



Province of the
EASTERN CAPE
SOCIAL DEVELOPMENT

SOP File Number:	SUBSTANCE ABUSE- CBS-01
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Document Owner:	Director: Crime Prevention and Substance Abuse

STANDARD OPERATING PROCEDURE: SUBSTANCE ABUSE COMMUNITY BASED SERVICES PROCESS

Approval Date	10 March 2020
Commencement Date	Date of Approval
Review Date	10 March 2021
Periodical Review	Annually
Resources	Staff, ICT equipment
Intent of SOP	To document the standard operating procedure (SOP) for implementation of substance abuse community based services. The purpose of the document is to assist the officials of the Department of Social Development with the day to day activities of implementing substance abuse programmes including NPOs.
Scope	The SOP applies to the process of substance abuse programme for the Department of Social Development and NPOs rendering the same service within the Eastern Cape Government.
Objective(s)	Increase the availability, accessibility and affordability of services. To encourage behavior changes in communities To encourage the establishment of community based support structures and services to service users in recovery. To involve the community actively in the combat of substance abuse.
Definitions	Community Based Service: is a service provided to persons who abuse or are dependent on substances and to persons affected by substance abuse while remaining within their families and communities. Support group: is a form of psychotherapy in which a small, carefully selected group of individuals meets regularly with a therapist. It is a formally organized group where participants who are experiencing similar life challenges come together to share their experiences and find strategies to cope with life.

	<p>Drug: Substance that produces a psychoactive effect. This refers here to illicit/illegal drugs, including any psychoactive drug that is being misused or abused (e.g. prescribed medication)</p> <p>Abuse: The sustained or sporadic excessive use of substances and includes any use of illicit substances and the unlawful use of substance</p> <p>Use: Using only in very small quantities or as recommended by a professional person, i.e. alcohol and prescription medication. Use is infrequent and it doesn't result in physical or psychological harm.</p> <p>Relapse: Occurs when the addict managed to change his behavior, thoughts, attitude and lifestyle as well as abstain from using a mood altering substance for a period of time, but then changes back to his/her previous state and ultimately uses a mood-altering substance again.</p> <p>Relapse Prevention: is a cognitive-behavioral approach with the goal of identifying and preventing high-risk situations such as substance abuse, obsessive-compulsive behavior, sexual offending, obesity and depression.</p> <p>Addiction or Dependence: Health condition that involves physical and/or psychological addiction/dependency to a psychoactive substance. The result of which is (1) major addiction disruption and distress in the person's life (and usually that of his/her family/caregiver) and functioning; (2) A persistent desire or craving to take a substance (usually with unsuccessful efforts to reduce or stop); (3) A great deal of time spent in trying to acquire the substance (including often high-risk and illegal activities);(4) The continuation of the substance usage despite an awareness of the destruction and damages caused;(5) A marked increase in the amount of substance required to attain the desired intoxication effect (i.e. Diminished effect of the substance and increased tolerance); (6) The presence of withdrawal symptoms if the substance is reduced or withdrawn. Substance dependency therefore affects a person's emotional, psychological, physical, interpersonal and spiritual life and lifestyle.</p> <p>Aftercare: Is an ongoing professional support rendered to service users after a formal treatment episode has ended to enable them to maintain their sobriety or abstinence for personal growth to enhance self-reliance and proper social functioning.</p> <p>In-patient Treatment Services: A residential treatment service provided at a treatment centre.</p> <p>Out-patient Treatment Services: A non-residential service provided by a treatment centre or halfway house to persons who abuse substances and to persons affected by substance abuse and which is managed for the purposes of providing a holistic treatment service.</p>
Key Performance Indicator	Number of service users who accessed substance use disorder (SUD) treatment services.
Principles	<ul style="list-style-type: none"> • Accessibility of resources and services • Affordability and cost-effectiveness of services • Ownership by the community • Sustainability as the recipients of services and communities drive the process • Holism in treatment and prevention within the framework of the family and community
Compliance Measures	<p>Treatment centres must comply with the following:</p> <ul style="list-style-type: none"> • Must be registered in terms of Prevention of and Treatment for Substance Abuse Act • Must have structured programme • An involuntary service user, may not be provided with treatment, at a treatment centre unless a sworn statement is submitted to a public prosecutor by a social worker

Performance Measure	<ul style="list-style-type: none"> • Establishment of support groups • Implemented programmes and list of support group members
Desired Performance	<ul style="list-style-type: none"> • Community based intervention services are implemented in a holistic approach which involves prevention, treatment, re-integration and after care services.
Process Input	<ul style="list-style-type: none"> • Service user • Social worker • Admin staff • Screening report
Process Output	<ul style="list-style-type: none"> • Assessment report • Psycho social report • Termination report • Referral report

**STEP BY STEP GUIDE
SUBSTANCE ABUSE – SUBSTANCE COMMUNITY BASED SERVICES PROCESS**

Nr	Task Name	Task Procedure	Responsibility	Supporting Documentation	Service Standard
1	Perform basic screening	<ul style="list-style-type: none"> Collect basic information about the client. 	Auxiliary Social Worker/APO	<ul style="list-style-type: none"> Screening (SWS-01) 	1 day
2	Refer a client	<ul style="list-style-type: none"> Refer the client to professional social worker who is suspected to be in need of further management/ services immediately. 	TADA coordinator /Community based project member	<ul style="list-style-type: none"> Referral letter (SWS-03) 	1 day
3	Perform Intake and screening	<ul style="list-style-type: none"> Screen to determine if there is a substance use disorder, and how the service user could benefit from a specific programme and also to determine whether a person needs any further assessment. Obtain basic information that is personal details and a copy of identity document. Complete reception register. Administer referral (if applicable). Complete intake form and process note. Recommend a treatment option to the service user and decide as per the Prevention and Treatment of Substance Abuse Dependency Act 70 of 2008 for either voluntary or involuntary admissions. Submit intake form and process note to supervisor for signature and guidance. Open File for client and allocate reference number. Establish filing system and ensure that files are kept safe. 	<p>Social Worker</p> <p>Social Worker</p> <p>Social Worker</p> <p>Auxiliary social worker</p> <p>Social Worker</p> <p>Social Worker</p> <p>Social Worker</p> <p>Social Worker</p>	<ul style="list-style-type: none"> Screening tools (CAGE, Brief Medical Screening, AUDIT, DAST-20, Michigan, Socrates) Referral note form (SWS-03) Intake form (SWS-02) Process note form (SW-04) Intervention evaluation form (SWS-07) 	1 day

4	<p>Perform comprehensive assessment</p> <ul style="list-style-type: none"> • Sign confidentiality contract. • Administer initial assessment depending on whether assessing an adult or adolescent. • Determine if the client is a candidate for Inpatient Treatment Programme or Out Patient Treatment Programme. • Contact the centre to check availability of space and send necessary reports and documents as required by that centre in the event that a client is a candidate for in Patient treatment centre. 	Social Worker	<ul style="list-style-type: none"> • Confidentiality contract • Assessment tool for adults or adolescent • Assessment form (SWS-05) • Plan of Action (SWS-06) 	1 day
5	<p>Sign contract and develop IDP</p> <ul style="list-style-type: none"> • Sign the contracts. • Design Individual Development Plan (IDP). 	Service user Social Worker	<ul style="list-style-type: none"> • Process Note (SWS-04) • Contract • IDP Template 	1 day
6	<p>Implement individual counselling programme</p> <p>Implement Individual counselling programme by conducting the following sessions:</p> <ol style="list-style-type: none"> 1). Basic education on substance use disorders. 2). Science of Addiction & effects of substance abuse on the brain. 3) Dependency Process (Pleasure Unwoven Video). 4). Science of addiction- the addicted brain. 5). Coping with negative emotions. 6). Coping with shame and guilt. 7). Coping with Anger. 8) Stress Management. 9). Goal Setting. 10) Relapse Management. 	Social Worker	<ul style="list-style-type: none"> • Process notes (SWS-04) 	8 weeks
7	<p>Implement Out Patient treatment programme</p> <p>Implement Out Patient Treatment Programme to address the following:</p> <ol style="list-style-type: none"> 1) Understanding addiction <ol style="list-style-type: none"> 1.1. Motivation to Change 1.2. Drug Classification 	Social Worker Auxiliary Worker/APO	<ul style="list-style-type: none"> • Process notes (SWS-04) 	8 weeks

		<ul style="list-style-type: none"> 1.3. Science of Addiction 1.4. Impact of specific substances on the body 1.5. Co-occurring disorders/Dual Diagnoses 1.6. Process of Addiction 1.7. Coping with cravings 1.8. Withdrawal and detoxification <p>2) Coping Skills</p> <ul style="list-style-type: none"> 2.1.Communication 2.2. Conflict Resolution 2.3. Anger Management 2.4. Self- Esteem 2.5. Time Management 2.6. Assertiveness training 2.7. Goal Setting 2.8. Problem Solving 2.9. Journaling 2.10. Meditation <p>3) Relapse Management</p> <ul style="list-style-type: none"> 3.1. Understanding Triggers 3.2. Identifying with High Risk Situations 3..3 Healthy Living 3.4. Repairing Relationships Broken by Addiction 3.5. Relapse Prevention Plan 3.6. Job Readiness 3.7. Financial Planning 3.8. Self-care 3.9. Coping with Social Events 3.10. Making Amends <p>If there is no change to service user</p>		
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8	<p>Refer to a State Treatment Facility for Involuntary admission</p>	<ul style="list-style-type: none"> Inform the Social worker about the service user who is dependent on substances and (a) is a danger to himself or herself or to the immediate environment or causes a major public health risk; (b) in any other manner does harm to his or her own welfare or the welfare of his or her family and others; or (c) commits a criminal act to sustain his or her dependence on substances. Conduct investigation base on the received information. Compile Psychosocial report. Submit the report to court. Present the report to the court. Thereafter a court process will follow and the user will be admitted. Refer the service user to the Treatment Centre. 	<p>Community leader or any other person</p> <p>Social Worker</p>	<p>Admission Documents:</p> <ul style="list-style-type: none"> ✓ Psychosocial report ✓ Medical certificate ✓ Form 7A <p>(Application for admission as service user to treatment Centre)</p> <ul style="list-style-type: none"> ✓ Form 7B <p>(Application on behalf of another person) and</p> <ul style="list-style-type: none"> ✓ Form 7C <p>(Application of admission to a treatment centre on behalf of a child)</p> <ul style="list-style-type: none"> ✓ Centre admission forms ✓ Psychiatric report/ detailed medical report (only applicable to service users with psychiatric problems) 	6 Months
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8	Reintegrate and render aftercare programme	<ul style="list-style-type: none"> • Reintegrate and render Aftercare services once the programme is finalized to the client to reinforce what has been learnt during the treatment. • Ensure that this programme is rendered for both Voluntary and Involuntary service users. • Refer to the Children's Act defines aftercare as the supportive services provided by a social worker or a social service professional to monitor progress with regards to the child's developmental adjustment as a part of the family preservation or reunification services. • Familiarize yourself with the act modules which are as follows: <ul style="list-style-type: none"> ➢ Module 1: Understanding Recovery ➢ Module 2: Coping with Peer Pressure ➢ Module 3: Coping with Triggers and High Risk Situations ➢ Module 4: How to live without Drugs ➢ Module 5: Preventing Relapse by Adopting a Healthy Lifestyle ➢ Module 6: Restoring and Maintaining Broken Relationships ➢ Module 7: Work Values ➢ Module 8: Coping with Social Events and Social Media during Recovery ➢ Module 9: Becoming more Resilient 	Social Worker Auxiliary Worker	<ul style="list-style-type: none"> • Process notes (SWS-04) • Evaluation feedback from clients • Evaluation report at the end (SWS-07) 	6 months- 12 months
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LEGISLATION, POLICIES, PROCEDURES & OTHER DOCUMENTATION (i.e. SOPs)

Document or Process Name	Act or document description	Effective Date (if applicable)
Justice Act	Section 43(1)(c) of the Child Justice Act 75 of 2008, stipulates that the preliminary inquiry must be presided over by the magistrate.	2008
Prevention of and Treatment for Substance Abuse Act	Section 60 of the Prevention of and Treatment for Substance Abuse Act 70 of 2008, mandates that all municipalities should establish Local Drug Action Committees (LDACs).	2008
Children's Act 38 of 2005	Children's Act defines aftercare as the supportive services provided by a social worker or a social service professional to monitor progress with regards to the child's developmental adjustment as a part of the family preservation or reunification services	2005

PROCESS RISKS

Risk Name	Risk Description	Probability (H/M/L)	Impact (H/M/L)	Control Description	System / Manual
Implementation of programmes	Poor implementation of substance abuse programmes by practitioners	H	H	Supervisors to perform their function	Manual
Documentation of processes by practitioners	No record keeping of processes and engagement with clients. Offices that have one vehicle shared amongst +-30 social service practitioners which leads to poor planning and auctioning of plans	H	H	Record keeping to be standardised Resource allocation for practitioner/speed subsidised vehicles application process.	Manual
Poor resource allocation for functional aids	Inaccuracy and poor quality of performance information	H	H	Implement system or data capturing tool with document or record keeping functionality for easier and accurate reporting	System
Performance Management					

AUTHORIZATION

Authorization:	Name:	Signature:	Comments:	Date:
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Chief Director: Specialist Social Services				
Recommended by	N.Z.G.Yokwana			06/03/2020
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HOD				
Distribution and Use of SOP	All Directors , all Deputy Directors , all Area Managers , all Assistant Managers and all officials involve in process delivery of substance abuse services			