



STAND (Social Transformation Action Defined) – Cape Town, South Africa www.standaction.co.za

Full Statement - thematic intersessional event: Harm Reduction – Chief Executive Officer Stacey Doorly-Jones:

Good afternoon Ladies and gentleman, my names is Stacey Doorly-Jones, Chief Executive Officer of a Non-Profit organisation called STAND, based in Cape Town, South Africa. Thank you for this opportunity for me to present a collective Harm Reduction, Gender Based Violence & Trauma CRISIS INTERVENTION both developed and provided to the high risk population group of homeless during the National COVID-19 Hard Lockdown period.

In brief, STAND provides Treatment and Support to High Risk individuals gripped in the cycle of addiction, trauma and gender-based violence in the most impoverished and disadvantaged communities in rural, urban and peri urban areas in the Western Cape, South Africa.

The nationwide hard lockdown that was implemented in South Africa in response to the COVID19 pandemic, resulted in a significant number of desperate calls for urgent SUD (substance use disorder) services and more specifically withdrawal management for the homeless in addition to gender based violence and trauma interventions. The urgent need to provide these services for the homeless necessitated a Provincial call out to SUD Non Profits to step up and volunteer to help during a peak risk time for contracting COVID-19. Five organizations/institutions stood up and reported for duty to VOLUNTEER our services at the emergency City Safe Spaces and Homeless Shelters which required a proactive and effective harm reduction approach to further speak to the humane treatment of our homeless individuals and families beckoned within the lockdown. The consortium of organizations/institutions immediately developed a Crisis Intervention plan which was concurrently mobilized "at the speed of light" to provide immediate treatment to the homeless, transgender and sex worker communities who often identify as street based and are vulnerable to the spread of HIV and Hepatitis C who were locked down in the City Safe Space Camps and Provincial Homeless Shelters. The intervention was also developed to reduce the spread of HIV, Hep-C and other blood-born diseases associated with drug use.

Website: www.standaction.co.za

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Key objectives of the Crisis Intervention Plan:

1. To reduce the physical pain and physiological impact of withdrawals from heroin and alcohol use disorders
2. To provide medical, Opiate Substitution Therapy and psychosocial support for the street-based dwellers
3. To ensure that the SUD clients at the camp sites and shelters are not further criminalized and or discriminated against because they use alcohol and or other drugs
4. To improve the physical and psychological wellbeing of people who use substance & survivors of GBV and address their high levels of trauma experienced during this period

The phenomenon of this Crisis Intervention is that it was not only developed with the extreme sense of urgency it required, but that it was immediately implemented as a multi-disciplinary team, and barriers were addressed as we came up against them.

It was agreed by the consortium of organizations that:

1. STAND assumes the role of Project Management, co-ordination of services, provision of clinical SUD intervention services, trauma counselling services as well as the clinical supervision and management of graduate Social Work volunteers provided by the University of Cape Town
2. TB HIV Care provides their specialist Harm Reduction services such as initiating clients onto their OST program, provision of sponsored methadone and the mobilization of a mobile needle exchange program
3. SANPUD provided psycho social support to clients initiated onto the OST program, guidance to the consortium on harm reduction approaches, trauma counselling, GBV women's group support and Contemplation Group Training
4. University of Cape Town – Professor Leon Holtzhausen & Lecturer (Clinical Social Worker) Cindee Bruyns provided immediate training capacitation to professional volunteers in the Homeless sector on trauma informed approaches to working with the residents and recognizing and assessing suicide risks – which were peaking during this time
5. Cape Town Drug Counselling Centre provided SUD intervention services and trauma services



6. The Chair of the WCSAF: Ministry: Department of Social Development co-developed the Crisis Intervention Plan and lobbied within her Ministry and other key role-players within the Provincial Government to adopt the Crisis Intervention Plan as a Blueprint for roll out to Shelters Provincially.

The Crisis Intervention Plan has subsequently been expanded on and adapted into Standard Operating Procedure (SOP) and Referral pathway to enable relevant sector role-players and SUD practitioners / specialists involved delivering services to high-risk population groups to understand the step by step process needed to deploy when treating clients with SUDs, GBV and Trauma, as well as referring clients for psychiatric assessment and treatment where necessary. It is for use by Multidisciplinary Clinical Teams consisting of SUD practitioners and Homeless Sector specialist Non-Profits. It is both a collective and proactive approach which we hope to see adopted not only Provincially but also Nationally within our Country of South Africa.

Thank you for your time and attention.

