PREVENTION OF ALCOHOL AND OTHER DRUG USE POLICY

THE CITY OF CAPE TOWN

DRAFT POLICY

March 2013
Executive Summary

In an article published in the morning edition of the Cape Argus, 4 July 2012 on pg 14 it reports that ‘Tik Addiction and alcoholism remain the province’s leading problems with substance abuse. An analysis by the SA Medical Research Council has found that 28 percent of patients admitted to rehab centres around the Western Cape are being treated for alcoholism, while 35 percent have problems with methamphetamine (tik), 18 percent with dagga (61 percent of these are under the age of 21), 13 percent with heroin and 15 percent with a dagga mandrax combination (white pipe).

Drug abuse does not only affect the person who abuses the drugs, its ripple effects go as far reaching as family members, communities, local businesses, private and government resources. There is a strong association between alcohol and other drug use and risky sexual behaviour which leads to HIV/AIDS, TB, Hepatitis, other STDs, etc. This creates an overwhelming amount of pressure on the health system. The long term benefits of prevention programmes will show in the reduction of the burden of disease that drugs have placed on the health system. It is with this in mind that the City of Cape Town’s Social Development and Early Childhood Development Directorate has decided to focus on the prevention of substance abuse.

Historically prevention initiatives were seen as mass marches, hand-outs of brochures and flyers with pictures of drugs and pictures illustrating the negative impact it has on a person. In an audit conducted by the South African MRC and published in the ‘African Journal of Drug & Alcohol Studies, 8(1), 2009’ on current prevention programmes indicated problems with the effectiveness of prevention initiatives. Preventative programmes are often seen as once-off initiatives telling children not to use drugs. Research shows us that more holistic, targeted programmes are more effective in preventing substance use in high-risk groups. The most effective programmes include approaches which provide life skills and addresses learning difficulties, poor school performance and mental health problems.

This policy therefore aims to steer prevention programmes into a more holistic approach for the City of Cape Town. It further aims to guide officials of the City of Cape Town when considering implementation of prevention programmes. It also hopes to create a more co-ordinated approach to substance abuse for the City of Cape Town.
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Abbreviations

AOD Alcohol and other drugs
CDA Central Drug Authority
CDS City Development Strategy
CoCT City of Cape Town
CTADAC Cape Town Alcohol and Drug Action Committee
ECD Early Childhood Development
IDP Integrated Development Plan
INCB International Narcotics Control Board
LDAC Local Drug Action Committee
Mayco Mayoral Committee
MRC Medical Research Council
NIDA National Institute Drug and Alcohol
SDECD Social Development and Early Childhood Development Directorate
SAPS South African Police Service
SUD Substance Use Disorder
UCT University of Cape Town
UNODC United Nations on Drugs and Crime
UWC University of the Western Cape

Definitions

Drugs or substances means chemical, psychoactive substances that are prone to be abused, including tobacco, alcohol, over the counter drugs, prescription drugs and substances defined in the Drugs and Drug Trafficking Act, 1992 (Act No. 140 of 1992), or prescribed by the minister after consultation with the Medicines Control Council established by section 2 of the Medicine and Related Substance Control Act, 1965 (Act no. 101 of 1965), and “drugs” in the context of this policy has a similar meaning.

Early intervention as defined in The CoCT Alcohol and other drug Harm Minimization and Mitigation Strategy, 2011 – 2014 means early interventions as “Undertaken upon early detection of problematic substance use to reduce harms associated with risky/problematic substance use or to halt progression for persons who do not have substance abuse or dependence disorders at that point.”

Prevention defined in the CoCT Alcohol and other drug Harm Minimization and Mitigation Strategy, 2011 – 2014 means prevention as “With respect to substance; any activity designed to prevent or delay the onset of substance
use to reduce its health and social consequences (WHO, 2002). Prevention includes Universal programmes for vulnerable persons (e.g. children and adolescents) who have not yet started use, selective programmes for targeted high risk groups such as school dropouts or street people and/or indicated programmes for identified individuals who have started using in order to limit harms.”

Treatment as defined in the CoCT Alcohol and other drug Harm Minimization and Mitigation Strategy, 2011 – 2014 means “The provision of specialised social, psychological and medical services including detoxification to certain persons undergoing treatment and to persons affected by harmful substance use with a view to addressing the social and health consequences associated therewith (Prevention of and Treatment for Substance Abuse Act 2008) and providing the insight and resources to maintain a sustainable recovery programme.

Substance Abuse as defined in the Prevention of and Treatment for Substance Abuse Act 70 of 2008 means “...sustained or sporadic excessive use of substances and includes any use of illicit substances and the unlawful use of substances.”

Outpatient treatment as defined in the CoCT Alcohol and other drug Harm Minimization and Mitigation Strategy, 2011 – 2014 means “A non-residential treatment service provided by a NGO, treatment centre or halfway house to persons requiring treatment for substance abuse (adapted from Prevention of and Treatment for Substance Abuse Act 2008).

Youth means the City endorsed age category as articulated in the National Youth Commission Act (NYC) of 1996. Youth include all people from 14 years to 35 years of age.

High risk individuals / populations means a population at a potentially elevated risk due to physiological sensitivity elevated by their circumstances and environment.

Substance Use Disorder according to the World Health Organisation means, Mental and behavioural disorders due to psychoactive substance use. The term encompasses acute intoxication, harmful use, dependence syndrome, withdrawal state, withdrawal state with delirium, psychotic disorder, stimulant use disorders.

The Matrix Model of Treatment is noted by the National Institute on Drug Abuse as a scientifically based approach in principles of drug addiction treatment.

Awareness in this context means activities carried out to inform or profile the public opinion of licit and illicit substance use within a chosen target population grouping or an entire geographic and demographic sphere.

Prevention according to the Prevention of and Treatment for Substance Abuse act 70 of 2008 means to prevent a person from using or continuing to use substances that may lead to abuse or result in dependence.
1. Problem Statement

1.1. Police statistics show a 45.3% increase in drug related crime from 2008/2009 to 2011/2012

1.2. Drug abuse does not only affect the person who abuses the drugs, its ripple effects go as far reaching as family members, communities, local businesses, private and government resources. There is a strong association between AODs and risky sexual behaviour which leads to HIV/AIDS, TB, Hepatitis, other STDs, etc. This creates an overwhelming amount of pressure on the health system. The long term benefits of prevention programmes will show in the reduction of the burden of disease that drugs have placed on the health system.

1.3. Research shows that AODs increase violent behaviour and this increases the burden on trauma units, policing needs, private and public organisations. The long term benefits of prevention programmes will show in the reduction of burden of disease that AOD use places on the health system, policing, private and public organisations such as businesses, insurance companies, etc.

1.4. SUDs have impact hugely on communities and the high demand has increased the need for treatment services thus costing the city millions to offer treatment services. With prevention programmes the City aims to reduce the need for treatment services.

1.5. Although, the full burden of disease, costs associated with substance abuse have not been calculated. The Medical Research Council (MRC) estimated in 2009 that the costs of liquor-related violence, drunk driving and other alcohol related injury and illness at around R6 billion per annum. The costs of harms associated with non-alcohol substance abuse (including injury and damage to property due to intoxication, policing operations, processing of cases in the criminal justice system, incarceration, opportunity cost in terms of disinvestment and tourism lost due to drug-linked crime) are also likely to run into billions of Rand.

1.6. The Policy Position on Alcohol and other Drugs Harm Minimisation Strategy 2011-2014. It spells out a substantial role for the City in supporting provincial and national Government in addressing substance abuse in the City. It also sets out what the various role-players should do to combat substance abuse and its effects in the City.

1.7. The Provincial Government of the Western Cape offers free treatment and aftercare to citizens addicted to alcohol or other substances. The City of Cape Town’s Health Directorate supports that initiative by offering support via the matrix model of treatment offered at City Health Clinics.

1.8. The Provincial Department of Community Safety plays an oversight role while the Directorate of Safety and Security in the City of Cape Town is able to enforce law. The Directorate of Security and Safety is a key role player in substance abuse efforts focusing on employee treatment for employees working in high risk jobs, managing council rental stock for illegal activity including drug smuggling, managing a drug complaint line where members of the public may call in to report drug related crime. The metro police have a dedicated unit focussing on building cases against drug dealers while metro police assist with road blocks monitoring persons driving under while being intoxicated. The Directorate of Safety and Security is responsible for law enforcement.

1.9. The Department of Social Development and Early Childhood Development(SDECD) has been tasked with the following which shall form part of this coordinated prevention policy

1.9.1. Increasing and enhance public awareness
1.9.2. According to the CoCT Alcohol and other drug Harm Minimization and Mitigation Strategy, 2011 – 2014 SDECD has been tasked to implement AOD prevention projects.

1.9.3. Ensuring the alignment and harmonization of AOD messaging within the CoCT and align CoCT initiatives with the Provincial and National Government.

1.10. In a recent study by the Provincial Department of Social Development, Department of Community Safety, UNODC, MRC conducted in 2011 on substance use, risk behaviour and mental health among learners’ grades 8 – 10 highlighted the need for early interventions and preventative programmes particularly looking at behavioural change.

1.11. However an audit conducted by the MRC and published in the ‘African Journal of Drug & Alcohol Studies, 8(1), 2009’ on current prevention programmes indicated problems with the effectiveness of prevention initiatives. Preventative programmes are often seen as once-off initiatives telling children not to use drugs. However, research shows us that more holistic, targeted programmes are more effective in preventing substance use in high-risk groups. The most effective programmes included approaches which provided life skills and addressed learning difficulties, poor school performance and mental health problems. It was found that interventions should be age appropriate, gender sensitive interventions, culturally appropriate and context specific.

1.12. Foetal Alcohol Syndrome Disorder is the most preventable disorder yet it is becoming a very common disorder. According to the MRC on-going research indicates that the number of affected children has nearly doubled between 1997 and 2001: from 46 to 88 out of every thousand children. A child may contract FAS if exposed to alcohol while in the womb of the pregnant woman.

2. Desired Outcomes

2.1 The main objective of this policy is to delay the onset of experimentation with substances.

2.2 The desired outcomes from the implementation of this policy are:

2.2.1 Increased awareness among youth and parents on substance abuse and its negative impact on individuals, social and economic.

2.2.2 In conjunction with external stakeholders and other spheres of government address the issue of substance abuse in a more holistic and integrated manner.

2.2.3 Increase and improve engagements on substance abuse prevention and early interventions in communities.

2.2.4 Improved access of at risk groups to holistic prevention projects that prevent the experimentation with substances.

2.2.5 Improved co-ordination with City Health.

2.2.6 Assessment centres that can assist in the diagnosis of various disorders associated with SUDs and the prevention thereof.
3. Strategic Intent

3.1. Integrated Development Plan

The Integrated Development Plan (IDP) is the City’s overarching framework strategy that shapes the policies, programmes and budget priorities of the administration. The AOD prevention Policy is aligned with IDP’s Strategic Focus Area aimed at creating a ‘Caring City’ and particularly objective 3.1. “Provide access to social services for those who need it”.

In addition this policy aids in the realisation of a ‘Safe City’ as it provides guidance on addressing substance abuse which is closely linked to crime.

3.2. City Development Strategy and OneCape 2040 Agenda

The City Development Strategy (CDS) is the 30 year strategy for the City. It is informed by the six transitions identified in the OneCape2040 Strategy which articulates the vision for the Western Cape region.

The AOD prevention strategy is in line with the ‘Settlement Transition’. The goal of this transition is to build ‘healthy, accessible, liveable multi-opportunity communities’ all of which will assist in building resilience against AOD use and abuse.

3.3. Social Development Strategy

The Social Development Strategy (SDS) articulates the role of the City in promoting and maximising social development. Social development is understood broadly as the overall improvement and enhancement in the quality of life of all people, especially people who are poor or marginalised. At its core is a focus on addressing poverty, inequality and social ills while providing for the participation of people in their own development. The AOD prevention policy aligns with the High level Objective “Build and promote safe households and communities”. The SDS specifically looks at the need to coordinate and scale up substance abuse efforts in the City.

4. Policy parameters

4.1. This policy is concerned with the prevention of substance use and abuse in the City of Cape Town. It is primarily aimed at informing decisions regarding the type, form and substance of substance abuse prevention efforts by the City.

4.2. The Policy informs and guides the decisions of the Substance Abuse Programme in the SDECD

4.3. This policy does not extend to the prevention efforts of other spheres of government; however the city will be collaborating with these external stakeholders to encourage alignment.

4.4. The policy has transversal implication as it guides prevention efforts within and by other programmes in the City

4.5. Any organisation that is contracted to deliver prevention or other such programmes with a prevention element should also be guided by this policy.

4.6. The focus of the majority of the prevention interventions should be on high-risk individuals and groups, as dictated by research.
5. Role players and stakeholders

The following internal role players are identified for the purpose of implementing the Policy provisions

5.1. Internal Role-Players

5.1.1. Substance Abuse programme, SDECD

5.1.1.1 The SDECD Directorate will be responsible for implementing prevention programmes and early intervention initiatives.

5.1.1.2 The SDECD Directorate will also support, coordinate and facilitate an expert group who will provide guidance to the LDAC and its subcommittees.

5.1.1.3 SDECD will be responsible to report to the Western Cape Substance Abuse Forum and the National Central Drug Authority with regards to the LDACs, its subcommittees and programmes.

5.1.2 Safety and Security Directorate

5.1.2.1 The Safety and Security Directorate has a specific role in substance abuse efforts by focusing on treatment for employees working in high risk jobs, managing council rental stock for illegal activity including drug smuggling, managing a drug complaint line where members of the public may call in to report drug related crime. The metro police have a dedicated unit focussing on building cases against drug dealers while metro police assist with road blocks monitoring persons driving while being intoxicated. The Department of Safety and Security is also responsible for law enforcement and especially focussing on the liquor bylaw.

5.1.2.2 The Safety and Security Directorate also does alcohol and drug awareness raising activities with schools and community groups, which should be done in conjunction with SDECD.

5.1.3 Corporate Services Directorate

5.1.3.1 The Employee Wellness Programme in the Corporate Services Directorate is responsible for supporting employees who suffer from substance abuse.

5.1.3.2 The department is also tasked with implementing prevention programmes in the workplace.

5.1.4 Community Services Directorate

5.1.4.1 Community services through the Libraries and Information Services, Sports and Recreation and Parks Department will assist with awareness raising and prevention programmes. Community services will assist in informing individuals of logistics of programmes.
5.1.5. **Health Directorate**

5.1.5.1 City Health provides a 16 week treatment programme in 4 City clinics offering the matrix model of treatment which comprises of the following:

5.1.5.2 Individual/conjoint sessions (with or without family members).

5.1.5.3 Early recovery group which focuses on the skills clients can use to stay clean and sober.

5.1.5.4 Relapse prevention group, which focuses on living without alcohol and drugs and the related issues.

5.1.5.5 Family education group which, focuses on educating clients and families about the process of recovery.

5.1.5.6 Social support sessions.

5.1.6. **Deputy City Manager’s Office, Help 4 U helpline for people affected by alcohol and drugs**

5.1.6.1 The Call Centres assist people who call the free line with information on the closest available facility for treatment.

5.1.7. **Substance abuse Work Group**

5.1.7.1 The Substance Abuse Work Group is coordinated by the Director of SDECD and is tasked with coordinating substance abuse prevention and treatment efforts in the City.

5.1.7.2 This group shall ensure a transversal management system is implemented in the approach to substance abuse across the City of Cape Town.

5.2. **External Role-players**

5.2.1. **Local Drug Action Committees (LDACs) and its subcommittees**

5.2.1.1 LDACs and its subcommittees will assist by informing communities of their closest treatment facilities or prevention programmes.

5.2.1.2 There shall be 8 sub-committees in the various districts across the metro.

5.2.1.3 These subcommittees will provide broad stakeholder representation as stipulated in the legislative framework.

5.2.1.4 Each subcommittee will develop appropriate and culturally adaptive local-area strategies to address alcohol and other drug (AOD) supply and demand reduction.

5.2.1.5 The CTADAC will pursue a process of engagement with other spheres of government, NGOs and the private sector.

5.2.1.6 The function of the LDAC is outlined in the Prevention of and Treatment for Substance Abuse act 70 of 2008.
5.2.2 Academia

5.2.2.1 The Universities of the Western Cape, Stellenbosch and Cape Town are key partners in providing the training of personnel for the implementation of this programme.

5.2.2.2 Partnerships with these organisations also help SDECD to implement preventative programmes.

5.2.2.3 Research from these bodies will inform the direction and priorities of the programmes.

5.2.2.4 Research and guidance from these bodies will also inform SDECD of new developments and improvements in the area of AOD abuse and prevention.

5.2.3 NGOs and Civil Society

5.2.3.1 NGOS act as the implementing arm for prevention programmes.

5.2.3.2 NGOs also provide information with regards to local trends of AOD abuse.

5.2.4 Provincial Government

5.2.4.1 The Department of Social Development in the Western Cape Provincial Government provides the list of credited service providers in the city.

5.2.4.2 The City will partner with the PGWC to implement prevention programmes in the city.

5.2.5 DCAS – Provincial Department of Cultural Affairs and Sport

5.2.5.1 The City will partner with DCAS to implement prevention programmes at schools in the City

5.3 Other interested stakeholders include:

5.3.1 UNODC – The United Nations on Drugs and Crime

5.3.2 NIDA – National Institute on Drugs and Alcohol

5.3.3 INCB – International Narcotics Control Board

6 Regulatory context

This section provides an overview of the relevant legislation and policies that have a bearing on this Policy:

6.1 Prevention of and Treatment for Substance Abuse act (Act no 70 of 2008)

Chapters 3, 4 and 5 of this act have direct impact on this policy for the following reasons;

6.2 The Protocol agreement with Provincial Department of Social Development

This agreement allows for easy partnerships between the 2 organs of state. It speaks of workstream meetings between the 2 organs of state looking at complimenting each other and not duplicating services.
6.3 Western Cape Provincial Blueprint – Workstream on the Prevention and Treatment of Harmful Alcohol and Drug use

The Western Cape Provincial Blueprint – Workstream on the Prevention and Treatment of Harmful Alcohol and Drug use is a strategic guiding document on how to manage substance abuse for the Western Cape.

The Provincial Blueprint notes that ‘Prevention is better than cure’ and that the ideal model would be to arrange and prioritise services to minimise progression toward harmful drug and alcohol use. It also states that resources and services should be allocated for prevention efforts while recognising that other levels of service need to be more effective. It also sees liaison, aftercare and further skills and other development programmes are all crucial. The Blueprint recognises the lack of skilled professionals in addictions care and encouraged the Provincial Government to address the issue. Based on this recommendation the Provincial Government went into partnership with the academia to establish addictions care course. UCT offers a PGDIP and honours course in addictions care, Stellenbosch offers a PGDIP and short courses in addictions care and UWC offers certified undergraduate short courses in addictions care. Historically prevention was accepted to be a testimonial or showing youth what drugs are or telling them about drugs. Research has shown that prevention programmes need to be implemented by skilled professionals and they need to look at the person holistically.

The Provincial Blueprint further notes that ‘Awareness and prevention services need to be evidence-based – i.e. based on tried and tested practices that are tailored to the local context, monitored, and adjusted as needed. They should also be linked to other programmes (for example, one of the most effective ways to secure school learners against starting to use drugs is to engage them in after-school activities – during the time that they are most at risk due to the lack of supervision. The Blueprint is the strategy the Provincial Government uses to address substance abuse. It will assist the City in complimenting what the Province does as opposed to duplicating.


The NDMP views prevention as various interventions that

6.4.1 focus in an integrated and balanced way on the individual and the environment (community/group);
6.4.2 focus on individuals as subjects who can contribute positively to preventive action;
6.4.3 have strong support in the (wider) community within which preventive action occurs;
6.4.4 involve target groups in prevention planning and implementation;
6.4.5 combine demand reduction (e.g. through programmes that enhance life skills and reduce socioeconomic inequalities) and supply reduction (e.g. Through control/law enforcement and poverty alleviation) in a balanced, multilevel manner;
6.4.6 are evidence/research based and thus based on the dynamics of the applicable context at a particular point in time;
6.4.7 are implemented at one or more of the following three levels: at the primary level, where prevention is directed at reducing the initial individual and environmental risks of drug-related harm (e.g. crime); at the secondary level, which involves early detection of risk proneness with regard to the development of drug-related harm; and at the tertiary level (usually called “treatment”) where the focus is on arresting the intensification and perpetuation of drug-related harm.
In short, the above conception of prevention is part of a social development approach to countering social problems. It also points to the need for a multilevel, multisystem intervention in social service delivery without ignoring therapy approaches and without assigning "blame".

The City of Cape Town will in its prevention initiatives primarily work with ‘primary and secondary level of prevention’ as described above.

6.5 City Health’s Alcohol and Other Drug Harm minimization and mitigation Strategy, 2011 – 2014

The City of Cape Town has a strategy that holistically looks at substance abuse. The strategy holistically speaks to all 4 phases of substance abuse namely; Awareness and prevention, Assessment and brief interventions, treatment and aftercare.

Objectives 4, 5 and 6 of the strategy are relevant to this policy as it speaks to:

- Evidence based prevention services provided within the Metro to build coping skills and enhancing knowledge on AOD disorders and risks.
- Institutional capacity strengthened to enhance inter-departmental action and monitoring of alcohol and drug harm minimization / mitigation initiatives.
- Co-ordination of actions on AOD minimization / mitigation strengthened at Metro and local level with other spheres of government, institutions, private sector role-players and NGO/CBO/FBO actors.

SDECD shall work according to these objectives.

7. Policy directive details

7.1. The National Institute on Drug Abuse clearly stipulates that an effective prevention program should comprise of the following principles in order to render an effective service:

7.1.1. Prevention programs should enhance protective factors and reverse or reduce risk factors.
7.1.2. Prevention programs should address all forms of drug abuse, alone or in combination, including the underage use of legal drugs (e.g., tobacco or alcohol); the use of illegal drugs (e.g., marijuana or heroin); and the inappropriate use of legally obtained substances (e.g., inhalants), prescription medications, or over-the-counter drugs.
7.1.3. Prevention programs should address the type of drug abuse problem in the local community, target modifiable risk factors, and strengthen identified protective factors.
7.1.4. Prevention programs should be tailored to address risks specific to population or audience characteristics, such as age, gender, and ethnicity, to improve program effectiveness.
7.1.5. Family-based prevention programs should enhance family bonding and relationships and include parenting skills; practice in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information.
7.1.6. Prevention programs can be designed to intervene as early as preschool to address risk factors for drug abuse, such as aggressive behaviour, poor social skills, and academic difficulties.
7.1.7. Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout.
7.1.8. Prevention programs for middle or junior high and high school students should increase academic and social competence
7.1.9. Prevention programs aimed at general populations at key transition points, such as the transition to middle school, can produce beneficial effects even among high-risk families and children. Such
interventions do not single out risk populations and, therefore, reduce labelling and promote bonding to school and community.

7.1.10. Community prevention programs that combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program alone.

7.1.11. Community prevention programs reaching populations in multiple settings—for example, schools, clubs, faith-based organizations, and the media—are most effective when they present consistent, community-wide messages in each setting.

7.1.12. When communities adapt programs to match their needs, community norms, or differing cultural requirements, they should retain core elements of the original research-based intervention.

7.1.13. Prevention programs should be long-term with repeated interventions (i.e., booster programs) to reinforce the original prevention goals. Research shows that the benefits from middle school prevention programs diminish without follow-up programs in high school.

7.1.14. Prevention programs should include teacher training on good classroom management practices, such as rewarding appropriate student behaviour. Such techniques help to foster students’ positive behaviour, achievement, academic motivation, and school bonding.

7.1.15. Prevention programs are most effective when they employ interactive techniques, such as peer discussion groups and parent role-playing, that allow for active involvement in learning about drug abuse and reinforcing skills.

7.1.16. Address Poor school performance and use professionals like occupational therapists and others specifically trained in working with this age group, especially if learning disorders are diagnosed.

7.1.17. Address Mental health problems such as depression, social anxiety and ensure appropriately trained mental healthcare personnel are assigned to address the issues. Also ensure consent (guardian, parental) is received.

7.2. Implement holistic, innovative evidence-based prevention projects with high risk groups

7.2.1. The Substance abuse Prevention Programme in collaboration with the district managers of SDECD will implement prevention projects across the City.

7.2.2. District managers will work with schools and local organisations to identify high risk individuals.

7.2.3. The projects will be rolled out according to data from the 2011 Census which indicates the most vulnerable areas.

7.2.4. The SDECD will run a pilot project using an adapted project model based on the “Strengthening Families Approach”. 7.1.5. The strengthening families approach is based on the following principals:

- It is a science-based family skills training program designed to increase resilience and reduce risk factors for behavioural, emotional, academic and social problems.

- It builds on protective factors by improving family relationships, parenting skills, and improving the youth's social and life skills.

- It has been modified for African American families, Asian/Pacific Islanders, Hispanic and American Indian families, rural families, and families with early teens.

- It was developed for children of high-risk substance abusers,

7.2.5. The SDECD will develop an annual project plan detailing when and where these projects will be implemented.

7.2.6 Services will be contracted to roll out the programme.
7.2.7. The SDECD will monitor and evaluate the programme, using tools that measure both the impact and extent of the projects.

7.2.8. SDECD will ensure implementing staff are adequately trained and have the information to make referrals for mental illness, learning disability assessments or treatment services.

7.2.9. The SDECD will collect information from participants in these programmes and store it on a central database. Follow-up on these participants will be conducted at least 6 months after their participation in the project.

7.3. Coordinate and run awareness-raising activities on the dangers of alcohol and drugs

7.3.1 SDECD will run campaigns and develop pamphlets and other educational material to educate people on the dangers of drug and substance abuse. Campaign may include social media, print media, events or other such activities.

7.3.2. SDECD will use partnerships with internal and external stakeholders to ensure maximum impact and penetration. The Substance abuse Work Group will be used as the main coordination mechanism for these campaigns.

7.3.3. The impact and penetration of the campaign will be measured

7.3.4. SDECD will work with partners on awareness raising at a national, provincial and local level through schools, social structures, youth centres, etc. particularly looking to promote the Mayoral ‘Be Smart, Don’t Start’ campaign.

7.4. Work with other Directorates to mainstream substance abuse awareness raising in other projects and activities are rolled out.

7.4.1. SDECD will work with other departments such as Sport and Recreation, Libraries and Information Services, Employee wellness, City Health ECD programme, Youth programme and vulnerable groups programme to ensure that awareness raising on substance use and abuse is included in their work with individuals.

7.4.2. This shall be coordinated through the Substance Abuse Work Group

7.4.3. SDECD will also liaise with DCAS, WCED, provincial clinics and social development offices to include substance abuse issues in other life skills programmes.

7.5. Support CTADAC & subcommittees to become role players in promoting prevention programmes.

7.5.1. In 2009 the Cape Town Alcohol and Drug Action Committee (CTADAC) was established. It was decided in 2009 that Subcommittees be formed.

7.5.2. Eight City of Cape Town Alcohol and Drug Action Committee (CTADAC) subcommittees have been formed and meet on a monthly basis. Each subcommittee will develop appropriate and culturally adaptive local-area strategies to address alcohol and other drug (AOD) supply and demand reduction. NGOs and the private sector

7.5.3. SDECD will provide capacity building to subcommittee members to facilitate the running of the committee and develop good prevention programmes. This will include providing support in the development of constitution, and safety plans.
7.6. Create and facilitate expert group to share information and guide efforts and trends.

7.6.1. SDECD will create a group comprising of substance abuse experts to assist in sharing experience, knowledge and trends. This group can advise the workgroup, the CTADAC and the sub-committees regarding the best way forward.

7.6.2. The expert group should comprise of Researchers, Academia, Treatment providers and safety and security.

7.6.3. SDECD will be responsible for convening of meetings and act as secretariat to the expert group.

7.6.4. SDECD must ensure that prevention programmes consist of the elements of prevention. Implementing organisation may add beneficial topics to compliment the programme but may not take away.

7.7. Implement early intervention programmes.

7.7.1. SDECD will implement holistic early intervention programmes.

7.7.2. These programmes will be facilitated through partnerships with Provincial Health and other external stakeholders.

7.7.3. The focus will be on pregnant women

7.7.3.1. SDECD in partnership with Provincial Health and UCT will facilitate referrals emanating from early intervention programmes.

7.7.3.2. SDECD in partnership with Academia will facilitate training to capacitate individuals to execute early intervention programmes.

7.7.4. In partnership with external stakeholders implement early intervention programmes to address teenagers experimenting with substances and requiring assistance with behavioural modification.

7.7.5. SDECD in partnership with external stakeholders will implement teen intervene as an early intervention programme.

7.7.6. SDECD in partnership with external stakeholders will facilitate training and capacitate individuals to implement early intervention programmes.

8. Implementation Programme

8.1. The SDECD department will ensure relevant programmes are implemented.

8.2. The focal person for programmes will conduct inspections with all implementing partners.

9. Monitoring evaluation and Review

9.1. The policy will be reviewed and updated every two years or in light of evidence that indicates that this policy is not meeting the outcomes set out in section two.

9.2. A database will be established of all programmes being implemented.

9.3. The CTADAC, associated sub-committees, networks, structures, etc. and other affected parties may consult with the Substance Abuse programme on the efficacy of this policy and the extent to which it achieves its aims. This will be relayed directly to the Head of SDECD through the appropriate channels.
9.4. The compilation of annual implementation plans will specify details of targets to be reached in the short, medium and long term, and evaluation tools will specify quantitative and qualitative indicators with time frames, which will assist in tracking progress on the achievement of policy objectives. The implementing role players will use these tools in their internal M&E process by providing regular reports on policy and programme performance.

9.5. **The monitoring component will have the following elements:**

   9.5.1 Ensuring compliance with objectives and outcomes.
   
   9.5.2 Output data collection and analysis.
   
   9.5.3 Risk monitoring and mitigation through a risk management plan.
   
   9.5.4 Decision-making and programme adjustments as may be required.

9.6. **The evaluation component shall be constituted by the following elements:**

   9.6.1 There shall be quarterly reviews.
   
   9.6.2 Systems cohesion analysis will also be done quarterly.
   
   9.6.3 An external control such as a mid-term shall be set in motion.
   
   9.6.4 An independent assessment of the effect on beneficiaries shall be done annually.
   
   9.6.5 Facilitation of monthly reviews and insights, which shall be published for public dialogue.
   
   9.6.6 A learning network with the Provincial Department of Social Development shall be developed for sharing lessons learnt.

9.7. The third component of the system will be reporting on the progress of programmes. Agreements shall be reached at programme inception about report formats and frequency.

   9.7.1 Monthly Reports to the SDECD senior management.
   
   9.7.2 Quarterly Reports to the SDECD senior management and Mayoral Dashboard.
   
   9.7.3 Annual Reports to MAYCO.

9.8. The AOD prevention programme will be reviewed on an annual basis, and further research on best practices will continue.

9.9. The expected outcome of the plan should be evident from the following indicators:

   9.9.1 Number and names of specific projects aimed at the Prevention of AODs and Early Interventions – internally and externally.
   
   9.9.2 Amount of money and percentage of total budget allocated to such prevention projects.
   
   9.9.3 Number of persons participating in prevention programmes under the auspices of the City.

9.10. The monitoring, evaluation and review system shall ensure prudent management and use of resources with tangible results being realised.