

CAPE TOWN DRUG COUNSELLING CENTRE

NPO 008-168 - Est 1985

ROUNDTABLE DISCUSSION ON ADDICTION

17 NOVEMBER 2016

NPO Sector



Southern African Catholic
Bishops' Conference



ctdcc
Drug Counselling Centre



Clients Input [Testimonies]



I used to stop and start all the time. I wasn't aware of the resources available to me, and was at my wits end when I finally found the centre.

I know now there is a better way to deal with life, I am no longer scared.

I thank all the counsellors for their help, and hope the centre grows from strength to strength.

Male Tik & Alcohol addict, 32
Observatory



Clients Input [Testimonies]



I never in my lifetime had received so much support during my active addiction. It gives me great joy to know that there is an organization that cares about our people in the community that is in active addiction or substance abuse.

CTDCC is really a very good supporting and caring organization that does a person good and that cares about our future generation.

Thank you to all the staff at CTDCC.

Drug of choice: Tik

Age: 25



Clients Input [Testimonies]



From the time I first set foot in the Centre, from the very first lecture, I have grown so much. It has helped me to heal. I now understand that my drug addiction is a disease, and I will be in recovery for the rest of my life. The counsellors have also helped me a lot with my personal problems.

I would recommend the Centre to any other addicts looking for help with their addiction!

28-yr-old female Tik & Mandrax addict in recovery
Atlantis branch

CTDCC PROGRAMME

- **6 week Outpatient Programme**
 - Group Therapy, Lectures, Individual Counseling, Art Therapy, Doctor, Psychiatrist, Aromatherapy & Reflexology, Acupuncture, Inpatient Referral, Aftercare
- **Adolescent & Adult Programmes**
 - Holistic Approach, Incorporating the MI style through our treatment model.
- **Family Programme**
 - Assisting affected service users to better understand and deal with their context. The emphasis is on shifting roles from problematic [Victim, Persecutor, Enabler] to helpful roles [Survivor, Limiter, Supporter]. Empowering through Psychoeducation.
- **Testing**
 - Drug testing play an important role firstly in identifying whether or not there is a drug problem, and later in re-building trust during and after the treatment process.
 - HIV Testing to Substance Users & Partners



What is Addiction?

Addiction is an uncontrollable compulsion to repeat a behaviour regardless of its negative consequences.

It is characterized by a mental obsession with the behaviour and a physical craving or compulsion to repeat the behaviour.

Common Reported Patterns/Trends

[Reported through access to treatment]

1. Drug of Choice

Dagga – Methamphetamine [TIK] – Heroin

2. Age

Adolescence (<12 - <25)[>58%] – Adults (>25yrs)
[<42%]

3. Gender

Male [>72%] – Female [<28%]

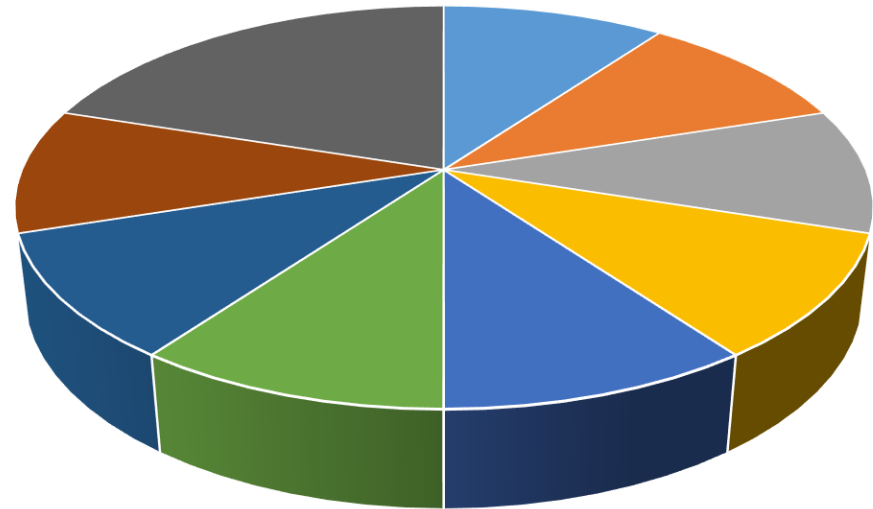
4. Treatment Access

Outpatient [>76%] – Inpatient [<24%]



Service Providers Currently Giving Input

Cape Town Drug Counselling Centre
Living Hope
Hope House
Toevlug Centre
Saltan Bahu
SMART
Help Me Network
FavorSA



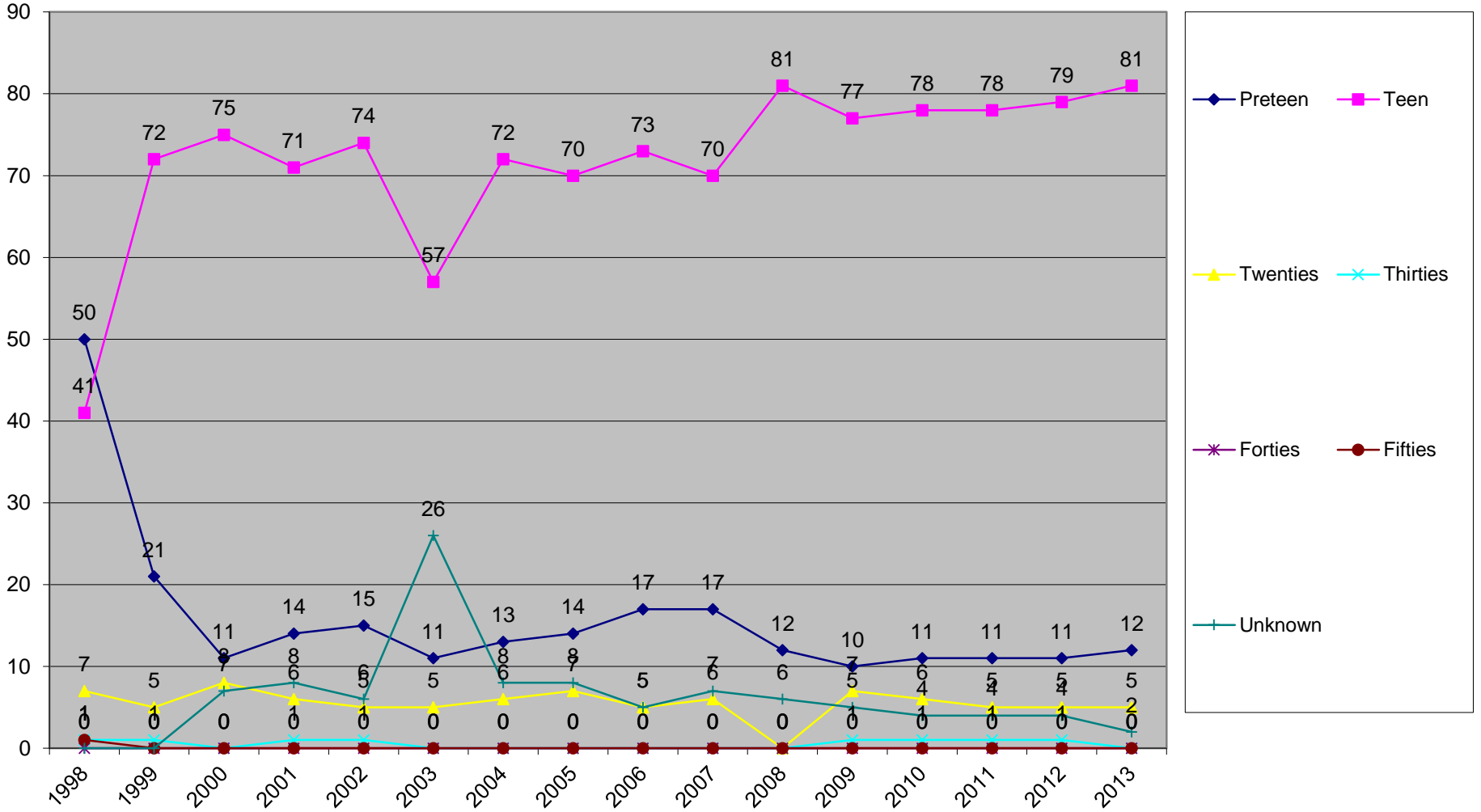
Current representation is more from funded DSD entities. The main reason for this is simply because we were wanting to grow from a base of strength and determine our legitimate role in the sector before including the list of other service providers we regard as stakeholders within the province. The goal is to increase this platform to include all funded and non-funded service providers to ensure grass roots representation that would speak into policy making

MEC Albert Fritz - Western Cape Social Development Annual Report 2015/16

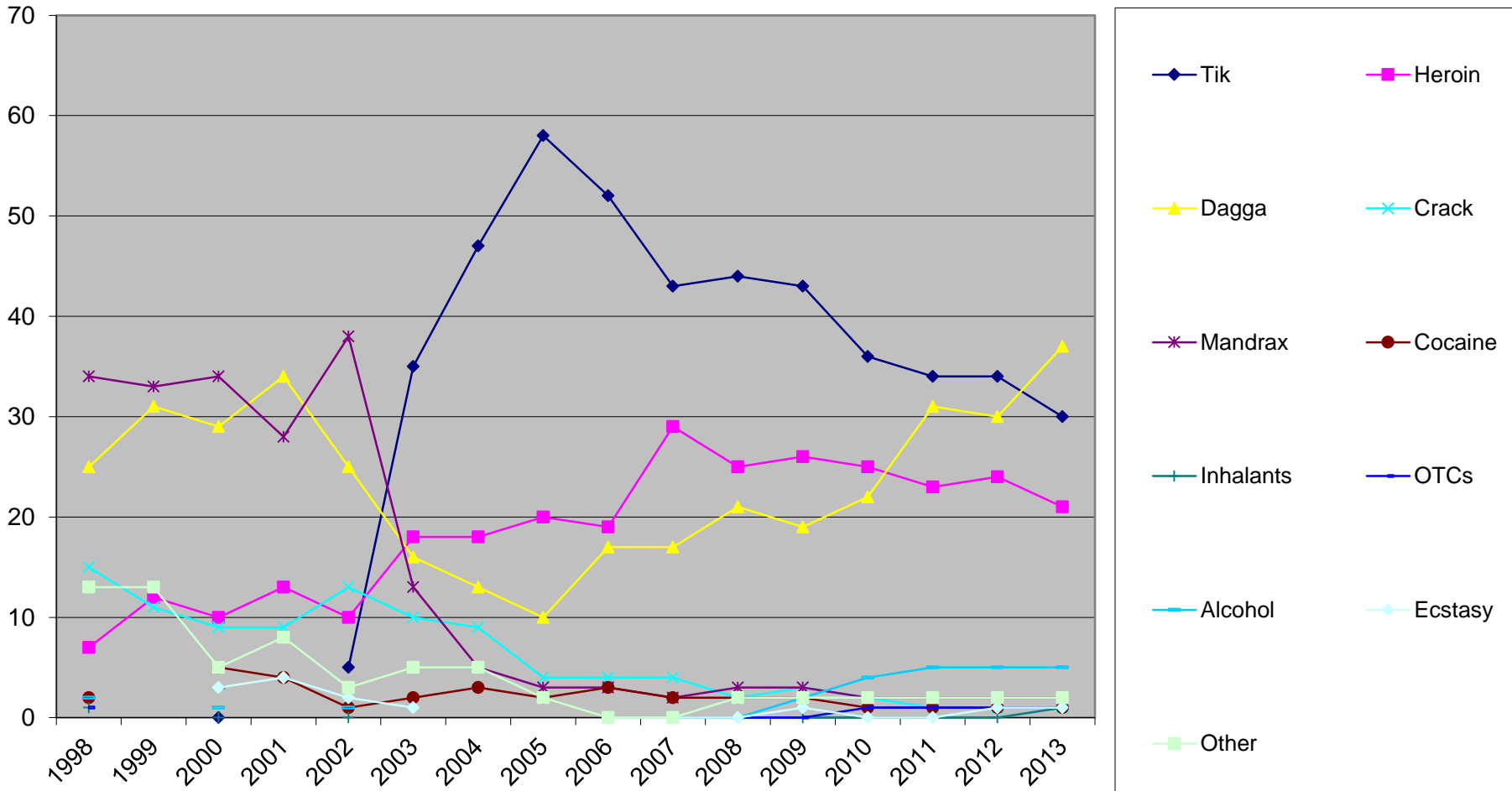
Substance Abuse

We are proud to have expanded substance abuse services to 36 NGOs operating at 51 sites across the province. The department has increased the number of substance abuse clients treated from 10542 to 13084. Drug treatment services have been introduced in all DSD secure child and youth care centres and this will continue over the next five years. School-based drug treatment programmes are currently being introduced in ten high risk schools.

Shifts in Age of Onset



Shift in presenting drugs



Recurring Challenges throughout the Sector

- **Access to services**

- In and Outpatient [Though treatment services are growing, service users are still finding it difficult to access these services. Factors that influence access;
 - Support [for minors during treatment]
 - Transport [getting out to services required]

- **Limited Services to selected areas**

- Too few age and gender appropriate services
- Concentration of services to selected suburbs

- **Retention of staff**

- Funding selected services [total basket of services not accounted for]
- Salaries are not regulated
- Developing capacity stifled due to core focus/demands

- **Training [Accredited]**

- Insufficient training for lay community already providing treatment [Ethical?]
- Upskilling community based service providers
- Education of community structures [CBO/FBO/CPF'/etc]

- **Preventative services**

- School based intervention through preventative infrastructure
- Recreational services
- Decriminalising of service users

- **Aftercare and Reintegration**

- Linked services from Inpatient to Outpatient to Support services [AA/NA]
- Community setting remains a challenge for both user/recovering service provider as well as family related to treatment provided.

Integration of Services

How Government is positioned in relation to stakeholders

- **Communication**
 - Local Government speaks only through TPA's
 - Tenders available are not effectively communicated
 - Structured interaction between role players are limited and ineffective
 - Reporting is inconclusive as it only measures funded access to services
 - Top Down approach is still enforced.

- **Treatment vs Repair**
 - Imbalanced focus at local community level
 - Treatment provision provides some correction but is not sustainable [relapse]
 - Pre-Adolescents are destined to access treatment as teens/adults

- **Linked Services** [DoSD, DoCS, DOH, DOE]
 - Ministries are not collectively feeding into the desired outcome.
 - Access to Psychiatric services weakens outcomes

- **LDAC's**
 - These are currently non existing in our setting
 - Implementation of LDACs are not consultative and thus lacks buy in from locals.

Accredited Training

Access to and Provision of Training

- Regulation of training currently being provided are weak.
- Coordinating available services to ensure consistency is void of purpose.
- Lack of understanding of training needs are impacting on poor outcomes produced by service providers.
- Specialist Training on Addiction is limited

New Registration of Treatment Services

- Little to NO regulation of new services
- Mushrooming of treatment provision
- Non Compliance according to the Act not enforced
- Best practice not considered



The good news is...

**Drug Abuse is a
preventable behavior**

and

**Drug Addiction is
a treatable disease**

CONTACT DETAILS

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 - Eastridge MP
 - (021) 397 01 03 / 04
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 - Saxon Sea Clinic

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