

HEALTH & DISEASE

ALCOHOLISM

1974 - 1978

# One of the heaviest drinking nations in the world

# 100 000 alcoholics in South Africa

By TIM O'HAGAN

**SOUTH AFRICA**, listed as one of the heaviest drinking nations in the world, has a staggering figure of 100 000 White alcoholics — and this figure is increasing rapidly.

Leading experts in the field of rehabilitation, social workers and former alcoholics this week made a plea through the SUNDAY TIMES to South Africans to watch their drinking. They warned that if they did not, South Africa would soon have the highest alcoholic population in the world.

To reinforce their plea, these men released alarming statistics issued by Alcoholics Anonymous, which reveal that 100 000 Whites over the age of 18 are alcoholics; 33 000 of this number are women; 10 000 men and

women are treated annually for alcoholism, and between 70 and 75 per cent of all White children in homes and orphanages are there because one of their parents is an alcoholic.

Dr. P. J. van den Bergh, Director of Rehabilitation Services in South Africa, told me: "Alcoholism is a serious threat to the social structure of the country, and the number of alcoholics is increasing at an alarming rate. There is a definite need for the public to be made more aware of this problem."

Mr. Etienne Louw, Director of the South African National Council on Alcoholism, and Drug Dependency, said the figure of 100 000 alcoholics in South Africa had been established from the Alcoholics Anonymous survey which revealed that 75 per cent of South Africans were drinkers, and that six

out of every 100 were alcoholic.

"From this figure we can estimate that among Whites alone there are 100 000 alcoholics. What is perturbing is that this figure is likely to increase.

"The selling rate of alcohol is going up drastically and the purchase of stronger liquors is going up astronomically. We are entering a stage of tremendous alcoholism, particularly among Blacks."

Alcoholism was a far greater problem to South Africa than drugs.

## Drivers

"Alcoholism has a number of ripple effects. Firstly, there is the breakdown of the alcoholic. Then the breakdown of his family unit follows. The predictable pattern then is that he loses his job his family suffers untold misery and the State suffers economically.

"To say that the treatment of an alcoholic and the loss of productivity sustained over a 10-year period, for instance, costs the State R50 000 would probably be a conservative estimate."

Dr. G. F. Olivier, former Director of Rehabilitation Services, told me: "We must educate South Africans in the correct use of alcohol. People must be made aware of what alcoholism is, what causes it and what it leads to."

Mr. Stan Robson, secretary of the Port Elizabeth branch of the National Council on Alcoholism and Drug Dependency, said: "This is one of the most neglected social problems of our times. The incidence of alcoholism has doubled over the last few years, and is increasing. It is a shocking disease which is very difficult to control."

# WARNING ON BLACK DRINKING

Argus 28/5/74

THE South African National Council for Alcoholism and Drug Dependence wants to establish an information office and social service centre in Guguletu as soon as possible to try to prevent 'serious community and individual disfunction as the result of alcohol abuse' among Western Cape Africans.

The Bantu Affairs Administration Board (Peninsula Area) decided at its monthly meeting today that it would be prepared to provide accommodation for the service in Guguletu when such accommodation became available provided SANCA has satisfied itself that the service as envisaged is really necessary.

SANCA says in a memorandum before the board that it has no information or social work service aimed specifically at Africans in the Western Cape.

Males outnumber females two-to-one in townships such as Langa, Nyanga and Guguletu, and this is a contributory factor leading to frustration and the development of a fertile seed bed for alcohol abuse.

## PRIVACY

The memorandum goes on: Related to this population imbalance is the fact that many residents are housed in hostels which make privacy almost unobtainable, and which also contribute to the appearance of psychopathological — and socio-pathological behaviour. The excessive use of alcohol thus becomes the means to find relief from conditions to which no other solution seems possible.

Although no authoritative statistics of alcohol abuse among urban Africans were available, social workers, teachers, clergy and some officials, were clearly disturbed by the position, SANCA says.

The memorandum says SANCA does not claim to have a comprehensive and thus final answer to the problem. However, the society feels work should begin immediately to avoid serious community and individual disfunction.

## EVIDENCE

The agenda of today's Bantu board meeting says the executive committee of the board has noted that the board's officials have found it difficult to recommend the application as evidence of alcohol abuse of alcohol by Africans was not seen 'in the normal case of events'.

As a result it was not easy to assess whether this service was really necessary.

90

# ANXIETY OVER <sup>Argus</sup> TOWNSHIP DRINKING <sub>25/6/74</sub>

LIQUOR consumption figures for African townships is probably far worse than we care to contemplate, Mr Dudley Green, director of the Western Cape Society of the South African National Council for Alcoholism and Drug Dependence, said today.

Mr Green was commenting on a report that more than a million litres of Bantu beer was sold in Langa, Guguletu and Nyanga during March. In addition, 883 267 litres of wines, spirits and malts were sold in the townships the same month. This would bring the total liquor consumption for the month to 1 940 868 litres — or an average of 28 litres a month for each of the townships 68 000 inhabitants.

SANCA, said Mr Green, was hoping to open up an information centre in Guguletu or Langa during the next six months.

The Bantu Affairs Administration Board for the Peninsula had welcomed the idea of the centre and recommended that the Department of Social Welfare and Pensions finance it.

## NO SURVEY

Mr Green said his society knew that the problem of alcoholism existed in the townships but no scientific survey had been done as to the extent of the problem.

The situation was probably worse than we care to contemplate — and when I say "we" I mean the community as a whole, as well as the liquor industry, the Bantu Administration Board and other bodies.

The total revenue from liquor sales in the African townships during March was R697 261.

HANSARD 1 Q. Column 19  
7 February 1975.

\*1 Mr L. F. WOOD - Reply standing over.

\ Rehabilitation centres

\*2. Mr. L. F. WOOD asked the Minister of Social Welfare and Pensions:

- (1) What is the (a) total number of inmates in and (b) estimated *per capita* monthly cost of (i) rehabilitation centres and (ii) registered rehabilitation centres;
- (2) how many such inmates have been committed for treatment for (a) alcoholism and (b) drug addiction,
- (3) (a) how many such institutions were established during the past year, (b) what are their names, and (c) where are they situated

① Health & Disease - Alcoholism  
② Health & Disease - Drug Abuse

The DEPUTY MINISTER OF SOCIAL WELFARE AND PENSIONS:

- (1) (a) (i) 412 on 1 February 1975.  
(ii) 620 on 1 February 1975.  
(b) (i) R110.  
(ii) Varies from R100 tot R300.
- (2) (a) (i) 344.  
(ii) 120.  
(b) (i) 68.  
(ii) 13
- (3) (a) One  
(b) Opstaan.  
(c) Welkom, O.F.S.

Do not write  
in this  
margin

Do not write  
in this  
margin

Question.....  
Write on both sides of the paper

HANSARD 3 Q. column 154.

17 February 1975.

**Amounts allocated to/spent on combating  
alcoholism/drug dependency**

76. Mr. I. F. WOOD asked the Minister  
of Bantu Education.

What amount did his Department (a)  
allocate to and (b) spend on combating  
alcoholism and drug dependency during  
the last three years.

The MINISTER OF BANTU EDUCA-  
TION.

No direct allocation or expenditure.

1. Health + Dis. - Alcoholism

~~2. ... - Drug Addictions~~

HANSARD 5. Q. column 339.  
W. March 1975.

Amount allocated to/spent on combating  
alcoholism/drug dependency

1. Health & Dis - Alcohol  
2. Health & Dis - Drug Add.

77. Mr. I. F. WOOD asked the Minister  
of Bantu Administration and Development:

What amount did his Department (a)  
allocate to and (b) spend on combating  
alcoholism and drug dependency during  
the last three years.

The MINISTER OF BANTU AD-  
MINISTRATION AND DEVELOP-  
MENT:

- (a) Approximately R23 484.
- (b) Approximately R22 695.

An amount of R483 390 has been spent  
in respect of buildings.

HANSARD 5

Q. column 383-4

5 March 1975.

1. Health + Drugs - Alcoholism
2. ~~Health + Drugs - Drug Addiction~~

**Amounts spent on rehabilitation of Coloured persons**

88 Mr. L. F. WOOD asked the Minister of Coloured, Rehoboth and Nama Relations

What amounts from (a) Revenue and (b) Loan Account have been spent annually since 1971 in respect of (i) rehabilitation services and (ii) the establishment of rehabilitation institutions for Coloured persons addicted to alcohol and drugs.

The MINISTER OF COLOURED, REHOBOTH AND NAMA RELATIONS

- (a) (i) 1971-'72—R158 047.  
1972-'73—R151 552.  
1973-'74—R177 660  
1974-'75 Actual expenditure will be known after 31 March 1975 only

- (ii) 1971-'72—Nil.  
1972-'73—R4 970.  
1973-'74—Nil  
1974-'75—Actual expenditure will be known after 31 March 1975 only.
- (b) (i) 1971-'72—Nil  
1972-'73—Nil.  
1973-'74—Nil  
1974-'75—Actual expenditure will be known after 31 March 1975 only.
- (ii) 1971-'72—R7 343.  
1972-'73—Nil.  
1973-'74—Nil.  
1974-'75—Actual expenditure will be known after 31 March 1975 only.

HANSARD 6

Q: column 438

11 March 1975

**Buildings for Bantu alcoholics/drug dependants**

\*17. Mr. W. G. KINGWILL (for Mr. L. F. Wood) asked the Minister of Bantu Administration and Development

- (1) Whether any buildings have been provided by his Department for the purpose of combating alcoholism and addiction to dependence-producing substances, if so, (a) where are the buildings situated, (b) what has been the cost of each institution to date and (c) what is the number of occupants in each institution.
- (2) how many Bantu were committed for (a) alcoholism and (b) addiction to dependence-producing substances during each of the last three years

†The MINISTER OF BANTU ADMINISTRATION AND DEVELOPMENT

- (1) Yes.
  - (a) Madadeni.
  - (b) R483 390
  - (c) 26 at present. Approximately 150 can be accommodated
- (2) (a) and (b)

	Alcoholics	Drug dependants
1972	Nil	Nil
1973	5	1
1974	10	7

1. Health, Dist Alcoholics  
2. Health + Dis - Drug.



Standard 11 Q 802-803  
25 April 1975

(1) Health & Dis. Alcohol.  
~~(2) Health & Dis. Drug Addiction~~

**Rehabilitation centres**

\*2. Mr. L. F. WOOD asked the Minister of Social Welfare and Pensions.

- (1) Whether any additional rehabilitation centres or additional registered rehabilitation centres have been established since February 1974;

- (2) whether any such centres have been closed since 1974; if so, (a) which centres, (b) when and (c) why;
- (3) (a) what is the total number of (i) males and (ii) females admitted to the Aurora Rehabilitation Centre in Bloemfontein since its establishment and (b) how many (i) males and (ii) females are under detention there at present;
- (4) whether any juvenile drug or alcoholic offenders had been committed to (a) the rehabilitation centre at White River and (b) the reform school at Constantia; if so, (i) how many at each institution and (ii) for what reasons were these persons committed.

The MINISTER OF SOCIAL WELFARE AND PENSIONS:

- (1) Yes.
- (2) No. (a), (b) and (c) fall away.
- (3) (a) (i) 736.  
(ii) Nil.
- (b) (i) 13.  
(ii) Nil.
- (4) (a) No.
- (b) Unknown. The reform school at Constantia does not fall under the control of my Department. (i) and (ii) fall away.

Cape Times 30/6/75

# Clamp-down on shebeens urged

**Cape Times Correspondent MOSSEL BAY.**—A nation-wide liquor raid on shebeens in Coloured and Indian group areas was unanimously recommended by delegates to the Association of Management Committees congress held here at the weekend.

Heavy fines for illegal liquor dealing and a deputation to the Minister of Justice were other actions the congress decided on. Delegates were adamant that strong action should be taken against "shebeen queens", who were described as "bloodsuckers", "cruel demons" and "monsters who prey on the Coloured people".

Representatives from 98 Cape committees complained bitterly about their powerlessness to act against excessive drinking. Mr A H Beaton, of Port

Elizabeth said shebeens were "one of the worst things plaguing our people" and claimed that shebeen queens deliberately encouraged debts on which they charged usurious interest. When people could not pay, shebeens employed gangs of thugs to collect the debt.

"These gangs have been known to smash up homes and even to pursue hapless people into factories."

Mr David Currie, executive member of the Coloured Persons Representative Council with the portfolio of Local Government, said the problem of drinking was a social one aggravated by the lack of police patrols.

Mr "Babs" Essop of Manenberg, Cape Town, said he knew of shebeens that carried R5 000—R6 000 worth of credit each week.

"The police are no help to us since often they get free liquor in the shebeens," he said.

Mr Essop was backed by Mr Peter Marais of the Cape Divisional Council management committee. He called for heavy sentences, stiff fines and rewards of R100 to help convict shebeen owners.

Mr R Bhana of Port Elizabeth said that in the Indian area of Malabar, with a population of 5 000, there were 36 shebeens.

"We have a police station, manned by our own people, but it does not seem to have helped."

Delegates also said that the Government should legislate to compel local authorities to permit the committees to attend and speak at meetings of standing committees of White municipal and divisional councils.

ARGUS 5/6/75 (90)

# South Africans are hard drinkers, meeting is told

AT an annual per capita intake of 4.49 litres of alcohol South Africans were a nation of hard drinkers, Mr Eric le Roux, chairman of the National Liquor Board, said yesterday.

Mr le Roux addressed a gathering of hoteliers following the annual meeting of the Hotel, Bottle Store, Restaurant Association, Cape.

He said the consumption of alcohol in South Africa had been doubling every year since 1964. He asked the hotel industry to consider what their responsibility might be as sellers of a 'potentially dangerous product'.

## DRINKING MORE

'We in South Africa are drinking more and more. I ask you, what is the approach of the retail

licence to be in this matter which is causing great concern.'

Mr le Roux referred to a speech made by the Minister of Justice, Mr J. T. Kruger, in Parliament last year, when he expressed the opinion that the liquor industry should take an active role in educating the public in the moderate use of alcohol.

## AWARE OF PROBLEM

Replying to Mr le Roux, Mr Arthur Friedberg, of the Federation of Hotel Associations of South Africa, said the federation was aware of the problem.

'We want to do anything we can to help, but this is something which must be handled by the State. We have already given thought to what we can do,' Mr Friedberg added.

# You're wrong, Brigadier Now it's drinks, not drugs

Sun Tribune 13/7/75

By DICK USHER

THE WORST problem in universities is drink — not drugs — say an Anglican chaplain, a leading Johannesburg psychiatrist and SRC officials of Natal University.

They were reacting to remarks by Brigadier C. F. van Tonder, head of the Narcotics Bureau, who said this week there were a lot of drugs around campuses. Johannesburg was the worst followed by Durban and Cape Town in that order. And he claimed a lecturer had been deported for making LSD but he would not say who he was nor where he lectured.

## Acquittal

This week in Johannesburg Magistrate's Court Wits dentistry student Errol Gordon (23) was acquitted on eight counts of dealing in LSD. John Chatterton (21), a third year B Sc student, was convicted of possessing hashish and received a suspended two-month jail sentence.

"The primary problem on campus is not the illicit drugs, but the socially acceptable and legal drug of alcohol," said Father Michael Lapsley, Anglican student chaplain on the Durban campus.

"I think that all drug taking should be seen in the whole context of the drug culture in South Africa.

"And in that culture alcohol is the most serious drug taken both in the number of people who use it and its effects on their lives."

Tony Jordan and Nick Haysom, president and vice-president of the Durban SRC, said students had turned from illicit drugs to legal and more socially acceptable alcohol.

Iain McMillan and Russell Knight, president and vice-president of the Pietermaritzburg SRC, agreed that the drug laws had had the effect of making people less open about using drugs so that use had to some extent been driven underground.

And a leading Johannesburg psychiatrist accused the Government of pushing the drug problem "underground" by failing to scrap its "rigid, authoritarian and unsuccessful" drug laws which

forced more youngsters to drink.

"These vicious, draconian laws don't deter youngsters from taking drugs. It just makes it difficult for therapists and social workers to reach out and help addicts. Government legislation has made us all suspect."

## High sales

The oppressive laws were forcing more and more youngsters to turn to alcohol — "often just as dangerous and socially disruptive as some drugs" — but which, through high sales, assured the Government a safe and steady income, he said.

Brigadier Van Tonder said, however, he didn't think the drug problem was getting out of hand at universities.

"We act on information when we get it. We can't plan a major assault on the universities. When we get complaints we investigate."

1 5  
2 3  
3 210  
4 511

# Sexless living in hostels behind alcohol problem

STAR 18/7/75

Sexless living in hostels was blamed for the massive problem of alcoholism among urban Africans, especially migrant workers.

All this he blamed basically on social conditions.

"The urban African must be better fed, better

paid, better schooled and better housed," he said.

"We must tackle the underlying cause of this blight."

Professor H C Seftel, of the University of the Witwatersrand, said that although the worst abuses of the shebeen system were a thing of the past, drink and its side-effects were still a major killer in the townships.

He blamed the conflict of adapting from a tribal way of life to the pressures of city living, and especially a social pattern which separated men from their womenfolk.

### HYPERTENSION

The same pressures accounted for the high incidence of hypertension, which Professor Seftel said was "the number one killer after violence." It was produced by "tokoloshes plus totsies," he said.

Obesity was also widespread; Johannesburg, not London or New York, had the fattest women in the world. Tuberculosis was a "terrible scourge" and South Africa had an unenviable achievement in reintroducing scurvy, a disease on the wane everywhere else.

**AMAZING** details of the prison-like conditions and routine at the De Nova Rehabilitation Centre for Coloured alcoholics in Cape Town were disclosed this week by a voluntary patient who for three months lived in fear of internment in one of the centre's three solitary confinement cells.

Mr Trevor Davies, a former tobacco company sales representative, told me of the "miserable" cells, of patients made to wear prison-type uniforms, and of "humiliating" jobs assigned to patients.

Several other former inmates of the centre, who wish to remain anonymous, also told the SUNDAY TIMES they had lodged complaints about the conditions at the institute with the Department of Information but had heard nothing since.

When Mr Davies and his wife, Olga, a schoolteacher, of Bellville, agreed earlier this year that Mr Davies should voluntarily admit himself to De Nova he had little idea, he said, of the nightmare he was facing.

### Horror

After 10 weeks he decided he could stand it no longer and asked to go home. To his horror, he was told he had to stay at least six months. But after a bitter fight he was "released" and thankful to see the last of the place.

Here is his amazing story:

"When I volunteered to be admitted a social worker at the Bellville regional office of the Administration of Coloured Affairs told me I would have to be prepared

to do light duties.

"I did not mind this. I didn't expect it to be a holiday resort or hotel.

"My first shock came though when I arrived at the institute with a suitcase full of clothes but was told to don a khaki, prison-type uniform. When my wife and children visited me, I felt terribly humiliated sitting there in that uniform.

### Humiliated

"My wife was humiliated too, when officials searched packets she brought me on Sunday visits. It was hardly likely she would smuggle alcohol to me when she was pining for my return.

"During my time there, I received no treatment. The only doctor I saw was when I was admitted.

"The so-called treatment I received was 'work-therapy' and I became part of a glorified cheap labour force. Often patients were picked up early in the morning and taken in lorries to public works projects as far away as Upington and Keimoes. Some helped to repair damaged schools in Manenberg.

"This was in spite of the fact I was told when first interviewed no patients would work further away than 10 kilometres."

Although he cleaned out the recreation and hobbies rooms, Mr Davies refused to clean out "cells" and to do painting and plumbing work. Because of this, he was technically guilty of in-

subordination, and he feared he might be confined to one of the solitary confinement cells in Block E.

No visitors are allowed the inmate in solitary and he is also deprived of his 250 gram fortnightly ration of tobacco and the 5 cents a day he is normally entitled to.

"I dreaded the thought of solitary and was not prepared to be ordered around like a common criminal. That's why I decided to get away as soon as possible," said Mr Davies.

The SUNDAY TIMES this week spoke to Mr B von Waltleben, superintendent of De Nova, who admitted there were cells at the institute and inmates were sometimes kept in solitary confinement. He showed us the cells in E block.

### Barred

He said "Cell E" was an unofficial name given to the block of three cells by the inmates themselves merely because the other blocks were known as A, B, C and D and were progressively more comfortable from D to A, depending on the type of inmate who occupied it.

The cells were about 8 feet by 8 feet with a concrete floor, high concrete ceiling and with three heavily-barred, narrow "windows" about 2 feet by 1 foot facing a corridor wall outside which made the inside of the cell almost completely dark.

Mr Von Waltleben explained that the naked bulb in the ceiling was on all the time when the cells were occupied.

When we asked him to switch it on, he explained that the electricity in that section of the camp was faulty and the switch did not work, unfortunately.

Patients sleep on a mat with a mattress and blankets and there is also a sanitation bucket.

"But I must emphasize that I order patients to be kept in solitary confinement cells — there are three of them — only when they are guilty of gross insubordination such as fighting, smuggling liquor into the camp, or deliberately damaging property," he said.

Mr Von Waltleben has been superintendent at De Nova 13 years.

He confirmed that all inmates, whether sent there by Welfare authorities or who admitted themselves, "had to work, it as part of work therapy..." he said.

Of the complaints by Mr Davies that children came to see their parents on Sundays and saw them in "prison garb", Mr Von Waltleben agreed that it could be humiliating.

"But this matter is receiving attention and this practice may be done away

allowed to wear civilian clothes — personally I would also prefer this," he said.

Dr W G Le Roux, Director of Community Welfare and Pensions of the Administration of Coloured Affairs, said that the so-called "solitary confinement" block at the De Nova institute was merely there to cool off inmates guilty of major misdemeanors.

"But there is no question of 'solitary confinement' as such because every sort of punishment for the more serious type of thing has to be checked by the local magistrate in the area.

"The solitary confinement block was merely a "facility" that must be there to isolate inmates under certain circumstances, he said.

"None of the inmates, however, are prisoners. They are treated by psychologists and five social workers and when necessary get psychiatric treatment and work therapy."

### Response

"They are not normally committed for a specific time but can be released depending on how they had responded to treatment," Dr Le Roux explained.

Mrs Olga Davies told the SUNDAY TIMES: "We were told that the regulations were that each patient had to remain in the institute for a minimum of six months. We then had some hard words with the social workers there because we felt that since Trevor was a voluntary patient, they had no right to deprive him of his freedom.

"After arguments, officials agreed to release Trevor but made it clear that because they felt that he would not subject himself to their rules, they would enter on to his file "expulsion for insubordination" or words to that effect, which would not make it easier for him to get a job should a prospective employer telephone

# Millions needed for nationwide work

Cape Times 22/7/75

From DR W J B SLATER,  
Chairman of SANCA  
(Cape Western Society)  
and National President of  
SANCA (P.O. Box 1324,  
Cape Town):

## Letters

REFERRING to your sub-leader "SANCA needs help" (Cape Times, July 11) your readers may value an explanation how the South Africa National Council on Alcoholism and Drug Dependence (SANCA) works and why it needs substantial sums to deal effectively with this "massive and destructive social problem", as you forcefully and correctly describe this menace. SANCA's functions include both alcoholism and drug addiction.

In the Western Cape there are several treatment centres. The Provincial Administration operates the William Slater Hospital in Rondebosch and soon will complete substantial premises for a second hospital in Athlone, both controlled by Groote Schuur Hospital. Valkenberg Hospital accepts longer-term patients. The NG Kerk operates a substantial treatment centre named Ramot in Parow while the Salvation Army is responsible for Crossroads rehabilitation centre at Muldersvlei. The Administration of Coloured Affairs administers a rehabilitation centre near Kraaifontein called De Novo. One must also remember the good work done by Alcoholics Anonymous.

A major function of SANCA in the Western Cape is to educate the public generally on the subject of alcoholism and drug addiction, especially key persons such as the clergy, doctors, nurses, other paramedical staff, social workers, employer organizations including farmers, trade unions and women's organizations.

### Schools

Special attention is given to schools and the younger generation as well as parent-teachers' associations. This function is fulfilled by numerous seminars, talks to groups and over the radio, articles in the press and magazines and by a variety of pamphlets available to the public.

Most alcoholics are still in employment, often highly skilled and experienced but steadily losing efficiency and creating problems in their employment, in their family life and in their social circle. Unfortunately alcoholism and drug addiction are a hidden problem. Sufferers seldom come forward voluntarily and must somehow be reached and persuaded to accept treatment. If identified in time, fortunately the chances of recovery are good.

Thus another major function of SANCA is to help to identify those in employment and to persuade them to seek treatment in time. This is a laborious task which entails approaching every employer in turn, and there are several thousand in the Western Cape. We seek to build a sound relation with employers to persuade them that the treatment of alcoholism and drug addiction is not merely charitable action but sound business which pays dividends.

The first approach to an employer is through a trained information officer who obtains consent to arrange a series of seminars for the supervisors to guide them in detecting alcoholism and drug addiction in the early stages. Having identi-

fied any who appear to need treatment the next step is by the social worker, who investigates the surrounding circumstances. The social worker is the promoter of motivation and links the problem drinker or drug-taker with treatment.

The social worker also has a significant role in treatment. Group therapy under the guidance of a trained social worker is valuable in many cases. The social worker needs to identify those with deeper problems or those debilitated who are referred to the medical centre. Care must be taken to avoid unnecessarily overloading the medical centres.

There is thus a close relationship and co-ordination of action between SANCA information service, the social worker, members of the team and the medical treatment centres. SANCA also has important functions in respect of after-care.

The total population in SANCA's Cape Western area is 2½ million of whom approximately 60 percent are Coloured, 32 percent White and 8 percent Indian or Bantu.

At present SANCA operates two information centres, supported by social workers situated in central Cape Town and the other in Athlone with a total staff of nine. Besides strengthening the existing offices, in order to bring this preventive and first-line treatment service within reach of the whole population, a further six centres are required. This will require a field staff of at least 40 trained information officers and social workers plus supervisory and supportive staff, making a total of 56. This cannot happen suddenly. The service should be expanded systematically over a five-year period so that by 1980 it is in full operation.

### Out of date

This service at current costs will need about R400 000 a year. The subsidy from the Department of Social Welfare and Pensions is theoretically based on 75 percent of expenditure, unfortunately on out-of-date figures. SANCA will expect the Department to contribute 75 percent of actual expenditure, thus R300 000 when the service is in full operation, while SANCA needs to find the balance of R100 000, which is a tall order against the R44 000 at present raised with the valued support of the Community Chest, without which the service would be very poor indeed.

SANCA's current budget in the Western Cape is R66 000, of which approximately one-third is contributed by the Department, one-third by the Community Chest and one-third is raised by SANCA itself.

In 1974 the price of alcoholic liquor consumed in the Republic was R900m. The state received R250m in excise duty. The estimated receipts from excise duty this year, according to the parliamentary estimates, is R300m, a startling increase over last year of R50m. Last year the per caput consumption of pure alcohol was 4.49 litres for the whole population.

There is a correlation between the per caput consumption of alcohol and the number of alcoholism cases. There is also a correlation between consumption of alcohol and the state's receipts

from this trade. It is a reasonable deduction that the number of alcoholism cases is related to the income of the state from the consumption of alcohol. In other words the state's income from this source is a reasonable measure of the extent of finance which should be devoted to prevention, treatment and after-care.

The population of the Republic, excluding the Bantu homelands, is in the vicinity of 16 million or approximately seven times greater than the population of the Western Cape area. Looking at the subject of finance from a national basis, the probable cost of an adequate prevention and first-line treatment service would be seven times the estimate for Western Cape — that is R2 800 000 — and necessitates a total staff of about 400 eventually.

SANCA spends about R750 000 a year at present on its treatment centres (the Cape is the only province which provides hospital service for alcoholics). This expenditure will need to be doubled at least to R1.5m to bring the present centres to the required standard and to establish other centres where there are gaps.

### Subsidy basis

On after-care and capital expenditure on buildings and equipment, not less than R500 000 a year will be needed, bringing SANCA expenditure to R4 800 000 a year. On a 75 percent subsidy basis the state should provide at least R3 600 000 while SANCA as a whole will need to find R1 200 000 a year, which is too great a burden, though this figure does include the fees paid by patients treated in SANCA centres. The subsidy basis will need to be increased to the more generous basis of 85 percent.

There are other voluntary organizations providing treatment who receive grants from the state. Their total expenditure will be of the order of R700 000 a year, bringing the total cost of services provided by voluntary agencies to R5½m a year.

Two percent of the current income of the state from excise duty will produce R6m, more than sufficient to cover the whole cost of the services by voluntary agencies.

The taxpayer will want to know whether expenditure on this scale will bring commensurate results. There can be no doubt about this. SANCA clinics are treating at least 10 000 cases a year either as in-patients or out-patients. The William Slater Hospital has treated more than 5 000 cases here in Cape Town. At least 50 percent are completely successful or show considerable improvement.

This expenditure should be regarded as an investment which pays handsome dividends both in the hard economic sense as well as socially and in the improved wellbeing of a considerable proportion of our population.

# 'Keep drunks out of jail'

3-AR  
29/1/75

Pretoria Bureau  
Alcohol and drug offenders should be kept out of prisons, Brigadier J P Roux, of the Prisons Department, said in Pretoria today.

At a seminar on alcoholism and drug dependence Brigadier Roux said people who thought prisons were the ideal place for the treatment of alcoholics and drug offenders were under a serious misconception.

This question is whether the prison, irrespective of the services of social workers, clinical psychologists, educationists and spiritual workers is the most suitable place or whether it ever can be.

### NEGATIVE

People did not go to prisons voluntarily but were sent there by courts. This caused negative reactions and feelings in the offenders which made it difficult to treat them.

Attempts should first be made as far as possible to try other facilities and follow other methods and therefore prisons should be regarded as the last resort and not the first.

Brigadier Roux said the Department of Prisons's point of view was that where a crime was coupled directly to alcohol or drug dependency, the offender should be treated in a rehabilitation centre.

part seven This does not mean that addicts who have conflicted with the law as a result of their alcohol or drug problems should no longer be sent to prison.

We have to be realistic—there will always be those for whom imprisonment is the most appropriate expedient.

Organised farming and modern industry was blamed at the seminar for the change of drinking habits among Africans.

Mr J T G Wolmarans of the Department of Bantu Administration said Africans were traditionally social drinkers.

Industry and organised farming has changed their living pattern to so many working days punctuated by a day or two off with the result that the drinking pattern also changes.

Occupational stress became the reason for drinking, not observance of tribal ceremonies.

Mr Wolmarans said more Africans should help with the rehabilitation of alcoholics and drug addicts among their own people.

Mr L L Millar of the Department of Indian Affairs said more Indian men drank liquor than women.

"The Indian community has certainly not come off unscathed, nor is there any likelihood of its being immune from the problem of alcoholism in the future."





RDM 3/17/75

# Drink problem: Govt aid slammed

(L) 70

By KEITH ABENDROTH

THE president of the South Africa National Council on Alcoholism, Dr W. J. B. Slater, yesterday slammed the State for the "totally inadequate" contribution it was making to the fight against alcoholism — which he described as one of the country's most serious problems.

Speaking at Sanca's annual meeting in Pretoria, he said that South Africans were now spending R900-million on liquor — not including expenditure on Bantu beer.

Urging the State to increase its subsidy by 400 per cent, he said the State was receiving more than R3000-million a year in excise duty.

## RAPIDLY

Yet the amount allocated by the State from the R300-million income in subsidies to Sanca and other voluntary bodies was less than a quarter of one per cent.

Public expenditure on liquor was increasing at an annual R50-million — but parallel with this was the inescapable fact that alcoholism stood rapidly increasing amongst all groups of the population.

Said Dr Slater: "It has become one of the most serious of our social problems, filling our hospitals with accident and brain-damage cases, adding to our prison population, causing untold misery in family life and disrupting our work force."

Apart from human misery all this results in serious economic loss, running in total to several hundred million rand a year.

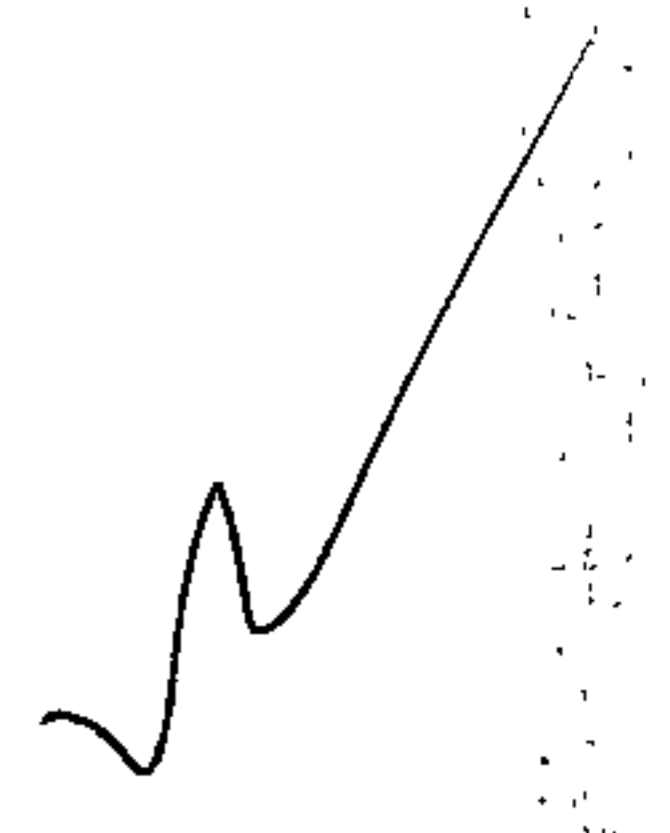
Money spent on prevention, treatment and after-care was a sound investment which paid handsome dividends.

"The State should be prepared to devote at least 2 per cent of its revenue from this source on subsidising Sanca and other voluntary organisations."

Some welfare services had a more popular appeal to the public's generosity than others.

## MEETING

Though every effort was made to raise funds to fight alcoholism, it was



# Social drinking leads to alcoholism—doctor

EAST LONDON — South Africa is one of the countries with the highest rate of alcoholism, according to the Superintendent of the Komani Hospital, Dr F. J. G. Haupt.

Dr Haupt told the annual meeting of the East London Mental Health Society that alcoholism was a universal habit and there was little awareness of the gravity of this disease.

"There is not one particular type of person who becomes alcoholic, but it has been discovered that

about 42 per cent have a family history of neurosis and about one third are psychopathic.

"It is also an occupational hazard. People whose positions necessitate social drinking often turn alcoholic," he said.

Dr Haupt outlined the various types of alcoholics who range from chronic alcoholics to periodic or bout drinkers.

"People either drink because they have to, or they drink to relieve pain or mental anxiety," he said.

He said suggestions made regarding prevention of alcoholism included restricted hours for sale, public ownership of bars, taxation and banning of advertising.

Dr Haupt said drugs could be given together with alcohol which would cause the patient to become nauseous. This

created an aversion to alcohol.

"The most important thing which an alcoholic must learn is that he can change and he can obtain a new value in life.

"Religion also plays an important part in the attempt to rehabilitate an alcoholic and he must learn that God is interested in him and wants to help him," he said.

Asked what was being done for black alcoholics, he said that discussion had taken place regarding the building of institutions and centres.

Earlier, the society's chairman, Dr L. Sunn, presented his annual report and spoke on the shortage of funds.

The treasurer, Mr M. I. Shaw, said that last year the society had been in a bad way, but because of a donation received, it was now in the clear. — DDR



DR HAUPT

90  
167.

# Action plea on drink problem

## Pretoria Bureau

The Deputy Minister of Social Welfare and Pensions, Mr. H. H. Smit, has appealed to leaders of the wine industry to help teach people to use alcohol responsibly.

Speaking at the annual meeting of the South African National Council on Alcoholism and Drug Dependence at Castle Carey near Pretoria, he said South Africa had developed advanced treatment facilities for alcoholics and drug dependants but no more than the surface had been scratched as far as prevention was concerned.

### FAMILIES RUINED

Mr. Smit said he was alarmed that the abuse of alcohol had extended to youth. Although many were not yet alcoholics it was accepted that the average person took 10 to 15 years to reach that state.

He was also alarmed that the percentage of women admitted to the Castle Carey Clinic for Alcoholics had increased by 19,7 percent this year.

This meant that alcohol was ruining family life.

Mr. Smit said people who became alcoholics early in life harmed their productive years — the years when they could best care for their families and be of value to the community and country.

Alcoholics had to be identified and their problems treated at an early stage when their chances of recovery were greater. The time had arrived for meaningful deliberations between welfare organisations and the leaders of the wine industry for well-planned action programmes.

According to an expert's estimate, there were 65 000 White alcoholics among the South African work-force, of which 5 000 were women.

Health & DS - Alcoholism

NE  
ALBUS  
90 27/1/75

By Keith Kiewiet

**SOUTH AFRICAN** industrialists have begun to tackle a disease, hitherto largely ignored by them, that afflicts 5 percent of their work force — alcoholism.

Behind this completely new approach is the South African National Council on Alcoholism and Drug Dependence.

By aiming at top executives, Sanca hopes to reverse the trend of a battle it has so far been losing.

Treating the disease has become something of an economic necessity. It costs South African commerce and industry more than R150-million a year in bad decisions, absenteeism and plant breakdowns.

## 'UNDER-FUNDED'

Sanca, which describes itself as 'vastly underfunded', is, in the Cape, sending experts into the plush offices of top management to arrange seminars where the executives will learn what alcoholism is and what to do about alcoholic employees.

The ultimate goal of Sanca is to get alcoholism recognised as a treatable disease and to have company policies implemented—similar to medical aid policies—which would have provision for the alcoholic.

Dr Peter Brookes, chief information officer of Sanca in Cape Town, said in an interview this week: 'If a person can claim medical expenses for the treatment of, say, influenza, then that person should also be able to claim medical expenses for alcoholism — which is also a disease.'

## SPENDING

But this scheme, like other schemes of Sanca, was hamstrung by lack of funds.

Dr Brooks said: 'In the financial year 1974-75 South Africa spent R1 000-million on liquor. In the same year the Government took R252-million in excise duty on liquor.'

At the same time the State is spending only R1-million a year on prevention services. It is not enough — we are fighting a losing battle. The country needs to spend more on the alcoholic.'

There is a need for detoxification centres, halfway houses between treatment centres and open society, homes for the aged, chronic alcoholics and an in-patient hospital for African alcoholics in the Peninsula — there

He said that because Sanca was under-financed, it could not even go into Black areas because it could not pay the staff to do so.

## ESCALATING

The truth of the matter was that although Sanca was doing work in the commercial and industrial sector and in schools it was not even scratching the surface of South Africa's alcohol problem and it was certainly an escalating problem.

A recent survey by the World Health Organisation showed that alcoholism was the fourth-worst health problem in the world. If, as most people believe, South Africa is on a par with the rest of the world, then the figure cited applies to this country as well.

# TOO LITTLE DONE FOR ADDICTS

Mercury  
18/11/75

1 Health Dis. - Alcohol  
2. Health Dis. - Drug Addicts

By **BILL FAILL**  
Science Correspondent

**FACILITIES** for the rehabilitation of drug addicts in Durban are not in good shape, although in many ways they are superior to those in other major centres.

Throughout South Africa, high ideals laid down in an official report published in 1970 seem to have fizzled out leaving a dismal scene of far too little being done, no clear idea of how many people are being rehabilitated and much dispute as to whether the correct methods are being applied in the first place.

This Mercury investigation was triggered by the recent case of a pethedine addict who after his arrest was caught up in an official limbo.

No one seemed to know quite what to do with him and for nearly two days, while suffering needlessly from agonising withdrawal symptoms, he was shuffled from pillar to post before being admitted to Town Hill mental hospital.

Adequate facilities, says the committee of inquiry report, should be created at special clinics and institutions and possibly also in psychiatric departments of general hospitals.

In the case of this particular addict there are no special clinics or institutions in existence because he is an Indian.

In this Indian's case the initial treatment, although it would have spared him some suffering, would have been almost irrelevant. For the cure he wants is clearly going to be a lengthy business and there is no long-term rehabilitation centre for his race group. Only Europeans, Coloureds and Africans are catered for.

Drug rehabilitation in this country is largely in the hands of two bodies — the Department of Social Welfare and Pensions, and Sancad (S.A. National Council for Alcoholism and Drug Dependency).

The approach used in the Social Welfare rehabilitation centres was described by a Durban doctor, who is well versed with the drug problem. Some time ago he was invited to visit

place, he said, was run by social workers along with a nurse in charge of the sick bay.

On the therapy side — industrial, occupational and group — he found people in charge without proper diplomas or degrees, who had little empathy for the patients.

"In one area a women's cultural group from a local church was running things. A worthy effort on their part, no doubt, but about as appropriate as me trying to take a church service."

One particular fault he found with Magaliesoord is that it caters for both alcoholics and drug users, groups dissimilar in age and habits, needing quite separate approaches. The outlook for drug users, he says, is better than for alcoholics, with a shorter period of treatment usually being needed.

## SCREENINGS

For both kinds of addicts he would like to see an officially-funded programme, starting with a careful screening of the subject, in which all aspects of his or her problem would be investigated by a multi-disciplinary team. This, he thinks, should be done in the psychiatric unit of a general hospital.

Not only would the team meet the patient but equally the patient would meet the team and learn about the course of action mapped out for him. In almost all cases, this would mean a stay in a small closed unit, of which there should be one in all major centres.

While this is his plan for drug-takers, he would like to see something similar for alcoholics.

The closed units would need to be relatively isolated to allow a period in a drug-free environment. The approach would be to build up the work-ethic, solid good life attitudes. The stay here would be from one to six months, under tight strict control

environment that led them to drugs in the first place. An exception is usually made for the first two weekends when Warman House youngsters are taken in by Lulama which operates 365 days a year.

"But the later weekends present a problem — often we seem to take three steps forward during the week, and then two back over the weekend," said Mrs. Swift.

Asked what she thought was the answer to the problem of drug rehabilitation, Mrs. Swift said simply: "More money."

Warman House is an operation costing about R30 000 a year. R20 000 of this comes as a grant-in-aid from the Department of Social Welfare, the balance being raised by other means. The budget is so tight that an unexpected but necessary plumbing job came as a serious embarrassment.

This then is the drug rehabilitation scene. The crux of the matter seems to be that no one knows precisely how well the various components are working. Any detailed follow-up of supposedly cured ex-addicts would be a very expensive undertaking. Yet without it, we don't know whether we are spitting in the wind or really getting places and making an impact.

cont ↓

Magaliesoord, at Cullinan near Pretoria.

"I found walking around the place one of the most distressing experiences of my life," he said in an interview recently.

Magaliesoord is a closed unit. People are either referred or sent there. The Department is selective in who is admitted. Only those reckoned likely to recover are accepted. Furthermore they must not have any personality disorder.

"In my experience, this excludes half of all drug takers," he said.

He found the approach of the authorities at Magaliesoord to be hierarchical and rigid.

"They were unaware of the facts about drug usage and language and acted like benevolent despots, speaking down even to us visitors."

There were no full-time doctors or psychiatrists, such services being provided on a sessional basis by a visiting district surgeon or psychiatrist from a local mental hospital. The

This would be followed by a stay in a "half-way" house, where the person would live at night while working and functioning in society during the day. Those who can return to their families would do so directly from the closed unit.

But most people involved with drugs have broken their links with their family. These half-way houses would fill the role at present played by voluntary organisations like Durban's Warman House. They would be officially financed although those staying there would pay for board and lodging.

If such a system were run efficiently and well, this doctor thinks that the majority of people going through would solve their drug problem.

Existing centres like Magaliesoord are one avenue of rehabilitation. Precisely how effective they are in terms of people discharged who remain drug-free no one seems to know.

As far as Durban is concerned the other approach to the problem is through Warman House and its offshoots, which are four out-patient clinics for Indians and Coloureds. These are run by Sancad. There is also an African out-patient clinic at Kwa Mashu but this is administered by the Port Natal Bantu Affairs Board.

Mrs. Winifred Swift, Durban director of Sancad, was quite frank about the shortcomings of the service provided. Out-patient facilities are just not adequate for tackling the drug problem. But Sancad's constant shortage of money holds out little hope for changing the set-up.

Warman House, the only residential unit run in this area by Sancad, is for Whites only. The biggest drawback there once again stems from shortage of funds — the clinic has to close at the weekends, throwing those undergoing therapy back into the

# Alcohol bill is R2,3m a day

STAR 22/11/75

During the past year South Africans spent at least R850-million on alcohol—R2 320 000 a day.

This amount is compiled from figures published in the October issue of *Hotelier and Caterer*, official journal of the Federated Hotel Associations of Southern Africa.

More was spent on liquor than the Government spends on Bantu Education and Administration combined (R453-million) R150-million less than the Government's biggest single expenditure — defence, this year reaching R1 000-million.

## ALCOHOLISM

The "shocking" amount spent on alcohol clearly indicated the need for more public awareness and treatment of disease of alcoholism, said a Johannesburg spokesman for Alcoholics Anonymous.

More than 300 000 men and women suffer from alcoholism, which can bring about insanity or death, and the country spends more than R1 million a year on their treatment.

The magazine also reports that, excluding sparkling and natural wines, South Africans consumed more than 608 million litres of alcohol.

The liquor industry as a whole recorded a growth of 23,4 percent.

Beer showed the biggest "growth." For the year ended June 1975 an in-

crease of 20,3 percent was recorded and 459,2 million litres sold.

Fortified wines, which include port, sherry and sweet wines, are the biggest sales group.

During the past year 76,29-million litres were consumed and R86,6-million spent by fortified-wine drinkers.

Natural-wine producers spent R2,28-million advertising their products (the

highest spent in any liquor group) but recorded a volume-growth figure of minus 1,1 percent.

Figures for the amount of sparkling and natural wines consumed were not available for the survey but about R7-million was spent on sparkling wines and R108,9-million on natural wines.

The biggest seller in the spirit group was brandy—36,9-million litres.

1 167  
2 Health & Dis - Alcoholism

R2,3m



Prof. Barnard speaking in East London last night.

DD 22/11/75

## Alcohol worse than dagga says Barnard

EAST LONDON — Dagga is not a quarter as harmful as alcohol, said Prof. Chris Barnard here last night.

Addressing guests at the South African National Council on Alcoholism's annual dinner, he said: "Dagga is illegal — and it should be, — but alcohol is legal.

"The danger of dagga is on to habit forming drugs. This occurs in a small percentage of cases in the same way alcohol affects a small percentage of people and makes them alcoholics.

"In America they have to print warnings on each packet of cigarettes. In this country they should have to print such a warning on each bottle of alcohol." Prof. Barnard said there was no greater single cause of misery in South Africa than alcohol.

He suggested that in the way everyone learnt the symptoms of a heart

attack, they should learn the symptoms of alcoholism.

They should remove the stigma attached to the disease.

"A man alone is in bad company. This is what we are doing to alcoholics, isolating them and making them feel loneliness," Prof. Barnard said.

He said there were many diseases which were caused by alcohol, numbered amongst which were diseases of the brain, stomach, heart, liver and pancreas.

He said there were Coloured people coming to Groote Schuur who came in with pancreas disorders because of the dop system which was legal in this country.

If they did not die they came in with the same complaint again, and if cured once more invariably came back with diabetes. — DDR.

1. Health + Dis. Alcoholism
2. Health + Dis - Drug Addictions



90

# NON - WHITES' ALCOHOLISM 'ALARMING'

Mercury Reporter

Mercury 10/12/75

**IN-PATIENT** facilities for treating alcoholism among non-Whites are non-existent. And alcohol cases in Durban are soaring to alarming proportions, the South African National Council on Alcoholism and Drug Dependence (Sanca) disclosed yesterday.

Sanca's part-time treatment clinics in Chatsworth, Austerville and Wentworth, were not winning the fight against alcoholism.

This was because the Indian and Coloured areas lacked in-patient and rehabilitation centres where alcoholics could receive full-time treatment. A rehabilitation centre existed in Cape Town for Coloureds.

Durban's Whites are

admitted to Lulama as in-patients. They also have a rehabilitation centre.

There is one Indian social worker at an out-patient clinic in Chatsworth who has to cope with the increasing number of cases there, and there are thousands of addicts who are not being reached in the vast Indian township, the Mercury learnt.

In Wentworth, addiction to alcoholism had

reached alarming proportions and social workers there said the crime rate was soaring.

Sanca was seriously concerned about the lack of in-patient facilities among non-Whites and said there was an urgent need for clinics to be built in several areas where people who can no longer help themselves can be sheltered for treatment.

However, Sanca did not have sufficient funds to build these in-patient centres or clinics and as long as this situation remained, thousands of people being destroyed by alcohol cannot be saved.

Sanca was seriously concerned about the lack of in-patient facilities among non-Whites and said there was an urgent need for clinics to be built in several areas where people who can no longer help themselves can be sheltered for treatment.

Warning is given to students when they pass only one course in the end of year. Warning is given to students when they pass no courses at all. In each of the above the students do not qualify for exemption.

# S.A. HAS 216 000<sup>90</sup> DRINK PROBLEMS

Mercury Correspondent

**JOHANNESBURG** — According to the latest South African Medical Journal, about 65 000 White men are suffering from untreated alcoholism in South Africa, with a further 54 000 classed as excessive drinkers.

These figures were given by Mr. Murray Coombes, senior information officer to the Western Cape division of the South Africa National Council on Alcoholism, after a recent survey.

In 1961, Dr. G. A. C. Kuschke, the First Secretary for Social Welfare, estimated there were 51 000 excessive drinkers among the White population in South Africa, and that at least 9 000 were alcoholics.

The recent survey by Sanca showed that, among Coloured men, about 97 000 are excessive, addictive and pre-addictive drinkers.

There were no figures available for Blacks.

According to the journal, the most doctors can hope for is to cure 33 percent of alcoholics in South Africa. Another 33 percent will relapse sooner or later while treatment of the remainder will fail.

The problem of alcoholism is not new to South Africa. According to the article, it has been a problem from the earliest days of the White settlement.

Hansard 2 col 72 4/2/76

**Rehabilitation services for Indians**

7. Mr. L. F. WOOD asked the Minister of Indian Affairs:

What amounts from (a) Revenue and (b) Loan Account were (i) allocated during 1975-'76 and (ii) have been spent to date in respect of (aa) rehabilitation services and (bb) the establishment of rehabilitation institutions for Indians addicted to alcohol and drugs.

The MINISTER OF INDIAN AFFAIRS:

- (a) (i) (aa) R6 000.  
(bb) Nil.  
(ii) (aa) R6 200.  
(bb) Nil.
- (b) (i)(aa), (bb) and (ii)(aa), (bb) Nil.

The R6 200 mentioned above represents the subsidy paid by the Department to the South African National Council on Alcoholism and Drug Dependence. It must, however, be pointed out that rehabilitation services are also rendered by the Department's social workers in the normal course of their duties and that it is in the circumstances not possible to determine the exact amount which is annually being spent from the Revenue Account in this respect.

Health Disease - Alcoholism

Cape Times 7/2/76

**Staff Reporter**

DE NOVO the State-run Rehabilitation Centre for Alcoholics situated in the heart of the Boland is giving new hope to hundreds of men and women who have dropped out of the mainstream of life because of their drinking problem.

The centre sprawls over 280 morgen and houses 203 men and 63 women. A former work colony it was restructured to form the present rehabilitation centre in 1961.

Development has been rapid and the centre is

# Boland centre gives alcoholics new hope

now self-supporting providing its own vegetables and dairy products, planning and building its new developments.

Today it is the only institution of its kind in South Africa for Coloured alcoholics.

Specialized psychiatric physical spiritual and medical therapy are given to ensure that those leaving the centre are adequately equipped to deal with the world again.

Most of the patients at De Novo have been committed by the State al-

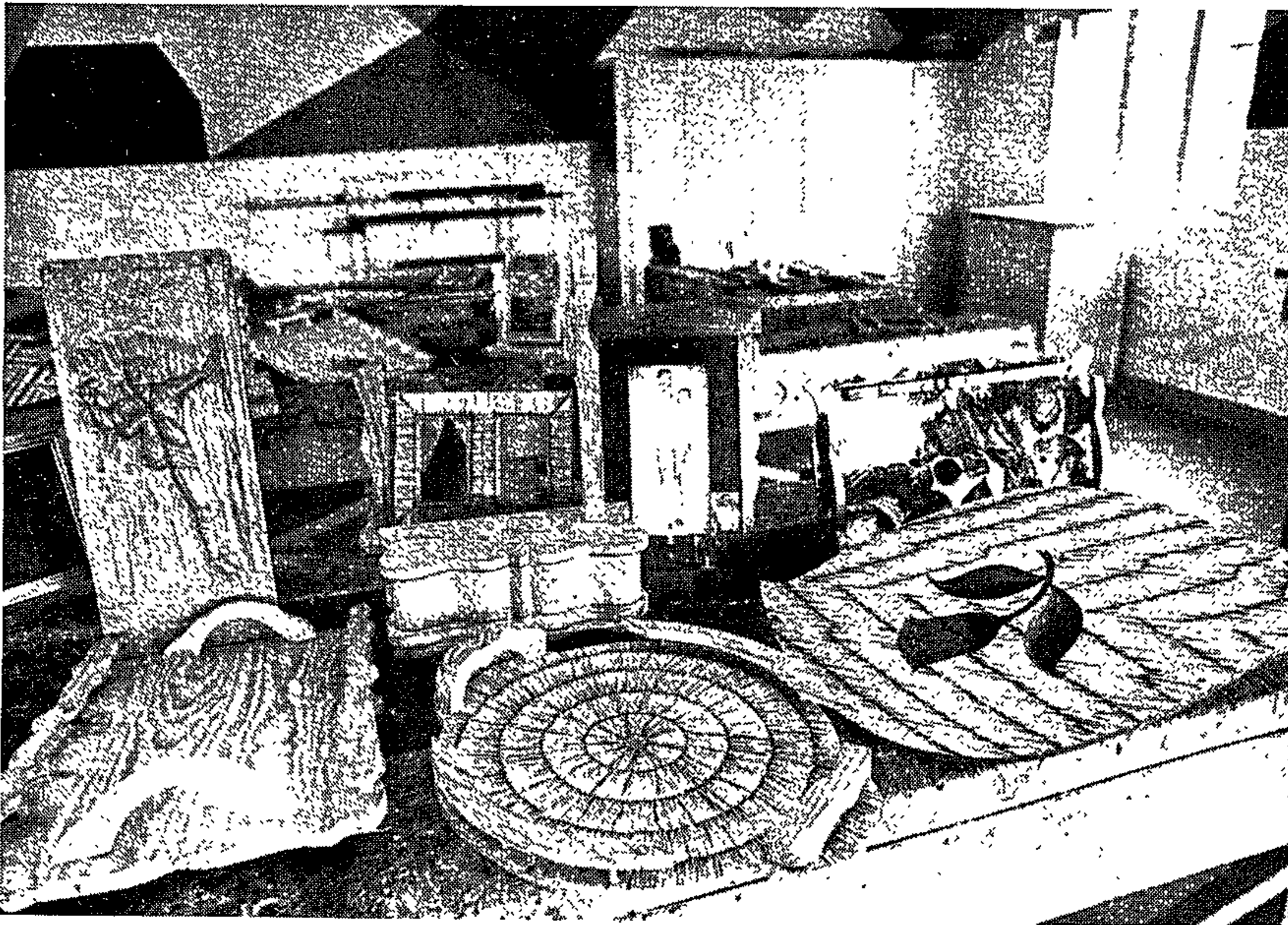
though a number have gone there voluntarily.

The maximum period for volunteers is six months and for committals four to 14 months. Most are discharged after treatment of between six and nine months and then released "on

licence" or probation. Patients spend a large part of their time prescribed and free doing all types of manual work or being taught skills.

According to a social worker patients who formally led unproductive lives had with patience and encouragement been taught the value of being productive.

The atmosphere yesterday was one of relaxed industriousness with patients going about their work with instructors giving assistance in the workshops.



These are a few of the handicrafts done by patients at De Novo in their leisure time. When they leave the institution they take them home.

Tabel 14 Arbeidskoste per arbeider per jaar vir die Rdens

Jaar	Kon- tant	Bonus	To- taal kon- tant	Meel	Vis	Vleis	Wyn	Melk	Suiker Koffie Tabak	Me- diese koste	Kle- ra- sie	Onge- valle Ass.	Ander	To- taal Nie- kon- tant	Totaal	Aan- tal Ar- beids- een- hede	Koste Ar- bei- der/ dag	Aar- tal Arbe- der/ plaa
"55/56	144,82	1,65	146,47	/	/	/								112,32	258,79	278,0	0,38	3,2
"56/57	152,32	8,58	160,90	/	/	/								118,59	279,49	361,0	0,39	3,3
"65/66	205,63	/	205,63	12,80	1,70	41,21	2							94,87	300,50	226,0	0,75	3,4
"66/67	224,77	/	224,77	12,93	1,93	37,05	1							92,81	317,58	190,0	0,78	2,7
"67/68	231,95	/	231,95	24,22	3,24	/	1							58,83	291,78	210,3	0,81	2,8
"68/69	244,41	27,58	271,99	28,28	3,73	55,58								136,48	408,47	243,0	0,86	3,0
"69/70	258,56	28,70	287,26	30,00	2,18	51,06								134,89	422,15	213,0	0,89	2,8
"70/71	266,69	31,75	298,44	28,69	3,22	65,24								162,30	460,74	227,0	0,89	3,3
"71/72	311,71	35,12	346,83	32,49	4,72	72,73								161,55	508,38	231,0	1,08	3,0
"72/73	314,53	27,69	342,22	/	7,41	/								32,32	374,54	194,0	1,14	4,1
"73/74	384,18	38,62	422,80	47,52	4,14	132,35	11,08	18,01	1,17	5,33	10,40	5,90	14,90	250,80	673,60	191,0	1,39	3,1
"74/75	394,49	61,21	455,70	54,34	4,66	213,19	16,44	23,81	0,23	5,71	15,08	8,19	44,71	286,36	842,07	171,0	1,58	3,4
"75/76	449,77	57,68	507,45	54,90	10,71	182,26	32,08	42,60	0,13	7,32	16,01	9,02	24,84	379,87	887,32	151,0	3,08	3,7

Rehabilitation centres/alcohol addiction:  
Bantu

508 Mrs. H. SUZMAN asked the Minister of Bantu Administration and Development:

(1) How many Bantu (a) adult and (b) juvenile males and females, respectively, were (i) committed to and (ii) voluntarily entered rehabilitation centres during 1975 for treatment for drug addiction

(2) in how many instances in each category was the addiction to alcohol.

The MINISTER OF BANTU ADMINISTRATION AND DEVELOPMENT:

(1) (a) (i) 20 Males and 6 Females

(ii) 57 Males and 2 Females

(b) (i) 1 Male,

(ii) Nil.

(2) Adults committed to Rehabilitation centres:

17 Males and 6 Females.

Adults voluntarily entered:

57 Males and 2 Females.

Juveniles committed or voluntarily entered for treatment:

Nil.

Bron: Afdeling Landbouproduksie-ekonomie

Harmond 7  
Q col 558  
12 March  
1976

86

TABLE 10: REGULAR EMPLOYEES, AS A PERCENTAGE OF REGULAR PLUS CASUAL EMPLOYEES, AS AT 31ST AUGUST 1973

REGULAR EMPLOYEES AS A PERCENTAGE OF REGULAR PLUS CASUAL EMPLOYEES		DATE - AS AT 31ST AUGUST 1973	
RACE - AFRICAN			
EC REGION PERCENTAGE	1 93.23	2 28.28	3 62.08
EC REGION PERCENTAGE	13 53.12	14 51.60	15 43.20
EC REGION PERCENTAGE	25 66.65	26 61.32	27 54.20
EC REGION PERCENTAGE	37 72.12	38 73.75	39 77.67
EC REGION PERCENTAGE	49 52.87	50 54.05	51 54.47
EC REGION PERCENTAGE	52 55.49	53 53.77	54 54.77
EC REGION PERCENTAGE	55 55.77	56 49.43	57 45.00
EC REGION PERCENTAGE	58 53.83	59 43.70	60 70.28
EC REGION PERCENTAGE	59 43.70	60 70.28	61 54.31
EC REGION PERCENTAGE	60 70.28	61 54.31	62 57.97
EC REGION PERCENTAGE	61 54.31	62 57.97	63 60.88
EC REGION PERCENTAGE	62 57.97	63 60.88	64 47.18
EC REGION PERCENTAGE	63 60.88	64 47.18	65 36.56
EC REGION PERCENTAGE	64 47.18	65 36.56	66 54.31
EC REGION PERCENTAGE	65 36.56	66 54.31	67 48
EC REGION PERCENTAGE	66 54.31	67 48	68 54.31
EC REGION PERCENTAGE	67 48	68 54.31	69 48
EC REGION PERCENTAGE	68 54.31	69 48	70 54.31
EC REGION PERCENTAGE	69 48	70 54.31	71 48
EC REGION PERCENTAGE	70 54.31	71 48	72 54.31
EC REGION PERCENTAGE	71 48	72 54.31	73 48
EC REGION PERCENTAGE	72 54.31	73 48	74 54.31
EC REGION PERCENTAGE	73 48	74 54.31	75 48
EC REGION PERCENTAGE	74 54.31	75 48	76 54.31
EC REGION PERCENTAGE	75 48	76 54.31	77 48
EC REGION PERCENTAGE	76 54.31	77 48	78 54.31
EC REGION PERCENTAGE	77 48	78 54.31	79 48
EC REGION PERCENTAGE	78 54.31	79 48	80 54.31
EC REGION PERCENTAGE	79 48	80 54.31	81 48
EC REGION PERCENTAGE	80 54.31	81 48	82 54.31
EC REGION PERCENTAGE	81 48	82 54.31	83 48
EC REGION PERCENTAGE	82 54.31	83 48	84 54.31
EC REGION PERCENTAGE	83 48	84 54.31	85 48
EC REGION PERCENTAGE	84 54.31	85 48	86 54.31
EC REGION PERCENTAGE	85 48	86 54.31	87 48
EC REGION PERCENTAGE	86 54.31	87 48	88 54.31
EC REGION PERCENTAGE	87 48	88 54.31	89 48
EC REGION PERCENTAGE	88 54.31	89 48	90 54.31
EC REGION PERCENTAGE	89 48	90 54.31	91 48
EC REGION PERCENTAGE	90 54.31	91 48	92 54.31
EC REGION PERCENTAGE	91 48	92 54.31	93 48
EC REGION PERCENTAGE	92 54.31	93 48	94 54.31
EC REGION PERCENTAGE	93 48	94 54.31	95 48
EC REGION PERCENTAGE	94 54.31	95 48	96 54.31
EC REGION PERCENTAGE	95 48	96 54.31	97 48
EC REGION PERCENTAGE	96 54.31	97 48	98 54.31
EC REGION PERCENTAGE	97 48	98 54.31	99 48
EC REGION PERCENTAGE	98 54.31	99 48	100 54.31

98

Rehabilitation centres/alcohol addiction: Whites  
 507. Mrs H. SUZMAN asked the Minister of Social Welfare and Pensions:  
 (1) How many White (a) adult and (b) juvenile males and females, respectively, were (i) committed to and (ii) voluntarily entered rehabilitation centres during 1975 for treatment for drug addiction;

(2) in how many instances in each category was the addiction to alcohol.

The MINISTER OF SOCIAL WELFARE AND PENSIONS:

(1)	(a) Adults		(b) Juveniles	
	Males	Females	Males	Females
(i)	473	126	2	1
(ii)	Nil	Nil	Nil	1
(2)	278	104	Nil	Nil

EC REGION PERCENTAGE	1 93.23	2 28.28	3 62.08	4 48.63	5 71.74	6 53.08	7 78.83	8 56.26	9 56.97	10 73.08	11 13.06	12 34.65
EC REGION PERCENTAGE	13 53.12	14 51.60	15 43.20	16 32.47	17 38.40	18 57.48	19 52.33	20 50.78	21 46.70	22 55.80	23 60.44	24 45.61
EC REGION PERCENTAGE	25 66.65	26 61.32	27 54.20	28 73.87	29 63.94	30 76.01	31 74.26	32 53.15	33 86.33	34 57.49	35 64.52	36 87.00
EC REGION PERCENTAGE	37 72.12	38 73.75	39 77.67	40 56.45	41 41.78	42 55.65	43 71.71	44 57.97	45 60.88	46 47.18	47 36.56	48 54.31
EC REGION PERCENTAGE	49 52.87	50 54.05	51 54.47	52 55.49	53 53.77	54 54.77	55 55.77	56 49.43	57 45.00	58 53.83	59 43.70	60 70.28
EC REGION PERCENTAGE	61 54.31	62 57.97	63 60.88	64 47.18	65 36.56	66 54.31	67 48	68 54.31	69 48	70 54.31	71 48	72 54.31
EC REGION PERCENTAGE	73 48	74 54.31	75 48	76 54.31	77 48	78 54.31	79 48	80 54.31	81 48	82 54.31	83 48	84 54.31
EC REGION PERCENTAGE	85 48	86 54.31	87 48	88 54.31	89 48	90 54.31	91 48	92 54.31	93 48	94 54.31	95 48	96 54.31
EC REGION PERCENTAGE	97 48	98 54.31	99 48	100 54.31								

Health Disease - Alcoholism

Cape Times  
6/4/76

## Alcoholic cure centre opened

Staff Reporter

THE Minister of Coloured Rehoboth and Nama Relations, Mr H H Smit, said yesterday that prevention of alcoholism was better and cheaper than curing victims of alcohol abuse.

Opening the South African National Council on Alcoholism and Drug Dependence (Sanca) information centre in Paarl, Mr Smit said in the past the treatment aspect had possibly been over-emphasized instead of the preventative services.

"As with other sicknesses, not only is it better to prevent alcoholism but cheaper."

With the establishment of Sanca's information centres, Mr Smit said he hoped wrong attitudes towards alcoholism would be corrected. He said Sanca was not fighting for total abstinence but for the controlled use of alcohol.

The purpose of the information centre was to inform people about the correct use of alcohol and the disadvantages of its misuse, he said.

An information officer and a social worker were attached to the centre and would offer counselling to people who requested it.

Mr Smit called on employers of Coloured people in the Paarl district to make use of the information centre's service.

"Timely action in advising workers to seek Sanca's help could save grief and suffering later."

Cape Times 20/10/76

# Alcoholism cost 'millions' — expert

Staff Reporter

**ALCOHOLICS** and heavy drinkers in industry cost South Africa millions of rands each year through inefficiency, absenteeism and erratic work periods. "The latest move by the Government to save a multi-million rand fuel bill is absolute peanuts compared with what could be saved if more attention was paid to heavily drinking industrial workers," Mr D Green, director of the SA National Council of Alcoholism and Drug Dependence (Sanca — Western Cape Branch) said this week.

He added that 90 percent of people with alcoholic problems held steady jobs.

He said that South Africans were alcohol-orientated and had to be taught how to consume alcohol.

## Some resistance

Although professionally trained information officers were available to industry, and management had been informed about methods of identifying and dealing with heavy drinkers, the council had encountered some resistance.

"The cash register is often far more important than the man who operates it. Perks of every sort are provided by companies for their staff but not one company is capable of dealing with an alcoholic who is indispensable," said Mr Green.

## Not anti-alcohol

Sanca, registered as a welfare organization in 1953 to combat alcoholism and

the irresponsible use of it, has stressed that it is not anti-alcohol, but against over-indulgence.

He said the general policy of firms concerning heavy drinkers was to dismiss them — which led to secret drinking.

"If we could persuade companies to help these employees and bring the problems into the open, industry would save millions of rands per year. Drinkers would not take extended lunch hours at the local bar or fail to turn up at work on Monday after heavy drinking. Also, there is the ever-present possibility that a worker could make a fatal mistake while under the influence," Mr Green said.

## R1 000m

He said South Africans spent in excess of R1 000m a year on liquor and the State depended on R300m a year on alcohol excise.

Prejudice and the lack of insight caused alcohol

dependence to remain concealed. Almost no one would admit to being an alcoholic.

Sanca's services are carried out completely free of charge. In 1965 Sanca joined the Community Chest and with its support has been able to continue and expand its operations. An office of Sanca was opened in Paarl in March and another in Elsie's River at the beginning of this month.



# The upper crust hit the booze

17/10/76 NMR

Mercury Correspondent

**JOHANNESBURG** — Alcoholism is hitting ever harder in South Africa's higher socio-economic groups as political and economic uncertainty increases.

Last week there was what was described as a record turnout at an annual meeting of a chapter of Alcoholics Anonymous in Pretoria's plush eastern suburbs. It was only the group's first anniversary.

Alcoholics who attended, some of them prominent in the professional and business world, said growing overall uncertainty was in effect forcing many

potential alcoholics into the stage of compulsive drinking.

Said one man: "Many of us might have been drunks or just heavy drinkers before, with our habits tempered by the general sense of security on the social, economic and political front. But now uncertainty is making that bottle look more attractive..."

A spokesman for the Pretoria branch of the

South African National Council of Alcoholism said it was feared generally in Sanca that the situation, coupled with the seasonal drinking at Christmas, would lead to a record crop of people seeking treatment.

He said another "frightening yet encouraging" occurrence was the appearance of more women alcoholics on the scene.

While more women might be becoming alcoholics, this also indicated that some of the stigma of alcoholism among women was disappearing and more were feeling free to come forward for treatment.

In the past year at Pretoria's Castle Carey Clinic for Alcoholics, he said, female patients had increased by nearly 10 percent while males had decreased by the same number.

But, more alarming, there had been an increase of 160 percent in women patients between the ages of 20 and 29.

Hansard 2 vol 69 1/2/77

**Rehabilitation centres**

13. Mr. L. F. WOOD asked the Minister of Social Welfare and Pensions:

- (1) What is the (a) total number of inmates in and (b) estimated per capita monthly cost of (i) rehabilitation centres and (ii) registered rehabilitation centres;
- (2) how many such inmates have been committed for treatment for (a) alcoholism and (b) drug addiction;
- (3) (a) how many such institutions were established during the past year, (b) what are their names and (c) where are they situated.

The MINISTER OF SOCIAL WELFARE AND PENSIONS:

- (1) (a) (i) 489 on 31 December 1976.  
(ii) 540 on 31 December 1976.
- (b) (i) R150.  
(ii) Varies from R125 to R345.
- (2) (a) 992.  
(b) 37.
- (3) None.  
(b) and (c) fall away.

86

86

Hansard 2 col 98 2/2/77

**Rehabilitation of addicted Indians**

7. Mr. L. F. WOOD asked the Minister of Indian Affairs:

What amounts from (a) Revenue and (b) Loan Account were (i) allocated during 1976-'77 and (ii) have been spent to date in respect of (aa) rehabilitation services and (bb) the establishment of rehabilitation institutions for Indians addicted to alcohol and drugs.

The MINISTER OF INDIAN AFFAIRS:

- (a) (i) (aa) R7 050.
- (ii) (aa) R6 937-50.
- (i) (bb) Nil.
- (ii) (bb) Nil.
- (b) (i) (aa) Nil.
- (ii) (aa) Nil.
- (i) (bb) Nil.
- (ii) (bb) Nil.

86

Whites: Rehabilitation centres

(715) Mrs. H. SUZMAN asked the Minister of Social Welfare and Pensions:

- by the
- (1) How many rehabilitation centres for Whites are there in the Republic;
  - (2) (a) what is the name of each centre, (b) where is it situated and (c) how many patients can be accommodated in each centre;
  - (3) how many patients were there in each centre as at 31 December 1976 for treatment for (a) alcoholism and (b) drug addiction.

1. Increase world trade.
2. Decrease the price of the go amount of the tariff.
3. Lower the price in the export.
4. Increase output by producers.
5. Both 1. and 3. above.

modity

32. In a simple two country world trade to : the effect of removing an import

The MINISTER OF SOCIAL WELFARE AND PENSIONS:

- (1) 19 Rehabilitation centres and registered rehabilitation centres.

1. Lower the income of strawberry.
2. Raise the income of strawberry.
3. Have no effect on strawberry.
4. Lower the incomes of strawberry.
5. Both 1. and 4. above.

at would

(2)(a)	(2)(b)	(2)(c)	(3)(a)	(3)(b)
Rehabilitation Centre (Men):	Cullinan	*236	220	40
Rehabilitation Centre (Women):	Cullinan	*86	85	1
Swartfontein Rehabilitation Centre:	White River	*90	91	1
Aurora Clinic:	Bloemfontein	20	12	1
Castle Carey Clinic:	Pretoria	60	18	1
Cornelius Bekker Clinic:	Klerksdorp	60	38	0
Crossroads:	Muldersvlei	94	85	0
Detoxification Centre:	Roodepoort	16	12	0
Elim Clinic:	Kempton Park	60	42	0
Horizon Clinic:	Boksburg	26	21	0
Lulama Clinic:	Durban	26	17	1
Mount Collins:	Johannesburg	55	45	0
Northlea:	Johannesburg	100	70	0
Opstaan Centre:	Welkom	28	25	0
Phoenix House:	Johannesburg	24	0	21
Ramot:	Parow	30	14	0
Staanvas:	Pretoria	17	13	0
Warman House:	Durban	12	0	3
Wedgepark:	Johannesburg	100	96	0

ity

\*Although these centres were originally designed to accommodate the number of patients as indicated, they can and are adapted during peak periods to accommodate more patients than originally planned for. A new centre for a further 100 patients is at present also under construction.

work should lower their fares".

1. A is correct because B is correct.
  2. Both A and B are correct but there is no causal relation.
  3. A and B are both incorrect.
  4. B is correct because A is correct.
  5. None of the above.
30. "If the railways are making a loss they should lower their fares".
1. The analysis in the quotation is correct.
  2. The quotation confuses shifts in curves with movements along the curve.
  3. The quotation is free of logical error but does not describe the way prices behave in actual competitive markets.
  4. The quotation would be correct if "excess supply" were substituted for "excess demand".
  5. None of the above.
29. (A) The prices of agricultural products tend to fluctuate less than the prices of manufactured goods.  
 (B) The demand for agricultural goods tends to have a lower price elasticity than the demand for manufactured goods.

86

**Coloureds: Rehabilitation centres**

713 Mrs. H. SUZMAN asked the Minister of Coloured, Rehoboth and Nama Relations:

- (1) (a) How many rehabilitation centres for Coloured adults and juveniles, respectively, are there in the Republic and (b) where are they situated;
- (2) how many patients can be accommodated in each centre;
- (3) how many persons (a) entered each centre voluntarily and (b) were committed during 1976 for treatment for (i) alcoholism and (ii) drug addiction;
- (4) how many patients were there in each centre as at 31 December 1976 for treatment for (a) alcoholism and (b) drug addiction.

The MINISTER OF COLOURED, REHOBOTH AND NAMA RELATIONS:

Welfare for Coloured persons in the Republic is a matter which has been delegated to the Executive of the Coloured Persons Representative Council. I have, however, ascertained that the reply to the question is as follows:

- (1) (a) One for Coloured adults and juveniles comprising a division for men and a division for women.
- (b) De Novo, Kraaifontein, C P.
- (2) 200 men.  
50 women.
- (3) (a) (i) 13 men.  
2 women.
- (ii) None.
- (b) (i) 247 men.  
71 women.
- (ii) 8 men.  
1 woman.
- (4) (a) 177 men.  
49 women.
- (b) 6 men.  
1 woman.

46. A buffer stock scheme which aims to stabilise prices -

1. Can never be self financing.  
2. Costs the government nothing because it buys or sells stocks at the same price.  
3. Stabilises incomes as well.  
4. Both 1. and 2. above.  
5. Can never work because one cannot control the weather.

47. According to Edwin P. Reubens' article in 'Challenge the world food shortage is due to

1. The failure in 1971 coast.  
2. World economic growth.  
3. The burning of surplus.  
4. World population growth.  
5. Deliberate cutback wheat.

48. The primary cause of African economy is that

1. Black workers 1/4  
2. Employers do not  
3. The economy is  
4. The pursuit of  
5. African Blacks  
It happens every

49. In a simple two country commodity, the effect country would be to

1. Benefit producer  
2. Harm both producer  
3. Benefit both pro  
4. Benefit both pro  
5. Increase exports

50. If you won't have to particular thing, th

1. Zero.  
2. Not measurable.  
3. Variable.  
4. Infinite.  
5. None of the above

.....

of the Peruvian  
sticity of  
ities.  
output of  
South  
e year.  
rowth, all South  
ogeneous  
importing

importing country.  
importing country.  
importing country.

get a

SIZE GROUP (HECTARE)	No.	Area	Bantu: Rehabilitation centres		Area
			No.	Area	
1,9	1	36	1	36	36
4,9	23	568	23	568	568
9,9	12	218	12	218	218
19,9	7	952	7	952	952
49,9	12	252	12	252	252
99,9	17	345	17	345	345
199	8	325	8	325	325
299	9	358	9	358	358
499	35	361	35	361	361
999	38	376	38	376	376
1 999	36	698	36	698	698
2 000	21	052	21	052	052
5 000	1	851	1	851	851
10 000 +	-	585	-	585	585
TOTAL	220	116 977	220	116 977	116 977

SIZE GROUP (HECTARE)	No.	Area	No. of centres	Accommodated	Persons entered	Patients at 31 Dec 1976
1,9	1	36	1	1	1	1
4,9	23	568	23	23	23	23
9,9	12	218	12	12	12	12
19,9	7	952	7	7	7	7
49,9	12	252	12	12	12	12
99,9	17	345	17	17	17	17
199	8	325	8	8	8	8
299	9	358	9	9	9	9
499	35	361	35	35	35	35
999	38	376	38	38	38	38
1 999	36	698	36	36	36	36
2 000	21	052	21	21	21	21
5 000	1	851	1	1	1	1
10 000 +	-	585	-	-	-	-
TOTAL	220	116 977	220	46 284	995	233

13 APRIL 1977

824

86

71. Mrs. H. SUZMAN asked the Minister of Bantu Administration and Development:

(1) (a) How many rehabilitation centres for Bantu adults and juveniles, respectively, are there in the Republic and (b) where are they situated;

(2) how many patients can be accommodated in each centre;

(3) how many persons (a) entered each centre voluntarily and (b) were committed during 1976 for treatment for (i) alcoholism and (ii) drug addiction;

(4) how many patients were there in each centre as at 31 December 1976 for treatment for (a) alcoholism and (b) drug addiction.

The MINISTER OF BANTU ADMINISTRATION AND DEVELOPMENT:

(1) (a) One.  
(b) Madadeni.

(2) 150.

(3) (a) 90.  
(b) (i) 21.  
(ii) 6.

(4) (a) 40  
(b) 7.

# I'm an alcoholic who doesn't drink

By WYNTER MURDOCH

**BANKRUPT, divorced and alcoholic . . . Joe Stewardson was clearly one of life's losers.**

But today, with two "Winners" films under his belt, Joe is back on the success road.

His fourth marriage is happy. He has weaned himself off booze and this week, after nine years, he was declared a rehabilitated insolvent.

The 50-year-old star has been working on a follow-up to the sensationally successful film, "The Winners II" and looks like being another box-office winner.

"I'm a great believer in taking some kind of action to pull myself up when I'm down. I've had a lot of practice and I would hate

# to have to do it all again."

he said this week

Joe blamed the bottle for a lot of his problems. For 10 years he drank excessively but when he stopped he found he still had his original neuroses, plus a lot more.

## Superstud

"I had to learn to live without a drink. That was difficult. In our society the emphasis is on the superstud, the man who lives hard and tough — always on top of his problems, always successful.

"I don't know why I became an alcoholic. I think it probably stemmed from a lack of self-confidence

## Joe Stewardson tells

### how he beat

### debts and divorce

Now I'm still an alcoholic — but the non-drinking kind."

"I was never able to handle money. When I went insolvent I had 20 or 30 creditors hounding me. That sounds a lot, but the

amount involved was relatively small by today's standards — about \$5,000

"Most of the summonses were for things bought on hire-purchase. Credit is much too easily available. That's probably because

success is measured in materialistic terms. "Life has become like a monopoly game. I was the dizzy drunk who couldn't afford Mayfair."

## Wary

Joe hasn't touched a drink for five years, a year before his marriage to radio star Dianne Appleby. Before that he would go on mighty benders when he was not working.

"Theatre managements were wary of using me. They didn't ostracise me, but they reacted as most people do to an alcoholic. They didn't know whether I would turn up for work

drunk or whether I would turn up at all.

"I've been going to a psychiatrist every month for the last 15 years. He's my father figure who hears all my problems.

"Most people have a father figure within their homes, but they don't use them. In our society the older generation are written off as ignorant. Everything is aimed at youth and the image is that youth understands all."

His message is clear: Take a tip from old Joe — youth should listen to its elders.

Now . . . hat he wants is to be a good actor.

"I don't want to be a millionaire celluloid hero. Making money is not important. I only want to earn enough to live comfortably."



1977: Out of debt, off the booze and happily married . . . Joe Stewardson tells of his battles.

FARM LABOUR



Corporate bum . . . touchy, evasive and broke

Outline:

- 1 Introduction : purpo
- 2 The Eastern Cape : t
- 3 The farm labour forc
- 4 Farm wages
- 5 Labour conditions
- 6 Labour problems
- 7 Conclusions
- 8 References

and coloured workers at R3m weekly. Added losses caused by female and black -- with possibly a few Asian -- alcoholics are incalculable.

Sodden tramps sleeping with a wine bottle for a pillow make up, says Whitby, only 3% of people seriously affected by drink. The other 97% encompasses workers from the lowliest labourer to highly-paid executives protected by well-meaning subordinates and loyal secretaries.

"I'm not suggesting a witch-hunt for alcoholics. The best approach is monitoring performance and referring those who fail to come up to acceptable standards to professional counselling," says Whitby.

Sanco statistics suggest that following this advice would jam counsellors' waiting rooms for a long time to come. Whitby says that among whites and coloured males one worker in 16 becomes an alcoholic who is at best only 75% efficient while affected by the long and progressive illness.

In this narrow category alone he cal-

culates there are 200 000 men who are alcoholics or, to be more sympathetic, at least have serious drink problems.

Serious, too, for the company paying good money for a man not pulling his weight, failing to turn up, a burden on medical aid funds and prone to making costly mistakes.

Whitby points out that doctors rarely -- perhaps never -- write "alcoholism" on an absentee's sick note but cover up the days lost (US research shows heavy drinkers lose 22,5 days' work annually) by describing the sufferer's condition as a cold, gastritis, neuritis or cirrhosis.

"Many companies say they have no policy on alcoholism but in fact all companies have," says Whitby.

Policies range from denying they have a drinker on the payroll to simply sacking any they find keeling over on the job. With 75% of SA adults regularly taking alcohol Sanca wants to see the alcoholic treated as a sick man rather than a ridiculous bum protected by foremen and workmates till the boss finds out.

It is at the executive level, however, that the drinker is most dangerous to his company and probably most protected from detection.

"The alcoholic executive has cost a great deal of money to train, his time is valuable and he's costly to replace but his judgement is impaired and his decisions can result in serious business setbacks," says Whitby.

Spotting a man being dragged down by drink is not hard ("although many secretaries protect their boss for years") as he loses zest, takes time off, avoids decisions, becomes evasive, touchy and isolated. Yet virtually all employers do nothing until the man is in debt and having black-outs.

By this time there's no alternative to dismissal but, as Whitby points out, we're fast reaching the stage where he'll be replaced by another highly-paid sacked drunk.

FIM MAIL 17/6/77  
**ALCOHOLISM**  
**Staggering cost** 86

Industrial drunks are hitting productivity so badly that accountants could probably get away with writing them off as bad debts or contributions to charity.

SA National Council on Alcoholism (Sanca) information officer Edward Whitby puts the *direct* cost (lost time and poor performance) of tipping for white

G.G. ANI  
Departme  
Rhodes U  
GRAHAMST

August 1'



Mercury 9/7/77

## ALCOHOL KILLS MAN (35) <sup>(86)</sup>

**GERMISTON** — An inquest in the Magistrate's Court here yesterday into the death of a young man revealed that he died from alcoholic poisoning after having 0.52 percent alcohol in his bloodstream.

Mr. Terence Rigg (35) of Eric Cottage, Simmer and Jack, was found dead in his bed on April 2 this year.

Mrs. Stella Rose Rigg said her husband was an alcoholic and on several occasions drank pills with methylated spirits.

He told her that nothing would happen to him if he drank pills with alcohol.

When she went to work on the morning of April 1, Mr. Rigg was already under the influence of alcohol.

He was asleep when she came home that night. He awoke later, put on his jacket and told her he was going out.

He returned later with his hands covered with blood after allegedly being involved in a fight.

On April 2 Mrs. Rigg entered her husband's bedroom to find him in bed. He was blue in the face.

The Magistrate, Mr. S. A. Koeke-moer, found that Mr. Rigg died from alcohol poisoning and that no one was responsible.—(Sapa.)

A.D. 15/7/77  
Meths

## misuse appeal

CAPE TOWN — An appeal to combat the "alarming increase in the misuse of methylated spirits" by completely withdrawing it from the market was made by Mr J. van Zyl of Robertson yesterday.

Mr Van Zyl was speaking at the Boland Agricultural Union's annual congress which ended yesterday, in support of a motion calling for active steps to be taken to eliminate the availability of methylated spirits to the public, except for commercial and medical use.

He said there was an "alarming increase" in the use of the spirit for drinking purposes.

The congress also requested the administration of Coloured affairs to provide school hostels in rural towns for the children of Coloured farm workers or to provide transport from the farms to the schools.

An appeal was made to farmers to be responsible for the education of their worker's children. —  
DDC.

~~1883~~

86

4

# Farmers demand control on meths

15/7/77 RSM

86

4

CAPE TOWN. — The Boland Agricultural Union yesterday called for controls on the sale of methylated spirits because of the high incidence of addiction to the drink among coloured farm workers.

Proposing the motion at the union's annual congress in Cape Town, Mr Johannes van Zyl said it was wrong that the strongest form of alcohol should be available at the cheapest price and in the easiest way.

"Natural wine can only be bought at certain times from recognised outlets, but methylated spirits can be bought anywhere at any time," he said.

Sales were also helped by the packaging of methy-

lated spirits in convenient plastic containers.

Mr Van Zyl said farmers could not be blamed for feeling that their constant appeals over the years for something to be done about the problems were seen by Cabinet Ministers simply as troublesome requests.

"But not only wine farmers are concerned," he said. "It is a problem that exists throughout the country."

Mr P de Wet said a 750 ml bottle of methylated spirits would cost 50c. The equivalent amount of alcohol in beer would cost R10,80, in brandy or gin R9,60 in fortified wine R6,10 and in natural light wine R5,50. — Sapa.

D.D. 23/7/77

## Punch is good for alcoholic?

86

JOHANNESBURG — If Joe Stewardson drinks again a church minister will knock him out.

One call from Joe's wife, Dianne Appleby, and the Rev Alan Maker will be there — fists at the ready.

"You've no idea how good it is to know that if Joe drinks again there's someone who won't hesitate to physically help me," Dianne said yesterday, "especially the 193 cm Minister who's prepared to come and knock Joe out and take him to a place where he can be helped."

So Mr Maker waits in the wings — for the actor found guilty this week of culpable homicide after admitting he'd driven drunk.

Joe Stewardson is a self-confessed alcoholic and Mr Maker, a Presbyterian Minister, is determined to help Joe fight and win the battle of alcoholism.

If fists have to play a part, it has to be. That, reasons Mr Maker, is practical Christianity.

And Joe Stewardson says should he slip back to drink he'd welcome the strong arm of the church.

Meantime Joe's wife is "relieved" that the case in which Joe was fined R200 and given a two-year suspended sentence is over. It arose after Joe crashed his car into two trees, killing his gardener, Mr Mtshayine Dube. — DDC.

RDM 15/8/77

86

## South Africans rate high in world drinking

Staff Reporter

THE annual per capita consumption of alcohol among whites in South Africa is more than 11 l, one of the highest in the Western world.

This is revealed in an article on alcoholism by the National Advisory Board on Rehabilitation.

It estimates that 75% of all white South Africans, 100 000 of whom are alcoholics, drink alcohol.

It said South Africans of all population groups consumed 82-million l of alcohol in the form of wine, cane spirits, brandy and beer during 1975 and the figure has risen steadily since then.

It lists a number of

symptoms recognisable in alcoholism and asks people to watch for them so that the alcoholic can be helped immediately and receive professional advice and treatment.

The recognisable symptoms are:

An undesirable personality change; seediness at work; drinking alcohol in the mornings before work; frequent absences from work for the whole or part of the day.

Dubious reasons for absence; use of alcohol whilst at work or during long lunch hours; increasing nervousness or irritability; shaky hands; avoidance of supervisors and colleagues and red and bloodshot eyes.

# Social changes lead to alcoholism

STAR 16/8/77

Two Johannesburg experts today blamed rapid social change, tension and uncertainty of the future for South Africa's high liquor consumption.

They were commenting on a recent report by the National Advisory Board on Rehabilitation which estimated that white South Africans had one of the highest per capita consumption rates (11,1 litres) in the world. The report estimated

that about 75 percent of all whites, 100 000 of whom were alcoholics, drank alcohol.

Professor G K Engelbrecht, head of the department of social work at the Rand Afrikaans University said "The past has shown us that in times of political uncertainty and economic hardships people

turn to alcohol as an escape mechanism."

But he questioned whether there had been a radical increase in the number of alcoholics, or people using spirits. Recent research, he said had shown that people were turning more to wine rather than hard liquor.

Mr S K Sara, president of the Rand Aid Association agreed that South Africans were amongst the world's heaviest drinkers but added that he had seen no noticeable increase in the number of alcoholics over the last few years.

He attributed South Africa's heavy drinking habits to "personal inadequacies, the present political situation and our open air, sporty way of life."

# Alcohol—a new sinister

Science Editor

Alcohol seems to play a larger role in causing accidents and injuries than has been previously presumed, according to a survey carried out at the Johannesburg General Hospital.

Blood alcohol concentrations were determined in 115 patients who were involved in road accidents during a period of a month last year. A third had levels which exceeded the legal limit of 0,08 g/100 ml.

How much can a driver drink and still remain within the legal limit?

STAR 16/8/77  
**note**

Writing in the South African Medical Journal, the doctors who carried out the study say it is tempting to suggest a rough guide of a half-bottle of dry wine, or three metric tots of spirits, or three cans of beer, consumed over a two-hour period.

“But it should be pointed out that there are so many individual variations in absorption and excretion, not even taking into

account such matters as individual reaction and tolerance to alcohol, that the above suggestions are pure folly — there are no safe generalised drinking limits,” they add.

The driver, even with blood alcohol levels below the legal limit may be inclined to take unwarranted risks. There may be diminished ability to react in a crisis situation, and dexterity, visual acuity and especially lateral vision are impaired.

“Greater efforts should be made by all concerned to stop the use of alcohol by drivers.

86

D.D. 16/12/77

# Plea to combat drink <sup>(86)</sup> problem

EAST LONDON — An urgent appeal has been made to all South Africans to help combat alcoholism.

The National Advisory Board on Rehabilitation Matters in Pretoria is convinced alcoholism in South Africa has reached such proportions that it is now a problem of national significance.

In a pamphlet, "Does Alcoholism Concern You", the board categorises the extent of alcoholism in South Africa today.

The pamphlet tabulates: "It is estimated 75 per cent of all white South Africans make use of alcohol.

"That South Africans consumed 82 million litres of alcohol — in the form of wine, cane spirits, brandy and beer — during 1975.

"That nearly six per cent of all alcohol consumers become victims of alcoholism.

"At present there are 100 000 white alcoholics in South Africa — a figure on the increase.

"That the annual per capita consumption of alcohol among whites was more than 11 litres — one of the highest consumption figures in the Western world."

The pamphlet warns that any person could become a victim of alcohol and defines alcoholism as "a condition which rich or poor, old or young, man or woman can fall prey to".

The board in their appeal listed ways of identifying alcoholism.

Some of the symptoms are: shaky hands; red and bloodshot eyes; drinking before work; increasing nervousness or irritability; an undesirable personality change; and frequent absences from work.

The board, through the pamphlet, appeals to all South Africans to help and support the alcoholic.

CONTRA  
TO THE S  
A Study in

Sa

"This can only be achieved by the alcoholic if there is the prospect of a better and safer social, occupational and financial future", the pamphlet reads.

The board further states that interested parties should make use of the services of the social worker, the Department of Bantu Administration and Development, Indian Affairs and Social Welfare and Pensions, the Administration of Coloured Affairs and the local Sanca offices. — DDR

Cape Town



## Council call to fight <sup>(86)</sup> alcoholism

Mercury Reporter 17/8/77

WOMEN should play a more active part in combating alcoholism, according to the South African National Council on Alcoholism and Drug Dependence.

This executive committee resolution will be proposed at SANCA's general council meeting this week.

The resolution calls for a women's sub-committee of SANCA to help fight alcoholism among women and to help the wives and children of alcoholics.

Mr. H. W. Archibald, president of the Natal Chamber of Industries, will officially open the meeting this evening at 8 p.m. at the Edenroc Hotel, Durban.

The meeting will continue tomorrow and Friday at the hotel with about 150 delegates from throughout South Africa attending.

Another resolution urging the Department of Bantu Administration and Development to finance SANCA's work and a "more realistic level" among urban Blacks will be proposed by the executive committee.

A point of discussion will be the establishment of a permanent labour management committee consisting of leaders in industry, commerce and of trade unions to discuss the problems of alcoholism and drug abuse at the employer, employee level.



MRS. Oppenheimer, working for peace through children.

## Influence for peace

Mercury Reporter

SOUTH African women should play a more prominent role in running the country, Mrs. Bridget Oppenheimer, chairman of the Women for Peace organisation, said yesterday.

She was addressing the Union of Jewish Women of South Africa on their 40th anniversary in Durban.

Mrs. Oppenheimer said women should stand for Parliament and encourage their daughters to do the same.

It was women who influenced their children most and this influence should be directed to pushing children to work for peace in South Africa.

One of the primary weapons in this would be friendship across the colour bar.

Mrs. Oppenheimer also mentioned the role women could play in civil defence — not only in nursing.

**BUFFELSPOORT** — The women of South Africa could make a substantial contribution towards determining the standard of living the people of South Africa of all races would enjoy in the decades to come, the Minister of Agriculture, Mr. Hendrik Schoeman, said here last night.

In this respect wives could make a real contribution by heeding their spending pattern in their households.

"In the present times of rising prices and shrinking buying power of their husband's incomes the wife is compelled to cut expenditure, but what does she do? She has to pay the water, electricity and the telephone accounts and she dares not fall behind in her instalment on the fridge, the stove, the new lounge suite or the TV set.

### Implications

"All she can do is to cut down on her spending on food — and this at a time when we are experiencing surpluses of various food products.

"Has the time not

## Minister urges caution in home spending pattern

come that we look anew at our priorities?" Mr. Schoeman said.

Few realised the implications of the tremendous population growth. It was estimated that by the year 2020 the total population would be more than 72 million, "but if the Department of Health's National Family Planning Programme would produce the expected results, the figure will hopefully be considerably lower."

Opening the annual congress of the Transvaal Women's Agricultural Union, Mr. Schoeman said: "It is imperative for all of us to realise that the Republic has entered a phase of development which will be decisive for the future of the entire population.

### Contribution

"While we certainly cannot expect an organisation like yours to determine future policy, you can nevertheless make a substantial contribution, through your organisation, to create an attitude among a large section of the population that can serve as a basis for sound thinking and action," Mr. Schoeman said.

### Finances

As the mothers of the people, the women, more than anyone else, held the key to form the attitudes of their families. In addition they were the managers of the finances of their households.

"The matter is, however, of such a tremendous extent and of such great importance to us all that the task of family planning cannot be placed on the shoulders of one organisation only.

"Every person and organisation which sees the future of South Africa as its own responsibility, ought to do everything possible to convey knowledge about family planning to all population groups," Mr. Schoeman said.

# More workers turning to the bottle for relief

Sun. Trib. 4/9/77

produc  
they h  
was pr  
the de  
T  
lead u  
their  
given  
I  
has re  
wages  
theore  
these  
and a  
devisi  
the de  
the ir  
There  
major

INCREASING numbers of South African white and blue collar workers seeking solace in the bottle are costing commerce and industry about R156-million a year in terms of inefficiency and lost man-hours, according to Edward Whitby, of the South African National Council on Alcoholism.

And this figure, he says, only covers losses attributable to alcoholism among white and Coloured men. It does not include the cost to business of heavy drinking among white and Coloured women, black or Asian workers.

Sanca statistics show that one in every 16 white and Coloured male workers (an estimated 200 000 men) is an alcoholic with an average on-the-job efficiency impairment of 25 percent.

Research suggests that these men are prone to make costly mistakes through faulty judgment while frequent "illness" make them a burden to both medical

## Finance Reporter

aid schemes and corporate coffers.

Heavy drinkers, according to studies, are away from work for an average of 22,5 days each a year. Doctors usually attribute their absence to ailments such as colds, gastritis or neuritis to protect them from possible dismissal.

The National Advisory Board on Rehabilitation says recognisable symptoms of alcoholism include: shaky hands; bloodshot eyes; the consumption of alcohol before work in the mornings; surreptitious drinking during working hours; heavy drinking during lunch breaks.

Also there are undesirable changes in personality; shoddy work; frequent unexplained absences from work; chronic irritability; and extreme measures to avoid supervisors and colleagues.

South Africans of all races, according to San-

ca, consumed 82 230 517 litres of alcohol in 1975 in the form of wine, cane spirits, brandy and beer. The figure for 1969 was 48 218 003 litres. This reflects an average increase in consumption of about 5,5-million litres a year.

The National Advisory Board on Rehabilitation estimates that 75 percent of all South African whites over 15 regularly drink liquor. The annual white per capita consumption of more than 11 litres is, it says, one of the highest in the Western world.

And statistics show that local women are also hitting the bottle more regularly. The 5:1 ratio of male to female alcoholics in 1960 has risen dramatically to 2:1.

Social workers in Johannesburg say that more people in South Africa are turning to alcohol as a mechanism of escape from increasing tension, economic hardship, rapid social changes and political uncertainty.

If  
It  
want  
ld not  
round  
wer and  
serves  
ower  
ally and  
role of  
lysis  
stakes in  
rich urges  
ance of  
stinct.  
of this

X STAR 7/12/77 ✓  
(86)

# R500-m a year lost through alcoholism

Alcoholism costs the national economy a conservatively estimated R500-million a year, says the Safety First Association.

In the latest issue of its publication, Safety, the association claims the toll that alcoholism takes on man hours and productivity in industry and commerce is staggering.

"The alcoholic who has to take two days off a month to recuperate from alcoholic over-indulgence costs his employer about R500 each year in unproductive wages, assuming

he is earning a moderate R2,50 an hour.

"If we accept the very conservative estimate of six percent of the drinking population to be problem drinkers, then the national economy suffers to the tune of R500-million each year."

This loss is compounded when the accidents and stoppages caused in industry as a result of the alcoholic's inefficiency are considered, says the association.

"One becomes appalled to think of the many deaths that such inefficiency may cause in industry and, as a result of inefficient industrial products.

"Statistics can never hope to reveal the extent of alcohol's ravages in society and industry."

However, the picture is not totally bleak. Six thousand South Africans are rehabilitated alcoholics. All belong to Alcoholics Anonymous the association adds.

Another article in the publication is by an American doctor whose research showed 47 percent of drowning victims in the Baltimore area had alcohol in their blood.

The association asks what part alcohol plays in the more than 1,000 drownings in South Africa annually.

Star 18/1/78

# beware!

## New test for tipsy drivers

Jaap Beekkooi

86



DR UKEN

A new breath tester for drunken drivers is likely to be in use on the roads soon. It is regarded as a major weapon against road deaths.

Dr Ernst Uken, director of the National Road Safety Council, estimates the new breath tester will catch 10 times as many drunk drivers as is being done now.

The tester will cost less than R1 000. And it will do away with the whole paraphernalia now being used by police and traffic authorities — blow bags, blood tests, line walks and speech tests.

The Road Safety Council, after enforcing the use of seatbelts towards the end of last year, sees the tester as an effective follow up.

The new device — the "evidential breath tester" as it is known officially — has been chosen by the Bureau of Standards (SABS) and a code of practice has been drawn up for it.

Since the code is more strict than the American code, the SABS version has been sent to the United States Department of Transport for comments and advice.

At the same time the Council for Scientific and Industrial Research is doing a cost study on the tester to ascertain where and when it should be deployed for maximum effectiveness.

### Quest

"We are looking for an unbeatable breath tester which will remove the last legal hitches and which will produce prima facie evidence in court," Dr Uken said.

Qualified support for the new system has been expressed by the Department of Health, two provinces and the South African Police, the latter on conditions of cost and the ease of securing convictions through the new systems.

Some of the instruments chosen by SABS are the most modern in the world and will, at the touch of a button, print out evidence on the exact state of a driver's intoxication.

# DRUNKS

Hansard. 1 3 Feb. 1978

Colo. S. S. b.

86

THURSDAY, 2 FEBRUARY 1978

Vraely

† Indicates translated version.

For written reply:

Rehabilitation centres

25. Mr. N. B. WOOD asked the Minister of Social Welfare and Pensions:

1. Naam (eerste naam)
2. Ouderdom
3. Ras
4. Tuiste (dorp, distrik)
5. Soort werk
6. Skooljare voltoed
7. Span
8. Nommer in span:
9. Hoe lank het u a
10. Hoe het u geleer
11. Het u al ooit an

- (1) What is the (a) total number of inmates in and (b) estimated per capita monthly cost of (i) rehabilitation centres and (ii) registered rehabilitation centres;
- (2) how many such inmates have been committed for treatment for (a) alcoholism and (b) drug addiction;
- (3) (a) how many such institutions were established during the past year, (b) what are their names, (c) where are they situated and (d) what is the maximum capacity of each?

Indien wel, kort

FEBRUARY 1978

6

Plek Tydperk

The MINISTER OF SOCIAL WELFARE AND PENSIONS:

n Rede waarom u die werk verlaat het

- 1.
- 2.
- 3.
- 4
- 5.
12. Het u al ooit c
- Indien wel, waas

- (1) (a) (i) 408 on 31 December 1977.  
(ii) 491 on 31 December 1977.
- (b) (i) R145.  
(ii) Varies between R132 to R360.
- (2) (a) 807.  
(b) 92.
- (3) (a) 2.  
(b) (i) Protem Centre (Rehabilitation Centre).  
(ii) Staanvas Women's section (Registered Rehabilitation Centre).  
(c) (i) Cullinan.  
(ii) Pretoria.  
(d) (i) 100.  
(ii) 8.

doen?

e?

13. Vir watter deel

erk?

14. Hoeveel plase besoek u elke jaar?

Institutions for combating of  
alcoholism/addiction to  
dependence-producing substances

31. Mr. N. B. WOOD asked the Minister  
of Bantu Administration and Development:

- (1) Whether any buildings have been  
provided by his Department for the  
purpose of combating alcoholism and  
addiction to dependence-producing  
substances; if so, (a) where are the  
buildings situated, (b) what has been  
the cost of each institution to date and

(c) what is the number of occupants in  
each institution;

- (2) how many Bantu were committed for  
(a) alcoholism and (b) addiction to  
dependence-producing substances dur-  
ing each of the last three years?

The MINISTER OF BANTU ADMINIS-  
TRATION AND DEVELOPMENT:

- (1) Yes.

- (a) Madadeni (Newcastle)  
(b) R483 390.

(c) 47 (As at 31 January 1978).

- (2) (a) and (b)

	Alcoholics	Drug Dependants
1975	13	10
1976	22	5
1977	19	8

**Expenditure on rehabilitation of Indians  
addicted to alcohol and drugs**

6. Mr. N. B. WOOD asked the Minister of  
Indian Affairs:

(2)

15. Wanneer  
en/of  
Wat doer

What amounts from (a) Revenue and (b) Loan Account were (i) allocated during 1977-'78 and (ii) have been spent to date in respect of (aa) rehabilitation services and (bb) the establishment of rehabilitation institutions for Indians addicted to alcohol and drugs.

gaan u terug huistoe

The MINISTER OF INDIAN AFFAIRS:

16. Gaan u t  
17. Wetter d  
18. Hoe reis  
Van die  
Wie bet.

(a) (i) (aa) R7 400.  
(ii) (aa) R7 400.  
(i) (bb) Nil.  
(ii) (bb) Nil.  
(b) (i) (aa) Nil.  
(ii) (aa) Nil.  
(i) (bb) Nil.  
(ii) (bb) Nil.

p elke plaas?

ur by die huis?

use?

19. Het u bepaalde lone?  
Hoe word hulle bepaal?

20. Betaal al die boere hierdie lone?

21. Is u betaling bepaal per skaap, per uur, per dag?  
Weeklikse betaling - kontant (per uur betaling x ure x dae/  
per skaap betaling x skape, ens.)

ander betaling

22. Wanneer was die laaste verandering in u kontantbetaling?

Wat was die verandering?

Hoe het dit gekom dat u betaling verander het?

23. Watter probleme ondervind u met die werk?

Wat doen u gewoonlik om die probleme op te los?

28 11 86

## Alcoholism

UMTATA — About half the patients at the Transkei rehabilitation centre at the Umzimkulu Hospital were professional people such as doctors, nurses, lawyers and teachers being treated for alcoholism, the superintendent of the centre, Dr Guy Daines, said here yesterday.

He said the excessive use of alcohol was one of the major causes of accidents in Transkei.



# Alcohol diseases among SA blacks

ARGUS 16/3/78

86

SINCE 1962, when South African liquor laws were changed to allow black people access to all varieties of alcohol, types of liver disease previously found only in Western societies after prolonged consumption of hard liquor are appearing among South African blacks.

These changes were observed by a Johannesburg doctor who conducted a study into the types of liver disease noted among black patients at Baragwanath Hospital during the periods 1959-1960 — before blacks had access to hard liquor — and 1975-1976.

Before 1962 black people brewed their own liquor in rusty metal containers. This alcohol contained large quantities of iron

and its consumption produced the deposit of iron in the liver. Micronodular cirrhosis is associated with an iron overload.

Now many black patients are showing evidence of alcoholic cirrhosis, alcoholic hepatitis and alcoholic hyalin — a glassy substance formed in cells, and which is found in alcoholics.

Many of the livers of black patients showed a mixed picture of iron overload and fatty change with alcoholic hyalin, indicating consumption of home-brewed beverages and hard liquor, while others showed alcoholic cirrhosis with no iron, indicating they were not consuming the traditional alcoholic beverages and drinking iron-free liquor only.

## BLACK ALCOHOLISM

86

### A growing problem

FM 24/3/78

Excessive drinking by black workers is costing commerce and industry a fortune. But some employers seem reluctant to face the problem squarely.

Says Etienne Louw, national director of the South African National Council on Alcoholism and Drug Dependence (Sanca): "We are really up against a difficult position. Black alcoholism has been growing in the last 15 years." And Dr Sylvian de Miranda, head of clinical services in Sanca's Johannesburg office, tells the *FM* that his clinic is currently treating 264 patients (179 whites and 85 blacks).

"The figures are going up. And 70% of the blacks receiving treatment are in employment." De Miranda says that if nothing is done urgently to combat the problem, SA will find itself in the American situation. He points out that the American National Council on Alcoholism estimates that 6% to 10% of the American work-force is affected by alcohol-related problems, costing employers an average of one quarter of the annual salary of each affected employee each year — in absenteeism, tardiness, loss of production, industrial accidents, spoiled materials and the like.

Louw ("I'm not advocating prohibition") says that the problem of black alcoholism is that blacks are a society in transition. In order to contain the problem, he argues, employers should not wait until it escalates but deal with it as soon as it is detected.

Financial Mail March 24 1978

kontant

ander

Louw adds that as a result of the severity of the problem, Sanca will be bringing a black American expert on alcoholism, Howard Marshall, on a 45-day lecture tour of SA next month. He also reveals that plans are at an advanced stage to renovate Soweto's Moroka Clinic as a rehabilitation centre. "It is about time commerce and industry studied the problem. They are faced with tremendous losses."

The Transvaal Chamber of Industries says it has never gone into the question of black alcoholism, however. And the National Institute for Personnel Research (NIPR) adds: "We have done tests on whites regarding this problem. But we have never done that with blacks. It would be a hell of a risk for our staff and those tested."

Sanca believes that the increasing black alcoholism in commerce and industry could be the result of the massive exposure of urban blacks to alcohol. De Miranda points out that it appears that the higher the level of education, the higher the consumption of alcohol — probably due to 'social' pressures, advertising and 'Westernisation'.



Wrab boss Manie Mulder . . . a taste of his own brew

He adds that West Rand Administration Board (Wrab) figures show that sales of sorghum beer have increased nearly sixfold — from 30m gallons in 1955 to 169m gallons in 1970, with an estimated 150m gallons brewed privately over and above that.

Despite the destruction of 31 of Wrab's 41 liquor outlets in Soweto in June 1976, Wrab tells the *FM*: "At the moment we are brewing 140m litres of

sorghum beer. We are not certain how many of our outlets are going to be rebuilt, but we will build as the need arises."

Shebeens are another cause of mounting alcoholism. Sanca says that shebeens play a significant role in filling the void left by the burning of Wrab's outlets. De Miranda points out that 14,5% of private consumption expenditure of blacks goes on alcohol, against 4,1% in the case of whites.

HANSARD 8 - 28 March 1978  
 Question 398. Col. 450.

86

EDA: Will the people out there be able to understand this table?

Not in the villages, no. We use this here at the hatchery and at Tshakolo.

water temp; MARCH 1978 450

below 18°  
 hand feedi  
 ditions.  
 trying to  
 and the va  
 factors, w  
 of the pon  
 feeding.

**Whites in rehabilitation centres for drug/alcohol addiction**

398. Mrs. H. SUZMAN asked the Minister of Social Welfare and Pensions:

How many White (a) adult and (b) juvenile males and females, respectively, were (i) committed to and (ii) voluntarily entered rehabilitation centres and registered rehabilitation centres during 1977 for treatment for (aa) drug addiction and (bb) addiction to alcohol.

The MINISTER OF SOCIAL WELFARE AND PENSIONS:

	(a)	Adult	
		Males	Females
Economics	(i) (aa)	150	14
	(bb)	759	88
	(ii) (aa)	158	103
	(bb)	4 348	948
Our policy regardi everything free. actually less than This doesn't inclu	(b)	Juvenile	
		Males	Females
	(i) (aa)	13	1
	(bb)	4	4
Transport cost is because of the dis	(ii) (aa)	23	17
	(bb)	12	17

profitability to other agricultural activities in Lesotho, like crops, maize, wheat, it's much higher. Also the income per employee is higher. The profitability of the intensive farmer is about double. Last year the food conversion rate was 3,1. The previous year it was 3,0. Since I came here we've started better methods of feeding. The food conversion rate of the intensive farming is higher: 4,0. The previous year it was 3,2. We're also trying to reduce the amount of pellets as opposed to wheat and I feel that up to now it's working.

If we consider everything, including the capital investment, the picture will be different. These fish ponds can't compare with Israel because here the cost of investment per hectare is very high. The ratio between the bank size and the water area is very high because the fish-ponds are small. For example, if instead of making two ponds of 2½ hectares each you make one pond of 5 hectares you'll need less ground for the walls. In addition, if you include the cost of laying on water supply and constructing outlets you can see that the more ponds you have the higher your capital investment is but it won't help the production. But still if you compare it to all the other activities in Lesotho including the soil conservation work, I don't think it's more expensive. So it depends

we believe when the  
 when the water is  
 another table for  
 g to Lesotho con-  
 timum, so we are  
 on between the yield  
 ere are about 30  
 of the fish, size  
 shment, mortality,  
 st year we supply  
 j cost (and it's  
 ia. That's an average.  
 ir.

the farming units and  
 are the fish farming

# Drink cause of mental illnesses

STAR 20/4/78

86

Half of all black psychiatric patients are in mental institutions as a result of alcohol or dagga psychoses, the director of the South African National Council on Alcoholism and Drug Dependence said last night.

Mr Etienne Louw told a symposium on alcoholism that about 30 diseases stem from alcohol abuse — diseases which are becoming more prevalent among blacks.

Mr Louw, an authority on alcoholism, said: "Many blacks are not eating sufficient food and are turning to alcohol for their nutrition."

He cited alcohol as a major factor in the vast number of deaths among black pedestrians.

"The greatest single group of fatal road-accident victims is black pedestrians."

Ninety-three percent of these victims had consumed alcohol in excess of the legal limit of 0,08 g per millilitre.

He blamed this alcohol

abuse on the disintegration of the family unit, and on the lack of facilities for blacks.

More persuasive advertising also increased alcohol consumption.

The solution would be a reformation of the black family unit, more educational and recreational facilities, and stricter control on advertising, he said.

Dr V McKenna, chairman of the Pretoria coloured branch of SANCA, endorsed Mr Louw's comments. He added that, if anything, the drink problem among coloureds was more serious.

"Coloureds spend more of their income on alcohol and cigarettes than any other population group.

"At this stage in our culture I feel that prohibition is the only solution."

Dr S de Mirinda, head of African National Council pre-school education would prevent alcohol abuse in later years.

T  
I  
R  
E  
T  
I  
L  
S  
V  
C  
C  
G  
J  
E  
S  
E  
C  
C  
I  
I

WATERED DOWN BEER IDEA HAS DRINKERS FROTHING AT THE MOUTH

# Piet wants to take the roar out of SA beer



Two minds with but a single thought. Left: Mr Price — "Don't water it down." Above: Mr Fourie — "It's just right for me."



• Dr Koornhof (sipping Bantu beer) ... "concerned".

DR PIET Koornhof wants to reduce the alcohol content of South African beer — but his views fell flat with Johannesburg beer drinkers.

However, he might have a point. South African Breweries say South African beer is stronger than most British, American, and Canadian beer.

The Minister of Education said: "I favour lowering the alcohol content of beer."

He said in Parliament on Wednesday he was concerned about the drinking pattern among South Africa's young people, especially at sports functions.

He said that if fruit juices were displayed at sports functions he was sure many

### Sunday Express Reporters

young people would prefer them to stronger drink.

Swilling a jug in a five-star hotel yesterday, Mr Fabiano Fachin, a Johannesburg businessman, said: "I think South African beer is better and stronger than most European beer. I do not agree it should be diluted."

When asked if he thought South African beer should be watered down, Mr T Price of Botswana replied: "Do I hell."

Mr W Fourie's comment? "It's just right for me."

A visitor to the Rand

Show from Naboomspruit, Mr C Oberholzer, took the Minister's side: "After one can I am on my ear." His friend Mr E Van Aardt, from Pretoria, agreed.

"Two particular makes of beer are much too strong — the others are OK," he said.

But another Show visitor, Mr Ian Mathews, who says he is "one of Johannesburg's great beer drinkers", disagrees. "You can always restrict your intake," he said.

Another beer enthusiast, Mr Sello Matsabu, of Johannesburg, said our brew was "just right".

A spokesman for SA Breweries said the strongest South African beer was Castle Milk Stout, which contained between 5,6% and 5,8% alcohol. Other strong beers were Black Label and Shaft (between 5,3% and 5,6%) and Amstel (between 5,1% and 5,5%). Lion, Castle and Hansa beer contained between 4,3% and 4,6% alcohol.

"This is higher than British beers," he said.

He said there were fewer raw materials in British beer, so it was thinner and the alcoholic content was reduced.

"We believe that beer should have a higher percentage of raw materials, rather than lower the price," he said.

**ADDICTS 1**

# Alcoholism

Star 6/5/78

on 86

# rise



PROFESSOR HOWARD MARSHALL

# -expert

Yussuf Nazeer

Anti-alcoholic organisations are not winning their fight against alcoholism, says Professor Howard Marshall (35), from the University of Phoenix, Arizona, now visiting South Africa.

"It is because people all around the world have turned drinking into a pleasant pastime," the American social worker and expert on alcoholic problems said in a Johannesburg interview.

Professor Marshall is here to tell black South Africans about the dangers of alcohol and how to avoid becoming an alcoholic.

He said another reason why the battle against alcohol was being lost was because "the hardest thing in the world is to break a bad habit" and people tended to pick up more bad habits than good ones.

The professor, who admitted drinking "moderately," said there were, however, more sober people than drunkards.

## SAFEGUARD

"The sure safeguard, of course, is never to take that first drink — then you'll never become an alcoholic!"

Was this possible?

"Yes," said the professor. "There are a lot more teetotallers following this sensible line of thought. The black Muslims are a good example."

**ADDICTS 2**

# More SA patients hooked on drugs

Science Editor

Several million Americans are believed to be dependent on prescription drugs and proportionally the South African white population is probably no better off.

This is the view of Dr Silvan de Miranda, head of clinical services in Johannesburg of Sanka — the South African National Council on Alcoholism and Drug Dependence.

Betty Ford, the former United States First Lady, recently focused attention on her own addiction to drugs prescribed for her arthritis.

But with them, he said, it was their Islamic faith that kept them from the bottle.

Asked if this were not the answer to "beat the devil in the bottle," Professor Marshall said: "You can't force religious values on everybody. So, we have to keep looking for other ways."

#### INCREASE

Drinking was a world-wide problem, he pointed out. Many people were trying to stop it. Instead, it was on the increase.

"The nearest we can get I guess, is to teach people how to drink moderately. People don't like their enjoyments taken away from them entirely."

"Stress, frustration, unemployment, insecurity and loss plague the 20th century man, so he drinks to escape these things, albeit temporarily."

However, it was still necessary to try and stop people becoming alcoholics, because they retarded progress in commerce and industry in terms of production output.

"I hear you have a kingsize alcoholic problem among black people here?"

"In America blacks have come to realise that sobriety promotes dignity."

Dr de Miranda comments: "Prescription addiction is on the increase."

"It need not be hard or soft, habit-forming drugs — people can become hooked on any medicine."

#### NON-MUD

"A patient is prescribed a painkiller, a tranquiliser, a sleeping drug. This is 'MUD,' legitimate medical use of drugs. If the patient begins to use the drug in larger quantities and more often than prescribed, this becomes non-MUD and he is on the slippery road to dependence."

"He is using the drug to fulfill a need other than that for which it was prescribed."

What is the solution?

Firstly, says Dr de Miranda, awareness of the problem in the medical profession. Doctors must realise that any prescribed drug can lead to dependence.

Unfortunately some doctors prescribe ad lib and in so doing aggravate the problem of drug dependence.

Secondly, the solution lies in the public awareness that they might go off the rails if they increase drug dosage or frequency on their own.

Hansard 13 19 May 1978.  
 Question 3 Col. 792

86

9 MAY 1978

792

Institution for treatment of Indian drug addicts and alcoholics in Newlands area north of Durban

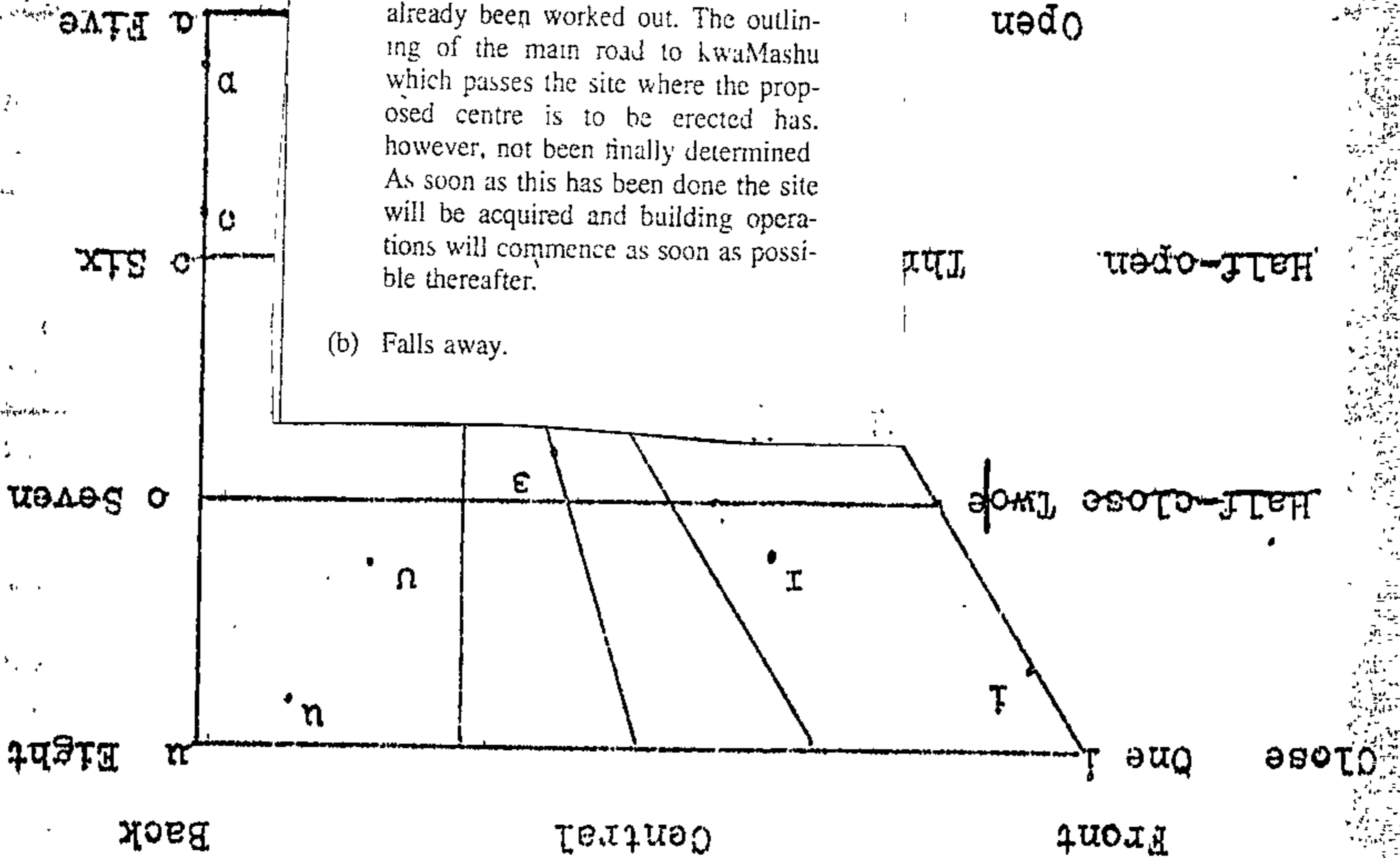
\*3. Mr. B. W. B. PAGE asked the Minister of Indian Affairs:

(a) What progress has been made with the construction of an institution for the treatment of Indian drug addicts and alcoholics in the Newlands area north of Durban and (b) when is it expected that the buildings will be completed

The MINISTER OF INDIAN AFFAIRS:

(a) As stated in previous replies to questions on this matter the accommodation requirements and plans for the proposed rehabilitation centre have already been worked out. The outlining of the main road to kwaMashu which passes the site where the proposed centre is to be erected has, however, not been finally determined. As soon as this has been done the site will be acquired and building operations will commence as soon as possible thereafter.

(b) Falls away.



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



PRIVACY 86

The cost of drink FM 23/6/78

According to the South African National Council on Alcoholism (Sanca), the annual direct cost to business of excessive drinking is now running at several hundreds of million rands.

While the problems of white drinkers are well-documented, recent surveys in the Cape Peninsula show that about 22% of working coloured men are addictive or excessive drinkers.

Cape Town-based André Beugger, Sanca deputy director, says the drink problem is so bad that some companies are introducing "no-shame" recovery programmes for tipplers referred by management for help.

"We're getting MDs and other top people to realise the financial implications for them of having heavy drinkers on the payroll. The higher up the ladder they are, the bigger the problem... and some are at the top," he says.

Detailed surveys were recently conducted in Cape Town, Wynberg, Simonstown and Bellville. They showed that over R30m a year was being lost by Peninsula companies as a result of addicted and near-addicted white and coloured male workers.

Beugger says that of the 109 072 white men over 15 years of age surveyed in the four districts, 6 544 or 6% are alcoholics. The average annual cost of each of these men to employers in lost production or absenteeism is calculated at R1 467. That totals over R9,5m, to which should be added another R3m in

losses used by about 30 000 "excessive" drinkers.

Of the 47 343 coloured men over 20 years working in the area, 32 416 or 22% are either alcoholics or pre-addictive drinkers. They drain an aggregate R15m out of payrolls in the four districts.

Says Beugger: "Added to the white and coloured figures must be the cost of black and Asian drink problems and female alcoholics or heavy drinkers in all race groups."

Sanca uses for its calculations an established formula pioneered by the US National Council on Alcoholism. Applying the findings of the Peninsula survey to white and coloured male workers nationally brings the annual cost of alcohol abuse to over R200m.

Then, says Beugger, "there are also tremendous costs involved as a result of road accidents, crime, loss of future earnings, medication and treatment, broken marriages, litigation and many more."

In an attempt to lessen the toll, Sanca is urging companies to introduce an alcohol control policy that hinges on early warnings to workers — at all levels — whose job performance slips.

Beugger claims managements are responding to the Sanca programme, especially when it's pointed out that they are losing by not having it. Overall, however, the situation looks bleak, as more black join the morose ranks of heavy drinkers.

HEALTH AND DISEASE —

ALCOHOLISM

∫: 18/9/78 — 19/10/81

W

N.M. 18/9/78

# Crime and drink

8b

To what extent does intoxication act as a mitigating or aggravating circumstance in the sentencing of accused?

Anne Stevens, the Mercury's court reporter, interviews legal men on the controversial question of alcohol as a mitigating or aggravating factor in the imposition of sentences . . .

Public indignation and criticism has been levelled recently at the seemingly lenient sentences passed on those who have pleaded drunkenness at the time of the crime.

While most members of the legal fraternity will concede that the point is one for debate, they on the whole uphold the attitudes adopted by the Court.

"Punishment is determined by the moral blameworthiness of the offender," a senior counsel said.

"Thus a person who cold-bloodedly plots and executes a crime is more morally reprehensible than a person who commits crime on the spur of the moment."

A person who plots a crime has ample opportunity to repent of his thoughts and not carry them through to fruition. On the other hand a person who commits a crime while under the influence of liquor often does so on an impulse, while his judgement is impaired.

The advocate pointed out that the law did draw a distinction between the person who drank to give himself the dutch courage to commit a crime and the person who committed it because he was drunk at the time he formed the motive.

Mr. Justice Holmes said: "Intoxication is one of

humanity's age-old frailties which may, depending on the circumstances, reduce the moral blameworthiness of a criminal, and may even evoke a touch of compassion through the perceptive understanding that man, seeking solace or pleasure in liquor, may easily over-indulge and thereby do the things which sober he would not do.

"On the other hand intoxication may, again depending on the circumstances, aggravate the aspect of blameworthiness as for example when a man deliberately fortifies himself with liquor to enable him in-

sensitively to carry out a fell deed."

The Judge concluded by saying that the Court should exercise its discretion after weighing the facts of the case, and, in essence, weighing the frailties of the individual with the evil of his deed.

The Court must be satisfied that the liquor in some way impaired or affected the mental faculties or judgement of the offender, and thereby influenced his actions.

Although the liquor does not excuse the crime, it must then mitigate the punishment.

## Degree

Mr. Justice Wessels said: "It would be absurd to say that if a man in his cold sober senses did the act he should be punished with no greater severity than the man who did it while he was under the influence of liquor. That there should be a difference in the degree of punishment has been recognised in almost every system of jurisprudence."

The presence of drink in a culpable homicide case involving a vehicle tends to act more as an aggravating factor than a mitigating one.

To drive while under the influence of liquor is a criminal offence on its own - a driver climbing into a car while under the influence should foresee that if he drives he might cause an accident and injure or kill someone, one lawyer said.

"He is, to all intents and purposes, in possession of a dangerous weapon and is using it without regard for the law even before an accident takes place."

## Public

But sentences passed on drunken drivers are also excessively lenient in the public view.

Magistrates pay a great deal of attention to the degree of negligence involved in the case when they pass sentence.

The driver who has killed has not committed a wilful act and most judicial officers find it difficult to send such an accused to prison. South Africa is however much more lenient with drunken drivers than other countries.

# Brain injured by alcohol

Matal Mercury 25/1/79  
glb

Mercury Bureau

**PIETERMARITZBURG** — A retired farmer who admitted himself to Town Hill Hospital to undergo treatment for alcoholism had suffered brain damage as a result of his excessive drinking, it was stated in papers before the Supreme Court yesterday.

Mr. Justice Hefer declared Mr. Louis Hendrik Nel (58) incapable of managing his own affairs and appointed his daughter, Mrs. Suzette Hitchcock, as curator bonis.

Mr. Nel admitted himself for treatment on September 2 last year, the third time he had taken such a step.

He was referred to Fort Napier mental hospital on September 12 after being examined by doctors.

Mr. Rudolph Hiemstra, who was appointed curator-ad-litem by the Court, reported that Mr. Nel had only hazy and very confused recollections of recent events. His memory of the past was good.

Mr. Nel denied spending R900 in two weeks on liquor for himself, his girl friend and other people.

But Mr. Hiemstra confirmed through a bank manager that Mr. Nel had withdrawn large amounts, only to return shortly afterwards to complain he had not authorised the withdrawals.

A doctor told Mr. Hiemstra that Mr. Nel had very little chance of recovery.

Mr. D. de Villiers appeared for the applicant, Mrs. Louise Robb.

Very Good	Outstanding
Next 5%	Top 5%
0-74	75+

	Limited Knowledge
Ability to communicate by role-playing	
Emotional maturity	
Intellectual capacity	
Appearance	
Grooming	
Command of spoken language (English)	
Command of spoken language (Afrikaans)	
Extent of previous training	
Quality of previous training	


2. Please list material presented for audit

.....  
.....  
.....  
.....

3. Having interviewed the applicant about what extent his/her application is based on

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

to take the course specified, please assess to

.....  
.....  
.....  
.....  
.....  
.....  
.....

# The early warning alcoholic symptoms

You've met him often — he's the man everybody wants to meet at the party because he is such fun.

Sometimes he's young, good-looking and still apparently physically fit.

Sometimes he's older, and spreading a little around the middle.

They have one thing in common — they are the life and soul of the party because they can drink anybody under the table, and not become drunk.

They are the types and they might be females too, who swing from the chandeliers and perform a continuous act which has everybody rolling in their seats. They are the ones who suddenly initiate the moonlight swim or some other daredevil escapade, and always outdo everybody else's daring.

They have high tissue tolerance.

There's another type who is happily involved in the party, doesn't miss a thing, but when next you see him at the club he just cannot remember joining in the swimming party — or when you telephone him the next day to make your point about the motor car you were arguing about, he cannot remember having a conversation at all.

You probably think he's a liar or going slightly mad. He is suffering from black-outs — not the physical passing-out type, but loss of memory, possibly better described as blank-outs.

Then there is the member of the gang who can't be contacted the morning after a party — because his wife can't wake him. Sometimes he doesn't get to work on time — and once or twice you've actually noticed his hands shaking as he poured a "regmaker". Poor devil, you thought, he can't take his drink without dreadful hangovers.

In fact he is suffering from severe withdrawal symptoms.

And, what about John who never eats, either during or after a drinking spree or party. He doesn't even eat breakfast the following morning. Remember that fishing weekend the gang went on once? John hardly ate at all, not even the beautiful fresh fish, caught and grilled for breakfast.

John is suffering from loss of appetite — his stomach easily digests the calories in the beers he drinks, and he doesn't feel hungry.

Those four types display, between them, the four, classical, early warning symptoms of alcohol.

If you fit into any one of the categories — or more

than one — take care, you're on dangerous ground and have the potential to become an alcoholic.

You think that is funny do you?

You feel it couldn't happen to you? That you know what you're doing, you know when you've had enough. That you have too much intelligence to become a drunken hobo?

Well not all alcoholics are drunken hobos (they're just one kind) — and whoever heard of intelligence being able to stop the onset of a disease.

Alcoholism, like any other disease has no preferences for type, class or intelligence. In fact, the social workers point out the greater the intelligence, the greater the rationalisation and the greater the determination not to admit to having a problem.

To many, the fact that alcoholism is a disease still has not been accepted and there is little understanding of how an alcoholic behaves.

For instance, not all alcoholics seek maximum intoxication when they drink — if they do, they are classified as Gamma alcoholics.

There is the Epsilon type, who might be sober for months on end, but who indulges in periodic binges or bender sessions on alcohol.

Then there is the Delta alcoholic, who has to be moderately intoxicated all the time. He is often the hobo type, who can't afford to drink to maximum levels.

In the Alpha type the primary reason for drinking is psychological dependence to relieve psychological, emotional or physical pain, whereas the Beta type is characterised by not having any withdrawal symptoms but physical debilitation, like sclerosis of the liver.

As you see the scope is wide and the possibilities varied.

The things to watch out for are when your drinking becomes a means to an end — to avoid boredom, to make you more confident or less lonely.

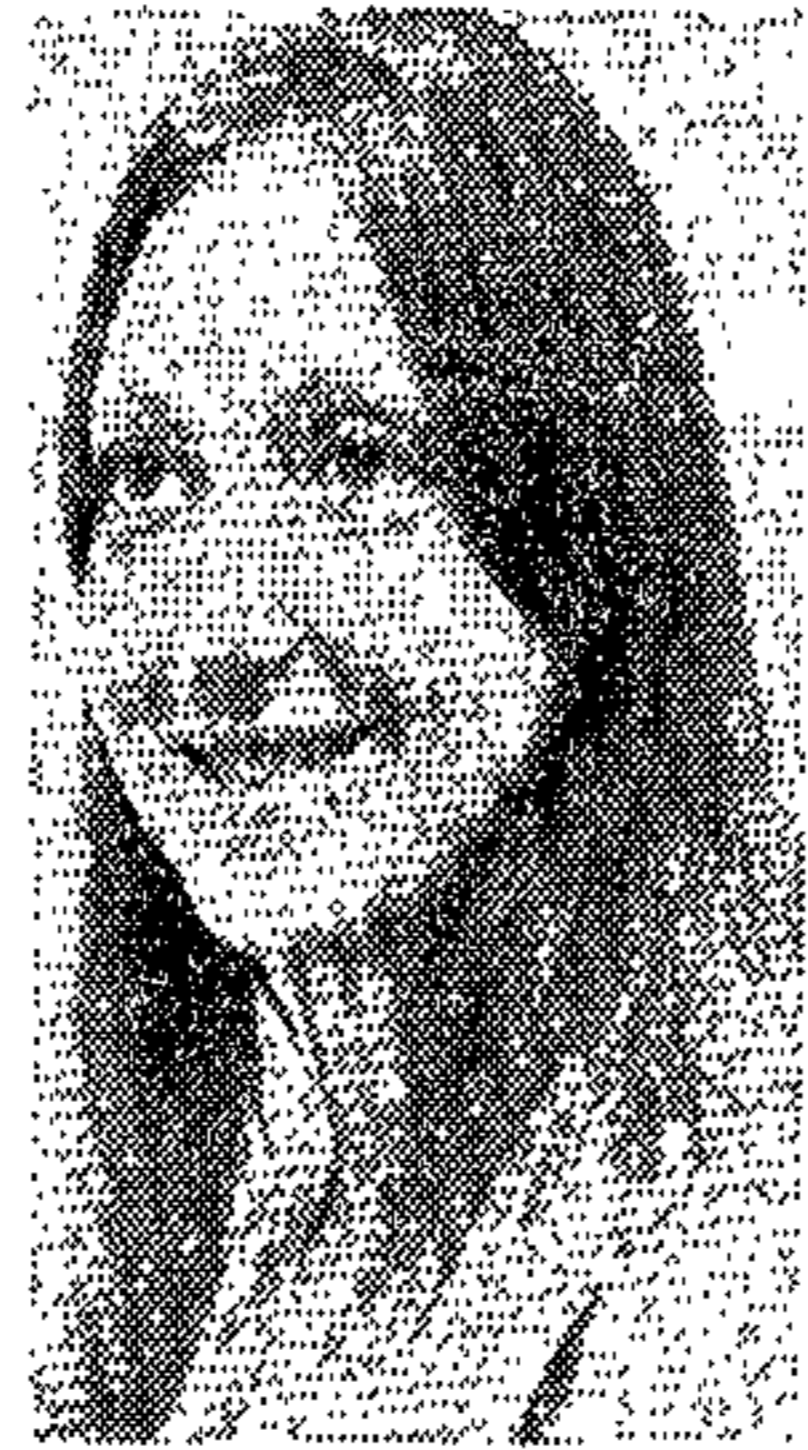
In short, watch out for when your drinking habits become different from the norm. You could be

heading for the onset of the disease called alcoholism.

The disease which, unfortunately, for its early detection and treatment, is so socially accepted as a normal way of life.

It is that social acceptance which is the key to the ever increasing number of alcoholics in South Africa.

Obviously it would be



SANDRA EPSTEIN

futile to attempt to ban alcohol or reduce its consumption by legislation, but, if you use alcohol, you should make yourself fully aware of the effects alcohol has on the body. You should be aware of the early warning signs.

You should know how much you can take before becoming intoxicated, when legally you should not drive your car, for instance.

You can be convicted for having a .08 level of alcohol in your blood.

And that level is attained on three glasses of dry wine or three tots of spirits or five cans of beer.

Alcoholism is on the increase in spite of the education programmes on the disease, which alcoholic associations have been undertaking.

However, one effect education programmes have had is to cause alcoholics to admit their problems at a younger age nowadays.

The long-term effects of alcoholism on the individual and his family can be horrific.

The final phase for the alcoholic, who refuses to admit his problem, is to be

certified for admission to an institution under Act 41.

In the institution he or she is "dried out" with the help of medication and then starts the long, long pull back to normality and responsibility again.

However, the institution does not keep the alcoholic for long after he has dried out and his metabolism is beginning to function normally again. The truly crucial stage for his recovery comes after he has been released from the institution.

What happens to him then?

If he is lucky, he might not be estranged from his wife and family and he can go back home to understanding and help.

If he is lucky his firm will take him back and he can start again.

But, in most cases the situation is nothing short of pathetic.

Wives and families often become desperate after they have despaired of the husband and father's behaviour. They feel so ashamed of him that they have long since stopped bringing friends home. They are so embarrassed, so hurt that it becomes possible for them to desert him altogether. Act 41 is signed, he is forcibly removed to an institution and the family make it clear they don't want to see him again.

When he comes out of the institution, he has been through hell, he often has no possessions at all, not even decent clothes. In most cases he is desperate to get a job and to start again. He knows it is going to be hard, but he wants to so badly. The question is how? How and where does he start if he does not have a home? Officially he has "no fixed abode."

That is where the Eureka After-Care Hostel in East London comes in.

Registered for eight beds, Eureka is presently based in a rather tumble-down building on the Quigney, which was formally a convent. The conditions there are clean but not good.

It will be with real joy that Mrs Sandra Epstein, Social Worker for the South African National Council on Alcoholism,

who works and consults from the hostel, will move her office and the hostel effects to a beautiful and comfortable new home in St Mark's Road, where there will be a garden, swimming pool and recreation room for the inmates.

It has been a long struggle for Mrs Epstein to achieve the new hostel — against prejudice and objections from residents in the area.

"The average citizen does not understand that we care for the person who has been discharged from an institution and is

needing the chance to gain a foothold in society again," said Mrs Epstein.

"Naturally we just do not tolerate drinking on the premises — there is often misunderstanding about that.

"Our inmates are men who are attending the outpatient clinic at the Frere Hospital; they are no longer in need of inpatient care."

"I do casework and consult with them," she explained, "we have a group or "grumble" sessions for therapeutic reasons — and in our new home we will be able to introduce them to, and encourage them in, hobbies and handwork."

The hostel, which is largely financed by the voluntary work of members of the association and by the generosity of the public, supports the men until they find work and then somewhere to live.

— Shirley Smith

86

Whites in rehabilitation centres  
49. Mr. H. SUZMAN asked the Minister  
of Social Welfare and Pensions.

How many White (a) adult and (b) juvenile males and females, respectively, were committed to and (ii) voluntarily entered rehabilitation centres and registered rehabilitation centres during 1978 for treatment for (aa) drug addiction and (bb) addiction to alcohol.

The MINISTER OF SOCIAL WELFARE AND PENSIONS:

(a) Adults

	Males	Females
(i) (aa) .....	100	14
(bb) .....	885	82
(ii) (aa) .....	251	126
(bb) .....	4 582	1 015

(b) Juveniles

	Males	Females
(i) (aa) .....	5	0
(bb) .....	0	0
(ii) (aa) .....	42	10
(bb) .....	11	23

Hansard 6 Quest. Col.

396/397/398

13/3/79

86

Offences: drug/dependence-producing substances

440. Mrs. H. SUZMAN asked the Minister of Statistics:

- (1) How many persons in each race group were convicted of offences in connection with drugs and dependence-producing substances during the period 1 July 1976 to 30 June 1977;
- (2) how many of these persons in each race group were (a) committed to a rehabilitation centre, (b) sentenced to (i) a fine only, (ii) a fine or imprisonment, (iii) corporal punishment only, (iv) corporal punishment and imprisonment, (v) imprisonment only and (vi) a fine and imprisonment and (c) given wholly suspended sentences.

The MINISTER OF STATISTICS.

(1) Whites .. . . . . .	1 637
Coloureds .. . . . . .	4 028
Asians .. . . . . .	629
Blacks .. . . . . .	11 721

		TUESDAY, 13 MARCH 1979			
397		398			
		Whites	Coloureds	Asians	Blacks
(2) (a) .. . . . . .		11	—	—	3
(b) (i) .. . . . . .		11	4	9	12
(ii) .. . . . . .		32	58	7	276
(iii) .. . . . . .		128	638	155	1 761
(iv) .. . . . . .		—	1	—	—
(v) .. . . . . .		285	1 362	100	4 901
(vi) .. . . . . .		1	—	—	17
(c) .. . . . . .		1 080	1 880	351	4 553

ARGUS 6/4/79

# Survey of working-class youths' drinking habits

86

A VALUABLE contribution was being made by the Institute of Social Development of the University of the Western Cape towards finding a solution to problems facing underprivileged communities on the Cape Flats, Professor R E van der Ross, Rector of UWC said last night.

He was speaking at a UWC presentation ceremony at which a report on 'the initiation of working class youths to alcohol' was presented to him by the institute's director, Mr Pieter le Roux.

The report was compiled by an institute

research worker, Mr Wynand Louw.

Mr Louw made an in-depth survey of the drinking habits of Cape Flats youths and how they were introduced to liquor at an early age.

He carried out his research programme with the help of other institute staff members and UWC social work students.

Professor van der Ross paid tribute to the institute for the valuable work.

'It is good to learn that they were busy reaching

the lives of people,' he said.

Mr Louw said it was a fact that liquor had been the cause of home breakages in some instances and research had therefore been undertaken to find out at what stage an alcoholic had been introduced to liquor in his life.

In his survey it had been found in most instances that the average person who had a problem in consuming too much alcohol in working class communities had done so at a very early age.



C Times 19/4/79 (86)

## Warning on SA's alcoholism

**HOUSE OF ASSEMBLY.** — There was no doubt that South Africa was faced with a very serious problem of alcoholism, Dr Alex Boraine (PFP Pinelands), said yesterday.

Speaking during the second reading debate on the Liquor Amendment Bill, Dr Boraine said the legislation should be rejected since it went out of its way to promote alcoholism.

The bill provides for the freer distribution of light table wines through more outlets.

"I believe we should maintain the present distribution system and not extend it."

The fact was that more than adequate outlets existed for the

purchase of light wines. By allowing supermarkets to sell light wines, the problem of alcoholism was going to be compounded, not resolved.

Statistics of childrens' homes showed that 75 percent of those children came from homes where either one or both of the parents were alcoholics.

Alcoholism in South Africa was a very serious problem and figures proved this.

Dr Boraine did not think the legislation would help the problem and it should be rejected.

PFP members had a free vote on the bill. — Sapa

Mennonite Central Committee se Konferensie oor: 'Die Rol van Geskiedkundige Vredeskerke', Gaborone, Botswana. Verhandelingsvoorgelê oor: 'The Role of Churches in Promoting Justice in Southern Africa' (Oktober).

Konferensie van die Afrikaanse Calvinistiese Potchefstroom (Oktober).

(c) Deelname aan Welsyns-Organisasies

Die Direkteur het aktief gebly Instuut vir Rasse-Verhoudings Distrikskomitee, die Nasionale die Raad.

Hy is Voorsitter van die Quaker die diensafdeling van die Godsdiens (Quakers), wat gemeenskapsontwikkeling en in die stadsgebiede bevorder.

Die Direkteur is gekies as lid Vereniging vir Sosiologie in Suid-Afrika ook 'n lid van die Suid-Afrikaanse Raad van die Internasionale Sosiologiese Aangestel as die Suid-Afrikaanse Raad van die Internasionale Sosiologiese Aangestel 1978-1982.

#### WAARDERING

Ek is altyd dankbaar vir die verslag bied om my waardering Akademiese Advieskomitee en die leiding, aanmoediging en belang die Sentrum.

Die Universiteit van Kaapstad het benewens 'n bydrae tot die bedryfskoste van die Sentrum, ook vir die Sentrum sedert sy stigting in kantooruimte voorsien. Met die uitbreiding van personeel het ons die huisie op die laer

navorsings-Fellows het aansienlik tot die Sentrum se program bygedra: dr Sheila T. van der Horst, afgetrede mede-professor van Ekonomie, U.K., en professor J.L. Boshoff, gewese Rektor van die Universiteit van die Noorde.

#### LIDMAATSKAP

WHEREAS the French had "political clout" in dealing with the problem of alcoholism, South Africa's welfare agents were comparatively impotent, Dr Sylvan de Miranda, regarded as one of the country's foremost experts on alcoholism and drug addiction, said yesterday.

He headed a South African team at the annual congress of the International Council on Alcohol and Addictions in France.

It dealt with the prevention and treatment of alcoholism. This was the first time South Africa was represented and its team was warmly received by delegates from the Western world and Eastern bloc.

France disclosed unprecedented success in containing the consumption of liquor without adverse effects to its vast and wealthy wine industry.

France was the first European country to report a drop in its per capita intake of alcohol and experts saw it as a major achievement in a country which, like South Africa, had large wine-producing areas.

Dr De Miranda said yesterday: "France produced important figures which show there is no economic backlash on the wine industry because of a drop in consumption. In fact the problem of alcoholism has a far worse effect on a country's economy."

South Africa had much to learn from countries like France.

"The difference between them and us is that they have political clout in their organisa-

tions which deal with the problem. By comparison our welfare bodies are impotent," Dr De Miranda said.

South Africa needed the representation on its welfare committees of corporate and industrial leaders to ensure the implementation of recommendations at an executive level.

"We should put this problem where it belongs. The Department of Health should tackle it on a national, regional and local basis," he said.

In South Africa the problem of alcoholism did not fall directly under the Department of Health, and this was where the Republic fell behind the rest of the developed world.

"In most countries there is no difficulty with hospitalisation, employment or medical aid with regard to the problem. Alcoholism is recognised as an illness and is treated as such.

"In South Africa it is also considered an illness - but that's where it stops. Our health services are just not sufficient to meet the needs," he said.

South Africa was also lacking a compulsory health education programme in its schools, particularly in the black areas.

Dr De Miranda stressed the importance of a basic, simplified educational programme in emerging countries in the Third World.

"South Africa could be among the leaders in this respect, but first we need the involvement of people who have what the French have - political clout." - Sapa.

# Alcohol problem: 'clout' needed

RDM. 24/7/79

Professor H.W. van der Merwe  
Mede-professor D.J. Welsh  
Professor Monica Wilson

# There's help to fight alcoholism

**By Chris More**  
**ALCOHOLISM** will no longer be such a problem for its victims and their close associates in Soweto with the opening of the Sanca pilot clinic at Moroka.

The clinic is situated opposite the Moroka TB Clinic and next to the old Johanna

victim and the community, he said.

Mr Tseleng defined alcoholism as a habit of drinking alcohol up to a stage where the drinker has been affected adversely physically, psychologically and emotionally.

"Thus an alcoholic is one who is already ill and cannot stop his drinking habits. Ultimately his drinking has effects on his health, home and work," he said.

The treatment of alcoholism is in two stages.

The first is to stop the craving for alcohol. The patient is given tablets for at least 12 months, which is given on a daily basis for the first eight weeks. After this period the patient sees the doctor who recommends a review of attendance according to the patient's progress and response to treatment.

In the case of a patient who responds positively to the initial treatment, a therapeutic team comprising a doctor, a

nursing sister and a social worker, decides on a new attendance programme. Normally the patient will have treatment three times a week and as he improves it will come down to twice a week.

Alcoholism causes depression. This kind of depression is treated according to the severity of the individual case. The treatment is provided until the doctor decides that the patient does not need treatment any more.

Because of many peo-

ple's tendency not to eat before they go on their drinking spree, their bodies lose their resistance to diseases. The situation is not saved, however by eating nourishing food and then over-indulging in alcoholic drinks, because alcohol destroys or blocks the vitamins once it is in one's bloodstream. To cure this ailment multivitamins are given to the patient either orally or by injection.

INTERVIEWING

Telephone: 65-4145; 69-8531 with. 766

Kantooradres:  
 Leslie Social Sciences Building  
 University Avenue  
 Groote Schuur Campus

p/a Die Universiteit  
 Rondebosch  
 Republiek van Suid-Afrika  
 7700

To such group discussions spouses are invited, as well as the patient's employer so that they also can have a better understanding of his problems.

This pilot clinic was officially opened on Saturday, August 4 by Soweto's Medical Officer of Health, Dr Woody Matsie.

It is called the Soweto Treatment Centre for Alcoholics and Drug Dependence. The clinic was funded by the Urban Foundation.

Besides this kind of advice, Sanca tries to keep patients employed. They liaise between the employer and the patient and should the patient be referred for admission to their hospital which is in Madadeni, the patient's family will receive his normal wages, if he was the only bread winner in the family.

In the patient's treatment programme there is group therapy, where patients meet each other to discuss their problems. The aim of this practice is to make the patient aware that he does not have a unique problem that cannot be solved.

## RELIEF

When he realises that there are other people who have the same problems as he has, it will relieve him to some extent. He will not have a psychological fear that he has a unique and shameful problem.

## BACKGROUND

The patient on arrival is referred to the social worker who has to get his history and family background. The social worker will then single out the main problem that led him to over-indulgence. Advice will be given according to the needs of the patient. Everything is done to alleviate his de-

Alcohol numbs the central nervous system and excessive intake can create sexual problems, with a man virtually becoming impotent. This is one factor that can wreck one's marriage if proper treatment is not given, which includes counselling of both spouses by a social worker. This is important to avoid a relapse of the patient when he discovers that his treatment has not improved relations at home.

isotopic date. In consequence, although Site Catchment Analysis can be employed on a single site it is almost impossible to build up site systems from the mass of overlapping territories which result from lack of chronological control. Thus although a precise relative chronology may not be possible in the European Neolithic decisive.

# SA children hit by adult alcoholism

Own Correspondent

PRETORIA. — The serious drinking problem existing among South African adults was creating an abnormal environment for children to grow up in, Mrs M van Eeden, of a Pretoria drug and alcohol centre, said at the weekend.

Speaking at a National Council of Women meeting, Mrs Van Eeden said that 75 percent of the South African population used alcohol, as opposed to 68 percent in the USA.

There were at least 97 000 white alcoholics in the country and about 97 percent of these were still active in the labour force, "thus affecting their children and other children.

"Children growing up in a home where there is alcohol abuse are taught to live in an atmosphere of half-truths and the white lies.

only actions." She said that there was a need for research to be conducted and co-ordinated on a national basis, in an effort to gauge the extent of the alcohol and drug problem amongst children.

"In the United States it has been found that experimentation with alcohol and drugs is quite common. Between 71 and 92 percent of high school students indicated that they drank. At this stage we have no idea of the figures in South Africa.

"We must get away from the idea that some parents have that alcohol is mild compared to dope—it is the third largest killer in the Western world."

have mythological significance. In the traditions of economic resources have been identified the identification of stochastic searching for statistically significant trends

1-Dimensional Mapping is that it allows buttons which are not visually interpreted it is often easy to see the overall pattern-distribution of sites, it is far more tant features if the data is discontinuous as sites along searched transects, in led grid squares which have been examined

dangers of determining an analytical design from the mass of the subcontinent. living complex the technique which on map. This approach posed by the r, sites in this gions to allow the eral applicability.

ly called Multi-variables in a prehistoric study the interactions. It may in conjunction with ark, 1967), with variables may be are discovered may remely "low-level" can be proved and riptive technique are supplied at a variables are inter-istic. Any set distribution of different

of economic resources have been identified the identification of stochastic searching for statistically significant trends

1-Dimensional Mapping is that it allows buttons which are not visually interpreted it is often easy to see the overall pattern-distribution of sites, it is far more tant features if the data is discontinuous as sites along searched transects, in led grid squares which have been examined

Similarly, the technique has the potential for weighting certain aspects of a set of data when it is known that certain variables are underrepresented due to the sampling method employed.

For the iteration of all the possible combinations of variables and the identification of associations, the technique depends on the set of computer programmes known somewhat loosely as Multi-Dimensional Scaling (M.D.S.). The general applicability of this approach has recently been reviewed by Doran and Hodson (1975) and therefore need not be repeated here. It should be pointed out, however, that the choice of computer programme is crucial. Jones (1978) has made a similar attempt to analyse the co-variation of variables, in this case

describing a group of later Iron Age stone enclosures on the Klip River near Standerton. The programmes which she employed, however, were only capable of considering the variables in pairs; consequently the results achieved were somewhat disappointing. A highly flexible technique such as M.D.S. is essential if the true patterning in site distribution is to be identified.

The final result of an M.D.S. analysis, as with other forms of cluster analysis, is an expression of the similarities between items of data in interpoint distances - in other words, the more similar any set of items, the closer together they will be placed. M.D.S., however, differs from other forms of cluster analysis in that it requires only that the items forming the input are ranked in order, rather than quantified.

"The problem of Multi-Dimensional Scaling, broadly stated ... is to find n points whose interpoint distances match in some sense the experimental dissimilarities of n objects ... What is essential is that we desire a monotone relationship either ascending or descending, between the experimental measurements and distances in the configuration." (Kruskal, 1964: 1).

This aspect of M.D.S. has permitted the development of programmes capable of analysing non-metric data, that is, items defined simply by the presence or absence of a given range of attributes. The suitability of such a technique for the human sciences, including archaeology, is immediately apparent. As Shepard (1972: 6) has pointed out, this gives M.D.S. "the seemingly paradoxical ability ... to extract quantitative, metric information from qualitative, non-metric data ..."

A further important advantage of the M.D.S. technique is that it is designed to produce results that are readily interpretable. Thus whereas methods such as factor analysis may isolate many variables the multiple nature of which may actually serve to mask the basic underlying structure of the data, M.D.S. may be used to produce a solution which may be visually portrayed in a low number of dimensions (Shepard, 1972). However, the process of reducing the true configuration to a number of dimensions acceptable in the particular analysis means that with each stage in the reduction there is a concomitant increase in the departure from the ideal form. Thus, say, a three dimensional solution will often be an approximation of a configuration which fits more closely a greater number of axes. The degree of this departure as measured for each multi-dimensional solution is known as "stress" (Kruskal, 1964). The choice of the appropriate number of dimensions for any given set of data belongs to the interpreter - the main guideline is the stress figure, which should not fall too abruptly if a further dimension is added (Shepard, 1972).

M.D.S. programs have been employed in a number of previous archaeological studies, although mostly on an experimental basis in attempts to establish the best ways in which the technique should be used. Consequently, although it is now well established that M.D.S. is appropriate for several different forms of archaeological investigation, the full potential of the technique has not as yet been demonstrated. Most studies published to date have employed M.D.S. as a method of searching for patterns in artefactual data, both within assemblages from a single site, and in searching for traditions which are spatially distinct. Examples are the study by Doran and Hodson (1966), in which 16 French Neolithic assemblages were examined, the analysis of the bead and lithic assemblages from 20 sites in Tarapaca



86

POST, Wednesday, November 28, 1979

Page 15

HEALTH POST

# Too much booze leads to a small, dull brain

FROM the mess table to the consulting room . . . it is difficult for a doctor to convince a heavy drinker that alcohol damages the health.

His warnings lose their impact as soon as he starts to talk about cirrhosis of the liver.

This is because many people, doctors believe, only have a vague idea of where the liver actually lives and an even more vague idea of what its function is.

Now a warning to pass on to heavy drinkers: alcohol shrinks the brain.

In South Africa doctors fear that many youngsters start taking to the bottle.

Findings are that people in their twenties suffer intellectual impairment—which emphasises the current concern among doctors about the drinking habits of young people.

Research in Britain showed that most of the alcoholics' brains showed marked physical differences from those of normal people. Shrinking of the brain produced enlargement in its naturally occurring spaces.

And as a group, it was found that alcoholics performed badly in learning and memory tests as well as in carrying out abstract tests.

The effect of the bottle can last for a long time, it seems. Professor Alwyn Lishman, who leads the research team in Britain, followed up a small group of alcoholics who have kept off drink for a year — and found that their brain spaces are still abnormal.

of Health in South Africa'.

We should be happy if you would join us at 6.30 p.m. on that evening for drinks.

Please let us know whether you will be able to attend to facilitate our catering arrangements.

Yours sincerely,

*Francis Wilson*

FRANCIS WILSON  
DIRECTOR

R.S.V.P.

Mrs. Annette Thom Telephone: 69 8531 Ext 440

Nim. 6/10/79 (86)

# Drink linked to brain damage

PURCHASING

We have r  
second ha

Could you

- (1) Name
- (2) Depart
- (3) Pleas

Is this m

- (1) Part-
- (2) Full-
- (3) Addit
- (4) Does

Please st  
if any s

If new m  
of exist

**LONDON** — Studies suggest that heavy drinkers run at least as big a risk of brain damage as of suffering damage to the liver, a British psychiatrist who specialises in problems of alcohol addiction said yesterday.

Dr. Ken Shaw told a news conference that studies in Britain and at Sweden's Kabolinska Research Institute, using computerised brain scans, indicated that "something like two-thirds of heavy drinkers will show some evidence of brain damage."

Alcohol can affect the membranes of nerve cells which transmit messages from one cell to another.

### Interfere

It can also interfere with cells' uptake of essential vitamins and of amino acids and glucose, which they need to carry out their own running repairs.

Heavy drinking has long been known as a cause of cirrhosis of the liver but only in recent months have doctors found evidence that brain damage is also a common result.

### Declined

Dr. Shaw declined to say how much drink would damage the brain because the risk varied from one person to the next.

He said that anyone drinking more than 1,25l of wine a day or the equivalent — five large whiskies, for instance — was "at risk of developing alcohol related problems".

Dr. Shaw said it was difficult to measure the effect of brain damage on intellectual and psychological performance. "The first things that seem to go are judgement and the powers of abstract reasoning," he said. — (Sapa-Reuter.)

hine is required .....

d excess work load .....

E machine required i.e. whether golf ball and features are required .....

ment, please state Serial Number, make and type .....

# Booze is a boon with dangers

Pretoria Bureau

Alcohol has always provided man with the almost ideal antidote to ward off anxiety, says Professor L S Gillis, head of psychiatry at Cape Town University, and Groote Schuur Hospital.

According to the dosage taken, man can have stimulation or oblivion, or even selective forgetfulness.

But despite its marvels, alcohol can cause depression of the vital centres of the brain and it is a highly addictive drug.

Professor Gillis was delivering a paper in Pretoria on the physical and psychological dangers of long-term and over-sedation, and the effects of combined and multiple use of medicines, drugs and alcohol.

Professor Gillis said every psychiatrist had his coterie of tranquilliser vultures who catoled, threatened and cheated him for pills.

"Control is not easy in our society," he said.

## How drink harms unborn babies

Pretoria Bureau

A Professor of psychiatry has told of the horrifying effects on the babies of women who drink.

The effect, recently identified as the foetal alcohol syndrome, causes mental retardation in babies, says Professor L S Gillis.

The child never catches up either physically or mentally and there is no treatment for the condition.

"In fact," says Professor Gillis, "the foetal alcohol syndrome is considered to be the third-most common cause of mental retardation." IQs are normally in the 60s.

Equally horrifying are the physical effects which babies of drinking mothers can suffer.

Professor Gillis says congenital malformations of some type or other are present in 30 percent of cases, which include microcephaly (an abnormally small head), cleft palate, cardia abnormalities and maldevelopment of the maxillary (jaw) bones.

These children have quite a typical look, being small and stunted with malformed eyelids. As they grow older they are pathologically hyperactive and tend to have feeding problems.

2.7

**Theorem** The open sets in a metric space  $(X, d)$  have the following fundamental properties.

- (i)  $\emptyset, X$  are open. w.r.t.  $(X, d)$
- (ii) Any union of open sets is open
- (iii) Any finite intersection of open sets is open.

Proof (i) ✓

(ii) Let  $\{A_\alpha\}_\alpha$  be a family of open sets  
 Then each  $A_\alpha$  is a union of open spheres (2.6)  
 and  $\bigcup_\alpha A_\alpha$  is then the union over all open spheres  
 which arise in this way, and hence is open (2.6)

(iii) Let  $A_1, A_2, \dots, A_n$  be open sets (in  $X$ )  
 Let  $A = \bigcap A_i$

Drug addiction/addiction to alcohol  
 5(323) 7.3 80  
 343. Mrs. H. SUZMAN asked the Minister of Social Welfare and Pensions:

How many White (a) adult and (b) juvenile males and females, respectively, were (i) committed to and (ii) voluntarily entered rehabilitation centres and registered rehabilitation centres during 1979 for treatment for (aa) drug addiction and (bb) addiction to alcohol?

The MINISTER OF SOCIAL WELFARE AND PENSIONS:

(a) Adults	Males	Females
(i)		
(aa)	68	13
(bb)	1 058	120

(ii) Hansard

(aa)	75	38
(bb)	4 953	1 257
(b) Juveniles		
	Males	Females
(i)		
(aa)	4	6
(bb)	4	16
(ii)		
(aa)	1	1
(bb)	9	12

$\forall i = 1, \dots, n$

- Notes:
- i) The word "finite" in (iii) denotes an enumerable (countable) set.
  - ii) We use 2.7 as our definition of open sets in topological spaces.



# Tax plan to curb drink abuse

*Sto*  
*slow*  
*2/17/80*

A special tax on all liquor to fund a national campaign against alcohol abuse has been suggested by the SA National Council for Alcoholism (SANCA).

This follows a warning last night by the Minister of Health, Dr Munnik, that steps may be taken to reduce the alcohol content of liquor and beer in the light of South Africa's high rate of alcohol abuse.

The Minister announced this at the annual general meeting of the SA National Council for Alcoholism where he launched a national plan to combat alcoholism.

Support for Dr Munnik's campaign has come from the liquor industry which has said it could assist the Minister "financially, educationally and with research" into the problems of alcohol abuse.

A spokesman for SA Breweries said the alcohol content of South African beer was low — about four percent — and any reduction in this content would have to be discussed.

Dr Munnik said he was sure he could rely on the help of the liquor industry in his campaign, including the possible reduction of alcohol content.

He said alcoholism was increasing at an alarming rate, and more and more young people were being killed by alcohol abuse. Half these deaths could be attributed to alcohol abuse, he said.

The national plan would strive for public awareness of the dangers and would effectively co-ordinate resources by all bodies involved in the problem.

## 'Very worried'

He said he was "very worried about the misuse of alcohol" and a co-ordinating meeting was likely to be held within a few months.

The Chief Director of SANCA, Mr C H Wenman, said today his association strongly endorsed the formation of a national strategy against alcoholism and that this was the first attempt at the highest level to co-ordinate bodies involved.

"This is part of a current world trend, and our problem in the past has been that the approach to treatment has been sporadic," he said.

## Funding

"Funding for the campaign will have to be looked at and it could be that a tax could be levied or the existing tax from the sale of alcohol used more directly for the provision of combating misuse.

"People paying for prevention would be the users of the product.

"We intend raising issues such as the lowering of alcohol levels in liquor but these must all be discussed at consultation meetings," he said.

● From the London Daily Mail comes the report that France is to launch a 10-year campaign against the demon drink.

The country is sitting firmly on top of the world alcohol league with an average consumption of 16 litres per person per year.

The latest statistics show there are at least 2-million alcoholics in France and 3-million "excessive drinkers."

Some 20 000 people die each year from alcoholism.

● Page 9: Plan to curb alcohol abuse.

# Munnik<sup>86</sup> declares war on<sup>RDM</sup> liquor<sup>24/7/80</sup>

## Pretoria Bureau

THE Minister of Health, Dr L. A. P. A. Munnik, last night condemned the growing rate of alcohol abuse in South Africa and said he may take far-reaching action soon to curb it.

Dr Munnik was addressing the East Rand Association of the SA National Council on Alcohol in Boksburg.

He said planning for a national strategy against alcohol abuse had already been completed.

Called the National Plan for the Prevention and Combatting of Alcohol Abuse and Alcoholism in SA, its three main aims were:

- To prevent the abuse of alcohol and alcoholism in society;
- To establish an effective treatment service for the alcohol abuser and the alcoholic;
- To co-ordinate and extend measures for the prevention

To Page 2

# Munnik<sup>86</sup> declares war on<sup>RDM 24/7/80</sup> alcohol

From Page 1

and combatting of alcohol abuse and alcoholism.

Dr Munnik said he had attended several of the recent rugby Tests and was disturbed at the number men completely under the influence of drink.

"I cannot leave this distressing situation where it is. I have asked my department to draw up a memorandum for me on the problem. This will include the high alcohol content of drinks. Beer must be gone into, too," he said.

"If, after this, steps must be taken I must take them in the interest of the future of our country."

Dr Munnik said he was certain he would get the co-operation of all the companies producing liquor.

He said 75% of people above the age of 16 used alcohol. Of these, an estimated 6% became alcoholics.

Alcohol played a role in about half of fatal road accidents, in which most of the deaths were young people.

The dangers of alcohol abuse could also be seen in birth abnormalities such as micro-cephalis caused by women drinking during pregnancy. Thirty per cent of heart abnormalities stemmed from this, he said.

Dr Munnik said the liquor industry in South Africa had become so well established it was almost an inseparable part of the country's infrastructure.

To maintain moderation, the liquor industry would, to an increasing extent, have to become involved in the combatting of alcoholism.

But, he said, liquor distributors, the advertising industry, the communication media, and the man in the street would also have to play a large part.

As a result of the nature and extent of the alcohol problem there were already a variety of interest groups — churches, welfare organisations, state departments, local and provincial authorities, involved in fighting the problem.

It was now necessary to co-ordinate these interest groups, he said.

"South Africa cannot afford so many citizens who require the emotional crutch of alcohol in order to meet the daily demands of life."

POLITICAL comment in this issue by Lin Menge, Martin Schneider; newsbills by Bernard Wessels; headlines and sub-editing by Mike Stant; cartoons by Bob Connolly; all of 171 Main Street, Johannesburg.

## Plan to curb alcohol abuse

### Pretoria Bureau

The Minister of Health, Welfare and Pensions, Dr Munnik, called for a national plan for the prevention and combating of alcoholism and alcohol abuse.

Speaking at the annual meeting of the East Rand Society of the South African National Council on Alcoholism in Boksburg last night, he said the various organisations and Government bodies dealing with alcoholism must unite, because the problem required stronger action.

Distributors of drink as well as advertising and news media must also contribute towards the fight against alcohol abuse.

There are three main aims which will have to be accepted by those involved in the national plan, Dr Munnik said.

- To prevent abuse of alcohol and alcoholism in society.

- To establish an effective treatment service for the alcohol abuser and alcoholic.

- To co-ordinate and extend measures for the prevention and combating

of alcohol abuse and alcoholism.

Dr Munnik told The Star he was "very worried about the misuse of alcohol."

This had been reinforced by attending the recent rugby test matches and seeing "the great numbers of people — especially young people — who were intoxicated," he said.

"I felt something must be done, and formulated the idea of starting a national plan, or some kind of national strategy to combat this."

# Munnik warns on SA alcohol abuse

C. T. W 24/7/80

Own Correspondent

(86)

PRETORIA. — The Minister of Health, Dr L A P A Munnik, last night warned he may take far-reaching action soon to curb the growing abuse of alcohol in South Africa.

Addressing the annual meeting of the East Rand Association of the South African National Council on Alcohol in Boksburg last night, Dr Munnik said he was deeply concerned at the extent of the abuse.

He had attended several of the recent rugby tests between the Springboks and the Lions and was disturbed at the number of young and older men who were completely under the influence of drink before the match started.

"I cannot leave this distressing situation where it is. I have asked my department to draw up a memorandum for me on the problem. This will include the high alcohol content of drinks. Beer must be gone into, too," he said.

"If after this steps must be taken, I must take them in the interest of the future of our country."

Dr Munnik said he was certain he would get the co-operation of all the companies which produced liquor because not one of them propagated the misuse of liquor.

His experience was that the liquor companies wanted to prevent the abuse of liquor.

"We as a small nation cannot allow this undesirable situation to continue and worsen and I will give the issue my urgent attention. I will stress tonight that I damn alcohol abuse and will fight it wherever I possibly can," Dr Munnik said.

He said that 75 percent of people above the age of 16 used alcohol. An estimated 6 percent of these people became alcoholics.

Alcohol played a role in about half of the fatal road accidents, in which most of the deaths were young people, he said.

# Alcoholism: Fund idea clarified

C. Truitt  
Staff Reporter

1/8/80  
86

THE CHIEF DIRECTOR of the South African National Council on Alcoholism and Drug Dependence, Mr Colin Newman, said yesterday that he was concerned at "incorrect impressions" arising from news reports of a council suggestion regarding a levy on alcohol sales to fund the services necessary to combat alcoholism.

In a press statement released in Johannesburg, Mr Newman said that Sanca "wishes to make clear that the taxation issue is quite separate from the national strategy referred to by the Honourable Minister of Health, Welfare and Pensions, Dr L A P A Munnik, and there is no justification at this stage for the assumption that such a strategy would necessarily be financed in

this manner".

The formulation of Sanca's proposal, which arose from a resolution at its general council meeting last year, was being finalized for discussion with the relevant authorities.

"The council also wishes to make clear that its suggestion in no way implies that it regards alcoholic beverages as the primary cause of alcoholism or holds the liquor industry responsible for an illness in which a variety of social, psychological, physical and spiritual factors all play a role.

"It is necessary to view the problem of alcoholism and its prevention in its correct perspective, and it is for this reason that Sanca welcomes the minister's announcement of a national strategy in which all interested parties will be involved."

# Driving under <sup>86</sup> the influence. . .

ADM 7/8/86

WHILE it was universally agreed that a person's driving capacity was affected by alcohol, medicine could be an even bigger cause of road accidents, the Automobile Association of South Africa warned in a statement yesterday.

The AA said that although scant information was available to corroborate the suspicion that a variety of mood altering drugs played a major contributing role in road accidents, it was widely accepted that driving under the influence of drugs was increasing.

The AA quoted a toxicologist at the Institute for Legal Medicine in Hamburg, West Germany, who, in a test of drivers who had behaved as though they had been drinking, found they had not touched a drop of alcohol.

In 90% of the cases analysed driving ability had been so impaired by drugs as to preclude driving altogether.

About 100 injured people, drivers as well as pedestrians, who were allegedly responsible for causing accidents had also been tested and it was established that 68 had taken medication.

According to a director at the University of Munster's pharmacological and Toxicological Institute, man had become hypersensitive, not only in his daily life, but also in his ability to tolerate pain while under medication.

The AA said the main problem was knowing who may and who may not drive while under medication, and it was this question that even a doctor had trouble in answering, let alone the layman. — Sapa.

# "Trek uit" Survivor would drink it again

A MAN who survived after drinking "trek uit", the poisonous mixture that last week killed five people, spoke this week of his miraculous escape from death and his willingness to drink it again.

Though he was close to death, Mr Ndlunkulu, who described himself as "a boozier of spirits, malts and other concoctions, in the true sense of the term", was adamant that he will drink "trek uit" again, should it be offered to him.

The drink, a mixture of methylated spirits, water and orange squash, killed five people: Mr Mbuli Solomon Ntsibande, Ms Elsie Ntsibande, Mr

Popo Phinzi, Mr Solomon Sibisi and Mr Philemon Sithebe.

Mr Ndlunkulu, said he was invited by a neighbour on a Sunday morning for drinks. "I was offered this drink, which was palatable. I did not ask what it was. Instead, I asked for more", said Mr Ndlunkulu.

During the day, Mr Ndlunkulu suddenly got sick. He started stripping off his clothes and vomiting. He sent his son to the shops to buy him milk.

"My whole body was shaking, yet there was a hot feeling," he said.

Mr Petrus Ndlunkulu, a 62-year-old pensioner, and father of six children, claims that he was saved because he

had learnt how to treat a person who had drunk poison while working as a porter for 33 years at the Boksburg Benoni Hospital.

"Give the victim milk, he will survive. I did just that to myself and I was saved", said Mr Ndlunkulu.

Mr Ndlunkulu has turned a deaf ear to advice that he should go to hospital for medical treatment. "Please do not bother me, I am a doctor myself," he said.

A son of Mr Ndlunkulu, who refused to disclose his name, this week threw new light into the mysterious drink when he said that the five litre container used for the drink was labelled "liquid polish".



Mr. Ndlunkulu

86 RDM 16/9/80.  
**Alcoholics care centre**

A R230 000 alcoholic rehabilitation centre, the first of its kind in South Africa for the coloured community, is to be built in Coronationville, Johannesburg, the chairman of the South African National Council on Alcoholism, Mr G Manuel, said in Johannesburg yesterday.

The centre will be opposite

Coronationville Hospital on land given by the Johannesburg City Council, he said.

It will consist of an out-patient clinic, prevention unit for those threatening to fall victims of alcoholism, and an after-care home with 30 beds

— Sapa



# When you pick up that bottle . . .

86  
RDM  
21/9/80

ROB TAYLOR

RECENTLY the Minister of Health, Dr L A P A Munnik, condemned the growing rate of alcohol abuse in South Africa and said he might be forced to take far-reaching action to curb it.

The Minister may have a point.

This year alone, South Africans will drink R2 000-million worth of alcohol. And the alcoholics among them will cost the country R202-million by being absent from work and by poor job performance.

The number of "hidden alcoholics" among South Africa's white and coloured males — not the hobo on skid row — is close on 200 000. This does not include the country's black population and women.

For males and females of all races the figure could well exceed 500 000.

These figures are not flights of fancy. They come from the South African National Council on Alcoholism and Drug Dependence (Sanca).

Sanca says that 97 % of South Africa's alcoholics are individuals with jobs, homes, and families and remain hidden until they become virtually unemployable unless something is done.

The chief director of Sanca, Mr Colin Wenman, says that income from liquor to the State in the form of excise duty and sales tax for 1980 will be about R600-million.

At the recent National Occupational and Safety and Health Convention in Johannesburg, delegates said the implementation of prevention programmes in industry as advocated by Sanca was frustrated because of the limited services which Sanca could provide.

Questioned about Government subsidies paid to Sanca, Mr Wenman said the council received only a little more than R1-million for its national network of prevention and treatment services for all population groups.

As far as black alcoholics are concerned services in most areas are non-existent.

According to Sanca almost anyone who is vulnerable and who tries hard enough can become an alcoholic.

About 75 % of all adult white South Africans drink and about 6 % of them become alcoholics.

It has also been found that partly as a result of the traditional "tot" system about 22 % of the adult male coloureds in the Cape are alcoholics.

Alcohol is not a stimulant, an aphrodisiac, a pick-me-up or a significant food — although it is fattening.

But it is:

• A habit forming drug. Repeated indulgence can lead to



Dr Munnik . . . condemned growing rate of alcohol abuse.

psychological and physiological addiction.

• An anaesthetic. It affects the central nervous system adversely, influencing rational thinking and self-control, speech, hearing, vision and muscular co-ordination.

• A poison. Alcoholic beverages contain ethyl alcohol. If anyone tried to drink, in one shot, a bottle of spirits — say brandy — undiluted he would certainly die.

Alcoholics can be recognised by changes in work performance. This can be divided into three rough periods — the early stage, the late middle stage and the terminal stage.

#### In the early stages he:

- Is tardy at lunch intervals and absent from his post
- Overreacts to real or imagined criticism
- Continually complains of feeling unwell.
- Makes untrue statements.
- Misses deadlines.
- Is inattentive and shows poor judgment.
- Shows a deterioration in job efficiency.

#### In the late middle stage he:

- Takes time off from work, sometimes for several days without cause
- Does not return from lunch.
- Becomes grandiose and aggressive
- Loses ethical or moral values
- Shows changes in facial appearance

#### In the terminal stage he:

- Is absent from work for prolonged periods.
- Drinks on the job.
- Is absolutely undependable.
- Is repeatedly in hospital
- Is in serious financial trouble
- Has serious domestic problems including divorce.

A definition of an alcoholic suggested by Sanca is "A problem drinker who has lost control of his drinking — as to where, when and how much he drinks and whose drinking creates continuing problems in every department of his life."

And, contrary to popular opinion, the alcoholic is not at the bottle every day.

A frequent sign of actual or impending alcoholism is the

periodic bender or drinking bout, during which the person drinks to a stage where he either collapses unconscious or ends up in hospital.

Initially these bouts can also be relatively mild where the alcoholic is constrained by family or job pressures to contain his drinking for weeks or even months, but relapses are inevitable and progressively more severe.

His character also changes. The normally quite reserved individual in the sober state becomes talkative, argumentative, abusive, aggressively violent and criminal. Often he may become tearful and maudlin.

The withdrawal symptoms of an alcoholic who has not yet lost control are easy to recognise.

These are typically "the shakes" or tremors, nausea, vomiting, sweating, thirst, cramps and in severe cases hallucinations (DT's) and intense fright.

Alcohol is no respecter of persons.

The American Department of Health and Education and Wel-

fare says in one of its brochures that "there are 16-year-olds who are alcoholics".

There are 10-million alcoholics in the United States — some as young as 10 years old.

A recent survey by Alcoholics Anonymous in the US showed that of 200 alcoholics surveyed:

- About 30% were professional or managerial persons.
- About 31% were semi and unskilled persons.
- About 39% were clerical or skilled workers

Sanca says the problem of alcoholism can best be combated by means of prevention and early identification of the problem drinker, rather than by treatment of the pathological condition itself.

In earlier times the alcoholic was regarded as a weak-willed sinner who brought misery to his family, friends and to himself as was therefore roundly condemned as such.

However in the 1940s a new approach to alcoholism emerged. This new approach in fact revived a theory favoured in the US and Britain in the late 18th and 19th century that "inebriety" was an illness.

In the 1830s special institutions for inebriates were suggested instead of prisons or lunatic asylums.

Work on alcoholism continued sporadically throughout the 19th and 20th centuries until in 1940, the American Council on Alcoholism was formed.

Alcoholics Anonymous, founded in 1935, was also developing rapidly.

In 1956 the American Medical Association formerly accepted the concept that alcoholism was a disease.

Today the medical profession, throughout the world, including the South African Medical Association (in 1972), accepts the disease concept of alcoholism.

While there is now international recognition of alcoholism as a treatable illness, a strange fact relates to the alcoholic's own view of his illness.

Most people suffering from a chronic progressive disorder, say cancer, hypertension, or stomach ulcers tend to look for and accept treatment, while alcoholics do the exact reverse.

They not only do nothing about their condition, but frequently resist with every means at their disposal any approach by others encouraging them to accept treatment.

Early identification and treatment of alcoholics is seriously hampered in South Africa because information services on the dangers attached to the abuse of liquor and guidance services concerning the responsible use of liquor are still very inadequate owing to the lack of sufficient funds.

**An alcoholic is a problem drinker who has lost control of his drinking — as to where, when and how much he drinks and whose drinking creates continuing problems in every department of his life.**

# Alcohol

is top <sup>STAR</sup> 9/11/81

killer 86

# on roads

Own Correspondent

South African drivers wiped out the equivalent of the population of Mooi River last year.

The National Road Safety Council (NRSC) estimates the road death toll for 1980 at 7 500 — the population of a fair-sized town, such as Mooi River, Natal.

Mr Fanie Pretorius of the NRSC said in Pretoria that there were six main reasons for death on the road:

- Alcohol was the single most important one but it was rather a matter of drinking-and-driving which contributed to accidents.
- Lack of alertness and attentiveness.
- Speeding
- Failing to recognise, or cope with, emergency situations.
- Surprisingly few people knew — and applied — the rules of the road.
- An inadequate following distance between vehicles.

The solution, Mr Pretorius felt, was better training and testing. People's attitudes and knowledge had to be improved.

MAINTENANCE

8.6

# Alcoholics may cost country R500-million

STAR  
8/11/81  
(86)

By Andrew Walker

Alcoholics could cost South Africa more than R500-million this year through damage to equipment, loss of production time and poor work, say experts on alcohol abuse.

A Johannesburg headmaster is worried about the drinking of his standard 5s; the country is said to have up to 900 000 people who are either dependent on alcohol or who are moving towards that state — and alcohol is a factor in 50 percent of South Africa's fatal road accidents.

But the fight against alcohol abuse is being stepped up.

The Minister of Health, Dr Munnik, has announced a new assault on abuse and the South African National Council on Alcoholism and Drug Dependence believes such steps are not only overdue but vital.

Council representatives, medical officers and teach-

ers will meet soon to work out "lifestyle" education programmes which, Sanca hopes, will be accepted by education authorities as being a necessity for the youth of today.

"There have been attempts at such education, but the overall quality and depth of such schemes has been far from satisfactory," says Dr S de Miranda, head of Sanca's clinical services in Johannesburg.

"We have a situation where teachers and principals are becoming more aware of alcohol problems and are requesting preventive education in the schools."

Children, said Dr de Miranda, were becoming more and more exposed to alcohol and there was a "vital and urgent need" for preventive education.

It was however not possible to say whether alcoholism was on the increase in SA as no surveys has been carried out. But working from statis-

tics from American surveys alcoholism in industrial workers could result in a loss of over R500-million this year.

Which, says Mrs Lee Wilcocks, Sanca's industrial and educational consultant, emphasises the need for preventive education throughout the country and not only in schools.

But while there is a grave need for education about the dangers of alcohol abuse, facilities for treating alcoholics are short.

At the Sanca clinic in Pritchard Street, Johannesburg, as many as 600 people are on the books as patients at any one time.

Fortunately, about 90 percent of all those "hooked" on alcohol can be treated as outpatients.

But even outpatient facilities are strained and Sanca has started an industrial scheme which, it is hoped, will help deal with the problem.

Expenditure

PRE-COURSE BUDGET

EXECUTIVE COURSES 1981

GRADUATE SCHOOL OF BUSINESS

# Blacks spend R1 000m a year on liquor

# THE BIGGEST BEER-UP

Beer their favourite tipple

30 tots a year (white 57, coloureds 31, Asians 34).

The remainder of the annual R1 000-million booze-up comes from cane (202-million tot), gin (131-million), whisky (125-million), vodka (78-million) and the table wine.

According to figures from the West Rand Administration Board, which controls all the major outlets in Soweto, Kagiso, Mohlakeng and Westonaria, their liquor sales from January to December last year (excluding sorghum beer) totalled just over R40-m, which is about 4 percent of the national total.

This figure does not include liquor bought by blacks at other outlets, including shebeens and outlets outside Soweto.

In the black townships of Pretoria, R10-m's worth of liquor was bought in the period January to December last year, with December's total being R1-m.

The sixteen bottle stores under the Vaal Administration Board accounted for R18-m over the same period.

SOUTH AFRICA'S blacks are spending a staggering R1 000-million a year on booze, or R90 for each person aged 16 and over.

These figures have been calculated from details published in the latest All Media Products Survey (Amps).

The monster annual drink-up goes some-

thing like this: 1 602-million glasses of beer, 868-million tots of spirits and 110-million glasses of table wine.

The input of beer represents, 79,6 percent of the market, with each black over 16 accounting for 143 glasses a year (whites 101, coloureds 70 and Asians 44).

This represents spending of around R800-million a year at bar prices.

The next favourite tipple of black drinkers is brandy, with 332-million tots being knocked back annually at a cost of about R166-million. This is 58,1 percent of the market and represents

*Handwritten notes:*  
Sunder  
3/5/81

**"Political pressure imposed on the black man"**

# LEADERS SLAM BIG DRINK-UP

4/3/81

SOWETAN

96  
334

THE drinking pattern is increasing among blacks — and various people have expressed concern on the amount of money spent on liquor.

The South African National Council for Alcoholism (Sanca), said it has been proportionate increases in alcohol related problems among blacks. The pattern of drinking is increasing at a rapid rate in the community.

The chief director of Sanca, Mr Colin Wenman, said from their observation the pattern of liquor drinking was increasing among blacks. He said Sanca was giving priority attention to this matter and the question for the need for treatment and prevention services.

**SUICIDAL**

Mr Wenman was reacting to a story in the SOWETAN yesterday that South Africa's blacks are spending a staggering R1 000-million a year on booze — or R90 for each person aged 16 and over.

Mr Tom Manthatha, secretary of the Committee of Ten, said: "It is truly disgraceful to find that people have so lost the zest for living that they find existence in suicidal tendencies.

"It is more shocking when you take into account that the history of liquor in this country has been geared to drain the last cent in a black man's pocket."

1 602-million glasses of beer is drunk by blacks a year, details showed. On spirits, 868-million tots are taken and 110-million glasses of table wine.

Brandy is found to be the next favourite among blacks, with 332-million

By **LEN KALANE**

tots taken a year at a cost of R166-million.

Mr Ephraim Tshabala, director of the Soweto Family Help Centre said: "It is a hell of a lot of money to spend on drinks that could have been spent on food."

Top educationist, Mr T W Kambule reacted: "What! R1 000-million! We call that a billion. It is an unfortunate situation real though it looks. Yet we must not overlook the underlying factors which cost that amount of drinking."

Mr Kambule said it was the result of political pressure imposed on the black man. He said this is not uncommon because the black American did the same thing when he didn't have sufficient outlet for his ego.

He said: "In actual fact we should not blame the black man but the system which has reduced blacks to minor status and consequently find their delight in imbibing in alcohol."



Mr T W Kambule

1959/60	356	14
1969/70	596	23
1974/75	705	26
Annual Growth Rate	4,4	3,9

Notes:

- (a) Sources: Table 4 note (a) for source of GNP data. Population data from South African Statistics 1976, Table 1.6, and South African Statistics 1968, Table A-9. 1959 data was revised upwards on the basis of revised estimates from 1960.
- (b) Deflated by the national accounting deflator, calculated from South African Statistics 1976, Tables 21.4 and 21.6.
- (c) An adequate deflator for all medical services does not exist. The medical index of the old Consumer Price Index is unsuitable as it only includes expenditure of white families in major urban areas. No index for medical services in the public sector is available. The national accounting deflator was used here, and the result is more conservative than that obtained using the medical care index of the C.P.I.

(86)

# Alcoholism figures soar in SA

## Medical Reporter

ALCOHOLISM is now the main addiction problem in South Africa, yet almost nothing can be done to prevent it, according to an editorial in the latest edition of the SA Medical Journal.

The number of people treated at various rehabilitation centres increased by more than 33 percent between 1978 and 1979, says the editorial.

The problem has been neglected in the past and the condition tends to end up with the general practitioner, 'who has often been singularly ill-equipped to deal with it.'

The editorial says that while the medical profession has so far little to offer as regards prevention it has a role to play in identifying and managing the problem.

It also suggests programmes to identify those

at special risk of becoming alcoholics.

One of these suggestions — already being used on large groups in Sweden — is the screening of the population for early liver damage.

### HEREDITY

Another factor being discussed is heredity, as recent studies have indicated the involvement of a genetic factor.

In an attempt to help the doctors called on to treat alcoholics, the Journal has included an updated edition of a handbook on the subject.

THE ICD (8th REVISION)

NO.	W		A		C		B	
	M	F	M	F	M	F	M	F
0-1	1,99	2,2	9,81	6,60	55,55	51,04	29,36	27,05
1-4	0,16	0,13	0,76	0,79	8,27	7,48	3,56	3,42
5-24	0,02	0,02	0,07	0,08	0,21	0,21	0,20	0,22
25-44	0,06	0,03	0,17	0,20	1,14	0,78	0,36	0,45
45-64	0,25	0,13	0,75	0,45	3,30	1,37	2,15	1,27
65+	1,04	0,72	1,61	1,98	5,48	2,78	5,45	2,93
ALL	0,19	0,15	0,56	0,45	3,33	2,69	1,66	1,61
NO.	399	315	198	159	3792	3146	3472	2593

I

INFECTIVE AND PARASITIC DISEASES

Summary Tables

Table 9: Proportion of cases in which a subsequent choice of treatment source was made

Area (in order of remoteness)	Proportion of cases	
Tiersdorp location		
( $< 1$ km from doctor)	16%	
Addo and Kirkwood		
(0 - 9 km from facility)	22%	
	41%	
	45%	
	24%	
	30%	
	24%	
Tiersdorp	27%	47%
Valley	42%	34%
		27%
		24%

All treatments given are included.

**Yes to union** (86) 21/6/81  
 MANAGEMENT at the F Howe bakery decided to recognize the shop steward's committee of an unregistered trade union in the early hours of Thursday morning. This week, a meeting between management and 50 workers took place on Saturday afternoon at the Saldanha Hotel. The members of the National Federation of Workers' Unions had refused to join the union because of the unregistered status.

care such as family planning, antenatal care, child clinic etc.

7. The extent to which people used health services seemed very much dependent on whether they had easy access or transport available; the cost of transport seemed to be the major deterrent to visiting doctors or clinics; the cost of the service itself seemed only secondarily important as subsidized medicine was available in both areas. The more distant people were from health services, the more often they changed their mode of treatment, and used home remedies and indigenous practitioners, or simply endured pain. This was not true of most whites, who had access to motor transport, but some pensioners had difficulties of this kind. The 'ambulance' or 'taxi' services did little to relieve these problems, because:
  - a) these were used mainly for emergencies, so there was a tendency to wait until cases became emergencies before calling an ambulance (e.g. until a woman in labour got into difficulties, or a child's gastro-enteritis became critical).
  - b) they had to be called by telephone (of which there were none in the locations) and usually authorized by a doctor, so that the patient often had to get to a doctor first. In Tiersdorp the magistrate could also authorize the sending of a taxi after a phone call. Labourers and others would obviously not disturb the owners of telephones unless a case was an emergency.
8. Contrary to the view of many health personnel that it seems there is no substitute for cheap public transport. Port Elizabeth Divisional Council makes such transport available (free) to clinic users. This is an important contribution to health care, but the relative advantages of this solution and of public transport should be examined.

# Rampant alcoholism threatens townships

RDM 8/9/7/81

86

By GERALD REILLY  
Pretoria Bureau

A GRIM warning about the alarming spread of alcoholism among township blacks was sounded yesterday at the Congress of the Medical Association of South Africa in Pretoria.

Dr Elizabeth McCabe, of the Primary Health Department at Tembisa Hospital, said alcoholism among township blacks was not only a national problem — it was a national emergency.

Alcoholism had emerged in the African townships and would destroy the developing race if unchecked.

What had so far been observed was the tip of the iceberg, she said.

Each alcoholic affected the life of at least 16 other people. This meant that 75% of the population of urban townships was directly or indirectly involved in alcoholism.

At Tembisa it was found that many of the 350 to 400 adult daily patients had alcoholic problems.

She was referring not to the "weekend load of drunks who land up in casualty", but the middle class and middle income blacks with jobs, homes and families.

Now, nearly 20 years after liquor was made freely available to blacks, they were developing the white man's alcoholic problems.

In two separate studies at Tembisa and Kalasong, involving more than 2 500 patients, 6% were assessed as alcoholics.

It was found that most patients — 70% at Kalasong and 85% at Tembisa — when confronted with the diagnosis, admitted to an alcoholic problem which was disrupting their lives and over which they had no control.

Dr McCabe said it was amazing that the black alcoholic re-

tained his insight into the illness, whereas other racial groups lost theirs completely.

Black alcoholics seemed to be aware they stood to lose all, and whatever complaint they produced as a pretext for attending the clinic, they really came looking for help in their dilemma.

South Africans' prohibition period before 1962 had led to the growth of shebeens, where dangerous concoctions were brewed, she said. But alcoholism, as it existed today, was not found.

Today, there was an average one shebeen for every five households.

Dr McCabe said they were no longer horrible places but social meeting places. They filled the great need for social life and relaxation among the new black middle class population, which was increasingly exposed to the stresses and anxieties resulting from better jobs and modern city life.

# Health checks on executives criticised

Pretoria Bureau

"DOES management want to own the body and soul of the executive, as well as his expertise?" Professor J N de Klerk, chairman of the Federal Council of the Medical Association of South Africa, asked yesterday.

Speaking at the South African Medical Congress in Pretoria during a panel discussion on "executive health checks", Prof De Klerk questioned the necessity of expensive capital outlay for conducting medical tests on executives.

Are specialised centres and doctors necessary or can the medical tests be performed equally well by the family doctor, he asked.

He questioned the management's right of access to "intimate health details of individuals".

"What right has the management to take over an individual's control of his own health," he asked.

Compulsory health checks by executives at centres chosen by the company "smacked of George Orwell and 1984", he said.

Dr T J Stomp, from Zimbabwe, said executive health checks were necessary but he questioned the attitude of companies who paid more attention to the health of their top employees but showed little concern for lower paid employees, especially with regard to working conditions.

# Medicals 'done for wrong reason'

Pretoria Bureau

PRE-EMPLOYMENT medical examinations are being done for the wrong reasons, says Dr M Baker.

He told a seminar on occupational medicine at the SA Medical Congress yesterday that most of such examinations were to admit people to pension funds or medical aid schemes — but it was wrong for admission to be decided from one examination.

He also said it was unfair to exclude people from pension funds because they had certain diseases.

Dr Baker said examinations suited to the requirements of different industries should be done. For this, doctors must have a knowledge of factory and job requirements.

It was not necessary to have every employee examined — only those at risk in specific areas.

Most examinations could be done by occupational nurses, leaving doctors to deal with problem cases and more senior people.

He added that there was no reason why disabled people could not be employed if the job circumstances were right.

For the best all-round student  
 Bell-John Prize  
 For the student obtaining  
 the highest marks in  
 Professional Practice.  
 P R Swift  
 LTA Prizes  
 For the best student in each of  
 the courses of Building Economics I,  
 II and III in the third, fourth &

QUANTITY  
 SURVEYING  
 (Continued)

P C Key

in any year of study.



# Taking the 'blue train' to disease and death

CT. 15/7/81 (86)  
Staff Reporter

A TERRIFYING picture of sick, starving and lonely urban meths drinkers has emerged from a recent study of addicts in Pretoria.

With macabre humour, the meths drinkers have named their addiction after South Africa's luxury Blue Train (from the blue colour of the spirits) and given its name to a social problem which kills dozens of people annually and spreads vagrancy and disease.

The recent Pretoria survey, carried out by the SA Institute for Sociological, Demographical and Criminological Research for

the Department of Health, sketched a disturbing picture of the typical meths drinker, who was usually a vagrant moving in small groups of two or three fellow addicts. Each group pooled money, earned from begging and other casual means, to buy the spirits.

The study found that 42 percent had no fixed address, about 60 percent were in their forties or older, almost 90 percent were loners without relatives or family, two out of three had little or no formal education and that most seldom had a job.

Few ever had solid food and all presented an un-

cared-for appearance. The skin was generally scaly and spotted with olive-coloured flecks. Their lips were burst or swollen. Most complained of burning pains in the chest, swollen and painful feet, poor digestion and had a low body weight.

An average daily intake of meths for the addict was 200ml. When available, it was taken in mouthfuls with short pauses in between, diluted with soft drinks, milk, tea or water.

The survey added that two vagrants had died within a few days of reporting to the researcher that they felt too ill to move.

# KwaZulu the Sanca target

NM 25/7/81

(1024) (86)

Mercury Reporter

A WELFARE organisation has made KwaZulu its second target in a new campaign to combat alcoholism. The South African National Council for Alcoholism and Drug Abuse (Sanca) is encouraging community workers to establish contact groups in their areas and this week involved social workers and nurses from KwaZulu in a symposium in Durban to promote the drive.

Sanca, which contributes to an awareness of the perils in alcohol abuse, has already done work on the Transvaal's East Rand to help create action groups which, if they prove successful, will form the foundation for future rehabilitation clinics.

About 25 social workers, nurses and other people in KwaZulu Government services discussed ways of establishing groups to suit their problem areas.

The planning and development adviser for Sanca, Mr Salathiel Moloi, said they were negotiating with the central Government and local authorities for support in combating abuse of alcohol.

'We also hope to encourage prison authorities to help rehabilitate alcoholic prisoners,' he said.

They plan to persuade education authorities to provide regular lectures on alcoholism to pupils.

c) How might you change the procedure if the mean weight, not number, of offcuts had to be estimated?

Solution

a) We are limited by cost and have  $R_{500} - R_{50} = R_{450}$  to spend. If we sampled any containers fully it would cost  $d_1 + d_2 L = R_{50} + R_{1.100} = R_{150}$ . Hence using one-stage cluster sampling we could sample only 3 containers.

We have:  $d_1 = 50$   $d_2 = 1$   $\bar{S} = 2$   $S_w = 1$

$M = 20$   $L = 100$

Hence  $L_{opt} = \sqrt{\frac{50.4}{1(1-4/20)}} = 15.81$ , say 16

Then  $m$  is found from the restriction:

$R_{500} = R_{50} + R_{50m} + R_{1.m.16} = R_{50} + R_{66m}$

The given  $m = 450/66 = 6.92$ , say 7

To satisfy the budget exactly we will have to change  $L$  a m slightly, and the best might be to reduce  $L$  to 14. The total cost will then be:

$R_{50} + 7.R_{50} + 7.14.R_1 = R_{498}$ . (for  $m=7; L=14$ )

b) One Stage - use equation (8.38) with  $m=3, M=20$  and  $S^2 = 1$  and  $\frac{1}{m} \sum (X_i - \bar{X})^2 = 1.0$ .

Then  $Var(\bar{y}_c) =$

Two Stage - use eq

$Var(\bar{y}_c) = (1 - \frac{7}{20}) \frac{7}{7}$

$= 0.0929$

$0.1280$

Clearly the two stage estimates, even though estimated, produces much better

**Alcoholism (8/8/5)**  
**More treated**

HOUSE OF ASSEMBLY  
There has been a dramatic increase in the number of white women treated at rehabilitation centres for dependence on alcohol and drugs.

Between 1978 and 1979 the number of white women admitted to rehabilitation centres increased by over 45 percent and to registered rehabilitation centres by 12 percent.

The number of men admitted to rehabilitation centres increased by 21.2 percent over the same period.

These figures were disclosed in the 1979 report of the former Department of Social Welfare and Pensions which has been tabled in Parliament.

$0.2833$

with  $m=7, L=14$

$.2^2$

reported to 302

# Doctor hits at Cape farmers

Mail Correspondent

FARMERS in the Greater Cape Town area have been criticised by the Cape Divisional Council Medical Officer of Health, Dr L R Tibbet, who says in his annual report that poor living conditions and low wages continue to contribute to serious health problems among farm labourers.

Dr Tibbet also warned that "we appear to be losing ground in the battle against tuberculosis in the non-white population groups".

In his 1980 report — he says the farm labourers of Philippi were one of the most depressed.

Alcoholism and poverty were rampant, nutrition was poor and the quality of life low.

On Constantia, he said: "Poor housing and low wages of much of the farm labour continues to contribute towards the problems of alcoholism, tuberculosis, child abuse and neglect and malnutrition, all problems in one of the country's wealthiest areas".

In the Durbanville area nearly 5 000 visits to clinics were made during the year because of venereal diseases. A survey on VD in the area had indicated "a most alarming incidence of 15,7% in the farming population of this area".

"Over-crowding was apparent in 45 out of 76 dwellings and with poor hygiene and sanitation the ideal conditions for endemic syphilis and other diseases arise. Infestation of flies can only complicate matters."

Referring to TB, Dr Tibbet said because it appeared the fight against the disease was being lost among blacks and coloureds, better housing and economic improvement for these groups were top priorities.

He expressed the hope that State cuts on finances this year would not affect the supply of drugs used in the treatment of TB.

Alcohol in Perspective: a congress at Rand Afrikaans University — Pamela Klein reports

# Drugs and drink do not mix'

Star 13/10/81  
 86

Ninety percent of nutritional problems among urban blacks are related to alcoholism, Professor Harry Seftel, head of African Diseases at the University of the Witwatersrand, told the congress yesterday.

Professor Seftel warned during a discussion on "The Chemical Substance of Alcohol" that the public should not drink alcohol while they were on any drugs.

He was supported by Professor Deo Botha, of the University of Stellenbosch, who said that alcohol should not be consumed by a person taking medication of a psychoactive nature.

Major-General L. P. Neethling, head of the Forensic Laboratory of the South African Police, said that between 80 percent and 90 percent of any given quantity of alcohol was absorbed by the bloodstream in 30 minutes and disturbed the normal function of the neurons in the brain.

Some of the symptoms of increased alcohol intake include:

- Emotional disturbances manifested by boastfulness, talkativeness, remorse, exhilaration and belligerency. This is achieved by a concentration of 30 mg ethyl alcohol for every 100 ml of blood.

- Impaired motor co-ordination resulting in slowed reaction time, slurred speech and ataxia.

- Sensory disturbances like double vision and flushing of the face.

- Rapid pulse increase, sweating and vomiting due to impairment of the medulla of the brain.

- Drowsiness, stupor and finally coma with retarded or absent tendon reflexes. This is obtained at a concentration of 300 to 350 mg ethyl alcohol for each 100 ml of blood.

- Death from respiratory or circulatory failure, or from aspiration pneumonia which results from concentrations as low as 355 mg ethyl alcohol for each 100 ml of

## A drop too much is bad for the heart

The functioning of the heart is weakened after excessive intake of alcohol, Professor G.P. Human, of the University of Pretoria and the H.F. Verwoerd Hospital said yesterday.

Alcoholism was one of the risk factors in ischaemic heart disease.

And "one of the best kept secrets in modern medicine" is how much alcohol the patient consumes, how often he takes it and how long he has been taking it for, Professor Human said.

He pointed out there was a high correlation between liquor sales and arhythmias over holiday seasons and at weekends.

"These facts clearly indicate the tremendous potency of ethyl alcohol as a drug acting on the complete spectrum of human endeavour," Major-General Neethling said.

He added that ethyl alcohol must be considered a toxic substance with the average fatal dose in an adult being between 750 and 1 000 ml of any strong liquor like brandy or whisky

Alcohol is the commonest cause of cirrhosis of the liver among Johannesburg blacks and a third of all white alcoholics show signs of primary liver cancer at autopsy, Dr E M I McCabe, senior medical officer, primary health care, Tembisa Hospital, Olifantsfontein, said yesterday.

She said people ran the risk of early death from gastric, liver or pancreatic failure or cancer — or all four — if alcohol abuse was not stopped.

"Alcohol abuse is an important cause of disease in the gastro-intestinal tract, and the liver and pancreas are particularly at risk," she said.

Dr McCabe said she was witnessing "the white man's alcoholic problem".

# Alcohol: blacks victims of 'white man's problem'

in the urban black patient at Tembisa Hospital. Acute alcoholic hepatitis occurs frequently on or around pay day in the urban areas with alarming frequency," she said.

★ ★ ★  
While most people suffer some degree of impairment after consuming alcohol, a few might achieve improved efficiency. Dr G K Nelson, director of the National Institute for Personnel Research at the University of the Witwatersrand said yesterday.

Dr Nelson found this after experiments at the NIPR.

He said a proportion of the population, perhaps even half, might be subject to brief blackouts after drinking alcohol, even at relatively low blood-alcohol concentrations.

"These possibilities have serious implications for the integrity of our society for road safety and for anti-social behaviour," he said.

Businessmen run the risk of brain damage if they drink alcohol while having many business lunches, Dr G A D Hart, senior psychiatrist at Tara Hospital in Johannesburg, said yesterday.

Those over the age of 40 faced the added risk of greater brain shrinkage as it had been suggested that alcohol produced "a sort of premature ageing" of the brain.

"There is considerable evidence that alcoholics, and even heavy social drinkers, may after many years of heavy drinking suffer brain damage," Dr Hart said.

Dr Hart said concentrated drinking aggravated brain damage.

Sketching the effects of alcohol, Dr Hart said it caused a transient experience of well-being, usually followed by depression, anxiety and dysphoria. Chronic use of it could have an adverse effect on sleep patterns. Acute intoxication usually reduced "dream sleep" for the first half of the night.

## Alcohol: 'hazard of our times'

A Foundation for Addiction Research has been established in South Africa, the Minister of Health, Welfare and Pensions, Dr L A P A Munnik, announced last night.

FAR — which will make funds available for research into all aspects of alcohol and drug dependence — was recently established by the South African National Council for Alcoholism and Drug Dependence and a group of businessmen.

The Minister made this announcement when he opened the congress yesterday.

"The alcohol problem is most certainly one of the major health and social hazards of our times," he said. Dr Munnik said it was necessary that children be educated about the dangers of alcohol.

Handwritten notes: "is most", "K 20 9.10", "L J r e n", "L p r o d u c i n g", "e, a t t e".

# R4-m spent on drink in SA every work day

By Pamela Kleinot

South Africa spends more than R4-million on alcohol every working day and a national plan has been formulated to prevent and combat alcohol abuse.

The plan was announced this week by Dr L A P A Munnik, Minister of Health, Welfare and Pensions, who said the alcohol problem was one of the major health and social hazards of our times.

He also said a Foundation for Addiction Research had recently been established in South Africa.

The Minister was speaking at the "Alcohol in Perspective" congress attended by about 800 people at the Rand Afrikaans University in Johannesburg.

Several issues including the increasing abuse of alcohol among the young were raised at the three-day conference, organised by the Department of Health, Welfare and Pensions.

Dr G A D Hart, a senior psychiatrist at Tara Hospital, Johannesburg, warned heavy social drinkers that they risked brain damage after years of heavy drinking.

Some of the hard facts congress included:

- More than 75 percent of South Africans were drinkers and 375 000 were alcoholics;

- More than 60 percent of people who died from unnatural causes in Cape Town last year registered positive alcohol blood tests. Road accidents and stabbings were responsible for most of the deaths.

- In a survey by the National Institute for Transport and Road Research, alcohol consumption of drivers contributed to 42 percent of the accidents sampled, while 53 percent of pedestrians studied had taken alcohol prior to accident involvement.

- That the average age for alcoholic patients in South Africa today was 20 years and older. A decade ago it was 35.

I  
S  
S  
E  
R  
K  
E

5. It all budget  
consum highest  
budget to the

ie

good A

indiff  
the

ie

case (i)

good A

In this case  
from point  
new point  
good A  
remains

# Drunkennes 'like veldfire among youth'

There are more than 375,000 alcoholics in South Africa and drunkenness is spreading among the youth like a veldfire out of control, says the Rev A Massey of the South African Temperance Alliance.

At the alcohol congress he called yesterday for "total abstinence," the only secure way "to prevent the disastrous effects of alcoholism."

"Drinking has become the world's most disturbing and alarming social problem," he said.

## YOUNGER

The three-day conference was organised by the Department of Health, Welfare and Pensions in collaboration with the South African National Council on Alcoholism and Drug Dependence, the Transvaal Provincial Administration and the National Advisory Board on Rehabilitation Matters.

Mr Massey said more than 75 percent of South Africans were drinkers.

The average age for alcoholic patients today was 20 years and older. A decade ago it was 35 and older.

"It is highly dangerous to advocate drinking in moderation because alcohol is a narcotic habit-forming drug," he said.

Quoting a magistrate, he said: "Half the crime in our country is directly due to alcoholic drinking and much of the other half is indirectly affected by it."

The Rev Peter Storey, of the Central Methodist Church, Johannesburg, called for an alcohol-free way of life as the only cast-iron guarantee against alcoholism.

"I wish to instil in as many young people as possible that even by moderate drinking they are subsidising a destructive industry and deepening its hold on society," he said.

Mr Storey called for a campaign to ban liquor advertising.

He also called on black

revolution against the exploitation of their people, saying liquor was an instrument of oppression.

Dr M V Gumde, kwa-Zulu Secretary for Health, called for educational and occupational programmes to change society's attitudes to alcohol use and abuse.

It would then be up to individuals to decide their "safe" drinking margin.

Dr Gumede gave tips to prevent alcohol abuse:

● Never drink on an empty stomach.

● Drink slowly, taking small sips.

● Never "chain drink"

An average size person cannot become drunk with one standard-size drink an hour.

● Never drink when taking other drugs such as tranquillisers and sleeping pills.

Drugs may have a multiplier effect making two drinks have the same potency as 10.

● Avoid alcohol if you are depressed, anxious or tense and after a family quarrel, business setback or other disappointment.

Mr D N Byrne, a Potchefstroom educationist, said black youths had strong feelings against alcohol.

Mr Byrne, of the Institute of Educational and Psychological Services at Potchefstroom University which conducted a survey among high school pupils, said although a permissive attitude towards "alcohol use was fairly general among whites they emphasised control and moderate acceptance.

"The Indian youth attitudes bear the strong influence of the Islamic faith's taboos on alcohol."

Coloured youths who were also anti-alcohol said it was used mainly as an escape route for problems like boredom, a purposeless existence and aimless lives.

The black sample protested against the breakdown of family relationships caused by the drinking habits of their parents and also mentioned the harmful effects of alcohol abuse among

creation of the respective

the budget line cuts the  
where it is tangent to an indifference curve)

ms of goods are available  
me

that combinations of goods

curve.

of A, the budget lines shifts  
new indifference I<sub>2</sub>. At the  
point of F more units of  
combinations of good B has



# Alcohol: 86 why it is abused

5/20  
14/10/87

Group deprivation, lack of home life, inequality and inadequate recreational facilities are the main causes of alcohol abuse in South Africa, says Mr Peter Savory, marketing manager of South African Breweries Ltd.

Mr Savory was speaking yesterday on "The Role of the Liquor Industry in Preventing Alcohol Abuse" at the alcohol congress.

The three-day conference was organised by the Department of Health, Welfare and Pensions in collaboration with the South African National Council on Alcoholism and Drug Dependence, the Transvaal Provincial Administration and the National Advisory Board on Rehabilitation matters.

Mr Savory said alcohol had a special role to play in society and brought much pleasure to millions of South Africans. He said, however, that the SAB was concerned about alcohol abuse which caused problems "in the health area, on the road, in the work situation, or under-age drinking."

## 60 pc of unnatural deaths featured drink

More than 60 percent of people who died from unnatural causes in Cape Town last year registered positive alcohol blood test. Professor L S Smith, said yesterday.

Professor Smith, head of Forensic Medicine and Toxicology at the University of Cape Town and Chief State Pathologist, said transport accidents and stabbings were responsible for most of the deaths.

Other deaths were caused by hanging, stran-

"The SAB wishes to be totally involved in finding realistic solutions to these problems and has joined a consortium of leading industrial, commercial and financial undertakings to establish the South African Addiction Research and Education Foundation," he said.

Mr Savory said the SAB was against controls being placed on alcohol as it would anger the majority of people and could well prove to be counter-productive.

"The majority of beer drinkers in South Africa — over 90 percent — suffer no harm and in fact gain much pleasure from the moderate enjoyment of beer," he said.

Mr Savory said the private sector could do little to remedy the socio-political conditions that caused alcohol abuse.

"Improvement of these conditions must be initiated from the top," he said.

He said educating the public about the moderate use of alcohol was the most promising remedy against alcohol abuse.

guation, choking, drowning, falls, fires, firearms and poisoning.

Professor Smith said 62.5 percent of pedestrian deaths were alcohol positive as was the case in 49.4 percent of railway fatalities.

"Ethanol, the intoxicant in lawfully marketed alcohol beverages, is said to be the most potent psychoactive dependent-producing drug freely available without prescription," Professor Smith said.

Alcohol in Perspective, a congress at Rand Afrikaans University — Pamela Klein reports

## Call to refuse convicted drivers right to drive

Mr R K Deppe of the National Institute for Transport and Road Research (NITRR) told the congress that South Africa's drunken driving problem was ranked as one of the worst in the Western world.

"Alcohol intoxication is the single most important factor in motor vehicle accidents, particularly fatal accidents," he said.

Mr Deppe said that alcohol — a depressant drug — affected many aspects of behaviour important to driving.

"Judgment is affected and unwarranted risks may be taken," he said.

He said NITRR had shown that alcohol consumption of drivers was contributory in 42 percent of accidents sampled, while 53 percent of pedestrians studied had taken alcohol prior to accident involvement.

Calling for convicted drivers to be refused the right to drive, Mr Deppe said only 11.8 percent of 170 convictions in the Pretoria Magistrate's Court between July and December last year for drunken driving had had licences suspended.

"Several offenders with previous convictions retained their licences. Almost all Western countries take a far more severe view of drinking and driving," he said.

## Whites are still heaviest drinkers

Whites of both sexes form the largest section of alcohol consumers in South Africa, followed by black and Coloured men, says Mr C van der Burgh, of the Human Sciences Research Council.

Discussing drinking patterns of South Africa's various race groups, Mr van der Burgh points out that 2 percent of Indian women, but one third of black and coloured women are drinkers.

While the proportion of Indian men who consume alcohol has risen compared to a decade ago, the proportion of blacks and coloureds who consume alcohol has dropped sharply. The situation for whites remains unaltered.

The HSRC studied the drinking habits of the population groups in 1962 and 1963 and made a similar study between 1973 and 1977 which showed that whites and Indians were consuming

alcohol more frequently today than a decade ago, but the rates for coloureds and blacks had dropped considerably.

\*\*\*

An increased number of whites under the age of 24 years are being treated for alcohol-related problems and alcohol dependence, Dr Sylvain de Miranda, director of the South African National Council for Alcoholism (Sanca), said yesterday.

Surveys undertaken by Sanca in Johannesburg showed the following patterns:

● 77 percent of patients began drinking before the age of 24 years.

● 64 percent began drinking between 12 and 19 years old.

● 19 percent of those under the age of 24 years developed a drinking problem.

## Shebeens 'fulfil a social need'

Shebeens fulfil a need in the black community that offers liquor, rest and relaxation, good company, women, food, music, dancing, dagga and gambling, Dr J M Lotter, of the Human Sciences Research Council, said yesterday.

"Shebeens have become part of life in many urban areas and whereas upper-class shebeens may alleviate feelings of social deprivation, lower-class shebeens may fulfil an integrational function regarding migrants," he said.

Dr Lotter said overcrowded and drab housing conditions stimulated the patronage of shebeens.

He added that other places of entertainment like community halls, cinemas, parks and sports facilities did not meet the requirements of shebeens.

Commenting on the ban on the supply of liquor to blacks between 1896 and 1962, Dr Lotter said that as with the United States during prohibition, an extensive illegal liquor trade ensued.

He said the illegal liquor trade assumed massive proportions despite the thousands of prosecutions annually.

"Shebeens have flourished since 1962 because they fulfil a need in the community far more complex than the mere retailing of liquor," he said.

# Advertise alcohol danger, liquor companies told

*Sawetlan 19/10/87 (86)*  
SOUTH Africans spend more than R4-million a day on liquor, says Mrs C Sele, an Atteridgeville social worker

By MONK NKOMO

Speaking at a symposium in Atteridgeville during the weekend, Mrs Sele called on all liquor companies to advertise the dangers of alcohol so that the community should know its dangerous effects.

The symposium was organised by the South African National Council on Alcoholism and Drug Abuse (ATMA Society).

"We should admit that alcohol is here to stay, but we should develop an awareness of its dangers. The health and the future of the nation is affected. Can you imagine a future where three-quarters of the population are affected by the abuse of alcohol?" Mrs Sele asked.

Mr P. Makhambeni, a medical practitioner, said alcohol was the biggest health problem after heart disease and cancer. He explained, using slides, that excessive use of alcohol affects the sex drive, which often leads to divorce.

He said most people were psychologically addicted to depend on alcohol and drugs, especially cigarettes, to often alleviate passion or solve emotional problems.

"Alcohol and drugs become part and parcel of their metabolism and could

result in death," said Mr Makhambeni.

"An alcoholic cannot sleep without having a drink. He develops an unbearable fear, memory blackouts, dazzling hangovers and shakes uncontrollably. In severe cases, over-dosage is marked by respiratory depression, stupor, shock syndrome, coma and ultimate death," the medical practitioner said.

Alcohol, he added, does not have the nutritional value of food.

"It gives a few calories that other people get from

food. Alcoholics suffer from vitamin deficiencies, anaemia, fatty liver or cirrhosis, general flabbiness and poor health."

Rev S P Lediga said the burning issue of alcoholism could be solved if blacks learned to be responsible.

"The general morals of the black people has deteriorated tremendously and the liquor problem is caused by these loose morals."

He added that the church, police, teachers and the parents should be harnessed to help solve the problem of alcoholism.

86

Security +  
Protection  
11/81

# The threat of alcoholism in commerce and industry

Alcoholism in commerce and industry costs the Republic about R500-m annually and affects between 6 and 10 per cent of the working population.

Shock figures revealed by the South African National Council on Alcoholism and Drug Dependence (SANCA) show that the majority of alcohol dependent workers are in the 18 to 24 age group. In 1966, the age group was 35 to 40.

Women accounted for every one in eight alcoholics 10 years ago, but now the figure is one in three.

Mrs Lee Wilcocks, an industrial and educational consultant on chemical dependence on alcohol and drugs for SANCA's office in Johannesburg, says most of the council's branches are involved in industrial alcohol programmes.

"Until recently, this problem—one of industry's largest difficulties—was overlooked. Companies are, however, now looking at the provision of a service for alcoholics in their corporate planning policies.

"The reasons for the reversal include the cost effectiveness of rehabilitating an alcohol dependent worker, compared with training someone else, and the social obligation the company has towards its employees."

She says an alcoholic costs the company a quarter of the person's salary, and it has been realised that the person who is fired or who is obviously abusing alcohol is only the tip of the iceberg.

Alcoholism is a difficult problem to handle, especially on a piece-meal basis.

"Many managers become discouraged when they find that the employee that they put in for treatment relapses in a period of months," she says.

## How are industrial alcohol programmes instituted?

The programme must have backing and support from management. The problem affects all workers, just as alcohol dependence affects all workers. It is not a line function adopted by management, excluding or including white or blue collar workers, or salaried staff or wage earners.

An alcohol programme works because it answers a definite need, it is comprehensive and it is a long-

term process, not a mere shot in the pan method of treatment.

## Company policy on alcohol dependence

This states that it regards alcohol dependence as an illness which can be medically treated in the same manner as other illnesses. It lays down rules and regulations concerning sick leave and treatment, and provides safeguards for the company and the worker.

It also states that failure to accept treatment will result in disciplinary action, but conversely that no one will be discriminated against, or his advancement possibilities jeopardised, because he has undergone treatment.

Reducing the stigma attached to alcoholism, the policy is even more effective if accepted by the firm's medical aid.

## Training supervisors

The supervisor is the keystone of the programme—without him it will falter and die. It is therefore vital that he understands what alcoholism is really about and does not have preconceived ideas. He is also taught how to identify the possible alcohol dependent workers, what signs to look for and what manifestations of the illness are likely to come to the fore in work situations.

## Confrontation

An often hair raising area is the interview where the worker is confronted with his lack of performance. Many supervisors delay this confrontation because it is unpleasant and difficult to handle, but this gives the worker more time to damage himself.

Supervisors are taught techniques to help them handle the rationalisations and

denials of the worker, which can be most convincing. The accent is placed on poor job performance, but if this does not improve, the worker is confronted again and referred either to the personnel manager or doctor.

## Education of staff

This involves two points:

- That the company has a policy on alcohol dependence, how it works, its rules and aims, and the procedure to follow for referral.
- Each staff member must receive basic education on alcoholism so that it is clearly understood that to cover up for an employee who is ill and needs help, is not doing the person a favour, but is causing greater damage.

This knowledge will help to lift the conspiracy of silence that exists in most companies and keeps management in ignorance of the size of the problem.

## Three-phase operation

To ensure that the initial momentum is kept up, it is important to have continued supervision of the programme.

Actual methods of treatment vary according to the size of the company. Among the best are where the company has resources to handle out-patient treatment and whereby workers also receive therapy from an outside community resource, plus group therapy.

## Why do they work?

Industrial alcohol programmes work because:

- The employer holds one of the finest motivational levers to persuade the alcohol dependent worker to do something positive about his problem—job



Between 6 and 10 per cent of the working population is alcohol dependent.

- Education of staff prevents misguided covering up for the person by workmates and supervisors—no employee wants to be responsible for the firing of a friend who has a family to support.

- From the individual's point of view, the programmes succeed because they assist in the early detection of alcohol abuse problems. This means that the prognosis is much better and the individual suffers less mental, emotional and physical deterioration.

- From the company's viewpoint, early detection means less hidden production costs. It has been estimated that it takes 7-11 years before a company discovers that the worker has an alcohol dependence problem.

## Benefits

It has been proved in America and Europe that these programmes:

- Have the highest recovery rates in the field of alcohol dependence treatment.

Continued on page 4

Inside

Security

Management

How to Contact

Books

Products

# The threat of drink

from page 1

- Conserve and promote the quality of life of the workers.
- Improve worker loyalty because workers see that the programme succeeds, see their workmates recover and lead useful lives, see dignity return and realise that the company is socially obligated to its employees.
- Reduce constant headache areas such as absenteeism, sick leave, workmens compensation claims, accidents, material wastage, machine breakdowns, faulty decision-making and poor job performance.

**Why should your company have a programme?**

- Because every company is interested in cutting costs.
- Because the company has a responsibility to further not only organisational goals, but also individual and social goals.
- Because emphasis is being put on investment in human resources, which highlights the importance of the individual.
- Because there is a scarcity of treatment facilities, especially for blacks, and the programme can be provided without tremendous cost.
- Because if you can see an employee restored to being a fully functioning human being and accorded the dignity he deserves, why should you stand by and watch him end up in the gutter.
- Because as in life, there is one certain end to the illness of alcoholism—it is fatal.

**How to identify the alcohol-dependent worker**

The first sign is a hangover. In 90 % of cases studied, it has been found that the person suffers to a varying extent from hangover. This means he is trying to do his work while suffering from a combination of thirst, headache, lack of concentration, restlessness and nausea. He will drink a lot of liquid, probably coffee, and take headache tablets to try and improve his condition.

• As a result of feeling bad, he will easily become irritable and aggressive, causing unnecessary and irrational outbursts of anger and a weakening in relationships with fellow workers and management.

• His eyes will often be red and bloodshot and he will resent using eyedrops, blaming his condition on a sleepless night.

• He will become nervous and uncertain, taking longer to do routine jobs and will be less confident.

• His behaviour will undergo a marked change, he will avoid contact, often citing pressure of work as an excuse.

• Work tasks are often postponed or not done at all. He will also at times become hyperactive and work excessively for short periods to convince himself and others that he can do it and that there is no problem.

• His work becomes sporadic and is often interrupted.

• He becomes oversensitive and aggressive of the opinions of others, especially if his drinking is mentioned. He tends to overreact and see criticism where there is none, or feels it is directed at him.

• Shaking hands are another sign, but this could be caused by nervousness or another illness and does not necessarily manifest itself in the early stages of alcoholism.

• He fails to do tasks which he previously could be relied on to do.

• Starts drinking at lunch time.

• Drinks before work in the morning.

• His face is often red and can be bloated.

• Less work is done, productivity decreases, and he needs more concentration for routine jobs.

• He uses breath purifiers and peppermints to hide the smell of alcohol.

• He makes faults in his work and wastes materials.

• The quality of his work is lower.

• His mood and personality change after a lunch time drink.

• He finds fault with other workers and blames them for his mistakes.

• He makes unusual excuses for absence.

• He becomes suspicious

towards other workers.

## Treatment

This should be a minimum of six months, preferably one to two years. Should the worker relapse, he goes back to square one. The company must decide on how many relapses they will allow—two would be realistic. A third relapse or non-cooperation in the treatment could lead to disciplinary action. American companies report a 70 to 80 % success rate from these programmes.

## A sobering thought

Security does not only involve devices and security guards, it also depends to a large degree on the human element.

Once you have safeguarded your company through the expertise of a reputable company is the problem left there, or do you keep a constant check to see that the security is all in working order and that your guards are alert.

In much the same manner as one has to safeguard your company's assets and property, the employees who enable you to carry out your daily business successfully should also be security conscious and able to fulfill their duties soberly.

After reading the accompanying articles, can you assess how security conscious your staff are, and how safe your company is in their hands?

Although SANCA's industrial alcohol programmes

have not yet been fully evaluated, the Council estimates that it has between 50 to 60 per cent success rate among the white, and 80 per cent success in the black populace.

If your company is interested in implementing the programme, contact your nearest SANCA office.

e  
S  
P  
S  
a  
I

HEALTH AND DISEASE — Alcoholism

1982, 1983, 1984 — DEC.

# Women (86) drinkers 'at risk' *Moran* *6/1/82*

## London Bureau

**WOMEN** should drink only half the amount of alcohol that men do, according to Dr John Saunders, of King's College Hospital's liver unit.

Writing in the journal of the London Council on Alcoholism, he said that women were at much greater risk of developing liver disease associated with alcohol than men.

'Women should drink only half the amount that their boyfriends, husbands or male colleagues drink, and in no circumstances should their consumption exceed 40 g per day.'

Dr Saunders said that one of the most disconcerting trends in recent years was the great increase in drink problems among young people and especially among young women.

'Twenty years ago alcoholic cirrhosis was almost exclusively a disease of middle-aged and elderly men. Now 40 percent of patients are women.'

'From studies we know that women may develop cirrhosis of the liver if their daily alcohol exceeds 40 g, equivalent to two half pints of beer, four glasses of wine or two double measures of spirits, amounts which many women would regard as socially quite acceptable.'

### Symptoms

'Men are not at significant risk until their daily intake exceeds 80 g.'

Cirrhosis developed more rapidly in women than in men. It took an average of 13 years' excessive drinking for a woman to develop symptoms, whereas a man would take an average of 22 years.

Dr Saunders said one of the reasons why women were at greater risk than men was that they were on average 20 percent lighter. They therefore had a higher concentration of alcohol in the blood after having drunk the same amount as a man.

Women had also more body fat than men and this did not take up alcohol very well. The result was that a woman's vital organs such as liver, heart and brain, received a higher dose of alcohol.

Improve their safety records.

# Industry tackles drink threat

*Industrial Week*

*9/3/82*

*(So)*

ONE of the most serious threats to industry today is alcoholism. This disease has claimed many victims of the working population, be they managers, clerks or people on the production line.

workforce is alcohol dependent.

"In the last decade industry has become more aware of the problem and is accepting the fact that alcoholics can be rehabilitated to become better workers after treatment," says Commissioner Alistair Cairns, head of the South African Salvation Army.

Nosa estimates that over R200-million is lost annually by industry due to the alcohol addiction.

Lee Wilcocks, industrial consultant on chemical dependence for the South African National Council for Alcohol and Drug Dependence (Sanca) in Johannesburg says that 6 to 8% of SA's

In order to help industry further alleviate the problem Nosa has embarked on an educational scheme designed to enable the supervisor to recognise early symp-

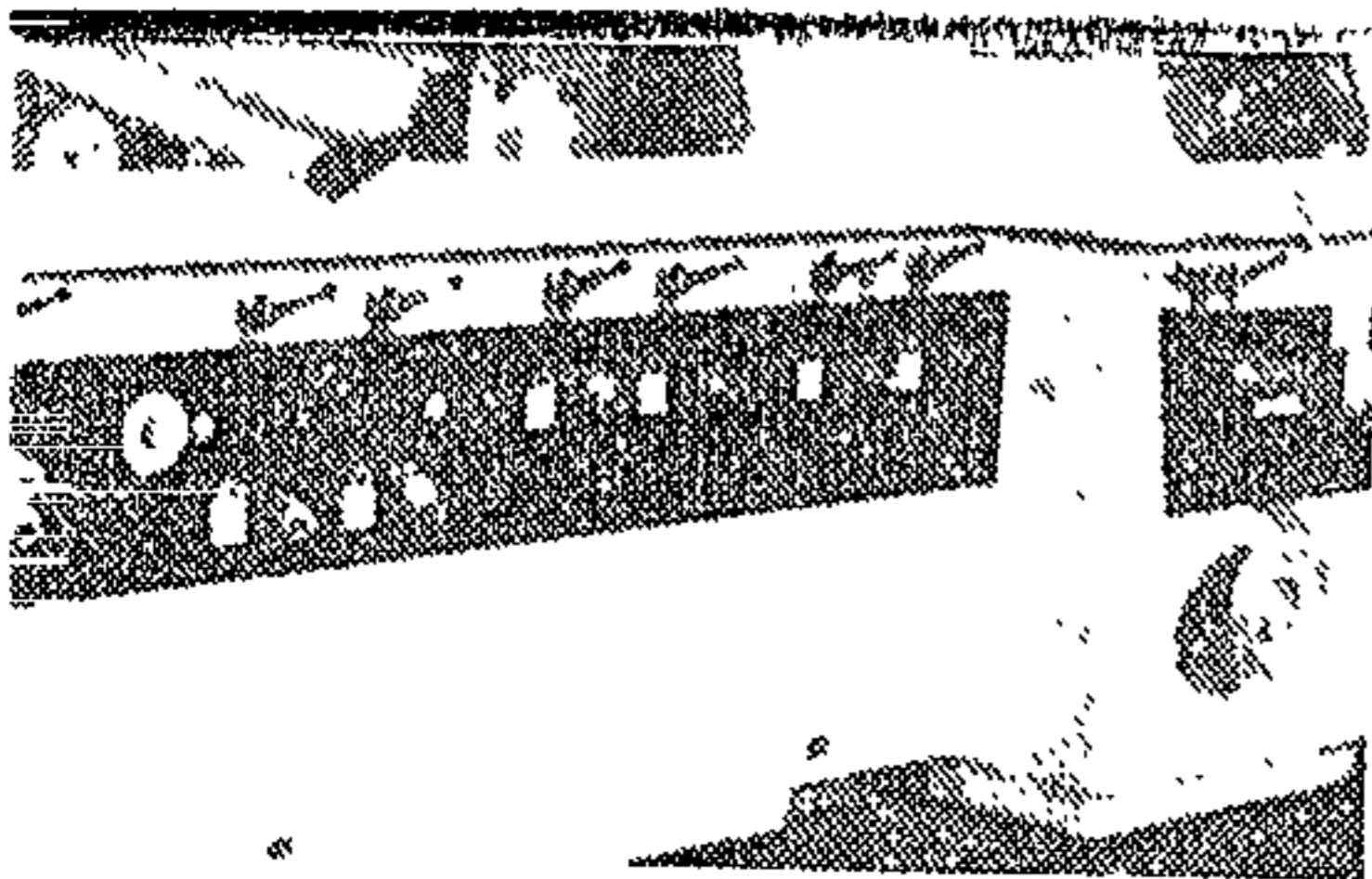
toms of the disease. They have divided the process of addiction into four separate stages, early, middle, late and terminal and have described the symptoms of each. According to Nosa the first noticeable effect of alcoholism in an employee's behaviour is a disruption of all spheres of his/her work.

If one examines the work pattern it is possible to see certain fundamental changes as they progress through the four stages of problem drinking.

It is estimated that it takes about 14 years of drinking experience to reach the terminal stage. In the first seven years a person's productivity will drop to 80%, after 11 years it will be 60%, and by 14 years it will be between 25% and zero.

Nosa stress that all the signs of alcohol addiction are observable and can be recorded. By keeping personal records of attendance, overall performance, accidents and near miss accidents the supervisor will be alert to the first signs of alcohol abuse.

A company that includes an awareness of alcoholism in its safety programme will have a significant improvement in overall work performance and enjoy a considerable saving in the supervisory time formerly spent in solving employee problems.



**Totally enclosed for safety, the belt-driven FDR 170B is of modular construction enabling a customer to select either a basic model or one with various added refinements.**

FEAST OF CHANGING

## INDUSTRIAL LAWS OF SOUTH AFRICA

(1981-20th YEAR)

• KOCK

Supreme Court of South Africa

SERVICE No 12, just published, brings the reader to date as at the end of the second ordinary session. This issue deals with one of those which is of particular importance to the judiciary.

ably and comprehensively sets out and analyses the law relating to

- CONSTITUTIONAL ACT
- LABOR TRAINING ACT
- LABOR RELATIONS ACT
- REGULATORY MEASURES
- PROVISIONS

Notes and Regulations relating to the above are published in the Labour Act 57 of 1981.

R5.00 plus GST (where applicable) will be placed on orders automatically when published.

Orders at JOHANNESBURG 2000



TED

JOHANNESBURG

CIRCLE ENQUIRY NO 32



## DURABON CONCRETE COMPANY

(A Division of Dura (Pty) Ltd)

P.O. Box 238, NEW GERMANY

Tel: 72-9700 or 72-9704

P.O. Box 313, NIGEL 1490

Tel: (011) 739-2369 or 739-2360

Manufacturers of CONCRETE RAILWAY SLEEPERS for:

- Heavy Mainline
- Standard Mainline and
- Sidings

with both Pandrol and Fist Type Fastenings, all approved by the South African Railways.

We also offer Road Level Crossing Slabs, which combine practicality with economy.

Maintenance costs are virtually eliminated. The Crossing Slabs are most suitable in yards and sidings where road traffic (forklifts, front-end loaders etc) is in great use

CIRCLE ENQUIRY NO 33

# New <sup>86</sup> hope for <sup>2004</sup> alcohol <sup>26/3/82</sup> addicts

ALCOHOL withdrawal symptoms are dangerous — but a South African research team has found old-fashioned laughing gas can be used to successfully treat alcohol addiction withdrawal symptoms.

Methods devised by the South African Brain Research Institute have treated more than 700 Johannesburg patients as part of an on-going investigation into how the brain creates pain and pleasure.

The breakthrough is of world-wide significance. More than 1 000 requests have been received from overseas brain researchers for copies of the Institute's findings.

Instead of the conventional therapy using heavy sedation, patients have responded to inhaling oxygen and nitrous oxide — "laughing gas".

The Institute believes its three-year research programme into the effects of nitrous oxide on the brain and central nervous system has given it a world lead in key areas of finding new ways to treat a wide range of physical and psychological problems — including stress-related disorders.

Results of some of the work on alcoholics have been published in the current issue of The South African Journal of Medicine.

Oxygen reversed most of the physical symptoms of alcohol withdrawal and many of the psychological consequences, such as craving for more drink, tremors, head pressure, sweating, restlessness, delusions and hallucinations, confusion, guilt and depression. Further significant improvements were gained by administering nitrous oxide.

— Sapa.

rt.

EN



# Laughing gas used to treat alcoholism

**JOHANNESBURG.** — Alcohol withdrawal symptoms are dangerous and certainly no laughing-matter, but a South African research-team seems to have found the answer — old-fashioned laughing gas.

The team achieved a significant breakthrough in the treatment of alcohol addiction withdrawal, as part of an on-going investigation of the secrets of how man's brain is responsible for creating sensations of pain and pleasure.

The methods devised by the South African Brain Research Institute have been used to treat more than 700 patients in Johannesburg who suffered from alcohol withdrawal symptoms. Instead of the conventional

therapy using heavy sedation, they have responded to inhaling oxygen and nitrous oxide — "laughing gas" — used extensively in hospitals and industry as an anaesthetic.

The institute believes its three-year research programme into the effects of nitrous oxide on the brain and central nervous system has given it a world lead in key areas of finding new ways to treat a wide range of physical and psychological problems, including stress-related disorders.

More than 1 000 requests have been received from overseas brain researchers for copies of the institute's findings. Particular interest has

been shown by the United States and in Soviet bloc countries, both of which are investing heavily in brain research for medical and possibly strategic reasons.

If the institute succeeds in embarking on wider investigations of its initial findings, South Africa could establish a significant lead in medical research in this field.

Results of some of the work on alcoholics were published in the current issue of *The South African Journal of Medicine* in a paper by the institute.

The paper detailed how 98 white male patients of an average age of 37 were treated for alcohol withdrawal

at the Northlea Hospital, Johannesburg.

Each of the men had the new treatment methods devised by the institute explained to them and gave their consent.

Giving them oxygen reversed most of the physical symptoms and many of the psychological consequences of alcohol withdrawal, such as a craving for more drink, tremors, head pressure, sweating, restlessness, delusions and hallucinations, confusion, guilt and depression.

Further significant improvements were gained by administering nitrous oxide. Patients could be discharged sooner from Northlea after a shorter detoxification period than previously achieved using conventional sedative therapy.

The institute's methods have now been applied in various forms to more than 700 alcoholics in Johannesburg, with such success that experts believe it will become the standard treatment for alcoholism withdrawal.

"By using nitrous oxide, we have shown that it is possible to trigger reactions in the brain's endogenous opiate system, which leading researchers overseas believe provides the key to why we feel pain and pleasure," a doctor involved in the research said.

Over the past two years, the institute concentrated on ways of trying to influence the state of balance in the endogenous opiate system, particularly to treat addiction and other stressed-related medical problems.

"What enabled us to open a new area of research was that we found we could get significant reactions from using small doses of nitrous oxide in combination with oxygen."

The institute is currently compiling new research data on stress for the International Congress on Stress, scheduled to be held in Johannesburg later this year.

— Sapa

Year	Asi	
	African	
1970		
1971		
1972		
1973		
1974		
1975		
1976		
1977		
1978		
1979		
1980		

# The working mother who

S. Post  
3/4/82

86



# found peace

## with the AA

By SALLY KERNOHAN

"I HAD tried to commit suicide on several occasions — usually with a gun I knew I didn't have the courage any more to pull that trigger

"So I lay down on the road and waited for a car to run me over

"Later, I got up and went home, disgusted with myself.

"The next morning I telephoned Alcoholics Anonymous"

Robyn, a working mother from Natal, spoke these words a year after she had joined Alcoholics Anonymous, commonly known as AA, and in those 12 months she found serenity, love and fellowship — "I had never before been able to say I was happy," she said

She is one of the speakers at next weekend's national convention which more than 500 AA members from all parts of Southern Africa will be attending in Port Elizabeth.

To be held in the Feather Market Hall, the theme of the three-day convention is *How It Works* and proceedings will begin next Friday evening with a meeting open to the public at 8pm.

Meetings will be held throughout the weekend and, besides Friday's meet-

ing, there will be four others that will be public ones

On Friday morning, starting at 10am, there will be an informal "alcathon", and on Saturday at 8pm the open meeting is entitled *All sorts round about*

At 9am on Sunday, there will be a spiritual meeting, *Tell it like it is*, and on Sunday night at 8pm the closing meeting is called *Getting it together*.

Simultaneously, Alanon, the group for the wives, husbands and children of alcoholics, will be holding meetings in the conference centre in the Feather Market Hall.

The latest figures indicate that 10% of all South Africans who use alcohol are alcoholics.

This figure may be much higher. Alcoholism is no respecter of age or social status — as Robyn's story bears out — and it has been called "the equal-opportunity disease".

Robyn possibly understates her fight with what AA describes as a "physical allergy coupled with a mental obsession".

She relates a life of broken marriages, misery and futility.

"I was insane. My mental instability was always

there. It only needed booze to set this off into total insanity," she said

"My life was a pattern of trying to escape from responsibility. My deep down insecurity didn't allow me to cope without alcohol

"Finally it got to the point where I knew I was licked and I got in touch with AA.

"I was prepared to go to any lengths to stay sober.

"Now I have a new job. My husband and I are reconciled and, for the first time, I have been able to sustain a human relationship."

Robyn's story is an illustration of the strength and hope countless alcoholics have found in AA — a fellowship of ex-drinkers who band together to help themselves and each other with drinking problems

AA members believe an alcoholic is only one drink away from the downward spiral to premature insanity or death, no matter how long he has been sober.

It offers a spiritual programme for daily living and bases its success on the fact that its fellowship has given sobriety and a new life to more than a million men and women throughout the world.

Persons committed to rehabilitation centres  
 Hansard Q Col. 747 75  
 580 Mr A. G. THOMPSON, Fed. the  
 Minister of Health and Welfare

How many White (a) adult and (b) juvenile males and females respectively (i) were committed to and (ii) voluntarily entered rehabilitation centres and registered rehabilitation centres in 1980 and 1981 for treatment for (aa) drug addiction and (bb) addiction to alcohol?

The MINISTER OF HEALTH AND WELFARE

	Males 1980	Females 1980	Males 1981	Females 1981
(a) (i) (aa)	170	18	134	17
(b) (i) (aa)	931	134	864	145
(ii) (aa)	180	172	228	154
(b) (ii) (aa)	502	1206	5174	1040
(a) (i) (bb)	14	7	13	2
(b) (i) (bb)	2	1	0	1
(ii) (bb)	27	11	30	24
(b) (ii) (bb)	42	6	36	4

# SA alcoholic success is key at world talks

CAPR TIMES 12/5/82 (86)

From RICHARD WALKER  
NEW YORK. — South African reports of success in the compulsory treatment of alcoholics will be a key talking point at a conference in July to be held in Munich to discuss

the trend and suggest international guidelines. The South African claim of a 60 percent cure rate stands out in a 60-nation survey and contrasts sharply with the negative reports of some communist countries.

Czechoslovakia reported that its programme was "two or three times less successful than for voluntary patients" and Poland said that compulsory treatment "has not proved satisfactory as an instrument of social control" and could be misused.

In claiming its 60 percent success rate, the South African report said

that "the alcoholic has been successfully reintegrated into the community and his family for a minimum period of 12 months".

Only 17 percent of the estimated 10 million alcoholics in the United States are under treatment, according to Mr Allan Luks, who organized the survey for the International Council on Alcohol and Addictions. Laws to make treatment compulsory could increase this to 25 percent and save more than the programmes cost, he suggested, while noting that they faced likely constitutional challenge.

Pretorias  
Operative  
National  
National  
National  
National  
National  
Natal Sugs  
Natal Baki  
General WC  
General WC  
Food, Beve  
Food and C  
East Lond  
Cadbury In  
Brewery Em  
Boland Trm  
Black All  
Bakery Em  
Amalgamate  
African Fo  
Food & Beve

## MANUFACTURING

- Underground Officials Association of S.A.
- S.A. Technical Officials Association
- S.A. Engine Drivers, Firemen and Operators Association
- S.A. Electrical Workers Association
- S.A. Boilermakers, Iron and Steel Workers Shipbuilders and Welders Society
- Mine Workers Union
- Mine Surface Officials Association of South Africa
- Mine Coloured Staff Association of South Africa
- Iron Moulders Society of S.A.
- Federated Mining Explosives and Chemical Employees Union
- Black Mineworkers Union
- Black Allied Workers Union
- Amalgamated Society of Woodworkers of S.A.
- Amalgamated Union of Building Trade Workers
- Amalgamated Engineering Union of S.A.

## MINING AND QUARRYING

- Black Allied Workers Union
- Farmworkers Union
- Food and Canning Workers Union
- National Certified Fishing Officers Association
- Orange-Vaal General Workers Union
- Trawler and Line Fishermen's Union

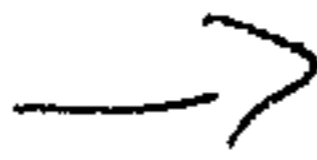
## AGRICULTURE, FORESTRY AND FISHING

- National Federation of Workers
- Orange-Vaal General Workers Union
- General and Allied Workers Union

Unions have been classified according to the Standard Industrial Classification of All Economic Activities. The full extent of the operation of the following general workers unions has not been established:

## UNIONS OPERATING IN 1981 GROUPED ACCORDING TO INDUSTRIAL CLASSIFICATION

X 86 Hammond Q. Col. 1014 X  
Public Service: alcoholism - 1015  
9/6/82  
\*12 Mr. A. G. THOMPSON asked the  
Minister of State Administration



1015

WEDNESDAY

- (1) Whether the Public Service recognizes alcoholism as a disease; if so.
- (2) whether a public servant dismissed on account of alcoholism would receive any pension benefits; if so, what pension benefits would such public servant receive after (a) 10, (b) 15 and (c) 20 years' service?

†The MINISTER OF ENVIRONMENT AFFAIRS (for the Minister of State Administration):

- (1) No.
  - (2) If a public servant abuses liquor excessively, but has performed his duties satisfactorily, and is not charged on the grounds of misconduct, the Commission for Administration can furnish a recommendation for the servant's discharge with pension benefits on condition that he has served for a period of at least ten years and complies with the age requirements as set out in section 14(4) of the Public Service Act, 1957 (Act 54 of 1957).  
In other cases where a public servant is discharged on grounds of abusing liquor he is entitled only to a resignation benefit.
- (a), (b) and (c) A public servant's pension benefits are determined by his salary on retirement and his years of service.

nger  
y  
ria  
zer

# Shock report on drinking and driving

Cape Times 12/6/82  
Staff Reporter 86

espondent  
URG. — The former United Nations Secretary-General, Henry Kissinger, will give the keynote speech at the opening ceremony of the 1983 International Conference on Drinking and Driving, to be held in Cape Town from December 10 to 12. The conference is being organized by the Department of Transport and is one of the first of its kind in the world. Mrs Shiraz Durrani, co-leader of the Democratic Party, will also be present. She is the former Minister of Finance. Professor Michael S. O'Connell, a professor at Oxford Uni-

**ENGLISH-SPEAKING** men between the ages of 25 and 49 years and earning a salary of more than R19 200 a year were the worst offenders when it came to drinking and driving, according to a report released by the National Road Safety Council (NRSC) yesterday.

The report, released at a seminar arranged by the CSIR in conjunction with the NRSC and attended by provincial, divisional and municipal traffic chiefs, stated that in an investigation conducted in the Transvaal during the first half of last year, 14 percent of motorists tested had blood alcohol contents of 0,08 grams per 100 ml of blood or higher.

The study also showed that while drinking and driving was socially acceptable among whites, people who did so were not considered eligible, for instance, for marriage to daughters.

Also noteworthy was that while whites in general agreed that alcohol adversely affected their reflexes, nearly half

of blacks interviewed believed liquor actually enhanced their reflexes, sight and judgement of distance.

There were also strong indications that the public, especially women, were in favour of more stringent laws against drinking and driving, suggesting the imposition of higher fines and imprisonment without the option of a fine.

Mr T Botha, manager of the Transport Information Bureau of the CSIR, said it was anticipated that by the end of the year breath-testing devices would be ready for use on motorists.

The seminar also heard that a central traffic bureau which would co-ordinate all traffic information was being set up.

er, who was State during stration of erald Ford, the unsuc- gineer a set- Rhodesian will be the th African nternational

es  
a question Kissinger noted as the Professor, director- institute have a big self, which ide, but no- that he is the positive- alone show able influ- the world." Garratt con- merariums id to most rs. He de- close how paid to Dr

... speakers Minister of rs, Mr Pik rogressive spokesman Colin Eglin, ent of the Federat- Commerce, ayane. will speak the super- can affairs. will concen- dynamics of with Africa.

## Appeal to public over robbery in City toilet

Crime Reporter

THE police have asked for the public's assistance in finding a man wanted in connection with the robbery of a pregnant woman in a toilet in the City centre last month.

The young woman was in the toilet about 4pm on May 11 when she was attacked by a man who robbed her of a gold Juta watch (number 22521011) and a gold crucifix with a ruby on it.

On the back of the crucifix are inscribed the words: "First Holy Communion 1966 — Uncle Albert".

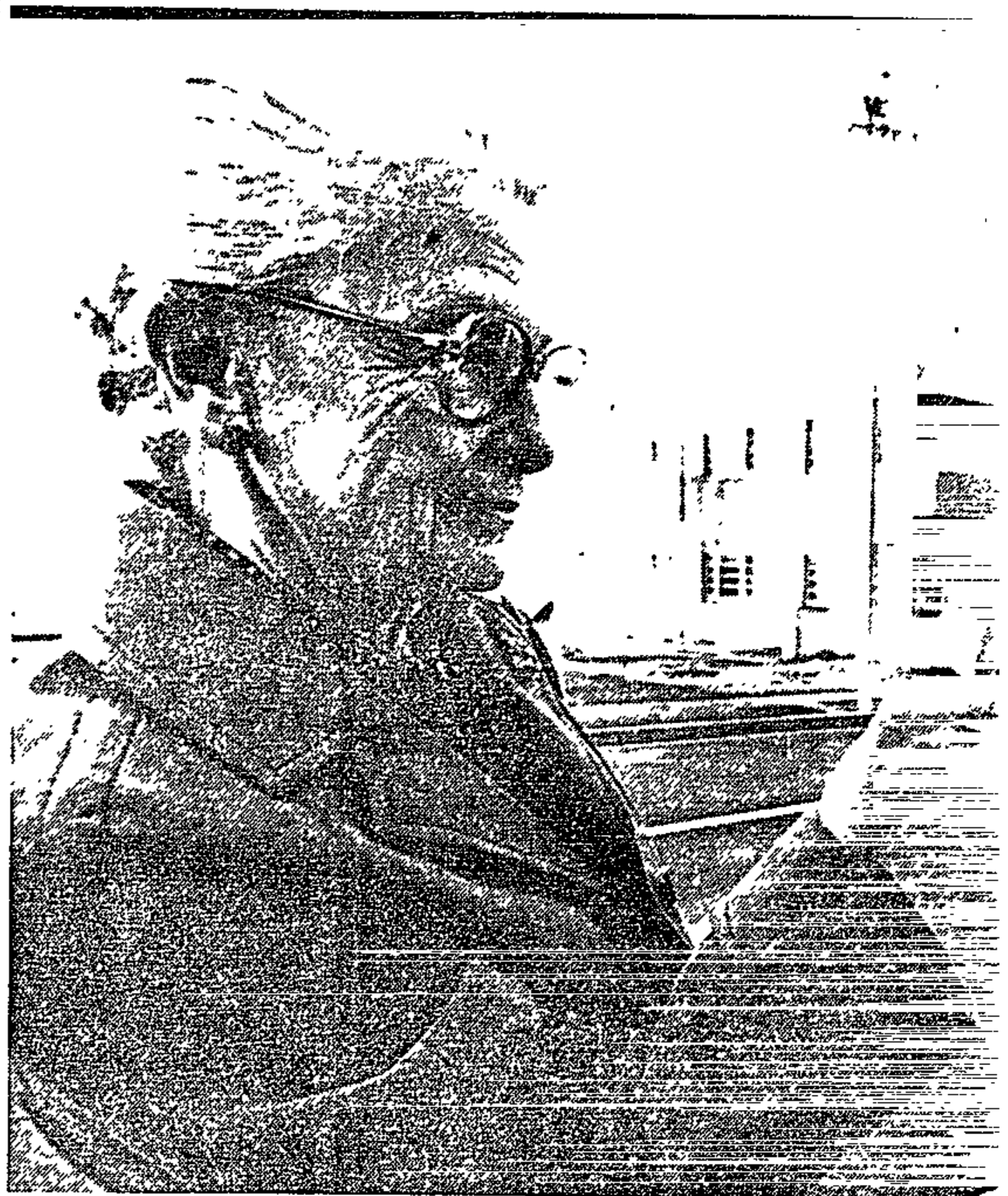
A police spokesman said the man wanted for questioning was aged between 23 and 25 years. He was probably a Malay and was strongly built. Clean looking, he was possibly a clerical worker.



An Identikit impression of the man believed responsible for a City robbery.

The woman told police he was wearing a check shirt, brown trousers and a beige jacket.

Anyone with any information is asked to contact Captain Leonard Knope at 93-16101 or 10111



Dr Dorothea Yates and the deputy chairman of the Housing League she has given to the

Staff Reporter

**THERE** is great public concern about the housing crisis for the aged but it is not often someone gives away a R200 000 block of flats to give senior citizens a home.

This is the remarkable action of a Fish Hoek woman, Dr Dorothea Yates, who has given the 10-flat block in Main Road, Muizenberg, to the Housing League, which is the

## Doctor gives flats

largest single provider of accommodation for the aged in the Peninsula.

"The way to get fun out of life is by giving to others," Dr Yates said yesterday when the block was handed over to the league.

The Housing League is a non-profit organization and as the existing tenants give notice the league will

give the flats to so the hundreds of old on their waiting lists

Yates Lodge, for Victory Mansions, owned by Dr Yates and her husband, Mr Ted Yates and the couple hoped to live there and let the flats to the aged.

However, Mr Yates in 1980 and Dr Yates

## Man performed abortion, fined

Staff Reporter

A GRASSY Park man who said he performed an abortion "purely as a result of a woman's threatened suicide" was yesterday fined R600 (or six months) and sentenced to a further nine months suspended for five years by a Regional magistrate.

Hamied Hoosain, 30, of Fifth Avenue, had previously pleaded not guilty to a charge of performing an abortion while not being a medical doctor.

In a statement read to the court at the previous

hearing, Hoosain denied all the elements of the charge. He also denied that an abortion had been performed, that the woman was pregnant and that a live foetus was aborted.

Hoosain yesterday changed his plea to one of guilty and conceded that he had procured the abortion. He also admitted he was not a medical doctor and he knew the abortion would cause the death of the foetus.

In a statement handed to the court yesterday, Hoosain said he had known the woman for some years and they had been to school together. She had told him she was pregnant and that the relationship with the father had ended after the fa-

## Wits booc unbanne

WITS Student — Vol 34, No 1 by the Student Representative Council of the University of the Western Cape, previously declared undesirable had been found to be undesirable by the Publications Appeal Board Directorate of Publications announced in Cape Town yesterday.

The Appeal Board set aside a committee decision that this edition of Wits Student be banned.

A double novel by Mongus and V. O'late, 'Ready for Action', 'First Time Passion' had been found to be undesirable for possession prohibited.

From yesterday it will be an offence to import and distribute the following publications found undesirable (names of author or publisher in brackets)

# Final plans <sup>80</sup> ~~81~~ approved for <sup>S. Post</sup> Sanca scheme <sup>7/10/82</sup>

Post Reporter

THE final plans for a multi-treatment service scheme for alcoholics and drug addicts in Schauderville have been approved.

This was announced last night by the chairman of the Port Elizabeth branch of the South African National Council on Alcoholism and Drug Dependence (Sanca), Mr G S Walton.

In his report, Mr Walton said the plans for the Thornton Road Recovery Centre in Schauderville had been approved by the Department of the Interior and the Department of Community Development.

The centre was expected to be of great benefit to people from the northern suburbs.

The capital and first-year running costs had been

assessed and an approach would be made to the Port Elizabeth City Council for financial assistance.

During the course of the year, a second information-prevention officer, Mr Louis Els, who had specialised knowledge of alcohol and drug abuse among young people, had been appointed.

He said from February, the society would have five extra offices and a lecture theatre which could seat 50 people.

The offices will be needed for the information-prevention officers which the society hoped to appoint in 1983.

Mr Walton was elected chairman last night, with Mr T Ferreira as vice-chairman and Mr F McKenzie as treasurer.

ALCOHOLISM

# Legacy of a secret drinker: Soul scars that never heal

S. Express 24/10/82 (86)



A mother who drinks and a father who covers up in an effort to avoid shame and to prevent the children from getting hurt. But the emotional problems of children with alcoholic parents are still one of the major concerns of Al-Anon, the support group for the families of alcoholics.

SAMANTHA remembers the day her mother Judy stopped drinking socially and turned it into a drunken, self-destructive nightmare.

"I was 12 and really needed her then but she was already lost in a Jekyll and Hyde personality."

That Samantha's family was upper-middle class and wealthy only made things worse.

Everyone, including her husband, covered up for Judy to save embarrassing public displays. Her bouts of drinking, depressions and drunken rages were all kept neatly behind closed doors.

"My father was always at work and my sister was

**Al-Anon, a vital limb of the Alcoholics Anonymous body, is a support group for alcoholics' families. Husbands, wives, mothers, brothers, friends and children learn to see and understand the trials and traumas of alcoholism through their own, sober eyes.**

**CHARLOTTE BAUER reports...**

very young so I became close to my mother. I honestly thought her drinking was a way of being spiteful and getting at me. In some perverse way, I was to blame. I was as obsessed by her drinking as she was."

Samantha learned not to bring home friends in case her mother "behaved badly". She became lonely and

extremely introverted.

Then, when she was 13, she tried to kill herself.

Although — years later — Judy was persuaded to join Alcoholics Anonymous and stopped drinking, she soon became dependent on drugs instead. She died in her early 50s.

"It is hard for a non-alcoholic to understand what

makes a drinker tick," says Samantha today.

"You think to yourself: 'If you love me, you will stop' without realising that alcoholism is a disease — an obsession completely out of everyone's hands. And everyone is a potential alcoholic."

"It was a great shame I never learned to identify my mother's problem because I always thought alcoholics were people who slept on park benches."

Samantha joined Al-Anon, a support group for families of alcoholics, at the urging of her husband, Jack, an alcoholic who had not had a drink for some years, yet who still went to Alcoholics Anonymous meetings.

Judy was one of the 25% of drinkers who join AA but never recover. Jack was of the 75% who do.

By the time he met Samantha he had stopped drinking and now has not had a drink for 19 years. He still is — and always will be — an alcoholic.

Jack took his first drink at 16 and, says Samantha, "the lights came on in his world". He lost his job, suffered a divorce and was in hospital five times before realising he had no-one to blame but himself for the ghastly things happening to him.

"Getting fired was the best thing that ever happened to Jack because when a partner does the cover-

ing-up for an alcoholic's indiscretions it only delays the sobering-up process."

Alcoholics Anonymous was started in 1935. Al-Anon began six or seven years later.

Said Samantha: "Alcoholism is a frighteningly lonely disease but for the non-alcoholic partner it's as bad. They do the drinking but you are in the passenger seat and almost as close to the problem."

"Nearly all of us have at sometime wished our partner dead but whether your partner is a drinking or sober alcoholic Al-Anon helps you to cope. It changed my whole attitude."

The first thing Al-Anon teaches is to leave the alcoholic alone.

Samantha says: "You must learn to take your damned hands off them. If they pass out, leave them lying there. Don't pay their bills. Don't buy their booze, but don't pour it down the sink either. Let them have to start dealing with their own lives; don't make it easier for them."

"Al-Anon teaches you to detach from the problem,

not the person. It also gives you back you... our brains are like scrambled eggs when we first go to Al-Anon and we are always crying."

"If I hadn't bumped into Jack and gone to Al-Anon, I would still be screwed-up from the scars my mother left."

Although Jack, having stopped drinking, would appear not to need AA anymore and Samantha not need Al-Anon, she explains why they both go religiously.

"AA and Al-Anon are living programmes that teach you to handle your entire life better. We always have to be reminded of where we came from — we'd been to hell and back."

□ Al-Anon meetings are held in different areas every night of the week. There are well over 100 groups in the country. To find out the nearest branch to you call Johannesburg 37-4486 or write to the Al-Anon Information Office, Box 2077, Johannesburg. The AA contact number in Johannesburg is 37-7870.



... information, at this stage, especially

5-510-1000 24/11/82

# Samaritans given warm welcome

**EAST LONDON** — The information officer for the South African National Council on Alcoholism last night described the Samaritans organisation as "just what East London needs".

Speaking at the launch of the organisation's East London branch, Mr George Williams said the Samaritans could play a "vital role" in helping alcoholics in the city.

"Alcoholism is an illness of isolation. Someone who can listen to an alcoholic's problems can be a real lifeline," Mr Williams said.

He appealed for support for the Samaritans and for residents to consider becoming counselors. Mr Williams also pledged Sanca's support for the new branch, which starts operating in January.

Ms Maureen Boltman of the East London Mental Health Society agreed that there was a desperate need for the Samaritans in East London and said they would be warmly welcomed by welfare agencies in the area.

Dr Elaine Stubbings of Community Psychiatric Services said her department had an enormous workload in the city and the Samaritans had a great contribution to make. — DDR

To who  
just  
well, the  
health  
these  
of these  
a charge  
tax pay  
pain of society should afford to pay for it. (few consider it  
half of the community could not afford health services - the lack of hygiene  
& the risk that disease would spread even amongst those who could  
afford medical services).

social & private cost  
without charge?  
desire is the lack of  
ty at large, especially amongst  
medical free. The way forward  
the health service without  
y (essentially from the  
world outside, even if

What is the social cost of providing the health service? This cost is the taxation of individuals in the community to provide the necessary funds for the provision of the service. To provide the health service at lowest cost, all those in a community must receive (or should be able to receive) some of the benefits so it must not be subject to the exclusion principle. (this is the principle whereby those who don't pay for it can't get it). There are 2 methods of getting the revenue either by the benefit approach - but this is automatically excluded, since you must pay for what you receive in benefits, & the ability-to-pay approach. The second method allows that the exclusion principle does not apply & so the good is provided.

There are also 2 methods of providing the service - a government provision - or the government subsidising a private entrepreneur to do so. The first is the more better, since the private entrepreneur is the one who needs to get some sort of return on his investment, whereas

# Illicit trade in meths sets back recoveries

86

E. Post

11/12/82

By NOREEN SUTCLIFFE

WORK in the rehabilitation of meths drinkers is being hampered by the illegal selling of the spirit.

Pastor Samuel Graaff, chairman of the Pentecostal Ministers' Fraternal, which runs the Christian Refuge Centre in Highfield Road, Korsten, said that often these people were on the road to recovery, but fresh temptation was put in their way by people selling the spirit illegally.

"They leave the haven of our little centre with maybe only a few cents in their pockets and are able to buy a tot of meths, which is like dynamite. It puts them straight back to where they started — drop-outs in society," he said.

Those selling the spirits illegally are playing with fire.

Captain Chris Oosthuizen, head of the South African Police narcotics bureau (Sanab), told Weekend Post there were stringent regulations regarding the sale of methylated spirits.

"The law states quite clearly that a register has to be kept by all people selling these spirits and they have to enter the name, address and amount of meths sold," he said.

"Not less than 500 millilitres and not more than a litre of meths may be sold to any one person.

"As well as that there are specific hours for trading. It may not be sold before 8am or after 5pm on any weekday and not before 8am and not after 2pm on a Saturday. On a Sunday no methylated spirits may be sold at all."

Although an admission of guilt fine ranging from R30 to R50 is payable for an

offence under the regulations, Captain Oosthuizen said offenders could be taken to court without this option.

His department was always on the alert for people who transgressed the law and would take action against such offenders.

In the meantime the rehabilitation of the derelicts and meths drinkers continues in a tiny shack community in Korsten.

The members of the Ministers' Fraternal literally pick up people from the street and coax them to recovery.

They have rescued people from pitiful situations. Some were found scratching for food in dustbins and one or two have knocked on the door of Livingstone Hospital, feigning illness to get a bed for the night. Others have been found lying in the bush or in the gutter.

Pastor Graaff said many of the people were straight from the street — sleeping in cardboard boxes.

The mission of the Ministers' Fraternal was rehabilitation.

"We work on the outside, on their physical condition, and the Lord works inside," he said.

The aim of the centre was to restore the people to health and then find them jobs and places to stay.

Despite the ever-increasing battle to overcome the shortage of cash with which to run the centre, the work continues. The workers not only have to cope with a shortage of cash, but also the discouraging backsliding when those they try to help are sold the spirits illegally.

But that's just another problem. They have no intention of giving up.

# Shock survey findings on drowning, liquor

86 *Mercury*

18/12/82

## Mercury Reporter

A THREE-YEAR survey by the University of Cape Town has revealed that a large number of drowned people were drunk at the time — and doctors have called for an all-out campaign against 'drinking and swimming'.

They have also slammed the liquor industry for advertising

liquor with an aquatic theme and have said advertisers should recognise 'the folly' of this practice.

In a recent edition of the South African Medical Journal, Dr S Davis and Dr L S Smith of the university's medical school revealed that 64 percent of all drowning victims in Cape Town examined over three years had been under the influence of

## alcohol.

Of those 78 percent had a blood alcohol content greater than 0.1 percent and 38 percent greater than 0.2 percent.

'The public is not aware of the dangers of exposing themselves to possible aquatic accidents while under the influence of alcohol. If the numbers are to be decreased then the medical profession must take the lead in

campaigns to increase public awareness.

'The media will need to campaign against drinking in combination with all aquatic activities with as much enthusiasm as they do against drinking and driving,' the doctors stated.

They said alcohol was advertised daily against a backdrop of beaches, rivers, yachting and swimming pool scenes.

# Alcoholism greater stigma for women

By LINDA VERGNANI

THERE is a far greater stigma attached to women with drinking problems than men. As a result, women with drinking problems are often unwilling to seek help, and doctors and other professionals may be reluctant to diagnose women as alcoholics.

This is the view of Rosemary Kent, lecturer in social work and alcohol counselling and consultation at the University of Kent. On a visit to Cape Town, she said there was a need for better resources for women alcoholics, including separate counselling groups.

"While it is acceptable for women to drink, there is still a lot more condemnation of women who get drunk and whose drinking interferes with other aspects of their lives. Of course, some men's drinking is also condemned, but on the whole it's accepted as manly and even fairly creative and artistic.

"But with women, alcoholism is seen as going against everything that the feminine role stands for. Even general practitioners, psychiatrists, social workers and other professionals are often prejudiced against women alcoholics."

Rosemary Kent who ran a walk-in centre near London for people with drinking problems, is on the steering committee of a consciousness-raising group called Drugs Alcoholism Women Nationally (Dawn). Its aim is recognition by the media and the medical profession of the particular problems of women.

"We are trying to get treatment units, counselling centres and psychiatric units to consider whether women need different hours, different types of resources, women counsellors and women-only groups. Many women link the start of their drinking problems to hysterectomies, the menopause, the children leaving home — a whole range of problems that are specifically female.

"In women-only groups these people would feel freer to discuss their problems and would also tend to get greater support and reassurance from other members."

She said an increasing number of women with drinking problems were seeking help in Britain at "walk-in units", to which people do not have to be referred by doctors.

"These units have a more upmarket image — they are not seen as places for the down and outs — they have more flexible hours and tend to have women counsellors. Some offer child-care facilities. In contrast to treatment units run by the National Health Service, which still cater mainly for men, these walk-in units now report that they have an equal number of men and women clients."



Rosemary Kent

## Rarely confronted

She said studies in Britain had shown that in the early stages of a drinking problem, people tended to present themselves to helping agencies such as general practitioners and hospitals far more frequently than the general population.

"Yet women are very rarely confronted by the agency and told there is a connection between the problem they are presenting with and their drinking pattern."

General practitioners who saw women with drinking problems tended to relate their symptoms to stress, anxiety or depression and then prescribed tranquilisers. When drink and tranquiliser were taken together, each accentuated the effects of the other, and the person's tolerance to both was lowered.

"The onus is on the professional person to have the courage and the knowledge to draw the connection between drinking patterns and the fact that the person is worried about her liver or having blackouts or falling over."

## Danger signals

The danger signals for women were:

- Using alcohol to cope with any stressful situations, for instance using alcohol to keep depression or anxiety at bay.
- Realising the pattern or amount of drinking was having a direct effect on other important areas of life such as sexual relations, relationships with children, finance or health.
- Realising that alcohol was causing physical dependence. The four most important signs of this were the shakes, nausea, night sweats and blackouts.

"If your drinking is causing you to feel guilty, secretive, uncomfortable or uneasy with other people, then the best antidote is to stop drinking completely for two weeks and see how great a part alcohol plays in your life.

"When in doubt, seek help from someone who knows about drinking problems and is prepared to listen to you talking about your experience with alcohol.

"You should get help before you fall to pieces, before the drink controls you rather than you controlling the drink."



UN  
EX

*Capl TMB 7/2/83*  
**Work  
and  
alcohol  
in Cape**

Staff Reporter

SEVENTY-ONE percent of people treated for alcoholism in the Western Cape by the South African National Council on Alcoholism and Drug Dependence (Sanca) from 1981 to 1982 were employed and 6,7 percent were professional people, according to Mr Philip Balie, a Sanca community worker.

He was delivering the final address at a University of Cape Town Summer School course on "The Fairest Cape? — A Social Worker's View".

Mr Balie said it was a common misconception that alcoholics were all "skid-row bums lying drunk outside the bottle store".

**Executives**

"The skid-row bum constitutes only about three percent of all alcoholics. The cigar-chomping, whisky-swilling executive can also be an alcoholic."

Alcoholism was a "social disease" which could be successfully treated, but there was a lack of treatment facilities in South Africa, he said. "The provision of facilities does not lie with Sanca, but elsewhere."

Mr Balie said Sanca defined alcoholism as "a progressive illness which repeatedly interferes with all the major parts of a person's life, such as his mental and physical health and his social and economic life".

**Women**

He said alcoholism was not confined to men. From 1981 to 1982, a total of 20,4 percent of persons treated by Sanca were women.

Alcoholism should be seen and treated in a community and social context, he said. This required an integrated, preventative approach involving all spheres of life.

Mr Balie said some of the factors that hampered the work of Sanca's alcohol health educators were irresponsible and sensational reporting; misleading advertising and promotional material and the stigmatization attached to alcoholism.

CAPE TOWN  
ANSWER BOOK

EVERY CANDIDATE MUST enter in column (1) the number of each question answered (in the order in which it has been answered); leave columns (2) and (3) blank.

	Internal	External
(1)	(2)	(3)
1	7	
3	4	
2	5	
Examiners' Initials	DJN	

Section  
III

T. TEODORIS

B. Com.

IA.

Examination Paper)

Examination Paper)

All answer books

Number of books

Number of the

Surname.....

First Name(s)....

Date.....

Degree/Diploma you are registered

Subject.....  
(to be copied)

Paper No.....  
(to be copied)

**NOTE CAREFULLY**

1. The answers must be marked. The rough work should be done on a separate sheet.
2. Enter at the top of the block of answers the number of the question you are answering.
3. Blue or black ink should be used. The use of green ink for emphasis or underlining should not be used.
4. Names must be written in full (e.g. graph) on the examination paper.

Any dishonesty

Answers will be marked on the separate sheet. Red or blue ink may also be used for underlining, but blue ink is preferred.

**WARNING**

1. No books, notes, pieces of paper or other material may be brought into the examination room unless candidates are so instructed.
2. Candidates are not to communicate with other candidates or with any person except the invigilator.
3. No part of an answer book is to be torn out.
4. All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

Candidates who are found guilty of any dishonesty are liable to disqualification and to possible exclusion from the University.



Basking in the sun on the first day at Rhodes University yesterday were Priscilla Jordan, Simon Jordan, and Wayne Dawson of East London.

# Rhodes tackles drinkers

**GRAHAMSTOWN** — Alcohol abuse on campus would be one of the main issues facing university students here, the chairman of the students representative council (SRC) at Rhodes University said yesterday.

Interviewed on the day the first year students registered for the new academic year, Mr Sean Rankin said the SRC planned to mount a campaign to make students aware of the problems associated with alcohol abuse.

"The campaign is in no way intended to lead to eliminating drinking on campus. What we want to do, rather, is to raise the issue of alcohol abuse.

and encourage debate on the subject

Misuse of alcohol was a prime factor in many cases brought before the university's disciplinary board, Mr Rankin said.

He said the impetus for the campaign came from the deaths of several Rhodes students last year.

In one case, a student driving under the influence of alcohol was killed in a car accident.

The university's student adviser, Mr Mervyn Wetmore, said the student-run campaign had the "full blessing" of the university.

He said that "two large companies" had been approached to sponsor the publication of pamphlets and posters on alcohol abuse which would be distributed throughout the campus.

It was hoped that groups such as hall committees and sports societies would hold meetings to discuss alcohol abuse.

Students need to be provided with an educated view on the use of alcohol. As things stand now, the sort of information they need isn't available," said Mr Wetmore.

A rough draft of a pamphlet intended for distribution at Rhodes listed four general principles as the basis for "a healthful living code about alcoholic beverages on University campuses":

- Every individual has the right to make a rational decision whether or not to use alcoholic beverages without being subject to interference and/or pressure from any other individual or group.
- The moderate use of alcohol can be part of a physically, socially and psychologically healthful lifestyle for adults.
- The excessive use of alcohol, far from being the "norm" it might appear to be at times is an unacceptable social practice
- Individuals with alcohol addictive problems should be encouraged to recognise their condition and to seek help

# Infighting threat to national drug prevention plan

(86) Star 3/3/83

By J Manuel Correia

A countrywide drug and alcohol preventive educational and research programme to which the private sector has committed millions of rands, is in jeopardy because of petty jealousies and infighting, welfare sources say.

At the Alcohol in Perspective congress in Johannesburg in 1981, the then Minister of Health and Welfare, Dr Lapa Munnik, announced the formation of the South African Foundation for Addiction Research and Education.

Private enterprise greeted the announcement with enthusiasm and South African Breweries alone announced that over and above the money it had already committed to research fields, it would set aside R200 000 a year for three years for the foundation.

"But due to all sorts of jealousies and welfare infighting the programme is now in danger," a welfare source said.

It is understood the trustees of the foundation, which include Anglo American, Nedbank, the United Building Society and the Premier Group, have insisted that they are not simply going to hand out blank cheques to organisations which will subsequently find themselves in the red.

They want firm financial control of the project, which is aimed at benefiting the whole spectrum of society.

The director and head of clinical services of the SA National Council on Alcoholism and Drug Dependence's Johannesburg branch, Dr Sylvain de Miranda, said:

"In countries like South Africa where medico-social problems are a major threat to development we need the finance and expertise of the private sector."

## Impasse

Should the foundation impasse not be broken there are contingency plans to establish a centre for preventive education in Johannesburg, which would liaise with all interested organisations.

The concept arose after pilot programmes conducted by Sanca Johannesburg at several private high schools in the Transvaal.

The need is particularly keen in the black sector where virtually nothing has been done in the last two decades to research and combat drug and alcohol abuse.

CP Correspondent

CAPE TOWN — Unemployed people in South Africa are far more likely to become alcoholics than anyone else.

Recent figures show that they are 35 times more likely to require treatment for alcohol addiction.

And ordinary labourers are not much better off — they are eleven times more likely to require treatment than the expected average.

These alarming figures are contained in the fifth report of the National Advisory Board on Rehabilitation Matters.

The report was tabled in Parliament this week.

The national average, the board says, is 284 out of every 100 000 people in South Africa are resident in treatment centres.

But various occupation groups have a higher — than — average representation at these centres.

Unemployed people and labourers are the two highest categories.

Artisans and production workers are also very high. They constitute nearly a quarter of the residents at these centres although they are 6,9 percent of the population.

The report also shows a sharp increase in the amount of alcohol consumed in South Africa between 1978 and 1980.

In three years, the number of litres of alcohol consumed by all South Africans rose by 31,5 percent to total 116,3-million litres in 1980.

The consumption for every adult over the age of 15 rose by nearly the same ratio — it went up 38,4 percent to average 6,92 litres per head.

### Ratio

The report also shows that alcohol addiction is by far the worst problem of its kind in South Africa.

# Why 'white' booze is bad medicine

CP Reporter

More than 91 percent of those being treated in rehabilitation centres in 1980 had been admitted because of alcoholism.

In sharp contrast to the attention given in the media, dagga addicts formed a mere 1,4 percent of the total — 112 people — and those addicted to both dagga and alcohol — 108 people —

JO'BURG — When the liquor laws were liberalised in 1963 to allow blacks to buy brandy, whisky, gin and other "white" liquor, a social catastrophe among blacks resulted. And, says Professor Charles Isaacson, head of anatomical pathology at the University of the Witwatersrand, alcoholic liver disease has become the biggest social disease among blacks.

### Research call

Delivering his inaugural lecture, he said blacks were now displaying all the symptoms of the Western-type alcoholic liver.

He said that when blacks drank only traditional home brewed beer, the harmful effects would take about 40 years to show up.

"Today, Western type liquor can produce cirrhosis of the liver in 12 - 15 years."

Calling for urgent research into black alcoholism, Prof Isaacson said: "We are now in the early stages of alcoholic liver disease in blacks. Now is the time to investigate it."

1,39 percent. Combined, people with a dagga problem were a mere 2,8 percent of those admitted to rehabilitation centres.

But liquor, promoted by large and profitable monopolies and administration boards, is legal.

# DRINKING THEMSELVES TO JOBLESS AND SHOCK BOOZE REPORT

*Handwritten notes:*  
26  
City Press  
24/4/83



in the course of execution—no allocations for new projects have been made as local authorities are revising all approved projects at the request of the Department in the light of the Government's new guide-lines on housing priorities. It is expected that allocations of funds in respect of the revised projects will be made in the near future.

- (2) (a) and (b) An amount of R30 million is available during this year for building material loans country-wide and applications from Johannesburg are still awaited.

86  
10/6/83  
Rehabilitation centres  
Hansard Q. 61. 1535-  
940. Dr. M. S. BARNARD asked the Minister of Internal Affairs:

- (a) How many (i) Coloured and (ii) Indian males and females, respectively, were treated at (aa) rehabilitation centres and (bb) registered rehabilitation centres in the latest specified year for which figures are available and (b) what (i) were the reasons for admission and (ii) was the incidence figure per 100 000 of the total Coloured and Indian populations, respectively?

The MINISTER OF INTERNAL AFFAIRS:

The figures indicated are for the period 1 April 1982 to 31 March 1983:

- (a) (i) (aa) 277 males and 88 females.  
(bb) 264 males and 66 females.  
(ii) (aa) 3 males (no females).  
(bb) None.  
(b) (i) Alcoholism, drug abuse and vagrancy.  
(ii) 27,2 and 0,4 per 100 000 in respect of the Coloured and Indian populations, respectively.

#### Alcohol-related problems: cases

941. Dr. M. S. BARNARD asked the Minister of Internal Affairs:

- (a) How many cases of (i) Coloured and (ii) Indian (aa) persons and (bb) families with alcohol-related problems were handled by his Department in the latest specified year for which figures are available, (b) what was the (i) nature of the problems and (ii) incidence figure per 100 000 of the total Coloured and Indian populations, respectively, and (c) how many such cases in respect of (i) Coloured persons and (ii) Indians were reported to his Department in each of the areas for which statistics are available?

The MINISTER OF INTERNAL AFFAIRS:

The figures indicated are for the period 1 April 1982 to 31 March 1983:

- (a) (i) (aa) 8 262, (ii) 227.  
(bb) Only statistics on individuals as furnished under (aa) above are available.  
(b) (i) Addiction of the individual and family disruption.  
(ii) 324 and 28 per 100 000 in respect of the Coloured and Indian populations, respectively.  
(c) (i) Bellville ..... 1 543  
Wynberg ..... 2 647  
Bloufontein ..... 123  
Beaufort West ..... 130  
Durban ..... 289  
George ..... 362  
Johannesburg ..... 1 052  
Kimberley ..... 319  
Paarl ..... 351  
Port Elizabeth ..... 566  
Worcester ..... 472  
Uppington ..... 223  
East London ..... 99  
Springbok ..... 86  
(ii) Durban ..... 190  
Cape Town ..... 17  
Johannesburg ..... 20

#### QUESTIONS UNDER NAME OF MEMBER

Andrew, Mr. K. M.—

Community Development, 379, 768, 777, 781.

Constitutional Development and Planning, 1348, 1500.

Co-operation and Development, 96, 105, 203, 273, 274, 488, 578, 579, 602, 603, 643, 688, 690, 691, 728, 729, 731, 773 (1417), 803, 823, 833, 834, 835, 854, 855, 886, 888, 956, 959, 983, 984, 1026, 1121, 1194, 1255, 1269, 1270, 1296, 1367, 1387, 1389, 1391, 1412, 1457, 1481, 1521, 1522, 1523.

Defence, 602, 1258.

Education and Training, 101, 155, 156, 195, 196, 479, 772, 800, 925, 1267, 1344, 1413, 1439, 1465.

Environment Affairs and Fisheries, 1443, 1472, 1473, 1475.

Foreign Affairs and Information, 63, 890, 957, 1066, 1067.

Health and Welfare, 575, 1501.

Industries, Commerce and Tourism, 995.

Internal Affairs, 276, 427, 512, 513, 951, 1202, 1204, 1349, 1394, 1395.

Justice, 1456, 1464.

Law and Order, 496, 798, 1025, 1027, 1193, 1194, 1256, 1258, 1333, 1371, 1387, 1405.

Manpower, 649.

Mineral and Energy Affairs, 1442.

National Education, 1167, 1206, 1211, 1229, 1322, 1323, 1324.

Posts and Telecommunications, 623, 624

Prime Minister, 1404.

Aronson, Mr. T.—

Agriculture, 790.

Community Development, 1303.

Constitutional Development and Planning, 1000, 1100.

Co-operation and Development, 1085, 1355, 1406.

Finance, 828, 1102

Industries, Commerce and Tourism 997.

1132.

Manpower, 926.

Mineral and Energy Affairs, 927.

Posts and Telecommunications, 1134

Transport Affairs, 791, 907, 920.

Barnard, Dr. M. S.—

Constitutional Development and Planning, 999.

Co-operation and Development, 535 797, 1006, 1036, 1092, 1093, 1103, 1234, 1235, 1524, 1525, 1526

Defence, 829, 1102, 1203.

Education and Training, 480, 968, 1315

Finance, 945.

Foreign Affairs and Information, 189.

Health and Welfare, 28, 87, 99, 100, 109, 138, 139, 231, 249, 250, 274, 304, 393, 400, 473, 474, 500, 589, 590, 626, 704, 727, 817, 852, 1006, 1009, 1011, 1051, 1052, 1090, 1101, 1102, 1225, 1230, 1235, 1236, 1297, 1420, 1461, 1505.

Internal Affairs, 425, 910, 1037, 1038, 1039, 1049, 1449, 1494, 1535, 1536

Justice, 924, 1094.

Law and Order, 704, 867.

National Education, 190, 868, 1010, 1167, 1421.

Barnard, Mr. S. P.—

Agriculture, 1479

Community Development, 55, 311, 409, 1454.

Co-operation and Development, 87.

Finance, 312, 408, 495, 557.

Foreign Affairs and Information, 116.

Industries, Commerce and Tourism, 312.

Law and Order, 4, 97, 517.

Transport Affairs, 408

Bartlett, Mr. G. S.—

Transport Affairs, 49, 50, 56, 77, 78, 79.

# R50 000 to fight addiction

By J Mandel Correia

86  
5/7/83  
South African Breweries has made an initial grant of R50 000 to enable Sanca — Johannesburg's centre for alcohol and drug studies — to launch immediately a pilot preventive education programme at six private schools in Johannesburg and six in Soweto.

The grant will enable Sanca Johannesburg to launch the project and to start training teachers and volunteer educationists this week.

Other major companies have been invited to contribute to the centre's projects.

The cost at the 12 schools will be about R220 000.

The pilot programmes will be introduced next January.

They will run for three years and will be scientifically developed, implemented, monitored and evaluated.

The object of the pilot scheme will be to develop a lifestyle preventive education programme acceptable to the education authorities for eventual use in the normal school curriculum for children in all classes.

The director of Sanca Johannesburg, Dr Sylvain de Miranda, said alcohol and drug abuse was a risk among today's youth mainly because youngsters were ill-equipped to cope with the pressures of today's lifestyle.

"They need guidance that will help them see the risks in the right context and enable them to make reasoned decisions to cope with pressures from their peer groups.

"Educational methods must recognise the youngsters' physical and emotional development, and temper education to make it appropriate to their lifestyles.

"Education which amounts simply to giving them information alone will never be effective," Dr de Miranda said.

Because South African children came from different backgrounds and held different values the lifestyle education plan would be adapted accordingly, he said

A steering committee of teachers, guidance officers, sociologists and other specialists who understood the different lifestyles among children had been formed to formulate and monitor the lifestyle education programmes.

SAB's public affairs manager, Mr Gary May, said Breweries had put up the finance because it saw long-term education as the best way to beat the problem of alcohol abuse.

"As an alcohol beverage producer we are particularly sensitive to the dangers inherent in abusing alcohol.

# Focus on alcoholism in industry at conference

EAST LONDON — The East London branch of the South African National Council on Alcoholism (Sanca) will host the biennial meeting of the organisation which opens here today.

Mrs Sandra Epstein, director of the East London branch, said it was a great bonus for the branch to be selected to host the meeting and had been done "in recog-

2/10/73  
D. Disputa  
86  
nition of the strides we have made here".

About 100 delegates from all over the Republic will attend the meeting which will run for three days at a beach-front hotel.

Today's session is for staff study. Tomorrow morning the local branch of Sanca will hold a public symposium on Alcoholism in Indus-

try. Mr L. Borman and Mr N. Kemp will address the symposium on the details of the Employee Assistance Programme (EAP) under which businesses can aid alcoholic employees. The addresses will be followed by a panel discussion.

Dr C. R. van der Merwe of the Department of Constitutional Development and Planning, will make the opening address at the official opening of the meeting tomorrow evening. —  
DDR

(96) E. Post 18/10/83

# Alcoholism is costing country millions of rands yearly — claim

By KEITH ROSS

EAST LONDON — Alcoholism is costing commerce and industry hundreds of millions of rands a year, according to the managing director of an automotive manufacturing company, Mr Leo Borman.

Mr Borman today officially opened a symposium in East London on "Alcoholism in Industry".

The symposium was organised by the South African National Council on Alcoholism and Drug Dependence.

Mr Borman said the cost of alcoholism to industry was in absenteeism and illness, poor job performance and increased deficiency, errors in judgment and preventable accidents and higher labour turnover and training costs.

"Surveys have shown

that only 3% of the alcoholic population fall into the so-called hobo category," he said.

The other 97% are in employment, own or rent a house, drive a car and have a family.

"They are in fact all around us, but we do not always know or recognise them as people with problems, suffering from a progressive illness, needing help and treatment, and above all needing to be understood."

Mr Borman said alcoholism affected people of all social standings.

"In fact a recent survey has shown that 30% of all alcoholics are either professional or managerial persons, and that 31% were in the semi or unskilled field and the balance of 39% were clerical or

skilled workers," he said.

"Surveys have also shown that the work performance of the alcoholic, if he is undetected, undiagnosed and untreated, drops to 80% in seven years of employment, down to 60% in 11 years and to 25% in 14 years. Eventually his work performance drops to nil.

"It has been the practice generally in industry in the past for middle management and supervisors to conceal and protect the alcoholic employee while top management has tended to adopt a policy of instant dismissal, leading to the alcoholic being rotated from firm to firm.

"Very often the employee who has been dismissed held a key position in which he had undergone years of preparation and training."



Mrs Sandra Epstein, Sanca social worker, Mr George Williams and Mr Andre Beugger, a speaker at the Sanca symposium in East London.

*D. Dipatch*  
*19/10/83* (86)

## Alcoholism costs millions — Borman

EAST LONDON — Alcoholism cost commerce and industry hundreds of millions of rands annually in absenteeism, poor job performance and decreased efficiency, Mr Leo Borman said yesterday.

Mr Borman, past president of the Federated Chambers of Commerce, was speaking at a symposium organised by the South African National Council on Alcoholism and Drug Dependence.

He said the intention of the symposium was to illustrate how to identify early the problem drinker in commerce and industry.

Mr Borman said alcohol affected all sections. A survey had shown that 30 per cent of all alcoholics were either professional or managerial persons, 39 per cent were clerical or skilled workers and 31 per cent were senior unskilled workers.

Mr Borman said the function of Sanca's employee assistance programme was to offer

training at all levels of management and promote awareness of the early symptoms and indications of alcoholism. It was management's responsibility to make employees aware of company policy in this respect and of the facilities available through Sanca for early treatment.

Mr N. Kemp, who spoke on the cost advantages of the employee assistance programme, said that, if an alcoholic was to be treated for his problem, those working with him should ascertain at which level his problem lay.

The biological level would always be affected, he said. Some might have problems with their personalities, some with interpersonal relationships, some with their environment and others with their sociological milieu.

Mr Kemp said research had shown the alcoholic was usually a competitive person, and his drinking fitted this

pattern. The competitiveness was most often motivated by a need to compensate for feelings of inferiority. When sober, most alcoholics were fine people who did a very good job. They wanted to be the best.

Mr A. Beugger warned industries who had adopted the employee assistance programme to have a decent approach when dealing with affected employees. They should not make analysts of themselves and later regret their judgment.

Mr J. Rich, in his closing remarks, said the case studies revealed in the symposium were enlightening but also frightening.

He said it had been made clear that 97 per cent of alcoholics were in the non-hobo class and were employed in industry and commerce. An alcoholic was not only a danger to himself in the factory situation but to all co-workers and even the premises. —  
DDR

# Alcoholism <sup>(86)</sup> costing S A firms R465 m a year <sup>25/10/83</sup>

JOHANNESBURG—The cost of untreated alcoholism to the South African economy every year is staggering. According to figures just released by the South African National Council on Alcoholism and Drug Dependence, the increasing incidence and severity of alcohol abuse is bleeding South African companies to the tune of R456 million every year.

Sanca said in a statement in Johannesburg yesterday that internationally recognised statistics showed at least 6 percent of a developed country's drinking population was addicted to alcohol.

'Based on Human Sciences Research Council studies of the incidence of alcohol con-

sumption among various population groups, it is evident that about half of the South African workforce of 8 665 700 are consumers of alcoholic beverages.

'Applying the 6 percent factor it is apparent that more than 250 000 working people in this country have serious problems with alcohol.

## Delude

'They cost their employers 25 percent of their annual income in absenteeism, falling production and inefficiency, and alcohol-related accidents.

'No organisation can afford to delude itself that it has no alcoholic employees,' says Mr Colin Wenman, chief director of Sanca. 'The vast major-

ity of alcoholics is still in employment.

'During the average span of 14 years between initial problem drinking and terminal drinking patterns, those employees are going to cost themselves and their companies a lot of money.

'It is a problem that is becoming more acute every day and one which responsible employers can combat effectively through early detention and referral to Sanca for treatment.

'If we wait until the terminal stage, successful intervention is immeasurably more difficult and the damage to the company and the employee's family far greater.'

The programme used to combat alcoholism at work is known internationally as the Employee Assistance Programme (EAP). Sanca provides training for supervisory staff in early detection techniques as well as the vital role that they fill in the confrontation with the employee. Treatment from professionals at both in-patient and out-patient patient clinics is available throughout the country. — (Sapa)

# Alcoholism costs SA R456 million a year <sup>Start 27/10/83</sup> 86

Untreated alcoholism costs South African companies R456 million a year, the South African National Council on Alcoholism and Drug Dependence has found.

Sanca's chief director Mr Colin Wenman said in Johannesburg this week that internationally recognised statistics showed at least six per cent of a developed country's drinking population was addicted to alcohol.

## AMONG

"Based on Human Sciences Research Council studies of the incidence of alcohol consumption among various population groups, it is evident that about half of the South African workforce of 8 665 700 are consumers of alcoholic beverages.

"By applying the six percent factor, it is apparent that more than 250 000 workers have serious alcohol problems.

"They cost their employers 25 percent of their annual income in absenteeism, falling production, inefficiency and alcohol-related accidents.

"No company can afford to delude itself that it has no alcoholic employees. The vast majority of alcoholics are still in employment," Mr Wenman said.

"During the average span of 14 years between initial problem drinking and terminal drinking patterns, those employees are going to cost themselves and their companies a lot of money.

"It is a problem that is becoming more acute daily. Responsible em-

ployers can combat it through early detention and referral to Sanca for treatment."

The troubled employee consistently exhibited performance problems and if he was referred for treatment at that early stage, rehabilitation was achieved in about 80 percent of cases.

"If we wait until the terminal stage, successful intervention is immeasurably more difficult and the damage to the company and the employee's family far greater," Mr Wenman said.

The programme used to combat alcoholism at work was known internally as the Employee Assistance Programme (EAP).

Sanca provides training for supervisory staff in early detection tech-

niques as well as the vital role that they fill in the confrontation with the employee.

Treatment at in-patient and out-patient patient clinics is available throughout the country.

"Our biggest stumbling block is overcoming the stigma attached to alcoholism. We maintain it is a treatable disease to which no-one is immune.

## NATURE

"The nature of the dependence is extremely powerful and is coupled with feelings of guilt, remorse, shame and hopelessness on the part of the victim," Mr Wenman said.

"Another obstacle is the conspiracy of silence by the sick person's workmates, the supervisor and family.

"Many company managers are also guilty of ignoring the problem and then dismissing the employee when it becomes too acute.

"By adopting a positive attitude to alcoholism, formulating a company policy and ensuring that it is understood by everyone on the payroll, and working closely with Sanca for referral and treatment, a business can do a lot to preserve skilled manpower and improve its bottom-line figure." — Sapa.

Classifieds start on Page 6

on big screen



... and film actor, has reason to look happy — he  
... Trui vir 'n Wenner will be a real winner.

or here  
ost new  
ire film

his younger brother, Dirk (played by Ray Storm), compete in a big international cycle tour.  
Both Dirk and Victor fall in love with Louise (played by Claudia Turgas), an American exchange student visiting the family farm in the Lowveld.  
"The film is not a cycling film, this is purely background, but is one of the eternal love triangle situation," said Van Zyl.  
"Another film based on Skooldae is in the pipe-

line for next year and will go into production if the film proves as popular as we think it will.

"We are not the only ones monitoring the success of the film. So are several private film companies who are keen to see if our formula works.

"Unfortunately, dubbing the film and trying to sell it overseas would be a pointless exercise because no one would know who Christo de Wet or Mevrou Duvenhage are."

Van Zyl, who is contracted to Brigadiers, said he was learning as much as he could about film production and editing. He found little time for stage work although he admitted if something good came his way and he had the time, he would jump at it.

Van Zyl recently appeared in Pieter Toerien's stage productions of *Fifth of July* and *The Dining Room*.

86 E. Post  
24/11/83  
500 women  
in PE are  
alcoholics  
— Sanca

Post Reporter  
ABOUT 500 women in Port Elizabeth are addicted alcoholics, according to the secretary of the South African National Council on Alcoholism and Drug Dependence (Sanca) in the city, Mr Stewart Bell.

Mr Bell said about 345 women had been treated for alcoholism in Port Elizabeth over the past five years.

Women who were most likely to become alcoholics were those who tended to be over-anxious, he said, while perfectionists also had great tendencies towards the disease.

"These women also have a low tolerance of frustration, and the disease goes about breaking the person down spiritually, mentally and physically," he said.

"The reason they turn to drink is because it brings satisfaction and relief to their problem. It also never lets them down and they begin to trust it and lean on it for support.

"Nobody yet knows where the person actually becomes addicted. It just happens somewhere along the line, and once addicted it will take a woman about seven years before she is in the final stage of the disease."

It took a man about 14 years because his metabolism was totally different to a woman's.

"We at Sanca have various ways in which we try to combat the problem," said Mr Bell. "We do educational work where we give lectures at schools, firms and the Defence Force.

"We also have a system whereby we teach supervisory staff at certain firms to be able to detect if a member of their staff is

showing symptoms towards an alcoholic problem.

"More and more firms are approaching us about the problem and we give lectures of about two hours to the supervisory staff of the firm.

"The staff are encouraged to approach the managerial team if they feel their drinking habits are getting out of hand

"If their behaviour towards their work is declining, they are given the choice of deciding between treatment for the disease, while keeping their job and without jeopardising their employment in any way, or accepting disciplinary action."

Mr Bell explained about the running of Halfway House, Sanca's home for alcoholics in Heugh Road, Walmer, where many people are sent to be helped.

"And that is what we go out of our way to do," Mr Bell said. "If they cannot afford to pay us then their board and lodging costs them nothing.

"At Halfway House they receive a home until they feel able to go out into the world again. Social workers are appointed and hopefully they are rehabilitated."

● Mr G S Walton was re-elected chairman of the Port Elizabeth branch of Sanca at its annual meeting last night.

Dr Jan van der Merwe was elected vice-chairman and Mr Stewart Bell was re-elected secretary.

The committee consists of Miss Noreen Gruskin, Mrs Monica Klein, Mrs Pebble Street, Dr J Blom, the Rev S M Arends, Mr Louis Kapp, Mr D A Lees, Mr R Mcilwaine, Mr J D E Moony and Mr H R Sorge.

PE men  
after

Weather

FORECAST for the coastal belt from Plettenberg Bay to Port Alfred for the period ending 6pm tomorrow

CONDITIONS: Partly cloudy and

Libraries seek  
views on hours



By Pamela Kleinot,  
Medical Reporter

# Major project on alcoholism launched

86 Pas 29/11/83

A major research project to determine the biochemical causes of alcoholism was launched in Johannesburg yesterday.

The research will aim at unravelling the mystery of why some drinkers become alcoholics.

The project is being headed by Dr Richard Cantrell, of the department of medical bio-

chemistry at the University of the Witwatersrand, in conjunction with the Johannesburg branch of the South African National Council for Alcoholism (Sanca).

Dr Sylvain de Miranda, director of Sanca, said that for many years doctors had been puzzled about the fact that so many people used alcohol

yet only some of them developed a dependence on it.

There was no way of knowing who would become dependent. Dependence was not confined to any particular age group, social group, occupation, race or religion.

"The reasons for addiction elude us," he said. "We are searching for a

scientific explanation.

"We know that between six and eight per cent of a drinking population becomes addicted and we want to establish whether there are any chemical or biochemical factors in a person's body that make him or her dependent on alcohol."

The results of the study could have a major influ-

ence on the future understanding and treatment of dependencies and addiction.

The study is particularly relevant to South Africa where there are about one million alcoholics.

The problem is growing among schoolchildren, women and blacks. The research will centre on which chemical

messengers (neuro-transmitters) in the body are involved in the transport of alcohol.

Sanca began taking random blood samples yesterday from both the general public and alcoholics.

The blood samples will be coded by Sanca and sent to the laboratory for testing and analysis to

see whether any patterns emerge.

Should any patterns come up they can refer to the code (at Sanca) to establish which people are at risk.

"Apart from the scientific aspect, we will be able to obtain common indicators of which people are likely to become dependent," said Dr de Miranda.

THURSDAY, 15 MARCH 1984

Indicates translated version.

*For written reply*  
 86  
 Alcoholism: dismissals  
 15/3/84  
 388. Mr D J N MALCOMESS asked the Minister of Transport Affairs:

(1) Whether any employees of the South African Transport Services have been dismissed for reasons of alcoholism: if so,

(2) whether any such employees forfeited the interest on their pension contributions in terms of section 13(1) of the Railways and Harbours Service Act, No 22 of 1960; if so, (a) how many employees forfeited this interest during the latest specified period of five years for which figures are available, (b) what was the (i) longest period for which any of these employees had been employed by the South African Transport Services and (ii) amount of interest forfeited by the employees concerned and (c) what was the total amount of interest due to such employees that was retained over this period?

The MINISTER OF TRANSPORT AFFAIRS:

(1) and (2) Employees of the South African Transport Services are not dismissed merely for reasons of alcoholism.

1. New Brighton: Hostel (R1 647 000) .....
2. Port Elizabeth: Extend automatic telephone exchange (R273 000) .....
3. Port Elizabeth: Accommodation for S.A. Railways Police (R257 000) .....

Project

Anticipated Date of Commencement

Anticipated Date of Completion

Work in progress      September 1984  
 Work in progress      March 1985  
 Work in progress      1986-87

They can, however, be dismissed when they are, *inter alia*, under the influence or in possession of alcoholic liquor or dependence-producing drugs whilst on duty, or in certain cases partaking thereof within a specified period before reporting for duty. Since 1 January 1981 interest is being paid on pension contributions of ex-employees who had contributed for more than 13 years to the New Superannuation Fund and who were dismissed for the reasons as set out above. No statutory provision exists whereby interest can be paid prior to this date. Information in respect of ex-employees who were dismissed for the reasons mentioned is not readily available and it will demand much time and expense to gather the particulars.

*Port Elizabeth: expenditure 420. Mr T ARONSON asked the Minister of Transport Affairs:*

(a) What is the anticipated expenditure by the South African Transport Services in the Port Elizabeth area in the next five years, (b) in respect of what projects is the expenditure to be made and (c) what are the anticipated dates of commencement and completion of each project?

The MINISTER OF TRANSPORT AFFAIRS:

(a) R6 474 000, provided changed circumstances do not necessitate alterations to some of the projects or result in their not being proceeded with.

(b) and (c)

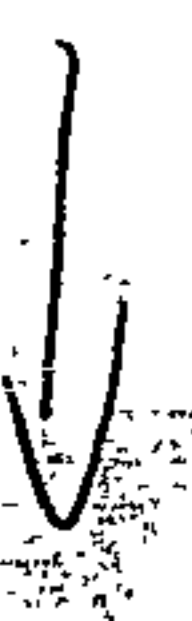
Project      Anticipated Date of Commencement      Anticipated Date of Completion

4. Sydenham: Improvements to hostel (R942 000) ..... January 1984      January 1985
5. Port Elizabeth: Improvements to station (R522 000) ..... Work in progress      March 1985
6. Port Elizabeth Harbour: Fire fighting depot (R293 000) ..... February 1985      March 1986
7. New Brighton: Improvements to carriage and wagon repair shed (R103 000) ..... Work in progress      March 1985
8. New Brighton: Roof over platforms 2 and 3 (R32 000) ..... Work in progress      September 1984
9. Port Elizabeth: Garages at airport (R100 000) ..... Work in progress      March 1985
10. Port Elizabeth: 4 Houses (R278 000) ..... July 1984      March 1985
11. Port Elizabeth: Improvements to station—(stage 2) (R700 000) ..... July 1985      March 1987
12. Port Elizabeth Harbour: Extend ore plant workshop (R53 000) ..... May 1984      March 1985
13. Port Elizabeth Harbour: Mess and abolition for non-Whites (sheds 10 and 11) (R63 000) ..... June 1984      March 1985
14. Port Elizabeth Harbour: Mess and abolition for non-Whites at Dom Pedro Jetty (R60 000) ..... June 1984      March 1985
15. Port Elizabeth Harbour: Improve lighting in store 315 (R20 000) ..... July 1984      March 1985
16. Port Elizabeth: Battery maintenance building at airport (R95 000) ..... July 1985      March 1986
17. Port Elizabeth: Undercover parking with hardstanding at airport (R100 000) ..... June 1985      February 1986

The following proposals are also being considered. The estimated expenditure to be incurred is included in the reply to part (a) of the question. These items have been provisionally included in the 1986/87 programme and are subject to funds being available.

1. North End: Improve drainage at carriage and wagon depot ..... R 30 000
2. Deal Party: Improve tarpaulin washing facilities ..... R 21 000
3. North End: Improvements to LA truck depot ..... R 150 000
4. North End: Extensions to apprentice training school ..... R 175 000
5. Swartkops: Office for footplate personnel ..... R 260 000

The following proposals have also been included in the draft programme for the period 1985-86 to 1986-90:



home for several months.

the bench and Mr P Steyn appeared for the State

tective-Sergeant J Baard at 903 3236 (office hours) or 902 6806 (after hours).

the jury decision. — Sapa-Reuter

SUBSCRIBERS TO

Cape Times AND THE

Day Times

problems (021) 47 6134

news- FROM 8.30am TO 4.30pm MONDAY TO FRIDAY AND 8.30am TO 12.30pm ON SATURDAY AND SUNDAY

circulation at 111 STREET, PO BOX 492 T RIVER 7925

# Upsurge in women alcoholics

**Medical Reporter**  
THERE has been a marked increase in the number of women and teenagers being treated for alcoholism in recent years, according to Professor L Gillis, head of the Department of Psychiatry at the University of Cape Town.

Last year about 25 per-

cent of people treated at the William Slater Hospital were women, he said. The reason for this trend was not known.

He was giving a press conference to mark the hospital's 25th anniversary today. It is the only specialized hospital for alcoholics in the country.

During its existence,

the hospital has treated more than 8 000 in-patients for alcoholism — a disease which affects about 10 percent of the population.

Although only 16 percent of in-patients tended to remain totally "dry" for longer than three years after treatment, Professor Gillis said he considered the

impact of the hospital to have been far-reaching.

A further 23 percent had only the occasional slip, he said.

Alcoholism was a relapsing disease. With a chronic condition of this type — often associated with life-long personality and emotional problems — one could not expect a miracle cure.

WASHINGTON — Unit- ed States observers of Southern African poli- tics marked yesterday's signing of a non-agres- sion pact between South Africa and Mozambique as a diplomatic coup for South Africa. The conservative Washington Times not- ed that the Nkomati Ac- cord was clearly dictat- ed by South Africa. The support for the agreement extended by other regional countries is also considered to be a diplomatic victory for South Africa. The Times said of peace euphoria thinking it can black Africa with- out peace euphoria. The Times said "South Africa. The series of interna- tional agreements extended by South Africa. The support for the pact and Zambia's "total support" for the Prime Minister, Mr Rob- ert Mugabe, had offered "total support" for the pact and Zambia's "total support" for the President Kenneth Kaunda and President Quett Masire of Botswa- na had sent similar mes- sages. The Christian Science Monitor said the pact would weaken Soviet in- fluence in the region and pave the way for wars of conquests and the success and perma- nence will be greater because his people will sit around him," he said.



Peace pact 'a ho-  
coup for SA, per

terly  
ve drug  
blems

Medical Reporter

cription drugs are  
ble for the high  
idence of drug mis-  
among the elderly  
over the age of 65),  
ding to Mrs Lee  
cks of the Centre  
cohol and Drug Stu-

el said problems  
ed from inappro-  
-drug use by the pa-  
to unsuitable pre-  
by the doctor.

hemical abuse in the  
ly is a specific prob-  
requiring specialised  
ledge and treatment  
se it is intricately  
woven with the age-  
process," she said.

Wilcocks said 85  
cent of the elderly  
prescription drugs  
ause they suffered  
chronic diseases  
h as heart problems,  
h blood pressure,  
itis and diabetes.

ome of the problems  
rienced by the elder-  
blinded patients being  
na confused and un-  
to remember which  
g and how much to  
deteriorating eye-  
making it difficult  
them to read the  
all print, and deafness

# Alcoholism (86) *Stew* among women 21/3/84 is increasing

Medical Reporter

Alcoholism among women was increasing rapidly, the director of social work services at the South African National Council for Alcoholism said today.

Mrs L Pretorius said lack of self-esteem was probably the major contributing factor to alcohol abuse among women.

"They have a preoccupation with being inadequate and an inability to fulfil a meaningful role in society," she said.

"The demands of society for a woman to be a good mother, a good wife, a good employee, a good lover, a good lover and to play a host of other roles in no way helps her cope with her feelings of inadequacy."

Mrs Pretorius was addressing the first Summer School on alcohol and drug dependence, which was organised by Mrs Lee Wilcocks, of the Centre for Alcohol and Drug Studies.

The three-day seminar, being held at a Sandton hotel, ends tomorrow.

Mrs Pretorius said increased alcohol problems were not caused because women had been liberated "but by the very fact that they have not yet been liberated.

"Women no longer have clearly defined roles and, although attempts at liberation of women should have redefined their roles, it has led only to greater uncertainty and insecurity," she said.

Mrs Pretorius said many studies had found that women alcoholics had problems of feminine identification and role confusion and "express concern about their inability to perform traditional motherly and wifely roles and about their failure to maintain viable marital relationships".

She called for immediate attention to be given to developing treatment programmes specifically aimed at women.

# Alcoholics' children blot out reality

Medical Reporter

The child of an alcoholic is likely to use various defence mechanisms to "blot out" the painful reality of things surrounding them, says Mrs Laura Edmonds, a social worker at the South African National Council for Alcoholism. She said the child might repress his feelings of anxiety and terror, and might become over involved in an activity like school work in order to sublimate his anxiety.

He might regress (resort to an earlier mode of coping) when the tension and anxiety became too much for him.

It is essential, says Mrs Edmonds, that the therapist not only treats the alcoholic but also involves the children.

"They are an 'at risk' group for the development of emotional problems in adulthood, as well as the development of alcoholism itself," she said.

By Rashid Chopdat  
and Jennifer Tennant

owner of the contro-  
sial macadamia nut  
ms in Barberton was  
anted permission in the  
and Supreme Court yes-  
day to call a meeting  
the sub-lease holders  
propose a new business  
heme to avoid liquida-

Mr Justice L le Grange  
es told by an advocate  
representing Macadamia  
inance Ltd that the  
eting of creditors  
uld take place on July  
in Bloemfontein.

Mr Leonard Hobson, a  
ector of the company,  
ought the application.

He said the meeting  
as to be held so that  
reditors could consider  
oposed changes to the  
eration of plots they  
d leased for the culti-  
ation of macadamia  
is.

"The farming opera-  
tion as initiated by the  
people who first proposed  
was deemed

## Court grants liquidation reprieve

(Pty) Ltd. These compan-  
ies were wholly owned  
subsidiaries of Macada-  
mia Finance Ltd, said Mr  
Hobson.

Maintenance was paid  
by the lessees while the  
Macadamia Group culti-  
vated the plots. But some  
lessees had not paid  
maintenance for about 18  
months, he said.

It was "virtually im-  
possible" to try to farm  
an area of more than  
1500 ha as individual  
plots and collect about  
6000 lessees' mainte-  
nance every year, as well  
as determine the quantity  
on one plot.

## Young drug users 'mimic adults'

By Pamela Kleinot,  
Medical Reporter

Teenagers who take drugs are really mimicking in exaggerated form the accepted behaviour of adults who over-indulge in tobacco, alcohol, tranquillisers and other medicines, says Mrs Bonita Cohen.

Mrs Cohen, superintendent of Phoenix House, a drug rehabilitation centre, said drug users were becoming increasingly young.

Young people had a natural desire to experiment, she said, but experimentation with chemical substances was dangerous.

Although dependence only developed in six to eight percent of the population, there was no way of knowing who those people would be.

In the past few years there had been an upsurge in the incidence of chemical addiction as well as the emergence of a more sophisticated drug scene, Mrs Cohen said.

### GROUP ACTIVITY

Dagga and alcohol were still the most widely abused chemical substances, but narcotics such as Wellconal and barbiturates such as Vesperax were growing in popularity.

# Firms could cut alcoholism cost

By MARC DOBSON

LARGE companies in Port Elizabeth could be saving thousands of rands a week if they took the trouble to encourage their alcoholic employees to receive treatment.

But many bosses protect their staff and unwittingly abet the person's addiction — and waste companies' money — Mr Stewart Bell, secretary of the South African National Council on Alcohol and Drug Dependence (Sancad) in Port Elizabeth, said this week.

Mr Bell was commenting on an estimate made by the Administrator of the Cape,

Mr Gene Louw, that alcoholic employees cost South African commerce and industry about R456 million annually through bad decisions, absenteeism and plant breakdown.

"Six percent of all white male adults and 2% of all white female adults are alcoholics," said Mr Bell. "With coloureds, the percentages are even higher — 15% of all men and 3% of all women.

"The worn-out hobo on

the Donkin Reserve represents only a fraction of all alcoholics. The vast majority are working people. A considerable percentage are either professional or managerial persons, while a large portion are clerical or skilled workers."

Mr Bell said it was an established fact that the untreated alcoholism of certain employees cost their employers 25% of their annual income in absenteeism, falling production, in-

efficiency and alcohol-related incidents.

The problem was as high in the boardroom as it was on the factory floor.

"There's a lot of misunderstanding about the alcoholic," said Mr Bell. "Most alcoholics tend to be perfectionists, with highly developed consciences. They're achievers and good workers, but they're also usually the anxious, worrying types."

Mr Bell said Sancad had

devised a system by which a firm's supervisory staff could be taught to detect members of staff showing symptoms of an alcoholic problem.

Called the Employee Assistance Programme, the system was currently being implemented in four large companies in Port Elizabeth and Uitenhage.

"The staff are encouraged to approach the managerial team if they feel their drinking habits are

getting out of hand," said Mr Bell.

"If their behaviour towards their work is declining, they are given the choice of deciding between treatment for the disease, while keeping their job and without jeopardising their employment, or accepting disciplinary action."

The firm's nursing sister was appointed the programme's co-ordinator and counselling was given by her and a Sancad social

worker, said Mr Bell.

Treatment, which normally involved taking "anti-booze" tablets and attending Alcoholics Anonymous meetings, could last from about six months to a year.

Mr Bell said a large Port Elizabeth firm had established in 1981 that it had 25 employees with a drinking problem who had collectively lost the company 3 248 manhours over the year. In 1982, after going on the

ance Programme co-ordinator at a large Uitenhage firm, said an increasing number of the staff were now coming forward voluntarily to seek treatment.

A spokesman for Alcoholics Anonymous said the reason that more alcoholics were willing to seek treatment of their own accord was because the stigma that had long been associated with the disease was fading.

Sancad programme, the same 25 employers lost the company only 960 manhours.

Another company had estimated that 360 of its 6 000 employees were alcoholics

"After going on our programme, the company's industrial psychologist reported an 80% success rate, which saved the company R31 000," said Mr Bell.

Sister Cynthia Durant, the occupational health nurse and Employee Assist-

(86) RSM 16/3/84

# More women, young are alcoholic

**Mail Correspondent**

CAPE TOWN. — There has been a marked increase in the number of women and teenagers being treated for alcoholism in recent years, according to Professor L Gillis, head of the department of psychiatry at the University of Cape Town.

Last year, about 25% of the people treated at the William Slater Hospital were women, he said. The reason for this trend was not known.

He was speaking recently about alcoholism and the impact of the hospital, which celebrates its 25th anniversary tomorrow. The William Slater is the only specialised hospital for alcoholics in the country. During its existence it

has treated more than 8 000 in-patients for alcoholism — a disease which affects about 10% of the population.

Although only 16% of in-patients tended to remain totally dry for longer than three years after treatment, Prof Gillis said he considered the impact of the hospital to have been far reaching.

A further 23% had only the occasional slip, he said. And even if they drank for a few months, these people tended to cope better with their lives and relationships after being treated.

Alcoholism was a relapsing disease. With a chronic condition of this type — often associated with life-long personality and emotional problems — one could not expect a miracle cure.

There were far more hidden alcoholics than known, he said. By far the majority held down jobs and lived with their families. Alcoholism did not depend on the amount consumed, but on whether the person could manage his or her life without alcohol, he said.

Common excuses like: "Many people drink more than I do" and "I can stop when I like" did not hold water. Many did stop drinking for varying periods, but they always started again, — often using their abstinence as justification.

Alcoholism could eventually lead to lack of co-ordination and jerky movements, impaired memory, and ultimately to irreversible change of intelligence and personality.

# Alcohol abuse 'lies with user'

Cape Times 31/3/84 (86)

HOUSE OF ASSEMBLY. — There was no scientific proof of a positive correlation between the greater availability of liquor and the problem of alcohol abuse, the Minister of Industries, Commerce and Tourism, Dr Dawie de Villiers, said yesterday.

He was replying to a lengthy and occasionally heated second reading debate on the Liquor Amendment Bill, which provides, among other things, for sparkling wines to be included in the category of table wines that licensed grocers may sell.

Dr De Villiers said the debate — in which Progressive Federal Party and National Party members differed with their party colleagues — revealed vast differences of opinion on the subject of liquor legislation.

"But it also showed there is a great deal of confusion and ignorance on the subject."



Dr D De Villiers

He said liquor was already freely available and members who had indicated they would vote against the bill because they were against more outlets should take their argument to its logical conclusion and push for no more liquor licences to be granted.

Everyone agreed that people should be educated in the sensible use of liquor, and the minister wondered if those members who had called for this, yet still opposed the Bill, were

not merely playing at politics.

"The problem does not lie in the liquor, but in the person who abuses it."

The government had been accused of discriminating against beer, by not including its sale in grocers' licences but he wanted members to keep in mind that SA Breweries had a monopoly, he said.

In addition the SAB had its hotel and retail outlets.

If the question was asked why the government excluded beer the reason was threefold:

- It favoured the wine with food concept;
- It considered the regional and agricultural interests of the Western Cape in this decision;
- It considered the vested rights and interests of the liquor retail trade which had been built up over many years.

Dr De Villiers pointed out that 345 000 people and their dependents were directly dependent on the wine industry in the Western Cape and that bottle stores were no longer the lucrative businesses they had been in the past.

What would be the effect on these people and businesses if beer sales were permitted in supermarkets, he asked.

● Sapa yesterday reported Mr Ken Andrew (PFP Gardens) as saying that his colleague, Mr Alf Widman (PFP Hillbrow) had during debate on a liquor Bill proposed "draconian" measures for dealing with drunken drivers.

In fact, Mr Philip Myburgh (PFP Wynberg) spoke after Mr Widman and said his colleague's suggestions that penalties for drunken driving be increased at least threefold and that licences should be revoked after first offences were in conflict with the principle that judges and magistrates should be allowed to judge each case on its merits. — Sapa

KDM  
23/4/84  
Industry  
loses  
R250m to  
alcohol

The cost of alcoholism to this country in lost production is now estimated to be more than R250-million a year, and that excludes the cost of alcoholism-related road accidents.

This information was given by the Chamber of Mines social service manager, Mr Japie Starker, in a recent Springbok Radio programme "Top Level."

He said it was difficult to give accurate figures of the cost of alcoholism to South African commerce and industry, but it was at least R250-million a year.

He said statistics were not available, but this minimum figure had been arrived at by estimating the cost of both alcoholism and hidden alcoholism which took a variety of forms.

These included absenteeism, accidents on the job and unwarranted sick leave.

In addition, there were hidden costs which could not be determined because alcoholism was responsible for a variety of effects — changes in personality, people becoming irritable and causing on-the-job frictions, grievances and grievance procedures that would not otherwise arise.

Thus, in addition to the estimated costs of R250-million a year, there remained hidden costs that were impossible to estimate.

World-wide research, Mr Starker said, had also shown a correlation in accidents both on and off the job with alcohol.

These accidents in themselves led to a loss of manpower which South Africa could ill-afford, Mr Starker said. — Sapa.



# Fighting alcoholism among city workers

**BY TOM LOUW**  
**Business Editor**

**EAST LONDON** — The South African National Council on Alcoholism and Drug Abuse (Sanca) is growing so quickly in the East London area that it is the only regional body in the national organisation that has been allocated extra social workers.

Two new social workers have started with Sanca here. They are Mrs Florian van Vuuren and Mr Joseph Nondlwana.

Mrs van Vuuren, a graduate of Huguenot College at Wellington, has been active in various welfare capacities since 1975, most latterly at Frere Hospital in East London.

Mr Nondlwana graduated from Fort Hare two years ago and has been with the Family Planning and Marriage Gui-

dance Association in Grahamstown since then.

They will occupy offices on the first floor of 11 Belgrave Road, Southernwood.

The Sanca information officer in East London, Mr George Williams, tells me that referrals of workers are coming in steadily under the Employees' Assistance Programme.



**Mr Joseph Nondlwana.**

The programme has now been extended to about 38 000 people working for 18 major companies.

"Proportionately, East London has more coverage under the programme than any other major city," says Mr Williams. "We are also getting a tremendous response from the schools."

The service Sanca offers to employers and in the care and counselling of employees, is free. Mr Williams explains that three-quarters of the cost is met by a government subsidy and Sanca has to find the rest from local sources.

"Of course, money is always a problem," he says.

To underline the importance of Sanca's work, he points out that the estimated cost to the country of untreated alcoholism is about R450



**Mrs Florian van Vuuren.**

million a year.

At the individual level, it is estimated that an alcoholic employee costs his employers 25 per cent of his wages in absenteeism, poor job performance, increased errors, lower productivity, higher labour turnover, training of replacements, increased accidents and illness.

But alcoholism is an illness that can be treated, with a high success rate, Mr Williams says.

RSM 4/6/84

86

# A R550m hangover for business

By JOHN MURCAHY

THE cost of alcohol abuse to British industry is estimated at between R2,5bn and R6,25bn a year; the cost to American industry more than R27bn and, while no accurate statistics are available, alcoholism is costing SA industry at least R550m a year.

The US Secretary of Health recently estimated that alcohol and other substance abuse was costing that country more than all other occupational health problems combined.

Dr Sylvain de Miranda, director of the South African National Council on Alcoholism and Drug Abuse, says industry is ignoring the alcoholism factor which this year will cost the country more than the increased rate of company tax.

One of the problems is that senior executives resist the introduction of employee-assistance programmes

"for no other reason than the top echelon are defensive, as they do not want to look at themselves".

Dr De Miranda adds: "Fortunately, there is a higher incidence of alcohol-related problems at higher managerial levels than there is in the lower strata of the workforce."

Slamming what he describes as the medical aid societies' intransigent attitude to the treatment of alcoholics, Dr De Miranda says it is anomalous that cirrhosis and other alcohol-related diseases are accepted as treatable illnesses by medical aid funds, while the early stages of the problem are not regarded as treatable.

The major medical aid funds in the US are rapidly being won over to accepting the principle of alcoholism as a treatable illness.

Describing the SA medical aid system's approach to alcoholism as short sighted, Dr De Miranda says: "The old idea that alcohol and alcohol problems are a normal deficiency is archaic — every medical au-

thority in the world recognises alcoholism as a treatable illness. It makes sense, therefore, that it should be treated by industry as any other disease."

While research on alcoholism in SA is alarmingly limited by inadequate resources, experience in the UK has shown that the age groups most affected by alcohol are economically the most productive.

The highest numbers of alcoholics coming to the attention of employee assistance agencies in the UK are from the late-20s to mid-40s groups.

According to Dr De Miranda there is little reason to believe the experience in SA is any different, with absenteeism and impaired judgment, concentration, skill and initiative being the most common effects.

Strongly advocating a national drive to address the question of alcoholism in industry, Dr De Miranda says it is curious that companies will invest large sums of money on training at all levels, but

will dismiss employees with alcohol problems instead of seeking to arrest the illness.

"By dismissing such a person you have achieved nothing. The chances are high of employing someone else with similar problems, and the same expensive training process is repeated."

The incidence of alcoholism in society is generally accepted at between 6% and 8% of the general population, and there is strong evidence to suggest that the occurrence in industry is higher.

"Researchers estimate the occurrence in industry at about 10% of the labour force."

It is estimated further that it costs a company 25% of an individual's annual pay to employ an unrehabilitated alcoholic.

"It is simple arithmetic to calculate the effects on the average company by taking 25% of the wage bill of 10% of the work-force — in other words, alcoholism costs an average of 2,5% of the wage bill every year. "There is no doubt that from wide

overseas experience and the limited experience here, to minimise this kind of economic disaster the introduction of industrial alcohol and employee assistance programmes are effective."

There are several principles that need to be established before any employee assistance programme should be initiated. These are:

- That the company recognises alcohol as a treatable illness and will treat it with the same confidentiality applied to any other illness.
  - That the alcohol problem will not jeopardise promotion or increment prospects;
  - That the company will make its own medical aid structure available to people seeking treatment.
  - Other assurances must be provided to employees to assure them that the assistance programme is not a witch hunt.
- Describing the alcohol problem as chronic, Dr De Miranda says the drain on the country in terms of money and health "is too high for South Africa to afford".

# SA youth 'hitting the bottle' on a large scale

86 S. Times 30/9/84

By EVELYN  
HOLTZHAUSEN

SOUTH African teenagers, who are on a massive boozing binge, are increasingly turning to alcohol to get their kicks.

A Human Sciences Research Council report says it's not uncommon for primary school children to have experimented with alcohol.

Alarmed researchers have also found that younger children are turning to drink as a "social lubricant", emulating their parents in their search for relaxation and pleasure.

The problem was highlighted early this month when a Natal mother called for a contact group to be launched to provide support for parents under pressure from their children demanding to drink.

The Durban mother — who does not want her name published "as my children might be embarrassed" — said she became aware of the trend after allowing her son to hold a party at their home.

"During the evening I noticed a boy of about 13 being sick in the bathroom. I tried to find out what was wrong with him, but only later did I realize that he was drunk."

The mother said she had questioned her children about their friend's drinking and said they confirmed that many drank often, "for fun, to relax, and as it made them feel good".

## Freak

"The incident led to considerable argument in my family. It was claimed I was being unreasonable as other parents allowed their children to drink and it was normal for 12 to 16-year-old children to drink," she said.

"I began to wonder if I was the freak I was being made out to be and wrote a letter to a local newspaper asking parents who felt the same as I did to contact me.

"I was alarmed at the encouraging response I have received," said the mother.

"It appears that there are a large number of parents who are willing to support the stand I had taken. It proved that my standards were not too high, I was not a freak and nor was I out of touch with reality."

Mr Jan van der Merwe, director of the South African National Council for Alcoholism (Sanca) in Durban, said the council was aware that younger children were turning to alcohol for relaxation.

"It's also very alarming to hear that some parents are actually relieved that their children are drinking as opposed to taking drugs — which they see as far worse.

"The truth is that both are bad and also that alcohol is a lethal drug. If it is being used by youngsters of 13 to relax now, what will they do later in life when pressures are even greater.

"Parents need to realise," said Mr van der Merwe, "that they are responsible for their children and they could play a greater role in their lives showing them there are ways to have fun without alcohol or drugs."

## Kicks

Director of treatment co-ordination for Sanca Mrs Liz Pretorius confirmed that many children in most major South African cities were turning to alcohol for their kicks.

"There are a variety of reasons for the trend," she said, "including that it is more socially acceptable, that it is more easily avail-

able than dagga or other drugs, and because many children do not get the correct guidance from their parents."

She said that a recent Sanca survey in Pretoria had revealed that a survey of 4 000 teenagers and younger children interviewed, an alarming 7,5 percent showed signs of developing a drinking pattern which could lead to alcoholism.

## Strangers

Human Sciences Research Council senior researcher Mr Chris van den Bergh said that a recent survey that he had undertaken concerning the consumption of alcohol among teenagers had confirmed the teenage boozing trend.

"Most alarming was the discovery that drug and alcohol abuse is filtering down the age scale, with younger and younger children turning to using and abusing alcohol.

"The survey also revealed that there is a marked increase in the consumption of alcohol among 14 and 15-year-olds."

A Durban bottlestore manager said he was shocked at

the number of under-age children he was forced to have removed from his shop for attempting to buy alcohol.

"It's not only young boys, but young girls as well," he said. "If I kick them out of the bottlestore they just get an older brother or sister to buy the drink for them.

"Sometimes they get their parents' servants to buy their booze or even hand their money to strangers walking past the store."

The Natal mother said she was hoping to form a Parents' Contact Group to give moral support to other parents who might be under pressure from their offspring to be allowed to drink.

She said parents should make their children aware of the dangers of alcohol abuse and told of the biological harm it could do to them.

"I am no Mother Grundy. My husband and I will often offer to let our younger children share a beer at a family braai or on a hot day if they are thirsty. But it's always in moderation and in our presence.

"It's the uncontrolled drinking which alarms me," she said.

Mercury 25/10/84 (86)

# Alcoholism rate rises sharply to 1 drinker in 10

## Mercury Reporter

A CRITICALLY high proportion of South Africans are falling prey to alcoholism through greatly changed drinking trends.

Recently updated statistics revealed that one drinker in 10 in this country became an alcoholic compared with the 1982 figure of about one in 15.

Excessive drinking ap-

pears to be increasing in South Africa where there are already an estimated 450 000 alcoholics — 200 000 of them white.

The director of the Durban Society of the South African National Council of Alcoholism and Drug Dependence (Sanca), Mr Jan van der Merwe, disclosed that at least 60 percent of road accidents were alcohol-related and, of this sec-

tor, 60 percent of drivers had blood alcohol concentrates of 0,1 percent.

The legal limit is 0,08 percent.

## Conviction

He said he was alarmed about excessive blood alcohol levels among motorists.

An appeal had been made to the liquor industry, which allegedly spent R60 million on advertising campaigns during a 12-month period, to display alcohol contents on product containers and to warn against excessive use.

'There is very little advice or education about the effects of alcohol, least of all from the liquor industry,' Mr van der Merwe complained.

His remarks follow the conviction of a Durban man for driving under the influence of liquor — with a blood alcohol concentrate of 0,43 percent.

A level of 0,5 percent would be lethal for more than 50 percent of South Africans. Most drinkers would be rendered unconscious when alcohol in the blood reached the 0,4 percent mark.

## Tolerance

Mr van der Merwe said the risk of having an accident increased 'out of all proportion' with greater liquor intake.

'A blood alcohol content of 0,05 will increase the accident risk by a factor of two. This jumps to eight with a level of 0,08 and to 25 with a blood alcohol concentrate of 0,15,' he told the Mercury.

Although the 0,08 percent limit was used as an intoxication yardstick, some people had a very high alcohol tolerance level, but in others this was low.

Mr van der Merwe said: 'This arbitrary norm is in line with most other civilised countries.'

He scoffed at 'famous' so-called sobering-up remedies and emphasised that the body took an hour to eliminate every alcoholic drink consumed.

'Cold showers, fresh air and black coffee will not reduce blood alcohol levels. Only the liver can do that — and at a set rate,' Mr van der Merwe said.

Failure to adopt a careful attitude when drinking would lead to an individual 'paying a high price for a lack of discipline' he added.

# Alcohol Safety School 'should test offenders'

## Mercury Reporter

THE recently launched Alcohol Safety School, used extensively in South Africa to change the attitudes of convicted drink-and-drive offenders, should insist on testing participants to establish whether they needed treatment for alcoholism.

This was the view of Mr Jan van der Merwe, director of the Durban Society of the South African National Council of Alcoholism and Drug Dependence.

Sanca has close links with the schools which were started late last year by the Department of Health and Welfare in an effort to point out the effects of alcohol to motorists caught driving under the influence of liquor.

'This is a very good attempt at educating people in the use and abuse of alcohol, but it must be taken one step further.'

'Guilty individuals should be tested for the need for treatment for alcoholism,' Mr van der Merwe said.

Alcohol Safety School centres have been established in most major centres in the country and attendance forms part of a candidate's court sentence and is compulsory.

The schools' activities were highlighted this week when a Durban motorist was ordered to attend a safety school course after being convicted of driving under the influence of liquor. He had an alcohol blood level of 0,43.

According to a Department of Health and Welfare spokesman courses are held every three months.

Each programme is usually divided into six sessions and includes lectures, film shows, discussion periods and evaluations.

The spokesman pointed out that the school could not cater for known alcoholics.

(86) (87) J. Disputon 9/12/84

# 80 per cent success rate for EL Sanca branch

EAST LONDON — The branch of the South African National Council on Alcoholism and Drug Dependence here believe that their employee assistance programme (EAP) has saved more than 40 jobs over the last year.

The council's information officer, Mr George Williams, said in the two years of operations, the EAP was getting an 80 per cent recovery rate in East London.

All companies involved in the EAP recognise alcoholism as an illness and if a sufferer accepts the treatment laid down in the EAP, they are willing to guarantee the employee's job security and promotional possibilities.

Without the EAP system employees with alcohol-related problems could lose their jobs.

Mr Williams said that 23 companies were involved with the EAP system here.

"The programme became urgent when figures calculated indicated that alcoholics were responsible for bleeding South African companies of R456 million every financial year.

"By applying a 6 per cent estimation, the council calculates that over a quarter million of the 8 665 700 South African workforce suffer serious drink-related problems.

Mr Williams said these cost employers 25 per cent of their annual income in absenteeism, falling production, inefficiency and other alcohol-related problems.

The escalating drink

problem can be effectively combated through early detection and referral to the council for treatment.

However, in the terminal stages the possibility of successful intervention becomes less and damage to the company and family is greater.

"It is important to break the social stigma attached to the illness together with the accompanying denial and fears," Mr Williams said.

"The loss of a job is serious for an alcoholic. Nobody will employ someone with a drinking record."

Mr Williams said that when a company fired someone with drink-related problems, it fired the family as well.

"The employee with a drink-related problem is the family source of income and consequently they suffer."

By firing the alcoholic, a company incurred considerable expense.

They faced the cost of replacing a man who perhaps had a number of years experience with the company.

"This kind of man costs the company a sizeable amount in training and by firing him the company could be firing 30 years of experience," he said. — DDR

---

HEALTH AND DISEASE - ALCOHOLISM

1986 - 1987

~~FEBRUARY~~S

# Drink becoming major teenage problem in SA

10/2/87 Star 86



Sanca's Mrs Liz Pretorius ... children are well aware of alcohol forms and brands.

By Janine Simon

Drinking is fast becoming one of South Africa's most serious teenage problems, according to the national arm of the South African National Council on Alcohol and Drug Dependence (Sanca).

The organisation is to launch a hard-hitting national awareness campaign "Say no: say yes to your life" in May to try to prevent alcohol and drug problems among children.

According to Sanca, "experimental" drinking can begin when a child is only 11 and clinics have reported confirmed cases of total alcoholism in 23-year-olds.

Research has shown most alcoholics began drinking as adolescents and that the rate of alcoholism will be significantly reduced if the age when they first drink can be delayed.

Sanca's current figures on adolescent drinking

show that one in every 10 white boys in Std 5 has already had alcohol. By Std 6 this figure has risen to four in 10. Drinking — and smoking — increases most rapidly between Std's 7 and 8.

Eight out of every 10 boys in matric have experimented with alcohol and by the time boys report for national service, 81,5 percent have consumed alcohol at least once, 60 percent consume a drink once a week and 32 percent report drinking between two and four days a week.

## Are well aware

Children of alcoholics have a four times greater risk of developing alcoholism than children of non-alcoholics. Alcohol abuse, though, occurs in every socio-economic group, although it may manifest itself differently across groups.

According to Mrs Liz Pretorius, Sanca's national executive director, children are well aware of the available forms and brands of alcohol.

210519-CC

"They are also surrounded by sociological contradictions: for them drinking is what adults do and is available and socially accepted."

The campaign — based on an American awareness programme and to be conveyed through TV, radio and the Press — will acknowledge these pressures but relentlessly show that alcohol is a potentially addictive drug.

It will stress that youths should not drink or take drugs and that there are ways to say "no".

The campaign is to be implemented by Sanca affiliates throughout the country and will be backed by the launching of a parent movement.

# 15 000<sup>86</sup> drinkers end up canned

CAPE TOWN has confirmed its reputation as a city of drunks — last year 15 863 people — on average, 43,5 a day, — were arrested for drunkenness.

The Minister of Law and Order, Mr Adriaan Vlok, said yesterday that 4 492 of those arrested for drunkenness in the Cape Town and Wynberg police districts were women.

Mr Vlok, who was replying to questions tabled by Mr Ken Andrew, PFP MP for Gardens, and Mr Philip Myburgh, PFP MP for Wynberg, also said 1 660 people were arrested for vagrancy last year.

He said 4 535 were arrested for drunkenness in the Cape Town police area while 11 328 were arrested in the Wynberg police district.

In the Cape Town area, 3 953 of those arrested for drunkenness were coloured, 261 were black and 321 were white, while in the Wynberg area 9 251 were coloured, 1 473 were black, 561 were white and 43 were Asian, Mr Vlok said.

RESEARCH DIVISION,  
SCHOOL OF ECONOMICS,  
ROBERT LESLIE BUILDING,  
UNIVERSITY OF CAPE TOWN,  
RONDEBOSCH,  
7700.



TELEPHONE 69-8531 (Ext. 440)

SOUTHERN AFRICA LABOUR AND DEVELOPMENT RESEARCH UNIT





Cape Peninsula 2/1/86  
**Nature  
land for  
houses**

**Environment Reporter**

A DIVISIONAL councillor has accused Mr John Wiley, the Minister of Environment Affairs, of failing to protect the environment by not opposing an application to build houses in a Peninsula nature area.

Mr Len Pothier, councillor for Hout Bay, was commenting on a decision by the Divisional Council on Tuesday not to oppose the application by Mr Ken Evans to build five houses on land forming part of a Cape Peninsula Nature Area at Hout Bay.

The decision came after the council had approached Mr Wiley to assist them in fighting a Supreme Court action by Mr Evans.

A reply from the Department of Environment Affairs said it was not prepared to oppose the application for a permit to build on the land and recommended that the council also did not.

Mr Evans and a partnership of five bought the land in October 1983, before the nature area was proclaimed.

Mr Evans claimed he did not need a permit because, according to legislation, there was nothing to stop a property-owner using his land for the same purpose it was used for before the nature area was proclaimed.

Mr Wiley said yesterday he had declined to oppose the application on legal grounds.

(86) SPAR 13/3/86

By Joe Openshaw,  
Medical Reporter  
More than 50 percent of  
all wife beaters are also  
heavy drinkers.

Mrs S Mabusela, a social worker with the Johannesburg Child Welfare Society, said this yesterday in an address to the Summer School on Alcohol and Drugs in Johannesburg. She pointed out the dilemma of anyone who tried to help — the more violence there was, the more difficult it became to treat the problem drinker effectively.

She said there was a correlation between alcohol abuse and wife bat-

## Drinking linked to beating of women

tering.  
Some women could even predict battering. Tension rose and a row over a trivial matter was followed by their husbands drinking heavily to the point of violence.

Wife-battering was regarded as a family secret, she said. Wives took a long time to report they

were being battered. Women also feared for their lives and often became martyrs, some times to the point where they felt helpless to take action against a husband bringing a girlfriend home, because this led to more battering.

In the townships, a shortage of housing might discourage battered wives leaving home.

"There is a saying in the townships that, as you get out of your house there is another woman with a new broom waiting to sweep your house clean," said Mrs Mabusela.

**No excuse soon for drunken criminals**

# Alcohol and drugs law could change

86

STAR

13/2/86

By David Braun, Political Correspondent

Cape Town

Being under the influence of alcohol or drugs will no longer be an excuse for criminals if the Government accepts a recommendation to make "criminal intoxication" an offence.

Rapists, murderers, and people committing other criminal acts will no longer be able to get off the hook for their actions by pleading that they did not know what they were doing.

Instead, if they admit to being so intoxicated that they did not know they were committing a crime, they would automatically be pleading guilty to criminal intoxication.

This new crime would carry punishment which would have been applicable to the offence committed while under the influence — except the death sentence.

This new statutory offence is recommended in a report by the SA Law Commission, tabled in Parliament today.

The commission recommended that a statutory offence of criminal intoxication be approved that would result in the conviction of a person who was under the influence of alcohol, drugs or other substance which resulted in loss of mental facilities.

The commission has also recommended that legitimate status be given to illegitimate children if the parents marry later.

This would affect children born to couples who could not marry when the Mixed Marriages Act was on the statute book.

The proposed legislation also deals with the modern problem of test-tube babies and artificial insemination, for example, from so-called sperm banks.

A child born through artificial donor insemination would be deemed to have been born in wedlock if the husband gave permission for insemination.

Legal experts have welcomed the recommendations in the report.

Welfare spokesmen have also welcomed proposed reforms which will give illegitimate children legal status if the parents later married.

Commenting on the "criminal intoxication" proposals, the Transvaal Attorney General, Mr Donald Brunette, said there might be confusion in courts if alcohol is still regarded as a mitigating factor for serious offences which carry the death penalty.

"It introduces legal complications if serious crimes which can carry the death sentence can still take a person under the influence of alcohol or drugs into consideration where other crimes can not.

"There has been a lot of criticism of the courts over the years for giving too much leeway to a person under the influence," he added.

Mr H Viljoen, chairman of the General Bar Council, said the proposed changes were not so much a legal issue as a moral one. "This is a matter that is for the community to decide. Do they want the excessive use of alcohol, which induces an of-

86) STAR 5/6/86

# The importance of keeping South Africa sober

8 The Star Thursday June 5 1986

By Joe Openshaw, Medical Reporter

The image of the alcoholic as a battered, unshaven hobo sitting on a park bench sipping methylated spirits is outmoded.

The well-dressed man sitting next to you on the bus, or the go-ahead salesman in your company, could be alcoholics.

Only three percent of alcoholics are on "Skid Row". The rest are found in homes, offices and factories.

These points are made in a statement issued by Alcoholics Anonymous in South Africa and will be repeated in factories and offices throughout the country during Alcoholics Anonymous Week from June 9 to June 15.

"The theme for the week is 'Alcoholics Anonymous in the Workplace' and we will try to convince management and employees that alcoholism should be brought into the open," says the statement.

"There is hope of recovery for all alcoholics because they suffer from a treatable disease."

Alcoholics Anonymous will speak to employers, personnel managers, in-house doctors and nurses and shop stewards and invite management to watch a slide presentation.

Dr Sylvain de Miranda of the National Council on Alcoholism and Drug Dependence said "Six percent of drinkers become alcoholics, and South Africa is looking at a potential alcoholic population of 750 000.

"For every alcoholic there are at least 16 people closely connected with him or her who will be affected by his drinking."

A recent amendment to the Labour Relations Act

acknowledges alcoholism as a disease and now allows for the cost of treatment in approved drying-out clinics to be claimable from medical benefits.

"An alcoholic is someone whose drinking causes a continuing problem in any department of his life," according to Mr Marty Mann, executive director of the US National Council on Alcoholism.

Alcoholics Anonymous believes an increase in the awareness of alcoholism and the number of recovery programmes available won't just benefit industry — it will, most of all, help the alcoholic himself.

Who is the alcoholic?

He is likely to be 35 to 55 years old; an employee of fairly long service; someone in whom the company

has a considerable investment; even somebody in the executive ranks.

AA tells employers that six percent of the working male population is in trouble with alcohol, that in many cases the problem has existed for years, and that alcoholism is considered by the US Public Health Service to be the number three public health problem.

Says Manpower Magazine: "Firms which have adopted an enlightened approach have proved beyond any doubt there is no better way to conserve manpower than to have their expensively trained, intelligent and experienced personnel treated as soon as possible."

"The business world acknowledges alcoholism is an illness. The alcoholic is worth treating and he is often the last to recognise he has a drinking problem," the AA spokesman said.

Mr H J Schankula, director of Education Resources Division of the Research Division of Ontario said at a conference on alcoholism held at the Rand Afrikaans University in 1981 "I believe Alcoholics Anonymous has the most powerful and successful treatment intervention group we know today."

"Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other so they may solve their common problem and help others recover from alcoholism.

"The primary purpose of members is to stay sober and help other alcoholics to achieve sobriety." There are 250 groups in South Africa.

● See Page 13

JB w/k Angus 7/6/86.

## Bigger killer than heart attacks, cancer

ALCOHOLISM and its related illnesses are bigger killers in the industrial and commercial world than are heart attacks and cancer.

Alcoholics Anonymous in the Workplace is the theme of this year's international AA Week, from June 10 to June 17.

The national Public In-

formation Committee of AA has put together a telling presentation that could help personnel managers and others in the business world find a solution to the

man or woman who has a drinking problem.

Or make personnel managers aware of the illness that is costing their companies millions.

# Employers help cure alcoholism disease

Staff Writer OWEN COETZER reports...

EACH DAY R7 410 764 is spent on alcohol in South Africa.

The figure comes from the South African National Council on Alcoholism and Drug Dependency (Sanca).

By the year 2 000 alcoholism and its related illnesses will be public enemy number one in commerce and industry, it was disclosed at a recent seminar.

Today, delegates were told, alcoholism costs businesses and governments across the world more than R200-billion a year.

The federal government in the United States reckons the 10-million adults who abuse alcohol are costing R38-billion a year in lost output.

### R500-million

In Britain more working days are lost annually because of alcohol abuse (10-million) than by industrial strikes (2-million).

In South Africa it is estimated that alcoholism costs industry and commerce R500-million annually.

According to Mrs Lea Wilcocks, director for the Centre for Alcohol and Drug Studies in Johannesburg, alcoholism and its related illnesses are not only the main cause of fatalities in industry but also the biggest factor in the deterioration of work performance and loss of production.

However, she said, attitudes to the alcoholic had now changed. Not long ago the word carried a stigma and the problem was very often bundled into the cupboard.

The attitude to the alcoholic in the workplace was changing, she said.

In South Africa, Escom, which has about 77 000 employees, has started a national programme for the treatment of alcoholics.

### Growing

Mrs Wilcocks said: "Other large establishments who recognise alcoholism as a disease and accept the need to treat it are the South African Railways, the Post Office, the Chamber of Mines, and most multi-national companies."

And Sanca has an employee-assistance programme which runs over two years. Personnel managers, supervisors and others are trained to identify and treat the problem drinker.

The Minister of Health Services and Welfare, Dr D G de V Morrison, recently said there were an estimated 100 000 white alcoholics in South Africa and the disease was growing among other population groups.

And, says the South African Brain Institute, South Africa is heading for an alcoholism crisis and every available resource should be used to tackle the problem.

### All at risk

The institute warned that more than one million South Africans were already alcoholics, or developing into one.

Alcoholism does not correspond with status or welfare.

There is no common denominator among alcoholics other than their dependence on alcohol — barrister or barman, solicitor or salesman, journalist or judge, company director or ticket collector.

They're all at risk.

One way out for many has been Alcoholics Anonymous, which last year celebrated the 50th year of its founding and now has more than 1-million members throughout the world.

### Pioneers

"Forward-thinking firms now recognise alcoholism as a disease and run programmes aimed at early intervention and treatment for the alcoholic on their books."

Twenty years ago the alcoholic was often fired.

Mrs Wilcocks said there had been pioneer firms in America — Du Pont and American Airlines for instance — who were among the first to recognise alcoholism as a disease, and a treatable one. This happened as far back as 1942.

In Britain, Debenhams, Marks and Spencer, Boots, British Airways, General Electric, the Post Office and British Rail (whose workers run highest among deaths from cirrhosis of the liver) all run treatment courses for alcoholics.

Quality Self  
It has helped programmes have to

It has given self-respect ability back to people almost at death's door, with nowhere else to turn.

It has given jobs back to people who were considered unemployable — just drunks.

It is not allied with any sect, denomination or creed. And it costs nothing — except time and an honest desire to stop drinking.

It is financed by members' contributions, and is wary of accepting grants or legacies which conflict with its established traditions.

And it works...

6  
5

VE  
SAP  
R11  
NE

# Sanca sessions for industry

28/7/86

(85) N/M

## Pietermaritzburg Bureau

THE South African National Council on Alcoholism (Sanca) has launched a new education programme, aimed specifically at industry, on the dangers of the abuse of alcohol and other drugs.

Mrs Carol du Toit, acting director of Sanca here, said yesterday that the programme — known as the Employee Assistance Programme (EAP) — was directed at making both employers and employees conscious of means of both prevention and cure of alcoholism.

The programme took the form of training sessions for supervisors who would act as counsellors for employees with drug or alcohol problems.

It was designed to assist in the education of workers about alcoholism; intensify efforts to eliminate it; establish a referral system between companies and treatment centres; identify alcoholics in need of help and encourage medical aid societies to provide sick leave benefits for people undergoing treatment for alcoholism.

She said the programme had received a 'heartening response' from industries in and around the capital.

Mrs du Toit added that the programme was especially important as one in 12 employees in this country is an alcoholic.

Furthermore, untreated alcoholism, which went undetected in 95% of working alcoholics, cost South Africa at least R202 million annually in lost productivity.

'It is really heartening to see industries taking an interest and responsibility in the welfare of their employees,' she said.

Pov  
mo  
acc  
Sec  
col  
ran  
Ele  
flo  
pr

10  
77

7

150  
2,50  
nths

E

AL PRICE  
GRAND OPENING

## Focus on the misunderstood diseases of alcoholism and its effects on entire families

*Alcoholism: a family disease* is the theme of the Alcoholics Anonymous (AA) rally at the Funda Centre, Diepkloof, Soweto, this weekend.

Members of AA and its sister organisations, A1-anon (for relatives and friends of alcoholics) and Alateen (for the children of alcoholics) will be attempting to inform the Soweto public about the misunderstood disease of alcoholism and its effects on entire families and communities.

The people who will be speaking at the various meetings — the first at 10 on Saturday morning — are men, women and children, ranging from labourers who can barely read to professional people, who have grappled with the disease of alcoholism and won, thanks to the AA's 12-step programme of recovery.

# Shining example of AAA at work

him, his family," a member of the Soweto group of AA said.

"That is why it is important that when the person who drinks gets on the programme of recovery, he should be immediately joined by his family too."

This member's story is a remarkable example of AA at work. He has not had a drink for 12 years.

### Children

"Before I stopped drinking, I would be drunk most of the time. I'd lose all my pay — when I did actually work — at she-beens and bottle

because of what was happening to me. "They looked on as their mother took over as the head of the family, taking on employment, struggling to keep the family together. She paid the rent and bought the food.

### Problem

"And they looked on as we fought, over money, over my drinking, over everything. They heard her lie to my employers, to our friends and to our relatives, covering up for my drinking.

"We were a family tearing itself apart, a family in hell." It was only when he

pay their fees.

"They withdrew into themselves, became shy, and angry. They hated the world

was on the brink of divorce that he found AA and the programme of recovery. Today when you see him drive through the streets of Soweto with his family, you'd find it difficult to believe that he is an al-

coholic or that he has been through hell. That is, until you hear him talk.

The first meeting will be on Saturday at 10 am and the others will be on the same day, at 11.30; 2.30 and 7 pm. The last meeting is

on Sunday at 10 am. Everyone who has a drinking problem, who has a friend or a relative with a drinking problem, or who is just interested in knowing about alcoholism is welcome to the meetings.

### Battles

Some of the sub-themes that will be discussed at the rally (each meeting has a sub-theme) indicate the battles along the way and the victory: Cunning, baffling and powerful (this, of course, refers to alcohol); We stood at the turning point; We tried to hold on to our old ideas; Willingness is the key; and God as we understood Him.

"We believe that alcoholism is a disease that affects not only the person who drinks, but also the people around him, particularly the ones closest to

"I had started as a normal drinker, but somewhere along the line I had lost all control. Alcoholism just crept up on me. I cannot tell you when I crossed the thin line that divides social drinkers from alcoholic drinkers.

"My children were ashamed of me because their friends laughed at them because of my drinking. They would not have all the things that were demanded of them at school — I would rather buy liquor than or rather than

# White alcoholism 'may be on wane'

By Sue Leeman, Pretoria Bureau

Alcoholism among whites could be on the wane in South Africa, according to Minister of Health Services and Welfare in the House of Assembly, Dr G de Villiers Morrison.

Opening new facilities at the Horizon Clinic in Boksburg yesterday, Dr Morrison said the number of people being admitted to registered rehabilitation centres was dwindling.

In 1982 there were 6 422. In 1985 there were only 4 292 — a drop of 33 percent.

"The reporting of persons with dependence problems at departmental offices and private welfare organisations is also lower than before," he said.

"The reasons for this are not clear — it may indicate that success is being achieved with services.

"It is also known that alcohol consumption in the United States and United Kingdom is dropping and it appears as if this tendency is now beginning to show among whites in South Africa."

STML  
3/1/86  
86  
The Government, he said, paid out R5,5 million a year to organisations fighting alcoholism.

Two factors should be looked at in treating alcoholics. One was day-care whereby an alcoholic living in an urban area could visit a rehabilitation centre on a daily basis, going home at night.

"During the day such a person would be treated by a multi-disciplinary team made up of a social worker, psychologist, nurses and occupational therapists.

"By letting him go home at night you are not separating him from his family, which can continue to function as a unit during treatment."

A second way to treat alcoholics was to establish outpatient clinics. Twenty of these already existed, but there were certain gaps in the service.

One was that multi-disciplinary treatment broke down and staff were inexperienced. These clinics should be extended and better exploited because they also gave the alcoholic the chance of treatment while he remained part of his community.



# Professor calls for controls on alcohol

Education Reporter

TIGHTER controls on alcohol — the cause of many deaths — have been urged by Professor G J Knobel, the new chair of forensic medicine at the University of Cape Town.

In his inaugural lecture last night he said it had been proved that alcohol plays a major role in violence, child and spouse-abuse, malnutrition and neglect of children, broken homes, road accidents, suicides and disease leading to physical and mental destruction of addicts and their families.

He defined alcohol as a "harmful, potentially habit-forming substance" available without prescription to adults and minors. They could buy it over the counter where it was "disguised under a multitude of attractive labels to make it socially acceptable and saleable".

People should insist that a health warning be displayed not only on cigarette packets

but also on liquor bottles, indicating the alcohol content and stating that indiscriminate use of alcohol was a health hazard.

He also believed it was a doctor's moral duty to perform a blood test on a patient admitted after a road accident who was suspected of being intoxicated.

The law provided for this to be done without the patient's consent and the information could be important if an offence was later investigated.

## PEDESTRIANS

Professor Knobel said: "Not to take these reasonable steps to assist in the investigation of crime under the pretext of patient confidentiality and autonomy is to sidestep one's responsibility to society."

Legal provision should also be made for intoxicated pedestrians, who were a hazard to road-users, to be charged.

However, heavy sentences without rehabilitation were "a total waste of time".

Pretoria Correspondent

Tough curbs — including restrictions on advertising, shorter drinking hours, heavier penalties for drunken driving and a higher legal drinking age — may be introduced in the fight against alcoholism.

Addressing the 30th annual general meeting of the SA National Council on Alcoholism and Drug Dependence (Sanca) in Johannesburg last night, Dr M H Veldman, Deputy Minister of National Health and Health Services in the House of Assembly, said not only should demand for alcohol be reduced, but measures should be taken to control its availability.

## Curbs on drinking considered by Govt

He urged the consideration of curbs on advertising, higher alcohol taxes, labelling of alcoholic beverages and restrictions on drinking hours and the location and number of alcohol outlets.

It was incorrectly believed that the combating of dependence problems depended mainly on the refinement of law enforcement efforts, said Mr Veldman.

"Promoting healthy lifestyles is the function of educators and

not of the justice system," he said.

"The law, however, does have a major role to play in safeguarding every individual and the interests of the community."

Mr Veldman said it was heartening to note that Sanca was focusing to a greater extent on preventive measures to combat alcohol and drug abuse.

He said the Department of Justice was looking into the

question of stricter measures against driving under the influence of liquor and the establishment of a statutory crime in terms of which a person who committed a crime after willingly becoming intoxicated would be found guilty of the crime.

The Minister of National Health, Dr Willie van Niekerk, had also asked the National Advisory Council on Rehabilitation to advise him on the extent of drug use among schoolchildren, the age limit at which people should legally be allowed to buy alcohol and ways in which children could be better educated to prepare them against evils such as the use of drugs.

11/10/86 STAR

# Blacks face vast booze problem

By Janine Simon

There is an urgent need for the treatment and prevention of alcoholism in black areas.

An estimated 218 000 men and 41 000 women in urban areas are alcoholics. The problem in rural areas is potentially vast. No figures are available.

Alcoholism is likely to soar with the increasing stresses of unemployment and the deterioration of living conditions among black communities, said Mrs Margeret Motumi, development advisor for the national branch of the

South African National Council on Alcohol and Drug Dependence (Sanca).

Increasing urbanisation and concomitant "culture shock", coupled with the availability of alcohol, were major factors in encouraging addiction.

There was a general lack of resources and manpower to develop prevention and treatment facilities, such as in-patient and out-patient centres.

Service development had also been hampered by the lack of awareness and information of dependence problems in vast urban and rural black communities, she said.

## Public aids dog victim's family

Members of the public have responded to the death of Mr Frans Ramakgopa, who died after being attacked by dogs on private property in Lyndhurst, Johannesburg this month, by giving a total of R355 to his family.

The Star has received letters and telephone calls from people expressing horror at Mr Ramakgopa's violent death.

One woman said she was trying to establish a fund to help his family. She had not yet received permission from the Department of Welfare to do so.

Mr Ramakgopa (39), of Highlands North, entered the property of Mr G Tabbacchiera, in Johannesburg

Sanca has identified pressing demands in Port Elizabeth, the Far East Rand, Welkom, Klerksdorp, Kimberly, Pietersburg, Heidelberg, Witbank and Potchefstroom.

Needed are detoxification centres, in-patient treatment centres, particularly in the PWV, day-care facilities and educational materials and audiovisuals.

Three weeks in a rehabilitation centre costs R500. The Human Sciences Research Council says that in 1985, the average black income in the PWV was R792.

# Breathalysers at work

W/E Argus 29/8/87

(86)

## Early treatment key in dealing with alcoholics

By MARK STANSFIELD, Weekend Argus Reporter

SOUTH AFRICAN companies employ about 343 000 alcoholics — many of them "closet drinkers" — who cost their companies a whopping R350-million in production losses in 1985, according to statistics released by the South African Council on Alcoholism and Drug Abuse.

The loss was due to lateness, hangovers, work-related accidents, absenteeism and other problems related to excessive alcohol consumption in the workplace.

If the cost of rehabilitation, treatment, road accidents and other factors are taken into account, South Africa's problem drinkers are costing the country in excess of R1 178-million a year.



SEVERAL companies in the Peninsula are running in-house programmes to assist alcoholics at work, rather than fire them or force them to withdraw from society and attend alcoholic rehabilitation centres.

Mr Tertius Cronjé, industrial community worker for the South African Council on Alcoholism and Drug Abuse, said the programmes were running extremely well and that alcoholics were finally being helped to overcome their illness while still being gainfully employed.

"Alcoholism was a stigmatised condition and many sufferers would not come forward to be helped because this could mean the loss of his job, his income and his self-respect.

"Management are now realising that they must have a definite policy regarding the alcoholic because without a definite policy those in charge cannot deal consistently with intoxication at work.

"By formulating a policy the alcoholic is also reassured that his job is not at stake when he admits that he has a drinking problem," he said.

"If a supervisor does not have a mandate to deal with an intoxicated employee he works each individual case on an ad hoc basis and this could be construed as a personal attack or vendetta against the employee.

"We (Sanca) have a definite training programme to offer management which will equip

them better to deal with the alcohol problem at work.

"The programme focuses on the early symptoms of alcoholism because late identification may mean the worker is already beyond help.

"By the time it manifests itself on the job — such as arriving late for work or drinking on the job, for example — the person is far beyond the early stages of alcoholism.

"Management should rather become aware of the early signs of alcoholism and get the person to agree to counselling and help before he reaches the critical stage.

Sanca estimates that 97 per cent of South Africa's alcoholics are economically active. Many of these will not admit they have a drinking problem.

"We do not try to make amateur social workers out of those in charge. We rather show them the wrong approach to take when confronting a problem drinker.

"Never moralise or preach — rather confront the person with his job performance and other job related issues in such a way that they break through the whole denial syndrome and admit they need professional help for whatever may be causing the deterioration in job performance.

"We would rather treat a man on an outpatient basis at work rather than withdraw him from society for treatment".

However, managements have found a new tool to complement their arsenal against those who drink or who arrive drunk at work.

Recently, several of South Africa's biggest employers, including the mining houses and SA Breweries, introduced breathalyser-test kits as standard equipment in departments at their factories which has led to a dramatic decline in workers who drink on the job for fear they may be called on to "blow into the little bag".

Sources within the mining industry estimate that about 8 500 alcohol-related disciplinary cases are heard a month.

The object of introducing a workplace alcohol-level test was to reduce alcohol-related accidents and injuries and not as a threat to workers, according to company spokesmen.

Many of South Africa's trade unions have welcomed the introduction of breathalysers because it eliminates haphazard methods of gauging whether a worker is too intoxicated to work and could be a danger to both himself and those around him.

Last week, Cape Town's Industrial Court heard the case of a worker who took his supervisor to court for claiming that he was drunk on the job. The supervisor was made to apologise for the slight because he was unable to prove the man had been drinking.

The brains behind the South African-manufactured "re-born breathalyser" is Cape Town businessman Mr Hugh Butler whose initial interest in developing a device to measure alcohol intoxication levels started when he wanted a device to

use on construction sites where an intoxicated worker could be danger both to himself and those around him.

"I wanted one to use at work, but found that the imported "throw-away after use" version retailed for about R10 each.

"Another reason was that I wanted to be able to check my own alcohol level.

### Tests himself

"I would go to a party, have a few drinks and drive home without being aware that my intoxication level was above the legal limit.

"Now I can test myself anytime ... anywhere," he said.

"The solution to South Africa's alcohol problems, both at home and at work, lies with the individual and not with those employed to make sure we obey the laws," he said.

It has taken about 27 months to develop the Redline alcohol tester and many companies have already introduced them into the workplace.

The Redline alcohol tester is used as a supplement to the disciplinary procedure and is never taken as the only proof that a worker is drunk or above the legal alcohol limit, said Mr Butler.

Chamber of Industries spokesman, Mr Ian Newell, said he was aware of several Peninsula companies who had introduced alcohol testers into factories.

(86) W/EP... \*\*  
11/10/82

# Group gives hope to children of alcoholic parents

By JENNY CULLUM

CHILDREN of alcoholics — from toddlers to teens — meet in Port Elizabeth once a week to help each other and learn how to cope with their problems.

The youngsters have joined Alateen, a programme of group therapy for children affected by alcoholism in their families.

On Thursday evenings they meet for companionship, information, discussions and questions with others who face the same special situations.

The teenagers elect their own chairman and secretary but are led by an adult. The smaller children have a separate leader.

"Children are affected from the day they are born by an alcoholic in the family, so even the small ones benefit from the programme," said an Alateen spokesman.

"Teenagers have their own special problems of adolescence. We have to teach them they cannot live their lives trying to get their parents to be sober. That is living somebody else's life.

"They have to live their own lives and face their own problems," said their leader, Elizabeth.

After 13 years of marriage to an alcoholic — she is now divorced — she feels she can share their problems.

"We are not responsible for another person's actions.

"We cannot improve or change someone else's behaviour but we can improve ourselves — we have only ourselves to work on.

"You can sit around in self-pity but it won't get you very far. We have to take responsibility for ourselves."

Alcoholism affected the whole family and the children were shown that it was a disease.

They shared their experiences with others who could understand their shame and humiliation about their parent's behaviour.

They were shown they should not feel "guilty" about a parent's alcoholism.

The project is run world-wide and is not affiliated to any other group or religion.

"There are lots of undercurrents and some turbulent emotions.

"We have to tell the children that once they are in this room at the meeting, everybody knows what they are going through.

"Here they can say what they feel — even express their feelings of hatred and resentment towards the alcoholic and get rid of it," she said.

When youngsters first came it took them some time to "open up", Elizabeth said.

The Alateen group meets on Thursdays at 7.30pm at the Methodist Church in Third Avenue, Newton Park. New-comers are made welcome, or they can phone Elizabeth at 51 5246 or Helen or Cindy at 30 7122.

# Black drink problem soars

*we post 2/10/88*

*80*

**Post Correspondent**

**JOHANNESBURG —** Alcoholism has soared among blacks in urban areas — Port Elizabeth is one of the centres identified — and the problem in rural areas is growing.

An estimated 218 000 men and 41 000 women in urban areas are alcoholics.

And the problem of alcoholism is likely to deepen with the increasing stresses of unemployment and the deterioration of living conditions among black communities.

This picture was painted by Mrs Margaret Motumi, development adviser for the national branch of the South African Council on Alcohol and Drug Dependence (Sanca).

Sanca has identified pressing demands in Port Elizabeth, the far East Rand, Welkom, Klerksdorp, Kimberley, Pietersburg, Heidelberg, Witbank and Potchefstroom.

Needed are detoxification centres, in-patient treatment centres, particularly in the PWV, day-care facilities and educational materials and audiovisuals.

Three weeks in a rehabilitation centre costs R500.

CME TIME 15/10/86

# 2 beers a day is 'too much'

## Own Correspondent

LONDON — Men should not drink more than one and a half pints (850ml) of beer a day and anything over three and a half is definitely harmful, British doctors say.

Women should restrict their consumption to two glasses of wine a day (or its equivalent) and five or more was harmful.

The Royal College of Psychiatrists say in a new report that 15 to 20 per cent of men and one per cent of women in Britain are currently drinking at a harmful level and urgently need to cut down.

The report says regular daily drinkers, who show no sign of intoxication, are putting their health at risk just as much as and possibly more than the party-goer who gets drunk once a week.

### Cut down by third

"Regular daily drinking is more likely to lead to liver damage and dependence. It may cause no concern to anyone until after a period of twenty years or so, when cirrhosis of the liver or cancer of the gullet develops.

"Spree or bout drinking, interspersed with sobriety, more often

gives rise to various forms of social harm and accidents when intoxicated."

The report says alcohol consumption has doubled in the past 20 years, with the result that there have been large increases in the rate of cirrhosis of the liver, hospital admissions for alcoholism, drinking and driving offences and other alcohol-related problems, such as child battering.

To reduce the level of the problem the report suggests that every drinker should cut alcohol consumption by one-third.

It advises: "Don't drink every day... try to introduce two or three alcohol-free days. This gives the body a chance to recover."

Party hosts are urged not to ply their guests with drink and a new public attitude of disapproval of intoxication is urged to foster the attitude that it is bad manners to get drunk.

The doctors stress they are not anti-alcohol, because moderate consumption enhances the enjoyment of life and may even reduce the risk of certain forms of heart disease.

But they say the harmful consequences of drinking rise steadily as national consumption rates rise and the only way to reduce them is for all drinkers to cut down.

19/11/81 STAR

# Face up to drugs and drink problem, ILO tells employers

GENEVA — Heavy drinkers and drug addicts cost employers huge amounts through absenteeism, accidents and low productivity, but too few managers and trade unions face up to the problem, the International Labour Organisation said this week.

Alcoholism tended to be high among seamen, lawyers, domestic servants, business executives, military men and police officers, an article by the ILO Information Service said.

Drug abuse was prevalent among long-distance lorry drivers, airline pilots, workers on mass-production lines and also doctors and nurses who often had easy access to drugs, it added.

Estimates of the cost of lost production and damage due to alcoholism in the United States ranged from about R108 billion to R266 billion annually, the ILO said.

Yearly losses in industry in Canada were approximately about R16,9 billion and in Britain around R3,3 billion. In Switzerland they were estimated at five million Swiss Francs (about R6,6 million) daily.

"In far too many enterprises, however, management and unions still tend to adopt an ostrich approach concerning alcohol and drug abuse, and no organised or official attempt is made to acknowledge that the problem exists.

"The addict is eventually dismissed when he or she has become too great a liability, creating hardships for the individual, the family and society," the ILO said.

Other employers in Europe and North America were finding that it was more beneficial to retain workers with drink or drug problems and try to overcome their addictions through prevention, counselling or rehabilitation programmes, it added.

— Sapa-Reuter.

86



**EAST LONDON —**  
The South African National Council for Alcoholism and Drug Abuse (Sanca) would consider developing additional programmes to help combat the escalating problem of alcohol abuse among teenagers if this was deemed necessary by school heads.

The director of Sanca here, Mrs Sandra Epstein, said her organisation was aware of the trend, and were liaising closely with school authorities to combat the problem.

Alcohol abuse has been cited as a major problem among teenagers, and high school principals have asked for the co-operation of civic authorities and parents in stamping out the trend.

In a letter sent to parents earlier this month, the heads of various schools pinpointed alcohol abuse and driving under the influence of alcohol as areas of major concern, but indicated that other unacceptable forms of social activity, such as smoking, drug abuse and sexual activity were also on the increase.

Mrs Epstein said Sanca had been engaged in carrying out research on the drinking habits of Std 8 pupils for the past two years, but stressed that only preliminary figures were available at this stage.

"We obtained a random sample of Std 8 pupils from several schools in town, as this is the age when experimentation is most likely to start.

"Sixty one per cent of our sample admitted to drinking alcohol at some time, but it is difficult to generalise these results to older scholars. The percentage would probably be higher for Std 9 and matric pupils."

# Sanca fights alcohol abuse in city schools

## *Prevention better than cure*

Forty three per cent of the sample who admitted to drinking alcohol said they had been drunk on occasion, but only 15 per cent of these felt they had a serious problem.

She said prevention was better than cure and emphasised that both parents and teachers should discuss problems related to drug and alcohol abuse with their children in primary school, before it became an issue.

Concerned parents who suspect that their child has become involved in alcohol or drug abuse should be on the lookout for loss of motivation, irritability, withdrawal and a drop in communication.

"Peer pressure, ignorance and curiosity often lead to experimentation, but if they are aware of the dangers, they are forewarned."

She said her organisation ran an ongoing three-phase programme on drug and alcohol abuse, which was presented to schools on request.

"The initial presentation involves a classification of the various drugs, and a discussion of the side effects and dangers of dependence.

"The next phase is a

video presentation, and takes a closer look at dagga, examining the physical and psychological effects. The final stage of the programme is an evaluation phase, which enables us to establish the effectiveness of the programme from the scholar's point of view.

"This part of the programme is carried out in the absence of the teacher, affording teenagers the opportunity of asking questions and filling in our research questionnaire under conditions of absolute confidentiality. This is vital if our research is to be authentic."

Research results indicated that educational programmes did discourage experimentation by warning against the dangers.

"A good percentage of the children indicated they would not experiment with drugs in particular after being exposed to our programme."

Counselling programmes were also carried out by Sanca, but Mrs Epstein conceded that very few were helped in this way.

"Teenagers only come to us for counselling once the problem has become overt to some-

one else, such as a parent or teacher.

"We often refer to psychologists and psychiatrists, and family therapy is often necessary, as a drug is sometimes used as a crutch when the child feels unable to cope with other problems in his environment.

"Counselling is long term, and we do a follow-up programme of two years in order to avoid a relapse.

"We depend on feedback from schools and liaise with them closely before undertaking new programmes, or visiting a particular school to increase the awareness of scholars.

"The problem is enormous, and unfortunately we are also hampered in our efforts by a limited staff."

# Wine farms remain hooked on dop system

By WILFRED SCHÄRF

THE tot system on the wine farms of the Western Cape remains a widespread labour practice and has resulted in a dependent, docile and disorganized rural labour force.

In spite of the 1963 prohibition on paying labourers in wine, the majority of farmers have continued to violate the law. Although the farmers pretend that the tot is given to labourers as a gift, it is understood by most of the labourers I interviewed to be part of their rightful reward for labour.

The few who do not partake in the tot (usually the "bekeerders" — ie devout Christians) are usually paid a little more than the drinkers. Two points that underscore this perception are that overtime and weekend work is often "paid for" in liquor and that punishment of labourers who break the farmer's rules frequently involves a choice between pay deductions or the withdrawal of tot rights.

Many workers augment the tot by purchasing wine. This absorbs between 10% and 40% of their weekly wages. It has a profound impact not only on the labourers themselves, but also on their women, children and unborn children.

The daily intake of high amounts of liquor is virtually certain to have rendered a very high percentage of the rural working class dependent on or addicted to it for more than a century! This dependency virtually pre-determines the level of mental and emotional support the men or women can give their families. This alone would constitute a searing indictment of the tot system. But it is often accompanied by below-subsistence wages, coercive management and poor housing.

## Strait-jacket

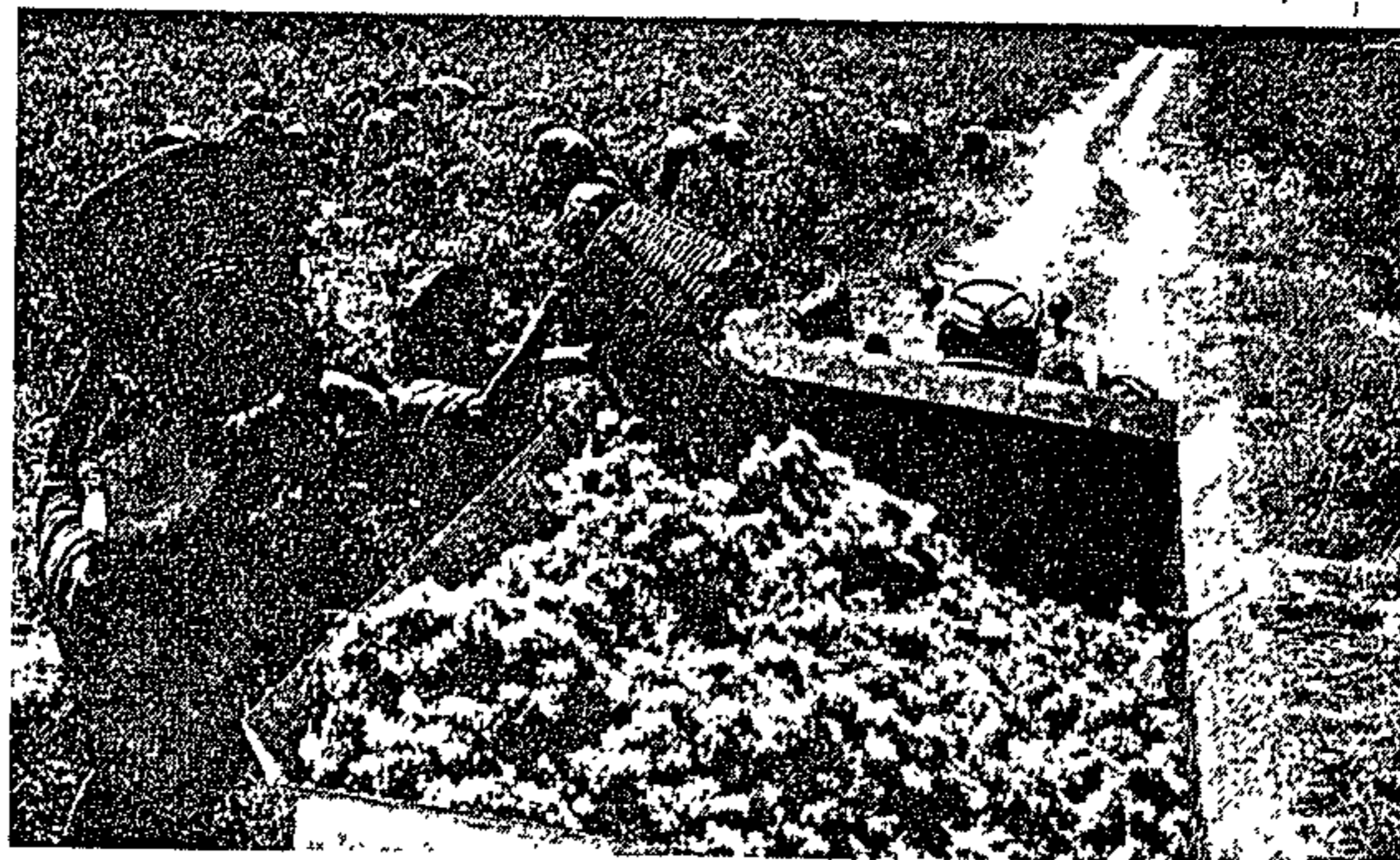
Farm labourers are virtually locked into a farm-related residential and employment strait-jacket. This has considerable implications for the degree of control the farmer can exercise over their behaviour.

There is a substantial difference between the wages of farm labourers and those of town or city workers. In 1984 the average wage paid on 18 farms surveyed in the Somerset West/Stellenbosch area was R26 a week for ordinary labourers, compared with the R45 minimum urban wage in the building industry (the most common alternative to farm labour). Farmers correctly argue that most farm labourers receive free housing, services such as water and occasional farm produce, in addition to wages.

It should be borne in mind, however, that other factors also influence the comparison. As is well known, farm labourers have barely any legislative protection. Service organizations are still waiting on the publication of a Manpower Commission report into labour legislation for farm workers, which was completed in 1984.

The monetary value of unemployment insurance, pension benefits, bonus payments and the lack of leave benefits all detrimentally influence the position of farm workers in comparison to city workers.

For the labourers themselves, the tot serves to mask the boredom of a dead-end working life. On most farms the scope for upward mobility is extremely limited. There is usually also very little acknowledgement for length of service.



Labourers on a Western Cape farm.

The ease with which free liquor is obtainable and the absence of other forms of recreation or endeavour, merely facilitate the slide into hopelessness and escapism.

The tot system does not need to be a central feature of labour relations. The changes in wine-farming techniques since the late 1970s demand a more skilled labour force, leading some of the more business-minded and liberal-minded farmers (currently estimated to constitute 15% to 20% of wine farmers) to move, or attempt to move, away from the tot system.

It deserves mention that over the years, even during the phase of labour shortages, there were some farmers (short wine farmers) who did not administer the tot, yet had no labour-supply problems.

Research over the past 10 years has shown a substantial diminishing of the amount of liquor dispensed, from the average of five tots and a bottle a day to a single "dop" during the day and a bottle at night. This lesser amount is still habit-forming, however, and is prolonging the destructive social effect of the tot on the farms. The number of farmers heeding recommendations from the Agricultural Union and the Rural Foundation to abolish the tot altogether seems to be growing. Not all of them have succeeded. One of the problems experienced during attempts to abolish the tot has been the labourers' refusal to work without it or leaving the farm when it isn't reintroduced.

## 'Upgrading'

Looking back over the history of the tot system from the perspective of the mid-1980s, one may be lulled into thinking that it is a mere rural aberration, rapidly disappearing. Yet a closer look shows that its impact on both the rural and urban population of the Western Cape is not limited to the past and present, but will continue to exert its influence well into the first decade of the 21st century.

The tot system has contributed to shaping a substantial percentage of the farm workers and their families. Many workers who drink would be shed from the farms by the process of mechanization and "upgrading". They will probably continue their drinking lifestyle in the townships and squatter areas of the cities.

Farmers who tried to abolish the tot system have been disillusioned by the workers' response. They are, however, realizing now that it requires a comprehensive change of basic assumptions as well as a broad-ranging change in the entire lifestyle on the farms. Most importantly, it requires a revised attitude and approach to the labourers, an acknowledgement of their humanity and their potential ability to take responsibility in the work situation and their lives.

Farmers who have succeeded in de-totting the labour force have done so by a broad spectrum of changes including:

- The establishment of worker committees;
- Improving the physical environment, notably housing;
- Paying higher wages and no tot;
- Establishing recreational alternatives to drinking;
- Allowing social workers to perform their services among the labourer families;
- Arranging pension schemes, unemployment insurance and life insurance for the labourers and introducing a written labour contract;
- Encouraging acquisition of formal skills.

The achievement of these objectives may well be a considerable way off, and dependent on the fortunes of the liquor industry in the difficult economic conditions of the late 1980s. They require considerable capital investment, time and energy.

(Wilfred Schärf is a lecturer at the Institute for Criminology, UCT. This is an extract from a chapter which has been prepared as part of the follow-up work of the Carnegie Inquiry into poverty and development.)

GMT Times 8/6

September 5, 1987 3

## Steyn: 24 of every 1 000 are alcoholics

PRETORIA. — Alcoholism was costing the South African economy up to R1 178 million annually, the Minister of Economic Affairs and Technology, Mr Danie Steyn, said yesterday.

Speaking at the opening of extensions to the Akasia Castle Carey, he said the latest statistics showed that about 353 000 South Africans were alcoholics, of whom about 50 000 were whites.

This meant that 24 of every thousand adults were alcoholics.

The incidence of alcoholism in black townships is the highest in the world: 98 per 1 000.

Another — equally great — problem is that of drugs.

"The latest indications are that one in five youths in the country has already experimented with dagga, mandrax and/or inhalants.

"I have already sketched the negative influence of alcoholism on our economy, but if we look at this aspect of drug addiction, you will realize how necessary it is to take steps to fight this evil.

"Altogether 25% of a drug addict's salary will be lost because of the addiction."

Everyone had to become involved in fighting these problems. It could not be left only to organizations like the South African National Council for Alcoholism, Mr Steyn said. — Sapa

---

HEALTH + DISEASE <sup>ALCOHOL</sup>  
~~ISSUES~~

1987 - 1988.

# Govt discourages misuse of alcohol

Medical Reporter

The Government will continue to respect the individual's right to use alcohol but will discourage its misuse.

This was announced as part of the Government's new national plan to combat alcohol and drug abuse which was adopted by the Cabinet this week.

"The abuse of alcohol, the use of illegal drugs and the misuses of prescribed drugs are discouraged, however the individual's freedom to use or not to use alcohol is respected," the new policy reads.

According to the Minister of National Health and Population Development, Dr Willie van Nie-

kerk, about R530 million in production costs are lost annually as a result of alcoholism.

And the South African National Council on Alcoholism and Drug Dependence says there are about 353 000 alcoholics in this country, or 24 alcoholics per 1 000 adults of the population, and 55 000 of these are women.

The national plan's objectives include controlling the provision and use of dependence-producing substances and counteracting their demand.

An educational programme is to be introduced at schools, and pamphlets, brochures and stickers will be distributed to pupils.

# Women drinkers up 19% — Sanca

CAC-TWIS 23/8/88 Staff Reporter

86

WITH the number of white South African women drinking alcohol up by 19%, the South African National Council on Alcoholism and Drug Dependence (Sanca) has warned that women are 35 times more likely to get cirrhosis of the liver than men.

Sanca launched an exhibition at the Golden Acre yesterday as part of a national week concentrating on alcohol and drug abuse among women.

"Women are more prone than men to side-effects from drinking," a Sanca community worker, Mr Tertius Cronje, explained yesterday.

"Their smaller frames make them more susceptible to hangovers and the effects of alcohol, particularly when their oestrogen levels are low just before menstruating," he said.

Mr Cronje also cautioned against drinking during pregnancy, explaining that pregnant women who drank even small amounts, stood a greater chance of having a still birth or producing hypersensitive, easily distracted children.

\*\*\* WOMAN \*\*\*

# Sanca focuses on women who drink

*Sanca  
2/8/88*

THE South African National Council on Alcoholism and Drug Dependence on Monday launched a campaign focusing on women with alcohol and other drug problems.

The national campaign called "Women, Alcohol and Other Drugs" was launched in conjunction with a National Sanca Week at the Rand Afrikaans University in Johannesburg.

"We are trying to create awareness among women and the general public about alcohol abuse," said Mrs Malkolo Motumi, Sanca's national development advisor on black services.

## Campaign aims

"The campaign aims to give knowledge about abuse and dependence on drugs among women and to encourage development of services for chemically dependent women across the nation."

Sanca estimates that there are about one fifth as many women alcoholics as there are men alcoholics.

"This figure is from those who have admitted to having a problem. Women are very good at hiding their alcoholism because of the stigma attached to it and the societal double standards," said Mrs Motumi.

## More women

"It is suspected that there are more women alcoholics than men who have not sought help from the professionals."

The campaign, which will be broadcast and televised, also aims at making women aware of the dangers of taking alcohol during pregnancy.

The foetal alcohol syndrome (FAS) is one of the greatest dangers for the unborn baby.

"About one baby in 750 new-born babies has the FAS," said a pamphlet released by Sanca.

FAS symptoms are mental retardation, heart defects, below average body weight and size, small head, facial abnormalities and minor limb and joint abnormalities.

BY PHANGISILE MTSHALI

Sanca warns that the worst defects occur during the first three months of pregnancy when the brain, liver, heart and spinal cord tissues develop and differentiate. In the rest of the pregnancy, alcohol intake affects the growth process.

High intake of drugs and alcohol may also lead to a spontaneous abortion or premature delivery.

Besides the negative effects alcohol has on unborn babies, Sanca warns that women are more easily inebriated than men. Their livers and brain are easily and quickly damaged.

Stress, frustration, lack of self-confidence, loneliness and boredom are some of the things that can cause a woman to abuse alcohol and drugs.

## Sanca advises

Sanca advises women who have the following symptoms to seek professional help and to talk about their problems:

- Those who take tranquilisers or a drink whenever they feel tense, depressed, anxious or they cannot sleep.
- When people notice changes in your behaviour or moods after you have "taken something."
- They feel embarrassed or frightened by your behaviour when you are under the influence of alcohol or drugs;
- You regularly take alcohol and medicines together;
- You feel you have to have alcohol or medicines to cope or to get self-confidence at social occasions or to relieve boredom;
- You switch doctors and pharmacies to buy medicines and to keep your problem "undetected"; and
- When the thought begins to cross your mind that you have a problem with alcohol, drugs and other medicines.



Mrs MALIKOLO Motumi, Sanca's national development adviser on black services.

## More women drink alcohol

CAPE TOWN — With the increase in drinking among white women up by 19%, the SA National Council on Alcoholism and Drug Dependence (Sanca) has warned that women are 35 times more likely to get cirrhosis of the liver than men.

Sanca is concentrating on alcohol and drug abuse among women as part of a national week.

"Women are more prone than men to side-effects from drinking," a Sanca community worker, Tertius Cronje, said.

"Their smaller frames make them more susceptible to hangovers and the effects of alcohol, particularly when their oestrogen levels are low before menstruating." — Sapa.

86 24/8/88 B/Day



WP  
10/10/87

**353 000**

**in SA**

## **addicted to drink**

By **PATRICK CULL**  
Political Correspondent

**CAPE TOWN** — South Africa has 353 000 alcoholics, according to the report of the National Advisory Board on Rehabilitation Matters tabled in Parliament.

Only whites, coloureds, Indians and urban blacks are included in the count.

One out of every 25 adult whites is an alcoholic — 3,2% of all men and 0,7% of women, a total of 52 000 people.

Of the adult white population of 2 653 000, only about 400 000 are not consumers of alcohol, with 90,75% of men and 74,9% of women having at least one sundowner or two.

Among the coloured population there are fewer drinkers but a far higher percentage of alcoholics.

Only about 520 000 of the 1 861 000 coloured adults drink at all but 5,3% of the men are alcoholics, as are 0,8% of coloured women, a total of 36 000.

The incidence of alcoholism is lowest among Asians — only 2,6% of the population (all men) being alcoholics. Only 109 000 of the 459 000 adults drink at all.

The report discloses that only 8 000 or 3,5% of Asian women drink.

Alcoholism is at its highest among urban blacks with some 259 000 of an adult population of 3 840 000 listed as alcoholics — 9,8% of all men and 2,5% of women.

Just more than half of the male population drinks but only 21,5% of the females.

The report states that the total annual productivity loss due to alcoholism is R530 million but that this is accepted as being only about 45% of the economic loss resulting from alcoholism.

The total cost with other factors taken into consideration would amount to R1 178 million.

86

# More babies deformed by mothers' drinking

## Staff Reporter

MORE and more children are being born deformed and retarded because their mothers abuse alcohol during pregnancy, according to Red Cross Children's Hospital paediatrician Dr Chris Molteno.

And this "foetal alcohol syndrome" was rife in the Western Cape, he said yesterday. "We are finding more of these cases each year."

He was speaking in Sea Point to delegates at a symposium organised by the South

African National Council on Alcoholism and Drug Dependence at its 23rd biennial meeting.

Dr Molteno said he was handling 25 cases.

"But there must be many more than who are not referred."

Foetal alcohol syndrome had only recently come into the spotlight, but it was being linked with more and more problem cases.

Some United States experts believed it was more common than Down's syndrome.

In its most common form the syndrome showed up as mental deprivation.

Alcohol-abuse during pregnancy affected the growth 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.

There could also be deformities of the brain, heart and kidneys and retarded development.

"The babies are usually mildly retarded mentally and don't grow as well as other children. They usually have learning disabilities."

He recommended that expectant mothers abstain from drink.

"But if you must drink, make it no more than two a day and avoid binges."

He said no section of society was exempt from the problem.

"But, of course, the lower down you go in society the more alcohol-abuse seems to increase."

Smokers chance it  
with heart disease

The Star Bureau

LONDON — Smokers face a 20 percent greater chance of heart disease caused by blood clotting, according to a major new survey reported in the latest issue of *The Lancet*.

The survey of 2000 men showed that people who stopped smoking reduced by 15 percent their chances of having a heart attack over the next five years.

According to Dr Tom Meade, director of the Medical Research Council's epidemiology and medical care unit, smokers have abnormally high levels of clotting agent called fibrinogen.

The level of this agent returns to normal only about five years after the smoker quits.

## Study of smokers' children shows higher risk factors

The Star Bureau

NEW YORK — A nationwide campaign this month to get parents to give up smoking coincides with new studies showing higher health risks for smokers' children.

The slogan "Is Your Baby Smoking?" will be used in TV ads and public posters around the US. The campaign is sponsored by the American Academy of Paediatrics and the Public Health Service.

The Centres for Disease Control in Atlanta, Georgia, reports that when mothers smoke their children stand almost 200 percent higher risk of lower respiratory infections. Babies stand the highest risk.

Three-pack-a-day parents are more likely to have children with chronic middle ear disease that can lead to hearing loss and possible learning problems.

The study, done on 5200 children, also shows breathing problems occur more often in smokers' children. The lung problems may also lead to a higher risk of cancer — as is the case with spouses of smokers.

In flatland the price of death or disablement is a mere R1,50



This boy, whose face has been obscured to hide his identity, holds the pot of glue he bought for R1,50 at a shoe repair shop in Banket Street.

# Hillbrow street children get high on shoe glue

A Hillbrow trader is selling powerful shoe glue to barefoot "street children" ostensibly to "fix their shoes" but, in fact, they are using it as a drug.

A shoe repair shop in Banket Street, Hillbrow, has become a haven for the ragged street children and there, for R1,50, they can buy 50 ml of glue which, according to several hardware-store traders, is used to mend shoes and is extremely strong.

The children then sniff the glue.

When the trader was approached with evidence showing an alleged transaction she denied knowledge of selling glue to children and insisted the children were lying.

Later, in a telephone call to The Star, an unidentified man said the woman "thought the children would use the glue to mend their shoes. She only knows about cosmetics and had no idea that the children sniffed the glue".

A spokesman for the South African National Council on Alcoholism and Drug Dependence (Sanca), Dr Mervin Langley, said: "What concerns us most is that there is no central regis-

By Sally Sealey

ter for drug-related deaths so we don't really know how many children die from glue inhalation."

He said that, among young children, glue was the drug of choice.

An official of the shelter organisation for street children, Twilight, Mr John de Villiers said: "The problem is that it is not a criminal offence to sell glue to children."

He said it was mainly the new children coming into Hillbrow that used glue.

"I'm sure you will find that the retail price of this cement is much less than R1,50," he said.

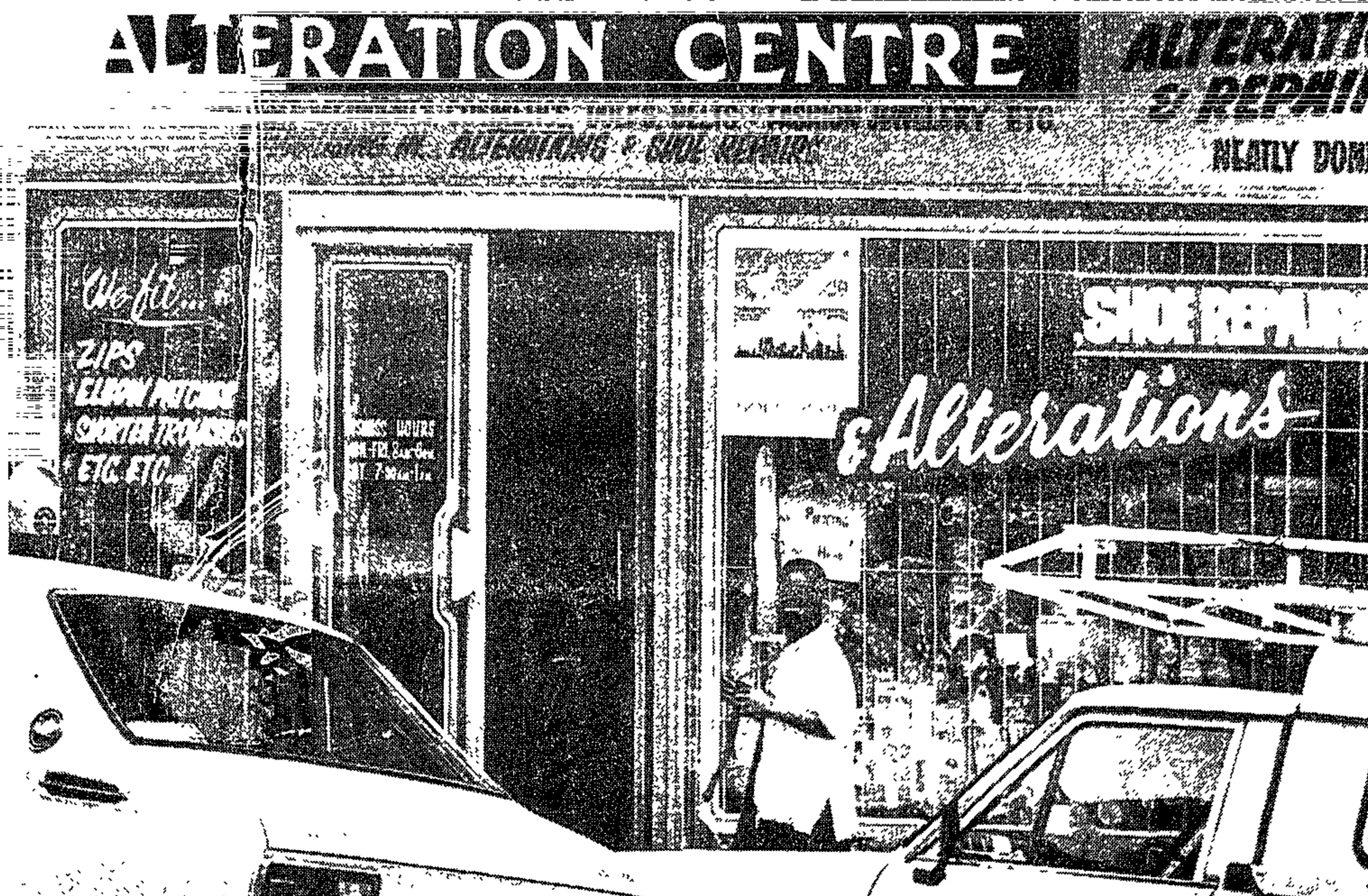
Sanca said the side-effects of inhalants such as glue were similar to those of central nervous system depressants or other sedative or hypnotic substances.

Sniffing glue can have a number of effects with small doses producing alcohol-like intoxication and temporary sensory and perceptual distortions while larger doses can produce sleep and anaesthesia and, in some cases, death.

There have been several deaths associated with acute abuse of inhalants, most prominently "sudden sniffing death" and suffocations. Sudden sniffing death is caused by heart failure resulting from a severely irregular heartbeat.

In the case of suffocation, death results from falling asleep or otherwise becoming unconscious while a plastic bag containing the inhalant remains in place over the nose and mouth.

Chronic abuse can produce effects ranging from relatively mild and reversible symptoms to severe damage to vital organs such as the kidneys and liver.



This repair shop was discovered selling shoe glue to street children. It was pointed out by a 12-year-old boy who has responded to the love and care at Twilight and has decided to give up glue-sniffing.

MSGS 28/1/88

86

# 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 E S 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."

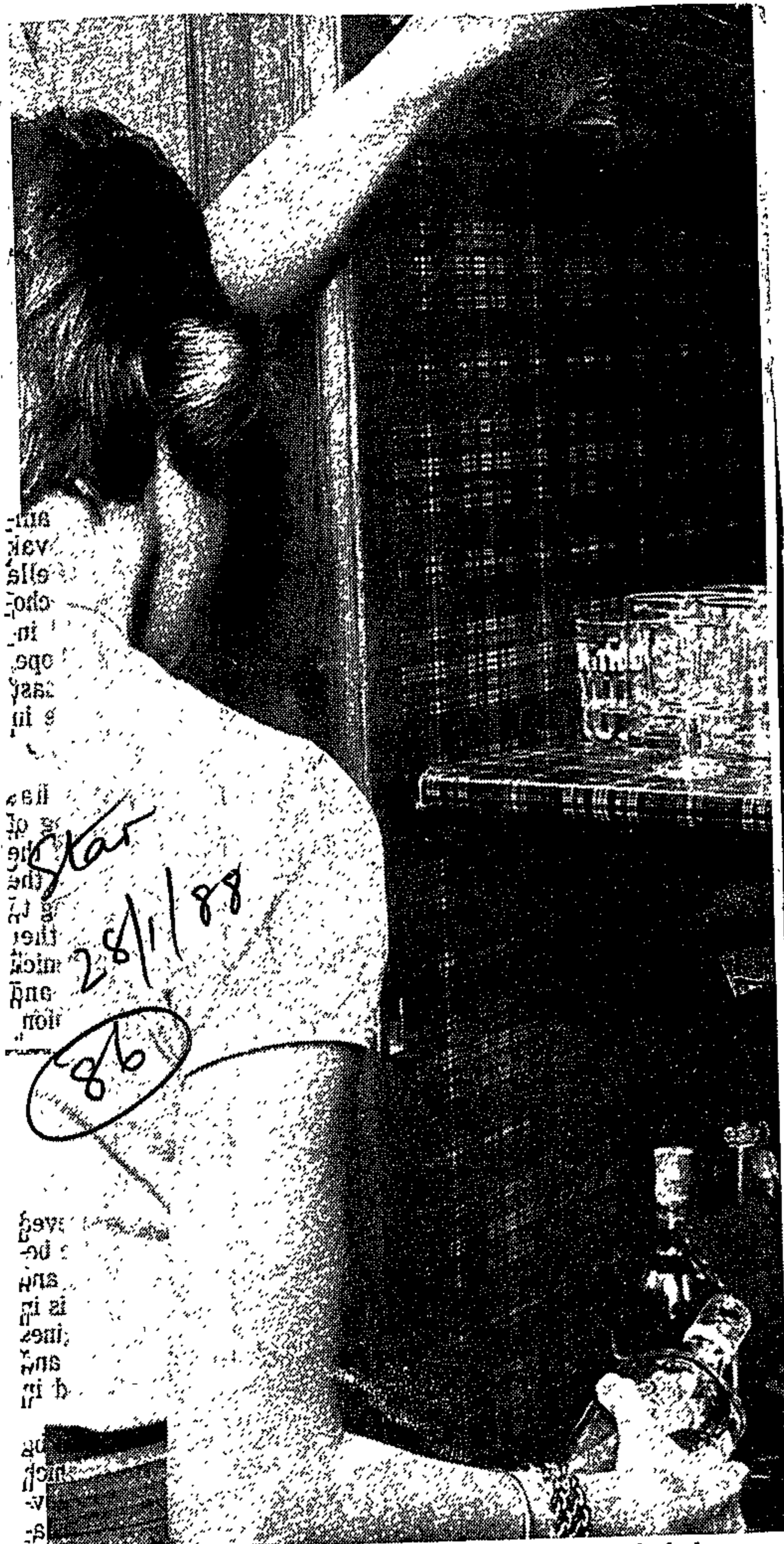
"The fact of the matter is that chemicals kill."

## 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.



South Africans spend more than R4,1 billion on alcohol every year — and, according to Sanca, there are 350 000 alcoholics in the country. This is a higher percentage than is found in the United States, Canada or Britain.

## Alcoholism costs more than R1,2bn a year

By Toni Youngusband

Untreated alcoholism costs South Africa more than R1,2 billion a year — a figure which is rising all the time, according to statistics compiled by the South African National Council on Alcoholism and Drug Dependence (Sanca).

And South Africans spend more than R4,1 billion on alcohol every year.

Sanca's executive director, Mrs Liz Pretorius, says that more than R530 million is lost in production due to alcoholism. Alcohol-related health and medical costs, motor vehicle accidents, violence and crime, fire losses and the cost of social programmes to combat or deal with alcohol-related social problems gobble up another R648 million a year.

### NUMBERS RISING

In 1985, South Africa had 353 000 alcoholics — and the number has risen considerably in the past three years. Of these, more than 300 000 are employed.

According to Sanca's figures, urban black males have the most serious alcohol problems, followed by black women. There are more than 218 000 alcoholic urban black men as opposed to 43 000 white males, 21 000 coloured males and 6 000 Indian males.

The statistics show that South Africa has a higher percentage of alcoholics than the United States, Canada or England and Wales.

A Sanca spokesman said that alcohol was responsible for 50 percent of deaths in South Africa's black and coloured population. It was also responsible for 50 percent of fatal

road accidents, 50 percent of major crimes, 25 percent of suicides and at least 50 percent of child-battering incidents.

About 22 000 people were found guilty of drunk driving each year.

"South Africa is a drug orientated society in which drug and alcohol use is becoming increasingly prevalent, even among schoolchildren. Despite this reality, there is a serious lack of research into prevention and treatment," the spokesman said.

Research among young people showed that, by the time national servicemen reported for duty, 81,5 percent had consumed alcohol at least once and eight percent said they were drinking more than five days a week. Beer was the most popular drink.

The initial experience for many of these drinkers was in primary school and drinking increased most rapidly between Stds 7 and 8.

Sanca says that dagga, glue, paint thinners and petrol are the most popular illicit drugs abused by young people — but only 11 percent of young white males favour legalising the use of dagga.

The majority favour stricter enforcement of existing measures against drugs or the introduction of sterner measures.

Stronger drugs — such as barbiturates, stimulants (such as cocaine), LSD, heroin and opium — are less widely used. Only 2,5 percent of white males have used stimulants, one percent have used LSD and 0,4 percent have used heroin or opium.

Glue-sniffing is the most popular form of drug abuse among black youths.

NEWS  
24/2/88

# Teenage drinking 'a serious problem'

86

By LINDA GALLOWAY and DENNIS CRUYWAGEN,  
Staff Reporters

TEENAGE drinking is a serious problem, according to parents and principals in Mitchell's Plain.

And the headmistress of a southern suburbs school has warned that pupils would be expelled if they breach the school's policy on drinking.

Some Mitchell's Plain principals acknowledge that pupils are drinking during school hours and Argus readers say school pupils are entering and leaving shebeens in uniform.

The headmistress sent a circular to parents outlining Cape Education Department regulations and the school's own policy on drinking.

## Serving limited

Consumption of alcohol on Cape Education Department property was limited to light table wines, but pupils were prohibited from being present at functions where wine was served, the circular said.

The school's policy was that:

- Pupils, including those over 18, were not allowed to drink in any public place, irrespective of whether they were in school uniform or not;

- Pupils were not permitted to drink before, during or after any school function; and

- Matrics would not be allowed to flout regulations at their annual dance or on their last day of school.

Last year several Peninsula headmasters called on parents to stop teenagers drinking in bars and other premises.

Mr D Swanepoel of Rocklands, Mitchell's Plain, identified an address where pupils went during school hours "to buy drink and drugs".

One parent said her daughter had come home from school drunk.

The principal of a school on the border of Eastridge said he

was aware that pupils were drinking and taking drugs but did not believe it happened at his school during school hours.

Principals and teachers were not responsible for pupils' actions out of school hours, although they tried to instil "a God-fearing attitude" which would prevent such behaviour, he added.

The principal of Mondale High in Portlands, Mr A Oliphant, said teenagers were "impressionable human beings" who were often exposed to drinking and drug-taking at home.

"Educators are idealists. We would like to believe we can change the world, but it's not possible. All we can do is to try to influence the conditions in which pupils find themselves," he said.

# Action against drunken driving

Sowetan 3/1/88

A BREWERY has launched an anti-drunken driving campaign aimed at black taxi operators to help reduce road accidents.

The campaign, which includes a R10 000 prize for a lucky taxi driver, will help make roads safer, one of the organisers said.

The SAB Safety Drive campaign is being sponsored by the South African Breweries, BP and Radio Metro.

The brewery's public affairs manager, Mr Gary May, said: "South Africa's taxi drivers transport millions of people every year and we believe that by involving them in a campaign to reduce deaths caused by drunken drivers they will be making a valuable contribution to making our roads safer."

## SOWETAN Reporter

To participate in the campaign, taxi drivers would have to fill up at BP service stations displaying special SAB Safety Drive posters.

Mr May said that only one sticker and one entry for each taxi would be given out. These would only be available from selected garages while stocks lasted.

## Campaign

The South African Black Taxi Association's marketing manager, Mr Mike Ntlaleng, said the association would start a campaign to reduce the number of accidents involving black taxis.

According to a report



Mr MIKE Ntlaleng . . . Sabta.

by the Public Carriers Association, scores of people have been killed and hundreds injured in accidents involving taxis.

There were 18 715 accidents involving mini-buses in the six months to June 1987 — or more than 3 000 a month, according to National Road Safety Council statistics.



CAPE TOWN 9/3/88 (26/88)  
**6 000 drunks arrested in city**

By BARRY STREEK

**MORE THAN 6 000** people were arrested for drunkenness — at an average of more than 16 a day — in central Cape Town in 1987, the Minister of Law and Order, Mr Adriaan Vlok, said yesterday.

Mr Vlok, who was replying to a question by Mr Ken Andrew (PFP, Gardens), said 4 494 men and 1 519 women were arrested for drunkenness.

He also said 809 people were arrested for vagrancy.

● Almost 60 000 cars, worth nearly R900 million, were reported stolen last

year, Mr Vlok said.

But 33 177 of the 59 936 vehicles stolen were recovered undamaged. A further 7 112 were found damaged and 2 040 had been cannibalized.

Mr Vlok, who was replying to questions by Mr Harry Schwarz (PFP, Yeville), said 194 286 burglaries were reported last year, a decrease of nearly 2% on the previous year.

● The police confiscated R85,9 million worth of drugs last year, including 14,9 million Mandrax tablets with an estimated value of R74,3 million, Mr Vlok said.

## Problems of alcohol (86)

ALCOHOL-related problems among sportsmen are "underestimated or covered up," according to medical researcher Dr Dawie van Velden.

Alcohol was a central nervous system depressant and potentially life threatening, he told the sixth General Practitioner's Congress in Cape Town.

"After the game the beer and champagne are flowing and in such an environment the athlete almost can't function as a teetotaler," he said.

"Because the full-blown picture of alcoholism may not be recognised for 15 to 20 years, many athletes are past active participation when their addiction can no longer be hidden," he said.

86/3/86  
Dawie van Velden

**21% OFF**

on selected products  
**21**

*you save everyday!*

NEW DAF  
D/D 24/3/88  
time bad

— Sanca 86

DURBAN — The South African National Council for Alcoholism and Drug Dependency (Sanca) has come out strongly against the proposed amendments to the Liquor Act.

The amendments will allow bottle stores to stay open to 8 pm on weekdays and hotels will be allowed to serve liquor from 10 am to 2 am.

The director of Sanca in Durban, Mrs Helen Schaffer, said the organisation was against any legislation increasing the availability of liquor.

"We are against the whole philosophy of increased liquor availability with its negative implications such as drunken driving and problems at work and in the home," she said.

The chairman of Fedhasa in Durban, Mr Alan Gooderson, welcomed the extended hours.

"Fedhasa has long advocated increased trading hours and the amendments will be of benefit to the industry, especially since Durban is a tourist city," he said.

— Sapa

**A** NATIONAL health hazard — alcoholism — will be aired at the national convention of Alcoholics Anonymous in Benoni, to be officially opened by the Deputy Minister of National Health, Dr Martin Feldman on Good Friday.

It is estimated by Dr Sylvain de Miranda, director of the Johannesburg branch of the South African National Council for Alcoholism and Drug Abuse that there are at any given time 700 000 potential alcoholics in South Africa.

The annual convention will be held in the Benoni City Hall from April 1 to 3 and attended by Reef mayors and interested guests from the professional community (including medical professionals) who are involved in helping alcoholics recover and become useful and well-integrated members of the community.

Members of AA nationwide, as well as from Namibia and other adjoining territories in Southern Africa, will attend the convention.

### Disease

The emphasis will be on co-operation between Alcoholics Anonymous and the professional community — the AA theme this year is "Let's be friends with our friends" — and wider acceptance by authority and those concerned with helping suffering alcoholics regain sobriety of the modern concept that alcoholism is a treatable disease.

"It is our experience that the disease is arrested and the symptoms completely reversed

# Alcoholism: A national health hazard

Sowetan 25/3/88

86

## FOCUS

**SOWETAN Reporter**

and there is a return to normal mental and physical health when an alcoholic stops drinking," said Mr George C, the national chairman of AA in South Africa.

"AA has accepted the fact that alcohol is no respecter of people and has no regard for what strata of the community they come from, what their religious faith is or for their ethnic origins.

### Promise

"AA is neither a welfare organisation nor a religious one and open to anyone who wants to stop drinking.

"In AA it is not who you are and what you are, merely how you are.

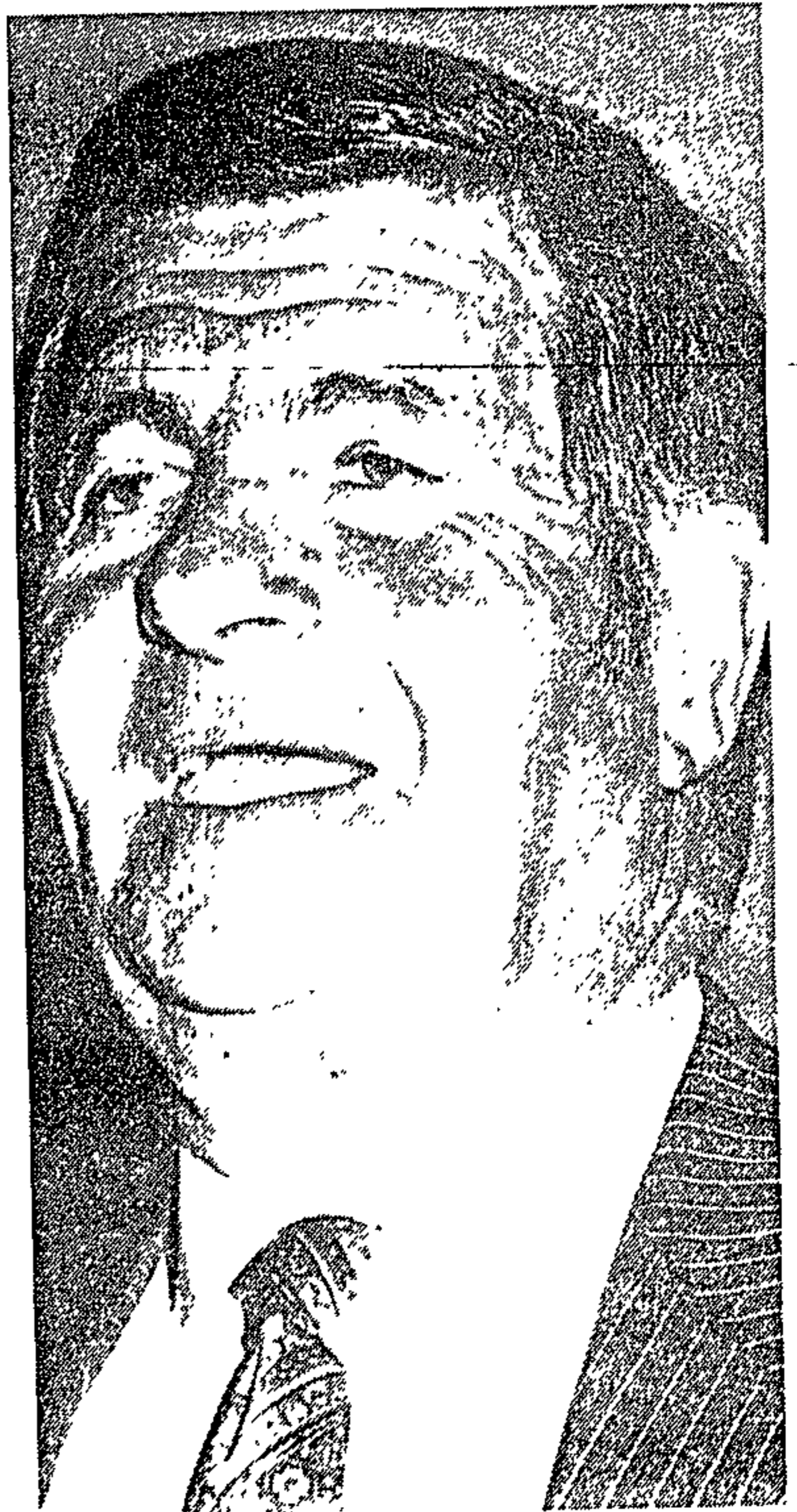
In terms of national health needs and the need for proper facilities and effective medico-social welfare this approach holds great promise in the South African context," said Mr George C.

### Established

AA was established in Southern Africa in 1947 and there are over 230 groups in the country as well as area offices — which offer help to the suffering alcoholic on a 24-hour basis — in all major centres.

"The translation of AA big book *Alcoholics Anonymous* into the Afrikaans — *Alkoholiste Anoniem* — and published in 1963 was the first translation of the book into a language other than English.

"Since then *Alkoholiste Anoniem* has been translated and republished," said Mr George C.



**DR SYLVAIN de Miranda . . . Sanca.**

"AA literature has for many years been available in Afrikaans and recently it has been made available in Xhosa, Zulu, and Sotho," he said

Mr George C said clergymen of practically every denomination have over the years given AA their blessing.

"AA does not enter into any controversy or interfere with treatment methods and our attitude to the still suffering alcoholic is 'if you want

to drink that's your business. If you don't want to drink that's our business'.

"It follows on this we have no quarrel with alcohol or the suppliers of drink," he said.

The inaugural meeting on Friday evening (April 1) will be open to the public but subsequent sessions will be closed to the public, with the exception of the spiritual meeting on Sunday morning (April 3).



The Medical Council

# Liquor kills 50pc of urban blacks - Seftel

Medical Reporter

SA 19/4/88

At least 50 percent of South Africa's urban black and coloured population die of alcohol-related diseases, Professor Harry Seftel of the University of the Witwatersrand told a group of general practitioners last week.

Addressing a lunchtime meeting in Johannesburg, Professor Seftel said the single most important cause of mortality in the urban black and coloured population groups was alcohol abuse.

"It is the major physical cause of death among these people today."

He said alcoholism was fast becoming a rural problem too.

Professor Seftel said worst affected were migrant labourers, whose only diversions were women and alcohol. He said epilepsy was also becoming a major problem among urban blacks — nearly always due to a combination of trauma and alcoholism.

School programmes to be run

PS  
29/4/88

# Govt plans to combat alcohol and drug abuse

Own Correspondent

**CAPE TOWN** — An educational programme for schools is to be introduced as part of an all-out effort by the Government to combat drug and alcohol abuse.

The Minister of National Health, Dr Willie van Niekerk, announced this week that a national plan had been adopted by the Cabinet.

He said this would include promoting an "education for life" programme in schools and among young people, co-ordinating the prevention and treatment of alcohol and drug dependency, and helping to collect, process and publicise knowledge and information.

A sub-committee of the Department of Health had been appointed to counter the problem and the Cabinet had decided that health departments should give the plan priority.

## Loss of productivity

Dr van Niekerk said the loss of productivity through alcohol abuse was about R530 million a year.

With related costs in terms of health, motor accidents, violence, crime and social programmes to combat alcoholism, the total cost of alcoholism was R1,1 billion in 1985.

Dr van Niekerk also announced that the country's welfare administration was to be restructured.

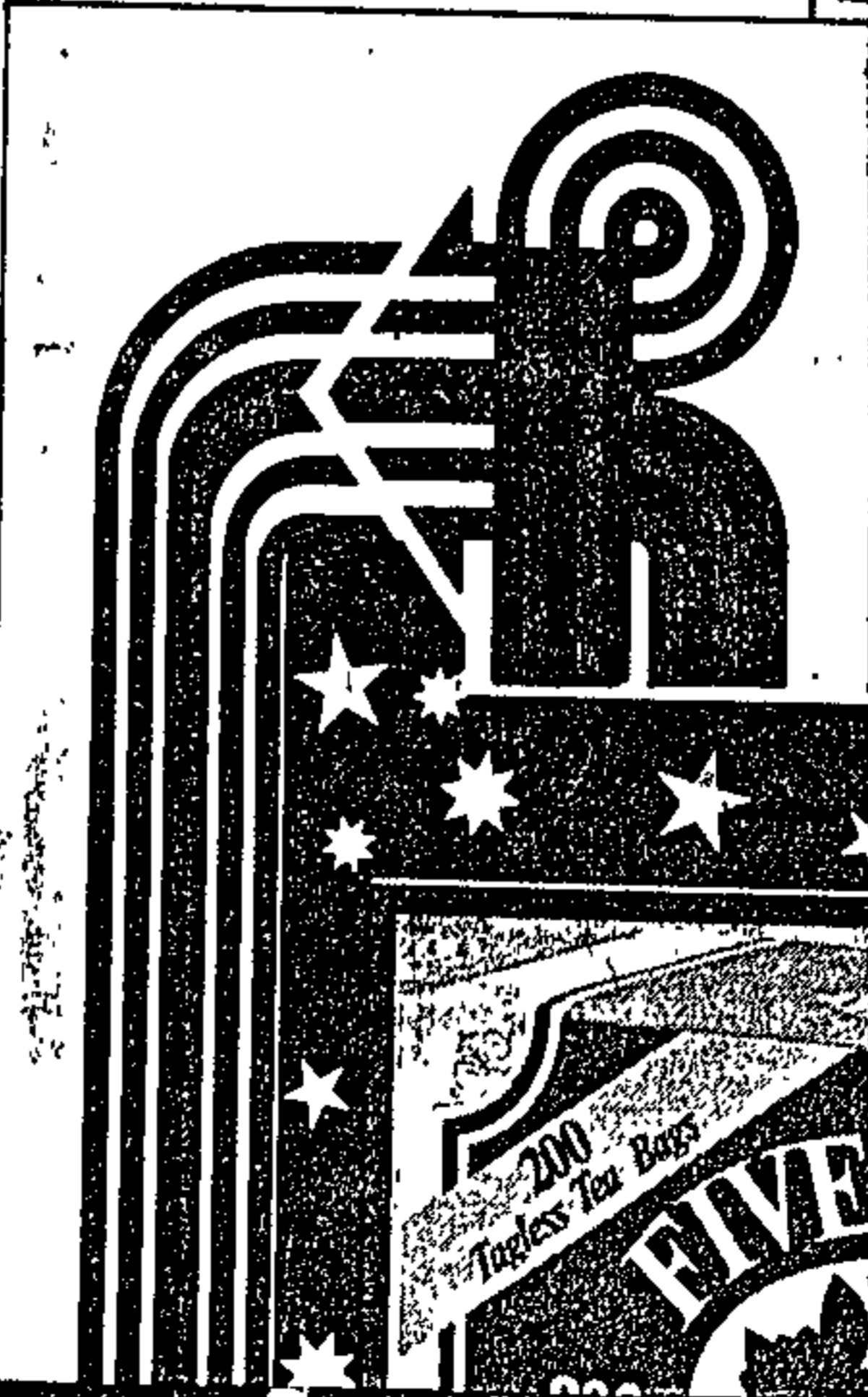
The Government's new policy emphasised that it assumed responsibility for the prevention of social or physical suffering among its citizens.

Special recognition would be given to the role and functions of voluntary welfare organisations, strengthening the partnership relationship between the Government and the private welfare sector.

Restructuring would include the establishment of a national welfare policy council.

The private sector would participate through local committees, the existing regional boards, new advisory boards and a modified South African Welfare Council, which would communicate with the policy council.

Details of the new structure and policy would be announced by the three own affairs Ministers and a detailed policy document would be released.



yesterday.

Cap & Times, 27/5/88 86

## Dop system 'grave'

THE problem of the dop system in the Western Cape was becoming grave and stricter control was needed, the Minister of Health Services and Welfare, Mr Chris April, said yesterday. A survey by his department showed that the dop system was prominent in places such as Durbanville and Phillipi. Mr April also said vagrancy and prostitution were increasing in Cape Town. Surveys had shown that there were an estimated 500 to 600 vagrants and there were only two night shelters for boys and three for adults.

Sanca: No  
Star 6/7/88  
drinks for (86)  
mums-to-be

Medical Reporter

Pregnant women and doctors must accept that alcohol use and abuse are hazardous to the mental and physical growth of the foetus.

This warning has again been issued by the South African National Council on Alcohol and Drug Abuse, which points out that much confusion exists as to the "safe" amount of alcohol pregnant women may consume.

Foetal Alcohol Syndrome is one of the devastating consequences of alcohol abuse.

It occurs mainly in extreme cases of alcohol abuse. But alcohol may cause a variety of abnormalities, including growth and neurological deficiencies, abnormalities in the formation of the skull and face, and abnormal development of certain organs such as the heart.

"Various reports regarding 'safe' amounts of alcohol which can be used by pregnant mothers are, to say the very least, creating confusion and uncertainty.

"Television programmes depicting pregnant mothers downing drinks definitely add to this confusion.

"A 'safe' amount of alcohol intake has not yet been established," says Sanca.

Research has shown that babies of mothers who reduced or stopped their alcohol intake during their pregnancies are less likely to have abnormalities than babies whose mothers continue drinking throughout their pregnancies.

"To safeguard the future well-being of their children, pregnant mothers must abstain from using alcohol," says Sanca.

Sanca's national campaign for 1988 will focus on alcohol and other drugs.



# MILLIONS LOST IN SA THROUGH ALCOHOLISM

16/7/88 Weekend Argus Correspondent

PRETORIA. — The South African economy has lost an estimated R1 178-million due to alcoholism.

Dr Chris van der Burgh, deputy-executive director of the South African National Council for Alcohol and Drug Dependence, said in a paper presented at the South African Sociological Association's recent congress in Pretoria that about R530-million was lost in production due to alcoholism.

Also a further R648-million in alcohol-related health and medical costs, motor vehicle accidents, violence, and the cost of programmes to deal with and combat alcohol-related problems.

"The Chamber of Mines estimated that in 1986 whites in the mining industry who experienced personal problems affecting their productivity, cost the industry R53,6-million."

Dr van der Burgh said statistics indicated that significant proportions of South Africans "have, and report having, a variety of personal problems with subsequent cost to the country's economy."

86  
These problems are undoubtedly of sufficient magnitude to merit serious attention at management, supervisory and union levels in all South African companies, Dr van der Burgh said.

Against this background and because many companies are increasingly recognising that the "troubled" employee incurs serious financial liabilities due to absenteeism, accidents off and on the job, lowered productivity and excessive utilisation of medical and disability benefits, Employee Assistance Programmes (EAPs), are now becoming a common phenomena in the corporate world.

"The EAP arises out of a recognition by an enlightened management that problems of a varied nature can and do affect performance adversely."

Dr van der Burgh said the EAP could be described as a manpower management and human resources strategy, to facilitate early identification of and intervention with employees with a variety of medical and/or behavioural, emotional and financial problems.

# Help for the drinking lot

Soweto 22/7/58

IF booze brings you problems at home, at work and among other people, you are warned to do something about it before the worst befalls you, says the Soweto group of Alcoholic Anonymous.

The organisation is to hold a rally in Soweto at the Funda Centre, opposite St John's Eye Hospital, where people who have booze problems are invited to participate in a bid to help them overcome their addiction.

The rally will be held on July 30 and 31 starting at 10am. The people to be contacted for further information are Theo: 982-1288; Eric 938-5308 and Josiah 939-4283.

The theme of the rally

is "Alcohol — Cunning, Baffling, Powerful."

Members of Alcoholics Anonymous in Johannesburg said yesterday that people with liquor problems can be helped if they followed 12 basic steps laid down by the organisation.

Relatives of people who have liquor problems are invited to bring them along to the rally where help can be given free of charge.

Some former alcoholics have dedicated their lives to help those people with liquor addiction to kill the habit.

The Soweto rally is the seventh one to be held in the area and many former alcoholics are happy with its success rate.

# Alcoholics gather

SCORES of alcoholics will gather at the Funda Centre in Diepkloof tomorrow and Sunday at the seventh annual rally of the Soweto Group of Alcoholics Anonymous.

The first meeting is at 10am to be followed by others later in the day and on Sunday.

AA is a fellowship of recovered alcoholics whose aim is to help other alcoholics achieve sobriety.

The fellowship has a programme of recovery and many alcoholics throughout the world have stopped drinking because of this programme.

The fellowship is not allied to any religious, political or social

86  
Soweto 29/7/88  
organisations, but is a service group of alcoholics for alcoholics. Recovered alcoholics want to help "still suffering alcoholics".

There are three meetings in Soweto every

week — two on Saturdays and one on Sundays. There are other meetings in other parts of Johannesburg and anybody who wants to solve his drinking problem is able to attend a meeting every 24 hours.

At the weekend rally, relatives of people with drinking problems can attend. According to AA, liquor not only affects the drinker, but his family as well. There is a programme for the family members.

## Identify

One of the principles of AA is anonymity. Members are not allowed to identify themselves in public or identify other alcoholics. "We respect one another's anonymity. Each one is here with one problem — to overcome his drinking.

"There is no need to broadcast to the outside world who we are and who others are. It is not their business," one AA member said.

The slogan in AA is: "If you want to continue drinking, that is your problem. If you want to stop drinking, that is our problem".

# 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."

81/11/88  
2/11/88

## MEDICINE COSTS

### A sweeter pill

The market for over-the-counter (OTC) medicines is set for considerable growth as part of the trend towards more cost-effective healthcare.

Wits professor of Business Economics, Duncan Reekie, in a survey of the use of OTC medicines, claims OTC drugs are an extremely cost-effective method of providing healthcare, adding that individual pharmacists are generally able to discriminate between minor and potentially serious symptoms.

In a controversial move, Reekie says most Schedule 3 and 4 prescription medicines should be rescheduled so that they can be sold at the discretion of the pharmacist, in line with the recommendations of the Browne Commission.

The commission estimated that 90% of all primary medical care provided by doctors can be replaced by self-medication.

The opening up of healthcare is likely to be opposed by many doctors who fear pharmacist may adopt a quasi-medical role. Says medical practitioner John Cowlin: "Pharmacists aren't trained to diagnose illnesses and you can't assume that lay people can distinguish serious from common illnesses."

#### Inherent dangers

A Medical Association spokesman says certain medicines are only available for prescription use because of their inherent dangers.

But SA Druggists MD Tony Karis says the range of products available for OTC use can be expanded quite safely to some anti-inflammatory medicines such as Voltaren, as well as anti-fungal and antibiotic topical creams.

According to Reekie's survey, doctors approve of most of the products chosen for self-medication. No less than 92% of the medicines chosen for headaches were considered suitable as were 81% of backache medicines and 75% for sore throats. The medicines used for stomach pain, though, were considered suitable in only 15% of cases, largely because of the many purgatives used in the black community.

But Medicines Control Council chairman Peter Folb says the Reekie survey excludes rural blacks and does not give a true cross-section of the population. "Reekie is assuming a higher level of literacy and understanding in the general population about the use of drugs than is actually the case," he says.

Karis maintains a rural health service should be set up which would use a basic list of medicines, including many products sold over the counter in more sophisticated markets. This would eventually make rural blacks familiar with more common medicines.

The possible savings of self-medication are especially attractive to medical aid schemes. Purchase of all unscheduled and Schedule 1

drugs could soon come out of the pocket of the individual, whether or not they were bought on prescription.

Says Medscheme spokesman Les Hollis: "We'll have to find ways of saving money, as medical aid costs could otherwise go up as much as 22% this year." ■

## PHARMACIES

### Doctoring the bill

A Johannesburg price war threatens one of the most jealously guarded prizes in retailing — pharmacists' 50% profit margin on medicines.

Two rebel pharmacists who broke the informal closed shop agreement last week, say their prescription and scheduled drugs will be available to consumers at 25% less than before. Medical aid societies have welcomed the announcement.

Rivals say the move could force smaller business to the wall. Gerard Slabbert, owner of five pharmacies in Johannesburg's northern suburbs, and Malcolm Abrahams argue competition will bring down the price of medicine to the consumer. However, they contend there will always be consumers willing to pay for the service offered by the small pharmacist.

Other pharmacists say the underlying reason, for the market share war is the increasing incursion by doctors into the dispensing market.

Pretoria College of Pharmacy lecturer Neels de Bruin, writing in the latest edition of *Pharmacy Management* magazine, says dispensing doctors have increased their market share from 5% to 22% over seven years. Moreover, most of the market erosion has happened in the last year.

He writes: "1988 will go down in history as the watershed. Today, all over the country, there is a massive incursion into this market by other professional people."

Pharmacists argue smaller pharmacies could succumb to the accumulated pressures of economic downturn, unmatched price cuts in the important dispensing market and the large incursions by State and private doctors into dispensing.

Their point is underlined by the latest government statistics, showing pharmacy retail sales down by 8,6% in 1987 compared to 1984, (the best year in the decade 1977-1987).

The figures prompted the Pharmaceutical Society of SA to warn of business fatalities. Says a society spokesman: "Pharmacy is perturbed. Dispensing by private and State doctors, together with the general downturn, has affected turnover and take-home pay."

He adds: "We are seeing a change in the marketplace. We are trying to provide cost-effective service in a market which is experiencing difficulties."

Ailing druggists can expect no help from government. The Department of National Health and Population Development has welcomed the cut-price stores as a means of



Pharmacist ... weighing profits against sales

restoring free-market forces to the medicine market.

Meanwhile, response from initiator Slabbert is unrelenting. He says only in the past was it taboo to charge less than the 50% mark-up on cost price. He now predicts: "The small pharmacy will not be able to compete." ■

7/10/88 Fry

## SA ahead in use of gas to <sup>1986/87</sup> treat <sup>14/12/88</sup> alcoholics <sup>88</sup>

### JOHANNESBURG

A nebulous substance designed to bring a smile to the lips and a feeling of disorientation when used as an anaesthetic, could herald an international breakthrough for South African researchers in dealing with addictions.

The privately funded South African Brain Research Institute has spent almost nine years researching and dealing with the withdrawal symptoms of alcohol by using nitrous oxide or laughing gas.

After giving the treatment to more than 5 000 patients at one centre alone the South African medical world is prepared to accept the findings that nitrous oxide in very small quantities goes a long way to alleviate the symptoms of alcohol withdrawal.

"It is not a cure for alcoholism," Sabri director Dr Mark Gillman is quick to point out, "but it does reduce the pain, cramps and nausea caused by the withdrawal from alcohol."

The treatment, he says, cuts down the patient's hospital time by more than 20 percent and reduces by up to 90 percent the need for tranquillisers.

### Treating evil

"We are treating an evil with what could possibly be called another evil but nitrous oxide is certainly less of an evil than the tranquillisers which are currently used in the treatment of alcoholics," Dr Gillman said, adding that addiction to tranquillisers was a possibility in the treatment of alcoholics.

Rand Aid's Wedge Gardens Clinic, one of South Africa's largest private institutions dealing with alcoholics, has been using laughing gas to treat patients since 1981 and has given the treatment to more than 5 000 people.

In Natal the 1 600-bed Madedeni hospital near Newcastle is also treating its alcoholic patients with nitrous oxide.

Research into nitrous oxide treatment overseas is far behind that being done by Sabri and although Dr Gillman's research has been published in a large number of foreign medical and scientific journals there is little evidence of similar research being carried out elsewhere on humans. — Sapa.

---

HEALTH & DISEASE - ALCOHOLISM

1989 - 1990



## Alcoholism is expensive

8/Day 13/1/89 MARC. HASENFUSS

86

THE equivalent of 25% of the salaries of alcoholic workers is lost to their employers through unnecessary accidents, friction, lateness and irresponsible decisions, says the SA Council for Alcoholism and Drug Dependence.

Sanca's Johannesburg deputy director Lee Wilcocks said 6% of the average workforce had a very serious alcohol abuse problem, while a further 10% were sporadic drinkers with alcoholic problems.

Regular alcohol abuse in the workplace resulted in a great loss of productivity, said Wilcocks.

Employee Assistance Programmes, a company-based programme organised by Sanca, had a very high success rate in curing alcoholism, she said.

Humard

407

WEDNESDAY, 15 MARCH 1989

408

- (2) (a) since when have special constables been employed in this area and (b) until when is it anticipated that use will be made of their services;
- (3) whether special constables in this area have the power to (a) enter and (b) search premises; if so, (i) on whose authority and (ii) what other powers do they have;
- (4) how many of the special constables originally deployed in this area had (a) absconded from the Police Force, (b) been discharged for misconduct, (c) been retrenched, and (d) been (i) arrested on criminal charges, (ii) convicted and (iii) sentenced, as at the date referred to in paragraph (1)(a) of this question?

B38E

**THE MINISTER OF LAW AND ORDER:**

(1) to (4).

Special constables form an integral part of the South African Police and it is anticipated that their services will still be utilized in the future. When they are on duty in terms of section 34 of the Police Act, 1958 (Act 7 of 1958) they have the same powers, as permanent members of the Force.

Since 29 February 1988 until 9 February 1989 336 special constables have been employed under the command of the Commander of the Divisional Riot Unit, Pietermaritzburg. They are primarily used in the combating of crime in black residential areas and their presence there is welcomed by the vast majority of law-abiding citizens.

I refer the honourable member to my reply to written questions 58 (Hansard Col 907 of 30 March 1988) and 815 (Hansard Col 969 of 13 June 1988). As I indicated then, strict supervision and control is exercised over special constables.

Since then the services of 137 special constables in Pietermaritzburg have been terminated. The services of three (3) of these persons were terminated due to misconduct, while thirty-two (32) were dismissed as a result of criminal charges that were lodged against them. Fifteen (15) of the persons who were

HOUSE OF ASSEMBLY

Humard

409

WEDNESDAY, 15 MARCH 1989

410

**THE MINISTER OF LAW AND ORDER:**

	(a)		(b)	
	(i)	(ii)	(i)	(ii)
(aa)	9	992	14	505
(bb)	14	2355	14	976
(cc)	0	333	0	23

Separate records of the race of the persons are not kept.

**Detainees on hunger strike placed on intravenous infusion**

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

- (1) How many detainees who are or have been on hunger strike have been hospitalized;
- (2) whether any such detainees have been placed on intravenous infusions; if so, how many;
- (3) whether all detainees who are or were placed on intravenous infusion consented to this being done; if not, how many did not give their consent;
- (4) (a) how many detainees are currently on intravenous infusions and (b) in respect of what date is this information furnished?

B211E

**THE MINISTER OF LAW AND ORDER:**

- (1) 60 persons.
- (2) Yes, 44 persons.
- (3) Yes.
- (4) (a) 17 persons.
- (b) 28 February 1989.

Youths awaiting trial

94. Mr J VANECK asked the Minister of Justice:

- (1) How many (a) White, (b) Coloured and (c) Black awaiting-trial youths were being held in (i) prison cells, (ii) special children's cells at prisons, and (iii) other specified categories of cells, as at 31 December 1988;
- (2) how many (a) White, (b) Coloured and (c) Black awaiting-trial youths had been held in safekeeping or custody as at the above date for (i) less than two weeks, (ii) between two and four weeks, (iii) between

four and eight weeks, (iv) between eight and twelve weeks and (v) more than twelve weeks?

B234E

**THE MINISTER OF JUSTICE:**

	(1)	(a)	under 18 years:	under 21 years:
(b)	198	568	445	568
(c)	2 569	2 569		

(A juvenile is in terms of Section 1 of the Prisons Act, 1959 (Act no 8 of 1959) any person under the age of twenty one years).

(i), (ii) and (iii)  
Section 29 of the Prisons Act, 1959 (Act no 8 of 1959) stipulates *inter alia* that a person under the age of eighteen years who is accused of having committed an offence shall, before his conviction, not be detained in a prison unless his detention is necessary and no suitable place of detention mentioned in the Child Care Act is available for his detention. In deciding on the suitability of the place of detention, the nature of the offence with which a person is charged is taken into account as well as age, sex, character etc.

In terms of Section 21 of the Prisons Act, 1959 (Act no 8 of 1959) any prison or any part of a prison can be used for the detention, treatment and training of juveniles.

A juvenile who is detained in terms of Section 29 of the Prisons Act, 1959 shall not be permitted to associate with a person over the age of twenty-one years who is in custody, provided that he may be permitted to associate with such a person in custody who has been charged jointly with him, if the head of the prison is of the opinion that such association will not be detrimental to him. Juveniles are also separated with regard to age groups where facilities permit.

Discussions take place regularly between the South African Prisons Service and the local magistrates, prosecutors and the

HOUSE OF ASSEMBLY

86

B187E

HOUSE OF ASSEMBLY

Based on Betty Ford

Star 7/4/89

# New clinic 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.

86

13/4/87

# 'Tell children about alcohol, drug dangers'

By Toni Youngusband,  
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."

# 50% die of drink

ALCOHOL abuse caused the deaths of more than 50 percent of the country's black and coloured men, delegates at the Masa indaba in Maritzburg were told at the weekend.

Outspoken Professor Harry Seltel from the Department of African Diseases of the Faculty of Medicine at Wits University attributed

this mortality rate largely to violence, homicides and road accidents.

Alcohol also caused death by high blood pressure, damage to most organs, malnutrition and infection.

He said the growing number of blacks that were consuming alcohol was a cause for concern:

"Even today, blacks drink 85 percent of all

beer, 60 percent of brandy, 50 percent of cane, 70 percent of vodka and 60 percent of fortified wines."

In contrast with traditional sorghum beer, western-type liquor was high in alcohol content, devoid of nutrients and expensive "but not enough to deter consumption," he said.

86

50/1/17/1/4/1/87

# Chronic drinkings soars

## Millions of rands lost to lowered production

By STAN MHLONGO

ALCOHOL abuse in South Africa has reached alarming proportions - R1 178 million is lost to the economy each year as a result.

In a paper assessing the abuse of alcohol, the SA National Council on Alcoholism and Drug Independence (Sanca), Dr Chris Van Der Burgh, says that of this total, R530-million is lost in production due to alcoholism.

"A further R648-million is lost in alcohol-related health and medical costs, motor vehicle accidents, violence, crime, fire losses and the cost of social programmes to deal with and combat

alcohol-related problems," he said.

Van Der Burgh pointed out that in a random survey of a number of companies in SA, about percent - and in some instances 59 percent - of employees were identified as "troubled" by alcohol and drug-related problems.

"The problems affected their job performance," he added.

"A cross-section of 13 major American corporate clients reveals that 28 percent were identified due to addiction-related problems."

Switching back home, Van Der Burgh said studies by the Human Sciences Research Council (HSRC) show that in 1982 SA had a total of 4,4 million adult alcohol consumers, of which 353 000 were alcoholics.

Expressed on a per-thousand adults basis and in respect of each population group individually there were:

- Whites - 32 male and seven female alcoholics;
- Coloureds - 53 male and eight female alcoholics;
- Indians - 26 Indian male alcoholics;
- Blacks - 98 male and 25 female alcoholics.

## Aids spreads like wildfire across Natal

DOCTORS in Natal are fighting an uphill battle trying to control Aids.

The disease is spreading in the black heterosexual community at an alarming rate.

Professor Dennis Pudifin, a member of the National Aids Advisory Group, told delegates at a Masa Indaba in Maritzburg: "It's estimated that for every case of Aids, there are 50 to 100 people in the community who are infected, so we must have between 10 000 and 20 000 HIV positives in SA right now," he said.

An overwhelming number would be black, yet doctors were having "tremendous problems" trying to teach black Aids patients about the disease.

"I've seen 47 HIV positive cases that were detected by the Natal Blood Transfusion Services," he said.

"They have been assessed, registered as outpatients and offered follow-up treatment on a three to six-month basis. Yet over the last 18 to 20 months, only two of them have come back to us." - Sapa

## Time to shine and earn a dime

By SOPHIE TEMA

THE SHOE-CARE market, currently estimated at about R32-million a year, has stretched its wings to KaNgwane to generate job opportunities for unemployed hundreds there.

The KaNgwane Department of Interior, in conjunction with a leading shoe-polish manufacturing company, has embarked on a shoe-shiners programme in Nelspruit.

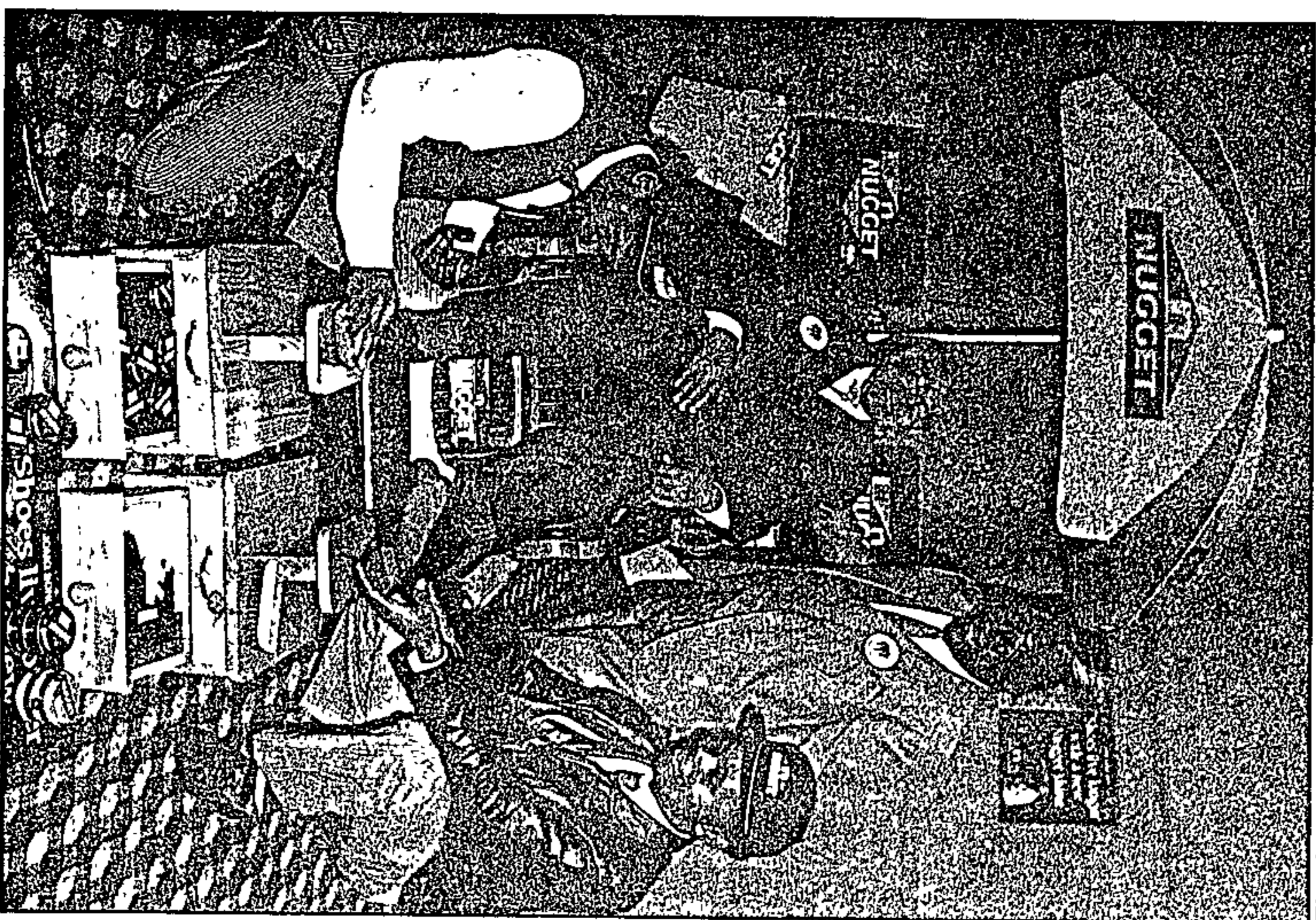
Thabo Mpakanyane, senior production manager of the polish company, said this programme would create jobs, and promote a spirit of self-reliance.

The shoe-shiners programme was started in Johannesburg three years ago and most of those who began shining shoes are now repairing them.

The shiners will be placed at leading shopping centres like Neicity, Lifegro, OK Bazaars, Sanlam Centre and Pick 'n Pay.

Mpakanyane said: "The shoe care market is currently estimated at R32-million a year. Our desire is for new entrepreneurs to share that wealth."

A household product company will supply the shoe-shiners with shoe-polish, umbrellas, T-shirts, caps and aprons as well as chairs and foot rests.



Some smiling shoe shiners show just how to make a customer sparkle

## E Rand taxis expand routes

By LULAMA LUTI

THE Thokoza Taxi Organisation on the East Rand has announced moves to establish new routes to cater for commuters in newly built-up areas.

Toto spokesman Lennox "Solo" Magwaza this week told City Press that the decision was taken after it was brought to the association's attention that commuters from "Crossroads" and "Cable City" had to pay an additional R5 to be ferried home after hours.

He said Toto was aware that commuters had a transport problem since they stayed far from the existing taxi route and the organisation was looking at it seriously.

Magwaza added that Toto made several representations to the local council to negotiate the renovation of streets in the new area to enable taxis to start operating.

He extended an invitation to the rival Thokoza Taxi Association to come forward to facilitate peace talks with a view to form a single organisation.

He said those who either had complaints or needed information could contact Toto president Moses Tsoetsi at 905-1684 or call at the association's offices at the Thokoza filling station in Khumalo Street.

86

South Africa 12/5/89

# Killer <sup>89</sup> in our midst

By MOKGADI PELA  
HEPATITIS B (HB)  
could wipe out the whole  
population if nothing is  
done to prevent its spread,  
according to one of South  
Africa's top health  
experts.

Dr H J Steyn, deputy  
director-general of  
National Health Plann-  
ing said yesterday there  
had been a dramatic  
spread of this disease,  
which attacks the liver.  
Its incidence had risen  
from 0,04 a 100 000  
people in 1980 to 1,11 in  
1988, an increase of 96  
percent.

Steyn said there were  
about two million  
carriers of the virus in the  
country, of whom about  
20 000 died annually.

## Cost

He said the apparent  
lack of impact made by  
HB vaccine was attribut-  
able to factors such as:

- The cost of the  
vaccine, which is about  
R35 to R40 a day for each  
person; and
- Most acute HB cases  
occur in three groups —  
homosexuals, intraven-  
ous drug abusers and  
persons acquiring the  
disease heterosexually.

Steyn said that all  
newborn babies should  
be immunised against  
HB. Health-care workers  
exposed to needle pricks  
and human blood should  
also be immunised.

## Drinking

The head of the Liver  
Department at the  
Johannesburg Hospital,  
Professor M Kew, said  
the liver could also be  
damaged through drink-  
ing and excessive alcohol  
intake.

"When the HB virus  
attacks you it damages  
the liver cells, your  
appetite goes, you have  
no energy and you may  
end up with jaundice."


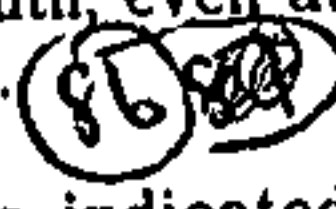
He said there were two  
types of the Hepatitis  
virus. One was Hepatitis  
A. "It spreads from  
person to person.  
Fortunately it doesn't go  
on to develop into an  
acute liver disease."

## Recovery

HB virus statistics  
show that not everybody  
that gets it recovers.  
"They develop chronic  
liver disease and  
eventually get cancer of  
the liver. The risk is not  
very great when you are  
an adult, but if you get  
infected as a child, it is  
the kiss of death."

Kew said the serum of  
blood infected with HB  
virus was 10 times more  
infectious than Aids.  
There were three ways  
children could get HB  
virus — mother to child;  
breast feeding; and  
through association with  
schoolmates who are  
infected with HB.

# 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 in 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.



# More SA men turn to Al-Anon

86

Star 2/15/84 Medical Reporter

More and more South African men are turning to alcoholic support groups as a result of their wives' drinking.

Al-Anon, an organisation which gives support and assistance to the families and friends of alcoholics, has noted a marked increase in the number of men attending counselling classes.

An Al-Anon spokesman said this was probably because of the increased incidence of alcoholism among South African women, particularly young women.

Al-Anon, which celebrates its 38th anniversary this month, has counselling groups throughout South Africa.

The Al-Anon spokesman, who is the wife of an alcoholic, said: "Very often the family will try and pretend that the

alcoholic problem does not exist but hiding the problem does not make it go away.

"For so many people who live with an alcoholic, guilt is a big factor. They think perhaps the problem is their fault and will try and remedy it within the home.

"This does not necessarily work and can do more harm than good. That is what Al-Anon is there for, to help the family cope and to teach them how to help the alcoholic."

Al-Anon was started in New York by a woman whose stockbroker husband was an alcoholic.

It is a non-racial service offered free of charge. Anyone wanting more information can call the Al-Anon information office at (011) 337-4486.

# Heavy drinking destroys society

**ALCOHOLISM** presents a problem to the community and the State, says the regional chairman of Namda in the Southern Transvaal, Dr Fazel Randerera.

"Despite the high unemployment rate, companies manufacturing or selling liquor continue to make huge profits. Those companies know the harmful effects of alcohol to the individual and the society."

It is a worldwide phenomenon that governments refuse to act against major companies in the alcohol and smoking industry.

Randerera says alcohol is also an addictive drug. People who have been on it for a long time and have to withdraw develop many psychological problems. Those problems may manifest themselves in anxiety and shakiness.

They can also go on to develop a psychosis

resulting in aggressive behaviour, the hearing of voices or even developing epileptic fits.

## Damage

Alcohol also causes damage to the pancreas thus resulting in severe pains and probable death.

Another acute manifestation of excessive intake of alcohol is gastritis. This is an acute

redness of the stomach walls.

In that state the person may experience severe pains which are associated with the vomiting of blood.

In its chronic form alcohol causes damage to the heart muscles.

A condition called cardio-myopathy — or simply damage to the muscle fibre of the heart which results in the increase in the size of the heart — may be created. This leads to heart

failure and death will result.

Alcohol consumption can also result in damage to one's nerves. Known symptoms include cramps to the legs and loss of sensation.

## Complains

It is not only the medical profession that complains about alcohol.

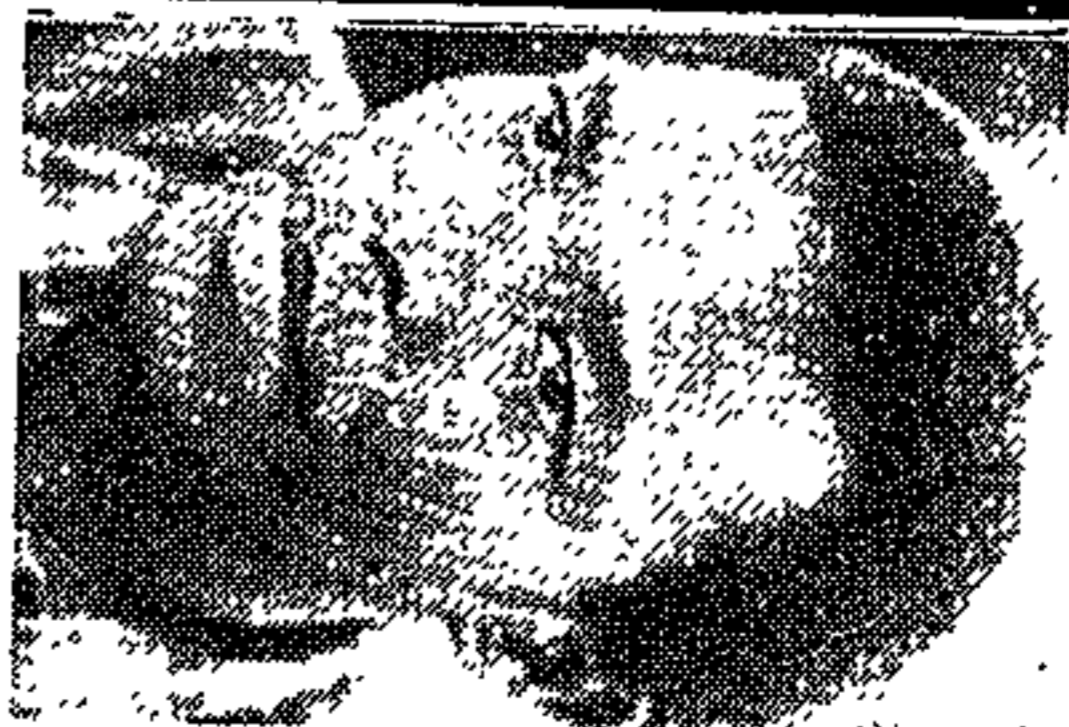
The National Road Safety Council often releases statistics showing how many

people die on the roads during long weekends.

More than 50 percent of all motor vehicle accidents in SA are alcohol related.

Undoubtedly, liquor can be a very pleasant pastime if taken lightly, but it can also be sheer torture if taken in unreasonable quantities.

Many families are suffering the after-effects of over-indulgence by fathers and mothers as well as some of their offspring.



By MOKGADI PELLA

HEALTH GUIDE

# Problems in remote mine towns disturb doctors

Doctors working in remote mining towns frequently remark on the number of psychosocial problems they encounter — particularly among women.

It is this which prompted the Department of Community Health and the Department of Psychology at the University of Stellenbosch to conduct an in-depth study into three towns to discover the reasons for the inhabitants' depression, high alcohol consumption, and psychiatric disturbances.

This was the first study of its kind in South Africa, although it has been well documented that there are psychosocial problems in isolated towns in Australia and Canada.

The South African study compared three small towns with a larger diamond town

South Africans living in isolated mining towns have more psychosocial problems and consume more alcohol than the general population, a study published in the latest edition of the South African Medical Journal has shown. By TONI YOUNGHUSBAND, The Star's Medical Reporter.

30 km from a city.

There were 1 239 respondents. The study was confined to whites.

A general health questionnaire submitted to all respondents showed that 19,9 percent were psychiatrically disturbed and 11 per-

cent needed treatment.

The percentage of men who were disturbed was 15 percent, and the percentage of women 22,2 percent. Unemployed married women showed the highest percentages in need of treatment.

Unmarried women and unemployed married women appeared the most depressed. Married women — particularly the unemployed — also suffered from more psychosomatic illnesses.

The towns also showed marked heavy drinking patterns. The percentage of people who consumed alcohol daily was found to vary from 23,2 percent to 31,2 percent.

This is almost twice as much as in the white general population.

A questionnaire showed that people in the larger town close to the city were the most satisfied. Those in the small towns the least.

Areas of dissatisfaction are inadequate entertainment or facilities for car repairs, not enough trees and grass areas to make towns attractive, and insufficient meeting places for teenagers.

Other factors will now have to be investigated, such as whether certain personality types are drawn to such towns, or whether people change when they move to mining towns.

"The cause of the problem is undoubtedly multifactorial. Further research into causes will need to be done," the study concludes.

# AA holds AGM

<sup>Soweto 29/11/87</sup>  
THE Soweto group of Alcoholics Anonymous will hold its eight annual rally at the Funda Centre, (opposite St John's Hospital), Soweto, starting at 10am tomorrow.

Members of the public are invited to attend and listen to how hard-core alcoholics have given up booze.

People wanting to give up liquor, but do not know how to do so, are invited to participate in the programme.

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.

The only requirement for membership is a desire to stop drinking.

There are no dues or fees for AA membership. The organisation is self-supporting through its own contributions.

It is not allied to any church denomination, sect or political grouping and does not wish to engage in any controversy, neither endorses nor opposes any causes.

The primary purpose of its members is to stay sober and help other alcoholics achieve sobriety.

## Soweto AA rally planned 86

Star 21/7/84  
By Montshiwa Moroke

The Soweto Group of Alcoholics Anonymous (AA) is to hold its eighth annual rally at the Funda Centre, Diepkloof, on July 29 and 30 at 10 am.

A spokesman for the association said people had been invited from all parts of the country and many were expected to attend. All members of the public were also welcome.

He said this included anyone who has a drinking problem, or people who have a friend and relative who has a drinking problem.

The rally, which will be addressed by people from as far as Mmabatho, in Bophuthatswana and Lesotho, will deal with six related topics.

The spokesman said the AA was a fellowship of men and women who shared their experience, strength and hope with each other that they may solve their common problem and help others recover from alcoholism.

"Several thousands have achieved sobriety through AA. We are only concerned about the personal recovery and continued sobriety of each individual," the spokesman said.

# Inadequate aid for Sanca programmes

5141  
17/8/89 By Toni Younghusband, (86)  
Medical Reporter

Soweto drug and alcohol abuse prevention programmes are in serious financial difficulties mainly because of grossly inadequate State subsidisation, the annual general meeting of the Johannesburg society of the South African National Council on Alcohol and Drug Dependence (Sanca) heard last night.

Sanca Johannesburg's director, Dr Sylvain de Miranda, said it was inconceivable how a city the size of Soweto, with about 2 million inhabitants, received only R5 500 a month in Government subsidy for the treatment and prevention of alcohol and drug abuse.

The chairman of the society, Mr Mark Rushton, said the threat of discontinuing some of the society's services because of financial restraints was a very real one. Yet alcohol and drug abuse were on the increase.

Sanca Johannesburg's financial reports showed an accumulated deficit of R77 708.

# Campaign to publicise the plight of alcoholics

By Brendan Templeton

One of the major problems facing Alcoholics Anonymous (AA) in South Africa was the failure by the established medical profession to recognise alcoholism as a disease, a member said at a press conference this week.

This, and the stigma attached to the disease, was a stumbling block which prevented the AA from reaching many alcoholics who desperately needed help.

The member, introduced only as Margaret in line with the AA's anonymity policy, said that because alcoholism was not a recognised disease, many medical aid societies would not provide assistance to those who needed it.

The AA has decided to "come out of the woodwork" to dispell incorrect ideas people might have about the society and to make society more aware of the problem of alcoholism.

Over the next few months, the AA hoped to embark on a publicity campaign using radio, television and the press to get its point across.

This was a radical departure from the AA's previous rule of staying strictly out of the limelight, she said. The needs of society and the urgency of the problem of alcoholism needed such an approach.

86  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65  
66  
67  
68  
69  
70  
71  
72  
73  
74  
75  
76  
77  
78  
79  
80  
81  
82  
83  
84  
85





# Alcoholism in workplace costs R530-m a year <sup>86</sup>

By JACQUELYN SWARTZ <sup>AR 6/25 9/10/89</sup>  
Staff Reporter

PRODUCTION losses caused by alcoholism in the workplace cost the South African economy about R530-million every year.

According to information supplied by the South African National Council on Alcoholism and Drug Dependence (Sanca), there are about 301 000 economically active alcoholics, who make up 85 percent of the estimated 353 000 alcoholics in South Africa.

Sanca, with several other drug-counselling centres, will be having a National Awareness week which will focus specifically on substance abuse in the workplace, and the role of the employer.

Members of the public are invited to phone in with inquiries, comments or suggestions with reference to alcoholism and drug dependence. Appeal is especially made to employers to call during this week, which starts on October 16.

Inquiries can be directed to any of the following numbers during office hours:

● Sanca — Cape Town ☎ 245260, or Paarl — 02211-25050/29671.

● Cape Town Drug Counselling Centre ☎ 478026 or 478035 or 478045.

● Northern Areas Drug Counselling Centre ☎ 941254.

● Hottentots Holland Drug Counselling Centre ☎ 024 24820.

Star 9/11/90

## Decrease in drunken driving (86) in Jo'burg

By Janet Heard

Twenty-six people in Johannesburg were charged with drunken driving during the festive season.

In Sandton, only three cases of people driving under the influence of alcohol were reported over the same period.

A spokesman for the Sandton traffic department attributed the low figure to the large numbers of Sandtonians who were away during the festive season.

During the first week of 1990, 16 people were arrested in Johannesburg for drunken driving, according to traffic department press liaison officer Mr Eric Hill.

### DECREASE

He said that in December last year 87 people were arrested for drunken driving, an increase from November, where 30 people were arrested, but a decrease from December 1988 when 145 were arrested.

A total of 82 people were arrested for drunken driving in Germiston in December last year — an increase from 1988, when 45 were arrested.

A full report of the accidents caused by people driving under the influence of alcohol will be released in February.

1990 11 14 10:30 AM

# Boozy teachers face an in-depth probe — and aid

Plan 44 2190

86

A SHOCKINGLY high level of alcoholism exists among black South African teachers, according to research conducted by the South African Brain Research Institute (Sabri).

In its annual report released in Johannesburg this week it warns of "serious limitations this problem may impose on raising educational and living standards among the black community.

"The cost to the community, particularly to industry, is enormous," said Sabri executive director Dr Mark Gillman.

"An untreated alcoholic typically has a direct impact on the lives of 10 family members and work colleagues, but in addition to this each untreated alcoholic teacher may have a permanently damaging effect on the attitudes and learning potential of hundreds of young people.

"Our black teachers are under

enormous work and personal stresses imposed by their unique role in a society which is itself under great stress. It should be no surprise that so many are turning to alcohol as a relief from these exceptional personal and professional pressures and so expose themselves to the risk of becoming addicted."

Gillman said Sabri first became aware of the extent of the problem when it began extending among the black population its detoxification treatment techniques for alcoholics.

The treatments, developed over the past eight years and used successfully in 7 000 cases of predominantly white alcoholics, were now being offered to underprivileged black patients at Maudeni Hospital in KwaZulu and the Themba Centre at Dirkies Dorp near Wakerstrom.

Sabri planned a major research

project into alcoholism among teachers — to be conducted at the Themba Centre, the only inpatient alcoholic detoxification facility in South Africa, he said.

It would study the biological, psychological and sociological aspects of the problem and develop ways of combating it.

Almost 17 percent of the patients treated at Themba were teachers. There were an estimated 259 000 urban black alcoholics in South Africa, said Gillman.

"This is an emergency situation," he said. "This country cannot afford to ignore alcoholism among the very profession with greatest responsibility for bringing out the best in our next generation of black people. All members of South African society pay an immediate penalty because of the reduced results from the vast investment being made in black education." — Sapa.

DATE TIME BY EMO  
88

## Sociologist warns on problems of liquor

Staff Reporter

THE liquor industry should take a long look at their social responsibility, a UWC sociologist told a congress on development in the Western Cape yesterday.

Addressing the two-day conference on social problems in the hinterland, Mr Wynand Louw said alcohol abuse was taking on "disastrous proportions" in rural area.

Urgent action was needed in rural areas in the Western Cape where instances of child neglect had been reported due to "uncontrolled drinking by mothers".

Up to 40% of households in rural towns were living on government grants, he said, adding that the average wage for farm labourers was from R70 to R120 a month. "Why work in the hot Karoo sun for R120 when you can have a baby and get R250 (from the government)?" he asked.

In giving the keynote address at the conference, UCT economics department head Professor Francis Wilson said political power must be given to poor people in order to solve South Africa's poverty problems.

**B**USANG drew his hand back in horror. Rage changed into humiliation. His fingers stung.

He had just slapped his wife of 20 years hard across the face.

He could not dodge the implications: he was both drunk and violent - two things he had vowed never to be.

Pictures of childhood flooded his mind: drinking, fighting grandparents, a stepfather who more than once tried to kill both him and his mother; a dysfunctional home ravaged by alcohol and abuse.

"I will never drink, and I will never hit a member of my family," Busang had repeatedly promised himself.

Gradually, ever so gradually drinking had crept into his adult life.

At first it had been "a better way than medication" to cope with an illness.

**Abuser**

Finally, drinking became the crutch he used to get through every day.

Undeniably, Busang had become a statistic: a wife abuser who was a victim of two menacing giants - family violence and alcohol.

This sombre picture was presented by visiting executive director of the International Commission for the Prevention of Alcoholism and Drug Dependency, Professor T Nestlund.

He was addressing a conference on alcohol and drug concerns at Nasrec near Johannesburg this week.

He said the emotional and physical trauma caused by accidents following drug and alcohol abuse was unbearable.

It cost societies large sums of money.

Meanwhile, Dr Johan van der Spuy of the Trauma Research Unit at the Medical Research Council said in the United States of America trauma was the fourth largest killer.

**Trauma**

It is the main cause of death for people between one and 44 years.

It takes four times more beds than cancer patients.

In South Africa, the people who die from trauma range between one and 64 years.

He supplied the racial breakdown in 1987 as: whites - 49,79 percent, "coloureds" - 40,45 percent, Asians - 37,75 percent and blacks 32,83 percent.

Van der Spuy said the highest figure of mortalities was between the ages of 15 and 24 years and these were predominantly males at the prime of their lives.

As to the causes, Van der Spuy said 50 percent were assault injuries, 25 percent domestic injuries, vehicular injuries 17 percent, sport five percent and occupational injuries accounted for 30 percent of the cases.

He said service problems encountered were the 12 percent of the

**HEALTH NEWS**



By MOKGADI PELA

injuries occurred after hours, 52 percent over weekends which resulted in the bed occupancy of 83 percent

# Society pays heavily for alcohol and drug abuse

86

Van der Spuy added that alcohol intake contributed to more than 50 percent of road accidents in the country.

"If one's blood alcohol concentration is 0,08g a 100ml, his accident risk is five to six times more than that of a man who has no alcohol in him."

He said figures showed that 12,9 percent

of pedestrians who died of trauma injuries in 1988, had illegal blood-alcohol levels.

According to the CSIR's multicentric services statistics in February 1989, 60 percent of drivers who died within two hours of the accident had illegal blood alcohol levels.

About 55 percent of pedestrians, who died

within the same period, were also found to have illegal blood-alcohol levels.

He said in 1950, trauma accounted for four percent of the population while in 1984 it claimed 1,6 percent.

**Decrease**

He attributed the decrease in trauma deaths to advanced technology.

Occupational injuries cost the country R1 167, million a year and vehicle accidents amounted to R6 billion.

According to Van der Spuy, the priorities lay in trauma prevention, service planning and rehabilitation.

Safety consciousness should be raised at schools and the media should play a role in that

regard.

The target areas were pre-hospital care, functional pyramidal services, a re-examination of trauma teaching, regionalisation of services and trauma surgeons.

He suggested that these areas should be urgently considered to combat the grave loss of manpower and the effect this had on the economy.

# SWISS WHOLESALERS

FOR YOUR SHOPPING CONVENIENCE WE WILL NOW BE OPENED FROM:

Mondays to Fridays - 8.30am to 6.30pm  
Saturdays - 8.30am to 2.00pm    Sundays - 9.00am to 12.00 noon

OPEN TO PUBLIC FOR RETAIL SALE AS WELL

**WE PLEDGE KEENEST PRICES!!  
WE ARE THE CHEAPEST!!**

2796 LUTON ROAD, BENONI SOUTH (Near Benoni Station Taxi Rank). Tel: 422-1025

**SWISS WHOLESALERS**

"We are the Cheapest" "Try us First"  
BUYING CARD

2796 Luton Road    Phone: 422 1025  
Benoni South 1501    422 1613

BUSINESS NAME

This card must be presented when visiting us.

## 7-DAY SUPER SALE from 17/2/90 to 23/2/90


# 6 PER CUSTOMER ONLY

## SPAZA SHOPS - BULK BUYERS - SHOPKEEPERS SPECIALS

SAMP & MEALIE RICE ..... 24 x 1 kg R24,99	SUGAR ..... 25 x 1 kg R34,99	JOKO TEA ..... 20 x 50 g R16,99
KASHMIRI RICE No Tax .. 40 x 500 g R33,99	SUGAR ..... 25 x 500 g R19,99	TENNIS BISCUITS ..... 12 x 200 g R18,99
IWISA MEALIE MEAL No Tax ..... 4 x 5 kg R18,99	SUGAR ..... 50 x 250 g R19,99	SIXO ..... 12 x 100 ml R8,99
IWISA MEALIE MEAL No Tax ... 10 x 2,5 kg R23,99	SELF-RAISING FLOUR ..... 25 x 1 kg R44,99	TROTTERS JELLY ..... 12 x 80 g R4,99
IWISA MEALIE MEAL No Tax ..... 25 x 1 kg R23,99	SELF-RAISING FLOUR ... 25 x 500 g R23,99	HANDY ANDY ..... 12 x 400 ml R13,99
KING KORN MALT ..... 15 x 1 kg R17,99	RAMA No Tax ..... 30 x 500 g R63,99	STA-SOFT ..... 12 x 400 ml R23,99
SALT ..... 40 x 500 g R9,99	RAMA No Tax ..... 50 x 250 g R55,99	SURF ..... 72 x 150 g R57,99
SUGAR ..... 10 x 2,0 kg R34,00	RAMA No Tax ..... 48 x 125 g R29,99	SUNLIGHT LIQUID ..... 12 x 400 ml R19,99
	ALL GOLD BAKED BEANS ..... 12 x 410 g R8,99	SUNLIGHT SOAP ..... 144 x 125 g R51,99
	KOO RPAQUETTI ..... 12 x 410 g R9,99	BLEACH ..... 12 x 750 ml R5,99
		CANDLED ..... 25 x 450 g R32,99

the State President, is the hon the Chairman of the Ministers' Council, in his capacity as Minister of Housing, drawing up a long-term Indian housing programme based on the confines of the Group Areas Act? *Hansard 17/4/90*

The CHAIRMAN OF THE MINISTERS' COUNCIL: Mr Chairman, no!

Ministers:

Newlands West, Durban: rehabilitation centre for alcoholics

\*1. Mr K CHETTY asked the Minister of Health Services and Welfare: *Hansard 17/4/90*

- (1) Whether, with reference to the reply to Question No 16 on 24 March 1986, the rehabilitation centre for alcoholics at Newlands West, Durban, has been established; if not, why not; if so, (a) when and (b) how many persons can be accommodated at this centre;
- (2) whether his Department intends establishing any other rehabilitation centres for alcoholics; if not, why not; if so, (a) when, and (b) where, in each case?

D86E

The MINISTER OF HEALTH SERVICES AND WELFARE:

(1) Yes. *(86)*

(a) Patients are expected to be admitted from approximately 1 July 1990.

(b) 100.

(2) No. Once the Rehabilitation Centre in Newlands West is operative, the future requirements can be assessed. The present centre also lends itself to the necessary expansion if required.

(a) Falls away.

(b) Falls away.

Chatsworth: expansion of certain chain-store group

\*2. Mr K CHETTY asked the Minister of Housing:

(1) Whether a certain chain-store group, the name of which has been furnished to the Minister's Department for the purpose of his reply, has applied to his Department for more land in Chatsworth to expand

HOUSE OF DELEGATES

their existing business or to establish a new business; if so, (a) when, (b) what was his Department's response thereto and (c) what is the name of the group in question;

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

D95E

The MINISTER OF HOUSING:

(1) No.

(a) Falls away.

(b) Falls away.

(c) Falls away.

(2) No.

Ministerial Representatives: duties/functions

\*3. Mr M RAJIB asked the Minister of the Budget and Auxiliary Services:

- (1) Whether the duties and functions of the Ministerial Representatives of the House of Delegates have been clearly defined; if not, why not; if so, (a) when and (b) what (i) functions and (ii) delegated powers have been allotted to them;
- (2) whether these functions and/or delegated powers have been gazetted; if not, why not; if so, when?

*Hansard 17/4/90*

D96E

The MINISTER OF THE BUDGET AND AUXILIARY SERVICES:

(1) Yes. *(86)*

(a) 11 January 1990 and 12 March 1990.

(b) (i)\* Mr S E Mansoor: matters pertaining to the Ministeries of Budgetary and Auxiliary Services and of Health Services and Welfare;

\* Mr M Raju: matters pertaining to the Ministeries of Local Government, Housing and Agriculture and of Education and Culture in Natal;

\* Rev K Reddy: matters pertaining to the Ministeries of Local Government, Housing and Agriculture, of Education and Culture, of Budgetary and Auxiliary Services and of Health

Services and Welfare in Transvaal; and

\* all three in particular:

Having interviews and answering representations at regional level.

Determining the needs and priorities at regional level.

Representing regional interests at local affairs bodies' and private bodies' meetings.

Recommendations as to appointments to committees and councils.

Advice on priorities as to welfare housing.

Investigations into representations for accommodation for the aged, children's homes, rehabilitation centres and other facilities.

Consultation with and advice on regional and local welfare organisations.

Advice on regional development.

Advice on privatisation and de-regulation.

Advice on labour relation problems.

Advice on regional services.

Advice on the promotion of education and the utilisation of education facilities.

Promotion of the employment of school leavers.

Advice on the needs of employers and the adjustment of curricula at State schools.

Promotion of parent involvement in education.

Promotion of culture.

Any other duty a Minister may commission.

(b) (ii) None.

(2) No.

None of the allocated responsibilities or duties has relevance to section 28(2) of the Constitution or falls within the ambit of Government Notice R989 of 30 April 1987, paragraph 6.

Mr M ABRAHAM: Mr Chairman, arising out of the hon the Minister's reply concerning the duties of the ministerial representatives, may I ask what is left for the hon the Minister to do?

The MINISTER: Mr Chairman, I think the answer is really simple. While an hon Minister is in Cape Town, it is obvious that he cannot attend to every issue that is referred to him. This is the function of the ministerial representatives.

The LEADER OF THE OFFICIAL OPPOSITION: Mr Chairman, further arising out of the answers given by the hon the Minister, are we to understand that the ministerial representatives work within a defined area?

The MINISTER: Mr Chairman, that is quite true. The ministerial representatives in Natal are working within Natal proper and the one in the Transvaal works within the Transvaal area.

The LEADER OF THE OFFICIAL OPPOSITION: Mr Chairman, further arising out of the hon the Minister's reply, with specific regard to his answer to 1(a) and in connection with the ministerial representative in the Transvaal: Do I take it that he leaves the Transvaal for consultation with hon Ministers at Malgate or the Marks Building? For what official purpose did the ministerial representative in the Transvaal leave the Transvaal, at the expense of the Administration, in terms of the duties outlined by the hon the Minister?

The MINISTER: Mr Chairman, the ministerial representative, when called upon by the Ministers' Council or hon Ministers, travels to Durban when required. I am not aware of any other visits outside the Transvaal. If the hon the Leader of the Official Opposition could give me specific details, I will certainly reply to it.

The LEADER OF THE OFFICIAL OPPOSITION: Mr Chairman, further arising out of the hon the Minister's reply, what would be his comment if it were stated that members of the Ministers' Council pretend to do ministerial work when they do party work, and that they

HOUSE OF DELEGATES

BID 115/90

## SA drug expert sees hope of joint action after US conference

(S) DANIEL FELDMAN (86)

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.

# 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*

86

87

88

89

90

91

92

93

94

95



# 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

# Only collective action can help fight drug abuse

86

THE South African National Council on Alcoholism and Drug Dependence (Sanca) has launched its first annual Sanca week and set aside this Saturday to challenge alcohol users with the question "can you stay alcohol free for one day?"

Addressing guests at the launch, national president of Sanca Dr Liz Pretorius said that during this week Sanca will focus attention on its prevention activities whereby affiliated societies nationally will address the needs of their own communities. Particular emphasis

By PEARL MAJOLA

will be placed on: creating an awareness of the devastation which can be caused by the abuse of alcohol and other drugs; the positive role played by individuals who exemplify a healthy drug-free lifestyle; and the responsibility of parents, the youth, teachers, the community, community leaders, celebrities, sportsmen and women, the media, the art and film industries, the private sector, the Government, and each and every citizen.

## Scourge

"It must, however, be remembered that none of these individuals or groups alone will solve the drug problem.

"Only by collective action can we hope to significantly combat the drug scourge in our country," said Pretorius.

"We are not a temperance organisation and we accept the right of the individual to use alcohol, but we all know that even the social use of alcohol can ultimately lead to abuse.

"Our goal, therefore, is to prevent such abuse from ever occurring and with this in mind we are setting aside one day in the Sanca Week (Saturday, June 9) to pose the question "Can you stay

alcohol free for one day?"

"With this question Sanca, in a non-prescriptive way, would like to encourage alcohol users to ascertain for themselves whether or not they are able to abstain from alcohol for even one day.

"If they are unable to abstain, alcohol may have become a problem in their lives," Pretorius added.

Pretorius also announced the awards that Sanca will be presenting annually to recognise exceptional contributions by individuals and organisations to assist Sanca in the prevention of alcohol and drug abuse.

"This year two awards are being made. Firstly to the company that has made the most exceptional contribution to the promotion of Sanca services and the second award to a person for exceptional dedication in the fight against drug abuse among the South African youth."

Johannesburg Consolidated Investment Company won the Gold Award for their exceptional contribution to Sanca and Mrs Adele Searll was presented with the award for her exceptional dedication in the fight against drug abuse amongst the South African youth.

ves the  
ntities



ARRY  
VN \* JHB

ETHER YOU ARE  
HAWKER OR  
ZA OWNER,  
AKHULA CASH  
CARRY IS YOUR  
IBER ONE SUP-  
R OF A WHOLE  
GE OF GOODS.  
GET YOUR  
ING CARD COME  
HE STORE AND  
WILL BE ISSUED

EDIATELY.  
EMBER WE  
ER YOU GENUINE  
LESALE PRICES  
LL STOCK



President of the East Rand Sanca Society Pieter van Hoven with Caroline Tindall of JCI.

# Consider your liver when you delve into the bottle

## HEALTH NEWS



By MOKGADI PELA

THE excessive intake of alcohol has a major harmful effect on the liver, according to Prof R Kirsch of the Medical Research Council's Cape Town Liver Research Group.

Kirsch said about five percent of patients in medical wards have cirrhosis of the liver due to alcohol intake. He said however, that drinking was a healthy habit in moderation.

He said traditional black people's beer was much more nutritious than western alcohol. Another advantage was that traditional beer had a lower alcohol content.

The effects of alcohol on the body include scarring of the liver, damage to the brain, pancreas, the heart, and even diabetes.

86

### TOXIC

Kirsch said the liver was the body's factory which took food that had been broken down and built it into the materials needed to keep the body functioning. The liver also removed poisons that enter the body through the mouth.

Some of the poisons

include those supplied by inexperienced doctors who inadvertently prescribe substances toxic to the liver. Industrial chemicals, especially those used in the drycleaning factories, also damage the liver.

"However, the liver can regrow. It is one organ whose part could be removed on a Monday and it will redevelop in three weeks," said Kirsch.

His view is corroborated by the Greek mythology about Prometheus. His tale was that he had stolen fire from heaven and angered the gods as a result. The gods chained him to a rock whereupon an eagle ate his liver by day, only to regrow at night.

Kirsch said South Africa was among the countries with the highest rate of the Hepatitis-B virus (inflammation of the liver). He said one in 10 people in the rural areas suffer from this killer disease.

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? *Answered* 22/6/90 B1073E

The MINISTER OF THE BUDGET AND LOCAL GOVERNMENT: *(S)*

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: *(S)*

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? *Answered* 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 PADIAACHEY 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 PADIAACHEY 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; *Answered* 22/6/90
- (2) whether she will make a statement on the matter? *(S)* *(S)* *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.

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

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

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

### 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

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

Gerber, Mr A—

*Own Affairs:*

Education and Culture, 32, 1019, 1554

Goodall, Mr B B—

*Own Affairs:*

Health Services, Welfare and Housing, 1847

Herandien, Mr C B—

*Own Affairs:*

Housing, 213

Local Government and Agriculture, 218, 595

Isaacs, Mr N M—

*General Affairs:*

Law and Order, 919

*Own Affairs:*

Education and Culture, 1493

Chetty, Mr K—

*General Affairs:*

Mineral and Energy Affairs and Public Enterprises, 933

*Own Affairs:*

Education and Culture, 739

Charlewood, Mrs C H—

*General Affairs:*

Finance, 670

Burrows, Mr R M—

*Own Affairs:*

Education and Culture, 569, 1214, 1440

Carlisle, Mr R V—

*General Affairs:*

Planning and Provincial Affairs, 1190

R 44,41

R 371,04

R 390,45

R 432,23

R 44,41

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?

Answers: 22/6/90 D232E

# AA holds meeting in Soweto this week

Sowetan Reporter

86

THE Soweto group of Alcoholics Anonymous holds its ninth annual rally at the Funda Centre, Diepkloof, this weekend.

The first meeting starts at 10am on Saturday and will be followed by four others.

The weekend will be rounded off with a spiritual meeting on Sunday morning.

AA is a fellowship of men and women who have overcome their drinking problem and now help others achieve sobriety.

## Secret

It is based on anonymity and any person who attends can rest assured his identity will not be disclosed outside an AA meeting.

If you have a drinking problem or if your spouse, parent or child has one, or a relative, AA can help you.

The Soweto branch of the fellowship started in 1970 and there are now more than 500 members.

A member of the organisation said their membership consists of people from all walks of society.

"Alcohol does not care whether you are rich or poor, whether you are black or white, whether you are educated or not educated. It hits all."

## Lucky

"We were lucky to identify that we had a problem with alcohol. However, there is nothing wrong with alcohol, but with individuals."

"I realised too late, but not that late, that while others could be social drinkers, I was not one and could never be one. I had to accept that liquor is not for me."

"Today I am leading a very sober life and enjoying it," he said.

# No 'miracle cure' for alcoholism

Sowetan  
20/9/90  
86

THE SA National Council on Alcoholism (Sanca) has expressed concern that publicity given to the new method of treating alcoholics using nitrous oxide may mislead the public into believing that a "miracle cure" for alcoholism exists.

The executive director of Sanca, Dr Liz Pretorius, said in a statement on Tuesday: "This is most definitely not true. The use of nitrous oxide (laughing gas) dramatically reduces the traumatic detoxification period of patients . . . however this is only the first step.

"Essential psychologi-

cal reconstruction must then occur if the patient is to be rehabilitated."

Pretorius said nitrous oxide treatment worked by reducing tension and leaving the patient relaxed, therefore reducing the severity of withdrawal symptoms like nausea, sweating, hallucinations, etc.

ready using the new nitrous oxide treatment. The treatment is also being used in Finland and interest has been expressed by other countries as well," Pretorius said. -

Sapa

## Pioneer

The pioneer of the nitrous oxide treatment, Dr Mark Gillman, executive director of Sabri, a cooperating body of Sanca, is on record as saying that his treatment is 'not a miracle cure for alcoholism, it is rather a treatment for withdrawal symptoms'.

"Sanca's Temba centre, the only in-patient facility for blacks in South Africa, and Sanca's Newcastle Society are al-

Picture: REUTERS

# No formula to beat effects of alcohol, AA warns drivers

LINDEN BIRNS

PARTYGOERS have been warned by the Automobile Association (AA) that there is no such thing as a "drinking formula" to beat the effects of alcohol.

Once the legal alcohol level of 0,08g per 100ml of blood had been exceeded, numerous factors and circumstances involved made it impossible to devise such a formula, the AA said at the weekend.

"The body's resistance to alcohol could be influenced by the quantity of liquor absorbed, the intervals between drinks, the type of drink, food already in the stomach, body mass (a smaller person will show a higher alcohol concentration on drinking the same amount as a larger person) and individual metabolism," the AA said in a statement.

Quoting research by the CSIR for the National Road Safety Council (NRSC), the AA said there was a dangerous assumption that it was safe to drink up to the legal limit.

"The deterioration of a driver's ability is progressive and starts to develop at a level much lower than the legal limit."

Both SA and US research had made similar findings that at a level of 0,05g alcohol per 100 ml blood, a drinker would experience changes in mood and behaviour, while judgment and restraint are somewhat in-

paired and thinking becomes dulled. After about five drinks in an hour, walking, speech and hand movements are clumsy, while blurred, split or tunnel vision may occur, the research found. "An average person reaches the legal limit much quicker than is commonly realised. Someone with a mass of 70kg reaches the 0,08 blood alcohol limit after only three glasses of dry wine, four metric tots of spirit or five cans of beer."

The AA's recommendations to sensible drinkers included:

- Waiting at least 30 minutes between the first two drinks;
  - After the initial two drinks, have only one drink an hour;
  - Eat continuously — particularly food with a high fat content as this absorbs alcohol; and
  - Avoid fizzy soft drinks as mixers as these hasten and increase the alcohol intake into the blood stream.
- Further advice for when the legal limit has been exceeded includes:
- Getting someone else who has not been drinking to drive you home;
  - Sleeping over and driving home the next day; and
  - Calling a taxi.



HEALTH AND DISEASE - ALCOHOLISM

1991  
1992  
1993

**MEDIA SPOT**

# Alcohol advertising adds froth to debate

HEATED debate about the advertising of liquor brought the marketing of alcohol under scrutiny at Fedhasa's Transvaal congress last week.

Social Aspects of Alcohol Committee director Gary May said the biggest threat to the industry was the shift in consumer perceptions to the view that alcohol was no longer acceptable.

"There was also an international anti-alcohol conspiracy to stigmatise alcohol, especially in Scandinavian countries," he said. And the focus of the World Health Organisation had shifted from alcohol abuse to reducing total consumption by 25% by the year 2000.

However, growth in consumption continued in the developing world, and this problem was now on the agendas of the UN and the US Department of Health.

Issues that were being addressed by anti-alcohol lobbies were the reduction or elimination of advertising, raising of the minimum age, curtailing of hours of service, and mandatory price increases. May said the only way to address the anti-alcohol issue was as a threat to the industry.

Advertising of liquor in SA was around R85m a year. Retailers argued that the industry needed the media to build brands.

Reports by  
**MARCIA KLEIN**

They said the focus should not be on limiting advertising but rather on looking at the contents of ads, including the use of young people, or the encouraging of the use of alcohol.

Anti-alcohol and drug lobbyist Pastor Les Sanabria said that the industry "was advertising a drug that destroys the brain" and it was important to prevent further advertising of liquor.

He said the industry should not advertise at sporting activities.

"By presenting the idea that sports and drinking went together, the industry was contravening the advertising standards code. *Bay 30/4/91*

May said there was still no evidence to prove advertising resulted in an increase in per capita consumption.

A code drawn up by the industry was intended to satisfy all groups involved by achieving a balance between building brands and showing responsibility.

Sanabria said that adverts induced people to drink by making them identify with success through advertising lifestyles, and called this "irresponsible advertising of alcohol".

mental standards had been carried out and submitted to the Department.

- (a) When the offers were considered during July 1988.
- (b) The Regional Architect recommended the offer by Kapro Industrial Complex (Pty) Ltd as the most viable proposition received.

Mr W J DIETRICH: Mr Chairman, may I ask the hon the Minister a supplementary question? The MINISTER OF HOUSING: Mr Chairman, the hon member will have to put his question in writing because the matter is of such a technical nature that I am afraid I will not be able to answer him.

*For written reply:*

*Own Affairs:*

*De Novo: statistics and details*

21. Mr T R GEORGE asked the Minister of Health Services and Welfare:

- (1) (a) What is the nature of the institution named De Novo, (b) what is its average annual intake of patients, (c) what kinds of treatment does it offer to patients and (d) (i) in respect of the latest specified 12-month period for which information is available, what percentage of the patients admitted was treated (aa) successfully and (bb) unsuccessfully and (ii) when is treatment regarded as having been successful;
- (2) whether new clothes are issued to patients on being admitted to this institution; if not, (a) why not and (b) (i) what type of clothes is issued and (ii) how many items of such clothing are issued per patient;
- (3) whether the personnel at this institution are required to read letters addressed to patients before handing them over; if not, what procedure is followed in this regard; if so, why; *Hansard 30/4/91*.
- (4) whether the patients are examined medically on a regular basis; if so, at what intervals; if not, why not;

- (5) (a)(i) what forms of recreation are there for the patients at this institution and (ii) at what intervals are they available to patients, (b) what types of cutlery and crockery are provided and (c) what facilities are there for receiving visitors?

The MINISTER OF HEALTH SERVICES AND WELFARE: *(86) C91E*

- (1) (a) A rehabilitation centre for alcoholics. *Hansard 30/4/91*
- (b) 748 persons.
- (c) Mainly social welfare. Also assessment, groupwork, individual interviews, occupational training under the auspices of the Western Cape Training Centre and health services.
- (d) (i) (aa) 30%  
(bb) 40%
- (ii) When a person abstains from alcoholic drink for a period of one year.

- (2) (a) Yes.
- (b) (i) A complete uniform and sport-attire: This includes underwear, working clothes and "Sunday best".  
(ii) One pair per person.
- (3) Yes. Regulation of the Rehabilitation Services Act: 1 of 1971. Regulation 11G prescribes that all incoming and outward mail should be scrutinised by an official.
- (4) Yes. At the time of admission of the person and thereafter regularly as requested by the patient. Finally just before being discharged.
- (5) (a) (i) Indoor and outdoor sports  
(ii) Indoors: Daily  
Outdoor: Twice a week
- (b) Knives, forks, spoons, mugs and plates
- (c) Visitor's cubicles.

HOUSE OF REPRESENTATIVES

HOUSE OF DELEGATES

QUESTIONS

Indicates translated version.

*For oral reply:*

*General Affairs:*

*Questions standing over from Tuesday, 16 April 1991:*

**Reservoir Hills: police station**

\*1. Mr K PANDAY asked the Minister of Law and Order:

Whether he intends establishing a police station or a satellite police station in Reservoir Hills, Durban; if not, why not; if so, (a) when and (b) what are the further details in this regard?

D82E

The DEPUTY MINISTER OF LAW AND ORDER:

- Yes.
- (a) and (b)

As soon as a suitable site has been identified a temporary police station, which will operate from the Sydenham Police Station, will become operational in Reservoir Hills.

**Social pensioners: means test**

\*2. Mr N JUMUNA asked the Minister of National Health: *Hansard 30/4/91*

- (1) Whether she intends dispensing with the means test for social-pension purposes in respect of persons over the age of 80; if not, why not; if so, when;
- (2) whether she will make a statement on the matter? *(86)*

D83E

The MINISTER OF NATIONAL HEALTH:

- (1) The means test is reviewed on every occasion when the adjustment of social pensions is considered. At present there is no intention to dispense with the means test totally for persons over the age of 80 years;

- (2) no. *Hansard 30/4/91*

The LEADER OF THE OFFICIAL OPPOSITION: Mr Chairman, arising from the answer of the hon the Minister of National Health, is the hon the Minister prepared to take the customs and the cultural habits of various communities into consideration in respect of the application of the means test?

The MINISTER OF NATIONAL HEALTH: Mr Chairman, the hon member may put forward the motivation which will be considered when the means test is reviewed in the future.

**Bayview: police station**

\*3. Mr K CHETTY asked the Minister of Law and Order:

Whether he intends establishing a police station in Bayview, Chatsworth; if not, why not; if so, what are the relevant details?

D84E

The DEPUTY MINISTER OF LAW AND ORDER:

Yes, a temporary Police Station, consisting of prefabricated units, is at present being erected on the corner of Funfair and Turstone Streets and will become operational as soon as possible. The station will function from the Chatsworth police station.

Mr K CHETTY: Mr Chairman, first of all I want to welcome the hon the Deputy Minister of Law and Order. This is his first visit to this Chamber since being appointed to his new portfolio. At the same time we want to put on record our sincere thanks to the hon the Minister for heeding our request by giving us the police station.

The CHAIRMAN OF THE HOUSE: Order! The hon member should ask a supplementary question.

The LEADER OF THE OFFICIAL OPPOSITION: Mr Chairman, arising out of the reply of the hon the Deputy Minister, firstly is he aware that such an official announcement has already been made by the chairman of the Southern Durban LAC? Secondly, is it not correct to say that what is being done in Bayview is the result of the efforts of the hon member for Chatsworth Central?

HOUSE OF DELEGATES

# Pupils in new bid to occupy school

Booy 11/19/91  
WILSON ZWANE

ALEXANDRA township pupils will try to occupy the Orange Grove Primary School again this week after police prevented last week's attempt. National Education Co-Ordinating Committee (NECC) Transvaal general secretary Arnon Msane said the occupation of the school by the Alexandra's East Bank High School pupils would be "some time this week".

"The occupation of the school — and a number of others in the PWV region — is not a publicity stunt but a genuine campaign to highlight the mess black education is in," Msane said.

Other Johannesburg primary schools the NECC has identified for occupation include Joubert Park and General C de Wet in Westdene.

A second attempt at occupying Orange Grove follows the SA Board of Jewish Education's rejection of government's offer of the school.

SA Board of Jewish Education (SABJE) chairman Russell Gaddin said last week his board would not allow confrontation to develop between the Jewish community and the NECC.

"In the light of the discussions between the government and various bodies concerning educational needs in SA, the board is declining the offer of Orange Grove," Gaddin said.

The school — which fell under the Transvaal Education Department (TEID) before

it was closed last year — was allocated to the board by the Local Government, Housing and Works Department on June 21.

Since then Education and Training Minister Stoffel van der Merwe has said empty white schools would in future be handed over to black education authorities "with the minimum of red tape".

Van der Merwe said time-consuming regulations which restricted the transfer of white schools to other education departments in need of facilities would be abolished immediately.

Sapa reports Budget, Welfare, Housing and Works Minister Sam de Beer as saying the fate of Orange Grove Primary would have to be renegotiated.

De Beer said at the weekend he had learned through the media that the SABJE had decided not to use the school.

"I would like to point out that I had received representations from the Jewish community to make use of this school as early as November 1990," he said.

The property's future would have to be renegotiated with the various interested parties.

"Any institution with a vested interest in education is welcome to make representations concerning this matter," De Beer said.

A decision would be taken as soon as possible.



Tennis fans lined up outside the gates to Wimbledon on Saturday night to gain admission to matches yesterday. Because of rain delays, matches were scheduled for the middle Sunday for the first time since the tournament began in 1877. Picture AP

## QwaQwa residents 'consume most alcohol'

Business Day Reporter

QWAQWA residents are southern Africa's homeland drinking champions, with KwaZulu trailing a distant second and Lebowa coming third, a recently released study commissioned by the Development Aid Department has found.

The study of alcohol and drug use in SA's six self-governing states found that male drinkers in Lebowa outnumbered abstainers by eight to one and by 2.2 to one in KwaZulu.

In Gazankulu, KwaNdebele and Ka-

Ngwane, however, tipplers only just outnumber teetotalers.

A typical drinker, the survey found, was male, earned R1 000 or more a month and was not a Roman Catholic or Anglican.

The study — of 1 824 people — found that 16% of male and 5% of female drinkers in the homelands consumed more than the equivalent of 6,7 glasses of wine per day.

821  
86

## 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.

# 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-

86 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."

# Parents, clubs blamed for alcohol abuse

86

Star 16/10/91

By Bronwyn Wilkinson

Schools are fighting a losing battle against teenage drinking because they cannot get parents and nightclubs to fight on their side.

Several Johannesburg high school principals complained yesterday that parents either condoned teenage drinking, were naive about the problem, or just did not care.

Margaret Edwards, headmistress of Kingsmead College in Melrose, said parents gave in too easily to their children.

Teenagers use the 'everybody else is going, why can't I?' argument and parents give in to sulky faces," she said.

"We need to set up support groups for parents. If they are strong together and all say no, it will be easier to deal with the problem," she said.

"I got hold of some of the clubs and told them I would call in the police if they continued to let minors in."

The headmaster at Hyde Park High School, Tony Thurman, said he had written to parents to clear some of the misconceptions about nightclubs and open parties, which are open to all and at which alcohol is usually sold.

He said that what the pupils did out of school was ultimately not the school's responsibility, but schools should educate parents.

"Parental communication is so important. Parents must keep in contact with each other. They must know where their children are and what they are doing."

Mr Thurman said that parents who dropped their children

off at nightclubs were part of the problem.

Two Hyde Park pupils and a boy from King Edward VII School were killed in a car accident early on Sunday morning after they had been to a nightclub after their matric dance.

Louise Johnson, manager of the SA Council on Alcoholism and Drug Dependence (Sanca) education programmes, said poor attendance at presentations for parents was common.

Ms Johnson thought parents did care where their children went at night, "but they don't always know where they were".

Tom Price, headmaster of Mondeor High School, said parents should be a lot fussier about where their teenagers go and what they do.

A spokesman for Thomas Mafulo Secondary School in Naledi said Soweto school pupils visited shebeens and nightclubs and that parents were either not aware of this or condoned it.

Last month Sanca launched an age awareness programme in conjunction with the Federation of Hotel, Liquor and Catering Associations of South Africa and liquor suppliers. It is aimed at increasing awareness among nightclub and bar owners about the dangers of serving alcohol to minors.

The owner of the White Horse Inn in Randburg, Basil Koumandarakis, said he had tried to stop teenagers coming to the venue "but the parents still let them come here. They're too busy to watch out for their children."

● The findings of a Department of Education and Culture investigation earlier this year showed that 61,9 percent of matric pupils used alcohol.

# Gloomy future is seen for SA

Sowetan 23/10/91

Sowetan Correspondent

SOUTH Africa is facing a gloomy future with rocketing prices.

So says Professor Andre Boshoff of the University of Pretoria Post-Graduate Management School.

He told a meeting of the SA National Council on Alcoholism and Drug Dependence that in five years South Africa would be "largely impoverished and only pockets of wealth" would still exist.

He said he could not give an optimistic picture of the future South Africa. He expected inflation to remain above 10 percent annually which was a "disastrous, cancerous situation for any economy".

He said the "haves" were growing

slowly and the "have nots" rapidly.

Unemployment could only be called "catastrophic and was going to become more serious."

Imports would become very expensive because of the poor rand exchange rate.

Outside investors would not come to the country because of the level of violence.

He said those living on a fixed incomes, pensioners included, would struggle in the years to come.

He said Sanca would have an enormous task trying to cope with an increase in alcohol and drug abuse.



# 'Think before you drink!'



86

Sowetan  
29/11/91

By SELLO  
RABOTHATA

SOUTH African Breweries' beer division has urged motorists to "think before you drink and drive" over the festive season.

Advertisements featuring golfer Hugh Baiocchi with the catchline: "When I drive, I don't drink, and when I drink, I don't drive" are being channelled through newspapers, radio and television between now and January, says SAB public affairs manager Mr Adrian Botha.

This is the second year in which SAB has run the "think before you drink, before you drive" campaign and it is the eighth year in which the company has run an anti-drunken driving campaign.

Botha says: "SAB has spent well over R1 million since our first campaign - 'Friends don't let friends drive drunk' - was launched.

"The investment has enabled us to encourage responsibility without using the big stick approach and we believe this has helped to change South African perceptions about driving under the influence of alcohol.

# 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.

- 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

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:

"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. (86) (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.

# Teen tipplers using fake IDs

(81)  
ARG 18/2/92

## Staff Reporter

A THRIVING business in fake identity documents is enabling under-age teenagers to patronise licensed discos and wine-bars, the manager of a popular Rondebosch venue has alleged.

Her comments follow a car smash in the early hours of Sunday when three Camps Bay High School pupils — one of them a 14-year-old girl — were seriously injured.

The pupils were alleged to have visited a Rondebosch wine-bar after attending a St Valentine's Day ball at the school.

The manager, who declined to be named, said staff at the wine-bar checked identity cards or asked for student

cards or drivers' licences if customers appeared under-age.

"They are manufacturing fake IDs and Books of Life — there's a whole scam.

"Some of the girls try to use their sisters' cards with their own photographs stuck in.

"With girls it's very, very difficult to tell when they're made up and when they have what seems to be valid ID cards. And when they're with chaps over 18 with beards and moustaches, it's even more difficult."

If a number of girls arrived in a group and some looked under age, club staff tended to turn them away, the manager said.

She said they had spoken to boys at a leading school in the area who had told them they

manufactured fake identity documents, using computers.

But she admitted they had not taken this up with the school concerned.

"We do our best to ensure that anyone who comes here has a valid ID or student card or whatever to substantiate age."

This was disputed by a mother, who told The Argus she had dropped off her 16-year-old daughter at the wine-bar and that none of her party had been questioned by door staff.

The woman, who asked not to be named, she was "very concerned" about the problem.

A deputy principal of a co-ed school in the southern suburbs, who also asked not to be named, said alcohol abuse among under-age pupils was "a

major area of concern".

Although this had always been a problem, it appeared that children were starting to drink at a younger age — "kids of only 13 or 14 are getting smashed", he said.

Club owners and managers had to ensure that under age patrons were not admitted to their premises, he said.

"If you're under 21, you just don't get served alcohol there."

But he also pointed out that the children were being brought up in a society in which alcohol was freely available.

"People need to be taught about alcohol. The kids are going to drink; we must teach them responsibility and to make intelligent choices," he said.

# Teenage <sup>(86)</sup> drinking 'serious'

CT 18/2/92

## Staff Reporters

TEENAGE drinking is becoming a serious problem in clubs, discos and pubs in the city, with some schoolchildren forging identity documents to get into licensed premises, police disclosed yesterday.

Colonel Raymond Dowd, SAP liquor officer for the Wynberg district, said uncontrolled drinking by teenagers took place especially in the southern suburbs and the Waterfront.

Mr P Schultz, deputy director of the SA National Council for Alcoholism, said teenage alcohol abuse was on the increase and that suppliers of liquor and parents needed more sensitivity in dealing with the issue.

## Alarming

Colonel Dowd said some teenagers went so far as to falsify identity documents to get into licensed premises.

Licensees who allowed under-age people into their premises faced fines of up to R300 and stood to lose their licences, he warned.

Parents had to take responsibility for their children, but many had no idea what their children were getting up to.

"I've taken a few drunk youngsters home to their parents only to be

abused by them and told to concentrate on serious crimes and not bother with petty offences," he said.

Colonel Dowd said there had been an alarming number of accidents involving teenagers drinking and driving.

The Cape Times asked police and authorities for comment after five teenagers were injured in a car smash after visiting a Rondebosch wine bar in the early hours of Sunday. One of those hurt was a 14-year-old school-girl.

The owner of the wine bar — who did not want to be named — claimed that her staff checked for ID and did not know how a 14-year-old girl could have obtained entrance.

She said she did know of instances where teenagers had used false identity documents to get in.

And Cape Town headmasters yesterday expressed grave concern about widespread teenage drinking in public places and tried to work in conjunction with concerned parents in taking preventive measures.

"You hear about this so often. These places have just got to become more responsible," Mr B Probyn, headmaster of Sea Point High School said.

Mr C B Murison, headmaster of Rondebosch Boys High School, admitted that he had heard stories about false identity documents.

Where to get help if you have a drink problem

86

Nai Nahon (Lamini Nation) 2112 - 2712/92  
 Here is a list of the addresses of SANCA offices. SANCA is the South African National Council on Alcoholism and Drug Dependence. If you have an alcohol problem, you can contact your nearest SANCA office and ask for help.  
 This week we will give you offices in the Transvaal and Orange Free State and next week, the Cape and Natal.

In- and Out-patient clinics/information services of SANCA

Office	Street Address	Themba Centre Advisory committee	The Director Themba Centre Dirkiesdorp Piet Retief or Box 801, 2380 Tel: 013339 - 740
National Office	309 Happiness House 120 Loveday Street Braamfontein 2001 or Box 10134, 2000 Tel: (011) 725-5810 725-5860/1/3/4 Fax: (011) 725-2722	Vaal Triangle Society	The Clinic Coordinator 9 Einstein Street Vanderbijlpark 1900 or Box 65, 1900 Tel: (016) 33-2055
Transvaal			
Nishtara out-patient clinic/ SANCA advisory committee	The Social Worker 15 Bree Street Fordsburg 2092 or Box 4006, 1761 Tel: (011) 834-2338/ 838-2597 Fax: (011) 412-3331	Sasolburg branch	3 Fischer Street Sasolburg or Box 745, 9570 Tel: (016) 76-2051
	The Social Worker 23 Hydrangea Avenue Extension 3 Lenasia 1820 or Box 4006, 1761 Tel: (011) 854-5988/9	Vereeniging branch	Community Centre van Riebeeck Street Vereeniging Tel: (016) 22-5003/ 76-2051
South western Johannesburg Society	The Social Worker 306-312 Focus House 3rd Floor 86 Loveday Street Johannesburg 2000 or Box 88049, Newclare 2112 Tel: (011) 838-1374	Far northern Tvl. Society	The Head of Service 33 & 34 Church Street Pietersburg Tel: 01521 - 953700 01521 - 915985
Eldorado Park Clinic	Tel: (011) 945-4941	House of Mercy Advisory committee	The Director 41 South Street Boksburg Tel. 892-2714 (Rehabilitation Centre) 892-5037 (Director/social worker)
Western Clinic	Tel: (011) 673-6105	Khutlo-Tharo Society	The Social Worker 10a Seiso Street Sharpeville Tel: (016) 51-1584
Reiger Park Society	The Secretary 381 Goedehoop Avenue c/r Arthur Hobbs St Reiger Park or Box 14063, 1466 Tel: (011) 52-2212	Sebokeng	11615 Nyembezi Street Zone 7B Sebokeng (016) 93-101
Pretoria Society Castle Carey Clinic Information Office	c/r. Brits & Waterbok Pretoria North 0116 (012) 542-1121/2/3/4	Lowveld Society Out-patient Clinic	Head of Service c/r. Bell & Paul Kruger St. Nelspruit Tel: 01311 - 24376
S.A.T.C.A. Advisory Committee and Information Office	The Chairman A.G. Visser Provincial Hospital Heidelberg Tel: (0151) 2720	Orange Free State	
West Rand Society Information office in/out-patient clinics	The Director 58 Berlandina Street c/r Karl Street Roodepoort Tel: (011) 760-1052/3/4	Bloemfontein and Aurora in/out patient clinic	15 Brompton Road Bloemfontein 9301 Tel: (051) 47-7271 47-9204
Detoxification Unit	Clarendon Drive Discovery 1710 Tel: (011) 472-1016	Unit for healthy life style	Interstate Buslines 36 McGregor Street Bloemfontein 9301 Tel: (051) 48-4607
Western Transvaal Society Sanpark Clinic	The Director c/r. President Kruger & Park Streets Klerksdorp Tel: (018) 462-3072 462-4568/9	OFS Goldfields Society	The Secretary 22 Long Road St. Helena Welkom or Box 1153, 9460 Tel: (0171)-2-5444
Sanpark Information and Counselling Centre	102 Park Street Alabama Klerksdorp 2570 Tel: (018) 462-6823	Thabong SANCA advisory committee	The Social Worker Constantia Road Motse-Thabong Welkom 9463 or Box 40022, 9463
		Another organisation which offers help to people with alcohol problems is Alcoholics Anonymous (AA). You can look up the number of your nearest branch in the telephone directory. An organisation called Al-anon also offers help to the families of alcoholics.	
		Johannesburg.	AA Information Office Shakespeare House 114 Commissioner Street Tel: (011) 836-8735 Al-anon: (011) 337-4486

## Govt health services to cost R9,6 billion

CP 22/10/92

Political Staff

(86)

THE total cost of government health services, outside the four independent homelands, had been budgeted at R9,6 billion, the Minister of National Health, Dr Rina Venter, revealed yesterday.

More than 20% of this budget — R2,1bn — is to go to South Africa's seven academic hospitals.

This means that the annual cost of a bed in the seven academic hospitals, where there are a total of 17 196 beds, is R122 121,42.

Dr Venter gave details of health spending when she replied to questions tabled in Parliament by Mr Mike Ellis (DP Durban North).

By GUY OLIVER

TWO girls aged 15 and 16 cruised through four popular Cape Town bars and clubs on Thursday night — ordering and being served alcoholic drinks — and were not asked their ages by management or staff.

Accompanied by a Cape Times reporter, the girls ordered and were served beer and spirits. Both girls look very much their age.

The Cape Times investigated under-age drinking in city bars and clubs in the wake of a car accident last week which left five teenagers seriously injured after returning

# Under-age girls in bars: No questions

from an "after party" at Abigail's wine bar in Rondebosch.

The girls ordered drinks, but did not consume them. Their mothers had agreed to them taking part in the survey.

At Abigail's the two girls breezed into the packed club after paying a R10 cover charge. The doorman did not ask their ages or for identification.

Abigail's manager "Penny", who

refused to give her surname, said later when informed of the survey: "This thing is being blown out of all proportion. It's my word against yours and your word against my bouncers," she said.

She said she would deny having spoken to the Cape Times.

Earlier, at Sea Point's Main Road bar, Blue Rock, alcoholic drinks were ordered and served at a table. The barman took the order from

the table and neither the girls' ages nor IDs were requested.

At the Waterfront's Pumphouse bar, spirits and beer were served at the bar counter to the 16-year-old girl. No ID was requested and no ages questioned.

Pumphouse manager Mr. Dennis Knight said under-age drinking was a problem and it was "something we are trying to overcome".

At the Arena nightclub the two girls were admitted and no attempts were made by staff to determine their ages.

Informed of the girls' presence, manager Mr. Arrie Dekeel said the club was "very strict" and checked IDs. He said the club turned away many under-age people.

He said fake IDs were prevalent and if a person produced an ID which said they were over 18, there was nothing he could do

The girls told the Cape Times that school pupils acquired ID forms from friends at a technician which were then professionally laminated by a firm in town.

Manager of a card lamination shop Mr. Mark Pain said youngsters came in throughout the year in "drabs and drabs" to have cards laminated, but the busiest time was at the beginning of the year. He said the shop provided a service and could not

question the lamination of student cards.

Meanwhile, Camps Bay pupil Kim Webster, 15, involved in last weekend's accident returning from Abigail's, was last night still in Groote Schuur Hospital's intensive care unit in a "critical but stable" condition.

Fellow pupil Martine Landman, 14, also in the ICU, was described as stable.

Police spokesman Captain Attie Laubscher said the police reacted on complaints of under-age drinking and did spot checks on bars throughout the Peninsula



## School role in abuse of alcohol 'limited'

Staff Reporter (8) ARG 25/2/92

ALCOHOL abuse by schoolchildren is a problem, but schools have only a limited role to play in combating such abuse, according to the Cape Education Department.

The department was responding after reports that many under-age teenagers have been frequenting licensed discos and bars in the Peninsula.

The issue was raised after a recent early morning car crash in which several Camps Bay High School pupils were seriously injured after being at a Rondebosch wine bar.

Department spokesman Dr Orland Firmani said they had provided schools with guidelines for programmes dealing with the dangers of alcohol abuse over the years.

"The problem is dealt with by schools on a continuing basis during youth preparedness, guidance and other periods as the need arises.

"Many schools launch specific campaigns — for example, anti-alcohol weeks," he said.

When pupils with particular problems were identified, parents were informed.

"The roles of the home and society in general are of vital importance. Lack of supervision at home and at parties, wrong examples set by parents and adults in general, and the availability of alcohol in homes and public places are of crucial importance."

## Psychiatrist-rabbi will share skills on beating drugs, drink

STAR 27/2/92

(86)

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

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. *Monday 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.

# Alcohol linked to poor black health

*Sowetan* 8/4/92  
**MORE than 60 percent of black psychiatric patients were treated for alcohol-related conditions, the MEC for social welfare and liaison services, Mr Temba Nyati, said yesterday.**

Thirty percent of black patients hospitalised for medical reasons were treated for alcohol-related problems, he said during the Provincial Budget debate in Cape Town.

The Cape Province's first frail care facility was being erected in Cape Town this year. There were 18 service centres for aged blacks and three old-age homes for blacks

in the province.

There were four special day-care centres for severely mentally retarded blacks, and 11 workshops for the disabled.

Nyati said an estimated 21 000 social workers were needed by the turn of the century, but there were only 1 089 registered black social workers, and no more than 4 000 social workers in the country.

The CPA was appointing social auxiliary workers to support social workers. - Sapa

86

# Absa won't talk about retrenchments

*Sowetan* 8/4/92  
AMALGAMATED Banks of South Africa yesterday declined comment on a report in the *Sunday Star* that it plans to retrench at least 4 000 workers in a sweeping rationalisation programme.

The finance section of the *Sunday Star* reported the casualty toll could reach as high as 6 000 by mid-year.

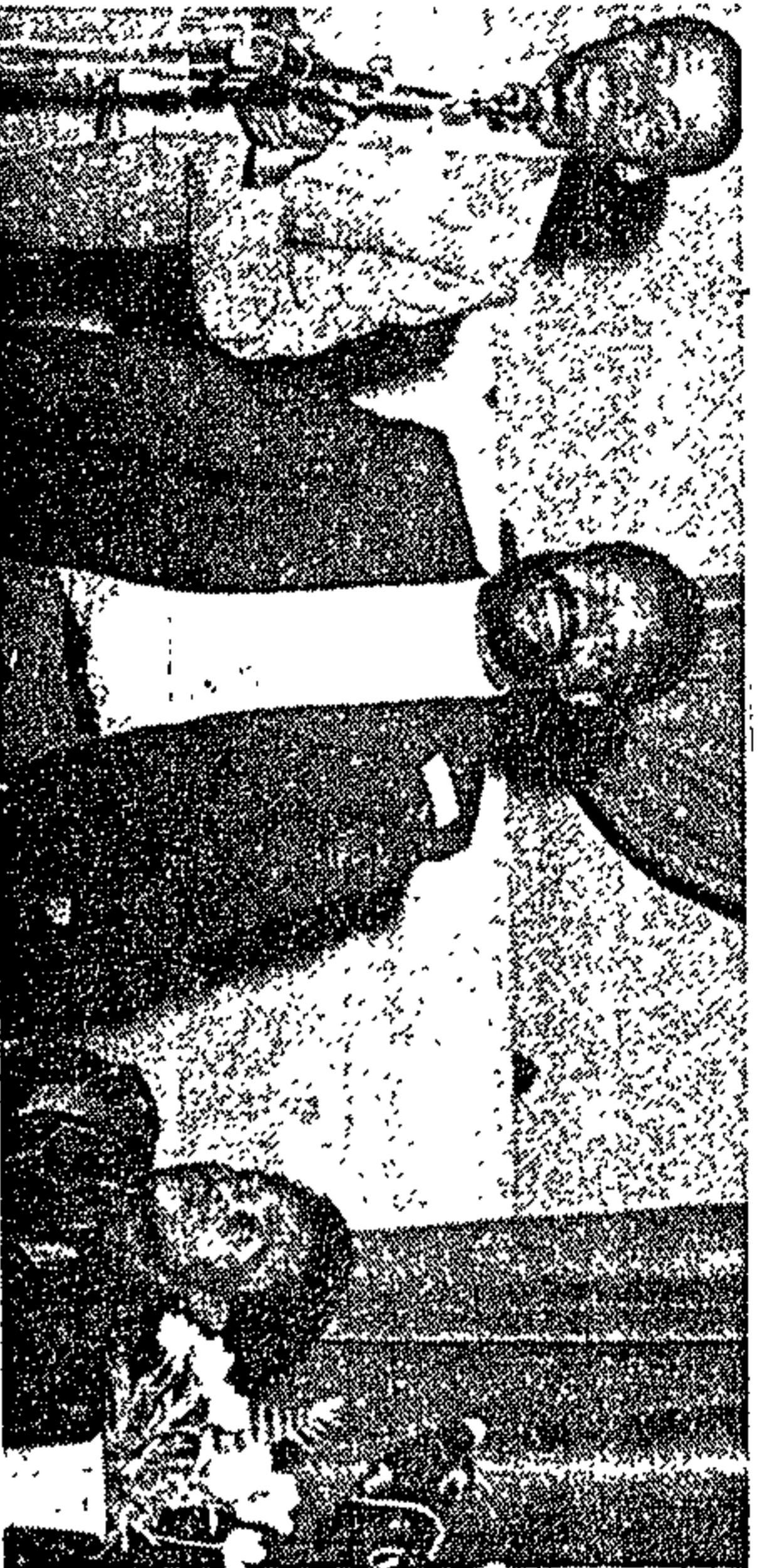
However, Absa human resources director Dr Petrus Claassen this morning declined to confirm or deny the extent of staff cutbacks with a terse "No comment."

He added: "There is a retrenchment programme and full agreement has been reached with the trade unions about the procedures to be followed."

88

8/4/92





Mr AP Mokgethe, the Rev NP Phaswana and Mrs Anne-Gloria Masetle.

# Experts warn on drug abuse

*Sowetan 26/5/92*  
**BY DON SEOKANE**

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 Seshogo 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.

# 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, Van der 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

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.

86

"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.

PEOPLE'S LIVES *When you take the dive from social to hopeless alcoholic you stand the chance of*

# The sobering recollections of

## Quick shots

- One out of five alcoholics is a woman;
- Alcoholism is dominant in women of the ages 20 to 30 years;
- It is prevalent in both professional and other women

By Pearl Majola

**O**NE SUNDAY I woke up with a huge hangover and a total mental block. I did not know where I was, how I had got there, or what I had done the night before.

Apparently, I had visited a friend at her flat earlier in the day where I eventually passed out after a bout of heavy drinking.

The following day I gathered enough

■ **SOCIAL ILLS:** *Michelle climbed from*

*Sowetan 9/7/92*

*boozer to career woman — this is her story:*

courage and went straight to the offices of Alcoholics Anonymous for help.

There is nothing I am more grateful for in my life than knowing that I am an alcoholic. Because of my past I am able to save a life.

I started taking a drink socially on weekends and each time I had friends around me. I fell in love with whisky

before I settled for my favourite brandy.

I was not a heavy drinker. Just the usual shot or two. Although there were members in my family who partook of the grape, I never really embraced spit.

As time went on my drinking became worse. The urge was there all the time and I just wallowed in the demon of

drink. There was nothing I could do without a snort.

There were times when I completely stopped the habit but each time I got back things got worse and worse by the day - as if I was making up for time lost.

I lied to my husband about the booze and my income so that I could sneak out and get myself a drink.

I made new friends whom I hid from my husband because I did not want him to know that I was a drinker like him.

My behaviour changed drastically. I frequented parties and picked fights.



*Losing everything — your job, your family, your self-respect, your very life ...*

# a teen alcoholic

SE

Sowetan 9/7/92

*I have been sober for 14 years now  
and have never looked back ...*

Michelle (not her real name), former alcoholic

I became really violent. And this was not my nature.

My home was the perfect one. Spotlessly clean and my son was well cared for. But things took a turn for the worse when I stayed away from work.

Inevitably my marriage went on the rocks and I walked out on my husband. The bottle was good company.

I was advised by numerous people to go to the AA and I thank the Lord for the decision I took.

I have been sober for 14 years now and have never looked back.



**The South African National Council for Alcohol and Drug Dependence**  
PO Box 10134, Johannesburg, 2000. Telephone 725-5810; Alcoholics Anonymous, 300 Bree Street, Johannesburg. Telephone 29-6696 or 333-7213; Soweto Sanca 984-4017/8

## Sober thoughts

- Eat before you drink;
- Eat snacks while drinking;
- Space your drinks;
- Do not mix your drinks
- Sip your drink, don't gulp it;
- Don't expect alcohol or any other drug to change realities in your life

## Warning signs

- You have to take a tranquilliser or an alcoholic drink or both whenever you are anxious;
- Your behaviour or mood changes after you have "taken something";
- You feel embarrassed or frightened by your behaviour when you are under the influence of alcohol or medicine;
- You regularly take alcohol and medicine at the same time;
- You take alcohol to cope;
- Switch doctors in order to keep your problem "undetected"



# Escaping the alcoholic trap

■ Efforts to help township children, with nothing to occupy them, find Cultural and spiritual fulfilment:

By Sowetan Reporter

MOST people who become alcoholics in their childhood seldom escape from the trap of the devastating disease.

But Mr Johannes Sello of Brits did not only beat it, he immediately tried to shield township children from the disease.

It took a strong will and a drying-out spell in an alcoholic rehabilitation centre for this father of three to try and actively take on the disease that is tearing black society apart.

When Sello snapped out of his drinking binge he did not only bask in his new-found sobriety, he did something for the children.

On returning home Sello did not waste any time starting a youth club with 11 members. Retlakgona Youth Club now boasts more than 50 children who have something to do every day after school.

"During my soul-searching I realised that I became an alcoholic at an early age because I had a lot of time and nothing to do," he said.

"Where I grew up we had no recreation facilities and drinking became the only passtime."

For six days a week members of the club gather at a local church and for big events they use the club hall where Sello works.

They write and recite poetry, dance and sing.

Mr Johannes Sello is a finalist in the Sowetan/CCV Community Bulder Award. He can be seen tonight on New Times at 6.30pm and again on Ntome Tsebe at 8.30pm.



*Sowetan 8/9/92*

They play cricket, hockey, volley-ball, table-tennis and netball.

"Retlakgona is not only a place for fun," said Sello.

"It strives to look after teenagers, providing them with cultural and spiritual fulfilment. It tries to be as educational, self-supporting and as relevant as possible."

The club regularly holds beauty contests and the proceeds are given to any worthy cause in the community. At one time they gave equipment worth R3 000 to a local creche.

Sello's community work is not restricted to the youth club. He also started a meeting of other reformed alcoholics, holding seminars on the dangers of alcohol abuse in the community. They also discuss Aids.

Sello is also the moving force behind the monthly gospel concert by five local groups.



Johannes Sello

## Sobriety Corner

**Name:** Johannes Shimmy Sello

**Age:** 37

**Family:** Married with three children

**Occupation:** Laboratory assistant at a chemical company

**Motivation:** "To have a community with self-help skills and a sense of social responsibility through convening seminars, workshops and ongoing programmes that will generally advance and develop our educational aspirations."

# 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-

~~18/9/92~~  
Business Day Reporters

ticipated 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

~~18/9/92~~  
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.

# Under age drinking a problem

86

at 3/10/92

By IVOR CREWS

UNDER AGE drinking is a major problem, with children as young as seven drinking in Cape Town's townships, a social worker said yesterday.

Ms Audrey de Wet a social worker for 25 years and a member of the executive committee of SA National Council on Alcoholism and Drug dependency (Sanca) was speaking at a seminar on Children in a Drinking Society held at Valkenberg Hospital.

A survey of high schools in East London showed that 69% of pupils admitted drinking at least once a week.

Statistics estimate there are at least 353 000 alcoholics in South Africa. A study of female alcoholics showed that 31% had attempted suicide.

It is estimated about R1,2 billion a year is lost in damage to health, accidents, crime, family breakdown and loss of production.

A survey done at Magaliesoord Rehabilitation Centre for alcohol dependants showed that 52% of male and 25% of female patients had childhood experiences of alcohol abuse by one or both parents.

Ms De Wet said that suggestions for handling teenage drinking included that parents should watch their own

drinking the way the children watched it.

"Start your teenagers off with a drink at home because once they have experimented they may not have the urge to continue drinking," she said.

Parents should tell their children why people drink, warn them of the dangers and hold discussions on drinking problems.

A researcher from the Institute of Social Development, Mr Wynand Louw, said children were socialised in a society where a high percentage of the adult population used alcohol.

He said children drank because drinking was a strong indication of adulthood. Only 22% of children interviewed in the Cape Flats said they had any guidance on the proper use of alcohol. Most children who got drunk in the townships said they did so because of peer group pressure.

Liquor advertisements made children think it was normal to drink, which compounded the problem, he said.

A spokesman for the liquor industry, Mr Gary May, said many studies had been done and not one had indicated that liquor advertisements increased alcohol consumption.

"The ads are aimed at getting people to switch brands," he said.

# Africa open to drug cartels - De Miranda

STAR 3/12/42

86  
Crime Reporter

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.

# Alcohol problems cost SA R2-billion in 1992

By Paula Fray  
Medical Reporter

(86)

Alcohol consumption by South Africans peaked this year, with alcohol-related problems costing the country an estimated R2 billion, according to the South African National Council on Alcoholism and Drug Dependence (Sanca).

With alcohol consumption at a record high, it is now estimated that there are more than a million alcoholics in South Africa, nearly 30 percent of them women.

According to Sanca spokesman Dr Liz Pretorius, alcohol-related problems cost the econ-

omy about R2 billion in terms of lost productivity, damage to health, work accidents, road accidents, crime and family breakdown in 1992.

In the international stakes, South Africa is ranked fourth in respect of malt and sorghum beer consumption, 27th in world consumption of wine and 25th in consumption of spirits.

But Sanca, which is geared to tackle these problems in the new year, will be hampered unless funds flow in.

Sanca released its "life threatening diseases policy" this year, heralding the first time a policy regarding the admission of HIV-positive patients to Sanca's help centres was accepted.

"HIV-positive patients, as

well as patients with any other underlying illness, will be admitted to treatment centres," Pretorius said.

The Teenagers Against Drug Abuse programme was established in 30 schools in South Africa. Sanca also joined forces with Pharmacists Against Drug Abuse by assisting with the compilation of a training manual, and training pharmacists.

Although Sanca has supported integration of services, it was not until early this year that its in-patient facilities were in a position to open their doors to all groups.

"New services for treatment and prevention of drug and alcohol abuse were established in Lenasia and Fordsburg," Pretorius said.

Sanca has a full schedule for 1993 under its theme "Sanca for you and your family".

There will be a Sanca Week, coinciding with International Day Against Drug Abuse on June 26.

The development of services in rural areas and squatter camps is to receive priority.

"Sanca's 'Mustard Seed' project is to be launched nationally during the first half of the year," said Pretorius.

This project recognises that issues related to alcohol and drug abuse cannot be dealt with effectively if basic needs, such as food, clothing and housing, are not met first.

● Cost-cutting sets unhealthy precedent for 1993 — Page 9

STAR 31/12/92

# 'SA has million alcoholics'

Own Correspondent

JOHANNESBURG. — South Africans appear to be consuming alcohol in unprecedented quantities and it is estimated that more than a million are alcoholics, it was disclosed yesterday.

Dr Chris van den Burgh, executive director of the SA National Council against Alcoholism and Drug Dependence (Sanca), said an HSRC survey found that of the

1 025 198 recorded alcoholics nearly a third were women. <sup>86</sup>

A Sanca spokeswoman said the increase was due mainly to the recession, retrenchments, violence and political uncertainty. But the breakdown in family life that followed as people flocked to the cities looking for work, together with the "glamourisation" of alcohol through advertising,

had led to an increase of alcoholism among blacks. <sup>CF 21/1/93</sup>

Increased alcohol abuse also led to more family violence and child abuse, she said.

Sanca estimated the economy last year lost R1 billion in lost productivity and accidents due to alcohol-related problems. They found that alcohol was a factor in 8% of fatal road accidents, 50% of drownings and 30% of injuries.

Soweto  
2/1/73

# A nation of drinkers <sup>(86)</sup>

SOUTH Africans appear to be consuming alcohol in unprecedented quantities and it is estimated that more than a million are alcoholics, it was disclosed yesterday.

## in brief

*Sowetan 21/1/93*  
The South African National Council on Alcoholism and Drug Dependence (Sanca) said of the 1 025 198 recorded alcoholics, nearly a third were women. Sanca said research indicated that in 1992 89 percent of all white males and 77 percent of all white females consumed alcohol.

The figures for blacks were 80 percent and 60 percent, for coloureds 59 percent and 27 percent, and for Indians 49 percent and eight percent.



# SA alcoholics top 1-million, says Sanca

DRINKING had reached unprecedented levels among South Africans, the SA National Council against Alcoholism and Drug Dependence (Sanca) said yesterday.

Sanca executive director Dr Chris van den Burgh said a recent HSRC survey had found that more than 1-million South Africans were alcoholics. Women, because of the stress caused by their changing roles, accounted for a third of the figure.

A Sanca spokesman said the increase was attributed mainly to the recession and the mass of retrenchments, as well as violence and political uncertainty. But the

BDM 21/1/93.  
86  
KATHRYN STRACHAN

breakdown in family life and traditional values that followed as people flocked to the cities in search of work, together with the "glamorisation" of alcohol through advertising, had led to a marked increase of alcoholism in the black population.

The high levels of unemployment and the disillusioned "marginalised" youth had also caused the figure to soar, she said.

While Sanca's services were fairly well developed in most communities, it was

trying to boost its limited service in black communities to prevent alcoholism from becoming a "runaway problem".

The increase in alcohol abuse had led to a growing incidence of family violence and child abuse, she said.

Sanca estimated that the total cost to the SA economy last year as a result of alcohol-related problems was more than R1bn in terms of lost productivity and accidents. And Sanca research indicated that alcohol had been found to be a contributory factor in about 8% of fatal road accidents, 50% of drownings, and 30% of injuries.

# Alcoholics triple in SA

Staff Reporter

THE number of alcoholics in South Africa has tripled in the past seven years, says the SA National Council against Alcoholism and Drug Dependence (Sanca).

Sanca executive director Dr Chris van der Burgh said research in 1985 showed there were at least 353 000 alcoholics in the country.

A recent HSRC survey recorded

1 025 198 alcoholics nationwide — nearly a third of them women.

He said that six to eight percent of the populations of countries like America, France and Germany were alcoholics. (80) CT 22/1/93

The 1 025 198 alcoholics represent about six percent of the South African population, he said.

"This shows that South Africa is fast catching up with the rest of the world," Dr Van der Burgh said.

# Problem drinkers, problem children

LONDON. — More than half a million children in Britain are being brought up by a parent with a drinking problem, the Institute of Alcohol Studies says in a report released this week.

These children are likely to be more aggressive, have greater difficulty learning and suffer emotional problems.

The report, by Dr Richard Velleman, lecturer in psychology at Bath University,

says it is not true that children of problem drinkers become problem drinkers themselves.

However, they do find it more difficult in later life to make and sustain close, long-term adult relationships, possibly because the experience of growing up in a problem drinking family teaches children that close, adult relationships are negative and threatening.

(85) CT29/1/93  
"A tendency can develop, therefore, to restrict future personal friendship relationships to a positive but safely superficial level."

Dr Velleman says family conflict, including violence, caused by heavy drinking is seen by children as threatening.

Excessive drinking destroys the routines of family life, making it a source of anxiety to children. — Telegraph

# National study to look at abuse of alcohol

51 Times  
(Cape Metro)  
7/2/93

By LEW ELIAS

AN independent survey into the correlation between the availability of alcohol and its abuse has been commissioned by the SA Liquor Stores Association and its findings are due in the next couple of months.

Salsa, acting president Ken Heneke told the Western Cape region's first meeting last week that no statistics existed on whether there was any correlation between the availability and abuse of alcohol.

Legislation and regulations had for years been based on public perceptions or what politicians felt the public might want rather than on proven fact.

Salsa approached Market Research Africa in November to conduct the nationwide study.

"Things like price, hours of availability, number of licensed outlets and any other factors that could affect the availability of liquor are being examined," Mr Heneke told the *Cape Metro*.

He said the results should be available within the next two months and the Salsa Aspects of Alcohol Committee (Saac) said the retail sector had to act responsibly toward the community.

Rules concerning alcohol went back as far as 2500 BC when the Hammurabi Code dictated that taverners who overserved should lose a limb, he said.

The control or deregulation of the liquor industry was an important aspect of future legislation and the trade was to hold a forum with representation by all in the industry and representatives from the major political and community groupings to try and work out a formula that would be workable and acceptable to all, Mr May added.

Salsa, a group of liquor store owners who broke away from Fedhasa last year, has been endorsed by former Fedhasa president Fred Thurmann.

The Western Cape regional meeting, the last of five area meetings held by the association of bottle store owners around the country, was attended by more than 65 representatives from all over the province.

## Langeberg expects earnings drop

CAPE TOWN — Food processing and canning group Langeberg Holdings would produce lower earnings in the six months to end-March than the previous period, MD Ray Brown said in an interview after the Tiger Oats subsidiary's AGM on Friday.

After a difficult financial year, the annual results would also be slightly down on last year. *BLOOM 8/2/93*

In the year to end-September Langeberg generated a 29% increase in attributable income to R78,9m (R61m) on a 15% rise in turnover to R741,8m (R645,8m).

Brown said volumes on the local markets had fallen slightly while the rand realisation of exports would be much lower

LINDA ENSOR *(86)*

with the softening of prices and demand in the UK, Europe and the Far East. Exchange rate fluctuations had not offset the falloff in international demand.

Local prices had risen over last year but cost increases had been kept less than 12%.

The benefits of Langeberg's cost cutting programme would be felt partially this year, but mainly so in subsequent years.

Brown said the focus this year would be on reducing costs and asset management, though attention would be given to possible acquisitions in the food processing and canning sector.

## Nissan breaks out the bubbly for 1992 growth

NISSAN SA experienced a "champagne year" in 1992, establishing a strong second position in the motor industry, Nissan SA marketing MD Stephanus Loubser said at the weekend.

Overall sales had increased 11,2% and Nissan had shown the fastest growth in passenger vehicle market share.

The company's success was attributed to the launch of the Sentra, the steady performance of the Maxima and Uno, and Nissan's good reputation in commercial vehicles.

"Everything fell into place in 1992 with the total production line being brought up. Nissan received much attention from fleet owners who bought more than 80% of all products," Loubser said.

He foresaw a lean year in 1993 with no improvement in the overall vehicle market. No new model launches or shareholding changes were expected. Nissan would concentrate on improving its market share.

"We have no intention of overtaking Toyota. We are achieving our objective of establishing Nissan as the strong number two in the market and will work on maintaining this position and narrowing the gap with Toyota," he said.

The company showed solid profit for 1992 and was proud of its success in a market that shrunk 7,8% from 1991.

"We achieved and exceeded our budget for 1992, which is quite an achievement in

TRACY SCHNEIDER

this industry. Our dealers were more profitable and this money has been reinvested in dealerships to enhance service," he said.

The company had experienced supply shortages in almost all categories and had to increase production substantially.

"This was difficult as there is not much flexibility with equipment and labour. Some changes were made to our paint facility which had been a bottleneck and we plan to continue productivity and re-training programmes to enable employees to switch assembly lines," said Loubser.

Increased production had brought unit costs down and enabled Nissan to keep price increases for 1992 at 9% across the range. Loubser said the company had budgeted for a 10% increase (excluding a VAT increase) for 1993.

Nissan's Rosslyn plant has five robots and the company plans to move gradually towards increased automation.

"We must keep our manufacturing process in line with the higher levels of technology required. However, the small vehicle market does not justify the investment needed for a complete switch to robotics. It is also in the interest of the country to keep the industry labour-intensive," said Loubser.

No staff cutbacks were expected for 1993 and Nissan hoped to maintain its previous two-year employment level.

## Morkels aims for flexibility

CAPE TOWN — The benefits of Morkels' cost containment and asset management programmes, which had begun to filter through to the bottom line in the six months to end-September, should be enhanced by the restructuring of its furniture chain, financial director Terry Simon said.

To tighten management control and control of assets, the group had announced the creation of a separate business unit under MD Dodds Brand and the restructuring of regional operations, Simon said last week.

This was the first move to position operating units as separate entities supported by a lean corporate operation encompassing finance, marketing, research, planning, development and labour resources.

Simon said Morkels aimed to introduce more flexibility with decision-making being taken by operating units so that response times to specific market conditions

LINDA ENSOR *(86)*

and consumer demand could be quickened.

A profit increase for the year to end-March would represent a turnaround for the furniture and sports goods group which suffered a 56% decline in attributable profit last year when market conditions in the retail trade had been exceptionally tough.

Not much growth had been experienced at the level of sales which had kept below last year's inflation rate with profit being generated mainly by tighter controls exercised internally.

The slowdown in the intense store opening programme, which last year saw the operating margin slashed from 10,6% to 6,9%, had reduced the cost burden and resulted in an improvement in margins.

Attention had also been given to widening margins in product lines where market conditions allowed.

F  
ON  
Ind  
uld  
sho  
T  
had  
C  
cha  
of I  
bee  
al s  
ing  
L  
ued  
inhi  
inve  
In  
viou  
pres  
arou  
gene  
Li  
rati  
on  
rati

## Louw: 907 SADF staff abused drugs, alcohol

Political Staff

ALTOGETHER 907 members of the South African Defence Force last year were found to be drug and alcohol abusers, the Minister of Defence, Mr Gene Louw, said yesterday.

Replying in Parliament to a question from Mr Lester Fuchs (DP, Hillbrow), Mr Louw said 847 of the members were treated in the SADF.

Altogether 60 members initially attended outside institutions but now received after-care internally.

CT 24/3/93

LABOUR

# How to deal with drinking at work

**B**ETWEEN five and 35 percent of employees at all South African companies — at executive level and on the shop floor — suffer from drinking problems which affect their work.

And, according to Mike McCann, co-author with lawyer Chris Albertyn of the newly published book *Alcohol, Employment and Fair Labour Practice* (Jutas), many managers are afraid of confronting the issue of alcohol in the workplace — in part because they fear trade union opposition.

The book, introduced by Mr Justice Richard Goldstone, who describes it as "compulsory reading for business, trade unions and labour lawyers", promises to stir heated debate between management and labour on how to handle work-

*W/M Mail 8/4-15/4/93.*  
**Alcohol is part of the South African culture — but both companies and unions struggle to come to terms with what to do about drunkenness at work.**  
**JACQUIE GOLDING reports**

place drunkenness.

McCann is currently completing his doctorate at Trinity College, Dublin, in occupational medicine relating to liquor in the workplace. He is chief medical officer at Sappi-Saiccor and Forest in Natal.

Numerous surveys, McCann said in an interview this week, had shown that although drinking often caused injuries and fatalities, "unions and

management are ill-equipped, and wait for a disaster before addressing the problem".

He quoted one startling case study: a contract painter with a blood alcohol level of 280mg per 100ml at 9am had sustained massive injuries in a three-storey fall. Twenty minutes later, a colleague with a blood alcohol level of 310mg/100ml had fallen and died.

Too often employers and unions were unaware of alcohol problems among the workforce. Ignorance also abounded. One personnel manager, asked how he would deal with an employee with a drinking problem, had quipped: "I would give him a job next to a bottle store, so he makes a quick job of it."

"Educating managers, supervisors and shop stewards is essential," said McCann, "and collec-

86  
tive preventative action is always better than individual treatment and cure. The onus is on everyone to get involved."

Employers frequently avoided confronting the issue for a range of reasons, including:

- Fear about a situation of which they know little, and uncertainty about how to deal with it.
- A respect for individual privacy and a fear of involving the organisation in a programme in which the lifestyles of individuals might be exposed or jeopardised.
- Peer group pressures.
- Fear of committing management to a policy which they perceived would be unpopular with employees, other managers and perhaps even the community at large.
- Fear of confrontation with the trade unions.

"I am not an anti-drinker," says McCann, "but the ramifications of intoxicated people at work, both on the ground and in their high chairs are frightening."

McCann stressed that simple disciplinary action by management was inadequate. "The rigid all-or-nothing approach is often unsuccessful. Because of this, the involvement of unions is important.

"To negotiate and bargain over the dismissal of workers, for example, one has to talk from knowledge. Unions and management ought to know the procedures that govern alcohol abuse and alcohol dependence and the rules to deal with this have to be applied fairly."

McCann said that before acting against an alcohol abuser, consideration had to be given to changing the working environment "if it encourages or condones the abuse of liquor"

His 10 years of research had shown that corporate culture was the most potent factor in excessive workplace drinking.

"Corporate cultures can affect all employees," he said "The attitude of management can give misleading messages and be inconsistent. Their preventative measures can be weak and non-existent or there may be double standards: regular managerial drinking at lunchtime and after hours on the premises, but a disciplinary policy for workers which prohibits all drinking.

"Extended business lunches affect afternoon productivity. Indulged in by mainly senior managers, they set a poor example to other employees."

In South Africa, it was easy for workers to drink during working hours. Mobile shebeens run predominantly by women hawkers stationed themselves near factory gates, selling liquor when workers arrived at work or emerged from the factory at lunchtime. Shift workers were especially vulnerable because of irregular hours, poor sleeping patterns and poor supervision.

"Alcohol is often smuggled inside the premises and is distributed under the guise of soft drinks. This cover-up is developed as a form of camaraderie."

McCann warned against attempts to introduce a "caring alcohol policy" against the background of an authoritarian corporate culture. "The policy will be regarded with suspicion and distrust by employees, and without change in the management style, results will fall short. A policy tailor-made to suit each company is needed."

Many employees with alcohol problems could conceal their problem for up to five years, and hardened drinkers could hide the effects of liquor.

"It has been estimated that a company can expect anything between five and 35 percent of its workforce to have an alcohol problem which in some way will affect their work," added McCann.

"For this reason it's vital that health care workers play a role in developing an alcohol programme. It's equally important that any collective agreement should strive to protect the health worker from being pressurised into disciplinary moves, siding with either of the players."

## Have the Weekly Mail delivered each Friday



## ... and this lavishly printed Kentridge poster comes FREE

(if you're one of the first 100 to subscribe, you get a personally signed poster)

**S**ubscribe to The Weekly Mail & Guardian Weekly and we'll give you a lavishly printed colour poster by one of South Africa's best-known artists, William Kentridge.

And if you're one of the first 100 people to write in, you get a poster that's been personally signed by the artist.

The Kentridge poster, ideal for framing, makes a great gift (get yourself a subscription and give the poster to a friend. Or buy a gift subscription for a friend and keep the poster).

Of course, subscribing to The Weekly Mail & Guardian Weekly brings more benefits than a poster.

- Comprehensive coverage of world affairs (in association with such major international newspapers as *The Washington Post*, *Le Monde* and *The Guardian*).
- Lively and informed discussion of the arts, both local and abroad (plus the country's sharpest TV columnist).
- A literate monthly review of books (thoughtful reviews for people who take reading seriously).
- Entertaining columns and reviews for people with special interests (from teachers to lawyers to shortwave-radio buffs).

William Kentridge and The Weekly Mail. It's a combination you can't afford to miss.

### Twelve-month subscription rates

S Africa, Zimbabwe, Namibia, Lesotho, Botswana, Swaziland, Malawi, M'biqwe R140  
Rest of world US\$250 or UK£135 Rest of Africa R340

● For a six-month subscription, halve the rate above. Poster offer only with local 12-month subscriptions.  
● Foreign subscribers please note: The Guardian is included only in Southern African editions.

Please enrol me as a subscriber to *The Weekly Mail* and *The Guardian Weekly*

I enclose a cheque/bank draft for: .....

or debit my  VISA  Mastercard (tick one)

(Note: Payment must accompany subscription order)

Card number: .....

Expiry date: .....

Signature: .....

Name: .....

Delivery address: .....

Code: ..... Tel no: .....

Pub Code: ..... Print Code: .....

SZI Code: ..... Sort Code: .....

Enquiries: Customer Services Department, (011) 726-8267 or toll free 0800-111-661  
Post for: Weekly Mail Subscriptions, Freepost JH 2574 Broomfontein 2017, SA

THE WEEKLY MAIL - The Guardian Weekly

**Sanca fears cuts 86**

THE SA National Council against Alcoholism and Drug Dependence (Sanca) yesterday expressed its concern that government was proposing to reduce funding of prevention and treatment services.

Sanca executive director Dr Chris van der Burgh said: "It is difficult to comprehend that while alcohol-related problems such as a large percentage of road deaths are still due to drunken driving, the state should be considering cutting funds to organisations in the alcohol and drug field."



---

# A single drink is just as perilous

ARG 17/4/93  
86  
Motoring Editor

A SINGLE drink may be one too many if a driver is tired or taking medication, the Automobile Association has warned.

What may under normal circumstances be regarded as an innocuous amount of alcohol may be turned into a lethal cocktail by fatigue, illness, stress and medication.

The blood alcohol level is measured in milligrammes a millilitre. Levels as low as 20 mg (the legal limit is 80 mg) may in some instances impair a driver's ability to carry out delicate manoeuvres and slight direction changes, and may also induce a tendency to take higher risks.

At the legal limit of 80 mg, a feeling of euphoria is likely to set in, resulting in an over-estimation of one's own abilities. Judgment of peripheral areas is also impaired.

Drivers with this much alcohol in their blood tend to be dazzled by oncoming headlights and will notice pedestrians, cyclists and parked vehicles too late.

If you have more than 120 mg in your blood you'll be completely unfit to drive.

How much do you have to drink to get beyond the legal limit? This depends on factors like weight and gender as well as the alcohol content of the drink, and it is impossible to calculate the blood alcohol level in advance.

When is it safe to drive again after drinking? Alcohol is eliminated at an average rate of 10 to 15 mg an hour for men and 8.5 to 10 mg an hour for women. It is a slow process that could result in your being unfit to drive even the following morning.

For example, if at an office party you have quite a few drinks, bringing your alcohol level up to 200 mg by midnight, the level in your blood at 7.30 the next morning will still be 130 mg. Even at 5 pm it will be about 40 mg.

There is no way of speeding up alcohol elimination, the association has warned. No amount of showering or cups of coffee will help.

---

# Drug and alcohol abuse on the rise among executives

BIDAY 20/4/93

(86) (80)

KATHRYN STRACHAN

WITH the fast-growing incidence of cocaine abuse among executives and professionals and the drug's astronomical cost, many organisations could soon find that not only did they have an addict in the boardroom, but also a pusher on the payroll.

Lyn Gunter, administrator of Riverfield Lodge, a clinic which specialises in the treatment of drug and alcohol dependency, said recently the appeal of cocaine was growing among businessmen and professionals because of its ability to produce strong feelings of power and confidence.

With the drug costing about R300 a gram, regular use could cost anything between R20 000 and R30 000 a month. Users usually had to sell to others to support the habit, said Gunter.

She said users often found a lucrative market among their ambitious colleagues. She warned that drug problems among staff could be exacerbated by very senior people within a company.

Higher salaries, freedom of movement and privacy also made it easier for the executive to take drugs.

Alcohol abuse was also on the increase

among executives. A recent study estimated that between 6% and 10% of senior managers had an alcohol dependency problem.

Executives and professionals who abused drugs and alcohol were probably the most untreated group, because they were generally reluctant to confront their seniors with their problem, she said.

Close associates also tended to protect them and help them hide the consequences of their binges, which meant that treatment was often delayed.

"Go-getting young executives who want to outperform their competitors see cocaine as a means to an end. Cocaine makes all things seem possible, and, eventually, no decisions can be made without using the drug," she said.

The problem was compounded by the fact that cocaine was highly addictive. Once dependent, the person found it extremely difficult to break the cycle because of cocaine's powerful psychological reinforcement effect, Gunter said.

## HEALTH MATTERS

# Alcoholics rear other alcoholics

*Sowetan 23/4/93*

■ 20 percent at risk of being drunks;

(86)

By Mokgadi Pela

SONS of alcoholic parents run a 20 percent risk of becoming similarly dependent on booze as adults, a second major US-Danish collaborative study has found.

The studies - begun in the 1970s by Dr Donald Goodwin, professor of the Kansas Medical Centre, and Danish psychiatrist Dr Fini Schulsinger - reach the same conclusions: that about 20 percent of alcoholic family children become adult alcoholics.

Ten years ago Goodwin and Schulsinger and colleagues ran 27 000 names through the computers - both parents and the children - and found 250 parents, mainly fathers, had been treated for alcoholism.

From this study, 223 sons of alcoholics and 107 matched controls at the age of 20 were given a battery of tests, which included the use of alcohol, to judge responses. Goodwin said at the time none of the men were heavy drinkers, or if they were they did not admit it.

The men have been retested at age 30, but without use of alcohol, and the final phase of the study will be to test them when they are 40.

## Support for tough line on smokers

LONDON. — A British government minister yesterday backed doctors who give reduced priority to unrepentant smokers seeking free health treatment.

Junior Health Minister Baroness Cumberlege said the government had no objections if doctors refused to treat patients who ignored advice to stop smoking.

"If they feel that people they are treating are less likely to recover than other people on the waiting list (for health service treatment), then that must be a judgment for them," she said.

Last week doctors in hospitals in Manchester and Leicester in central England said they refused to do non-urgent heart bypass surgery on heavy smokers. — Sapa-Reuter

# Smoking causes genetic changes

LONDON. — Smoking causes genetic changes in the cervical cells of women, which may be a reason why smokers are four times more likely to develop cervical cancer, scientists said in a report published last week. A study reported in the British Medical Journal found genetic changes in the cervical cells of smokers. The changes

were seen in DNA, the basic genetic material in cells.

"The changes can be attributed to the binding of carcinogens in tobacco to the DNA in the cell," Ms Dulcie Coleman of the Imperial College Medical School wrote in the report. The study covered 39 women, 18 of whom identified themselves as smokers.

CF 216193

(87)

Virtually all the women had some changes in their genetic material but 13 of the smokers had a high level of change in their DNA, Ms Coleman said. "Because there are carcinogens in the atmosphere, everybody has a level," she said. "But among the smokers the level is much higher," she

Ms Coleman said tobacco contained hundreds of cancer-causing substances, the most common of which are known as polycyclic aromatic hydrocarbons. She recommended further studies on smoking and other factors which seemed to predispose women to cervical cancer. — Sapa-Reuter

# Burnt out by the white powder

Wm 4/6 - 10/6/93.

(87)

**T**HE harsh, fluorescent light of a downtown Wimpy Bar imposes itself on the face of the boy in the white T-shirt and it's his skin that gives the game away. If it weren't for the pallor, he might be any 19-year-old. But you don't do cocaine for two years and come out looking baby-faced.

Nick Williams (not his real name) has only been old enough to vote for a year now, but, if he hadn't been arrested a month back, he'd be moving into his third year of cocaine dealing. Movies like *Drugstore Cowboy* and *Goodfellas* feel like soap operas to him. "You know how boring they get?"

Williams grew up in a "stable, orthodox home" but things started getting a little less nine to five when his father, a managing director who "did all the right things", started free-basing cocaine and his parents divorced. He decided to start dealing for the same reasons that his mother did — for the extra money.

It was at his mother's home that he was first approached by a Nigerian supplier. "Nigerians are the main men." He'd left school in Std 9, had just stopped working as a salesman and had no income.

His main incentive to start dealing cocaine was the money and the thrill of it.

"It caused heavy ructions with my mom. She wasn't happy about it." He doesn't explain whether his mother's anger stemmed from concern for her son or because he'd touted her customers.

*Life in the fast lane of the drug trade has a certain appeal — until the police come banging on the door.*

**ALEX DODD spoke to an ex-dealer, who used to free-base cocaine**

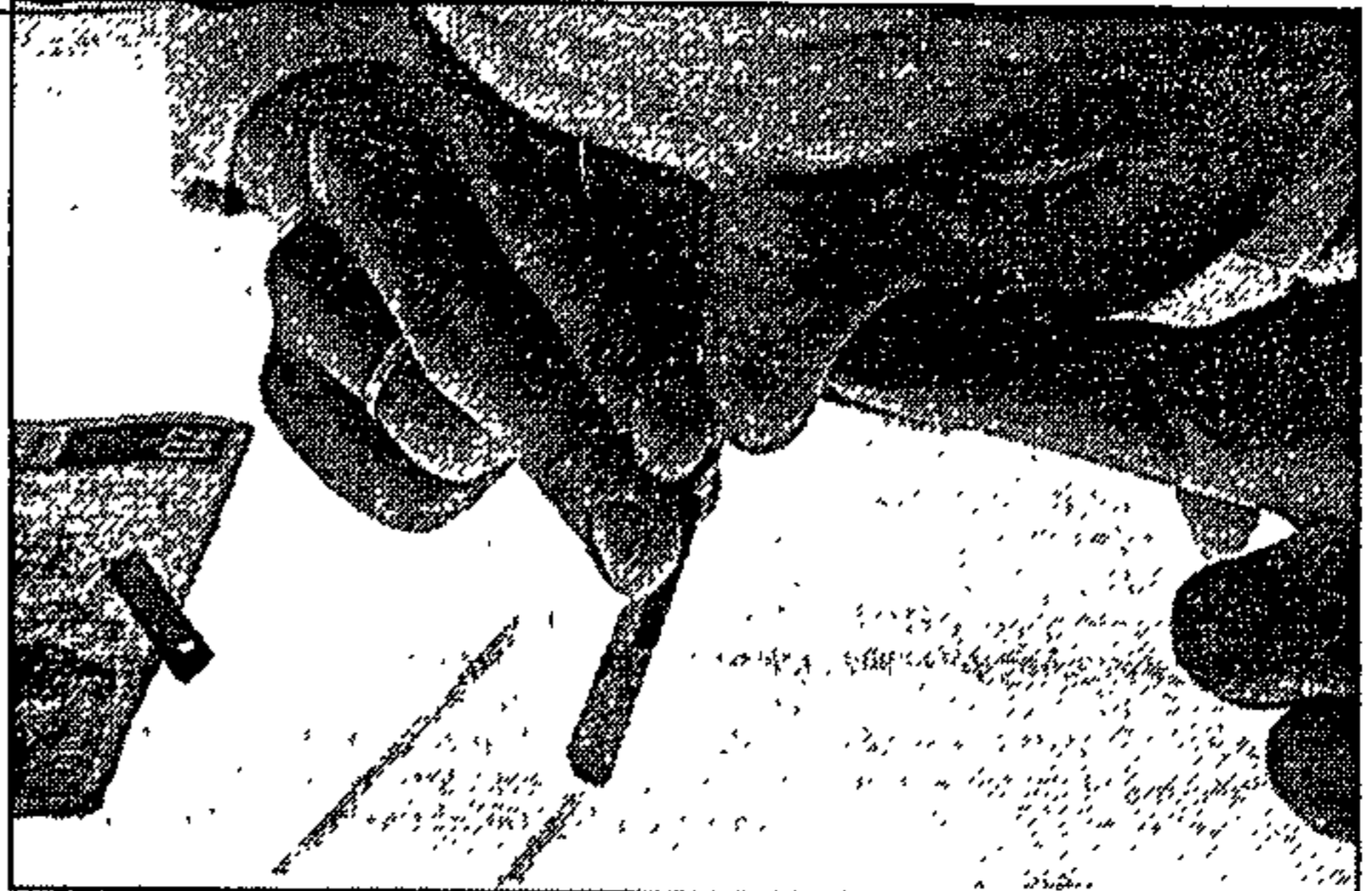
Williams had no problems finding a backer to put up R10 000. Backers are mainly users, so they take the cash back in stock. "I knew he was a user who had a lot of money," says Williams. "In fact, he was a friend of my father's."

He started selling from his home in the north-eastern suburbs of Johannesburg. (He had a couple of friends who dealt out of clubs, so he started supplying them.) "I used to hide the stuff in the ceiling, under mattresses, in a wardrobe," he says.

"I don't know why I wasn't paranoid about being caught. I always lived on this thing: it would always happen to someone else."

"But there is a difference between being paranoid and being careful," he says. Williams never carried much stock nor had a lot of people in his house at odd hours. He had a solid customer base of about 10 to 15 regular users and his customers varied from business people to the unemployed, between the ages of 18 and 35.

"When I first started out I was charging R250 a gram, but the price on the street has dropped to



Instead of having dinner with friends, coke becomes your friend Photo: GUY ADAMS

around R200. At the moment the best stuff goes for around R250 — it's known as 'fizzies' — it fizzes when you cook it.

"If someone bought say 10, 15 or 20 grams, I'd drop the price," he says. Two years back he was paying R150 for a gram, so he was making R100

on each gram he dealt. He spent some of the cash jolling and reinvested the rest in stock.

"Things get very hectic — everything starts to revolve around the drug," he says, taking another drag of his cigarette and attempting to explain why he began using the drug six months later. "I'd smoke my profit instead of taking it in cash."

"I free based the stuff," he says. "You take a normal spice bottle and add about 30 to 40 percent bicarb to each gram of coke. Pour it into about half a centimetre of water at the bottom of the spice bottle and heat it until the coke turns to oil."

"Cool it down and you come out with what is called a rock. That's what it is — a little, hard, white rock. You break a piece off, put it in a base pipe and smoke it. Everyone I was selling to was basing. I was never exposed to snorters."

Williams describes the work he was doing as a "full-time occupation". "When people are basing they get into the 'hanging' syndrome and they used to pitch up at my house at two, three or four in the morning needing stuff to go on with. You end up spending up to six days without sleeping and hardly eating." Williams' anatomy is testimony to this. This man is thin.

"People get upset when you won't give them credit. I was lucky I never had a case of someone getting violent with me. But rumours start going round in coke circles that you're working with the cops. All the usual shit."

He has never felt guilty about dealing because, he says, he never started somebody basing. "I wouldn't supply if they didn't already use it."

Months back he stopped freelancing and began dealing for a main supplier on a commission basis. He speaks about his experiences with a kind of abstracted frankness, almost as if he is reporting on the life story of an acquaintance.

"You start living for the coke. It screws up your relationships, and you collect a whole lot of hangers-on instead who just hang around you for the coke. Instead of going out and having dinner with a friend, coke becomes your friend, and you're happy until it's finished."

At the time of the bust — a major personal turning point for Williams — he was operating from a Johannesburg hotel which had been raided by the narcotics squad on several other occasions.

It started as a day like any other, hanging about thinking about his next hit on a pipe and the passing traffic, when Williams' little credo turned sour on him. Suddenly he was the "somebody else" it was happening to, and before he knew the police had burst into his room. They found bits of drug paraphernalia: scrapers (instruments to scratch out the oil that has cooled in pipes, known as "honey"), gauzes (filters) and pipes, but no substance.

Although the police failed to find anything solidly incriminating, they arrested Williams. They wanted to know who the supplier was. "I denied I had anything to do with it."

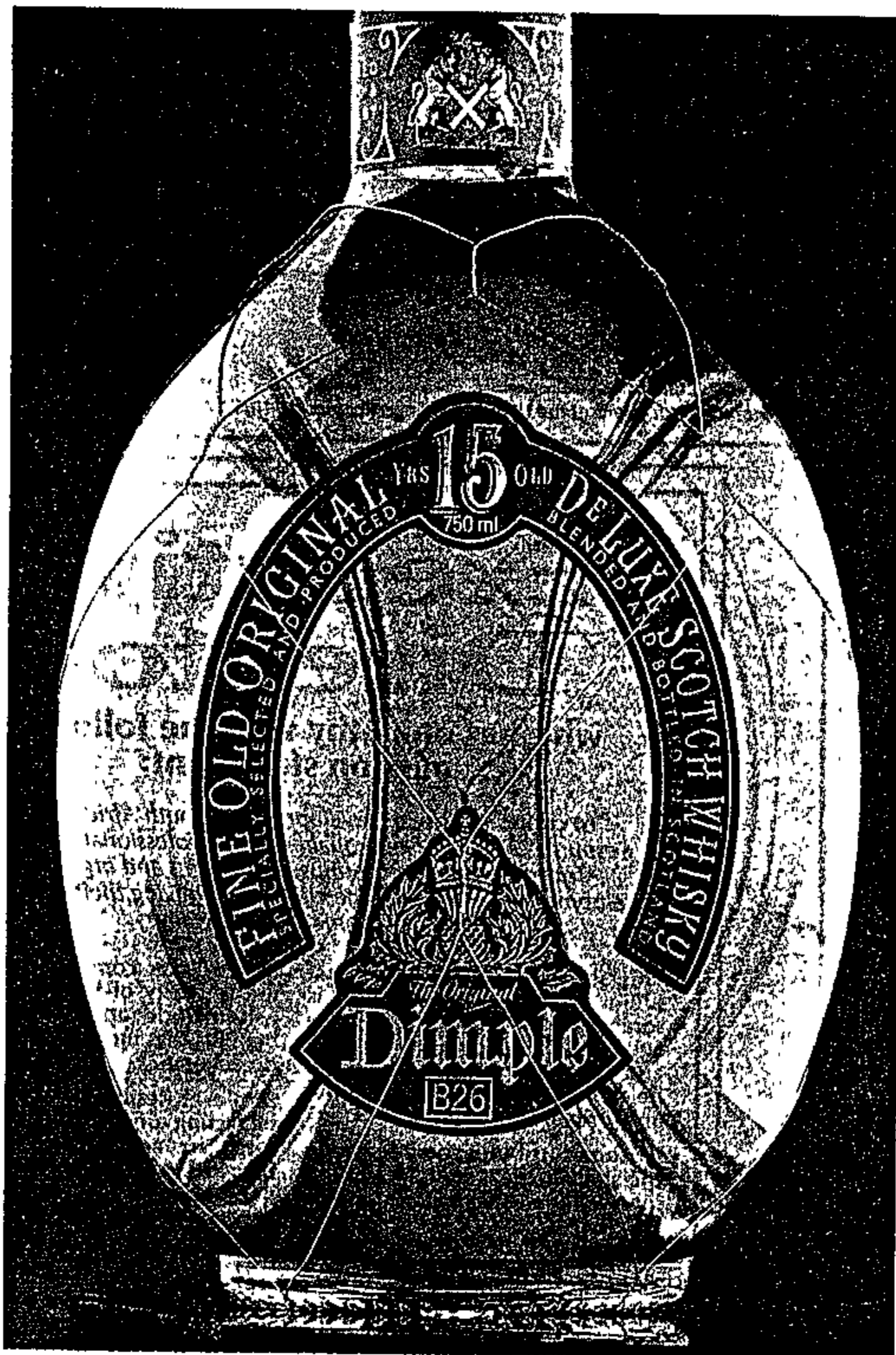
Today he's out on bail, hoping the police will drop the charges against him. But unlike other dealers in similar circumstances, Williams has decided to alter his job profile.

Since those 48 hours in John Vorster Square, Williams has been getting used to the way that supermarkets and zebra crossings look from a mind unaltered by a substance.

"When you're straight and you see someone else living for it, you can see for yourself how destructive it is. I've been getting my head back together."

"I'm going overseas to get out of this vicious cycle of old friends coming round and phoning. There's the temptation of starting to deal again. People don't take no for an answer. I'm not craving the drug — it's the lifestyle that fingers on."

## BRING OUT THE DIMPLES THIS FATHER'S DAY.



DIMPLE 15 YEAR OLD. FROM THE OLDEST DISTILLERS OF SCOTCH WHISKY.



# Smokers beware, <sup>(87)</sup> Rina warns MPs

ARG 5/6/93

PARLIAMENT. — There was absolutely no doubt that smoking was a health risk not only to the smoker, but to the passive smoker, and South Africans should accept that.

Introducing debate on the Tobacco Products Control Bill yesterday, the Minister of Health, Dr Rina Venter, said that, in spite of this, and the fact that smoking was the biggest cause of premature death in South Africa, it was difficult to get legislation on to the statute books.

As she spoke, National Party MP for Benoni Mr Johan Lemmer pulled out a cigarette and sat with it, unlit, between his lips.

"That is a demonstration of the battle I had," said Dr Venter.

She said the legislation, which would empower her to control and ban smoking in public places, would be put into effect with due regard for the rights of smokers and of non-smokers.

A provision banning sales of tobacco products to under-16s spoke for itself. She was confident that the clause would prove enforceable and effective, although it would not guarantee an end to such sales.

The Department of Health needed the co-operation of the whole community in protecting the youth.

Dr Venter said the existing health warnings on tobacco products were ineffective, vaguely worded, printed in very small type and had been unchanged since they were first introduced in 1987.

These warnings were an essential item in the government's smoking control policy.

It was expected that tobacco would



□ **ANTI-SMOKING:** Dr Venter takes the battle to Parliament.

cause 30 percent of all deaths in the 35 to 69 age group in developing countries in the 1990s.

In spite of this, there were attempts to have words like "dangerous" left out of legislation.

She said she accepted it would not be possible to take everyone along with her on the Bill, as there were too many vested interests to be taken into account.

"I wonder whether we will ever get to the point where smokers really will believe that tobacco use is bad for their health," she said. "Or, maybe, they do believe it in their hearts, but they lean over backward and say: 'This does not really apply to me'."

Dr Venter said most South Africans — 70 percent of adults — did not smoke and the Bill aimed to keep it that way. — Sapa.

# Alarm over cough syrup abuse

STimes 6/6/93

LEADING doctors and psychiatrists called this week for a ban on over-the-counter sales of Phensedyl, a popular cough mixture which they say is causing misery in thousands of South African homes.

A psychiatrist who is an expert on habit-forming substances said the preparation contained a combination of ingredients that could produce a "high" that made it dangerously addictive.

The cough remedy's main addictive ingredient is codeine phosphate, also available in many other patent medicines.

## Refuse

However, medical experts say its inclusion in a pleasant-tasting liquid draws substance abusers to swallow it by the bottle, rapidly increasing dependency.

The Department of Health requires that sales of Phensedyl and its slightly cheaper generic equivalent, Lenazine Forte, be recorded by pharmacists as a Schedule 2 preparation.

The records are subject to periodic state inspection, and responsible chemists refuse to sell more than one 100ml bottle at a time. But addicts spread their purchases over scores of chemists, making it virtually impossible for pharmacists to identify dependency.

"Comparatively moderate addicts buy two to three 100ml bot-

abuse

By ROY RUDDEN

ties a day, which means that a good deal of their time is spent finding chemists they haven't patronised recently," said one doctor.

"At this level of consumption, they are already well hooked, and will go to extreme lengths to get a fix, because the withdrawal symptoms are very unpleasant indeed.

"Deprived of the cough mixture, abusers will shake uncontrollably, sweat profusely and become irritable to the point of violence."

Another doctor described the

system of recording Schedule 2 drug sales as a joke.

"Many chemists simply ignore the system in the interests of high turnover. Not that it matters much — visits from inspectors appear to be rare."

A spokesman for May Baker, the manufacturers of Phensedyl, said: "If the rules of Schedule 2 drugs were strictly adhered to, there wouldn't be a problem. Unfortunately, not all pharmacists are applying the rules.

"Making Phensedyl a prescription-only drug is not the answer. The problem is that when there's a quick buck to be made, some people tend to ignore scheduling regulations," he said.

## Parents accused of killing son

Sunday Times Reporter

THE parents of three young children will appear in court tomorrow charged with murdering their eldest son.

The father, 24, and mother, 26, of Swartkops, Pretoria, will also be charged with assault and grievous bodily harm relating to all three children.

Their son died in 1991 — when he was two — after being treated

in hospital for what the parents said were injuries from a fall.

In March 1992, their two-month-old daughter was found by doctors to have a bruise on her stomach. She was placed in foster care.

On May 5 this year, their youngest child, born in March, was admitted to the HF Verwoerd hospital with five broken ribs. The attorney-general decided to lay charges against the parents.



Star 7/6/93

# Tough no-smoking laws on way

Political Staff *PSA*

CAPE TOWN — June 4 will go down in smokers' history as the day Dr Rina Venter, Minister of National Health, began to put out their matches and lighters. On that day she piloted the Tobacco Products Control Bill through its second reading debate in Parliament.

Once the Bill is law, Venter will be able to

ban smoking in public places, and force tobacco products and advertisements to carry a health warning.

People who sell or supply tobacco products to children under 16 may be jailed for six months or fined.

But Venter does not have it all her own way, even in her own ranks — President de Klerk is smoking again, and Minister of Law and Order

Hernus Kriel also smokes.

One National Party MP put a cigarette to his lips while Venter was introducing the Bill.

And as she was summing up the debate at the end, a parliamentary messenger delivered a packet of cigarettes to an NP MP behind her.

Venter is to ask Finance Minister Derek Keys to increase the tax on tobacco products.

The ANC leadership would have to accept collective responsibility for abuses if these were found to be "systematic, persistent and large scale".  
"It is a matter of pride for me that

# Police probe ANC leader after 'kill the boer' chant

Bikwey 18/6/1983  
LOYD COURTS

POLICE said yesterday they were investigating "utterances" by ANC Youth League president Peter Morkaba at Wednesday's June 16 rally in Orlando, Soweto.  
Morkaba led a crowd of youths in chanting "Kill the boer, kill the farmer" at the rally, despite a formal decision last week by the ANC's national executive committee to abandon the slogan.  
A brief statement from police headquarters in Pretoria said other "utterances" by Morkaba at Wits University were also being investigated.  
"The docket will be forwarded to the attorney-general on completion. The docket regarding Morkaba's utterances in Cape Town (in April) was referred back to the SAP by the attorney-general of the Cape so that more evidence regarding the incident can be obtained," the statement said.  
ANC spokesman Ronnie Marmoepe confirmed that the ANC regarded the chant as "inappropriate", but said a decision to this effect had only been

Sethloke, who is still a member of the ANC, had testified that he was beaten on the soles of his feet with a baton during interrogation and hung from a pole while in handcuffs.

# Medical Council welcomes Bill

Bikwey 18/6/1983  
DIRK VAN EEDEN

THE Medical Research Council yesterday welcomed legislation forcing cigarette distributors to warn potential customers — in their advertisements — of the dangers of smoking.  
The Tobacco Products Control Bill was passed by Parliament on Wednesday night and also prohibits the sale of tobacco products to children.  
Council spokesman Dr Derek Yach said although the legislation was not as comprehensive as that of some other Western countries, it did provide a platform for further measures.  
He said the council would evaluate the impact of the legislation on health behaviour over the next few years.  
He said he hoped increased prices through tax would form part of the next Budget.  
The council had calculated that a R1 rise in the price of a packet of cigarettes would bring in R1bn extra in excise revenues. The number of smokers would decrease by 1-million and at least 200 000 premature deaths would be prevented over time, he said.

# East Rand violence claims nine more lives

Bikwey 18/6/1983  
LOYD COURTS

NINE bodies of people killed in incidents of violence on the East Rand were discovered by police yesterday.  
The police also recovered large quantities of arms and ammunition during searches in the region.  
Five people were shot and killed when a group of men — armed with AK-47s, R-1 rifles, shotguns and 9mm pistols — ransacked through Tembisa's Welamlambo Section at about 5.30am yesterday, Sapa reports.  
Twenty people were injured during the incident and were taken to Tembisa Hospital for treatment.  
Police said they did not know the motive behind the shootings.  
Police also reported a shooting in Kallahong, where the body of an unidentified 62-year-old man was found in Zuma Section.  
East Rand police spokesman W/O Deon Peens said the charred body of a man was found in Thokoza yesterday morning.  
Meanwhile, policemen from the Dog Unit confiscated nine AK-47s, 15 AK-47 magazines and a VZ hand-machine carbine and arrested four men after searching a minibus on the N12 near Benoni yesterday morning.  
In Tembisa, the Sethokga Hostel was sealed off and raided by police and SADF members. Three handguns, ammunition, traditional weapons, car radios, typewriters, a survivor's telescope and two stolen cars were seized.  
"These operations were carried out in accordance with the 10-point plan announced by the Commissioner of the SAP earlier this year, in which Gen (Johan) van der Merwe promised the SAP would maintain a visible presence throughout the Republic in a sustained effort to prevent and combat crime," a police statement said.  
A Boipatong woman, aged about 23, was killed when gunmen armed with hand weapons opened fire on patrons in a tavern on Bathong Street early yesterday. Police said the men demanded money before opening fire.  
Meanwhile in Natal, two people died in separate incidents.  
The body of 20-year-old Mbongeni Edward Shange was found near the railway line between Zwelethu and Reunion stations, south of Durban.  
In Kwamashu, also near Durban, a 27-year-old suspect who fled police was shot dead after ignoring a warning to stop.

President Roy Anderson.

Picture: ROBERT BOTHA

view LLOYD COURTS

# Smoking: City may seek powers

CAPE TOWN'S medical officer of health, Dr Michael Popkiss, expects that his council will soon apply for delegated powers from the government to enable it to take new steps to control smoking in all indoor public places.

The Tobacco Products Control Act was approved by Parliament on Wednesday evening, but the State President must still assent to it, and it has yet to be gazetted. In terms of the Act, a local authority can

ask the Minister of Health for the power to make its own by-laws affecting smoking in indoor public places, like shopping centres, banking halls and restaurants.

Recently, the Administrator of the Cape told Cape Town City Council that he would not approve, for at least another six months, its proposed by-law controlling smoking in restaurants.

● The Medical Research Council has welcomed the new Act, saying it believes

the legislation will prove to be "one of the most significant pieces of public health legislation to have been passed in many years".

Dr Derek Yach, Group Executive of Essential Health Services for the Medical Research Council (MRC), said last night if the legislation could be effectively enforced it would result in many lives being saved, and substantial financial savings to the health service.

STC 18/1/73

# Researchers hail Tobacco Control Law

Weekend Argus Correspondent <sup>(81)</sup> MRC 19/6/93

JOHANNESBURG. — Anti-smoking legislation, pushed through parliament this week by Health Minister Dr Rina Venter, would get teeth only when the public lobbied municipal councils, workplaces and future politicians to implement the Act, said the Medical Research Council.

Welcoming the Tobacco Products Control Law which restricted advertising, the sale of cigarettes and smoking in public places, Dr Derek Yach, coordinator of MRC Essential Health Research, hailed the new law as "one of the more significant pieces of public health legislation to be passed for several decades".

It brought South Africa in line with other countries with some form of tobacco legislation, and would prevent many premature deaths and considerable disease, he said.

However, the Tobacco Institute of South Africa was unimpressed by the new legislation, claiming existing systems of control were more appropriate than laws.

The institute said health notices had been displayed on cigarette packs since 1986 in response to a request by the Department of National Health.

Since the youth was not a market targeted for tobacco sales, the industry was not opposed to the ban, although it believed it would be difficult to enforce this section of the law without consulting the retailers.

The institute was also not impressed with moves to regulate cigarette advertising, claiming it had been proved internationally that ads did not increase smoking, but merely promoted specific brands among people who were already smokers.

Star 21/6/93  
**Day against  
drug abuse**

(87)  
South Africa is to participate in the UN International Day against Drug Abuse on Saturday — the climax to the SA National Council on Alcoholism and Drug Dependence's drug and alcohol awareness week. Activities during the week include a "Sober Walk" in the East Rand townships of KwaThema, Tsakane and Vosloorus, and a prayer meeting at Wattville. — Staff Reporter.

# Drugs: City doctors probed

Staff Reporter

6387 CJ 2/6/93

POLICE are investigating six city doctors who are allegedly selling prescriptions for high-schedule medicines to drug addicts.

Detectives at the Wynberg Narcotics Bureau said one of the doctors was suspected of trading prescriptions for sex with young female patients.

Investigating officer Detective Sergeant Mark Uren said the drugs included Wellconal, Se-

conal, Obex, Valium, Rohypnol and Pethidine.

He said the abuse of Wellconal was becoming a problem in Cape Town, especially among "middle-class" white schoolgirls at reputable schools.

Police recently sent an emaciated teenage addict to a city doctor to obtain drugs.

"We sent an extremely thin girl, with a hidden tape recorder, to one of these doctors. She told the

doctor she was addicted to the diet tablet Obex and asked for a prescription, which he gave her."

Sgt Uren said detectives had also arrested a 34-year-old Grootte Schuur anaesthetist for allegedly using prescription pads of colleagues to obtain Wellconal.

The doctor, who is facing three charges of falsifying prescriptions and three of uttering, using the false scrips to get drugs, is to appear in court on July 12.

## Obs drug centre faces cash crisis

Staff Reporter

(87) AUG 23/92

THE Drug Counselling Centre in Observatory — which has treated more than 5 000 addicts and their families in eight years — may be forced to cut its services because of an impending financial crisis.

The centre faces a monthly deficit of R6 500 when a recent R25 000 grant from the Community Chest runs out.

Hoping to attract not only interested members of the public, but potential donors and volunteers to help with fund-raising, the centre will have an open day on Friday as part of International Drug Week.

Visitors will be welcome between 9.30am and 4pm when talks will be given by staff, recovering addicts, recovered drug abusers and parents.

They will also answer questions about the centre and its work.

The centre is at 237 Lower Main Road, Observatory.

Further information: ☎ 478 026,  
☎ 478 035 or ☎ 478 045.

## A snowstorm in the boardroom

PHILIP VAN ZYL

GIVEN the fast-growing incidence of cocaine abuse among professional people and the drug's high cost, many organisations may soon find that not only do they have an addict in the boardroom but also a pusher on the payroll. *B/Daw*

"Cocaine has an appeal to the professional person because of its ability to produce strong feelings of power, confidence and energy," says Lyn Gunter, administrator at Riverfield Lodge, the private clinic near Johannesburg which treats drug and alcohol dependency. *(87)*

"Go-getting young executives, over-achieving lawyers, surgeons, salesmen, insurance brokers and others who want to outperform their colleagues and competitors see cocaine as a means to an end.

"The problem is compounded by the fact that cocaine is highly addictive. Once dependent, the individual finds it extremely difficult to break the cycle.

"With cocaine costing R250 to R350 a

gram, regular use can cost up to R30 000 a month," Gunter says. *24/6/93*

"To support the habit, regular cocaine users usually have to sell to others — and what better market than stressed, over-achieving colleagues? Organisations therefore must become aware that drug problems among staff could be exacerbated by senior people within the organisation."

Cocaine is not the only substance abused by professionals. A recent study found that 99% of senior managers consume alcohol at some point in their career, and between 6% and 10% have a dependency.

"Executives and professional people who abuse drugs probably are the most untreated or incorrectly treated groups," Gunter says. "This is because people are generally reluctant to confront their seniors. Secretaries and close associates protect the executive from the consequences."



# Top medics want dagga legalised

81  
CT24/6/93

## Staff Reporter

DAGGA should be decriminalised in a new South Africa, leading medical professionals said at a seminar yesterday.

The seminar was hosted by the South African National Council on Alcoholism and Drug Dependence (Sanca) as part of International Drug Week.

Professor Frances Ames, top neurologist and veteran advocate of the legalisation of dagga, said it would be economically sensible to legalise the use of it, subsidise its farming, grade it for potency and purity, market it, tax it and sell it.

Dr Greg McCarthy, Registrar at Valkenberg Hospital, said South African dagga ranked among the most potent in the world and that as long as the drug was banned, scientific evaluation of its toxic and therapeutic effects would be incomplete.

Both argued that dagga does not cause any permanent neurological or psychiatric disease.

Professor Ames said it comforted

parents to believe their children were "ruined" by dagga rather than by defective child rearing or that dagga (and not a schizophrenic illness) was to blame for behavioral aberrations.

She stressed that substance abusers were in some way damaged people and that making them criminals would only further alienate them and delay their rehabilitation.

She said the claim that illegal drug consumption led to an increase in crime on part of the user was a myth.

## Treatment

Any criminal activity stemmed from repressive measures which forced the drug user to seek black market sources of supply and thereby establish contact with the criminal element.

Anti-drug champion Mrs Adele Searll said South Africa had a special problem because of the use of Mandrax with dagga.

She said addiction should be decriminalised, making it easier for addicts to come forward for treatment.

# Townships' drug time-bomb

Star 25/1/93 (87)

**BEFORE** his 16th birthday Thabo began to experiment with dagga, graduating to a dagga-and-Mandrax mix by the time he was 17. It was an experiment that proved to be fatal.

The warning lights about his downward slide were there, but went unheeded. Hooked on drugs, he would disappear from home at night, stealing money and various items from his parents' house to pay for them.

It was only after he was arrested for breaking into a neighbour's house that his parents faced up to the fact that Thabo was a drug addict, and that he was stealing regularly to finance the habit.

Thabo was taken to the South African National Council on Alcoholism and Drug Dependence (Sanca) for counseling and treatment. He was keen at first, attending sessions regularly, but, under peer-group pressure, he went back to drugs.

He battled against severe withdrawal symptoms, including depression. In the end the drugs won. Thabo put a rope

## ZINGISA MKHUMA reports on the issues behind Drug Awareness Week, now drawing to an end.

around his neck and hanged himself.

Thabo's tragic history is increasing common among many pupils who have ended their lives as a result of drug and alcohol abuse, according to Sister Patience Tshabalala of Sanca's Soweto branch.

She said the tell-tale signs of substance abuse that parents should look out for were:

- Staying out late.
- Becoming aggressive and losing respect for authority.
- The stealing of money and other small items in the house.

"The street value of a Mandrax tablet is between R25 and R30 and school-going children cannot afford this unless they are stealing," said Tshabalala. She warned that substance abuse was widespread among

Soweto pupils. "Nobody is coming forward with the statistics because none are available. What we have are figures from the clinics, but that is a drop in the ocean."

She said her efforts to have drug awareness included in the Department of Education and Training curriculum had been frustrated. "Our children are committing suicide at an alarming rate. Crime, rape and violence — everything rotates around drug and alcohol problems . . . One day when South Africa wakes up it will realise it is sitting on a time bomb."

The DET has acknowledged that drug and alcohol abuse are prevalent at some of its schools and that teachers have reported incidents of intimidation by boys who were "reeking of liquor" or were drugged. However, it said drug awareness was taught in schools.

Sanca director Dr Sylvain de Miranda said substance abuse among teenagers, particularly black youth, was widespread and getting worse. Three years ago black youths abused alco-

hol and dagga, but now they used Mandrax and occasionally cocaine.

He pleaded for an urgent review of drug control policies and strategies. Concentrating on fines and sentences would not solve the drug problem.

"We need to concentrate on the demand . . . to know why people take drugs," he said.

Police spokesman Major Herman du Plooy said there was a big demand for cocaine in South Africa at the moment. Other widely used drugs were dagga, Mandrax, LSD and heroin. He said dagga was grown mainly in Natal and Transkei, while some of it was smuggled from Swaziland.

Much of the Mandrax, LSD, heroin and cocaine was smuggled into the country by Nigerians and many of the drugs originated from India and Colombia. They were channelled through west African countries into South Africa.

He urged the public to come forward with any information that might help the police stop drug dealing and trafficking. □



## Chemists are there to help addicts

■ Today is International Drug Abuse Day. To coincide with this event and highlight South Africa's growing drug problem the Drug Wise Campaign of the South Africa Association of Community Pharmacists is running an advertising campaign to inform people that many pharmacists offer free counselling to substance abusers.

**JACQUELYN SWARTZ**

Weekend Argus Reporter

COUGH mixtures, diet pills and painkillers — these are some of the habit-forming drugs being legally abused in South Africa.

In response to the alarming increase in substance abuse, the South African Association of Community Pharmacists, (SAACP), launched its Drug Wise Campaign.

Started last June, the campaign has already equipped about 1 200 pharmacists across the country with skills to counsel addicts, concentrating mainly on over-the-counter and prescription drugs.

Mr Greg Bloom is one of those counsellors.

Since passing the SAACP exam a year ago Mr Bloom, who works at a Foreshore pharmacy, has helped several clients face up to their addictions.

"We are not trained to treat people for drug abuse," he said. "If I notice people using a drug excessively it is my job to caution and counsel them on the use of that drug."

Mr Bloom sees Drug Wise counselling as a first line of defence against substance abuse and says the service is both accessible and confidential.

For free advice, substance abusers can visit any pharmacy bearing the Drug Wise logo.

# Cocaine, <sup>(87)</sup> heroin <sup>ARG 26/6/93</sup> ousted by Mandrax

**ZINGISA MKHUMA**

Weekend Argus Correspondent

ABUSE of Mandrax tablets is the highest in the world in South Africa and large quantities of the drug seized in and outside the country confirmed this, according to the SA Narcotics Bureau chief, colonel Neels Venter.

The unique popularity of Mandrax had also restricted the entry of crack, heroin, cocaine and other dangerous drugs into the local market, he said.

Colonel Venter was speaking at a drug symposium in Johannesburg this week to mark National Drug Awareness week. He said that more than a million Mandrax tablets with a street value of about R20 million were seized from January to April this year.

While the more than 3 million tablets seized in 1992 with a street value of R75 million - were almost double the amount seized in 1991, this was only a percentage of the total amount available on the streets.

# 'Prescription drugs can kill'

(87) ~~MEG~~ MEG 26/6/93

■ Prescription drugs which are abused can kill, a narcotics detective warned this week.

**LIBBY PEACOCK**  
Weekend Argus Reporter

THE abuse of Wellconal, a high-schedule pain killer with qualities similar to heroin, is becoming a serious problem in Cape Town, a Wynberg Narcotics Bureau detective told Weekend Argus this week.

This emerged in the light of allegations that some city doctors were under investigation for giving out prescriptions for drugs to addicts, Detective Sergeant Mark Uren said.

"There are five or six doctors in Cape Town known to give out prescriptions without really worrying about the physical conditions of their patients. Two are under investigation.

"One doctor we know of accepted sex as payment for drugs."

Wellconal, an effective pain-killer if used correctly, was a "very dangerous drug" when abused.

"Addicts think: 'Why go through the danger of getting heroin if you can legally get hold of Wellconal?' But Wellconal is very addictive, more so than cocaine.

"If you use it the second or

third time, you can be addicted."

There had been "a lot of deaths" in Cape Town from overdoses, he said.

Often these deaths were not reported, as death usually occurred directly as the result of heart attacks.

Other "legal" drugs obtained from doctors included Beta-dine, which is injected, the diet tablet Obex, which is taken orally, and Rohypnol, Seconal and Valium.

"This is one way addicts get prescription drugs. The other is that they steal a few pages off a doctor's prescription pad when he leaves the consulting room for a moment and write out the scripts themselves.

"Prescriptions have to be written out in a certain way and these addicts usually do it very professionally. They will go to a pharmacy far away from the doctor's rooms, so there is less chance that the pharmacist might know the doctor's handwriting and signature and become suspicious."

Sergeant Uren warned pharmacists always to contact the doctors first if a person looked like an addict or a script looked suspicious.

"We have arrested a lot of people as a result of alert pharmacists. I want to stress that doctors should examine patients before prescribing high-schedule drugs."



SNOWSTORM: Some of the 3,5kg of cocaine confiscated by police this year (above and below)

# SA cocaine market about to boom

South 26/6 - 30/6/93

(87)

By Edwina Booysen

COCAINE is the most powerful natural stimulant known.

Commonly known as coke or snow, the drug is extracted from the coca plant to make an off-white or brownish powder known as coca paste.

Most users sniff cocaine, leading rapidly to an experience of euphoria, well being and increased energy. At the same time mild feelings of anxiety, tension, nervousness and agitation may be felt.

With long term use of cocaine, abusers become nervous, excitable, agitated, hypersensitive and many become paranoid.

Eventually the chronic abuser lives a life of constant overstimulation, agitation, insomnia and anorexia.

Commander of the South African Narcotic Bureau (Sanab) in Wynberg, Major Alwies van Schalkwyk, said cocaine was rare in South Africa until recently.

"The problem picked up in the last year," Van Schalkwyk said.

"In 1992, we confiscated about 1,4kg of cocaine. In the first six months of this year we have already confiscated more than 3,5kg."

The quality of the cocaine smug-



gled into the Cape had improved.

"The cocaine confiscated before was about 50 percent pure, the more recent loads were almost 100 percent pure," Van Schalkwyk said.

"The price has also dropped. Last year's market price ranged between R350 and R400 a gram, now it has dropped to about R180."

It is easier to smuggle the drug into South Africa because there are more direct flights from around the world, Van Schalkwyk said.

The lifting of more sanctions could leave South Africa with an undeveloped drug market, Van Schalkwyk warned.

"South Africa is still richer than other countries in Africa. We expect the cocaine problem will be rife in future and as it becomes more available the price will drop further and more people will become hooked."

He said in the past cocaine was sold and used by mostly by young whites in Sea Point and Constantia.

"Now many more blacks are becoming involved. The same people who used to be mandrax dealers are now selling cocaine, because the mandrax market is flooded."

"The problem is in its infant stages now, but will increase unless the community becomes involved."

Wednesday, June 30 1993

n  
at

offi-  
rust

ins-  
the  
the  
was  
and

er-  
and  
the  
sal  
ay.  
by  
nd  
on  
ch

th  
ed  
s-  
n-

ut  
y-  
at  
r-  
y  
it

c  
e  
-  
-  
i

# Call for unity to end taxi violence

B/Day 30/6/93

ADRIAN HADLAND

PRETORIA — In a bid to end the rivalry and violence endemic to the minibus taxi industry, the creation of a single national taxi association was proposed yesterday.

National transport policy forum chairman George Negota, speaking at the 13th Annual Transportation Convention conference in Pretoria, called on all taxi operators and organisations to unite into one association.

But minutes after the call for unity, the deep rifts within the industry became evident once again as taxi association chiefs took up verbal cudgels.

SA Black Taxi Association president James Ngcoya said the newly formed marketing arm of the Pretoria United Taxi Association, Taximax, was destroying his organisation.

He accused Taximax director Enos Makena of poaching key staff, drawing away Sabta members and of sowing discord in the industry.

Makena had delivered a paper earlier in the day arguing that Taximax, at

its foundation in January this year, had pledged to bring professionalism, discipline, safety and profitability to the industry. He said Taximax intended to implement driver training, establish vehicle maintenance workshops and investigate new business avenues.

But Ngcoya said: "I don't know anything about this Taximax other than that it is destroying Sabta."

Negota said the violence associated with the taxi industry, which had killed more than 50 people in Soweto alone this year, had to stop.

A national taxi indaba had been planned by the policy forum at which the question of unity would be debated.

"We want to give the people an opportunity for a new start." At the indaba, a national code of conduct for operators and drivers would be drawn up, he said.

An agenda and date for the indaba were being investigated.

## Old cure-all lauded in new report

B/Day 30/6/93

STEPHEN COPLAN

RECENT medical studies had shown that aspirin could effectively combat migraines, heart disease and common strokes, the SA Aspirin Foundation said recently.

Aspirin, which has been in commercial use for the past 100 years, had also been found to prevent pregnancy complications, a report released by the foundation said.

The report cautioned, however, against extensive use of aspirin by high-risk pregnant women.

In two long-term studies in the US and UK it emerged that subjects who regularly received low dosages of aspirin reported a lower incidence of mi-

graine and musculo-skeletal pain. The reason was still being investigated, a foundation spokesman said.

Aspirin's anti-thrombotic properties were responsible for its effectiveness in preventing heart attacks and common strokes, the report said.

But aspirin should not be used regularly by people with gastric problems and by younger children.

However, Kawasaki's Disease, which usually strikes infants and small children, could be countered by aspirin and gammaglobulin, the report said.



# Smoking, leukaemia link

★  
ATLANTA, Georgia. — US medical researchers have linked another form of cancer, leukaemia, to the list of diseases caused by smoking, a federal health agency said.

The US Office on Smoking and Health released a report linking smoking to a form of the blood disorder called myeloid leukaemia.

Leukaemia, from a Greek word meaning "pale blood", occurs when tissues in the bone marrow which form blood cells begin overproducing cer-

tain kinds of white blood cells.

While white blood cells are necessary to fight disease, those produced in leukaemia patients are ineffective and crowd out the effective disease fighters.

Findings from 21 studies on the impact of smoking on leukaemia, show that smoking seems to be a major cause of the disease. (S) CT 21/8/83

The risk of developing myeloid leukaemia is 1.5 times greater for smokers than non-smokers, the report said.



# 'Passive smoking causes cancer'

Staff Reporter

**PASSIVE** smoking causes lung cancer and results in more than 40 000 deaths a year.

This was put to delegates at a National Association for Clean Air (NACA) symposium by Cape Town City Council's deputy medical officer of health Dr Ian Bromfield yesterday.

Studies have shown that non-smokers living with smokers face a 30% increased risk of death from heart conditions than they would under normal circumstances, he said.

Workers exposed to second-hand smoke in offices are 34% more likely to get lung cancer. Dr Bromfield said existing

respiratory or cardiovascular diseases may also be exacerbated in passive smokers and there was even evidence to suggest that passive smoking could cause asthma and other ailments in children.

In January passive tobacco smoke was rated by the United States Environmental Protec-

tion Agency as the tenth known Class A carcinogen along with other hazardous compounds such as benzene and asbestos.

Dr Bromfield hoped that by the beginning of 1994 the Tobacco Products Control Bill would be passed to control the sale and advertising of tobacco products (87) CT26/8/93

## Vegetables smoked out

LONDON. — When non-smokers have nicotine in their bodies, people assume there can be only one culprit — passive smoking.

But it could depend on how many potatoes you eat. Or tomatoes. Or aubergines.

Dr Edward F Domino and colleagues of the University of Michigan say certain vegetables do contain nicotine.

Dr Domino reports on a compari-

(87) CT 27/8/93  
son of studies which calculated that it would take three hours to absorb one microgram of nicotine in a room with a low concentration of tobacco smoke. In the vegetables studied there was an enormous variation in the quantities needed to ingest the equivalent amount: 226g of ripe tomatoes (but only 70g of green tomatoes), 140g potatoes, 56g of cauliflower. — The Telegraph plc

# The fag end of an era

The Health Education Authority recently took film producers to task for continuing to show smoking as glamorous. **Henry Porter** looks back on a time when the cigarette really was ever-present in photographs

**T**ED HILL, the boilermakers' union leader of the fifties, checks his ermine before being formally inducted into the Upper House as Lord Hill of Wivenhoe. He is unmistakably a man of his generation, a tough but honest bloke, with the sort of face you see less and less these days.

There he is on November 15, 1967, drinking in the sight of the working-class boy in the robes of a life peer, not overawed by his surroundings but slightly out of place.

And what's that in his right hand, caught in the reflection of the mirror? Ah, of course, it is a cigarette. And judging from a close examination of the photograph it is a cigarette of the untipped variety, a Senior Service perhaps.

Once you have seen the smouldering cigarette it holds your attention. It is oddly jarring today to find someone smoking in a photograph. People smoke in the street and in bars but they are almost never caught by the camera with a cigarette in their hands.

Even for the private snap, a smoker will dispose of his cigarette, just as others hurriedly remove their glasses and arrange their hair. The ciggie these days is recognised more as carcinogenic than photogenic.

At some point between 1970 and 1975 it was erased from the photographic record, like an old-style Soviet politician who had fallen from favour: one moment it was there, then suddenly it had gone. Even in the study of Lord Hill of Wivenhoe there is a sense of the cigarette being hidden and ushered from the composition.

The cigarette dates a picture like a cloth cap does, or the woman's wartime floral apron. How quaint the ever-present fag seems in those *Picture Post* studies of Britain in the forties and fifties: of men streaming out of the factory gates, all with gaspers in their mouths; of rueful squaddies falling out for a smoke; of film stars posed with their fuming co-star; and of coffee bars where the gay young people smoked to look daring and intense and oh so modern.

It is particularly arresting when you find a photograph of a politician smoking, like the study here of Golda Meir, when Israel's foreign minister, as a cross between Andy Capp and Lyndon Baines Johnson, smoking a cigarette turned inside her palm. The cigarette was never really permissible for a politician, but a cigar or a pipe lent a certain weight, which is why Harold Wilson was always seen with his briar although he would far rather have been smoking a tipped Piccadilly.

The cigarette had many photographic roles. It was the comfort of the dispossessed and downtrodden and a companion to the lonely. The Jarrow marchers smoked as they walked to London and the single occupants of boarding house and bedsitter land smoked in the confinement. Look at the picture of the young writer Katherine Whitehorn in her flat in the early sixties. It is like a still from *The L-Shaped Room*, the bare wall, the laden clothes horse, the unrefrigerated milk on the gate-legged table, the gas fire with its curious appendage for boiling water, and



Humphrey Bogart: Glamorous smoker who died of lung cancer

MISS Whitehorn playing a melancholy Leslie Caron with a coil of smoke rising from her right hand. In such a photograph the cigarette is part of the furniture and atmosphere of the time.

If it was relief from loneliness, it was also a symbol of communion. The cigarette brought people together; it was the ultimate ice-breaker. Youngsters were photographed offering a light to their elders and in some slight way becoming more adult in the process; lovers held the tips of their cigarettes together, a kiss at one remove, pleasure passing from lip to lip through the weed.

The cigarette as the social aid was something the tobacco industry encouraged. Everyone then alive must remember the relentless television advertisements for *Consulate* in the sixties which featured two young couples walking by a glistening river and a voice-over which murmured "Cool, fresh *Consulate* — cool as a mountain stream". The message was that nature and *Consulate* had brought these pleasant young people together.

**W**hat other roles did the cigarette play? Well, there was the intellectual cigarette as featured in the photographs of George Orwell, Jean-Paul Sartre and Albert Camus, where the long drag, deep into the lungs, came to represent a certain profound thought. It was a kind of existentialist prop taken up by beatniks, Aldermaston marchers and angry young men — anyone, in fact, who wanted to look as if they were engaged on intense cerebral activity.

Then there was the man-of-action cigarette, like the one which hung from Humphrey Bogart's lips and caused his right eye to close against the smoke. It looked mean and Bogie liked the expression as much as the private dick's hat that sat on the back of his head. He was taken up by the tobacco advertisers and featured with Lauren Bacall in a commercial for the Robert Burns Cigarillo: "I love to see a man smoke a cigarillo," Bacall was quoted as saying. The manufacturers added helpfully that their product "fits neatly between the

lips". Bogart died of lung cancer on January 14, 1957.

We must not forget the debonaire cigarette, as modelled by Noël Coward, James Mason and certain society authors who wished to look sophisticated on the back of their now-forgotten books. It is interesting that the distance of the cigarette from the mouth in some way establishes a person's cultivation or urbanity. Thus a cigarette holder is employed, or we see a gesture in which the upper arm and elbow hug the body while the forearm and the hand holding the cigarette are flung outwards. The working-class smoker always had his fag in his mouth, or not far away, cupped in the palm of his horny hand.

The cigarette was about many things but above all sex, which is why it is difficult to find Hollywood publicity stills from the forties and fifties that feature film stars without their tobacco accessories. The cigarette was part of a star's sex appeal, the implication being that a smoker knew how to take oral pleasure and was thus good in bed. Their looks were literally smouldering.

There was an interesting, and probably unacknowledged, convention among publicity photographers of the period: men were always pictured with the cigarette hanging from their lips, while their female leads usually held it demurely in a pretty hand. They were rarely shown exhaling because in some vague way it looked as if they were taking too much pleasure: it made them appear wanton and far too available.

Despite this week's report from the Health Education Authority that films continue to show smoking in a glamorous light, today it is actually quite rare to catch a movie star smoking. Nor would you photograph the wistful girl in her bedsit or the newly ennobled peer or a politician with a cigarette.

You might just catch an author with a cigarette, like Christopher Hitchens who smokes on the front of his new book, *For the Sake of Argument* (the intellectual cigarette). But generally the cigarette has disappeared from photographs and gone with it are all those useful little signifiers.

# Deadly drugs spiral

ARG 28/8/93

(87)

□ Cape Town has gained unenviable reputation as Mandrax capital of the world

## LIBBY PEACOCK

Weekend Argus Reporter

CAPE Town has earned the unenviable reputation of Mandrax capital of the world with about 95 percent of the world's consumption of the drug happening here.

Wynberg Narcotics Bureau detective Bruce le Cordeur said this week: "For many people in Cape Town Mandrax is a way of life, like you and I have a glass of wine at dinner."

A big reason for the Mandrax culture, especially on the Cape Flats, was poverty and unemployment. Many people engaged in criminal activity, including drug trading, to put bread on the table.

Detective Sergeant Le Cordeur said many people campaigned for the legalisation of dagga, the other extensively-used drug in Cape Town, but the problem was that dagga was smoked with Mandrax here.

"If we promote the legalisation of dagga, we are basically saying: go ahead, smoke a button."

Mandrax factories were operated mainly in the TBVC countries.

From initial production until the tablets hit the streets there could be three or four middlemen, each selling the tablets for at least twice its original cost. The turnover amounted to millions of rands.

■ Mandrax remains the biggest drug problem in the Western Cape and the Mother City can be described as the Mandrax capital of the world.

Big Mandrax bosses invested their money and sometimes had up to six houses at a time. They bought untraceable items like cars, telephones and state of the art video and hi-fi equipment. They also often invested their money in the Ciskei and Transkei.

Sergeant Sergeant Le Cordeur said: "Our work revolves around information. The guys operate specific territories — sometimes 'cold wars' break out when one group intrudes on another's territory."

It was difficult to say how many Mandrax syndicates there were in the Cape area, or

## Police bid to stem cocaine flood

### LIBBY PEACOCK

Weekend Argus Reporter

SOUTH Africa is a "green market" for hard drugs and, with the lifting of sanctions and opening up of air routes, cocaine is starting to flood into the country.

This trend is an intense worry to narcotics police, who are currently appointing drug liaison officers around the world.

Wynberg Narcotic Bureau unit commander Alwies van Schalkwyk said this week more cocaine was coming in to South Africa and the Western Cape as a result of the lifting of sanctions and more direct routes to

Cape Town, which made it easier and cheaper to distribute drugs here.

While the unit seized only 1,45 kg of cocaine during the whole of last year, he added, almost 7 kg was seized in the first seven months of this year.

Major van Schalkwyk confirmed that the South African Narcotics Bureau (Sanab) in Pretoria was appointing liaison officers around the world.

"We have a good relationship with the rest of the world. Drug enforcement agents from Egypt recently visited us here."

He said in the last year the squad had moved away from liquor laws and morality and started putting more emphasis on drugs.

Wynberg Narcotics Bureau head Alwies van Schalkwyk said up to the end of July Wynberg narcotics police had confiscated 332 208 Mandrax tablets, compared to 136 249 in the whole of last year.

In the same period they had confiscated more than 7,1 million grams of dagga, compared to the 4,89 million grams in the whole of last year, Major van Schalkwyk said.

■ Detective Sergeant Le Cordeur said the drug scene in South Africa was becoming more "hi-tech".

Apart from the fact that the country was a "green market" for cocaine, which was starting to flood in, more heroin and LSD were finding their way into the Western Cape.

The heroin that arrived here was unrefined and dubbed "brown sugar".

He said: "It wreaks havoc with your system. You don't know what it's mixed with."

There seemed to be a definite trend towards "designer drugs", like ecstasy, and there were indications that another hallucinogen, "ice", which came in a crystalline form and was usually smoked, was hitting the streets, especially among the "coffin kids" and "goths".

Observatory Drug Counselling Centre clinical psychologist Cathy Karassellos said staff at the centre saw 736 new clients last year. Of those, 68 percent were using dagga and Mandrax.

# Drug and alcohol abuse cost SA R1b

DRUG and alcohol abuse costs South Africa about R1 billion annually in lost productivity, accidents, crime, damage to health, family breakdown and violence, Mr Glen Carelse, Deputy Welfare Minister said yesterday.

Speaking at the first meeting of the Drug Advisory Board, he said South Africa had been accused of being the biggest abuser of mandrax in the world and had been asked by the United Nations Commission on Narcotic Drugs to make special efforts to combat the abuse.

He said 2,07 million mandrax tablets had been confiscated from January to September 1993.

Mr Carelse said in the 1992/93 finan-

cial year R24 million was budgeted for alcohol and drug-related services and 9 000 people received treatment in 1992.

Mr Carelse said in order to gain the public's support they needed to be educated about the treatment of drug dependants.

The Drug Advisory Board, established in March this year, is a statutory body which advises on policy matters and initiates programmes.

Chairman of the board, Mr Chris van der Bergh said "leading international drug cartels were leaving no stone unturned to exploit turbulent times in South Africa for their own nefarious ends".

(87) (86) CT 24/11/93

## Alcohol abuse costs SA R5bn

PIETERSBURG. — Alcohol abuse costs the South African economy more than R5 billion a year in job accidents, lost productivity, damage to health, family breakdowns and disintegration.

(85) CT 3/12/93  
This was disclosed at an SA National Council for Alcohol and Drug Abuse (Sanca) workshop here yesterday.

Sanca official Ms Orne Louw said the council had embarked on an "employer system programme" to identify people with alcohol and drug abuse problems for treatment. — Sapa

HEALTH & DISEASE

- ALCOHOLISM -

1994-1999

# Drink drives Western Cape to injury, death

**LENORE OLIVER**  
Weekend Argus Reporter

86  
ARTS 10

ALCOHOL is a contributing factor in 38 percent of cases involving trauma victims of all ages and races in the Cape metropolitan area.

In particular alcohol misuse has been associated with assault and vehicular injuries.

These figures and facts emerged at a drug and alcohol abuse workshop held at Valkenberg Hospital yesterday.

Other statistics were:

■ Figures compiled at Tygerberg Hospital Trauma Unit showed that 67 percent of all patients with injuries had blood alcohol concentrations (BACs) of more than 0,08 milligrams.

■ Researchers at the UCT Forensic Medicine Department found that 58 percent of people fatally injured as a result of falling out of or jumping in front of trains had elevated BACs.

■ Studies conducted in the Western Cape found that over 50 percent of homicide victims had BACs in excess of 0,10 milligrams.

■ The BAC profile for injured adult drivers and pedestrians alive on reaching Groote Schuur Hospital showed that 29 percent of drivers and 59 percent of pedestrians had BACs over the legal limit.

■ One in every 280 children were born with foetal alcohol syndrome.

■ Pregnant women who drank four

or five times a week risked spontaneous miscarriage, low birth weight and other complications.

Speaking at the workshop, Medical Research Council researcher Charles Parry said: "Alcohol misuse could become one of the most significant public health concerns facing the new South Africa over the next few years as a result of its impact upon health services, the economy and society as a whole.

"Even if we were able to build adequate houses, upgrade water provision and sanitation or if there was a massive programme of job creation, we are likely to face serious social problems caused by alcohol, drug abuse and violence," Dr Parry said. "I believe that the primary focus

should not be on treatment of those who are alcohol dependent or abusers, but rather on misusers.

"This is because the potential for successful intervention is greater among this group and the potential effect on society of problem drinking by persons in this category is greater given the numbers involved," he said.

He said a systems approach to prevention was needed in which alcohol misuse was seen as a problem that derived from many economic, social and cultural factors.

Attention needed to be given to prevention efforts aimed at specific target groups as well as mass interventions directed to society as a whole.



Women today probably have a great many more problems and issues to deal with than her mother or grandmother. Bringing up children, running a home, and dealing with her own problems in the job market are all factors that can lead to stress. Fortunately, many support services exist to help — and Today's Woman highlights a few of them.

# Alcohol and drug abuse on increase

ART 8/6/94



Traditional rural drinking habits were gentler, less problematic than those of the modern city.

White South Africans are drinking and using drugs more than ever, and urban blacks, especially teenagers, are fast catching up. This is the view of Dr Sylvain de Miranda, medical consultant to the Riverfield Lodge, a clinic specialising in treating substance abusers.

STRESSES brought on by the sudden and intense social, economic and political change are contributing to the rapid increase in drug and alcohol consumption, Dr De Miranda says.

"People's insecurities and uncertainties have not been helped by the poor performance of the economy. But 'things don't seem so bad' if you are slightly intoxicated. Their uncertainty becomes a disaster for the family if it turns into alcohol and substance abuse."

Dr De Miranda adds that, in the same way, many people in our black communities, suffer intense levels of stress when their normal cultural guidelines are disrupted, especially when they come to the city for the first time.

"The change in lifestyle, the uprooting of the family has caused a loss of stability. Combined with the normal hazards of poverty and slum living, you have a recipe for substance abuse."

Dr De Miranda says that while white and black substance abuse stems from social change, black substance abuse can also have its roots

in the clash of urban and rural cultures.

"Traditionally in the rural areas, you'd invite many friends around to share a calabash of low-alcohol home brew — and you'd pass the calabash around until the brew was finished.

"However, when you're new to the city and don't have many friends to share your 'calabash' of the more than twice as potent commercial beer, you could quickly develop alcohol abuse-related problems if you didn't adapt your lifestyle."

Dr De Miranda believes people are beginning to understand the difference between substance abuse and the illness of addiction.

"We are on the point of tracing the genetic factors which appear to play a part in the development of chemical substance dependency. Clinical depression and substance dependence are closely allied genetically, and identifying the specific gene responsible would explain why some people develop substance dependencies and others don't."

"In South Africa between 85 and 90 percentage of the ur-

ban population uses alcohol. About 30 percent of these will have an alcohol-related problem, such as a car crash or an injury, once or more during their lifetime while six percent will develop a pathological dependence on alcohol."

Dr De Miranda emphasises that most alcohol-related problems — such as a car crash — stem from irresponsible behaviour and not addiction.

"This irresponsible behaviour can be described as social abuse which can be cured by education and sanction," he says. "The physical dependence is similar to diabetes. People can live normal lives provided they are under treatment."

He believes that only holistic methods can successfully rehabilitate substance abusers. "In the US, research has shown that treating the symptoms of alcohol abuse can be nine times more costly than

using a holistic approach to treat the physical, emotional and social symptoms of the disease.

"Unfortunately, local medical aids mostly regard substance abuse as a self-inflicted disease, and either refuse to pay for treatment or restrict the benefits to a ridiculously low annual sum.

"On a more constructive note, local medical aids are beginning to stipulate they will pay for treatment only if the patient undergoes a programme of aftercare for a year or 18 months, and that is something I heartily endorse," he says.

Dr De Miranda believes that the State should ensure high-quality services are readily available as the early and successful treatment of alcohol and drug dependence, which severely hamper a sufferer's productivity, could make a major contribution on the country's economy."

## New SA move on drug abuse

PRETORIA — International co-operation has compelled South Africa to bring its legislation on alcohol and drug abuse in line, says the Medical Association of South Africa.

A report in Pretoria said it was internationally accepted that the problem of drug abuse and illicit trafficking should be tackled by a reduction in demand and supply. **Alt 22/6/94**

The Abuse of Dependence Producing Substances and Rehabilitation Centres Act, 1971 and to a lesser extent the Coloured Persons Rehabilitation Centres Law, 1971 contained both criminal punishable acts and treatment. **(86)**

In the present legislation, according to the report, these aspects were not only separated but the two different Acts would be administered by different departments.

The Drugs and Drug Trafficking Act, 1992, deals with the criminal offences with regard to illicit trafficking of drugs.

The Prevention and Treatment of Drug Dependency Act, 1992, provides only for prevention of drug abuse and treatment of patients. All references to discrimination or punishment measures have been removed. — Sapa.

## 'Alcohol damages babies'

(86) CT 2116 P 94  
JOHANNESBURG. — About one in every 750 babies is born with Foetal Alcohol Syndrome (FAS) — a pattern of physical and mental birth defects caused by the excessive intake of alcohol during pregnancy, said the SA National Council on Alcoholism and Drug Dependence yesterday.

Sanca said this week, June 20 to 26, would focus on mothers so as to create greater awareness of the risks of alcohol and drug abuse during pregnancy.

High levels of consumption are necessary to produce all the features of FAS, but birth defects have appeared in babies whose mothers drank smaller amounts.

Features of FAS include growth deficiency, body abnormalities, cardiac defects and mental deficiency.

Sanca executive director Dr Chris van der Burgh suggested that pregnant women abstain completely from alcohol. — Sapa

# Hundreds of babies 'drunk' before birth

86 APR 6/7/94

□ 2 drinks daily can lead to foetal alcohol syndrome

**LIBBY PEACOCK**  
Staff Reporter

TWO to five out of every 1 000 babies born in South Africa have foetal alcohol syndrome — an irreversible condition caused by alcohol consumption during pregnancy, says the Department of National Health and Population Development.

And as little as two alcoholic drinks a day can lead to a baby being born with the syndrome, says a Tygerberg Hospital geneticist.

The department said in a statement "hundreds of children" had been diagnosed with foetal alcohol syndrome (FAS) since 1978, when the first cases were identified.

But FAS was still largely under-diagnosed, and some pregnant women, as well as some social and health care workers, were not fully aware of the "serious and irreversible" effect of alcohol on unborn babies.

The Tygerberg Hospital geneticist, who did not want to be named, said FAS was a "huge problem" and rife in the Western Cape.

It was difficult to say how much alcohol led to babies being affected, as it depended on metabolism and other factors, but as little as two drinks a day could lead to babies being smaller than normal.

Mothers-to-be who had four to six drinks a day could see more "obvious characteristics" of foetal alcohol syndrome in their offspring.

These characteristics included mental retardation, small heads and heart problems.

Although she had not seen any "proper statistics", the figure quoted by the Department of National Health sounded "completely acceptable", she said.

As the effects of alcohol on the unborn child could begin even before the mother knew she was pregnant, not only pregnant women, but also women planning

to fall pregnant, had to abstain from alcohol.

The Western Cape, and especially the wine-producing areas, were especially hard-hit by FAS, she said.

The syndrome occurred in all sectors of society, not only in the lower socio-economic groups.

Symptoms were largely irreversible, as the "cells just do not have a chance to develop".

Many FAS babies were born with holes in their hearts. This could be corrected, but needed sophisticated and expensive surgery.

The department said full-blown FAS could be identified relatively easily by experienced health workers, but the majority of cases were less severe and more difficult to diagnose.

As ignorance was the major reason for FAS, social and health workers had to try to prevent it through education and awareness campaigns to alert pregnant women to the dangers of alcohol to their babies.

# Alcohol

(86)

## 'threat

## to Cape'

CTIS/10/94

By DAN SIMON

ALCOHOL abuse, particularly among teenagers, could become one of the most significant public health threats facing the Western Cape over the next few years.

This is according to the Medical Research Council's Dr Charles Parry, who addressed a substance abuse workshop at Valkenberg Hospital yesterday.

It was a "gross underestimate" by the liquor industry that alcohol abuse is confined to less than 10% of drinkers.

Twenty national studies showed the African male population was at particular risk from alcohol-related problems.

### Binge

In a study of farmworkers in the Koue-Bokkeveld, three-quarters of those surveyed exhibited signs of alcohol abuse and dependency, and over 10% had indications of liver damage.

Binge drinking among teenagers was also cause for concern, he said.

Teen health education programmes needed to be modified, Dr Parry said.

# 'It's like a minefield'

ARL 6.2/11/94

## Vested interests handicap Minister's attempts to tackle the health crisis

The words "health" and "crisis" have for a long time been synonymous in South Africa. Before the installation of our new political order, the health crisis was always defined in terms of apartheid-based inequities. Now the situation appears to have changed. Argus Correspondent DAVID ROBBINS asks Health Minister Nkosazana Zuma to help define South Africa's new health crisis.



It must be taken as absolute that the new health crisis has not replaced the old, but is added to it. The disastrous inequities of the apartheid era persist, and the new crisis relates to the nature of the transformations necessary to correct the earlier imbalances.

It is worth recapping briefly on these imbalances. Blatant racial differentiation in terms of infant mortality rates and life expectancy and an equally blatant bias in favour of urban-based curative care have left millions of black South Africans out in the cold.

Into this morass, in mid-1994, marches a new Minister of Health, Dr Nkosazana Zuma, armed with the ANC-inspired health plan.

At the heart of the new plan lies the conviction that peripheral health services — in the form of community-participative district health models — should become the basis of the nation's new package.

Primary health care, with its emphasis on preventive and promotive programmes, should hold centre stage, while the curative institutions (hospitals) should be rationalised — and protected from patients in need of lower levels of care — to more cost-effectively perform their vital supportive and referral roles for the peripheral services.

That's the theory. What of the practice?

"It's like a minefield," said Dr Zuma. "There are so many vested interests in health."

The mechanics of introducing the new health policy are described by Dr Zuma as "inverting the expenditure pyramid". The current situation, inherited from the past and still existing in the shape of the R14 billion 1994/5 budget which was set before the new era began, is that more than three-quarters of the public health budget is spent on hospitals, while the peripheral services subsist on the balance.

"This needs to be reversed," said Dr Zuma. "The bulk of our budget should be going to the periphery if the new health plan is to succeed."

But the problems of shifting financial resources in this way are enormous.

**Most of South Africa's academic hospitals spend large proportions of their budgets on dealing with patients who should be attending clinics which very often don't exist because resources are so concentrated in the hospitals.**

view, is that hospitals are overloaded simply because the peripheral services are so weak. Most of South Africa's academic hospitals, for example, spend large proportions of their budgets on dealing with patients who should be attending clinics which very often don't exist because resources are so concentrated in the hospitals. It's a vicious circle.

"What I have tried to argue," explained Dr Zuma, "is that the gradual release of resources from the hospitals for use at the periphery is not sufficient. We cannot wait for this to take effect. For this reason I have asked for bridging finance which we will spend at the periphery. This will have the effect of taking some of the pressure off the hospitals and facilitating a reduction of their budgets."

Dr Zuma has already approached the Ministry of Finance which has agreed to provide this bridging finance (an amount is not yet specified) on condition that a plan is prepared to show how resources will be shifted from the hospitals to the periphery in the long term.

"Of course, we're already working on this plan. An important element concerns the country's seven academic hospital centres. The hospitals themselves are looking at the possibility of reducing their number of academic beds, and also at the need to spread these national assets more evenly between the nine provinces. In fact, they've already agreed on a 5 percent budget cut for 1995/6."

Another element of the plan concerns managerial reform in all

pitals were better managed, costs could be considerably reduced."

Logistical considerations aside, however, there emerges an even deeper malaise which is beginning to colour the new health crisis. Diverting resources from hospitals to the periphery is difficult enough, but not impossible. What might prove to be so is coping with the enormous powers and vested interests residing in the hospital structure itself, a structure which controls and consumes more than 75 percent of the health care budget.

Dr Zuma deflects the suggestion. She talks instead of the high levels of co-operation she is receiving from the academic hospitals and from the majority of those engaged in public health services. "I believe we should be extremely careful not to alienate hospital superintendents and their managerial staff. We need to provide them with assistance, rather than destructively criticise."

Yet the thorns of the new health crisis are everywhere apparent. I remind Dr Zuma of one of the recurring themes: hospitals overloaded and collapsing under the pressure of the recently introduced free health for children and nursing mothers, a situation (if some press reports are to be believed) which has forced the provinces to call for a supplementary vote of more than R2 billion to bolster the country's hospitals over the remaining months of the current financial year.

Dr Zuma's reply was suddenly unequivocal. "The hospitals are not collapsing. Nor are supplementary votes anything new. They're as old as the budgeting system we've inherited. And let's remind ourselves that this R2 billion shortfall in the budget was established before any impact of free health care for children could possibly have been felt."

Dr Zuma said that when she first began to hear reports of overstretched hospitals, she called for random figures which would indicate this from the nine provincial health authorities. That was six weeks ago. So far, only the Free State had responded.

"The Free State figures show clearly that bed occupancy rates are, if anything, lower than in previous years. The crisis is in the

**"There are some who would blame everything on the free health programme while disregarding budgets and overspending with impunity, and then running to the press and saying they'll have to close unless more money can be found."**

outpatients departments and the clinics," she said. "In fact, the impact of the free health programme has highlighted the inadequacies of the present system and the need for precisely the sort of health care reconstruction which our health plan advocates."

"I would like to stress that the free health programme has not brought our hospital system close to collapse. Nowhere near it."

Then she said forthrightly. "But there are some who would blame everything on this programme while disregarding budgets and overspending with impunity, and then running to the press and saying they'll have to close unless more money can be found."

Who were these "some" prepared to lay the blame in this way? Did they represent those vested interests in hospitals anxious to ward off the reforms which would diminish hospital power? Or were they people, even within the ANC itself, who felt they had been ignored in the apportionment of plum jobs within the health department?

Of course, Dr Zuma wasn't saying. What she did say, however, was: "It would be naive to believe that I have the support of everyone. Some have not been honest. Confidences have been broken, and so on. But this is to be expected when we're dealing with fundamental transformations."

"I believe, though, that within the department there is a critical mass of people who want to see the new plan succeed."

Health Minister Dr NOKOSAZANA ZUMA... trying to "invert the expenditure pyramid".

## NATION BUILDING SA's problems of drug and alcohol abuse need urgent attention

# Put alcohol abuse on the agenda

By Nthozami Xiphu

chairman of the Education Transition Task Team for the Western Region of the Eastern Cape in Port Elizabeth.

FEW problems have affected our society more negatively, threatened our productivity and well-being more directly, than alcohol and drug abuse. Because the use of alcohol is legal, it poses more serious problems. While the negative consequences of alcohol related behaviour can be punished, the use of alcohol itself cannot be banned. Yet alcohol abuse costs society greatly.

The abuser's psychological and physical health problems, his or her lost productivity at work, the time supervisors must spend in dealing with alcohol-related problems, the efforts of co-workers to absorb the abuser's workload and the strife caused in the abuser's family, are costs that we as a society can ill afford.

The statistics of South African alcohol consumption are startling. According to a 1990 international survey by the Brewers Association of Canada, South Africa ranked number 23 in the consumption of spirits; number 16 in the consumption of beer; number 22 in the consumption of wine. This gives the country an overall alcohol consumption rating of 23.

Worth noting are the following: In the consumption of spirits, South Africa competes favourably with such countries as the United Kingdom, Sweden, but higher than countries such as Italy, Portugal, Mexico, Denmark, and Belgium. With regard to beer, South Africa ranks higher than countries such as Japan, France, Italy, USSR, Spain, and Sweden.

Wine consumption is significantly higher than in the United States, USSR, Ireland, Canada and Mexico. In the overall rating South African total alcohol consumption is higher than such countries as Japan, USSR, Yugoslavia, Sweden and Poland, and not very far behind countries like the United States, the United Kingdom and Canada.

Alcohol is responsible for most traffic accidents. According to the 1978 report of the South African National

Institute for Transport and Road Research, alcohol was a contributory factor in 42 percent of the driver accidents and in 53 percent of the pedestrian accidents over several years in Pretoria, Durban, and Cape Town. The risk of a motorist being involved in an accident relative to blood alcohol concentration appeared to rise steeply once the concentration of 0,50g alcohol to 100 ml of blood was reached. More recent reports would obviously have even more frightening statistics.

### Drug use

Given the pattern of alcohol and other drug use in South Africa, studies indicate an increase in the incidence of oesophageal cancer; and the emergence of alcohol-induced pancreatitis and alcoholic liver disease. In one study (Krisch 1985), ethnic-specific medical consequences of alcohol consumption were observed.

This study looked at the physiological impact of the high iron and low alcohol content of the home brewed sorghum beer, predominantly consumed by Africans. Excess consumption of this beverage resulted in an iron overload, whose manifestation was a high incidence of porphyria cutanea tarda (a hemologic disorder).

The impact of alcohol misuse and abuse to industry is equally frightening. Looking at a country like the United States is instructive. According to a recent report of the US Institute of Medicine, the US industry lost R100 billion as a result of lost productivity associated with substance use.

As a result, an enormous amount of resources in the US industry are currently being spent annually on drug testing alone. A comparable cost would be expected for South African industry, after taking into consideration appropriate population and GNP adjustments.

While internationally, great strides have been made during the second half of this century to understanding alcohol abuse, alcoholism and alcohol dependency, our country still lags behind in this area. It ever lags behind countries that rate below it in terms of alcohol consumption. Something has to be done soon.

The entire region of Southern Af-



Alcohol and drug abuse affect all sections of our community.

rica can benefit from emulating and linking up with some of the efforts spearheaded by the World Health Organisation (WHO) to look at the impact of alcohol consumption on socio-economic development.

### Workshop

This workshop, which looked at alcohol policy and socio-economic change, observed increasing trends in alcohol consumption and alcohol-related problems in the countries studied and came out with the following recommendations; necessity of development of data and monitoring the systems; need for cooperation between different sectors of society and administration to develop basic control of the alcohol market; the importance of activating the health sector, communities, workplaces, schools and municipalities to alcohol-directed activism; and the necessity of developing institutions, training programmes and research to support alcohol awareness education. This is what our country needs.

By putting discussion of this issue in the public domain, we hope to link up with like-minded formations, institutions and individuals, so that mass education can begin. Mass education requires organisation, information research and storage and concept definition and simplification.

The first step in this endeavour in-

volves understanding why alcohol and other substance abuse is a problem, and in believing that efforts must be taken to prevent it and to treat abusers when necessary.

In this regard I am currently working on a monograph which begins with a short historical analysis of the advent of alcoholism in South Africa; followed by a scientific treatise, where the biochemistry and medical consequences of alcoholism are discussed; with a concluding section on intervention measures and screening instruments of assessing alcohol and other drug dependence.

The next step is the establishment of institutions to collect data and conduct the necessary scientific research. Preliminary work towards the establishment of a resource centre, the Eastern Cape Alcohol and Drug Abuse Resource Centre is currently underway. The emphasis of this project is scientific research and not prohibition, counselling or treatment. Information from all disciplines and perspective, which students, researchers, and scholars will find interesting, is being collected.

As a person who grew up in a typical South African township, the issue of alcohol and drug abuse is not just an academic matter, but one we have observed at close proximity. I have seen how alcohol and drugs can mess up the lives of people.

I have also observed how people can get into a vicious cycle of unfinished debts at shebeens. The financial and emotional impact of these developments on the family that is dependent on the person with a problem, are unthinkable.

In industry, the informal loan sharking business (Mashonisa) is patronised by people with alcohol problems.

While diagnostic, intervention strategies, treatment methods and other alcohol-related policy matters may be a source of debate and discussion, I doubt that there can be an argument against the inclusion of alcohol and drug education into our national development and educational programme.

While this would require going through governmental bureaucratic structures, the discussion must begin as a matter of urgency.

Great strides have been made during the second half of this century to understanding alcohol abuse our country still lags behind in this area

This study looked at the physiological impact of the high iron and low alcohol content of the home brewed sorghum beer

# Child drinking shock

AR 9/3/95

(86)

□ Pre-teenagers found in clubs

## TWEET GAINSBOROUGH-WARING

THE increasing number of under-age children who are being served alcohol has led Sergeant Alan Liebenberg, the community police officer of Camps Bay, to initiate an awareness programme for schools in the Atlantic suburbs.

He has approached schools to support the drive.

"Of real concern is the number of youngsters frequenting nightclubs," said Sergeant Liebenberg. "You only have to drive through the city's clubland to see obviously under-age teenagers walking on the streets."

He was particularly concerned about the possibility that young girls, heavily under the influence of alcohol, could be raped without being aware of it. "Peer pressure is tremendous and teenagers who have been drinking are easy prey for the drug-pushers," he said. "Children as young as 12 have been found in clubs during police raids."

Although many parents were aware of the problems and dangers facing teenagers, there were those who appeared not to care or who were simply ignorant or naive, he said.

He quoted a recent case where the mother of a drunken 12-year-old girl accused the policeman who had found her of spoiling her fun. The same child was found in a similar condition about 10 days later.

At a recent ratepayers meeting where he spoke on drug and alcohol abuse, Sergeant Liebenberg asked those present whether they felt the police, in taking a

drunken teenager to the police station and phoning his or her parents, were acting too harshly. Parents present felt "even harsher treatment" was necessary.

At one of the schools approached by Sergeant Liebenberg, the guidance teacher has focused part of the first term guidance classes for Standard 8 pupils on clubbing.

"Experts are brought in to discuss topics like drug and alcohol abuse as well as safety, covering basics like how to get home safely if you find yourself in an awkward situation," she said. "In this way we hope to equip our students with the necessary knowledge to steer clear of trouble."

A spokesman for another school in the Atlantic suburbs said one lesson a week in the high school was devoted to dealing with life-skills.

"These include issues like drug and alcohol abuse as well as sexual awareness and divorce. With South Africa having the highest divorce rate in the world we put a lot of emphasis on what it entails and means to the people involved," he said.

Both teachers agreed that the manner in which major issues were presented was of importance.

"It is essential not to be seen as moralising," they said.

Sergeant Liebenberg will be addressing Standard 5 pupils at schools in the area this week.

"Part of the solution could be to provide venues where younger teenagers can go to dance," he said.



NEWS FEATURE *Most women drink liquor at stokvel gatherings and 'kitchen parties'*

# More women go for alcohol

(86) Sowetan 3/14/95

By Sizakele Koona

**W**HAVE HEARD about drug smuggling rings — the Bangkok and Nigerian connections. Now the drugs distribution is spreading to black townships, homing in on stokvels and "kitchen parties".

These social clubs, the latter is a sorority whose activities have nothing to do with stock parties, are gaining a notorious reputation for abuse of alcohol.

As main targets of liquor company sales representatives, these clubs are being exposed to mounting amounts of alcohol, some of which they do not have to pay for.

According to Marcelle Christian, deputy executive director of the South African National Council for Drug and Alcohol Dependence (Sanca), the rate of alcohol abuse is rising in the female population.

"Alcohol abuse used to be a male phenomenon. But today, there are more women coming for help in our institutions. While they used to hide their drinking in the past, they are seen drinking with men more and more," Christian explained.

But while social drinking can be blamed for increased alcoholism, there is another sad aspect of human life that still contributes to the problem. The loss syndrome - afflicted by a death in the

**NEW THREAT** *It is feared that*

*women will soon move to drugs:*

**According to Marcelle Christian, deputy executive director of Sanca the rate of alcohol abuse is rising in the female population**

family, divorce or feelings of guilt, is also responsible.

Class distinctions in rates of alcoholism among women are not definitive. The numbers in both high and low income groups are almost equitable. The high level of violence and family abuse in the low-income group only makes it look like the rate of alcoholism is high in that group.

Christian fears that as the drinking population increases, women who drink alcohol might progress to drugs, mostly prescriptive drugs. She said women who use dagga are more at risk of advancing to other hard drugs like Mandrax and cocaine.

She said: "The situation is likely to get out of control. More people could be destroyed. The effect of some of the modern drugs can sometimes not be predicted.

"People who have problems with alcohol often do present themselves for

treatment. But those who are addicted to drugs never do. They often believe they can manage the problem. They don't think they need help and even when they have gone through a treatment programme, they are likely to go back to the habit.

The effects of alcohol, said Christian, are more serious on women than they are on men. The physical damage that can occur includes disruption in the hormonal functioning of the body, leading to depression and neurological damage to the unborn foetus of a drinking mother.

Sanca will benefit from the sales of a compact disc that has been produced by a newly formed group called Women of the World Unite Against Drugs and War (WOW).

Christian said the money would be used for treatment programmes for women and community education and prevention campaigns.



**Drinking in moderation is fine but over-indulgence can lead to damage to your body.**

The release of the WOW song, titled *Women of the World Will Cry No More*, will be followed by a national musical concert at Sun City on April 8.

The concert will showcase 12 South African female singers who will also perform the song.

WOW founder member Vicki Dodo, who also wrote the lyrics for the song, started the organisation to create awareness on the problem of alcohol and drug abuse. Dodo's slant on her project leans more towards the pain women suffer from watching their loved ones degenerate from the use of addictive substances.

The mother of two teenagers believes that children do not understand the consequences of drug and alcohol abuse. "The transformation of our country got me emotionally involved in putting my energies into helping children. I'm doing this for my children and all other children," Dodo explained.

## Where to get help

- Sanca (011) 725-5810
- Phoenix House (011) 726-4210
- AA (011) 483-2470
- Alanon (011) 337-4486

# Million alcoholics, says Drug Board

(86)

**BARRY STREEK**  
POLITICAL STAFF

CT 2/6/95

CONSERVATIVE estimates put the number of alcoholics in the country at more than a million, the government's Drug Advisory Board said in its annual report released yesterday.

The board said a situation-analysis showed that seven percent of all drivers and 12% of all pedestrians had alcohol blood levels that exceeded the legal limit, the board said yesterday.

"A conservative estimate shows there are over one million alcoholics," it said in its first report for the year between November 1993 and November 1994.

In one study it was found that 40% of a group of people in an urban squatter area were found to have a daily high-risk intake of alcohol — 10 centilitres AA (Absolute Alcohol) or more per day.

The use/abuse of alcohol by women could cause serious damage to unborn babies, the board said.

*World support for SA drive*

# United front prepares for battle

■ BY JANINE SIMON

A major new alliance to counter escalating drug and alcohol abuse is to be formed in South Africa.

The international community has thrown its weight behind the South African Alliance for the Prevention of Substance Abuse (Saapsa) which has been established to coordinate all local role-players in the field.

In the past two weeks, The Star has also focused on drugs, particularly cocaine.

Investigations by staff reporters have revealed that the cocaine habit is growing rapidly as prices come down.

The core of the market is conducted from the streets and hotels of Hillbrow and Yeoville, but rapidly spreading into Johannesburg's northern suburbs.

Nigerians have been found to be playing a key role in the sale of the potentially killer drug.

The formation of Saapsa was discussed at a March workshop facilitated by the World Health Organisation and two other international organisations. It will be launched in November.

On the steering committee are: Dr S Rataemane, (Child Psychiatric Unit, Baragwanath Hospital), Dr Chris van den Burgh (South African National Council on Alcoholism and Drug Dependence), Dr Sylvain de Miranda (Centre for Alcohol and Drug Studies), the Rev I Moloabi

(Alcohol and Drug Concern), M More (Work to Win), and representatives of the departments of health and welfare.

Telephone (012) 312-7579 for information.

■ The US Department of State has responded to South Africa's growing drug problem by offering to conduct a free, intensive training course for local community workers.

The course will be presented from September 11 to 15, and will be conducted by trainers from the USA and the Johannesburg Centre for Alcohol and Drug Studies.

Participants will be selected, but members of disadvantaged communities who have never had the opportunity to receive formal diplomas will enjoy priority in placement.

Contact Louise or Ronelle on (011) 337-8400 for information.



**The Star  
EXPOSING  
DRUGS**



Hillbrow by night . . . Johannesburg's most densely populated useful services like phone bureaux — and a notorious street dr

# Liquor: Locals to get say

ET 9/10/95 (39) (32)

**STAFF REPORTER**

LOCAL communities are to have a say in the granting of liquor licences, say the new provincial administrators of the Liquor Act.

Western Cape Economic Affairs Minister Mr Chris Nissen, whose ministry took over the administration of liquor licences in the province yesterday, said a liquor board would consult the community involved when applications were made for licences.

He had received many complaints from communities who were not consulted before

liquor licences were granted in sensitive areas.

Waterfront wine merchant Mr Vaughan Johnson said: "It is high-time local matters were handled by local government departments, who are more attuned to the needs of their community."

A liquor board of five members — two from the Economics Ministry, one police nominee and two from the private sector — will be set up by the ministry.

The province had only administrative powers at present but might gain legislative powers in future, Mr Nissen said.

## Govt cuts affect drug, alcohol centre

Kathryn Strachan

86  
MD 22/11/95

SA's first nonracial drug and alcohol abuse rehabilitation centre, the House of Mercy in Boksburg, has only sufficient funds left to continue operating until the end of next month.

At the same time, says centre director Therese Tangney, drug abuse in the Gauteng region is increasing dramatically.

The House of Mercy is one of only 16 centres in Gauteng which treat people for drug and alcohol abuse. The funding crisis was precipitated by government slashing its 1996 subsidy by 50%.

"This will mean a cut in services for the treatment of people with drug and alcohol related problems at a time when the incidence is increasing dramatically."

The cuts to the funding of the House of Mercy and other similar institutions had led to a crisis in the rehabilitation field, said Sylvain de Miranda, director of the Johannesburg society of the SA National Council on Alcoholism and Drug Abuse.

"Without funding these institutions could be forced to close down.

"These centres treat indigent people with no income. With the dramatic escalation of drug abuse, the need for more resources and funding is greater than ever before," he said.

The House of Mercy is one of only two drug and alcohol rehabilitation centres in Gauteng fully subsidised by government. More than 1 400 patients from Gauteng were treated there last year.

# Alcohol abuse 'cause of death'

(86)

**STAFF REPORTER**

ET 29/11/95

THE abuse of alcohol was a major cause of death in Cape Town, a Medical Research Council report has revealed — pushing the city's death rate to a level six times higher than the national rate of the US.

Medical Research Council researcher Dr Debbie Bradshaw said violence — stimulated by the abuse of alcohol — was still a major cause of death.

Although the research did not extend beyond Cape Town, it was probably a national problem, she said.

The fragmentation of the city's health authorities and new laws which did not require the cause of death to be documented on a death certificate made it almost impossible to keep track of the causes of death in the local population — which was the reason the MRC undertook the investigation.

With the help of researchers at Stellenbosch and Cape Town universities, it was found that over half the deaths of pedestrians and drivers, 56% of killings, 62% of fire fatalities, 31% of drownings and 26% of suicides were alcohol related.

the UNDCP, Mr well-trained dogs," Mr Giacomelli  
li. The pair have said. — Special Correspondent

# Alcohol abuse 'cause of death'

(86)

STAFF REPORTER

ET 29/11/95

THE abuse of alcohol was a major cause of death in Cape Town, a Medical Research Council report has revealed — pushing the city's death rate to a level six times higher than the national rate of the US.

Medical Research Council researcher Dr Debbie Bradshaw said violence — stimulated by the abuse of alcohol — was still a major cause of death.

Although the research did not extend beyond Cape Town, it was probably a national problem, she said.

The fragmentation of the city's health authorities and new laws which did not require the cause of death to be documented on a death certificate made it almost impossible to keep track of the causes of death in the local population — which was the reason the MRC undertook the investigation.

With the help of researchers at Stellenbosch and Cape Town universities, it was found that over half the deaths of pedestrians and drivers, 56% of killings, 62% of fire fatalities, 31% of drownings and 26% of suicides were alcohol related.

# Clinic helps drinkers and drug users

(86)

Helping many with problems to develop life skills *Sowetan 8/12/95*

By Ruth Bhengu

**R**OSE (25) FROM GAUTENG is an air hostess. She is also a patient at the Elim Clinic operating under the Cope Foundation in Kempton Park on the East Rand.

Three weeks ago she booked herself into the rehabilitation centre. Although she only drank "occasionally", she felt it would benefit her to go to the centre.

"I heard some people talking about the clinic and how it had taught them to solve their problems. I felt I needed to do that," she says.

"Besides, I don't think people should be embarrassed to talk about their problems. If one has a drinking or drug problem, one should be able to talk about it openly.

"This place has taught me to think

positively and to help other people in whatever way I can instead of being self-centred and worrying only about myself."

Whereas Rose drank for only 18 months before she discovered she had a problem, Vonne (26) started taking drugs when she was only 11 years old.

"I started by smoking dagga out of curiosity but it became a habit," she says. "After taking dagga for about eight years, I graduated to other drugs. I have been taking drugs for 15 years and it has ruined my life."

Vonne, who lost her job as a cashier because she could not cope, says she wants to find another job when she gets out of the clinic.

"I want to lead a sober life and I want to stop thinking negatively. I have learnt to communicate with other people. I have learnt a lot about myself," she says.

Sipho (36), from Mbali near Durban, is a policeman. He was sent to the clinic by his station commander because he was drinking excessively.

"I found that my drinking was affecting my job," says Sipho. "When I was drunk, I became very aggressive and difficult to get along with. Drinking was interfering with my relationships.

"I realise that the reason I failed to stop drinking is that I tried to do it alone. I did not have a therapist and I did not have the support of a group of people who understood what I was experiencing."

Martinus, who heard about the clinic from col-

leagues at work, travelled all the way from Richard's Bay. He says for the first time in 16 years he really wants to live.

"I spent so many years drinking, I did not realise how much I was losing," he says.

Rose, Sipho, Martinus and Vonne may come from different social backgrounds, but the treatment they have received at the clinic in the past three weeks has shown them that they have a lot in common. A bond has been forged between them that is stronger than family ties.

The treatment centre, which was established in 1927, was first known as the Temperance Union. Initially it was a state-funded organisation to help mostly railway workers with alcohol problems.

In 1958 the clinic was founded for

PIC: ELIZABETH SEJAKE

Forging bonds ... patients at the Elim Clinic in Kempton Park on the East Rand.

the treatment of chemical dependents. It is situated on 3,34 acres in a semi-rural part of Kempton Park.

According to marketing manager Mr Martin Herbst, at the time the focus was on prevention but the clinic has become increasingly involved in life-enrichment programmes.

Cope - short for Care, Opportunities, Peace and Enrichment - is offering training services for big corporations developing their employees' potential, from the shopfloor to top management.

In 1980 there was a major shift in

This is followed by a six-month intensive growth programme. "The treatment is four-dimensional: spiritual, psychological, physical and social," says Herbst.

"We not only help the students (patients) to recover from substance abuse, but we also help them to develop life skills so they can make a positive contribution to a stable society," he says.

In the past five years, 3 856 people have been treated at Elim and, according to Herbst, the success rate is 52 percent.

P.T.O. for picture

7





1998

## Campaign to help halt minors buying alcohol

(86) Star 15/3/96  
The South African liquor industry said yesterday it would tighten up on its advertising to help reduce the number of minors buying alcohol.

The industry's watchdog body, the Industry Association for Responsible Alcohol Use, said that, starting this month,

there would be a clear message in print, television and cinema adverts banning the sale of alcohol to people under 18.

As part of its campaign, the body said it would use only older models in its adverts and continue to sponsor anti-drink-and-driving adverts. - Sapa.

# Now 'health police' turn spotlight on the bottle

By CAS ST LEGER

A LEADING scientist wants to stamp out South Africa's drinking problem by putting health warnings on alcohol bottles and adverts and banning businessmen from claiming tax deductions on boozy lunches.

Dr Charles Parry, a senior specialist at the Medical Research Council and leading anti-alcohol abuse scientist, has proposed some of the sternest measures ever to stamp out drunkenness. South Africa is a bottle-fed nation, swigging at least 4.9-billion litres of alcohol a year.

And our alcohol consumption is increasing faster than the population. Between 1978 and 1994, consumption of alcohol per person increased by 150 percent. Some of this was due to the shift from sorghum to malt beer — but most was due to increased drinking.

During the same period, the population grew about 50 percent. Now Parry — who is involved in research in five of the nine provinces, served as consultant to the UN's drug control programme and who is writing two books

on alcohol policy — has proposed:

- Warning labels on bottles of alcohol and liquor advertisements, similar to those for cigarettes;
  - Adverts warning of the dangers of alcohol paid for by a levy on alcohol advertisements;
  - A ban on businessmen claiming boozy lunches and parties as a deductible expense from the tax man; and
  - Hikes of up to 25 percent in the excise tax on malt beer and brandy.
- But a little of what you fancy does you good. Parry says a glass of wine every two days drunk by men over 35 and post-menopausal women might help reduce heart disease.
- The alcoholic beverage industry provides thousands of jobs and earns more than R3,5-billion a year in tax revenue. But the grim reality, says Parry, is that alcohol abuse costs the country a staggering R9,5-billion a year.
- Although we don't rate too badly on the international pure alcohol drinking poll — at 23rd position — we indulge in risky, binge drinking.
- And more than half of trauma cases involving violence between people and

ST 27/10/96

motor vehicle crashes appear to be alcohol linked.

"Rates of risky drinking are as high as 30 percent among high-risk groups such as adult residents of townships and squatter communities," he says.

Other high-risk groups are: "Males in general, youth in both urban and rural settings, tuberculosis patients and workers in certain occupations such as farming and mining."

The prevalence of alcohol-related trauma — including death — is "disturbingly high", he says.

Parry plans to pressure local and provincial authorities into restricting the number of liquor outlets and hours of sale, and reducing the number of billboards advertising alcohol.

"Because of its dependence-producing qualities and because of the nature and extent of harm caused by the use of this product, the state cannot simply treat alcohol like any other commodity," says Parry.

He says excise taxes on alcohol have lagged far behind the consumer price index. To bring the tax on beer and brandy up to 1985 levels, he proposes

hikes of from 20 to 25 percent, with

future increases linked to the CPI.

The Department of Finance should also consider imposing stricter controls on company income tax deductions for the cost of alcohol bought for a range of loosely defined business purposes.

It should be mandatory to test the breath of all drivers involved in accidents causing injuries.

Not only should the proposed lowering of the legal limit of alcohol in the blood to 0,05g/100 ml be enforced but there should be a requirement of "0,00g/100 ml" for those previously convicted of driving under the influence.

At the public hearings on future regulations of the liquor industry in Gauteng on Friday, Parry said: "The kinds of projects being funded under the Reconstruction and Development Programme are likely to create a climate which facilitates tackling problem drinking. However, unless they are accompanied by other more direct approaches, alcohol misuse is likely to remain a major public health concern and threaten the success of social and economic development."

# Liquor chiefs spurn health message on bottle

ARGUS CORRESPONDENT

Health warnings on alcohol bottles would not reduce alcohol abuse or stop people from buying alcohol, a liquor industry spokesman has said.

Charles Parry, a specialist at the Medical Research Council, said in a newspaper report yesterday that warnings similar to those on cigarette packets should

ARG 28/10/96 (86)  
be put on alcohol bottles to prevent abuse.

But, according to the Association for Responsible Alcohol Use, a body representing all producers and wholesalers of wine, spirits and beers, Dr Parry's proposals to end abuse went too far.

Dr Parry has suggested, among other things, putting warning labels on bottles and cans, as well as in advertisements, and increas-

es of up to 25 percent in tax on malt beer and brandy.

Chan Makan, director of the association, said: "The alcohol industry shares common objectives with Dr Charles Parry, although it disagrees with the methods to achieve them."

He added that if bottles had labels with warnings, the labels should also include the benefits of moderate drinking.



# Health warnings on bottles of alcohol 'would not stop abuse'

By BEATRICE MOTSI  
City Desk

Health warnings on bottles of alcohol would not reduce alcohol abuse or stop people from buying alcohol, a spokesman for the alcohol industry said this week.

This was in response to an article in a Sunday newspaper in which Dr Charles Parry, a specialist at the Medical Research Coun-

cil, said that health warnings similar to those on cigarette packets should be put on bottles of alcohol to prevent abuse.

The Association for Responsible Alcohol Use (ARAU), a body representing all producers and wholesalers of wine, spirits and beers, said that Parry's proposals go too far.

Parry suggested putting warning labels on bottles and cans, and

on advertisements for alcohol; advertisements on the dangers of alcohol; and increases of up to 25% in the excise tax on malt beer and brandy.

ARAU director Chan Makan said that if bottles had labels with warnings, the labels should also include the benefits of moderate drinking.

Makan also questioned how Parry determined that alcohol

abuse cost the country R9,5-billion annually.

South African Breweries paid more tax than the gold mining industry, Makan said.

He said the only adverts which might be necessary were those warning people that "excessive drinking might impair judgment", pregnant women not to drink and drivers not to drink and hit the roads. (86)

Star 29/10/96

# 10 000 a year born with booze damage

JENNY WALL  
HEALTH REPORTER

As many as 10 000 babies a year in the Western Cape are born mentally retarded because their mothers misuse alcohol during pregnancy, figures that may be among the highest in the world.

Denis Viljoen, associate professor at the Human Genetics department at the UCT medical school, estimates that between 5 000 and 10 000 babies a year are born with some form of Foetal Alcohol Syndrome.

The full-blown syndrome results in growth deficiencies,

mental retardation and facial and organ abnormalities, while lesser effects are behavioural problems and children who do not reach their potential at school.

About one in 10 children seen at the UCT Medical School's genetics clinics has the syndrome and while the clinics do not represent the population as a whole, they do indicate a widespread social and health problem in the Western Cape, said Professor Viljoen.

About one in 750 children are affected by the syndrome in first world countries and the incidence is higher in poorer communities and socially marginalised

groups with high rates of alcoholism.

Professor Viljoen said these conditions were typical in many parts of the Western Cape and were compounded by a culture of heavy alcohol consumption, especially in wine-growing areas.

"These factors are producing what may be the highest Foetal Alcohol Syndrome counts in the world," he said.

For example, in a Phillippi preschool about 20 percent of the children were found to have full-blown Foetal Alcohol Syndrome. "For every child with full-blown Foetal Alcohol Syndrome, there are probably five with foetal

alcohol effects," he said.

The disorder is the most common preventable cause of mental retardation worldwide. Physical abnormalities include a contracted midface with narrow eye openings, drooping eyelids, a short nose with a flat basal bridge and a long upper lip.

The Human Genetics Department had conducted a preliminary study based on random interviews with mothers attending antenatal clinics in poor communities.

"We found it frightening that about 26 percent of women attending were drinking heavily enough to produce a child with

the syndrome," he said.

"We don't know how much alcohol is too much. It varies from person to person and we advise that women do not drink at all during pregnancy."

In December last year Professor Viljoen established The Foundation for Alcohol Related Research (FARR) to study the high incidence of the syndrome.

Initial research will establish how prevalent the syndrome is, what the risk factors are and look at prevention strategies.

"But the major drive is to get the message across: Any drinking in pregnancy is dangerous," Professor Viljoen said.

(86)

ARLT 27/1/97

statements outside the protection of this Chamber. I would really like him to do that. I would appreciate it if he would do that. [Interjections.]

I am sure Mr Rabie is interested in my response. I do not know why he is in such a hurry to jump to conclusions. It would be of interest to him to know that I encouraged the director-general to go to the Auditor-General with whatever problems he had. I would also like Mr Rabie to know that he must not rush the Auditor-General. He must take his time in investigating those issues, because I am also very interested in their outcome.

But I would also like to request him to make the statement, that Motheo was awarded the contract and that I had something to do with it, outside the protection of this Chamber, because then we can deal with it at that level. [Interjections.] I would like to appeal to this House that the Auditor-General be given the opportunity to investigate the case and to issue a report. That is all I can say on the matter.

Mr J A RABIE: Madam Speaker, firstly, I did not draw any conclusions. I am just stating the facts as reported in the newspapers. [Interjections.] Secondly, it started with the press conference that the Minister held. Thirdly, I never implied that the Minister was involved in the allocation of funds to Motheo. I ask her to withdraw that statement before I carry on. [Interjections.] I would like to carry on from where I stopped. I am still busy.

\*It is too late for that.

It is further shocking to learn that Job Mthombeni, a director of Motheo Construction, is also a member of the National Housing Board. [Interjections.] Instead of asking for his resignation within 24 hours, more drastic action should be considered.

However, all these actions do not solve one cardinal problem, namely what the irregularities are. We do not know. Where is the accountability and what remedial action is the Government going to take? [Time expired.]

\*Mr J T ALBERTYN: Madam Speaker, in reply to this question from my colleague Mr Rabie, the hon the Minister has said that there are no difficulties. Apparently the biggest difficulties are the trouble

in the Minister's department, where the director-general has been dismissed, and in Mpumalanga, where a big project is in danger of failing.

The Minister is constantly complaining about a lack of capacity, but the Minister and the ANC, who give her instructions, as she herself has said, are themselves the cause of this. Firstly the former director-general Mr Koch - he was a very competent official - was dismissed and now Mr Cobbett. It is alleged that the contractor, Dr Thandi Ndlovu, is a good friend of the Minister and I draw no conclusions from that. I am reacting to newspaper reports. Neither the Minister nor Mr Cobbett gave complete statements to enlighten the public about the true state of affairs.

As a matter of fact, this lady says the Minister was her mentor. It is alleged that the contract of R165 million was signed on 14 February, but the company was only registered on 20 February. [Interjections.] The director-general knows that money which belongs to the State cannot be allocated to individuals. It must be given to companies, and that is why the director-general requested the investigation of the Auditor-General. He did his duty. Has he now been dismissed for that reason? The Minister said that this was not the case and that she advised him to call in the Auditor-General. This does not correspond with what we read in the newspapers. I really want to make an appeal to the Minister to give a complete statement, so that all of us can know exactly what went on. The Minister now says that the director-general has to go, because he is "frustrated at attempts to promote black economic empowerment."

He was therefore dismissed because he did his duty. This is really a disgrace. It would seem as if the Minister has become bad news for friends of hers and for others in the sphere of housing. The affairs of this friend of hers are now being investigated and she is in danger. Mr Gibb, a former . . . [Time expired.]

The MINISTER OF HOUSING: Madam Speaker, we are having a snap debate tomorrow and I do not want to be part of this circus which is going on here. [Interjections.] We are having a snap debate tomorrow and if they are interested in all the facts they will get them tomorrow.

We are awaiting the Auditor-General's report. If hon members are interested in all the details of what is happening in Mpumalanga, they will wait for that report. If members honestly want to know what happened between me and the director-general, they will be able to wait until tomorrow. Why are they rushing matters? They will get all the facts tomorrow. [Interjections.]

Debate concluded.

### Health warnings on containers of alcoholic beverages

3. Mr H K SINGH asked the Minister of Health: Whether there are any valid reasons why health warnings similar to those displayed on cigarette packets are not displayed on containers of alcoholic beverages; if so, what are these reasons; if not, why are such warnings not displayed on such containers? N1265E:INT

The MINISTER OF HEALTH: Madam Speaker and hon members, the department is fully aware that the abuse of alcohol has devastating effects on individuals, families, communities and on our economy. Reducing alcohol consumption and especially the abuse of alcohol is an urgent matter. One of the ways in which the department is considering effecting this is by introducing . . . Madam Speaker, there is such a lot of noise that I cannot even hear myself talking.

The DEPUTY SPEAKER: Order! Hon members, please allow the Minister to be heard.

The MINISTER: Madam Speaker, the detrimental effects of alcohol abuse are, of course, enormous. South Africans consume about 6 billion litres of beverage alcohol per year. [Interjections.]

The DEPUTY SPEAKER: Order! I hope hon members are crying about that kind of statistic.

The MINISTER: Madam Speaker, in terms of the battle against disease and injury attributed to risk factors, alcohol consumption has been estimated to be crucial. In some groups risky drinking is as high as 30%.

Alcohol abuse has been correlated with crime, rape, the abuse of women, child abuse, road traffic

accidents, community violence, foetal disabilities and other disruptive social, psychological and physical consequences. For these reasons, the department takes the need to introduce measures to reduce alcohol abuse very seriously.

However, drinking alcohol in moderation is not a serious problem. The problem lies in abuse. One of the major problems with respect to labelling is that it is impossible to define reasonable quantities for individuals, because these differ from person to person. That is what makes it difficult to put warnings on the bottles of alcohol in the same way as we do on cigarette packets. However, there are certain things that we can do. We could, for instance, use labels which say "Drinking increases the risk of violence," or "Drinking and driving is dangerous". However, if we simply say that drinking is a problem, we can be challenged on that. [Time expired.]

Mr H K SINGH: Madam Speaker, this has been such an explosive session and I have been very clearly cautioned that there is so much vested interest in this matter that I will be treading a lonely road by referring to it. So I am very pleased to hear that the Minister empathises with me. [Interjections.] I wish to leave aside my prepared speech and take on the Minister on this issue.

The Minister said that drinking in moderation was not harmful to the individual. Clearly, it seems that the Minister has never partaken of liquor, otherwise she would not make such a statement. [Laughter.] The situation is that moderation in alcohol consumption is nonexistent. It has been proved beyond any doubt that the consumption of alcohol is habit-forming. If we recognise the fact that the rate of tolerance increases at an alarming rate, then we will understand why, in a short space of time, what is popularly known as the social drinker or the casual drinker becomes an alcoholic. This means that, in a short time, the use of alcohol undoubtedly becomes the misuse of alcohol. This is a matter that I would strongly urge the Minister to have researched.

Also, just as there is scientific evidence to show that cancer can result from smoking, there is also overwhelming evidence to demonstrate that the continued use of alcohol can lead to, among other things, acute and incurable cirrhosis, loss of

memory, irreversible brain damage and also fatal liver failure. Now, according to the Medical Research Council, it has been found that unlike smoking, alcohol is also a contributory factor in accidents, drownings and homicides. So the full impact of the consumption of alcohol is a lot greater than the impact of cigarette smoking could ever be.

As far as the destructive effects of alcohol are concerned, one will find that in the family, it leads to violence, divorce and economic stress, as well as negative . . . [Time expired.]

Rev M ABRHAM: Madam Speaker, the international advertising association has begun a new drive to promote the freedom of commercial advertising. If this new consciousness takes root with support from the public, it will restrict Government curbs on tobacco and alcohol advertising. I am glad about the Minister's approach, in that she is contemplating taking some steps to impose some kind of restrictions on alcohol abuse.

But what I am here to say is that we, as responsible legislators, must insist on the manufacturers of all alcoholic beverages putting clear warning signs on the labels, large enough for the ordinary man in the street, the layman, to understand the implications of these harmful drugs or drug-related substances, or any of those substances that lead to the impairment of faculties. I would also request that these labels be made large enough, so that they are easily visible and policing can be made easier. Policemen walking into the shebeens and the bottle stores should be able to see immediately whether these alcoholic beverages carry warning signs.

Another point that I wish to bring to the attention of the House is that under-age children are being sold these alcoholic beverages while their parents remain at home, too drunk to buy it for themselves. They send their little children to buy these alcoholic beverages, and perhaps on the way the children even have a shot themselves. So I appeal to the Minister to consider the serious implications of alcohol abuse, even amongst scholars and students. I refer to the poor performance in their academic studies, the destruction of families . . . [Time expired.]

The DEPUTY SPEAKER: Order! Before I call on the Minister, may I appeal to hon members to settle down. There is too much restlessness and noise.

The MINISTER OF HEALTH: Madam Speaker, hon members, I agree that alcohol abuse causes all the problems and diseases that have been mentioned. I can count even more than the hon member has counted.

However, I think there is a difference between tobacco and alcohol. We know that even in some churches a bit of wine is taken by the priest on Sundays . . . [Laughter] . . . and I cannot stand here and say that those small amounts they take will cause cirrhosis, mental impairment, or the other things hon members have mentioned.

However, alcohol abuse is a problem that we should address. Having said that, some of the things that members are talking about do not fall under my jurisdiction. I do not license liquor sales. That falls under other people's jurisdiction. However, I think that we should all agree here that something needs to be done in this country about the abuse of alcohol, because it is related to crime and to all sorts of other things.

Therefore, if parliamentarians were to begin a campaign, as seems to be the case, it will make my work very easy when I put forward legislation. So I would urge the hon members who are participating in this debate, and others, to go out to their constituencies and start the campaign against alcohol abuse, so that by the time I put forward legislation, the public will be very conscious of the problem, having been educated by the parliamentarians.

Mr A ALLY: Madam Speaker, I wish to quote the words of Dr Charles Richet of Paris, Nobel prizewinner of physiology, who said:

Alcohol paralyses the senses, makes one lurch and vomit, extinguishes the feeble glimmer of reason which flickers in our poor minds. It soon overcomes the strongest man, and turns him into a raging beast who, with empurpled face and bloodshot eyes, bellows forth oaths and threats against his surroundings and insults imaginary enemies. The ugliest thing in

creation is a drunkard, a repulsive being, the sight of who makes one ashamed to belong to the same living species.

There are numerous forces which erode and destroy our nation. One of the most subtle and most dangerous of these forces is alcohol. Prof Harry Seftel, Head of African Diseases at the University of the Witwatersrand, told the Congress on Alcoholism that —

Ninety per cent of nutritional problems among urban Blacks are related to alcoholism.

Dr McCabe told the congress that she was witnessing the white man's alcoholic problem in the black patients at Thembisa Hospital. She said people ran the risk of early death from gastric, liver or pancreatic failure or cancer, or all four, if alcohol abuse was not stopped.

It is shocking to read that blacks are spending over R1 000 million annually on alcohol. If even half of that amount could be saved every year, one can imagine what they could do with their money. Firstly, they could help feed the approximately 100 000 Black children who die of malnutrition every year. Secondly, they could provide the bare essentials of life to thousands of deprived children.

There are people who are proud, instead of being ashamed, of knowing nothing or very little of the pathetic conditions caused by liquor in our country. [Time expired.]

Mr H K SINGH: Madam Speaker, firstly, I would like to compliment the hon the Minister on having such an open mind on this subject. It would appear that she is receptive to our ideas. I would like to know whether she will follow up this matter. She admitted that we have pastors and mfundis also taking a shot of wine now and then, and that that cannot cause any serious deleterious effects. That is correct. Similarly, I dare say, if one smoked only one or two cigarettes a day, that would not bring about cancer either.

I believe that if cigarettes can be subjected to health warnings, there is no conceivable reason not to subject alcoholic beverages to the same warnings. Alcohol not only destroys the individual,

but it is also an imposter, a destroyer and a killer. [Time expired.]

The MINISTER OF HEALTH: Madam Speaker, I fully agree with hon members when it comes to alcohol abuse. All the things they are saying are correct, including their call for warnings. However, this is a bit more complicated than in the case of tobacco. Nevertheless, the issue does need to be attended to. In fact we have started discussing this issue in the department. That is why we have all this research about how much South Africans drink and so on. I am in total agreement with hon members about all the problems that alcohol abuse causes in society and individuals. All I am saying is that we have to be careful. We cannot view it in exactly the same way as we do tobacco.

However, I hope that when the time comes for us to introduce measures, hon members will support them and will mobilise people to march the streets in support of those measures. I will not sit here and be grilled by people as to vested interests we will be wanting the public to hear about. If I have hon members' support, and the streets are full of people in support of such measures, I am sure my department will try to speed up what they are doing.

Mr T S YENGENI: Madam Speaker, on a point of order: I expressly heard Comrade Patricia de Lille of the PAC of Azania shouting to another member that the effects of alcohol abuse are so clear on the faces of NP members that everybody can see them. [Laughter.] I wondered whether this was parliamentary. [Interjections.] [Laughter.] [Applause.]

Mr P W COETZER: Madam Speaker, on a point of order: Could I just, on the same track, enquire as to the effect that has on the performance of and the collection of whisky bottles by certain Deputy Ministers on that side of the House, and the points of order that are sometimes raised by some hon members on that side?

The DEPUTY SPEAKER: Order! Hon members, I prefer to leave that as homework for the whole House.

Debate concluded.



# Dope and booze abuse 'rife' in W Cape schools

## *Shock survey findings*

ARG 4/4/97 (86) (E)

**SABATA NGCAI**  
EDUCATION REPORTER

**Standard 6 pupils have told of large-scale drug, alcohol and tobacco abuse at Western Cape and Gauteng schools, with dagga abuse particularly prevalent in the Western Cape.**

This emerged at a Cape Town workshop organised by the Independent Order of True Templars, which opposes drugs, alcohol and tobacco.

The workshop, which involved 10 schools from both provinces, heard that a survey of 420 pupils conducted in September found that many standard 6 pupils drank heavily and smoked dagga and tobacco.

The research was conducted by Jason Tibbs, a Cape Town research psychologist.

He found that 10 percent smoked dagga, seven percent used injectable drugs or inhalants, 35 percent smoked tobacco, 27 percent believed drugs were safe and 24

percent thought they could not control their drug use. He also found 58 percent agreed to a programme that would fight drug abuse.

The Western Cape findings were:

- Nineteen percent of boys and 14 percent of girls drank alcohol;
- Eighteen percent of boys and two percent of girls smoked dagga; and
- Forty-eight percent of boys and 37 percent of girls smoked tobacco.

The findings for Gauteng were:

- Thirty-five percent of boys and 20 percent of girls drank alcohol;
- Eleven percent of boys but no girls smoked dagga; and
- Eighteen percent of boys and six percent of girls smoked tobacco.

The project focused mainly on coloured and black schools but may be extended to white schools.

Erica Faure of the Templars said it was necessary to instil confidence in youngsters to refuse drugs, alcohol and tobacco.

---

# SAB threatens to label alcohol benefits alongside warnings

(86)  
CT 3/6/97

## OWN CORRESPONDENT

PRETORIA: The SA Breweries is threatening to list health benefits alongside warnings on labels if compelled to use them.

Health Minister Dr Nkosazana Zuma told Parliament labels warning of the dangers of alcohol abuse were under consideration.

However, the issue was more complex than similar tobacco restrictions.

Mr Adrian Botha, beer division public affairs manager did not believe warnings would be effective in curbing alcohol abuse.

"If, however, we are obliged to put on warning labels, we have every right to list the positive health benefits as well," he said.

Gilbey's chief executive officer,

Mr Gary May, said labels would be ineffective in the case of illiterate drinkers and that rotating the labels would be costly.

"I think it would be a costly and disruptive measure that is likely to have few benefits," he said.

"If labels could help solve this sort of complex problem, we would have had them long ago."

There was little evidence to prove that warning labels on alcohol had produced any benefits, he added.

"I think it's one of those things you do to make you feel you're doing something when you're actually not."

About nine years ago the Industry Association for Responsible Alcohol Use put together an advertising and promotion code, which

set out certain do's and don'ts for alcohol manufacturers.

For example, the code stipulates that alcohol manufacturers may not use a model younger than 25 to advertise their products. The code has since been adopted by the Advertising Standards Authority.

The South African National Council on Alcoholism (Sanca) believes warning labels need to be part of a strategy to lower the per capita consumption level.

Warning labels provided intervention at a secondary prevention level for citizens who had already started drinking, the council said.

It suggested the warning labels be printed in some of the 11 official languages, to ensure maximum impact.

# Experts target drinking mums in Cape project

PIETER MALAN

ARG 28/7/97 (86)

Tough measures are needed to persuade hard-drinking mothers in the Western Cape to stop drinking or stop having babies, a visiting American expert says.

An aggressive approach to target individual mothers is needed if health workers want to lower the incidence of foetal alcohol syndrome (FAS), says sociologist Philip May, director of the Centre on Alcoholism, Substance Abuse and Addictions (CASAA) in New Mexico.

He said mere health warnings were not enough to persuade hard-drinking mothers that their habit could seriously harm their babies.

Professor May and a team of American experts are now conducting a study on FAS among children of school-going age in the Wellington area.

The study will test the assumption that incidence of FAS could be as high as 50 for each 1 000 children in the Western Cape. The incidence rate for First World countries are between 0,5 and 3 in 1 000.

FAS causes growth deficiencies, mental retardation and facial and organ abnormalities in children whose mothers abuse alcohol during pregnancy.

In collaboration with health workers and doctors from the Cape Town-based Foundation for Alcohol Related Research, the Americans will also assist in developing some prevention and after-care programmes.

Professor May said US research had shown that only one percent of women who drank heavily, produced all FAS children. It was therefore necessary to target specific women - if only in an effort to persuade them not to have any more children if they could not control their drinking habit.

"To persuade her not to have more children is very important as it is also clear from our research that the older a woman gets, the greater her chance of having a FAS baby. The effect of FAS on younger kids will also be greater than on her older children."

He said some of the more successful FAS prevention programmes in the United States were those that took a holistic approach, targeting the whole family and the social problems they were facing.

"By working with families and assisting them with a whole series of socio-economic problems you often have greater success at reducing the incidence

of FAS children in the community."

From local and US experience it was clear, for instance, that women coming from homes where the husband drank heavily, had a greater chance of going on the binge themselves and having children with FAS.

Professor May said measures to ensure greater awareness of FAS should also include an education programme, targeting adolescents and the general public.

He said he was impressed with the South African health authorities' anti-tobacco campaign and its

hard-hitting radio advertisements. They should consider some similar warning to pregnant women not to drink, he said.

The Wellington study entailed examining all children of school-going age for signs of the syndrome - which normally manifests itself in facial features like a smooth upper lip and low-set ears.

Once identified, researchers will also meet the parents to inform them about their child's condition and to find out more about the mother's drinking habit during pregnancy.

"This is not a short-term study where we are only trying to establish an incidence rate in this community and then disappear, leaving the families to their own devices," said Denis Viljoen, asso-

ciate professor at the human genetics department at the University of Cape Town.

Future prevention programmes would focus on the Wellington rural community and those mothers identified as having a high risk of producing more children who suffer from the syndrome.

The children would also be further cared for, identifying other health problems associated with FAS and making sure these get treated.

Cecil Driver, principal of the Voor-Groenberg primary school, one of the schools targeted by the study, echoed this, saying one of the reasons why schools in the area agreed to the study was the hope that the children would get specialised help. "From a teacher's point of view, we would like to know how to address the learning problems which these children face," he said. Although he had for some years been aware of the problem of FAS and could identify some of the children with the syndrome, limited knowledge and resources made it impossible to address the problem.



**Caring hands**: foetal alcohol syndrome experts Ken Jones, left, Jon Aase, seated, and Denis Viljoen

# SA battles against alcoholism

(86)

*Sowetan 19/8/97*

**By Mokgadi Pela**

SEVERAL intervention strategies have been suggested to reduce alcohol consumption in South Africa.

According to senior scientist at the Medical Research Council Dr Charles Parry, these approaches are likely to have a positive impact on both public health, economic and social development.

He outlined the strategies as:

- Programmes to provide information to shape people's attitudes, values and norms about drinking;
- Strengthen activities at the pri-

mary health care level. The health sector must play a role in the detection and prevention of alcohol-related harm. Primary health care workers should be involved in detecting and managing patients with drinking problems;

- Legislative changes regarding excise taxes on alcohol. The excise tax on malt beer and brandy should be increased by 20 to 25 percent to bring it up to 1985 levels;

- Addressing drinking and driving through a high profile programme aimed at punishing drunk drivers. This should involve increasing random breath testing of drivers,

mandatory breath or blood alcohol testing in accident-related injuries and increasing sanctions for persons caught drinking and driving;

- Encourage workplace interventions to address alcohol misuse. Business should develop and implement interventions including designing workplace policies, training supervisors to apply policies, setting up employee education, providing information about treatment; and

- Rigorously enforcing existing legislation in the areas of minimum drinking age and consumption of alcohol in certain public places.

# Alcohol abuse *Sowetan, 20/8/97* on rise in SA

By Charity Bhengu

(86)

THE levels of alcohol abuse were rising in South Africa with the sobering statistics that one in two homicides was alcohol related, according to the Urbanisation and Health Programme of the Medical Research Council.

The recent research also found that the majority of hospitalised patients were injured because of alcohol.

The third series of an edutainment health drama, *Soul City*, to be screened on SABC1 at 8pm today, will address the effects of alcohol misuse by showing the less glamorous and more sleazy, sad side of drinking alcohol.

# Health department plans anti-alcohol campaign

Josey Ballenger

THE health department plans to attack another legal but potentially lethal sin — alcohol abuse — in an effort that could see alcohol containers labelled like cigarette packages.

The department announced at the weekend that it was planning a publicity drive, complementing its antitobacco campaign, to alert the public to the dangers of alcohol abuse. The campaign would take different forms in the various provinces, but would include posters, pamphlets and broadcasts on national and community radio stations.

The department also said it was considering the mandatory labelling of alcohol containers with messages informing on the

dangers of alcohol consumption during pregnancy to prevent Foetal Alcohol Syndrome. Results from a Western Cape pilot study showed that 15% of children born in the province had signs of the syndrome.

"Babies with the syndrome are born with physical disorders, especially of their facial structures," said Onica Maphai, deputy director of the department's mental health and substance abuse. "The babies are usually also slow to learn and this syndrome affects them throughout their lives."

Adrian Botha, SA Breweries (SAB) spokesman and chairman of the Washington DC-based International Centre for Alcohol Policy, said yesterday that SAB and the broader industry supported a "balanced" education campaign.

Any awareness efforts, including container labelling, should incorporate the "positives" of drinking alcohol, such as World Health Organisation-recognised findings that two drinks a day helped prevent cardiovascular disease, he said. "We as an industry have refrained from putting positive labels (on alcohol containers), but we will be forced to if the health department only puts out negative information."

However, he said SAB did not recommend that pregnant women drink "because at this stage there is no sufficient research to know if (the foetuses of) all or only some women" are at risk.

The SA National Council on Alcohol and Drug Abuse said that it would support the campaign.

BD 23/2/98 (86)

# South African boozers drink their way into world top 10 <sup>(86)</sup>

*Plan for alcohol blitz*

ART 11/5/98

## POLITICAL STAFF

South Africans have drunk themselves into the big league of the world's alcohol consumers.

According to the Department of Health's annual report, the per capita alcohol consumption of South Africans has been estimated as high as 10 litres a year, placing South Africa in the top 10 countries in terms of alcohol consumption.

The Government plans to launch a campaign to reduce the level of alcohol abuse.

According to the report: "Following the initial success of the campaign to reduce tobacco consumption, the department is planning a similar blitz on the abuse of alcohol.

"A committee has been set up to consider health messages with regard to alcohol abuse and to design a campaign."

It said drinking during pregnancy had led to high levels of foetal alcohol syndrome in South Africa. In some areas of the Western Cape, a 15% prevalence had been reported. Education campaigns as well as programmes to help problem drinkers had been designed.

The Department of Health has

joined other Southern African Development Community countries in developing recommendations for the implementation of the International Labour Organisation's code of practice with regard to substance abuse in the workplace.

The code addresses the prevention of substance abuse as well as how to deal with people in the workplace who have substance abuse problems.

In the development of Curriculum 2005, substance abuse prevention has been incorporated into the curriculum of schools as part of the life skills programme.

Regarding smoking, the report noted the effectiveness of tobacco-control measures was being felt, with cigarette sales declining markedly. However, there was still a need for stricter tobacco measures, according to the department.

Last year, the Department of Health stepped up its anti-tobacco campaign with the introduction of new anti-tobacco advertisements on 78 radio stations.

Health Minister Dr Nkosazana Zuma plans to amend the Tobacco Products Control Act to include, among other measures, a ban on advertising of tobacco products.

# White teenagers prone to alcohol binges

Josey Ballenger

BINGE drinking by SA teenagers was as high as 40% among males and 25% for females, with the highest prevalence among middle-class whites, the Medical Research Council revealed in its annual report yesterday.

The council also found that a number of high school students, particularly rugby players, used anabolic steroids and that individuals were 40 times more likely to commit violent crimes when under the influence of alcohol.

(86) 11/10/98  
The council said researchers at the University of Cape Town's psychiatry department found in studies at three Cape Peninsula high schools that teenagers regarded this behaviour as "an important part of their self identity".

Binge drinking was defined as five or more alcoholic beverages on one occasion.

The researchers found that 39% of standard eight boys and 18% of girls in a predominantly white, middle-class community; 26% and 25% respectively in a middle-class, mostly "coloured"

area; and 25% and 4% of a lower-income, black group had binged in the previous fortnight.

They said the bingers focused on perceived "positive" aspects of this behaviour and had little awareness of their vulnerability; were surrounded by a "peer group culture"; were not motivated to comply with parental wishes and perceived few obstacles in obtaining alcohol. They recommended prevention strategies and life skills programmes be used to modify perceptions and reduce the availability of alcohol.



# Researcher slams liquor bill for lost opportunity

**JUDITH SOAL**  
HEALTH WRITER

ALCOHOL is involved in half of all unnatural deaths, yet the government is missing an important opportunity to stop its abuse, a researcher believes.

South Africa consumes a lot of alcohol, particularly beer (90%).

In fact, South Africans are one of the top 10 alcohol consumers in the world, drinking nearly as much as the entire United States.

Besides the long-term health problems, this also contributes to many

avoidable deaths:

"Over 50% of people dying from non-natural causes have blood alcohol levels above the legal driving limit," said Charles Parry of the mental health and substance abuse unit of the Medical Research Council.

"Alcohol misuse is seriously undermining SA's health system."

Yet the Revised Liquor Bill the cabinet sent to Parliament last week for approval, allowing the sale of alcohol on Sundays and in supermarkets, did not go far enough to combat alcohol misuse, Parry said.

A steep levy in current legislation on the manufacturers and importers of alcohol to fund educational programmes has been dropped in the bill, Parry said.

"By backing down on this, the government loses a good opportunity to raise funds to address alcohol misuse."

In terms of the bill, liquor may be sold on Sundays during hours set by provincial authorities.

Registered supermarkets may sell all types of alcohol, but would have to comply with strict regulations, including separate entrances for liquor sales.

Traders are not allowed to sell liquor to children younger than 18 or to those already drunk.

Employers cannot provide alcohol as part-payment for work.

Any violation of these regulations would lead to the revoking for life of licences.

Parry is also concerned that allowing supermarkets to sell alcohol is open to abuse.

"Supermarkets might drop the price of a popular drink such as malt beer to attract customers. Any loss or reduced profit would easily be recovered by rais-

ing the price of other products. The price of a product such as beer has been shown to affect consumption, so this would increase total sales."

But there were some benefits to the new legislation, the biggest being that it was likely to bring unlicensed operators into the market, making it easier for the authorities to regulate them, Parry said.

"We recognise that there are no simple solutions to addressing alcohol misuse, but we are concerned with aspects of the new legislation," Parry said.

The bill is to be tabled in Parliament soon.

# Tragedy of our 'booze babies'

ADELE BALETA

It's a tragedy of staggering proportions: the Western Cape has the highest reported incidence in the world of "booze babies" - the innocent victims of their mothers' heavy drinking.

Top international experts have studied the children, who are stunted for life because their mothers drank too much alcohol while they were pregnant.

Preliminary research in Phillippi on the Cape Flats suggests that one in 10 children have the Foetal Alcohol Syndrome (FAS). The statistics are a horrifying 75 times greater than elsewhere in the world.

Health professionals now estimate that FAS, dubbed the "hangover that lasts a lifetime", is costing the Western Cape R14-billion a year.

A recent study confirms earlier figures that of the 80 000 babies born annually in the province, as many as 3 200 (6,25%) are affected by FAS. The recently released results are from the most comprehensive Western Cape study undertaken to date by international FAS experts to determine the prevalence of the syndrome.

Children with FAS can be significantly handicapped: their intellectual development is impaired and they have learning disabilities and problems with memory. As a result,

(86) AR 5 18 | 7 | 98  
they need constant support from their communities.

Their growth can be stunted and they can have facial and organ abnormalities. Their limited social skills, especially in adolescence, mean they often end up on the wrong side of the law.

The main study last year by the University of Cape Town's Human Genetics Department, in collaboration with the University of New Mexico in the United States, was conducted in the Boland town of Wellington and the surrounding rural wine-growing district. The results were presented at a recent US conference on alcoholism.

Professor Kenneth Jones from San Diego, who in 1973 was the first medical expert to describe the syndrome, was on the research team. The team's statistics show that of the 1 000 children screened in their first year of school, 48 had the syndrome. This figure is 36 times higher than the First World incidence of FAS, which is 1,33 for every 1 000 children.

But a similar survey carried out in Phillippi suggests that the prevalence could be as high as 100 for every 1 000 children (10%).

UCT's Professor Denis Viljoen, executive director of the Foundation for Alcohol Related Research and a world FAS expert, said the actual figures were likely to be even higher as some children may have died before reaching a school-going age. Others

may have missed school on the day of the study.

"The incidence of FAS in the province was more prevalent, by a factor of 30 times, than Down's Syndrome, which is usually the most common birth defect," he said.

Professor Viljoen said mothers who consumed alcohol regularly and in large quantities during pregnancy risked giving birth to a FAS baby. Pregnant women drinking more than 200ml a week of pure alcohol - two litres of wine or four litres of beer - have a high risk of producing a child with the syndrome.

FAS includes growth disturbances such as a small head, indicating poor brain development, and facial characteristics such as small eye openings, a short up-turned nose and a flattened midface. Other physical problems can include joint and limb abnormalities, cleft palates, heart defects, sight and hearing problems and possible impairment of the immune system.

"The syndrome affects their schooling, their societal behaviour and their chances of employment," said Professor Viljoen.

Developmental paediatrician and research team member Dr Colleen Adams said FAS children were slow to start talking and could have severe learning difficulties. Behavioural problems included hyperactivity, poor concentration and, in later years, difficulty in appropriate socialising.

She said the new education policy held that children with mild mental handicaps should be taught in mainstream classes. She said many FAS children were already in mainstream classes but not enough teachers were trained to support them.

Professor Viljoen stressed that while the Western Cape had the highest reported cases in the world, incidences may be higher in other disadvantaged countries that were unaware of the existence of FAS. "The United States has found a high incidence of the syndrome in children adopted by Americans from former Eastern bloc countries."

He said that while FAS figures for informal settlements around major cities in South Africa were likely to be lower than in Wellington, they would still be higher than those reported in advantaged countries.

Although the statistics were damning of the Wellington community, Professor Viljoen paid tribute to the people of the small town for taking the initiative of inviting the research team.

"There are at least over 20 rural towns in the Western Cape that will have similar or even higher rates of FAS," he said. "The tragedy about FAS is that it condemns people to an inferior lifestyle even before they are born. They can never reach their full biological potential and even worse, the syndrome is completely preventable."

# 'Booze baby' fights life-long hangover

## Incredible journey for mom who once 'lived for drink'

ADELE BAILEY

The sun shines on a winter afternoon in Bridgetown as

10-year-old Steven taps on the car door demanding his mum's attention. Frances Fortuin numm's attention. Frances Fortuin unwin's her window and gently kisses her son goodbye with her words "I love you" trailing after him as he disappears around the corner.

A loving exchange between mother and child is nothing new, but in this case it's hard-earned. Steven and his mother have come very close to losing each other. When he was born Ms Fortuin, 42, was just another down-and-out drunk who roamed Cape Town's streets living only for her booze.

In an incredible journey of courage and resilience, she pulled herself out of the gutter and has been sober for eight years. But her days of hard drinking will always haunt her.

Steven was a "booze baby". Born with Fetal Alcohol Syndrome (FAS), he is a constant and painful reminder to his mother of the days when the bottle got her through the day. Mothers who drink during pregnancy risk "the hangover that lasts a lifetime" - giving birth to "booze babies".  
The Western Cape has the highest

reported incidence of "booze babies" in the world. In some areas one in 10 children are affected. But with education it is 100% preventable.

The effects vary and Steven is luckier than most. Unlike most FAS children, his facial features are not severely distorted, he is not tiny for his age and he is not profoundly mentally handicapped. And although he has learning disabilities and needs special care, he is doing well at his pre-primary school in Bridgetown.

Ms Fortuin, now at UCT attending a course in child psychology for pre-school educators, said: "I used to drink all day every day. Beer and wine all the time. I could never remember what happened the night before."

After she gave birth to Steven, a fellow vagrant remarked: "Where did you get this ugly child. He looks like ET." When he was one month old he had trouble feeding, was diagnosed with FAS and placed in foster care nine months later.

A persistent social worker managed to get Ms Fortuin arrested on a drink-related charge in a desperate bid to keep her from boozing herself to death. "She scraped me up off Roeland Street, where I had collapsed on to my crutches in a drunken heap. I had broken my leg after a fall." Ms

Fortuin said.

She spent three months on remand in Pollsmoor Prison and six months in De Novo rehabilitation centre. The turning point in her life came after she read an article about a woman who had faced up to her alcoholism.

"I realised then I was an alcoholic. That was eight years ago." Ms Fortuin still visits her old friends. She does not judge them and does not regret her life with them. "I learned to listen, to share and to support others," she said.

Born in Nababiep in Namaqualand, her parents died in a fire when she was a baby. Her grandparents, who cared for her, died within a week of each other when she was 14 and she was sent to an orphanage.

Ms Fortuin hates talking about that part of her life. "It was terrible. I decided to get a better life in Cape Town." But she could not find a job and ended up on the street and having a child at 19. The child - who is also a UCT student and whom she now bumps into on campus - was given to foster parents.

It was while Ms Fortuin was at De Novo that she met the man with whom she moved to Klerksdorp in Gauteng, where she had a steady job as a packer. But he could not stay on the wagon and began beating her.

(86)

AACT 26/19/98

Ms Fortuin called in the welfare authorities, who removed their 10-day-old baby girl after she realised her partner was abusing the baby.

Her little girl was normal at birth because Ms Fortuin had stopped drinking before and during the pregnancy, which demonstrates that the syndrome is preventable.

She returned to Cape Town, where she became instrumental in setting up St Anne's project for women strollers.

Ms Fortuin has dedicated her energy to educating mothers about FAS. She counsels women and juvenile prisoners in Pollsmoor and is part of a new FAS support group. She is a frequent guest speaker at various functions and wants to start a project for abused children.

After proving that she was off the booze and could hold down a job, she got Steven and her little girl born in Gauteng back, although Steven has grown attached to his foster parents and stays with them during the week.

The Fetal Alcohol Awareness Syndrome Support Association, a support group for parents caring for children with FAS, has been launched. It also aims to create awareness of the dangers of drinking during pregnancy. For details, contact FASSA chairperson Gloria Armistead on 559-2726.



MOTHER LOVE: Steven and his mother Frances Fortuin

Picture: ANDREW INGRAM

# Kahn tackles Kahn over dangers of drink

A-G calls for health-warning labels

(86)

ARG 25/7/98

## DI CAELERS

**W**estern Cape Attorney-General Frank Kahn has challenged police chief executive Meyer Kahn to facilitate health warning-type labels on all alcohol packaging in South Africa.

Meyer Kahn has close links with the liquor industry – he is on secondment to the SA Police Services for two years from SA Breweries, where he was group chairman.

The attorney-general's challenge comes in the week that he presented the final draft of a national drug master plan for South Africa to Social Welfare Minister Geraldine Fraser-Moleketi.

Frank Kahn is also chairman of the national Drug Advisory Board.

Yesterday Frank Kahn appealed to Meyer Kahn to "use his good offices" to ensure that all alcohol packaging carried warnings of the dangers of operating machinery, including driving a car, and of Fetal Alcohol Syndrome.

These warnings are carried on all alcohol packaging in the United States.

Frank Kahn said Meyer Kahn was in a unique position to influence voluntary warnings within the South African alcohol industry.

"Alcohol is our number one drug problem in South Africa and statistics have proved that more than 70% of murders in the Western Cape are alcohol related.

"The country is set to take such a strong stand against smokers (the country's other most commonly abused substance).

"Smoking is vilified while alcohol is almost deified in spite of alcohol having the additional factor of stimulating crime," Attorney-General Kahn said.

The final draft plan points to research that shows binge drinking among South Africa's youth, especially males, to be higher than 25% in many communities.

Among school-going youth, alcohol use appears to increase with age for both boys and girls, the research

shows.

Frank Kahn's other area of concern is Fetal Alcohol Syndrome. Rates of 4,8% have been recorded in the rural and semi-rural areas of the Western Cape, compared with the typical rate of around 0,2% for Western countries, the draft master plan reports.

"There is also the economic cost to the country of alcohol abuse which is estimated at 2% of the gross domestic product each year," the attorney-general said.

He made it clear he did not want to "detract from the good job Mr Meyer Kahn is doing, but what concerns me is that he represents a company that profits from a substance which causes the most crime".

Ms Fraser-Moleketi said on Thursday that the draft plan would be tabled before cabinet committees, the National Assembly and Council of Provinces before the end of the current parliamentary sitting.

She said she was confident the plan would enjoy the full support of the Government.

# booze crusade

(86) CT 27 / 7 / 98

**HEALTH MINISTER** Nkosazana Zuma intends to tackle South Africa's growing alcohol problem by introducing mandatory health warnings on bottles and restricting advertising and sponsorship. Health Writer **JUDITH SOAL** reports.

**C**ONTROLS on alcohol — which is the most abused drug in South Africa and said to be more dangerous than heroin — are the next focus of Health Minister Nkosazana Zuma.

Zuma's draft legislation to regulate smoking in public places and ban tobacco advertising is to be debated in Parliament this year. Next up alcohol.

Phrases like "Warning: Alcohol can damage your health", "Your drinking could harm your baby" and "Alcohol abuse destroys lives" could soon be as familiar to drinkers as warnings about nicotine and tar are to smokers.

The liquor industry, citing research that has found warnings on labels does not affect drinking habits, has resisted this step. But the people who carried out this research did not know what Zuma had in mind.

"Those studies looked at warnings written in tiny letters, printed in the same colour as the label, using the same message every time," said Melvyn Freeman, the Department of Health's director of mental health and substance abuse.

"What we are discussing is something along the lines of the smoking warnings. They would have to take up a certain percentage of the label, so they would be bigger, they may be different in colour from the rest of the label and there would be a range of messages.

"This would give people reason to look at them, even if just to ask:



**DOCTOR NO-NO:** Nkosazana Zuma is cleaning up lifestyles.

"What are they trying to tell me now? We believe this would have an impact on drinking habits over time."

The department is also considering regulating large billboards.

"These billboards are extremely influential," Freeman said. "Some are placed next to schools, particularly in townships, and this is not acceptable."

Also possible are restrictions on radio and television advertising and sports sponsorships.

"Perhaps there should be certain times when alcohol adverts are not allowed, to protect children. On the question of sponsorship, alcohol is

being associated with great sporting achievements, which is misleading."

Freeman said the department would "definitely" take steps against alcohol adverts that targeted under-18s.

These regulations are still under discussion, but Zuma's spokesperson Vincent Hlongwane is adamant that controls will be implemented.

"Besides the personal cost in ruined lives, there is the cost to the health system of treating people who abuse alcohol and their victims," Hlongwane said.

"We just can't afford it and we are definitely going to act. We hope we can start the campaign next year."

Although there has been an outcry from a vociferous minority against the draft smoking regulations, a survey by the Medical Research Council has found that more than two thirds of South African adults support the legislation. Zuma hopes there will be similar support for alcohol controls.

The government is also planning a national campaign to counter foetal alcohol syndrome.

According to findings released last month, the Western Cape has one of the highest rates of foetal alcohol syndrome in the world. In some areas it is as high as 15%, compared with the world average of 0,13%.

"No one realised how bad the problem was until this study was released," said Freeman.

An education programme on the dangers of drinking during pregnancy is to be launched before the end of the year.

● What do you think of the proposals to control alcohol use? Call Teleletters between 10am and noon at 488-4722.

● See Insight — Page 15

BEFORE THE SMOKE CLEARS ...

Zuma's anti

# Hooked on the bottle by the curse of history

*VISIT any Western Cape farming town on a Saturday morning and the scene will be the same. People are swarming through bottlestores, stocking up for the day ahead, others are swaying in the streets, exchanging abuse, yelling at crying children and trying to forget the week behind and that ahead. Alcohol abuse is not the preserve of a particular people, but it is the shadow cast by the burden of history on workers on the fruit farms of the region, Health Writer JUDITH SOAL reports.*

THE minibus pulls into a quiet road in the heart of the Stellenbosch wine-lands. A few people stand around, waiting for the mobile clinic's monthly visit.

Sister Margie Dausab greets her first patient. "Piet, how are you this morning?"

Piet Moorman has tuberculosis and comes to the clinic to collect his tablets. Today his hands tremble as he reaches out for them.

"You can see he has been drinking," Dausab says later. "He swears he hasn't, but his wife phoned me and said that he's as bad as ever."

Moorman is a labourer on a farm. Although the infamous dop system, whereby workers are paid some of their wages in wine, has been outlawed, Moorman and co-workers are still given alcohol — but they have to pay for it.

"Every man gets a bottle (of wine) every night," he says. "The women get half a bottle. Then at the end of the week, (the farmer) takes it off our money."

The workers pay R2,50 for a bottle of low-grade wine.

"After a long day it takes the tiredness away," Moorman says.

Dausab counters: "Alcohol is a terrible thing for people with TB. Their resistance goes down and they forget to take their tablets. Many people are just not getting better."

Susan Klein's arm is in a plaster cast; her eye is swollen and bloodied and the young child on her arm has the distinctive features of foetal alcohol syndrome. Klein also has tuberculosis. Her more visible scars have been left by a husband who hits her when he is drunk.

"Every second woman we see has bruises or broken bones," says Dausab. "They say it was their husbands when they were drinking. We ask them where the husband got money for alcohol and they say they get (wine) from the farmer."

Researchers say about 10% of farms still provide alcohol for their workers. But even those that are "dry" are not free of alcohol-related problems.

"We have different competitions. We have just given them new houses and I do a house inspection every month. I check that everything is tidy and the windows and floors are clean and I make suggestions where I can for improvement. The best house every month wins a prize, usually cleaning products."

Koze's intentions are good. Her methods, some say, could compound the problem.

"Under the dop system adults were treated like children. We have to be careful that these programmes are not equally patronising," said Monica Ferreira of the University of Cape Town's Centre for Gerontology. She recently completed a study of retired farm workers.

Farmworkers say the abuse of alcohol will continue until they are able to be more independent.

"I earn R128 a week," said Dawie Maree. "When I complain to the social worker, she tells me not to be so negative. But what can you do with that money? You can't make something of your life. All you can do is have a dop now and then to make it feel a bit better."

Maree, Du Toit and their co-workers have heard of farmers, like Alan Nelson of Nelson's Creek, who have given part of their land to workers to grow their own crops.

"We would love to have our own land, but if only they would allow us to keep some chickens or cows on it, then we would be able to make some money for ourselves," said Du Toit.

"To earn our own money, that would make a big difference."

● The names of the farmworkers have been changed.



the bottlestors instead," said farmer-worker Mamie du Toit.

"In the old days we would get a jam jar of wine in the morning, another at lunch time and a bottle in the evening. You get used to it after a while, you can't just stop. That was the way we grew up."

Dausab recognises that there are no simple solutions.

"People have been getting wine for decades and who am I to come in and say they should stop drinking? For many people it is one of the few pleasures they have."

Dausab is a member of an organisation called DopsStop that is working, with farmers and workers, to reduce alcohol dependency.

"Recently a lot of farmers stopped giving alcohol abruptly and the workers are complaining. That's not our plan. We want to reduce drinking, but we must put other things in place first."

Some farmers are trying to provide alternatives. Social worker Greta Kotze is employed as a "community development officer" on one such farm in Stellenbosch.

"I run groups with the workers, we have a men's club and a women's club where I teach them different skills. We also run a creche for the children."

## How much

### is too much?

EXPERTS say seven to 12% of South Africans have a problem with alcohol at some time in their lives, but how much constitutes a problem?

● If you are pregnant, not much. Doctors warn that two drinks a day (30ml spirits; 300ml wine or 600ml beer), five drinks a week in a binge session or 45 drinks a month can put your child at risk of being born with foetal alcohol syndrome.

● If you aren't pregnant, two drinks a day should be acceptable.

● If you are a man, you can increase this to four drinks.

● You should have two or three alcohol-free days a week.

These are only guidelines. If you are worried that you are drinking too much, you probably are.

Don't measure your consumption by those around you — heavy drinkers tend to move in packs.

The most reliable sign that you have a problem is when your drinking interferes with your family, your friendships or your performance at work.



**DOP STOP:** Community health sister Margie Dausab tends to problems arising from alcohol abuse on her clinic rounds. "But who am I to say they must just stop drinking? For many people it is one of the few pleasures they have."

**PICTURE:** ALAN TAYLOR

# 'I didn't realise this would happen to my baby'

EVERY time Belinda Jackson looks at her daughter Samantha she is confronted by the life she once led.

In that life, Jackson and her best friend would finish a bottle of whisky, sometimes two, before falling into a deadened sleep.

Samantha doesn't know this is why she will never be like other children.

It was 11 years ago and Jackson was 20, living with her parents in Mitchell's Plain and working at a clothing factory in Woodstock.

She had been a shy teenager with few friends, but this all

changed when she started working.

"I met these people and they invited me out. We would have braais and talk. They drank a generous amount and took buttons or smoked dagga," she said.

"I wasn't interested in the drugs, but they persuaded me to try drinking. That's where it started."

Jackson met a man in the bar at the Woodstock Holiday Inn.

"He was from Johannesburg and when he came down he wanted to have a good time," she said. She didn't know he was married.

"I thought he would marry me,

but after he left I found out he already had a wife."

It was five months before she realised she was pregnant. "I had just had a baby. He promised to send me money, but never did."

"I was upset and I started drinking more. I also drank herbs and pills. I wanted to get rid of the baby."

But the baby clung on.

"It was a difficult birth from the beginning, very long. Then when she came out, they told me there was something wrong with her."

Baby Samantha was one of

about 3 000 children in the Western Cape born each year with foetal alcohol syndrome.

Beside the distinctive facial characteristics that mark them for life, these children live with a myriad of health problems. Their hearts, limbs, immune systems, eyesight and hearing can be impaired.

They are often mentally handicapped and have serious learning difficulties. Samantha is no different.

"In the first years, she was in and out of hospital all the time. She had an operation for her cleft

palate and that is better, but she was very slow, from the beginning."

Samantha couldn't walk properly until she was almost three. At 11 she still struggles to speak.

"I didn't realise this would happen to my baby," said Jackson. "No one told me when I was pregnant that I shouldn't drink. At the time I didn't really care."

Samantha's birth was a turning point for Jackson. "When I saw what a beautiful child I had I stopped drinking. I had to look after her. I am so glad that I didn't lose her," she said.



**SO WHO'S COUNTING?** Farmer Danie Steytler shares a bottle of wine with his wife every night. "Is that too much? Don't know, but I enjoy it."

**PICTURE:** ALAN TAYLOR



**NOT SO CHEAP:** Piet Moorman has lost weight this month and the medication he takes for tuberculosis does not seem to be having an effect. It's no help that he drinks a bottle of cheap wine — supplied by his "baas" at R2,50 — every night.

**PICTURE:** ALAN TAYLOR

# Spirited plans to fight alcohol abuse

ARG 18/11/99 (86)

**YUNUS KEMP**  
STAFF REPORTER

**Alcohol abuse is ruining lives and causing death and destruction in the Western Cape.**

This was the message at an alcohol-abuse summit, organised by the Department of Community Safety this week, where shocking statistics demonstrated the link between alcohol and untimely death.

Deon Oosthuizen, the department's director of crime prevention, said it was important for communities to get involved so the department could get a better understanding of how to implement structures to combat the problem.

The department also slated the "glossy advertisements extolling the virtues of youthful drinking" and said research had painted a less glamorous picture.

Research found that:

■ 38% of trauma admissions to hospitals in the Cape metropolitan area and 49% in the rural areas were alcohol-related.

■ About 67% of all domestic violence was alcohol-related.

■ 80% of assault victims admitted to Tygerberg Hospital were under the influence or were injured because of alcohol-related violence.

■ 29% of drivers and 60% of pedes-

trians involved in accidents and who were admitted to Groote Schuur Hospital, had a blood alcohol content that exceeded the legal limit.

■ More than 50% of people who drowned had a blood alcohol content exceeding the legal limit.

At the summit, provincial community safety minister Mark Wiley said the province needed to drastically reduce the number of crimes committed by people under the influence of alcohol.

*About 67% of all domestic violence was alcohol-related*

"A recent survey, conducted by the police's crime information and analysis centre, has proved a 50% relationship between alcohol consumption and murder in the Western Cape," said Mr Wiley.

The outcry over alcohol abuse, compared with other forms of substance abuse, was muted, except when it came to drinking and driving.

Mr Wiley said the summit was an attempt to put issues on the table, to

explore alternatives and to come up with ideas to improve the quality of life for the people of the Western Cape.

"I'm delighted by the Constitutional Court's finding last week that the provinces will have a greater say in formulating the licensing of liquor outlets.

"Society, government departments, churches, schools and non-governmental organisations have to have a say in where, when and how the sale of liquor can take place," he said.

At the summit, focus groups tabled suggestions which the ministry would review for possible integration into its prevention of alcohol abuse strategy.

The programme falls under the department's AAA awareness campaign, which focuses on abuse of the aged, alcohol abuse and the abuse of women and children.

The department focused on aspects relating to the aged during October.

During November and December the department will focus on alcohol abuse.

The department's three priority areas were an education and awareness campaign, a no-drinking-and-driving campaign and a close look at liquor dispensers and outlets.



ZUMA CONSIDERS LEGISLATION

# Health warnings on

CT 29/6/97

# liquor

(86)

**ALCOHOL ABUSE** is a serious national problem the health authorities seem set to tackle head-on, but the liquor industry objects to some methods.

**T**HE Department of Health may legislate to make health warnings on alcoholic beverages compulsory, Health Minister Dr Nkosazana Zuma said in Parliament yesterday.

During an interpellation debate Zuma acknowledged the issue was "a bit more complicated" than smoking warnings.

However, South Africans consumed six billion litres of alcoholic drink a year, and alcohol abuse had a devastating effect on individuals, communities and the economy.

The announcement received a frosty reception from liquor industry spokesmen last night. They said alcohol, unlike tobacco, had been shown to have health benefits, and that the government was pursuing a double agenda by simultaneously considering alcohol sales in supermarkets.

Zuma said alcohol abuse had been correlated with crime, including rape, abuse of women and children, community violence and social, psychological and physical consequences. So her department took seriously the need to introduce some measures to reduce alcohol abuse.

She said certain labels could be "unambiguous", such as warnings about drinking impairing driving ability and being hazardous to pregnant women and their babies.

But a problem with putting warnings on labels was that it was impossible to generalise on what a reasonable quantity of drink was, because this differed from person to person.

However, the issue did warrant urgent attention and her department had started discussing it. She urged MPs to mobilise support, and if they did so, she was certain the department would speed up "what they are looking at".

In support of Zuma, Mr Heera Singh (ANC) said there was no such thing as moderation in alcohol consumption. It had been proved beyond doubt that alcohol was habit-forming.

Mr Darron Swersky, marketing director for the Picardi-Rebel chain of liquor stores, said last night it was necessary to draw a distinction between cigarettes and alcohol.

"Research shows that alcohol, taken in moderation, does have a positive effect on one's health. For instance, there is documented research to show that red wine, as consumed in France, reduces heart disease," said Swersky.

Mr Tony van Kralingen, marketing director of SA Breweries' beer division, said: "It is widely accepted, even by the World Health Organisation, that moderate consumption is good, with specific cardio-vascular benefits.

"It would, as Dr Zuma comments, be difficult to put a health warning on labels without simultaneously acknowledging the fact that alcohol consumed in moderation is good for you."

Both spokesmen said there was "no question" that alcohol was abused. But they suggested that effective ways to combat alcohol abuse should include restricting sales to liquor outlets, strictly applying the law and educating drinkers

on the hazards of abuse.

Swersky said the government had been debating legalising the sale of alcohol in supermarkets, where young people could have access to it. "On the one hand the government say the health hazards of alcohol should be controlled, and on the other they say let's make it more freely available.

"They are talking of taking liquor out of a controlled environment. In a liquor store they (store owners) tend to follow the law on a more controlled basis.

"You can't police the sale of liquor effectively if it is opened to every grocer in the country. There are 6 000 legal liquor licensees, and at least 20 times that number of grocers."

Van Kralingen said: "Alcohol consumption is socially acceptable, with the overwhelming majority consuming alcohol in moderation."

● According to recent scientific findings, the properties in red wine that counter heart disease are not only also present in red grape juice, but are at least 10 times more effective in a non-alcoholic form. — Sapa, Staff Writers

# Sober response to Zuma's plan to stop alcohol abuse

## *Warning labels 'hardly credible'*

ARC 31/5/97 (86)

ADELE BALETA  
STAFF REPORTER

**Compulsory health warnings on alcoholic beverages was the least effective way to stem the effect of alcohol abuse in South Africa, according to public health authorities.**

They were reacting to plans by Health Minister Nkosazana Zuma to enforce legislation on the liquor industry to carry warnings on all forms of packaging of alcohol products.

Many felt that while it was one way to target the population, it was not the most effective method. A large section of the population was illiterate and the majority under 15 years old.

Charles Parry, senior specialist scientist at the Medical Research Council (MRC) welcomed the move but was concerned that Dr Zuma saw the warnings as an end in themselves rather than as a starting point. Labelling was only one strategy among several and not the most important, he said.

Mr Parry said that between July 1 1995 and June 30 1996 it was estimated that South Africans consumed over six billion litres of alcoholic beverage, 90 percent of it being sorghum or malt beer.

Adult per capita absolute alcohol consumption per year was close to 10 litres, which placed the country among the highest alcohol consumers in the world.

There were no simple solutions but intervention strategies were available which could significantly decrease the burden of alcohol-related harm over time.

The focus should not only be on those who were alcohol dependent or at high risk but on the general population.

The MRC's 10-point plan included community action programmes which could serve as a mechanism for providing information to community members and for shaping community attitudes, values and norms about drinking. Other strategies were to strengthen activities at the prima-

ry health care level, legislative changes regarding excise taxes on alcohol, addressing drinking and driving, encouraging work place interventions to address alcohol misuse, rigorously enforcing coherent strategies for licensing of liquor outlets, community development, health education programmes aimed at high risk groups or persons who work with high risk groups (eg the police, servers at bars, shebeens or taverns).

The final point was to have health education programmes aimed at the community, counter advertising and media advoca-

***'There is ample evidence to show one in 10 people who use alcohol abuse it'***

cy. This included mandatory warnings on alcoholic products.

Arguments were presented by the alcohol industry that alcohol unlike tobacco, had health benefits, Mr Parry said. He was also concerned over Government's consideration of requests to sell alcohol across the counter at supermarkets saying the practice would further affect public health.

Commenting on the liquor industry's contention that alcohol had been shown to have a positive effect on health, Mr Parry said research revealed alcohol could have a positive effect on the health of men over 40 years and post menopausal women.

But the majority of the South African population was under the age of 15.

Furthermore, the research was conducted in developed countries. There were several other ways to reduce cardiovascular risk, he said.

Chan Makan, director of the Industry

Association for Responsible Alcohol Use which represents industry producers and wholesalers, said he was concerned that Dr Zuma had, during an interpellation debate this week, suggested a causal relationship between alcohol abuse and crime including rape, abuse of women and children and community violence.

He said the root cause of crime went deeper and would need a "deeper" cure.

Mr Makan said it was "hardly credible" that people would be influenced by a warning label on a bottle.

"Many people are illiterate and if people read the warning they are likely to do so only after purchasing the product," he said.

A preventive programme for high risk groups was needed as well as education programmes for school children.

"The label won't do it. People need to be empowered with education," he said.

Denis Viljoen, associate professor at the Department of Human Genetics who has set up a foundation for alcohol-related research which concentrates on Foetal Alcohol Syndrome, said everyone equated alcohol with tobacco.

While there were no benefits to smoking, it had been shown there were benefits to alcohol consumption especially with regard to cardiovascular conditions.

There was ample evidence to show one in 10 people who drank alcohol abused it. He argued prohibition of alcohol did not work. South Africa had a culture of drinking especially in low socio-economic groups. He said the dop system was introduced from Europe and had only now become stigmatised. But it had been replaced by illegal outlets like shebeens.

"Counter advertising and warning labels will do nothing in the majority of communities. Illiteracy is high and labels won't be read."

Research had shown that in the United States, warnings did not work.

"We have to educate people about the dangers of alcohol," he said.

# Masterplan on way for SA's war on drug menace

## Booze tops list as substance abuse grows

ART 27/1/98

(86)

LEMORE OLIVER  
STAFF REPORTER

Although police have confiscated illegal drugs with a street value of R220-billion in just five years, alcohol remains the most abused drug in South Africa.

And indications are that the abuse of alcohol is growing, especially in informal settlements and rural areas.

In the meantime South Africa's flourishing drug trade shows no signs of abating, according to trends identified by the SA Narcotics Bureau (Sanab) and discussed at a public hearing on the framework document for a national drug masterplan.

According to Sanab, for the five years from the beginning of 1992 to the end of 1996, 1,8 million kg of dagga, 12,9 million Mandrax tablets, 420kg of cocaine, 30kg of heroin and 6 750 Ecstasy tablets were seized.

In a recent paper Sanab stated: "These seizures represent only the tip of the iceberg in terms of the actual volume of illegal drugs which are being produced and sold but evade the attention of police."

"It can be safely concluded that the drug menace is a more significant threat to civilised societies than

## Mum helps son beat addiction

LEMORE OLIVER  
STAFF REPORTER

Moerida Hendricks of Tafelsig in Mitchell's Plain sleeps peacefully these days.

No longer does she lie awake at night waiting for the knock at the door which could bring the news that her drug-dependent son, Omar, now 19, has been shot.

Omar's addiction lasted a harrowing three years and Mrs Hendricks, who has six other children, remembers every minute of it.

He has now been drug-free for four months and is undergoing counselling.

"I was suspicious when Omar

disappeared for hours at a time and then either avoided me or waited till the family was asleep before coming home," she said.

She nagged Omar, but he dodged her questions.

Omar left home saying he could not handle his mother's nagging and lived on the streets for about six months.

Then Omar started coming home for the occasional meal. "I told him I was prepared to take him back but under my conditions." The decision to change had come from Omar himself. He has been attending drug-counselling sessions for four months and has two sessions to go.

The final document, which is being drawn up by the Drug Advisory Board, will be tabled in Parliament later this year and will serve as a government policy document on substance abuse.

Hearings are being held throughout the country to test public opinion,

and people have until the end of February to comment before the document goes to the Cabinet.

Although alcohol abuse is probably the biggest problem, the South African drug market is also dominated by dagga, mandrax and cocaine. Glue-sniffing is also common.

A report by the Drug Advisory Board, headed by Western Cape Attorney-General Frank Kahn, says drug abuse stimulated crime. Drug-related problems ranged from shoot-outs between drug-dealers to absenteeism from work, road accidents, family violence and child abuse.

The report said research had shown the costs of untreated addiction - violence, crime, poor health and family dysfunction - far exceeded the cost of treatment.

The draft document was being publicised because of some contentious issues such as the possible decriminalisation of certain drugs.

Consultation was needed on the provision of detoxification and medical care services at all provincial hospitals.

A master plan for action will focus on three main areas: drug-related crime, young people and the promotion of community health.

# Most murders in W Cape triggered by drunken rows

## Only 10% of SA killings tied to other crime

ARGUS CORRESPONDENT

Pretoria - More than 80% of murders in the Western Cape usually begin as arguments fuelled by liquor, and not as the result of such crimes as armed robbery, car hijacking or taxi violence.

This was revealed at a conference held at the University of Pretoria yesterday, on South Africa after the year 2000.

About 26 000 murders are committed in South Africa every year and 90% of these are the direct result of socially linked violence.

The director of crime research at the National Crime Information Management Centre, Chris de Kock, said more than 80% of murders in the Western Cape took place at weekends, the majority of these on Saturday afternoons.

These murders usually started as personal arguments, and the murder was most often committed with a broken bottle or a knife, he

said. Research had shown that in most cases one or both of the people involved were under the influence of alcohol or drugs.

Dr De Kock said this showed that most murders were not the result of hijackings, armed robberies or taxi violence, but rather two friends arguing over a woman or liquor whilst under the influence of alcohol.

Last year only 60 people had died as a result of hijackings, he said.

Dr De Kock also blamed the high level of urbanisation which followed the removal of the apartheid influx control measures.

He said there were no support structures to help young people flocking to the cities from rural areas. This, combined with the high aspirations found among youngsters in the city, often led the unemployed to violence in order to compete with their neighbours.

"Although we can't get exact figures, we have discovered that the South African situation is similar to that of Brazil in South

America. But the same high levels of urbanisation which took place within 40 years in Brazil, has been done in 10 years here," Dr De Kock said.

Statistics show that certain crimes had decreased or stabilised over the last two years, the only exceptions being rape and assault resulting in grievous bodily harm.

"Because of the huge awareness campaigns aimed at women and children and urging them to report cases to the police, we believe that the rates have not so much increased as that more people are coming forward."

In his cautious, yet optimistic conclusion, Dr de Kock said he believed the crime rate in South Africa would start declining.

The present generation grew up during the violent 1970s and 1980s, he said. New generations, less tolerant of violence, would have a positive effect on the crime rate and this, combined with reforms of the criminal justice system, should bode well for the future.

(86) *SA Killings tied to other crime*  
 ARG 14/8/97

# SA among highest alcohol-consuming countries

(86) Star 3/9/97

BY PRISCILLA SINGH

It is estimated that South Africans consume more than 6 billion litres of alcoholic beverages every year – close to 10 litres of pure alcohol per adult per year – placing us among the highest alcohol-consuming countries in the world.

About 90% of the alcohol consumed is malt or sorghum beer, and the extent of the problem of drinking in South Africa has identified levels as high as 30% among black, adult urban residents. These statistics are based on various studies into alcohol consumption, and were released by the Medical Research

Council this year.

According to the MRC, males, urban and rural youth, people in certain occupations such as mining, and poor women of child-bearing age in rural areas are among the most prone to being influenced to drink.

MRC spokesman Dr Charles Parry said the misuse of alcohol clearly had a large effect on the health sector, principally through the use of trauma services and direct treatment costs.

The road accident rate, in relation to drunken driving, in South Africa also left much to be desired, Parry said, adding that the untimely death of Princess

Diana once again highlighted the tragic consequences of driving while intoxicated.

He said studies conducted by the Council for Scientific and Industrial Research had repeatedly shown that 7% of drivers who were randomly stopped outside of working hours had blood alcohol levels above 0,08g/100ml.

“While the new limit will be 0,05g/100ml, the same as in France, it is probable that roughly only one in 10 drivers in South Africa will have blood alcohol levels in this amount,” said Parry.

Researchers at the University of Cape Town have found that 26% of women from vari-

ous poor communities in the Western Cape consume sufficient alcohol to place their babies at risk of foetal alcohol syndrome.

The MRC, in conjunction with Health Minister Dr Nkosazana Zuma, has been trying to address alcohol abuse in this country since 1994. Zuma said earlier this year that the Government was very worried about the ill effects that flowed from alcohol abuse.

In 1995 Zuma convened a consultative meeting on the abuse of drugs and alcohol, and drew up a strategic report to address the problem, setting out broad policy direction.

# Pupils 'arriving at school drunk'

## Principals slam easy access at shebeens

SA TAREUS

4/9/97

(86)

JULIAN JACOBS

Many primary school children on the Cape Flats come to school drunk or suffering from hangovers, principals claim.

Several prominent Mitchell's Plain principals have accused shebeens owners of selling alcohol to minors.

The principals asked that they and their schools not be identified as they feared retaliation from shebeen owners in their neighbourhoods.

One of the principals said he had a case in July at his school when he found four boys all in Standard 4 under the influence of alcohol at

9am. He said that one of the four boys had been working at a local shebeen, where he bought alcohol and brought it to school, offering it to some of his friends in a cooldrink bottle.

"All of them drank it and couldn't walk while throwing up," he principal said.

He said this was a common occurrence and not surprising because 70% of his pupils lived near shebeens.

"The situation is becoming worse by the day as children can get easy access to alcohol at shebeens where they buy alcohol for their parents," he said.

In fact, often these children bought the liquor for their own use.

He said there appeared to be no control over the sale of alcohol at shebeens while there were some restrictions at legal taverns.

Another principal said the problem of alcohol abuse among children in the area was due to parents leaving their children unattended. Shebeens were easily accessible because they provided entertainment as well.

"I nipped the problem in the bud and very quickly," she said.

She had now introduced a programme to look after children before and after school hours. The programme was managed by unemployed parents who live in the area. Schools have called in the South African

National Council on Alcohol and Drugs Dependency (Sanca) to help fight the problem.

Judy Cockrill, a Sanca social worker, said children were experimenting with alcohol and most did it after school and over weekends.

She said Hanover Park, where she worked, had not had any cases of primary school children coming to school drunk, but the situation was rife among high school pupils.

Ms Cockrill said Sanca had programmes at various schools and often gave life skills training, which included talks on substance abuse and its effects. She said shebeen owners in most of the Cape Flats were role models for hundreds of impressionable children.

## Drunken kids are a major problem in primary schools on the Cape Flats

(86)

Cape Town — Many primary school children on the Cape Flats come to school drunk or suffering from hangovers, principals have disclosed. Several prominent: Mitchell's Plain principals have accused shebeen owners of selling alcohol to minors.

The principals, asked that they and their schools not be identified as they feared retaliation from shebeen owners. One of the principals said that in one incident he had found four boys, all in Sid 4, under the influence of alcohol at 9am. He said one of the four boys

had been working at a local shebeen where he bought alcohol and brought it to school, offering it to some of his friends in a cola bottle. "All of them drank it and couldn't walk because they were too busy throwing up," the principal said.

He said this was a common occurrence, and not surprising because 70% of his pupils lived near shebeens. "The situation is becoming worse by the day as children can get easy access to alcohol at shebeens where they buy alcohol for their parents." He said there appeared to

be no control over the sale of alcohol at shebeens, while there were some restrictions at legal taverns. Another principal said the problem of alcohol abuse among children in the area was due to parents leaving their children unattended.

— Own Correspondent

Star 13/9/97

# 'One in four is an addict'

86  
By ANNA COX

Star 14/9/98  
Government statistics show that one in four people living in South Africa are addicted to alcohol or drugs.

These figures could be significantly higher because of the geographics of the country and the limited resources available to conduct a true assessment of the magnitude of this problem, Nova Lodge co-ordinator Claudio Bartoletti said.

Nova Lodge in Yeoville is a halfway home involved in rehabilitating drug addicts.

It is a registered welfare organisation which is run solely on private donations and fundraising.

It is in desperate need of assistance - money, clothing, food, furniture, paint and garden equipment.

The drug problem is growing and recuperating addicts need to be given all the help they can get to get back on their feet, says Bartoletti.

"We offer them accommodation under strict supervision.

"They must be clean to live here, and they are given chores to do. We do regular testing on them, with test kits donated by Medicare d'Afrique.

"If they work, they have to pay a nominal amount for their board.

"They stay as long as they feel the need to," he said.

People came to Nova Lodge from all walks of life, including some who were in professional fields, said Bartoletti.

"No one seems to escape this scourge, which destroys many successful lives," he said.

Bert (not his real name) is a typical ex-addict living at Nova Lodge.

He started taking drugs in the 60s when alcohol, grass and pills were popular.

He was a successful musician and started his own production company.

He married, and his wife was also an addict.

In 1974 they started on cocaine and progressed to heroin.

"We had children and were leading very normal, productive lives on the outside.

"But every day we were tripping.

"My wife eventually died from complications of a drug overdose and I was left with two small children.

"I stopped functioning normally and eventually the children were taken away from me. That was the end - I decided I had to clean up.

"All I want is to get my children back," he said.

Anyone who can assist Nova Lodge should please phone Claudio Bartoletti at (011) 614-9205.



# 'One in four is an addict'

(86) (127)  
BY ANNA COX

show 14/9/98  
Government statistics show that one in four people living in South Africa are addicted to alcohol or drugs.

These figures could be significantly higher because of the geographics of the country and the limited resources available to conduct a true assessment of the magnitude of this problem, Nova Lodge co-ordinator Claudio Bartoletti said.

Nova Lodge in Yeoville is a halfway home involved in rehabilitating drug addicts.

It is a registered welfare organisation which is run solely on private donations and fundraising.

It is in desperate need of assistance - money, clothing, food, furniture, paint and garden equipment.

The drug problem is growing and recuperating addicts need to be given all the help they can get to get back on their feet, says Bartoletti.

"We offer them accommodation under strict supervision.

"They must be clean to live here, and they are given chores to do. We do regular testing on them, with test kits donated by Medicare d'Afrique.

"If they work, they have to pay a nominal amount for their board.

"They stay as long as they feel the need to," he said.

People came to Nova Lodge from all walks of life, including some who were in professional fields, said Bartoletti.

"No one seems to escape this scourge, which destroys many successful lives," he said.

Bert (not his real name) is a typical ex-addict living at Nova Lodge.

He started taking drugs in the 60s when alcohol, grass and pills were popular.

He was a successful musician and started his own production company.

He married, and his wife was also an addict.

In 1974 they started on cocaine and progressed to heroin.

"We had children and were leading very normal, productive lives on the outside.

"But every day we were tripping.

"My wife eventually died from complications of a drug overdose and I was left with two small children.

"I stopped functioning normally and eventually the children were taken away from me. That was the end - I decided I had to clean up.

"All I want is to get my children back," he said.

Anyone who can assist Nova Lodge should please phone Claudio Bartoletti at (011) 614-9205.

# SA signs UN treaty on druge trade

CT 14/12/98

(86)

## JUDITH SOAL

SOUTH Africa will sign a United Nations convention against drug trafficking in New York today — an indication that the country's efforts to combat drugs have come of age.

The treaty was drafted in 1988 and signed by 148 other countries, but South Africa could not join at the time because it did not have laws to allow the seizure of illegally acquired assets. This changed with the recent introduction of new legislation to prevent organised crime.

"Signing the treaty is a major development in the fight against drugs," Western Cape attorney-general Frank Kahn, the chairperson of the SA Drug Advisory Board, said yesterday.

"It means we've become good neighbours in the global village."

The Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances provides for international co-operation in tar-

geting drug traffickers and lays down conditions for legislation and drug control policies that signatories must meet. Governments are required to agree to requests for the extradition of drug offenders and to provide each other with legal assistance in criminal prosecutions.

"In the past we couldn't, say, ask Switzerland to freeze the assets of someone who had been selling drugs in South Africa. Now we will be able to," said Kahn.

"It is a feather in (Justice Minister) Dullah Omar's cap and shows that he has brought our legislation in line with the rest of the world."

Today's signing comes as South Africa is acknowledged as an important cog in the drug-trafficking wheel. A recent US report listed the country as a significant cocaine and heroin shipment area.

"South Africa is on major trafficking routes between the Far and Middle East, the Americas and Europe," the International Nar-

cotics Control Strategy Report said. "Long and porous borders and weak border controls give traffickers easy entry."

Of 97 ports of entry, only 17 are fully covered by customs, immigration and the police. Thirty-one airports have no coverage.

Despite this, the number of drug busts is increasing. In October police arrested two men carrying 20 000 Ecstasy tablets valued at R2 million into Cape Town International Airport. This month 360kg of cocaine was seized in Gauteng. Yet police say only 10% of drugs brought into the country are detected. The US report said this was because South Africa's drug enforcement policies were "underfunded" and police "undertrained".

Kahn hopes that signing the treaty will change this. "It will open up doors for funding and capacity building."

He said the UN had funded a wide range of projects, from train-

ing staff to providing sniffer dogs to detect drugs. "This type of support is sure to increase."

Kahn said the UN's declaration that dagga crops be eradicated represented another breakthrough.

"In June the UN recognised that areas where cannabis is grown should qualify for subsidies for the plantation of alternative crops."

As one of the world's major dagga growers, this will have a significant impact on South African agriculture. Does South Africa's signature to that declaration mean the government is not paying heed to calls for the legalisation of dagga?

"There has been no softening of attitudes where cannabis is concerned," said Kahn. "In fact, we are unable to legalise it as a signatory."

Kahn is also behind the five-year "master plan" which should be passed early next year. The plan will co-ordinate drug programmes and hold government departments accountable for their efforts.

# The children who

## trade sex for liquor

Schoolgirls drink up a storm at shebeens — but there is a big price

BABALWA SHOTA

**A** STICKER in a Khayelitsha shebeen says it all: "Young girls used to cook like their mothers, now they drink like their fathers."

Patrons at scores of shebeens in townships around Cape Town are becoming younger and younger. Some are barely 13 years old.

Not only do these girls will down drink after drink, but many sell their bodies to maintain their adult lifestyle.

On Friday and Saturday nights, the youngsters cake their faces with make-up, slip in to their trendiest outfits and, with very little in their pockets, head for the nearest shebeen, expecting to be bought drinks in exchange for sex.

"Of course it happens," said Noluthando, 13, while sipping a glass of beer. "Lots of girls go to shebeens for some fun, knowing they are going to pay by sleeping with a man."

Although she did not prostitute herself, said Noluthando, some of her friends did and it had become a regular part of their lives.

Nolitha, a 17-year-old grade nine pupil, said she started drinking at a party four years ago.

Although she was sick most of that night, she and her friend Thami, 16, decided to drink again after they had finished their exams.

"It has become a tradition in our schools to drink on the last day of the end-of-year exams. And during the festive season everyone drinks, so that's how I started," said Thami.

She and her friends started drinking regularly, and when they had no money they started going to a shebeen frequented by soldiers. They slept with them in return for drinks.

"They are generous and buy drinks for us. But they are a bit rough. At first I used to think I was in love with the man I was sleeping with, but now I know I do it because it's part of a fun weekend," said Nolitha.

Mike Mahlukane, the owner of Mike's Tavern in Khayelitsha's Greenpoint where young girls like to "hang out", was not concerned about selling alcohol to adolescents.

"Business is business and these kids bring money which I need to make a living. I've had the place for eight years and my regular customers are kids from the neighbourhood."

But not all owners are as indiscriminating.

Patricia Hlasela, owner of Kotif's Place, does not serve drinks to youngsters. Instead,

Hlasela and her older customers usually chase them away — especially the girls.

"My customers are older and know how to behave — unlike children who are going to start fighting as soon as they get drunk," said Hlasela.

Street committees have tried unsuccessfully to control the shebeens by forcing them to close at 10pm and not allowing children under 18 to buy liquor.

Street committee member Madoda Hill said the streets were patrolled after 10pm and owners who opened for business after curfew were heavily fined. But there was nothing the committee could do until parents stopped making excuses for their drunk children.

"When we find a girl being dragged to a shack by a man we stop them and take the girl home. But instead of appreciating our work, parents start screaming at us and defending the state their children are in. We are sick of it," said Hill.

Police spokesman Inspector Charles Kakudi said sex for drinks was a problem which police tried to stem by warning pupils of the dangers.

He said men used children by taking them to hotels and parties, and expecting sex for the money they spent on them.

"We sometimes get com-

plaints from parents and even the girls. Usually these men are involved in drugs and gangsterism. There have been some effective arrests, but inevitably the case is withdrawn," said Kakudi.

A Child Welfare social worker, who lives in a township but did not want to be named, said many parents had asked her for advice on how to stop their teenage daughters from drinking and prostitution.

She said sexual favours in return for alcohol had become a norm in black townships.

"We know that it is happening, but there's nothing we can do about it. It has not really been highlighted by social workers, but we do get parents who complain about their children — especially girls — who drink with men who then want to have sex with them," she said.

She added that the community should stand up against "this plague" and approach social workers for help. Most of the children were unhappy at home and sought comfort in liquor and sex.

"If parents see a child drinking, even if it is not their own, they should act. They should stop saying 'it's not my child' and start doing something about shebeen owners who sell liquor to their children."

MORE AFFLUENT AFFECTED

# New drinking trends

(86) CT 2/9/99

**RESEARCH** into alcohol abuse trends in South Africa is being focused on previously disadvantaged communities, but there are signs that dangerous drinking patterns are on the increase among more affluent consumers. **GUSTAV THIEL** reports.

**D**R CHAN MAKAN, director of the Association for Responsible Alcohol Use (ARA), says it makes sense to concentrate efforts to educate poorer people about the dangers of alcohol abuse because they traditionally represent the majority of abusers in South Africa.

Makan says he is one of the first people to publicly admit that the political make-up of South Africa before 1994 contributed largely to alcohol abuse among disadvantaged communities.

He adds that government research institutions like the Medical Research Council (MRC) "until recently failed to concentrate their efforts on the needy".

The Centre for Disease Control in the United States has agreed to provide financial assistance to the Foundation for Alcohol-Related Research (FARR) to conduct a study on the incidence of Foetal Alcohol Syndrome (Fas) in the Gauteng area.

A similar study was initiated last year in the Western Cape and proved conclusively that Fas contributes significantly to social problems in the province. Makan says another study will be conducted later in the Eastern Cape.

The FARR was founded in 1996 with the assistance of the ARA, to which some 80% of South Africa's wine producers belong.

Kim Green, chief executive officer of the South African Wine and Spirit Exporters' Association, has welcomed the new research project and assistance from the United States.

She says the study will place drinking patterns among communities across South Africa in their proper contexts.

"The tendency is to assume that the high incidence of alcohol abuse in the Western Cape is a direct result of the tot system of payment which has prevailed on wine farms in the area.

"This misperception has the potential to impact on export sales of wine."

Green says that although the tot system is illegal and is technically not practised among local wine farmers, it is true that it has left a legacy of abuse among farm labourers.

"Their enduring alcohol dependence is being exploited by formal and informal retailers, often basing themselves on farms or running mobile shebeens where they regularly visit farms."

Makan says the abuse of alcohol was a phenomenon among workers across many industries in South Africa.

"Under the apartheid government liquor purchased through government-owned drinking halls often provided the sole income for township development.

"Other forms of purchase of liquor for immediate consumption were illegal for blacks and, furthermore, alcohol consumption was one of the few forms of so-called recreation among mine workers living in hostels away from their families."

Makan insists that alcohol abuse is a key feature of disempowered communities worldwide and is often an expression

of impotence and of the disintegration of communities forced to operate within an economic system that is different from their traditional one.

South Africa currently has the 34th highest incidence of per capita alcohol abuse in the world.

Makan says the typical pattern for developing countries is that about 10% of the population abuses alcohol.

In South Africa, most of these people come from poor communities.

Charles Parry from the MRC says the Department of Health said recently that the trend is still for drinking to increase significantly among poorer people.

Health Minister Manto Tshabalala-Msimang has in her possession, according to Parry, the results of a study done on 15 000 households in South Africa to determine drinking trends.

"She is sitting on these results and we don't know why she is not releasing the figures," says Parry.

He adds that the results will shed light on the trends in drinking patterns in South Africa.

"As things stand, we have no research results available that can give a proper indication of trends."

Dr Willie Pienaar from Stikland's alcohol abuse treatment facility says there are indications that alcohol abuse is on the increase among more affluent members of society.

"We cannot say this for certain until a proper scientific study has been concluded, but it is true that we treat a lot of professional people," he says.

The Department of Health has not said when they will release the results of the survey, but Parry says it will clarify "some issues" around drinking trends.

# Alcohol accounts for 60% of all illnesses

KARIN SCHIMKE

ALCOHOL abuse is placing such an enormous burden on resources that three members of the provincial cabinet have in the past week emphasised the need to address the social scourge.

Nic Koornhof, Health MEC, said on Monday: "The shocking reality is that 60% and more of all acute hospital admissions are for alcohol-related diseases."

More disturbing figures on the role of alcohol in crime came from Community Safety MEC Mark Wiley, who announced yesterday that an alcohol summit would be held in November this year to formulate a five-year anti-alcohol abuse strategy.

He noted that, at the Salt River mortuary, 55% of the bodies of people who had

died of unnatural causes had blood alcohol concentrations of more than 0,08%, and that more than three-quarters of domestic violence cases were alcohol-related.

He also noted that most violent crimes in the Western Cape happened close to shebeens.

Last week, Economic Affairs and Tourism MEC Hennie Bester said it was estimated that between 30 000 and 50 000 unlawful liquor outlets could exist in the province.

There are only about 5 500 licensed outlets in the province, he said.

The problem of alcohol abuse seems intertwined with many of the province's social, welfare, crime and health problems, but Koornhof made the strongest state-

ments about its dangers, weaving it in with the other diseases that threaten the viability of the precarious health system.

He said the province's health indicators were good compared to the rest of the country, but added: "I find the burden of disease is profound."

He told the provincial legislature: "This burden is located largely in the unaccountably high incidence of tuberculosis, the epidemic of trauma and violence, and growing 'diseases of lifestyle' such as hypertension, diabetes, asthma, obesity and heart disease."

"The incidence of smoking is exceptionally high and substance abuse is worrying."

He said violence, especially against women, was at unacceptably high levels

— a fact Whyey also referred to — and gun-shot wounds were increasingly common.

Gunshot wounds are particularly costly and difficult to treat owing to the use of high velocity ammunition.

"Injury-related deaths are higher in this province (at 163 in 100 000 people) compared to the national average of 103 in 100 000."

The burden of disease threatened not only the well-being and lives of the people of the province.

It also strained the government's ability to adequately fund health care in future, and the economic viability of the province, Koornhof said.

All three MECs are looking at ways to curb the effects of alcohol abuse.

ET 15/9/99

(86)

CAPE ARGUS, FRIDAY, OCTOBER 29, 1999

## W Cape's booze summit

YUNUS KEMP  
STAFF REPORTER

(86)  
ARG 29/10/99

South Africans consume more than 4 billion litres of liquor a year.

This is one reason why the provincial Department of Community Safety has called a summit on alcohol abuse on November 16, because it says there is "a strong statistical correlation" between alcohol use and crime.

The department will also host a youth workshop on alcohol abuse on November 13.

The department said it would be unwise not to consider addressing alcohol abuse as a key element in the over-

all crime prevention strategy.

The summit, which falls under the department's AAA project, will focus on three "priority" areas:

- Drinking and driving.
- Education and awareness.
- Liquor sellers and outlets.

The AAA project, established by the department earlier this year, focuses on crime prevention initiatives "within the broader categories of the aged, alcohol abuse and the abuse of women and children".

The project falls under the Stamp Out Crime campaign which involves community policing forums, police and the SA National Defence Force.