



THE MODEL



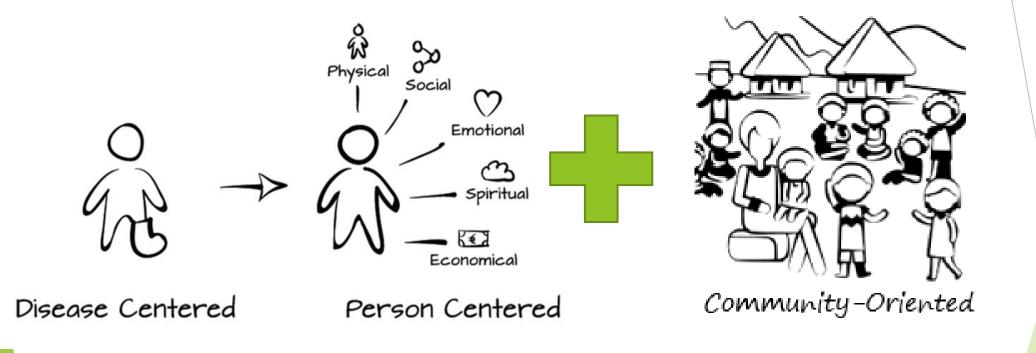


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COMMUNITY ORIENTED PRIMARY CARE





COMMUNITY ORIENTED PRIMARY CARE





COMMUNITY ORIENTATED SUBSTANCE USE PROGRAMME







Make today matter

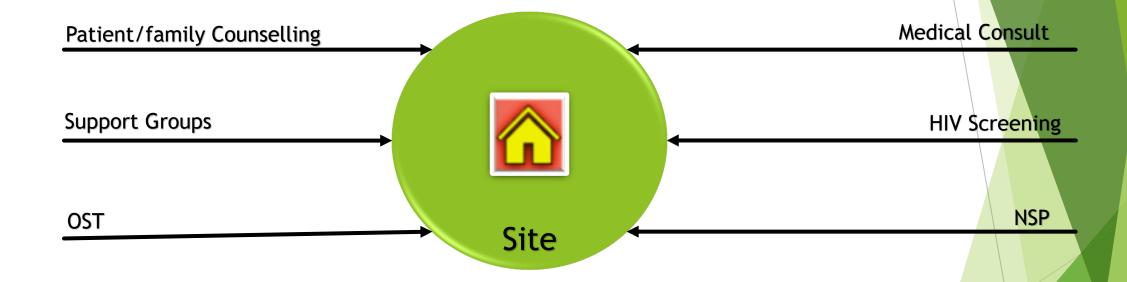


Continuum of Care

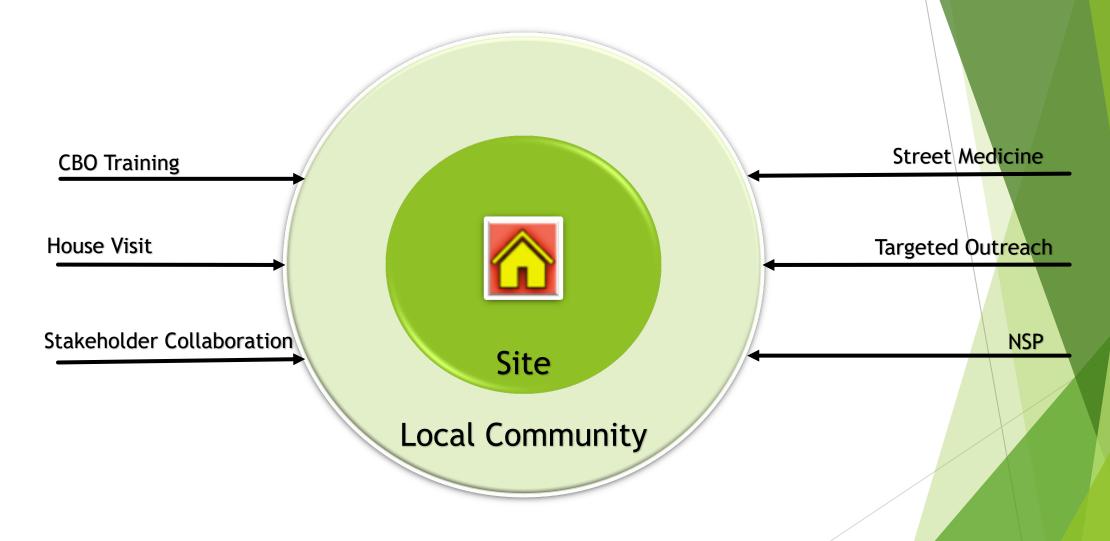
Interest? Maternal use **Family use Moderate** Severe Intervention **Health Promotion Prevention** and refer home Community Reinforcement Full Assessment Referral to specialist First 1000 Days Strengthening Families Encourage Social HARM REDUCTION Philosophy informs Early risk detection in In home screening 3rief Interventions as part of Screening, Brief interventions' services Retention in Perinatal Bonding at birth [NAS] management] Home visits Harm Reduction Approach Good Behaviour Game interventions Referral to community resources primary health Approach Treat comorbidities Food Security Inclusion

Specialist Harm Reduction eg Needles & Syringes, OST

SERVICE



SERVICE





Peer Educator

Information Manager Control of the C

Care Coordinator

Medical Doctor

Social Worker

Clinical Associate

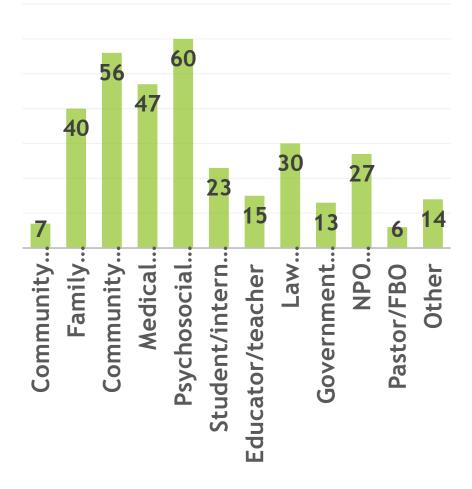
Successes/Impact of COSUP

1. Changing Substance Users' Lives In The City of Tshwane

A Study of Stakeholders'
Perspectives on The Community
Oriented Substance Use
Programme (COSUP) -Andrew
Scheibe, Likwa Ncube, Tessa S.
Marcus, Dimakatso Nonyane.

- 370 people approached (community stakeholders where COSUP is based)
- 363 consented, 7 declined,25 excluded as not familiar with COSUP
- Results = responses from338 participants

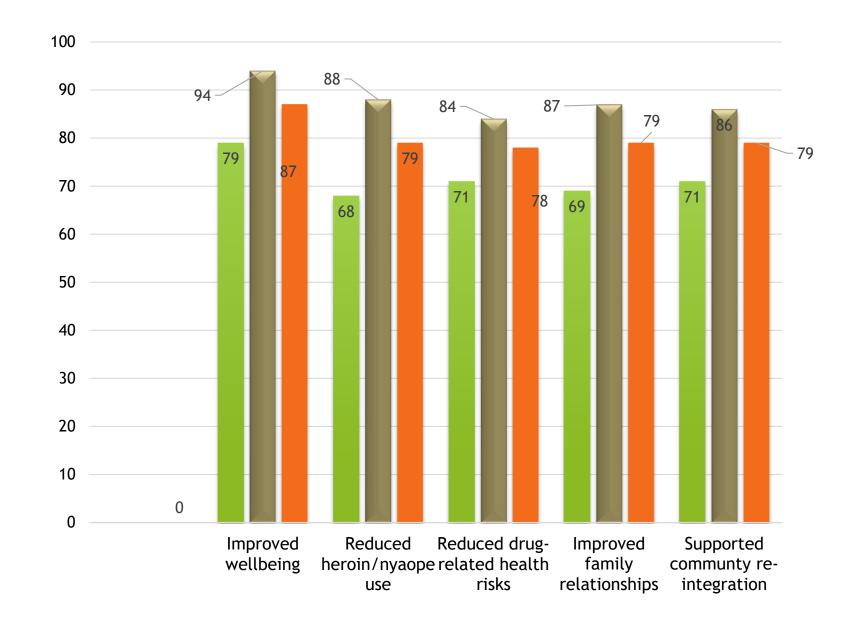
Respondents' Occupation/Role





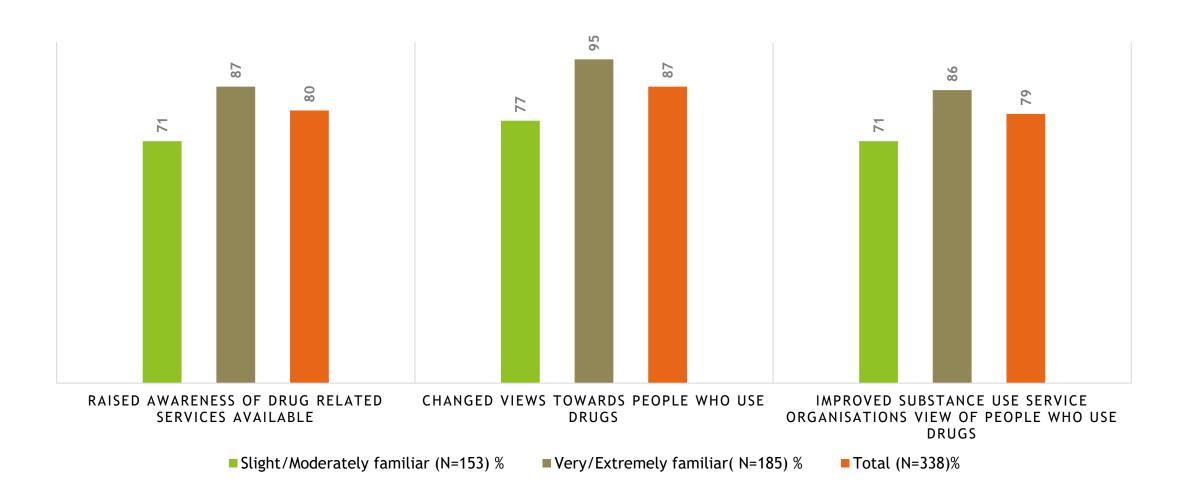
INFLUENCE OF COSUP ON CLIENT HEALTH & WELLBEING

- Slight/Moderately familiar N=153
- Very/Extremely familiar N=185
- ■Total N=338





Awareness of available services and attitudes towards people who use drugs





IMPACT OF COSUP

