



**NATIONAL DEPARTMENT OF
SOCIAL DEVELOPMENT**

DRAFT MINIMUM NORMS AND STANDARDS

FOR

COMMUNITY BASED TREATMENT

Pretoria – South Africa

Contact Details :
National Department of
Social Development
Private Bag X901, Pretoria
0001
Floor No. 700, HSRC Building
Cnr Bosman & Pretorius
Streets
Pretoria 0000
Tel : (012)312 7500,
Fax (012) 312 7888
<http://www.socdev.gov.za>

Community Based Model

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1. PROBLEM STATEMENT

Presently the available treatment and rehabilitation centres are mostly urban based and not accessible. Admission to these treatment centres entails the removal of those who seek treatment from their families, communities and places of employment. Being admitted to one of the presently available treatment centres could affect the ability of the person to be reintegrated into the community after treatment. Presently the addictive person is removed from the family and community to centres that are situated in areas where family member find it difficult and costly to visit the patient in order to keep family ties intact. This has been associated to people being reluctant to seek help as the removal from society associated to stigmatization to those “removed from the communities” and their families”.

In addition to the economic costs as an employee, the admission fees paid to be admitted to the available centres is not affordable to most, since the abuse of alcohol and other drugs in some sectors are not regarded as an illness. The not affordable, inaccessible, limited resources contribute to the failure or ineffectiveness of the present programme.

2. INTRODUCTION

The establishment of a community based model for substance abuse stems from the need for a paradigm shift from treatment in specialized institution to more accessible and community-based services that are preventative in approach. Ideally, such a model should involve the recipients of the services and the community at all levels of intervention and it should be implemented inter-sectoral. The need for institutions that are treatment orientated will always exist, however, treatment centers were not accessible nor mostly situated in metropolitan areas.

The logic behind establishing a community based model is that any successful intervention should be holistic in approach and should entail both treatment and prevention at all levels viz. primary, secondary and tertiary prevention.

It should be highlighted that the success of this model will depend on the commitment by government to allocate substantially more funds to implement this model, efforts to address the imbalances in services provision through capacity building, infrastructure development and training. The willingness of the civil society and government to work together will also determine the success of this model.

3. RATIONALE FOR COMMUNITY BASED MODEL

Model is cost effective as those receiving treatment would not be removed from the society and could still contribute economically. Improved attitudes in the communities as the successes in intervention and education are experienced and owned by the recipients of services.

4. BASIC PRINCIPLES AND ESSENTIAL ELEMENTS

Community based model is perceived as a complex system of processes made up two essential elements, namely-

- The participation of people themselves in efforts to improve their level of living, developing a sense of ownership of the process, taking initiative and contributing meaningfully to joint planning, decision making and implementation /evaluation.
- The mobilization and provision of resources, the creation of access to opportunities that encourage initiative, self-help and initiatives for mutual benefit.

Community development, being dynamic, multisectoral and multidisciplinary in nature, has the following focus areas:

- Facilitation of the community development process.
- Development of people-driven and community –based programmes.
- Facilitation of capacity-building and economic empowerment programmes.

Government facilitates institutional support development with the focus on creating and strengthening existing government institutions and civil society organizations.

- Accessibility as it is situated within the community
- Affordability and cost effective as it is part of community effort and existing resources which are utilized
- Ownership by the community
- Sustainable as the recipients and communities drive the process.
- Holistic in approach treatment and prevention within the framework of the family and community
- Effective and continuous integration in the community.

5. LEGISLATION AND POLICIES MANDATE

5.1 Prevention and Treatment of Substance Abuse

The Bill stipulates that the Minister may in collaboration with any relevant Minister establish community-based services in all communities of the Republic

The Minister may also minimum norms and standards for community-based services with a purpose of standardizing services and registration, monitoring and evaluation.

5.2 The National Drug Master Plan

The Drug Master Plan, which is the government's plan to bring about the reduction of substance abuse, advocates partnership in decreasing the availability of alcohol and other drugs and the demand thereof.

There are compelling reasons why community based prevention of substance use and abuse should be a major focus for all practitioners in the field of substance abuse.

Comprehensive community-based prevention programmes should focus on both demand and supply aspects of substance abuse. Furthermore, community empowerment in relation to drug abuse is often the key to success in education on and treatment of drug abuse.

The community should therefore be encouraged and allowed to take some control over making decisions that directly affect them. Especially where social control is virtually absent, this approach can be crucial to the success of both demand and supply reduction strategies. Strengthening the cohesiveness of communities is therefore one of the most important tasks.

5.3 Integrated Service Deliver Model

The social service sector has to adopt a developmental approach in rendering services. The developmental approach is based on the strength of individuals, groups or community and that recognizes their capacity for growth and development. Recognizing the need to promote the goals for sustainable developmental and redress the past imbalances, hence the adoption of developmental approach with economic development.

Despite having adopted this approach in recent years, social service practice have been forced to adopt a "make do" approach then actions dictated by resources limitations rather than the need, priority or statutory and internationally ratified obligations. Service delivery model gives effect to the implementation of the white paper and as such must be read in conjunction with it.

It is categorically stipulated in the white paper for social welfare that social services should also be available not only to the person addicted to substances, but also to the family. A community based service could ensure accessibility to all and a more proactive holistic approach could be adopted by individuals, family members and government departments. The philosophy as presented by the white paper state that as comprehensive multi –dimensional and multi –sectoral approach should be adopted with treatment programme that are accessible and community based.

5.4 National Policy
5.5

Community-based programmes attend to the prevention and treatment of substance abuse at a community level. It allows people affected by substance abuse to remain in their communities, especially school-going youth. It also provides an opportunity to create a social environment conducive to the changing of lifestyles and the solution of problems associated with substance abuse, using means that are available in and acceptable to the community

6. DEVELOPMENT PARADIGM

Social services approaches from the pre-1994 era were criticized as not being appropriate or developmental, and for creating dependency. Services were individualistic and were similar to a medical model in which the focus was on the diagnoses and treatment of the client, with the latter being a passive recipient of services.

The need therefore emerged for a developmental practice approach, based on the strength of the individuals, groups, or communities and promoting their capacity for growth and development.

The pre-1994 principles of community development practice were criticised for the same reasons, with the exception of some progressive civil society formations that focused on empowerment and human development. The development paradigm called for new approaches that were people –centered and sustainable.

One such approach is the overarching sustainable livelihoods approach, which redefines development in terms of exploring the strength and vulnerabilities of the poor. It promotes a holistic vision of development, and seeks to direct the focus of development thinking

towards encouraging clients to use the knowledge and expertise of individuals in their communities and the resources available in their environment creatively and innovatively to address their socio-economic needs.

In attempting to move towards a developmental approach, South Africa adopted the white paper on Social Welfare in 1997. This committed the Department to a social development paradigm for welfare, and supporting a people-centered approach to social and economic development. The approach focuses on the maximization of human potential and on fostering self-reliance and participation in decision making. It also stresses services that are family oriented, community-based and integrated.

7. CLASSIFICATION IN TERMS OF LEVEL OF INTERVENTION

The model makes provisions for the following levels of intervention: Preventative programme; Early Intervention and Treatment; and Economic Development.

These levels are on a continuum, so while they may seem to follow a distinct hierarchy, a client may enter the system at any of the levels, and the levels may overlap in practices.

7.1 Prevention

The main aim of this service/level is to prevent target group from becoming chemically dependent, by embarking on the following:

- Raise awareness through mass media campaign for the general population
- Promote preventative programme in school.
- Preventative programmes like Ke-Moja includes coping and life skills
- Education programmes for parents and significant others
- Educational programmes that address specifically non-commercial alcohol.

7.2 Early Intervention

The aim of this level is identify and intervene brief to modify behaviour and minimize harm among substance abuse but not dependent.

- Promote preventative programme aimed at reducing and preventing the harmful effects of the use alcohol and other drugs
- Promote specific interventions and programmes for individuals and groups at risk
- Education for “at risk” groups : education for pregnant women (FAS), dependent individual and communities
- Education for parents at risks
- Training of Health professionals and other professional to address substance abuse
- Education for people serving and selling alcohol.
- Early identification and brief interventions are suitable for context where resources may be lacking or access to health care is limited
- Education of service users to change behaviour: groups on coping skills and relapse prevention

7.3 Treatment

The aim of this level is to provide out patient treatment to both committals and non committals. The Community Based Model advocate for a Matrix approach because is a combination of different methods applied and suitable for an out-patient setting. These models should be customized to a South African context taking into consideration the resources needed fro successful implementation.

The matrix model has the following key component:

- Individual session
- Early recovery groups
- Relapse prevention groups
- Family Education groups
- 12 steps meetings
- social supoort groups
- relapse analysis
- Urine and breath-alcohol testing

7.4 Economic development

7.4.1 Promote opportunities for job creation

According to Maslow's hierarchy of needs, this stipulates the levels of fulfillment of individuals needs. It is therefore, important to meet the individual and family basic needs in order to be able to address the physical and self actualization needs

7.4.2 Promote recreational facilities and self development

It should be appreciated that a healthy nation is an active nation. Recreation is one of the fora to enlighten and inform those involved. Through the promotion of self-development the young people will be availed with alternative to substance abuse.

Through partnership with stakeholders in the area of recreation and sport more comprehensive and effective programme would be developed within the communities. This is linked with multi-discipling approach with all sectors in sports, arts and culture playing a major role.

8. MONITORING AND EVALUATION

Effective monitoring and evaluation of the model is essential for measuring the success. The following criteria are amongst those to be used for monitoring and evaluating implementation of the model:

- Reports to the department and funders based on the performance contract
- Client satisfaction survey
- Quality assurance
- Reports to the department /funders-performance contract, quarterly evaluation reported annual reports
- Client satisfaction survey: questions and suggestion boxes
- Quarterly assurance : set of indicators will be developed and will be used to measure the implementation of the model

9. CONCLUSION

The model will serve as a guide to promote uniformity in the management of substance abuse within a community based setting.

It further provides guidelines on the range of service/level that must be provided in community.

As indicated this document must be read in conjunction with other such as the white paper on social welfare, integrated service delivery model, national drug master plan and national policy on substance abuse.