
GOVERNMENT NOTICE

DEPARTMENT OF SOCIAL DEVELOPMENT**No. R. 204****9 March 2012****PREVENTION OF AND TREATMENT FOR SUBSTANCE ABUSE ACT, 2008
(ACT NO. 70 OF 2008)****REGULATIONS”**

The Minister of Social Development intends, under section 65 of the Prevention of and Treatment for Substance Abuse Act, 2008 (Act No.70 of 2008), after consultation with the Ministers for Finance, Correctional Services, Justice and Constitutional Development and Health and in Consultation with the Ministers of South African Police Services, Basic Education, Arts and Culture, Health, Co-operative Governance and Traditional Affairs, Women, Children & People with Disabilities, Correctional Services and Sports and Recreation and after consultation with the Medicines Control Council and in Consultation with the Organs of State and National Youth Commission to make regulations in the Schedule.

Interested parties are invited to submit comments on the proposed regulations to the Director-General: Department of Social Development, Private Bag X901, Pretoria, 0001, fax number 086 214 6700 or e-mail: LuyandaMt@socdev.gov.za or telephone number 012 312 7214 / 083 351 3503 (for attention: Luyanda Mtshotshisa) alternatively call Mr Pierre Viviers @ 012-312 7783 / 082 379 2310 or Mr Mogotsi Kalaeamodimo @ 012 -312 7448 / 082 784 4950 within three months from the date of publication of this notice.

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CHAPTER I

Definitions

1. In these Regulations, any word or expression to which a meaning has been assigned in the Act shall have the meaning so assigned and, unless the context indicates otherwise the following words mean-

"adequately ventilated" adequately ventilated as acceptable in terms of the health by-laws applicable within the area of jurisdiction of the local authority concerned;

"approved" approved by the local authority concerned or a professional body established to approve certain standards or by either the Department or Provincial office;

"Constitution" the Constitution of the Republic of South Africa, 1996;

"district office" district office of the Department;

"local authority" a municipality as described in section 2 of the Municipal Systems Act, 2000 (Act No. 32 of 2000) with the following characteristics:

(a) is an organ of state within the local sphere of government exercising legislative and executive authority within an area determined in terms of the Local Government: Municipal Demarcation Act, 1998;

(b) consists of—

(i) the political structures and administration of the municipality; and

(ii) the community of the municipality;

- (c) functions in its area in accordance with the political, statutory and other relationships between its political structures, political office bearers and administration and its community; and
- (d) has a separate legal personality which excludes liability on the part of its community for the actions of the municipality;
- (g) **“support group”** a group which provides information relating to experiences and which acts as a clearing-house for experiences, and may serve as a public relations voice for sufferers;
- (h) **“person”** a natural person or a juristic person;
- (i) **“Provincial office”** the provincial head office of the Department; and
- (j) **“registration document”** a document that serves as proof that a treatment centre, halfway house, community based service is registered in terms of the law.

Application and objectives of regulations

2.(1) These regulations apply to any person who renders services related to substance abuse and any person who intends to render the said services.

(2) The objectives of these regulations are to-

- (a) provide for minimum norms and standards for treatment centres, halfway houses and community-based services;
- (b) set the conditions for the provision of financial assistance to service providers who render services related to substance abuse;

(c) provide guidelines for the registration and management of community-based services, treatment centres and halfway house; and

(d) provide for the general guidelines for the management of community-based services, treatment centres and halfway houses.

CHAPTER II
MINIMUM NORMS AND STANDARDS FOR TREATMENT CENTRES AND
HALFWAY HOUSES
[Section 6(1)(a)-(f)]

Minimum norms and standards for programmes that give effect to prevention
[Section 6(1)(a)]

3.(1) Programmes that give effect to prevention services must-

(a) be accessible at all times by-

- i. providing for the availability of a mental health practitioner or auxiliary worker dedicated to provide substance abuse services in each district;
- ii. availing a resource directory;

- iii. providing for the establishment of support structures to assist the professionals referred to in sub-regulation 3(1)(a)(i).
 - iv. allowing for the marking of centres where programmes are available;
 - v. being affordable in relation to cost and proximity to individuals, families and schools;
- (b) be available to individuals and their families by-
- i. each office to have programmes that benefit individuals and families;
 - ii. being structured in accordance to approved prevention models; and
 - iii. being sustainable.
- (c) link service users with resources in order to maximise existing strengths by-
- i. allowing for resource directory; and
 - ii. providing for a referral system.
- (d) create developmental opportunities for new capacities that seek to promote resilience and increase ability of service users;
- (e) discourage experimental use of substances so that experimental use of substances does not lead to substance abuse by-

- i. creating awareness on the dangers and effects of substance abuse.
- ii. educating and providing information through to individuals and families;
- iii. equipping individuals and families with life skills to promote resilience; and
- iv. providing parents, teachers, care givers with skills to identify early warning signs of substance experimentation and for early intervention.

(f) promote assessment of the prevalence of substance abuse in the community and any service provider who conducts the said assessment must-

- i. address the needs of the community where public education and awareness should be conducted;
- ii. develop a community profile indicating the-
 - aa. geographical location and geographic spread of the schools;
 - bb. population of the community being served;
 - cc. resources available to the family; and
 - dd. extent,

of substance abuse problem within the community being served;

- iii. have the appropriate training and competencies to conduct assessments;

- iv. conduct assessment on continuous basis;
- v. conduct assessment in response to any well founded complaint or report to the Department;
- vi. ensure that assessment is strength based, holistic and appropriate to the cultural context of the programme;
- vii. promote decision-making about future prevention programmes;
- viii. ensure that families and communities that the prevention programme is targeting participate during the course of assessment;
- ix. promote the safety and well being of all persons in the community being assessed;
- x. ensure that prevention programmes promote positive social values;
- xi. enhance protective factors and must focus on reducing risk factors;
- xii. target all forms of substance abuse irrespective of whether such substances are recognised in law or not;
- xiii. address specific substance abuse problems in the community being served; and
- xiv. refrain from using fear tactics.

(g) educate individuals and communities and raise awareness about the dangers of substance abuse and any service provider educating the public and raising awareness must-

- i. provide the public with information on substance abuse, its impact and available treatment options and available resources;
- ii. equip the public with knowledge and information relating to the effects and the impact of substance abuse through awareness raising campaigns, information sessions, brochures, flyers, posters and group discussions;
- iii. utilise electronic or print media to raise public awareness about the dangers and consequences of substance abuse;
- iv. educate the individuals, families and communities about responsible use of legal substances;
- v. inform individuals, families and communities about risks of substance abuse;
- vi. raise awareness together with other relevant stakeholders about substance abuse and associated physical and mental health problems as well as social problems;

vii. address sexual risk behaviour among prevention programme participants in order to reduce the risk of contracting transmittable diseases;

viii. ensure that health promotion activities involve and target all vulnerable groups and increase their capacity; and

ix. improve parenting skills throughout families at risk.

(h) build capacity of persons likely to be affected by substance abuse and that any service provider providing capacity building programmes must provide programmes that-

i. are planned together with the community based on identified needs;

ii. equip the community with life skills to deal with challenges related to substance abuse through forums which include-

aa. workshops;

bb. symposia;

cc. conferences; and

dd. seminars.

iii. provide support and guidance to community initiatives aimed at addressing substance abuse problems;

iv. link communities with local and external resources; and

v. facilitate establishment of community-based forums to manage community projects on substance abuse.

(i) promote healthy lifestyles for everyone in the community and any service provider who provides programmes referred to in sub-regulation (1) must-

i. identify local recreational facilities and link communities being served to them;

ii. facilitate and coordinate services and prevention programmes aimed at promoting healthy lifestyles with relevant departments through establishment of community structures; and

iii. encourage the communities to participate in-

aa. sports;

bb. arts; and

cc. cultural activities;

and promote healthy eating habits and safe sex practices.

(j) aim at various target groups and communities taking into account factors which include-

- i. culture;
- ii. ethnicity;
- iii. age;
- iv. race;
- v. gender;
- vi. beliefs and values;
- vii. sexual orientation;
- viii. language;
- ix. level of education;
- x. unemployment; and
- xi. physical and mental health,

of the service users or community.

(k) promote abstinence from use of substances by-

- i. providing alternatives that are aimed at diverting the attention of substance users and potential substance users;
- ii. ensure that substances such as medication are used responsibly only for medical reasons; and
- iii. providing support individuals and families.

(2) All information gathered during assessment contemplated in sub-regulation (1)(h) must be-

- (a) recorded;
- (b) treated with confidentiality; and
- (c) kept in a safe and lockable cabinet.

(3) The information referred to in sub-regulation (2) must be provided-

- (a) to the District office on quarterly basis; or
- (b) at anytime the HOD requests service providers to do so.

Minimum norms and standards for programmes that give effect to early intervention services

[Section 6(1)(a)]

4.(1) Programmes that give effect to early intervention services focus on-

- (a) preventing harm to individuals and families who use substances by providing for-
 - i. immediate counselling; or
 - ii. referral for professional intervention.

- (b) screening of the individual or family for substance use by providing for-
 - i. interviewing; and
 - ii. preliminary assessment.

- (c) motivating individuals or families to be involved in intensive treatment where necessary by providing for;
 - i. information on treatment gains; and
 - ii. knowledge on consequences of substance use.

- (d) ensuring that as a priority, those at risk of abusing substances are assisted to remain within their families or communities by providing for-
 - i. out-patient treatment services or community-based services; and
 - ii. support services and linking them with available resources.

- (e) ensuring that admission is available to individuals or families in need of early intervention services taking into account the factors listed in sub-regulation 3(1)(j);

(f) promoting accessibility and availability as envisaged in sub-regulations 3(1)(a) and (b).

(g) promoting the preservation of families by-

i. identifying and assessing-

aa. family values;

bb. perceptions;

cc. beliefs; and

dd. attitudes,

towards persons abusing substance and service users;

ii. assessing the family's level of knowledge and understanding about issues related to-

aa. substance abuse;

bb. economic self reliance; and

cc. support systems;

iii. developing a family preservation plan with the involvement of individual and family;

iv. addressing-

aa. family's perceptions;

bb. beliefs; and

cc. attitudes,

by providing them with information and facts about substance abuse and its effects;

v. encouraging forgiveness and co-operation amongst family members through individual and family counselling;

vi. empowering families with parenting and family management knowledge and skills by referring them to relevant agencies;

vii. equipping parents and families with knowledge and skills to identify and deal with early warning signs of experimentation and use of substances;

viii. creating social and economic opportunities aimed at improving individual's and family's self-reliance by linking them with social and economic development agencies;

ix. encouraging individuals and families to participate in-

- aa. sports;
- bb. arts; and
- cc. cultural activities,

and promote healthy eating habits and safe sex practices;

- x. improving the well-being and resilience of families;
- xi. exploiting the strengths of families; and
- xii. addressing the particular needs of families in their diverse forms.

(2) The screening process referred to in sub-regulation 1(i) must involve the following:

(a) Identification of the type(s) of substances that have been used and length of period during which the substance have been used.

(b) A provisional psychiatric diagnosis, according to the DSM.IV or ICD 10, that determines if the applicant has a substance dependency and the likelihood of other co-morbid conditions.

- (c) Identification of the current intoxication status and need for detoxification.
 - (d) Brief social history and needs assessment including-
 - i. family needs;
 - ii. socio-economic challenges,
 - iii. strengths;
 - iv. priorities; and.
 - v. vulnerability.
 - (e) In the case of children, taking the age of the child into consideration, informing parents or caregivers about the results of assessment.
 - (f) In the case of adults, providing feedback on the results of assessment.
- (3) Centres which offer programmes referred to in sub-regulation (1) must ensure that there are-
- (a) skilled professionals; or
 - (b) accredited staff,
- to undertake the admission process, including a pre-admission screening where appropriate.

(4) If it is established that there is a need for detoxification as contemplated in sub-regulation 2(c), the detoxification must take place as per the detoxification policy which must include components such as-

(a) staff with an informed, non-punitive, non-judgmental and supportive approach to detoxification;

(b) assessment of the individual's extent of use of substances;

(c) 24-hour professional nursing and easily accessible medical backup;

(d) standardised, official, best practice detoxification protocols;

(e) service user information and explanation regarding the-

i. likely course of withdrawal;

ii. length and intensity of symptoms;

ii. support; and

iii. treatment to be offered; and

iv. associated risks.

(f) service user participation and informed consent in detoxification decision-making process;

-
- (g) a documented, individualized detoxification treatment plan including-
 - i. referral if required based on detoxification protocols;
 - ii. the service user's individual needs; and
 - iii. preferences and the centre's capacities,

 - (h) a safe, quiet and comfortable space for the detoxification process;

 - (i) adequate monitoring and supportive care;

 - (j) pharmacotherapy as per protocol for medicated detoxification, including adequate, individual-specific, prescribed medicines;

 - (k) emergency care and equipment, including referral to hospital, if required;
and

 - (l) feedback and support to family and caregivers, if appropriate.

 - (5) Programmes referred to in sub-regulation (1) must be-
 - (a) developmental in approach;

(b) affordable in relation to the community and the individual to whom the programme is being administered;

(c) accessible to everyone in the community who needs the programme; including people with disabilities;

(d) appropriate in terms of methodology that is being used;

(e) in line with different age groups of the community and be age specific with special focus on children;

(f) provided in the language the community or each individual clearly understands;

(g) culturally sensitive taking into account the diversity of the population of the community concerned and the socio-cultural attitudes and stereotypes around drinking and substance use;

(h) gender sensitive and appropriate in understanding stereotypes around substance abuse and gender issue;

-
- (i) religiously conscious by recognising various types of religious denominations and their attitudes towards substance use;
 - (j) sensitive of the service user's level of knowledge and understanding of substances;
 - (k) provided by a multi-disciplinary team which must include-
 - i. a nurse;
 - ii. a medical practitioner;
 - iii. a social worker;
 - iv. a psychologist;
 - v. a psychiatrist; and
 - vi. an educator.
 - (l) targeted at individuals misusing or consuming substances at risky levels;
 - (m) aimed at individuals displaying early signs of some dependency on substances;
 - (n) focused on individuals who present with substance related injuries; and
 - (o) aimed at children at risk of substance abuse in any environment.

(6) For the purposes of sub-regulation (k), the multi-disciplinary team may be arranged on referral basis.

(7) The multi-disciplinary team referred to in sub-regulation (2) must-

(a) develop a documented intervention plan which must involve the individual and or family and the said intervention plan must specify activities to be embarked on taking into account the-

- i. timeframes;
- ii. resources to be utilised;
- iii. relevant role players; and
- iv. capabilities and opportunities of the individual or the family.

(b) discuss the intervention plan with individual or family to ensure understanding and its adoption;

(c) compile process reports for all activities conducted and undertaken;

(d) compile progress reports for progress registered; and

(e) treat all records with confidentiality and keep them in a safe and lockable place.

Protection of children and service users in treatment centres and halfway houses

[Section 6(1)(b)]

5.(1) The management structure of a treatment centre elected and appointed in terms of regulation 56 must protect children and service users in the treatment centre against-

(a) all forms of ill treatment by one another and must prepare and implement a written policy which—

i. is intended to safeguard children from abuse by one another or service users or neglect by personnel; and

ii. sets out the procedure to be followed in the event of any allegation of abuse or neglect and such procedure must provide in particular for-

aa. liaison and co-operation with any local authority which is, or may be, making child protection enquiries in relation to any child accommodated in the treatment centre;

- bb. the prompt referral to the police in whose area the treatment centre or halfway house is situated, of any allegation of abuse or neglect affecting any child accommodated in the treatment centre ;

- cc. notification of the investigation and outcome of any child protection enquiries involving any allegation must be referred to the Director-General, the affected child's parents or whoever referred the child to the treatment centre.;

- dd. written records to be kept of any allegation of abuse or neglect and of the action taken in response;

- ee. consideration to be given to the measures which may be necessary to protect children in following the allegation of abuse or neglect as contemplated in sub-regulation 16(1)(b); and

- ff. a requirement for any member of staff of a treatment centre or a halfway house to report any concerns about the welfare or safety of children accommodated therein to any member of management structure, police officer, social worker or any other person with vested interest in the welfare of children,

iii. deals with the prevention of bullying in the treatment centre or halfway house and which must in particular set out the procedure for dealing with an allegation of bullying; and

iv. enforces that there must be supervision of the area where children and service users spend their time at all times.

(b) discomfort and unfavourable weather conditions and must-

i. provide children and service users with at least three 2-ply blankets during winter and two 2-ply blankets during summer;

ii. provide children and service users with two standard pillows, two standard pillow cases and two single bed sheets;

iii. provide children and service users with accommodation that has windows that can open and has curtains or blinds;

iv. accommodate two persons in a space of 3m²; and

v. provide rooms that are adequately ventilated and well lit as prescribed in the building regulations.

(c) the sharing of personal belongings and must if required by service users or children-

- i. provide children and service users with a-
 - aa. bath soap;
 - bb. tooth-brush;
 - cc. tooth paste;
 - dd. facecloth; and
 - ee. bath towel.

- ii. allow children and service users to keep in a safe and secured place their own-
 - aa. clothing; and
 - bb. bedding,

or any other material that may, in the opinion of the centre manager, be necessary for service users' or children's stay in the treatment centre.

- (d) the effects of unhygienic premises must be addressed at all times and that the premises must be-

- i. clean at all times;
- ii. a separate place from sleeping rooms;
- iii. equipped with sufficient refrigeration for the storage of perishable food; and
- iv. in line with municipal by-laws applicable where the treatment centre or halfway house is situated; and
- v. approved by local authority.

(e) abuse of corrective measures and that personnel implementing corrective measures must-

- i. maintain an up to date policy, house rules and procedures to be followed in all corrective measures;
- ii. refrain from applying corrective measures that are-
 - aa. physically;
 - bb. sexually;
 - cc. emotionally;
 - dd. mentally; and

ee. economically,

abusive to children and services users;

iii. facilitate a fair hearing and children or service users may be represented by a person of their own choice at their own cost who is an adult and not disqualified in terms of any law to represent a person in a disciplinary forum;

iv. conduct hearings for corrective measures in a language that children and service users understand and use the services of an interpreter or translator where necessary;

v. record proceedings of all disciplinary hearings and the decisions taken;

vi. have disciplinary interventions that are not punitive in nature but therapeutic;

vii. involve a social worker in all corrective measures that involve children in order to ensure protection of the rights of children; and

viii. ensure that children and service users are not denied nutrition and medication as a form of a corrective measure.

(f) risk of fire by ensuring that there is up-to-date risk assessment and fire management plan that is revised and actionable when necessary and must–

- i. take adequate precautions against the risk of fire, including the provision of fire equipment;
- ii. provide adequate means of escape for all services users and children including facilities for persons with disabilities;
- iii. make arrangements for–
 - aa. detecting, containing and extinguishing of fires;
 - bb. giving warnings of fires;
 - cc. evacuation in the event of fire;
 - dd. maintenance of all fire equipment; and
 - ee. reviewing fire precautions and testing of fire equipment at suitable intervals;

iv. make arrangements for personnel working at the treatment centres or halfway houses to receive appropriate training from a competent person in fire precaution and in fire prevention;

v. ensure, by means of fire drills and practices at suitable intervals that children and service users are aware of the procedure to be followed in case of fire; and

vi. ensure that the fire management plan is approved by the fire chief of the local authority where the treatment centres are situated.

(g) malnutrition and starvation by ensuring that service users and children are provided with food which is—

i. served in adequate quantities according to accepted documented guidelines developed by a dietician and at appropriate intervals;

ii. properly prepared, well balanced and nutritious;

iii. suitable for their needs and which meets their reasonable preferences;

iv. sufficiently varied;

v. served with fresh drinking water and that fresh water must be available at all times; and

- vi. compatible with any special dietary needs of service users and children taking into account the service users' or children's-
 - aa. health;
 - bb. religious persuasion;
 - cc. racial origin, or
 - dd. cultural background.

- (h) illnesses and diseases and must-
 - i. ensure that children and service users, especially-
 - aa. pregnant women;
 - bb. persons with disabilities;
 - cc. chronic illnesses;
 - dd. persons living with HIV/AIDS; and
 - ee. other infectious diseases,have access to professional and appropriate medical care;

 - ii. not allow service users and children to issue medication to other fellow service users and children regardless of their-
 - aa. age;
 - bb, expertise; and
 - cc. academic qualification;

- iii. ensure that service users and children do to keep their own medication;
 - iv. ensure that all medication is centrally kept according to ethical medical practice;
 - v. immediately refer children and service users who present with contagious diseases or any other emergency to-
 - aa. a medical practitioner,
 - bb. clinic,
 - cc. hospital, or
 - dd. any other health care facility; and
 - vi. isolate children and service users who present with contagious diseases and who pose a threat of infecting others.
- (i) attack, robbery, assault and other related conduct by members of the general public and that the said management structure-
- i. reports all forms of abuse to local South African Police Service station and the District office of Social Development within 24 hours of the occurrence of such conduct or as soon as is practically possible thereafter;

- ii. provides adequate security in a form of perimeter fencing, access control and must appoint security personnel;
- iii. searches all persons, vehicles and parcels when entering and leaving the premises of a treatment centre;
- iv. conducts, at the discretion of the centre manager body search on all persons suspected of posing a security threat to children and service users and the body search must be carried out in an enclosed area by a person of the same sex;
- v. provides services and programmes in a substance controlled environment;
- vi. searches the treatment centre for weapons and substances at all times;
- vii. conducts drug testing whenever there is a need to do so;
- viii. conducts a roll-call of service users and children at least twice a day and at reasonable times;
- ix. provides for emergency and evacuation measures taking into account persons with disabilities, children and older persons; and
- x. provides lockable a wardrobe for clothing and a cabinet for personal belongings in each room.

- (j) hazardous objects and hazardous activities and must ensure that-
- i. all parts of the premises to which children and service users have access are as far as is reasonably possible, free from hazardous activities and objects;
 - ii. any activities in which children and service users participate are as far as is reasonably possible free from avoidable risks;
 - iii. unnecessary risks to the health and safety of children and service users accommodated therein are identified and eliminated;
 - iv. persons working at a treatment centre are trained in first aid; and
 - v. provide facilities for people with disabilities, elderly people, and people with chronic illnesses.
- (k) hazardous buildings and other similar structures and must-
- i. submit building plans for approval to a local municipality in which the treatment centre is situated or is to be established.

- ii. ensure that the buildings plans conform to the National Building Regulations and Building Standards Act, 1977 (Act No. 103 of 1977) and these Regulations before the building may be utilised as a treatment centre;

- iii. before any building plans referred to in sub-regulation (k)(i) are submitted, obtain the approval of the treatment centre's or halfway house's property usage right in accordance with the town planning scheme in operation in the local authority concerned;

- iv. provide an indoor area consisting of 2m² of free floor area per child or service user for study purposes and the said study area must have—
 - aa. exterior walls and a roof so constructed as to prevent the permeation of wind and rain;

 - bb. windows which open in order to provide for sufficient natural light and cross-ventilation; and

 - cc. a floor which has a smooth surface that is easy to wash and that prevents the permeation of dampness,

v. provide an outdoor play area, where children are involved, which must consist of not less than 3m² of play area per child and which must be free of any-

- aa. excavations;
- bb. steps;
- cc. projections;
- dd. levels; or
- ee. surfaces,

that in the opinion of the official of the Department may be dangerous or may constitute a hazard to children and service users;

(vi) provide for a kitchen area which must, where a treatment centre or halfway house provides food, be approved by the environmental health professional of the local authority where the treatment centre is or is to be established and must-

- aa. have a minimum floor size of 12m²
- bb. have a floor covering of an approved impermeable material which can be cleaned easily;

- cc. have an adequate number of windows in the opinion of a building surveyor from a local authority that can be opened easily for the purposes of cross-ventilation; and
 - dd. not be used as a thoroughfare by children or service users.
-
- vii. provide approved hand-washing and washing-up facilities, a soap and a towel at all times for the purposes of washing up kitchen utensils and such washing-up and rinsing facilities must be separate from the food preparation area of the kitchen;
-
- viii. supply running water to the hand-washing facilities and washing-up facilities referred to in sub-regulation (v);
-
- ix. avail, in the event where there is no running water, a minimum of 25 litres of potable water on a daily basis in a container that is capable of being closed.
-
- x. provide suitable means for the supply of adequate hot water to the kitchen;
-
- xi. keep refrigeration for perishable food in the kitchen at a temperature below 5°C;

- xii. store all food in the kitchen in such a manner that contamination and spoilage is prevented;
- xiii. provide an approved source of power for cooking purposes;
- xiv. have all working areas in the kitchen with an approved surface that can be cleaned easily;
- xv. provide an adequate number of suitable refuse bins with lids in the kitchen and in the areas where it is convenient for service users and children to dump refuse;
- xvi. supply adequate cutlery and crockery in the kitchen for use by each child or service user;
- xvii. provide adequate and suitable storage space and storage facilities for—
 - aa. food, crockery, cutlery and kitchen utensils; and
 - bb. personal belongings of each service user or child,

-
- xviii. prohibit children and service users from having access to any storage space or storage facility contemplated in sub-regulation xv.
- xix. provide for laundry and ironing area which is -
- aa. well ventilated;
 - bb. a size that is in line with the number of children and service users; and
 - cc. is adequately equipped with washing, drying and ironing facilities,
- (l) unhygienic toilet facilities and must-
- i. provide children and service users with clean toilet facilities;
 - ii. ensure that toilet facilities referred to in sub-regulation (i) are in an approved separate area of the premises and must, where no sewer system is available in respect of the premises, include—
 - (aa) an approved toilet on the premises or immediately adjacent to the premises;

(bb) one septic tank for every eight service users including children, which septic tank must be of a size suitable for use as a toilet; and

(cc) a container with a tight-fitting lid for the disposal of the contents of the bucket or buckets, as the case may be, provided that the contents of the container are disposed of regularly during the day into the approved toilet and that the bucket or buckets and the container are kept in a clean and sanitary condition at all times,

iii. where a sewer system is available in respect of the premises, provide one approved toilet for every 8 service users including children;

iv. where washbasins are available, one washbasin for every eight service users and children, which washbasin must –

(aa) be at such height as to be conveniently used by children and people with disabilities; and

(bb) be supplied with running water, provided that if no running water is available, a minimum of 25 litres of potable water is

supplied on a daily basis in a container capable of being closed,
which container must be accessible to the washbasins; and

v. where no washbasins are available, one suitable container for every eight children, provided that—

(aa) such container is capable of being filled from a potable water container that can be closed;

(bb) such container is placed at a height convenient for children;
and

(cc) a minimum of 25 litres of potable water is supplied on a daily basis from the potable water container.

vi. separate toilet facilities and wash facilities for—

aa. boys;

bb. girls;

cc. females;

dd. males; and

ee. people with disabilities.

vii. provide adequate—

aa. toilet paper;

bb. soap; and

- cc. tissue paper,
in the toilet facilities and wash facilities for use by service users and children at all times.

- viii. provide in the toilet facilities a reasonable number of bins with self-closing lids for the disposal of-
 - aa. paper;
 - bb. paper towels;
 - cc. tissues; and
 - dd. other waste materials;

- (m) missing any academic activity at schools by-
 - i. ensuring that any service user or any child attending school and who happens to be receiving treatment in the treatment centre has his or her homework attended to and delivered to the relevant school on due dates with the assistance of the relevant class teacher;
 - ii. arranging for examinations to be written in the treatment during exam period; and

- (n) overcrowding by ensuring that-

-
- i. only a maximum of 4 service users and children must be accommodated in a space of 7.5 m²;
 - ii. double beds and double bunks are not used; and
 - iii. there is 1 social worker per 15 service users or children for a short term and 1 social worker to 20 service users or children for longer term;
- (o) any form of violation of children's and service users' rights and must-
- i. enable children and service users to make both minor and major complaints to the relevant structures;
 - ii. preclude any person who is the subject of a formal complaint from taking any responsibility for the consideration of or response to that complaint;
 - iii. expressly forbid any reprisals against children and service users making a complaint;
 - iv. include provision for informal attempts such as-
 - aa. negotiation,
 - bb. mediation; and
 - cc. arbitration,

aimed at resolving the complaint and for any complainant to have the matter pursued further if not satisfied with the proposed informal resolution;

- v. provide appropriately for the handling of complaints against the manager, management structure and staff members of the treatment centre;
 - vi. require a written record to be made and kept of the service user or child-
 - aa. making the complaint;
 - bb. date of the complaint;
 - cc. nature of the complaint;
 - dd. action taken; and
 - ee. outcome of the complaint,
 - vii. prohibit limitation or restriction of the issues children and service users may complain about; and
 - viii. provide for relevant issues to be referred promptly to other institutions, including social workers where child protection issues are involved.
- (2) A service user or a child must be encouraged by all relevant structures to-

(a) report any violation of the service user or the child's rights enshrined in the Constitution to-

- i. the management structure;
- ii. the manager of the treatment;
- iii. a residents' committee;
- iv. the South African Human Rights Commission.; and
- v. the department.

(3) No person in a treatment centre or in a halfway house may, in any manner prevent or attempt to prevent a child or a service user from exercising any of the service user's or child's rights enshrined in the Constitution or in any other prescript.

(4) The management structure of a halfway house elected and appointed in terms of regulation 56 must ensure at all times that children and service users are protected in a halfway house by complying with sub-regulation (1)(a)-(o) with the necessary changes as required by the context.

Registration and management of community-based services

[Section 6(1)(c)]

Registration of community-based services

6.(1)(a) Any person who wishes to register community-based services as contemplated in section 6(1)(c) of the Act must apply by completing **Form 1** in the Annexure.

(b) **Form 1** must be available at every office of the Department and must also be accessible from the website of the Department.

(c) In completing the application form referred to in sub-regulation 1(a) the applicant must-

- i. attach to **Form 1** all the documents required in terms of **Form 1**;
and
- ii. submit a completed **Form 1** to the Province where the applicant intends to render the services.

(d) The application referred to in sub-regulation 6(a) may be submitted by-

- i. registered mail to the private bag available in **Form 1**; or
- ii. handing it in, in the office of the Province.

(2) The HOD may, subject to sub-regulation (3)—

(a) after consideration of an application contemplated in sub-regulation (1), the report referred to in sub-regulation (3) and any other information that the HOD may require; and

(b) if the HOD is satisfied that the community-based service is or will be managed and conducted in such a way that—

- (i) the service provided or to be provided may be entrusted to or conferred on the said service provider; and
- (ii) the service complies or will comply with the national norms and standards for community-based services as envisaged in these regulations,

grant full registration to the service provider and issue a registration certificate in a form identical to **Form 2** in the Annexure.

(3) Before granting registration for a community-based service, a social worker or any other person designated by the HOD must-

(a) visit the community-based service to ensure compliance with the applicable national norms and standards; and

(b) submit a report to the HOD on the outcome of the visit.

(4) The HOD must ensure that all community-based services are monitored and evaluated at least once annually as provided for in section 15 of the Act to ensure continuous compliance with the national norms and standards and other registration requirements.

(5) If a community-based service fails to comply with a condition for registration or the applicable national norms and standards for a community-based service, the HOD-

(a) may give one month's notice to the community-based service and the recipients of the service indicating the HOD's intention to terminate and deregister a community-based service;

(b) must, if the HOD decides to give the notice contemplated in sub-regulation (a), request representations relating to termination or deregistration from the affected parties; and

(c) may after consideration of any representations received from the affected parties, terminate and deregister the community-based service.

(6) Where the HOD has terminated and deregistered a community-based service, the HOD must consult with service providers in the same area or near the area

where the terminated service was provided with a view to admit the affected service users and children into another community-based service.

Management of community-based services

7. The management structure of the community-based service must manage community-based services by-

- (a) promoting, within set norms and standards, the
 - i. development,
 - ii. training; and
 - iii. other technical support,of all personnel involved in the provision of community based-services;
- (b) monitoring and evaluating the effectiveness of the-
 - i. strategies,

iii. policies; and

iii. programmes by the Department and the Provincial office; and

(c) undertaking any other function necessary for the-

i. establishment;

ii. design; and

iii. implementation,

of community-based services to ensure the effective delivery of the service of combating substance abuse.

Establishment, management, monitoring and assessment of halfway houses and treatment centres

[Section 6(1)(d)]

Establishment of halfway houses and treatment centres

8.(1)(a) Any person who wishes to establish a halfway house or a treatment must apply to the Department by completing Form 3 in the Annexure.

(b) **Form 3** must be available in every office of the Department and must also be accessible from the website of the Department.

(c) The applicant must-

- i. attach to **Form 3** all the necessary documents required in terms of **Form 3** including-
 - aa. building plans and occupational certificate;
 - bb. health certificate;
 - cc. fire management plan; and
- ii. submit a completed **Form 3** to the Department the applicant intends to establish a treatment centre or halfway house.

(d) The application referred to in sub-regulation 8(a) may be submitted by-

- i. registered mail to private bag X 901, Pretoria, 0001; or
- ii. handing it in at the office of the Department.

(2) The Director-General may, subject to sub-regulation (3)—

(a) after consideration of the application contemplated in sub-regulation (1), the report contemplated in sub-regulation (3) and other information that the Director-General may request; and

(b) if the Director-General is satisfied that the residential facility is or will be managed and conducted in such a way that—

- (i) the reception, admission, care and support of service users and children may be entrusted to or conferred on the treatment centre or halfway house;
- (ii) the treatment centre or halfway house complies with national and local building regulations and has submitted to the Department a certificate issued by the relevant authority to that effect;
- (iii) the treatment centre or halfway house and the facilities therein are accessible in accordance with the national norms and standards contemplated in Part 2 of these regulations;
- (iv) the general care and support of service users and children and recreational facilities in the treatment centre or halfway house meet the requirements of Part 2 of these regulations;
- (v) all services related to substance abuse referred to in section 7 of the Act are provided in a safe and secure environment;
- (vi) the rights and safety of the service users and children are protected; and

- (vii) the treatment centre or halfway house complies with the national norms and standards,

grant full registration and issue a registration certificate in a form identical to **Form 4** in the Annexure.

- (3) A social worker or a person designated by the Director-General must-

- (a) visit a treatment centre and a halfway house prior to registration in order to ensure compliance with the national norms and standards; and

- (b) submit a report on the outcome of the visit to the Director-General.

Management of halfway houses and treatment centres

9. Any person who wishes to manage a halfway house or a treatment centre must comply with regulation 7 for the management of community-based services with the necessary changes as required by the context.

Monitoring of halfway houses and treatment centres

10.(1) The Director-General must monitor and evaluate every treatment centre and halfway house continuously in order to ensure compliance with the national norms and standards as detailed in Part 2 of these regulations.

(2) The chairperson of a management structure of a halfway house and the chairperson of a management structure of a treatment centre must-

- (a) compile a report for each monitoring exercise;
- (b) submit to the Director-General monthly statistics relating to-
 - (i) a number and nature of services rendered; and
 - (ii) the individuals, families or communities to whom the services are rendered.

Assessment of halfway houses and treatment centres

11.(1) The Director-General must assess a treatment centre and a halfway house at least once in quarter of a year.

(2) The management structure of a treatment centre and the management structure of a halfway house must provide access to the officials of the Department to assess the treatment centre or the halfway house as contemplated in section 23 of the Act.

(3) The Director-General must where access is unreasonably denied by any person in a treatment centre or halfway house, apply for a search warrant to be issued by a judicial officer.

(4) The warrant contemplated in sub-regulation (3) must-

(a) be for the purposes of conducting assessment as contemplated in section 23 of the Act.

(b) only be issued if it appears from information obtained with regard to the treatment centre or halfway house that there are reasonable grounds to believe that any-

i. of the provisions of these Regulations or provisions of the Act have been or are contravened;

ii. information received by the Department or the Province in connection with the registration of a treatment centre or a halfway house is falsified; or

(c) it is necessary to carry out the assessment envisaged in sub-regulation (1).

(5) The assessment team contemplated in section 23 of the Act must, when entering a treatment centre or a halfway house in terms of the Act and these regulations-

(a) identify itself; and

(b) produce a warrant contemplated in sub-regulation (3) where applicable or a certificate signed by the Director-General.

(6) The members of the management structure of a treatment centre or a halfway house where assessment is to be conducted bears the responsibility to authenticate the credentials of the persons identifying themselves as assessment team of the Department.

(7) The Director-General must make rules for the manner in which authentication of the identity of the assessment team must be made.

Registration, monitoring and evaluation of out-patient services

[Section 6(1)(e)]

Registration of out-patient services

12.(a) Any person who wishes to register out-patient services must apply by completing **Form 5** in the Annexure.

(b) The requirements laid down in regulation 6 apply for the registration of out-patient services with the necessary changes as required by the context.

Monitoring of out-patient services

13. The HOD must -

(a) monitor out-patient services at all times to ensure that minimum norms and standards as required by these Regulations are complied with;

(b) ensure that a person who has knowledge and appropriate training in the field of substance abuse monitors the out-patient services;

(c) ensure that a comprehensive package of services which must include any one or combination of the following is offered in an out-patient service.

i. Education for the service user and the service user's family about substance abuse disorders and other related health problems.;

ii. Life and social skills training.

iii. Harm reduction activities.

- iv. A 12-step facilitation.
 - v. Matrix Model or any other relevant model.
 - vi. Access to self-help and mutual help support groups;
- (d) ensure that out-patient services are evidence-based and holistic in nature.

Evaluation of out-patient services

14. (1) The Provincial office must do the evaluation of out-patient services.
- (2) The evaluation contemplated in sub-regulation (1) must be done every five years after implementation of services or at any time the HOD may consider it necessary to do so.

Monitoring and evaluation of reintegration programmes and services

[Section 6(1)(f)]

15. Monitoring and evaluation of reintegration programmes and services must-
- (a) focus on the strengths of the service users, children, families and communities where service users reside;

-
- (b) enable families of the service users to be involved in the reintegration programmes;
 - (c) address parenting skills with parents and role clarification of significant others;
 - (d) ensure that family centred programmes are catered for the benefit of the whole family;
 - (e) be aimed at high risk families, communities and institutions;
 - (f) aim at empowerment of individuals, families and significant others;
 - (g) provide for individual, family and community development;
 - (h) address substance abuse and deviant behaviour in the community at large;
 - (i) address domestic issues connected to substance abuse;
 - (j) ensure that best interest of service users and children are of utmost importance; and