

South African society in the stone age with regard to addiction

It was highly disappointing, and indeed sad, to read Councillor Yagyah Adams' suggestion that drug addicts should be criminalised as a way of combating the scourge and protecting society from them. What makes it so sad is that the suggestion comes from a councillor who ought to have acquainted himself with this dreadful puzzling disease before going to the press with his reckless suggestion. In the first place, people who are found in possession of illegal drugs automatically receive a criminal record, except for juveniles, who are first-time offenders; and in the second place, incarceration does not stop users from their addiction because it is so powerful that it leads to a high rate of recidivism in users who commit crimes to feed their addiction.

The councillor's tone is so stereotypical of that of a great many people in society who regard people on substances as absolute scum. Addicts may behave like scum and callous animals, but deep down they are human beings struggling with a painful and complex disease which has defied modern science in terms of finding a cure. The other common myth mentioned by people with little knowledge of addiction is that addicts have choices. This view is so crass that it needs addressing. Anyone who is introduced to any drug or mind-altering substance does not choose addiction, but chooses the drug for its mind-altering effects. These mind-altering substances, including cigarettes, cannabis and alcohol, are presented as wonder drugs that will send the receiver into state of instant bliss with one hit. It is never mentioned to prospective users that one drink, one hit or one puff is enough to send them down the dreadful and painful road of addiction.

Once an individual becomes addicted, then the damage has been done. Addicts have no choice once they are addicted because addiction is a disease that is beyond the control of most users. One hit leads to a thousand and it never stops. Once individuals are deeply addicted, they reach a point at which addiction is no longer enjoyable. Instead, it becomes a daily curse; a painful mental prison without keys. Successful recovery from addiction is only possible when addicts become totally exasperated with their addiction, sincerely admit that they need help, and are fully committed to follow a recovery programme.

There are no drugs to cure addiction. Rehabilitation centres and prisons do not cure addicts if the individuals are not willing to take the help that they are given.

Of all the help that is available to addicts, the best in ensuring towards recovery is total unconditional love. I wish to salute the many mothers who have made tremendous sacrifices and endured a great of pain and strain on their marriages to help their children recover. Some mothers have even died of heart attacks trying to save their children. I have heard from several recovered users how indebted they are to their parents, who showed them the love that helped them to recover when the rest of their family and society condemned them like dogs to die out in the cold. Let us not forget children with undiagnosed attention deficit hyperactivity disorder, post-traumatic stress disorder, bipolar disorder and depression, who innocently turn to drugs for relief, only to end up becoming full-blown addicts with terrible criminal records. I would like to

appeal to readers to attend support groups to learn more about this dreadful disease in order to help people who suffer from the condition and to stop being judgemental about them.

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Thoughts on the state of family medicine in South Africa: another response

I was encouraged to share my view on my experience as a family physician after reading the article on *Thoughts on the state of family medicine in South Africa*, by Couper ID, Fehrsen S and Hugo J (S Afr Fam Pract. 2013;55(3):208-210).

My background is that I obtained my degree in family medicine before it was recognised as a speciality and registered as a specialist in family medicine under the grandfather clause. I have been a general practitioner for 20 years and before that, spent five years in a rural hospital. The private health sector did not give special recognition to specialists in family medicine. Therefore, obtaining a degree in family medicine was a personal venture on which I embarked to develop my capacity and skills as a doctor.

To be a specialist is the result of studies. It is human nature to be acknowledged for something for which you have worked. Specialists are not equal, but it is about being an expert in your field. I see myself as an expert family physician. In my experience, daily clinical questions, management, research and communication uncertainties can be solved through further studies. I was taught how to think outside the box and examine issues through the values of family medicine, which includes patient-centredness, health promotion and practising ethical medicine. Although most of my work includes primary care and consultations, surgical and procedure knowledge are included in my approach to a patient's fears and expectations.

My value as a colleague is visible through my positive role as a team player. Frequently, the clinical load is considerable and the resources limited. Working in the team sometimes includes duties at the clinic and treating patients with minor complaints. Sometimes I am the teacher and communicator through my involvement in teaching third-year students, and the next day, I am the manager who runs my clinic and considers finance and employee issues. As I am educated in health, I also give talks at schools and small groups. My studies have taught me that a doctor is a continuous student throughout his or her professional life.

Whether or not I am fulfilling the needs of the healthcare system in South Africa is debatable. I was trained as a generalist with knowledge of procedures and primary health. The core values of family medicine were conveyed when I obtained my degree in family medicine. Being a family physician is an art and a way of practising medicine that is not superior or inferior to any other speciality. Assessing the outcomes and making changes in our approach to healthcare is important, but to totally change direction is unnecessary.

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