



**CITY OF CAPE TOWN  
ISIXEKO SASEKAPA  
STAD KAAPSTAD**

## ALCOHOL & OTHER DRUG STRATEGY 2014 – 2017

This strategy replaces the “City of Cape Town Policy Position on Alcohol and Drugs and Alcohol and Other Drug Harm Minimization and Mitigation Strategy, 2011-2014”

City of Cape Town  
DRAFT

<b>Document control</b>	
Title:	ALCOHOL & OTHER DRUG STRATEGY 2014 – 2017
Version:	Final Draft
Contact details:	Ferial Soeker

## CONTENTS

Abbreviations.....	3
1. Definitions.....	3
2. Background.....	5
3. Introduction.....	5
4. Purpose.....	6
5. Strategic Allignment.....	6
1.2. Integrated Development Plan.....	6
1.3. Social Development Strategy.....	6
1.4. National Drug Master Plan (NDMP): 2013 – 2017.....	6
1.5. Western Cape Provincial Blueprint Prevention And Treatment Of Alcohol And Drug Use.....	6
1.6. Alcohol & Other Drug Harm Minimization & Mitigation Strategy 2011-2014.....	6
6. Approach.....	7
1. Action Area 1: Prevention.....	8
Current Activity.....	8
Key Strategic Changes.....	8
External Support.....	10
Action Area 2: Intervention.....	10
Current Activity.....	10
Key Strategic Changes.....	11
External Support.....	11
Action Area 3: Suppression.....	11
Current Activity.....	11
Key Strategic Changes.....	12
External Support.....	13
Action Area 4: Co-Ordination.....	13
Current Activity.....	13
Key Strategic Changes.....	13
7. Implementation Plan.....	14
8. Conclusion.....	14

## ABBREVIATIONS

AOD	Alcohol and other drugs
CCT	City of Cape Town
CDA	Central Drug Authority
CTADAC	Cape Town Alcohol and Drug Action Committee
DCAS	Provincial Department of Cultural Affairs and Sport
EPIC	Economic Performance Indicators for Cape Town
IDP	Integrated Development Plan
LDAC	Local Drug Action Committee
MOD	Mass Opportunity Development Centres
NDMP	National Drug Master Plan – 2013 - 2017
OTC	Over-the-counter medication
SAPS	South African Police Service
SDECD	Social Development and Early Childhood Development Directorate
SDS	Social Development Strategy
WCED	Western Cape Education Department
WCG	Western Cape Government
WCSAF	Western Cape Substance Abuse Forum

## DEFINITIONS

**Abuse:** Persistent or periodic excessive drug use inconsistent with or unrelated to acceptable medical practice. (See also “drug” and “drug or substance of abuse”.)

**Aftercare:** Follow-up care provided to an individual after receiving treatment.

**Brief intervention:** A technique used to help reduce alcohol misuse, typically amongst non-dependent abusers. It is prevention approaches helping at-risk abusers make an informed choice about their misuse of substances.

**Drug Master Plan:** A single document, adopted by government, outlining all national concerns regarding drug control. **Drug or substance of abuse:** Encompasses psychoactive or dependence-producing drugs such as alcohol, nicotine, over-the-counter and prescription medication as well as illicit drugs such as cannabis, cocaine and heroin.

**Drug:** 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:** A therapeutic strategy that combines early detection of hazardous or harmful substances use and treatment of those involved. Treatment is offered or provided before patients present voluntarily and in many cases before they become aware that their substance use may

cause problems. It is directed particularly at individuals who have not developed a physical dependence or major psycho-social complications related to substance use.

**Prevention:** A pro-active process that empowers individuals and systems to meet the challenges of life's events and transitions by creating and reinforcing conditions that promote healthy behaviour and lifestyles.

**Alcohol and other Drug (AOD) abuse:** The misuse and abuse of legal or licit substances such as nicotine, alcohol, over-the-counter and prescription medication, alcohol concoctions, indigenous plants, solvents and inhalants, as well as the use of illegal or illicit substances.

**Treatment:** A process aimed at promoting the quality of life of the drug dependent and his/her system (husband/wife, family members and other significant persons in his/her life) with the help of a multi-disciplinary professional team.

**Mini Drug Master Plan:** the strategy by national departments, provincial substance abuse forums and local drug action committees that sets out measures to control and reduce the supply of, demand for and harm caused by substances as stipulated in the Prevention for and Treatment of Substance Abuse Act, 2008.

## BACKGROUND

In 2014 the City embarked on a process to review the Alcohol and Other Drug Harm Minimization and Mitigation Strategy 2011-2014 ("2011 AOD Strategy"). The City is required by the Prevention of and Treatment for Substance Abuse Act 70, 2008 to develop a "Mini-Drug Master Plan" to coordinate measures to control and reduce the supply of, demand for and harm caused by substances.

One of the main problems with the 2011 strategy was that there was a lack of knowledge and buy-in from the whole organisation with regard to its implementation. Hence, many of the areas where the City fell short are due to a lack of planning and budget allocation. In other words, the strategy was not "mainstreamed" as it was envisaged in its development. The fact that so few people knew of this strategy confirmed this finding.

The review process provided an opportunity to include more people in the strategy development and build awareness and shared commitment towards its implementation. A consultative and formative tool called: "Force Field Analysis" was selected to facilitate a "shared journey of discovery" where City officials were included in the development of a plan and are thus committed to implementation.

Nineteen workshops were held across the City with selected focus groups. In addition, input was requested from across the organisation and over 80 responses were received indicating the scale of the problem and also the interest in dealing with it.

These consultations were coupled with an extensive desktop review and audit of the 2011 strategy, the NDMP and AOD related research and information. Together with key informant interviews and focus groups, the sources inform the review.

## 1. INTRODUCTION

There is little doubt that the misuse and abuse of AOD is a significant problem in the City of Cape Town. This echoes national trends. According to the Central Drug Authority, South Africa's drug problem is twice the world norm and alcohol consumption rates in the top 10 in the world.

The rates of AOD-related harms and crime in Cape Town are above national average. Cape Town had a drug-related crime rate four times higher than the average rate for the rest of South Africa.<sup>1</sup> Furthermore, there is a perception that the number of abusers and the extent of the abuse is growing.

Crime is only one aspect of the harms associated with AOD abuse. The health, social, economic and psychological effects of AOD abuse are well-known. AOD abuse also places extensive pressure on communities and the economic and social progress of the City as a whole.

Although, the principle role of local government is to provide basic services in order to contribute to the social and economic development of communities, the City realised that there is an urgent need to address problems such as AOD abuse as it negatively impacts on the lives and opportunities of people, the safety of households and communities as well as service delivery.

Hence, the City works over and above our mandate to provide prevention and intervention services to address AOD abuse. An implementation protocol with the Provincial Department of Social Development enables the City to provide specific AOD abuse prevention programmes while a service level agreement with the Provincial Department of Health allows City Health to provide treatment services through clinics. The Metro Police work closely with SAPS and the Liquor Board to prevent the illegal sale of alcohol or drugs.

Many of the City directorates have tried to meet the needs and pressure by extending and expanding their activity beyond existing initiatives and developing new ones. For instance, the Environmental Resource Unit has creatively utilised the EPWP programme as a mechanism to employ young people and also provide them with the skills and support for their own development and to build the resilience to avoid abusing alcohol or drugs.

---

<sup>1</sup>City of Cape Town (April 2013), Crime in Cape Town: Drug-related 2003-2012. Strategic Development Information and GIS.

Thus many of our other services might also be orientated to contribute towards preventing and mitigating the impact and harm caused AOD abuse. There is a need to better utilise our physical assets and the knowledge assets of the organisation to address these problems.

There is extensive capacity, enthusiasm and potential across the organisation and many staff consider themselves underutilised in developing interventions to address problems caused by and related to AOD abuse. Coordinated action across the organisation can ensure that City departments and individuals are mobilised to contribute to the preventative or rehabilitative actions of the City as a whole in addressing AOD abuse.

In addition there is also underutilised development capacity in the form of local NGOs and CBOs which have significant potential and can add value. The City may play a role in strengthening the work of others by providing information, insights and co-ordinating efforts within the metro. Unfortunately the City has found that the recently established CTADAC subcommittees did not lend themselves to facilitating this coordination and hence this strategy revises this model.

## 2. PURPOSE

The goal of this strategy is to **reduce the health, economic and social burden caused by AOD abuse in Cape Town, through the provision of targeted actions and support by the City Directorates**, thereby supporting the implementation of the National Drug Master Plan.

This strategy sets out the co-ordinated efforts to address the problems associated with alcohol and drug abuse in the City of Cape Town.

The effective implementation of the strategy shall aid in the:

- I. **Prevention** of the misuse and abuse of alcohol and drugs
- II. **Intervention** for those misusing, abusing or addicted to alcohol and other drugs
- III. **Suppression** of alcohol, drugs and drug related criminal activity
- IV. **Co-ordination** of stakeholders and role-players involved in prevention, intervention and suppression activities.

To ensure a transversal approach in addressing AOD abuse, the strategy also tries to improve the impact and strengthen actions to address these issues and enable more cost effective ways of action.

## 3. STRATEGIC ALIGNMENT

This strategy seeks to align with a number of overarching policy and strategy documents and legislation that inform the City's priorities

### 3.1. INTEGRATED DEVELOPMENT PLAN (IDP)

This strategy gives effect to the Strategic Focus Area of the "Caring City" as set out in the City's Integrated Development Plan. However, the successful implementation of this strategy will contribute to the creating of an "Opportunity" "Safe" "Inclusive" and "Well-run" City.

### 3.2. SOCIAL DEVELOPMENT STRATEGY (SDS)

This AOD Strategy draws its strategic thrust from the SDS which sets out the goal to "build and ensure safe households and communities" through the development of a coordinated strategy to address substance abuse.

### 3.3. NATIONAL DRUG MASTER PLAN, 2013 – 2017

The NDMP prescribes that LDACs compile an action plan which will give effect to the NDMP on a local level.

### 3.4. WESTERN CAPE PROVINCIAL BLUEPRINT: PREVENTION & TREATMENT OF ALCOHOL & DRUG USE

The Blueprint is a strategic guiding document on how to manage substance abuse for the Western Cape and is considered to be the Mini-Drug Master Plan for the Province.

### 3.5. ALCOHOL & OTHER DRUG HARM MINIMIZATION & MITIGATION STRATEGY 2011-2014

As mentioned above, this strategy is a review of the 2011 AOD Strategy, however it is not a complete replacement of the strategy but rather it builds on the gains made in the previous strategy and tries to package the strategy in a way that is more accessible for use by stakeholders.

## 4. APPROACH

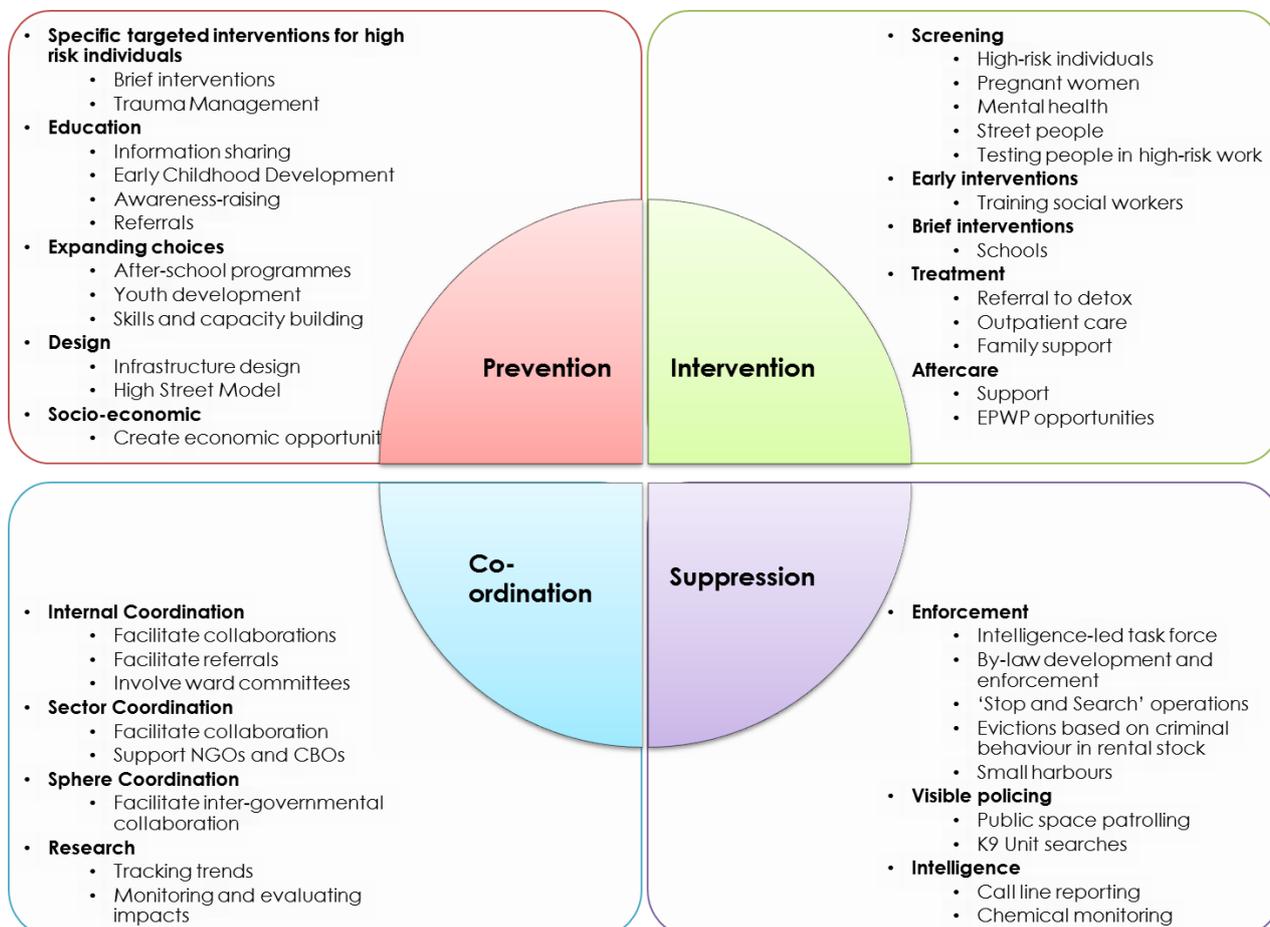
As mentioned above, one of the key problems with the 2011 strategy was the lack of internal knowledge around its implementation; hence, this strategy is centred on action areas as mentioned above, namely:

- I. **Prevention** the misuse and abuse of alcohol and drugs (Demand Reduction)
- II. **Intervention** for those misusing, abusing or addicted to alcohol and drugs (Harm Reduction)
- III. **Suppression** of alcohol, drugs and drug related criminal activity (Supply Reduction)
- IV. **Co-ordination** of stakeholders and role-players involved in prevention intervention and suppression activities.

These areas were selected as they broadly overlap with the demand, supply and harm reduction model set out in the NDMP, however, they are easier to understand and conceptualise. Prevention includes all the demand reduction activities. Interventions include those activities aimed at people misusing or abusing AOD at dangerous levels and might be conceptualised as harm-reduction. Suppression includes all the policing, enforcement and supply reduction activities. Coordination holds these activities together.

The City relies on support and interaction with other national and provincial departments through the Cape Town Alcohol and Drug Action Committee (CTADAC) and the mini-drug master plans and their alignment with the NDMP.

The action areas are depicted visually below:



The following sections describe City's current activity under the action areas and the key strategic changes proposed by this strategy to give effect to this four-pronged model. It also sets out the support needed by external stakeholders to enable this strategy to be a true "mini-drug master plan" for the City of Cape Town.

## 4.1. ACTION AREA 1: PREVENTION

### CURRENT ACTIVITY

Several departments are involved in activities that are geared towards the prevention of anti-social activity. The range of activity is significant. It may range from a drug awareness talk to an intensive family strengthening intervention or an activity aimed at improving economic opportunities which indirectly act to dissuade people from using or abusing AOD.

Often, prevention activities are not targeted specifically to address the prevention of AOD abuse but may be designed to build resilience in general and thus prevent the misuse of AOD. These are often youth development initiatives and there are significant overlaps with the Transversal Youth Development Strategy (TYDS). This strategy should be read with the TYDS.

The prevention activities have been categorised as follows:

- A. **Socioeconomic interventions** including:
  - a Interventions by various directorates to improve the socio-economic circumstances of individuals through local area development, skills development or capacity building (further articulated and guided by the Economic Growth Strategy and TYDS).
  - b Proactive rezoning of areas based on the "high street model" to enable business to formalise in specific township areas and thus facilitate the formalisation of business and potentially the licencing of previously unlicensed shebeens.
- B. **Education interventions** including:
  - a AOD awareness education, drama or information sessions conducted by Safety & Security, SDECD and Community Services. These may be held in schools, libraries or community centres or as part of youth camps.
  - b Interventions that aim to strengthen and develop the capacity of families to address problem behaviours and develop healthy communication techniques.
  - c Programme focusing on education that helps to improve communication, resist peer pressure, dealing with bullying, anger management and developing goals.
- C. **Expanding choices** interventions including:
  - a All those programmes run for children and youth in halls, libraries and other recreational facilities to keep them occupied, active and teach life skills during afterschool hours and holidays.
- D. **Design interventions** including:
  - a The integration of best practices of planning and design in new developments
  - b The rehabilitation of existing public infrastructure to prevent the creation of spaces that might enable drug trade or other anti-social behaviour
  - c Proactive rezoning of areas based on the "high street model" to enable business to formalise in specific township areas and thus facilitate the formalisation of business and potentially the licencing of previously unlicensed shebeens.
- E. **High-risk individuals employee interventions** including:
  - a Internal interventions aimed at providing support to staff in professions that are considered to put the staff "at-risk" of AOD abuse such as those in metro police. This may be counselling after a traumatic event, providing support for those showing high-risk behavioural symptoms in the workplace and facilitating access to support systems and programmes.

### KEY STRATEGIC CHANGES

One of the key issues that emerged in the revision of this strategy is a need to place more emphasis on **primary prevention** and **involving communities in these initiatives**. This is also emphasised in the NDMP. In order to improve prevention efforts, the following strategic activities shall enhance and improve current activity:

**A. Socioeconomic** strategic emphasis includes:

- a. Scale-up and enhance the skills development and capacity building for youth as set out in the TYDS;
- b. Leverage EPWP for prevention purposes by providing information on treatment and City services through an information pack to EPWP employees as well as targeted programmes to EPWP workers to enable youth development.

**B. Education** strategic emphasis includes:

- a. Align and harmonise of AOD messaging across the City to ensure that the City adheres to best practice and utilises the website and social media in this regard. Carefully consider the drug awareness talks conducted by the Safety and Security Directorate as the latest research indicates that drug awareness talks may be harmful if not facilitated in the correct manner;
- b. Provide information on AOD services in City-owned facilities such as fire stations, licencing traffic centres clinics, halls, libraries, sport and recreational facilities of local NGOs and treatment sites as well as pamphlets helping people to identify AOD problems. This should be accompanied by a briefing and education session for the facility managers on the information packs as well as information on systems for referral;
- c. Include education on AOD prevention and interventions in the neighbourhood watch workshops and the Human Settlement New Homeowners Education Briefings and encourage participants to initiate prevention activities within their communities;
- d. Actively encourage preventative messaging at liquor outlets through the implementation of the "Undertakings that sell Alcohol to the Public Policy and Bylaw";
- e. Engage with faith-based and community-based organisations around effective and evidence based messaging and programmes through targeted meetings and workshops;
- f. Host a responsible dispensing campaign targeted at doctors' surgeries, medical aids and pharmacies to address abuse of OTC medication;
- g. Include psychometric assessments and occupational therapy in selected programmes;
- h. Provide Positive Parenting programmes in the first 1 000 days of a new-born's life also taking into account ECD readiness.

**C. Expanding choices** strategic emphasis includes:

- a. Cumulatively increase or change the opening hours of Sport and Recreation facilities to serve communities in the afternoons and evenings providing alternative healthy spaces for socialising and recreational activity for adults, youth and children;
- b. Brief frontline staff on prevention activity and referrals around suspected AOD abuse and over a few years identify and train selected staff to implement programmes;
- c. Expand the numbers of staff providing prevention interventions by educating staff on intervention so that they might be able to provide these sessions in their own activities (example play leaders in Sports and Recreation);
- d. Scale-up the implementation of strengthening families programme;
- e. Implement programmes to improve problem-solving and coping skills for various age groups to optimise resilience within social and environmental contexts
- f. Facilitate an internal "city champions" programme which trains City staff on awareness raising and prevention in the community and thus galvanising the support and enthusiasm generated through the consultation for this strategy.

**D. Design** strategic emphasis includes:

- a. Enable a partnership and high-level strategic discussions between the CTADAC and Western Cape Liquor Authority to initiate processes to facilitate registration of shebeens so that they might be regulated under the Western Cape Liquor Act;
- b. Promote the use of the "Safe Communities Guidelines to create safer neighbourhoods" in City developments and MURP activity.

- c. Proactive rezoning of areas based on the "high street model" to enable business to formalise in specific township areas and thus facilitate the formalisation of business and potentially the licencing of previously unlicensed shebeens.

**E. Interventions for High-risk individuals** strategic emphasis includes:

- a. Train and support City Health and SDECD staff to increase mental health literacy, empathetic care and trauma support;
- b. Integrate brief mental health screening tools, assessing for stressors and other risk factors in history taking processes in City Health to increase detection and reduce stigma;
- c. Establish clear referral pathways for social and legal service including referrals to professionals and non-specialists;
- d. Implement programmes to help people to deal with trauma and stress;
- e. Provide more support for families and youth high risk as identified by City officials and referred to social workers.

#### EXTERNAL SUPPORT

Prevention programmes are run by various other government departments. Collaboration shall be facilitated through CTADAC. The following activities shall strengthen the City's work in prevention

- **WCG Department of Education** has numerous programmes to build resilience and occupy young people in a positive manner. Life Orientation is part of the school syllabus and a key prevention activity. The City might partner with the WCG Department of Education to implement and co-ordinate after-school activities and holiday programmes in schools.
- **National Youth Development Agency** Cape Town branch might increase the reach and scale of prevention programmes in line with its Strategy.
- **Department of Higher Education and universities and FET institutions** might work with the City around activities to address binge drinking by students.
- **Department of Cultural Affairs** might increase rollout of MOD centres by in areas of high need where there are no City facilities or partner with the City around a community hub
- **WCG Department of Social Development** has numerous activities that aid in prevention and the Western Cape Youth Development Strategy provides clear direction in building strong families and reconnecting youth. Clear systems of referral for at-risk families and individuals to the department might significantly aid the City
- **Academic and research organisation** might look to aid the City in a closer examination of the impact of prevention activities
- **VPUU** is hosting a cure violence programme in Hanover Park using the Ceasefire methodology which includes working directly with high risk individuals in the areas.

## 4.2. ACTION AREA 2: INTERVENTION

#### CURRENT ACTIVITY

The 2011 Strategy had a keen focus on treatment interventions. The review broadens the focus to include brief and early interventions and, in this way, scales up the reach of the City.

Currently the City provides:

- Screening, treatment and aftercare services through the City Health outpatient treatment centres;
- Screening and referrals by selected nurses in City health facilities if they suspect AOD abuse;
- Early interventions for adolescents are done on an ad hoc basis by the outpatient centres;
- Brief Interventions and referral to treatment for City Staff through Employee Wellness Services;
- Brief interventions in antenatal care on the same date as appointment to address mental health issues and prevent foetal alcohol syndrome;
- Random testing and early intervention for Safety and Security and assistance through brief intervention and referral;
- Brief interventions for adolescents in schools facilitated through a collaboration with specific schools;
- Zoning of treatment and rehabilitation centres.

## KEY STRATEGIC CHANGES

Considering the extensive need the following strategic changes are proposed:

- A. **Brief & Early Intervention** strategic emphasis includes:
- a In order to expand our reach, other departments in the City shall be equipped to offer limited brief and early interventions namely nurses, selected social workers, fire station 'medics', play leaders and other staff who show the desire, capacity and willingness. Referral networks will need to be developed to support these key personnel.
  - b Department shall adopt an early intervention system based on the work done by Safety and Security and train selected personnel to aid each other and refer to EPWP
  - c The Social Development and Early Childhood Development Directorate shall provide information to organisations on City grant-making processes to facilitate greater provision of in brief interventions.
  - d The City shall expand the voluntary, random drug testing for Metro Police, Law Enforcement and Emergency Services to other staff involved in activities such as handling plant equipment and drivers.
- B. **Treatment** strategic emphasis includes:
- a Increase the number of treatment sites in City Health Facilities as well as the professional staff needed to meet the demand for service;
  - b Market the availability of services in communities through promotional material and the helpline;
  - c Enhance patient access to AOD treatment at CoCT Health treatment sites through subsidising transport costs and providing access to child care facilities;
  - d Implement outpatient adolescent-centred alcohol and drug treatment interventions at City clinic sites;
  - e Deal with problems regarding the land use or zoning of potential treatment centres quickly and efficiently through the substance abuse work stream;
  - f Consider the implementation of a system to monitor and support replacement therapy;
  - g Screening pregnant women for substance abuse and referring to treatment.
- C. **Aftercare** strategic emphasis includes:
- a Expand the use of EPWP opportunities to individuals who successfully complete the treatment programme and partake in aftercare;
  - b Provide support and create an enabling environment to registered NGOs and CBOs rendering aftercare intervention services.

## EXTERNAL SUPPORT

The City's role in direct intervention to those abusing AOD is limited. The following activities shall increase the reach of services:

- **Provincial Department of Social Development** is the lead department in the provision of treatment interventions. It is also responsible for developing norms and standards related to services in the field of substance abuse. There is a need for the City to enhance its relationship with the Provincial Department of Social Development in order to facilitate better referral of clients.
- **Department of Health and private service providers** provide access to detoxification facilities for patients requiring treatment. Greater collaboration is needed for those entering the City's outpatient treatment who are in need of detoxification and a referral system and bed space is required.
- **Correctional Services** needs to implement rehabilitation programmes for offenders suffering from substance abuse.
- **The Department of Justice and Constitutional Development** might scale-up their diversion programmes which include a treatment intervention.
- **The business sector in Cape Town**, in consultation with the **Department of Labour** might better facilitate access to treatment for employees suffering from AOD abuse and related disorders.

## 4.3. ACTION AREA 3: SUPPRESSION

### CURRENT ACTIVITY

Safety and Security has an extensive mandate to implement law enforcement activities in the City. Much of this activity is set out in the Annual Police Plan.

- A. **Visible policing** interventions which include:
  - a Ensuring no drinking on beaches, public open spaces and City-owned premises especially over the festive season;
  - b Patrolling by Neighbourhood Safety Officers and School Resource Officers;
  - c Supporting community policing initiatives, including neighbourhood watches and Community Policing Forums, to collaborate with SAPS, Metro Police and Law Enforcement to enable visible policing.
  
- B. **Enforcement** interventions which include:
  - a Specialised Units to target illicit drug dealers and manufacturers;
  - b Co-ordinating operations with SAPS, targeting illicit drug dealers and wholesalers supplying unregulated liquor venues;
  - c Target action against unlicensed liquor outlets;
  - d Using roadblocks and vehicle check points to check blood alcohol levels;
  - e Evict drug dealers and unregistered sellers of liquor from City-owned property especially community residential units;
  - f Enabling the extension of liquor trading hours only when establishments meet the conditions as per the By-law: Undertakings that sell alcohol to the public;
  - g Enabling measures to prevent those involved in illegal alcohol or drug trade from benefiting from City contracts.
  - h Empowerment of neighbourhood watches and Law Enforcement Auxiliary Service (LEAS) to improve visible policing of hotspots
  
- C. **Intelligence** interventions which include:
  - a Provision of a "drug stop" call line and email address and following up on tip-offs;
  - b Obtaining, analysing and distributing best available knowledge on supply trends of licit and illicit drugs and alcoholic beverages as well as information on supply crime related impacts;
  - c Monitor regulated liquor outlets for adherence to the Western Cape Liquor Act and the By-Law Undertakings that sell alcohol to the public, 2013.
  - d Development of crime intelligence information through project EPIC and gang and Drug Task Force

## KEY STRATEGIC CHANGES

Suppression efforts are limited in that they often address the result of the problem rather than the problem in itself. Its value as a deterrence is limited, however, it does form a component of an integrated AOD strategy. However, it should be noted that the City has a limited human resources dedicated to safety and security issues, SAPS is the main player in suppression efforts. There is a need to think strategically about how the City allocates these scarce resources towards suppression activity.

- A. **Enforcement strategic** emphasis includes:
  - a Continuing to focus on enforcement issues with more emphasis on dealing with drug dealing and illegal liquor outlets in City housing stock
  - b Clarifying roles around policing small harbour monitoring around drug trade and precursor chemicals
  - c Enabling sub-councils to record complaints around irresponsible liquor traders with the Western Cape Liquor authority so as to revoke the licences of problematic establishments.
  
- B. **Visible policing** strategic emphasis includes:
  - a Enhance capacity of SROs and NSOs to organise visible policing initiatives;
  - b Implement mechanism to improve visible policing in high risk areas at high risk times for example when the trading hours for liquor closes in area with several bars;
  
- C. **Intelligence building** strategic emphasis:
  - a Implement a system so that traffic officers ask people drunk drivers where they had their last drink and ensure that this information is collected and collated to identify problematic establishments;
  - b Market the drug stop call line;

- c Enhance feedback process to communities regarding suppression activities.

## EXTERNAL SUPPORT

As mentioned above, metro police and law enforcement is a relatively small player in suppression activity. Hence, partnerships are required. The following is activity shall support the work of the City in its suppression of AOD supply and AOD-related crime:

- **SAPS** with the **National Prosecuting Authority** might scale-up joint operations to arrest and prosecute drug-related offences;
- SAPS might work with the City to collect information and plan and cooperate on drug raids, illegal liquor trade, intelligence gathering on AOD, policing harbours and hosting more extensive road blocks;
- **SARS and SAPS** need to address drug trafficking into and out of the country and ensuring arrests and seizure at ports of entry such as Cape Town Harbour;
- **Western Cape Liquor Authority** might work with the **National Liquor Authority** and the **Department of Trade and Industry** to devise mechanisms to better bring the high numbers of illegal outlets under the regulating authority through considering the licencing conditions;
- **Provincial Government Traffic Department** might increase roadblocks identifying people driving under the influence or carrying drugs on the road which is the dominant means of transport for drugs trade;
- **Provincial Department Justice and Constitutional Development and Provincial Department of Correctional Services** needs to ensure that jails remain drug free;
- **The Provincial Department of Justice** should improve the prosecution of drug-related crimes and assist with the monitoring of the special drug court;
- **Department of Health** should work to improve collaboration around problems with OTC drugs;
- **Department of Community Safety** should provide information on brief projects as they track high profile cases.
- Encourage **Private Security Companies** to increase visibility.

## 4.4. ACTION AREA 4: CO-ORDINATION

### CURRENT ACTIVITY

There is a need to co-ordinate efforts of all role players to avoid duplication and enhance and improve services. Some of these coordination efforts have been discussed above; however this action area looks at the current coordination and how it may be improved to facilitate these strategic goals.

The formal body tasked with coordination of activities in the City is the CTADAC. This is supported by a transversal Substance Abuse Work Stream in the Social Cluster. CTADAC provides reports on action progress, problems and other related measures to the Western Cape Substance Abuse Forum (WCSAF) who reports to the Central Drug Authority (CDA).

Currently collaboration with NGOs and research institutions is through the CTADAC, however, this has failed to fully harness and coordinate the energy and potential of these organisations and the associated communities. Previously CTADAC subcommittees were created to facilitate this but they have effectively dissolved.

### KEY STRATEGIC CHANGES

The following strategic changes are proposed

#### A. Internal Coordination

- a Assess and learn from the area-based coordination project around coordinating prevention programmes in an area;
- b Develop clear systems for referral through the work group;
- c Train SDECD social workers to run a force-field analysis with Ward Committees to develop a three-part action plan for AOD abuse in their areas and help sub-council managers to enable Ward Councillors to allocate funding through their ward allocations.

#### B. Sector Coordination

- a Facilitate collaboration with the Private Sector through the Cape Chamber of Commerce and other such forums in order to involve business in prevention, intervention and treatment efforts;
- b Facilitate engagement with the NGO sector through bi-annual networking events.

**C. Research**

- a Work through the CTADAC and WCSAF to follow trends on AOD supply, use and interventions and to ensure that our activities are directed and informed by research;
- b Develop mechanisms to monitor and evaluate the impact of individual projects;
- c Consider research to measure the impact of the Strategy on the City as a whole.

## 5. IMPLEMENTATION PLAN

This strategy will be implemented by all departments across the municipality and in partnership with different spheres of government. An implementation plan shall be developed to guide activities and enable the monitoring of the strategy implementation.

## 6. CONCLUSION

This is a review of an existing strategy and aims to guide and direct the activity of the City and partners working in the City to address AOD abuse in the City of Cape Town.

This strategy sets out a simple organising framework and set of activities so it is easily understood and can be disseminated widely in order to address a problem that significantly impacts the lives of residents, the activities of business and the work of the City.