertisements deprived a third of Canada's adult population — 6.7-million consumers of the product — of information regarding existing products, new trademarks or changes in products — information which would allow them to make important economic choices, said Chabot.

He took this a step further and said this freedom to make economic choices was an important aspect of self-fulfilment and personal autonomy. Furthermore he found that the

“virtual totality of evidence in the state's possession” did not prove a ban on advertising would affect consumption.

“With or without adverts nicotine would or would not continue to create addiction, as the case might be.”

Needless to say, the anti-smoking lobby here and abroad does not agree. National Council Against Smoking SA executive director Dr Yussuf Saloojee quotes statistics which show tobacco consumption in Canada has fallen a record 20% since the introduction of the legislation in 1988.

This, he says, is two to three times as fast as the drop in the US and in the UK where advertising is still allowed.

Saloojee says an analysis of 33 countries showed average cigarette consumption fell by 1.6% a year with a total advertising ban, and increased by 1.7% where no restrictions were imposed.

He is particularly scathing about the judge's ruling that associating cigarettes with glamour, success and sporting prowess is not misleading: “He sees nothing wrong with skillfully manipulating young people with images and illusions to use a product that will first addict and then kill

them. Shorn of its symbolic value as an entry to adulthood, the cigarette is not saleable on its own merits. Youth and children are not sold cigarettes, they are sold independence, maturity and an affluent lifestyle.”

SA Institute of Medical Research community health director Dr Derek Yach says advertising is clearly targeted at children and developing communities — new markets for tobacco products.

The decrease in smoking among whites over the past 10 years has been coupled with an increase in smoking and tobacco-related deaths in black and coloured communities, which proved that manufacturers had identified their new market sectors well and relied heavily on advertising, especially on radio.

But will local tobacco manufacturers follow their Canadian counterparts and take government to court?

Yach believes they could. But the industry will not even comment on government's proposed legislation, which has yet to be published but which will not go as far as a total ban on advertising, according to National Health Department deputy director-general Dr Hans Steyn.

Wits University law professor Johan van der Vyver says SA tobacco manufacturers would not be able to contest any legislation on the grounds that it infringes freedom of expression because SA has no bill of rights.

In a post-apartheid SA, a bill of rights would most likely follow the more detailed European model than those of Canada or the US which are very general, leaving it to the courts to weigh up conflicting values such as public health and freedom of expression.

Van der Vyver says he would be surprised if a future SA bill of rights did not give powers to restrict rights and freedoms such as in the interests of public health or to outlaw the expression of racial discrimination.

Tobacco companies would still be able to contest advertising restrictions in court, but would be less likely to win.

Council passes anti-smoking law

Louise Burgers
Municipal Reporter

87

Johannesburg restaurants will have to set aside half their seating for non-smokers from November.

The "milestone" decision by the Johannesburg City Council last night will be promulgated in the Provincial Gazette next month and will become effective by November.

After heated debate by councillors, who divided into smoking and non-smoking camps, the proposal was carried by 33 votes to 7.

Health and housing committee chairman, Marietta Marx, a non-smoker, admitted it was an unpopular step but said the city had reached a milestone in taking the decision to protect the health of its citizens.

"The bottom line is not that we are trying to stop people smoking. We are reserving the rights of the non-smoker to breathe unpolluted air," she said.

The new by-laws state that:

- Restaurants with more than 50 seats have to set aside half their seating for non-smokers.
- Smoking will not be allowed in areas where food is prepared and served, particularly in take-aways.
- Smoking on council premises where members of the public are served is prohibited.

In the past six months, 84 objections to the new health by-law were received, mainly from restaurateurs and also from the Johannesburg Chamber of Commerce and Industries and the SA Restaurant Guild. Only two

submissions in favour were received.

Management Committee member Cecil Bass, a smoker, supported the proposal and said that the council would not put a Casspir outside the door of each restaurant in the city to police the new regulations, but would try a process of persuasion and co-operation.

Smoker Jacques Theron (CP) said if the council was going to take steps to protect the non-smoker, it should also take steps to protect people against Aids, polluted water and air.

"This is senseless, we don't have the moral cheek to prescribe to others," he said.

Non-smoker Eddie Venter (NP) described the decision as a return to petty apartheid and discrimination against smokers.

Breathe

The DP's Elsabe Brink, a non-smoker, said she supported the public's right to breathe unpolluted air.

The main objections from restaurateurs were that restricting smoking in restaurants was an infringement of the individual's choice; the by-law was impractical and close to impossible to implement; sections for non-smokers would force restaurants out of business and that restaurants should instead be allowed to try a voluntary approach towards smoking.

According to a report before the council, the new non-smoking regulations are in line with worldwide moves to protect the health of non-smokers.

● More reports — Page 13

Alcohol and dagga abuse rife among senior pupils

5/10/91
DURBAN — More than 50 percent of pupils in Stds 8, 9 and matric drink alcohol and at least 5 percent of matric pupils smoke dagga.

These are some of the findings of a recent research project by the Department of Education and Culture in the House of Assembly, according to Fanus Schoeman, Deputy Minister of National Health and of Health Services and Welfare.

Speaking in Durban at the opening of a National Youth Council conference on chemical substances abuse, Mr Schoeman said the study also found that 8 percent of pupils polled had experimented with so-called legal drugs such as over-the-counter medicines and solvents.

He said one factor contributing to the problem of drug abuse, particularly among young people, was myths about drugs. One was that the use of drugs for "relaxation" was not harmful.

However, it had already been proved that all banned drugs were harmful to the user's physical and mental well-

Star 5/10/91
OWN CORRESPONDENT

being, Mr Schoeman said.

"Further, the abuse of the so-called legal drugs, such as alcohol, over-the-counter medicines and solvents is just as dangerous, if not more so, because of their social acceptability and greater availability."

Another popular myth was that dagga was no more harmful than alcohol or nicotine.

Habit-forming

"The fact is that a dagga cigarette contains 50 percent more tar than a normal cigarette. Dagga is habit-forming and prolonged use has far-reaching psychological and social implications."

Mr Schoeman said it was not true that only "weak" people became drug addicts. "People who abuse drugs become weak and a clear pattern of deterioration can be seen. I want to emphasise that none of us is immune to drug dependency. There are no so-called safe ways to use drugs."

Whites 'abusing headache tablets'

(S) 15/10/91
The Argus
Correspondent

PRETORIA. — Abuse of over-the-counter headache preparations is rife among white South Africans.

Professor Lourens Schlebusch, of the University of Natal's Department of Psychiatry, said in Pretoria the abuse of analgesics in South Africa was widespread, particularly among whites.

Prolonged and excessive use of analgesics often caused serious physical damage, especially to the kidneys.

Up to one third of all patients in kidney units at academic hospitals had abused analgesics, which also resulted in dependency, Professor Schlebusch said.

Headache preparations containing codeine and caffeine were the most harmful. Codeine was the "major culprit", as it was an opiate.

Addressing the 10th annual congress of the Psychological Association of South Africa, Professor Schlebusch said some abusers consumed "staggering" quantities of analgesics — between four and 11kg in a 10 to 15-year period.

A study done at Addington Hospital in Natal had shown that abusers were usually between 44 and 69 years old, and had been abusing analgesics for up to 15 years.

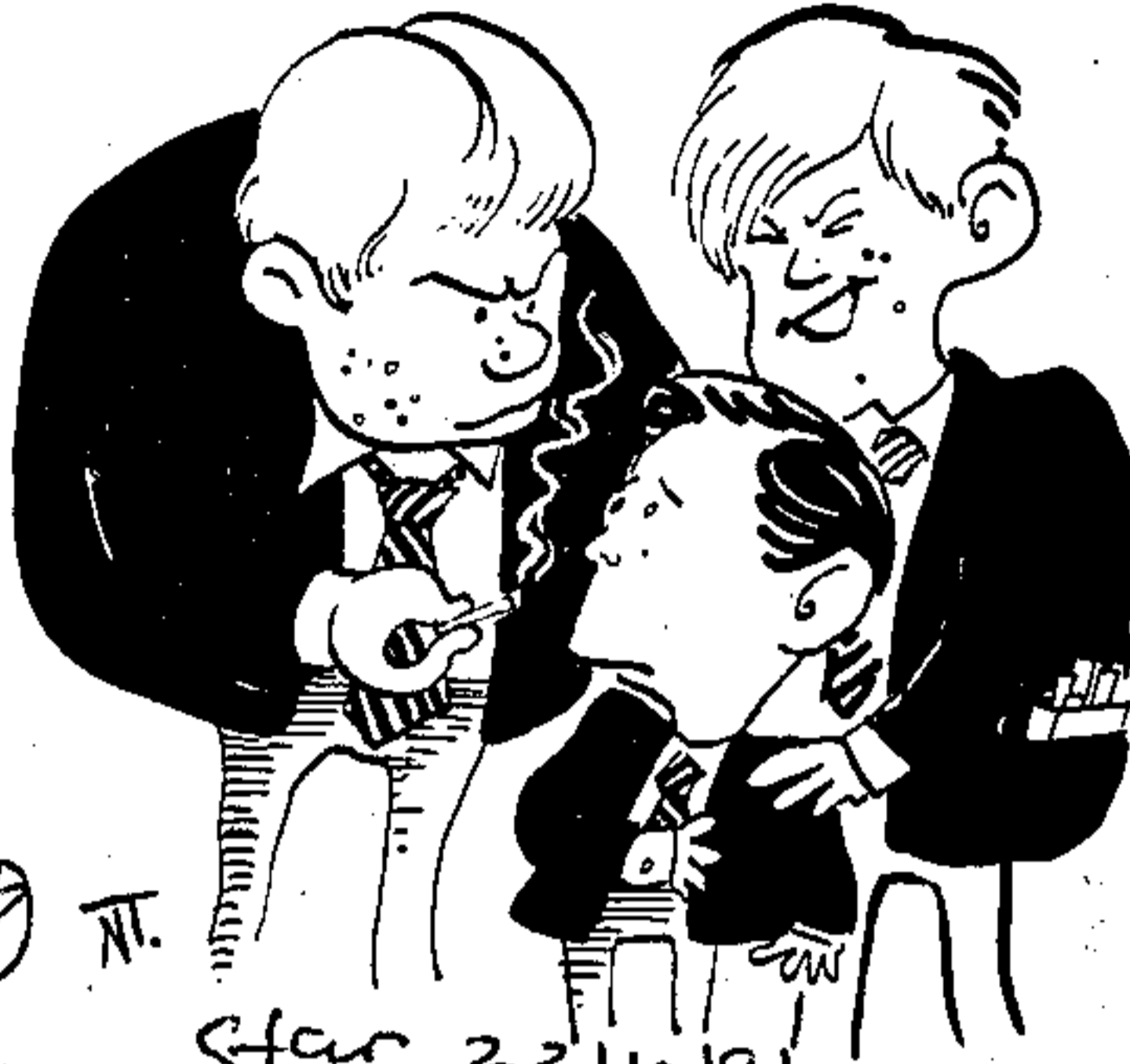
Men and women abused these substances in equal numbers, although studies in other countries had shown that women abusers were in the majority.

Professor Schlebusch said the educational and social background of abusers seemed to be "slightly more disadvantaged" than non-abusers.

EDUCATION

Drugs: guide kids by helping them say 'no'

A unique programme which gives children the knowledge and experience to be able to take a mature decision about drugs, is about to be launched in South Africa.



84 ~~218~~ M.

Star 22/10/91

Is there a child out there who needs another high-handed moralising lecture on the dangers of drug abuse? Not likely.

But what if children had a chance to learn about their bodies and their friends, ask questions, participate in group discussions, and then everyone butted out of their lives and left them to make up their own minds?

That sounds like it might work and probably explains why the anti-drug Life Education Programme, developed in Australia 12 years ago, now has the support of hundreds of thousands of children and parents in Britain, the US, New Zealand and Thailand and is growing all over the world.

The unique not-for-profit education project, which counts Britain's Prince Charles and Princess Di amongst its famous patrons, is expected to be up and running here in 1992.

Australian Life Education development manager Garth Jones arrived recently in South Africa to pitch the programme at government, business and community representatives here and set up fundraising networks.

Life Education is a seven-year course aimed at very young children — between the ages of five and 12 — and normally runs alongside their normal primary school curriculum.

"We aim to get in before children have their first contact with drugs. Anyway by nine or 10 most kids have had some experience of drink or tobacco and by 12 many behaviour patterns are set," Mr Jones says.

The course is different from other drug prevention campaigns,

he says, in that it is "not a whole lot of fingerwagging do's and don'ts".

"We are fighting ignorance, mostly. Most children get into drugs through ignorance and peer pressure, which are difficult to resist," he says.

"One of the messages we try to get across is that it is okay to be different, okay to say no. We do role playing, say, for example, a group pressurising one of the members to have a cigarette.

"Afterwards we analyse what each child said and felt, teach them refusal skills and boost their self-esteem.

"The idea is to expose them to peer pressure — to get them used to thinking for themselves, being strong and making difficult decisions under pressure so they are ready when the real thing happens — and it will."

The programme, originally designed for white Australians, has just been transformed for kids in the street slums of Bangkok. Thai teachers use different photographs, speak about different types of food, but the essence of the course remains.

It is expected that the South African Life Education centres will operate similarly to those overseas — as a community project, with each centre initiated, owned and operated by local volunteers under the guidance of Life Education headquarters.

The project will begin next year in the Free State, as the Free State Provincial Administration has allocated R6,5 million to it.

Volunteers or donors can call Daleen Anderson at (012) 343-3288.

ADAM GORDON

Drug abuse on the rise in PWV area

81

Soweto

28/10/91

AN UNASSUMING pensioner at a backyard shack in Soweto peered suspiciously at a young man who was knocking at her door.

When the youth asked for bread, the old lady responded by quickly pulling a small parcel wrapped in newspaper from under her long, threadbare skirt.

The youngster accepted it, tore it open at one corner, sniffed it and nodded before handing over R1 to the granny.

A drug transaction had been made.

On seeing my questioning look, she shrugged her bony shoulders and said: "A woman has got to eat and feed her children.

"So I have to make sure my customers are not from the police. They (the police) always try to disrupt our business."

Illegal drugs net fortunes for dealers throughout the world - and an all-out war has been declared on dealers by specially trained anti-narcotics squads.

Drug dealers in Soweto sell dagga, Mandrax and the "white pipe" - a mixture of the two - from the most squalid shacks right up to the posh suburbs of the affluent.

Although you will seldom find junkies in the streets of Soweto, it is general knowledge that dagga and Mandrax are widely peddled and abused.

In the PWV area, police have identified seven drug cartels and their bosses who are still walking free and directing their multi-million rand empires.

Captain Smith of the Soweto branch of the South African Narcotics Bureau said: "It is not that we do not know them but it is very difficult for us to arrest them as they do not even touch the stuff."

This is the first article in a three-part series on drugs and the effect they are having on our society. PHANGISILE MTSHALI reports.

The Soweto branch has seized dagga and Mandrax tablets with a street value of more than R600 000 since January.

About 500 people have been arrested in connection with the drugs.

Mandrax, depending on the intensity of the "kick" it can give, has been given fancy names.

There is the "German" which sports a Nazi swastika, and the "Russian". Another brand has the sign of a popular motor manufacturer. The no-name brands are there for the down and out.

"This shows the extent of the drug problem," said Smith.

"The sad thing is the public does not want to stand up against drugs now.

South Africa is the world's biggest abuser of Mandrax. With 16 million tablets seized worldwide last year, 14 million of those were from South Africa."

According to parliamentary reports, last year alone about eight million dagga plants were destroyed with an additional 5 billion kilograms of the processed drug.

About 16 500 people were arrested in connection with dealing, possession, and trafficking in drugs. Ninety percent of arrests



Major PJ Kruger, chief of the Witwatersrand branch of the South African Narcotics Bureau, is "keeping tabs" on drug cartel bosses.

involved Mandrax.

"We know they ship and fly Mandrax from India where it is legal," said the chief of Sanab on the Witwatersrand, Major PJ Kruger.

But for Kruger and his crew, Wellconal, an over-the-counter prescription drug, is their biggest headache. Junkies fondly call it "the pinks" because of the its colour.

Cocaine is also finding its way to the rich suburbs.

Last year about 100kg of the "Rolls Royce of drugs" were seized.

"Only the rich can afford cocaine because a gram costs nothing less than R300," Kruger said.

"We have made a number of arrests in Johannesburg's northern suburbs."

The Witwatersrand branch of Sanab has identified Hillbrow as a fertile market for drug syndicates with droves of dagga,

burg "is a known haven for dealers and peddlers".

The Witwatersrand branch of Sanab has confiscated drugs worth R1,2 million - R1 million from Mandrax - since April this year. The haul left 300 behind bars.

"In the past three years there has been a dramatic increase in pushing and abuse.

"Only education on all levels will abate the plague," advised Kruger.

"It is high time people realise the dangers of drug abuse. When a person is an addict his whole life falls apart. He loses his job and to support the habit he turns to crime."

Mandrax and Wellconal abusers.

Western Coloured Township near Johannes-

Society is apathetic to drug abuse

Sowetan
29/10/91.

81

A MIDDLE-aged man rushed into a chemist in Hillbrow trembling from head to toe like a leaf, his eyes wide open like a madman's.

"Give me a syringe, any kind," he shrieked at the pharmacist, pushing a R5 note under his nose and disregarding those who were in the queue.

The pharmacist, catching on to the emergency, reached under the counter for the syringe with one hand and rung the transaction on the till with the other.

As he put the syringe on the counter, the young man grabbed it and sprinted out of the door leaving the pharmacist holding a few coins of his change.

The pharmacist shrugged and tossed the coins in a box under the counter.

"He will be back for it once he has had his shot," he said, dismissing the incident.

The middle-aged man could easily have been Jan (33) who has been hooked on drugs for 10 years.

Jan, like many white young men, blames the South African Defence

This is the second article in a three-part series on drugs and the effect they have on our society. Sowetan staffer PHANGISILE MTSHALI reports.

Force for his problem.

"When I joined the army I was an innocent teenager. Before long, I was trying out the infamous 'war drug' that used to turn us into killing machines in the Angolan war."

Jan has been admitted to rehabilitation centres four times. He has survived more than a dozen overdose incidents.

To meet his craving for drugs, he has coerced doctors into prescribing whatever he wanted and bribed pharmaceutical company workers. He has also spent three years in jail for forging prescriptions.

In 1982, after a stint at a Johannesburg rehabilitation centre, he stayed clean for 18 months.

"My clean span ended in 1984 when I took a six-week tour of America," he said.

"I was barely two hours in New York when I had my first sniff of cocaine. I was stoned throughout the holiday. I used to drink two tots of hotstuff (spirits) so that they would think I was drunk."

But Jan is back at a rehabilitation centre fighting to beat his addiction.

"If I could stay clean for 18 months, there is nothing that would stop me staying clean for the rest of my life," he said.

"My advice is simple - the quicker they get Wellconal off the market, the better. It is killing many more people than you can imagine. Opiates, which are available over the counter, are the worst.

"The public must be educated about the drug problem and former addicts must be used in these programmes," Jan said.

A veteran in fighting drug abuse, Dr Sylvain de Miranda, agrees with Jan that education is the only weapon to fight drug abuse.

"The programmes must start with the young ones in

schools," he said.

"The South African public has got the worst awareness of the problem. Its rehabilitation centres are a disgrace. We must understand there can be no effective education without the infrastructure."

De Miranda suggested the use of existing hospitals and clinics as a base for rehabilitation programmes.

"We must understand it is impossible to find a drug-free environment. Therefore, drugs must be fought in churches, schools, parents' associations and in all sectors of the society".

De Miranda warned that while the black community has not been penetrated by hard drugs, abuse of glue, benzine and other intoxicating substances was high.

"Ways to uproot poverty and create more jobs must be found," he said.

"Drugs provide a lucrative business. It is a great pity that today's drug cartel bosses are role models and are envied by the youth. They drive posh cars and stay in palatial homes."



An assortment of drugs that are the scourge of our society.

Hooked on drug habit

Sowetan

SM

DRUG addict Mauricio (16) so vividly remembers the day his friend died of a heroin overdose that he sweats nervously and shows acute discomfort when talking about it.

But this experience did not break Mauricio's drug habit. He started, when he was only 11 years old, by sampling marijuana his classmate had stolen from home.

"I tried it because I was curious," he said.

Since then, he confessed, he had smoked it as cigarettes as he graduated to more powerful drugs.

"After marijuana I began taking over-the-counter prescription drugs," he said.

"I soon discovered that, if I spiked the water solution of these tranquilisers, I would get a much better kick.

"After my first spike, it was as if a big dam had burst inside me. I was so 'high' I felt capable of flying.

"My first experiment with heroin, sometime last year, was even better," he said.

"The stuff was a wonder. I could sniff it, smoke it with marijuana or spike it."

But it was not long before Mauricio became totally dependent on the substance.

This is the third and final article on drugs and the effect they have on our society. Sowetan staffer PHANGISILE MTSHALI speaks to two addicts about their habit and chances of rehabilitation.

30/10/91.

"Without having a shot, I could not walk, or even wake up. I only felt normal after a spike. Soon after that I could only survive with three to five shots a day."

Mauricio, the only child of a well-off Mozambican family, had been on drugs for four years before his mother found out.

"I was hurting inside because I wanted to stop before this happened. I love my mother very much so it was a relief when she found out."

Mauricio's mother acted fast and flew her son out to a Johannesburg rehabilitation centre.

Mauricio had his first relapse three months later, when he drank three bottles of cough mixture.

A 26-year-old advertising personality is also drying out at a rehabilitation centre. This is her fourth stint since she became hooked on over-the-counter drugs four years ago.

Cecilia has knocked on the grave's door 17 times from overdose. Her latest escapade kept her in an intensive care unit for a week. She has also spent two weeks in prison while waiting to be transferred to a

state rehabilitation centre.

"My problem was that I held a responsible and demanding position at a young age," she said.

"I took vitamins to keep up my strength and had to rely on sleeping drugs to shut my eyes every night.

"Before I knew it, I was taking more than 10 different drugs at one go every night. I never forged a prescription in those years but I always had my supply.

"We drug addicts are very persuasive. I had about eight different doctors whom I conned and shamed into giving me more tablets."

Mauricio and Cecilia are just two of many young people who inadvertently find they are slaves to drugs.

They, however, are still braving it out at the rehabilitation centre. Some of the friends they met there jumped the fence when the craving grew unbearable.

"I am a drug addict and I will die one," said Mauricio.

"If I could live my life again, I would avoid the day I took that marijuana puff."

Hard drugs abuse expected to rise

By Carina le Grange

Experts fear that abuse of hard drugs could rise sharply in South Africa as a result of increased tourism and business traffic into the country.

Narcotics Bureau spokesman Lieutenant Jakkals Britz said the police were expecting a sharp increase in drug abuse as

more drugs entered South Africa as smuggling routes were "thrown open".

This was the result of sanctions being phased out, new air routes and flights being opened to all parts of the world, and the consequent increase in the number of visitors.

Lieutenant Britz was approached for comment after heroin valued at R1 million and cocaine with a street value of

more than R1,5 million were seized on the West Rand and in Rustenburg since August.

Lieutenant Britz said Mandrax and dagga were the two illegal substances most often abused, but the use of heroin and cocaine, which he described as "rich man's drugs", was increasing.

The value of heroin and cocaine in circulation in South Africa, as well as what had al-

ready been seized by police, amounted to millions of rands and that it could only increase.

"South Africa has been identified by the international drug smuggling network as a good place to export drugs to.

"We are a breeding ground for addicts.

"At this stage we are already the world's biggest user of Mandrax," Lieutenant Britz said. South African National Coun-

cil on Alcoholism and Drug Dependence executive director Dr Chris van der Burgh warned that drug abuse in South Africa was taking on "alarming" proportions.

He said a recent United Nations survey on narcotic drugs noted that low priority was being given to the drug problem in Africa in comparison to other health and social issues. This had led to a steady in-

crease in drug abuse and trafficking.

Socio-political conditions were causing stress which, in turn, exacerbated the abuse.

Lieutenant Britz said heroin was regarded as an "end of the road" drug that was used by addicts when all other drugs had been exhausted.

He said combating illegal drug use was one of the highest priorities of the police.

Star 1/11/91

817

'New SA' prosperity leads to hard drug increase — experts

The Argus Correspondent

JOHANNESBURG. — Experts fear abuse of "hard" drugs could rise sharply in South Africa as a result of increased tourism and business traffic into the country which will open up more smuggling routes.

Narcotics Bureau headquarters spokesman Lieutenant Jakkals Britz said the police were expecting a sharp increase in drug abuse as more illegal drugs entered South Africa with smuggling routes being "thrown open".

This was the result of sanctions being phased out, new air routes and flights being opened to all parts of the world and the consequent increase in the number of passengers and visitors.

Lieutenant Britz said combating illegal drug use was one of the police's highest priorities.

He said mandrax and dagga were the two illegal substances most often used, but that use of heroin and cocaine, which he described as "rich man's drugs" since they cost R260 and R360 respectively for one-off use, was increasing.

"We are a breeding ground for addicts. At this stage we are already the world's biggest user of mandrax," said Lieutenant Britz.

The executive director of the South African Council for Alcohol and Drug Abuse (Sanca) Dr Chris van der Burgh also warned that drug abuse in South Africa was taking on "alarming proportions".

He said socio-political and economic conditions were causing increased stress, which, in turn, exacerbated drug abuse.

Bylaw benefits passive smokers

By Louise Burgers
Municipal Reporter

Star
7/11/91

Johannesburg restaurateurs will now be prosecuted if they do not set aside half their seating for non-smokers in terms of the new municipal bylaws which were promulgated yesterday.

The city council decided in September to restrict smokers in cafes and restaurants with

more than 50 patrons.

The motivation behind the new bylaw is to protect non-smokers from the effects of passive smoking.

Acting health and housing director Annetjie Vlok said the council had waged a long campaign against air pollution.

"There is now ample evidence of the harmful

effects on the health of those who smoke, as well as those who innocently inhale tobacco smoke generated by smokers," she said.

Restaurant owners and the public who require further information can telephone 407-6111 and speak to Mr Hall, Mr Vogel or Mr Marsh at the Johannesburg Health Department.

~~2/8~~ 87

88 81
Smoking law

'new fascism'

Staff Reporter

~~Star 8/11/91~~
Restaurants are private property and should be free to adopt the smoking policy they like, says Free Market Foundation executive director Leon Louw.

Mr Louw, a non-smoker, said the Johannesburg City Council's by-law criminalising restaurants who do not restrict smoking on their premises was a "violation of proprietor rights", which verged on a "new fascism".

The city council decided in September that restaurants with more than 50 patrons should set aside at least 50 percent of their seating for non-smokers. The new by-law was promulgated on Wednesday.

The motivation behind the new by-law is to protect non-smokers from the effects of passive smoking.

Gift of hope for children

SUNDAY TIMES [C.M.]

10/11/91

THE lives of deprived children are to be enriched by a centre that is to open in the Western Cape's oldest township, Langa, before the end of the year.

Knowledge and growth are the chief aims of the Ulwazi Centre, which had its roof-wetting this week.

The centre is the realisation of a dream for community worker Mrs Mpumi Ngoqo who has long wanted a haven that offers recreational, educational and drug-counselling programmes.

Mrs Ngoqo began working with children several years ago and the small wooden building she used became known as the Langa Drug Centre. As word of her work with 270 children spread, increasing numbers turned to her for help.

In 1989 the Cape Town Drug Counselling Centre and Sanca joined the project.

As the idea for Ulwazi evolved, anti-drug campaigner Mrs Adele Searll led a fundraising drive and building began in June.



DELIGHTED . . . Mpumi Ngoqo and Adele Searll with some of the children whose lives will be changed by the Ulwazi Centre

Picture: TERRY SHEAN

HEALTH

Smoking's glamour trap . . .

The Argus Foreign Service

(87) ARG 11/11/91
LONDON. — Children as young as six link smoking with the glamour of motor racing and other "macho" televised sports sponsored by tobacco companies, a new report reveals.

The report shows that children who are aware of tobacco advertising are more likely to start smoking later.

The tobacco industry here spends about R500-million a year on promotion. It argues that advertising only affects people's choice of brands.

But the British Medical Associa-

tion believes the new study, published by the Cancer Research Campaign, proves children are directly affected.

They found that advertising not only recruits youngsters to smoking, but encourages them to continue.

Researcher Dr Gerard Hastings, of Strathclyde University, said they were influenced by sponsored televised sporting events.

"When we talked to children as young as six, they associated cigarette brands with fast racing cars and glamorous cars," he said.

Smoking critics slam glitz image in advertisements (87)

JOHANNESBURG. — Tobacco companies portray smoking as American and glamorous in advertisements critics say are aimed at blacks, who are expected to smoke more as their prosperity grows.

The tobacco companies respond that anti-smoking forces are trying to eradicate a habit embraced by 40 percent of South Africans, including President De Klerk.

The critics say film, radio and newspaper advertisements link cigarettes to glitz and the American lifestyle, big attractions to young blacks in impoverished townships.

"America has always had a very strong influence on people in the townships, and the image they see of America is one of a smoking society," said Dr Yusef Saloojee, head of the non-governmental Council on Smoking, which leads the opposition.

Forty-five percent of black South African males smoke, compared with 40 percent of whites, 55 percent of Asians and 50 percent of mixed-race men, said Dr Saloojee, whose office is crammed with colour posters of diseased organs. Smoking is far less

common among women of all racial groups.

ARG 12/11/91
Dr Saloojee's council has always opposed smoking, but was spurred to greater effort by fears that smoking among blacks would increase in the post-apartheid era.

"At the moment, African people tend to smoke 10 cigarettes a day as opposed to 25 cigarettes a day among whites," he said in an interview. "But as economic influence increases, more will begin to smoke and consumption will increase."

He cited a 7 percent increase in smoking among increasingly affluent South Africans of mixed race.

Since blacks accounted for about 75 percent of the nation's 40 million people, the result of more smoking would be huge increases in such costly and hard-to-treat diseases as lung cancer, Dr Saloojee said.

The Minister of Health, Mrs Rina Venter, has proposed laws that would prohibit the sale of cigarettes to anybody under 16 and restrict cigarette advertising.

Newspapers, meanwhile, publish many letters in defence of smoking. — Sapa-AP.

Ads 'won't reduce drug price much'

9/11/91

Staff Reporter

87

APPROVAL by the SA Pharmacy Council for pharmacists to advertise medicine prices is not likely to result in a mass reduction of prices, the marketing manager of SA Druggists, Mr Paul Anley, said yesterday.

"I suppose prices will drop at selective stores but many pharmacies have already been advertising illegally, offering discounts of up to 25%. It's very competitive anyway and the discount profit margin doesn't allow for much more reduction."

"The big problem" was that most people were on a medical aid scheme which took care of their expenses but medical aid societies did not "reward the consumer" with incentives.

Mr Anley said there were 2 750 pharmacies in South Africa, about one for every 2 200 whites and one for every 10 000 of the total population.

The SA Pharmacy Council manager of education, Mr Michael Herbst, said two pharmacies in Bloemfontein had recently sought a court interdict to stop a third pharmacy from advertising. The case was thrown out on a technicality after the court had ruled that the SA Pharmacy Council's ethical rules against advertising "weren't worth the paper they were written on", Mr Herbst said.

The council then gave advertising the green light this week, although the amendment officially allowing advertising still has to be published in the government gazette.

Don't travel tobacco road plea to blacks

Sovetan 12/11/91

87

CIGARETTE ads portray smoking as glamorous and American, and critics say they are aimed at blacks who are expected to smoke more as they prosper.

In response, anti-smoking forces are trying to eradicate a habit embraced by 40 percent of South Africans, including State President FW de Klerk.

Movie, radio and newspaper ads link cigarettes to glitz and the American lifestyle, big attractions to young blacks in impoverished townships.

They tout "Taste America" and urge smokers to "Meet the light American . . . with taste".

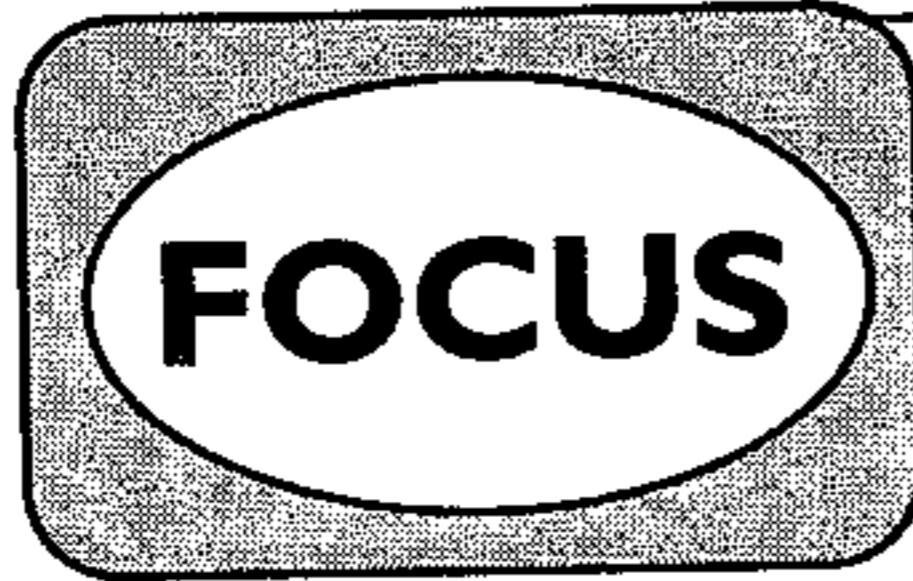
Harley-Davidson motorcycles and the Mississippi River, even Walt Whitman, pop up in the ads. The Camel man parachutes across the screens of movie theatres.

"America has always had a very strong influence on people in the townships and the image they see of America is one of a smoking society," said Dr Yusef Saloojee, head of the non-governmental Council on Smoking, which leads the opposition.

After viewing cigarette ads, South Africans might be shocked to learn that smokers in America are often social and professional pariahs.

Forty-five percent of black South African males smoke, compared to 40 percent of whites, 55 percent of Asians and 50 percent of mixed-race men, said Saloojee, whose office is crammed with colour posters of diseased organs. Smoking is far less common among women of all racial groups.

Saloojee's council has always opposed smoking, but was spurred to greater efforts by fears that smoking among blacks would increase in the post-apartheid era.



"At the moment, African people tend to smoke 10 cigarettes a day as opposed to 25 cigarettes a day among whites," he said in an interview.

"But as economic influence increases, more will begin to smoke and consumption will increase."

He cited a 7 percent increase in smoking among increasingly affluent South Africans of mixed race.

Since blacks account for about three-fourths of the nation's 40 million people, the result of more smoking would be huge increases in such costly and hard-to-treat diseases as lung cancer, Saloojee said.

Efforts to obtain comment from the tobacco industry and advertising agencies were unsuccessful.

Executives of agencies which produce cigarette ads did not return calls. The tobacco industry has avoided public debate, preferring to make its point in a pamphlet that urges moderation and courtesy by smokers and says allegations against smoking are often based on "emotional reactions".

The Council on Smoking tried to counter the tobacco campaign with the country's first anti-smoking ad. It was shown in movie houses for two weeks in May, all the council could afford.

Until the actors spoke, it seemed like another plug for cigarettes. Then a woman said in a breathy voice: "I just love the way it makes my breath so (pause) smelly."

"Mmmm, I know what you mean, when it clings to your clothes

and fingers," her male companion said dreamily.

Other actors spoke of the "pleasures" of lung cancer and heart disease.

Health Minister Dr Rina Venter has proposed laws that would prohibit the sale of cigarettes to anyone under 16 and restrict cigarette advertising. In September, the Johannesburg City Council voted to require non-smoking sections in restaurants.

Newspapers publish many letters in defence of smoking:

"Yes, I am a smoker," Lynette Greenway wrote to *The Star*. "But my habit, unlike that of alcohol abuse, does not persuade me to beat my spouse, abuse my children and demean myself in public. When we have successfully wiped those evils from the face of the earth, the smokers can be ban-

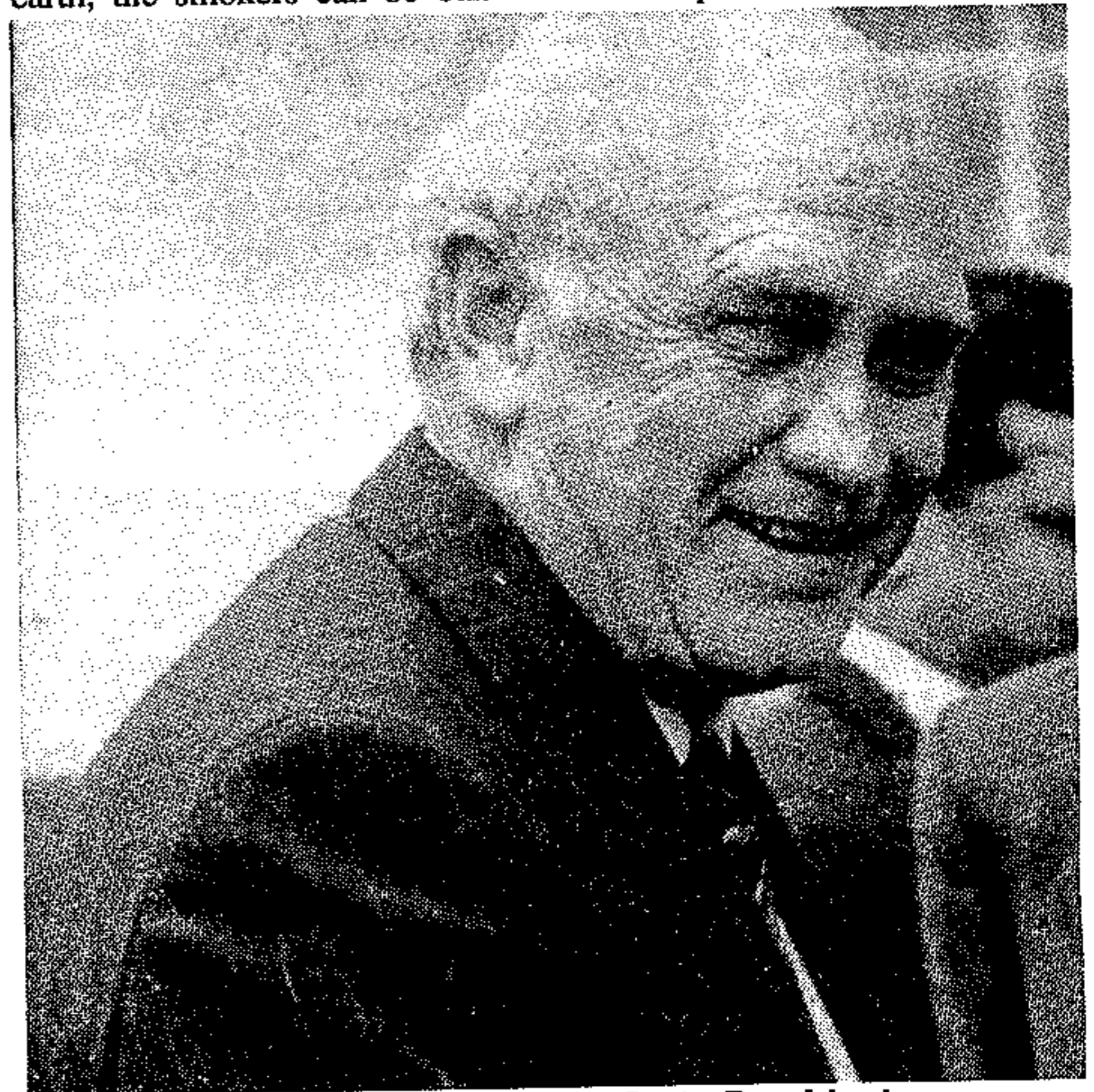
ished from paradise!"

In addition to a resistant public, anti-smoking forces must battle the powerful tobacco industry, which generates hundreds of millions of rands in taxes and a Government whose leaders smoke.

De Klerk, for instance chain-smokes when not in front of cameras. When the Council on Smoking asked him to abstain for World No-Tobacco Day two years ago, his office said the President was too busy to consider the request.

Opponents accuse Venter of knuckling under to the tobacco industry, which employs 50 000 people and uses much more domestic than imported tobacco.

Her office said it "is taking longer than expected" to prepare the anti-smoking legislation, which originally was to be introduced in June. - *Sapa-AP*.



FW . . . chain-smoking State President.

MANDRAX, SOUTH AFRICA'S OWN ADDICTION

Weekly Mail Reporter (89)
SOUTH AFRICANS are the world's worst mandrax abusers, consuming more of the deadly drug than the United States and Canada combined, according to the United Nations International Narcotics Control Bureau.

No less than 80 percent of all mandrax produced finds its way to southern Africa. Second only to dagga it is the most abused illegal drug in South Africa.

In June this year Law and Order Minister Adriaan Vlok told parliament that 2 141 suspected dealers had been arrested in Johannesburg alone.

In the six months ending June 30 1991, the South African Police seized and confiscated an unbelievable 1 142 592 mandrax tablets, 74 capsules and 102g of powdered mandrax. A total of 1 303 people were arrested as dealers in the same period.

w/mail 15/11 - 21/11/91
During 1990 a total of 1 153 571 tablets brought into South Africa from Europe and India were confiscated at entry points into the country.

A tablet manufactured in India at a cost of two and a half cents is sold in South Africa for up to 2 000 times more, depending on the availability of the drug. Dealers say it is cheaper by far to import the drug than to manufacture it locally.

According to the police, no local manufacturers have been discovered in the past two years. But users say that many of the badly coloured tablets are locally produced.

The colour of a tablet can determine the purity and sometimes the price. Snow-white is the ideal colour but rarely found. "Germans" have a Nazi swastika on the back and are speckled brown; "lizards" regarded by users as among the more potent tablets are beige and have a cross on the back.

"Golfsticks" are an off-colour beige and have two crossed golf-clubs the back — they are considered the best value for money.

One way of testing the authenticity of mandrax pills is by rubbing their edges on a pure cotton cloth or fabric — the mark left on the cloth should look like chalk. "Duds" are flat or powerless tablets and it is believed that exposure to light robs them of their potency. For this reason, tablets are wrapped tightly in tin foil.

Statistics from a rehabilitation centre in Stellenbosch show that 64 percent of abusers receiving treatment took mandrax with dagga in a "white pipe" — a dual dependency that was particularly hard to treat.

Their figures also show that although most users are between 15 and 30 years of age, children as young as 13 had become addicted. Most addicts were men (89 percent).

The white trail that leads

FIFTEEN rands was all it took for *The Weekly Mail* to get a "white pipe" in Die Kas (the cupboard), as Johannesburg's tiny Western Coloured Township is known.

Our contact into the trade despatched a thin, haggard young man with a broken arm to buy mandrax for us. In 10 minutes, he was back with two "Germans" — tablets stamped with the swastika emblem. Mandrax is big business in Die Kas.

Soon we were being shepherded past dogs, birds, guinea pigs, babies and grannies into the squalid backyard of a Western house for a pipe-up.

The pipe was made from the neck of a broken beer bottle, stoppered with brown paper and stuffed with *groen* (dagga). The smoking of mandrax, a particularly deadly way of consuming

the drug, is unique to South Africa. The mandrax was painstakingly crushed in a R20 note. "Smooth paper works the best, the cream catches on rough paper," the smokers tell us. A "doctor" was elected. He smokes last, remaining sober to spoon mandrax into the pipe and keep it burning.

Groen, a fast-talking gangster and part-time dealer, held the pipe to his mouth and took the first pull. A cloud of acrid smoke, reeking of burning plastic and dagga, filled the yard. "Watch this, watch how he falls," his friends warned us.

Within seconds, Groen fell in a stupor, strands of saliva specked with

W/Mail 15/11-21/11/91
 Die Kas is a poverty stricken township that has become the mandrax capital of the Transvaal. This week, a Weekly Mail team followed the 'mandie' route into the very heart of drug land. By FERAL HAJFAJEE, PAUL STOBBER and BLAKE OWENS

mandrax particles running from his mouth on to his arm and clothes. He could not stand or wipe his face.

"Hell, I left this yard. I was in Ennerdale selling tablets on the streets," Groen said when he came to five minutes later.

More mandrax powder was

spooned on and the pipe was passed to a man sitting on the frame of an old kitchen chair. For a moment after smoking, he slumped in the chair, only prevented from falling to the ground by supporting hands.

A quiet man standing against the wall pulled from the pipe: he stumbled into a washing line and wiped the spittle from his mouth with the corners of a freshly washed nappy.

Finally it was the "doctor's" turn to smoke. He added a last generous portion of mandrax to the pipe and stuffed the rest into his shoe. Pulling deep on the pipe, he advised us: "This isn't great stock, you should try golfsticks

(a type of mandrax tablet imported from India)."

Suddenly, the bottle neck cracked — "It got too hot," explained the "doctor". Calloused, hands held what was left of the smoking glass funnel and dragged the last from it.

Western Coloured Township, an old working-class area known for its gang fights in the 1960s, now enjoys a newfound notoriety as the mandrax capital of the Transvaal.

The township is poverty-stricken and unemployment is rife: young men give their address as the street corner where they talk big and throw dice. Becoming a mandrax dealer is an easy

He drools, convulses, chokes — and wants more

W/Mail 15/11-21/11/91
 Weekly Mail Reporter
 MANDRAX is a 100% synthetic non-barbiturate sedative, consisting of methaqualone (90.9 percent) and an antihistamine, bendryl (9.1 percent).

Methaqualone was first synthesised in India and marketed as a sleeping pill in the early 1960s, it was heralded as a non-addictive alternative to the highly addictive barbiturates.

Unfortunately, it turned out to be highly addictive itself, with pronounced side-effects at high doses. Its production was subsequently banned in the late 1980s.

Mandrax has become increasingly popular as a recreational high, and is still produced illegally in India, Pakistan, China and to a lesser degree, in Africa. Locally produced mandrax is often of lower quality, and is therefore cheaper. The imported breeds are much purer and more expensive.

Methaqualone is available in powder form, or more commonly, in tablets costing between R10 and R50 each, called Buttons, Germans, Lizards, Whites, Pille, Knoppies, Mandies, Bandits, MX, Originals, the Article, the Boss, Barry White, Lee Marvin, Wit, Vims, Russians, Ewings, Genuines, Golfsticks, Beirut, Magwheels, Loss of memory, Pressouts and Capsules, depending on their origin, quality, inscriptions and the locations in which they are sold.

Tablets that reach the streets are



Round and round the white pipe goes ...

rarely pure methaqualone, most having been mixed with talcum powder or bicarbonate of soda, even flour, to dilute the product and increase the profits of the middle-men.

There have even been reports of methaqualone being adulterated with Rattex and the pool cleaner, HTH, before being sold. There have even been deaths. How often this occurs, however, is difficult to determine.

While it can be swallowed, mandrax is most popular when crushed, sprinkled over dagga and smoked. It

then produces a rather gruesome kick far more intense than that produced by either mandrax or dagga alone, in which the user retches, coughs, drools and convulses.

Once the initial kick has subsided, the high can last as long as eight to 10 hours, compared with a high of three to five hours from dagga.

According to a South Africa National Council on Alcohol and drug Dependence (Sanca) pamphlet, methaqualone, like alcohol and barbiturates, is a central nervous system

depressant, reducing heart rate, respiration and muscular co-ordination. Walking straight and speaking coherently become difficult. Subjectively, it produces relaxation, self-confidence and euphoria. It also acts as an aphrodisiac by suppressing inhibitions.

Lawrence, a 15-year-old user living in Orlando East, Soweto, describes the high differently: "It makes you feel so goofed. But at the same time you see everything around you so clearly, and your mind is working so fast. You have answers to every ques-

tion." Another user says the high produces "a mind at high speed with a body that won't keep up".

Of course, there is a price that every user must pay. In addition to the trauma of the kick, the high is commonly accompanied by headaches, a hacking cough from lung irritation, and severe stomach damage leading to loss of appetite and vomiting.

For habitual consumers, the price is even higher, as tolerance can build up quickly, and the physical effects become much more pronounced. One

at leads

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to 'Die Kas'

w/mail 15/11-21/11/91 (87)

way to make a living.

Groen and Knoppie are dealers in the township; they estimate there are two dealers on every street. Competition is tough, says Knoppie, but if you have supplies when stocks are low, "you can make a fortune."

"People from the whole of Johannesburg know they can easily score in Die Kas. Indians and whites buy the most, they buy up to 30 tablets at a time."

Groen was a member of the Fast Guns gang and is currently awaiting trial for murder. He says he also carries 162 convictions — including armed robbery, dealing in mandrax

and murder — "on his shoulders".

Slightly built, shirtless and riding a bicycle, Knoppie looks more like a truant boy than a dealer. But the many notes he kept pulling out of his pocket and the speed with which he fetched a tablet on request, proved his claim.

While the pipe-up was going, a younger man, dressed like an American rap artist, came to fetch a packet of perhaps 30 tablets from Knoppie. He was one of the "runners", selling the mandrax on the street for Knoppie. Runners are usually paid small amounts and work mainly to feed their own mandrax habit.

The runner is last in line in the mandrax network. Syndicates control the trade and are the primary buyers; they are said to get their supplies from India or "deepest Africa". Syndicates sell to *makveras* (suppliers) who then sell it to dealers like Knoppie.

The dealers and runners constantly have to fight to protect their territory from interlopers. They are also the most vulnerable to arrest. Sometimes the *makveras* will put up bail for their dealers and runners and support their families if they are arrested.

While the pipe was smoked in the little yard, the women of the house went about their chores and curious children stuck their heads around the kitchen door. The men claim the women prefer them to smoke than to drink. "Drink makes you violent, with buttons you just sleep," one said.



...and where it stops nobody knows

mother said her addicted son "had a constant, racking cough and was painfully thin. His face was gaunt, his skin sallow, and he had a haunted look in his eyes. I could always tell when had been smoking 'buttons' as these symptoms became more obvious."

Habitual use also depresses the body's immune system to the point that, like Aids sufferers, users become vulnerable to "opportunistic" diseases. Pneumonia is common, and one case was reported of a 17-year-old girl with emphysema. Medical

w/mail 15/11-21/11/91

research also shows that mandrax may cause cancer of the stomach. The addictive power of methaqualone is formidable. One man who admitted to smoking between 10 and 20 tablets a day, said: "It changes your priorities. Not your friends, your money, your furniture; nothing is more important than getting your hands on some more."

What is it that drives some users to take mandrax again and again, to the point that it controls their lives?

"That is the \$64 000 question,"

Photos: BLAKE OWENS

says Sanca's Dr Silvain de Miranda. "If we discover what this X-factor is, then we can help potential users discover a biological tendency to addiction, so they can make a more informed decision about whether to become involved with mandrax, or any substance for that matter."

For Lawrence, in Soweto, the issue is not quite so complicated: "If you smoke only twice a week, say Wednesday and Saturday, it's no problem. But if you smoke every day, it's too much. You can't stop."

(34)

(87)

Anti-smoking law held up again ⁽³¹⁾

Own Correspondent CT 4/12/91

JOHANNESBURG. — The government's anti-smoking legislation, which has been delayed since July, is being held up because of doubts about whether it would conflict with a proposed Bill of Rights, informed sources said yesterday.

The publication of the Control of Smoking and Advertising of Tobacco Draft Bill was first delayed in July after National Health Minister Dr Rina Venter met senior representatives of the tobacco industry.

Yesterday National Council Against Smoking executive director and Tobacco Action Group committee member Mr Yusuf Saloojee said publication of the legislation had since been delayed because the Justice Department had been scrutinising the bill to see whether it would infringe laws contained in any future bill of rights.

(87) ARG 12/12/91

'Sniffing' abuse is new threat to teens

The Argus Correspondent

PRETORIA. — The abuse of inhalants for "kicks" by teenage schoolchildren is the third largest problem currently facing the SA Council for Alcohol and Drug Abuse (Sanca), according to its information unit in Johannesburg.

Miss Ronelle Sartor, deputy director of the Centre for Alcohol and Drug Studies, said that after alcohol and drug abuse, the sniffing of thinners, nail polish remover, chlorofluorocarbons (CFCs) and other volatile substances

by children was a common form of abuse.

On Saturday night, a Pretoria girl who had recently completed Standard Five, drowned after getting "high" on thinners used with correction fluid.

Chantel van der Westhuizen could not be revived after friends noticed that she had slipped under the water. Neighbours claimed that substance abuse was widespread in the neighbourhood because "the children have nothing else to do".

Miss Sartor said the chief reason for teenagers between the ages of 11 and 17 sniffing

these substances was peer pressure.

"And it's a gateway drug - later these children will go on to harder drugs," she said.

Other substances sniffed by the teenagers included model aeroplane petrol and benzine. Miss Sartor said the use of these substances affected the central and peripheral nervous systems, hampered kidney and liver function, damaged the mucous membranes and could also be fatal.

Death due to inhalant abuse could be caused by heart failure, or a syndrome called "sudden sniffing

death", when the victim's airways "froze up".

Preventative education was the only means of addressing the problem, she said.

A social work consultant at Johannesburg Child Welfare, Ms Jackie Loffell, said there had been an increase in the use of inhalants by schoolchildren.

There were many theories on the reasons for this increase, she said. They included peer pressure, a stressful society and exposure to substances that have not always been around.

Some little-known research findings on the side effects of smoking may come as a shock to male smokers, KATE DE SELINCOURT reports:

SMOKING MAY GIVE you heart disease and cancer say the experts — but they should also warn you that it could make men impotent, a Belgian scientist believes.

Are these the hard facts on smoking?

Souths 12/12 - 18/12/91
Dr Eric Wespes from the Erasmus Hospital in Brussels has studied tissue from the penis under a microscope and observed the tiny muscles surrounding the blood vessels. In order for there to be an erection, these muscles must relax, and allow blood to flow into the penis, literally "pumping it up."

But in some men who are unable to get an erection it looks as though these muscle fibres have become scarred and shrunken, so they

cannot relax properly and allow the blood to come in.

"We are not sure why these muscles shrink," Dr Wespes said, "but we think it might be because they have been starved of oxygen. A lot of these impotent men were smokers."

Cigarette smoking reduces the flow of blood round the body — that is why smokers often have cold hands and feet.

So it is possible that if you smoke the mus-

cles in the penis also receive less oxygen, and this may cause the damage.

Dr Wespes did not know whether the damage could be put right. "If I knew that, I would be very rich," he commented.

"The only way I can see to help these men is to find some way to increase the oxygen supply to the fibres. Perhaps one day we will find a drug to do this. It is also possible exercise to increase fitness would help, but I really don't know."

"The only thing we can be sure of is that it is best never to smoke, and if you do smoke, to give up before the damage is irreversible." □

Azayo plans to mount an anti-drug abuse campaign

THE Azanian Youth Organisation will shortly embark on an anti-drug campaign, the president of the movement Mr Thami Mcerwa has announced. *Sowetan 23/12/91 (87)*

Azayo will also be engaged in efforts to make the community aware of the dangers of alcohol abuse.

Mcerwa said they would involve doctors, the South African National Council for Alcoholism and Drug Dependence and the South African Black Social Workers Association.

He said Azayo appreciated that drug and alcohol posed a major problem in the community.

"We will need to involve people and organisations interested in fighting the

By JOE MDHLELA

scourge that is tearing apart our communities," Mcerwa said.

"The use of drugs is linked to a strategy by various countries to derail the process of liberation.

"At the height of the civil rights struggle in America, the militancy of the struggle was watered down by making drugs freely available," Mcerwa said.

He said Azayo would be engaged in programmes aimed at educating the communities to the dangers of alcohol and drugs.

The programme will be launched during the second week of January.

HEALTH & DISEASES - DRUG ADDICTION

1992

FOCUS: *Nicotine by other means*

SM

The pain of kicking the butts

SOUTH AFRICANS addicted to cigarettes — and former smokers who ended the habit the “cold turkey” way — will have noticed in recent months advertisements for skin patches and chewing gum which will provide nicotine to the body without having to smoke tobacco.

The newest of the products on the market here is Nicotinell, which is a system of stick on skin patches through which the body will take in nicotine. It is made by a large drug company which developed the technique in researching hormone replacement drugs.

The chewing gum has been around a while and is called Nicorette and will provide a dose of nicotine through the chewing gum.

Both products are available over the counter at pharmacists only.

Nicotine is a dangerous drug and is described by experts as “the most subtle and the most potent of all addictive drugs”.

This description is given by the *Adverse Drug Reaction Bulletin*, an authoritative publication of the Consumers Association which is compiled by doctors and researchers. “Although tar, carbon monoxide, and other smoke constituents are probably the main causes of smoking-related disease, it is the desire to self-administer nicotine that impels smokers to inhale incidentally the other noxious substances.”

Because of this, the theory is propounded — and exercised — that if the body gets its nicotine some way other than smoking, less damage will be done to the body.

All on its own as a chemical, nicotine causes some pretty far reaching side effects. It affects part of the nervous and blood circulatory systems, the adrenal glands, the fatty levels in the blood and its ability to clot, and the placenta from which the unborn child in the mother’s womb is nourished. Furthermore, its effects vary with dose and the condition of the organ it is affecting, so it can cause, for instance, high and low blood pressure, depending on circumstances.

Each cigarette contains 20 to 30mg of nicotine which is about one third of the dose necessary to kill a person. However, an average

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CRITICAL CONSUMER



Pat Sidley's weekly advice on what to buy ... and what to avoid

smoker in fact only takes in one or two milligrams of the drug from each cigarette smoked. It can be taken in through the skin and mucous membranes and, according to the *Adverse Drug Reaction Bulletin*, this has killed pesticide workers using nicotine. That kind of death is usually caused by the paralysis of the respiratory system.

A smokers’ heart rate is increased by about 10 to 20 beats a minute with each cigarette and the blood pressure is raised as well. Taking in nicotine some other way, according to the *Bulletin*, will create the same effects, and do a few other things besides.

Smokers will become “tolerant” of these effects — which means it will require more and more of the nicotine to produce the same effects. But a much larger dose of nicotine than the body is used to can produce a slowed heart rate, low blood pressure, sweating and the collapse of the cardiovascular system.

Still want to buy the gum and the patches? Nicotine has been implicated as a major factor affecting various components and properties of blood so that there can be an increased rate of heart attacks and possibly of arteriosclerosis. Other factors, such as carbon monoxide are no great help here either.

Smoking in pregnancy is known to be hazardous to the unborn child leading to the possibility of a low birth weight or more seriously abortion, still birth or deaths just after birth.

Says the *Bulletin*, “The most likely cause for this association is placental insufficiency, to which both nicotine and carbon monoxide contribute.”

A pregnant mother smoking will cause the

heart rate of her unborn child to increase in the second three months and if done in the last three months before birth, will decrease the breathing movements of the unborn child.

The drug has gastrointestinal effects and the *Bulletin’s* experts believe that nicotine is a contributor to the cancers smokers get.

Going “cold turkey” causes withdrawal systems, which are relieved by taking nicotine, so it may seem to some that taking the nicotine in another way will help the process of quitting the dangers of tobacco inhalation.

According to the *Bulletin*, taking in nicotine in gum form “doubles the long-term abstinence rate in quitting smokers (achieving success rates of 20 to 40 percent after two years) and relieves some of the withdrawal symptoms, including weight gain, although there is relatively little effect on craving”.

But, warns the *Bulletin*, seven percent of ex-smokers become dependant on gum.

If you decide to quit smoking using gum or patches, what are you in for? About R600 if you are a heavy smoker and use the patch system. If you are a chewer, you are in for a similar amount. But a heavy smoker will consume double that in a year, so perhaps the saving is worth the cost.

Nicotenell comes in three strengths and the gum, Nicorettes, in two.

Nicotenell has two package inserts, one written for health professionals, the other made patient friendly with several important pointers and warnings. Probably the most important of those warns that if a child plays with a patch it could kill the child. It warns, too, against using during pregnancy or breast feeding. The children warning is not on the package itself (although the patches are sealed in a child-proof way) and is almost the last item on the insert, despite being in italics.

Nicorette has similar warnings on a insert intended for health professionals and does not warn clearly enough of the hazards.

Although these drugs may be the only effective way to end a life-threatening habit, consumers who have had some form of heart disease, who are pregnant or who are taking other drugs should consult their doctors first.

Stop smoking, and we'll cough up R500

From January 1992 employees of a top pharmaceutical company start a smoke-free working life at their head office in Cape Town.

No smoking will be allowed on the firm's premises.

Now another Cape-based company has joined the anti-smoking campaign by offering its employees a novel incentive to quit.

The Wine-of-the-Month Club has offered a R500 cash award to those smokers on its staff who kick the habit.

Ten of the company's 20 employees smoke and if more than seven of the smokers throw away their cigarettes by the end of January, the amount will be increased to R1 000 each.

"In the interests of health many companies offer their employees gym facilities or free membership in sports clubs — not to mention the medical aid

contributions they make on behalf of their staff.

"But what's the use of doing this if workers damage their health by smoking in the first place?" says Colin Collard, ex-smoker and company owner.

"I think every smoker knows deep down he has to stop, sooner or later.

Response

"And everyone tries to at one time or another. But it's easy to succumb to the habit again.

"This cash award is meant to give our staff a reason to make abstinence stick."

So far response has been good. Two employees have already given up, four have cut their smoking drastically and Mr Collard is confident of the 70 percent success rate by the end of January.

What if after collecting your payment you start puffing again?

"Of course if anyone resumes the habit after being paid out they must pay back the money," says Mr Collard.

"The payout is at the end of February to give staff a chance to see if they can make it.

"Even then if any employee has doubts about his ability to stick at it we'll wait until he's ready before giving him an award he might have to give back."

And the non-smokers — what do they get?

"If the 70 percent success rate is achieved, our 10 non-smokers will get R100 each," he says.

"But more important, they get better health through not being passive smokers."

TRENDS REPORTER

Phoenix START 4/1/92 only for chronic addicts (87)

SATURDAY STAR
REPORTER

PHOENIX House, the biggest of Johannesburg's six drug rehabilitation centres, is home to up to 20 addicts at a time.

Only the chronically addicted are admitted.

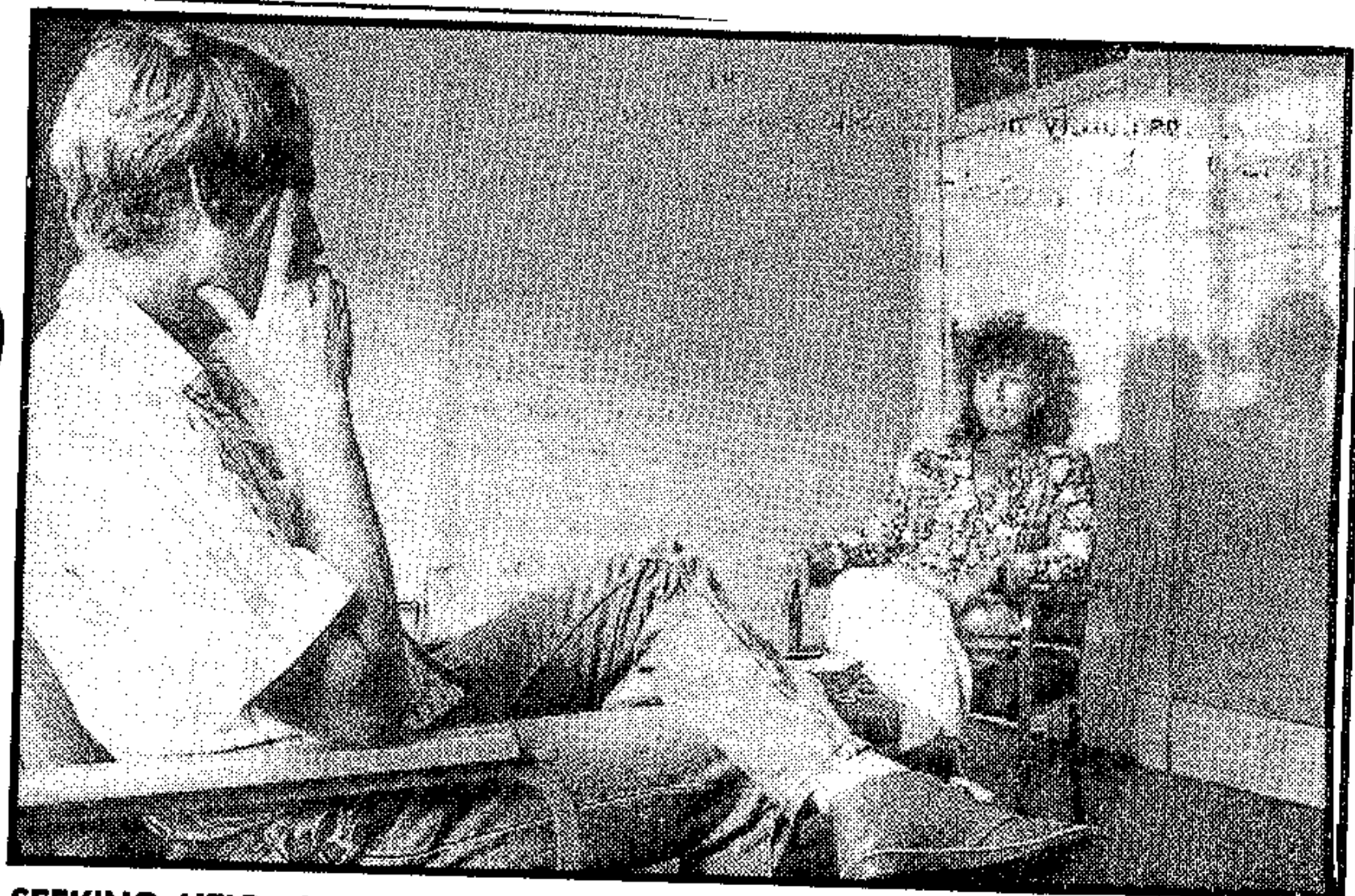
Phoenix House is a long way from padded cells and strait-jackets. Patients, clean and well-spoken, wander around casually dressed.

Watched

The home is welcoming, but there is only one entrance to it, and that is watched at all times.

Clinical psychologist Bea Coetzee, the resident therapist, says: "These people know more about suffering than we can imagine.

"They can all come up with relevant reasons for turning to drugs, but anyone can do that — it's



SEEKING HELP: An addict is counselled by clinical psychologist Bea Coetzee, the resident therapist at Phoenix House.

escaping from reality.

"Sooner or later they have to face reality. That is why we keep them here for at least four months.

"You can cure the physical addiction in four weeks, but the real problem lies dormant under the surface."

Patients spend a lot of time thinking about their past and not liking what they remember.

They are encouraged to take up a sport or to channel their energies into creative activities.

Much of the day is spent in therapy.

Sister in charge Rita van Rensburg says people treat drug addicts worse than animals.

"It makes me sick to see people giving money to animal charities and ignoring drug rehabilitation centres."

Independent surveys show that one in four children of school-going age experiments with drugs.

Phoenix House director Dr Sylvain de Miranda says: "It is a growing

problem, and getting worse. Money must be used to halt its progress. The whole medical structure in the country should be changed.

"Hospitals and clinics that are poorly utilised must introduce rehabilitation centres. Drugs in South Africa are not yet conclusively linked to the spread of Aids, but it is a matter of time.

"Do we have to wait for a national disaster to occur before anyone takes action?"

One date with drugs: a fatal attraction

STAR 4/1/92

87

THERE are two endings to this story, death or rehabilitation.

Addicts' lifestyles are dictated by their drugs. They live in a zone untouched by reality. Eventually they become walking time-bombs, living for the highs and waiting for death. It is blissfully easy to get hooked, painfully hard to get cured.

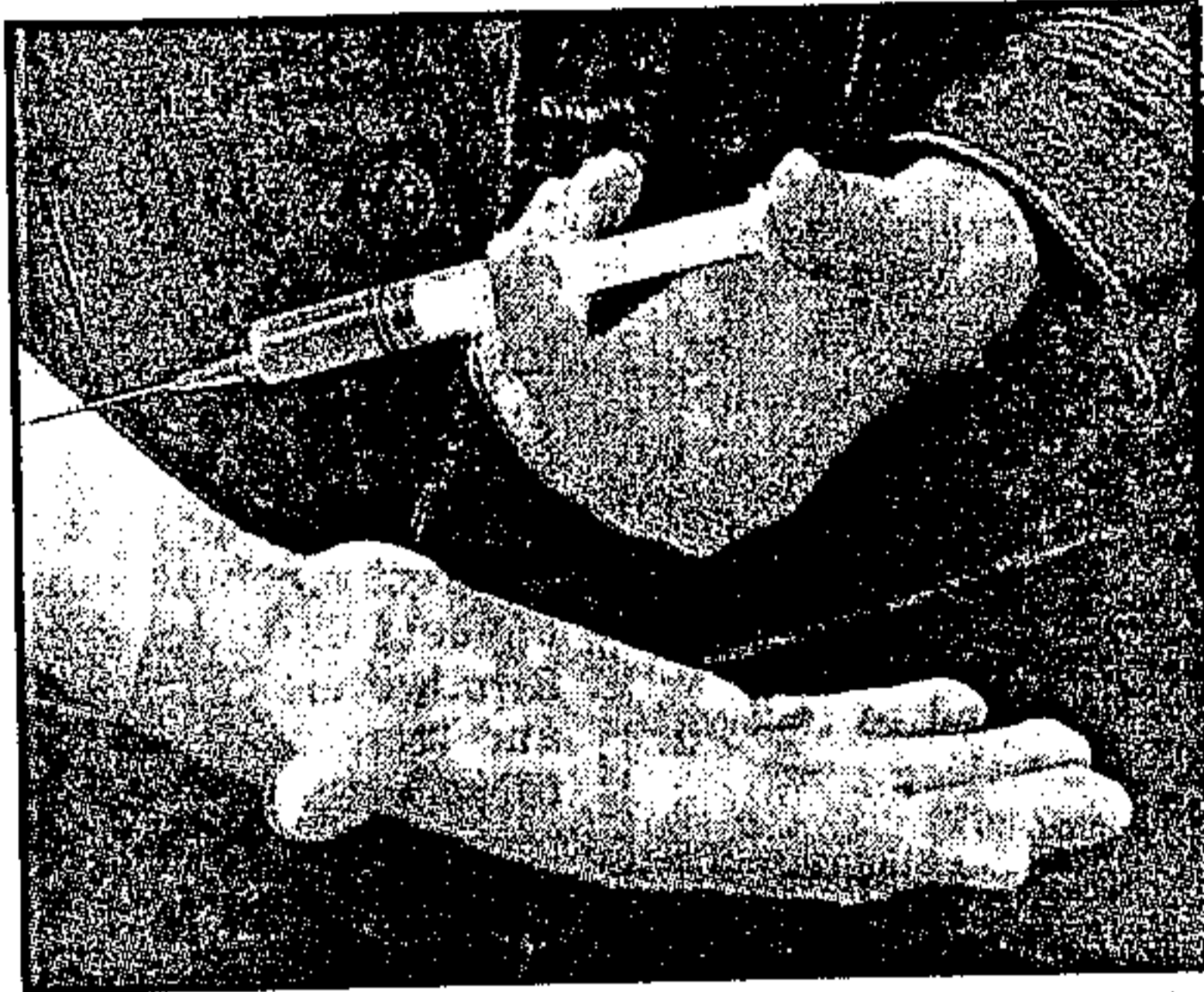
The police are almost powerless in their attempts to curb drug addiction. As they close one drug den, three more open in its place. Political instability and turmoil make the public an ideal target for drug pushers, who feed on their insecurities and fears.

Stress

Dr Sylvain De Miranda, Director of Phoenix House, said: "People become drug abusers in times of stress and uncertainty. The economy has caused many people to lose their jobs, to work for less, to worry more. First they try drugs as a minor escape, then they spend the rest of their lives trying to escape drugs."

The Saturday Star visited three places where drug trading is prevalent.

The first was a Johannesburg suburb where the houses are small, cluttered and slowly deteriorating. Five men



SPIKING: One "experimental" injection could be lethal.

SOUTH Africans are exposed to the worst and most addictive drugs. Ten years ago the only concern was the widespread use of dagga. Yesterday's newspaper headlines screamed warnings of worse to come. Today, LSD, Mandrax and Wellcanol have arrived. They are turning the curious into addicts. TRISH BEAVER reports. Pictures: TOM EDLEY.

were sitting on a verandah, taking turns to run to cars pulling up outside their dwelling. No money and no drugs were seen — just an exchange of envelopes.

This was money for Mandrax, innocuous white, pink or yellowish pills intended as a sleeping tablet.

The cars which pulled up outside the house indicated the widespread market for the drug. New cars, old cars, men and

women queued up outside the house for their "fix".

Next was a seedy bar in Hillbrow, one of the many drug outlets on the 'Brow. Its customers were not elegant. They drank at the bar, giving the barman a generous R50 to cover the tab. He gave them change (and their Wellcanol tablets) in one swift sleight of hand.

Wellcanol is possibly the deadliest drug on the street. Known as "pinks" or "welkies", the pills are

usually prescribed to terminally ill patients or amputees to stop severe pain.

Most fatal drug overdoses today are attributed to "pinks". It is a lonely and terrible death.

The last stop was a nightclub in central Johannesburg, the floor filled with young people swaying to the music. The black interior was splashed with luminous images. Lights flashed intermittently. Bodies lay in the entrance corridor, amid the sweet sickly smell of dagga. But nothing here was as it seemed.

'Zombies'

Looking into the dancers eyes it became obvious their zombie-like enchantment came from a drug — LSD. Sold on the rooftop, the drug had become part and parcel of the scene.

LSD is a hallucinogen that gives users an altered state of perception. It has been called "mind-expanding". Some LSD abusers have been driven to suicide by powerful images conjured up in the brain.

Known as acid or caps, the drug is impregnated in paper squares decorated with comical images — an innocent camouflage hiding the menace of addiction.

Drugs are so easily available it is frightening. All it takes is a misplaced curiosity to lead anyone down the path to addiction and death.

Inmates claim corruption at drug treatment centre

By Quentin Wilson

South 30/11-5/2/92
HIGH-RANKING officials at the De Novo drug and alcohol rehabilitation centre in Kraaifontein have been linked to a scandal allegedly involving corruption, sexual misconduct and victimisation of patients.

SOUTH this week obtained documents and oral testimony which reveal serious charges against a number of senior officials.

A senior official appeared in court this week on a charge of attempted rape at De Novo. A prosecutor at the Bellville Magistrate's Court confirmed the man appeared in court on Monday. The case was postponed to February 10.

De Novo is geared towards rehabilitating drug addicts and alcoholics and is run by the Department of Health Services and Welfare in the House of Representatives.

A spokesperson for the House of Representatives, Mr Theunis Dempsey, refused to comment on the allegations.

Some of the 260 inmates interviewed, corroborated the documentary evidence in SOUTH's possession.

The Department of Health Services and Welfare has established an ad hoc four-person committee to investigate the allegations of corruption.

However, inmates expressed little faith in the ability of the committee to uncover the misconduct.

"It is a complete farce. How can you expect a committee chaired by the cousin of one of the main culprits to come up with anything? I am not a fool. I know what is going on," an inmate said angrily.

A similar committee was established last year but disbanded after a week, a source said.

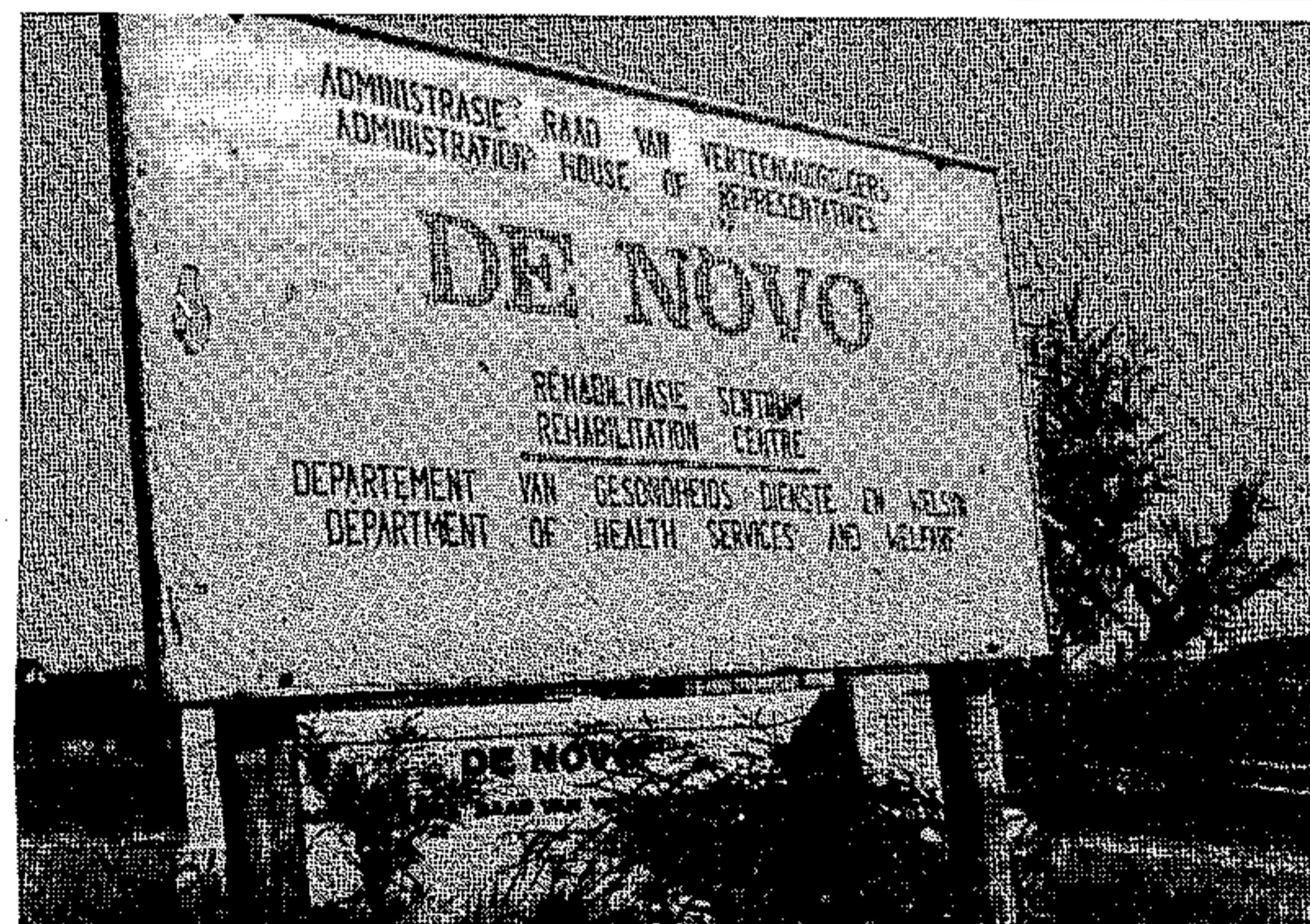
SOUTH's investigation found that:

- The wife of an inmate was allegedly stripped naked and "searched" when she visited her husband. "I felt dehumanised and completely humiliated," the husband said. In contrast, security was non-existent when SOUTH entered De Novo to interview inmates.

- De Novo officials allegedly hoard food meant for inmates.

- Officials allegedly keep for themselves clothes that are meant for patients. Inmates claim uniforms meant for them are often used by officials. SOUTH saw officials wearing the khaki uniforms worn by inmates.

- A water pump valued at R8 000 was allegedly ordered by officials but never reached De Novo. Our investigation showed the existing water pump to be in poor working order.



ABOVE: An inmate seated on a bed inside a dormitory at De Novo. Among other allegations, inmates claim their facilities are inadequate because of some officials' uncaring attitudes towards them

LEFT: The entrance to the De Novo Rehabilitation Centre, where corruption and abuse are allegedly rife

PICS: YUNUS MOHAMED

DE NOVO is a rehabilitation centre for people committed by a court for treatment of drug and alcohol abuse. It is the only state rehabilitation centre for coloureds. The 260 inmates are managed by about 65 staff members. A work farm is used as part of the rehabilitation programme and produces food for the centre. Inmates are sentenced for up to six months at a time. (S)

- Inmates alleged that their radios disappear and goods brought in often do not reach them. They also questioned where the surplus toothpaste and cleaning detergents go.

- A nursing sister allegedly refused to treat a patient and was removed from her post last year by the regional board of the Department of Health Services and Welfare. But, a more senior official intervened and she was reinstated this week.

For inmates, the shortage of food is one of the most pressing problems.

Among the examples they cite are shortages of cold meats, eggs, butter, melons, peanut butter and jam.

Inmates alleged that thousands of eggs from their battery of 1 200 hens are unaccounted for each month. Inmates only receive two eggs every Sunday.

Inmates said there are a number of officials genuinely committed to giving of their best and who were not involved in dishonest practices. They claimed, however, that most of the staff were not doing their job properly.

A cry for help

South 30/11-5/2/92
HERE is an edited version of a letter, dated January 23 this year, which an inmate wrote to the Minister of Justice to appeal for help: (S)

"The reason for this letter is that here at De Novo, it is expected of inmates to rehabilitate, with the purpose of becoming an example and once again leading a normal life.

"How are we going to achieve that when Mr swears at us on parade?"

"It is expected that inmates show respect. How are we going to do that when Mr pushes the inmates around on parade. He kicks us in front of all the other inmates. Can we learn respect from him?"

"These were the problems Mr Bailey was working on, that's why he had enemies.

"One evening, Mr Bailey inspected our sleeping and toilet facilities. He was shocked because the men in charge were not doing their work. This upset them, because as long as Mr Bailey sees what they are doing, they have to do it properly.

"The previous superintendent sat in his office every day and they could do what they wanted to, and not what they had to.

"Mr Bailey bought music instruments to show the inmates that we could be happy without alcohol, dagga and mandrax.

"But the people who are against him don't approve because they believe it is a waste of money.

"What happened to that money in the past? Now, Mr Bailey is spending money so that there can be positive changes at De Novo — so that the place can become a proper rehabilitation centre.

"Contact between the officials and inmates is rare during working hours. They do not even introduce themselves or speak to us to find out how our treatment process is progressing because they don't participate in it at all."

Superintendent is reinstated

SOUTH 30/11 - 5/2/92. (87)

DE NOVO superintendent Mr Clifford Bailey refused to respond to the allegations of corruption at the centre highlighted by SOUTH's investigation.

Late last year Bailey was removed from his position by the Department of Health Services and Welfare.

After threatening Supreme Court action, Bailey was reinstated at De Novo last week.

Inmates are convinced his attempted removal was connected to the strong stand he took against alleged corruption at the centre.

"Mr Bailey put a spanner in the works. He always stood up for us when officials took food which was meant for us and he worked very hard to improve conditions. This got him into a lot of trouble," an inmate said.

In a letter to the Minister of Justice, a former inmate slammed the conduct of De Novo officials but praised

the attempts made by Bailey to improve conditions.

"Mr Bailey bought musical instruments to show residents how nice it can be without drink, dagga and mandrax. But officials who were against him believed that this was not good and thought that it was a waste of money," the letter said.

Inmates said they were aware of the instruments but had not seen any of them.

"Mr Bailey wants to spend money so that positive changes can be made: so that the place can become a proper rehabilitation centre.

"Our respect for the superintendent is high because of what he has done for us and what he will do for us in the future.

"How can Mr Bailey be proud of the term 'rehabilitation' if the officials are blocking his path?" the letter said.

By Quentin Wilson

Patients tell of 'corrupt' De Novo

South 612-1212192

(81)

FORMER patients of the De Novo drug and alcohol rehabilitation centre in Kraifontein this week alleged the institution was rife with corruption.

This follows publication in SOUTH last week of serious allegations of corruption and sexual misconduct involving senior officials of the centre.

"I would rather have been sent to prison," said former patient Mr Eric Croy who was sent to De Novo for six months in January 1991 after being found guilty of driving under the influence of alcohol.

Croy alleged De Novo officials sell drugs to inmates sent there to overcome their addictions.

"There are more drugs inside that place than there are outside," he said. Croy confirmed SOUTH reports that De Novo officials hoard food and

clothes meant for inmates as well as gifts and money sent to patients from friends and family.

"It is a complete joke — there are people making a lot of money at the expense of the tax-payer. I am prepared to stand up in court and testify against De Novo officials who sell goods which are meant for the patients," he said.

"If you just walk around in the nearby squatter camp you will see a lot of people wearing the khaki uniforms that are supposed to be distributed to the inmates."

Croy, released last year, made further allegations against De Novo officials:

- Officials use state cars for personal use.
- Officials keep De Novo's cows as

their own personal property.

● Officials are often drunk on duty. Another former inmate, Mr Graham Kannemeyer, who was released last week, spoke to SOUTH of his experiences inside De Novo.

"Most of the officials there should be patients at De Novo for alcoholism," Kannemeyer said.

"They drink all the time. On one occasion two officials who were obviously drunk were giving breathalyser tests to patients to see if they had been drinking.

"I challenged them both to take the test themselves, but they refused. Why did they refuse? Because they were as drunk as all hell, that is why."

Kannemeyer alleged that an inmate caught an official red-handed while he was stealing food from the kitchen.

"When he protested to the official, he was swiftly promised that he could have anything he wanted if he kept his silence," Kannemeyer said.

Kannemeyer ran away from the centre before he was officially discharged to seek medical attention elsewhere, as he claimed he was not receiving any at De Novo.

"It was the most traumatic period of my life, going from a stage of drug addiction to rehabilitation. It was a time when I needed help the most and received none," he said.

"I was coughing blood. I went to Sister ... for treatment but she wanted me to give her proof.

"Obviously, I had cleaned it up when it happened so I could not show her evidence.

"She said that if it happened again I

must show the official who was on duty at the time and only then would she treat me.

"One evening I called Mr and showed him my blood-stained toilet paper. He took a note of it but when I went back to the sister, she still did not believe me and demanded that she see it for herself.

"Eventually, on January 8, I was sent to a district surgeon where I demanded treatment. Instead, he looked me by the neck and threw me out of his rooms. It was at that point that I decided to run away," he said.

De Novo is geared towards rehabilitating drug addicts and alcoholics and is run by the Department of Health Services and Welfare in the House of Representatives.

A spokesperson for the department, Mr Theunis Dempsey, said the allegations were viewed in a very serious light and an investigation would be launched into them.

Explaining the current drop in price, Dr Coetzee said that while normal supply and demand principles affected most in-

to obtain money. In the western Cape, red meat prices remained steady.

Medical body angry at pro-tobacco call

Medical Reporter

STAR 20/2/92
The Medical Research Council (MRC) has expressed dismay at Agriculture Minister Kraai van Niekerk's statement that the tobacco industry should prepare to defend itself against the onslaught of the anti-smoking lobby.

MRC president Dr Phillip van Heerden said Mr van Niekerk's statement was irresponsible.

He said South Africa was probably the only country in the western world where the Government still justified smoking rather than alerting the public to the dangers.

"To make statements that will be grist to the mills of the tobacco industry and smokers and their supporters for the sake of political and financial gain should be strongly disapproved of."

He added that thousands of South Africans suffered daily or died from the consequences of

smoking-related diseases. It cost the country huge amounts due to hospitalisation, loss of productivity and disability allowances.

Dr van Niekerk suggested that serious attention should rather be given to incentives to encourage tobacco farmers to produce more beneficial crops than to encourage the industry in "such an unscientific manner".

"The MRC has tried for years to inform the Government and the general public about the overwhelming scientific evidence which shows smoking is detrimental to the health of a large percentage of smokers.

"In addition there is no doubt that unborn children of mothers who smoke are seriously affected. The numerous scientific articles which show that passive smoking is also detrimental to especially children of parents who smoke can also not be ignored."

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(87)

Star 20/2/92
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Council raps Minister over the knuckles

By MOKGADI PELA

THE Medical Research Council has slammed the Minister of Agriculture, Dr Kraai van Niekerk, for telling the Tobacco Marketing Board that it should brace itself for an onslaught by the anti-smoking lobby.

The president of the MRC, Dr Philip van Heerden, said the Minister's statement was highly irresponsible.

"The MRC has campaigned for years to alert the public to the overwhelming scientific evidence of the dangers of smoking.

"To make statements that will be grist to the mill of the tobacco industry for the sake of political and financial gain should be strongly disapproved of," Van Heerden said.

Thousands of South Africans suffered daily from smoking-related diseases. It cost the country huge amounts due to hospitalisation, loss of productivity and disability allowances.

Van Heerden said South Africa was among the few countries in the world whose Government still justified smoking.

Venter avoids showdown on smoking

87 (S) South (South Africa) 20/2-26/2/92

HEALTH Minister Rina Venter, whose anti-smoking legislation is likely to come before parliament this week, shied away from publicly challenging a Cabinet colleague's support for the tobacco industry in its battle with the anti-smoking movement.

However the colleague, Minister of Agriculture Dr Kraai van Niekerk, was slammed by both the Medical Research Council and the executive director of the National Council Against Smoking, Dr Yusuf Saloojee, who said it was obvious that there was a clash in government on the issue.

Van Niekerk told a meeting of the Tobacco Board in Cape Town that it had become "fashionable" to criticise smoking.

"It is fitting that the industry is trying to position itself better to fight the anti-smoking onslaught by, among other things, the founding of the Tobacco Institute of Southern African," Van Niekerk said.

Asked whether these statements did not contradict her own efforts, Venter declined to reply directly.

Her department remained "committed to inform the public of the dangers of smoking," she said through a spokesperson. She also said she would not be put off her stride.

But the Medical Research Council (MRC) said Van Niekerk's statement was "highly irresponsible".

South Africa was probably the only country in the Western world where smoking was still justified by the government, instead of the public being alerted to the dangers of the habit, the MRC said.

Saloojee said he had no doubt that the tobacco industry would use all its power to oppose the anti-smoking legislation.

"But given the dire consequences of smoking, no Minister of Health can ignore smoking as probably the number one health issue in South Africa," he said.

"Our concern is not a fight with the tobacco farmers, it's with preventing death and disease from smoking.

"It is regrettable that the Minister of Agriculture has chosen the economic welfare of a small

sector of the community over the health of the majority of South Africans."

Every prediction was that, contrary to trends in most of the developed world, tobacco use would actually increase in South Africa in this decade.

Saloojee said the Tobacco Institute mentioned by Van Niekerk was set up by the tobacco industry in 1991 to combat what it termed the "biased, emotional and at times irrational" attacks on the industry.

It aims to promote, among decision-makers and opinion shapers, a "realistic image of the smoking habit".

Venter's delayed in tabling the anti-smoking Bill, which was circulated in draft form midway through last year.

Her spokesperson said the reason for the delay was that she had instructed her legal division to ensure that the legislation conformed to the principle in the Universal Declaration of Human Rights that people had the right to "make their own decisions." □

DONALD ZAKE

Drugs and the dispensers

w/ mail 21/2 - 27/2/92

MANY pharmaceutical drugs are scheduled, can only be dispensed by a pharmacist on a doctor's prescription and have to be kept at a certain temperature and in certain conditions so that they do not deteriorate or change chemically.

Worryingly, there is no way a consumer can know if the antibiotic prescribed and dispensed was kept under the correct conditions.

In some instances this can have drastic consequences — and this country has had its fair share of them. For instance, there have been outbreaks of diseases that should be controlled by immunisation or vaccination — such as polio. This is attributed to the vaccine having been incorrectly stored.

Now the National Association of Pharmaceutical Wholesalers, in co-operation with the South African Pharmacy Council (the statutory body regulating the pharmacy profession), has prepared a Code of Practice for handling drugs.

The only hitch, in four pages of public relations output and 10 pages of the code itself, is that the consumer has no way of identifying or being able to check up on the product that he or she is buying.

Nevertheless, all things come to those who wait ... and wait and wait. This code is a start.

It will eventually be enforced by the Pharmacy Council and it will become, according to the association, a statutory requirement for all pharmaceutical wholesalers to conform to the code.

The code will regulate several areas in the wholesaling and distributing of drugs, but has loopholes.

For instance, "key supervisory and control personnel involved in the storage and distribution of medical products must possess the necessary knowledge, experience ... and profes-

CRITICAL CONSUMER

Pat Sidley's weekly advice on what to buy ... and what to avoid

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sional qualifications necessary to perform their duties efficiently". And in each branch of the wholesaler or distributor there must be a managing director who is a registered pharmacist. Proper training will also be required for all involved.

The code will require that all premises and facilities used will be suitable and will protect the products from potentially harmful influences like temperature variations, moisture, sunlight and insects.

The premises will also have to be kept clean.

Adequate security will also be provided to prevent pilferage, and the code specifies that schedule 6 and 7 drugs will be kept "in a locked security room".

The code has remarkably little technical information that wholesalers and distributors would be forced to comply with.

Naturally, all those involved in this process will be required to keep adequate documentation so that batches can be traced.

And the code stresses that stock may only be bought "from manufacturers or distributors registered as such by the Pharmacy Council. The wholesaler must be able to trace the distribution chain for medicines purchased back to the supplier thereof".

But what about the pharmacist who buys

from some unregulated source? Where are the checks for the consumer at the end of the line?

Expiry dates are often very important in pharmaceutical products and wholesalers will be obliged to maintain a system of first in, first out for stock.

Of course, pharmacists observe this rule rather strictly. It translates as: "the consumer gets the oldest stock which has been placed at the front of the shelf".

Recently Critical Consumer wrote a column about diaphragms which were moving so slowly that pharmacists would not keep them. This did not apply to the wholesaler who supplied a diaphragm which had only a few months' use left before its expiry date came up. The wholesaler involved is well-known and received the contraceptive device from a reputable multinational manufacturer.

Of course, the code also stipulates that products must be dispatched in carefully controlled circumstances and transported with due care for the needs of the products.

Much of what is enshrined in the code conforms to existing law since it applies to scheduled drugs. It allows for inspection of premises and insists that up to date reference books be kept on the premises as well as lists of registered doctors, pharmacists and pharmacies.

It all looks good, and for the most part people will comply with it.

But if consumers at the end of line are to be adequately protected — for that is ultimately the aim of such an effort — they should have some means of recognising whether the drugs they buy are safe.

Otherwise the code looks as if it is intended merely to ensure that only certain subscribers are licensed to do a lucrative business in drug wholesaling and distributing.

Minister Kraai angers anti-smoking lobby

Staff Reporters

(87)

The anti-smoking lobby is fuming over what it perceives as Agriculture Minister Dr Kraai van Niekerk's support for the local tobacco industry.

Dr van Niekerk, in a recent speech, stopped short of condoning smoking by saying it should be considered that the Government earned R1 billion in taxes from the tobacco industry.

Addressing the Tobacco Council in Paarl, Dr van Niekerk said: "It has become the fashion to take pot-shots at the smoking habit by threatening punitive measures which could harm the tobacco industry.

"It has to be considered, though, that the State earns R1 000 million a year in taxes from this industry."

The National Council Against Smoking yesterday severely criticised Mr Van Niekerk's statement, saying he was being shortsighted.

The minister had forgotten the massive health costs of



Dr Kraai van Niekerk . . . tax earnings must be considered.

treating illnesses such as heart disease and cancer, executive director Dr Yussuf Saloojee said.

Dr van Niekerk said it was fitting that the industry should try to improve its positioning and combat the anti-smoking lobby by establishing the Tobacco Institute of South Africa.

He said the decline in South African tobacco production dur-

ing the 1990/91 season was an indication of negative reaction by tobacco producers to the continued decline, in real terms, in the profitability of tobacco production.

"This is a problem, because the local consumption of tobacco was 43,7 million kg in the 1990 season, while production was only 27,5 million kg. This created the need for major imports, while there is a worldwide shortage of tobacco."

Dr Saloojee said the National Council Against Smoking was not an anti-smoking lobby, but campaigned for health.

"Smoking is the most important preventable cause of death and disease — there is just no argument about it."

He said the only reason the Government supported the tobacco industry was the perceived economic advantage, but the country could not afford the costs of health care and loss of productivity caused by smoking. By the year 2000 there would be a 1 200 percent increase in tobacco-related deaths, Dr Saloojee said.

STAR 27/2/92

Psychiatrist-rabbi will share skills on beating drugs, drink

STAR 27/2/92 (87)

FROM the factory floor to the boardroom, from the poorest village to the most affluent suburb, the danger of addiction to drugs and alcohol is always present.

Long-term drug and alcohol abuse brings misery and rejection, terrifying illness, and sometimes irreversible brain damage and a slow decay to death.

It also exacts a terrible toll on South African life, not only economically to the tune of about R1,2 billion, but also in the disintegration of family life.

An international authority in chemical dependency, American psychiatrist Dr Abraham Twerski, arrived in South Africa this week to share his expertise.

Dr Twerski, an ordained rabbi, will give a public lecture at the Centre for Alcohol and Drug Studies in Johannesburg on March 5.

He will be keynote speaker at the centre's Summer School on Alcohol and Drug Dependency on March 5 and 6.

His talk will focus on the alcohol and drugs scenario in the United States and South Africa, and he will share ideas on prevention, treatment and rehabilitation.

Dr Twerski is the founder and medical director of the residential Gateway Rehabilitation Centre in Pennsylvania, cited by Forbes Magazine as one of the top 12 drug and alcohol treatment centres in the United States.

His visit is sponsored by the Drug Trust Foundation of South Africa, which was established by business leaders to provide finance for and management of preventive and treatment services.

For more information, telephone (011) 887-1114.

TRENDS REPORTER

'Chasers of the dragon' are

Soull 27/2 - 4/3/92

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THERE is a term used in Europe that sums up the elusive, mythical and hazardous dimensions of a very fatal attraction — smoking heroin.

It is "chasing the dragon" and can apply equally to South Africa's favourite version of "white death" — mandrax.

Picture this:

The scene: a backyard, dark streetcorner or vacant lot.

The actors: young, mostly male, momentarily bonded.

The plot: instant nirvana or what passes for heaven on the streets.

The action begins. Small greyish-white tablets or "buttons" are removed from a twist of foil, crushed into a powder and mixed with cleaned dagga.

The concoction is then stuffed into a bottleneck pipe which slowly passes from hand to hand, mouth

to mouth. One man is the "pilot". He gets the last drag.

The smoke tastes acrid at first, but the warmth promises better things to come. Forget about the spit hanging in the corner of the mouth or the dazed facade. From the initial "hit" where the hot, sweet smoke curls right down to the pit of the stomach, the pipe takes users on a "pluck", beyond themselves — somewhere else where things feel good and nothing is quite what it seems.

There's a ritual that goes with smoking. Some don't like smoking with strangers; others are concerned only with the pipe. Regular users spend hours discussing the virtues of various brands of dagga and mandrax, who sells "majat", which "smokkie" offers the best price.

There's a feeling of heavy empti-

ness to the conversation. Perhaps it's this vacuum of pointless city afternoons that the drugs fill.

The white pipe is a temptress and as with the best seductions, the allure lingers on, drawing the user back for just one more hit. It's a desperate love affair. Dagga is easier to control; buttons tend to rule the user.

The streets speak eloquently to experts generalisations of addicts.

Stealing to score

TAKE LEON. Slightly built, charming, devious and a self-confessed "button-kop" at 15. His habit forces him to score at least once a day. From this point on, there's an inevitable series of events.

Mandrax doesn't come cheap. If you're lucky you pay R15 a tablet

haunted by the sharp sting in the tail

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— not the kind of money a working-class Woodstock boy has. So Leon, like many of his friends, turns to petty theft.

His mother, a somewhat hysterical pattern-maker, objects to having her purse continually emptied and threatens to evict Leon from her house. Next step is stealing tapes from cars. A botched burglary follows.

Clearly Leon has moved beyond parental control. So the court sends him to a place of care.

Up against hardcore delinquents and harsh discipline, Leon can't cope. He runs away and within hours returns to the streets, the crime and the pipes.

Leon says he wants to change but he can't quite get there.

"I want to go to a proper school and give up smoking. But I need buttons," he says.

'I can't stop and no-one can help me stop.

Some friends have been to rehabilitation.

They all come back to smoking in the end.'

There's no room for theorising or analysis at bottleneck level.

"Why do I do it? It makes me feel cool," Leon shrugs.

Whoring for the habit

Girls have more options.

Lena has been smoking "whites" since she was 14. Initially from Mitchells Plain, she now lives in the city. At night she walks a beat along Woodstock Main Road. Her boyfriend hangs out on the corner with her and jots down registration

numbers — a meagre form of protection for Lena as she climbs into a stranger's car.

Lena's no made-up, hardened whore. She's very sweet and fragile. Ironically, the term that springs to mind is innocent. Her eyes are the giveaway. Long lashes frame blue-grey eyes that are permanently watery and glazed from drugs.

Lena's prostitution pays for her habit and her boyfriend's. It's a vicious-circle. She needs the drugs to cope with prostitution; she

needs the pick-ups to pay for the drugs.

"I'm one of thousands of kids who smoke," Lena says defensively.

"I can't stop and no-one can help me stop. Some of my friends have been to rehabilitation. They all come back to smoking pipes in the end. It's an addiction."

Her eyes widen. "If I didn't smoke, how would I rest? I need buttons to sleep at night."

To observers it seems that for addicts like Leon and Lena paradise has closed down. What appeared to be a ticket to heaven has become a ticket to an urban hell.

But, despite the vows to reform, in their hearts not one of them would agree. All they want is to pass the pipe and chase the dragon — to hell with the sting in the tail.

A 'button kop' — and just a kid

Sault

2712 - 4/3/92

WHEN 10-year-old Ashley goes to the park, he doesn't spend time playing on the swings. Instead he huddles in a corner with the "rookers".

While his classmates look forward to buying sweets from the corner cafe, Ashley's idea of a good time is a "white pipe", a mixture of dagga and mandrax.

At 10, Ashley is a drug addict. He started using drugs at eight.

He is hooked on mandrax and is known in Woodstock as a "button-kop", street lingo for a mandrax junkie.

Tousle-haired, with wide eyes and a ready smile, Ashley looks like any other primary school pupil.

But already yellowed fingers indicate Ashley is involved in a far deadlier game than other children his age.

Ashley readily admits to smoking mandrax and dagga. He says he smokes "now and again". His neighbours tell a different story. They say he smokes every day.

With two years' smoking experience behind him, Ashley is already a drug connoisseur. The names and prices of different brands of mandrax — from "Germans" to local "no-name brands" — trip off his tongue. Ashley's knowledge of drugs is not surprising.

During the week he stays with a relative who is a well-known drug merchant in lower Woodstock. Ashley "helps out" in the business.

Does his mother, who lives in Atlantis, know he is an addict? Are his teachers aware of the problem?

"Not really," says Ashley who becomes tongue-tied when asked why he uses drugs.

"It's lekker. Everyone does it," he says vaguely.

His smoking companions, mostly in their early teens, agree.

"Pipes are no big deal," they say.

(In terms of the Child Care Act, we cannot use Ashley's real name or in any way reveal his identity).

Drug pushers stalk the playgrounds

A

BUSE OF DRUGS is spreading fast and younger children are becoming drug users as pushers stake out their turf at school grounds.



Chiara Carter Associate Editor

A SOUTH investigation found children as young as 10 years old are addicted to hard drugs. These drugs are readily available to pupils who light up even during school hours.

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the extent of drug use.

Most cases treated at clinics involved mandrax and dagga but those involving "affluent" drugs such as cocaine, heroin and LSD were "hidden" since users could afford private treatment.

"We know that users are getting younger. We are now getting primarily school children who regularly abuse alcohol and drugs. The natural progression of becoming an addict within 10 years means we are seeing teenage alcoholics and drug addicts," Shopley said.

Recreation

Ms Cathy Rogers, a counsellor at the Cape Town Drug Counselling Centre, says although drug users do not come from any single social stratum or area, the lack of recreational facilities in poorer areas, coupled with socio-economic problems, aggravated the situation, as did the prevalence of gangs where drugs are part of "gang culture".

The number of people treated at the centre has been steadily rising. Statistics for 1990 indicate almost 75 percent of people counselled are under 30, and one in four is a teenager.

About 90 percent abused dagga, either alone (26 percent), or in combination with mandrax (64 percent). Rogers said dagga is a "gateway" drug — it often leads to use of heavier drugs. She says there are increasing encounters of intravenous drugs ranging from the opiate Well-conal to medicine bought over the counter.

Mr Lutfie Omar, a fieldworker with the community-based Salt River Co-ordinating Council against Drug Abuse, says there is an

Working class

The survey found at least 25 percent of high school pupils had experimented with drugs, including dagga.

Sartor said the figure was probably higher in working class schools.

Dr Colin Bower of the psychiatric section at Tygerberg hospital said a conservative estimate was that between 20 and 30 percent of all South African high school students have smoked dagga. About 10 percent became drug addicts.

While most drug use appears to take place after school hours, teachers report finding bottle-neck pipes at playgrounds, dagga smoking in school toilets and children sneaking out to drink and smoke dagga at neighbouring houses.

Students at an elite girls' school in the southern suburbs say they smoke joints next to the netball field, at a neighbouring boys' school the dagga is hidden in the ceiling. In Woodstock, the latest trend among the youth is to sprinkle opium on "white pipes" — dagga mixed with crushed mandrax.

Said a teacher at one inner-city school: "Almost one third of the students in the higher classes are involved in drugs. Some are assisting merchants (dealers)."

"Drugs are not sold on the

'We know that users are getting younger.

We are now getting primary school children who regularly abuse alcohol and drugs'

South 27/2 - 4/3/92

gangs flourish here," he said.

A Woodstock principal said his school was "highly aware" of the problem. While there had not been a problem with drugs on the premises, the school referred pupils with drug problems for counselling.

"When we have a disco, we notice some students arrive under the influence of alcohol or drugs and the youth who hang about appear under the influence," he said.

Sanca social worker, Ms Judith Shopley, said because most drugs were illegal, it was difficult to assess



CAUGHT YOUNG: Two of Cape Town's child drug users.

South 27/2 - 4/3/92

urgent need to quantify the extent of a "growing crisis".

Commented Omar: "It is obvious that even at primary school level the sniffing of petrol and Tippex is rife."

Omar said workshops recently conducted with children under 12 indicated the extent to which drugs are part of children's environment.

A report on a Lavender Hill workshop notes the response to questions on drug abuse was "shocking and horrific".

Foreign drugs

The counsellor commented: "Not only did they mention drugs foreign to me, but they could also describe how they looked and were used. They mentioned common drugs like

South 27/2 - 4/3/92

dagga, mandrax and alcohol, and new ones like 'snowballs' (a cigarette with two mandrax tablets and dagga), 'Germans' (a brown tablet with the initials SJ inscribed) and a 'gold-toke' (a half-yellow, half-cream tablet).

"The children displayed an awareness that would surprise and shock most people."

"The problem arose when the group discussed ways to stop drug abuse and how to say no to drugs."

Said Omar: "There is an urgent need for an anti-drug programme in our schools. At least 75 percent of drug addicts became involved while at school and at least 40 percent of addicts' children go on to become addicts themselves. Drug abuse is not only a school issue but



BOOM TIME: Most drug users are adults, as above, but teachers find bottle-neck pipes in playgrounds.

All the dope about dagga & mandrax

Souk 27/2-4/3/92

(87)

Crushing the whites

MANDRAX is normally obtained as a tablet which can cost from R15 to R60, depending on the origin and quality. The quality can be determined by the colour. As a rule, the closer to white the better the drug.

The form that hits the streets is usually diluted with bicarbonate of soda or in some cases rat poison or pool chemicals.

The tablet is kept in tinfoil to preserve its quality. When users smoke a white pipe, they crush the Mandrax tablet and sprinkle it over dagga.

The mixture is then stuffed into a pipe, often a bottleneck, and smoked. The period of intoxication can last as long as 10 hours.

Users describe a feeling of elation, relaxation and a losing of inhibitions. The price includes headaches, coughing, stomach damage and vulnerability to diseases like pneumonia and tuberculosis.

Mandrax is a 100 percent synthetic sedative. It consists of methaqualone and an antihistamine, bendryl.

Methaqualone originated in India in the early sixties where it was marketed as a non-addictive alternative to barbiturates. Almost 30 years later when the addictive nature and side-effects of the drug became known, production was banned.

It is still illegally produced in Asia and to some extent in Africa. Pakistan and India are the major producers; South Africa is the biggest market.

The United Nations estimates that about 80 percent of all man-

drax comes to southern Africa. Mandrax is second only to dagga as the most abused illegal drug in South Africa.

Going for gold

DAGGA has been termed South Africa's "green gold". Certainly it is the most used illegal substance in the country.

The dagga plant is grown throughout southern Africa. Once ripe, the potent harvest is reaped and sacks of dagga make their way to the urban centres and small towns throughout the region.

Brands and quality vary from the despised "majat" to the internationally valued Swazi Gold and Durban Poison.

Dagga is cleaned and then mixed with tobacco. It is smoked rolled up in newspaper, cigarette paper or in a pipe. Less commonly, dagga is eaten in a cookie.

Its effects vary from a mild feeling of wellbeing to withdrawal or euphoria.

There is considerable debate over the effects of dagga. While most heavy drug users began with dagga, there is no evidence to prove that dagga creates a dependency on hard drugs.

While some people become habitual users of the drug, dagga is not in itself addictive like more hardcore drugs.

A World Health Organisation report identified the following effects: psychological addiction, harm to the foetus of a mother who smokes, risk of cancer.

Other possible effects on heavy users are slurred speech, tremors and impaired perception.

Anti-smokers make minister butt of anger

ARG 28/2/92

87

The Argus Correspondent

JOHANNESBURG. — The anti-smoking lobby is fuming over what it perceives as Agriculture Minister Dr Kraai van Niekerk's support for the local tobacco industry.

Dr Van Niekerk, in a recent speech, stopped short of condoning smoking by saying it should be considered that the government earned R1 billion in taxes for the tobacco industry.

Addressing the Tobacco Council in Paarl on February 14, Dr Van Niekerk said: "It has become the fashion to take potshots at the smoking habit by threatening punitive measures which could harm the tobacco industry.

"It has to be considered, though, that the state earns R1 000 million a year in taxes from this industry."

The National Council Against Smoking severely criticised Dr Van Niekerk's statement, saying he was being short-sighted.

The minister had forgotten the massive health costs of treating diseases such as heart disease and cancer, executive director Dr Yussuf Saloojee believed.

Dr Van Niekerk said it was fitting that the industry should try to improve its positioning and combat the anti-smoking lobby by establishing the Tobacco Institute of South Africa.

He said the decline in South African tobacco production during the 1990/91 season was an indication of negative reaction by tobacco producers to the continued decline, in real terms, in the profitability of tobacco production.

"This is a problem, because the local consumption of tobacco

was 43,7 million kg in the 1990 season, while production was only 27,5 million kg. This created the need for major imports, while there is a worldwide shortage of tobacco," he said.

Dr Saloojee said the National Council Against Smoking was not an anti-smoking lobby, but campaigned for health.

"Smoking is the most important preventable cause of death and disease — there is just no argument about it."

He said the only reason the government supported the tobacco industry was the perceived economic advantage but the country could not afford the costs of health care and loss of productivity caused by smoking.

By the year 2000, there would be a 1 200 percent increase in tobacco-related deaths, Dr Saloojee said.

CITY

MOH in new bid to ban ⁽⁸⁷⁾ smoking

CLIVE SAWYER
Municipal Reporter

MEDICAL Officer of Health Dr Michael Popkiss has launched a new offensive against smoking in restaurants.

He said a 1989 city council by-law limiting smoking to half the tables in restaurants of more than 20 seats, should be amended to match a by-law passed by Johannesburg City Council.

The Administrator refused to sign the 1989 Cape Town by-law and called for a period of "voluntary measures".

Dr Popkiss said the Johannesburg by-law was shorter, simpler and easier to understand.

Few Cape Town restaurants had introduced non-smoking areas, but some steakhouses had, Dr Popkiss said.

"Where non-smoking areas have been introduced, they are very popular, particularly among customers with children."

He was optimistic the anti-smoking measures would fare better than during the 1989 controversy.

Promulgated in November last year, the Johannesburg by-law said half the seating in a restaurant must be set aside for non-smokers and signs banning smoking must be displayed.

Johannesburg medical authorities said the measures had been implemented rapidly and with little fuss.

The Cape Town amenities and health committee yesterday instructed the city legal adviser to investigate rewording the by-law.

The matter is likely to be debated by the full council in May.

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2 300 die of ⁽⁸¹⁾ smoking ills

C. H. H.
Municipal Reporter

NEARLY 2 300 Capetonians died during the year of diseases related to tobacco smoking, says the Medical Officer of Health's report for 1990/91.

Of the 2 283, lung or bronchus cancers accounted for 342, heart attacks or myocardial infarctions 665 and strokes or cerebrovascular accidents 511.

Youth

Anti-tobacco crusader has some tips for SA

(87) LT 7/3/92

IMAGINE the panic if a sudden epidemic broke out and started killing our citizens at a rate 10 thousand times higher than Aids, 10 times higher than road accidents and a thousand times higher than all our wars combined. Imagine that this disease not only affects those who have it, but also innocent bystanders and unborn children.

This "disease" exists, of course, and is caused by smoking. But why should smoking, which is such a merciless killer, attract so little action, when less threatening afflictions are fought tooth and nail?

The answer must lie in popular ignorance about the effects of smoking, its social acceptability, the vested interests of the industry and government, the highly addictive nature of the habit and maybe also in our curative, rather than preventive, approach to health.

Easy litigation

In town this week was the man from whom all puffers recoil — Professor John F Banzhaf III, nemesis of the US tobacco industry. Consider some of the achievements flowing from his initiatives: TV and radio stations forced to carry \$100 m (R280 m) worth of advertisements pointing to the hazards of smoking; tobacco advertisements banned from US radio and TV since 1971; smoking and non-smoking sections on aeroplanes; segregation of smokers and non-smokers in government offices and restaurants.

Banzhaf uses the resources

JOHN F BANZHAF III has been called one of the 100 most influential people in Washington and is credited with almost single-handedly stamping out tobacco advertising on American TV and radio. Banzhaf, now a law lecturer at Washington University, was in Cape Town this week. **HERMAN FOURIE** met him.

and possibilities of the US legal system to take on the juggernauts and beat them. Easy litigation may be a curse in the US, but it has a bright side, which is that the man in the street can take on and beat the big boys without fear of financial ruin.

Which is what Banzhaf did. He was so enraged by tobacco advertising on TV in 1966 that he formulated a petition to the Federal Communications Commission requesting equal time for anti-cigarette advertisements. His campaign was so successful that by 1970 US tobacco companies were spending \$200 m (then about R150 m) a year on broadcast advertisements ... and losing sales.

Cemetery fraud

Banzhaf did not come to SA to help fight the habit but he does offer advice: "Use controversy, publicity and legal action," he counsels, "get the health authorities behind you". (Does he know South Africa? I wondered.)

As part of their legal training, students at George Washington



WHERE THERE'S SMOKE: ... there's Professor John F Banzhaf III doing everything he can to stomp it out.

University — where Banzhaf teaches — have to institute a successful legal action before being able to graduate.

His students have targeted areas such as misleading advertising, incomplete labelling of consumer goods, road safety standards, even cemetery fraud. His most prominent victim was Nixon's former vice-president Spiro Agnew, who was forced into a humiliating public repayment of \$275 000 (R770 000) of bribe money after an investigation.

Why smoking? There is little

of the moral crusader in Banzhaf. He comes across rather as a man who likes fairness and hates waste. "Smoking costs the US \$100 bn (R280 bn) a year and of this 75% is paid by taxpayers. Every \$1,25 (R3,50) pack of cigarettes costs the US \$3 (R8,40) in health care. Passive smoking kills more people than road accidents."

Actors bribed

The saddest thing about smoking is that nine out of 10 smokers want to give up. "Smoking is obviously far more addictive than we think. Out of every 10 people who try heroin, six will become addicts; out of every 10 who drink, one will become an alcoholic; out of every 10 who smoke, nine will become smokers.

"Not enough research is being done on the addictive qualities of tobacco or of suitable antidotes."

What infuriates Banzhaf is the deviousness of tobacco advertising. After being banned from TV and radio, movie actors were bribed to endorse cigarettes on screen.

"In Superman II and You Only Live Twice, two particular brands of cigarette are seen to be smoked. And as educated urbanites give up smoking, so the advertising campaigns are increasingly targeted at unsophisticated black US ghetto dwellers," says the man who once doused a smoker's cigar with a glass of water during a TV talk show and had an ashtray flung at his head for his pains.

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their victory over Pakistan in the World Cup match which was played at the Brisbane Cricket Ground yesterday. Klerk has been...
87
Picture: AP

Warnings may become feature of tobacco ads

87
8/0ay 9/3/92
THEO RAWANA

ALL smoking advertisements will in future carry health warnings, if draft legislation published in the Government Gazette is promulgated.

The draft Bill provides for the control and regulation of tobacco use and advertising and prohibits the sale of tobacco products to people under 16.

Penalties for using, advertising or selling tobacco products in contravention of the Tobacco Products Control Bill are a fine or six months' imprisonment or both.

The Bill was published at the weekend for information and comment.

According to the Bill, the National Health Minister may prohibit, restrict or regulate smoking in prescribed public places if, after consideration of any written complaint or representation, it is felt to be in the public interest.

This would be done to ensure that a healthy environment was maintained and that the health of non-smokers was not impaired.

It is also designed to prevent nuisance to non-smokers and prevent a temptation to children and young people to smoke.

The Bill warns that no person may advertise or sell any prescribed tobacco product unless the advertisement or pack-

age containing the tobacco product contains a prescribed warning concerning the health hazards incidental to the use of tobacco products.

It also requires the quantities of hazardous constituents in the product be stated on the package and the advertisement.

"If the director-general (of National Health) is of the opinion that a vending machine for the sale of tobacco products which is kept on any premises is being or is likely to be used by persons under the age of 16 years, he may in writing order the person on whose premises such machine is being kept, to take such precautions to prevent it being used as specified in the order to remove such machine within time likewise specified."

The Minister may make regulations prescribing the manner in which information warning of health hazards shall be reflected on the package of a tobacco product or any advertisement of such a product and prescribing the manner in which quantities of hazardous constituents shall be determined.

Tobacco industry spokesmen yesterday declined to comment or were unavailable.

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Smoking ads to carry warnings?

87

Own Correspondent CT 9/3/92

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US crusader wants to stub out smoking

(87) ARG 10/3/92



Picture: OBED ZILWA, The Argus.

BURNING ISSUE: Anti-smoking campaigner
Professor John Banzhaf in Cape Town.

JOHN VILJOEN, Staff Reporter

IF you were happily puffing away in the non-smoking section of a restaurant recently and a formidable man with an American accent asked you to stop — or even put the cigarette out himself — you'd probably like to know who he was.

The accent and the compelling anti-smoking attitude belong to Professor John F Banzhaf III who played a big part in ending smoking on American domestic flights and silencing radio and television tobacco commercials.

Executive director of Action on Smoking and Health (ASH) and professor of law at George Washington University in Washington DC, Professor Banzhaf is on holiday in South Africa with his wife and nine-year-old son.

"If you want to smoke, that's fine, but keep it away from the kids and don't put others at risk."

He believes South African public-interest lawyers could soon be able to do more to fight what he views as deadly tobacco pollution here.

He says that plans to introduce a government agency to control broadcasting could give public-interest lawyers some leverage to tackle tobacco advertising, depending on the agency's powers.

When he is not championing the anti-smoking cause around the world, Professor Banzhaf lectures his students on legal activism.

He exposes his trainee attorneys to a radical new concept of law as a weapon to correct society's wrongs.

His involvement in the anti-smoking lobby began almost by chance — when, as a 26-year-old, he was watching American football on television and noticed the games were interspersed with tobacco advertisements. He got angry about the one-sided message and realised he could use law to do something about it.

To everyone's surprise, especially his own, he succeeded in 1967 in persuading a government agency to compel TV stations to allow free air time for anti-cigarette announcements.

The battle against cigarette advertising led him away from a corporate law firm and into ASH.

The free air time for anti-smoking messages led to the first drop in cigarette sales in American history and in 1971 tobacco advertising was banned from US radio and television.

Cricket lovers would no doubt be disturbed to hear Professor Banzhaf's view that the World Cup is being sponsored by "blood money".

He says that turning down sponsorships would not mean the end of major sport. When the names of tobacco companies were removed from some events in the US, other sponsors stepped in.

Anti-smokers welcome Bill

Bl/day 11/3/92

THEO RAWANA

WHILE the captains of the tobacco industry were tight-lipped over a new draft Bill which seeks control and regulation of tobacco use and advertising, the anti-smoking lobby has welcomed the move.

(87)
The Bill, published in the Government Gazette on Friday, seeks to have all smoking advertisements in future carry health warnings. It also prohibits the sale of tobacco products to people under 16.

The Tobacco Institute, the Tobacco Board and spokesmen for the major tobacco companies refused to comment this week on the draft legislation.

But the National Cancer Association (NCA) hailed the move by the Health Ministry as "a very important first step".

NCA director of Education Sonja van Oudtshoorn said that, with the legislation gazetted, the next step now was to have it passed.

A haven of help and hope for those hooked

Soul 14/3 - 19/3/92

(87)

By Chiara Carter

WHEN IT COMES to drugs and drug users, the Cape Town Drug Counselling Centre in Observatory has seen it all and has it for all to see.

A display case in its offices holds a bizarre collection of drug samples ranging from dagga to cocaine. And since the centre started more than six years ago, it has assisted almost 4 000 people.

The centre was the first outpatient service specialising in drug treatment to be opened in South Africa. It was started by medical professionals and lay people.

It has acted as something of a springboard and there are now similar services including out-patient centres in the northern suburbs of Cape Town and in Somerset West.

Counsellor Ms Cathy Rogers says most people who seek help come to the centre at the prompting of family, friends or employers.

A typical day begins with a morning clinic; then there are individual assessments and later group therapy sessions.

Most of the centre's clients are hooked on dagga and Mandrax.

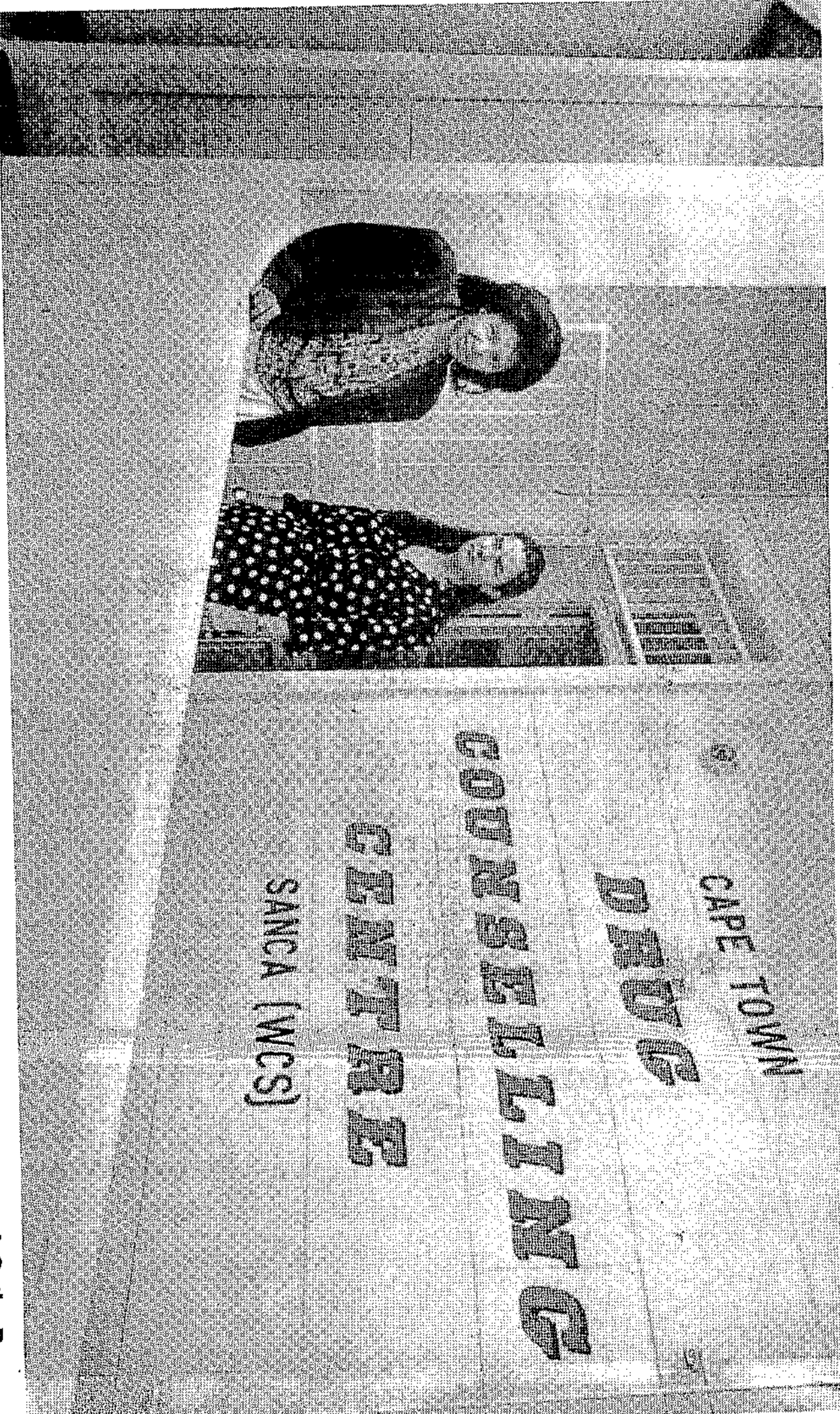
"About 90 percent of the people we see use dagga, Mandrax or a combination. Mandrax users can be easily spotted. They usually are thin with wasted muscles. They tend to have sleeping disorders and can be very aggressive. Long-term dagga users suffer from a motivational syndrome.

"The so-called designer drugs like cocaine and heroin are more hidden. Addicts are likely to seek private treatment rather than come to us," says Rogers.

Alarmingly, the use of intravenous drugs such as Wellconal is increasing and it may become necessary to run a needle clinic like those operating in Europe.

Rogers says the use of injections raises the spectre of Aids, and Aids counselling is part of the centre's programme.

The typical client is young



ASSISTANCE FOR ADDICTS: At the Cape Town Drug Counselling Centre, staffers Jackie Michaels, left, and Cathy Rogers are available to help addicts break the habit

(between 15 and 30), male and smokes dagga or dagga mixed with Mandrax.

This does not mean women are not abusing drugs.

"Women users are hidden. There is a greater stigma attached to a woman using drugs. Often the family covers it up and the woman stays at home where no-one can find out."

The centre assesses the case history of an addict before deciding on whether the person is suitable for rehabilitation and which centre would be appropriate.

"Rehabilitation is a process. The addict needs to acknowledge his or her behaviour is out of control. It is a major lifestyle change, like someone who has always worn shoes now

going barefoot.

"Sometimes addicts have a vague sense of wanting to get better; often they don't want to change."

Addicts have the option of entering Lenteguur's three-month detoxification programme. Some go to Groote Schuur, others to one of the alcohol units, or to a general practitioner.

If addicts want to be out-patients, they take part in a five-week group therapy programme at the centre. When they become drug-free they move on to an after-care programme which involves less frequent sessions, drug testing if needed and attendance at a support group such as Narcotics Anonymous.

The centre also treats the families of addicts, which is important given

the youth of most clients.

"An addict's environment is crucial. Many drug users hold their families to ransom. Relatives tip-toe around addicts. They are ashamed to bring their friends home, the addict steals to finance his habit and terrorises relatives into allowing him to use drugs."

Rogers says the centre has recently started a Tranks Support Group for those dependent on tranquillisers.

"These are mostly women. They usually go to their doctor for depression. Tranquillisers should be used for a maximum of five weeks but often people stay on tranquillisers for years. They suffer dreadful withdrawal symptoms if they try to stop." Rogers says there is an urgent need for education in schools where

most addicts begin to use drugs and for the provision of healthy alternatives for teenagers and young adults.

The recently opened Ulwazi Community Centre in Langa is a step in this direction. The idea of the centre arose from a concern that the Cape Town centre was seeing a small number of African drug users.

Run by the community, the centre provides activities such as sewing co-operatives and entertainment for adults and children. Like recent initiatives within communities, the centre gives "new hope", says Rogers.

"There is always hope. People must know they can break the drug habit. Like others in the anti-drug drive, we are here to help people rely not on drugs, but on themselves."

City's drugs busters have score to settle

By Chiara Carter

South 14/3 - 19/3/92

87

23

THE UNDERCOVER cop who mixes with dangerous criminals to set up a drugs bust is not the sole property of Hollywood.

Infiltrating Cape Town's drug scene is part of the routine of the police officers who work in the SA Police's narcotics division, Sanab.

Cape Town bureau chief Colonel Miller Haggard is a veteran of 11 years in the drug war. He acknowledges that the work is dangerous, but says Sanab is determined to root out drugs.

"A detective has to go undercover and mingle with the crowd. You have to ensure that your cover is not blown. The detective sets up a transaction.

"Once the price and amount are settled, the dealer is arrested in the

act of selling," explains Haggard.

Before the bust there are weeks of painstaking information-gathering. The suspect is placed under surveillance. All contacts are noted as police monitor the person's movements day and night. Most of the bureau's information comes from tip-offs from paid informants or concerned people.

Sanab approaches investigations cautiously. Haggard says much of the information turns out to be false leads.

"We don't just go and break down a suspect's door. First we open a file, then we place the suspect under surveillance and draw up a profile. It's a long time before we can move to bust a dealer."

This approach means that once a suspect has been arrested, he stands a 95 percent chance of being

convicted.

There are several Sanab centres in the Peninsula. The Cape Town bureau covers the city centre, Salt River, Atlantis, Kensington, Ravensmead, Elsie's River and the Bo-Kaap.

Last year, the Cape Town bureau confiscated 1 852kg of dagga and 34 194 Mandrax tablets. The bureau also confiscated about six grams of cocaine and six caps of LSD.

Between July and December last year, 97 people were arrested for possession of dagga and 39 for Mandrax. Seven were juveniles. During the same period, 160 people were arrested for dealing in dagga and 127 for dealing in Mandrax.

More than 400 of last year's arrests involved men between 18 and 35; fewer than 100 involved women in the same age group. Haggard says the bureau mea-

sures success by seizing drugs, particularly in big hauls, before they hit the streets.

"We want to cut off the supply rather than go for the small user."

All the bureau's detectives applied of their own accord to join Sanab. What makes them volunteer to join the drug squad, as the bureau is often called?

For some it's the excitement, while others see it as a way of advancing their careers.

But invariably they have a grudge against drugs stemming from an experience in their youth.

Despite the determination of men like Haggard, drugs enter the country in increasing amounts.

"We are anticipating an increased influx of drugs, given the lifting of international sanctions," says Haggard.

Keep Salt River clean, says anti-drug group

By Chiara Carter ^{South} 14/3-19/3/92 (87)

PREVENTION IS the key to the fight against drugs being waged by the Salt River Co-ordinating Council Against Drug Abuse (SRCC).

Since its formation the SRCC has managed to win considerable support for its anti-drug campaign from residents in the drug-ridden Salt River/Woodstock area.

SRCC spokesperson, Mr Lutfie Omar, says the organisation has made it clear to the drug pedlars and the police that the community will not tolerate drug trading, particularly where it involves children.

However, the SRCC has acknowledged that the merchants are also a part of the community and often have lived in the area for long periods.

"Some of the dealers even wear our T-shirts.

"They don't want their children to become drug users," Omar grinned.

The SRCC focuses on raising awareness of the drug problem among children, their parents and teachers and lobbying political and community organisations for support.

Anti-drug marches

Anti-drug marches and fun runs have raised the profile of the SRCC but not all the work is high profile.

The SRCC distributes media and promotes community drama which carry an anti-drug message.

Their stall is a familiar sight at youth events such as rap concerts in the area.

Omar says there is a critical need to investigate the extent of drug use among the youth and to "get in early".

Workshops held with children revealed a shocking level of awareness and familiarity with drugs among those in primary school.

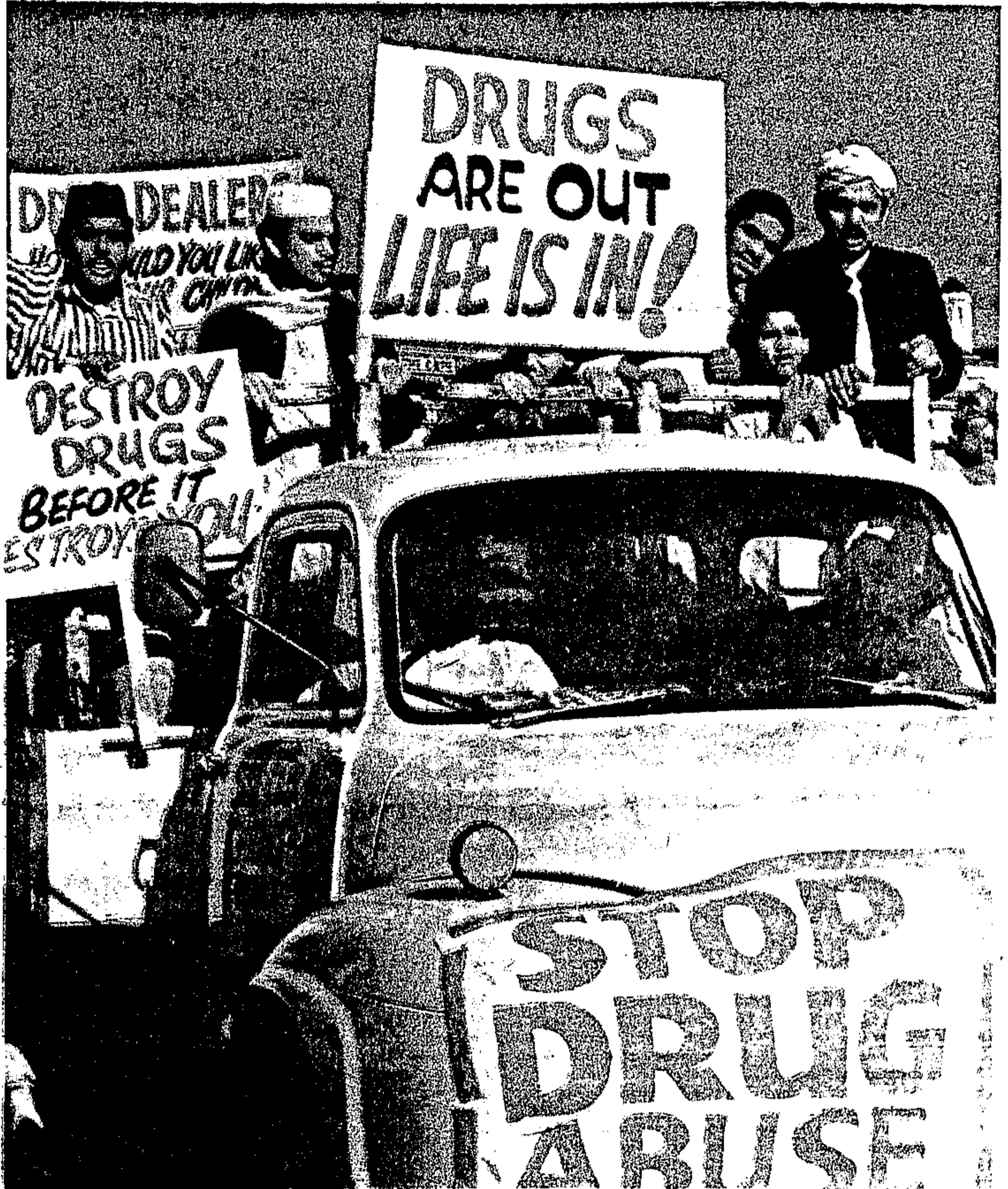
"In some places, children prepare a pipe for the adults to smoke when they get home from work.

"Children who grow up like that see drugs as acceptable. Others see drugs as glamorous or a rebellious thing to do.

"We need to counteract the things that make people turn to drugs and provide them with healthy alternatives.

"Our children need to know that drugs destroy users and their families.

"We urgently need a comprehensive drug programme in our schools," says Omar.



DEALERS OUT: Supporters of the Salt River Coordinating Council Against Drug Abuse getting their message across at a march through the area.

City's drugs busters have score to settle

By Chiara Carter ^{South} 14/3-19/3/92 (87)

THE UNDERCOVER cop who mixes with dangerous criminals to set up a drugs bust is not the sole property of Hollywood.

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Last year, the Cape Town bureau confiscated 1 852kg of dagga and 34 194 Mandrax tablets. The bureau also confiscated about six grams of cocaine and six caps of LSD.

Between July and December last year, 97 people were arrested for possession of dagga and 39 for Mandrax. Seven were juveniles. During the same period, 160 people were arrested for dealing in dagga and 127 for dealing in Mandrax.

More than 400 of last year's arrests involved men between 18 and 35; fewer than 100 involved women in the same age group.

Haggard says the bureau mea-

sures success by seizing drugs, particularly in big hauls, before they hit the streets.

"We want to cut off the supply rather than go for the small user."

All the bureau's detectives applied of their own accord to join Sanab. What makes them volunteer to join the drug squad, as the bureau is often called?

For some it's the excitement, while others see it as a way of advancing their careers.

But invariably they have a grudge against drugs stemming from an experience in their youth.

Despite the determination of men like Haggard, drugs enter the country in increasing amounts.

"We are anticipating an increased influx of drugs, given the lifting of international sanctions," says Haggard.

For back copies of our investigation into drug abuse, visit our offices at 6 Russel Street Woodstock

Parents go on patrol to bust the drugs trade in one suburb, while in another residents tell the dealers and police: "We've had enough!" This is the final installment of the SOUTH investigation into drugs. Justin Pearce reports:

We'll die so our children can live

MY PASSENGER points out an unassuming suburban house as we drive past. "See that house there? You can get anything you ask from there."

"That's the field where they hide the stuff," he continues as we move down the street. "Dagga in one place, Mandrax in another."

A group of men bunched together on the pavement peer in the direction of the car. "Those are the guys. The big guy is M... Everyone knows him."

We turn into another street. A yellow police van passes us, its driver apparently unaware that Mandrax is being sold publicly a block away.

We are in Surrey Estate, the

respectable middle-class and largely Muslim suburb where the residents are mobilising themselves against the drug merchants who operate in full view of inhabitants and police.

Groups of residents drive around the area in convoys, contacting each other by two-way radio when the dealers are seen operating. A day-time watch scheme is being planned among people at home during the day.

At the same time the community's religious leader has given up his house for use as a drug rehabilitation centre where volunteer doctors are available to treat addicts.

In one recent incident, more than 50 members of an anti-drug patrol

South 14/3 - 19/3/92

(87) (2)

were taken to Manenberg police station in connection with charges of damage to property. The charges — which were later proved false — had been laid by none other than the drug dealers who were waiting in the station to identify the accused.

We return to the home of one of the patrol members.

There his colleagues are introduced to me by first name only, and I am asked to produce my press card before they will talk to me.

Their caution is born of experience. Threats of violence have been made to community members outside the local mosque, and the presence of hired killers is a real possibility.

"We are threatening a multi-million rand industry," explains one of the patrol members. "For them to pay R50 000 for a hit squad is nothing." But the patrol refuses to be intimidated.

He also has reason to believe that the impunity enjoyed by the dealers is linked to certain people "giving gifts" to the police.

It is also no coincidence that the drug dealers and their merchandise never seem to be at home when the police conduct a raid, the patrol member feels.

"M... has been operating here 22 years and has never had any opposition."

Yet, the patrol members feel their relationship with the police is good, and getting better.

"Most elements in the police acknowledge what we do is good. The crime rate has dropped since we started."

Housebreaking and car theft are known to accompany the drug trade, as desperate addicts try to finance their next fix.

Police have voiced certain complaints about the way the patrols operate, but these criticisms have been dealt with constructively after discussion between the police and the community.

"We live here. We have different reasons for fighting the crime."

"Our motive is to protect our children. You can see youngsters walking around like zombies from the drugs. If necessary we'll die fighting this."

GOUTH ROTTEN STATE OF GAPE DRUGS CENTRE

- THE
DEPARTMENT OF HEALTH
WELFARE**
- DE NOVO OFFICIALS ACCUSED OF
ATTEMPTED HAPES - CORRUPTION**
- Official has set up a rehabilitation centre
 - Assisting staff are unpaid and naked
 - Accused of having a large amount of food
 - Corruption in the department has been
 - Inmate's death
- 3**

Police probe into De Novo after SOUTH investigation

Sault 14/3 - 19/3/92

(87) (8)

By Quentin Wilson

POLICE are investigating "various allegations of irregularities" at the De Novo drug rehabilitation centre in Kraaifontein following SOUTH's exposure of alleged corruption and theft by government officials working there.

A source who preferred to remain anonymous told SOUTH this week that charges of theft and fraud "amounting to R10-million" were being investigated.

No arrests have been made and no disciplinary action has been taken since the allegations were made. De Novo is geared towards reha-

bitating drug addicts and alcoholics and is run by the Department of Health Services and Welfare in the House of Representatives.

A police spokesperson confirmed that they began an investigation into irregularities on March 2.

The SOUTH investigation into De Novo last month found that high-ranking officials at the centre were allegedly linked to a scandal involving corruption, and victimisation of patients.

Documents leaked from De Novo revealed serious charges against these officials, including sexual misconduct.

Inmates charged them with hoarding food and clothing meant

for patients. The officials were also accused of selling these items outside the centre.

Officials were also accused of making false claims from the department for equipment for the centre — which never reached the inmates.

"It is a complete joke — there are people making a lot of money at the expense of the taxpayer. I am prepared to stand in court and testify against De Novo officials who sell goods which are meant for the patients," ex-inmate Mr Eric Croy said.

A spokesperson for the House of Representatives, Mr Ashley Theron, said the body would have welcomed closer collaboration with the police.

"We were informed of the investigation when the police arrived at the rehabilitation centre on March 2," Theron said. "We were unaware of any investigation prior to that."

Theron said the Department of Health Services and Welfare had started its own investigation into De Novo in December last year and it was being finalised at present.

"Should it become apparent from the investigation that any criminal offence has been committed, referral to the police would be a natural consequence," he said.

Anybody with any information to assist the police investigation can phone Sergeant Wynand Brits at (021) 419-8600.

Law to get tough on smokers from April 1

(81) CT 14/3/92 Staff Reporter

A LAW empowering the Minister of Health to prohibit smoking in certain public places, after consideration of a written complaint or representation, will come into effect on April 1.

Anyone convicted of an offence in terms of the Tobacco Products Control Act of 1992, published in the Government Gazette, may be fined or imprisoned for not more than six months or fined and imprisoned.

The Act will also restrict advertising of tobacco products if the package containing the product or the advertisement does not contain a prescribed health hazard warning.

The minister would also be able to prohibit the sale of tobacco products to people under 16 years old.

Furthermore, anyone who does not abide by the regulations or refuses to take precautions wherever and whenever they were asked to, would be guilty of an offence.

KATHRYN STRACHAN

SA pioneers drugs therapy

A TREATMENT for alcohol, drugs and nicotine addiction pioneered in SA has been praised by overseas drug experts as a medical breakthrough.

Development of and research into the treatment for withdrawal, which has been described as the most effective available worldwide, was done exclusively in SA by scientists of the SA Brain Research Institute in Johannesburg. *Bi Day 17/3/92*

World-renowned expert Dr Abraham Twerski, medical director of the Gateway Rehabilitation Centre in Pennsylvania, has said what is par-

ticularly impressive is the safety and rapidity of the therapy.

Institute executive director Dr Mark Gillman said the advantage of the treatment was that the patient improved literally within minutes of the start of therapy. The treatment — which used low levels of nitrous oxide mixed with high concentrations of oxygen to relieve the pain initially suffered by addicts attempting to kick their particular habit — was administered when the patient was conscious, said Gillman.

It meant also the use of highly addictive sedative medications, the mainstay of older forms of treatment, was reduced by at least 90%, he said. This was crucial, because the use of addictive sedative medications in high risk groups should be avoided as much as possible to prevent secondary addictions.

In addition, patients recovered much more rapidly and were therefore able to enter the next phase, which involved psycho-sociological therapy.

HOUSE OF ASSEMBLY

Month	1991	1992	1991	1992
November	22%	23%	65%	66%
December	24%	26%	63%	56%
January	24%	24%	65%	62%

Indicates translated version.

For written reply:

General Affairs:

Total tonnage of cargo moved

119. Mr E W TRENT asked the Minister for Public Enterprises:

- (1) What was the total tonnage of cargo moved through the Port Elizabeth harbour during the latest specified calendar year or 12-month period for which figures are available;
- (2) (a) what was the percentage use of container capacity in Port Elizabeth over this calendar year or 12-month period broken down into each month of that year or period and (b) how do these percentages compare with those in respect of Cape Town, Durban and Kaserne (Johannesburg)?

B309E
The MINISTER FOR PUBLIC ENTERPRISES:
The Managing Director of TRANSNET LIMITED has furnished the following information in reply to the hon member's question:
(1) 3 859 263 ton (1 February 1991-31 January 1992).

	(a)	(b)
Port Elizabeth	31%	62%
Port Cape	22%	34%
Town Durban	30%	67%
Kaserne	24%	72%
Port Elizabeth	26%	71%
Port Cape	24%	30%
Town Durban	24%	18%
Kaserne	28%	72%
Port Elizabeth	26%	65%

Portnet/Spoornet: revenue

120. Mr E W TRENT asked the Minister for Public Enterprises:

- (1) In respect of the latest specified financial year or 12-month period for which information is available, (a) what was the total revenue that accrued to Portnet and Spoornet from cargo moved through the Cape Town, Durban and Port Elizabeth harbours and Kaserne, (b) in what categories was this revenue accrued and (c) what percentage of this revenue accrued directly to Port Elizabeth;
- (2) (a) what were the expenses (i) directly and (ii) indirectly involved in moving this tonnage and (b) in what categories were these expenses incurred?

B310E
The MINISTER FOR PUBLIC ENTERPRISES:
The Managing Director of TRANSNET LIMITED has furnished the following information in reply to the hon member's question:

	(a)	(b)
Cape Town	R220.310 (m)	Particulars are not readily available and it will take much time and expenses to gather such information.
Durban	R859.942 (m)	
Port Elizabeth	R124.499 (m)	
Kaserne	Nil	
Port Elizabeth	Marine, Cargo handling and Ship repairs.	
Kaserne	10.3%	

- (2) (a) (i) and (ii) and (b)

Particulars are not readily available and it will take much time and expenses to gather such information.

Total tonnage of ore: Port Elizabeth harbour

125. Mr E W TRENT asked the Minister for Public Enterprises:

- (1) (a) What was the total tonnage of ore moved through the Port Elizabeth harbour during the latest specified calendar year or 12-month period for which figures are available and (b) how many jobs did the ore terminal create;
- (2) (a) what was the total revenue that accrued to Portnet and Spoornet from these transactions, (b) in what categories was this revenue accrued and (c) what percentage of this revenue accrued directly to Port Elizabeth?

B336E
The MINISTER FOR PUBLIC ENTERPRISES:
The Managing Director of TRANSNET LIMITED has furnished the following information in reply to the hon member's question:

	(a)	(b)	(c)
1 796 734 ton	1 April 1990-31 March 1991.	150 (1 April 1990-31 March 1991).	100%
Portnet	R6 571 817 (1 April 1990-31 March 1991)	Spoornet	Nil
Spoornet	R81 000 000 (1 April 1990-31 March 1991)	Rail revenue allocation is based on the origin of the traffic. In case of export traffic no rail revenue is accrued directly to Port Elizabeth.	

129. Mr L FUCHS asked the Minister of Defence:
SADF: drug abuse

- (1) Whether any Defence Force personnel and national servicemen were found to be drug abusers and drug addicts during the latest specified 12-month period for which information is available; if so, (a) what estimated number of persons was involved, (b) which drugs were most commonly used and (c) what were the sources of the drugs;
- (2) (a) what steps are being taken to (i) treat and (ii) rehabilitate drug abusers and addicts in the Defence Force and (b) what results have been achieved;
- (3) whether he will make a statement on the matter?

B330E

The MINISTER OF DEFENCE:

- (1) Yes, for the period 1 January 1990 to 31 December 1990.
 - (a) 739
 - (b) Alcohol, Dagga and Mandrax.
 - (c) Some drugs are obtained from legal trading. Where illegal trading is suspected, it is referred to the SA Police for further investigation.
- (2) (a) (i) and (ii)
 - (a) Preventative actions and programmes which emphasize the value of a healthy lifestyle, are presented. A multi-professional team gives attention to the treatment of abusers. Serious cases which require long term treatment, are referred to Government Institutions.
 - (b) 717 persons were submitted to treatment within the SA Defence Force while 22 were admitted to Government Institutions.
- (3) No.

Own Affairs:

Model B schools: additional staff

30. Mr R M BURROWS asked the Minister of Education and Culture:
 - (1) Whether he or his Department has agreed to supply additional staff, according to existing staffing quotas, to those schools which voted for Model B and whose 1992

SA addiction cure lauded

Own Correspondent

JOHANNESBURG. — A treatment for alcohol, nicotine and drug addiction pioneered in South Africa has been praised by overseas drug experts as a medical breakthrough.

Research into the treatment for withdrawal, which has been described as the most effective available worldwide, was done exclusively in South Africa by scientists of the SA Brain Research

Institute here. (87) CT 18/3/92
World-renowned expert Dr Abraham Twerski, medical director of the Gateway Rehabilitation Centre in Pennsylvania, has said what is particularly impressive is the safety and rapidity of the therapy.

Institute executive director Dr Mark Gillman said the advantage of the treatment was that the patient improved literally within minutes of the start of therapy.

The treatment — which uses low levels of nitrous oxide mixed with high concentrations of oxygen to relieve the pain initially suffered by addicts attempting to overcome their addiction — was administered when the patient was conscious, he said.

It also meant the use of highly addictive sedative medications — the mainstay of older forms of treatment — was reduced by at least 90%.

Billions 'going up in smoke'

87
ARG 21/3/92

ANDREA WEISS
Medical Reporter

SMOKING costs South Africa billions of rands more than it is worth in salaries and revenue, a hard-hitting report from the Medical Research Council asserts.

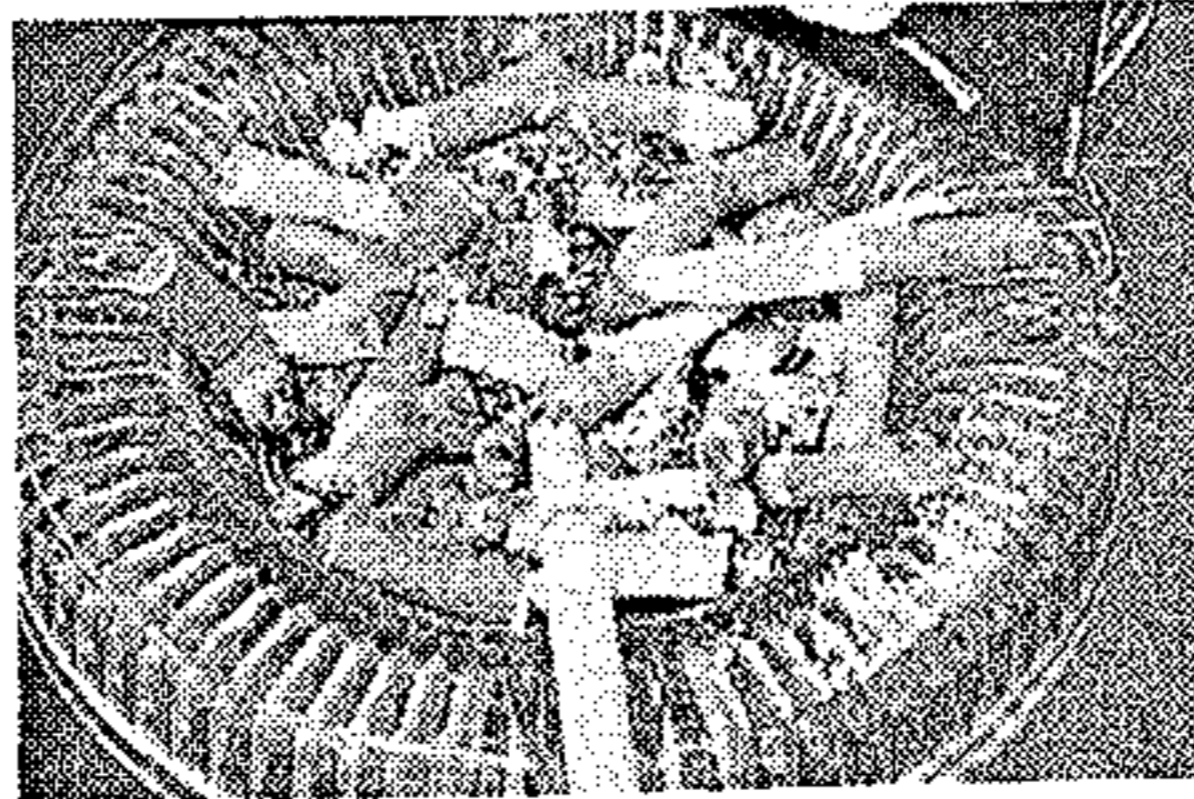
According to the report released this week, smoking cost the country at least R3,6 billion in 1988, more than a third of what has been allocated to health spending in this week's Budget.

Yet tobacco earned only an estimated R988 million in economic benefits.

Numbered among the costs are R2,2 billion spent on tobacco, R1,1 billion in lost productivity due to premature death and hospitalisation and R289 million spent on direct health care.

Researchers Dr Derek Yach, Dr Yusuf Saloojee and Dr Di McIntyre maintain the costs of smoking could be even higher if factors such as work absenteeism, increased insurance premiums, disability grants and fires to property and forests could be calculated.

Among the economic benefits of tobacco, they list R195 million paid in salaries, R241 million earned in general sales tax on tobacco and R552 million in excise revenue.



And while legislation to prohibit public smoking and restrict advertising is in the pipeline, the report calls for a massive hike in taxation to stem an increase in the addiction that already has a third of all South African adults hooked.

The report warns that while health costs are being reduced in the prevention of infectious diseases, smoking-related illnesses such as heart disease and lung cancer are on the increase and are expensive to treat. Cancer patients with medical aid pay R410 for one chemotherapy treatment.

"South Africa is in an epidemiological trap where we have the worst of both worlds — the infectious diseases of the past and high rates of chronic diseases associated with tobacco, alcohol and trauma as well as the current and future impact of HIV/Aids," the report warns.

The report also points out that South

Africa lost valuable foreign exchange, importing 21,6 million kilograms of leaf tobacco during 1989 to meet local demand while it exported only 1,7 million kilograms.

● South Africa's tobacco consumption increased by 54 percent between 1980 and 1989/90, yet this country gets the lowest proportion of tobacco tax than any other African country.

● South Africa has no tax incentives for replacing tobacco with other crops and has more land under tobacco cultivation than any other African country.

● More than a third of South African adults smoke. This translates into an estimated 6,85 million people.

● Studies have shown that for diseases such as lung cancer and heart disease, the difference in the death rate between smokers and non-smokers is largely due to tobacco. About one in three white deaths, one in four Asian deaths, one in six coloured deaths and one in 20 African deaths are smoking-related.

● There is no legislation in South Africa limiting tar and nicotine content of cigarettes.

● Strong evidence exists that children of parents who smoke have an increased risk of cancer. More children of smoking parents go to hospital for severe respiratory disease than those of non-smoking parents.

Smoking cost 'outweighs benefit'

Staff Reporter

A COMPREHENSIVE and convincing report on smoking in South Africa published by the Medical Research Council reveals startling facts on the health and economic implications of this dangerous habit.

The report alleges that one in three deaths among South African whites result from smoke-related diseases. Lung cancer accounts for about a quarter of all male and one-tenth of all female deaths in South Africa.

The report finds evidence that the economic costs of smoking outweigh the benefits of the tobacco industry to the South African economy.

In 1988 alone the cost of smoking in health care and lost productivity because of hospitalisation and premature death was as high as R2,5 billion. In the same year, wages, tax and excise revenue from the tobacco industry amounted to only R988 million.

(87) C1 23/3/92
The report calls for a doubling of the taxes on tobacco products.

BOYS 'blackmailed' to quit school

A SATURDAY Star investigation has revealed that serious irregularities may have occurred in the removal of a group of boys from a Johannesburg school because they were thought to be giving the school a bad name.

This newspaper is in possession of affidavits from pupils and parents stating that early last month Lieutenant Werner Pretorius of the SAP Narcotics Bureau used "intimidation and threats of violence" against boys at The Hill High School which were designed to make them leave the school.

The pupils were told to write statements saying they were dagga-users and suppliers.

The statements were filed, but according to the school the file has "unfortunately gone missing, despite every effort to locate it".

Pretorius, whose presence at the school was allegedly requested by one of the teachers, was introduced to each boy as the "narcotics chief".

One of the Standard 8 boys concerned said: "Lieutenant Pretorius took my address and said there would be a summons in the post.

"He said I was lucky he didn't send his men to 'f... me up' and the best thing I could do was to leave the school.

"I was surprised that Lieutenant Pretorius had become

Drug squad threatened violence, say parents

CAROLINE HURRY

involved. Although he and Mr de Villiers (a teacher) had said I might have to appear in court, another teacher told me the police could not prosecute unless they found me in possession of dagga.

"But I was still very worried that the police had become involved."

According to some of the pupils and parents, the boys had admitted to smoking dagga at a party, but never on school premises. They denied dealing in or supplying the drug, but were allegedly told by De Villiers that by sharing a joint of dagga they were guilty of supplying the drug.

Pretorius allegedly told the boys their statements were sufficient evidence to prosecute and convict them, but he could arrange to have the matter dropped if they left the school.

According to the statements sworn by the boys and their parents, De Villiers said that if the boys were not removed, they could be sent to a "clinic school" until they were 21.

A 16-year-old Std 9 pupil said: "I was told to go and speak to Lieutenant Pretorius, who said if he saw me in the street smoking dagga, he would f... me up and throw me in jail."

A Mr Rehbock, an ex-pupil and a law graduate, says he approached a police station for advice relating to the legitimacy of the policeman's conduct and was told to speak to a Colonel Kruger at John Vorster Square.

"He was abrupt and rude and asked me what my problem was. He told me Pretorius was acting within the scope of his duties.

"In my opinion, this school has abused legal and educational procedures. In order to expel a child, legislation prescribes strict procedures to be followed as well as specific misdemeanours on the part of the child.

"In my opinion this process seems to have been circumvented by the use of pressure to remove troublesome children."

Headmaster Simeon Tobias refused to speak to Saturday Star.

Dr Ken Paine, executive director of the Transvaal Education Department, said: "As the matter is still under investigation, the department is not in a position to comment. The matter is handled internally according to the policy of the department, and in the best interests of education and those who are involved.

"At this stage, no further comment can be made."

STAR 28/3/92 (87)

TED tells principal to readmit pupils

STAR 28/3/92

CAROLINE HURRY

A HIGH-SCHOOL headmaster whose staff resorted to "irregular" methods to get rid of a number of "problem" pupils thought to be giving the school a bad name has been ordered to re-admit them and apologise to their parents.

Simeon Tobias of The Hill High School near Rosettenville, Johannesburg, has reportedly been ordered by the Transvaal Education Department to re-admit the pupils after inquiries about the matter by Saturday Star.

● See Page 3

His school allegedly used methods that included bringing in a SAP drug-squad officer to threaten the pupils with arrest on the grounds that they were part of a dagga-smoking ring, as well as showing them graphic photographs of corpses of drug users who had died from overdoses.

A number of boys involved were told by the policeman and the guidance teacher, Gerald de Villiers, that if they did not leave the school voluntarily they would be sent to a "clinic school" until they were 21, where they would hardly ever see their parents and where pupils were so unhappy that they tried to hang themselves.

Parents were threatened with prosecution by

● TO PAGE 2

Readmit

● FROM PAGE 1.

the guidance teacher for neglecting their children's welfare if they did not consent to their removal.

According to information in the possession of the Saturday Star, the boys had smoked dagga occasionally after school.

Russel Rehbok, an ex-pupil and law graduate from Wits University, said the incident had been brought to his attention by teachers.

"On February 3, one teacher informed me that during a staff meeting Tobias had congratulated De Villiers for dispensing with a group of trouble-makers, and said if any other teachers were having problems with pupils, they should in-

form him and he would get rid of them," said Rehbok.

"This teacher and others were upset by Tobias's disposable children policy and approached him for a meeting to discuss the matter.

"Tobias assured the concerned teachers that all correct procedures had been followed. He said the narcotics branch of the SAP had approached the school and informed him a police computer had identified a group of drug-dealers at the school.

"He said the SAP had advised that the group be broken up and that the parents be contacted."

However, when the Saturday Star brought the matter to the attention of the TED, which sent an inspector to the school, Tobias denied ever speaking to the police.

Venter appeals for plan to beat drink/drug abuse

Sowetan

2/4/92

87

**Sowetan
Correspondent**

AN advisory board on alcohol and drug abuse has been asked to investigate an overall programme for the youth and a marketing strategy to mobilise the community to combat abuse.

Opening the first meeting of the fifth National Advisory Board on Reha-

bilitation Matters in Pretoria on Tuesday, Dr Rina Venter, Minister of National Health and Health Services and Welfare, said the board needed to play a planning and co-

ordinating, as well as an advisory role in this regard.

Venter said a possible reason for the world-wide shift in emphasis from rehabilitative to preventive action was the fact that those who do not abuse drugs comprise the larger portion of the population.

"It is therefore impor-

tant to prevent them from starting to use drugs," she said, identifying the youth as the main target group.

Venter asked the board to investigate the desirability of an overall standardised programme for the youth in collaboration with interested parties in the private and public sector.

"I also request the board to investigate, in collaboration with religious organisations, the promotion of programmes for the youth to be presented by these organisations," she said.

It was important to evaluate programmes so those that were ineffective could be replaced, she added.

Get to know your drugs

87 Almat 3/4-9/4/92

THE *Reader's Digest*, together with the Medical Association of South Africa, has published a *Guide to Medicine and Drugs* intended as a family reference book to help laypeople understand the drugs they are taking.

At R94,58 its readership will be limited, which is a pity as the book gives useful basic facts to consumers who otherwise would have to rely on often more limited information given by "health professionals".

The compilers of the book have selected 199 drugs — both prescription and over the counter — and given a fairly thorough explanation of each one, its effects, side-effects, special precautions to be taken and other useful bits of information.

The basis for selecting the 199 drugs is not clear. There are many in frequent use, some of them controversial, that the book does not cover. For example, consumers may have benefited from reasonably independent information on the sleeping pill Halcion. Another notable omission is the group of anti-cholesterol drugs, especially as a number of population groups in South Africa are prone to high cholesterol.

An early chapter provides a broad outline of how different drugs work on various parts of the body and in the treatment of diseases. There are also several indices so consumers can easily find the drug they are looking for.

What the book does not do, however, is warn consumers about dangerous, ineffective or expensive drugs. Nor does it advise consumers on how to deal with their doctors if they have questions about the medication they are taking.

These types of questions are raised in books published abroad. In the United States, for

CRITICAL CONSUMER

Pat Sidley's weekly advice on what to buy ... and what to avoid



instance, several books are available with such titles as *Pills That Don't Work* and *Over the Counter Pills That Don't Work* — both of which give a comprehensive guide to medication available to millions of consumers but which may not deserve the place in the market they have.

In the United Kingdom, a book called *The Wrong Kind of Medicine*, by Charles Medawar, provides the same kind of information for British consumers.

Not every doctor, pharmacist or pharmaceutical company is crooked, but many in the business of selling drugs have profit as their highest priority. Many doctors are simply too busy to research independently the medications they prescribe. And they often fail to explain to their patients what the drug does and why they have prescribed it.

Besides, some doctors, pharmacists and pharmaceutical companies seem to believe that as soon as a consumer reads about a side-effect, he or she will develop it.

The *Reader's Digest* book gives useful hints about the storage of drugs, drug dependence, how to take medication and what happens if one misses a dose.

Should the consumer need to know, for

example, about his or her heart and circulatory system and a medication prescribed, this is adequately dealt with, though with the presumption that the reader knows a fair bit about the subject.

The book has pictures of pills so that consumers can identify them if there are no labels on the containers. It also lists generic and brand-name drugs.

If, for instance, a consumer has been prescribed Inderal, he or she will find it under its generic name. There is a description of what the drug is used for, a list of potential side-effects, whether it is safe during pregnancy or when breastfeeding, whether it is suitable for children and if it is available as a generic.

The books published abroad discuss the virtues — or lack thereof — of the drug, and also draw attention to the fact that a cheaper version than the brand-name medication is available.

Sinutab, an over-the-counter drug, was recently heavily promoted on local TV. *Over the Counter Pills That Don't Work* states that this drug is neither safe nor effective, and suggests alternative treatments.

The *Reader's Digest* book, on the other hand, lists Sinutab in its index and refers readers to two different components of the drug, but does not mention that it is unsafe and ineffective.

I looked up in the *Reader's Digest* book a series of drugs I had recently been prescribed and discovered that my "health professional" had neglected to mention a few side-effects from which I had suffered.

Despite its shortfalls, the book is a useful addition to the library shelf as it contains clear and useful information seldom found in package inserts.

for CP

ing Bill'

ARC
87 3/4/92

Popkiss urges that more power be given to local authorities

CLIVE SAWYER
Municipal Reporter

THE draft Bill to control smoking in public places and make printing health hazards on advertising compulsory should be changed to give local authorities greater powers.

City council medical officer of health Dr Michael Popkiss welcomed the Tobacco Products Control Bill as an effort to control "this public health scourge" but said changes were needed.

The Bill makes it compulsory for tobacco packaging and advertising to carry a prescribed health warning.

Quantities of hazardous products will have to be stated on the package and the advertisement.

The sale of tobacco to people younger than 16 will be illegal, no matter who is to use the tobacco.

Tobacco vending machines will be banned from premises used by people younger than 16.

Dr Popkiss said he noted that the Bill would give the Minister of National Health powers to ensure a healthy envi-

ronment and safeguard the health of non-smokers from others' smoking.

The minister will be able to "take precautions" to prevent children and young people from being tempted to smoke, or to start smoking.

To do this, he will be able to ban smoking in public places.

"The Bill as it stands does not mean much for local authorities, and I have recommended that the council ask for the minister's powers to be delegated to us," Dr Popkiss said.

"It would be nice to have crisp government regulations available to local authorities."

Meanwhile, Cape Town health and legal staff are continuing the fight against the hazards of smoking.

Legal advisers are investigating amending by-laws so that regulations similar to those passed by the Johannesburg City Council, to limit smoking to half the tables in restaurants of more than 20 seats, can be brought into force.

A 1989 bid by Cape Town to limit smoking in restaurants failed when Administrator Mr Kobus Meiring refused to sign the proclamation amending the by-law.

Tobacco diseases cost SA very dearly

Sowetan 9/4/92

(87)

THE costs of tobacco-related diseases to South Africa's economy were far higher than the money generated by the tobacco industry.

In a document entitled "Smoking in South Africa: Health and Economic Impact", three South African researchers show that a considerable amount of foreign exchange was being spent annually on importing tobacco.

These findings were made by researchers Dr Derek Yach of the Medical Research Council, Dr Yusuf Saloojee of the National Council against Smoking and Dr Di McIntyre of the University of Cape Town.

A total of 35 percent of all deaths among whites were due to smoking-related diseases, according to the researchers.

The report showed that smoking cost South Africa more than R3,6 billion in 1988 in terms of tobacco expenditure, health care, lost productivity due to hospitalisation and premature death.

The estimated economic benefits of smoking amounted to R988 million and included earnings of employees, general

By MOKGADI PELA

sales tax and excise revenue.

With the shrinking markets in the developed world, international tobacco corporations were launching massive advertising campaigns in many developing countries.

The researchers say consumption of cigarettes in these countries has risen by 2,3 percent while dropping in the developed world by 1 percent.

The Government was soon expected to pass legislation which would restrict smoking in public places, prohibit the sale of tobacco to children under 16 and limit the advertising of tobacco products.

Yach, McIntyre and Saloojee believe the legislation was deficient in a number of ways: it does not place a ban on advertising tobacco products, a move which is supported globally by the World Health Organisation.

Other highlights of the report include that more than a third of South African adults in 1989/90 smoked, amounting to 7 million smokers.

Call to curb tobacco use with tax

CAPE TOWN — Increased tobacco taxes could generate revenue for health promotion projects and fund an extended exemption from VAT on essential foodstuffs, says the group executive for community health research at the Medical Research Council, Dr Derek Yach.

Yach, who returned recently from the eighth world conference on tobacco and health in Argentina, said it was surprising that increased taxes on tobacco products had not been part of a comprehensive approach to controlling tobacco use and preventing children from starting to smoke.

"Tobacco consumption is related to affordability, and an increase in tax on cigarettes would reduce their affordabil-

ity, particularly for children," Yacht said. *Biday 14/4/92*

"Compared to increases in other goods, cigarettes have actually become more affordable in the last decade."

An increased tobacco tax would be good for public health, good for government revenue and would probably receive public support ahead of income or sales increases. (87) ~~(87)~~

While Australia had announced a total ban on sport sponsorship by tobacco companies, to be phased in over the next five years, sport sponsorship in SA was being expanded, Yach said.

He cited the Paris-Le Cap Rally sponsored by Camel and the almost hourly radio and television adverts of Benson and Hedges cricket. — Sapa.

New Canadian plane sent to SA

CANADIAN aircraft manufacturing company de Havilland has sent a new 50-seater airliner to SA for demonstration flights to the soon-to-be-launched airline Bass Airways, as well as Comair, Bop Air, SAA and economics research house Econometrix.

The twin-engined Dash-8 series 300 airliner arrived in Johannesburg at the weekend after a ferry flight from Toronto via Greenland, Iceland, Scotland, Austria, Crete, Egypt and Kenya to SA.

Bass Airways MD Mike Basson said he was considering acquiring three of the \$13m (about R39m) aircraft for use on scheduled flights between Durban's Louis Botha Airport and Grand Central Airport at Midrand. *Biday 14/4/92*

He said his new airline would probably begin operations in the final quarter of the year.

LINDEN BIRNS

"Initially we were hoping to operate four return flights a day, but it appears we'll have enough demand to lay on three morning return flights, three afternoon return trips and a return flight over lunchtime," said Basson.

De Havilland, which was recently sold by Boeing to a partnership made up of the Canadian government and Bombardier, has sold more than 380 Dash-8s to 52 airlines across the world. ~~(87)~~

Bombardier also owns Learjet, Shorts Belfast and Canadair Challenger, and is a major subcontractor on several other aircraft manufacturing programmes. It is represented in SA by Lanseria-based Execjet, which is owned by local electronics mogul Roux Marnitz.

87
ARG 22/4/92

Anti-smoke campaign a 'drag' claims industry

ANDREA WEISS
Medical Reporter

THE tobacco industry has hit back at anti-smoking campaigners claiming that "much of this noise is made for the sake of making noise".

Mr Joh Groenewald, spokesman for the Tobacco Institute in Pretoria, was responding to comments by Dr Derek Yach of the Medical Research Council on the economic and health costs of smoking.

The institute is the mouthpiece of the tobacco industry.

Mr Groenewald declined to provide a counter argument to criticisms of the industry by Dr Yach, saying this was "not going to get us anywhere".

He stuck by a three-paragraph reply he faxed to The Argus.

"Just as almost every pleasure enjoyed by man is attacked from time to time, the smoking of tobacco is criticised periodically. Sometimes sweeping statements are made, or assumptions are presented as fact.

"The truth is that there is no unanimity among scientists about the alleged effects of smoking.

"The matter of health-related questions about smoking is far too complex, and now emotionally charged, to attempt to put it into correct perspective within the scope of a single article."

Dr Yach, Dr Yusuf Saloojee of the National Council against Smoking and Dr Di McIntyre of the University of Cape Town have put their names to a hard-hitting report on smoking which claims the habit is costing the country far more than it is worth.

Points made by Dr Yach and his colleagues are:

- Smoking affects productivity through premature death and absenteeism of smokers;

- It contributes to 90 percent of all lung cancer and chronic obstructive lung disease, a third of all cancers and 25 percent of ischaemic heart disease;

- The World Health Organisation estimates that smoking is the major preventable cause of premature death. In South Africa, 25 000 deaths a year are ascribed to smoking-related causes;

- Passive smoking is now listed as the third cause of death in the USA.

The tobacco industry has to date not made any public comment on draft legislation published in the Government Gazette last month which seeks to limit the use of tobacco.

The draft Bill proposes to curb sales of cigarettes to children under 16, provide for health hazard warnings on cigarette packets and allow the banning of smoking in public places.

**'Ban tobacco
promotions'** (S) 24/4/92

A TOTAL ban on all promotion of tobacco products has been urged by the Council on Smoking and Health (COSH).

The proposal is one of a number of suggestions for strengthening the anti-smoking bill due to come before Parliament this session.

COSH executive director Dr Yussuf Saloojee said in a statement appealing for the public to support the bill that it was "crucial" that the measure become law. —

Smoking 'slows bone healing'

LONDON. — US surgeons report that smokers' broken bones take longer to mend, according to Britain's New Scientist magazine. (87)

It said orthopaedic surgeons in a team led by George Cierny of Emory University, Georgia, suspected that nicotine and the carbon monoxide in tobacco smoke slowed the regeneration of bones. ARG 4/5/92

New Scientist quoted Dr Cierny as saying that bone formation among non-smokers in a sample of 29 people with broken shin bones could already be detected by X-ray after two months. In smokers it could not.

New Scientist said that nicotine constricted blood vessels, reducing blood flow to new bone. And breathing in carbon monoxide prevented oxygen getting to the bones. — Sapa-Reuter.

More women lighting up

STAR 7/5/92.

87

DESPITE the glamorous images of tobacco advertising, smoking causes stinking breath, stained teeth, rusty fingernails and premature wrinkles, not to mention an increased risk of serious illness. Yet as more and more men stub out the cigarette habit, many women are lighting up.

Anti-smoking lobbies are growing around the world, and so is the number of women who smoke, especially in developing countries.

A recent report by the World Health Organisation puts this down to the tobacco industries targeting women through advertisements. The WHO's detailed worldwide survey of women found that smoking was increasing at a rate of 2,1 percent a year in developing countries, despite cultural taboos.

Linda, a 30-year-old social worker from Soweto, hides her cigarettes from her family and her boyfriend. She knows that smoking is unhealthy but "I'm hooked", she says. Linda, like other black women interviewed, refused to reveal her identity because "what we are doing is not acceptable in our community".

And the thought of wrinkles is not enough to deter Mary, a 25-year-old dental assistant from Dube, who smokes despite the cultural taboo. She started smoking at 16, she says, partly out of curiosity and partly out of peer pressure.

A report on the health and economic impact of smoking in South Africa compiled by Dr Yusuf Saloojee of the Na-

tional Council Against Smoking, Dr Derek Yach of the Medical Research Council and Dr Di McIntyre of the University of Cape Town has found there is a growing number of girls under the age of 14 who smoke.

Dr Saloojee attributes the growth of smoking among young girls to targeted advertising campaigns.

"This is a worrying trend," Dr Saloojee says. Young girls are more vulnerable to "mature and sexy" images portrayed in cigarette advertisements, he says.

Maureen Kark of Victory Park, who has trained in psychology, says anti-smoking advertising campaigns could help to stop people taking up the habit but do not help those already addicted to nicotine.

Anti-smoking advertising campaigns, according to Mrs Kark, only create discomfort and awareness for people who already smoke. But they need additional help to be free of the nicotine addiction.

The Government has drafted legislation to restrict smoking in public places, prohibit the sale of tobacco to children under 16 and limit tobacco advertising.

Megan Bowes, a Johannesburg conference organiser who smokes a minimum of 40 cigarettes a day, feels that legislation like this infringes on her rights. "Smokers have exactly the same rights as non-smokers," she says.

"Cigarettes are my best friend. I use them as an emotional crutch."

Ms Bowes is aware of the consequences of smoking but "that's not going to change my mind about it".

The cultural taboo associated with smoking among black and Asian women may make it difficult for them to admit openly to the habit, according to Dr Saloojee.

The report also found that among the 7 million adults who smoke in South Africa, coloureds have the highest percentage of smokers. The percentage of coloured women who smoke is equal to that of white men and there is a 7 percent decline in smoking among white women.

The WHO report also revealed that more than a million women will die from tobacco-related diseases by the year 2020. The death rates from lung cancer among women has increased virtually throughout the industrialised world.

In addition, according to Dr Saloojee, women who smoke are at risk of diseases related to reproductive tract and fertility disorders. Among the risks, he added, is cancer of the cervix.

Studies have shown that children of smoking parents, particularly a smoking mother, are at increased risk of respiratory diseases, and spouses at a greater risk for lung cancer.

Children whose mothers smoked during pregnancy are shorter and three months behind in reading and general ability tests. Says Dr Saloojee: "This may not be much of a difference, but it is measurable."

in spite of high risks

Hearty effort to help smokers stop

ANDREA WEISS
Health Reporter

THE Heart Foundation is making smoking its business this year — and trying to tackle the problem in a “smoker-friendly” way.

For instance, smokers were not the ogres they were often made out to be, said psychologist Dr Gillian Baddeley, who runs the foundation's stop-smoking programme.

If they realised their habit was harming others, they could be very considerate, but, because of their addiction, many smokers were unwilling to take cognisance of the hard facts.

Dr Baddeley is keen to make inroads into smoking in the workplace by providing back-up for companies wanting to go “smoke-free”.

Her aim is not to see the lines between the smoking and non-smoking factions drawn, but to help companies and individuals free themselves of a dangerous, life-threatening habit.

Often, her intervention enables smokers and non-smokers to come to a more equitable arrangement. When companies choose the smoke-free route, she and the Heart Foundation's lifestyle team are there to ensure that smokers are helped.

(87) ARG 11/5/92



“We're not missionaries. Smokers are not ogres, nor are we. Non-smokers also have unhealthy habits,” she said.

A former smoker, Dr Baddeley gave up after her father died of lung cancer in the early 1960s.

So, she believes she understands the problems and the needs of people with an addiction which has been put on a par with cocaine and heroin dependence.

A research project into the use of nicotine gum put her on the road to counselling people unable to quit.

She said a good programme probably had a success rate of 35 percent after a year. Claims of higher success rates usually reflected initial euphoria soon after the programme's end.

She said people often finished on a high, believing they had kicked the habit — until the next crisis hit.

“They are very vulnerable in the 12 months after quitting.”

A climate of non-smoking in the workplace and public places would help smokers avoid starting again.

One of the first things she told smokers was that the first effects of mass-produced cigarettes manifested themselves as lung cancer in men who fought in the trenches of World War 1, where they started smoking.

It was only in 1950 that the first studies linking smoking and cancer began to be made public. In 1962, the Royal College of Physicians made a statement, followed by the US Surgeon General in 1964.

“It is only now that passive smoking is becoming the focus.

“I tell people that the fuss now is because people didn't know a few years ago. And, South Africa is a decade behind as far as public pressure is concerned.”

For smokers who want to go it alone, she recommends cold turkey. For others, a programme offering a combination of behaviour modification, group support and nicotine replacement may be the way.

Heart Foundation courses are offered every second month at R300 for eight sessions. To book, call Dr Baddeley at 531 5575.

SA market high on cocaine barons' list

By Guy Jepson
Crime Staff

(87)

South Africa is more than just an attractive conduit to Europe for South America's cocaine barons — pushers are targeting the country as a potentially lucrative market for the drug.

While the incidence of cocaine usage in South Africa is still low compared with alcohol, dagga and Mandrax abuse, police and drug rehabilitation experts say it is on the increase.

Commissioner of Police, General Johan van der Merwe, released statistics last week showing that in the past year the police had arrested 100 people for possessing or dealing in 38,8 kg of cocaine (with a street value of about R14 million).

General van der Merwe said South Africa had also been identified by syndicates as a conduit for cocaine traffic to Europe because of a crackdown on the drug trade by authorities there and in the United States.

Marcelle Christian, professional services director of the SA National Council on Alcohol-

ism and Drug Dependence said she believed South Africa itself was a primary target for cocaine smugglers and that the drug was being brought into the country through Africa.

"The big problem is that we are being targeted because it is perceived that this is an affluent or money-making area," Mrs Christian told The Star.

A detective attached to the South African Narcotics Bureau agreed, saying cocaine consignments were often channelled from India to north Africa before arriving in SA.

Addiction

A particularly alarming development in South Africa, according to Mrs Christian, is that ordinary drug-users are increasingly being offered free cocaine.

Users of the drug traditionally tend to come from affluent sectors of the community because of its great cost — in 1986 cocaine reportedly cost R198 a gram on the streets — but the pushers appear to be casting their nets a lot wider, raising the spectre of widespread addiction.

"From young drug addicts and the groups we are in contact with, we know that cocaine appears to be freely available," said Mrs Christian.

"We know it is very expensive and that there appear to be a lot of users in the upper echelons, but there is a fair amount of it being offered to other people looking for other drugs — in a definite attempt to push it."

And although cocaine addictions took a long time to develop, they were extremely severe and difficult to treat, said Mrs Christian.

"We find that youngsters normally addicted to other drugs have taken cocaine as well. Once people are addicted to other drugs it is very easy to switch addictions."

● In a bid to combat the multi-billion-rand drugs industry in South Africa, the Government announced plans last week to drastically beef up the country's anti-drugs laws.

The proposed legislation provides for sentences of up to 25 years' jail for certain drug-related offences, including being in possession of property knowing it to be from the proceeds of a drug-related crime.

STAR 12/5/92

Patient, why not heal thyself?

(87) ~~88~~ STAR 1415792

VISITING the doctor is becoming an expensive business these days. Consulting a specialist can be as draining on the pocket as those plumbers' bills.

One way of reducing skyrocketing medical costs, says Minister of Health Rina Venter, is for people to take more responsibility for their health and not to go rushing off to the doctor for every little snuffle. They need to indulge in a little self-medication where minor ailments are concerned, she says.

But while this signals an important trend, and is a positive small step in the direction of affordable health care for all, self-medication must be informed, says Dr Nick Lee.

Dr Lee is editor of the Medical Association of South Africa's "Guide To Medicine and Drugs" (Reader's Digest, R94,58).

"We are not saying that people must treat themselves. They should try a simple remedy first for minor ailments. If symptoms persist, even on simple medications, they should seek professional help," Dr Lee says.

The 20th century has seen a revolution in medical treatment unlike anything in previous eras, says Dr Lee. Drug treatments are now available "which would have seemed magical to earlier generations", he says.

It still seems incredible that a few teaspoons of a sweet-tasting liquid can actually mean the difference between life and death, he says, in a forward to the book.

But as with all good things in this world, there can be snags.

"Drugs are not only effective substances, they are powerful chemicals which may have harmful as well as beneficial effects," says Dr Lee.

But as people become more educated and aware, they are no longer content simply to take what is handed out to them on a prescription, he says. They need to know what they are doing and taking.

Part of the mystique surrounding the medical profession has been the myth that there's a pill for every medical problem, says Dr Lee.

And there is often an information gap between those who provide medication and those who take it. The doctor may be too busy to explain and the pharmacist may not see the need to dispense too much information along with the medication, he says.

"Nobody sits people down and tells them exactly what it is, they are taking, or why they shouldn't take a drug under certain conditions."

The Medical Association's guide has been compiled to give information that the general public needs in a comprehensive, lucid and interesting form, he says.

The information has been compiled by experts and double-checked by doctors and pharmacists to ensure factual accuracy.

It is intended to supplement information given by doctors to patients, not replace it, Dr Lee stresses. The book is aimed at contributing towards effectiveness and safety of drugs which patients take.

And there's no danger of people knowing too much, says Dr Lee.

"You can't ever know too much about drugs," he says. That's another old-fashioned attitude among some doctors.

The first two sections of the book explain how drugs affect the body's systems and how the main classes of drugs work. The main section gives

in-depth information about 199 widely used drugs, including what effects the drug has, potential problem areas and what to do if a drug is missed.

There is a comprehensive index of drugs and proprietary names, a colour identification guide to commonly prescribed tablets and capsules, and information about vitamins and drug abuse.

Anti-tobacco assault may run out of puff

STAR 16/5/92 (87)

AS European Community Health Ministers opened discussions yesterday on the EC's proposal to ban tobacco advertising, vociferous opposition looked set to ensure that even if a ban does come, it will not be as stringent as the EC would like, reports Sapa's Brian Love from Brussels.

A year ago the EC proposed to banish all promotion of tobacco, on grounds that smoking related diseases had killed more than 10 million people in the Community since 1957. Officials claim 73 percent of EC citizens support the ban.

Out would go those alluring glossy ads in magazines, along with billboards and cinema commercials. Cigarette-brand logos would vanish from racing cars, football jerseys, sports stadiums and even from fashion wear.

Governments

But the planned ban, one of the most ambitious and controversial in the Community's history, may be stymied.

The ban is opposed by several governments and challenged by those who say it violates freedom of speech. Opponents also contest health statistics cited by those who would ban tobacco advertising.

If Germany, Britain and the Netherlands oppose the ban, as is expected, that would be enough opposition to block its adoption.

Greece, under pressure from its big tobacco

growing industry, and Denmark also oppose the ban.

Britain tends to agree with the tobacco industry that it has not been proved that advertising recruits new smokers rather than tempting old hands to switch brands.

Private companies are pouring manpower and funds into lobbying governments and politicians, seeking to discredit the seven states which back the ban.

The companies also fear their interests could be badly damaged by national advertising bans.

Malcolm Fothergill reports that if South Africa were to ban tobacco advertising, media owners would stand to lose R100 million of adspend that is currently channelled into tobacco and related advertising.

According to Adindex figures until the end of March 1992, R88,4 million is spent on print, R28,9 million on radio and 19,6 million on cinema/outdoor/television by SA tobacco companies. Cigarette advertising accounts for seven out of 10 cinema ads and eight out of 20 outdoor signs.

Drug addiction hitting housewives, children

B (Day) 21/5/92

KATHRYN STRACHAN

DRUG addiction among housewives and children was growing at an alarming rate, SA Association of Retail Pharmacists spokesman David Bayever told delegates at the national conference of the Pharmaceutical Association of SA in Somerset West yesterday.

Although national figures were difficult to establish, 27,5% of patients in a major Transvaal rehabilitation centre were housewives and 5% of patients admitted were children between 10 and 14.

Bayever said world expenditure on illicit drugs and psychotropic substances was second only to armaments. Ninety percent of worldwide mandrax production was sold in SA, and 25% of all dagga seized worldwide was seized locally. Illicit drug traffickers regarded SA as a major target.

Cocaine was also rapidly becoming more prevalent. In 1991, 1 183g of cocaine were seized; this year 1 800g were discovered in one bust alone.

There were indications that drug abuse among blacks was increasing with growing urbanisation.

Among upwardly mobile urban blacks there was a trend to change from tradition-

al sorghum beer to spirits, which would make alcoholism a more serious problem in the near future.

Health Department spokesman Peter Hearn told the conference his department's expanded measles immunisation programme last year had resulted in a 77% decrease in the cases of measles reported and a 93% decrease in the number of deaths and disabilities. Hearn said immunisation was one of the strongest weapons for fighting the disease.

Measles remained one of the major causes of death and hospitalisation among black children, but the reduction in such cases represented a drop of about 117 000 cases and 46 000 hospital admissions.

The immunisation programme formed part of the department's expanded primary health care strategy, which was aimed at lowering the inappropriate use of the more expensive secondary and tertiary services. Expanding primary health care was the only affordable method left for the state to provide health services to all, Hearn said.

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Many wives, minors now drug addicts

STAR 2/15/92
By Paula Fray

There has been an alarming rise in drug addiction among housewives and young children, according to a senior member of the South African Association of Retail Pharmacists.

Addressing delegates at the national conference of the Pharmaceutical Society of SA in Somerset West yesterday, David Bayever said 25 percent of all dagga seized worldwide was found in South Africa and 90 percent of worldwide Mandrax production was sold in SA illegally.

He said that while national figures were difficult to establish, 27,5 percent of patients requiring rehabilitation in a well-known Transvaal centre were housewives.

A further 5 percent of patients admitted were minors between the ages of 10 and 14.

(87) (278)
While there would be regional differences, these proportions were roughly correct for the country in terms of Indian, white and coloured groupings.

Indications were that drug dependency in the black community was not as prevalent, but was increasing with growing urbanisation, Mr Bayever said.

Another cause for concern was South Africa's position as a favoured target for exploitation by drug traffickers.

"The growth in cocaine trafficking in this country is significant in this context.

"While 1 183 g of cocaine was seized during the entire 1991, 1 800 g was discovered during one 1992 'bust' alone."

He said cocaine was expensive — at a current street value of about R400/g — and therefore had become fashionable only among upper-income drug abusers.

Smoking 'will kill 20%' ⁽⁸⁷⁾

LONDON. — The risk of death from lung cancer and other diseases as a result of smoking tobacco was much greater than previously believed, according to a study published today.

More than one-fifth of the developed world's population will die from the effects of smoking, said the report published in the Lancet medical journal.

It said of a total developed world population of 1,25 billion people about 250 million would die from smoking.

CT 22/5/92
Professor Richard Peto, one of the report's authors, said: "Most people already know that smoking is dangerous, but most people don't realise how enormous the risks are." — Sapa-Reuter

Smoke will kill millions

(87) ARG 23/5/92

HENRIËTTE GELDENHUYS

Weekend Argus Reporter

SMOKING will kill 250 million people in industrialised countries, a fifth of their population, according to a worldwide six-year study into the effects of smoking.

In developing countries like South Africa, tobacco would be one of the most important causes of premature death, said the study, conducted by the Imperial Cancer Research Fund's Cancer Studies Unit at Oxford, the World Health Organisation and the American Cancer Society.

One in every three regular smokers would die of the habit and most of them would be middle-aged, said Professor Richard Peto of Oxford.

Although less than 20 percent of all people in industrialised countries died of smoking, the percentage was rising, he said.

Researchers said two million people died as a result of smok-

ing tobacco annually and 21 million would die during the 1990s in the United States, Canada, Europe, Japan, Australia and New Zealand.

They said they hoped the study would encourage authorities to either ban tobacco advertisements or raise the price of cigarettes.

"About the only good news is that stopping smoking works remarkably well," said Professor Peto.

Reacting to the report, published in today's issue of *The Lancet*, a British medical journal, Dr Derek Yach, the co-ordinator of community health research at the Medical Research Council, said about three million people died annually in developing countries from smoking.

Dramatic increases in smoking-related deaths were expected in developing countries in about two decades as "we are about 25 to 30 years behind developed countries".

He said there would be a "misleading delay" before the increase in deaths.

"If we act today, we can prevent a massive increase in smoking-related deaths.

"We have not had aggressive marketing or buying power, but the markets are declining in Europe and America and companies are switching to Africa and Asia," said Dr Yach.

● France planned to introduce strong anti-smoking laws, said its health minister Mr Bernard Kouchner.

He said 65 000 people died every year in France from smoking-related illnesses and anti-tobacco legislation coming into effect at the end of the year would prevent people from smoking in offices, restaurants and trains.

Limited areas where smoking would be permitted would be set aside.

World says 'no' to tobacco for a day

(S) Times
(Cape Metro) By DIANA STREAK
24/5/92 (87)

A GROWING worldwide intolerance to smoking, particularly in the workplace, will be highlighted next Sunday on World No-Tobacco Day.

"The idea is to get smokers not to smoke for a day and then see if they can continue," said Richard Martin, project co-ordinator at the Heart Foundation.

"It's unfortunate that it falls on a Sunday but we will be busy all week up to the 31st. We will talk to workers about the risks of smoking.

"In Cape Town we've got a lifestyle group with two psychologists and a smoke cessation course available to businesses to get workers to stop smoking.

The World Health Organisation determined that the theme for this year is "Tobacco-Free Workplaces — Safer and Healthier" and in Barcelona the Olympic Games have been declared smoke-free.

Cigarette advertising will be prohibited as will the sale of cigarettes within the sports venues.

Premature

The Tobacco Action Group (TAG), which consists of the National Cancer Association, the Heart Foundation of Southern Africa and the National Council Against Smoking, says smoking causes a marked decline in business productivity through hospitalisation and premature death of workers.

A Medical Research Council report pegs total loss of productivity by smoking employees in South Africa at R1 100, 5 million.

There are 6,85 million smokers in South Africa over the age of 16.

but it has also been found that up to 46 percent of primary school boys smoke.

TAG believes employers should hold smoking-cessation courses at work as evidence mounts of the health hazards of active and passive smoking. Even President F W de Klerk is reported to be trying to quit.

The US Surgeon-General has concluded that passive smoking can cause lung cancer in non-smokers.

Several businesses in South Africa have introduced a no-smoking policy and this is expected to increase as employers realise the consequences of smoking.

Tag the smokers

Sowetan Correspondent

87

SAFER and healthier, tobacco-free workplaces is World Health Organisation's theme for World No-Tobacco Day this Sunday. *Sowetan 26/5/92*

In South Africa, the Tobacco Action Group, consisting of the National Cancer Association, the Heart Foundation of South Africa and the National Council Against Smoking, has asked South Africans to be aware of the problems of active and passive smoking - and to take action.

TAG said researchers had conclusive evidence that smoking caused heart disease, lung cancer, strokes and respiratory diseases. A link has also been found between passive smoking and lung cancer, TAG said.

In South Africa, the Machinery and Occupational Safety Act of 1983 states employers must provide a safe environment, noted TAG.

Last year, pharmaceutical company Parke-Davis became one of the first organisations in South Africa to introduce a smoking policy. It outlawed smoking on the premises from January this year.

According to TAG, the following measures can be followed in the workplace:

- * Employers and employees can restrict smoking to certain areas or ban it entirely;
- * Smokers should ensure that their smoke does not jeopardise the health of others by not smoking in company buildings and vehicles and,
- * Non-smokers should urge their organisations to act if they are not satisfied with the existing smoking policy of the company.

Experts warn on drug abuse

By DON SEOKANE

Sowetan 26/5/92

ALCOHOL and drug abuse reduces work output and impairs proper decision-making, Mrs Anne-Gloria Masetle said during the Sowetan/Pick 'n. Pay parenting workshop held at Seshego on Sunday.

Masetle was one of the experts and professionals including Mrs Mapule Khanye of Alexandra Health Clinic and a teacher Mrs Jane Selepe who ad-

ressed the workshop.

Explaining the disastrous effects of alcohol and drug abuse, Masetle said abuse of alcohol leads to poor work performance and inability to take simple instructions. Continued abuse would lead to frequent Monday morning accidents and requests for al-

ternative work assignments, added Masetle.

Group discussions from the workshop revealed that there was nothing wrong with alcohol and drug intake but excessive intake led to abuse.

One of the group, Mr MG Tlaka—a principal at Hwiti High School—reported that the cause of drug and alcohol intake among teenagers was ex-

cessive pocket money.

Tlaka's group suggested that dagga fields should be burnt. Dagga farmers and peddlers should receive stiff sentences.

The groups suggested that recreation and sporting facilities in townships should be upgraded to keep young people away from intake of liquor and drugs at an early age.



Mr AP Mokgethe, the Rev NP Phaswana and Mrs Anne-Gloria Masetle.

' city buildings, and ing is main culprit

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81
AUG 27/5/92

ANDREA WEISS, Health Reporter

A NUMBER of office blocks in Cape Town have a sick-building syndrome — and the major culprit is tobacco smoke.

This is a finding of the University of Cape Town's department of community health.

According to Dr Jonny Myers, who heads the occupational health division in the department, the buildings, all with centralised air conditioning, were inspected at the invitation of managements.

Dr Myers said UCT recommended a relatively "low-cost" approach to surveying air quality.

This included getting all members of staff to answer a questionnaire which was analysed to pinpoint trouble spots. The principle used was that if more than 20 percent of people had a complaint, there was a problem.

The survey included a "walk through" of ventilation plants and office space to check the specifications and an air quality test to measure how much carbon dioxide was in the air.

This gave an indication whether there was sufficient air in the building for the needs of the employees.

Most of the Cape Town buildings surveyed showed "symptoms" of sick building syndrome.

He said there was evidence that sick buildings led to an "appreciable loss" in productivity and the ill effects felt by employees — including irritation of eyes, nose, skin, upper respiratory tract, headaches and lethargy — were not psychosomatic.

"Smoking is the chief villain in that it produces all the pollutants that

could be responsible for sick building syndrome," he added.

He said one of the problems with closed ventilation systems was that it was very difficult to put enough air into the building to cope with a smoking overload.

Just over half a cubic metre of fresh air a person a minute was needed in a smoke-filled environment to cope with demand. Most systems could not provide this.

Air quality problems in buildings were usually due to ventilation defects and internal sources of pollution such as smoking. There could also be products of biological organisms circulated through the system.

Because most systems did not have chemical filters, smoke-laden air was simply recycled to everybody.

Because of the dangers of passive smoking, companies operating in a polluted climate would ultimately lay themselves open to damages claims.

Compensation legislation did not provide for passive smoking which meant civil claims could be made in terms of common law.

Dr Myers said companies which introduced a smoke-free policy could dramatically improve air quality in their buildings.

● Meanwhile Sapa reports from Sydney that an entire Australian town is to be declared a smoke-free zone.

Even private homes in Murwillumbah, New South Wales, won't be exempt from the mass stub-out, which will also affect pubs, shops, cafes and footpaths.

Local health chiefs say they have outlawed tobacco to keep the town "fresh and clean".

Smokers asked to clean up their act

The Argus Correspondent

JOHANNESBURG. — Safer and healthier tobacco-free workplaces is World Health Organisation's theme for "World No-Tobacco Day" this Sunday.

ARCT 27/5/92
In South Africa the Tobacco Action Group (TAG), consisting of the National Cancer Association, the Heart Foundation of South Africa and the National Council Against Smoking, has asked South Africans to target clean workplaces.

"Smokers not only harm their own health, but that of those around them," said National Council Against Smoking executive director Dr Yussuf Saloojee, adding that the Machinery and Occupational Safety Act of 1983 called on employers to provide a safe environment.

"Therefore any employee who wants to light up a cigarette needs to do it in such a way and place that it does not endanger the health of his colleagues," he said.

Stop smoking - Mandela

Staff Reporter (87)

STAR 28/5/92.
tween R1,4 billion and R2,5 billion in 1988.

ANC leader Nelson Mandela has challenged individuals to help "build a world in which no one smokes, or chews or sniffs tobacco".

In his message of support for World No-Tobacco Day on Sunday, Mr Mandela said: "Tobacco ranks alongside Aids, famine and pestilence as a threat to world health."

The ANC leader appealed to smokers to take a first step towards quitting by not smoking on Sunday.

According to a report released by the Department of National Health and Population Development, smoking-related diseases cost SA be-

These figures were based on the total economic cost of such diseases in terms of health care and lost productivity due to illness and premature mortality.

In the light of this, the Government has also appealed to smokers and tobacco chewers to give up for just one day this Sunday.

The World Health Organisation slogan for the day is: "Tobacco-free workplaces: safer and healthier".

The day is dedicated to the right of workers to exercise their skills in the cleanest possible atmosphere, unpolluted by tobacco smoke.

Don't smoke on Sunday ⁽⁸⁷⁾ urges State

Sowetan 29/5/92

THE Department of National Health and Population Development has urged people who smoke to observe the No-Tobacco-Day this Sunday to promote an atmosphere free of pollution.

The World Health Organisation's slogan for the day is: "Tobacco-free workplaces: safer and healthier". The department has requested all those who smoke or chew tobacco not to do so for at least 24 hours of World No-Tobacco-Day.

"This day is dedicated to the right of workers to exercise their skills in the cleanest possible atmosphere free from the stress of conflict between smokers

and non-smokers," the department said.

According to a report on the economic impact of smoking in South Africa, smoking-related diseases cost the country between R1,4 billion and R2,5 billion in 1988 alone. These figures resulted from health care and lost productivity due to hospitalisation and premature deaths.

The department said the control of smoking at work was a priority in preventive

By MOKGADI PELA

health policy for public health and for occupational health safety.

"A safe, healthy tobacco-free workplace benefits employers and employees alike.

Higher worker morale, less absenteeism as a result of illness, fewer industrial accidents and fires, reduced maintenance costs and increased output mean that a tobacco-free workplace makes sound economic sense," the department added.

Non-smokers in a huff over puffing at work

By REG RUMNEY

PASSIVE smoking workers of the world unite.

The Department of National Health points out a tobacco-free working environment makes sound economic sense. Yet few South African corporations have any policy on smoking at work.

Smoking in the workplace is the theme of the World Health Organisation's (WHO) No-Tobacco Day — paradoxically this Sunday, when no one is at work.

South Africa's National Health Department in a statement says: "This day is dedicated to the right of workers to exercise their skills in the cleanest possible atmosphere, unpolluted by tobacco smoke and free from the stress that conflict can generate between smokers and non-smokers in a closed workplace."

In South Africa legislative controls

are few and far between.

A WHO report shows that by contrast, many other countries have produced laws clamping down on smoking in the workplace. Why this is so is not hard to see.

The department notes the benefits to employers and employees of a tobacco-free working environment: higher worker morale (presumably not among the smokers); less absenteeism as a result of illness; fewer industrial accidents and fires; reduced maintenance costs and increased output.

The department also deflates the idea that "no-smoking zones" in offices, particularly air-conditioned offices, are of much use.

"The risks are not only for workers who smoke, it also concerns the passive smokers. Since most people spend a high proportion of their time at their place of work, exposure to

environmental tobacco smoke is clearly a serious health threat, not least because the filters used in normal ventilation and air-conditioning systems are not effective in removing most of the contaminants from environmental tobacco smoke."

On passive smoking the WHO says: "The most recent estimates of the relationship between passive smoking and lung cancer suggest that 20 to 30 percent of cases with this disease in non-smokers derive from environmental tobacco smoke." There are a host of other effects too.

The WHO notes that smoking adds to the risk of handling certain materials in the workplace. Smoking makes coal miners more likely to get emphysema and chronic bronchitis; other miners are more likely to get silicosis; smoking aggravates "byssinosis" a disease prevalent in the textile industry.

Also, many chemicals can contaminate tobacco and produce harmful effects when "smoked", such as certain fluorine compounds used in industry. Occupational hazards, such as hearing loss, can be compounded by smoking, the WHO asserts.

It notes: "Increasingly, legislation restricting smoking at the worksite is expanding to cover private offices, factories, stores, and businesses. A number of countries (New Zealand, Norway and Sweden) have enacted such legislation at the national level."

However, the employees should stand up for their rights as well: "Where basic working conditions are concerned it is still often the role of the employees to make it clear to management that change is both reasonable and necessary and that the dangers of tobacco consumption are real and immediate."

FW lights way for smokers

CT 30/5/92

Staff Reporter

FORMER smoker President F W De Klerk is an example for citizens trying to kick the habit on World No-Tobacco Day tomorrow.

And Mr Nelson Mandela has appealed to smokers to quit smoking for one day as a first step to conquering their habit.

"It is a day on which to remember that a human life is lost every 11 seconds to tobacco-related disease," he said.

"It is a day on which to recall that tobacco ranks alongside Aids, famine and pestilence as a threat to the health of the world's people."

A spokesman for the National Council Against Smoking said World Health Organisation specialists predicted the global death rate from tobacco-related disease would accelerate from the present three million a year to 10 million annually in the next century.

Mandela butts in on big day against smokes: 'Don't do it'

(87)

ARG 30/5/92

JOHANNESBURG. — In a message for World No-Tobacco Day tomorrow, African National Congress president Mr Nelson Mandela has lent his support to calls to build a world in which no one smokes, chews or sniffs tobacco.

"It is a day on which to remember that a human life is lost every 11 seconds to tobacco-related disease. It is a day on which to recall that tobacco ranks alongside Aids, famine and pestilence as a threat to the health of the world's people."

He appealed to smokers to quit for a day tomorrow as a first step to conquering their habit.

He also urged advertising agencies to devote their communication skills to "sell health, not ill health".

The National Council Against Smoking said in a statement released with Mr Mandela's that World Health Organisation specialists predicted the global death rate from tobacco-related disease would accelerate from the present three million a year to 10 million annually in the next century.

"At present, one in every 14 deaths in the world is due to tobacco, and in the future it will be one in every seven."

The council said Mr Mandela's statement also would be delivered at a seminar on June 1 arranged by the Johannesburg City Health Department, the Tobacco Action Group coalition and the Medical Research Council to celebrate World No-Tobacco Day. — Sapa.

Quit the ⁽⁸⁷⁾ habit, says Mandela

AP news 31/5/92
ANC president Nelson Mandela has added his voice to the anti-smoking lobby by calling on smokers to observe World No-Tobacco Day today, and to quit smoking for at least one day.

"On May 31, I appeal to smokers to quit for one day as a first step to conquering their habit. They say the hardest part about stopping smoking is making the decision to do it," Mandela said.

Referring to tobacco-related death statistics, he said that worldwide a life was lost every 11 seconds, and the World Health Organisation estimated that tobacco killed at least three million people each year.

Tobacco, along with Aids, famine and pestilence, were threats to the health of the world's population, said Mandela.

"Health is a basic human right. Let us all work to help everyone, everywhere, attain health. Let us build a tobacco-free world," Mandela said. — Sapa

ONE OF the few things I ever did in life that I did right, was to give up smoking.

As a newspaper reporter in the 1960s I used to be a chain smoker. I smoked up to 80 cigarettes a day — five or six an hour.

I also smoked a pipe. The cigarettes were to calm my nerves. Whenever I tried to give up, I would feel like rushing up the street breaking shop windows and flipping cars on to their backs.

Then came the day in 1964 when John Pitts, then deputy news editor, assigned me to cover a five-day give-up-smoking course run by the Seventh Day Adventists in the Shell Auditorium in Johannesburg. He was anxious for me to give up (he later claimed) because I was always taking his cigarettes.

I recall stubbing one out in

the sand bucket at the entrance of the auditorium, which was packed with 200 people — mostly professionals — all anxious to give up.

I had no intention of giving up smoking. I was there to watch others struggle and to write a daily, anonymous piece for the front page.

In the event, that half-smoked fag pushed into the sand was the last cigarette I ever smoked.

The organisers had a psychologist speaking each evening during the two-hour session, as well as an American thoracic surgeon. The psychologist, who had never smoked and did not drink tea, coffee or alcohol, did nothing for me as I recall, but the surgeon did. He was an ex-

smoker who had given up after performing his unpreceented operation on a lung cancer patient. He noticed that their lungs were grey-blue. He also found that smoking caused heart disease and digestive problems.

I gave up for several reasons — even though I had not initially intended to.

We were shown a film of a lung operation on a young smoker. His lungs were a frightening colour and he stood no chance of survival. We were left in no doubt that, whether we contracted lung cancer or not, smokers die younger.

We were all persuaded to go the next day to Santa and get chest x-rays. None of us had lung cancer and we were all, I think, slightly surprised and en-

STAR 1/6/92

Yesterday was No Tobacco Day. JAMES CLARKE tells how it's done — from smoking 80 cigarettes a day to being in condition to fight a bull.

couraged.

- The surgeon assured us that after five years of not smoking, our lungs would be quite a healthy pink and after 10 years never smoked.
- We were told to drink lots of water or fruit juice — anything but alcohol. This was not because of the Seventh Day Adventists' teetotalism but because even one beer would lower one's resolve. The copious water and fruit juice helps flush nicotine from the system.
- We were told not to linger at the table after a meal and to avoid sitting in our favourite chair because it would smell of tobacco.
- We were supposed to appoint a "buddy" from within the class so that if we ever felt the urge to smoke we could ring each other (as happens in Alcoholics Anonymous).
- I did not opt for a buddy and I did have an occasional beer — otherwise I stuck to the rules.

We were warned that the fifth day was critical, as was the fifth month. I was surprised at how short-lived were the

Giving up habit is a king-size achievement

times I craved a cigarette. Most of the time I felt very elated and was inclined to be hyper-active.

But my concentration was appalling. It used to take me three hours to write a simple daily, 10-paragraph report of my progress.

I think the reason I did not need buddies was that, after day one, hundreds of Star readers began jamming the switchboard just to find out if this anonymous staff reporter was still resisting the temptation.

Cassius Clay — later known as Muhammad Ali — was in the news that week and he had shocked his fans by retiring from a fight. On the Wednesday, my third day, thoroughly frustrated at not being able to com-

pose a report, I wrote: "I feel like Cassius Clay. I feel like throwing in the towel."

That really brought in the telephone calls. Among the people who telephoned was T.C. Robertson, a confidant of Smuts and Van der Post and founder of the National Veldtrust. "For God's sake, you can't start smoking again," he shouted. "Half the town will start again — including me!"

After a couple of weeks I noticed that my mind was sharper. I began to enjoy eating — almost anything. In 40 days I put on 40 lbs. I need 25 of them but not the rest.

Despite this, my physical stamina improved amazingly. My weight settled at its new level and I ceased to worry

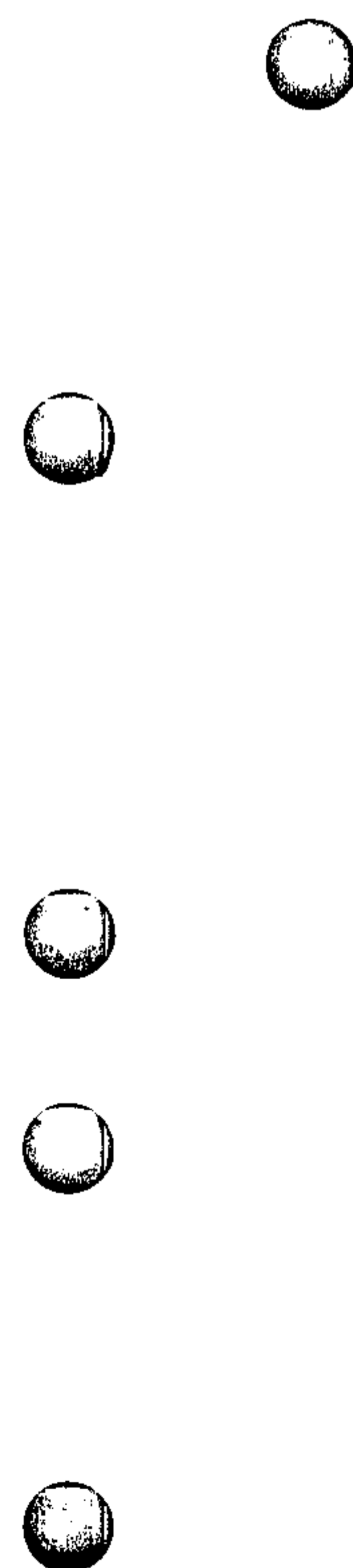
about it. I felt no craving at all. A word of warning. After eight years I accepted a cigar at a banquet and smoked it — inhaling it down to my boots. A few months later I enjoyed another at Christmas. Months later I sat in the garden talking to an old friend who was puffing my favourite brand of tobacco in an old briar pipe. Mindful of how cigars had not got me hooked on smoking again, I went into the house and dug out my old pipe and filled it with my friend's tobacco.

I inhaled it and enjoyed every puff. Within weeks I was chain-smoking a pipe — inhaling 16 hours a day.

I lost no weight but my stamina deteriorated and, I think, my mind was fogged. It took me six years to, once again, kick the habit.

I will never smoke again, nor do I ever crave tobacco. And I can fight a bull. □

Food train



Smoking ban moves renewed

CLIVE SAWYER

Municipal Reporter

(87) ARG 2/6/92

THE city council executive committee is to meet hotel and liquor industry representatives in a renewed bid to ban smoking at half the tables at restaurants.

The amenities and health committee yesterday endorsed amendments to the by-law on smoking to the effect that in any restaurant seating 50 or more, smoking may be allowed at no more than half the tables.

Exemptions will be granted to res-

taurants run by religious, political, cultural, charitable or sports organisations.

The committee accepted a recommendation by medical officer of health Dr Michael Popkiss that the executive committee meet Fedhasa, the Cape Restaurateurs' Guild, the Cape Town Chamber of Commerce and the Tobacco Institute to discuss implementing the amendments.

In a previous move Administrator Mr Kobus Meiring refused to sign the by-law.

Govt clampdown on drug trade

CAPE TOWN — ^{Biday 2/16/92} Government introduced tough new regulations yesterday to combat the drug trade, including the right to confiscate property acquired through trafficking.

The aim of the Drugs and Drug Trafficking Bill, tabled in Parliament, is to bring SA's drug laws into line with the UN convention against illicit traffic in narcotics and psychotropic substances.

According to the Justice Department memorandum, the Bill has been introduced to counter the expanding national and international dimensions of drug trafficking.

Apart from the harsh confiscation of property clause — which says all property that dealers have acquired through trafficking can be confiscated by the state — the Bill also increases the state's powers to combat

BILLY PADDOCK ⁸⁷

drug trafficking by increasing the number of drug-related crimes.

If the Bill is passed it will become a crime to:

- Manufacture or supply a scheduled substance, knowing or suspecting that it is to be used in or for the unlawful manufacture of a drug;
- Acquire property knowing that it is the proceeds of a defined crime; and
- Convert property knowing it is the proceeds of a defined crime.

The Bill makes it an obligation for the owner, occupier or manager of any place of entertainment to report to the police if they believe any person on the premises is in possession of or is dealing in drugs.

Failure to comply will become an offence.

Likewise, provision is made to

compel financial institutions to report to the police property purchases suspected of having a direct link to crime.

The central feature of the Bill is the wide powers it gives the state to confiscate from drug traffickers the entire proceeds of their trafficking retrospective to the passage of the Bill.

The memorandum states that the aim is to remove the incentive for people to become involved in drug trafficking by removing the proceeds and making the continued practice unattractive.

The Bill also contains mechanisms to improve co-operation with foreign authorities in an endeavour to combat drug trafficking.

The state will be able to confiscate property in SA of drug traffickers found guilty in foreign courts.

DP, CP slam bid to scrap Part Appropriation Act

CAPE TOWN — ^{Biday 2/16/92} The DP and CP yesterday strongly objected to the proposed abolition of the Part Appropriation Act — saying that the step would undermine parliamentary control of government expenditure.

It would also reduce the time spent on debating vital financial, economic and other topical issues, they said.

The Part Appropriation Act governs state expenditure on current services from April 1 until about June when the main Budget is implemented.

In introducing the Part Appropriation Acts Abolition Bill, State Expenditure Minister Amie Venter said its motivation was to streamline the budgetary process by obtaining a standing authorisation from Parliament for interim expenditure on the basis of the previous year's approved budget.

A limit of 45% calculated on the previous year's parliamentary authorisation for expenditure during the first four months of the following financial year was proposed and thereafter 10% per month, calculated on the previous year's authorisations of already approved services.

Venter said it appeared that expenditure in the first four months would total about 35% of the previous year's total budget.

"The nature and limited analytical worth of information which is includ-

LINDA ENSOR

ed in the part appropriation does not provide a basis for any in-depth parliamentary debate over economic policy and control of state expenditure," Venter said, adding it therefore appeared to be a waste of time and effort.

DP MP Ken Andrews said the proposed abolition of the Part Appropriation Act was another nail in the coffin of parliamentary accountability and democracy. At a time when greater control over government spending was required, a measure was being proposed which would leave government expenditure unchecked for a long time.

The DP objected to the magnitude of spending which the bill made possible and said the legislation was pernicious and extremely dangerous.

"The government can spend 45% of this year's budget amount in the first four months of next year — a spending increase of 12%. It can also spend a further 10% per month thereafter and we could end up with a situation in which the government only summons Parliament in January or February 1994, omitting the whole of 1993, having spent almost the total permissible budget amount for that financial year without having any parliamentary approval at all," DP MP Douglas Gibson said.

Tough move on guns proposed

^{Biday 2/16/92} **BILLY PADDOCK**

CAPE TOWN — In a further attempt to crack down on weapons used in crime and political violence, government yesterday tabled a new Bill increasing penalties for illegal possession of semi-automatic guns and rifles to a maximum of 25 years.

The Arms and Ammunition Acts Amendment Bill excludes semi-automatic guns and semi-automatic rifles from the definition of "arms" and these may only be possessed once a special permit has been granted.

Law and Order Minister Hernus Kriel proposes in the Bill that any rifle capable of firing repeatedly should be forbidden to civilians.

Police adviser Leon Kellerman said that an existing ban on sub-machineguns would be extended to civilian models of the AK-47 and the R1 and R5 rifles.

He said these weapons played the greatest role in crime and political violence in SA.

The penalty for owning a non-automatic AK-47 would rise from a fine of R12 000 to a prison sentence of between five and 25 years. The five-year minimum would be introduced as an amendment to the Bill next week.

A police spokesman said 1,2-million South Africans legally owned 3,3-million firearms, but declined to release details of how many were owned by whites and how many by blacks.

2 METRO

Police accused of theft during raid

STAR 2/6/92

By Stan Hlophe and Bronwyn Wilkinson

Police and SADF patrols combined in an anti-crime sweep through Alexandra township yesterday that yielded a sawn-off shotgun and a pistol.

Squatters in the township, near Sandton, said shacks were broken into and ransacked, and residents were harassed.

A spaza shop owner, John Kgomoeswane, alleged that more than R1 000 was stolen from him by police. He report-

ed the theft to the local ANC branch and the matter was taken up with the Alexandra Interim Crisis Committee, which said last night it would help him lay a charge of theft with the Wynberg police today.

Some residents also claimed police prevented them from going to work, allowing no one to leave the cordoned-off area.

The blitz came after a weekend operation at Phola Park on the East Rand, where police launched a shack-to-shack search for weapons.

When The Star arrived in Alexandra yesterday, police manned roadblocks and

searched vehicles between Sixth and Eighth avenues — an area inhabited mostly by ANC sympathisers.

They later moved to an area between First and Fifth avenues known to be occupied by IFP sympathisers.

ANC branch general secretary Obed Bapela condemned the raid as a ploy to disarm the community. He said the raid should have been conducted in broad daylight when residents were at home.

"We know that police are also human beings, and are capable of damaging people's property and stealing their val-

uables. We have received several reports of misconduct and thefts by the police during the raid," Mr Bapela said.

The Alexandra ANC office was puzzled over the raid because the area had been relatively quiet for some time.

Witwatersrand police liaison officer Captain Eugene Opperman said claims of police misconduct were propaganda to discredit the police force.

But he conceded it was possible that police had had to force open doors "because some people refuse to open".

He said the operation would

continue for as long as necessary to stabilise the area.

Late last night, police headquarters spokesman Colonel Frank Alton said two firearms — a sawn-off shotgun and a pistol — and a quantity of ammunition had been seized during the day's raid.

● In Phola Park on the East Rand, where police were keeping a close watch, shots were fired in the direction of a police vehicle at about 7 pm last night, Lieutenant Wikus Weber said. Lieutenant Weber said the vehicle was not hit and the police did not retaliate.

Smokers on the job targeted

STAR 2/6/92

By Shirley Woodgate

Johannesburg businesses are to be subtly targeted by the city council to introduce anti-smoking moves in the workplace.

Speaking yesterday at the fifth World "No-Tobacco Day", the council's health chairman, Marietta Marx, warned that pressure, and not force, would be used to protect all employees in the city.

Urging business leaders to follow the example of her council, which had initiated by-laws to start wiping out smoking in public places, she said: "It's time for the silent majority to stand up and be counted."

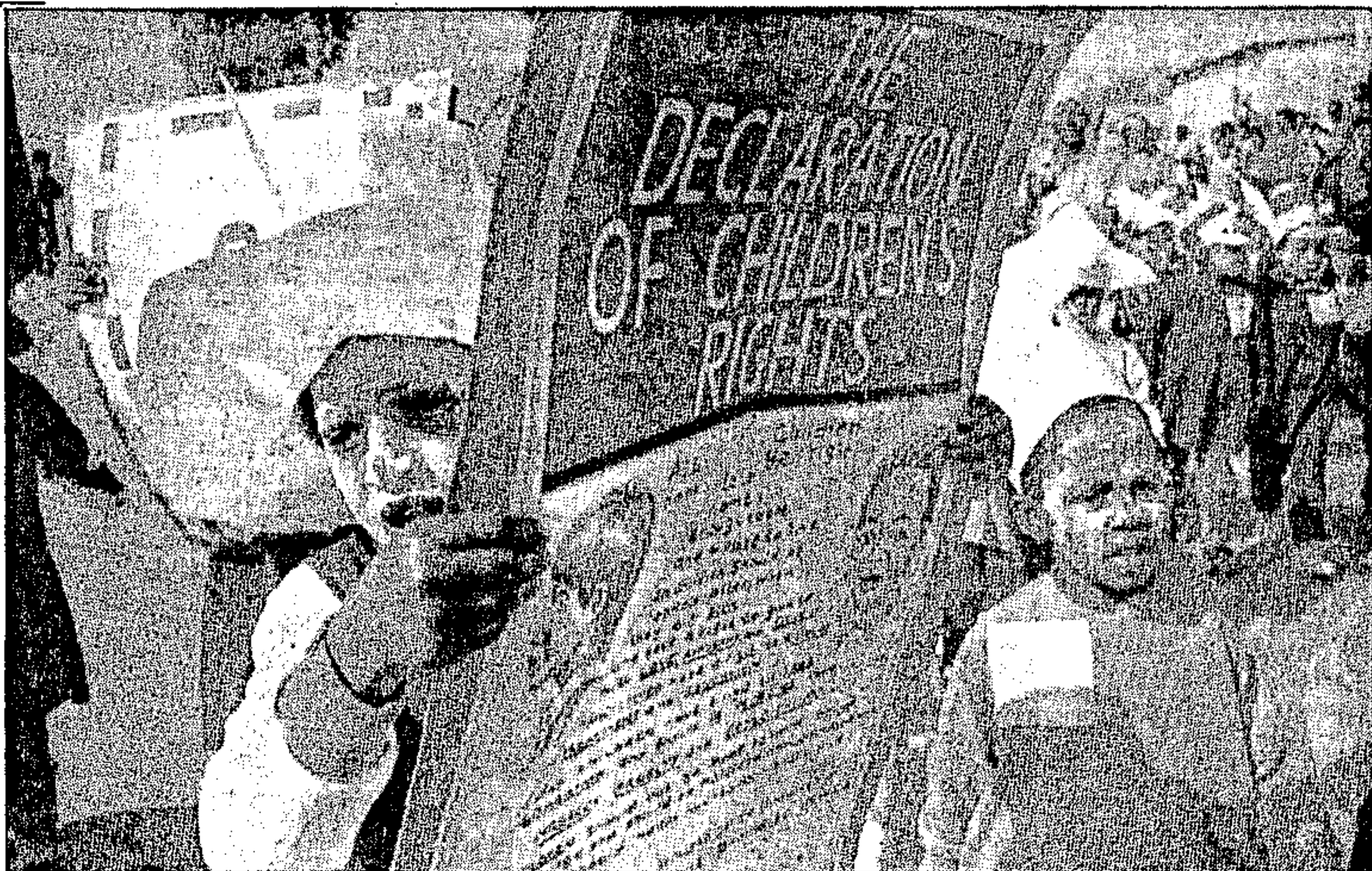
In a speech read last week for Nelson Mandela by National Council Against Smoking's Dr Yusuf Saloojee, the ANC president claimed that smoking now ranked alongside Aids, famine and pestilence as a threat to world health.

His claims were backed by Dr Saloojee, who said that in the light of recent findings, it made economic sense for employers to employ only non-smokers.

Johannesburg director of community health Dr Eric Buch challenged trade unions to back the anti-smoking lobby by placing the issue on the negotiating table.

Natalie Stockton stressed that while the Department of National Health and Population Development, which she represented, had ignored the problems of smoking and passive smoking for years, progress had been made.

"Even President FW de Klerk has not smoked for the past six weeks," she said.



Fancy-dress parade . . . pre-school children march through the streets of trouble-torn Alexandra yesterday to mark the start of International Children's Month. Picture: AFP

Partnership for city's future

STAR 2/6/92

Staff Reporter

Johannesburg received a boost last night with the launch of the Central Johannesburg Partnership.

The company is the first of its kind to include the community in the traditional link between business and city government.

CJP chairman Cliff McMillan said at the launch that the company did not plan to repeat the work of the city council, but would be using partnership and consensus as its fundamental principles. Cas Coovadia, general-sec-

retary of the Civic Association of Johannesburg, said the CJP was a prime indicator of the current socio-political climate in South Africa.

"The coming together in a development partnership of three stakeholders who have previously been either hostile to, or suspicious of, each other is a clear sign that we have moved into the development and reconstruction phase of the struggle for a democratic, nonracial South Africa," Mr Coovadia said.

Ian Davidson, representing the city council on the board, said the council realised the

city centre had a vital and necessary future.

"We are committed to making the city centre a safe, pleasant environment and the financial and commercial centre of Africa," he said.

Anglo American Property Services managing director and CJP executive committee chairman Gerald Leissner said that while business was looking for specific action in the short term regarding security, cleaning and maintenance, he believed business should become involved in the funding of longer-term projects for the city.

Detention of 'Klein Koos' extended

An application by the police in terms of section 29 of the Internal Security Act to extend Boksburg CP councillor "Klein Koos" van der Merwe's detention period by 14 days was granted yesterday.

Mr van der Merwe faces his third week of detention without trial. It is not known when he is due to appear in court.

He was arrested with 10 other rightwingers when police swooped on their homes a fortnight ago. They were held in connection with a limpet mine explosion at the Rand Easter Show and other allegations. — East Rand Bureau.

STAR 2/6/92

A drug threat is looming over the African continent, says Simon Baynham

Narcotics are Africa's newest foe

DURING the past decade Africa has become a revolving door — and also a major centre of consumption — for the drug trade.

The narcotics business has become one of the most serious threats to the stability and economic development of the continent: a scourge with ramifications beyond the misery it inflicts on malnourished Africans.

The abuse of narcotics greatly affects the Third World, where 20 percent of the globe's 40 million illicit drug users live. World expenditure on illicit drugs and psychotropic substances now comes second only to armaments.

Since the early 1980s, the drug invasion has been facilitated by the geography of Africa.

On the West African coast, the Ghanaian and Nigerian drug barons obtain consignments of cocaine from Colombia. On the Horn

and in East Africa, the trail originates in the south-east Asian

"Golden Triangle" (the highlands of Burma and northern regions of Laos and Thailand) and in southwest Asia's "Golden Crescent" (southern Afghanistan, northern Pakistan and parts of Iran).

It is from these regions that much of the world's illicit opium crops are refined into heroin. By 1990, one third of the heroin intercepted in Europe had been transported by way of Africa.

Other known conduits include north Africa, a centre of traffickers in the depressant methaqualone (mandrax), and central Africa, where the airports of Bangui, Kigali and Kinshasa play a decisive role in the lucrative onward trade into western Europe.

Further south, the routes into South Africa out of Lubumbashi (Zaire) and Lusaka (Zambia) are

facilitated by small networks operating out of Johannesburg.

In some African countries, the drug threat has the potential of destabilising the economy and threatening the fabric of society, as in Columbia where authorities have had to spend exorbitant sums on detection and security.

There is also increasing alarm about the growing collusion between the international drug trade and terrorist organisations. And in southern Africa, much of the illicit drug trade can be attributed to currency devaluations which makes money an increasingly meaningless medium of exchange.

Zambia, where more than 50 percent of Africa's illegal drug seizures monitored by the UN are currently occurring, heads the itinerary of drug-trafficking countries on this continent. African governments are not in

STAR 10/6/92

87

a position to tackle these issues alone. For this reason, the basic challenge facing this continent's policy-makers is to fashion a cooperative strategy that addresses both the demand and supply side in conjunction with the wider international community.

South Africa has already tabled new legislation which, when approved, will qualify the country to sign and ratify the 1988 UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

But unless the rest of Africa follows suit, a new epidemic of momentous proportions — the "Fourth Horseman of the Apocalypse" as it has been described — will be added to Africa's woes of war, famine and Aids. □

● Dr Simon Baynham is Director of Research at the Africa Institute of South Africa.

Most banned substances are in medicines

Argus Correspondent
in Johannesburg

87

ARG 16/92
MOST substances which are banned in sport are used for genuine medical reasons to treat a variety of conditions.

Their performance-enhancing properties have led to their abuse by athletes and their subsequent banning in sport.

The International Olympic Committee (IOC) has divided banned substances into six classes.

Anabolic Steroids: They are chemicals which are related in structure and activity to the male hormone testosterone.

Athletes in heavy training break down protein in their muscles. The muscle tissue which is lost cannot be replaced simply by taking proteins. Anabolic steroids decrease the amount of protein lost, resulting in bigger, stronger muscles.

For the anabolic steroid to be effective, the athlete has to be training hard enough to be breaking down protein in muscles.

Stimulants: They act on the central nervous system, muscular system and metabolism, increasing function.

In high doses they produce mental stimulation and increased blood flow. In lower doses, they combat symptoms of colds and flu, hay fever and asthma.

They are present in most over-the-counter cold remedies, cough mixtures and asthma preparations.

Narcotic Analgesics: These are pain-killers, including morphine and all its derivatives.

Although they are not considered performance-enhancers, they are still abused.

They increase the risk of aggravating an existing injury and are physically and psychologically addictive.

Beta-Blockers: Are used to control hypertension and migraines. In precision sports, they are used to control shaking and nerves.

They increase the risk of heart failure.

Diuretics: Promote the elimination of fluid from tissues. They are used by athletes who need to conform to weight categories.

They are especially dangerous in warm climates where fluid loss leads to fatigue, muscle cramps and potential heart failure.

Peptide hormones and analogues: Include Growth Hormone and other compounds which result in the increased production of non-anabolic steroids.

They are deemed unethical and dangerous.

● The full list of substances banned by the IOC is available to the medical commissions of the various sports.

The list is also available to doctors in the book Mims Drugs and Sport. For most medical conditions where a banned substance might be administered, there are legal alternatives.

Africa's newest menace

SIMON BAYNHAM tracks the continent's drug trafficking web



SITimes 14/6/92.

DURING the past decade, Africa has become a revolving door — and also a major centre of consumption — for the drug trade.

The narcotics business has become one of the most serious threats to the stability and economic development of the continent: a scourge that has ramifications well beyond the misery it inflicts on millions of malnourished Africans.

The abuse of narcotics greatly affects the Third World, where 20 percent of the globe's 40-million illicit drug users live. World expenditure on illicit drugs and psychotropic substances now comes second only to armaments. The term "drug abuse" refers both to the non-medical ingestion of drugs intended for legitimate medical treatment and to the misuse of drugs (for instance, hallucinogens) with no accepted medical purpose.

Since the early 80s, the drug invasion has been facilitated by the geography of the African land mass. On the West African coast, the Ghanaian and Nigerian drug barons obtain their consignments of cocaine from Colombia, the Latin American state whose name has be-

come virtually synonymous with drugs mafiosi of truly terrifying regional power.

On the Horn and in East Africa, the trail originates in the Southeast Asian "Golden Triangle" (the highlands of Burma and the northern regions of Laos and Thailand) and in Southwest Asia's "Golden Crescent" (southern Afghanistan, northern Pakistan and parts of Iran). It is in these regions that much of the world's illicit opium crops are refined into heroin. By 1990, one-third of the heroin intercepted in Europe had been transmitted via Africa.

Other known conduits include North Africa, a centre of traffickers in the depressant methaqualone (Mandrax), and Central Africa, where the airports of Bangui, Kigali and Kinshasa play a decisive and clandestine role in the lucrative onward trade into Western Europe.

Further south, the routes into South Africa out of Lumumbashi (Zaire) and Lusaka (Zambia) are facilitated by small networks of mainly Greek entrepreneurs operating out of Johannesburg.

Already, considerable quantities of Mandrax are trafficked from the Indian

subcontinent to South Africa; and cocaine (a stimulant) — which until 12 months ago was not a problem here — has the potential to become as serious a threat as Mandrax.

Figures released recently by SAP Commissioner General Johan van der Merwe show that the drug trade (for both transit and consumption) has become a multi-billion-rand industry in South Africa. According to the SA Association of Retail Pharmacists, 90 percent of worldwide Mandrax production is sold in South Africa, and 25 percent of all dagga seized worldwide is confiscated locally.

As well as causing widespread suffering and deaths among addicts, the drug racketeers engender corruption and violence, and many users resort to theft and prostitution to support their habits. It wreaks havoc on the lives of thousands of families.

One southern African state that tops the list of drug-trafficking countries is Zambia, where more than 50 percent of Africa's significant illegal drug seizures monitored by the UN occur.

More widely, and more ominously, it should be

stressed that heroin, cocaine, amphetamines and other narcotics can be injected — a practice that presents a risk of infections, including the AIDS (HIV) virus.

African governments are not in a position to tackle these issues alone. The basic challenge facing this continent's policy-makers is to fashion a co-operative strategy that addresses both the demand and supply side in conjunction with the international community.

South Africa has already tabled new legislation which, when approved, will qualify it to sign and ratify the 1988 UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, a convention which provides a comprehensive cocktail of measures to enable countries to act together in the fight against drugs.

But unless the rest of Africa follows suit, a new epidemic of momentous proportions — the "Fourth Horseman of the Apocalypse" as it has been aptly described — will be added to Africa's woes of war, famine and AIDS.

□ Dr Simon Baynham is director of research at the Africa Institute of SA

Restaurant smoking: Exco treads lightly

CLIVE SAWYER, Municipal Reporter

UNWILLING to burn its fingers, the city council executive committee is to ask the full council for a policy decision on smoking in restaurants. (87) AACT 1916/92

An exco meeting yesterday passed the decision to the full council when agreement could not be reached. (87) (87)

Some Exco members said a ban on smoking at half the tables in restaurants would be hard to police. Others argued that the decision should be left to restaurateurs.

In other decisions yesterday, Exco voted to:

- Keep its policy of allowing fireworks in demarcated areas in the Peninsula.
- Refer to the full council a proposal to charge fees at St James and Dalebrook pool to limit users to 700 at a time.

STAR 19/6/92

Anti-smoking laws delayed

SA's draft anti-smoking legislation is unlikely to come before Parliament before 1993, according to the Department of National Health. Parliament is scheduled to adjourn today, and the Tobacco Products Control Bill, which proposes to ban tobacco sales to under-16s and to allow the Health Minister to restrict smoking in public places, has not been referred to the Joint Committee on Health for consideration. (87)

Method to fight drug abuse

Sowetan 19/6/92

(87)

A NEW revolutionary method of counselling drug addicts is to be launched on Monday -four days before the United Nations' International Day of Drug Abuse.

According to the sponsors of the programme, the

campaign was necessitated by the increasing patterns of drug abuse.

Ms Deborah Pead of Fabig and Pead Marketing said South Africa was fast becoming a dumping ground and conduit for illicit drugs.

She said concerned pharmacists had called for special skills to deal with the pattern.

Pead said the campaign had been given added impetus by Health Minister Mrs Rina Venter, who has been appointed patron.

claimed her.
"I would like to keep her myself," the dog-handler said, "but I have a fox-terrier with eight puppies and a Staffordshire bull terrier as well as my police dog."
"I just can't afford to have another dog."

Sergeant Jordaan can be contacted at 99-7683 (home) or 416-5850 (office).

FRIENDS . . . Sergeant Tielman Jordaan with the long-haired Daddy (left), and the stray dog rescued by Daddy.

Picture: ALAN TAYLOR

Crime-fighter shot in taxi

NEW YORK. — The founder of the Guardian Angels crime-fighting group, Mr Curtis Sliwa, was shot and seriously wounded early Friday yesterday while riding in a taxi.

Police said Mr Sliwa, 38, was hospitalized in serious but stable condition with wounds in the lower abdomen and the leg. — Sapa-AP

Second-hand smoke risk

WASHINGTON. — An Environmental Protection Agency report concludes that second-hand tobacco smoke poses severe health risks to children, causing thousands of respiratory illnesses annually, sources familiar with the study say.

The draft EPA report, being presented to the agency's science advisory panel on Thursday, says that second-hand tobacco smoke is believed to account for more than 200 000 serious respiratory ailments in children annually, including bron-

chitis and pneumonia.

The report also raises concerns that tobacco smoke may be linked to sudden infant death syndrome.

The cause of SIDS is not known, but the EPA study suggests there may be a relationship with infants' exposure to second-hand tobacco smoke either before or after birth. It offered no conclusive proof.

The report also suggests a direct link between second-hand tobacco smoke and asthma. — Sapa-AP

(87)
ET 30/6/92

Nicotine patch linked to heart attacks? ⁽⁸⁷⁾

NEW YORK. — Federal regulators are investigating reports that people wearing nicotine patches while smoking have suffered heart attacks, a newspaper reported yesterday.

Sturdy Memorial Hospital in Attleboro, Massachusetts, told the Food and Drug Administration that five people had suffered heart attacks after smoking while wearing the nicotine patches between April and mid-June, The Wall Street Journal reported.

The patches, which are worn like an adhesive bandage, contain nicotine that is secreted into the skin. They are often prescribed by doctors to help people quit smoking and carry a warning label that cautions against smoking while wearing a patch.

Bus smokers policed

Own Correspondent

DURBAN. — Municipal police here have been called in to help crack down on bus passengers who smoke.

"One doesn't want to call in the SAP in matters like this. But the fact that people continue to ignore our 'No Smoking' signs inside the buses and remain oblivious to the discomfort they cause to the vast majority of passengers forced me to use stronger methods," the bus company's chief executive, Mr Marshall Cuthbert, said.

Sales of the patches have surpassed \$400 million (about R11,3m).

The companies marketing them said they were aware of the problem and were investigating. All three said they had not examined the possible consequences of smoking while wearing a patch because the products clearly warn against it.

ET 20/6/92

Second-hand smoke risk

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(87)
ET 20/6/92
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The report also suggests a direct link between second-hand tobacco smoke and asthma. — Sapa-AP

Tobacco laws attacked

51 Day 2/6/92

THE tobacco industry remained the most powerful lobbying group in Parliament when it came to legislation on smoking, National Council Against Smoking executive director Dr Yusuf Saloojee said at the Johannesburg City Council's World No Tobacco Day seminar yesterday.

There was "much muddled thinking" in government's approach to controls on smoking. Although new legislation and increased taxes were being discussed, previous efforts to get these passed through Parliament had all failed, he said.

Contrary to most assumptions, tobacco cost the state more than the revenue it brought in through taxation. Studies conducted by the council showed that in 1988 R1,4bn was spent on treating patients with smoking-related diseases at state hospitals, as opposed to the R988m that was gained in revenue from the tobacco industry.

Smoking also contributed to lost profitability as it was calculated that smokers took twice as much sick leave as non-smokers, and were also far more susceptible to heart disease, Saloojee said.

KATHRYN STRACHAN

Medical Research Council spokesman Dr Derek Yach warned the battle for a tobacco-free future would be tough because the tobacco industry knew that its power was still dominant.

"In SA a total of 25 000 deaths per year are due to smoking-related causes. This translates into a cost to the economy of between R1,5bn and R2,5bn a year. Despite the growing evidence, the tobacco industry continues its relentless attempts to increase local addiction rates virtually free of government opposition," he said.

The R100m spent on tobacco advertising was more than 20 times the total national budget for promoting all aspects of primary health care.

However, the first glimmers of hope for global tobacco control had begun to emerge. World Bank loans to tobacco farmers had been replaced by crop substitution programmes and new strategies were being devised to help vulnerable countries that were dependent on foreign currency earnings from tobacco, he said.

Concern over new Katina P oil slick

DURBAN — One of the worst oil spills believed to have come from the sunken Greek tanker Katina P was sighted between the Tugela River and Umtunzini on Natal's North Coast yesterday.

The head of the Pollution Division of the Department of Sea Fisheries, Anton Moldan, said a large quantity of this oil had washed onto beaches within this stretch of about 40km.

"There's thick oil on the beach there and we've informed the Natal Parks Board who will organise for it to be cleaned up," said Moldan.

The oil was probably the worst encountered on the SA coastline since the Katina P sank over a month ago.

Small quantities of oil had also washed up on Natal's South Coast and some Transkeian beaches over the weekend.

The Natal Parks Board, meanwhile, said oil was still coming ashore around Kosi Bay and clean-up operations were continuing.

Our Durban Correspondent reports an Antarctic fur seal died at Seaworld in Durban after being covered in Katina P oil and beaching on the South Coast. — Sapa.

CASINO
POSITION
5000!
CASINO CHIPS WORTH
FREE!!
07-7525
67 per min. Guaranteed Prize!
WHERE IS EPIC?
at Megawatt Park by the Shell
at Sunning Hill. See you there!
5540. Max call duration 5 mins.

Maize Board predicts drop in sales

51 Day 2/6/92

MEREDITH JENSEN

THE Maize Board was preparing for a drop in sales as millers were no longer permitted to sell white maize products from June 1, a Maize Board spokesman said yesterday.

He said white maize for human consumption had to be mixed with yellow maize at a ratio of 30:70.

Industry sources predicted this could have a positive effect on wheat sales.

However, Wheat Board GM Ivan Hemingway said he did not think people had money for bread. Since

March 1991, bread prices had increased by 40%.

Hemingway said current crop predictions were at one million tons.

"That means we may have to import one million tons from Canada, Australia and the US in order to meet the demand," he said.

World market prices for wheat average R550 a ton. The Wheat Board's fixed price for SA wheat is about R700 a ton.

Millers and bakers reported a 4% fall in demand

compared to last year.

Our Political Staff reported from Cape Town that government yesterday announced a drought relief package of R130m for the six non-independent homelands and for farmers on state land.

This follows the earlier announcement of R1bn drought relief for farmers.

Agriculture Minister Kraai van Niekerk said recommendations by the implementing committee on drought relief were being evaluated and an announcement would be made on June 8.

Van Niekerk said the R130m for the homelands would be only for drought relief and controls.

At last - a
near-friendly

SA in running for 'drug capital of world'

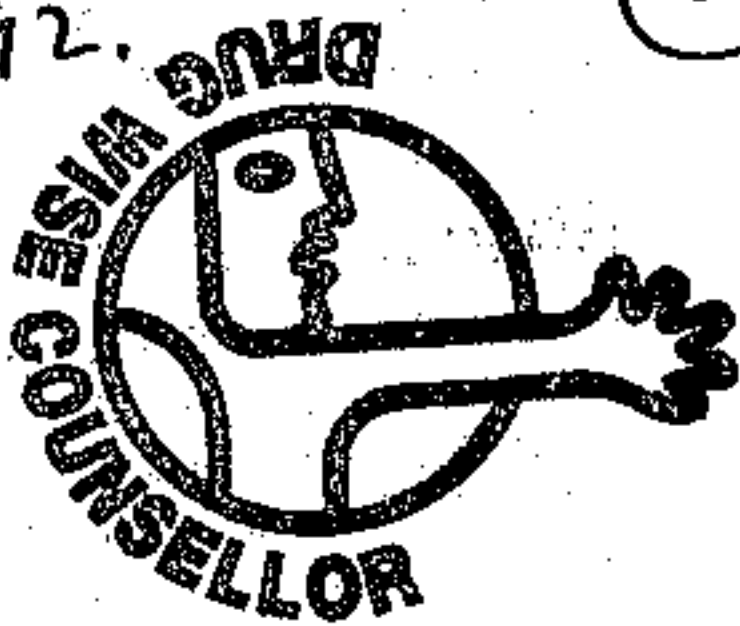
Staff Reporter

Star 22/6/92

(87)

About 50 000 South Africans are arrested on drug-related charges each year as this country vies for the dubious title of drug capital of the world.

Other statistics which place South Africa near the top of the ladder include the 117 percent increase in arrests pertaining to cocaine in Johannesburg in 1990/91.



Some 25 percent of dagga seized worldwide is found in South Africa and 90 percent of worldwide Mandrax production is sold illegally in this country.

Last year R4 billion worth of dagga was involved in arrests, confiscations or destruction by the Narcotics Bureau.

Experts say substance abusers range from the typical teenage rebel-type drug addict to the elderly in old-age homes.

Against this background, the Drug Wise Counsellor Campaign (DWC) is being launched today by 1 200 members of the South African As-

sociation of Retail Pharmacists who have been specially trained with drug counselling skills and knowledge to help drug abusers.

The United Nations International Day of Drug Abuse will be marked on Friday.

Local pharmacists involved in the campaign may be identified by the distinctive DWC logo displayed in their stores.

● Survey — Pages 14, 15

Seeds were sown in the late Sixties

STAR 22/6/92 (87)

SAARP's Drug Wise Counsellor campaign, a non-profit project, was launched to the pharmacy profession last year.

Also in 1991, a Markinor survey revealed that pharmacists were perceived by the public as the most ethical professional group in South Africa.

A pharmacist who has been endorsed by the Drug Wise Counsellor campaign has met stringent criteria, passed special Drug Wise examinations and is monitored rigorously by the Drug Wise committee.

The seeds of Drug Wise were actually sown in the late 1960s through the active involvement of the Pharmaceutical Society in the international war against drugs.

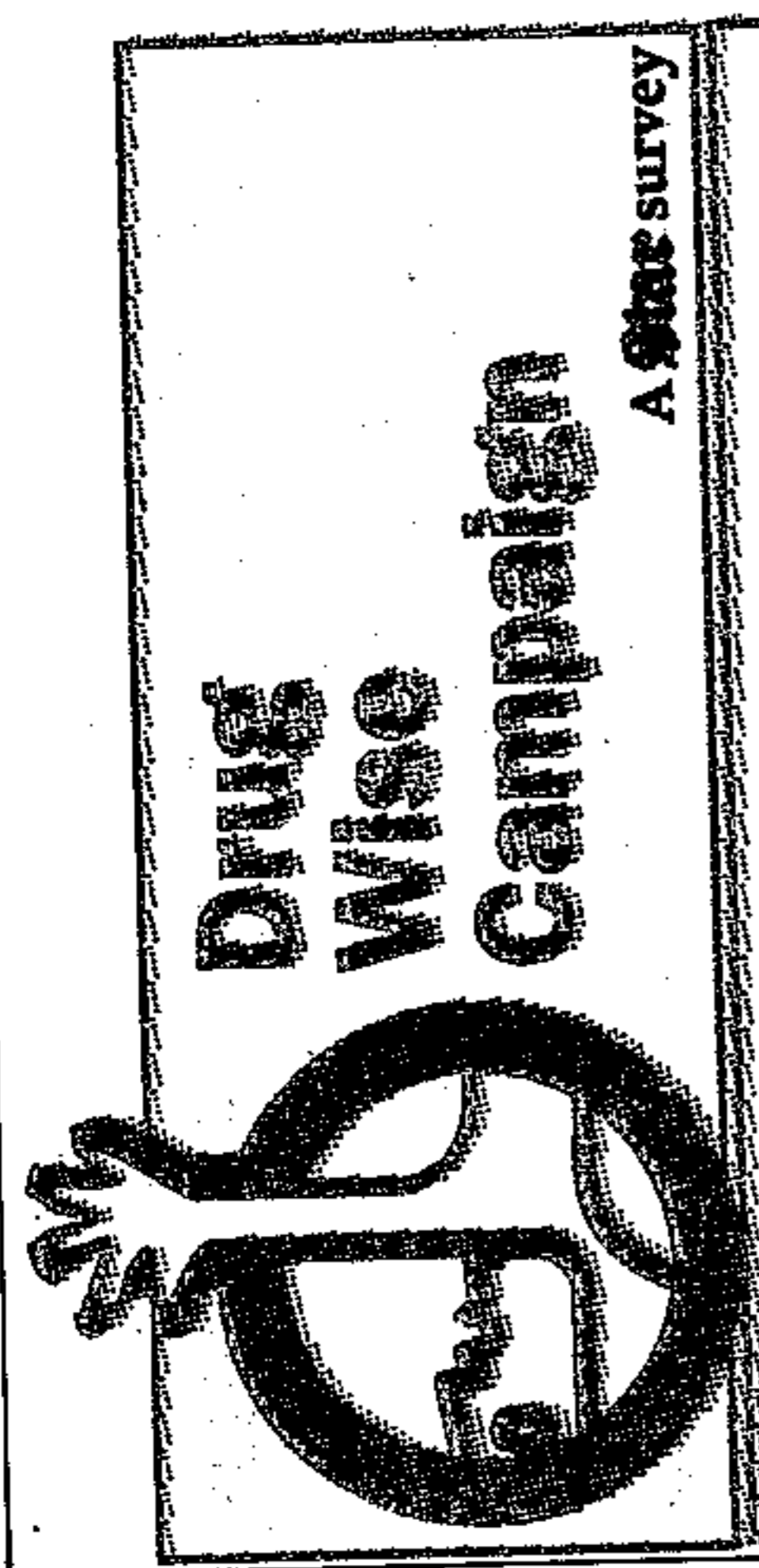
About 20 years later,

Pharmacists Against Drug Abuse (PADA) was launched in South Africa.

SAARP later re-evaluated PADA and initiated the new Drug Wise campaign, and work began on The Drug Wise Manual, authored by Geraldine Bartlett, executive director, Transvaal Pharmaceutical Society (TPS) Drug Information Centre, and Irene Roper, Wits pharmacology lecturer and social worker.

This year the University of Potchefstroom accepted The Drug Wise Manual as a reference book and as course material for a qualifying examination in its department of pharmacology.

The University of the Witwatersrand has the manual under consideration for the same purpose.



**DRUG
Wise
Campaign**

A Star survey

The South African Association of Retail Pharmacists, as its contribution to community health, has launched a national Drug Wise Counsellor campaign. This survey was compiled and edited by Berenice Margolis.

Health Minister praises campaign

STAR 22/6/92 87



Dr Rina Venter . . . Health Minister.

DR RINA Venter, Minister of National Health, Health Services and Welfare, is patron of the South African Association of Retail Pharmacists Drug Wise Counsellor campaign.

Her message: "A healthy community ensures the survival and the protection of the individual. People in the community, on the other hand, help to establish customs and norms that are designed to keep the community healthy."

"I am sincerely grateful that the South African Association of Retail Pharmacists has, of its own accord, recognised the problem of drug abuse and decided to endow the community with knowledge to prepare the individual

nate position where he is able not only to observe problems but is in a unique confidential relationship with the individual where he can advise him.

"The problem of drug abuse has so many facets that the country cannot afford to try to solve the problem without the pharmacist who is a Drug Wise Counsellor."

"A concerted effort with all the other experts can thus contribute to a healthy community."

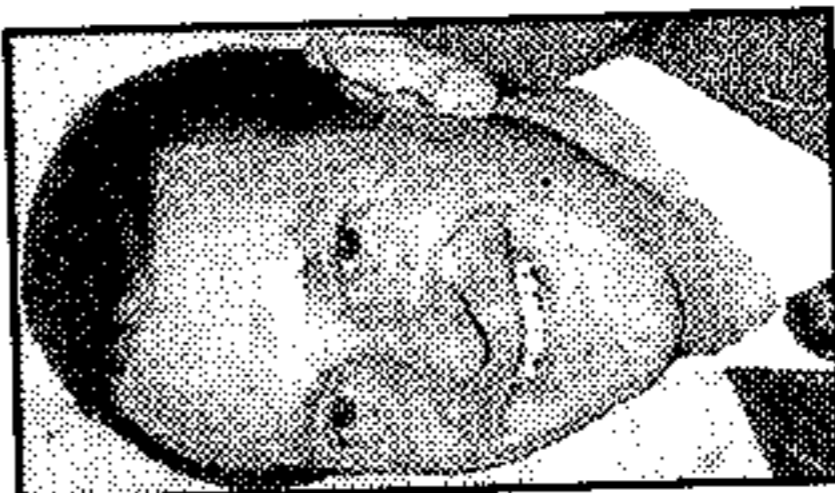
"This development, at the beginning of the Decade against Drug Abuse, 1990 to 2000, offers great advantages and I would like to wish you every success and encourage all pharmacists to become involved."

for a life free of drug-related problems and also to identify at an early stage those with problems and advise them.

"The pharmacist is in the fortunate

How chemists help

STAR 22/6/92 87



David Banever . . . pharmacists are friendly figures.

table, for example. And when children see their parents casually taking medicine they think it must be OK."

The point, Mr Bayever emphasises, is that children are imitative and do not question their parents' habits. Thus, accustomed to seeing adults gaining "relief" from a tablet or mixture, they grow up believing there is an instant cure for all life's ills.

But it would be unfair to lay the blame solely on parents, he says. Today's children are under pressure from their peers to conform, and their blandishments are hard to resist when you're young and vulnerable.

Mr Bayever says the 1 200 pharmacists who are accredited Drug Wise Counsellors are not in-

some years ago that a great menace lay in the modern tendency to seek instant panaceas for every situation: "I was in a school locker room before the start of a soccer match in which my 10-year-old was playing when I noticed the coach was giving the kids a tonic so they would not get tired during the game."

"I knew the coach was innocently trying his best for the boys and he was shocked to realise the potential danger of what he was doing. But I was also aware of the widely held perception that there's always a bottle or a pill for something or other."

"Children see their parents and peers swallowing something almost every day of their lives. There are pills on the breakfast

HORRENDOUS international statistics on the growth of substance abuse do not, unfortunately, exclude South Africa, where the problem is growing at an alarming rate.

The pattern of drug abuse, in particular, calls for specialised skills to help the afflicted, his or her family and friends, and to help them take the first step to tackling their problems. What better person to do so than the friendly local pharmacist who is a Drug Wise Counsellor too?

With this in mind, the South African Association of Retail Pharmacists last year appointed Benoni pharmacist David Bayever as convenor of the development of a South African programme of action that could be implemented by pharmacists. The result: The Drug Wise Counsellor campaign, designed to equip pharmacists with the skills and knowledge needed to cope with the heightened demands of contemporary drug and substance abuse.

It became clear to Mr Bayever

for example, someone who's been shopping around from doctor to doctor for drugs. You can see from the prescriptions. These could be for tranquillisers, sleeping pills or pain killers.

"A pharmacist sees the pattern emerging and that's where he steps in and says 'I need to talk to you. Perhaps you're not aware you're falling into a potentially dangerous habit.' And the victim is secure in the knowledge that the discussion is confidential."

Frequently, alcoholism and drug abuse go together. Most pharmacists, says Mr Bayever, know the "hungry alcoholic" syndrome. Alcoholics tend not to eat, and to still the hunger pangs they resort to headache powders and become addicted to the powders.

involved in actual rehabilitation. But because of their special training, they are well able to educate and to help identify and alert those concerned to the warning signs of unwitting and potential addiction. And they are the conduit for referral.

"The pharmacist can identify,

Venter backs drug advice

By MOKGADI PELA

87

THE new method of counselling drug addicts, which is being launched by retail pharmacists today, has received the full backing of Health Minister Dr Rina Venter and experts in the field.

Called Drug Wise Counsellor (DWC), the programme comprises 1 200 pharmacists 450 of whom have already received DWC status.

The launch comes four days before the United Nations International Day of Drug Abuse.

Venter, who is also patron of the campaign, said: "I am sincerely grateful that retail pharmacists have realised the problem of drug abuse and will assist the community with the knowledge to prepare an individual for a life free from drug related problems."

Adding his voice to the subject, Roche's managing director Mr Kelvyn Henry, said pharmacists understood the full implications of substance abuse.

"In their position at the rockface they provide a resource accessible to all South Africans," Henry said.

He added that pharmacists can offer advice on the full spectrum of abuse, from illicit drugs to criminal abuse of prescribed medicine over the counter.

Company puts big money to good use

STAR 22/6/92

87 4/13

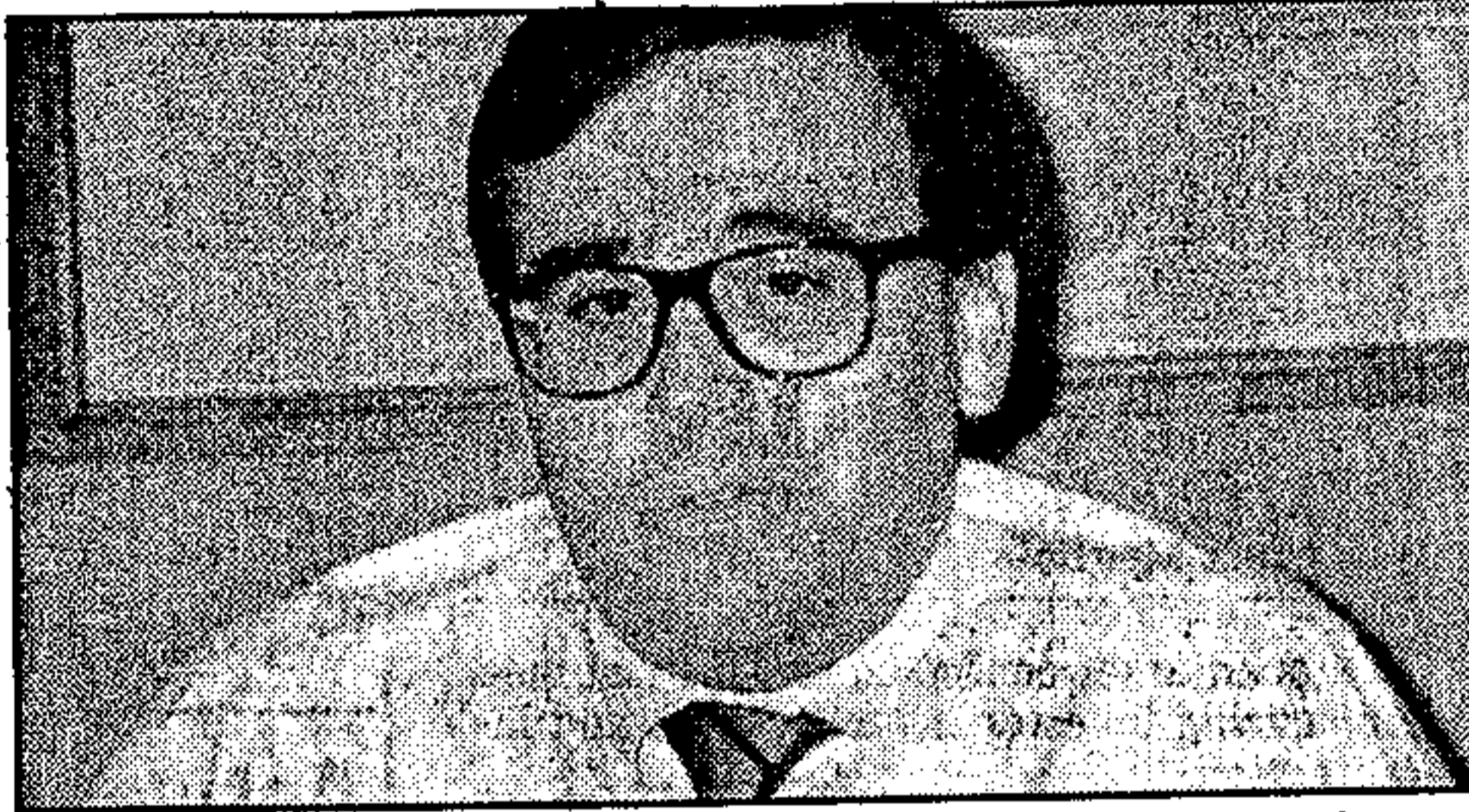
ROCHE South Africa, wholly owned subsidiary of the giant Swiss pharmaceutical company, a world leader, is sponsoring the Drug Wise Counsellor campaign to the tune of R250 000.

The campaign is the brainchild of the South African Association of Retail Pharmacists (SAARP).

Behind the Roche sponsorship, a swift company decision, are the figures: A 117 percent increase in arrests for possession or dealing in cocaine in Johannesburg in one year alone.

US-based Hoffman-La Roche's "corporate initiatives for a drug-free workplace" cautioned big business two years ago that cocaine users in the workplace "are more likely to create interpersonal dissension and the addict's long-term prospects are compromised ... cocaine provides a good example of how substance abuse can gradually destroy a career." And possibly a life.

Says Roche chief executive



Roche chief executive Dr Tobias K Kiechle ... long-standing relationship with pharmacists.

Dr Tobias K Kiechle:

"We're involved in two social responsibility programmes.

"One is the Drug Wise Counsellor programme which is a small step in the direction of primary health care which we believe this country needs.

"The second is our new health care information centre in Tembisa. These are two things

we feel good about."

He believes, firstly, that SAARP has come up with a good programme that offers wide-ranging information on substance abuse and that the pharmacist is the best-trained person to disseminate it.

Secondly, Dr Kiechle says, as a pharmaceutical company, Roche obviously has a long-

standing, amicable relationship with pharmacists.

The pharmacist plays a crucial role in the dispensing of ethical drugs.

He sees the prescriptions and may spot a possible incompatibility with other medication the patient is taking because he forgot to mention it to his doctor.

Pharmacists have gained greater expertise too. In fact, says Dr Kiechle, an academic study has shown that there are about 100 ailments that could possibly be treated by a pharmacist.

Roche spends \$230 million (about R640 million) a year on research and of every 10 products formulated in an eight to 12-year period, one only makes it to the marketplace.

Says Kelvyn Henry, head of public affairs at Roche:

"Abuse of substances, from dagga to the misuse of prescription medicines, is one of South Africa's biggest social problems.

They're doing something about drugs

STAR 22/6/92

87 96

INTERNATIONAL expenditure on illicit drugs is second only to that on armaments.

South Africa partly shares this dubious distinction and has become a dumping ground for drugs and other substances, with staggering amounts of Mandrax and dagga being confiscated here.

Now, more than ever, greater efforts are needed from community leaders to deal with the evil.

Campaign

Pharmacists who have joined and who are supporting the effective new Drug Wise Counsellor campaign are bound to achieve a singular position in their communities and to raise their status in the eyes of South African consumers.

Drug Wise sets accredited pharmacists apart from other professions and distinguishes them from the chorus of ineffective concern.

Instead, they are perceived as doing something positive about helping abusers, their friends and families.

Of course, a commitment to Drug Wise means the pharmacist has to acquire specialised knowledge of the subject.

This is provided by study of The Drug Wise Manual and subsequent thorough examinations on it.

The Drug Wise Counsellor and the centre under his control must live up to the ideals of the South African Association of Retail Pharmacists.

He must be available, too, for continuous updating of the skills needed to take part in the programme.

There is a formal liaison with the South African National Council on Alcoholism and Drug Dependence.

A regular series of one-day workshops helps the Drug Wise Counsellor to consolidate his or her skills.

A Drug Wise Counsellor must be prepared to give an annual report-back on his activities and to demonstrate a continuing commitment to working with the local community and setting examples with talks, counselling and third party presentations.

These can range from anything as simple as talking to a customer's child and his or her friends, to addressing women at a tea party or arranging a speaker for a school in the area.

There are numerous groups and organisations waving the flag against drug abuse.

But none have the resources and knowledge that the Drug Wise Counsellor has at his or her disposal.

Advice

No other organisation makes it as easy for the drug abuser, or friends and family of the abuser, to receive the advice, education, support, comfort, treatment and referral that may be needed.

If you need the support you can simply speak to a Drug Wise Counsellor — without an appointment — and without embarrassment and fear of exposure.

☉ If you want to find out which pharmacist in your area is a Drug Wise Counsellor, phone Rita Ferreira on (011) 403-1088.

People in Narcotics Anonymous know about recovery

THIS is the story of Larry, a drug addict "in recovery".

At 36 he's spent about half his life — less 18 months — in the vicious grip of just about every drug you can name.

A habit that began with a couple of reefers as a teenager, grew to monstrous proportions that took in psychedelic LSD and mainlining.

And what began as a young child's "pretend" soon became a web of deceit.

The "pretend" started when Larry, the son of an alcoholic father, would fib about his home life. When the other children were talking about "my mom and dad" he would fabricate his own matching stories.

And, in spite of drug-related arrests and unpteen stays at treatment clinics, detoxification centres and government places of safety, he somehow managed to keep up a front, although inside he felt he was crumbling.

STAR 22/6/72.

"I'd always had low self-esteem," he says. "I always needed to take something before anything important, like an interview. Now I know I wasn't coping with life. My only response was flight. I couldn't face life head-on."

But Larry, who hadn't had good parenting, had a good woman — his wife. She always worked.

The sober truth, says Larry, is that every addict is a dealer.

"You buy, say, five reefers and sell three."

However, he says with hindsight, his wife too began to lie — for him. And sub-consciously she denied his drug dependence.

Yet his 15-year-old daughter has come out relatively unscathed. She's been in therapy, but most therapeutic of all has been her father's "recovery" and consequent acceptance of responsibility.

In every case like Larry's

there is a kind of miracle. He recalls his last spell at a detoxification centre. He'd accepted that as a part of life.

Then the window opened just a crack. He had a visit from a man from Narcotics Anonymous (NA), someone he trusted instinctively. And this man told him that change was possible; he knew, because he'd done it himself.

That small crack of light was the turning point. When he left

the centre he went straight into the NA programme, run along the same lines as Alcoholics Anonymous (AA), with the same 12 steps to personal growth.

● For information on dates, times and venues of NA meetings, telephone (011) 642-6168. Nar-Anon meetings are held every Thursday night at 7.30 at the Hill-brow Recreation Centre, King George Street.

Detoxification clinic offers holistic approach to treatment

STARZ
22/6/92

RIVERFIELD Lodge has welcomed the launch of the South African Association of Retail Pharmacists' Drug Wise Counsellor campaign.

Riverfield claims to be the first private detoxification clinic in Africa to offer a ho-

listic approach to the prevention and treatment of chemical substance dependency, stress-related disorders and other emotional/medical problems.

According to information released by Riverfield Lodge,

alcoholism and drug abuse costs more than R2 billion a year in lost production, health claims and accidents — a statistic that underlines the need to treat chemical substance abuse.

One of the most disturbing

trends in the workplace now is multiple drug use.

(87)

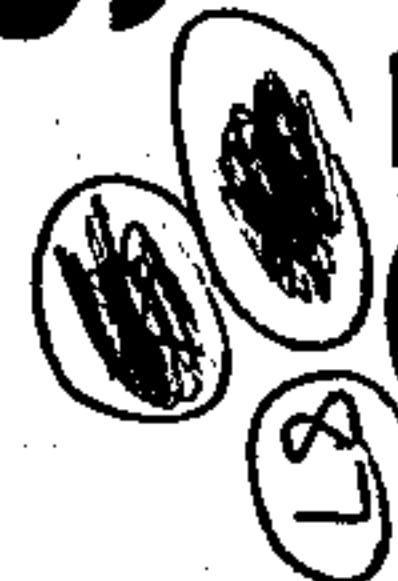
The workplace, however, can provide the opportunity for early intervention and a better prognosis.

A landmark study by the

US-based National Association of Addiction Treatment Provider (NAATP) has shown that treatment is beneficial not only for the drug/alcohol dependent employee but is more cost effective for the employer than non-treatment.

Tobacco smoke a blow to kids

Sowetan 23/6/92



AN Environmental Protection Agency report concludes that secondhand tobacco smoke poses severe health risks to children, causing thousands of respiratory illnesses annually, sources familiar with the study say.

The draft EPA report, being presented to the agency's science advisory panel on Thursday, also raises concerns that tobacco smoke may be linked to mysterious sudden infant death syndrome, or SIDS.

The cause of SIDS is not known, but the EPA study suggests there may be a relationship between infants' exposure to secondhand tobacco smoke either before or after birth.

It offered no conclusive proof.

The report, which is based on an examination of dozens of scientific studies and aims to assess the health risks from tobacco smoke to non-smokers, has been under review at the EPA for more than a year. Agency spokesmen said they could provide no details about the draft study until it was presented to the advisory board, which reviewed a preliminary draft previously and asked that the section on impact to children be expanded.

More than a year ago, the advisory panel generally endorsed the study's findings that secondhand tobacco smoke should be classified as a carcinogen and a known cause of lung cancer.

The preliminary study estimated that tobacco smoke in the air may account for as many as 3 800 cancer deaths, but sources said that figure was being revised in the latest draft.

They said the new study concludes that secondhand tobacco smoke is believed to account for more than 200 000 serious respiratory ailments in children annually, including bronchitis and pneumonia.

The report also suggests a direct link between secondhand tobacco smoke and asthma, an affliction that affects tens of thousands of children.

It says children are twice as likely to develop asthma if they live in homes where at least 10 cigarettes are smoked daily. Previous studies have

suggested that passive smoke may pose serious health problems for children.

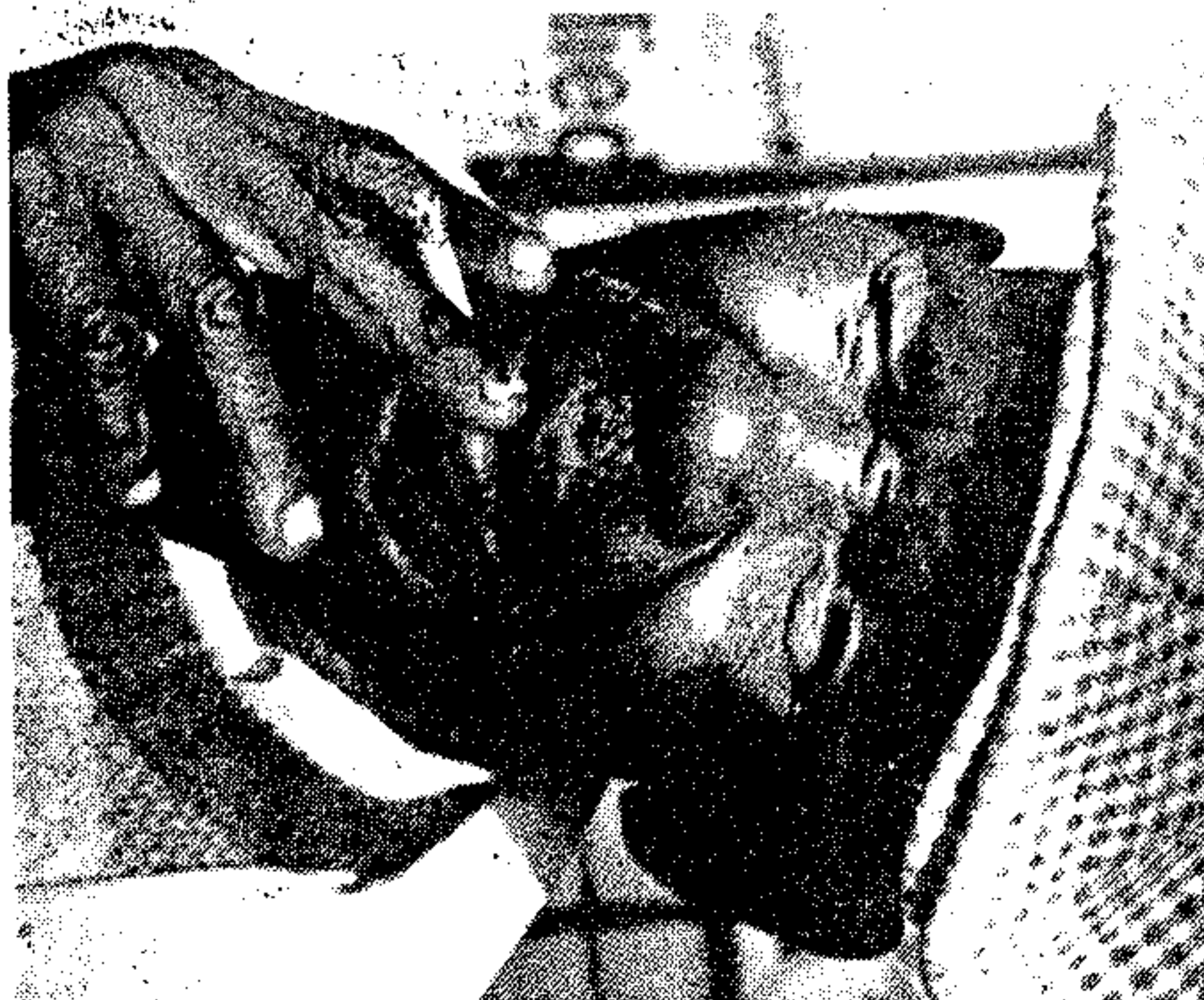
A study last year by the government's National Centre for Health Statistics found that children in non-smoking households were likely to be healthier than children who live with smokers.

That study found 4.1 per cent of young children in households with current smokers were in fair to poor

health, compared with 2.4 per cent of children who were never exposed to tobacco smoke.

The Tobacco Institute, an industry group, dismissed the study at the time as inconclusive.

The industry group also criticised the EPA's preliminary findings in April 1991 when its early draft report on secondhand tobacco smoke was submitted to the science advisory panel. - Sapa-AP.



Passive smoking is a serious health risk to children.



Woman

By LULAMA LUTI

THE campaign against drug dependence and alcohol abuse got off to a vigorous start this week.

The week's activities culminate in the celebration today of the International Day against Alcohol and Drug Abuse.

A national drive aimed at creating public awareness on drug dependence and alcohol abuse has already been started.

This had the full backing of major companies and was endorsed by Health Minister Dr Rina Venter.

The campaign involves some 450 pharmacists who have been specifically trained as Drug Wise Counsellors.

Their brief is to give advice on the full spectrum of abuse, from illicit and criminal abuse of prescribed medicine to over-the-counter-abuse.

While there is concern about the enormity of the problem generally, there is fear that women are at a much greater risk than their male counterparts.

According to the South African National Council on Alcoholism and Drug Dependence executive di-

rector Dr Chris van der Burgh, doctors in private practice report that they see as many women with alcohol problems as men, so the ratio may be higher than originally estimated.

Van der Burgh points at the differences in the way in which men's and women's bodies react to alcohol.

"A woman's body is much more vulnerable to the effects of alcohol because she has a higher percentage of fat," said Van der Burgh.

"More fat means less water in which to dilute the alcohol absorbed by her body.

"A woman therefore becomes drunk quicker.

"In addition, prolonged alcohol abuse causes damage to a woman's liver and brain relatively sooner than a man who has had an equivalent intake of alcohol over time."

However, Vander Burgh quickly pointed out that because of the general acceptance of alcoholism as a disease rather than a disgrace, more and more

Women facing a greater risk

Sowetan 26/6/92

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women were coming up for treatment.

"There is an increasing number of women who are coming forward for help because the social stigma that is associated with alcoholism is much worse for women than for men," he said.

And society could not be exonerated.

"Society has double standards. While the behaviour is permissible for men, often when women drink they are condemned and shunned by their communities and are said to be lacking in control.

"But the truth of the matter is that the symptoms of alcoholism are the same in men and women," he said.

What is it that drives women to the bottle, Sowetan asked Van der Burgh.

"Nowadays, women enjoy a greater social freedom than in the past and there is

also an increase in the number of women entering the market place.

"As a result they are expected to play a double role.

At work they have to perform twice as much as their male counterparts and back at home they have to be mothers and wives to their spouses," he said.

He also explained that because of the stress generated by this double role, women turned to the bottle for support.

"Often these roles conflict. While a woman may occupy a respectable position at work, she may be treated as a doormat at home," he said.

Asked who was mainly at risk, Van der Burgh painted a gloomy picture as to the complexity of the problem.

He said the tendency to drink had shifted from older generations to much younger women.

"Traditionally, alcoholism only developed among people in their early 40s and 50s. But what we are seeing at the moment is people in the 20-30 age group starting to abuse alcohol in greater numbers," he said.

Van der Burgh said alcoholism and drug dependence in black women could be attributed to the general conditions prevalent in black residential areas.

These included depression, frustration created by years of deprivation and general uncertainty about

the future.

"The conditions under which they live are not conducive to being happy at all, and one can only sum up by saying that high incidence of unemployment and poor living conditions are fertile conditions for alcohol abuse," he said.

"I want to stress that our focus is on the family as a whole," he said, adding that the family suffered as a whole when there was a member who was abusing drugs or alcohol.

SOME DANGER SIGNS

- Taking a tranquilliser or a drink or both whenever you feel anxious, depressed, tense and cannot sleep
- retrospectively feeling embarrassed or even frightened by your behaviour when you were under the influence of alcohol or medicines
- regularly taking alcohol and medicines together
- feeling you have to have alcohol or medicines to cope
- switching doctors in order to keep your problem "undetected"
- where to find help
- South African National Council on Alcoholism and Drug Dependence, PO Box 10134 Johannesburg 2000 Tel: 725-5810
- Alcoholics Anonymous, 300 Bree Street Johannesburg Tel: 29-6696 or 333-7213.

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Drug abuse in the spotlight ⁽⁸⁷⁾

Sowetan 26/6/92.

DRUG abuse and illicit trafficking will come under the spotlight worldwide today and the main target is the youth.

Dubbed the "International Day against Drug abuse and trafficking", most countries will focus on the millions of drug users and problems caused by drug abuse which threatens future generations.

The Department of National Health and Population Development, in a statement released in Pretoria yesterday, said: "This year the youth is the main target group for actions to be launched by various parties and groups throughout the country."

The United Nations General Assembly's Special Session on Drugs released a report three years ago stating there were billions of innocent victims of drug abuse - families of users, communities, employers and societies. Illegal drugs, including marijuana, were very dangerous, according to health

By MONK NKOMO

authorities.

"Unlike alcohol, which usually leaves the body within 24 hours because it is water-soluble, marijuana is fat-soluble which means that the psychoactive chemicals attach themselves to the fatty parts of the body usually the brain and reproductive organs and can be detected up to 30 days after initial use."

Drug peddler

Medical sources also said a marijuana cigarette contained more cancer-causing agents than the strongest tobacco cigarette. The report said each street drug peddler was the last link "in the corruptive chain of criminal activity, not only destroying lives, but destroying neighbourhoods and terrorising citizens as well".

The drug addict often became so obsessed with attaining more of the drug that he or she would exhaust money and assets, ruin a marriage and family

life and lose a career before admitting to addiction because of the mistaken view that only weak individuals became addicts. The report however said there was reason to be hopeful.

"The problem transcends national boundaries. The nations of the world have recognised that drug abuse has grown at an alarming rate."

Progress is being made in areas where intense and concerted pressure has been applied to all aspects of the problem - abuse, supply, production, trafficking and treatment. People take drugs for a variety of reasons which include escape from reality, to cope with daily life or to be escaped by others.

"Addiction is a difficult disease to accept and one from which many people never recover," according to a report by the United Nations and Drug Abuse Control. While the health and chances for a productive life were jeopardised for the individual drug user, he or she was not the only one to suffer.

"The family suffers disharmony and pain in witnessing the self-destruction of a loved one. The drug user's employer suffers in economic terms through lost productivity, sloppy workmanship, increased numbers of accidents, high absenteeism and rising health care costs."

Imprisonment of a drug user, according to the report, would not solve the problem. Placing an addict in prison would not cure the disease because after his release he would return to a destructive and deviant lifestyle.

"Drug users have committed a crime but detoxification, treatment and rehabilitation of the individual are essential if the addict is to learn to live without drugs."

The report concluded that drug problems would not be solved in a day or a year.

"But with the active participation of people, organisations and nations, the problem can ultimately be solved."

City fired-up at 'smokeless dining'

Municipal Reporter

A NEW tentative attempt to introduce no-smoking zones in restaurants was made by the Cape Town City Council yesterday.

An attempt to introduce such a by-law two years ago was turned down by the Administrator of the Cape. Since then, the Johannesburg City Council has succeeded in having a similar by-law passed.

The Cape Town City Council re-

solved yesterday that before final recommendations on the proposed by-law are made to itself or to the Administrator, a meeting will be held between the council and the Cape Restaurateurs' Guild, the Cape Town Chamber of Commerce, Fedhasa, the Tobacco Institute and other relevant bodies.

A feature of the new by-law, which the council signalled its conditional intention to adopt, is that establishments run by religious, political, cul-

tural, charitable or sporting organisations will be exempt.

Mr Peter Muller, who opposed the introduction of compulsory smokeless zones in restaurants, said that if the council were representative of "the real South Africa" there would be no chance of the by-law being passed.

"We must legislate for the whole city, not only white middle-class people who go to restaurants. We are wasting our energies on things that

we cannot police," he said.

Dr John Sonnenberg said there was no double standard in imposing a by-law on some restaurants and exempting others because members of private organisations should be able to set their own rules, but the council could set them for establishments open to all.

The recommendation that the by-law be provisionally approved in principle was passed 20-3.

27 OCT 1972

Council decision lights up new row over smoking

Restaurants set for second round in battle of the butts

Staff Reporters

THE smoking row has flared again after a city council decision this week to have another try at restricting smoking in restaurants.

The council has voted 20 to three "to consider" a new by-law setting aside half the seats in restaurants for non-smokers after its abortive attempt two years ago.

The Cape Restaurant Association vowed to take the council to court for the second time if the by-law was passed and restaurant operators insisted they be left to run their businesses without interference.

Mr Boris Savvas, trustee of the Cape Restaurant Association, said: "The question of smoking is well outside the legislative powers of municipal authorities."

He said he did not know why the council was concerning itself with the smoking issue as such a law

could be passed only by parliament.

"This issue involves freedom of choice for the businessman. As long as smoking is not an illegal practice, there is absolutely nothing they can do about it."

"I am not going to enter into any kind of negotiation with the city council, but I will see them in court."

Two years ago the association took the council to court when it

Court application to have the by-law scrapped had not been withdrawn and could still be set down for hearing.

"The city council has two choices: either drop the by-law or go to court and pay all the costs involved if they lose."

Federated Hospitality Association regional chairman Mr Angus Dodds said the organisation's standpoint had not changed from what it was when the issue was raised before.

He was in favour of negotiating, but would not pre-empt a decision.

"It should be left to businessmen to run their restaurants as they feel fit," he said.

National chairman of the Restaurateurs Guild Mr Robert Mauvis said "market forces should dictate if there is a need for such a by-law, not the city council".

City restaurant owner Mr Peter Siebert said a large percentage of

people smoked and "at least one person at every table".

Long street restaurant manager Ms Judy Phillip said she would dis-

Up to 70 percent of restaurants were obeying the by-law, which set aside half the seating in restaurants which could seat 50 or more for non-smokers.

On Tuesday, the city council voted for a crackdown on the others.

"Fining will be a last resort after we have talked to offenders, but recalcitrant restaurateurs face R300 fines for first offences," he said.

Professor Padayachee said setting aside half the seating in restaurants for smokers was generous.

"We find that in Johannesburg about 70 percent of patrons are non-smokers," he said.

Johannesburg City Council had distributed a booklet on passive smoking to restaurateurs as part of its campaign.

"Restaurant owners have been very supportive of our campaign and many are prepared to take responsibility to fight the dangers of passive smoking," he said.



(87) ARG 2/7/92

New drug unit will treat youngsters

51 Times [Cape metro] 5/17/92

By KURT SWART

A DRUG treatment unit for adolescents opened this week in response to an increase in drug abuse by teenagers and pre-teens.

The Avalon Adolescent Drug Unit is believed to be the second of its kind in the country. There is a drug unit for youths in Natal.

The unit has taken over a wing of Groote Schuur Hospital's Avalon Addiction Centre, in Klipfontein Road, Athlone.

"Since the Cape Town Drug Counselling Centre in Observatory

was established in 1985 we've been aware that most problems in drug abuse started in adolescence," said the originator of the unit, Dr Don Wilson, a psychiatrist at Groote Schuur Hospital.

"Lentegeur In-Patient Drug Unit has been taking in adult drug-dependent individuals for four or five years, but could not put younger patients with the adults. The question was asked: What about the adolescents?"

"We are seeing more and more adolescents at drug centres and we are aware that this is a constant problem. This unit has provided a place for adolescent drug addicts."

According to this year's statistics from the Cape Town Drug Counselling Centre, 11 percent of abusers started taking drugs in their pre-teen years, and 68 percent started in their teens.

"This emphasises the importance of education against drug abuse at an early age — even at primary school level," said Dr Wilson.

"We have a therapeutic team of five nursing sisters, three part-time psychiatrists, clinical psychologists on loan from the Counselling Centre, occupational

therapists, social workers from Sanca and members of the education and drama departments of UCT."

Dr Mike Louw, head of the Avalon Centre, and Dr Laurie Oliver of Lentegeur Hospital are the team leaders of the unit. Most of the team are either working voluntarily or taking time from their normal occupations to help with the unit.

"A unique facet is that this is an ideal example of members of the community, welfare organisations, and hospitals all combining to put a unit of this kind together," said Dr Wilson.

"We are an open unit, taking in males and females of any ethnicity. We are still looking for more volunteers, like retired teachers, to look at the education component of the unit."

The unit is emphasising the importance of education and career guidance. Addicts with low education will be encouraged to study further.

"Many have left school, have problems at school or have insecurities about their abilities. Those who don't want to go back to school we help with career guid-

ance and direction."

The unit plans to take in about six to eight clients at a time on a six-week treatment course.

"Clients are at the unit from Monday to Friday and go home over the weekend, so that they can try out what they have learnt. We teach them new strategies and coping mechanisms and over the weekend they see how they can deal with family issues, friends who take drugs and other problems that were instrumental in starting their drug abuse."

As drug abuse is a long-term chronic problem, clients at the end of the unit's treatment will be referred to counselling centres, private therapists or other appropriate environments.

The unit has four initial clients and is looking for two or three more to join within the next week.

"The family is involved in the therapy but sometimes their children are not keen to enter treatment."

Families wishing to send their children to the unit for treatment can call the following numbers: Dr Wilson ☎ 404 2151, Dr Louw ☎ 637 9100 and Dr Oliver ☎ 34 3111.

Council smoking ban under fire

Staff Reporter

STAR
15/7/92

The Johannesburg City Council's campaign to ban smoking in council buildings might go up in smoke as nicotine-loving councillors and employees are building up steam to protect their rights.

"The country is burning and we're worried about people's lungs," management committee member Paul Asherson — an ardent smoking lobbyist — charged yesterday.

And Mr Asherson expects hundreds of council workers to follow his example in resisting the ban, which currently covers public reception areas, lifts and committee rooms but which he believed might be extended to

all offices.

The anti-smoking campaign, led by management committee member Marietta Marx, wanted to have a smoke-free Civic Centre by the year's end, he said.

The fiery Mr Asherson said nothing short of bringing in the police would stop him smoking in the council chambers and his own office.

"It's a personal habit I enjoy and, since I put up with other people's habits, they must just tolerate mine," he said.

He said he found it ridiculous that Mrs Marx, who heads the council's committee for health, housing and urbanisation, was putting so much energy into banning smoking while the council —

and the country — was facing "huge problems".

Conservative Party councillor, heavy smoker Jacques Theron, said the council had not approached council workers and asked for their opinions. Alternative facilities for smoking had not yet been made available.

"There is no point in making regulations unless it will be enforced — and the council cannot waste money on that," Mr Theron said.

The heavy-handed approach to the smoking issue was merely hardening attitudes, Mr Theron said.

Mrs Marx, a trained biochemist acutely aware of the dangers of passive smoking, began her anti-smoking campaign three years ago.

Choice is *STAR 217192* smoking (87) or healthy children

Maternal smoking during pregnancy is an avoidable risk factor, reports LIZ HUNT.

MORE than 4 000 miscarriages of healthy foetuses happen each year because of the effects of maternal smoking during pregnancy, and up to 17 000 hospital admissions in the under-fives are due to passive inhalation of smoke from the cigarettes of parents.

The figures are in a report from the Royal College of Physicians in London which highlights the damage passive smoking inflicts on the foetus and babies. It says maternal smoking during pregnancy and infancy is "the most important avoidable risk factor for infant death".

More than a quarter of cot deaths, and about 400 deaths in very young babies each year, are linked with maternal smoking. Babies born to mothers who smoke also suffer physical and mental disadvantages which persist well into adulthood.

At 11, when all other factors are corrected, the children of smokers are smaller. By the age of 23, they have fewer academic qualifications than the offspring of non-smokers. The report says children whose parents smoke may inhale the equivalent of up to 150 cigarettes a year.

The working party reviewed more than 400 research papers and reports stretching over 20 years of investigations. Then they applied the international findings to British figures. The party included doctors expert in child health, public health and epidemiology, and specialists in heart and chest medicine.

Dr Sarah Stewart-Brown, a consultant in public health medicine and a member of the party which compiled *Smoking and the Young*, called for an urgent rethink on the education of mothers-to-be and a better understanding of the addictive quality of smoking. "Trying to conquer an addiction at the same time as you are having a baby is perhaps too much to expect," she said. Smoking among teenage girls — the mothers of the future — was on the increase.

One in three women smoke, and of those, only one in four abandons the habit during pregnancy.

Other studies show women are giving up smoking more slowly than men. While smoking among men dropped by a third between 1972 and 1986, among women it fell by less than a quarter, to 31 percent. While 18 percent of 15 and 16-year-old boys smoke, the number among girls of the same age is 27 percent.

Over 25 years, smoking has fallen dramatically among men in the highest social classes but by a smaller proportion among women. There are concentrated groups of women smokers in professions such as nursing, teaching and social work.

On present trends, it is unlikely that government targets for smoking reduction of a third in men and women by 2000 will be met, the report said. A White Paper giving the targets, the *Health of the Nation*, is expected next week.

The report calls for a ban on all tobacco promotion, an increase in tobacco's price, action by retailers to stop children buying cigarettes, and a change in the law to make cigarette buying illegal under 18. — The Independent News Service. □

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Smoker's guide on what to buy, where and how much to pay



By KEVIN CARTER

WHICH is the best dagga? Where do you get it? What does it cost? What should you call it? The only way to find out is to speak to a dagga smoker. I spoke to a seasoned smoker who, for obvious reasons, wished to remain anonymous:

X: So what is it you want to know about dope?

KC: You call it dope?

X: Some people call it zoll or skyf, or about a thousand other things: shit, ganja, kiff, weed, bungy, pot ... I can go on forever. The straights call it dagga. That's what they call it on TV when they make a big bust. I just call it dope.

KC: What's that you're doing with it?

X: I'm mulling the dope, cleaning it. I take out the stalks and pips. You don't smoke them — they explode and they'll give you a headache.

(He's rubbing the dagga between the palms of his hands over a magazine. When the dagga is crushed, he shakes the magazine while holding it up at an angle so that the pips roll to the bottom. He scoops them up and throws them on to the fire, where they fizz, crackle and pop.)

X: You see, fireworks.

KC: What kind of dope is this?

X: This is the berries: fresh Pondo creams.

KC: The best?

X: It's potent, maybe the best, but not necessarily. Different dopes are different, not to say better or worse. The number one refers to the grade. All dope is graded. A number one Pondo is the best of the Pondo crop.

KC: So what is the best dope?

X: There's lots of good stuff. I like to keep a variety. DPs — Durban Poisons — are the most famous. I was in London and they go mad for them, pay 30 or 40 quid for a roll that you buy in Durbs for five bucks. But they aren't so potent.

A good rooibard — a Swazi red — now that's good shit. Sinsemilia — no pips. Any good Transkei dope is lekker, and Pondos are probably the best of them. Maritzburg slugs are great when you can get them, but the warring down there has affected the supply. And then there's Malawi gold. There's always lots of gold around Xmas time, thank God, because it's the off season then and all you can score is jut. I won't smoke jut, only good dope.

KC: How do you tell the difference?

X: Packaging, smell, taste, colour, effect. All dope is recognisable. Poisons come in rolls of rolled-up pencils, so do slugs. Malawi gold comes in cobs, rolled up in banana leaves.

Mostly it just comes loose in a bankie or a jiffie, but you can still tell the difference. This Pondo cream is called that because of its creamy colour and texture. A Swazi red has lots of fine red hairs

all over the heads, and it's a much darker green. A Transkei dope is lighter in colour. Malawi gold isn't even green, it's a sort of golden brown. It tastes and smells a bit like compost, because they bury it for a few months after harvest, and the pips are big and brown with spots. Natal and Transkei dopes are similar in colour and smell, but poisons have smaller pips.

KC: What's the difference in effect?

X: Swazi red really klaps you — instantly. Malawi gold is much slower. You smoke it and five minutes later you're raving, and then later you realise you're not goofed anymore. It lets you down gently, not like a red. After smoking reds you get sleepy. Reds are like a rocket: blast off and crash land. Gold is like flying a Boeing. Poisons are somewhere in between, but it's their taste that's special. Smooth and sweet, clean.

KC: Why are you adding tobacco?

X: I call it mix. If you put in a mix it burns better, especially if the dope is fresh and moist. Now it's ready to roll. Pass me those blades.

KC: Blades? Oh, cigarette papers. Is this how you always smoke, in joints?

X: Normally. Sometimes I'll smoke out of a chillum, which is a small clay pipe. Some folks smoke out of bottlenecks, but that's hell on your lungs. I'd rather smoke a slowboat like this, a three-blader. It's much more mellow and I love the roach — the last part of the joint. It gets

soaked with resin and kicks like hell at the end. Bongs — water pipes — are really lekker, they cool the smoke. But you can make pipes out of anything: apples, potatoes, carrots.

KC: Do you do other drugs?

X: No, only dope. Look, I don't see dope as a drug. I mean, I suppose it is, in as much as cigarettes or alcohol are, but it's natural. I wouldn't put any chemicals in my system. I'm not a druggie.

Drugs are bad shit. Coke makes you broke and turns you into a psychopath. Acid is insanity; pills, uppers and downers and that whole seesaw, no thanks; and spiking ... well, that's a one way trip to hell.

I'm a working dude, I make good money, I own my house, I love my wife and I don't get drunk and beat her. Dope just mellows me out.

KC: Do you smoke a lot?

X: Depends on what you call a lot. In the army we used to smoke 10 or 20 pipes a day, out of boredom really. Now maybe four joints a day.

KC: What about your wife?

X: Ja, she smokes. Not all the time — she says it makes her paranoid in public — but when we're alone or entertaining at home, she'll smoke.

KC: And your friends?

X: I don't think I know anyone who doesn't. Everybody smokes, which is what's so ridiculous about it being criminal.

KC: Where do you get it?

X: I've got a few regular suppliers who make trips to Natal or the 'skei or Swaziland, but it's easy to get. Just drive down Raymond Street towards Rockey Street in Yeoville and 10 dudes will mob you trying to sell you a bankie.

KC: Have you ever been bust?

X: No. Friends have. One guy I know was bust recently and got off with a R50 fine — cheaper than parking in a loading zone, except I suppose he's got a record now.

KC: What does it cost?

X: Depends what, where and how much you buy. A good sack in the 'skei you can get for R1 000 — or a gun, they all want guns. If you're buying less, R10 a hand — that's as much as you can grab in one handful.

Poisons come as cheap as R3 a roll in Durbs, particularly if you buy in bulk, but in Jo'burg they can cost as much as R20. A good bankie these days can cost R25 and a Malawi cob, more.

KC: Why do you smoke? What makes you go to such lengths to smoke?

X: I don't go to any lengths. It's easier to get than milk and bread if you know where to go.

KC: Are you an addict?

X: I suppose I am, but the world is full of addicts — to coffee, cigarettes, codeine, valium, diet tabs, alcohol. Everyone's on some or other mother's little helper.



Photo: GUY ADAMS

3/7/ 6/8/92 (87)
'Scuse me while I light my spliff ... A Rasta enjoys a hit

Legalise it, decriminalise it, but just don't ban the weed

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87



Burn machine of
the mind
Burn shadow of
the fowls
You remind me of
the other side of
the mountains
where heroes have
assembled.

SO reads the English translation of a traditional Zulu praise poem in honour of dagga.

It was first called "daccha" — a uniquely South African term — by colonist Jan van Riebeeck in 1658 to refer to a shrub the KhoiKhoi ate or smoked "which makes them drunk". But it has been around for more than six millenia — known variously as cannabis, marijuana, bang, chara or pot.

Today, with a fluid political climate wide open for social change, South Africans are debating afresh whether the herb should be legalised or, as a softer option, decriminalised. The former would mean it is freely available on demand, and the latter that possession of large amounts lead to penalty, without criminal record.

Some say it is as innocuous an addiction as coffee, alcohol or tobacco. Others believe it is a mind-altering drug as deadly as any other, and that users become frenzied and irresponsible. Some say its medicinal benefits outweigh harmful side-effects; others that its uniquely South African combination with Mandrax make it unacceptable. In the orthodox view its use is associated with "hippies" and the anti-establishment values of the 1960s. Yet others argue that as a natural substance dagga is worlds apart from chemical drugs like cocaine, heroin, Welconal or, even, tranquillisers.

It raises all kinds of moral dilemmas. Yes, over-use and abuse can lead to perceptual distortions, apathy, irritability or paranoia. It can also decrease fertility and irritate respiratory tracts. And poor socio-economic conditions have made fertile ground for unscrupulous drug peddlars — leading people into a hazy never-never land to escape reality.

But banning its use has not killed the trade. Far from it. South African police spend millions of rand a year on search-and-destroy missions over luscious stretches of dagga plantations. Last year they confiscated more than R4-billion's worth last year. Almost

As we move towards the 'new'
South Africa the debate is open
again on whether to legalise
dagga. By PORTIA MAURICE

10 thousand dealers and 6 594 users were arrested. It is said that 25 percent of all dagga seized worldwide is confiscated in South Africa. If they want it, people will get it.

Strong community-based anti-drug lobbies have been formed in the western Cape, where the dagga-Mandrax cocktail has reached almost epidemic proportions among teenagers. Achmat Davids, who heads the Salt River Anti-drug Co-ordinating Committee, says dagga should remain a banned substance.

He acknowledges its importance in "cementing" in pre-colonial communities, but argues that it has lost its social value. In the 1960s and 1970s he may even have voted for legalisation, he says, because then it was a "social drug".

But now its use cannot be distinguished from the lethal Mandrax. "What was a culture of togetherness in smoking dagga has become a culture of destruction," he says.

Dagga does have medicinal uses: from treating snakebites and stupefying mothers during childbirth to relieving asthma and throat ailments. And for centuries it was used to heal, intoxicate, pontificate and worship across the continents — outlawed only in the 19th and 20th centuries by most Western industrialising countries.

Drug abuse is a frightening social problem under the modern profit system, but the question beckons: if our sagacious ancestors did not deem cannabis a harmful substance, should we? Is it more menacing because urban decay has caused abuse, or because of its inherent qualities?

Strange bedfellows spearhead the local fight to have dagga laws relaxed. There is the Democratic Party, which opposed the "steamrolling" through parliament of the Drugs and Drug Trafficking Amendment Bill during the last session. There is the growing Rasta community — who last week organised a "legalise it" march in Knysna. There are the radical, anti-establishment Bohemians and the elderly African man for whom its use

is sanctioned by tradition as an evening relaxant on the stoep of his candle-lit shack.

And then there are medical experts like Cape Town's Professor Frances Aimes, who has campaigned for its legalisation and positive use.

"With our failing economy I would suggest that government grow it, purify it, tax it and standardise it," Aimes says provocatively.

She is a retired neurologist and psychiatrist who believes dagga has endless unexplored possibilities for medical use. It is accepted as treatment for nausea and vomiting caused by chemotherapy on cancer patients. Now, Aimes, says, the Federal Drug Administration in the United States has approved distribution of Marinol, a synthetic form of THC — the psychoactive ingredient in dagga.

Its analgesic properties should be investigated — "every doctor is desperate for things which relieve pain and don't damage kidneys".

Dagga has properties similar to some anti-epilepsy drugs and it does dilate the bronchi, useful for treating asthma. Some people, she says, claim it can treat the eye disease, glaucoma, which can lead to blindness.

"The moment you forbid something, you make it irresistible," Aimes says. "Alcohol can cause far more neurological damage and it's more likely to cause amnesia — yet it is not even called a drug.

"If you're really stoned on alcohol, you abdicate your ego control. With dagga, experiments show you do recall what you did while you were high."

She refutes the argument that dagga is a "gateway drug" to harder varieties, as this has never been proved. But her position, she stresses, should not be construed to be advocating drug use.

The DP's line is a softer one. It agrees with aspects of government's harsh drug strategy but is calling for a thorough investigation into the decriminalisation of dagga, and a scheduled ranking of drugs.

"We obviously view drug peddling with concern, and it should be met with severe punishment," said DP health spokesman Mike Ellis. "We would not necessarily go along with decriminalisation, but you cannot lay the same charges against a person taking cannabis as one who takes cocaine."

Grassroots ... A private crop grows on a Johannesburg balcony

Grass grows on trade routes

By PORTIA MAURICE

NEOLITHIC man first used the Indian hemp plant — later called cannabis — nearly 5 000 years ago as fibre for bread and rope.

It arrived in sub-Saharan Africa via a complex maze of early Arab trade routes, and today its precise origins are hidden beneath a potpourri of beliefs and cultures in South Africa.

Its earliest mention as a medicine was in the pharmacopoeia of a Chinese emperor, dated 2737BC. The "stimulating and euphoric" properties of the drug were soon recognised in India, where they called it the "sacred grass".

It is said to have been given the name *cannabis sativa* in 1753 — derived from cannabinoids, the class of chemical compounds unique to this plant which produce its unusual effects. Delta-9-tetrahydrocannabinol (THC)

is the psychoactive one — altering elements of mood, perception, thought process and consciousness.

In his 1980 book, *Cannabis in Africa*, Brian du Toit traces the herb's rapid diffusion through the continent, migrating south with Bantu-speaking peoples to find common etymology with the wild dagga or klip dagga (*Leonitis leonora* and *leonitis*) grown by the KhoiKhoi people at its southern tip. White colonialists took to referring to both varieties as "dagga".

"During the first centuries AD Arab traders who settled around the Horn and southwards from Mogad-ishu introduced cannabis to the indigenous African population," Du Toit says. "From these northern locations along the coastal settlements of what is today Somalia and Kenya, cannabis was carried and traded into the interior."

ART 4/8/72

Smoking mothers may harm children

ANDREA WEISS, Health Reporter (87)

MOTHERS who smoke during pregnancy could be causing structural damage to their children's lungs which in turn puts them at risk of getting serious lung diseases later in life.

This is the thrust of research being conducted by Professor Gert Maritz, head of physiological sciences at the University of Western Cape.

Professor Maritz travels to Kenya in September to deliver a paper on the subject at the First Congress of the African Association of Physiological Sciences.

He has been administering the equivalent of 10 to 40 cigarettes a day's worth of nicotine to pregnant rats and monitoring their offspring.

The purpose of his research is to establish whether nicotine ingested by the mothers causes damage to the lungs of their babies. He says there is indeed evidence to support his hypothesis.

Professor Maritz said children of smoking mothers had a higher incidence of lung disease.

Also, it was known that children with recurring lung disease could have problems later in life.

His aim was to isolate nicotine to see whether it was implicated in this process and to possibly find ways of countering this effect in smokers who could not kick the habit during pregnancy.

Drug problem grows

Own Correspondent (87)

JOHANNESBURG. — Drug addiction has become South Africa's second biggest problem after violence, a therapist at the drug rehabilitation centre, Phoenix House, said here yesterday.

He was reacting to a police report yesterday that the smuggling of drugs into the Witwatersrand area, particularly cocaine and Malawian dagga, was higher than ever before.

The therapist said economic hard-

CF 2018/042
ships, which stemmed from the present recession, had forced many people into drugs either as users or dealers.

Witwatersrand police spokesman WO Andy Pieke said yesterday the quantity of drugs being smuggled into the region had increased sharply in the past year — 85% were smuggled from African states.

He did not give statistics on the increases but said recent arrests indicated most smugglers were Nigerians, Zambians and Malawians.

STAR 29/8/92

Tobacco ads should be banned, survey shows

CAPE TOWN — Most South Africans believe tobacco advertising should be banned from television, radio, billboards and cinemas, a nationwide Medical Research Council study shows.

MRC essential health research group investigator Dr Gayle Martin said the study meant South African legislators faced evidence of wide public support for even more stringent controls on tobacco than were contained in the draft Tobacco Products Control Act.

An MRC statement noted that the survey showed 75 percent of people polled supported banning tobacco sales to minors.

More than half of them supported increases in taxes on tobacco sales — a move which has been shown abroad to decrease the number of teenagers and adolescents who smoke.

“The majority of participants thought that smoking was harmful to the health of smokers as well as non-smokers, although the levels of awareness of the health hazards of smoking were notably lower among the youth.”

Forty-four percent of respondents rejected controls that would prohibit tobacco companies from sponsoring

sports events, while nearly 14 percent were undecided on this issue.

Martin said that despite broad political and public support, powerful lobbying from the tobacco industry prevented the passing of the Tobacco Products Control Act earlier this year.

“However, this report indicates considerable public support for introducing anti-tobacco laws and even more extensive legislation to control tobacco consumption. The indisputable evidence of the role of tobacco in disease, death and disability makes it the ethical duty of governments to protect the health of their people by curtailing the marketing and consumption of tobacco products.”

The draft Act proposes a prohibition on sales to people under 16, health warnings on tobacco advertisements and products, and empowering the Minister of Health to regulate smoking in public places.

Martin said the survey was carried out at the beginning of the year among 2 009 people. It was based on the proportions of race, gender, age and education levels recorded in the 1989 census. — Sapa.

Tonyfactor's

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SUNDAY

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00

ET 29/8/92 (87)

Ban tobacco ads, says SA

MOST South Africans believe tobacco advertising should be banned from television, radio, billboards and cinemas, a nationwide study by researchers from the Medical Research Council has shown.

One of the investigators, Dr Gayle Martin of the MRC Essential Health Research Group, said the study meant SA legislators were now presented with evidence of wide public support for even more stringent controls on

tobacco than were contained in the draft Tobacco Products Control Act, which was not passed earlier this year because of powerful lobbying by the tobacco industry.

An MRC statement noted that the survey, which it said was the first done on tobacco controls in SA, showed 75% of those polled supported the prohibition of tobacco sales to minors.

More than half supported increases in taxes on tobacco sales

— a move which has been shown overseas to decrease the number of teenagers and adolescents who take up smoking.

Dr Martin said the survey was done at the beginning of the year on a sample of 2 009 people

Tobacco Action Group spokesman Dr Yussuf Saloojee said the MRC survey suggested South Africans were ready to accept a strong legislative programme and all that was needed was the political will. — Sapa

English worth its 'wait' in gold

Picture: Stephen Davimes

By Shirley Woodgate
They have scored a breakthrough at Gen-gold's Winkelhaak mine.

Not a fabulous gold haul, but a triumph for human relations with the launch of a literacy programme aimed at making at least 80 percent of the 7 500-strong workforce able to read and write English by the year 2000.

Sweating it out deep underground, Sotho, Tswana, Shangaan, Xhosa and Zulu workers who daily haul out the precious metal traditionally communicate in

Fanagalo — the slang spoken underground, said manpower manager Ronnie Lousteau.

But once out of the mine, the labourers' limited language, handed down from the Natal sugar cane fields, runs out of steam.

Many of these men comprise the one-third of South Africa's population who cannot read or write, people to whom the sign on the highway that takes them home, the front page of a newspaper, even the words outside the toilet are a mystery, Mr Lousteau said.

A year ago, things

started changing with the introduction of a R30 000-a-month communication programme.

Now burly men, who emerge dust-covered after nine hours at the rock face, reappear showered and subdued in the classroom, where their clumsy fingers wield pencils uneasily and their lips shape quiet words.

"They have the same passion for learning as a kindergarten class," said Jopie Schoeman, head of training.

It is a long learning curve, starting with proficiency in their mother tongue, progressing to

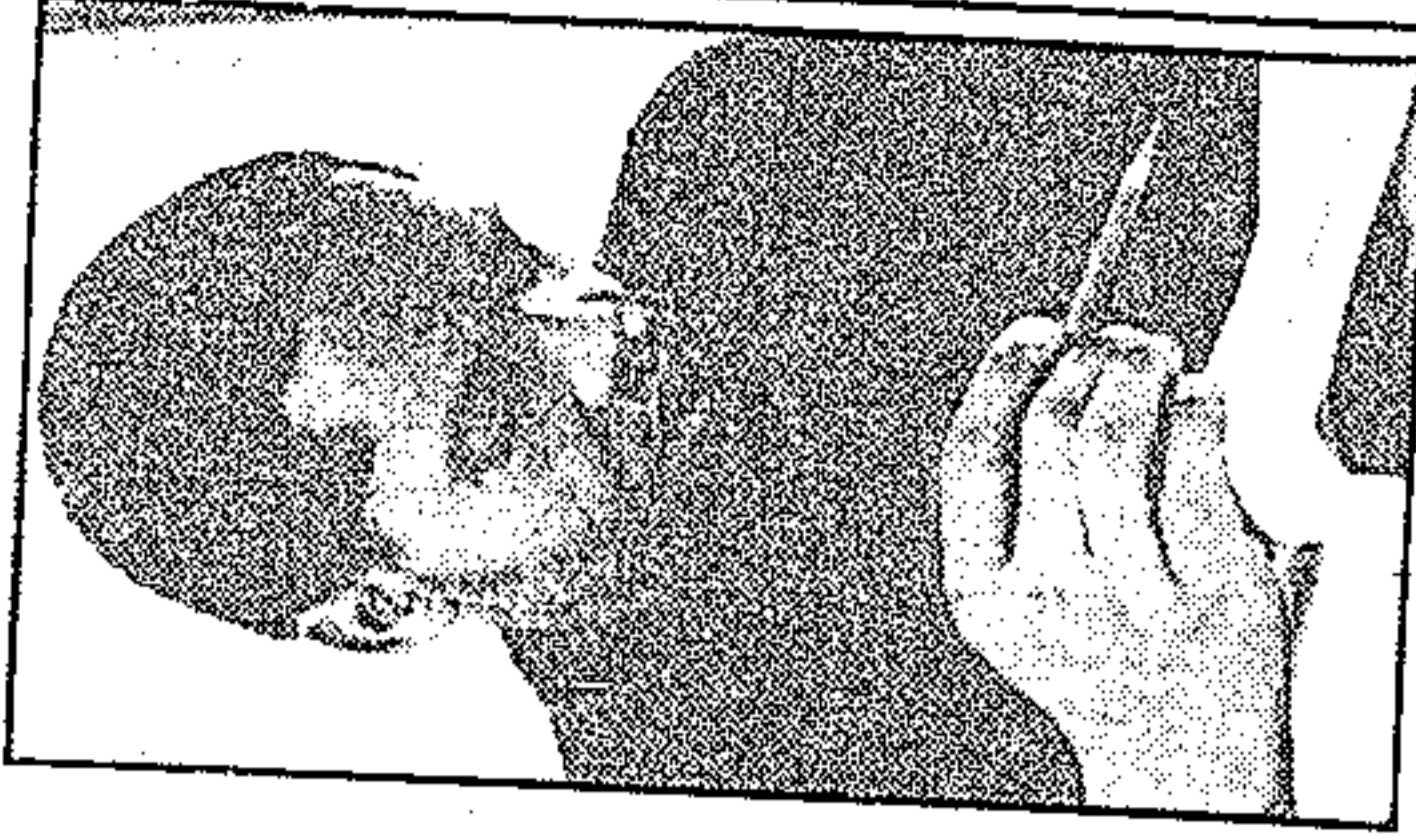
survival English, conversational English and basic numeracy, then operational English and functional numeracy.

One teacher is Theodorah Nzeze. The mere fact that she is female and in charge is part of the learning curve.

Sotho-speaker Abel Matsapa says: "Learning English is great. It helps me and I will now teach my wife to speak an international language."

And Shangaan Julio Govene now feels confident enough to write home in English.

All the students proudly sport "I speak English" badges.



Deep concentration... a miner hard at work.

Public backs smoking curbs

Medical Reporter 87

There is widespread public support for various smoking control measures, according to the first national survey of public attitudes.

The Medical Research Council (MRC) survey showed three-quarters of people surveyed supported the prohibition of tobacco sales to minors, while most felt that tobacco advertising on television, radio, billboards and in cinemas should be banned.

The report, by Drs

Gayle Martin, Krisela Steyn and Derek Yach, was presented at the annual conference of the Epidemiological Society of Southern Africa in Johannesburg on Saturday.

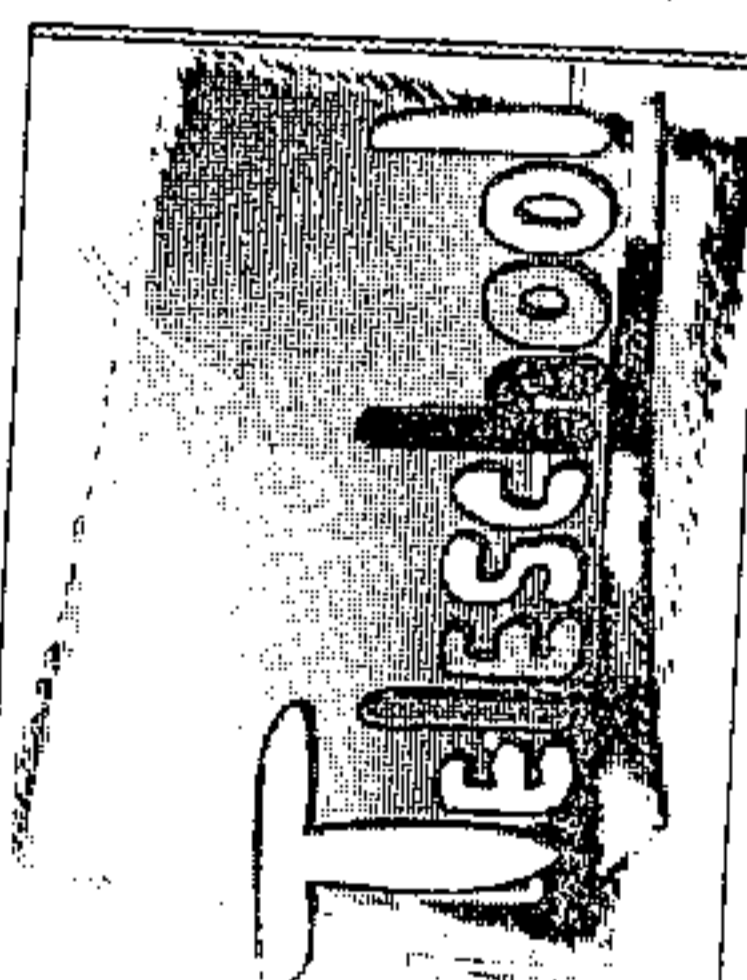
More than half of the people surveyed supported increased taxes on tobacco sales, but 44 percent rejected prohibiting tobacco companies from sponsoring sports events.

Most thought smoking was harmful to smokers and non-smokers, although levels of awareness on health hazards were notably lower

among the youth.

"Despite broad political and public support, the Tobacco Products Control Act was not passed earlier this year following considerable opposition and powerful lobbying from the tobacco industry," said Dr Martin, of the MRC's Essential Health Research Group.

"However, this report indicates considerable public support for introducing anti-tobacco laws and even more extensive legislation to control tobacco consumption."



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Wide support for tougher (87) tobacco laws

Bloom 31/8/92
KATHRYN STRACHAN

THE first SA survey on public attitudes towards smoking restrictions indicates overwhelming support for tobacco control legislation.

The nationwide study conducted by the Medical Research Council showed that 75% of people supported the prohibition of tobacco sales to minors, while most believed tobacco advertising on television, radio, billboards and in cinemas should be banned.

More than half the respondents supported increases in taxes on tobacco sales. The majority of participants said smoking was harmful not only to smokers, but also to non-smokers who inhaled the fumes.

Only 44% of respondents rejected tobacco control measures that prohibited tobacco companies from sponsoring sports events.

MRC researcher Gayle Martin said that despite broad political and public support, the Tobacco Products Control Act was not passed earlier this year following considerable opposition and lobbying from the tobacco industry.

"The indisputable evidence of the role of tobacco in disease, death and disability makes it an ethical duty for governments to protect the health of their people by curtailing the marketing and consumption of tobacco products."

Passive smokers 'exaggerate their health claims'

(87) MG 7/9/92

BARCELONA. — The effects of passive smoking on health are greatly exaggerated by non-smokers, early results of a large Scottish research study have shown.

When researchers looked for hard evidence of the effects of other people's cigarettes in the blood of their subjects they could find only about half the amount of exposure expected from the reports of the non-smokers.

In the study, 10 359 non-smoking men and women were asked how much they had been exposed to someone else's smoke in the past three days.

In their answers 763 men and 1 451 women said they had been exposed to "a lot" of smoke and 183 men and 416 women said they had been exposed to "a little".

They also reported on their own health problems, from heart disease to coughs and phlegm.

Hugh Tunstall-Pedo, professor of cardiovascular epidemiology at the University of Dundee, told a conference here: "What seems to be happening is that self-reported illness and medical diagnosis tend to lead people to saying that they are more exposed to cigarette smoke than actually happens."

Professor Tunstall-Pedo, speaking at the 14th Congress of the European

Society of Cardiology, said they also found that people who were aware of health problems tend to avoid the presence of smokers.

Women were more likely to exaggerate the effects of passive smoking than men.

"If a non-smoker is not feeling 100 percent fit, he may avoid cigarette smoke. The non-smoking public does not like it and if they feel they have anything wrong with them, they will try to avoid it."

However, the findings did not mean that passive smoking was without risk to the health of non-smokers. They found evidence of some level of coronary heart disease in 25.9 percent of those exposed to a lot of smoke compared to 17 percent of those who had been exposed to no smoke.

The Scottish Heart Health Study provided more evidence that passive smoking is indicated in many types of heart disease, as well as in deaths from heart attacks.

A large study from Norway which has followed middle-aged men for 14 years has found that pipe-smoking is nearly as dangerous to health as cigarette smoking.

This evidence from a project involving 44 000 men runs against results from earlier British and American studies. — The Independent News Service.

Kicking habit ⁽⁸⁷⁾ easier for men

WASHINGTON. — Anti-smoking campaigns have had more success with men than with women, say US health officials.

Women find it harder to stop smoking than men because they smoke for different reasons, said sociologist Ms Lorraine Greaves. "Women tend to smoke to suppress negative feelings, like anger or stress. Men tend to smoke because they see it as pleasurable or social." — Sapa-

(87) ARC 17/9/92

Cape teachers hit with smoking ban

ANDREA WEISS
Health Reporter

TEACHERS in Cape Education Department schools may no longer smoke at work.

This is the thrust of a new code of conduct which has been circulated to schools in the Cape.

Smoking is now banned anywhere on school premises during school hours and in the presence of pupils.

Among the areas where the ban is to be enforced are classrooms and rooms where meetings take place, in offices of non-smokers, in departmental tearooms, restaurants and other eating places, lifts and corridors.

In a circular to all school heads, the department says it is acting in line with guidelines to protect "non-smokers against the dangers and inconvenience of passive smoking".

"In view of the proven adverse effects of smoking on the human body and the increasing public resistance to it, educators should be sensitive to the example they set pupils in this regard."

● The Tobacco Action Group has invited non-smokers to phone in during office hours to take part in a survey on smoking in the workplace.

The TAG said non-smokers were not aware of their rights to clean, fresh air in the workplace, where passive smoking was a problem.

"People are more exposed to indoor pollution than to outdoor pollution because on average they spend 90 percent of their time indoors," the group said.

"It is indisputable that non-smokers exposed to tobacco smoke have immediate as well as long-term physical effects. Among the diseases caused by exposure to other people's tobacco smoke pollution is lung cancer."

Bisho's mourners plan huge stayaway

BIDM 18/9/92

HUNDREDS of thousands of workers are expected to stay away from work in the eastern Cape and Border regions today as preparations for the funeral of 28 ANC supporters killed in Bisho last week got under way.

And in a security clampdown, government yesterday declared five more unrest areas in the eastern Cape, bringing to 10 the number of unrest areas declared in the region in the past month.

Scores of SA Police and soldiers took up positions on both sides of the Ciskei border yesterday as the ANC began its two days of mourning. Fifteen of the 29 victims — 28 ANC supporters and one Ciskei soldier — are scheduled to be buried in the King William's Town cemetery at 10am today.

The funeral will be attended by World Council of Churches secretary-general Emilio Castro, UN monitors and Border-Ciskei regional dispute resolution committee members.

UN special representative Virenda Dayal, who will also attend the funeral, met Foreign Minister Pik Botha in Pretoria yesterday. After the talks, Botha said Dayal would act as catalyst in the process to eradicate violence.

Sapa reports that the five districts declared unrest areas in a special Government Gazette published yesterday are Cradock, Fort Beaufort, Grahamstown, Port Elizabeth and Uitenhage, all of which are on the western side of Ciskei.

On September 5, just prior to the Bisho massacre, King William's Town, Cathcart, Queenstown, Stutterheim and East London, all on the eastern side of Ciskei, were proclaimed unrest areas.

The ANC yesterday slammed the latest move, saying it was insensitive.

"Law and Order Minister Hernus Kriel has taken these steps despite the fact that, in the days following the tragic massacre in Bisho, tens of thousands of people par-

~~Business Day Reporters~~
Business Day Reporters

icipated in peaceful and disciplined marches, rallies and vigils without incident," the organisation said in a statement.

LINDA ENSOR reports that Cape Town Chamber of Commerce yesterday appealed to its members to consider sympathetically requests by workers for time off to attend commemoration meetings.

Meanwhile, Sapa reports from Sebokeng in the southern Transvaal that Bavumile Vilakazi, deputy secretary general of the ANC's PWV region and a former Delmas treason trialist, was seriously wounded when gunmen armed with AK-47s shot him outside a hardware shop in the township.

Vilakazi was in the Sebokeng Hospital and police were investigating, police spokesman Capt van Burger Rooyen said. At least five people, one of them a policeman, died violently in unrest-related incidents on Wednesday.

A police report issued yesterday said the bodies of four men were found by police at the Mandela Park squatter camp in Katlehong. They had been shot.

At Tembisa, Kempton Park, a number of shots were fired by unidentified gunmen at a police vehicle, killing a policeman and seriously wounding another.

The names of those killed have not yet been released.

SA Institute of Race Relations executive director John Kane-Berman told the Pietersburg Chamber of Commerce yesterday that one of the main reasons for violence in SA was the ANC's strategy to make the country ungovernable, Sapa reports.

Kane-Berman was reported by SABC radio news as saying '80s ANC strategy for a people's war focused on government but it was also a declaration of war against sections of the black community and that this had provoked a backlash.

ANC may raise excise duties

CAPE TOWN — The ANC health department was researching the possibility of increasing the excise duties on tobacco and alcohol products as a way of funding its strategy to provide health for all, ANC health department economist Di McIntyre said at a forum on the organisation's health policy yesterday.

McIntyre is the co-ordinator of the sub-commission on the future of health financing policy. BIDM 18/9/92

She said that the use and abuse of tobacco and alcohol placed a big burden on the health system yet SA's excise of 30% was very low compared, for example, with the UK's 75%. A higher excise would enable government to inject funds into building up the primary health care system.

The heavy demands placed on a future government made it unlikely that more than the present 11% of GNP would be allocated for health services. This meant other sources of income would have to be found.

Another form of financing being debated was a national health insurance system which would require employed workers in the formal sector to contribute to a health fund for basic health services. McIntyre

~~LINDA ENSOR~~
LINDA ENSOR

said research was necessary to determine what funds would be required to provide a national health system and how much could be raised by an insurance scheme.

Also, McIntyre said, the more efficient use of existing resources and the elimination of waste, fragmentation and duplication would be an additional source of funds.

The predominance of the private health sector, especially its ability to draw the best health personnel into its ranks, would have to be addressed by creating the conditions and career structures to encourage people to return to the public sector.

ANC health department head Cheryl Carolus told the forum 58% of SA's doctors were in private practice and the private sector was allocated a disproportionate share of the health budget.

The privatisation of health care, she said had led to an emphasis on the private sector and thus to an overemphasis on curative medicine. There was a need to strengthen the public health sector and to refocus it towards primary health care and preventive medicine.

Smoking bad for the mind

Guardian/W/ in W-Mail

By Chris Mihill

19-11/9/92

87

CIGARETTE smoking, far from helping with mental tasks, reduces concentration and the ability to remember, according to new research published in America.

Drivers may be involved in accidents and pilots may make crucial errors of judgement because it is at sudden moments of acute stress that the tobacco-induced lack of reaction may become apparent, say the doctors.

The report says it is common for smokers to say cigarettes improve their ability to think, and some psychological studies in the past have given weight to the idea.

But in a new study of matched groups of subjects, American psychologists say tobacco is of no help in improving short-term memory and has adverse effects on long-term memory.

In simulations of driving skills smokers were 3.5 times as likely to have accidents as non-smokers.

Dr George Spilich and colleagues and psychology department at Washington college, Chestertown, Maryland say nicotine itself and or carboxyhaemoglobin are the prime suspects. Another explanation may be that long-term smoking affects the blood supply to areas of the brain concerned with processing information.

BRIEFS

Support for tobacco (87)

controls South 1919-23/9/92

TOBACCO control laws would get widespread public backing if introduced in South Africa.

This is the finding of South Africa's first survey into smoking control measures, conducted by the Medical Research Council.

According to the nationwide study, most people feel that tobacco advertising on television, radio, billboards and in cinemas should be banned. About 75 percent agree with the prohibition of tobacco sales to minors.

More than half those surveyed support increases in taxes on tobacco sales.

Most believe that smoking is harmful to the health of smokers as well as non-smokers.

The level of awareness of the health hazards of smoking was notably lower among young people interviewed.

Smoking 'minor pollution culprit'

By Shirley Woodgate



87

STAR 21/9/92

Smoking has little, if any, effect on absenteeism in the workplace, according to Gray Robertson, a visiting American expert on sick building syndrome.

Addressing the second South African Conference on Indoor Environmental Quality at Midrand on Friday, he set the cat among the pollution pigeons with claims that 80 percent of indoor problems were due not to passive smoking but to faulty operation and careless maintenance of ventilation systems.

Smoking carried the blame because it was visible, while major invisible factors responsible for sick building syndrome, such as fungal spores, low humidity, fibreglass and exhaust fumes, were largely ig-

nores, said Mr Robertson.

He clashed head-on with National Council Against Smoking's Dr Yussuf Saloojee, who labelled smoking the "commonest source of indoor air pollution in this country".

"Over 600 scientific studies have linked passive smoking with ill-health. Six expert international committees have reviewed these studies and concluded that passive smoking is a significant health concern — and have recommended policies to protect the non-smoker," argued Dr Saloojee.

Discussing indoor environmental quality (IEQ), local ventilation expert MB Aerobee said legislation on the subject was ambiguous, and that many regulations were not followed.

He warned of an increase in demands for compensation from owners whose buildings with poor IEQ affected the

health and productivity of occupants.

Reacting to claims by CSIR scientist M A Oosthuizen, Mr Robertson once more raised eyebrows with claims that a combination of plant, soil and micro-organisms was needed for the removal of indoor air pollutants.

He said tests had shown that, over a period of a year, there was no difference between offices with or without plants.

After Miss Oosthuizen admitted that up to 70 spider plants in 4 litre pots would be needed to purify the air from formaldehyde in a 167 sq m house, he said: "While plants have an undoubted psychological effect on indoor conditions, there is at this stage no proof that they improve the quality."

Another issue which attracted lively debate was the incidence of legionnaires' disease.

UTA to fly direct to Cape Town

STEPHANE BOTHMA (268)

FRENCH airline UTA will introduce direct flights from Paris to Cape Town next month — the first since the carrier started flying to SA almost 40 years ago.

The move follows similar earlier announcements by German carrier Luft-hansa, Dutch carrier KLM and British Airways, despite travel industry speculation that major airlines will cut capacity on flights to SA shortly.

SAA and international carriers serving SA have denied any intention of cutting flights in the foreseeable future and have said they would increase flights and services. UTA fares from Cape Town to Paris, London, Amsterdam, Frankfurt, Munich and several other European destinations would be available from R2 700 with certain conditions such as seasonal

blackout periods and a R800 cancellation fee, UTA spokesman Wilma Lawson Turnbull said. *BLOM 22/9/92*

In addition, UTA would introduce non-stop flights between Paris and Johannesburg and flights to Namibian capital Windhoek. The first UTA aircraft would fly into Cape Town on October 29, she said. The airline had been operating in SA since 1953 but this was the first time it would fly to Cape Town.

However, no traffic rights between Johannesburg and Cape Town and Johannesburg and Windhoek existed on the UTA flights and therefore domestic passengers would not be able to board a UTA flight at Johannesburg, she said.

Smoking ban hangs in air

CAPE TOWN — The Tobacco Action Group (Tag) — an anti-smoking lobby — yesterday urged government to support a proposed ban on smoking on international commercial flights.

Tag said the International Civil Aviation Organisation would consider a resolution to prohibit smoking on international flights at its meeting in Montreal, Canada, this week.

Tag, which represents the Heart Foundation, the National Cancer Association and the National Council Against Smoking, said the meeting would ask member states to phase out smoking on international flights as soon as possible but no later than July 1, 1994. A majority vote was needed, Tag said. — Sapa.

Greed blamed for poor crayfish sales

CAPE TOWN — Profiteering by restaurateurs — and not government's quota system — was why so few crayfish and perlemoen were consumed in SA, Environment Minister Louis Pienaar said yesterday.

His comment follows criticism that government was making available insufficient stocks for the tourist trade.

Pienaar said local demand for crayfish had been lower during the past few years than the 25% of the total commercial catch allocated for sale within SA.

Far from there being a shortage, permission had to be given for the unused portion of the local quota to be exported, he said.

"If restaurateurs did not have the wish to make extraordinary profits on these

sought-after products — some rumours hint at 300% — South Africans would indeed scoop up the 25% of the production."

LINDA ENSOR reports that Western Cape Restaurant Guild chairman Aldo Girolo said it was impossible for Cape restaurateurs to obtain crayfish in season and they were forced to pay 10% to 15% more at the end of the season.

Western Cape Marine Society chairman Vic Kabin, speaking at Fedhasa's AGM in Cape Town yesterday, said SA's resources of rock lobster, kingklip and abalone were being depleted by gross mismanagement. Signatures were being collected for a petition calling for exports to be stopped.

BLOM 22/9/92
Political Staff

Smokers face ban on flying

ANDREA WEISS, Health Reporter

SMOKERS facing long-haul international flights will have to invest in worry beads to make it through the night if a resolution before the International Civil Aviation Organisation is passed.

The resolution, to be considered at a meeting in Montreal this week, will ask all member states to phase out smoking on international flights as soon as possible but no later than July 1, 1994.

Among the strongest arguments for the resolution, compiled by the Australian and Canadian governments, is that a ban would increase safety. It says:

- Cockpit crew and flight attendants exposed to high concentrations of carbon monoxide could develop headaches, breathing problems, light-headedness and other reactions which might impair their performance during an emergency;
- An aeroplane is an enclosed area containing thousands of litres of flammable fuel. Open flames and lighted cigarettes pose a fire hazard.
- Safety equipment can be damaged by cigarette smoke. There is at least one documented case in which oxygen masks failed to release at a time when the cabin was losing pressure. The failure was attributed to tobacco tar build-up on latches holding the masks.
- Environmental tobacco smoke may also affect the efficiency of pressurisation and air-conditioning.
- Airline passengers reviewed in surveys have voted for smoke-free flight. Some international airlines, including Air Canada, Northwest in North America, Luda Air and Scandinavian Airlines in Europe and Cathay Pacific in Asia offer smoke-free international flights.

South Africa is a member of the ICAO and has been asked by the Tobacco Action Group to support the resolution.

The group is conducting a survey among passive smokers on their feelings about being caught in confined spaces with smokers, particularly in the workplace. The number to call is 25 4509.

Miracle baby doing well after op

Staff Reporter

87

CT 26/9/92

MIRACLE BABY Cherie Blakeley, who weighed a scant 760gm when she was born two months ago, is "doing well" at the City Park Hospital after undergoing a second operation yesterday morning.

Cherie was no bigger than her father's hand when she was born in July. She was born two months premature and underwent a complicat-

ed spinal operation two days after her birth.

Dr G Bergstrom, her paediatrician, said that because of her spinal problem, Cherie developed a potential weakness to control her bowel and bladder and needed an operation to improve this.

"She is doing well and will be going home in the next week to 10 days," the doctor said.

Getting

A US tobacco company developed a cigarette that posed a substantially lower risk of causing cancer in test animals but refused to market it for fear of acknowledging that smoking poses a health hazard, a newspaper has reported.

The Greensboro News and Record in North Carolina quoted James Mold, formerly the director of research for the Liggett Group Inc, as saying the company isolated the major cancer-causing element in to-

anti-smokers fired up

STAR 30/9/92

A tobacco company developed a non-cancerous cigarette but refused to market it for fear of lawsuits, a former research director claims.

bacco smoke and neutralised it. The company, formerly Liggett and Myers Tobacco Co, launched the XA project in 1954 and created a non-cancerous cigarette by the late 1970s, Mr Mold said.

"I think they were concerned that they'd have everybody

suing them because they'd be admitting they had been making a hazardous cigarette," he was quoted as saying.

After eight years of research, Mr Mold and his team found what they believed was the most cancer-causing component in cigarette smoke and developed a shield of palladium and

magnesium nitrate that worked to block the carcinogenic activity.

Those findings were used as evidence in a civil lawsuit against several tobacco companies, including Liggett, filed by the family of a 58-year-old woman who died of lung cancer after 42 years of smoking.

A jury awarded the family \$400 000 (about R1.1 million) in 1988, the first cash damages award against the US tobacco industry. — Sapa-AFP. □



Smoking at ⁽⁸⁷⁾ work becoming a burning issue

ARC 3/12/92

BRENDAN SEERY
Weekend Argus Reporter

COMPANIES in South Africa will find themselves getting burned if they don't pay attention to the dangers of passive smoking, particularly if their workers follow the example of their counterparts overseas and sue them for damages.

Wits Business School researcher Ms Camilla Southey believes few companies are aware of the dangers of black lungs translating into red ink on company balance sheets.

"South Africans are still some way behind Europe, America and Australia, but I can see the time coming when people start to become more assertive of their rights, where they will start claiming compensation for damage to their health for being forced to work in unhealthy environments."

The possibility that it could cost them significant money in the long-term could spur companies to stop fence-sitting about no-smoking policies.

Ms Southey said in an article in the October issue of the Institute of Personnel Management magazine *People Dy-*

namics that only 31 percent of the adult population in South African were smokers, and that "employers cannot allow them to dictate that they have the unconditional right to smoke in the workplace".

She said many companies were concerned that the implementation of a no-smoking policy in offices would lead to loss of productivity. This was because the average smoker takes about 6½ minutes to finish a cigarette, meaning that each "smoke break" taken in a separate room could cost as much as 10 minutes of productive time. For someone with a 30-a-day habit, there would be a considerable loss to the company.

However, this was not necessarily the case.

At the Atari TV game company in Germany, each employee was allowed two half-hour breaks a day to indulge the habit. People who did not take smoke breaks were given an additional half-day's leave a month.

Some of the company's smokers found that the lure of an extra six days leave a year was sufficient for them to give up the habit.

Smoking and diet warning

87
STAR 5/10/92

A quarter of the deaths recorded in South Africa each year are related to smoking, an unhealthy diet and a lack of exercise, according to the Medical Research Council.

The MRC says a quarter of all deaths are from chronic diseases such as strokes, heart disease and cancer.

Smoking, an unhealthy diet and a lack of exercise also causes risk factors such as hypertension, high blood cholesterol, obesity and diabetes.

The World Health Organisation estimates that chronic diseases will account for up to 25 percent of all deaths in developing countries by the year 2000. — Staff Reporter.

Firms facing smoking law

BLOM 7/10/92

(87)

EMPLOYERS may have to introduce company smoking policies soon to avoid prosecution under pending legislation banning smoking in public places, says a study of the issue.

Writing in this month's edition of the Institute of Personnel Management's People Dynamic, Wits Business School student Camilla Southey said increased environmental awareness and the growing assertiveness of non-smokers made smoking at workplaces a delicate issue.

She said non-smokers were becoming increasingly aware of their right to work in smoke-free areas and were demanding a ban on smoking at work places.

"In order to ensure a healthy and efficient working environment, employers should ensure that the needs and wishes of both the non-smokers and smokers are treated fairly,"

WILSON ZWANE

Southey argued.

Employers might have to move fast to introduce smoking policies in the near future or risk falling foul of pending legislation.

Southey said the Tobacco Products Control Bill gave power to the Health Minister to ban smoking in "any indoor place area which is open to the public or part of the public". It was likely to be passed into law early next year.

Employers, however, should not unilaterally decide on smoking policies, she said.

"Before embarking upon a smoking policy, an employer should investigate the attitudes of all employees towards smoking at a workplace. A policy should never be imposed on employees but should be discussed thoroughly and agreed upon by everyone

who will live and work with it," she said.

Consensus on a policy would help reduce hostility and tension between non-smokers and smokers.

Once the smoking policy had been agreed upon, sufficient time should be allowed for employees to become accustomed to the "new rules"

"A possible way of doing this is to implement a progressive policy. This involves increasing the limitation of smoking over a specified period of time.

"It is also a good idea to give employees time between the decision on the policy and implementation so they can begin to prepare themselves.

"Once the policy has been implemented, time should be allowed for a trial period of not more than six months" before being reviewed.

Smoke clouds over planned by-law

ARC 9/10/92
87

CLIVE SAWYER, Municipal Reporter

ANTI-SMOKING lobbyists emerged from a city council executive committee interview session confident that a proposed by-law to limit smoking in restaurants would go ahead.

Pro-smokers and those advocating "free choice" left the meeting critical of plans to impose the by-law, which will set aside at least half the seats in restaurants holding more than 50 people for non-smokers.

Exco resolved yesterday that the full council, due to meet at the end of the month, should decide whether to press ahead with the by-law.

Following a previous decision, it met groups including the Medical Research Council, the Tobacco Action Group, the Federated Hospitality Association, the Cape Town Chamber of Commerce, the Afrikaanse Sakekamer and the Tobacco Institute.

Mrs. Rika de Ruiters, a member of the Heart Foundation — part of the Tobacco Action Group — said she hoped for a positive outcome when councillors debated the matter.

"It was clear that exco had done their homework and looked at all aspects and potential problems — we were pleasantly surprised with the positive feeling from the councillors," she said.

Dr. Krisela Steyn of the MRC said it seemed exco had wanted confirmation from scientific data of the hazards of environmental tobacco smoke (ETS).

Pro-smoking lobbyist Mr. Joh Groenewald of the Tobacco Institute said it seemed councillors had not been "fully acquainted" with the issues surrounding passive smoking.

He tabled a five-page submission at the meeting, which said studies which reported no association between ETS and non-smokers' health problems were largely ignored in the popular Press.

About 80 percent of studies showed no statistically significant association between lung cancer and marriage to a smoker.

The Tobacco Institute document also rejected direct links between smoking and respiratory disease, asthma and heart disease.

Chamber of commerce executive director Mr. Alan Lighton said he told exco it was "inappropriate" for the city to dictate to restaurateurs how they should provide for the interests of their customers.

Smoke ban fight looms

(57) CT 10/10/92
Staff Reporter

RESTAURATEURS in Cape Town are warming up for another fight with the Cape Town City Council over an impending restriction on smoking in restaurants.

Mr Boris Savvas, trustee of the Cape Restaurateurs Association, said his organisation had been formed a couple of years ago to fight the old proposed by-law in court.

"I never withdrew my case, so it is

still pending. You can bet your bottom dollar that I am going to get it set down for a hearing now."

He had expected that the politicians in the council might lie low for a couple of years on the smoking issue, and then try to get the partial ban re-introduced again, he said.

This was why he had not formally withdrawn his application to have the by-law declared null and void.

Heroin horror looms as drug hits city

87

South 10/10 - 14/10/92.

By Rehana Rossouw

CAPE TOWN seems set to become a dumping ground for heroin — one of the most dangerous drugs in existence.

Increasingly the drug is being sold on the city's streets — and at prices as low as R23 a gram, which is much cheaper than what is paid in other part of the world.

Drug counsellors warn that unless there is greater vigilance, use of the drug here could spin out of control as it did in Europe and America.

They say the low price may be an "introductory offer" to get users hooked.

Last Thursday, a drug user — who cannot be identified — sought help at the Cape Town Drug Counselling Centre in Observatory after he was discharged from hospital where he was treated for a heroin overdose.

He told counsellors he had visited a dealer in the Woodstock-Salt River area to buy Mandrax and was offered heroin as well. People there were sniffing and smoking heroin as well as injecting themselves with the drug.

He smoked it with Mandrax, and because of his ignorance of the power of the heroin "rush", collapsed and was rushed to the casualty ward of a local hospital.

"The Drug Counselling Centre is aware that heroin has been available to drug users, though only to a small selection of intravenous drug users," said counsellor Ms Cathy Rogers.

"Our concern is that it is now available to the average drug user at an extremely low price of R23 a gram."

Heroin is regarded as one of the most dangerous drugs in existence as it is highly addictive and can have devastating and long-lasting effects on users.

It is usually sold in the form of a brown, sugary powder or in "cakes". It is usually odourless and has a slightly bitter taste.

Treating addicts is a long, expensive and difficult process. Authorities have resorted to giving addicts methadone — a heroin substitute — so that they do not have to resort to crime and other high-risk behaviour like using dirty needles.

"Another concern, which the

centre is investigating, is that heroin is perhaps being mixed with Mandrax in capsules or in the Mandrax pills themselves," Rogers said.

"If this is true, the Mandrax user may unwittingly be smoking heroin. This has staggering implications as the centre has assisted 500 new Mandrax addicts so far this year.

"This number represents only a small proportion of Mandrax users in Cape Town, so we can only hope that these people will not become heroin addicts."

Rogers said it was unlikely that the price would remain as low as it is now. Widespread use would place an even greater strain on the economy than the considerable strain of Mandrax addiction.

Heroin, which is often used intravenously, is also linked to the spread of Aids through contaminated needles.

Earlier this year, the South African Narcotics Bureau warned that South Africa was likely to see an influx of illegal hard drugs as international drug traffickers take advantage of the relaxation of sanctions.

Smoking and diet have links to cancer

Cancer is the destruction of normal bodily tissues or organs by the abnormal, uncontrollable division and multiplication of cells.

How does cancer develop? Simply put: a cancer promoter (initiator) changes a cell irreversibly. It can, however, take up to 10 or 20 years before a tumour is formed, and then only when other substances (promoters) are present, which promote cancer growth.

Ingredients in the diet may serve as promoters. Abnormal cell division is prevented, delayed or stopped when the promoters are decreased and anti-promoters or inhibitors are included in the diet. Which cancers are diet-related?

Risk

There is a link between diet and cancer of the digestive tract (oesophagus, stomach, colon, liver and pancreas), lungs, breast and prostate.

A diet containing lots of fat and/or little food fibre, or the excessive intake of smoked, salted or pickled food, shows a clear link with the above-mentioned cancers.

There is no single particular food that is able to cure cancer, but a prudent diet decreases the risk of cancer.

Possible ways of inhibiting cancer:

- A high fat intake causes an increased bile secretion for the digestion of fats. The excess bile acids combine with the bacteria normally found in the colon to form potential

Cancer is one of the main causes of death in our society. There is a significant correlation (up to 40 per cent) worldwide between eating and smoking habits and all forms of cancer.

STAC
12/10/92.
cancer-causing substances. A diet containing a lot of food fibre increases the volume and moisture content of the stool and dilutes the concentration of bile acids. A soft stool is evacuated faster and the intestinal canal is therefore exposed to harmful substances for a shorter period. The food fibre itself also serves to bind the bile salts.

- A high fat and energy intake may cause increased hormone levels, which in turn may lead to cancer of the breast or prostate.

- Obese people are more inclined to develop cancer of the gall bladder or prostate. Obesity as such does not cause cancer but a desirable weight reduces the risk of cancer.

- Nitrates added to meat products such as bacon and ham during processing are changed in the digestive tract into harmful substances (nitrosamines) which are possible promoters of cancer. Vitamin C prevents this conversion.

- Small amounts of substances known as "free radi-

cals" are normally formed during digestion. Cigarette smoke and air pollution give rise to the formation of large numbers of "free radicals" (initiators) which may cause cell damage. Certain nutrients in the diet, namely beta-carotene and vitamins C and E together with selenium, inhibit the formation of "free radicals".

Hints

- Eat at least four to five portions of fruit or vegetables daily. Eat cabbage, broccoli or cauliflower regularly.

Fibre

Bright yellow and dark green vegetables (such as pumpkin, carrots, spinach, broccoli) and yellow fruit (such as pawpaw, and pineapple) are good sources of beta-carotene, while citrus fruit, tomatoes, guavas, and raw cabbage are rich in vitamin C. All fruit and vegetables provide valuable amounts of food fibre.

- Give preference to brown or wholewheat bread and unrefined grain products to ensure an adequate intake of vitamin E, selenium and food fibre.

- Limit the fat intake by making use of low-fat dairy products and eat fried foods only occasionally.

- Don't indulge in smoked, salted, pickled or processed meat products such as ham, bacon, corned beef, polony, salami, Viennas and Russians.

Department of Health Services and Welfare.



Stirring the pot... the food you eat and even the way it is prepared can have an influence on your health. Too much fat is bad for the digestive system, as is too little fibre. By watching your diet, it is possible to reduce the risk of cancer.

51074
13/10/92
SAA smoking
ban unlikely

STEPHANE BOTHMA

THE International Civil Aviation Organisation's (ICAO) resolution to ban smoking on all commercial airlines' international flights from July 1996 was unlikely to affect SAA, airline spokesman Leon Els said yesterday.

SAA would adjust its smoking and non-smoking regulations in terms of market demands and at this stage the ICAO's resolution would not be adopted, Els said.

The ICAO does not set civil aviation rules directly for its 173 member states, but its resolutions are taken into account by individual governments.

Although SAA was a member of the ICAO, it was not bound by resolutions taken by the organisation.

"Each airline can decide for itself," Els said.

Smoking has been banned for several years on SAA domestic flights.

(87)

Air smoking
87 CT 13/10/92
ban in 1996

THE International Civil Aviation Organisation has set July 1, 1996, as the target date for a complete ban on smoking on international flights.

A report to the three-yearly Assembly of the ICAO, which ended in Montreal last week, said tobacco smoke not only constituted a health hazard in aircraft, but through the buildup of tar could adversely affect oxygen masks and contaminate environmental control systems.

The assembly also asked the ICAO council to intensify its studies into the safety aspects of banning smoking aboard aircraft. — Sapa

SAA cuts back on smoking

SOUTH African Airways is to cut back on the number of seats available for smokers on international flights from the beginning of next year, the airline announced yesterday.

The current configuration of 65% non-smoking seats and 35% smoking would be adjusted to an 80-20 ratio from mid-January, SAA said.

The announcement followed the recent call by the International Civil Aviation Organisation for a complete ban on smoking by July 1996.

Sapa

(87) 21410192

SAA works to stub⁽⁸⁷⁾ smoking

APR 14/10/92

Staff Reporter

SAA will soon intensify steps to curtail smoking on international flights.

The number of non-smoking seats on the airline's intercontinental and African routes will be increased to 80 percent from 65 percent in January and SAA believes the move will be welcomed.

The announcement follows the recent International Air Travel Association (IATA) call for a ban on smoking on all flights by July, 1996.

Although SAA banned smoking on domestic flights in 1987, there is still a demand for smoking seats on longer flights. But the demand is monitored, the airline said.

Police struggle for leads on heroin

By Lucas Mati

South
17/10-21/10/92

POLICE and doctors are at odds in their response to heroin hitting Cape Town's streets.

Cape Town may be on its way to becoming South Africa's "Heroin City", but police say they are up against a wall of silence in combatting this startling development.

South African Narcotics Bureau spokesperson in the Western Cape, Captain Hennie Marais, said an investigation was under way to track down heroin dealers, but hospital ethics have made it impossible.

Captain Marais complained that doctors who treated patients have not co-operated with police.

Dr Vanessa Burch, one of the doctors who treated patients, said professional ethics prevent them from disclosing the names of their patients.

She said that one of the patients she treated was

(87)
"very ill at the time of arrival" at Green Point's Somerset hospital. The patient would have died if doctors had not discovered it was a narcotics case.

"We are quite concerned about a possible influx of heroin around Cape Town. It is the first time we have had to deal with a heroin patient and we must be aware of the possibility of having to deal with more such cases in future," Dr Burch said.

Cape Town drug counsellors have warned that unless there is greater vigilance, use of the drug could spin out of control, as in Europe and America.

They said the drug is being sold at an increasing rate on the city's streets. A drug user told counsellors heroin was being sold at R23 a gram, compared to about R500 a gram in other countries.

Mr Peter Powis, a drug counsellor, believes use of heroin could reach an alarming rate if not curbed.

Hypnosis 'best way to stop smoking'

LONDON. — Hypnosis is the most effective way of giving up smoking, according to the largest-ever scientific comparison of ways of breaking the habit.

The study, carried out by researchers at the University of Iowa, also shows that few smokers are able to stop by will-power alone, and that drug-based methods, such as nicotine gum, are relatively ineffective.

Some surveys suggest that up to three in four smokers would like to

give it up. However, the difficulty in stopping, due at least in part to the addictive powers of nicotine, has led to the emergence of a host of habit-breaking techniques, from chemical sweets to acupuncture.

To find out which were most effective, Professor Frank Schmidt and research student Mr Chockalingam Viswesvaran gathered together the results of more than 600 studies of such techniques, involving almost 72 000 people.

Using a statistical technique known as meta-analysis, Professor Schmidt then combined the results of the separate studies to find the overall average success rate for each of the 18 different methods.

It emerged that the average success rate for all the methods was 19%; in other words, on average only about one in five smokers is likely to succeed using one of the methods covered by the study — at least, at the first attempt. **(87)** *CT 19/10/92*

However, some methods came out considerably better than the average. The most effective was hypnosis, in which smokers go into a state of deep relaxation and listen to taped suggestive messages. An analysis of 48 studies covering over 6 000 smokers gave an average success rate of 30% for this method.

Combination techniques involving the use of, for example, exercise and breathing therapy, came second with a success rate of 29%. — Telegraph

ARG-19/10/92-87

Alcoholics: 'Mainly in the genes'

The Argus Foreign Service
NEW YORK. — Genetics play a major role in determining whether a woman becomes an alcoholic, claim the authors of the largest study ever done on women and alcoholism.

Dr Kenneth Kendler, of Medical College of Virginia, Richmond, reporting to an American Medical Association conference, said: "Genes do not dictate alcoholism, but they

do account for 50 to 61 percent of a woman's risk of becoming an alcoholic."

The remaining part of the risk involved in turning women into alco-

hard-drinking fraternity groups at university or in the armed forces.

The new findings, which were published in the Journal of the American Medical Association, were similar to results for men, said Dr Kendler.

His research team interviewed 1 030 pairs of female twins, including 590 identical twins, who shared the same genetic structures.

Women
'face

WASHINGTON
much greater car accidents terparts, a new Researchers said they found drinks of beer more from alcohol drank the same. Editor: Young women OBDA Young women OBDA A researcher size and their might explain from disease.

ional drug ● Women's right to be safe at home

Use of steroids by pupils revealed

Sowetan 29/10/92

(87)

By Mokgadi Pela

THERE WAS significant use of anabolic steroids by matric pupils, a Western Cape survey has revealed.

The study conducted by the Bio-energetics of Exercise Unit of the Medical Research Council and University of Cape Town Medical School noted that the use was confined to male sports participants.

A cluster sample of 13 schools was selected and 1 361 pupils completed a questionnaire about sports participation and the use of steroids. Researchers ensured confidentiality to respondents to obtain their honest replies.

The study found that general knowledge about anabolic steroids was poor, particularly among females and non-sports participants. Steroid users experienced more pressure to perform well at sports than did non-users; the drugs were obtained mostly from peers and no user indicated that they were legally obtained.

The users gave reasons for taking the drugs as improvement of endurance, improvement of strength, increased aggression and improvement of physical size.

The most common negative side-effects reported by users were increased aggression and increased appetite.

The main sport for which

UNDER PRESSURE

Matrics taking drugs for endurance, strength, aggression and physical size:

the drugs were taken was bodybuilding, followed by rugby, karate, weightlifting and tennis.

The researchers said there was a need to teach pupils about steroids and to advise them about alternative ways of improving physical performance, like nutrition and exercise.

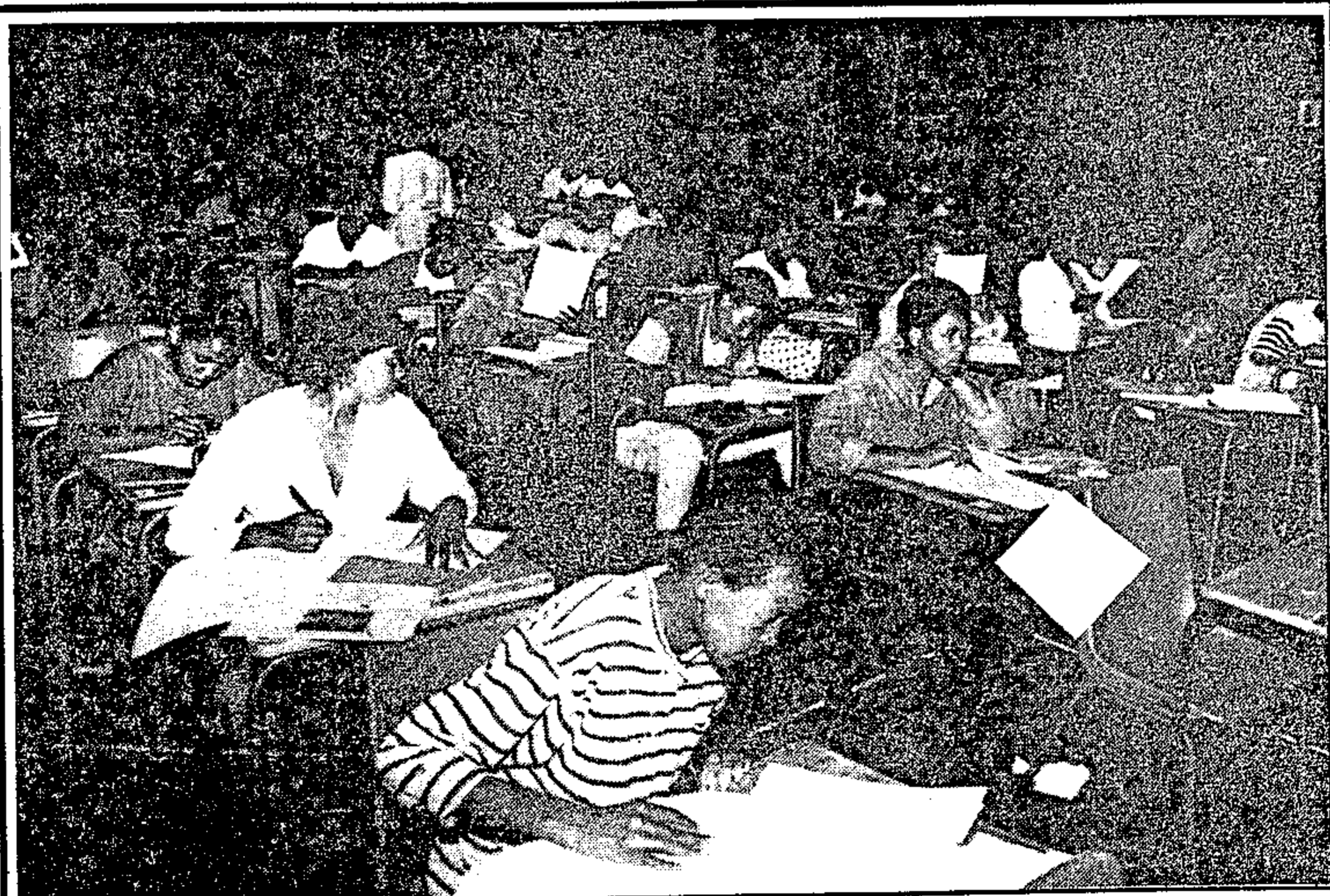
This method proved effective in the United States among potential steroid users.

ers.

The researchers recommended that:

A meaningful intervention programme be instituted at junior high school level to educate pupils and teachers on the effects of such drugs; and

● Steps be taken to decrease the availability of steroids by increasing the penalty for illegal possession and distribution.



About 900 Sowetan/BP School matric pupils sat for their final exams at Wits University in Johannesburg at the beginning of the week. The Sowetan/BP examination centre, the largest in the country, accommodates a total of 1 600 pupils and will open in January for 1993 enrolment.

near 2000, just north of Iraq. Turkey is fighting the country and operate mainly from Iraqi bases.

France declared a no-smoking zone

(87) ARG 30/10/92

JAMES TOMLINS
The Argus Foreign Service

PARIS. — The most draconian anti-tobacco law in the world comes into effect in France on Sunday.

Major rows are expected to result because this is a country of heavy smokers, with a high consumption rate of 1 700 cigarettes annually per head.

Smoking will be banned in all public places and heavily restricted in offices, bistros and restaurants.

The Paris Metro has always forbidden smoking in trains but has hastily installed 3 000 dustbin-sized ashtrays at entry turnstiles as the entire transit area, including stations, is now a no-smoking zone.

The move will bite deep into the government's income

from tobacco sales, mainly through the state-run company SEITA with an annual turnover of around R4,5 billion.

But statistics show that last year tobacco was the direct cause of 66 000 deaths, half from lung cancer.

A person caught smoking in a banned area faces a fine of between R150 and R300.

Cafe and restaurant owners admit that they face a serious loss of earnings if their customers can not relax with a cigarette or cigar.

Mr Jean Biron, head of the National Federation of Bistros, said: "We estimate that 60 percent of our customers are smokers.

"How many of them are we going to lose?"

When escape is thinners and a rag

SOUL 3/1/10 - 4/1/19 2.

YOU start by pouring thinners onto a rag or into the bottom of a plastic Coke bottle. You take a good deep breath — and your brain goes into orbit. Minutes later you're back on the ground. Where am I? You feel disorientated. You may find yourself hallucinating. When reality means a cardboard shelter on a cold night, fantasy might not be such a bad idea. You don't feel the hard pavement so badly; the hunger doesn't bother you any more.

You feel powerful, as if nobody will ever be able to touch you again — not the police, not the shopowner who skopped you out of the doorway last night.

But you may not notice that you've wandered into the road. Or that those two blurred lights are getting closer and closer.

This is what thinners does to you. Presuming that the driver of the car has managed to avoid you, you're going to come down from that high sooner or later.

Now everything seems worse than it was before and the sadness cripples you. You see a policeman in every passer-by. So you go back to the bottle to get over it all.

Nine out of 10 street children use some sort of drug. Seven out of 10 use paint thinners. Younger children see nothing wrong with using thinners while swearing they will never use alcohol. "Drink kills you," they say. "People fight when they are drunk."

Yet most of them grow up to use alcohol. Using alcohol, the adults and older children say, is about "growing up" and "being a man". Although they grew up with thinners themselves, they look down on the children who now use it.

Spirits and meths, on the other hand, are old men's drinks. The youths avoid these, choosing beer and wine instead.

Contrary to some expectations, street children who use alcohol do not drink heavily. But those who do easily get involved in violent fights.

Thinners and alcohol are the big drugs as far as street children are concerned. More than half of them have used dagga at some point, but few are regular users.

About a fifth use mandrax now and then. Thinners and alcohol are both highly addictive. Children coming off these drugs need counseling and if forced to give up drugs they may readily become aggressive.

Says community worker Ms Tiggy Nichol: "Most children on the streets do not want to use drugs, but have begun to see them as a necessary part of their day." —

JUSTIN PEARCE

Policy document aims to stub out smoking at work

CAPE TOWN — Employers have a duty to protect workers from the health risks of passive smoking, according to SA's first official guide to smoking policy in the workplace. *BLOM 3/11/92*

The document, compiled by the National Health Department in collaboration with the Tobacco Action Group, will be released on November 17 at a seminar in Johannesburg on attended by top company executives.

Titled Towards a Smoke-Free Workplace, it offers employers practical advice and information on how to set up and implement smoking controls in the workplace — ones which, it says, will guarantee non-smokers the right to breathe clean air while taking into account the needs of smokers. ~~(87)~~ (87)

It also notes that the absentee rate for smoking employees is up to 45% higher than that of non-smokers, and that a preferential hiring policy — hiring non-smokers ahead of smokers, or not hiring smokers at all — does not constitute an unfair labour practice.

"People who must work to earn their living should not be subjected to added risk because of an unnecessary and dangerous habit," it says.

The document offers a step-by step guide to ways in which smoking policies, ranging from segregated areas to a total ban, could be implemented.

"The essential elements include strong support from top management, participation by employees, adequate information, advance notice, addressing all issues and questions and firm action once the policy has been implemented." — Sapa.

● See Page 15

Mr Le Roux said the lioness had roamed an area which was surrounded by villages.

to report the information to the South African Museum. — Sapa

'New jobs if butts stubbed'

JOHANNESBURG. — The South African economy would lose virtually nothing if tobacco disappears from the marketplace, according to claims by the National Council Against Smoking.

The council said in a statement that money formerly spent on smoking would go to other goods and services, creating more jobs in the economy.

The statement coincides with the release of South Africa's first official guide to smoking policy in the workplace, which said employers have a duty to protect workers from the health risks of passive smoking.

The policy guide, compiled by the Department of National Health in collaboration with the Tobacco Action Group, will be presented at a seminar here

on November 17, to which executives of South Africa's top 300 companies are invited.

Entitled "Towards a Smoke-Free Workplace", the guide offers employers practical advice on how to devise and implement smoking controls in the workplace.

It also notes that the absentee rate for smokers is up to 45% higher than that of non-smokers, and that a preferential hiring policy — hiring non-smokers ahead of smokers, or not hiring smokers at all — does not constitute an unfair labour practice.

Speakers will include the director-general of National Health, Dr Coen Slabber, and the chairman of the National Council against Smoking, Professor Harry Seftel. — Sapa

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ET 5/11/92

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World in brief

Survey on smoking (87)

RESULTS of a survey just released indicate broad support for legislation to control tobacco consumption in South Africa.

The study, which was conducted by the Essential Health Research Group of the Medical Research Council, solicited the opinions of 2 009 respondents.

Seventy five percent of the respondents were black and 55,3 percent women. Overall, 31,5 percent were smokers while 56,1 percent were non-smokers. The majority of smokers acknowledged the harmful effects of direct smoking.

- *Sowetan Reporter*

Sowetan 6/11/92

THERE have always been well-meaning people burdened with superior wisdom about what others should do with their lives. They have typically found government more convenient than persuasion as a means of sharing their wisdom.

A pervasive example of such anti-liberalism is the continuous, ubiquitous and increasing pressure to ban or regulate smoking, to ban or control the advertising of cigarettes, and to tax or restrict the sale of tobacco products.

Certainly there has been a worldwide swing in middle-class consumer tastes away from smoking. Increasingly smoking is a pleasure enjoyed by the less articulate, lower income groups.

Whatever the real motives of the anti-tobacco lobby, it is easier for its members to argue their case for taxes and regulations when they can claim these will benefit society by reducing the economic costs of smoking. Such arguments sound more noble than do outright paternalistic claims, elitist assertions, the desire for more tax income by government, or simply anti-cancer lobbies or medical researchers looking for official funds.

Many studies have argued that smoking imposes enormous costs on society. One recent SA estimate put the figure at R1,4bn. Yet such figures — accurate or not — are entirely irrelevant for policymakers. What is the cost of climbing mountains or of sunbathing? Manufacturers of hiking boots and suntan lotions will be deeply interested, but the answers have no policy significance. Every activity has costs. As long as those who engage in it pay the costs, they can themselves best assess the benefits and decide how much or little they will pay for what they want.

Only if it can be established that the full cost is not being borne by the consumer (but by someone else) is there a case for taxing an activity or restricting its use. So the relevant policy question regarding smoking is not how much it costs. It is instead how much, if any, of the costs non-smokers have to bear.

The evidence suggests there is no support for the claim that smokers are not paying their own way. Those who incur the costs of growing tobacco,

co, transporting, processing and packaging it receive full compensation when the smoker exchanges cash for cigarettes. But what about the indirect costs of lost productivity due to illness or premature death? What about the medical treatment costs of smoking-induced diseases?

Prof Leonard Wang of the Wits economics department and I recently examined the medical literature in the field. It does not unanimously support the alleged links between smoking and ill health. However, we had no competence to judge and so assumed — for reasons of conservatism, not of conviction — that the link did exist.

In a paper in *Studies in Economics and Econometrics* we argue that smokers, and not society as a whole, bear most of the social (or indirect) costs of smoking. It is smokers who pay the costs of ill health and earlier mortality through actuarially linked insurance and health care schemes. And where government provides health and other benefits it is smokers, through the taxes and excise they pay on cigarettes, who more than cover the costs of care. In respect of lost productivity, once more it is the smoker himself who suffers through the loss of salary and income in the event of temporary or permanent unemployment.

There is of course the problem of environmental smoke. This, however, is similar to ghetto-blasting, CD players or barking dogs. Common courtesy can deal with it, or

peculiarity of most of the articles on the cost of smoking is that few, if any, mention these benefits. Privately enforced smoking bans by individual private sector property owners who have the incentives to ban (or permit) the activity accommodate the continued co-existence of smokers and non-smokers. The private sector permits pluralism of taste and behaviour. Governmentally enforced edicts eliminate smoking altogether. Markets encourage diversity and social harmony. Regulation compels conformity.

Public policy on smoking — or anything else — is necessary only if there are external costs which cannot be internalised, that is do not have to be paid for by private property owners. Since smoking usually occurs on private properties it is an illogical leap to argue that government should reduce the rights of the property owners to permit smoking if they so wish. If private property owners can reach agreement, government has no business in telling others what to do. And if they cannot reach agreement there is still no prima facie case for official intervention. The question is always whether such intervention imposes more or less costs on society than the activity which is being "corrected".

How can anti-smoking lobbies have such a disproportionate amount of media space and time? The lobbies are often backed by research groups with much to gain if they can bend government's ear. Economist

Smokers pay their way, and are not a burden on society

DUNCAN REEKIE

SDM 12/11/92.

87

Danger!

HEAVY CIGARETTE SMOKERS ARE THIRTY TIMES MORE LIKELY TO DIE OF LUNG CANCER THAN NON-SMOKERS

You have been warned

The anti-smoking lobby ... a pervasive example of anti-liberalism.

employers, restaurateurs or cinema proprietors who wish to maximise their own profits by attracting a non-smoking labour force or clientele can voluntarily impose a ban on smoking. Government diktat is not required. Otherwise how could a restaurant owner attract — if he so wished — a smoking clientele?

And the point is that there does exist a smoking clientele which benefits from smoking while dining, or finds it relaxing while working. A

Mancour Olson points out that a small number of people have a lot to gain by a particular action, while a large number have little to lose, then the gainer will be likely to support it. The small number of gainers will significantly increase their income or wealth, while the cost to the losers will be spread so thinly that individuals will not feel it is in their interest to oppose the measure.

In short, lobbies representing small interest groups such as those opposing smoking are likely to have a disproportionately large effect on decision-making, while organisations representing large groups such as smokers — particularly since they are so diverse in character and come from the less articulate sections of the community — are likely to be impossibly costly to organise and so be under-represented in the corridors of political power.

Wang and I suggest that, if consumers willingly buy a commodity, it indicates that society wishes its resources to be used to produce that commodity rather than some alternative they have refrained from buying. (To pre-empt the argument that the purchase is not voluntary because of tobacco's addictive nature, one need only look at the large numbers of people who have quit smoking. The numbers are so large that the notion that they have somehow ceased non-voluntary behaviour as opposed merely to have given up a bad habit is difficult to accede to.)

Producers are then motivated to allocate society's scarce resources to their most highly prized uses as indicated by consumers' preferences. In exercising their choice to buy and smoke cigarettes, consumers weigh up the costs (including possible health hazards) against the pleasure derived from smoking. Only if they judge the net result as positive will they dig into their pockets.

Along this line, we showed that the net benefits from smoking appropriate R2bn above the health hazard costs and above the money price paid. The numbers, however, are not crucial. The key issue is whether private incentives harmonise social interaction. The discussion suggests they do.

Reekie is Bradlow professor of industrial economics and dean of commerce at Wits University.



ripping the light fantastic ... 'There's this sense of a secret you're all onto' Photo: ANDREW BANNISTER

The return of drug culture

W/maul 13/11-19/11/92.

87

AS ANYONE in the drug business will tell you, LSD, along with its cocktail cousin ecstasy, is on the up-and-up, particularly among the nation's white youth. "There's no single group which drops acid," explains one Johannesburg dealer. "The increased supply means that many lapsed users are taking more — professionals, surfers, students, former counter-culture types. But the biggest growth comes from the white, middle class under-25s, from Jo'burg, Durban and especially Cape Town. We're talking about teenage clubbers, new age-types, techno ravers and varsity students.

Most LSD sold in South Africa originates in Amsterdam, where it is produced in sheets of 1 000 "caps" (squares), usually identified by tiny pictures of Superman or Bart Simpson, with a street value of about R30 to R35 each.

Ecstasy, unlike LSD, it is not, primarily, an hallucinogenic. It's a designer drug which usually includes a synthesised mescaline (a chemical derivative of the peyote plant), a touch of amphetamine (speed) and a pinch of pethidine.

Its main source is London and the US and, like LSD, it is usually imported by individuals rather than cartels. Each brightly coloured pill sells for anything between R120 and R160 and, with supply never matching demand, it should continue to rise. So far there have

been no ecstasy-related convictions in South Africa. "Acid's a powerful, dangerous drug. I still use it, but only very occasionally," said one former five-caps a week user. "I took so much that I got completely paranoid. It's a head drug which can take your mind to places it's never been before, and those can be good or bad.

"I know of people who've become psychotic from it. The molecules go to your brain and settle into the nerve synapses, and that's how some people get fried. If you're unstable to start with, it's best to leave it well alone".

Medical data on ecstasy is only beginning to emerge, and much of it is worrying. According to one report, since 1990 there have been 20 ecstasy-related deaths in Britain. Dangers are said to include possible damage to the liver and cerebral spinal fluid, heart failure and mental problems.

But, despite the risks, many still swear by it. Said a 27-year-old computer programmer: "You can talk for hours and show your heart to strangers, and it's very peaceful. They should put large quantities in the water in Natal and the Reef, and the violence would come to an end."

Gavin Evans

Acid's a head drug. I took so much I got completely paranoid.



Smoking, infertility linked

LONDON. — Smoking has a direct, harmful effect on women trying to conceive and can be a cause of infertility, said a report published yesterday in the British medical journal *The Lancet*.

"Infertile women and probably their husbands — because of the effect of passive smoking — should therefore be advised to stop, or at least reduce, smoking," the study said.

Researchers investigated the effects of cotinine, a breakdown product of nicotine, in 45 infertile women who were undergoing in-vitro, or test tube, fertilisation.

87 CT 14/11/92
Cotinine is thought to affect the production of hormones such as oestrogen. The researchers found a two-thirds reduction in the proportion of eggs fertilised in women who had detectable cotinine in their reproductive system, compared with women without it.

This impairment in the fertilising capacity of eggs may have no effect on the pregnancy rates achieved with in-vitro fertilisation, as there are usually an excess of eggs with this treatment. It may be critical in cases when, for example, the partner's sperm had reduced fertilising ability. — Sapa-Reuter

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MARCIA KLEIN

Surgery at SA Druggists produces healthy result

BIDAM 17/11/92
ed interests, SAD was restructured and refocused.

Results to end-August were not comparable with the previous year due to the reorganisation of the group and to a change in the year-end. Turnover in the 12 months to end-August was R1,5bn and attributable earnings stood at R35,4m.

Beningfield said results

reflected the extent and expense of the surgery performed and the rigours of the trading environment.

Group operations had been structured into autonomous business units in three core divisions: pharmaceutical, distribution and chemical and medical equipment.

The research and devel-

opment function was focused on being market, rather than production driven, and the product range had been rationalised. SAD had also cut its workforce by 20%.

Productivity was significantly improved, particularly at its Lennon factory in Port Elizabeth.

Shrinkage had been brought under control, the manufacturing capacity was being expanded, and the distribution division was being resized and reshaped, Beningfield said.

SA DRUGGISTS (SAD) forecasts real earnings growth in financial 1993.

CE Peter Beningfield said in the 1992 review trading conditions were unlikely to improve in the short term, but achievements in the past few months took the group well on the way to reaching its potential.

Since it was acquired by Malbak in October 1991, and acquired Malbak's pharmaceutical and relat-

in brief

Sowetan
Bomb injures kids

18/11/92



TWO CHILDREN of a Free State ANC official sustained injuries when an explosive device extensively damaged their room early yesterday.

The explosion occurred at about 2am yesterday at the house of Mr Makhwenke Fizolo, the local ANC branch chairman in Rockville, Bloemfontein.

Police spokesman Captain Jolene van der Merwe confirmed the incident, saying police were still conducting forensic tests.

Non-smokers put foot down

Sowetan 18/11/92

NON-SMOKERS would no longer meekly tolerate muggy working conditions, a seminar on puffing in the workplace heard in Johannesburg yesterday.

Dr Gillian Baddeley of the Heart Foundation of South Africa said there was general acceptance that smoking was harmful to both smokers and passive smokers. She said it was encouraging to note companies' willingness to discuss smoking complaints with their workforce.

(87)

Prayer for peace

A NATIONAL day of prayer for peace in South Africa will be held at the World Trade Centre near Kempton Park, on November 29, the Inter-denominational Prayer Woman's League announced yesterday. League spokesman Mrs Masechaba Mabaso said invitations had been sent to various leaders in the country, including the Government, to pray together.

Parliament to act against smokers

JOHANNESBURG. — A bill banning or restricting smoking in public places will be tabled in Parliament next year.

Dr Coen Slabber, director-general of the Department of National Health and Population Development, said this at a seminar on "Smoke-Free Work Places" here yesterday.

He said the bill would help ensure a healthy environment was maintained, the health of non-smokers was not impaired by the smoke of

others and would deter young people from starting up.

In 1984 smoking was prohibited in departmental conference rooms, lifts, waiting and consulting rooms, and hospital high-care wards.

Dr Slabber said it was expected that tobacco would cause about 30% of all deaths in 35 to 69-year-olds during the 1990s in the developing world.

Most of the estimated 6,85 million adult smokers in South Africa car-

ried their smoking habit to the work place, he said.

Smoking at work was not only a danger to workers' health, but also an economic burden.

Direct medical care in 1988 associated with smoking was estimated at R289,6 million — of which employers paid 50%.

Smoking employees were absent from work 33 to 45% more than their non-smoking colleagues.

Dr Slabber said to help accelerate

the development of smoke-free public and work-places, the department, with the Tobacco Action Group, had issued a guide entitled "Towards a Smoke-Free Work Place".

The booklet was aimed at providing employers with practical advice and information to implement a non-smoking policy.

The Tobacco Institute of Southern Africa, reacting to the guide, said in a statement the document did not stand up to critical and objective scientific examination. — Sapa

Smoking employees 'burn up the profits' ⁸⁷

BIDAY 18/11/92

KATHRYN STRACHAN

CORPORATE decision-makers heard yesterday how smokers in the workplace could be burning up their profits.

And they were told by medical experts that for many people the workplace had become a danger zone as new research on passive smoking came to light.

National Health deputy director-general Dr Coen Slabber told a Johannesburg seminar on a tobacco-free workplace that smoking employees were estimated to be absent from work between 33% and 45% more than non-smokers. The seminar was convened by, among others, the Health

Department.

Tobacco caused about 30% of all deaths between the ages of 35 and 69, he said. And latest research showed that companies had to pay half the medical costs, estimated at R289,6m, associated with smoking.

The most recent scientific findings from the US claimed tobacco smoke in the environment was responsible for up to 30% of cases of lung cancer among non-smokers.

In marriages where only one partner smoked, the risk of lung cancer to the non-

smoker was up to 50% higher.

Sapa reports that Slabber said a Bill providing for the prohibition, restriction or regulation of smoking in public places would be tabled next year. It would help ensure the health of non-smokers was not impaired by tobacco smoke.

Medical Research Council spokesman Dr Derek Yach said the expected legislation, which would also bar the sale of cigarettes to children, had been "watered down" due to pressure from the tobacco industry. It would not include increased taxation of tobacco sales, he said.

NEWS Smoker's out!

To smoke or not to smoke

■ Safer controlled environment for all:

By Mokgadi Pela

BATTLE lines are being drawn in many work-places between non-smokers and those who enjoy a puff.

And as the argument about the rights of smokers to do as they wish goes on against the rights of non-smokers to breath clean air, more and more companies are having to define policy on smoking.

A few months ago 1 000 companies in the Western Cape supported smoking restriction policies in the workplace. The findings followed a national survey by the Medical Research Council which showed that 75 percent of respondents supported the prohibition of cigarette sales to minors.

The bill providing for the prohibition or regulation of smoking in public places will be tabled next year.

The director-general of the Department of Health, Dr Coen Slabber, said the workplace often proved to be unhealthy for non-smokers as they were exposed to tobacco smoke. "Workers sometimes have the least control over their environment at work and tend to resign themselves to conditions. It is thus the responsibility of the employer to ensure that workers have a safe and healthy working environment," Slabber added.

He said smoking was an economic burden to the country:

- In 1988 it was estimated that the cost of medical care resulting from smoking was R289,6 million.
- It has been estimated that smoking employees are absent from work 33 to 45 percent more often than non-smoking employees.
- Tobacco caused about 30 percent of all deaths between the ages of 35 and 69.

Professor Harry Seftel of Wits said smoking resulted in lung cancer, bronchitis, heart attacks, increased risks of new asthma and of sudden infant death syndrome.

Health director in bid to stub out smoking in the workplace

Staff Reporter

APG 20/11/92
THE Department of Health is on a drive to create smoke-free workplaces in an effort to reduce the R289,6 million spent annually on smoking-related medical expenses, director-general Dr Coen Slabber has announced.

He said at an Auckland Park seminar attended by top business people that because non-smokers were involuntarily exposed for the longest time at the workplace, it was the responsibility of employers to make sure that their employees worked in the healthiest environment possible.

While the majority of South Africans believed that passive smoking was harmful, most failed to act on that knowledge. With an estimated 6,85 million adult smokers carrying their habit into the workplace something had to be done to protect non-smoker and smoker alike.

A delegate from African Life, Mr Peter van Dijck, said: "We have already created a tobacco-free work-

place. We held an opinion poll in August and 70 percent of our employees said no-smoking." Smokers were only allowed to smoke in an allocated room, he said.

According to Dr Slabbert if no-smoking became the norm, employers would be happier too. With smokers being absent between 33 to 45 percent more than non-smokers, non-smokers were more economically viable to employ.

Meanwhile, a new book by the Department of Health and Tobacco Action Group (Tag) — which says "tobacco smoke is the most common pollutant of indoor air" — has been disputed by the Tobacco Institute of Southern Africa.

The book also suggests that in order to make the transition to a tobacco-free environment a smooth one, they should provide therapy and incentive programs for smokers.

A statement by the institute said the book did not reflect the latest scientific information on passive smoking.

IN 1492, native Americans introduced a trade delegation from Europe to tobacco. So began a 500-year-old debate which, recently, has become particularly vitriolic.

The ferocity of the challenges are hardly surprising, when one considers the stakes involved. The retail value of all cigarettes sold globally in 1983 was \$138bn. In 1990/91, SA consumers spent R3.5bn on tobacco products. Powerful incentives for selling cigarettes.

Against this are the health costs. Tobacco is a uniquely dangerous product, which kills when used exactly as the manufacturer intended. It kills more people in most developed countries than any other hazard. And the epidemic is getting worse, not better. Globally, deaths from tobacco are set to increase from the current 3-million to 10-million annually by 2025.

Ill health is being exported to the world's poorest nations. Declining domestic markets have forced western manufacturers to target developing countries.

It is against this background that Duncan Reekie's contribution to the debate must be viewed (Business Day, November 12). Reekie, a consultant to the tobacco industry, portrays tobacco control advocates as "people burdened with superior wisdom", who make "paternalistic claims and elitist assertions", and who want to deprive the larger "less articulate, lower-income groups" of smoking "pleasure" by using "government clout" to regulate smoking. The real purpose, however, of these "anti-cancer" lobbies is to "bend government's ears" so as to gain access to "official funds".

In Reekie's world, tobacco is neither harmful nor addictive. And he contends that even if it were harmful, the epidemic disaster caused is acceptable because smokers themselves bear this cost as the price they pay for their pleasure. "Government diktat is not required."

Reekie's condescension is sufferable, but the flaws in his arguments are not. He and another Wits economics professor have examined the medical literature on smoking and

Public interest in curtailing smokers' rights undeniable

B/DAM 23/11/92

(87)

YUSSUF SALOOJEE and DEREK YACH

they are not convinced by it! They oppose the unanimous view of every independent medical and scientific organisation in the world. In fairness, Reekie concedes that they were not competent to judge.

The two professors do feel competent to declare that tobacco is not addictive. Again, they are at odds with the larger scientific community.

Reekie argues that since large numbers of people have stopped smoking, this makes tobacco use a habit and not an addiction. This is too simple. Heroin use was rife among US troops in Vietnam. Upon demobilisation the majority stopped using drugs. They were "cured" by a demob order.

The assumption that tobacco is not addictive is central to Reekie's evaluation of the benefits of smoking. He presupposes that every decision to smoke is a choice "freely" made, with knowledge of the risks and in the expectation of benefit. He does not take cognisance of the need to smoke to allay withdrawal symptoms, of the desire of most smokers to stop, and of their failed attempts to quit.

Moreover, the World Bank does not seem to believe that smokers pay their way. After studying the economic costs and benefits of tobacco cultivation, processing and market-

ing, the Bank has ceased funding such activities.

The inescapable truth is that it makes economic and humanitarian sense to prevent ill health. Acting on this truth, more than 90 countries have enacted some form of tobacco control legislation.

However, Carl Taylor, a professor of International Health, recently commented that there was no equivalent issue that he had faced in his long career so beset with complexity, vested interests and political opposition.

Economist Keith Hartley also points out that the policies of democratic governments tend to favour producers more than consumers.

The industry has been less blatant in SA until now.

Why the change? The current government, the ANC in a statement issued by Nelson Mandela, trade unionists, church leaders, and a broad coalition of nongovernmental groups have all recognised the need for tobacco control measures, and are taking action. More importantly, the public is convinced.

A recent national survey showed a majority would support an increase in tobacco taxation, a ban on advertising and restrictions on sales to children. Public opinion is ahead of government on this issue — so much for "government clout".

What then constitutes a sensible, comprehensive policy on tobacco? The essential elements are known:

- Taxation: When price increases consumption decreases. Tax is therefore a most potent weapon. The tax on cigarettes should be increased to 50% of the packet price from the present 30%. This will decrease consumption, particularly among the young. It is also good fiscal policy, since revenue is generated, and is good politics because the public will support it — especially true when a portion of the tax is earmarked for health promotion and to subsidise sports and culture;
- Smoke-free areas: Smoking is not only unpleasant to nonsmokers, but may harm them. The Australian To-

bacco Institute spent A\$5m in legal expenses defending their claim that passive smoking does not cause disease. They lost. The court ruled that there was compelling scientific evidence that cigarette smoke causes cancer in nonsmokers and respiratory disease in young children. Smoking bans in cinemas, theatres and aeroplanes have been widely welcomed. Is it not time that hospitals, clinics, schools and the workplace also become smoke-free?

The World Health Organisation (WHO) recommends that the rights of nonsmokers must be guaranteed by law; we cannot rely on common courtesy. If good manners and consideration were sufficient we would need no laws at all — because no one would litter, speed or kill.

- Ban tobacco promotion: Advertising sells cigarettes, and is particularly effective with the young. Some might regard a ban on tobacco promotion as an attack on freedom of speech. The issue of commercial speech is different from the more general issue of political, religious and other similar free speech. Many legally produced substances, such as medicines, guns and alcohol, have socially acceptable restrictions placed upon their advertisement, and distribution; and
- Education: Society's views of smoking have changed substantially in the last quarter century as a result of ever-increasing, more effective educational programmes. Worldwide, millions have quit and untold millions have not taken up tobacco.

Continued education of the public, legislators and the health professions remains an important objective. Education should be mandatory in schools, or else children in Soweto will smoke the cigarettes rejected by children in Sandton.

The curtailment of individual and corporate rights cannot be undertaken lightly. There must be a compelling public interest before we take such steps. The WHO and many societies believe the interest here is undeniable.

- Saloojee is executive director of the National Council Against Smoking and Yach the group executive, Essential Health Research, at the Medical Research Council.

New drug laws are outlined

87
BIDAY
25/11/92
GERALD REILLY

PRETORIA — New legislation providing heavy penalties aimed at countering drug abuse and trafficking was outlined by Deputy Justice Minister Danie Schutte yesterday.

Two new Acts, the Drugs and Drug Trafficking Act and the Prevention and Treatment of Drug Dependence Act, were passed by Parliament this year. They will replace the Abuse of Dependence Producing Substances and Rehabilitation Centres Act.

Schutte said trading in certain drugs was punishable with a 25-year jail sentence plus a fine of any amount the courts imposed.

It was now also a crime to purchase property with the proceeds of drugs.

Entertainment establishments and financial institutions were obliged to cooperate with police, and the courts could attach drug traffickers' illegal gains.

Schutte said the Acts brought SA into line with the requirements of the UN Convention on Narcotic Drugs and Psychotropic Substances.

Hot time lies ahead for smokers

STAR 26/11/92

(87)



THE next time a colleague lights up, prepare to take a puff. Although the cigarette will probably not be passed around the office, the smoke will.

South Africa is not in the forefront of a worldwide lobby to reduce smoking, but a recent conference in Johannesburg sent out warning smoke signals that the fight for "smoke-free workplaces" is on.

Government is ready to take off the kid gloves — and there won't be any nicotine-stained fingers underneath.

In 1984, the Department of National Health and Population Development issued a code of practice for regulating smoking in departmental institutions and offices. Warning messages on cigarettes are already common.

Next year, says department director-general Dr Coen Slabber, a Bill will be tabled in Parliament providing for the prohibition, restriction or regulation of smoking in public places.

The department, together with the Tobacco Action Group, has also issued a policy booklet, "Towards a Smoke-Free Workplace", to speed up development of smoke-free public and workplaces.

According to Slabber most of the estimated 6.85 million adult smokers in

declines, so there will be an increase in neoplasms and circulatory disorders.

"A large proportion of this increase is expected to be due to the effects of tobacco," says Yach. "The bottom line is that the cost to society accruing from tobacco outweighs the benefits in a ratio of approximately 4:1."

National Association for Clean Air's Richard Truter says sick-building syndrome is the result of a vast range of indoor pollutants from multiple sources: "One major source stands out above all others — tobacco smoke."

Until recently, the concept of Environmental Tobacco Smoke (ETS) was not well known and the effects of passive smoking were believed more a nuisance than health hazard, he says.

However, the importance of ETS is highlighted by the fact that most people spend up to 90 percent of their time indoors.

Truter says there are two groups of tobacco smoke: mainstream smoke which is inhaled and exhaled by the smoker, and sidestream smoke which is released from the burning tip of the cigarette between puffs.

"The chemicals found in both are very similar. However, sidestream

smoke contains higher concentrations than mainstream tobacco smoke — as much as 85 percent of the smoke released is in the form of sidestream smoke," he says.

A recent survey showed a lack of awareness of the rights of non-smokers. Most people were unaware of any smoking policy to protect them, says Truter.

And, smokers may have to prepare themselves for an all or nothing approach: "Using the ventilation system to remove environmental tobacco smoke from an office is like cleaning a baby with a filthy rag."

However, according to the Tobacco Institute of Southern Africa, the department's guide on "Smoke-free Workplaces" does not reflect latest research overviews and overall knowledge about environmental tobacco smoke (ETS).

The Tobacco Institute claims the department's guide to employers was based on premises that did not stand up to critical examination.

It says the publication set out to provide advice on smoking policy, apparently on the assumption that ETS is a proven cause of disease. The claim that exposure to ETS caused disease in non-smokers had not been unequivocally demonstrated, says the institute.

Doctors take stock amid Cape Town's rapid heroin influx

SOUTH 28/11-2/12/92

87

ONLY a handful of doctors in the Western Cape are equipped to deal with heroin addiction — despite reports that the drug is increasingly being sold on the city's streets.

"Heroin has not to date been a feature of our society, so the management of opiate addiction and its withdrawal are still limited to a few individuals with hands-on experience," said Dr Don Wilson, head of the psychiatric emergency unit at Groote Schuur Hospital.

The unit treats about 10 patients a month with drug-related problems, mainly drug withdrawals and acute drug crises.

Wilson urged Western Cape communities to join in the war against drug abuse.

"The problem should not be seen as one for which only professionals are responsible."

He said that on a daily basis, the intensive care units (ICUs) at hospitals dealt with life-threatening illnesses as a result of drug overdose.

Wilson noted that in most cases patients became addicts of "legal" drugs (namely prescribed sedatives and hypnotics) after they had overdosed — either deliberately or accidentally.

"The so-called illicit drugs are not at this stage presenting major problem to the ICUs, but sporadic"



...some people resorted to drugs due to loss of relationships, employment, friendships and self-esteem.

"Some people are involved in gangsterism and violence, stealing or prostitution to get money, and may drive cars while under the influence of drugs," he said.

Wilson said most emergency units in large hospitals were equipped to deal with the acute effects of dagga and mandrax.

Two of the patients treated recently at Groote Schuur were from abroad, Wilson said.

The South African Narcotics

Heroin addicts have few doctors to turn to for medical help

Bureau (Sanab) said Cape Town was the first South African city where heroin was sold on the black market.

However, SAP spokesperson Captain Ciska du Plessis also confirmed that Sanab had been investigating heroin cases since 1980 in all

major South African cities. She said drug syndicates were smuggling heroin from Europe, but that Sanab had had "continuous" successes.

"Information about the investigation cannot be made known at this stage," she said. — Lucas Masi

'Air cleaning ⁽⁸⁷⁾ cannot control tobacco smoke'

ARG 3/2/92

CLIVE SAWYER, Municipal Reporter

ENVIRONMENTAL tobacco smoke cannot be controlled completely by ventilation or air cleaning, says medical officer of health Dr Michael Popkiss.

This was one of several rebuttals of claims in a Tobacco Institute pamphlet given to the executive committee during a hearing on a partial ban on smoking in restaurants.

The Institute, which is sponsored by a major tobacco company, claimed that some scientists said environmental tobacco smoke was unlikely to increase risks to health.

The pamphlet said environmental tobacco smoke was a "scapegoat" for other causes of indoor air pollution such as poor ventilation.

Dr Popkiss said smoking was the single most important preventable cause of death.

"Environmental tobacco smoke causes more deaths than any other man-made pollutant."

It was associated with lung cancer, myocardial infarction, chronic obstructive lung disease and peripheral vascular disease, as well as reduction in lung growth in children.

"Tobacco smoke concentrations in buildings generally exceed the average air quality standards for clean air."

Research published in the British Medical Journal had concluded that being in a smoky room for an hour was equivalent to smoking the cancer-producing particles of 15 filter cigarettes.

"The most effective technique to keep the air clear is to limit air pollutants at their source," said Dr Popkiss.

Tobacco smoke contained more than 3 000 components, including toxic gases such as carbon monoxide and nitric oxide, particulates such as tar and nicotine, and well-known cancer-causing substances.

Non-smokers living with smokers had a 50 per cent greater chance of lung cancer.

"Tobacco smoke is physically irritating to many people and can worsen symptoms of asthma, chronic bronchitis and allergies."

Responding to a statement that a conference at a Canadian university had said there was no link between environmental tobacco smoke and cancer, Dr Popkiss said this meeting had been sponsored by the tobacco industry.

Lighting up could cost you! ⁸⁷

A CIGARETTE could cost up to R2 000 in Johannesburg - if one lights up on a bus. The city council has banned smoking on all its buses and offenders will face a fine of up to R2 000. *Sowetan*

The council said yesterday a survey conducted in July had found that 76 percent of all passengers were totally opposed to smoking, compared with a survey in May last year in which 62 percent supported the prohibition of smoking. *3/12/92*

"The change in opinion is seen to be in line with a general increased awareness of the dangers of smoking and its unacceptability in confined spaces," said a spokesman.

Africa open to drug cartels - De Miranda

STML 3/12/72

Crime Reporter (87)

One of South Africa's leading experts on drug abuse, Dr Sylvain de Miranda, believes that poverty, unemployment and other social problems have made Africa a prime target for the world's drug cartels.

In a statement, De Miranda said speakers at a recent international conference on drug and alcohol abuse in Scotland believed that Africa had become a fertile breeding ground.

He said it was necessary for African countries to develop effective drug and alcohol control policies, and to intensify

programmes aimed at prevention and treatment of drug and alcohol abuse.

It was important that politicking and red tape not obstruct these programmes.

"It is vital that we direct our efforts towards preventing that. Political expediency and bureaucracy block much needed progress and development.

"If these obstacles aren't removed, it will be impossible to combat increasing alcohol and drug abuse in southern Africa."

De Miranda heads the professional team at Riverfield Lodge, a private rehabilitation centre.

News in brief

Sowetan 3/12/92
Pageant picket protest *(102)*

ABOUT 30 people held placard demonstrations outside three foreign embassies in Pretoria yesterday to protest against the participation of their beauty queens in the Miss World pageant at the Lost City.

The picketers were accompanied by United Nations observers and representatives of the National Peace Secretariat during the demonstrations at the Japanese, Israeli and US embassies. A small picket was also held outside the Bophuthatswana embassy.

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"The change in opinion is seen to be in line with a general increased awareness of the dangers of smoking and its unacceptability in confined spaces," said a spokesman.

'Kei, Ciskei at loggerheads

TRANSKEI yesterday lashed out at Ciskei military ruler Brigadier Oupa Gqozo for proposing the creation of an autonomous republic embracing Ciskei, the Border and the Eastern Cape. *(102) (105)*

Gqozo told a summit on regionalism on Tuesday the envisaged republic would exclude Transkei for what he said were historical and political reasons.

The Transkei Military Council in Umtata yesterday dismissed Gqozo's address as "rantings and ravings" and said it had "a hollow ring of political bankruptcy". *Sowetan 3/12/92*

Sasol workers want jobs *(102)*

ABOUT 5 000 members of the SA Chemical Workers' Union will march on the offices of Sasol 1 in Sasolburg tomorrow to demand that they be reinstated. *Sowetan 3/12/92* *(102)*

Most of the workers were dismissed in 1987 during a legal strike while others were sacked during the past five years. The march will begin from AECI at 3pm and proceed to the offices of Sasol 1 where a memorandum will be presented.

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Health campaigner slams tobacco growers' report

CAPE TOWN — National Council Against Smoking executive director Dr Yussuf Saloojee said yesterday the International Tobacco Growers' Association's "feigned concern" for the health of developing countries was merely an ill-disguised concern for its own profitability.

Saloojee was reacting to an ITGA publication released this week which said tobacco-producing countries in Africa were being asked by the World Health Organisation to cripple their economies to enhance what developed countries perceived as health interests.

Saloojee said that in Africa tobacco impoverished both individuals and national economies.

People living in dire poverty spent money on tobacco instead of food, while countries with massive foreign debts frittered away valuable hard currency on tobacco imports, he said.

"Tobacco represents not wealth but poverty and ill health for the continent. In 1984/85, of 44 African countries, 35 or 80% spent more importing tobacco than they earned ex-

porting it. Aggregated, the African countries spent \$465m importing tobacco and earned \$440m in export income, leaving a deficit of \$25m in balance of trade across all 44 countries."

Senegal, which in 1988 received 117 000 tons of cereal in food aid, paid \$28m in 1986 for imported tobacco and cigarettes. During the famine of the mid-'80s, tobacco constituted about 1% of all the imports into Sudan and Ethiopia.

Saloojee also said that the wood-burning fires used to cure tobacco had caused environmental damage in a number of countries, including Zimbabwe.

In the ITGA publication, SA and its four neighbouring tobacco-growing countries expressed dismay over the WHO's recommendation that they switch to other crops.

"To ask growers in crop-specific areas to switch to less suitable crops, while consumer demand exists for their product and, indeed, is increasing reveals a lack of knowledge of the economic basis of the regions concerned," the five countries argued.

Their report said almost 6-million people in the southern and central African region depended on tobacco for their livelihoods.

"Tobacco-producing countries are being asked by the WHO to cripple or damage their economies to enhance health interests perceived by the developed countries," the publication said.

It is the policy of the WHO to promote crop substitution in tobacco producing countries in the interests of a "smoke-free world" by 2000.

□ In Johannesburg, a cigarette could cost up to R2 000 — if one lights up on a bus. The city council has banned smoking on all its buses and offenders will face a fine of up to R2 000.

In a statement yesterday the council said a survey conducted in July found 76% of all passengers were opposed to smoking, compared with a survey in May last year in which 62% supported the prohibition on smoking.

"The change in opinion is seen to be in line with a general increased awareness of the dangers of smoking and its unacceptability in confined spaces." — Sapa.

B/Dm 3/12/92

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Points to consider before you light up

STML 17/12/92

(87)

When you light your next cigarette consider the following:

● In 1988, smoking-related diseases accounted for 33,7 percent of deaths among whites, 25,8 percent among Asians, 16,6 percent among coloured people and 5,4 percent among blacks, says a report by the SA Council Against Smoking.

● Smokers are three to 10 times more likely to suffer from mouth cancer.

● They are 10 times more at risk than non-smokers from lung cancer.

● Smoking increases the risk of coronary heart disease two to three times.

● Smokers are more likely to die from peptic ulcers than non-smokers.

● Smokers are seven to 10 times more at risk from cancer of the bladder.

● Smoking increases the risk

of cancer of the larynx by three to 17 percent.

● Smoking increases the risk of cancer of the oesophagus up to nine times.

● The risk of cancer of the pancreas is two to five times higher than in non-smokers.

● Smoking changes results of diagnostic tests and increases the risk of blood clots from oral contraceptives.

● Passive smoking has subtle but significant effects on the respiratory health of non-smoking adults, including coughing, phlegm, chest discomfort, and reduced lung function.

● Young children, particularly infants, of parents (especially mothers) who smoke have increased risk of lower respiratory tract infections such as pneumonia, bronchitis and bronchiolitis.

Council to move again on smoking

CT 18/12/92 (87)

Municipal Reporter
SMOKING is to be banned in at least half of every restaurant seating over 50 people in the Cape Town municipality, the council resolved yesterday.

Mr Abe Katz said free enterprise did not give anyone the right to "play Russian roulette" with his health.

"I don't want to be next to people endangering my life," he said.

Mr Leon Markovitz said the way the by-law would operate would be via complaints. People would only complain if they knew the law was on their side.

The proposed ban was passed by 21 votes to three.

However, the proposed ban has yet to be advertised for objections. It will then be submitted to the Administrator, who has the power to veto it. He has used this power before.

Last night restaurateurs reacted angrily to the ban, saying the move by the council was "disgusting".

Mr Aldo Girolo, chairman of the Cape restaurant guild, said: "We are a service industry — we are not dictators who tell our patrons what to do."

"I will refuse to enforce the ban."

"The councillors just sit behind

Mayor calls for a 'new' city

Municipal Reporter
THE days of revolution, of destructive criticism and of blaming everyone but oneself are over, mayor of Cape Town Mr Frank van der Velde said in his Christmas message yesterday.

"The time for creation, for lateral thinking, for building a new city and nation has arrived. Let us all pull together and do it."

their desks and dictate nonsensical by-laws. They cannot expect the restaurateurs to act as policemen."

Mr Albert Schuitmaker, assistant director of the Cape Town Chamber of Commerce, said the council's decision was "disappointing".

"It should be up to the individual restaurant owners to decide whether to impose it or not," he said.

There are exceptions to the ban. Any restaurant "operated by any bona fide religious, political, cultural, charita-

ble or sporting organisation" may apply to the council for an exemption.

The Administrator had asked the restaurant trade to put their establishments in order when a ban was proposed a couple of years ago, but very few had.

Spur group restaurants were among the 20 or so in Cape Town that he went to, and they were the only ones he knew that provided non-smoking areas.

City councillor Mr Peter Muller said that in his experience, nine out of 10 restaurants did provide a non-smoking area on request.

Smoking and eating penalties a step closer

Staff Reporter (87)

PENALTIES for lighting up in restaurants moved a step closer with the council's adoption of a revamped version of an earlier proposed by-law to control smoking.

The existing ban on smoking in areas such as lifts and buses should be extended to restaurants, except where specific smoking tables have been set aside, it is proposed.

In any restaurant seating 50 or more, not more than half the seating may be set aside for smokers. Restaurants run by religious, political, cultural, charitable or sports organisations may apply for exemption.

The by-law is to be advertised for objections. Once this process has been completed, it will go to the Administrator for his say.

Councillor John Muir based his opposition to the measure on the grounds that the council was unable to exercise control over it.

"We are going to have a whole team of people careering around Cape Town trying to implement it," he said.

He also warned of the dangers of people "masquerading as bona fide sporting or religious organisations" claiming exemption.

Mr Rupert Hurly told the council that creating something that could not be policed led to "a certain contempt for the law".

Free enterprise should be allowed to take its course, said Mr Peter Muller.

He pleaded for free enterprise to be allowed to do what it did best, "and that is react to its customers".

Mr Leon Markovitz said he believed the law would control itself. The council did not have to have health inspectors outside every restaurant to enforce health regulations. People would complain if necessary.

Mr Markovitz said Johannesburg had taken the lead in implementing a smoking by-law "and from the information I have it is working".

- Three councillors voted against the proposal with Mr Muller asking that his vote against be recorded.

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Row brews over city smoke ban

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CT 19/12/92

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Municipal Reporter

RESTAURATEURS association chairman Mr Boris Savvas is fuming over the partial city council ban on smoking in restaurants.

Yesterday Mr Savvas vowed to take the council to court — and said he would ensure that councillors themselves paid legal costs.

But council legal department spokesman Mr Chris Glaum said Mr Savvas did not have "a snowball's hope in Hades" of getting that right.

It was premature to comment on the legal merits of the case, he said, but he knew that individual councillors would not have to pay.

Mr Savvas said the council was like a corporation in certain respects, and there was a legal procedure that could be used to try to get individuals to pay, just as directors of a company could be held personally liable in certain circumstances.

He had a brief to go to court over the smoking ban, and he expected the legal costs to exceed R100 000. If the councillors could not be made to pay, ratepayers would have to pay.

'Ultra vires'

He said the council had no power to pass a restaurant smoking ban. The council was limited to municipal and civic functions, and smoking was not among these.

"Smoking cannot legally be defined as a municipal matter, so the council is acting ultra vires (beyond its powers)," he claimed.

A ban could not be introduced under the Public Health Act either, he

said, because it dealt with health hazards like toxic waste that affected members of the public equally and unavoidably.

"Anyone who finds smoke offensive can avoid smoky places," he said.

One other "unplayed trump card" which he still had was that the municipal restaurant licensing ordinance contained a section concerning the selling of smoking requisites.

"Among the things you can automatically do with a restaurant licence is to sell smokers' requisites, for consumption on or off the premises," he said.

"Only an Act of Parliament can change that."

Warning

Mr Savvas, who is an advocate as well as a restaurateur, said that in his opinion there was no way that the council could win the case.

"I am warning the council to drop this now," he said. "And the Administrator will be the second respondent in the case."

Mr Savvas founded his association specifically to fight a similar smoking-in-restaurants ban mooted by the Cape Town City Council about two years ago.

The Administrator turned that one down in the hope that restaurants would voluntarily take measures to satisfy non-smokers.

Mr Glaum said Johannesburg had passed a smoking-in-restaurants by-law virtually identical to Cape Town's and there seemed to be no problem with it.

"I hear it is working well," he said.

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“I hear it is working well,” he said.

No smoke without fire

GIVING up smoking is hard enough. Getting others to stub out their cigarettes is a long-term struggle. But Marietta Marx is winning.

(87)

The controversial anti-smoking activist began her campaign to transform the Johannesburg Civic Centre into a smoke-free zone three years ago. In July smoking was banned in all closed spaces on council premises including boardrooms, lecture rooms, and lifts. Lighting up is illegal in museums, libraries and on buses.

S/Times 27/12/92

Mrs Marx is a member of the Johannesburg management committee and heads the council's committee for health, housing and urbanisation. She used her

THE CAMPAIGNER

official muscle to introduce a by-law requiring restaurants with seating for more than 50 people to reserve half for non-smokers. She has offered official back-up for people in companies campaigning for clean air.

Her next target? A total ban on smoking on all council property.

Council smokers have accused her of being intolerant and high-handed. Her response?

"The right of smokers to smoke has always been taken into consideration. It is the right of non-smokers to breath clean air that has been ignored."



MARIETTA MARX

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This buy-down syndrome

than last year.

Volume sales at the Mila-
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Some clothing retailers,
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The Bureau for Economic Research (BER) says business