



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
SOCIAL DEVELOPMENT

SESHEGO TREATMENT CENTRE

TOPIC: WHY SUBSTANCE ABUSE IS A HEALTH PROBLEM

1. Introduction and background

It has been reported by the (United Nations Office on Drugs and Crime) UNODC (2016) World substance report that about 247 million people used illicit substances at least once in 2014.

- Of the 247 million, 12 million people injected substances in 2014
- About 14 percent of those who inject substances are HIV positive
- About 52 percent of those who inject substances are infected with the hepatitis C virus
- Of the 247 million, 29 million suffer from Substance Use Disorders,
- Of those people who suffer from substance use disorders, Subset of them, need treatment which include health, social, and rehabilitation care.

According to the 42nd phase of South African Community Epidemiology Network on Substance Use (SACENDU) which is data from specialist substance use treatment centres across South Africa, **Cannabis or dagga** is still the most common illicit substance used, especially among youth attending specialist treatment centres and across sites for example, 29% Eastern Cape (EC) and 57% Gauteng (GT) use cannabis as their primary or secondary substance of use.

About 1%, Northern region which is Limpopo and Mpumalanga (NR) and 19% (WC) of patients had cannabis/mandrax (methaqualone aka 'white pipe as their primary substance of use). Cannabis was the most common primary substance of use in the Northern Region, and has increased significantly from 34% in 2016 to 46% during this period.

Heroin use remains a problem across most sites. Heroin is mostly smoked, with a small proportion of patients reporting injecting heroin. This remains a major concern since injection use and sharing of needles is associated with health and social harms such as hepatitis c and other infectious diseases, more specifically HIV/AIDS. **In NR** the number of patients reporting **Nyaope** (a mixture of cannabis and heroin) as their primary substance of use continues to rise total number (n=147) relative to other site.

Overall, and across all regions, 14% of patients presented with a **dual diagnosis** (Substance Use Disorder and Mental health problem) at treatment admission. The majority of patients reported **mental health** problems at the time of admission (29%), followed by hypertension (20%) and **respiratory diseases** (13%).

2. What are psychoactive (drugs) substances?

Those are legal or illegal substances that affect the body’s central nervous system and change how people behave or perceive what is happening around them.

These substances change the structure and functioning of the brain.

(What are the things it does in the minds of people?)

Psychoactive substances alter:

- Mood (irritable)
- Thoughts (affects schooling, protestation of things in life is affected)
- Sensory perceptions (poor judgment e.g. while crossing the road one may misjudge the actual distance)
- Behavior (risky behavior like unprotected sexual intercourse)

3. Four main substance classification

Stimulants	Opioids (narcotics)	Depressants	Hallucinogens
Cocaine	Heroin	Alcohol	LSD
Amphetamine	Morphine	Barbiturates	Mescaline Peyote
Methamphetamine	Opium	Benzodiazepines	Ecstasy

Nicotine, Caffeine	Demerol	Gamma- Hydroxybutyrate (GHB); Rohypnol	Mushrooms
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4. What is Substance use Disorder/addiction

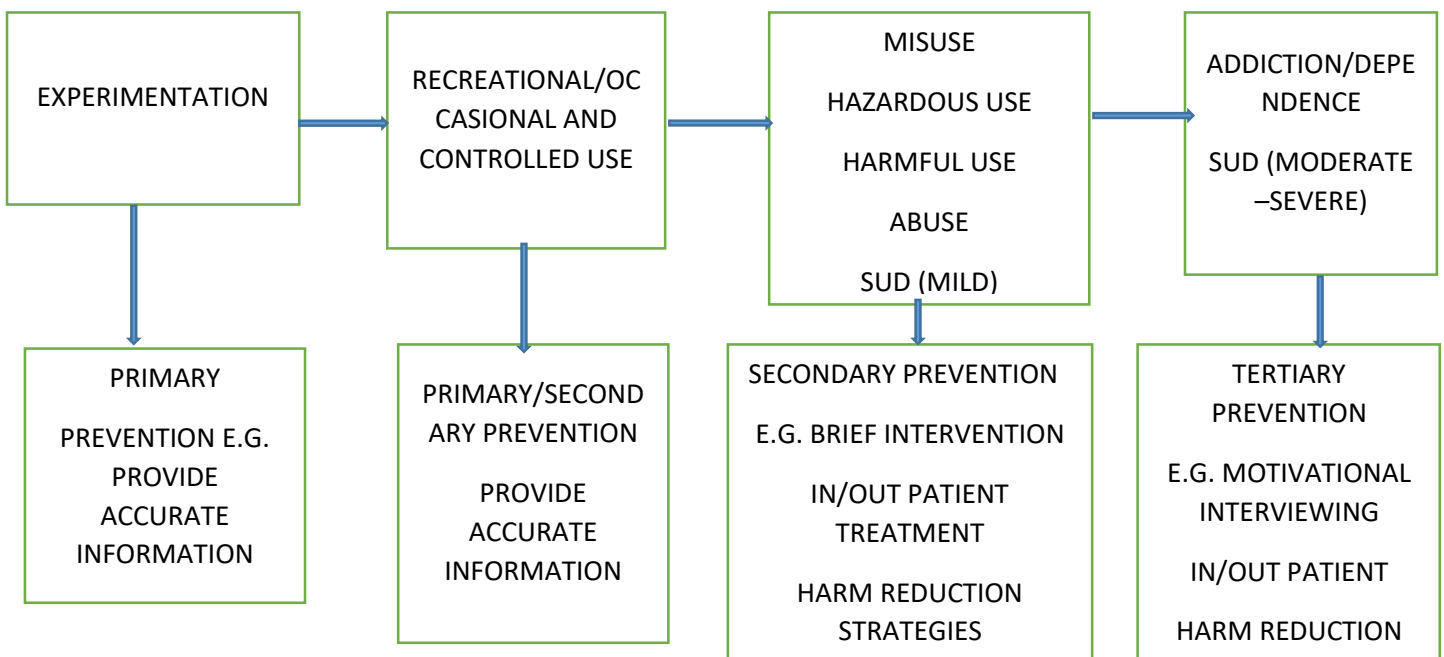
Addiction is a chronic, relapsing brain disease that is characterized by compulsive substance seeking and use, despite harmful consequences.

- Drugs or substance alter with the normal structure and functioning of the brain
- This alteration produce a set of characteristic *syndrome*, or set of symptoms and signs
- Those symptoms they last for long
- Because it is a chronic condition it cannot be cured but can be managed

5. General effects

- Higher rates of hepatitis and tuberculosis
- Lost productivity
- Injuries and deaths from automobile and other accidents
- Overdose deaths
- Suicides
- Violence

6. Stages of addiction and treatment



7. Types of admission

- Voluntary

- Involuntary through court order/committal

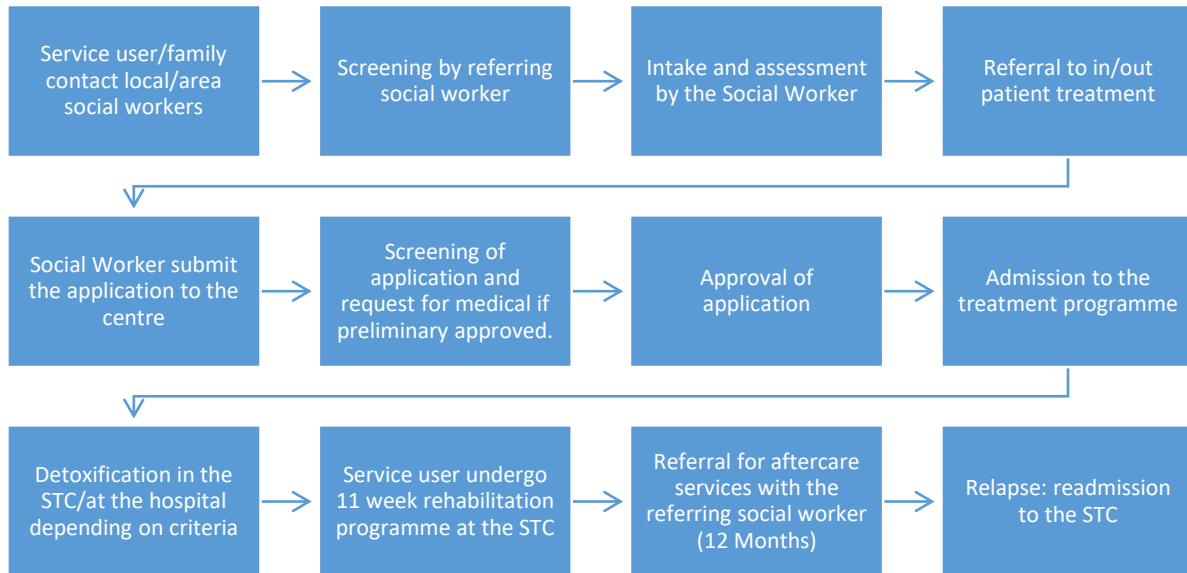
8. Admission criteria

- All admission at the centre will be done after the service users` pre-existing psychiatric and medical conditions has been stabilized at the hospital.
- Before admission all service users should have their home circumstantial, medical doctor reports (from the hospital) compiled and submitted by their local area Social Workers.
- On admission day service user must be escorted by their parents/guardians/relatives and referring social worker, with the exceptions of involuntary service users.
- The local Social Worker should provide a release address of the service user which will be utilized at the completion of the treatment programme or on discharge.
- The center will admit adults only, irrespective of gender.
- People to be admitted at the center should be able to communicate in one of the official languages as prescribed in the Constitution of the RSA.
- Should the service user be on chronic medication, enough supply (twelve weeks supply) must accompany them on admission?
- Any chronic medication for the service user should be handed in on admission and such will be administered by the Nursing staff.
- Service user will only be considered for re-admission twice after the initial admission (all readmission shall follow the whole admission process).
- The service user should be in a reasonably good medical and psychological condition which will enable them to participate in any center activities.
- Moderate or Severe Substance Use Disorder should be the primary diagnosis.
- Persons with serious life-threatening illness which will require an excessive time away from the treatment center and further require regular emergency intervention may not be considered for admission.
- Admissions will take place on **Wednesdays** between 8 am to 1 pm after confirmation of the appointment with the referring social worker
- No admissions without prior arrangements.
- **Pregnant women who are on second trimester will be admitted (first and second trimester has many health risks challenges when withdrawing from drugs and that can be well managed at the hospitals).**
- Persons over the age of 60 will have to be detoxed prior to admission to the centre due to health risks related to aging.

9. Admission processes

- When the problem has been identified: Service user/family should contact local/area Social Workers/ Employee Assistance Program (EAP) for assistance
- Then the social worker/ EAP will conduct screening to determine the extent of the problem.
- An assessment will be done by the Social worker/EAP in order to compile an assessment report and draft an individual development plan.
- The Social worker/EAP will compile a psychosocial report, Social worker/EAP will also provide the service user with the medical forms to be completed by the state doctor at the public hospitals.(This form should only be completed after notification by the treatment centre)
- After all the documents has been compiled then application is sent to Seshego Treatment Centre
- All applications to the Centre will be screened by the multidisciplinary team to see if the service user would benefit from the treatment programme.
- The referring Social Worker/EAP will be informed to complete the medical and do blood tests.
- The date of admission will be communicated with the referring social worker /EAP
- On admission the service user will start with Detoxification in the STC for a period of a week
- Then Service user will undergo 11 week rehabilitation programme at the STC
- After discharge the service user continue with aftercare services with the referring Social Worker for the period of 1 year (12 Months)
- Relapse: application should be made for readmission through the local/area Social Workers/ Employee Assistance Program (EAP)

TABLE BELOW OUTLINE A SUMMARY OF ADMISSION STEPS



Contact details:

Postal address:

Seshego Treatment Centre
Private Bag X 9715
Polokwane
0700

Physical address:

Corner Nelson Mandela and Bookelo Street/ 1 Bookelo Street
Seshego

Contact number: 015 233 7016