

# COSUP

COMMUNITY ORIENTED SUBSTANCE USE PROGRAMME

## Community Oriented Substance Use Programme (COSUP)

### COSUP

COMMUNITY ORIENTED SUBSTANCE USE PROGRAMME

COSUP services include:

- Screening and brief interventions
- Medical examinations and treatment
- Counselling services
- Needle exchange programmes
- Opioid substitution therapy
- HIV/TB screening
- Social services
- Skills development
- Post-rehabilitation support services

COSUP



Poli Clinic  
1047 Van Merwede and Comp Street  
Fleetside West  
Mon - Thu (08h00 - 18h00)  
Call 012 379 2453 / 082 857 0923



# COMMUNITY ORIENTED SUBSTANCE USE PROGRAMME | COSUP

in partnership with



- ▶ Initiative between the City of Tshwane and the University of Pretoria, Department of Family Medicine.
- ▶ Community based substance use programme



- ▶ Screening and brief interventions
- ▶ Medical examinations and treatment
- ▶ Counselling services
- ▶ Opioid substitution therapy (methadone and suboxone)
- ▶ Needle exchange programmes
- ▶ HIV testing
- ▶ TB screening
- ▶ Social services
- ▶ Skills development

# Stats

- ▶ 17 out-patient sites in Tshwane

End July 2020:

- ▶ Active clients- 643 Methadone, 54 Suboxone
- ▶ Retention rate: 60.14%
- ▶ NSP- distributed 21 773, 91% return rate



# Opioid Overdose Precautions

**COSUP**



## Opioid overdose algorithm

Suspect opioid overdose in a patient/client with:

- Respiratory depression
- Constricted pupils
- Poorly/un- responsive

Basic life support as per BLS guidelines

Naloxone 0.4mg IV/IM every 3-5 min until pupils dilate and respiration is satisfactory

Continue to support respiration

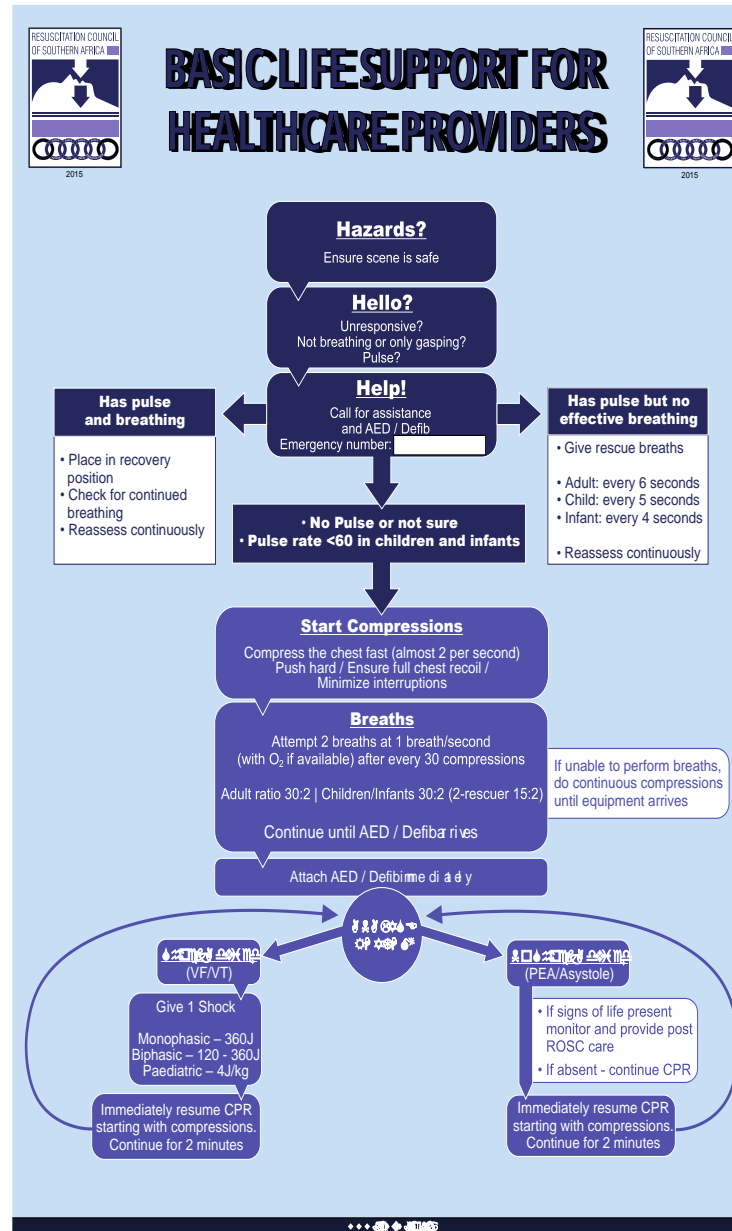
If respiration satisfactory → recovery position

\*if no response after 3-4 doses, reassess diagnosis

\*\*the half life of naloxone is much shorter than that of opioids. Watch patients carefully whilst awaiting help or transfer to hospital.

Adapted from: Community Management of Overdose- WHO (2014)

A Guide to the Management of Common Medical Emergencies- WGJ Kloeck (2015)



- ▶ OST agreement/consent form
- ▶ All sites equipped with emergency equipment incl Naloxone
- ▶ ALL staff trained in BLS
- ▶ Emergency protocols in place
- ▶ Appropriate levels of PPE in the event of emergency



## COVID Response

- ▶ Hand sanitizing, face-masks, screening of all persons entering premises, physical distancing measures
- ▶ Harm Reduction principles stressed with addition of COVID specific prevention strategies

### Increased risk of overdose:

- ▶ Increased emotional stress
- ▶ Quality/strength of heroin changes
- ▶ Using in isolation
- ▶ Reduced tolerance due to access

# Overdose stats

Incidents reported to date:

- ▶ 2018- 2 non-fatal heroin overdoses at sites managed by staff
- ▶ 2020- 2 fatal incidents of methadone overdose (accidental poisoning, ?suicide)
- ▶ Challenges: under-reporting, unknown causes of death, post-mortem is not always done/results not revealed
- ▶ Greatest need- Management of overdose at community level

# University of Pretoria- COVID videos

- ▶ UP COVID-19 "Health is in our Hands" awareness campaign video series = 24 scripts (120 videos)
- ▶ Conceived and created by Prof Tessa Marcus (UP COPC Research Unit) and Gerhard Cruywagen (Greenhousecartoons)
- ▶ Intended to help everyone understand the critical role they play in preventing and managing COVID-19 and containing the spread of SARS-CoV2.
- ▶ Videos informed by the best available science and expertise
- ▶ Available in five languages
- ▶ Made for easy mobile device uptake and dissemination across all electronic media and communication platforms, especially *whatsapp*.

# COVID videos

- ▶ Available at <https://www.youtube.com/channel/UCJjMCiaZBZEPSOtMNtX5PUQ/videos>

Three harm reduction videos

- ▶ Drug Overdose in the COVID-19 pandemic
- ▶ COVID-19 and harm reduction
- ▶ Heroin withdrawal and COVID-19

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