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A strategy for reducing harms related to substance abuse in the Lesedi Solar Park Trust communities, Northern Cape

Southern African
Alcohol Policy Alliance
SAAPA South Africa

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The views expressed in this report are those of the authors and are based on their own observations, information obtained through field observations, interviews and discussion.

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1. BACKGROUND AND CONTEXT

a. Objectives

The Lesedi Solar Park Trust (LSPT) embarked on a mission to enhance its understanding of the pervasive issue of substance abuse within the communities of the Trust. Recognising the potential threat posed by this widespread problem to the developmental efforts of the Trust, the primary objective was to delve deeper into the nature, prevalence, and root causes of substance abuse. This would then inform a comprehensive strategy addressing the immediate and long-term aspects of this issue, with the overarching goal of reducing the harms associated with substance abuse and its consequential challenges. By understanding the nuances of substance abuse in this context, the Trust seeks to implement effective measures to address the issue and foster positive community development.

b. Process

The Rural Development Support Programme (RDSP) was contracted by the LSPT to manage the formulation of a strategy for reducing harms related to substance abuse, a project which is to be implemented within a radius of 50 kilometers of the Lesedi Solar PV Project in the Northern Cape. RDSP was partnered with SANCA National Directorate and The South African Alcohol Policy Alliance (SAAPA) to execute this project, hereinafter referred to as the Project Team. The project resulted in a larger collaboration amongst role players that included the research and the development of an intervention strategy suitable for and incorporating local contextual factors of each town.

RDSP was responsible for:

- Overall management of the project
- Initial joint community workshops, and
- Stakeholder mapping

SANCA was responsible for the baseline survey, and commissioned Afri.Yze Consult as research partner in investigating the use of substances through a community-based survey in the three geographical areas targeted for this project. The results presented in this report concern Postmasburg and Daniëlskuil.

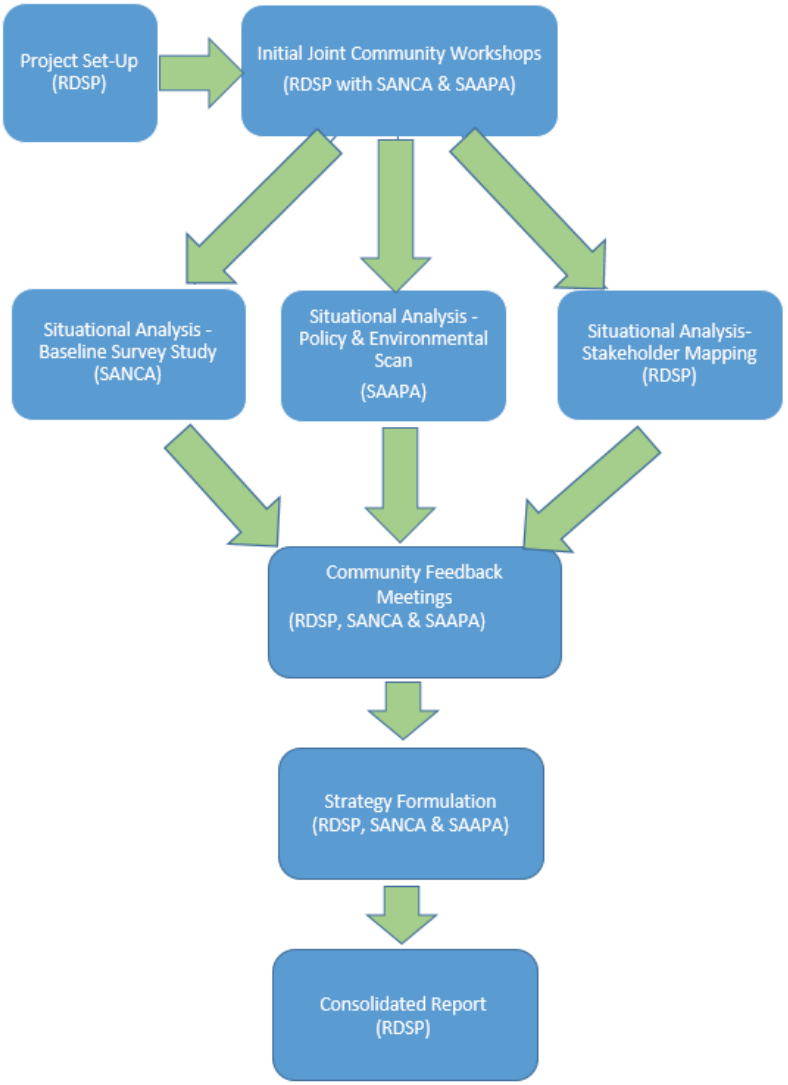
SAAPA South Africa was tasked to undertake a policy and environmental scan of substances, specifically alcohol in the Lesedi Trust communities.

The Project Team, along with DGMT and the Lesedi & Letsatsi Trust Coordinators, held a strategic planning think-tank to present research findings, begin the strategy formulation process, and plan the Community Feedback sessions.

The Project Team presented their research findings to community stakeholders and provided a platform to validate research findings and to provide possible solutions to address the substance abuse scourge in their communities.

All the above activities informed the development of the strategy presented in this document. SANCA was responsible for the strategy for Counselling and Treatment along with RDSP, and SAAPA for the Policy and Advocacy strategy. This document is a consolidated result of this collaborative effort, and aims to lead to a holistic response to substance abuse within these communities.

Process Flow Chart



2. SITUATIONAL ANALYSIS

a. Stakeholder Mapping

The aims of the Stakeholder Mapping exercise were to:

- Identify key stakeholders in the communities doing work relevant to substance abuse
- Understand exactly what various stakeholders do and to map their offering against the strategic framework in Figure 1 below
- Provide an initial analysis of the services offered giving a sense of quality and accessibility, identifying opportunities to strengthen and work with existing efforts

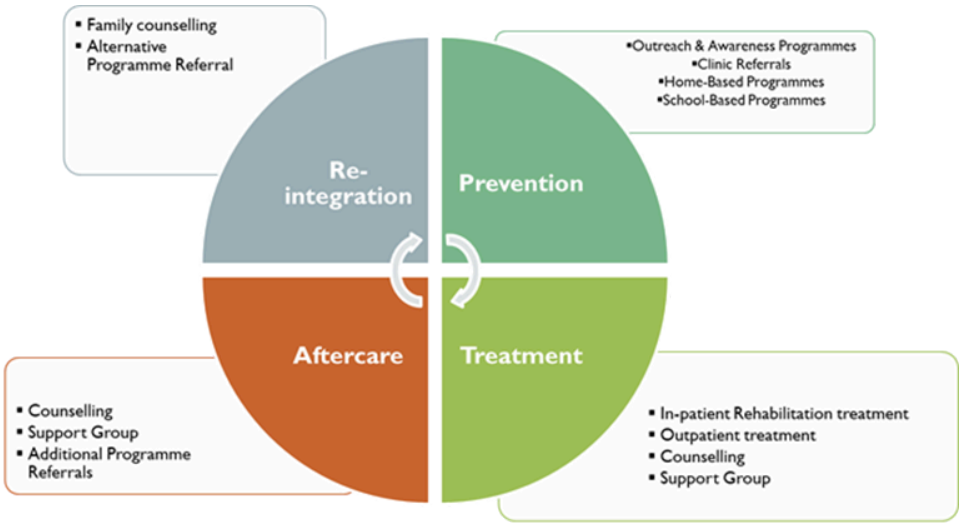


Figure 1: Counselling and Treatment Cycle

1. Data Selection Process

A database of stakeholders was provided by the Community Project Coordinator of the Lesedi Trust and the Community Development Practitioner from Danielskuil. From this list invitations were sent out to an Initial Community Workshop where the project was introduced, and from this engagement RDSP made contact with stakeholders for the stakeholder mapping exercise. The stakeholder categories targeted in the mapping exercise were:

- Non-Profit organisations/community-based organisations
- Government departments/institutions
- Private institutions
- Religious institutions
- Others

Subsequent to the contact made, the RDSP team set up interviews and appointments with the various entities. A Google form survey with targeted questions was employed to assess the type of services and access to quality treatment and counselling services for substance abuse. The interviews focused on evaluating the quality and availability of prevention, counselling, re-integration, and aftercare services.

From the collected information, a virtual stakeholder map was pegged, aligning each service offering with its respective geographical location in the communities. The virtual stakeholder map aimed to provide insights into the types of services available in these communities for community members to access. Noteworthy challenges encountered included scheduling difficulties due to participants' time constraints, leading to cancellations (sometimes last-minute) and necessitating flexibility, including virtual interviews. Additionally, isolated communities such as Groenwater and Skeyfontein posed unique challenges, as traditional stakeholder engagement methods were not feasible in these areas.

Geographically, the areas physically covered include Postmasburg and Daniëlskuil. Postmasburg governmental service providers also provide services to Skeyfontein and Groenwater, Daniëlskuil covers Lime Acres. The feedback therefore includes all five communities in the Lesedi Trust catchment area.

2. Outcomes of the Research

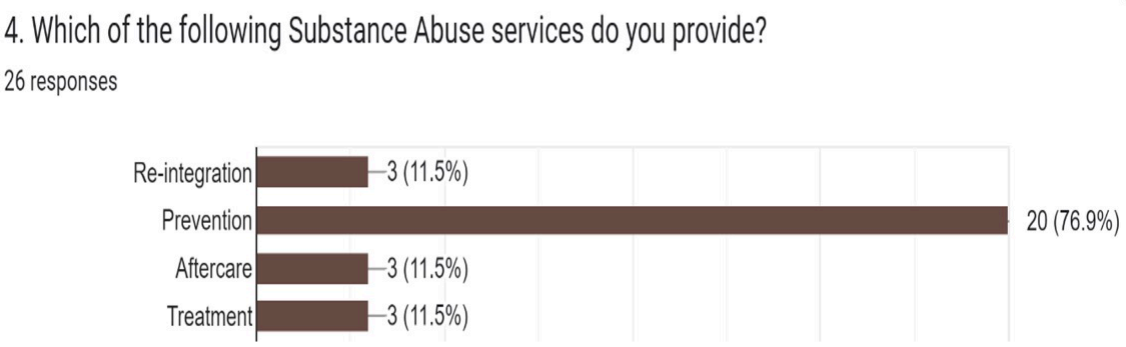
Identify key stakeholders in the communities doing work relevant to this area of work.

A total of 26 interviews were conducted, and related Google surveys completed. It was found that the majority, 16 (61.5%) of stakeholders are non-profit organisations, nine (34.6%) government departments/institutions and one (3.8%) is a private institution that provides services related to substance abuse.

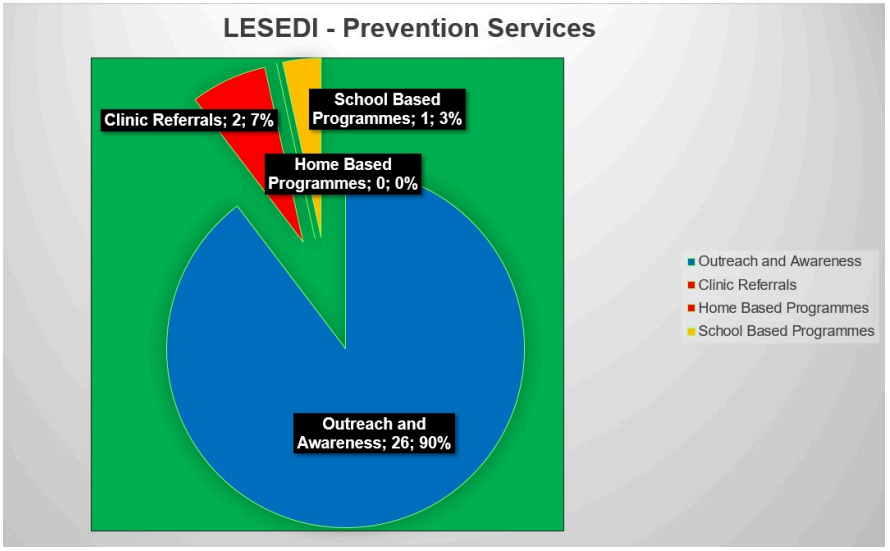
The following is a list of names of all the stakeholders per the different areas:

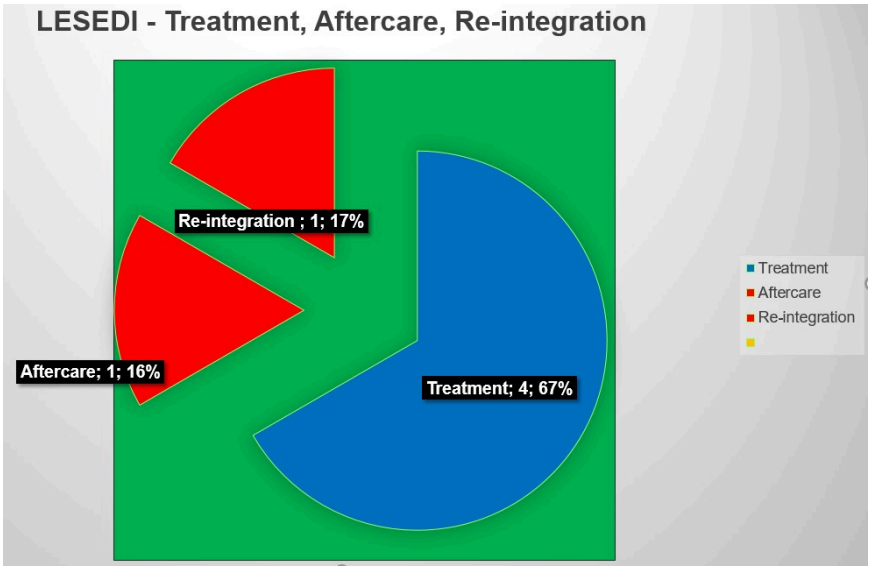
Area	No. of Stakeholders	Stakeholder
Daniëlskuil/Lime Acres	12	- Department of Social Development (social worker) - Department of Social Development (Community Development Practitioner) - Ke MOJA Team – project that falls under DSD - Department Cooperative Human Settlements and Traditional Affairs (COGSTHA) - Department of Health (local clinic) - Saving Lives Daniëlskuil - Kgatelopele Social Development Forum (KSDF) - Agape Community Upliftment Projects - Kgatelopele Youth Development Forum - Pioneers of Change - Isibindi Ezikoleni - Daniëlskuil Engineering and Mining
Postmasburg	11	- Blessed is the Hands that Give - Tsantsabane Love Life Youth Centre - Postmasburg Hulpsorg Aksie Vroue - ACVV Postmasburg - Department of Social Development - FAMSA - Tsantsabane Alcohol and Drug Services (TADS) - Network Against Women and Children Abuse - Tsantsabane House of Hope - Kapa Bokone Women and Youth - Department of Health (Day Hospital)
Groenwater	2	- Groenwater soup kitchen - Department Cooperative Human Settlements and Traditional Affairs (CoGHSTA)
Skeyfontein	1	- Department of Social Development (Community Development Practitioner)

What stakeholders do and mapping their offering against the strategic framework.
It was evident that most (20, or 76.9%) of the stakeholders provide Prevention Services.



The following provides insight into the types of services in the Lesedi Trust communities. Under Prevention, the most common services provided are outreach and awareness (90%). Under Treatment, Aftercare and Re-integration the most services provided are Treatment (67%).





A virtual map was created to peg all the services in the Lesedi Solar Park Trust communities against its geographic locations. The map could be accessed on the RDSP website by following this link.

Analysis of the services offered giving a sense of quality and accessibility

Substance abuse services were assessed for quality and accessibility, and details are below:

Treatment & Counselling	Quality	Accessibility
Prevention • **Outreach and Awareness programmes** • **Clinic referrals** • **Home-based Programmes** • **School-based Programmes**	- In all four areas stakeholders focus on primary prevention with pamphlets and information talks. They talk to people and reach out to prevent abuse with awareness programmes - Participants admitted that they mostly had little or no training, so they only tried to support and encourage from their own experience - Ke Mojo project's participants received one week of training on eight modules, of which six focus on substances. The following is covered in terms of substances: ● Effects of drugs and alcohol (four pages) ● Fetal Alcohol Syndrome (five pages) ● Nyaope (five pages) ● Facts and fiction of drugs (nine pages) ● Meth/tik (five pages) ● Okka pipe (four pages) - No further monitoring or evaluation during implementation, so there is no measurement of the quality of the information - At the youth centre in Postmasburg, the youth leaders showed RDSP the material they use for informative talks. The document consists of four pages that include alcohol and all drugs.	- Very few of the organisations have offices - Informal talks at hot spots - Pamphlets and information are very limited - Stakeholders do not visit the communities regularly or offer information sessions on a regular basis
Treatment • **In-patient rehab treatment** • **Out-patient treatment** • **Counselling** • **Support groups**	- There are no in-patient rehabilitation centres and the waiting list for the one in Kimberley is usually longer than six months - Only TADS is skilled according to the Model of Change and Motivational Interviewing in supporting the addict during the rehabilitation process. They offer an ou-tpatient treatment programme - This results in the TADS social worker being under pressure due to a very high client load which negatively affects access to long-term service delivery - At DSD the clients are allowed three counselling sessions because the caseload for other psycho-social problems is too high - Community organisations and DSD social workers have indicated that they are not aware of the Model of Change and Motivational Interviewing as a method to support the rehabilitation process	Case load makes it difficult to access

Treatment & Counselling	Quality	Accessibility
Aftercare • **Counselling** • **Support groups** • **Additional programmes** • **Referrals**	Only TADS has an aftercare programme and after the individual completes the 10-week programme, they form part of the Aftercare Programme	Not very accessible because of high numbers in relation to demand
Re-integration • **Family counselling** • **Alternative referral**	- Only TADS works with the family preparing them for when the client returns - Also offer family counselling and do home visits to monitor the client's re-integration	Not very accessible because of high numbers in relation to demand

3. Community Engagement Feedback Sessions

Community feedback sessions were conducted with stakeholders from Daniëlskuil, Lime Acres, and Postmasburg to share research findings on substance use disorders and explore potential solutions collaboratively. Themes were identified through a World Café exercise, allowing all participants to contribute ideas. The sessions aimed to provide stakeholders with research feedback and involve them in contributing towards a strategy to address substance abuse. The Project Team shared their findings and stakeholders could ask questions to clarify research findings. This was followed by World Café discussions at themed tables managed by the Project Team. Stakeholders rotated among tables and engaged in discussions around themes, prompted by specific questions. The four discussion themes included the availability and accessibility of alcohol and drugs, access to quality treatment and counselling, access to government services and support, and the harms caused by substance abuse to individuals, families, society, and the environment. Input from stakeholders informed the development of a strategy where applicable.

Outcomes

Feedback per theme below captures the insights shared by the stakeholders who joined the community feedback and engagement sessions in Lime Acres, Daniëlskuil, and Postmasburg.

Theme 1: Availability and Accessibility of Alcohol and Drugs & Theme 3: Access to Government Services and Support

Prioritisation of government services in Boichoko

In response to a question to identify the two most important and urgent government services that they need immediately in their community from the list above, the government services were prioritised as follows:

1. SAPS
2. DSD
3. DOH
4. Municipality
5. DBE
6. Liquor Board

Number of alcohol outlets should be limited to two to three in Boichoko and support is required

- Follow licensing agreement at alcohol outlets
- Close on Sundays
- Reduce opening hours of alcohol outlets
- Increase police visibility
- Train community workers to become crime prevention monitors/officers
- Close existing illegal outlets and Liquor Board to carry out inspections
- Support development and establishment of alternative sustainable livelihoods
- Explore liquor co-ops where traders combine skills, upgrade trading spaces, share workload and profit
- Educate people about the by-laws and awareness campaigns of alcohol

Lime Acres

Prioritisation of government services in Lime Acres

In response to a question to identify the two most important and urgent government services that they need immediately in their community from the list above, the government services were prioritised as follows:

1. DSD
2. Municipality
3. DBE
4. SAPS
5. DOH
6. Liquor Board

Number of alcohol outlets and support required

There are two alcohol outlets and this is sufficient in the community. The support they requested was related to:

- Knowledge of alcohol harm
- Access to jobs
- Access to treatment centres
- Access to reproductive health and HIV and AIDS services

Daniëlskuil

Prioritisation of government services in Daniëlskuil

In response to a question to identify the two most important and urgent government services that they need immediately in their community from the list above, the government services were prioritised as follows:

1. DSD
2. SAPS
3. DOH
4. Municipality
5. DBE
6. Liquor Board

Number of alcohol outlets that are enough for Daniëlskuil and what support is required

In response to a question about how many alcohol outlets are enough for Daniëlskuil, the options suggested ranged from zero outlets to one per ward to three in total for Daniëlskuil. They listed the following areas of support that is required for them to take action:

- Alcohol outlets to follow licensing agreements
- Reduce hours of sale of alcohol
- Follow rules that government sets
- Increase community awareness of alcohol harm and what is happening at alcohol outlets
- Police patrols to monitor fights and underage drinking every weekend and monitoring of alcohol outlets
- Close illegal outlets
- No more new outlets
- Increase the legal drinking age to 21

Theme 2: Access to Quality Treatment and Counselling

The following summarises a synopsis of stakeholder inputs gathered from Lime Acres, Daniëlskuil, and Postmasburg:

Who do you expect help from?	What is the type of knowledge that you (or service providers) need
Community-based organisations & NPOs	- Capacity building & training so that they can understand how addiction works and its impact, so that they can identify, know when to refer and who to refer to, and then follow up - Support groups – addicts, family, and aftercare - Prevention – working especially with children and youth who are not addicted - How to support the family of the addict
Department of Social Development, i.e., social workers	- Counselling skills – individual, family - Trained on confidentiality and how do their jobs professionally - Out-patient treatment - Support groups – addicts, family, aftercare - Drug testing
Department of Health	- Medical treatment to help with withdrawal - Mental health issues relating to addiction - Training for CBOs so that they have the medical knowledge (dangers of withdrawal) - Drug testing
Family/friends	- Educate family members to assist addicts (before and after rehab) - Training on the consequences and effects of drug and alcohol addiction

Theme 4: Harms caused by alcohol and drug use and misuse to individuals, family, society and the environment

Three questions were asked of each group, namely: *What activities or alternative measures can assist an individual with SUD or alcohol use or misuse?* The second question was: *How can the family protect children from using alcohol and drugs?* Lastly: *How can the community stop discrimination and stigma against people who use or misuse alcohol and drugs?*

What is needed?	How can it be achieved? (proposed activities)
1. Training and capacity building of community members and organisations in providing basic screening, brief interventions and referral to treatment	- SBIRT (screening, brief interventions and referral to treatment) training of healthcare professionals and lay counsellors - Basic counselling skills - Motivational interviewing training - Development of resource lists and materials for referral to treatment centres

What is needed?	How can it be achieved? (proposed activities)
2. Support services to families and people that return from treatment centres	- Establishment of family support groups for loved ones misusing substances to discuss topics of codependency, support vs. enabling, setting ground rules, etc. - Establish support groups for aftercare and reintegration - Job creation opportunities for people in recovery. - Integration into community activities such as church events, sports events, arts, crafts and culture events - Promote healthy lifestyles
3. Decrease availability of alcohol and drugs	- Law enforcement to regulate and monitor unlicensed and licensed alcohol outlets - More collaboration among all sectors by establishing a local drug action committee
4. Demand reduction strategies to delay the onset of substance use by young people	- Parenting workshops on effective communication, parenting styles, discipline, drug education, etc. - Awareness and prevention programmes at schools - Alternative activities provided such as after-school homework support, reading clubs, sports, arts and crafts, hobbies, etc. - Make use of positive role models and motivational speakers to speak to children - Build or make use of infrastructure such as community halls and youth centres to provide programmes
5. Reduce discrimination and stigma against people with SUD	- Public awareness at community meetings and events to educate the community on SUD - Media campaigns used to reach the youth

b. Baseline Research

The survey was conducted in two towns in the Lesedi Trust catchment area, i.e. Daniëlskuil and Postmasburg.

The study aimed to gain insights into the prevalence of alcohol and drug consumption in the two districts and how these patterns influenced the general well-being of the communities. The findings consistently confirm conclusions regarding the adverse effects of alcohol consumption and alcohol outlets in the community. The study showed that the location of these outlets and their roles in the community negatively affects the general well-being of drinking persons and non-drinkers. It appears that Postmasburg is overall most negatively affected.

These findings cannot be consistently applied but appears to be a general trend that can be explained by the differences in regional characteristics, population size, employment characteristics and commercial opportunities.

Objectives of the Research

The brief for this research identified several objectives to be achieved by a quantitative research study that included:

- The compilation of a baseline report in which we reported on the types of substances that were used in the targeted communities-
- Developing an understanding of the prevalence of substance abuse across key segments of the population such as women, men and younger people
- Identify the social, health and economic harms related to substance abuse in the targeted communities
- Understand the perceptions around alcohol and illegal substances in the selected communities

Outcomes of the Research

In short, here follows a summary of the research findings per area. The full report is appended to this report (See Roestenburg, W.J.H. [2023] *Report on the Lesedi and Letsatsi Trusts — funded baseline survey study in Postmasburg, Daniëlskuil and Dealesville regarding the health and social effects of the use of substances.* Afri.Yze Consult)

Postmasburg

If Postmasburg is singled out in the analysis of the prevalence study data, it is observed that five alcohol-related factors significantly associate with well-being levels in Postmasburg. The factors are a person's gender, if alcohol consumption causes one not to fulfil one's responsibilities, whether one's family raises concerns about the drinking and, regarding community factors: whether police visit alcohol outlets near the person's house and, lastly, whether there is fighting at outlets near the house. These factors can be divided into positive well-being factors and negative factors.

The well-being of males is lower than that of females. The most favourable scenario is where the family never raises concerns about the male head of household's drinking and his drinking does not cause any failures to fulfil a responsibility. If, on the negative side, the family constantly raises concerns about drinking and there are failures to act responsibly on a weekly basis, this has a very negative impact on the overall well-being. Two community factors worsen these circumstances, the first being how regularly fights occur at alcohol outlets near the person's house, and how regularly the police must intervene in conflicts at these alcohol outlets. Well-being improves if the police visit outlets weekly and when the fighting is limited to weekends. However, a significant negative impact occurs when fighting occurs daily and police less frequently visit to intervene. The more regularly these occur, the worse the effect on well-being will be.

Considering the above analysis, one can conclude that Postmasburg is more likely characterised by social conflict, frequent fighting requiring the police to intervene. Uncontrolled drinking leads to family problems and inability to fulfil responsibilities.

Daniëlskuil

The two indicators most responsible for changes in a drinking person's well-being at Daniëlskuil are social/health/legal consequences and the employment situation. Gender plays a role in this town with males being more vulnerable to the effects of alcohol. If a person drinks and everybody at home is unemployed, this contributes to dramatically decreased well-being in Daniëlskuil's drinking population.

In addition, lack of employment leads to regular, ongoing social/health/legal consequences on a weekly basis, further influencing well-being. It appears that persons involved with possible illegal activities to compensate for lack of employment have an even larger chance of experiencing detrimental well-being.

On the community side, sending a child to buy alcohol has a severe negative impact on well-being. We conclude that the Daniëlskuil drinking pattern is associated more likely with unemployment and legal problems stemming from unemployment combined with drinking behaviour. This effect is worse in cases where the person regularly fails to control his drinking. In conclusion, drinking in Daniëlskuil is associated with unemployment, and social conditions specifically leading to conflict with the law as a result of drinking.

c. Policy Environment

Introduction

SAAPA South Africa was tasked to undertake a policy and environmental scan of substances, specifically alcohol in the provinces of the Free State and the Northern Cape to identify challenges and opportunities for supporting the communities of Dealesville and Soutpan in the Free State and Daniëlskuil, Lime Acres, Postdene, Newtown and Boichoko in the Northern Cape to respond to the impact of alcohol trade and consumption on the social well-being and development of these identified communities.

Methodology

The methods employed for this policy and environmental scan were:

1. Analysis of alcohol provincial and national policies against the World Health Organisation's (WHO) SAFER[6] initiative criteria
2. Key informant interviews with government officials responsible for implementing alcohol policies and social development service delivery, and civil society stakeholders
3. Community engagement dialogues and community mapping with segregated groups within the identified communities

Results

Alcohol Policy Analysis

Alcohol trade and retail is a mandated provincial competency. The Northern Cape has the following alcohol laws which apply in Boichoko, Postdene, Newtown, Daniëlskuil and Lime Acres:

1. The Northern Cape Liquor Act, 2007
2. The Provincial Gazette, 2023 (in process)

[6] https://www.who.int/initiatives/SAFER

The provincial Acts were compared against the Liquor Act of 2003 and the Liquor Amendment Bill of 2016 to assess alignment between the two different spheres of governance.

Analysis of Northern Cape Liquor Laws and compliance with some SAFER Interventions criteria

Northern Cape Acts	Date	Aspects that are SAFER non-compliant	Aspects that are SAFER compliant
Northern Cape Liquor Act	2007	- Hours of sale 10am-2am, Monday to Sunday for all outlets with licenses Bottle stores, grocery stores etc. can sell 8am-8pm Monday to Saturday, including on public holidays Occasional liquor licenses are granted	
			Age of purchase – 18+
		Advertising is allowed	Outlet density commitment even though specific number is not given
			It is an offence to sell alcohol to a drunk person
		Nothing said about drunk driving	It is an offence to be drunk in public
		Police officers are designated as liquor inspectors from time to time	
			Under-18s cannot work in a liquor outlet
		Allows for a license to provide alcohol free of charge for tasting	
Provincial Gazette for Northern Cape No. 2595	15 May 2023, 2010	Cannot access document	
National Liquor Act	2003	Advertising is allowed	
			Age of purchase – 18+
		No hours of sale in Act	
		Nothing about drunk driving	
National Liquor Amendment Bill	2016		Sale of liquor is prohibited in outlets less than five hundred (500) metres away from schools; places of worship; recreational facilities; rehabilitation or

Northern Cape Acts	Date	Aspects that are SAFER non-compliant	Aspects that are SAFER compliant
			treatment centres; residential areas
			Proposes raising the legal drinking age to 21
		Regulates billboards less than 100 m away from designated areas. Does not regulate sponsorships of sports and other events. Does not regulate promotions, including free or reduced-price alcohol, gifts. Lacks definitions, e.g. “advertise” or “advertisement”	Restrictions on marketing and advertising that intend to target or attract a person under the age of 21 or which depicts a person under the age of 21 with content that has images or icons that have unique appeals to persons under the age of 21

Stakeholder Meetings

Interviews were requested and conducted with government officials responsible for liquor regulation and enforcement, and education, health and social development service delivery for the respective communities in Bloemfontein. No interviews were undertaken with civil society stakeholders.
The table below lists the government departments and stakeholders approached and interviewed.

Stakeholder	Met	Location of stakeholder
Department of Justice and Constitutional Development	Yes	Court — local
Department of Social Development	Yes	Local department
Department of Health	Yes	Local department — clinic
Daniëlskuil Speaker in the Mayoral Committee	Yes	Local mayoral committee
Mayor’s Office in Postmasburg	Yes	Local mayoral committee
Northern Cape Liquor Board	Yes	Provincial
SAPS	No	Provincial
Community Safety and Transport	No	Provincial
Department of Finance	No	Provincial

Community Dialogues and Mapping of Alcohol Outlets

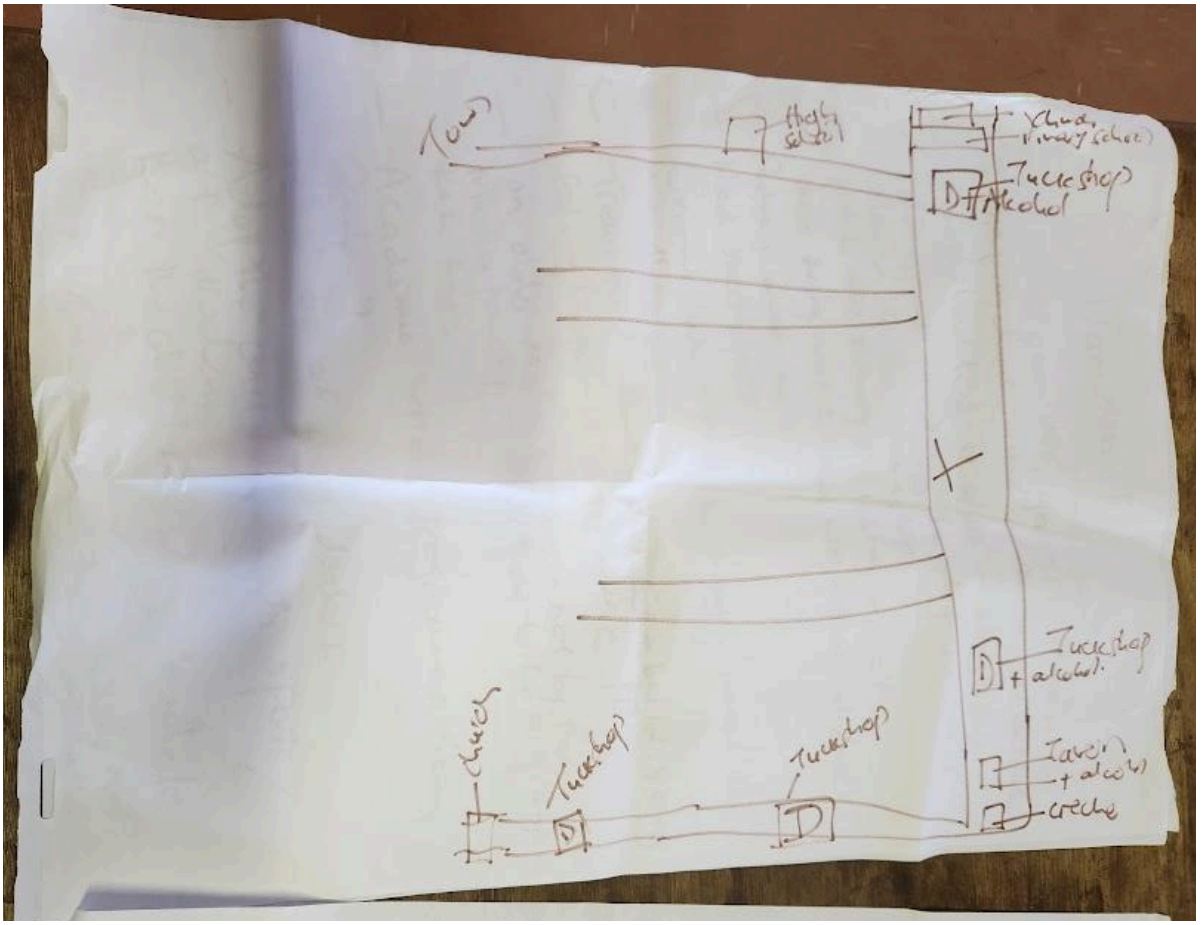
The community dialogue groups were designed to be segmented according to gender and age to provide an enabling and safe space for participation, particularly for young people and women. However, the response on the ground did not allow for the community engagement to proceed in that manner. We had to modify our engagement in the Northern Cape as we did not get distinct groups as we had requested. Three groups of community dialogue were held in Daniëlskuil, which were a group of nine young men, 21 young women and a group of 11 mixed age and gender community members. One group made up of 26 community members of mixed ages and genders

was held in Lime Acres. Two groups were facilitated in Newtown, a mixed age and gender group of 19 community members, as well as a combined young women and young men's group of 19 attendees. Two groups were facilitated in Boichoko, namely a young men's group of 12 participants and a young women's group of 14 community members. Although the fifth workshop for Postdene was planned and catered for, it did not happen as only three people turned up for the workshop. We had to be flexible based on the attendance in each of these communities.

In each of these groups, participants were asked to draw or contribute to a map of their community and all of the alcohol outlets there, both legal and illegal or unlicensed.

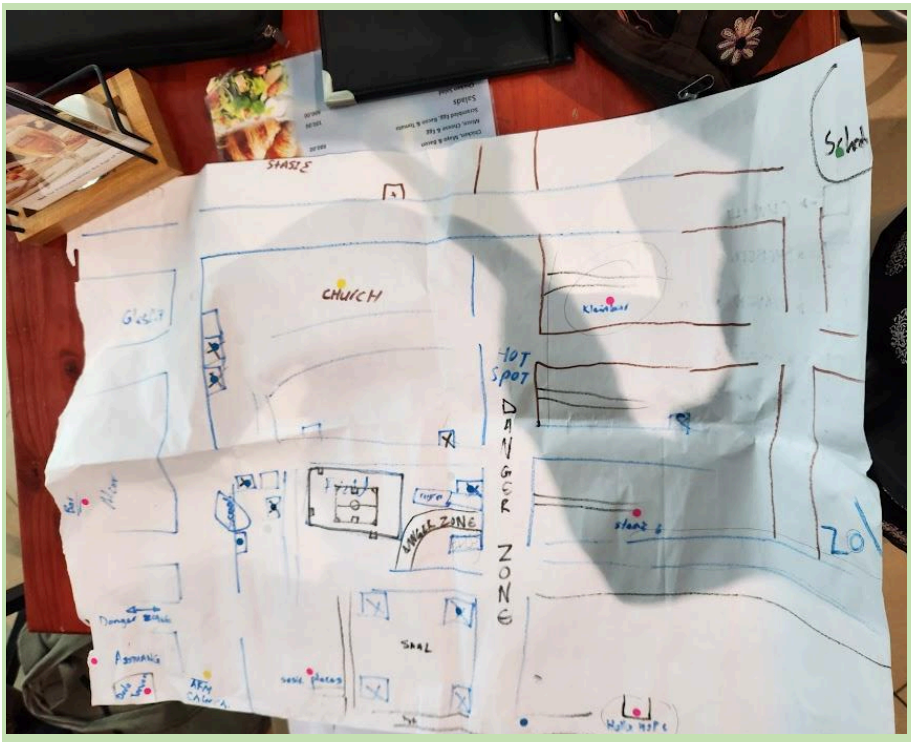
The community dialogues in **Daniëlskuil, Lime Acres, Newtown and Boichoko** highlighted issues around availability of alcohol in their communities. These relate to:

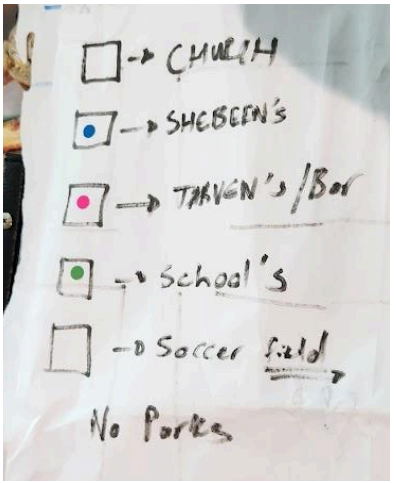
High numbers of licensed and unlicensed alcohol outlets20- to 24-hour opportunity to purchase alcohol
Unlicensed outlets open whenever someone wants to buy alcohol
Under 18 access to buy alcohol and go into alcohol outlets
No monitoring by the Liquor Board
No enforcement or response to complaints by the police



Daniëlskuil community map of alcohol outlets

Boichoko community map of alcohol outlets





Newtown community map of alcohol outlets and key (right)

Lime Acres community map of alcohol outlets

3. BEST PRACTICE

The following were identified as best practice models in relation to Treatment, Counselling, Policy and Advocacy in addressing substance abuse.

<table>
<tr><td>Individual</td><td>Solutions from treatment:
Cognitive Behavioural Therapy
SBIRT/assist app
Standardised treatment programmes (e.g. TIME treatment, Ripples after care programme)
This is a first order change, directly engaging an individual</td><td>Prevention:
Ke Moja behaviour change programme
Early intervention programmes – SANCA’s “I can” programme; FASD programmes, puppets programmes for ECDs, Life is a Choice for peer education (schools)
NB: All models must have risk and protective factors included
Going in early, focusing on primary school learners i.e. Grade 6-7. With a Soul Buddyz type programme
Tobacco lobby involved young people to challenge advertising and this was powerful in shifting messaging around tobacco. Youth-led interventions – Soul Buddyz programme
With young people, the approach needs to be fun and interactive</td></tr>
<tr><td>Family</td><td colspan="2">Families need holistic support, i.e. work with everyone and addressing all aspects of their lives
Parenting training for adults is different from training teenagers. But the principle of positive parenting is acknowledging that you are good enough as a parent
Secondly, it is dealing with how you were parented. Learning, unlearning and relearning. The simple/basic approaches to connecting are important e.g. families eating together
There are trainings that exist that teach parents how to raise drug free children. There are also programmes to support parents who are already using drugs and substances
The good programmes aren’t just about substance abuse, but they are about parenting i.e. communication, building a relationship between the parent and child</td></tr>
<tr><td>Community</td><td colspan="2">“Planet Youth Programme”. This requires leadership buy-in. Sports. Family dinners. Curfew with parents patrolling the streets
Principles for policy reform:
Community ownership
Communities understand the environment based on health promotion
Shifting victim mentality and showing communities how much power they have and the rights that they have. This includes IDP process engagement — empowering communities to know their right to involvement and challenging this
Community monitoring: In Paarl, people were trained on what harms were and they made the decision to patrol. But this requires buy-in by the police</td></tr>
</table>

	- Upskill local CBOs enabling them to identify, educate, support, refer and follow up on substance cases. Mentoring and coaching is key to reinforce training and learnings - GBV and trauma work in the community, at CBO level. Starting with individual trauma of community workers
Systems and policy	- It is important that people understand their rights. For example, every police station should have a designated liquor officer. But for these to work, these require political buy-in - Liquor Board should have community representative – but it is important that these people are appropriately trained - Improved community participation in licensing practise - District health committees being trained on minimum unit pricing and empowering them to object to new legislations

4. STRATEGIC RECOMMENDATIONS

a. Treatment and Counselling Services

The following are recommendations to improve treatment and counselling services in order to reduce harms related to substance abuse:

1. Strengthen the existing organisations

Organisational strengthening is a crucial process that enhances the capacity, efficiency, and effectiveness of an organisation. Its focus is on building internal infrastructure, capabilities, and resources. Here are the key areas and contributions to the strengthening process:

- Governance: Ensures compliance with NPO Act. SARS, Labour Law, POPIA; Constitution
- Strategic Planning: Provides a **structured approach** to achieve the **mission, increase the impact**, and ensure **long-term sustainability**
- Capacity Building: Develop the necessary **skills, resources, and infrastructure**
- Financial Management: Provides the necessary framework for **effective financial stewardship** and **sustainability**
- Fundraising and Resource Mobilisation: Helps organisations to achieve their missions, expand their impact, and ensure long-term sustainability
- Monitoring and Evaluation: Helps organisations to **assess their performance**, **learn from their experiences**, and **make informed decisions** to **improve their effectiveness and impact.**
- Networking and Collaboration: Helps organisations to **enhance their capacity**, **expand their impact**, and achieve their mission more effectively
- Technology and Information Systems: Enhances an organisation's **efficiency, effectiveness, transparency**, and **overall impact**

2. Reduce the Demand for Substances — Prevention

This could be achieved by building the capacity of the workforce who deliver services.

- Training and intensive mentoring in substance programmes' delivery – CBOs, etc.
- Train CBOs to identify, refer, support and follow up
- Focus alternative programmes on young children from seven years of age, as our research has shown that children start using younger. Get children involved in recreational, fun activities, i.e. sports, arts, etc.
- Run support groups for children

3. Reduce the Harms caused by Substances — Treatment

Focus on accessibility and quality of treatment services for in-patient and out-patient treatment and care.

- Create continuum of care — a concept involving an integrated system of care that guides and tracks patients over time through a comprehensive array of SUD services spanning all levels of intensity of care. The general steps in the continuum of care are as follows:
    - Assessment: Determine the nature and extent of the substance use disorder, as well as any chronic illnesses or co-occurring mental health conditions that would complicate care
    - Treatment Plan: Develop an evidence-based plan for addiction treatment
    - Treatment: Use detox, counselling, and holistic treatment to build the skills necessary for long-term sobriety
    - Evaluation: Determine how successful treatment has been in helping to break old behaviour patterns
- Employ more social workers, and use current auxiliary social workers more effectively
- Help keep the person motivated where there is a waiting period for admission to in-patient treatment. This could be achieved by running support groups

4. Reduce the Harms Caused by Substances by Reducing Relapses – Aftercare and Reintegration

Increase the success rates of treatment through effective Aftercare and Reintegration services.

- Provide community support for SUDs who are waiting for admission to rehabilitation centres
- Build strong networks for networking and referrals to programmes and services in the community (i.e. GBV, HIV/Aids, housing, mental health, social issues, employment placements, health conditions, etc.)

b. Policy and Advocacy

Recommendations

These recommendations are underpinned by engagement with communities in both provinces from the outset of the research process, in which the reasons and purpose of the research, methodology and outcomes were shared at each stage of the research process. Once the findings of the research were written up and initial recommendations agreed on, a report-back process to all communities involved in the research process was undertaken. The findings of the research and suggested recommendations were shared with each of the communities that research was conducted in. The recommendations shared here are a summary of those interactions from the initial introductory meeting until the report-back engagement with communities.

The DGMT Strategy refers to several different spheres of intervention to reduce alcohol harm across the cycle. This is in line with SAAPA's understanding of the need to address alcohol harm at all stages, and which includes community engagement, participation and direction at every stage:

- Prevention of alcohol consumption
- Education of alcohol harm
- Development of alcohol policy to make the environment less alcohol-friendly
- Monitoring of policy implementation to ensure action is taken and that action taken is effective

Policy and advocacy cycle

Prevention

Advocacy for improved regulation — availability, outlet density, illicit traders

Recommendations

A. Capacity strengthening of communities as right bearers

1. Train communities to know their rights in relation to alcohol so that they can:

- Understand the current provincial and national liquor policy and legislation
- Understand the National Liquor Norms and Standards of 2015
- Monitor liquor license applications and renewal license applications
- Submit objections where necessary
- Monitor hours of sale at alcohol outlets
- Monitor license conditions against National Norms and Standards
- Report on violations of the National Norms and Standards
- Take action and hold the provincial liquor board accountable; lobby the liquor board to limit/not issue more liquor licenses; consult the community for all new applications; monitor adherence to licensing conditions; suspend or repeal licenses that violate license conditions
- Take action and lobby for the police to monitor and enforce licensing conditions; respond to community complaints about liquor outlets; give feedback to the community about action taken

2. Train communities to advocate for implementation of the Liquor Amendment Bill so that they can:

- Understand the value of the Bill for their community
- Support the lobby for the adoption of the Liquor Amendment Bill
- Lobby the local municipality and provincial Liquor Authority to align local bylaws and provincial liquor legislation to the Liquor Act once adopted

B. Action to address broader environmental issues that impact on alcohol consumption and trade

1. Access to government services

- Communities are trained on how to access their own rights in relation to government services such as health, social development, policing, gender-based violence, sports facilities, affordable and accessible public transport, training and employment opportunities

2. **Job creation**
    - Communities are trained in local enterprise development such as early childhood development, sustainable livelihoods such as gardening, sewing, driving, computer skills, nutrition programmes, cleaning services, plumbing, electricity, solar installation, small business skills, etc.
    - Youth-centred approach — equip young people with multilingual language skills and skills such as computer skills, driving, life skills, basic project management skills to allow for them to participate in the employment market or so start their own small businesses such as recycling
3. **Alternative recreational facilities and activities**
    - Establish, create and/or partner with existing organisations to fund, mentor and upskills locals to provide alternative recreational activities for children and young people
4. **Communication between the Trust and the community**
    - The Trust engages more closely with communities and works towards supporting communities to get the services that they need from various government departments
5. **Engagement with mines and the private sector in both provinces**
    - Lobby the mines to invest in the development of communities around mines
    - Involve the private sector in the development process of communities they are present in
    - Develop with communities, short-term, medium-term and long-term vision and goals for community social and physical reconstruction and development

Community mobilisation – support of advocacy objectives, adherence to regulation

Recommendations

A. Capacity strengthening

1. Train community members to set up community watch groups to reduce violence and gender-based violence in and around alcohol outlets
2. Train community members to participate in monitoring compliance of alcohol outlets compliance with licensing agreements such as hours of sale, no-sale to minors, monitoring of noise from alcohol outlets
3. Train communities to understand their rights in relation to alcohol outlets and the licensing process of alcohol outlets

B. Reporting

1. Establish an anonymous reporting mechanism for community members to report liquor licence violations and request for action
2. Lobby for quarterly community feedback sessions where police and liquor authority need to share information about licensing and enforcement action and challenges

Policy Change and Design

Recommendations

A. **Building community capacity to participate in the development and implementation of policy and legislation**
    1. Train communities to understand policy and legislation development processes
    2. Strengthen capacity to monitor, participate and respond to policy and legislative consultation processes

Community Mobilisation

1. Communities are trained on how to understand and apply their own rights in relation to the existing alcohol legislation in their province as well as nationally through the Free State and the Northern Cape Liquor Board, and the Central Drug Authority in the Department of Social Development
2. Support the development of strong, capable representation at community level to lead alcohol policy advocacy

Policy Enforcement

Recommendations

1. Train communities to understand their rights in the alcohol legislation at national and provincial level so that they can ensure that alcohol outlets in their own areas comply with these rights
2. Train community members to set up community watch groups to reduce violence and gender-based violence in and around alcohol outlets
3. Train community members to participate in monitoring compliance of alcohol outlets compliance with licensing agreements such as hours of sale, no-sale to minors, monitoring of noise from alcohol outlets
4. Train communities to understand their rights in relation to alcohol outlets and the licensing process of alcohol outlets
5. Support communities to demand the monitoring and enforcement of policy, legislation and licensing conditions
6. Promote the concept of paid community monitors as a complementary force to the existing liquor inspectorate

5. SHORT TERM IMPLEMENTATION PRIORITIES AND PROPOSED BUDGET

5.1. Treatment and Counselling

Strategic Framework	Short-term Activities/ Services	Focus Group	Proposed Budget	Timeframe
1. ORGANISATIONAL STRENGTHENING Empowerment of existing/emerging organisations	1. Capacity building through training & mentoring - Governance - Financial Management - Fundraising/PR/Communication - Project Planning - M&E	CBOs	R 544,500	Over a two-year period
2. DEMAND REDUCTION Capacity building of the workforce to implement prevention programmes	1. Understanding Substance Abuse & Dependency - 4 days' training 2. Substance Abuse Prevention Information Talks Methodologies - 4 days' training - 3 days mentoring - Basic information packs provided 3. Substance Support Group Formation Training (to establish support groups) - 4 days' training - 3 days' mentoring 4. POPPETS Programme - 4 days' training - 3 days' mentoring 5. Parenting Skills Training - 4 days' training - 3 days' mentoring	CBOs Flourish Hosts Community Health Workers SmartStart Practitioners Child and Youth Care Workers REAP Student Development Advisor Coaches and Club Leaders	R 633,500 (Items 1-7 total)	12-18 months (Year 2 and 3)

Strategic Framework	Short-term Activities/ Services	Focus Group	Proposed Budget	Timeframe
	6. Administration & Compliance of community-based programmes with SUD Act 70 7. Community Art Therapy - Early Beginnings Training (4 days) - Building Resilience Training (4 days) - Art & Youth and How to Start Your Own Youth Centre & Art Project Design (4 days) - Art Hubs (as part of mentoring), Early Beginnings Mentoring Circles Virtual – 2 sessions of 1,5 hours each - Artist & Case Study Hubs – 24 hubs (six days) 1,5 – 2 hours per session - APD (Art Project Design) — mentoring circles. Four circles of 1,5 hours per circle - Understanding Trauma & Healing Through Art (4 days) 8. Recreational activities (make use of existing facilities and programmes) - Referrals to local organisations			
3. HARM REDUCTION Accessibility to quality treatment services	1. Capacity building of professionals - SBIRT (1 day) - POP CPD Course (5 days) - TIME Programme (5 days) - RIPPLES Programme (4 days) - Referral Pathways - Supervision Training - Urine Screening & Withdrawal Management Training (1 day) - Parent Programmes	Professionals	*All training workshops are inclusive of accommodation, conference package, manual, travel and facilitation fee* SBIRT workshops for 80-100 people = R67,000 per workshop	1 year

Strategic Framework	Short-term Activities/ Services	Focus Group	Proposed Budget	Timeframe
			x4 workshops = R268,000	
			POP CPD-accredited course for professionals x 4 workshops with 10 people per community = R563,000	1-2 years
			TIME out-patient treatment programme training for 40 professionals (10 per community) for 5 days = R563,000	1-2 years
			TIME significant other training workshop with 40 professionals (10 per community) = R402,000	1-2 years
			Referral Pathways and Supervision training for 80 people = R268,000	1-2 years
			Medical training workshops with 40 people = R268,000	1-2 years

Strategic Framework	Short-term Activities/ Services	Focus Group	Proposed Budget	Timeframe
	2. Development & training of early intervention treatment programme (2 weeks) - Daniëlskuil & Postmasburg 3. Establish satellite service points x1 each in Daniëlskuil & Postmasburg MEDICAL COMPONENT - Employment of nurse & sessional medical doctors - Referral to psychologists & psychiatrists - Medication & medical equipment		Ripples and TIME Aftercare programmes for 40 people x4 workshops (all inclusive) = R536,000 R100,000 for programme development and R50,000 for training Start-up/Once-off costs: Staff appointments, capital costs and office set up = R1,500,000 Operational R 1.8m per year per satellite (personnel, administration costs) R 5,100,000	1-2 years 1 year 1-4 years
4. HARM REDUCTION – REDUCING RELAPSES Increase success rates of treatment through effective aftercare and reintegration services	1. Establish and implement support groups - TIME Aftercare Programmes Ripples - AA/NA support groups	Professionals	Establishing and maintaining weekly aftercare group work sessions at R36,000 per group per annum x 4 groups = R144,000 p.a.	12 months per group

Strategic Framework	Short-term Activities/ Services	Focus Group	Proposed Budget	Timeframe
	2. Networking & referral to skills development programmes & other services (i.e. GBV, HIV/Aids, housing, mental health, social issues, employment placements, health conditions, etc.)		These costs form part of the satellite costs	

5.2. Policy and Advocacy

Strategic Framework	Short-term Activities/Services	Focus Group	Proposed Budget	Timeframe
Prevention of alcohol consumption	1.Capacity strengthening of communities as right bearers 2.Partner with SC to establish Soul Buddyz Clubs and RISE clubs 3.Partner with MenEngage/Sonke 4. Partner with People's Health Movement (PHM) to establish Health Forum committees	CBOs Children between 8-14 years Young women Young men Community	R176,000 To be costed separately To be costed separately To be costed separately	6 months
Education of alcohol harm	Train and support peer educators	Young men and women	R 250,180	12 months
Development of alcohol policy to make the environment less alcohol-friendly	Train communities to advocate for implementation of the Liquor Amendment Bill	CBOs	R 256,000	24 months
Monitoring of policy implementation to ensure action is taken and that action taken is effective	Building community capacity to participate the development, implementation and monitoring of policy and legislation	CBOs Local municipality, health and social welfare Police	R 256,000	24 months

6. APPENDICES

a. Workshop 1 – Introductions to the project: Attendance Registers

b. Workshop 2 – Research Phase: Attendance Registers

c. Workshop 3 – Community Feedback Sessions: Attendance Registers

d. Roestenburg, W.J.H. (2023) *Report on the Lesedi and Letsatsi Trusts — funded baseline survey study in Postmasburg, Daniëlskuil and Dealesville regarding the health and social effects of the use of substances.* Afri.Yze Consult Published report

e. Northern Cape SAAPA Environmental Scan

f. Lesedi Stakeholder Mapping Report

7. LIST OF ACRONYMS

CBOs – Community-based Organisations

CPD – Continuing Professional Development

DBE – Department of Basic Education

DGMT – The DG Murray Trust

DOH – Department of Home Affairs

DSD – Department of Social Development

ECD – Early Childhood Development

FASD – Foetal Alcohol Spectrum Disorder

GBV – Gender Based Violence

IDP – Independent Development Plan

LSPT - Lesedi Solar Park Trust

M&E – Monitoring and Evaluation

NPOs – Non Profit Organisations

POP — Power of Purpose training programme for professionals, CPD-accredited

POPIA – Protection of Personal Information Act

POPPETS — Programme of Primary Prevention: Educating Through Stories

PV – Photovoltaic Plant

RDSP – Rural Development Support Program

REAP – Rural Education Access Programme

RIPPLES – Aftercare Programme

SAAPA – Southern African Policy Alliance

SANCA – South African National Council on Alcoholism and Drug Dependence

SAPS – South African Police Services

SARS – South African Revenue Services

SBIRT — Screening Briefing Interviewing Referral and Treatment Programme

SUD – Substance Use Disorder

TADS – Tsantsabane Alcohol and Drug Services

TIME – Treatment that is impactful, motivational and effective (National Department of Social Development, series of treatment programmes in different settings for adolescents and adults)