Ratepayers millions go up in smoke.

According to the Alcohol and Other Drug Harm Minimization and Mitigation Strategy, for the year 2009, 75% of the 6309 admissions were first timers. The document states that 60% of the inpatients relapsed. The initial cost per addict in 2009 for a six week session was R25 000. Consequently should an addict relapse thrice, it costs the ratepayers R75 000 per addict. If we financially project into 2012 and 2000 addicts relapse thrice, the cost is R75 000 x 2000= R 150 000 000. Even if we spent more or less than the projected R150 million per year, according to the strategy, "The goal is not the ultimately desired state [no substance related harm], but a significant contribution towards the reduction and mitigation of the social impacts of harmful forms of substance abuse".

Therefore, there is no guarantee that should Council spend a R150 million per year, Cape Town will be free of addicts or their destructive behaviour.

At the October Council meeting I enquired about the possibility of retrieving some of the expense from the addicts. I was informed by a knowledgeable and senior member of Council that the approach was similar to that of any other person who has a health related illness e.g. Tuberculosis. I cited that I was sure that a TB sufferer did not deliberately pursue the illness, unlike a drug addict. I suggested that perhaps Council should establish a Kibbutz styled scheme in a farming district where the addicts can spend time in self- reflection and simultaneously engage in manual work to pay back the ratepayers for the expensive free treatment.

What should also be of concern is the emergent cottage industry that has evolved around the addict. We now have researchers, analysts, therapists, counsellors, social workers, scientist's, academics and a host of other medical professionals who now feed off this lucrative industry.

Furthermore, there is a growing trend to cogitate addiction as a medical condition, eventually absolving the addict of personal responsibility. It is similar to the argument that illegal shebeen operators use to justify their activities, "we are unemployed" or "we are creating work". Thus the harm that their illegal activity creates is not considered, when compared to their desire to profit.

In a world of 7 billion people and in a society with such an unjust history, we have become obtuse and accustomed to the unreasonable behaviour of a few individuals. As a society, we have become victims of **"emotional terrorists"** -the addicts. Consequently we are spending millions to accommodate our collective destruction. Perhaps we should consider:

At what point in the relapse process, should some form of sanction be applied, .e.g. a mandatory prison sentence. Why are the many anti-drug campaigns not working? In terms of medical ethics, which is more deserving of treatment, the addict or the person who requires dialysis? Yes, as a caring City we must help the less fortunate, but does this include the conscious and deliberate addict?

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Cape Muslim Congress