



CITY OF CAPE TOWN | ISIXEKO SASEKAPA | STAD KAAPSTAD

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PREVENTION AND EARLY INTERVENTION OF ALCOHOL AND OTHER DRUG USE (POLICY NUMBER 12399B)

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**PREVENTION AND EARLY INTERVENTION OF ALCOHOL AND
OTHER DRUG USE POLICY**

THE CITY OF CAPE TOWN

September 2013

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ABBREVIATIONS

AA	Alcoholics Anonymous
AOD	Alcohol and other drugs
CDA	Central Drug Authority
CDS	City Development Strategy
CCT	City of Cape Town
CTADAC	Cape Town Alcohol and Drug Action Committee
DCAS	Provincial Department of Cultural Affairs and Sport
ECD	Early Childhood Development
IDP	Integrated Development Plan
INCB	International Narcotics Control Board
LDAC	Local Drug Action Committee
Mayco	Mayoral Committee
MOD	Mass Opportunity Development Centres
MRC	Medical Research Council
NDMP	National Drug Master Plan 2013 - 2017
NIDA	National Institute on Drug Abuse
PGDIP	Post Graduate Diploma
SAPS	South African Police Service
SDECD	Social Development and Early Childhood Development Directorate
SDBIP	Service Delivery Budget Implementation Plan
SDS	Social Development Strategy
SLA	Service Level Agreement
SUD	Substance Use Disorder
UCT	University of Cape Town
UNODC	United Nations Office on Drugs and Crime
UWC	University of the Western Cape
WCED	Western Cape Education Department

DEFINITIONS

Awareness 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.

Drugs and alcohol 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).

Early intervention as defined in the CoCT Alcohol and Other Drug Harm Minimization and Mitigation Strategy, 2011 – 2014 means those 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.”

Foetal Alcohol Syndrome describes children who have growth deficiencies, irreversible mental retardation as well as physical and central nervous system abnormalities as a result of their mothers’ alcohol intake during pregnancy. The effects of Foetal Alcohol Syndrome are permanent and irreversible. There is no cure or treatment and FAS seriously impairs a child’s lifetime ability to function mentally, physically and socially and to achieve his/her full potential.

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

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 70 of 2008).

Prevention as defined in the CoCT Alcohol and Other Drug Harm Minimization and Mitigation Strategy, 2011 – 2014 means any activity designed to prevent or delay the onset of substance use to reduce its health and social consequences. 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.”

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.”

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, and stimulant use disorders.

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 and providing the insight and resources to maintain a sustainable recovery programme”.

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 25 years of age.

1. PROBLEM STATEMENT

- 1.1. National Police statistics show a 45.3% increase in drug related crime from 2008/2009 to 2011/2012. According to the Central Drug Authority in the National Department of Social Development, the problem in South Africa is twice the world norm and alcohol consumption is amongst the top 10 in the world. The socio-economic consequences of substance abuse and misuse cost the country billions per annum.
- 1.2. Research shows that AODs increase violent behaviour and this increases the burden on trauma units, policing, private and public organisations. .
- 1.3. According to the MRC, on-going research indicates that the number of children affected by FAS has nearly doubled between 1997 and 2001 from 46 to 88 out of every thousand children.
- 1.4. Drug abuse does not only affect the person who abuses the drugs, but also affects 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 and other STDs. This creates pressure on the health system. The long term benefits of prevention programmes may help to reduce the burden of disease that drugs have placed on the health system.
- 1.5. Substance use disorders impact communities and has increased the need for treatment services, thus costing the City millions to offer treatment services.
- 1.6. Many psychiatry admissions are either directly related to substance abuse or have substance abuse as a contributing factor.
- 1.7. The costs of harms associated with non-alcoholic 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 significantly costly.
- 1.8. A recent study by the Provincial Department of Social Development, Department of Community Safety, UNODC, and 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.
- 1.9. An audit conducted by the MRC in 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 address learning difficulties, poor school performance and mental health problems. It was found that interventions should be age appropriate, gender sensitive, culturally appropriate and context specific.
- 1.10. The Policy Position on Alcohol and other Drugs and Alcohol and other Drugs Harm Minimisation Strategy 2011-2014 spells out the 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.
- 1.11. The Prevention and Early Intervention of Alcohol and other drug use policy must be read in conjunction with the City of Cape Town's official Policy Position on Alcohol and other Drugs and Alcohol and other Drugs Harm Minimisation Strategy 2011-2014.

2. DESIRED OUTCOMES

- 2.1. The main objective of this policy is to set out the City's work to delay and limit the use and abuse of substances, and to provide early interventions to those experimenting with a substance.
- 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. To address the issue of substance abuse in a more holistic and integrated manner. (In conjunction with external stakeholders and other spheres of government)
 - 2.2.3. Increased and improved on substance abuse prevention and early intervention programmes in communities.
 - 2.2.4. Improved access of at-risk groups to holistic prevention projects that prevent the misuse with substances.
 - 2.2.5. Improved co-ordination of substance abuse prevention efforts within the municipality of the City of Cape Town.

3. STRATEGIC INTENT

3.1. Integrated Development Plan

- 3.1.1. The Integrated Development Plan (IDP) is the City's overarching framework strategy that shapes the policies, programmes and budget priorities of the administration. The Prevention and Early Intervention of Alcohol and other Drug use Policy is aligned with IDP's Strategic Focus Area aimed at creating a 'Caring City' and particularly objective 3.1(a). "Provide access to social services for those who need it".
- 3.1.2. In addition, this policy aids in the realisation of a 'Safe City' as it provides guidance on preventing substance abuse which is closely linked to crime.

3.2. City Development Strategy and OneCape 2040 Agenda

- 3.2.1. 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.
- 3.2.2. 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'.

3.3. Social Development Strategy

- 3.3.1. 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.

3.3.2. The Prevention and Early Intervention of Alcohol and other Drug Use Policy aligns with the high level objective “Build and promote safe households and communities”. The Social Development Strategy specifically looks at the need to coordinate and scale-up anti-substance abuse efforts in the City.

3.3.3. This policy is further guided by the following principles

3.3.3.1. Use the City efforts, resources and assets as strategic enablers for creating environments, which foster social development, where individuals are supported in improving the quality of life for themselves and their communities

3.3.3.2. Emphasise the sustainability of interventions by considering the environmental consequences and promoting self-reliance.

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 parameters 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 collaborate with external stakeholders.

4.4. The policy has transversal implications 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. Substance Abuse Programme, SDECD

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

5.1.2. The SDECD Directorate will also support, coordinate and facilitate an expert group who will provide guidance to the LDAC and its sub-committees.

5.1.3. 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 sub-committees and programmes.

5.2. Safety and Security Directorate

5.2.1. The Safety and Security Directorate conducts alcohol and drug awareness raising activities with schools and community groups.

5.3. Corporate Services Directorate

5.3.1. The Employee Wellness Programme in the Corporate Services Directorate is responsible for supporting and providing treatment and prevention for employees who suffer from substance abuse.

5.4. Community Services Directorate

5.4.1.1. Community Services through the Libraries and Information Services, Sports and Recreation and Parks Department will assist with awareness raising, prevention programmes and providing facilities for programmes.

5.5. Health Directorate

5.5.1. City Health provides an out-patient treatment programme in selected City clinics.

5.6. City of Cape Town Substance Abuse helpline

5.6.1. The Call Centre assists people who call the free line with information on the closest available facility for treatment.

5.7. Substance Abuse Work Group

5.7.1. The Substance Abuse Work Group in the transversal management system is tasked with coordinating substance abuse prevention, treatment and supply reduction efforts in the City.

External Role-players

5.8. Local Drug Action Committees (LDACs)

5.8.1. The function of the LDAC is outlined in the Prevention of and Treatment for Substance Abuse Act 70 of 2008.

5.8.2. The LDAC shall pursue a process of engagement with other spheres of government, NGOs and the private sector.

5.8.3. The LDAC will assist the City by providing information to communities on treatment and prevention programmes.

5.8.4. Eight District sub-committees of the Local Drug Action Committee give effect to the City's Alcohol and Other Drug Harm Minimisation and Mitigation Strategy 2011-2014.

5.8.5. These sub-committees will provide for broad stakeholder representation as stipulated

5.8.6. Each sub-committee will implement the City's Alcohol and Other Drug Harm Minimisation and Mitigation Strategy 2011-2014. Consistent messaging will be communicated from the LDAC.

5.9. Academia

5.9.1. The institutes for higher learning are key partners in capacity building.

5.9.2. Partnerships with these organisations also help SDECD to implement early intervention and preventative programmes.

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

5.10. NGOs and Civil Society

5.10.1. NGOs act as partners in the implementation of early intervention and prevention programmes.

5.10.2. NGOs provide information with regards to local trends of AOD abuse to the Directorate of Social Development and Early Childhood Development.

5.11. Provincial Department of Social Development

5.11.1. The Department Of Social Development in the Provincial Government of the Western Cape (PGWC) provides the list of registered service providers in the city

5.11.2. The City shall partner with the PGWC to implement prevention programmes and early interventions in the city.

5.12. Provincial Department of Cultural affairs and Sport

5.12.1. The City will partner with DCAS to implement prevention programmes at schools in the city via its Mass Opportunity Development Centres(MOD).

5.13. Other interested stakeholders

Other interested stakeholders that will be consulted from time to time include:

5.13.1. The United Nations Office on Drugs and Crime (UNODC)

5.13.2. National Institute on Drug Abuse (NIDA)

5.13.3. International Narcotics Control Board (INCB)

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)

6.1.1. The Act provides local government with a role to play in the prevention of and treatment for substance abuse. It also further provides guidance on prevention, brief intervention, treatment and re-integration programmes.

6.1.2. The Act outlines local government's role to be the establishment of a Local Drug Action Committee and the development of an action plan aligned to that of the Provincial Forum.

6.1.3. Chapters 3, 4 and 5 of this Act have direct impact on this policy.

6.2. National Drug Master Plan: 2013 – 2017

- 6.2.1. The NDMP views prevention as various interventions that;
 - 6.2.1.1. Focus in an integrated and balanced way on the individual and the environment;
 - 6.2.1.2. Focus on individuals as subjects who can contribute positively to preventive action;
 - 6.2.1.3. Have strong support in the wider community within which preventive action occurs;
 - 6.2.1.4. Involve target groups in prevention planning and implementation;
 - 6.2.1.5. Combine demand reduction (through programmes that enhance life skills and reduce socio-economic inequalities) and supply reduction (through control or law enforcement and poverty alleviation) in a balanced, multilevel manner;
 - 6.2.1.6. Are evidence or research based and thus based on the dynamics of the applicable context at a particular point in time;
 - 6.2.1.7. 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; 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.
- 6.2.2. 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, multi-system intervention in social service delivery without ignoring therapy approaches.
- 6.2.3. The City of Cape Town will, in its prevention initiatives work on the ‘primary and secondary level of prevention’ as described above.

6.3. Western Cape Provincial Blueprint on the Prevention and Treatment of Harmful Alcohol and Drug use

- 6.3.1. The Blueprint is a strategic guiding document on how to manage substance abuse for the Western Cape.
- 6.3.2. The Provincial Blueprint notes that ‘Prevention is better than cure’ and that the ideal model is to arrange and prioritise services to minimise the progression toward harmful drug and alcohol use. It also states that resources and services should be allocated for prevention efforts. It also sees liaison, aftercare and further skills and other development programmes are all crucial.
- 6.3.3. The Blueprint further notes that ‘Awareness and prevention services need to be evidence-based, 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

6.4. Policy Position on Alcohol and other Drugs and Alcohol and other Drugs Harm Minimisation Strategy 2011-2014

- 6.4.1. This strategy provides the City of Cape Town’s 5 year plan to minimise and mitigate the harm of alcohol and other drug use.
- 6.4.2. The strategy holistically speaks to all four phases of substance abuse namely; Awareness and prevention, Assessment and brief interventions, Treatment and Aftercare.

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

- 6.4.3.1. Evidence based prevention services provided within the Metro to build coping skills and enhancing knowledge on AOD disorders and risks.
- 6.4.3.2. Institutional capacity strengthened to enhance inter-departmental action and monitoring of alcohol and drug harm minimization / mitigation initiatives.
- 6.4.3.3. 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.

7. POLICY DIRECTIVE DETAILS

7.1. Implement holistic, innovative prevention projects aimed at high-risk groups

- 7.1.1. The Substance Abuse Prevention Programme in collaboration with district managers in SDECD will implement prevention and brief intervention projects across the City.
- 7.1.2. District managers will work with schools and local organisations to identify high risk individuals.
- 7.1.3. These prevention projects will be guided by the good practice principles as set out in Annexure 1.
- 7.1.4. The projects will be rolled out according to data from the 2011 Census which indicates the most vulnerable areas.
- 7.1.5. The SDECD will develop an annual project plan detailing when and where these projects will be implemented.
- 7.1.6. Service providers will be contracted and monitored to roll out the programmes.
- 7.1.7. The SDECD will monitor and evaluate the programme, using tools that measure both the impact and extent of the projects.
- 7.1.8. SDECD will ensure implementing staff are adequately trained and have the information to make referrals for mental illness, learning disability assessments or treatment services.
- 7.1.9. 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 six months after their participation in the project.
- 7.1.10. The City's Social Cluster Substance Abuse workgroup must investigate the need for assessment centres within the context of substance abuse prevention and early intervention.

7.2. Coordinate and run awareness raising activities

- 7.2.1. 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.
- 7.2.2. SDECD will use partnerships with internal and external stakeholders to ensure maximum impact and permeation. The Substance Abuse Work Group will be used as the main coordination mechanism for these campaigns.

7.2.3. The impact and permeation of the campaign will be measured

7.2.4. SDECD will work with partners on awareness raising at a national, provincial and local level to promote alternate activities through schools, social structures, youth centres, etc.

7.3. Mainstream substance abuse awareness raising activities

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

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

7.4. Establish an expert advisory group

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

7.4.2. The expert group should comprise of researchers, academia, treatment providers and safety and security officers.

7.4.3. SDECD must ensure that prevention programmes consist of the elements of prevention and that it is being implemented by suitably qualified staff. Implementing organisations may add relevant topics to compliment the programme.

7.5. Implement Early Intervention Programmes

7.5.1. SDECD will implement holistic early intervention programmes conducted by suitably qualified professionals.

7.5.2. These programmes will be facilitated through partnerships with Provincial Government Department of Health and other external stakeholders.

7.5.3. The focus will be on high risk groups and engaging in preventative programmes with them.

7.5.4. SDECD will facilitate referrals to treatment emanating from early intervention programmes.

7.5.5. SDECD will facilitate training to capacitate individuals to execute early intervention programmes.

8. IMPLEMENTATION PROGRAMME

8.1. The provision of this policy will apply immediately. The SDECD Directorate will ensure relevant programmes are implemented according to the Directorates SDBIP.

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 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 Executive Director 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.

Annexure 1: Principles guiding prevention programmes

The American National Institute on Drug Abuse stipulates that an effective prevention program should comprise of the following principles in order to render an effective service. The policy takes cognisance of these guidelines and will strongly consider these guidelines when adopting/implementing a prevention programme.¹

- i. Prevention programs should enhance protective factors and reduce risk factors.
- ii. 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.
- iii. Prevention programs should address the type of drug abuse problem in the local community, target modifiable risk factors, and strengthen identified protective factors.
- iv. Prevention programs should be tailored to address risks specific to population or audience characteristics, such as age, gender, and ethnicity, to improve program effectiveness.
- v. 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.
- vi. 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.
- vii. Prevention programs for primary 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.
- viii. Prevention programs for primary and secondary high school students should possibly assist in increasing academic and social competence
- ix. Prevention programs aimed at general populations at key transition points, such as the transition to high 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.
- x. 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.
- xi. 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.
- xii. 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.
- xiii. 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.
- xiv. 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.
- xv. 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.
- xvi. Consider 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.

¹ American National Institute on Drug Abuse Prevention Principles Available at <http://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents-in-brief/prevention-principles>

- xvii. Consider 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.