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NPO Nr: 008-168

ANNUAL REPORT

2009



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 ACCESSIBLE & 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
- Being ECONOMICALLY EFFICIENT & FINANCIALLY SELF-SUSTAINABLE



Staff



OBS TEAM

Left to Right Back Row – Grant Jardine, Saabierah Towfie, Cathy Karassellos, Lee Theron, Jacqui Michels, Colleen Heynes, Roslyn Adams

Left to Right Front Row - Sashen Naidoo, Vivienne Ewers, Alida Rhoda, Fatima Esau, Megan Pearson



MITCHELL'S PLAIN TEAM

Left to Right – Tamryn Graham, Ilhaam Solomons, Hazel Matafin, Theresa Eiman



INSET

Ray-Anne Smith
(Intern Counsellor)

CHAIRPERSON'S REPORT

The past year has been a successful and productive one for the Cape Town Drug Counselling Centre (CtdCC). Much of the centre's successes are due to the staff's dedication and commitment to delivering effective substance abuse training, prevention, and treatment services.

During the past year, CtdCC continued to grow from strength to strength. There continues to be a high demand for services at the centre's Observatory branch and the demand for services has increased at the centre's satellite office in Mitchell's Plain. This reflects the ongoing need for effective and accessible treatment services in the Western Cape as well as community support for the services provided by CtdCC.

The clinical team continues to rise to the challenge of providing substance abuse treatment services in a context where substance use is entrenched. The centre's clients are presenting with more complex patterns of illness which are mostly related to the use of methamphetamine and heroin. Although many of these clients need inpatient treatment, outpatient services such as those offered by CtdCC are the most affordable and easily accessible. The challenge for the clinical team lies in how to provide effective services to clients who may be better suited to inpatient treatment.

Once again, the training department has had a busy year. Over the years, income derived from training and capacity-building has been central to the sustainability of the centre. The high standard of training services provided also has contributed to CtdCC's excellent reputation. The large number of requests for training services from professionals in the substance abuse field, communities, industry, and provincial government are a testament to this reputation.

In the past year, the training department has been involved in several initiatives. For example, the training department has been involved in the training of social workers for the Provincial Department of Social Development. The training department has also been busy providing services to substance abuse researchers. For example, the training department has been involved in training fieldworkers and community health workers from a large Fetal Alcohol Syndrome (FAS) intervention study in brief motivational interviewing techniques. In addition, CtdCC has participated in two MRC-led research-to-services projects. The first involves the implementation of voluntary

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counselling and testing (VCT) services for HIV within substance abuse treatment facilities and the second involves the identification and implementation of service quality measures for substance abuse treatment services.

Despite these strengths and achievements, the CtdCC continues to face several challenges. Apart from funding, an ongoing challenge is the recruitment and retention of skilled and experienced staff. During the past year, we have lost

several valuable members of staff from both the training and clinical teams. This is worrisome as it depletes the centre's capacity to provide services. While remuneration is one of the driving forces behind poor staff retention, another factor is that the centre's good reputation for training staff result in staff being headhunted by other treatment providers, the state, and the NGO sector. Despite this turnover, the centre continues to run smoothly. This is largely due to a core group of committed staff. On behalf of the executive committee, I would like to thank the team at CtdCC for their commitment to excellence.

Special thanks to Grant Jardine for his leadership and commitment to improving all aspects of the centre. In closing, I would like to thank all our supporters who have contributed to the sustainability of the centre over the past year.

Bronwyn Myers
Chairperson



DIRECTOR'S REPORT

During the course of 2008, the 15 500th client entered the doors of the Cape Town Drug Counselling Centre (CtdCC) seeking help and hope for a substance abuse problem. What a diverse bunch they would make if we managed to get them all together. What stories would they have to tell of their experiences here, 24 years ago for some. What lives are they living now? And what messages would they want to convey to those clients who arrived at CtdCC this morning to start their journey?

Then there is the staff who have worked or been trained here. What of them? We know of at least 5 who are in leadership positions at other rehabilitation centres. Several more are still working in the field of substance abuse both in South Africa and overseas. At least three are staffing the new City of Cape Town centres. When staff leave it places a strain on CtdCC but we are proud to be making this impact on the challenge of substance abuse in the Western Cape and beyond. The work we do here, and the way we do it, is spreading and impacting further than we could take it ourselves.

On a wider level the response to the challenge of substance abuse in the Western Cape is more integrated, structured and strategic than ever before. It adds another dimension to our work, that the people we are training to perform their specific role will fit into a master plan to deal with substance abuse. However, one dynamic which requires more balance is the current stigma surrounding addicts. For years CtdCC has strived to convey an understanding of how substance abuse is linked to other social ills such as crime, domestic violence and the transmission of HIV. Now that substance abuse is higher up on the authorities' agenda, it seems the pendulum has swung closer to seeing all social ills as being due to substance abuse. Newspaper headlines like 'Tik monster rapes 6 month old baby' abound. A mother is given almost hero status in some quarters for ending the life of her son who had a drug problem. The interaction between substance abuse and these social ills is a complex one. What is certain though, is that if substance abuse was eradicated we would still have crime and violence. Poverty would still continue to exist and young girls would still be raped. A lot of people's anger and dissatisfaction has been projected onto addicts. Many people have substance abuse related problems at some point in their lives. Sol Kerzner comes to mind as someone who went public this year about his struggle with addiction.



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2008 Activity Summary

From 01 January 2008 to 31 December 2008 we managed to:

- Treat 787 new clients in intensive & comprehensive outpatient programmes (see below for details and client statistics)
- Hold 19 family workshops for 263 family members of addicts
- Train over 1 000 people in 48 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 2 929 counselling calls
- Respond to 130 counselling emails
- Run prevention programs in schools & youth groups
- Provide public education by featuring in 27 print articles, doing 20 radio interviews and 4 national television programmes.

Training & Youth Outreach

The training we have provided this year falls into the overarching framework of the Western Cape Department of Social Development's strategic plan to meet the challenge of substance abuse. Various players have defined roles and our training equips them to perform these roles effectively in a greater whole.

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 and expertise 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 highlights during 2008 are outlined below to provide a flavour of the work we do and the way we do it.

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- Trained 100 Social Workers employed by the Western Cape Department of Social Development throughout the Western Cape
- Trained childcare workers in childrens homes such as the Siyakhula
- Lectured at the UWC Winter School
- Trained and mentored health care practitioners for a project evaluated by the Human Sciences Research Council
- Trained soccer coaches for 'Coaches for Hope'
- Conducted training of Community Farmworkers in Moreesburg on Foetal Alcohol Syndrome and substance abuse
- Trained staff at other NGO's such as the Triangle Project



Treatment

We provide an accessible, effective and affordable outpatient treatment programme addressing the drug-related problems. 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 counselling; a family programme; medical & psychiatric assessment; psycho educational lectures; art therapy; adolescent workshops, women's groups, complementary health services including aroma therapy and acupuncture, and HIV services including free voluntary counseling and testing.

Grant Jardine
Director

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STATISTICS 2008

This report includes statistics regarding new clients who entered the Cape Town Drug Counselling Centre's (CtdCC) treatment programme during 2008, 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 all, 787 new clients entered our treatment programmes, 185 at Mitchell's Plain (MP), and 602 at Observatory (Obs). Of the clients treated at Observatory, 28 lived in Mitchell's Plain. An additional 85 returning clients were excluded from the data except for 'Presenting Drug'.

Demographic profile

Ethnic Groups

While the majority of our clients are Coloured (77%), the percentage of Black clients has almost doubled this year to 9%, with the remainder being White (13%).

Table 1: Ethnic Groups

Group	% of clients		
	Obs	MP	All
Coloured	73	94	77
White	17	<1	13
Black	11	5	9

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Residential Areas

Overall we drew clients from 167 suburbs. The residential areas most represented overall during 2008 (in order of frequency) were: Mitchell's Plain, Athlone, Woodstock, Hanover Park, Manenberg, Cape Town Central, Grassy Park, Lansdown, Bonteheuwel, Retreat, Kensington, Delft and Milnerton.

Gender

The majority of our clients are male (77%). 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.

Gender ratios did not differ significantly between the two branches.

'77% of
our clients
are male -
consistent
with
worldwide
trends'

Referral Sources

About 55% of our referrals came directly from the community itself (family, friend, employer, school and self).

Table 2: Referral sources

Primary Motivator	% of clients		
	Obs	MP	All
Family	17	9	17
Welfare agencies	9	33	16
Health Professionals	6	8	7
Friend	11	10	12
Employer	9	10	10
Self	10	4	9
Schools	5	11	7
Unknown	32	15	21

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Age

Table 3 reflects the presenting age (PA) of clients and the age of onset (AO) for drug use (AO). The highest AO category was in the teens (70%) but at least 17% started taking drugs before the age of 13, with an additional 7% unable to recall when they started. This reflects 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, the more likely you are to become addicted. In addition to this the prognosis for a successful recovery is poorer, as psychological and emotional tools are still in their infancy.

'at least 17% of our clients started using drugs before the age of 13'

Table 3: Age Profile

Age Group	Age of Onset (%)			Presenting Age (%)		
	Obs	MP	All	Obs	MP	All
Preteen	17	15	17	<1	1	<1
Teen	68	76	70	25	31	26
Twenties	6	4	6	51	55	52
Thirties	<1	<1	<1	16	9	15
Forties	<1	0	<1	5	4	5
Fifties	0	0	0	1	<1	1
Unknown	7	4	7	0	0	0

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 (52%) followed by teenagers (26%). There were 5 clients under the age of 13. The CtdCC places a strong emphasis on adolescents and has a specialised adolescent treatment stream.

Drugging Profile

Presenting drugs

Table 4 shows our clients' main drugs of choice. Almost three-quarters of our clients are using Tik (Chrystal Methamphetamine) or Heroin. The dramatic increase in the use of Tik has been sustained this year (43%). However, what has been overlooked is the steady increase of Heroin use over a number of years. This year in particular has shown a sharp increase to 29% of clients from 19% in 2007. Treatment of Heroin addiction is especially difficult, due to the severe withdrawal symptoms experienced. We depend heavily on the detoxification unit at Stickland Hospital for inpatient detox. We are also able to prescribe Subutex, a non-opioid detox medication, on an outpatient basis. Of all clients 7% reported substance abuse induced psychotic episodes, mostly due to Tik use.

'almost three-quarters of our clients are using tik or heroin'

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Table 4: Presenting Drugs

Drug Type	% of clients		
	Obs	MP	All
Amphetamines (Tik)	41	50	43
Opiates (Heroin)	30	27	29
Dagga	17	16	17
Crack	5	2	4
Dagga/Mandrax	<1	5	2
Cocaine	3	1	2
Inhalants	<1	0	<1
OTC's	<1	0	<1
Alcohol	<1	0	<1
Ecstasy	0	0	<1
Other	<1	0	<1

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Financial profile

Drug spending patterns

Approximately 83% (n=652) of new clients reported the amount of money they spent on drugs on a monthly basis. These answers are reflected in Table 6. The average monthly expenditure on drugs was R4 322.29. Extrapolating this figure to our whole client base, we estimate that our clients, if still drugging, would have spent over R40 million on drugs alone during 2008. The impact of this, considering that only 27% of our clients are formally employed, is that most of our clients are involved in illegal activities to fund their drug use.

'if still drugging our clients would have spent over R40 million last year on illegal drugs'

Table 5: Monthly Drug Spending Patterns

Amount	% of all Respondents
<R 1 000	27
R 1 000 – R 4 999	47
R 5 000 – R 9 999	18
>R 10 000	8

Employment status

Employment levels amongst our clients remain low with the majority of clients being either unemployed (53%); or scholars/students (19%). 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 our services.

'over 50% of adult clients are unemployed'

Table 6: Employment status

Status	% of clients		
	Obs	MP	All
Unemployed	50	62	53
Student	20	19	19
Employed	27	19	25
Self Employed	3	0	2
Other	<1	0	<1

Involvement in Crime

Of all clients in 2008, 75% either admitted to, or had been convicted of, criminal activities and 42% had spent time in holding cells.

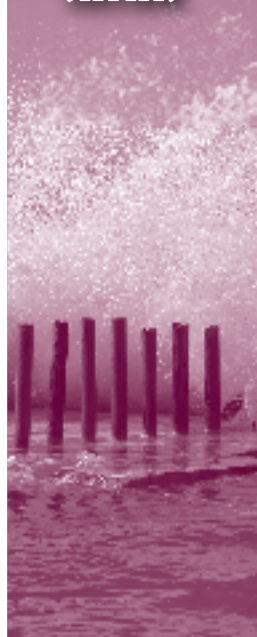
'75% of our clients either admitted to, or had been convicted of, criminal activities'

HIV/Aids

While we do not collect data on the HIV prevalence rate amongst our clients, ongoing research in South Africa suggests that drug use is associated indirectly with HIV transmission. 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, due to impaired judgement associated with substance abuse. CtdCC has voluntary counseling and HIV testing as part of our services, as well as risk reduction strategies and psycho-educational HIV lectures.

Related statistics are that 8% of clients reported intravenous drug use, 6% indicated that they had engaged in sex work/transactional sex, and 7% reported some same sex activity.

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TREASURER'S REPORT

31 March 2009

The Centre's auditors, Valentine Sargeant, have completed their audit which, as usual, went smoothly and the financial statements have been issued.

Earnings for the year were some R350 000 less than in 2008. This was due to a decrease of about R150 000 in the amount received from the City of Cape Town and R328 000 less from the Social Services and Poverty Alleviation programme for the Mitchell Plain and Delft centres. However the South African Medical Research Council increased their grant by some R300 000.

Again the Centre did not receive funds from the National Lottery Distribution Trust although an application has been made and has been acknowledged.

The subsidy of R581 000 which the Centre receives from the Western Cape Department of Social Services and Poverty Alleviation was continued in 2009.

Expenditure increased by some R360 000 which is a 13% increase on 2008.

Salaries increased by R480 000 which is a 24% increase on 2008 due mostly to the full time employment of the staff for the Delft project.

No additional capital equipment was acquired during the year.

The Centre's investment in the Alan Gray Money Market fund earned interest of some R240 000 and the investment stood at R2 044 940 at the end of the year.

Although there was a small deficit over the year of R4 117 the Centre had accumulated funds of R3 184 789 at year end which included land and equipment of R1 180 309.

The financial situation of the Drug Counselling Centre remains stable with sufficient funds to carry forward the vital work being done by the Centre and as usual the director and staff are to be congratulated on the excellent work they do. In particular I would like to commend Jacqui Michels who took up the position of financial officer at short notice and who has been indispensable in maintaining the financial administration of the organisation.

Jill Pointer
Treasurer

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Thank you also to the many anonymous and other donors that supported us this year. We simply could not do what we do, in the way we do it, without people like you.

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