

DRAFT
**Operational Alcohol
& Drug Strategy:**
2007 - 2010

City of Cape Town

City of Cape Town

Operational Alcohol & Drug Strategy: 2007 - 2010 (1st Draft)

26 June 2007

Contents:		Page
1	Introduction	4
2	Background Role of Local Government Legislative and Policy context	6
3	Alcohol in the City - a brief overview Definition Location of use and related impacts Alcohol related crime and safety Alcohol related health and family problems	7
4	Drugs in the City - a brief overview Definition Location of use and related impacts Drug related crime and safety Drug related health and treatment	10
5	Drug and Alcohol Impacts on Vulnerable Population Groups	13
6	Drug and Alcohol Strategy	14
	Objectives:	
1	Reduce drug- and alcohol-related crime and anti-social behaviour, and minimise drug- and alcohol-related accidents and injuries	15
2	Improve access to a range of evidence based treatment and prevention interventions to minimise drug and alcohol related harm among the citizens of Cape Town, particularly vulnerable people, such as youth, people affected and infected by HIV/AIDS, STIs and TB, women (especially pregnant women), people who are unemployed, people with physical disabilities and mental illnesses, the elderly and people who are homeless	19
3	Improve access to information on drug and alcohol related harms for the City community, and how they can respond to these harms	22
4	Improve reporting on local interventions and their effectiveness	24
5	Cooperate with other spheres of government for enhanced responses to alcohol and drug related impacts on people and places	25

Executive Summary

The City of Cape Town presents this draft operational strategy aimed at effectively and sustainably managing the substantial and rapidly growing drug and alcohol-related challenges facing our society. This preventative and curative strategy requires sustainable multi-sectoral, inter-departmental and inter-governmental partnerships.

This is a multi-sectoral strategy in that it acknowledges the role of government, business and community based organisations and establishes and describes a formal partnership between these sectors to the extent that the challenges are addressed. The strategy confirms various roles and functions for each City department and creates a vehicle for cohesivity within one overall strategy where Health is the custodian lead department. Sound, cooperative inter-governmental relationships are key to the success of this strategy. The National Drug Master Plan confirms each spheres roles and responsibilities and it remains the City's stated intention to deliver evidence based prevention and treatment programmes.

In order for them to be effective, the demand and supply reduction components of this strategy must be bolstered by the urgent passing of National legislation defining pseudo-ephedrine as a schedule 5 drug thereby strictly limiting its sale, supply, storage and possession. Pseudo-ephedrine is the precursor chemical used for making methamphetamine (Tik), which, along with alcohol are the number one threats to public safety and community well-being in Cape Town. Similarly, in order not to turn non-violent, and often young users into hardened criminals, legislation providing for the establishment of drug courts, from where drug-related offenders are offered alternative sentencing and diversion options, in the form of evidence based treatment interventions, needs to be urgently enacted. The City urges National Cabinet to expedite and clarify the formulation of the "Prevention of and Treatment for Substance Abuse Bill" in line with grass roots realities in South Africa and international best practice.

The results of alcohol and drug use, leading to risky sexual behaviour and increased HIV/AIDS, TB, Hepatitis B (HBV) and Hepatitis C (HCV) risk and infection; as well as leading to criminality and violent behaviour, are well established facts that are easily identifiable within our communities. This strategy aims to reduce these and all other harms to the individuals and to society as a whole.

1 Introduction:

The use and misuse of drugs and alcohol have significant negative impacts on public health in terms of increased morbidity and mortality; family welfare; crime and community safety; educational attainment; local economic development and social inclusion. Reducing the impacts of these harms is a key priority for the City of Cape Town.

To strategically address the impacts of alcohol and other drug (AOD) use in the public domain, the City of Cape Town has prepared a Draft Alcohol and Drug Strategy (2007 - 2010). The Strategy outlines the unique role of local government in responding to these impacts, and how we can work with our key partners to improve safety for city residents, businesses and visitors, as well as the health of people who use AODs and those around them.

The aim of this strategy

The key aim of this initiative is to reduce the burden of AOD use on the City of Cape Town and its residents, businesses and visitors through the provision of targeted supply and demand reduction interventions.

This strategy will define the role of the City and will direct AOD-related programmes and policies in the City of Cape Town, as well as ensure that these correspond with and contribute to Provincial and National policies and plans.

Why do we need an alcohol and drug strategy?

Historically within the City of Cape Town there has been little interaction between Health, Law Enforcement and Welfare; departments have worked in silos, thus causing fragmentation and often duplication of services.

This document highlights the contributions of each department and outlines ways in which, through inter- departmental and inter-sectoral collaboration, a cohesive operational plan can be implemented.

While good plans are a necessary component of an effective response to AOD-related problems, on their own they are not sufficient to bring about desired change. Implementation of plans is complex and does not always follow a logical and linear path.¹ For implementation to occur, it is essential to include mechanisms that will ensure the proper translation of the plans into action. These mechanisms include setting change priorities, developing action strategies to achieve change policies, and allocating appropriate resources to each change priority. In addition, implementation also requires the motivation of individual actors as well as organizational support.²

A strategy of this nature and importance needs to adhere to certain key principles and be driven in an accountable and transparent manner. To ensure accountability and transparency, annual reporting with regard to progress will be made to the officials and citizens of Cape Town.

Key principles

- 1 Systematic, multifaceted responses are required. Singular stand-alone responses do not generally solve complex AOD-related issues. The City will work with a range of stakeholders, including other spheres of government, service providers and AOD users and those affected by their use.
- 2 The burden of AOD problems is shared by the whole community, as is the responsibility for tackling this burden. Integrated responses are required that complement provincial and national programmes and established health, social welfare, and other regulatory structures and improve reporting to the citizens, target communities, service providers and various government spheres.
- 3 An emphasis will be placed on evidence-based interventions.
- 4 The principle of social inclusiveness is reflected through a commitment to reducing the impact of AOD use on our most vulnerable populations - previously disadvantaged communities, young people, people affected by HIV/AIDS, people who are homeless, women, elderly people, people who are mentally ill and physically disabled.
- 5 A long-term commitment to funding and resource allocation is essential to tackle AOD-related harms.
- 6 Demand reduction is a key principle (i.e. activities targeting the prevention of new AOD use/misuse, and treatment of existing AOD problems).
- 7 Multi-pronged approach: there are always opportunities to intervene in AOD-related problems, and we must engage simultaneously at many stages in the cycle including prevention, early intervention, treatment and reintegration.

2 Background

2.1 Role of Local Government

Local government has a very specific and unique role in addressing AOD-related problems and is ideally located to respond directly to these problems through both demand- and supply-reduction activities.

Local government responses to AOD issues are generated by a number of factors including:

- The social responsibility imperative of local government and its office bearers to affect change in areas of socio-economic concern that has a direct bearing and impact on the stability of the City.
- Community expectations that give rise to local government responses (such as development of localised approaches to AOD issues, for example through participation on Local Drug Action Committees,³ Community Policing Forums and the provision of supply- and demand-reduction services)
- Identification of gaps in existing service provision
- Legislative requirements and obligations

2.2 Legislative and Policy context

Local Government's obligations to address AOD issues are defined in the **National Drug Master Plan** as well as in various pieces of local government legislation. These areas of legislation are discussed briefly below.

National Drug Master Plan

The **National Drug Master Plan**⁴ (NDMP) provides policy and legislative framework for all AOD strategies; it summarises national policies, defines priorities and apportions responsibilities for alcohol and other drug (AOD) control efforts.

Crucial strategies put forward by the NDMP to facilitate its implementation, include the development and execution of mini-masterplans for key government departments, as well as provincial and local mini-masterplans. This local strategy is in part, a response to the NDMP.

Western Cape Liquor Bill (2005)

The Western Cape Liquor Bill seeks to meet a number of objectives, one of which is to reduce the social cost (harms) of alcohol use to the people of the Western Cape; other objectives include making it possible for *bona fide* unlicensed traders in historically disadvantaged communities to legitimise their businesses without encountering unnecessary barriers, and to provide sufficient incentive for them to do so, as well as allowing communities to participate with the City of Cape Town in determining outlets, their hours of trade, and the nature and extent of their activities.

Within the broad objectives of the Bill some of the specific issues addressed are liquor licensing procedures, training of license holders and persons serving alcohol, the sale of liquor in residential areas and ensuring that the licensees restrict noise and do not sell to minors or intoxicated persons.

There is a key role envisaged for municipalities in the Bill, with regard to (i) land use planning issues (as determined by the planning authorities), (ii) having the best available options for informing communities of local developments in the liquor trade, and (iii) providing for processes and structures that allow communities to participate at all levels.

Local Government: legislation and policy

Several **Local Government Acts** require Council to take responsibility for managing public land, and gives them the power to issue and enforce orders that aim to prevent activities (such as AOD use and trade) that place members of the public at risk.

3 Alcohol in the City - a brief overview

3.1 Definition:

Alcohol is a legal regulated drug and licensed premises are custodians of its legal and responsible supply.

3.2 Location of use and related impacts

On any day in Cape Town residents, workers and visitors consume alcohol in regulated, semi-regulated and unregulated environments.

Regulated environment

Licensed Premises

Within the City there are many licensed premises where alcohol is consumed in a regulated environment. Many licensed premises have late-night trading licenses and are located within distinct entertainment precincts. Concentration of licensed premises with extended trading hours provide greater opportunities for alcohol to be consumed, and can result in more people becoming intoxicated. Increased numbers of intoxicated people in public spaces can have a negative impact on the health and safety of consumers and others. The **Western Cape Liquor Bill (2005)** addresses this issue in detail.

Large Public Events

Large events are regularly held in the City, where alcohol consumption is part of the celebrations. Many large national and international sporting and cultural events are held in the City including high profile soccer matches and cricket and rugby tests; the Two Oceans Marathon, the Argus Pick 'n Pay Cycle Tour, the Cape Town Jazz Festival as well as Minstrels Carnivals. These and many more events attract large numbers of local, national and international visitors.

Some areas during large-scale events are licensed and are regulated or semi-regulated environments. The impacts of alcohol during large events relate to:

- Waste management.
- Accidents and injuries.
- Potential anti-social and criminal behaviour.

Use of alcohol in public spaces

The consumption of alcohol in the public domain is a problem affecting many cities nationally and internationally, and Cape Town is no exception. Public intoxication can take many forms including recreational drinking in public spaces and patrons leaving licensed premises already intoxicated.

Unregulated environments

It is estimated that in the City of Cape Town there are approximately 7375 unlicensed premises (shebeens/taverns) where alcohol is consumed.⁵ Other estimates are as high as 20,000. The **Western Cape Liquor Bill (2005)** addresses this issue in detail

3.3 Alcohol-related crime and safety

Alcohol-related crimes (including the crime of drinking and driving) are not only committed by individuals who are high-risk drinkers and regularly drink to excess, but are also committed by individuals who occasionally drink at risky levels.⁶ There is a growing body of research that links alcohol to violent crime, and in particular family violence and sexual violence. For example, a fifth of South African offenders arrested for rape reported that they were under the influence of alcohol at the time of the crime.⁷

AOD use is consistently reported as one of the most common factors affecting the safety of communities and neighbourhoods.

3.4 Alcohol related health and family problems

According to the World Health Organisation (WHO), the hazardous and harmful use of alcohol has now become one of the most important risks to health.⁸

Roughly one in four adult males and one in ten adult females in South Africa experience symptoms of alcohol problems, and almost one in four high school students report binge-drinking in the past month; that is, drinking five or more drinks on one or more days.⁹ Studies have also shown that more than one in three patients seen at trauma units in Cape Town in 2001 had alcohol levels above the legal limit for driving, and more than one in two non-natural deaths in Cape Town in 2002 had alcohol levels greater than 0.05g/100ml.

Almost 1 in 5 HIV patients at selected HIV clinics met criteria for current alcohol abuse or dependence. Patients with alcohol use disorders were more likely to have symptomatic HIV infection.¹⁰

Family

Alcohol use disorders contribute to general family dysfunction, and children of parents with alcohol problems or who have several family members with alcohol problems are at greater risk for developing alcohol problems themselves, often start to drink alcohol at a younger age, and progress towards problems more quickly than children who have no close relatives with alcohol problems.¹¹

While continuing patterns of drinking threaten family subsistence, events that take place when a family member is intoxicated can also have lasting consequences on the well being of their families. These events may include acts of alcohol related violence against women and children. These acts may have severe psychological consequences for the victim.¹²

Economic Costs and overall burden

The estimated economic cost of alcohol-related problems to the Western Cape is likely to exceed R1 billion per year due to lost productivity, absenteeism, motor vehicle collisions and illnesses. Overall, it is estimated that alcohol contributes 7% to the burden of disease (from death and disability) in South Africa, 40% of the total alcohol related burden occurring in the area of homicide and violence, and 15% each to road traffic accidents and Alcohol Use Disorders (AUD).¹³

4 Drugs in the City - a brief overview

4.1 Definition:

Drugs include all psychoactive substances, illicit or otherwise that change patterns of thought, behaviour and emotions. Drugs, which impact most visibly in the City of Cape Town, include methamphetamine (tik), heroin, mandrax (methaqualone), and cannabis (dagga).

4.2 Location of use and related impacts

Public Domain

Consumption and selling of drugs in the public domain is the most visible form of drug related activity. Drug consumption may lead to waste such as discarded smoking pipes and used syringes/needles from injection drug use. Public intoxication by drug-affected individuals is also prevalent and is a concern, particularly with methamphetamine where users sometimes become violent. In Cape Town in 2001 over half of the persons seen at two trauma units (Groote Schuur and GF Jooste Hospitals) tested positive for at least one drug.¹⁴

Private Premises

Drug consumption regularly occurs in residential and commercial premises throughout the City, and although less visible than in other settings, the impacts include:

- Waste generation that may have occupational health and safety implications,
- Risks to the safety of neighbours and broader community due to drug use (crime, theft and gang activity).

Licensed Premises

The consumption of illicit drugs in licensed premises occurs in many of the City's entertainment areas, and may also occur in conjunction with alcohol consumption.

The drugs most commonly used in these settings include amphetamines and methamphetamine (tik, speed), cocaine, Ecstasy, GHB, cannabis (dagga) and prescription drugs. Impacts include:

- Potential for the involvement of organised crime in distributing drugs.
- Potential for overdoses to be fatal, as staff at these premises are poorly trained in how to respond to drug overdoses and drug related anti social behaviour.
- Potential for drug-related injuries due to intoxication.

Clandestine Laboratories

Clandestine laboratories refer to places where illegal drugs are manufactured, often called 'home labs' because they are operated from ordinary residences. There are a range of potential impacts from clandestine laboratories:

- Public health and safety may be adversely affected because the manufacturing process involves toxic and/or explosive chemicals and waste, for example the production of 1 gram of methamphetamine produces 6-7 grams of toxic waste.¹⁵

4.3 Drug related Crime and Safety

There are many harms associated with drug use. This section relates to those directly encountered by the City.

Changing Use Patterns

There have been substantial changes in drug use patterns, in the past mandrax and dagga were the most prevalent drugs of abuse; however in Cape Town we now see a dramatic increase in the use of methamphetamines (Tik, meth) and heroin.

In 2003, 2.3% of people using treatment services in Cape Town had methamphetamine (tik) as their primary drug of abuse, in 2006 this had increased to 42% and over half of these people were under 20 years of age. Research in 2004 estimated that there are between 12000 and 18000 heroin users in Cape Town.

One in 3 males and one in 5 females in Grade 11 in Cape Town engaged in binge drinking over the past two weeks (1997), and 80% of adolescent drinkers have been drunk at least once (2002). Learners in the Western Cape (Grades 8 to 11) exceed the national average in several areas of substance-related risk behaviour (2002): past month alcohol use, past month binge drinking, proportion in initiating drinking prior to age 13, past month dagga use, and ever use of club drugs (males only).¹⁶

Availability, strength and type of drugs used is constantly shifting, and these changing patterns can have unexpected impacts. For example in the past most heroin users in Cape Town reported smoking the drug, but recently 11% of people presenting for treatment reported injecting drug use.¹⁷ Other factors such as enforcement and planning-related activities can also have displacement effects on localised drug activity. Responses to drug use impacts need to be flexible to accommodate these shifts.

Drugs and crime

Involvement in crime compounds the harms caused by illicit drug use. Almost 6 out of every 10 arrestees in Cape Town in 2000 tested positive for an illegal drug, with levels being particularly high for crimes such as housebreaking (66%). Arrestees who tested positive for drugs were significantly more likely to have had a prior arrest than drug negative arrestees.¹⁸

4.4 Health and Treatment services

Of the 761 patients under 20 years of age admitted to substance abuse treatment centres in greater Cape Town in the second half of 2006, 72% had methamphetamine as a primary or secondary substance of abuse.¹⁹

A study of access to treatment among historically disadvantaged communities in the Cape Town Metropole found that barriers to treatment rather than need for services determines whether persons utilise substance abuse treatment services.

Apart from the limited availability of services, these barriers include awareness of treatment services, affordability barriers (such as low income and competing financial priorities), and geographical access barriers such as travelling time to treatment; further barriers to treatment are public perceptions and the stigma attached to entering treatment services as well as possible victimization by authorities.

5 Drug and Alcohol Impacts in Vulnerable Population Groups

Local and international research as well as the national drug master plan indicates that there are several vulnerable populations that are particularly affected by alcohol and other drug abuse.^{20,21} Such vulnerable population groups include:

- People infected and affected by sexually transmitted infections (including HIV/AIDS), and TB.
- Youth
- Pregnant women
- People who are homeless including street children
- Sex workers

6 Drug and Alcohol Strategy

Aim: To reduce the negative impacts of alcohol and illicit drug use in the City of Cape Town

Objectives:

- 1 Reduce AOD-related crime and anti-social behaviour, and minimise AOD-related accidents and injuries.
- 2 Improve access to a range of evidence based treatment and prevention interventions to minimise AOD-related harm among the citizens of Cape Town, particularly vulnerable people, such as youth, people affected and infected by HIV/AIDS and TB, women (especially pregnant women), people who are unemployed, people with physical disabilities and mental illnesses, the elderly and people who are homeless.
- 3 Improve access to information on AOD-related harms for the City community, and how they can respond to these harms.
- 4 Improve reporting on local interventions and their effectiveness.
- 5 Cooperate with other spheres of government for enhanced responses to AOD-related impacts on people and places.

Objective 1:

Reduce AOD-related crime and anti-social behaviour, and minimise AOD-related accidents and injuries by providing:

- Well coordinated regulation and enforcement to address public alcohol sale and use, and the manufacture, sale and use of illicit drugs.
- Public education and other preventive initiatives in order to change community values, attitudes and norms around consumption of alcohol (particularly drunkenness) and drugs like dagga and misuse of over-the-counter and prescription medications.

There is a significant relationship between AOD use and crime. It is mostly the responsibility of national law enforcement agencies (such as SAPS) to respond to these crimes. Local government however, does have a role to play; for example via the Metropolitan Police.

To reduce AOD-related crime, the City will do the following:

1.1 Community Policing:

High visibility patrolling together with the Community Policing Forums (CPFs), SAPS, neighbourhood watches and other partners.

CCTV monitoring and quick responses to incidents in the Metropolitan area.

Continue to impose and enforce alcohol free zones such as parks and beaches.

Ensuring appropriate police presence at large concerts or social events to prevent alcohol-related injuries and accidents and minimise driving under the influence of alcohol and other drugs.

1.2 Metro Police Specialised Unit:

The City will re-establish the specialised Narcotics Unit within the Metropolitan Police.

This unit will coordinate the overall, zero tolerance drug and alcohol policing strategy of the Metro Police, including coordinating evictions of drug dealers from government-owned housing units.

1.3 Random alcohol and drug testing

This will include:

Increasing random alcohol breath testing at all drinking establishments and potential high-risk sites, such as Cape Town International Airport, sports clubs and venues where sporting events take place, and the CBD.

Introducing random alcohol and drug testing for certain occupations where the lives of the public can be endangered (e.g. bus, train, taxi, and truck drivers; Metro Police and emergency personnel).

Impose regular roadblocks for random breath and urine tests for AOD across the City, especially in, and bordering on, high consumption areas. This will also include search and seizure procedures.

1.4 Advocate for new legislation regarding pseudo-ephedrine

The precursor chemical used in the manufacture of methamphetamine type stimulants is either pseudo-ephedrine or ephedrine, both largely unregulated substances used in many patent, over the counter (OTC) and prescription medications. In order to assist in the regulation of this chemical, the City will

Advocate with National Government to urgently introduce legislation limiting and controlling storage (possession) and purchasing quantities.

1.5 Clandestine drug laboratories.

The manufacture of drugs such as methamphetamine and methcathinone produces toxic waste, and can cause health problems for people who have been exposed to these chemicals. In order to minimize the harms to individuals and the environment and to counter the potential risks of these laboratories, the city will:

Develop and distribute information regarding clandestine laboratories.

Develop and distribute health and safety protocols for investigating suspected clandestine laboratories and dismantling existing laboratories.

Provide training for all personnel potentially in contact with labs on how to minimise exposure to toxic waste.

1.6 Participation in Liquor Licensing Accords

Licensing Accords are voluntary agreements between police, councils, licensed venues and other community stakeholders aimed at reducing alcohol related harm associated with licensed premises. Licensing Accords are key as they complement

licensing enforcement, and offer licensees the opportunity to learn new legislative requirements and ways to improve compliance.

- Participate in Liquor Licensing Accords (Metro Police, SAPS Liquor Officers and local municipal inspectors to ensure adherence to regulations).
 - Support the development of accords and have inputs into aims, objectives and strategies, through the provision of incident books, education campaigns for licensed venues and attendance at relevant Accord meetings.
 - Investigate opportunities for unlicensed premises to engage with local licensing accords.
 - Convene an annual meeting of all Accord nominated representatives (chairpersons) to strategise responses to alcohol related crime and antisocial behaviour.

1.7 Enhanced regulation and compliance in licensed premises

This will be facilitated by:

- Supporting new licensees to comply with liquor regulations.
- Support, where possible, the work of the Designated Liquor Officers in requiring that applications for renewal of licenses are subject to demonstrated compliance with regulations through inspections to ensure standards are met.

1.8 Reducing Impacts from Licensed Premises

To address the impacts from licensed premises the City will prioritise the following issues:

- Restricting outlet density and proliferation, and addressing problems associated with the location of outlets (too near to schools, in residential areas, etc.).
- Developing general accords between local government and SAPS, liquor outlets and communities to determine in advance how they will cooperate.
- Ensuring compliance with liquor regulations (and other health and safety issues) in licensed premises.
- Dealing with noise and other forms of pollution around on- and off-consumption liquor outlets.
- Using Environmental Health Practitioners (EHPs) to ensure that liquor outlets comply with all relevant municipal by-laws.

1.8 Participation in the Western Cape Substance Abuse Forum and Local Drug Action Committees

Local Drug Action Committees and the Western Cape Substance Abuse Forum are structures set up by the Provincial Department of Social Development in order to give action to the National Drug Master Plan. The City of Cape Town will ensure that designated officials participate in both structures.

1.9 Capacity Development

The City will develop capacity within Metropolitan Police to have one Substance Abuse Prevention Professional to coordinate all prevention activities and Prevention Professionals/facilitators within each of the Health Districts.

1.10 Education and Training

In consultation with the WC Liquor Board, activities will include:

- Developing and implementing training programmes for liquor sellers and servers on how to implement the new provincial legislation.
- Developing and piloting substance abuse awareness, education and testing programmes for the Metropolitan Police and Emergency Services Personnel.

Objective 2

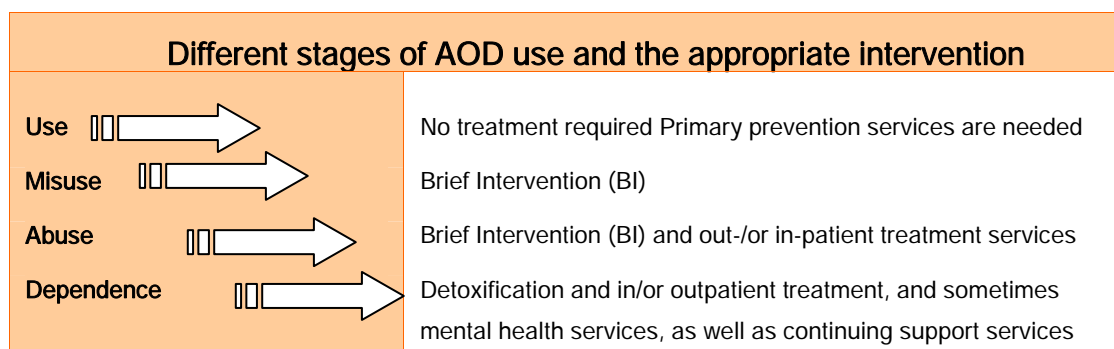
Improve access to a range of evidence based treatment and prevention interventions to minimise AOD related harm among the citizens of Cape Town, particularly vulnerable people, such as youth, people affected by HIV/AIDS and TB, women (especially pregnant women), people who are unemployed, people with physical disabilities and mental illnesses, the elderly and people who are homeless, by

- Developing capacity within the City of Cape Town for the provision of a range of services including screening for AOD use disorders, Brief Interventions (BI) for these disorders, and increase access to outpatient treatment services.
- Addressing inequities in service delivery, including the dispersion, coverage, reach and quality of prevention and treatment services for AOD problems.

AOD problems occur along a continuum that ranges in severity - people don't suddenly 'catch' drug and alcohol dependence as they would 'flu. There are often many opportunities for early intervention but people rarely get the help they need until they are in some form of crisis, and then almost always treated as if they have an acute illness.

Very often, the patient is sent somewhere for a brief period of time and released as if cured, with little or no continuing medical or social services support or monitoring to assist in the early stages of recovery and to avoid relapse. This is problematic as detoxification and formal treatment are only the beginning of the recovery process.

The optimum intervention would be to identify a person (especially a young person) in the early stage, i.e. misuse, where cost effective Brief Interventions can be administered.



Screening, Brief Interventions and dedicated outpatient treatment programmes can all be facilitated within the primary health care and social services systems, as well as through specialised service providers.

It should be acknowledged that workers in the field are currently under-capacitated and require skills development in techniques such as screening and assessment and motivational interviewing (MI), all of which form part of Brief Interventions (BI).

Please see definition in Glossary

Nonetheless, primary healthcare systems, in particular the community health centres and clinics; doctors and nurses as well as social workers are ideal settings for providing accessible and non-stigmatising opportunities for screening and brief interventions.

The City will:

- Ensure that all City of Cape Town funded, supported and/or driven interventions adhere to evidence based practices.
- Provide primary care settings as cost effective and affordable, accessible and non-stigmatising resources for AOD problem identification and early interventions.

Capacity Development

2.1 Various activities will be supported:

- Ensure appropriate skills development and review primary and continuing training of health and social development workers in assessment, diagnosis and management of patients with AOD problems.
- Ensure there is one clinical substance abuse specialist per Health District.
- Ensure that treatment interventions for AOD problems include assessment for HIV/AIDS, Hepatitis B and C, STIs, Tuberculosis and other infectious diseases as well as pregnancy among female substance users.
- Ensure that treatment interventions for HIV/AIDS, Hepatitis B and C, STIs, Tuberculosis and other infectious diseases include assessment for AOD problems.

Treatment

2.2 With regard to treatment,

- Pilot testing evidence based treatment interventions that will increase the reach of services:
 - 4 subsidised Matrix Model outpatient treatment programmes
 - These sites will be located in under-served communities that are most affected by substance abuse
 - Training in Screening and Brief Interventions for City Health staff.
 - This will include monitoring the extent to which this training is implemented and its impact on clinical practice.
 - Developing, implementing and testing a Medical Assistance Programme for Metro Police and Emergency Services Personnel who experience AOD problems.
- Develop monitoring tools and systems for City of Cape Town funded, supported and/or driven treatment and aftercare initiatives.
- Provide medications used to treat persons needing detoxification.
- Provide access to primary mental health services for all clients receiving outpatient substance abuse treatment services provided by the City
- Address barriers to access to specialist substance abuse treatment such as transport and related costs by providing transport vouchers and through considering the use of mobile outpatient clinics, where feasible as outlined in a recent report on access to treatment services in the Metropole.²²

The City will work with the vulnerable and at risk groups of people as listed.

Objective 3

Improve access to information on AOD-related harms for the City community, and how they can respond to these harms, by:

- Initiating public education and other preventive initiatives in order to change community values, attitudes and norms around consumption of AOD.
- Developing credible AOD information with consistent and innovative messaging for use in all City initiatives.
- Developing capacity within the City of Cape Town for the provision of a range of education and prevention services.
- Providing access to information on evidence-based education and prevention practices.

Access to credible AOD information increases understanding of the complexity of AOD problems and the nature of AOD use disorders, and how to respond at an individual, family, religious institution and community level. Currently access to reliable information regarding AOD problems and available resources is difficult; there is no dedicated helpline and various service providers give information on an ad hoc basis. The quality and accuracy of this information often varies and is rarely comprehensive.

3.1 The City of Cape Town will:

- Develop credible AOD information and awareness, education, and prevention training materials with consistent and innovative messaging for use in all City initiatives.
- Ensure that the information provided is culturally appropriate and easily accessible to the citizens of Cape Town via relevant links to the City's website and through libraries, City health facilities and other municipal outlets.
- Develop online information resources for residents on how to respond to noise, and other complaints about licensed and non-licensed premises as well as how to respond to suspected clandestine laboratories and "drug houses".

3.2 Capacity Development

- Develop capacity within the City of Cape Town for the provision of a range of education and prevention services:
 - The City Department of Health is the lead department within the City for all substance abuse related issues, and will coordinate all education, prevention and treatment services
 - A designated official within the City Department of Health must represent the City on the Provincial Substance Abuse Forum and coordinate all AOD Prevention programmes in consultation with the AOD Coordinator for the Metropolitan Police.
 - The City's Department of Health should ensure that there is a dedicated substance abuse professional in each Health District. This person must coordinate and implement prevention and education initiatives and represent the City on Local Drug Action Committees (LDACs).
 - A designated official within Metro Police must represent the City on the Provincial Substance Abuse Forum and coordinate all AOD Prevention programmes in consultation with the AOD Coordinator at the City Department of Health
 - The Metropolitan Police should ensure that there is a dedicated substance abuse professional in each of the 8 Health Districts. These persons will coordinate and implement prevention and education initiatives for the metro police and will represent the City on LDACs, as well as assist in the development and ongoing functioning of Licensing Accords.
 - A designated official within the Department: Economic and Social Development and Tourism to represent the City on the Provincial Substance Abuse Forum.
 - A designated official within the City's Emergency Services to coordinate all AOD Prevention programmes in consultation with the AOD Coordinator at the City Department of Health
 - Telephone operators on the City helpline will be trained to manage AOD related calls and given access to supervision and ongoing support.

Objective 4

Improve reporting on local interventions and their effectiveness

The importance of monitoring and evaluation of interventions in any of the forgoing strategic action areas cannot be over-emphasised. Research, monitoring and evaluation ensures that decision-making is knowledge-based, and allows for regular reporting to policymakers and stakeholders in the relevant sectors, as well as to the broader community.

4.1 The City will:

- Monitor and evaluate the effectiveness of City of Cape Town funded, supported and/or driven interventions to reduce the harms associated with AOD use.
- Monitor and evaluate the effectiveness of all City of Cape Town funded, supported and/or driven training programmes.
- Develop monitoring tools and systems for City of Cape Town funded, supported and/or driven prevention and education initiatives.
- Develop monitoring tools and systems for City of Cape Town funded, supported and/or driven treatment and aftercare initiatives.
- Ensure that future funding is based on results of these monitoring and evaluation activities.

4.2 The AOD Strategy will be implemented over a three-year period. To ensure that the Strategy is meeting key objectives and delivering outcomes the City will:

- Establish a Strategy Review Committee that will meet annually. The Committee will review the outcomes of the Strategy actions for each year. It will be comprised of The Mayoral Special Projects Office, Executive Directors responsible for Health, Community Development, Metropolitan Police, Emergency Services, City of Cape Town Substance Abuse Coordinators, SAPS, Western Cape Provincial Substance Abuse Forum Chairperson, and researchers with expertise in the substance abuse field, and chaired by the Mayoral Committee Member appointed to lead the Mayoral Special Project
- Report to relevant Council structures on the outcomes of the Strategy.

Objective 5

5.1 Cooperate with other spheres of government and civil society for enhanced responses to AOD related problems by:

- Actively participating in The Western Cape Substance Abuse Forum and Local Drug Action Committees.
 - Developing a database of all AOD services within the City of Cape Town
 - Partner with NPOs, CBOs and FBOs in order to deliver appropriate and effective services to the citizens of Cape Town.
 - Advocate at national level for a qualification framework and a professional body for people working in AOD treatment and prevention services.
 - Advocating for medical aid funds to pay for evidence based outpatient treatment.
-

References

- ¹ Rycroft-Malone J, Harvey G, Seers K, Kitson A, McCormack B, & Tichen A, (2004). An exploration of the factors that influence the implementation of evidence into practice, *Journal of Clinical Nursing* **13**: 913–924.
- ² Michie S, Hendy J, Smith J, & Adshead F (2004). Evidence into practice: a theory based study of achieving national health targets in primary care, *Journal of Evaluation in Clinical Practice* **10**: 447–456.
- ³ Department of Social Development (2007). National Drug Master Plan (2006-2011). Pretoria: Department of Social Development.
- ⁴ Department of Social Development (2007). National Drug Master Plan (2006-2011). Pretoria: Department of Social Development.
- ⁵ SAPS (Capt Hofstander) Tel 021 935 5113
- ⁶ Parry CDH, Dewing S: *A Public Health Approach to Addressing Alcohol-related Crime in South Africa*: African Journal of Drug and Alcohol Studies, 5 (1), 2006, 41-56
- ⁷ World Health Organisation (2005) *Alcohol and Interpersonal Violence*. International Policy Briefing. Draft Document. Geneva
- ⁸ World Health Organisation (2002). World Health report 2002. Geneva: WHO.
- ⁹ Parry CDH. (2005). *South Africa: alcohol today*. Addiction 100: 426-429.
- ¹⁰ Parry CDH. (2005). *South Africa: alcohol today*. Addiction 100: 426-429.
- ¹¹ NIAAA, NIH. *Alcohol Alerts No 67: Underage Drinking* January 2006
- ¹² WHO Working Group. *Report of et al. WHO working Group on Lifestyles and Behaviour Change*. Copenhagen: WHO 1999
- ¹³ Parry CDH, Dewing S. *A Public Health Approach to addressing Alcohol Related Crime* African Journal of Drug and Alcohol Studies, Vol 5 (2) 2006
- ¹⁴ Parry, C.D.H, Pluddemann, A., Donson, H., Sukhai, A., Marais, S. , Lombard, C. (2005). Cannabis and other drug use among trauma patients in South African cities, 1999-2001. *South African Medical Journal*, **95**, 429-432.
- ¹⁵ www.methamphetamine.org
- ¹⁶ Reddy SP, Panday S, Swart D, Jinabhai CC, Amosun SL, James S, Monyeki KD, Stevens G, Morojele N, Kambaran NS, Omardien RG, Van den Borne HW (2003). *Umthenthe Uhlaba Usamila – The South African Youth Risk Behaviour Survey 2002*. Cape Town, Medical Research Council.
- ¹⁷ Plüddemann, A., Parry, C.D.H., Cerff, P., Bhana, A., Harker, N., Potgieter, H., Gerber, W., & Johnson, C. (2006). Monitoring Alcohol and Drug Abuse Trends in South Africa (July 1996 – December 2006). *SACENDU Research Brief*, **9** (1), 1-12.
- ¹⁸ Parry, C.D.H., Pluddemann, A., Louw, A., Leggett, T. (2004). The 3-Metros study of drugs and crime in South Africa: Findings and policy implications. *American Journal of Drug & Alcohol Abuse*, **30**(1), 1-19.
- ¹⁹ Pluddemann, A., Myers, B., & Parry, C..H. (2007). Fact sheet – methamphetamine. <http://www.sahealthinfo.org/admodule/methamphetamine.pdf>
- ²⁰ Department of Social Development (2007). National Drug Master Plan (2006-2011). Pretoria: Department of Social Development.
- ²¹ Parry, C.D.H., Carney, T., Petersen, P., & Dewing, S. (2007). Drug use and sexual HIV risk patterns among non-injecting and injecting drug users in Cape Town, Pretoria and Durban, South Africa. Parow: Medical Research Council.
- ²² Myers, B. Louw J, Fakier N (2007) Access to substance abuse treatment in the Cape Town metropole. Technical report. Parow: Medical Research Council of South Africa.