
GENERAL NOTICE

NOTICE 563 OF 2008

DEPARTMENT OF EDUCATION

SOUTH AFRICAN SCHOOLS ACT 84 OF 1996

CALL FOR COMMENTS ON DEVICES TO BE USED FOR DRUG TESTING AND THE PROCEDURE TO BE FOLLOWED

I, Grace Naledi Mandisa Pandor, Minister of Education, hereby, in terms of section 8A of the South African Schools Act, 1996 (Act No. 84 of 1996), identify the devices to be used for drug testing and the procedure to be followed in using them, as set out in the Schedule.

All interested persons and organisations are invited to comment on the devices in writing and to direct their comments to:

The Director-General, Private Bag X895, Pretoria, 0001, for attention: Adv. MEC Erasmus, tel. 012 312 5928 and email erasmus.m@doe.gov.za, or Adv. S Masela, tel. 012 312 5980, email masela.s@doe.gov.za and fax 012 312 5902.

Kindly provide the name, address, telephone and fax number and email address of the person or organisation submitting the comments.

The comments should reach the Department by 30 May 2008.



**GRACE NALEDI MANDISA PANDOR, MP
MINISTER OF EDUCATION**

DATE: 29-04-2008

SCHEDULE**1. INTRODUCTION**

1.1 Section 8A(11) of the South African Schools Act, 84 of 1996, as amended by the Education Laws Amendment Act, 31 of 2007, provides that "The Minister must -

- (a) identify the device with which the test contemplated in subsection (8) is to be done and the procedure to be followed; and
- (b) publish the name of this device, and any other relevant information about it, in the Gazette."

1.2 The Minister has identified six devices.

1.3 A school must use only one of these devices.

1.4 The Minister may, by publication in the Gazette, make changes to the list of devices identified.

2. The list of devices identified is the following:

- (1) DRUG DETECTIVE WIPE DETECTION SYSTEM FOR SURFACES
- (2) ONE STEP HOME COCAINE TEST STRIP
- (3) MULTI-DRUG TEST
- (4) QUICKTOX DRUG SCREEN DIPCARD TEST
- (5) MONITECT DRUG SCREEN CASSETTE TEST
- (6) TOXCUP DRUG SCREEN CUP TEST

3. Other relevant information to be considered before a drug testing device may be used is contained in ANNEXURE A.

4. GENERAL INFORMATION ON DEVICE

- (1) The device must comply with acceptable scientific standards and practices.
- (2) The testing kit must be opened in the presence of the learner who is about to be tested.
- (3) A learner who is about to be tested must first be asked whether he or she has taken any medicine.
- (4) The test must be conducted –
 - (a) in the presence of a witness of the same gender as the learner; and
 - (b) out of sight of any other person.
- (5) The person conducting the test must wear latex gloves.
- (6) The information contained in the package insert must be read before the test is conducted.

- (7) The test must be conducted as prescribed in the package insert.
- (8) The package insert of each device indicates how the result of that test is to be interpreted.

5. **INFORMATION ABOUT EACH DEVICE**

5.1 **DRUG DETECTIVE WIPE DETECTION SYSTEM FOR SURFACES**

- (1) Drug Detective –
 - (a) is a single-use disposable test for which no urine sample is required;
 - (b) is a rapid screening test for the qualitative detection of a wide variety of drugs;
 - (c) allows for the testing of –
 - (i) solid surfaces such as a hand, the inside of a lined pocket, a table top, a computer keyboard or a cellphone keypad;
 - (ii) plant material or fragments of tablets;
 - (iii) liquids; and
 - (iv) powders or resins; and
 - (d) is used by a variety of authorities, including the police, to detect drug abuse.
- (2) The kit is capable of detecting many variations of different classes of drugs of abuse, including the following:
 - (a) Amphetamines (AMP);
 - (b) cocaine (COC) and crack;
 - (c) marijuana or cannabis (THC);
 - (d) methamphetamine (MET);
 - (e) opiates (OPI) (morphine and heroin and codeine); and
 - (f) methadone (MTD).
- (3) **Summary of procedure**
 - (a) When a surface is to be tested for drug residue, it is wiped with a little sponge.
 - (b) When plant material or tablet fragments are tested, they are placed inside the collection tube.
 - (c) When a liquid is tested, it is collected with the sponge and deposited in the collection tube.
 - (d) When a powder is tested, it is scraped up with a small spatula and deposited in a buffer tube.
 - (e) In all four cases, at the end of the procedure, drops of a prepared liquid are applied to the test device;
 - (f) There is a waiting period of 10 minutes, after which the result can be read.
- (4) **Other relevant information**
 - (a) The kit, in its foil pouch, must be stored at room temperature (that is, above -2°C and below 35°C), must not be frozen, and must not be exposed to sunlight.

- (b) The test result, which is available within 10 minutes, is only a qualitative, preliminary analytical result.
- (b) A secondary analytical method such as gas chromatography mass spectrometry (GCMS) can be used to obtain a confirmed result.

5.2 ONE STEP HOME COCAINE TEST STRIP

- (1) One Step Home Cocaine Test Strip is used for the qualitative detection of the cocaine metabolite in human urine.
- (2) The test strip should remain in the sealed pouch until use.
- (3) Summary of procedure
 - (a) Collect the urine specimen in a clean and dry container.
 - (b) Remove the test strip from the sealed pouch and use it immediately.
 - (c) Hold the test strip vertically – that is, with the arrows pointing towards the urine specimen.
 - (d) Immerse the test strip in the urine specimen for 10 seconds.
 - (e) Do not immerse the test strip beyond the maximum line ("MAX").
 - (f) Place the test strip on a non-absorbent flat surface and start the timer.
 - (g) Wait for the red line or lines to appear.
 - (h) Read the result after five minutes.
- (4) Other relevant information
 - (a) The test provides only qualitative, preliminary results.
 - (b) A secondary test must be used to obtain confirmed results.
 - (c) It is possible for other, interfering, substances – such as bleach or alum – in the urine specimen to produce erroneous results.
 - (d) The test does not distinguish between drugs of abuse and certain medications.
 - (e) A procedural control is included in the test.

5.3 MULTI-DRUG TEST

- (1) Multi-Drug is a rapid, one-step screening test for the simultaneous, qualitative detection of multiple drugs and drug metabolites in human urine.
- (2) Owing to the speed and sensitivity of this test, it is the most widely accepted method of testing urine for multiple drugs of abuse.
- (3) This test device is a lateral-flow chromatographic assay for the qualitative detection of many variations of classes of drugs of abuse, including the following:
 - (a) Amphetamine (AMP);
 - (b) barbiturates (BAR);
 - (c) methylenedioxymethamphetamine (MDMA);
 - (d) propoxyphene;
 - (e) methadone (MTD);
 - (f) methamphetamine (MET);

- (g) oxycodone (OXY);
 - (h) benzodiazepine (BZO);
 - (i) morphine;
 - (j) opiates;
 - (k) phencyclidine or angel dust (PCP);
 - (l) buprenorphine;
 - (m) cocaine (COC);
 - (n) marijuana or cannabis (THC); and
 - (o) tricyclic antidepressants.
- (4) Summary of procedure
- (a) Leave the test device and control pouch outside the refrigerator for 10 minutes to reach room temperature before testing.
 - (b) Remove the test device from the sealed pouch.
 - (c) Place the test device on a clean and level surface.
 - (d) Hold the dropper vertically and transfer three full drops of urine to each specimen container of the test device.
 - (e) Start the timer.
 - (f) Avoid trapping air bubbles in the specimen container.
 - (g) Wait for the coloured line or lines to appear.
 - (h) Read the results after five minutes.
- (5) Other relevant information
- (a) Multi-Drug provides only qualitative, preliminary analytical results.
 - (b) A secondary analytical method must be used to obtain confirmed results.
 - (c) GCMS is the preferred confirmatory method.
 - (d) Technical or procedural errors, as well as interfering substances – which may include bleach or alum – in the urine specimen may produce erroneous results.
 - (e) The test does not distinguish between drugs of abuse and certain medications.

5.4 QUICKTOX DRUG SCREEN DIPCARD TEST

- (1) This is a one-step qualitative assay, with easy interpretation of results within five minutes.
- (2) The test can accurately detect the following drugs of abuse:
 - (a) Amphetamine (AMP);
 - (b) barbiturates (BAR);
 - (c) benzodiazepines (BZO);
 - (d) cocaine (COC) and crack;
 - (e) marijuana or cannabis (THC);
 - (f) methamphetamine (MET);
 - (g) methadone (MTD);
 - (h) opiates (morphine and heroin and codeine) (OPT);
 - (i) oxycodone (OXY); and
 - (j) phenyleclidine or angel dust (PCP).

- (3) Summary of procedure
- (a) Remove the test device from the sealed pouch.
 - (b) Remove the bottom cover to expose the test strips.
 - (c) Dip the sample pads of the test device straight into the urine sample for a minimum of 10 seconds.
 - (d) Remove the test device from the urine sample and reattach the bottom cover.
 - (e) Place the device on a level surface.
 - (f) Read the results once the control band appears and the membrane clears – that is, after approximately five minutes.
- (4) Other relevant information
The results are stable and may be interpreted up to one hour after the control band appears.

5.5 MONITECT DRUG SCREEN CASSETTE TEST

- (1) This rapid, sensitive test has become the most widely accepted method of urine-based screening for drugs of abuse.
- (2) The test can accurately detect the following drugs of abuse:
- (a) Marijuana or cannabis (THC);
 - (b) cocaine or benzoylecgonine (COC);
 - (c) morphine (OPI);
 - (d) methamphetamine (MET);
 - (e) amphetamine (AMP);
 - (f) phencyclidine or angel dust (PCP);
 - (g) oxazepam (BZO);
 - (h) secobarbital (BAR);
 - (i) methadone (MTD);
 - (j) nortriptyline (TCA);
 - (k) 3,4-methylenedioxymethamphetamine (MDMA); and
 - (l) oxycodone (OXY).
- (3) Summary of procedure
- (a) Draw the urine sample up in the pipette.
 - (b) Dispense three drops of urine into the sample container.
 - (c) Take care to avoid adding drops of urine that contain air.
 - (d) Interpret the result after five minutes.

5.6 TOXCUP DRUG SCREEN CUP TEST

- (1) This is a one-step test for the rapid qualitative detection of drugs of abuse.
- (2) Toxcup can effectively detect the following drugs of abuse:
- (a) Amphetamine (AMP);
 - (b) barbiturates (BAR);
 - (c) benzodiazepines (BZO);
 - (d) cocaine or benzoylecgonine (COC);

- (e) marijuana or cannabis (THC);
- (f) methamphetamine (MET);
- (g) opiates (morphine and heroin and codeine) (OPI);
- (h) oxycodone (OXY); and
- (i) phencyclidine (PCP).

(3) Summary of procedure

- (a) Remove the test lid from the sealed pouch.
- (b) Twist the test lid securely onto the specimen cup after collection.
- (c) Lean the cup on its side to activate testing.
- (d) Read the results once the control band appears and the membrane clears – that is, after approximately five minutes.

(4) Other relevant information

The results are stable for up to one hour after the control appears form.

ANNEXURE A**OTHER RELEVANT INFORMATION TO BE CONSIDERED BEFORE THE
DRUG TESTING DEVICE MAY BE USED****1. INTRODUCTION**

The Constitution of the Republic of South Africa, 1996, provides for the fundamental Bill of Rights, and the following rights are relevant to random search and seizure and drug testing at schools:

Human dignity (section 10)

Privacy (section 14)

Property (section 25)

Random search and seizure and drug testing would obviously infringe on these rights. However, the Constitution itself provides that no right is absolute, given that any right in the Bill of Rights may be limited in terms of section 36. Section 36(1) of the Constitution provides, "The rights in the Bill of Rights may be limited only in terms of law of general application to the extent that the limitation is reasonable and justifiable in an open and democratic society based on human dignity, equality and freedom".

Section 8A of the South African Schools, 1996, is a law of general application in that it applies to all schools and is aimed at safeguarding the interest of learners with regard to their right to education, which must take place in an environment free of drugs and dangerous objects. Given that section 8A limits certain rights conferred in the Bill of Rights, it must be implemented with due regard to human dignity, privacy and the right to property of the learners concerned.

**2. SIGNS AND SYMPTOMS THAT MIGHT POINT TO POSSIBLE
DRUG USE (with thanks to THE SOUTH AFRICAN NATIONAL
COUNCIL ON ALCOHOLISM AND DEPENDENCE (SANCA))****2.1 Physical indicators**

- (a) Changes in level of activity – periods of lethargy (common with dagga, alcohol, sedatives, cocaine and heroin) or periods of hyperactivity (common with dagga, stimulants and alcohol).
- (b) Drastic increase or decrease in appetite.
- (c) Unexplained increase or decrease in weight.
- (d) Lack of coordination, staggering or slow movements, dropping of objects, clumsiness and falling.
- (e) Altered speech patterns: slurred or garbled speech, expressionless speech, abnormally fast speech, forgetting of thoughts and ideas, incomplete sentences and incoherent conversations.

- (f) Unusual shortness of breath, persistent cough, strange odour to breath and clothes (often with dagga and inhalants).
- (g) Red-rimmed, bloodshot or watery eyes, drooping eyelids.
- (h) Little sores around the mouth and unexplained chapped or cracked lips (inherent users).
- (i) Yellow or brown stains on hands.
- (j) Continuously runny nose and constant fidgeting with nose.
- (k) Unexplained bleeding of nose.
- (l) Increased susceptibility to infections and colds.
- (m) Changes in sleeping habits: staying up all night but sleepy all day, or restless sleep.
- (n) Changes in physical appearance: drastic changes in style of clothes, less concerned about appearance, which may become sloppy and unkempt.
- (o) Severe agitation, lack of concentration.
- (p) Unexplained shaking, tremors, nausea, vomiting and sweats or chills (may be an early withdrawal symptom).
- (q) Distortion of perception of time.
- (r) Reaction time slower; child becomes sluggish.
- (s) Needle marks made by intravenous injection of drugs. If a child has such marks, he or she may start wearing long-sleeved shirts even in hot weather.
- (t) Unexplained and ongoing headaches.
- (u) Drowsiness, especially during the day.
- (v) Unusually dreamy, absent demeanour.
- (w) Unusually or constantly dry mouth, or exaggerated or constant thirst.

2.2 Behavioural indicators

- (a) Sudden aggressive and violent behaviour, unexplained outbursts of anger.
- (b) Unexplained restlessness.
- (c) Destructive behaviour, e.g. punching walls, swearing, fighting.
- (d) Unexplained irritability.
- (e) Lack of motivation – sudden loss of interest in hobbies or sport previously enjoyed.
- (f) Ongoing episodes of unexplained giggling.
- (g) Sudden apathy towards life in general.

2.3 Emotional indicators

- (a) Sudden unexplained and ongoing nervousness.
- (b) Low self-esteem.
- (c) Decreased sense of responsibility.
- (d) Sudden feelings of depression, despondency and hopelessness.
- (e) Severe mood alterations, or mood swings, from euphoria to sudden anxiety and depression, and sudden hypersensitivity.
- (f) Alterations in thought patterns – strange and bizarre thinking, hallucinations, paranoid delusions, abnormal suspiciousness, depressed thoughts, suicidal thoughts.

2.4 Social indicators

- (a) Sudden withdrawal from family and friends.
 - (b) Sudden secretiveness, deviousness, vagueness, lies and deceit.
 - (c) Sudden change in friends, with the new friends usually older and/or suspected of using drugs, and a reluctance to introduce friends to family.
 - (d) Drop in school performance – overall lack of motivation with regard to schoolwork.
 - (e) Regular truancy, especially on Mondays – school attendance register can be utilised to obtain an overall view of absenteeism.
 - (f) Resentment towards all authority and disregard of all rules (at school, home, etc.).
 - (g) Disappearing for periods of time without being able to account for that time, e.g. coming home late at night or missing classes at school.
 - (h) Unusual interest in money.
 - (i) “Lost” clothes or equipment, or money that cannot be accounted for.
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