



Don't let substance abuse take a hold of you

Substance abuse is a disorder which often leads to full-on addiction if not treated. Here's how your medical scheme must help.

Regulations in the Medical Schemes Act prescribe the diagnosis, treatment and care that must be given to members with PMB conditions – conditions which fall under the prescribed minimum benefits. Substance abuse and related conditions are included in PMBs.

Which ailments are covered under substance abuse?

The following four groups of conditions are catered for under substance abuse:

1. Abuse of or dependence on a psychoactive substance, including alcohol

Psychoactive drugs provide pleasure and relieve pain. They also affect your mood and distort psychological perceptions. If you abuse such substances, you can become physically dependent on them and develop tolerance for them, and once that happens you may find yourself needing to increase the dose in order to achieve the initial effect they had on you.

2. Acute delusional mood, anxiety, personality and perception disorders, and organic mental disorder – all caused by drugs

A delusion is a belief that you hold in spite of obvious proof and evidence to the contrary. Delusions can be caused by reactions to the ingestion of medical or recreational drugs.

A mood disorder brought on by drug abuse is characterised by a mood disturbance that is not caused by an organic abnormality in your body.

The primary characteristic of a substance-induced anxiety disorder is prominent anxiety symptoms, including general anxiety, panic attacks, obsessive-compulsive symptoms, and phobia symptoms. A substance may induce psychotic symptoms while you are under the influence of the drug or after you have stopped using it.

A personality disorder induced by drug abuse means that your self-perception becomes abnormal and your inability to relate to others results in undesirable behaviour and/or interferes with your normal social and emotional functioning.

A perceptual disorder is characterised by an impaired ability to perceive the nature of objects or concepts through the use of the sense organs.

3. Alcohol withdrawal delirium; alcohol intoxication delirium

Delirium is a mental disturbance that develops quickly, lasts for a relatively short period of time, and usually fluctuates in intensity. It is marked by illusions, hallucinations, delusions, excitement, restlessness, impaired memory, and incoherence.

You can develop alcohol withdrawal delirium when you decrease your alcohol intake or stop drinking altogether. The disease is most prevalent among alcoholics who have been drinking heavily for many years; it is characterised by hyperactivity of the nervous system, including rapid heartbeat, sweating, hypertension (high blood pressure), irregular tremors, delusions, vivid hallucinations, and agitated behaviour.

Delirium Tremens (DT) is an acute and sometimes fatal complication that may accompany alcohol withdrawal delirium. The symptoms include shaking, insomnia, agitation, confusion, hallucinations (hearing voices and/or seeing images that are not really there), seizures, rapid heartbeat, heavy sweating, high blood pressure, and fever. A DT episode is usually a medical emergency; it may last 3-6 days and is generally followed by a deep sleep.

Alcohol intoxication delirium occurs when you have had too much to drink. Alcohol intoxication is a physiological state that occurs when you have a high level of ethanol (alcohol) in your blood.

4. Delirium due to amphetamine, cocaine, or other psychoactive substances

A psychoactive drug is any substance which alters your brain function and amphetamines are drugs which stimulate the central nervous system.

What are you entitled to under PMBs?

Your medical scheme must pay for diagnosis, treatment and care in full for substance abuse and all related illnesses enumerated under PMBs. Abuse of or dependence on a psychoactive substance, including alcohol, must be treated with what legislation calls “hospital-based management” of up to three weeks in a year.

Treatment for acute delusional mood, anxiety, personality and perception disorders, and organic mental disorder caused by drugs as well as delirium caused by amphetamine and abuse of psychoactive substances like cocaine, is hospital-based management of up to three days at a time.

Both alcohol withdrawal delirium and alcohol intoxication delirium are treated with hospital-based management of up to three days whilst undergoing tests to ensure that your body is physiologically stable to handle rehabilitation.

Delirium caused by the abuse of amphetamines, cocaine or any other psychoactive substances is treated with hospital-based management of up to three days.

Hospital care for substance abuse includes all consultations, pathology tests such as drug screening, medicine, and psychotherapy.

Example:

A member uses a recreational drug and becomes unconscious, the following treatment and care will be included in the PMB cover:

- *emergency treatment to revive the member and stabilise the condition;*
- *treatment of the medical condition, e.g. ventilation;*
- *physical rehabilitation if there is the possibility of brain injury that may cause a physical disability. Physical rehabilitation must be funded as long as it improves functionality.*

References and sources

Encyclopaedia of Mental Disorders - <http://www.minddisorders.com/Py-Z/Substance-induced-anxiety-disorder.html>

The Free Dictionary - <http://www.thefreedictionary.com/psychoactive+drug>

Mentalline medical resource - <http://www.mentalline.com/articles/substance-intoxication-delirium.aspx>

Segen, J.C. *McGraw-Hill Concise Dictionary of Modern Medicine*. The McGraw-Hill Companies, Inc. 2002.

Prescribed minimum benefits (PMBs) are defined by law. They are the minimum level of diagnosis, treatment and care that your medical scheme must cover – and it must pay for your PMB condition/s from its risk pool and in full. There are medical interventions available over and above those prescribed for PMB conditions but your scheme may choose not to pay for them.

A designated service provider (DSP) is a healthcare provider (e.g. doctor, pharmacist, hospital) that is your medical scheme’s first choice when you need treatment or care for a PMB condition. You can use a non-DSP voluntarily or involuntarily but be aware that when you choose to use a non-DSP, you may have to pay a portion of the bill as a co-payment.

PMBs include 270 serious health conditions, any emergency condition and 25 chronic diseases; they can be found on our website by accessing the link provided (www.medicalschemes.com/medical_schemes_pmb/index.htm).

The Communications Unit would like to thank Ronelle Smit, Dr Selaelo Mamejja, Dr Boshoff Steenekamp and Annemari van Vuuren for making this edition of CMScript possible.

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