Improving Addiction Care in South Africa: Development and Challenges to Implementing Training in Addictions Care at the University of Cape Town

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Improving Addiction Care in South Africa: Development and Challenges to Implementing Training in Addictions Care at the University of Cape Town

Sonja Pasche · Sharon Kleintjes · Don Wilson · Dan J. Stein · Bronwyn Myers

Abstract South Africa has a high lifetime prevalence of substance use disorders, estimated at 13.3% of the general population. Despite this high prevalence, treatment rates remain relatively low compared to need. A key reason for low treatment rates is the lack of expertise among professionals for the detection and treatment of substance use disorders and the limited size of the addiction care workforce. Workforce development is thus essential for the implementation of a comprehensive strategy to reduce substance-related harm within South Africa. In response to this need, the University of Cape Town has introduced a Postgraduate Diploma in Addictions Care and a Master of Philosophy in Addictions Mental Health. These postgraduate courses have been designed to equip health and social welfare professionals with the necessary skills to provide evidence-based early intervention, treatment and aftercare services for children, adolescents, adults and families affected by substance use disorders. This paper provides an overview of both programmes and reflects on lessons learnt from the inaugural group of students enrolled for the Postgraduate Diploma in Addictions Care and from the cohort of professionals who completed the Master of Philosophy in Addictions Mental Health since its inception.

Keywords Education · Substance use disorders · Addiction · South Africa

South Africa has high rates of substance-related problems, with a recent national epidemiological study reporting a lifetime prevalence of 13.3% for any substance use disorder (SUD)

S. Pasche (✉) · S. Kleintjes · D. Wilson · D. J. Stein · B. Myers
Department of Psychiatry and Mental Health, Faculty of Health Sciences, University of Cape Town, Cape Town, South Africa
e-mail: sonja.pasche@uct.ac.za

B. Myers
Alcohol, Tobacco and Other Drug Research Unit, Medical Research Council, Cape Town, South Africa

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among the general population (Herman et al. 2009). SUDs contribute significantly to the burden of harm in South Africa, being linked to high levels of Fetal Alcohol Spectrum Disorder (FASD), violence, road and traffic accidents and increased sexual risk taking behaviour leading to HIV transmission (Hahn et al. 2011; May et al. 2007; Plüddemann et al. 2004; Seedat et al. 2009). Despite the high demand for substance abuse treatment, treatment rates are low relative to need (Myers et al. 2008). A number of factors contribute to this treatment gap, including structural barriers to treatment use (such as affordability and geographical access barriers), systemic barriers arising from the historical separation of substance use and mental health services in South Africa, and attitudinal barriers such as stigma towards people with SUDs (Myers et al. 2008, 2010; Sorsdahl et al. 2012a). Specifically, South Africa's Prevention and Treatment of Drug Dependency Act (Act No. 20 of 1992) and the more recent Substance Abuse Act (Act No.70 of 2008) designate the National Department of Social Development (NDoSD) as the lead department for oversight and development of services related to SUDs, including the provision of treatment and aftercare services. Under this Act, the National Department of Health's (NDoH) role has been limited to the treatment of co-occurring mental disorders among people with SUDs and the medical management of detoxification and health complications associated with SUDs (The Presidency 1992, 2009). This separation of function led to two funding streams and two work forces for the provision of services related to SUDs which has resulted in duplication of function and dilution of scarce resources. This has negatively impacted on the training of staff to treat individuals with SUDs (Myers and Fakier 2009). For example, health care workers (including mental health workers) do not receive adequate training on the treatment of SUDs, while social workers do not receive comprehensive education regarding the treatment of comorbid mental and physical health conditions.

Unfortunately, South Africa has an insufficient number of health professionals who are well-trained and competent in the field of SUDs. Health and social welfare training programmes often do not include specialised training in SUDs, and there is a lack of certified courses for addiction counsellors in South Africa. This lack of adequately trained staff impacts on service providers' ability to expand service coverage to meet the burgeoning need for SUD services (Myers et al. 2008). At present, the Health Professions Council of South Africa (HPCSA) does not offer health professionals the option to register with a speciality in addictions, although the sub-speciality of addiction psychiatry is currently under review and has been recognised by the College of Psychiatrists of South Africa. Yet expertise amongst health and social welfare professionals, who often encounter patients with SUDs in their daily work, is a prerequisite for the implementation of a comprehensive strategy to address the harms associated with substance use in society (Parry and Myers 2011). There has also been increasing local emphasis on evidence-based approaches to the diagnosis and treatment of SUDs (Ellis et al. 2012; Sorsdahl et al. 2012b) and it is vital for practitioners to familiarise themselves with these approaches. Consequently there is a need to grow the addictions workforce in South Africa, and to provide the necessary training. In response to this need, the University of Cape Town introduced two postgraduate qualifications, namely the Postgraduate Diploma in Addictions Care and the Master of Philosophy (MPhil) in Addictions Mental Health in 2011 and 2010, respectively. To our knowledge, these are amongst the first intensive training courses in addictions care offered in sub-Saharan Africa, and the experience gained in implementing these courses is relevant to other low and middle income countries.

This paper describes the development of these courses as well as the challenges encountered in the process of implementing training for addictions care.

Background to the Development of Postgraduate Courses in Addictions Care

The Provincial Government of the Western Cape has prioritised interventions to prevent and treat SUDs in their current 5 year strategic plan for the province and has included the up-skilling of professionals as a key strategy to effect this plan. Rather than continuing the past practice of funding short-term unaccredited training courses, the province decided to invest in accredited training programmes that would allow their staff to exit with a formal qualification. Since 2011, the provincial government has invested in the development and implementation of addiction training courses at the University of Cape Town.

The initial structure and content of the postgraduate diploma was designed by two local experts in the addiction services sector in the Western Cape Province, who have extensive experience in the treatment of patients with SUDs and related research. As South Africa does not have guidelines regarding the core competencies required by addiction counsellors, these experts used several internationally accredited curricula for the training of addictions counsellors as guidelines to ensure that the South African course content complied with international standards. They also relied on the U.S. Substance Abuse and Mental Health Services Administration's guidelines regarding the core competencies required by addictions counsellors to determine the main outcomes of the course (Center for Substance Abuse Treatment 2006).

A course convenor and lecturer were hired to run the postgraduate diploma at the beginning of February 2011. The first intake for the Postgraduate Diploma in Addictions Care consisted of 22 students, who began lectures in April 2011. Fourteen of these students graduated at the end of 2012. During 2013 and 2014 a further 41 students registered for the Diploma course for the first time.

The Diploma course emphasises the practical application of clinical skills in treating individuals and families affected by SUDs. This practical approach is desired by the students enrolling in the course and their prospective employers. It does not contain a research component at present, and focuses largely on the psychosocial treatment of patients with SUDs. In contrast, the MPhil degree has a research component and incorporates a greater focus on medical treatment of addiction disorders, in addition to psychosocial treatment. The MPhil degree therefore offers advanced training in the treatment of patients with addiction and mental health problems. It equips health practitioners to manage difficult-to-treat patients, and aims to contribute to the academic needs in the field of addiction medicine by training future leaders and teachers and providing skills for conducting research. The MPhil degree will be used to accredit those who practice addiction psychiatry, and could be used by psychiatrists (and others who qualify) to register as sub-specialists with the HPCSA in the future.

Description of Students Enrolled in These Postgraduate Courses

The postgraduate diploma is targeted at health and mental health professionals who want to gain additional knowledge and skill in the treatment of addictions. The 22 students enrolled in this course during 2011 and 2012 were all employed on a full-time basis, mostly in settings where they were expected to provide SUD treatment. The majority of the students (18) worked within the government and non-governmental organisation (NGO) sectors, with only three

students employed in the private sector. Of the 22 students, 13 were social workers, three were psychologists, two were mental health nurses, two were lay counsellors and one was a general medical practitioner. IsiXhosa was the mother tongue of ten of the students, and the majority of students were working within and with local communities most affected by SUDs and which were reliant on services provided by the government and NGO sector.

The MPhil degree is currently admitting the following individuals: psychiatrists, psychologists, those holding a professional qualification in a mental health discipline such as social work, occupational therapy, or nursing or an equivalent to any of the above (e.g. medical practitioners with mental health experience). As of 2012, one candidate has qualified and another two are midway through the course, all of whom are psychiatrists. Although most students enrolled for the Diploma course and MPhil degree are locally based, we have received numerous enquiries from students located throughout South Africa and Africa, with the first MPhil graduate originating from Nigeria.

Course Structure for the Postgraduate Diploma in Addictions Care

During 2011 and 2012, the postgraduate diploma was offered on a part-time basis over 2 years. Students attended lectures one afternoon a week, and were expected to continue with self-study in their own time. From 2013 onwards, students have had an option of completing the course over either 1 or 2 years. Students are now required to attend block sessions, comprising six to seven full weeks of lectures throughout the course. The course has a strong practical component, and students are expected to apply their skills in their work on an on-going basis. Most students are already working in health or social care settings where they have contact with patients with SUDs. Those who do not receive the required exposure to SUDs in their current work setting are required to complete internship placements.

Student performance is evaluated by written and practical assignments, written and oral examinations and the submission of confidential case reports and supervisors' reports. Students are also required to attend group supervision sessions. These offer a smaller, secure space for students to present challenging cases, for which the remainder of the group can provide feedback and input. In addition, all students are expected to have an individual supervisor with whom they can discuss challenges experienced in the implementation of their work. In order to graduate with the Postgraduate Diploma in Addictions Care, students are expected to successfully complete all eight courses,that are detailed in Table 1.

Course Structure for the MPhil in Addictions

The MPhil is offered full-time over 2 years or part-time over 3 years. The course is comprised of two parts. For the first part, candidates are expected to know the general principles of addictions mental health practice, the pharmacology of commonly misused substances, the biopsychosocial management of people with SUDs and they need to be able to recognise and manage co-morbid conditions, as outlined in Table 2. The second part involves research and completion of a mini-thesis on an area of addictions and mental health.

MPhil candidates are expected to attend all the seminars within the postgraduate diploma and to supplement these with additional reading and research. Students are also expected to give case presentations and to present during bi-weekly addiction seminars. MPhil candidates run their own supervised addictions clinic at Groote Schuur Hospital (dealing with addiction problems and problematic co-morbidities) and provide psychiatric consultation services at

Table 1 Courses comprising the postgraduate diploma in addictions care

Course	Description of course
Understanding addictive disorders	This introductory course provides an overview of the epidemiology and etiology of alcohol and drug misuse both locally and internationally. Students are introduced to the various classifications of both legal and illegal drugs, and are provided with an overview of addictive disorders. The range of interventions, from prevention to harm reduction, is introduced.
Screening & assessment of addictive disorders	This course teaches students to holistically assess patients, and to screen for problematic alcohol and drug use. Students are introduced to various screening tools they can use in practice and learn to take comprehensive assessments of the nature, extent and severity of alcohol and other drug-related problems. The implications that assessment findings have for patient placement and treatment planning are also outlined.
Evidence-based treatment approaches	This course exposes students to evidence-based principles of treatment and explores the theoretical foundations and principal techniques of several evidence-based psychosocial treatment models. Various approaches are critically discussed, and students are introduced to motivational interviewing and cognitive behavioural therapy.
Case management & service monitoring	An overview is provided of the manner in which patients' progress towards recovery can be facilitated through proper case management and monitoring. Students are introduced to case management techniques; and are provided with insight around monitoring the quality of services provided.
Working with the family & social networks	Insight into the impact that addictive disorders have on the structure and functioning of the family, and the important role played by the family in the treatment of addictive disorders is provided. Students are taught how to provide family psychoeducation, as well as appropriate support to family members.
Managing co-occurring mental disorders	The course enables students to identify mental disorders and infectious diseases that frequently co-occur alongside addictions. Management of comorbid disorders is explored.
Managing children & adolescents with addictive disorders	Risk and protective factors for child and adolescent substance use are explored, and students are exposed to evidence-based interventions for adolescents who misuse substances.
Ethics & professional development	Key ethical principles are examined, and ethical dilemmas that arise when attempting to prevent or manage illegal behaviours are discussed. Human rights concerns related to the treatment of addictive disorders and the impact human rights abuses have on patient outcomes are also examined.

community-based not-for-profit drug treatment centres. In addition, students form part of a detoxification team managing alcohol, opiate and stimulant withdrawal, and are involved with a rehabilitation unit in the private sector.

Evaluation of the Postgraduate Diploma

A formal evaluation sheet is completed by each student at the end of each course. These anonymous evaluations provide an opportunity for students to comment on whether their expectations were met, the clarity and preparation of presentations, the content of the lectures,

Table 2 Expected outcomes for the MPhil in addictions

Expected outcomes	Description of expected outcome
Familiarity with principles of dependency	- Knowledge of pharmacology of various substances - Knowledge of neurophysiology and neuroanatomy - Knowledge of acute effects of intoxication, withdrawal symptoms and long-term effects of substance misuse - Knowledge of specialised investigative techniques, including imaging and principles of neuropsychological assessment
Knowledge of specialised treatments	- Knowledge of psychopharmacology - Knowledge of psychosocial treatments, including motivational interviewing, brief interventions, cognitive behavioural therapy, and 12 step facilitation - Ability to work with individuals, families and groups - Ability to conduct a therapeutic interview - Ability to manage and rehabilitate individuals with addictive disorders with due regard to principles of good practice
Ability to assess patients	- Taking a relevant history - Performing examinations and investigations in culturally diverse patients - Assessing for self-harm and harm to others - Making a DSM diagnosis - Using diagnostic screening tools
Knowledge of major comorbid physical and psychiatric disorders associated with substance use	- Skill in the management of vulnerable clients, such as patients with high risk pregnancies, dual diagnosis and HIV/ AIDS - Awareness of appropriate referral resources and medical and psychiatric subspecialties where there is cross involvement (e.g.neurology, geriatric psychiatry)
Insight into bio-ethical aspects of client management	- Demonstrate knowledge of relevant ethical, legal and policy requirements
Ability to conduct research in the field of addiction psychiatry	- Understanding relevant research methods and ethics - Ability to identify gaps in research knowledge, and to critically evaluate research findings - Ability to write journal papers
Therapeutic skills	- Develop skills in listening to patients, and understanding verbal, non-verbal and meta-communications - Ability to advocate for patients when dealing with other medical specialties - Ability to communicate effectively with patients and their families, while maintaining appropriate confidentiality - Ability to maintain good patient records, and to meet all standard administrative requirements
Leadership ability	- Demonstrate leadership within the multidisciplinary team, to trainees and to other relevant lay and professional groups - Effective verbal and written communication, demonstrated via lectures, seminars and written reports - Ability to communicate with various stakeholders in the mental health services - Ability to initiate planning and promotion of programmes for mental health education within a community context, including teaching and training others as part of an outreach programme

as well as any other aspects they would like to mention. Feedback from these evaluations is reflected in Table 3.

Table 3 Feedback from students enrolled in the diploma course

Question	Responses		
	Definitely	Partially	Not at all
Will the input help in your work? [a]	84%	14%	2%
	Mostly	Somewhat	Not at all
Were your expectations met? [b]	76%	19%	5%
	Adequate	Too little	Too much
Was the time allocated to each section of the training adequate?[c]	79%	18%	3%

[a] $n=100$; [b] $n=119$; [c] $n=117$ where n indicates the number of responses, and is an amalgamation of the various courses offered across the Diploma

In addition to the completion of formal evaluation sheets, informal observations were made in order to gather information on the experiences of students, supervisors, lecturers and officials from the Department of Social Development. The convenor and lecturer gathered information about the student experiences through observations during classes, class discussions, group supervision sessions, and through individual face-to-face, telephonic and emailed communications with the students, their supervisors and the Department of Social Development officials who funded the course. The coordinator and lecturer met regularly to compare observations from these sources, and to decide on interventions to remedy difficulties encountered during the course, with the impact of these interventions then similarly observed and discussed in an on-going evaluative cycle. Meetings were also held between the MPhil and Diploma staff to compare and discuss experiences in the implementation of the courses. This information forms the basis for our discussion of the challenges presented by the course.

Challenges Experienced

Capacity for Supervision

The relatively low number of South African health professionals trained in addictions care resulted in five students being unable to identify a supervisor in their work settings who had sufficient experience in working with people with SUDs, even though this was identified at the outset as a requirement for the course. Appropriate external supervision was therefore arranged for these students. This was achieved through collaboration with experts from NGOs and government sectors. Internship sites were also arranged for eight students who were not receiving sufficient exposure to particular modalities of working with patients with SUDs. Arranging internship sites and supervisors for students continues to be a challenging and labour-intensive task. We hope that the course will empower current students to take on a supervisory role for future students.

Practice Differences in Work and Training Environments

The majority of students were placed in work settings where they encountered patients with SUDs on a daily basis. However those based at the local social service offices reported a disjuncture between the new skills they were developing and the existing practices and procedures in their work environment, which did not provide optimal opportunities to work

with patients in the evidence based practice framework of their training experience. The common practice for these district offices was to refer patients with SUDs to external treatment providers, rather than manage the patient onsite (despite having a mandate to provide onsite services). Most students reported that it was difficult to change these existing practices, due to a lack of human resources to assist the large number of clients requiring services, time and space constraints. The new approach also did not fit with the practice culture of the work teams, who were unfamiliar with the new paradigm of treatment to which students were exposed during the course of training. Although it is hoped that the course has empowered students to work effectively with patients in a manner that can be incorporated into their work setting, for example through the use of brief interventions, the best solution to this challenge lies with transforming current service provision structures to support the provision of evidence-based interventions for SUDs. The Department of Social Development has funded evidence-based training, and will require a similar evidence-based approach to transform the service platform so that it addresses the needs of clients with SUDs in the province.

Wide Range of Abilities

Although all students enrolled for the course during 2011 and 2012 held a first degree and are health or mental health professionals, the basic practical skills, knowledge and academic skills of students in the class varied widely. This required a careful balancing act when planning the curriculum, in order to accommodate weaker students without compromising the academic standard of the course. We found that the students valued the practical skills they acquired highly, and the course therefore places much emphasis on this component. Additional academic mentoring was provided for weaker students. However even with this additional mentoring, some students struggled with the academic content of the course. In the future, more intensive screening of the academic abilities of potential students may be required.

Lack of Basic Diagnostic Skills for Co-morbid Conditions

The Diploma course focused on providing additional skills training in addictions treatment. The course developers, convenor and lecturers are mental health practitioners who had assumed that the professionals who applied for the course would have developed certain basic competencies in counselling as a result of their core professional training. However, it became clear that many of the students did not have adequate skills in basic counselling, and that professionals working in non-mental health settings did not have any of the basic diagnostic skills required for clinical assessment of co-morbid psychiatric and substance use disorders. For future intakes of students, greater emphasis will therefore be placed on developing these basic competencies.

Funding

Funding and bursaries obtained from the Department of Social Development (DoSD) for the postgraduate diploma are time limited and independent funding will be required in the future to ensure the sustainability of this course. Fees for the course are high, and without bursaries it will be a challenge to attract professionals working in the public sector and NGOs to enrol on the course. The Department of Psychiatry at UCT has been unable to fund a senior training post in addictions, and limited funds in the Western Cape Provincial Department of Health make it seem unlikely that a funded post will be available in the short-to-medium term. In certain instances we have been able to obtain funds from other sources, and have attracted self-funded MPhil candidates from outside South Africa.

Sub-speciality Registration and Accreditation

At present there is no registration for addictions specialists or addiction counsellors recognised by the HPCSA. The lack of sub-speciality registration in this field may prevent potential candidates from applying for postgraduate training.

Clinical Work

The clinical component of the MPhil degree may pose a challenge for non-psychiatrists and non-psychologists, and significant mentoring would be required to make this component accessible.

Mini-thesis

Initially the research and mini-thesis components were the predominant feature of the MPhil degree. However, feedback has suggested that clinical competence is most valued by candidates. The course will therefore be modified in the future in order to place a greater emphasis on the clinical work, while not detracting from the mini-thesis. This may attract more candidates to the course.

Discussion

As one of the first universities to offer specialised training in addiction care in sub-Saharan Africa, the University of Cape Town is addressing an important training need and contributing to workforce development in this field. While the development and implementation of these courses has not been without challenges, the courses are likely to make a significant contribution to the SUD field. First, they have the potential to increase the size of the addictions workforce; thereby allowing for the expansion of current substance use treatment services and reducing the treatment gap. Second, as these courses focus on equipping health and social work professionals with the knowledge and practical tools to implement evidence-based interventions for SUDs, they have the potential to improve the quality of care provided to patients with SUDs. The University of Cape Town currently has a Recognition of Prior Learning (RPL) policy in place, allowing a limited number of lay counsellors with experience in the field to gain formal training. Further consideration of training lay counsellors may allow for task-shifting of many components of addictions care from a limited number of mental health professionals to trained lay counsellors. This would allow for an expansion of a competent workforce in the addictions field.

However, in order for these courses to realise their potential and impact on addiction workforce development, they need to be accessible to a broad range of potential students. To date, the postgraduate diploma has largely been limited to students residing in the greater Cape Town region who have been able to attend weekly seminars, although several individuals from other provinces expressed interest in the course. To address this limitation, since 2013 new cohorts of students have the choice of whether to enrol as full-time or part-time students and the course is taught in block contact sessions. Similarly, the MPhil course can be completed on a part-time basis over 3 years, so that candidates can complete it whilst continuing with their present employment. These changes to the course format are likely to improve the accessibility of the course to students from outlying areas (and other provinces) to participate in the course. However in order to expand access further to other countries in sub-Saharan Africa, it may be

worth exploring how e-learning tools and information technology developments can be harnessed to allow for the transfer of knowledge and on-going mentorship between faculty in Cape Town and students based in other regions. There are several successful examples of this model of distance learning, including the Masters of Science in Addiction Studies offered jointly by the University of Adelaide (Australia), King's College London and Virginia Commonwealth University (USA), although this is not clinically focused. The courses offered by UCT have a strong clinical focus, and therefore require student contact with supervisors and staff which does not allow for exclusive distance learning.

Finally, an evaluation of the impact that these training programmes have on substance use service provision would be helpful for further curriculum development. More specifically, studies that monitor the extent to which graduates implement their new skills and that systematically describe the challenges they experience in implementing evidence-based practices in their work environments are needed for evaluating the impact of these courses, identifying areas in which course content can be improved, and for identifying other interventions (such as organisational interventions) that are needed to support the implementation of the acquired knowledge.

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Conflict of Interest In the past 3 years, Dan Stein has received research grants and/or consultancy honoraria from AMBRF, Biocodex, Cipla, Lundbeck, National Responsible Gambling Foundation, Novartis, Servier, and Sun.
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