

Injecting drug use in South(ern) Africa

Realities and the need for action

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26 October 2018





Faculty member of the Bristol Myers Squibb Foundation (BMSF) Honorarium received from Gilead Pharmaceuticals

Overview

- Concepts & terms
- Drug use in South Africa
- Why do people inject drugs?
- What risks do people who inject drugs face?
- What solutions are there?
- The regional situation
- Conclusions & recommendations





What is a drug?



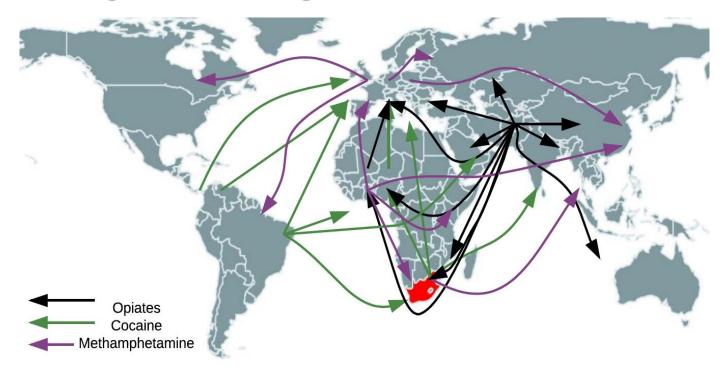
Why do people use drugs?

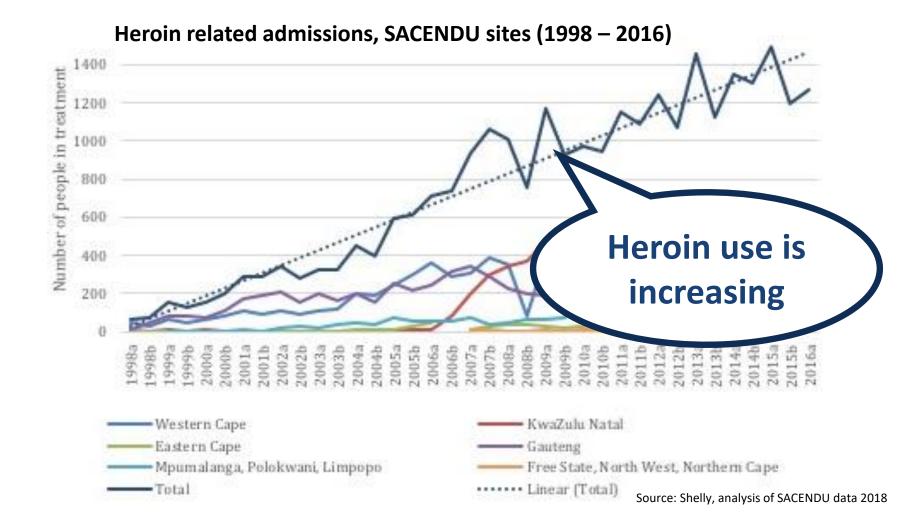


The war on drugs has been a war on people



South Africa is part of (injectable) drug trafficking





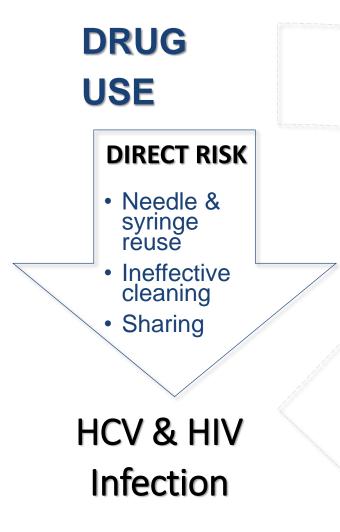
Why do people inject drugs?



What risks are associated with injecting?







INDIRECT RISK

- High risk sexual practices
- Low levels of knowledge
- Limited access to <u>appropriate</u> services
- Violence
- Stigma, discrimination & exclusion
- Drug use in unsafe environments

Sibo's experience of the criminal justice system...

Source: Anova Health Institute 2018

Charlize explains what happened to her when the eThekwini municipality halted the needle and syringe service in Durban?

IN ICTIONY IS JUNE My Name is and I have REALT BRING SUFFERING TREMENDOUBLY SINCE WE DO NOT RECIEVE NEEDLAS 4-RM T.B.H. I HAVE HEPATITIES & AND I'M HIVH AND I HAVE TO END UP STARING NEEDES WITH MY PARTNER BECAUSE WE CAN'T APPORD TO PLACHASE NEEDLES PROM THE FHARMACY. THEREPORE I FUR MY PARTNER AT RISK EVERY TIME WE USE THE STATISTICS ARE SO HIGH FOR HIV IN S.A AND NOW THEY WILL DEPER RIDE BECALEE OF THIS SITUATION .

The death of Boots The fatal consequences of stigma, discrimination & violence

Barriers to health services

 Prior experiences of stigmatisation "They're not helping you, they're oppressing you" (Male, Pretoria, 32)

"When [the doctor] heard I was using drugs he went off!... It was the worst experience I have ever had with a doctor. " (Male, Cape Town, 30)

- Concerns about waiting periods, withdrawal & treatment access
- Affected by prior negative experiences & low sense of self-worth "Death didn't seem that unappealing." (Male, Cape Town, 45)



Source: Versfeld et al. 2018

What solutions are there?



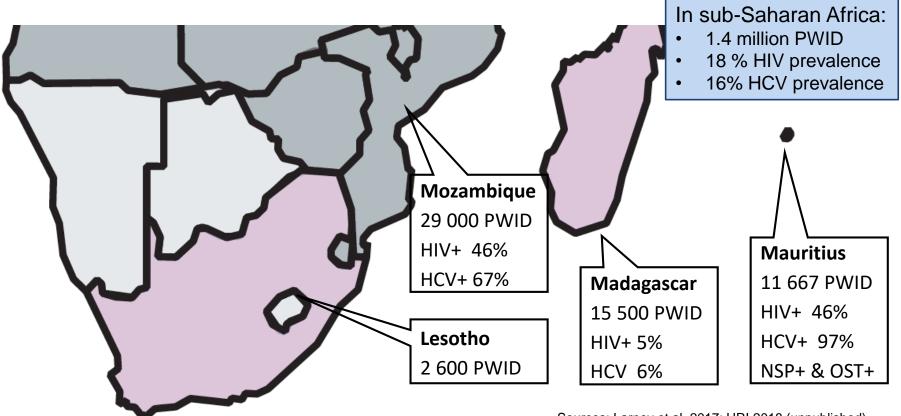
WHO, UNODC, UNAIDS comprehensive package of interventions:

- 1. Needle and syringe programmes (NSPs)
- 2. Opioid substitution therapy (OST) and other evidence-based drug dependence treatment
- 3. HIV testing and counselling (HTC)
- 4. Antiretroviral therapy (ART)
- 5. Prevention and treatment of sexually transmitted infections (STIs)
- 6. Condom programmes for people who inject drugs and their sexual partners
- Targeted information, education and communication (IEC) for people who inject drugs and their sexual partners
- 8. Prevention, vaccination, diagnosis and treatment for viral hepatitis
- 9. Prevention, diagnosis and treatment of tuberculosis (TB)
- Opioid overdose prevention and management



The Southern African situation

PWID size, HIV & HCV prevalence estimates and services



Sources: Larney et al. 2017; HRI 2018 (unpublished)

South African HIV/HCV data & services

NSP+ & OST+

Johannesburg (4 500 PWID)

HIV+: 46% (563/1228)²

Pretoria (4 500 PWID)

Hep initiative (n=324)

- HIV+: 38%
- HCV PCR+: 73%
- HIV-HCV+: 29% *TipVal* (n= 544)*
- HIV+: 56%
- HCV+: 93%
- HIV-HCV+: 48%
- NSP+ & OST+

Durban (1 000 PWID)

Hep initiative (n=318)

- HIV+: 17%
- HCV PCR+: 29%
- HIV-HCV PCR+: 7% (NSP+) & OST+

Cape Town (1 500 PWID)

Hep initiative (n=299)

- HIV+: 7%
- HCV PCR+: 34%

• HIV-HCV PCR+: 1% *TipVal* (n= 348)*

- HIV+: 8%
- HCV+: 63%
- HIV-HCV+: 6% NSP+ & OST+

Sources: SANAC 2018, THC, OUT et al. 2018; Lane et al. 2018; (1)TB HIV Care (Step Up); (2) Anova Health Institute (JAB Smart), OUT Wellbeing (Harmless)

NSP+

Port Elizabeth (500 PWID)

HIV+: 15% (26/177)¹



Conclusions & recommendations

- PWID exist, and social & structural factors are major contributors to the high HIV & HCV prevalence and consequences of infection
- (Co)-Infection burden varies, likely reflecting contextual factors
- Needle and syringe programmes, opioid substitution therapy and a harm reduction approach is critical to reduce HIV, HCV and other harms
- Voluntary psychosocial services are needed to build a sense of self-worth, dignity and the desire to access and remain in treatment
- Clinicians & the health and social system need to provide accessible, sensitized, evidence-based and integrated community-based services
- HIV clinicians should call for the decriminalisation of people who use drugs, with a move towards legal regulation



Thank you

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Acknowledgements:

Andrea Schneider, Angela MacBride, Marli Hanekom, Anthony Manion, Linsey Schluter

