

A Comprehensive Plan to Beat Substance Abuse

15 July 2010

SOURCE: [Premier of the Western Cape](#) (Provincial Government of the Western Cape)

When we assumed office a year ago, Cabinet identified a critical need for a comprehensive strategy to combat substance abuse in the province. We realised that our initiatives to reduce crime, provide better schooling and healthcare, improve social cohesion and create jobs through economic growth would be severely hampered unless we were able to curb drug and alcohol abuse. This would require a different, more focused approach.

The plan we are announcing today will be driven from the Premier's Office and implemented across provincial government departments in an integrated way. It is the most comprehensive policy response of its kind in the country.

The scale of drug and alcohol abuse in the province reached crisis proportions some years ago. The statistics speak for themselves:

- According to the Medical Research Council, 98% of Tik addicts who seek help in South Africa come from the Western Cape
- Police statistics show that almost half of all South Africa's drug-related crime in 2008/09 occurred in the Western Cape (52 000 cases out of 117 000)
- According to a 2004 survey, more people from the Western Cape reported using drugs than any other province
- The Western Cape has one of the highest rates of Foetal Alcohol Syndrome in the world, affecting 75 out of every 1 000 children
- The burden of disease associated with alcohol-related road accidents, violence and other trauma and illness in the Western Cape costs government in the region of R6 billion every year.

Despite spending R100 million per annum on drug and alcohol abuse programmes, the provincial government's response in the past can generally be described as ineffectual, fragmented and out of step with international best practice. Our review of the government's policies and programmes found:

- Programmes were often devised to benefit politically-connected people under the guise of tackling substance abuse
- Poor co-ordination between provincial government departments resulting in duplication, repeated funding of non-performing programmes, and policy gaps
- Incomplete information and poor information management systems to track substance abuse trends
- A lack of monitoring of government project outcomes with no baselines or agreed upon units of measurement to quantify outcomes
- No needs analysis to determine gaps and match services according to need
- An almost complete absence of aftercare and reintegration services for people emerging from treatment, a critical gap given the average relapse rate of 60% associated with substance abuse
- An untargeted and weak approach to prevention, mostly focused on flawed, once-off 'awareness' campaigns, which have not produced any measurable results, despite millions of Rand spent

This plan aims to change this.

1. Prevention

When it comes to substance abuse, prevention is better than cure. We are introducing a greater emphasis on prevention by targeting young people with psychosocial support, over and above 'awareness and education'.

We will do this by:

- Conducting a comprehensive survey of substance abuse in our schools to prioritise schools and school districts with the most serious drug and alcohol problems. This will include drug testing in schools under our new Provincial education legislation, in close conjunction with proper social support services for learners who test positive
- Increasing after-school programmes in partnership with NGOs and community-based organisations to keep learners off the streets in the afternoons

Increasing the availability of social workers by 400% (from 49 to 200) to serve our schools, so that principals and teachers can access their services when learners are caught with, or suspected of, abusing alcohol or drugs

- A new focus on drug and alcohol intervention and treatment programmes in rural areas, starting with a pilot project in the Hex River valley, focused on alternative recreation and early interventions for problem drinking
- Proceeding with the shutting down the province's approximately 30 000 illegal shebeens, in line with the new Western Cape Liquor Act; Increasing road-blocks to close the net on drunk drivers and drug trafficking
- Working with the police, the National Prosecuting Authority and the Department of Justice to expand diversion programmes for less serious offenders. We intend to triple the number of PGWC probation workers serving the Western Cape courts for this purpose. This will help free up the courts to focus on dealers
- Coordinating services by appointing a Substance Abuse Coordinator in the Premier's Office, and establishing a legally compliant Western Cape Substance abuse forum to coordinate programmes between provincial departments, as well as with the SAPF, the NPA and other spheres of government

2. Treatment

As well as stepping up prevention strategies, we are introducing a range of targeted treatment and other intervention programmes, which are carefully linked and coordinated to create a continuous 'treatment track'.

We will do this by:

- Establishing more youth intervention and treatment facilities, starting with Rosendal which will be opened next month, and evidence-based youth outpatient treatment programmes for secondary school learners operated from school premises after school hours. The first is due to open in the next few months in Eersterivier
- Establishing new community-based 'drop-in centres' to provide information to the public, screening, assessment and referral services, as well as evidence-based outpatient and aftercare services. The first of these centres will be launched in the months ahead in Somerset West, in partnership with the City of Cape Town. Another is planned for Mitchells Plain shortly thereafter
- Introducing basic drug and alcohol intervention services in key hospital sites, beginning with GF Jooste which serves Mitchells Plain and Athlone. Setting up an IT database to track people who enter provincial treatment or intervention services so that we can record the level of treatment received and monitor progress once they have exited a formal treatment programme. In the past, only the number of individuals who entered treatment was tracked, not how many were successfully treated and reintegrated into society
- Increasing the availability of aftercare services for people who have completed rehabilitation programmes. These kinds of services are virtually non-existent in the Western Cape at present, but are crucial to reduce relapse rates
- Building the capacity of social development's psychosocial support services by recruiting an additional 800 qualified social workers and social auxiliary workers. We are working

with Western Cape universities to develop a postgraduate diploma in substance addiction to start in 2011, with bursaries funded by the provincial government for new recruits. Modules of this diploma will also form the basis for training of our existing staff

- Increasing funding to non-profit organisations in the sector with a proven record of providing quality services, while reducing or cutting funding to consistently non-performing programmes
- Establishing an independent professional credentialing association, in line with international best practice, to assist the industry to improve the quality of its services and assist the provincial government in identifying and funding suitably capacitated service providers

The plan outlined today is the most comprehensive governmental response to substance abuse in the country. But its implementation will not alleviate the drug crisis in the Western Cape overnight. It will take at least five years of hard work and dedication from this government, other spheres of government, our social partners, communities and every individual to turn the tide. Every citizen must play their part and take personal responsibility for the lifestyle choices they make.