PREVENTION OF AND TREATMENT FOR SUBSTANCE ABUSE ACT, 2008

- Services are integrative in nature and includes health care sites.
- Multidisciplinary teams which are made up of social workers, professional nurses and other mental healthcare practitioners.
- Professional and **lay support** within the home environment.
- Recreational, cultural and sports activities.
- Support groups.
- Registration---→ if none a fine or 12 months imprisonment or a combination of both.
- Management structure.
- Registration of mental health practitioners.

INTRODUCTION: SBC

- Community based service in existence for 10 years.
- Formally funded by the DoSD for the last nine years.
- Intensive outpatient treatment: six days per week, 8 hours per day
- Staffed by MDT
- Focus on an integrative model of Rx
- Only site in South Africa formally funded in South Africa to offer opioid substitution treatment & according to the MRC's SACENDU initiative treats 47.8% of opiate users seeking Rx in the WC.

CHALLENGING CLIENT CHARACTERISTICS

- Unemployed (98%)
- Residentially displaced
- History of obtaining Suboxone or Methadone illicitly.
- Poor history of medical access.
- Unresolved medical issues.
- 40% of intake exhibit dual diagnosis.
- Specific female issues (females constitute 15% of intake)
- Poor degree of familial support.
- History of overdoses.
- Multiple hospital based detox episodes
- Multiple treatment accesses (inpatient and outpatient).

ADDRESSING THE NEEDS OF CLIENTS WITHIN THE CBS PARADIGM

- Obtain consent to contact families in order to negotiate reinstatement into the household.
- MOU's with shelters and other organizations.
- Psycho-education the importance of access to medical care and the pitfalls of unsanctioned methadone use.
- Linking clients with CHCs but it should be noted that we employ a general practitioner and psychiatric nurse to see to the immediate needs of our clients.
- We employ HPCSA registered psychological counselors to assist I the management of DD clients and a consulting psychiatrist.
- Unique female only program at an exclusive site which is staffed solely by females.

ADDRESSING THE NEEDS OF CLIENTS WITHIN THE CBS PARADIGM (2)

- Very astute working relationship with Stikland Hospital→ upwards of 50% of their intake are our clients due to our low level of intake barriers eg. Clients with court cases.
- Screen comprehensively to determine if a client requires specific services or require a higher tier of care.
- We initiate assertive outreach community outreach for all individuals screened and for all clients formally inducted into the statuary phase of our program. This serves to boost retention and gives us an understanding of the real life circumstances of our clients.

CHANGE IS INEVITABLE

The needs of our communities are never static. They change and develop over time. If a treatment service is not cognizant of these changes and if treatment were to remain the same, such treatment would be ineffective.

WE MUST BE WILLING TO ADAPT OUR TREATMENT APPROACH TO REMAIN RELEVANT

SOMETHING NEW…SOMETHING OLD

- Heroin has many names across South Africa
- Ungah in the Western Cape (smoked)
- Sugars in Kwazula Natal (smoked or snorted sometimes with cocaine)
- Nyaopi/ Woongah in Gauteng and the North West (smoked with cannabis)
- Small but increasing pockets of injecting users no longer segregated by racial groupings.
- Irrespective of mode of use, a cheap grade of heroin is easily available for as little as R12.

ISSUE OF MORTALITY

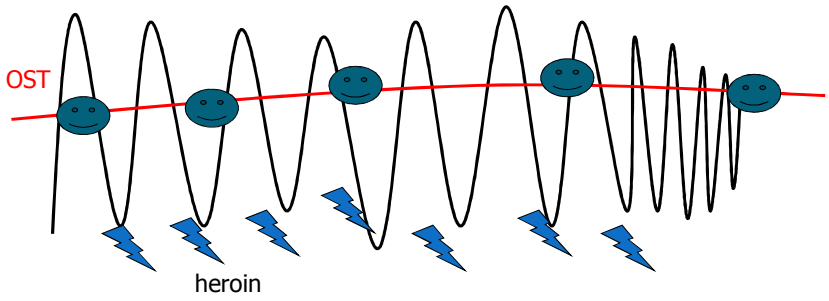
- Significantly higher than other illicit substance using groupings.
- Between 1-5% per annum due to:
- Overdose
- Violence (acquisition or negotiation)
- Bloodborne disease (HIV complications, untreated hepatitis, infections etc.)
- Other complications as a result of sustained substance use.

DETOXIFICATION

- Hospital based or outpatient???
- Mode of detox depends on severity of substance induced withdrawals, a history of complicated withdrawal episodes and any pertinent medical issues.
- Stikland Hospital only facility in the Western Cape that is formally funded and exhibits the necessary competencies.
  - Limited number of beds
  - Services all Provincially funded rehabilitation facilities and CHC settings.
  - Are offering a unfunded OST program at client's cost.

THUS A FUNDED OST PROGRAM

- Medically supervised daily consumption of a partial agonist.
- Aims to substitute the illicit opioid.
- Does not result in euphoria but a sense of being “normal”.
- Allows for familial interaction and integration.
- Stability in treatment.
- Curtails drug seeking behavior
- Added safe zone to move away from the substance use subculture and using peers.



SUBOXONE OR METHADONE

- As efficacious as other available options
- Reduced toxicity when compared to alternatives
- Exhibits better retention of clients
- Evidence-based and widely used in countries with considerable rates of opiate abuse and dependence.
- It has the potential to reduce HIV transmission among injecting heroin users.
- Introduces a ceiling effect therefore dramatically reduced chance of overdose.
- Fits the opiate using population of the Western Cape.
- Take home dose a reality at the outset of treatment unlike methadone.
- Easily administered
- Very little black-market potential
- Safety of Naloxone component

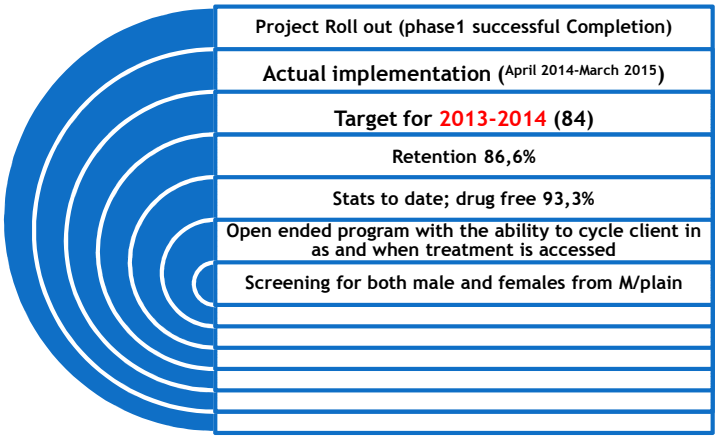
METHADONE?

- Still considered Gold –Line standard treatment as per Cochraine Reviews.
- But….massive diversion potential in our target population group.
- Clients have reported obtaining scripts without proper medical examinations.
- Pharmacies are releasing the medication into the hands of clients without supervised consumption being adhered to.
- Clients are screening positive for opiate use whilst on methadone.
- Clients are basing their methadone intake (obtained without scripts) on past interactions with medical practitioners and reason that because they have increased their consumption of heroin they need to increase the amount of methadone.
- This is a recipe for OVERDOSE. These trends and subsequent deaths have been observed in the other provinces and the Western Cape is waiting on the first official reported case.

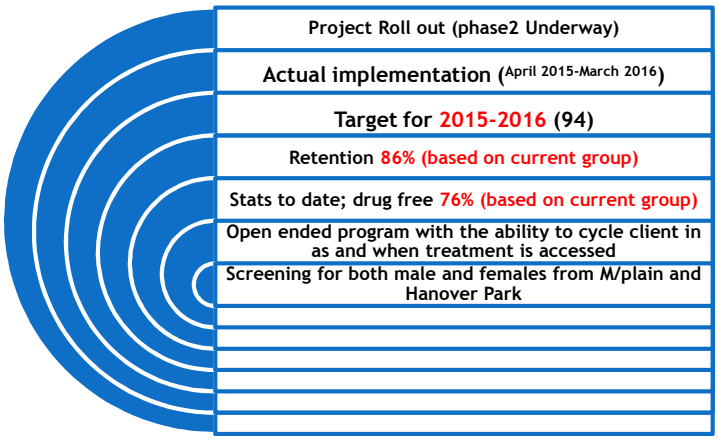
AIMS OF THE OST PROGRAM

- Reduction of heroin use
- Reduction of incidence of mortality.
- Reduction of the transmission of blood-borne diseases
- Improvement of general health with resulting less accesses to CHC settings.
- Introduction of a safety mechanism to prevent overdose.

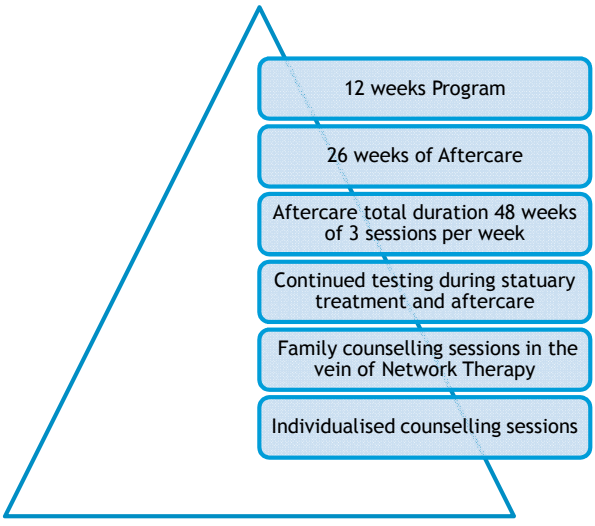
OVERVIEW OF THE OST IMPLEMENTATION



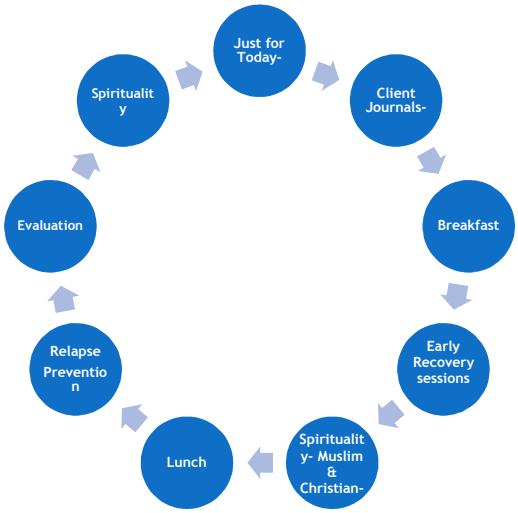
OVERVIEW OF THE OST IMPLEMENTATION



PROGRAM IMPLEMENTATION



DAILY SESSION BREAKDOWN



TREATMENT COORDINATION

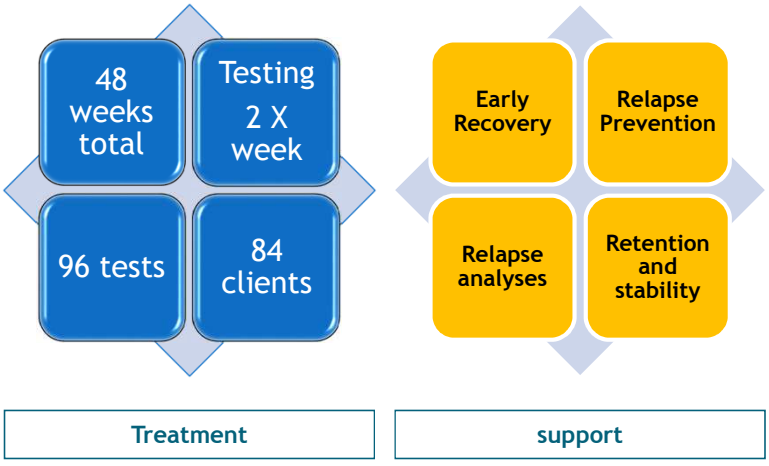
- Service Quality Management (Client Q, Fam Q, Staff Q)
- Supervision of team (Internal and External)
- Maintaining the CARF standards
- Internal M&E
- Program auditing (based on updated needs analysis)
- MDT management (2 hours every morning)
- Programmatic planning

ROLE OF CASE MANAGER

HSPCA or SASSA REGISTERED: Post graduate dip at UCT: Addictions care

- Screening (DSM V)
- Bio-psychosocial assessments
- Individualised Treatment plan
- Application
- Treatment plan adjustments
- Family sessions
- Individualised counselling sessions
- Family information sessions
- Family support groups

STATUTORY PROCESS



DETOXIFICATION

Outpatient

- WHO and RSA guidelines
- Assessed for OST by Medical Practitioner
- Monitored by Psychiatric nurse
- Follow up in house by Medical Practitioner
- Meds administered

Stikland Hospital

- DoSD and Health reg
- Recommended for OST by Stikland's Psychiatrist
- Reviewed by our Medical Practitioner
- Monitored by Psychiatric nurse
- Follow up in house by our Medical Practitioner
- Meds administered

ASSESSMENT FOR PROGRAM

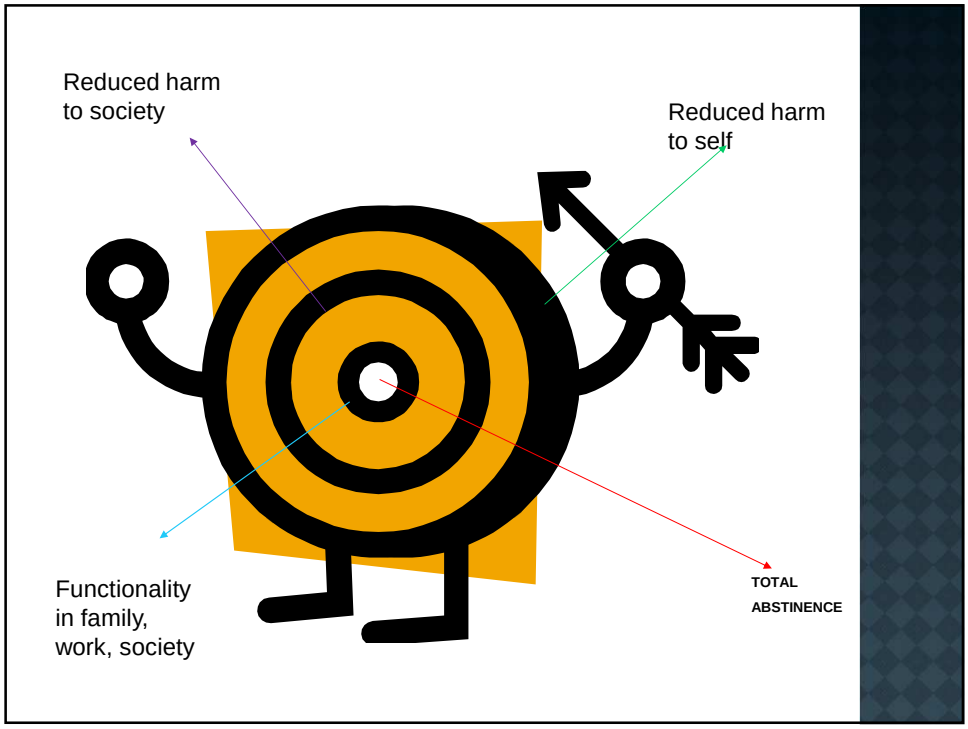
- **Presenting Issue/ Problem:**
- In economic or health crises
- **Substance Use History:**
- The age of onset of use
- Frequency of use
- **Past Treatment History:**
- Past attempts to reduce or totally stop using heroin
- Previous admissions to treatment, their length, periods of sobriety and reported reasons for relapses
- **Psychological History:**
- Diagnosis
- Possible medicine interaction

MEDICINE ADMINISTRATION

- **DOT System (Direct Observed Treatment):**
- Count dosage
- Hand over to client
- Visually confirm client places medication under his tongue
- Instruct client not to swallow tablets
- Observe client until sure the sublingual tablets have dissolved
- Client to sign for the dose

PROGRAM IMPLEMENTATION

- 312 Group Therapy Sessions
- Continuum of Care Sessions
- Urine Analysis Screenings twice during the week
- Intensive Therapeutic Individual Sessions (CBT)
- Medical Evaluations by Medical Practitioner
- Family Sessions (or alternative support structure)
- 12 Family Psycho-education Sessions
- 12 Family Support Group Sessions
- THE MOST EFFECTIVE MODE OF TREATMENT IS ONE THAT COMBINES THE RENDITION OF MEDICATION WITH PSYCHOSOCIAL SUPPORT THROUGH COUNSELING.


Reduced harm
to society
Reduced harm
to self
Functionality
in family,
work, society
TOTAL
ABSTINENCE