



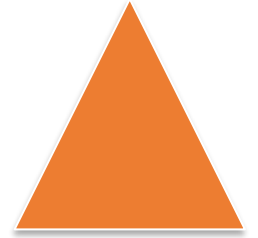
# Context

- SUDs = major health crisis in SA
- Cato Manor CHC serves 70,000
- High poverty, unemployment, overcrowding



# Problem

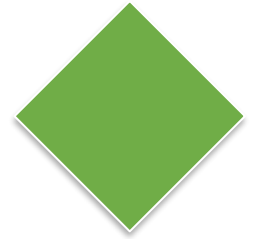
- Alcohol, cannabis, heroin/nyaope rising
- Rehab access limited
- Families & communities disrupted





# Methods

- Prospective, community-based (Feb 2025– July 2025)
- Project still ongoing
- Patients via CHWs & referrals
- Weekly clinics, data tracking, follow-up



# COPC Model: Stepwise Intervention



Detox

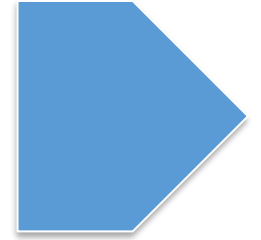
Counselling

Peer Support

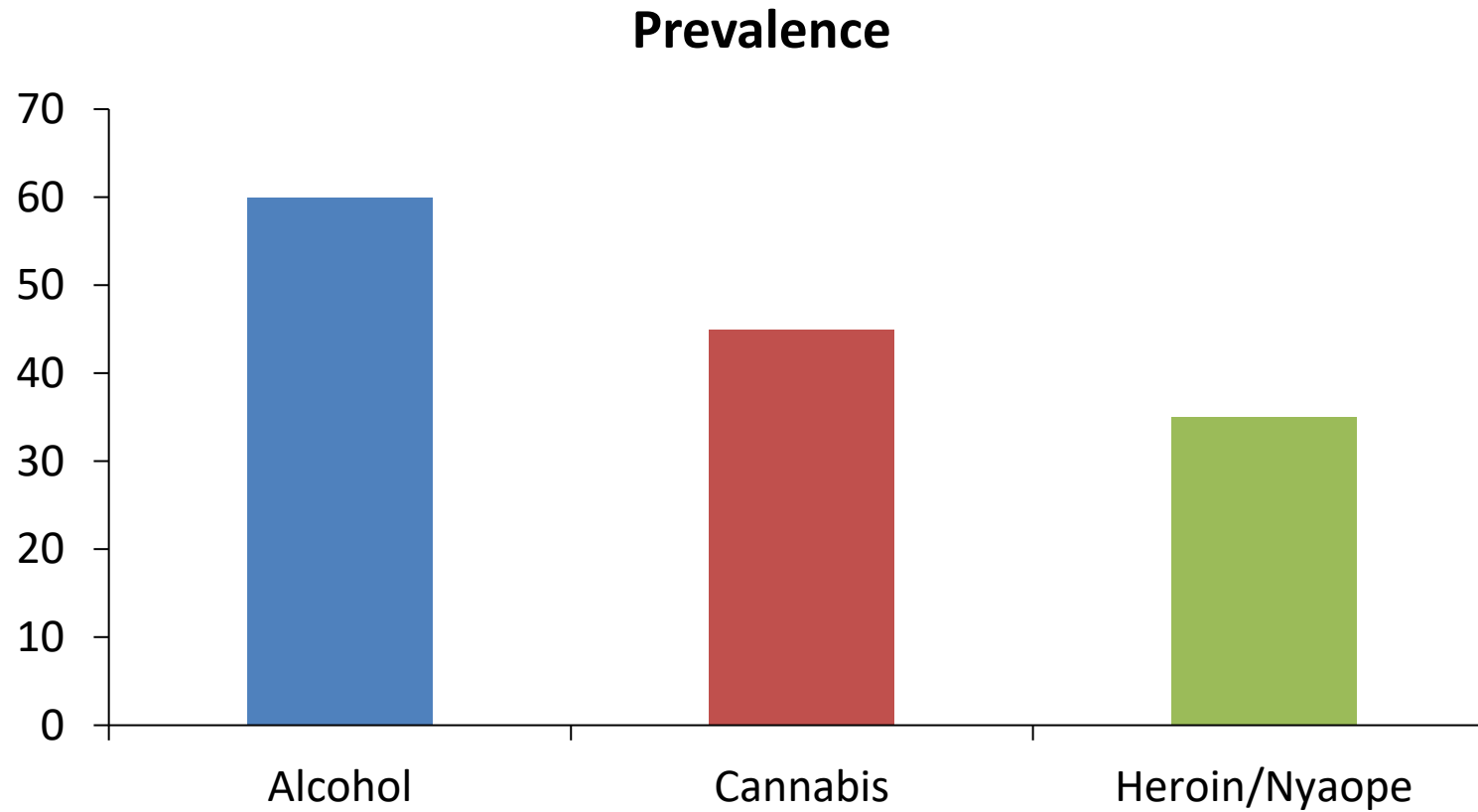
Referral

# Results

- High demand for SUD services
- Alcohol, cannabis, heroin most used
- Improved detox access & referrals
- Community engagement ↑
- SANCA = major bottleneck



# Substances Used in Cato Manor (Pilot Findings)



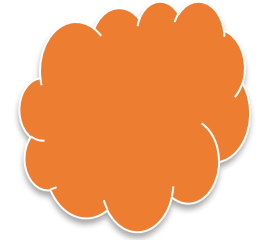
# Discussion

- This intervention demonstrates that a **community-led COPC model is both feasible and impactful** in addressing SUDs in a resource-constrained urban setting.
- Key strengths include:
  - **Holistic approach:** combining detox, counselling, and community engagement.
  - **Community ownership:** active involvement of CHWs and local leaders improved recruitment and follow-up.
  - **Increased visibility:** SUDs became more openly discussed within families and forums, reducing stigma.



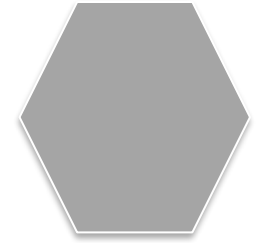
# Challenges

- Limited rehab capacity
- Funding & sustainability gaps
- Weak integration with district health



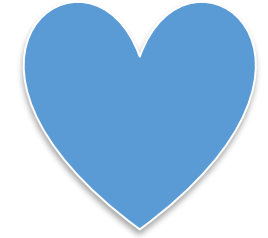
# Implications

- Family physicians central to SUD care
- Primary care = gateway to rehab
- Scale-up needs policy integration & funding





# Acknowledgements



- Cato Manor CHC team
- Community Health Workers
- SANCA collaboration
- Families of Umkhumbane