It's closer to home than you think

ctdCC

THE CAPE TOWN DRUG COUNSELLING CENTRE

NPO Nr: 008-168

ANNUAL REPORT

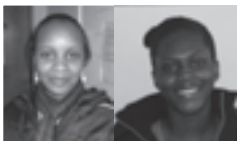
2007

Our Mission

Our Mission is to provide effective, accessible & innovative treatment, prevention & training services that enable South Africans to respond appropriately to the challenges of substance abuse. As a non-profit organisation in the Western Cape, we aim to lead by promoting an awareness and understanding of substance abuse as an issue that affects us all.

Aims

- ENABLING PEOPLE to make informed choices and to take appropriate responsibility regarding the use of mood altering substances
- REDUCING THE HARM caused by mood altering substances in people's lives
- LIMITING THE INCREASE of substance abuse & dependence
- Being ACCESSIBILE & AFFORDABLE to our target groups, particularly lower income groups
- Being ACCOUNTABLE to the people we serve
- Creating an environment conducive to HEALING
- INNOVATING & LEADING in our approaches to treatment, prevention & training in South Africa
- Responding with CREATIVE FLEXIBILITY to challenges, demands & opportunities
- MEASURING SUCCESS of our approaches through evaluation & research
- INTEGRATING treatment, prevention & training services that can inform each other
- Recruiting & developing staff of a HIGH CALIBRE, representing the communities we serve



STAFF PHOTO Faith Chirinda, Samba Chiseya

STAFF PHOTO Back row: Grant Jardine, Jacqui Michels, Imraan Muscat, Cathy Karassellos, Dominique Maclou, Saadia Jackson, Monique Spencer, Front row: Fatima Esau, Alida Rhode, Charlene Whittern, Vivienne Ewers, Siobhan White
Absent: Fairuz Mustapha, Monwabisi Mbandazayo, Ziyanda Balintulo, Sessional staff: Emma Oliver, Jessie Lutta, Dr Aubrey Michalowsky, Mike Mc Lough, Natalie Buley, Vivienne Adams, Dr Groenewald, Dr Fadiel Williams, Exco: Bronwyn Myers (Chairperson), Dr Don Wilson (Vice-chairperson), Jill Pointer (Treasurer), Barry Gray, Di Pickard, Carol Dean, Prof Chuma Himonga

STAFF PHOTO (Left to Right) Hazel Matafin, Theresa Eiman, Washiefa Du Plessis

STAFF PHOTO Yumna Martin, Pamela Mafuya

CHAIRPERSON'S REPORT

I am delighted to report another successful and productive year for the Cape Town Drug Counselling Centre (CtdCC). The centre's successes would not have been possible without the staff's dedication to meeting their clients' needs and commitment to delivering effective substance abuse training, prevention, and treatment services.

The past year has seen CtdCC grow from strength to strength. The centre's satellite office in Mitchell's Plain is running smoothly and has been well accepted into the community. As always, we have had an overwhelming demand for our treatment services at our Observatory branch. This reflects the growing need for effective and accessible treatment services in the Western Cape as well as ongoing community support for the services we provide.

The clinical team has also risen to the challenge of providing substance abuse treatment services – often under very difficult circumstances. The team has continued to work hard to adapt to the changing pattern of substance use in the Western Cape. Our clients have become younger and are presenting with more complex patterns of illness which are mostly related to the use of methamphetamine and/or heroin. In the past year, we have also seen an increase in the number of women seeking services at our centres. This might be due to the women-sensitive treatment track that has been introduced to address the needs of our female clients. To our knowledge, we are the only centre in the Western Cape that provides such a service to female clients.

Once again, the training department has been particularly busy. Income derived from training and capacity-building has been central to the self-sustainability of the centre. In addition, the quality of training services provided has contributed to CtdCC's reputation as a centre of excellence. This is evidenced through the large number of requests for training services from professionals in the substance abuse field, communities, industry, and provincial government. In the past year, the training department has been involved in several large initiatives that are worth mentioning. Firstly, the training department has been involved in the materials development and training of the 1000 Siyabulela volunteers which Premier Rasool commissioned to act as outreach and aftercare workers in Cape Flats communities. Secondly, the training department has been involved in the redesign, development and training of the Provincial Department of Social Development's drug school materials. These initiatives reflect the centre's commitment to community development and the provision of sustainable solutions to the challenges of substance abuse for all the communities of the

Training of staff at Don Bosco Hostel

Western Cape.

One of the key challenges that this centre continues to face relates to difficulties in recruiting and retaining skilled staff. During the past year, we have lost several valuable members of staff. This is worrisome as it does deplete our capacity to provide services. While poor remuneration is one of the driving forces behind poor staff retention, another contributing factor is that this centre provides excellent training for staff. Our staff members are therefore headhunted by other treatment providers, the state, and the NGO sector. Around this turnover, there is a core group of committed staff who keep the organisation running smoothly. On behalf of the executive committee, I would like to thank the team at CtdCC for their commitment and for ensuring that the centre's high standards of service delivery are maintained. Special thanks are due to Grant Jardine for his leadership and his commitment to improving the financial sustainability of the centre. In closing, I would like to thank all our supporters who have contributed to the financial well-being of the centre over the past year.

Bronwyn Myers
Chairperson

It's closer to home than you think

DIRECTOR'S REPORT

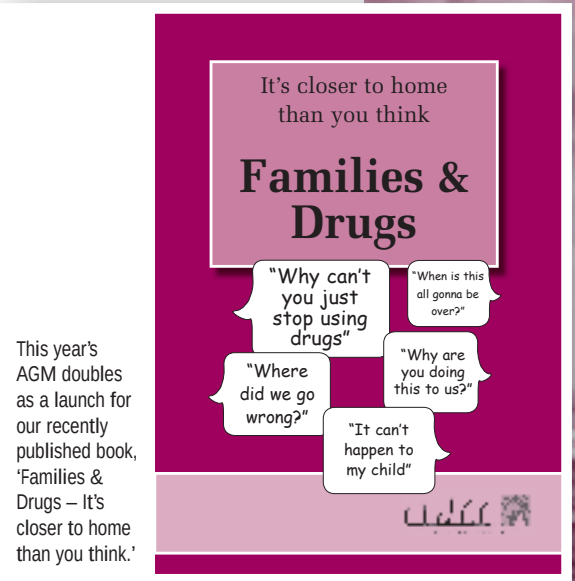
We have seen a lot of media attention highlighting the growing substance abuse problem and the effect this has on social ills such as family disintegration, crime, domestic violence and the transmission of HIV aids. We have also seen much community action including protest marches and the burning down of suspected dealers houses. This has placed pressure on authorities which has had both positive and negative effects.

On the positive side for us, the role the Cape Town Drug Counselling Centre (CtdCC) has played over the past 22 years is being acknowledged and the value of the work we do and how we do it is better understood. Our government subsidy has doubled and in addition we have been provided the means to open another branch in Mitchell's Plain, train social workers in the Western Cape Departments of Social Development and Education, as well as other projects outlined in this report. The problem of a shortage of treatment capacity is being addressed and the understanding of the whole issue of substance abuse amongst policy makers has greatly improved. In short the challenge of substance abuse is much higher on the agenda.

Negative aspects of media and community pressure is the seeking of a quick fix for the problem, or something quantifiable which will look good, but not necessarily be effective in the long run. One example of this is the possibility of random urine testing in schools as a prevention initiative. It is clear to us that this would be expensive and ineffective in the long run and will simply not achieve the desired goals and outcomes.

Part of the difficulty of the work we do is to demonstrate that it is not just what is done but how things are done that is important. We know for example that certain approaches to substance abuse prevention work may not only be ineffective, but run the risk of actually increasing substance abuse. So the fact that a prevention project has been implemented in 100 schools is meaningless without the investigation of the content of the programme.

This year's AGM doubles as a launch for our recently published book, 'Families & Drugs – It's closer to home than you think.' Personal dynamics regarding the



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It's closer to home than you think

Training staff from the Homestead shelter

disease of addiction such as shame, guilt and denial, do not only effect the substance abuser, they are also often present for parents and others affected by substance abuse. Classic roles which family members of substance abusers may adopt are the rescuer and persecutor. These roles are ultimately obstacles to the addicts recovery as they enable drugging to continue. Our trainers are often fascinated with how these roles can also be adopted on a collective level by a school, workplace or community. Policy makers too can fall into these roles. The ideal for those affected by others' drug or alcohol use is to work towards more helpful roles, from rescuer to supporter, and from persecutor to limiter, in order to meet the objective of providing support for those who genuinely want help, and fair consequences for those who do not. It is only this often delicate balance that will ultimately facilitate recovery for the addict, and those affected by others drug use need to focus on this process and their own behaviour, rather than the addict.

We have seen the rise of vigilantism again this year. After being part of a community march which resulted in the burning down of a suspected drug dealers house, a parent of an addict was quoted in a front page newspaper article as saying that this act made her feel good, that it helped her anger and made her feel that she was doing something about her problem. While such acts may make one feel good, do they help the drug problem in that family, or do they reflect a persecutor role? Similarly it is frustrating when parents say they cannot attend our family workshop as they cannot take time off work. Yet they have taken time off work to go on a march, bail their child out of jail or attend disciplinary meetings at school. Why is it so much easier to go on a march than to attend a family programme? As with many dynamics around substance abuse, the problem and solution is so often closer to home than you think.

In the past there has been a lack of treatment capacity in the Western Cape (There were times in the past where the CtdCC's waiting list was 6 weeks long). In a recent address Premier Ebrahim Rasool stated that this may have been due to the stigmatization of addicts. We have now seen dramatic moves on various levels

It's closer to home than you think

to increase treatment capacity. Ensuring that there is effective, accessable and affordable help available for those addicts who genuinely want help is essential. However we need to guard against now over compensating and placing too much emphasis on treatment as the solution, as this may result in empty centres and a waste of resources which are sorely needed in other aspects of rising to the challenge of substance abuse. This would reflect in essence rescuer behaviour.

One of the greatest struggles in the initial stages of treatment is that the client is often in victim mode, not taking responsibility for their actions but placing the blame on others - a father's anger, the lack of treatment, a boss who was out to get them... One hears these laments often from addicts. Reducing the availability of drugs in our society will have an impact on the drug problem. Ensuring that there is effective, accessable & affordable treatment is vital in the challenge of substance abuse. The government does have a role and responsibility in rising to the challenge of substance abuse, as do schools, parents, workplaces, the CtdCC and, addicts themselves. We need to ensure that we do not facilitate the process of making it easier for addicts to push this responsibility onto others. Again, often the solution as well as the problem is closer to home than you think.

2006 Activity Summary

From 01 January 2006 to 31 December 2006 we managed to:

- Treat 868 clients in intensive & comprehensive outpatient programmes (see below for details and client statistics)
- Hold 15 family workshops for 238 family members of addicts
- Train over 1 600 people in 49 workshops to rise to the challenge of substance abuse. These include teachers, health care practitioners, psychologists, social workers, youth workers, community workers etc
- Respond to 3 130 counselling calls
- Run prevention programs in schools & youth groups
- Provide public education by featuring in 38 print articles, doing 27 radio interviews and 6 national television programmes.

Training & Youth Outreach

We design and implement training programmes that enable communities to implement strategies to rise to the challenge of drug and alcohol misuse where they live and work, by equipping them with the knowledge & skills they need to have an impact. Programmes may end with facilitating the development of action plans and support is provided for the implementation of these plans.

We offer prevention programmes designed to provide schools with the skills,

resources, expertise and experience necessary to face up to the challenge of substance abuse themselves; rather than rely on outside agencies who are expensive and often ineffective. In addition we provide: an intervention programme for high-risk adolescents who are experimenting with drugs; information to the media; ongoing support to educational organisations; and consultation regarding the design and implement of media campaigns aimed at prevention.

The training and youth outreach department has been extremely busy this year in a variety of settings including schools, workplaces and various communities. Some of our major projects during 2006 are outlined below to provide a flavour of the work we do and the way we do it.

- College of Applied Psychology: Implement lecture series on substance abuse
- PAWC Dept of Social Development: Training of 180 social workers throughout the Western Cape
- University of Cape Town: Lectures to 2nd year Social Work students
- University of the Western Cape: Lectures to HDE students
- University of Stellenbosch: Workshop with 4th year B.Psych students
- PAWC Dept of Social Development: Training & monitoring to facilitate the development of self help groups in lower income, under resourced areas in Cape Town & surrounds
- Mossel Bay Prisons: Training of case workers
- Employee education & workplace training: Various (clients confidential)
- AAA School of Advertising: Briefing, monitoring & evaluation of advertising campaign for CtdCC as a prevention activity
- Bester-Burke advertising agency: Briefing & facilitating the development of a radio campaign focused on 'Tik'
- Siyabulela / 1 000 Learnerships programme: Design programme modules, training of trainers, monitoring & evaluation

Treatment

We provide an accessible, effective and affordable outpatient treatment programme addressing the drug-related problems experienced by people. We also provide advice, counselling and support services for families & friends of drug abusers, which equips them with the skills to deal with substance abuse problems in their home, social and working lives.

The treatment programme is intensive and comprehensive comprising: individual, group and family counseling; a family programme; medical & psychiatric assessment; psycho educational lectures; art therapy; adolescent workshops and complementary services including aroma therapy and acupuncture.

It's closer to home than you think

Grant Jardine
Director

STATISTICS 2006

This report includes statistics regarding new clients who entered the Cape Town Drug Counselling Centre's (CtdCC) treatment programme during 2006, in terms of:

- **Demographic profile** – referral, age, gender, and residential area;
- **Drugging profile** – commonly reported drugs of choice;
- **Financial profile** – employment status, spending patterns on drugs, crime.

The CtdCC is a community based organisation that provides intensive and comprehensive outpatient treatment to clients from disadvantaged, lower income, and under resourced areas in Cape Town and surrounds. These statistics need to be viewed in this context. In June 2006 we opened a treatment centre in Mitchell's Plain. This year our statistics are therefore reflecting two sources and are not always directly comparable to previous years. In all 868 new clients entered our treatment programmes, 199 at Mitchell's Plain (MP), and 669 at Observatory (Obs). Returning clients are excluded.

Table 1: Ethnic Groups

Group	% of clients		
	Obs	MP	All
Coloured	81	97	85
White	14	<1	11
Black	5	3	4

Demographic profile

Ethnic Groups

Although all services are offered in English, Afrikaans and Xhosa the percentage of Black clients remains low. Use of treatment facilities remains low in this population group. The 4% of clients who are black represents 22% of all people from this population group entering treatment services in Cape Town and surrounds.

While the majority of our clients remain Coloured (85%; n=734), the percentage of Whites has decreased again this year (11%;n=96), with the remainder being Black (4%; n=38).

Residential Areas

Overall we drew clients from 148 suburbs, including some from as far as Wellington, Atlantis, Malmesbury and Kleinmond. The ten residential areas most represented overall during 2006 (in order of frequency) were: Mitchells Plain, Athlone, Bonteheuwel, Retreat, Strandfontein, Hanover Park, Woodstock, Grassy Park, Belhar and Kensington.
Clients in our Mitchell's Plain branch were drawn from 43 suburbs. The ten residential areas most represented in the Mitchell's Plain branch during 2006 (in order of frequency) were: Mitchell's Plain, Strandfontein, Macasser, Retreat, Delft, Bishop Lavis, Eerste River, Hanover Park, Kraaifontein and Pelican Park.

Clients in our Observatory branch were drawn from 136 suburbs. The ten residential areas most represented in the Observatory branch during 2006 (in order of frequency) were: Mitchell's Plain, Athlone, Bonteheuwel, Retreat, Woodstock, Hanover Park, Grassy Park, Kensington, Belhar, Ottery and Strandfontein.

Gender

The majority of our clients remain male (72%; n=621). However the percentage of female clients, some of whom are pregnant or have just given birth, has increased again this year to 28% (n=247) compared to 26% in 2005, 20% in 2004 and 14% in 2003. This gender ratio is consistent with worldwide trends amongst people seeking treatment for drug problems. It does not necessarily reflect the proportion of female drug abusers in the community, and may be influenced by social attitudes and other barriers which make it harder for women to seek help for drug problems. As these findings imply that women are a minority group within our service, we are particularly sensitive to their needs. The steady increase of the ratio of female clients indicates the success of this approach. Gender ratios did not differ significantly between the two branches.

Referral Sources

More than half of our referalls came directly from the community itself (family and self). The high level of referrals from welfare agencies

Table 2: Referral sources

	% of clients		
Primary Motivator	Obs	MP	All
Family	35	15	31
Self	22	12	20
Welfare agencies	16	34	20
Health professionals	14	9	13
Employer	7	13	9
Schools	5	5	5
Other	<1	13	3

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in Mitchell's Plain probably reflects our initial information campaign concerning the new branch.

'At least 14% of our clients started using drugs before the age of 13'

Age

Table 3 reflects the presenting age (PA) of clients and the age of onset for drug use (AO). The highest AO category was in the teens (70%; n=609) but 14% (n=118) started taking drugs before the age of 13, with an additional 8% (n=72) unable to recall when they started. This refelects the continuing trend over the years of a decreasing age of onset. This is of extreme concern as the younger you are when you first start using,

Table 3: Age Profile

	Age of Onset (%)			Presenting Age (%)		
Age Group	Obs	MP	All	Obs	MP	All
Preteen	14	12	14	<1	2	1
Teen	69	74	70	35	31	34
Twenties	7	8	7	45	54	47
Thirties	1	<1	<1	14	13	13
Forties	<1	0	<1	4	1	3
Fifties	<1	0	<1	<1	0	<1
Sixties	0	0	0	0	0	0
Unknown	9	6	8	0	0	0

the more likely you are to become addicted, and the poorer the prognosis for a successful recovery.

From the PA, it is clear that the CtdCC's client base comprises mostly young people, with the highest represented age-group being the twenties (47%; n=407) followed by teenagers (34%; n=299). There were 9 clients under the age of 13. The CtdCC places a strong emphasis on adolescents and has a specialised adolescent programme.

Drugging Profile

Presenting drugs

Table 4 shows our clients' main drugs of choice. We see a very different

picture to previous years. Just less than 80% of our clients are using "Tik" or Heroin. The dramatic increase in the use of 'Tik', over such a short time span, has received a lot of media attention. However, what has been overlooked is the steady and sustained increase of Heroin use over a number of years. Amphetamines (mainly Crystal Methamphetamine or "Tik") were the highest drug of choice (58%;n=504), reflecting the epidemic proportions of this drugging pattern. In 2003 less than 5% of our clients were using "Tik". This is followed by Heroin, (20%;n=174). In the 21 year history of CtdCC, Dagga and Dagga Mandrax have each year been the top two drug use patterns, except for the last 3 years where "Tik" and Heroin were the top two. Treatment of Heroin addiction is always especially difficult, particularly due to the severe withdrawal symptoms experienced. In the past we have not had adequate resources to address this, but with the opening of a detox unit at Stickland Hospital, management of Heroin cases is greatly improved. We are also able to prescribe Subutex, a non-opiod detox medication, on an outpatient basis.

Table 4: Presenting Drugs

Drug Type	% of clients		
	Obs	MP	All
Amphetamines ('Tik')	56	66	58
Opiates (Heroin)	21	18	20
Dagga	10	10	10
Crack	7	3	4
Dagga/Mandrax	3	4	3
Cocaine	3	0	2
Other	1	1	2

'Almost 80% of our clients abuse 'Tik'or Heroin'

Financial profile

Drug spending patterns

Approximately 82% (n=707) of new clients reported the amount of money they spent on drugs on a monthly basis. These answers are reflected in Table 5. The average monthly expenditure on drugs was R4 087. Extrapolating this figure to our whole client base, we estimate that our clients, if still drugging, would have spent over R42 million on drugs alone during 2006. The impact of this, considering that only 28% of our clients are employed, is that most of our clients are involved in illegal activities to

Table 5: Monthly Drug Spending Patterns

Amount	% of all Respondents
<R 1 000	24
R 1 000 – R 4 999	54
R 5 000 – R 9 999	14
>R 10 000	8

fund their drug use.

Employment status

Employment levels amongst our clients remain low (28%; n=246); with the majority of clients being either unemployed (48%; n=417); or scholars/ students (22%; n=192). As we charge fees on a sliding scale (according to income), the fact that so few are employed greatly reduces the contribution which clients make to the financial sustainability of the service. Of the 676 clients who were not students, 39% admit to having lost their jobs due to their drug use.

Table 6: Employment status

Status	% of clients		
	Obs	MP	All
Unemployed	48	48	48
Student	23	20	22
Employed	28	31	28
Self Employed	1	2	2

Out of school youth

Of all clients 16 years and younger, 16% (n=23) are out of school youth which indicates that we are reaching this segment of our society.

Involvement in Crime

Of all clients 25% had spent time in holding cells and 69% either admitted to, or had been convicted of, criminal activities.

'If still drugging our clients would have spent R42 million last year on drugs'

HIV/Aids

While we do not collect data on the HIV prevelance rate amongst our clients, ongoing research in South Africa suggests that drug use is associated indirectly with HIV transmission via fueling risky sexual behaviour. Research indicates that compared to non-drug users, drug users are more likely to engage in risky sexual behaviours such as unprotected sex and sex with multiple partners. Added factors include non-compliance with treatment due to substance abuse and a lowered immune system. During the course of 2007 CtdCC will add voluntary counseling and HIV testing as an additional service to our clients.

TREASURER'S REPORT

31 March 2007

The financial audit has been completed and the financial statements issued.

There was a substantial increase in earnings for the current year, up some R700 000 (32%) on 2006. There was an increase in earnings from clinical counselling fees of some R50 000 (32%). The Social Services and Poverty Alleviation subsidy was more than doubled for the current year and the funding from the Social Services Poverty Alleviation Programme for the Mitchells Plain branch of the Centre was increased from R285 498 to R581 558 an increase of more than 100%.

Funding from the Social Services Poverty Alleviation Programme for the Mitchells Plain branch of the Centre was increased.

As a result of the additional funds received our expenditure for the year was some R497 671 (26%) more than during 2006. The increases arose mainly from the purchase of test kits, training costs amounting to R125 000, an increase in telephone expenses of some R8 000 and a 20% increase in staff costs.

Additional computer and office equipment amounting to R3 971 was acquired during the year.

At the year end the Centre had R1 537 967 invested in an Allan Gray Money Market fund with cash on hand of R31 233. Income of R321 774 was received in advance for the 2008 financial year.

2007 has been an extremely successful year for the Centre not only in terms of increased funding but also widening public recognition for the work it is doing and for this the director and staff are to be congratulated.

Jill Pointer
Treasurer

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Thank you also to the many donors that supported us this past year. We simply could not make the impact we do without the support of people like yourselves.

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