

SUBSTANCE ABUSE



Update your contact details [here](#) to ensure you don't miss out on important information from the Scheme. Learn how to reduce your medical aid co-payments [here](#).

Substance abuse can affect anyone

Substance abuse isn't just about someone using illegal substances or drugs. It can start as simply as regularly having a drink to calm you down, or taking painkillers for the soothing effect even when your pain has gotten better. Substance abuse is about someone using a substance that changes the way their bodies work (like alcohol and drugs) even though this causes problems in their lives.

You can abuse any substance that changes your mood, including prescription painkillers that contains opioids like codeine or morphine. In the early stages, it can be difficult to see the difference between someone who takes painkillers because they need them and someone who is abusing them.

The abuse of alcohol and narcotic addiction is one of the leading causes of preventable illnesses and premature death. Cardiovascular disease, stroke, cancer, HIV/AIDS, hepatitis, and lung disease can all be affected by substance abuse. Some of these effects are due to high doses of the substance or prolonged use, however, some may occur after just one use.

Symptoms

Symptoms of substance abuse are grouped into four categories:

Impaired control

- Craving or strong urge to use the substance
- Desire or failed attempts to cut down or control substance use

Social problems

- Failure to complete important tasks at work, school or home
- Social, work or leisure activities are given up or cut back

Risky use

- Substance is used in risky settings
- Continued use of substance despite known problems

Drug effects

- Tolerance (need larger doses to experience effects)
- Withdrawal symptoms (different for each substance)

Free professional advice

If you are worried about yourself or a friend, call the South African Depression and Anxiety's substance abuse helpline on 0800 12 13 14 or SMS 32312. Alternatively, you may contact the SAB SINAWA Employee Assistance Program team on the toll-free number: 0800 611 090. You may also access the Coca-Cola Beverages South Africa (CCBSA) PHOFULA Employee Assistance Programme by contacting ICAS using any of the channels below:

- Toll-free number: **0800 668 476**
- Email address: cba@icas.co.za
- USSD code / callback: *134*905#
- App: ICAS on the go app (the app code is CCB001)

You have cover for treatment

Members on the Comprehensive Option have cover for private hospital rehabilitation services up to a limit of R91 769 per family per year. Members on the Essential Option have cover up to the Overall Annual Limit.

Find out more about how we cover treatment for alcoholism and drug dependency on page 15 and 16 of your [benefit guide](#).



World Heart Day

Every year on 29 September, we celebrate World Heart Day, a global initiative of the World Heart Federation to raise awareness about heart health. It's a reminder that every day we should make a promise to yourself to take care of your heart.

The bad news is that each year, cardiovascular disease (CVD) kills over 17.5 million people worldwide. The good news is that you can fight it. Eighty percent of heart disease and strokes can be prevented with a simple lifestyle change.

Trends and insights in heart-related claims

The SA Heart and Stroke Foundation (HSFSA) says that 80% of heart disease and strokes can be prevented, yet 225 South Africans are killed by heart disease every day.

Heart and artery conditions account for 20% of the total causes of female death and 26% of male death. It can happen to anyone at any life stage.

The majority of heart and artery events take place during one's working life with approximately 69% of all male and 66% of all females.

3 steps to a healthy heart

On World Heart Day last year, people all over the world pledged to do three things:

- Eat well and drink wisely
- Get active
- Say no to smoking

A simple lifestyle change can do wonders for your heart. Make your own heart-healthy meals at home. Do 150 minutes of moderate-intensity exercise (brisk walking, cycling slowly or doubles tennis) or 75 minutes of high-intensity exercise (cycling fast, boxing or jogging) a week. Stub out that cigarette and within two years, you can substantially reduce your risk of coronary heart disease.

Read about how to access the SAB Medical Aid Chronic Care Management [here](#).

Tips for a healthy heart

Dr David Jankelow – a cardiologist and president-elect of the Johannesburg branch of the South African Heart Association – says a healthy lifestyle is as important as medicine when it comes to taking care of your heart. “A lot of the diseases we see – coronary artery disease, heart attacks, people who’ve had bypasses, diabetes, high blood pressure and high cholesterol – need a lifestyle change,” says Jankelow. “It’s easy to give people a pill. It’s much harder for people to commit to a healthy lifestyle”

The HSFSA says that employees are often faced with unhealthy choices provided by staff canteens and vending machines filled with salt and sugar laden foods which do not promote health. “Lack of physical activity increases the chance of developing many lifestyle diseases like high blood pressure, obesity, diabetes, and cardiovascular disease to name a few – these are also linked to stress, depression, and anxiety,” the foundation says.

By eating healthy food, you can reduce up to 80% of heart disease and strokes. The HSFSA recommends the following guidelines for a healthy eating plan:

- **Fruit and vegetables**
 - Beans and lentils
 - Low-fat or fat-free dairy products
 - High-fibre wholegrain food instead of refined cereals
 - Lean and fresh protein
 - Healthy fats and oils, for example canola or olive oil, avocado and fish
 - Food that contains Omega-3 fatty acids
 - Clean water and unsweetened tea or coffee.
- **Reduce your portion sizes, especially when it comes to fatty, starchy and sugary food.**
- **Cut down on food with unhealthy fats and added sugars, sodium and salt.**
- **Don't drink too much alcohol or smoke cigarettes.**

For more in-depth guidelines, visit the HSFSA [website](#).



Keep calm: monkeypox does not spread like COVID-19 or the flu! Here's what you need to know.

Another disease doing the global rounds! Rest assured; there is no reason for panic about the monkeypox virus. We're dealing with a disease that is well known, is rare in humans, doesn't spread like flu or COVID-19 (it needs really close contact to spread) and has a very low fatality rate. Here's the information that matters most.

Monkeypox facts you need to know

This is not a new disease

1. Monkeypox is an infection caused by a virus in the same family as smallpox. It was **discovered in 1958** in Denmark when two outbreaks of a pox-like disease occurred in colonies of monkeys kept for research. This is why it is called 'monkeypox'.
2. **It's not a new disease. We understand the disease and its treatment well!** The first human case was recorded in 1970. It's affected people in central and west Africa for decades. It's been controlled through simple measures like isolating infected people. There's currently a rise in global cases, outside of the African countries where we usually find the disease. However, this is not the first time monkeypox has been found outside of Africa.

It is a rare infection in humans, with low transmissibility

1. The **threat or risk to the general population is considered low.**
2. Monkeypox is a **rare viral infection** in humans.
3. There's a **very low likelihood of monkeypox becoming a global pandemic.**

Infection risk is generally low

1. You **can't get it by being in the same room** as an infected person.
2. Person-to-person transmission **only happens through very close contact, like kissing, cuddling and sexual contact** with an infected person. You can also get infected through **contact with materials contaminated** by an infected person, like when you share linen, clothes and other household items.

3. So far, it's been most **common in men who have sex with men.**
4. Risk factors include having **multiple sexual partners.**

Recovery rates are very good

1. **Infected people typically recover within two to four weeks.** Most infected people do not need hospital treatment.
2. **It's rarely fatal.** We know of two monkeypox strains. The strain that has now been detected globally is the strain with a case fatality rate of between 1% and 3%.
3. **Treatment is supportive, as with most viral infections.** Most human cases of monkeypox virus infection do not need any specific treatment and the people recover on their own.
4. The **best way to stop the transmission** of monkeypox to others is **for those who are infected to isolate!** That's because an infected person is contagious from the time when they develop a rash or lesions all the way through to the scab stage. Once all scabs have fallen off, a person is no longer contagious.

[Read the National Institute for Communicable Diseases \(NICD\) FAQ on monkeypox virus.](#)

Why is a virus that has never managed to spread beyond a few cases outside Africa suddenly causing a spike in cases globally?

South Africa: On 22 June 2022, a monkeypox case was found in Gauteng – a 30-year-old man. He had no recent travel history, implying that the virus is present in the local population. A second case was found on 28 June 2022 – a 32-year-old man living in the Western Cape. He also has no recent travel history. At the time of writing, it was not known if the first and second cases were linked. These people are in isolation and the NICD is tracing their contacts to see if anyone else is infected.

Globally: Until May 2022, monkeypox hadn't caused any sizeable outbreaks beyond the African countries where the disease is endemic. On **7 May**, a case of monkeypox was confirmed in a person who had travelled from the United Kingdom to Nigeria and back; this case was immediately isolated.

The World Health Organization (**WHO**) **reports** that from the beginning of May to 25 June, 3040 monkeypox cases had been reported from 47 countries.

The **WHO adds** that, "Transmission is occurring in many countries that have not previously reported cases of monkeypox, and the highest numbers of cases are currently reported from countries in the WHO European Region."

Also, "*Confirmation of one case of monkeypox, in a country, is considered an outbreak. The unexpected appearance of monkeypox in several regions in the initial absence of epidemiological links to areas that have historically reported monkeypox, suggests that there may have been undetected transmission for some time. WHO assesses the risk at the global level as moderate considering this is the first time that many monkeypox cases and clusters are reported concurrently in many countries in widely disparate WHO geographical areas, balanced against the fact that mortality has remained low in the current outbreak.*"

What are the symptoms of monkeypox?

According to South Africa's National Institute for Communicable Diseases (NICD), monkeypox symptoms include fever and general flu-like symptoms, such as headache, muscle aches, backache, chills and exhaustion. These symptoms are followed by the eruption of a blister-like rash on the skin. The rash would be the most telling sign of monkeypox.

The time from infection to symptoms (incubation period) for monkeypox is on average **7 to 14 days** but can range from **5 to 21 days**.

Within **1 to 3 days** after the start of the disease, blister-like lesions (similar to when we get chickenpox) develop on the face and the extremities, including on the soles of the feet and palms of the hands, and possibly also on other parts of the body. These lesions go through several stages before scabbing over and healing.

What should you do if you think you have monkeypox?

The NICD says people with possible, probable or confirmed monkeypox should avoid close contact with others until all lesions have healed and the scabs dried off. This includes staying at home and self-isolating (unless you need medical assessment or care – also for other urgent health and wellbeing issues). Isolation stops transmission to others.

- Kids and immunocompromised adults may experience more severe forms of the disease so it's important to limit their exposure to infected individuals.

How does monkeypox spread from animals to humans and between humans?

People can get monkeypox virus from contact with an infected animal, human or materials that are contaminated with the virus.

- **In countries where monkeypox is regularly found, the virus** may be spread from handling infected bush meat, an animal bite or scratch, body fluids and contaminated objects. Monkeypox infection has been found in many animal species in Africa. However, some species of rodents (not monkeys as the name implies) are suspected of being the main disease carrier.
- **In countries where monkeypox is not generally found,** persons are most likely to be exposed to monkeypox through contact with an individual who is already sick with monkeypox.

The virus infects humans through broken skin, the respiratory tract or the mucous membranes (eyes, nose and mouth).

Cases of monkeypox spreading through animals outside of the endemic areas are very rare but may involve the exotic pet trade or potentially through contact with infected animal-derived materials, such as skins and leather.

Don't rely on google for information about monkeypox; go to the NICD's website for the facts.

Keep up to date on monkeypox in South Africa on the NICD website.



Will COVID-19's impact on cancer screening mean people are diagnosed with more advanced cancers?

That's because, over the course of the COVID-19 pandemic, there's been a decline in people sticking to routine and scheduled cancer screening checks for common cancers like breast, cervical, and colon cancers.

Dr Noluthando Nematswerani, Head of Discovery Health's Centre for Clinical Excellence says, "This global trend – which we also see play out among members of medical schemes administered by Discovery Health – is really concerning."

It's so important to catch the very first warning signs of cancer. Here's why.

Dr Nematswerani explains: "Cancer progresses. So it is classified in stages. Earlier and more localised disease is more amenable to complete removal and to the patient's long-term survival."

"Missed cancer screening checks mean a missed opportunity to catch any signs of cancer as early as possible. Routine cancer screening is therefore very important in catching cancers early on and also in allowing for timely management."

Louise Turner, Chief Operations Officer at the Breast Health Foundation adds, "Breast cancer is one of the most common cancers in women worldwide. In fact, in South Africa, the prevalence is high, with 1 in 28 women at risk of breast cancer. We saw women presenting with severe and advanced breast cancers in 2021, due to a lack of cancer screening in 2020. All in all, early detection saves lives."

According to the Breast Health Foundation (South Africa), "It is estimated that South Africa has the highest incidence of male breast cancer in the world with 1 – 3% of breast cancer cases diagnosed in South Africa occurring in men. It is estimated that up to 400 cases of male breast cancer cases were diagnosed in South Africa during 2018."

What's prevented people from sticking to their scheduled cancer screening checks over the course of the pandemic?

"Contributing factors include stay-at-home orders and movement restrictions that have impacted people's likelihood of seeing their doctor," says Dr Nematswerani. "Then we have possible screening site closures or temporary suspension of cancer screening services at times, all due to prioritisation of COVID-19 services."

"At the same time, throughout the pandemic, people have worried about their risk of exposure to COVID-19 at healthcare facilities, so stayed away from their doctors for this reason too. And during waves of infections, healthcare facilities have been under pressure to allocate and re-direct available personnel and resources towards COVID-19 related care. So, unfortunately, all in all, we're dealing with the aftermath of a perfect storm of factors."

"We are concerned about the impact of delayed cancer diagnosis and initiation of treatment on members' quality of life and prognosis, and on the costs of their care," adds Dr Nematswerani.

"Keep in mind that breast cancer screening – through a mammogram – is recommended every two years and cervical cancer screening – through a pap smear – every three years, and this explains why we consider data from 2018 onwards in reaching our conclusions."

- A mammogram uses low-dose X-ray to create pictures of the breast. Doctors use a mammogram to look for early signs of breast cancer.
- A breast ultrasound uses high-frequency sound waves on the breast and converts them into images.

"The lowest screening rates were seen in April 2020, showing the link between these trends and the strictest lockdown periods in South Africa," adds Dr Nematswerani.

- Pap smears detect abnormal cells in the cervix before they lead to cervical cancer. Screening can prevent most cervical cancers by finding abnormal cells (pre-cancerous) so that they can be treated before they have a chance to turn into a cervical cancer.

Screening tests – what, when and how often?

Routine screening tests are scheduled at specific time intervals depending on one's cancer risk profile.

Screening for prostate cancer:

Caught in its early stages, whilst still confined to the prostate gland, prostate cancer can be cured. CANSA recommends that men over age 50, or age 40 with a family history of prostate cancer, should talk to a doctor about testing for prostate cancer as part of their health check-up.

The best available ways to detect the presence of prostate cancer is by:

- Doing a prostate specific antigen (PSA) blood test
- Digital rectal examination (DRE) and subsequent prostate biopsy

Screening for breast cancer:

- If you have no family history of breast cancer you should start having mammograms or breast ultrasounds from the age of 40 and have them every two years.
- If you have a family history of breast cancer, start your screening tests when you are ten years younger than the person who had cancer in your family was, when they were diagnosed. Annual screening tests are recommended.
- Breast MRIs and genetic screening are also appropriate in certain cases and your healthcare provider can advise you here.

Screening for cervical cancer:

- If you are not considered at high risk of cervical cancer, then pap smears are recommended every three years and HPV screening every five years. It is recommended that screening should start from age 25.
 - Keep in mind that a pap smear looks for precancerous cells that might become cervical cancer if not treated. An HPV (human papillomavirus) test is used to check for the type of HPV that can lead to cervical cancer.
- Annual pap smears are recommended for those who are at high risk (such as people living with HIV). So too is HPV screening, every three years.

Screening for colorectal cancer:

- Stool-based tests are recommended every two years as a general screening tool. And, colonoscopy is recommended for those at high-risk of developing this cancer such as those with a strong family history of colorectal cancer or living with medical conditions that increase the risk of colorectal cancer.

Screening for cancer is key to preventing late-stage cancer

"It's incredibly important is to ensure that everyone who is eligible for cancer screening sets up time to drop in at their screening centre or see their health provider as soon as possible," adds Dr Nematswerani. "Available screening tests can detect cancers even where people have no signs or symptoms of disease, so sticking to routine screening checks ensures we have access to this life-saving technology on a regular basis."

"The take-home message in this discussion is that regular cancer screening is so important. Short delays in accessing cancer screening are perhaps possible to accept, but long delays are really not acceptable."

Find out more about the Oncology Programme on pages 17, 18 and 22 of your **benefit guide**