Harm Reduction Responses in the Age of COVID-19

Documenting the experiences of people who use drugs in South Africa

March 2021

Executive Summary

Before Covid-19, people who use drugs in South Africa had limited access to harm reduction services already. Covid-19 and the consequent lockdown, created new challenges in providing treatment, care and support to people who use drugs. At the same time, opportunities arose which allowed for innovation in the delivery of harm reduction services for people who use drugs in South Africa. The lessons learnt must be implemented and scaled up across the country. These efforts need to be supported in a financially sustainable way throughout the Covid-19 period and beyond.

This brief outlines the key lessons learnt and recommendations for stakeholders. It documents the experiences of people who use drugs and their access to HIV and viral hepatitis harm reduction, prevention and treatment services since the beginning of the Covid-19 pandemic in South Africa's four largest metros (Cape Town, Durban, Johannesburg and Pretoria). Harm reduction service delivery responded flexibly to increase access at a time of restrictions in movement. This created opportunities for ongoing innovation for enhanced access to harm reduction services going forward. This report is aimed at people who use drugs and organisations that work with and for them, organisations working in harm reduction, government officials at national, provincial and local government levels and funders.

While each city responded differently according to their context, the innovations in each city resulted in notable change. These included shifting to a harm reduction-centered approach to substance use in Cape Town; scaling up best practices to take-home Opioid Substitution Therapy (OST) in Pretoria; providing long-term withdrawal management in Durban; and safe-guarding human rights and advocacy for harm reduction in Johannesburg.

Methodology

This document is a collective report on the key challenges during Covid-19 and reflects the experiences of people who use drugs networks, NGO service providers, civil society and academia working in the four cities or nationally and regionally. To solicit the views of all stakeholders, an advisory group was set up to oversee the process. All of the organisations involved participated in consultation interviews. Additional one-on-one interviews with individuals who worked in each of the cities were held. A desktop review of key information was conducted.

Background

Drug use is criminalised in South Africa and people who use drugs in South Africa are subjected to stigmatisation, marginalisation and social exclusion. People who use drugs can face poor treatment from the police and government officials and are routinely targeted by the police.[1] South Africa does not provide any social support for people who use drugs.

Alcohol remains the most dominant substance used in South Africa. Cannabis is the most commonly used illicit drug, followed by methamphetamine, also known as crystal meth or tik. Heroin is also used, and is usually smoked, with a small proportion injecting heroin as the chosen route of administration.[2]

There is no definitive data on the extent of drug use in South Africa. Based on data modelled from a national household survey and expert consensus, there are between 67,000 and 75,000 people who inject drugs in South Africa.[3] The numbers of people who inject drugs in Cape Town, Durban and Pretoria are estimated at 1517, 1245 and 4514, respectively, with 6827 in Johannesburg.[4] Data suggest a high HIV and viral hepatitis burden among people who inject drugs. HIV prevalence among people who inject drugs ranges from 11% in Cape Town to 58% in Pretoria. Hepatitis C prevalence is even higher, ranging from 35% in Durban (before the closure of the needle and syringe service in 2018) to 94% in Pretoria. (See Table 1 below).

Table 1: Number of People who Inject Drugs and HIV and Viral Hepatitis Prevalence (latest data) [4, 5, 6]

City	# PWID	HIV %	HCV %	HBV%
Cape Town	1 517	11%	64%	6%
Durban	1 245	17%	35%	4%
Johannesburg	6 827	27%	No data	No data
Pretoria	4 514	58%	94%	5%

[1] Scheibe A, Shelly S, Versfeld A, Howell S, Marks M. Safe treatment and treatment of safety: call for a harm-reduction approach to drug-use disorders in South Africa. South African Heal Rev 2017;20:197–204.

[2] https://www.samrc.ac.za/sites/default/files/attachments/2020-11-18/SACENDUFullReportPhase47.pdf

[3] UNAIDS. Do No Harm. Health, human rights and people who use drugs. Report [Internet]. 2016;Available from: http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=54015717&lang=tr&site=ehost-live

[4] https://shiny.dide.imperial.ac.uk/kpcascade/

[5] Scheibe A, Young K, Moses L, Basson RL, Versfeld A, Spearman CW, et al. Understanding hepatitis B , hepatitis C and HIV among people who inject drugs in South Africa : findings from a three-city cross-sectional survey. Harm Reduct J 2019;16(28):1–11.

[6] University of California San Francisco, Anova Health Institute, National Institute for Communicable Diseases. Brief Report of the TipVal Study: An Integrated Bio-Behavioral Surveillance Survey among People who Inject Drugs. 2018.

Although the South African National Strategic Plan for HIV, TB and STIs 2017 – 2022 includes the provision of harm reduction services for people who inject drugs, there has been resistance to providing harm reduction services. The closing of the needle and syringe programme in Durban in May 2018 for 24 months is an example.[7] Without access to sterile injecting equipment, people who inject drugs had to reuse and share equipment.

List of Terms

Harm Reduction: This includes a set of policies, programmes, services and actions that aim to reduce the harm to individuals, communities and society related to drugs.[8]

Needle and syringe programmes (NSPs): This provides people with sterile needles and syringes to reduce transmission of HIV and viral hepatitis from sharing injecting equipment. NSPs also include mechansims for the safe collection and disposal of used injecting equipment.

Opioid: Opioids are a class of drugs naturally found in the opium poppy plant that produce a variety of effects, including the relief of pain, relaxation and getting high. Heroin is the most commonly used illicit opioid. In South Africa, some of the local names include whoonga, unga, nyaope, thai white, sugars and pinch.

Opioid Substitution Therapy (OST): This is a harm reduction measure which offers people who use opioids such as heroin an alternative prescribed medicine (usually methadone or buprenorphine). For maximal effect, OST should be provided at an optimum dose for as long as the person requires it.

Person who uses drugs: This refers to a person who uses substances, regardless of how the substance is consumed.

Person who injects drugs: This refers to a person who injects substances as the primary route of administration.

As at February 2020, harm reduction services in the key metropoles comprised of opioid substitution therapy (OST) services in Cape Town, Pretoria and Johannesburg, but none in Durban. Although HIV and TB testing and treatment were provided in all cities, routine viral hepatitis testing and referral for treatment was limited to OST clients in Cape Town and a pilot study in Pretoria. Collectively, these sites service 10 000 people.

None of the metropolitan areas provide the full package of harm reduction services for people who inject drugs that are recommended by the World Health Organization (WHO). Before Covid-19, needle and syringe services needed to double and OST coverage increased more than ten-fold to meet the WHO coverage targets for HIV and HCV prevention for people who inject drugs in the major metros.[9] Without access to sterile syringes and needles and OST programmes, people who inject drugs are at high risk for HIV and viral hepatitis infection.

[7] Scheibe A, Shelly S, Versfeld A. Prohibitionist Drug Policy in South Africa—Reasons and Effects. Rev Int Polit développement [Internet] 2020;(12). Available from: http://journals.openedition.org/poldev/4007

[8] World Health Organization Europe, Available at: https://www.euro.who.int/en/health-topics/communicable-diseases/hivaids/policy/policy-guidance-for-areas-of-intervention/harm-reduction

[9] Scheibe A, Matima R, Schneider A, Basson R, Ngcebetsha S, Padayachee K, et al. Still left behind: harm reduction coverage and HIV treatment cascades for people who inject drugs in South Africa. In: 10th IAS Conference on HIV Science. Mexico: 2019.

One of the key barriers and threats to harm reduction in South Africa is lack of funding and political will. The city of Tshwane is the only municipality that funds OST and needle and syringe programmes.

Harm reduction services

Largest metros

(as at February 2020)

01.

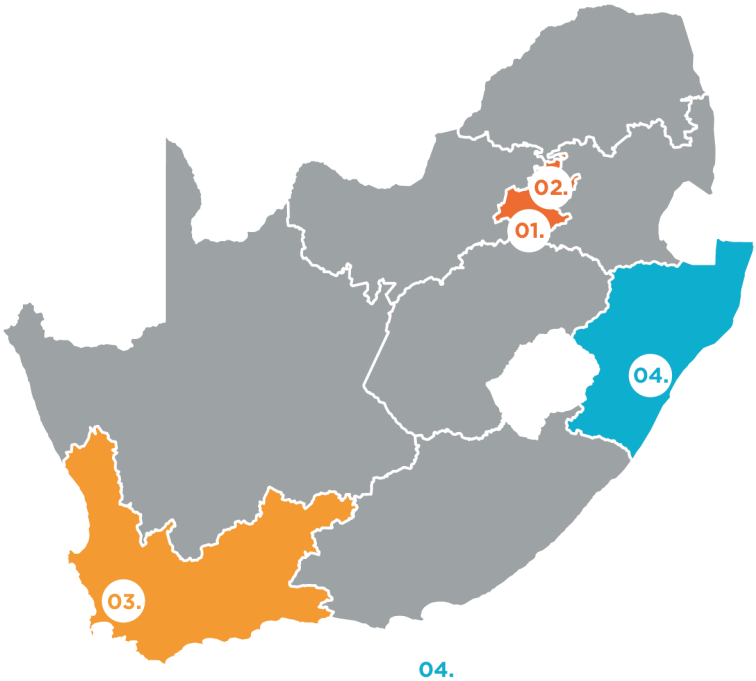
JOHANNESBURG

- NSP & OST programme
- HIV testing & referral for treatment
- No routine viral hepatitis testing/Rx

02.

PRETORIA

- NSP & OST programme
- HIV & TB testing & treatment
- Viral hepatitis screening (HCV Rx pilot study)



03.

CAPE TOWN

- NSP & OST programme
- HIV testing & referral for treatment
- Hepatitis testing & referral for Rx if on OST

04.

DURBAN

- No NSP (stopped in 2018, but restarted in June 2020) & no OST programme
- HIV testing & referral for treatment
- No routine viral hepatitis testing/Rx

NSP: Needle and syringe programme
OST: Opioid substitution therapy
Rx: Treatment

Main harm reduction service delivery implementing partners during Covid-19 lockdown	
Cape Town	TB HIV Care, Step UP Project, South African Network of People who Use Drugs, STAND, Cape Town Drug Counselling Center, Groote Schuur Liver Clinic, City of Cape Town
Durban	Durban University of Technology Urban Futures Centre, South African Network of People who Use Drugs, Advance Access and Delivery, City of eThekwini, TB HIV Care
Johannesburg	Anova Health Institute JAB Smart, City of Johannesburg
Tshwane	Community Oriented Substance Use Programme (COSUP) University of Pretoria, Tshwane Homelessness Forum, South African Network of People who Use Drugs, Doctors Without Borders (MSF), Sediba Hope Medical Centre, City of Tshwane

Following the first cases of Covid-19, and the resultant announcement of the National State of Disaster Regulation D (5) stated that all people experiencing homelessness must be provided with temporary shelter. This regulation also required that prevention measures against Covid-19 and access to health care services and treatment be provided. Cities varied in their approach to implement the regulation and services for people who use drugs, as outlined in the timeline on the following page.

Timeline of events

2020

MARCH 05
- **1st Covid-19 infection in South Africa**

15
- **National State of Disaster**

23
- **National lockdown announced Regulation Section 11(D)5**
  Elements of the regulation included:
- Temporary shelters for people experiencing homelessness
- Law enforcement
- Prevent transmission
- Enable treatment

27
- **Full lockdown (Level 5)**
- No movement of persons allowed in public, except for essential workers or purchasing essential goods or seeking medical care

MAY 01
- **Partial lockdown (Level 4)**
- Curfew from 20:00 – 05:00
- Exercise in public is allowed between 06:00-09:00
- Alcohol and cigarette sales banned

JUNE 01
- **Restarting economic activity (Level 3)**
- Sale of alcohol allowed Monday – Thursday 09:00 – 17:00
- Public parks, beaches and sports grounds closed
- Citizens encouraged to stay at home unless necessary
- Sale of cigarettes still prohibited

AUGUST 15
- **Lifting some restrictions (Level 2)**
- Curfew from 22:00 – 04:00
- Sale of tobacco ban lifted
- Public parks, beaches and sports grounds opened

SEPTEMBER 21
- **Lifting more restrictions (Level 1)**
- Curfew from 24:00 – 04:00
- Limited public gatherings

DECEMBER 28
- **Amended Level 3**
- Immediate prohibition of sale of alcohol
- Curfew 21:00 – 06:00
- Public parks, beaches and sports grounds closed

2021

JANUARY 15
- **Amended Level 3 extended**
- Alcohol sales allowed
- Curfew 21:00 - 05:00

FEBRUARY 01
- **Amended Level 3 extended**
- Curfew from 23:00 – 04:00
- Public parks, beaches and sports grounds opened

Cape Town

Shifting substance use approaches

When lockdown began, street-based people in central Cape Town and surrounding areas, were encouraged to relocate to the Culemborg Temporary Shelter, located under Nelson Mandela Boulevard. They stayed for a week while the City authorities established an encampment on the outskirts of the city at Strandfontein to house street-based people. The City of Cape Town then closed the Culemborg site and transferred residents to Strandfontein. Some street-based people wanted to be near the city, and many were dependent on drugs, so instead of moving to Strandfontein, they returned to the streets, where there was an opportunity to earn some income and access drugs. The City also established a shelter at a converted storage and retail facility known as Paint City.

> **"It has been the worst experience ever because we never got the things that they promised us. We never received the beds to sleep on, we had to sleep on the cold floor and as for the food that was donated to us the people that work in the kitchen, took out the best stuff for themselves first."**
>
> **- a person who uses drugs reflects on the experience of being relocated to a temporary shelter**

Approximately 400 people dependent on heroin were housed in existing smaller shelters as well as at Strandfontein and Paint City. The South African Network of People who Use Drugs (SANPUD) foresaw the inevitable distress and suffering that people would experience and decided, together with their partners, to provide symptomatic relief from opioid withdrawal and keep the needle and syringe services operational.

Training at Paint City

Image: STAND

SANPUD approached funders to ask for flexibility to reallocate funds to purchase medications to relieve the symptoms of withdrawal, personal protective equipment and female hygiene kits for people who use drugs. Although some funders would not allow the reallocation of funds, others accommodated the request without the levels of bureaucracy typically required for reallocating funds. The reporting requirements were also relaxed, allowing staff to focus on immediate needs. SANPUD and partners placed 21 people on methadone and 475 people who inject drugs received 3500 harm reduction packs. Five-hundred people received personal protection equipment and hygiene kits.

Images: STAND

The greatest challenge at the Strandfontein site was poor collaboration between the City of Cape Town and other service providers, including NGOs providing services for people who use drugs. To provide the best services for people who use drugs during this time, the organisations working with people who use drugs delivered a memorandum to the Mayor of Cape Town highlighting the rights and needs of people who use drugs. This resulted in better coordination at the Paint City site.

It was also clear that there was a lack of understanding of the psychosocial needs of people who use drugs, especially by the City of Cape Town social workers. Civil society provided training on harm reduction-centered drug counselling. It was found that some of the screening tools used as part of existing substance use service assessments at shelters for new clients were insufficient, unprofessional and did not align with norms and standards. The tools that were initially in use did not effectively assess for substance dependence, psychiatric conditions and suicide risk. Considering the extent of trauma suffered and levels of gender-based violence faced by people experiencing homelessness, SANPUD and partners/civil society also provided training on how to deal with suicide risks and trauma. In addition to the psychosocial support, recreational activities were also introduced at the site, such as voluntary dance classes and a fashion show.

Image: STAND

Fashion show at Paint City

Image: STAND

Opioid Substitution Therapy was available to a small number of people who inject opioids provided by Global Fund sub-recipients. Funder restrictions prevented OST provision to people who smoked or inhaled opioids, resulting in withdrawal among them. At Paint city, people would have to leave the site to use. This created risks for Covid-19 infections at the site as people frequently left and entered the site. There was also the increased risk for opioid-related overdose among people experiencing involuntary, unassisted withdrawal, with subsequent loss of tolerance, creating risk of overdose when they used opioids again.

Viral Hepatitis Treatment Services

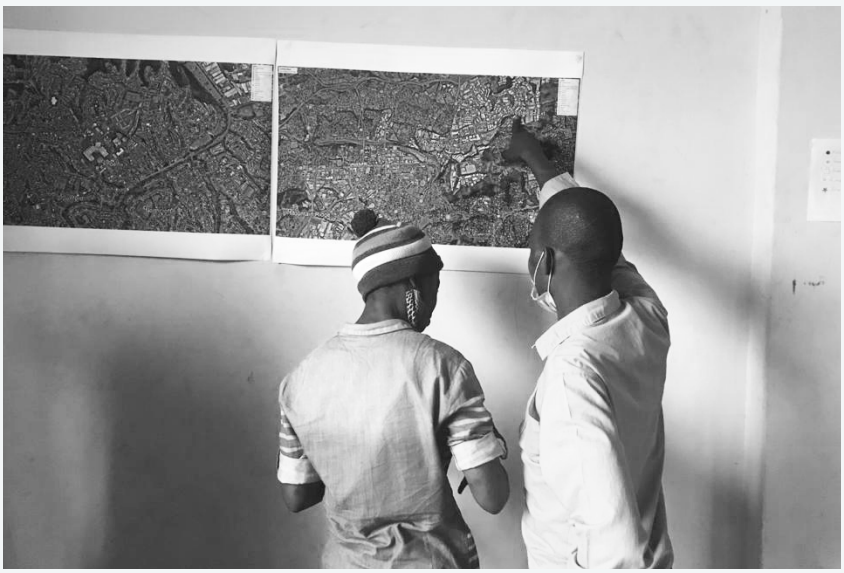
Viral hepatitis treatment, particularly for hepatitis C (HCV), is extremely limited in South Africa. Very few people have access to testing or treatment. The Liver Clinic at Groote Schuur Hospital in Cape Town provides inpatient and outpatient services and treatment for people with established liver disease, including viral hepatitis. People who inject drugs are at high risk of contracting viral hepatitis from contaminated needles. Direct acting antivirals, a well tolerated short-course, oral treatment, cures more than 95% of HCV infections.

During the lockdown in South Africa, less people attended the Liver Clinic, presumably due to the restrictions in movement, and the perceived risk of infection of Covid-19 at health facilities. Left untreated, viral hepatitis can lead to cirrhosis, a progressive malfunction and deterioration of the liver, or liver cancer.

Durban

Long-term opioid withdrawal management

The period of the Covid-19 lockdown resulted in a paradigm shift in Durban for harm reduction. In particular, the time enabled closer collaboration between the City and harm reduction partners. Before Covid-19, the needle and syringe programme remained suspended, and the methadone project for 50 people (funded by donors) was not continued by the City. The needle and syringe programme was restarted in Durban on 29 June 2020. The timing was partly because of the additional pressures created by Covid-19.



At the main shelter at Moses Mabida Stadium 200 people were experiencing opioid withdrawal at the start of the lock down. Civil society partnered with eThekwini Municipality to provide harm reduction services there and at selected shelters. People were offered symptomatic relief packs as well as the option of prolonged opioid withdrawal management through the use of methadone. Harm reduction services were provided at all 12 safe sleeping spaces in the City. At Moses Mabida Stadium and Albert Park (2 of the 12 sites), approximately 240 people started the long-term withdrawal management programme at shelters, and approximately 400 people received symptom management and overdose prevention packs.

"It is hard to go out and hustle during lockdown and we could not get food out there. We are thankful for the shelters because before this we were on the streets and we had no place to go for shelter, but now we have Belhaven. It is all thanks to the Methadone Programme, now we can go to Belhaven at any time without being chased away."

- a person who uses drugs

During the first ten days of lockdown, it became apparent that many individuals housed in shelters had symptoms of tuberculosis. Upon intake to the safe sleeping spaces, all individuals were screened for TB using a symptom screen. 13 individuals were bacteriologically confirmed positive with TB disease. Within several days after settling onto sites, it was apparent to the medical team on site that there were additional people who remained undiagnosed with TB. Over a two week period, a mobile medical team performed chest X-rays on 1095 individuals across all 12 safe sleeping spaces and found an additional 40 individuals who were diagnosed with pulmonary TB, 1 which was drug-resistant.

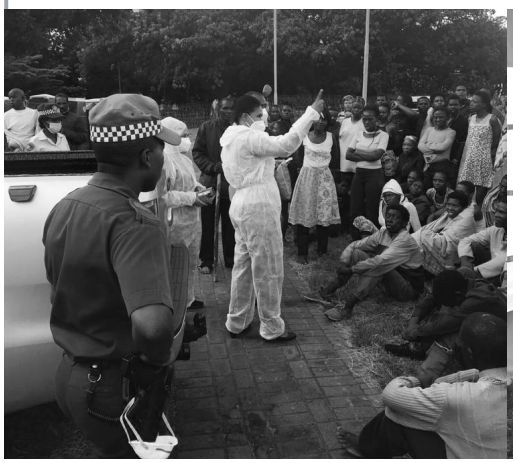
As part of this work, time-limited methadone to support withdrawal for street-based people and people with low or no income was given in a government-owned building provided by the municipality, with aims to develop this into a full-service harm-reduction provision centre. There is also ongoing work to secure another building in the city for these service, with private sector partners, as part of urban regeneration in Durban.

The concern now is to find sustainable funding for the service provision, particularly for the OST components to ensure that the services provided during lockdown, do not have to be stopped. Substantial efforts will be needed to shift the methadone service towards OST maintenance therapy. In the meantime, a small OST site for people who inject drugs started in December 2020.

Collaboration with police in Durban:

The collaboration between police services and harm reduction and health services providers improved significantly during the lockdown period through daily interaction. This collaboration has continued, as witnessed by the ongoing referral of people who use drugs to the sites providing harm reduction support. Police now also have a better understanding of the factors that have led to people living on the streets and drug dependency.

The Durban metro police requested overdose training, which was facilitated by NGOs at two sites providing methadone. A small number of police now carry naloxone for overdose prevention, and also provide safe storage of naloxone, although this is not widely practiced as yet.



Johannesburg

Safeguarding rights and advocating for change

When lockdown first began, human rights violations were experienced by people experiencing homelessness as restrictions on movement were enforced. These included physical violence towards people experiencing homelessness and people who use drugs. Although inner-city shelters were established, there were no harm reduction policies for the sites.

After Stage 5 lockdown, the restrictions of movement made it very difficult for clients to navigate the streets and continue with their daily lives. Clients were moved from hotspots to erected shelters, but some clients could not stay in these shelters as some had no blankets and some people were made to sleep on the floor. Some shelters had no food, and most clients left these shelters.

Outreach was not easy to conduct and HIV Testing Services (HTS) had to be suspended. Civil society harm reduction outreach teams were sometimes stopped by the police or soldiers, and needle distribution activities had to be suspended.

Needle and syringe coverage is a challenge: the population of people who inject drugs is too scattered for peer educators traveling on foot to reach many of them. The project offices are too far from people who use drugs in these areas to collect needles and syringes. One solution has been to use the project vehicle to move more quickly across these areas, but it is often needed elsewhere.

Through the advocacy and engagement of partners, harm reduction counselling and on-site needle and syringe services were later provided at the shelters. Seventy people received OST, and there are ongoing discussions in support of establishing comprehensive substance use treatment services, including OST as maintenance therapy by civil society and the City of Johannesburg.

Pretoria

Scaling up best practice

The City of Tshwane (also known as Pretoria) is the most positive example of the scale up of harm reduction services in South Africa during lockdown. Caledonian Stadium, the temporary mass shelter for people experiencing homelessness, housed approximately 2000 people at its peak in the first week of the level 5 lockdown period, where after the residents were moved to several existing and new temporary City and NGO-managed shelters across Tshwane.[10] The numbers of people experiencing homelessness requiring support exceeded expectations.

The University of Pretoria's Department of Family Medicine (DFM), in partnership with the City of Tshwane and other stakeholders, activated its response around ensuring the continuity of care for people experiencing homelessness. Mobile healthcare teams, including physicians, clinical associates, community health workers, peers and social workers, provided opioid substitution therapy, Covid-19 screening, basic primary healthcare, the provision of chronic medication and psycho-social services at service points set up at all the shelters.

Services, delivered at 26 shelters across Tshwane and informal settlements (Melgisedek) and hotspots in Lyttleton and at Irene Station, included basic primary health care (acute and chronic conditions), Covid-19 screening, harm reduction and the management of acute opioid withdrawal. Of the 2066 homeless people recorded in the shelters 1076 (52.1%) were initiated onto methadone. By the end of June 2020, a further 272 clients have been initiated at COSUP sites onto tramadol as part of the management of acute opioid withdrawal for persons who use/inject drugs and could not access heroin during lockdown.

> **"It was a tough period for people who use drugs as they tried to manage triggers and how much [heroin] they use as the quantity they use was reduced drastically."**
>
> **- a person who uses drugs**

While the COSUP (Community Oriented Substance Use Programme) team continued providing essential services at the 17 pre-existing COSUP sites, one of the innovations in service delivery was that more people were put onto weekly take-home OST, as the threshold for moving onto weekly take-home dose was lowered. Permission from the City was obtained to procure additional methadone to address the foreseen increase in the number of people experiencing withdrawal. Tramadol, provided by the Gauteng Province free of charge during the lockdown period, was used as an alternative for treatment for withdrawal although it worked poorly. This was introduced as an alternative, due to the high cost of methadone.

[10] Marcus TS, Heese J, Scheibe A, Shelly S, Lalla SX, Hugo JF. Harm reduction in an emergency response to homelessness during South Africa's COVID-19 lockdown. Harm Reduct J [Internet] 2020;17(1):60. Available from: http://www.ncbi.nlm.nih.gov/pubmed/32831083

With the help of the Tshwane Metro Police, the COSUP team set up a service point outside the Caledonia stadium. People experiencing withdrawal were asked to come forward. For each person, the healthcare team did a health intake and general substance use screening, followed by a consultation. Clients with a history of opioid use and clinical signs of withdrawal were given low initiation doses of methadone (20–30 mg). The team managed the entire process: they wrote scripts, fetched medicines and administered directly observed treatment. Some of the residents also volunteered to assist with physical distancing and handwashing at the stations. Currently of the residents who were receiving OST for withdrawal management 78 are now fully enrolled into the COSUP programme. The Tshwane Homelessness Forum (THF) played a critical role in ensuring the City was able to identify and prepare shelters. They also provided training to City of Tshwane site managers on how to work with homeless people and people who use drugs.

"Our people who use drugs community struggled a lot as some harm reduction services were suspended like the needle and syringe programme (NSP) as the places where they stayed like the shelters did not want needles and it caused guys to share and re-use needles. The NSP psychosocial services were suspended after it was a very tough period for our community as they did not know how to survive and manage the situation. The guys working for Harmless had to give out NSP in hotspots. Their services were suspended, during the period needles were scarce. This is due to the break-in that took place at the Harmless offices with only needles being stolen".

- a person who uses drugs

Integrated Covid-19, substance use and primary health care and mental health screening was provided, and approximately 1200 people were initiated on methadone throughout levels 3 – 5 of the lockdown period, with between 500 to 600 shelter residents on OST at any point in time.

Harm reduction services were expanded to a large settlement of people close to the Steve Biko Academic Hospital and some smaller communities too. This successful example of scale up demonstrated that providing shelter and health care services to people experiencing homelessness who use drugs is essential, not only during lockdown. This has resulted in plans by the City and relevant partner organisations for a combined comprehensive approach to deliver harm reduction services to people who use drugs.

Cross-cutting lessons

The different approaches across the four cities for people who use drugs in response to the Covid-19 restrictions highlight that there were more people experiencing homelessness with opioid dependence than previously thought. The restrictions of movement and limited access to drugs harmed people who use drugs. There is a great need for evidence-based harm reduction services. The Covid-19 interventions affected people who use opioids tolerance and placed them at risk of overdose or resulted in symptoms of withdrawal. The importance of psychosocial support to people who use drugs, as well as the need for training of all service providers, also became apparent.

The limited national planning to manage opioid withdrawal and maintenance resulted in innovations between local authorities and civil society. The experiences from the four cities highlight the importance of sustainable government funding and meaningful engagement of civil society organisations and affected communities to deliver essential services. Despite these efforts, there were still many people in need of OST who did not receive it. The key lesson learnt was the importance of the metropole municipality to be the central planning hub, to allow for coordination between implementing partners. People experiencing homelessness are receptive to care, if it is integrated to meet their needs. Close collaboration and clear communication between internal and external partners was found to be key to the success of all of the interventions. The meaningful involvement and communication with people who use drugs is also essential.

The existing investment and expertise in harm reduction services in Pretoria, including OST and NSP, allowed for rapid and large scale up of services. In the other cities, the effectiveness of OST and harm reduction services gained traction, which shifted the perspectives of some stakeholders and opened a window for service provision, which can be sustained following the initial Covid-19 crisis.

Key Recommendations:

The positive gains made for people who use drugs outlined above need to be capitalised on and scaled up, including:

For National Government:

- The networks of people who use drugs should form part of all consultations and planning of services that affect them.
- National government agencies should accelerate plans to approve the National OST plan and guidelines.
- Implement and invest in further scale-up of NSP and OST services.
- OST should not be limited to people who inject opioids.
- National government should expedite the listing of methadone on the Essential Medicines List for maintenance use at primary care service sites that have the staffing, infrastructure and networks to provide OST.
- National government should actively be involved in advocacy for the reduction of the methadone price.
- To mitigate the risk of overdose in the time of Covid-19, government should fund the scaling up and access to OST at all shelters in locations where the capacity for OST initiation exists through partnership with civil society and academic institutions.
- People initiated onto OST during lockdown should be linked to ongoing maintenance therapy with access to psychosocial services.
- Government should enable civil society and academic institutions to establish opioid overdose prevention programmes, that focus on education and skills-based training of people who use opioids.
- National government needs to consider ways in which resources can be downstreamed directly into municipal levels of government for harm reduction interventions. This is preferable to provinces acting as mediums for service delivery at the local level.
- Increased community-based access to naloxone in health and substance use treatment centres and the provision of naloxone to OST clients, paired with appropriate administration training, is needed. Training of the police also needs to be scaled up, with access to naloxone to prevent overdosing.
- Expand mobile testing and chest X-ray for TB amongst people experiencing homelessness and people who use drugs.
- Provide guidance and recommendations on the use of rapid point-of-care HBV and HCV test kits and enable use in the primary care setting to allow for integration into services.
- Ensure access to affordable direct acting antiviral treatment for HCV infection in community settings.

For Provincial Governments

- Reallocate resources to support harm reduction services, including NSP and OST where ever people need it.
- Establish mobile harm reduction services for rural areas and consider using these to increase coverage in peri-urban areas of metros.
- Ensure budget allocated for viral hepatitis prevention, diagnostic and treatment services include people who use drugs.
- Increase the number of harm reduction sites.

For Local Government

- City officials, together with partner organisations, should be playing a significant role in crafting harm reduction implementation plans. It is at the level of the city/metropole that innovation and model building around harm reduction should take place.
- Integrate harm reduction services that include needle and syringe services and OST into city-level responses around drug use.
- Continue integration of HIV and TB services into harm reduction services, and increase primary care level access to HBV vaccination, HBV and HCV point-of-care diagnosis and access to HBV and HCV treatment in harm reduction service settings.
- Ensure accurate and effective information flows between all stakeholders across all levels of service.
- Train all staff on the benefits of harm reduction services, and how to work with people who use drugs and people experiencing homelessness.
- Use innovation to adapt harm reduction services according to local context.
- Create new Covid-19 compliant pandemic standard operating procedures.
- Ensure that people who use drugs are consulted and included in the development of services and future emergency responses.

Funders

- Consult with service users and their representative networks on what is needed and what should be prioritised.
- Allow for flexibility in the provision of harm reduction services.
- Allow for flexibility in terms of reporting.
- Ensure that opioid substitution therapy is available for all people who use opioids and not only people who inject opioids.
- Include overdose and viral hepatitis services as part of the core harm reduction package that is funded.

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