



Harm Reduction Service Provision to PWID in Cape Town by the Step Up Project

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Overview

- Background, Harm Reduction and the Step Up Project
- Reflection on Previous Presentation (2017b)
- Service Delivery Report
- Impact of OST
- Conclusions and Recommendations

Background

- People who inject drugs (PWID) are at increased risk of blood-borne infections like HIV and viral hepatitis through the sharing of contaminated injecting equipment. Targeted services are necessary to reduce unsafe injecting practices.
- Step Up Project started in Cape Town in June 2015 to provide harm reduction and HIV prevention services to PWID. Current Global Fund grant (through Right to Care) runs until March 2019.
- Cape Town has an emerging PWID population. Heroin is the drug most commonly injected, and is typically injected ~4 times per day. However, many PWID also inject methamphetamine.

What is Harm Reduction?

- A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.
- A philosophy promoting sensible, realistic solutions to problems related to drug use, utilising respectful and compassionate approaches.
- Services can take the form of spaces, commodities, health care, or education.

Examples of specific aims:

- Prevent HIV and hepatitis C infections
- Prevent overdose
- Offer guidance and support for infections and co-morbidity
- Prevent high-risk injecting and unsafe sex behaviours

Step Up project provides:

(Guided by the WHO package of services for PWID and the IDUIT guide)

- Needle and syringe programme (**NSP**)
- Opioid Substitution Therapy (**OST**)
- **HIV counselling and testing** (HCT), Antiretroviral therapy (**ART**) and referral
- **Condom distribution**
- Health and harm reduction **education**
- Information, education and communication (**IEC**)
- Prevention, diagnosis and treatment of tuberculosis (**TB**)
- **Psychosocial** support – counsellor and social worker
- **Wound care**
- Recording of **human rights** violations against PWID
- **Advocacy** and promotion of human rights
- **Sensitivity training** w/ stakeholders and service providers

Health services are delivered twice weekly at locations where PWID congregate
Peer educators are essential to effective service delivery

Human Rights and Advocacy

- PWID are a highly criminalised and marginalised population
- PWID have a right to stigma free health services, and fair treatment from the community and law enforcement agencies
- Step Up records human rights violations reported by service users as a standard outreach activity
- Health commodities (particularly needles/syringes) often unlawfully confiscated
- Efforts are ongoing to promote cooperation of law enforcement and security agencies

“Client told me that even after he showed the letter to SAPS they still broke his needles. He was smacked & kicked. They even swore at him saying 'Jou fucking spike naaier. Ons gaan nog julle almal vrek maak.’” – Male (30), Bellville

2017b Reflection and Progress

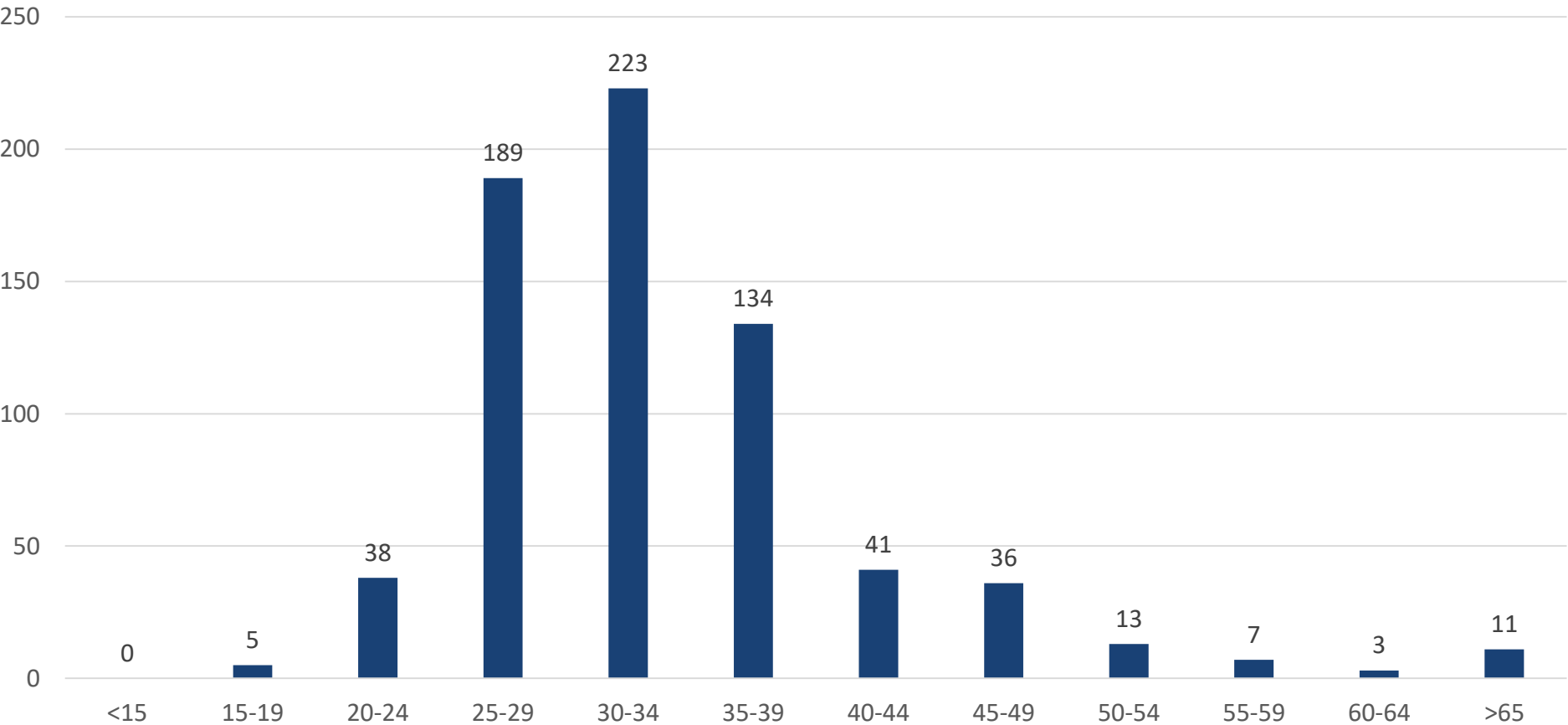
- Comprehensive HCV services for PWID are still needed; ideally through community-based models
- Community-based TB testing drive proved impractical; other options to be considered
- Efforts to improve N/S returns have been effective: return rate increased from 81% in 2017a to 94% in 2018a
- Efforts to reduce human rights violations, particularly the confiscation of injecting equipment, still require further attention. Dialogues have been held with SAPS, security agencies, and PWUD community representatives.
- Down-titration of the OST programme has started. It is hoped that an expanded OST programme will be introduced under a new Global Fund grant in 2019



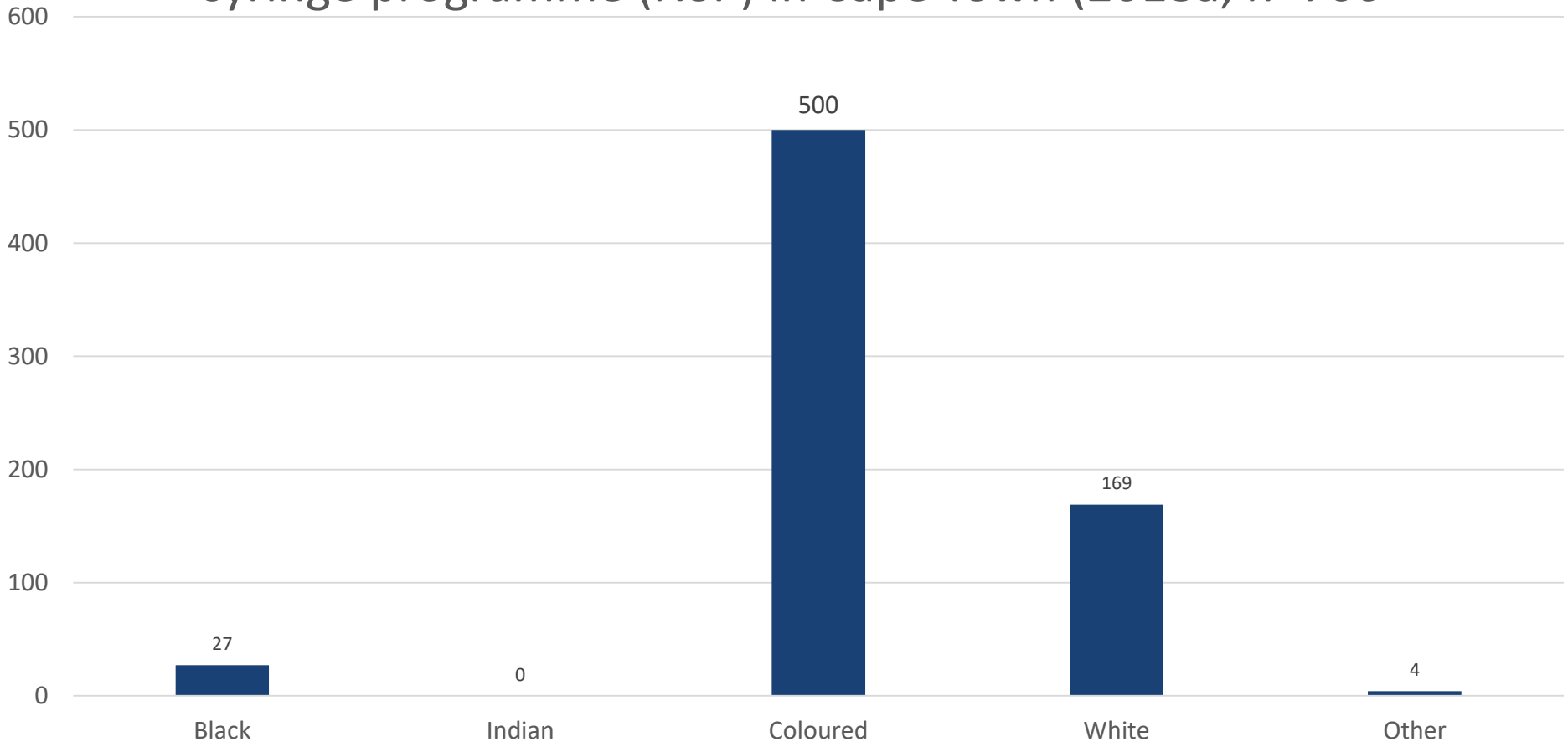
Step Up Services Cape Town

Report on
programmatic data
for 2018A

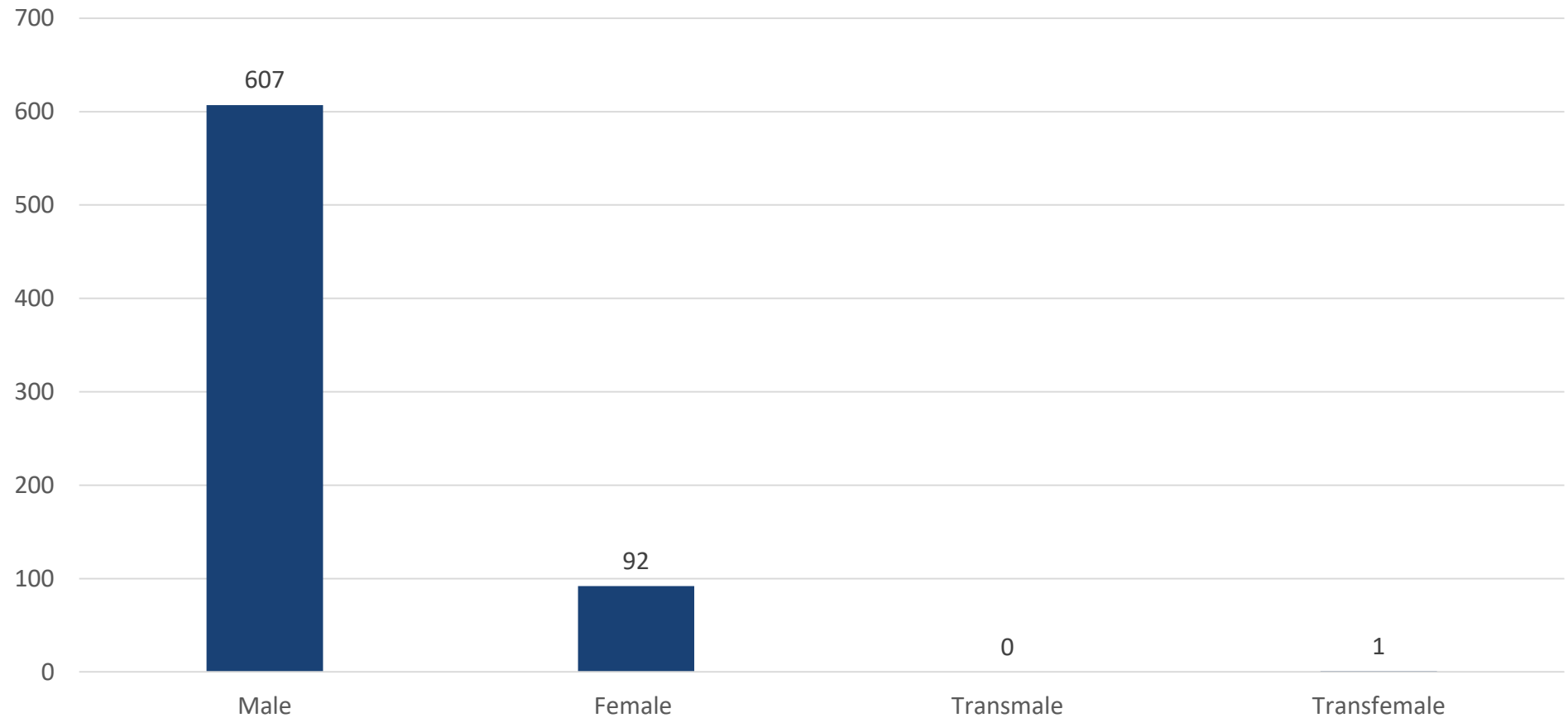
Age distribution of service users accessing needle and syringe programme (NSP) in Cape Town (2018a, n=700)



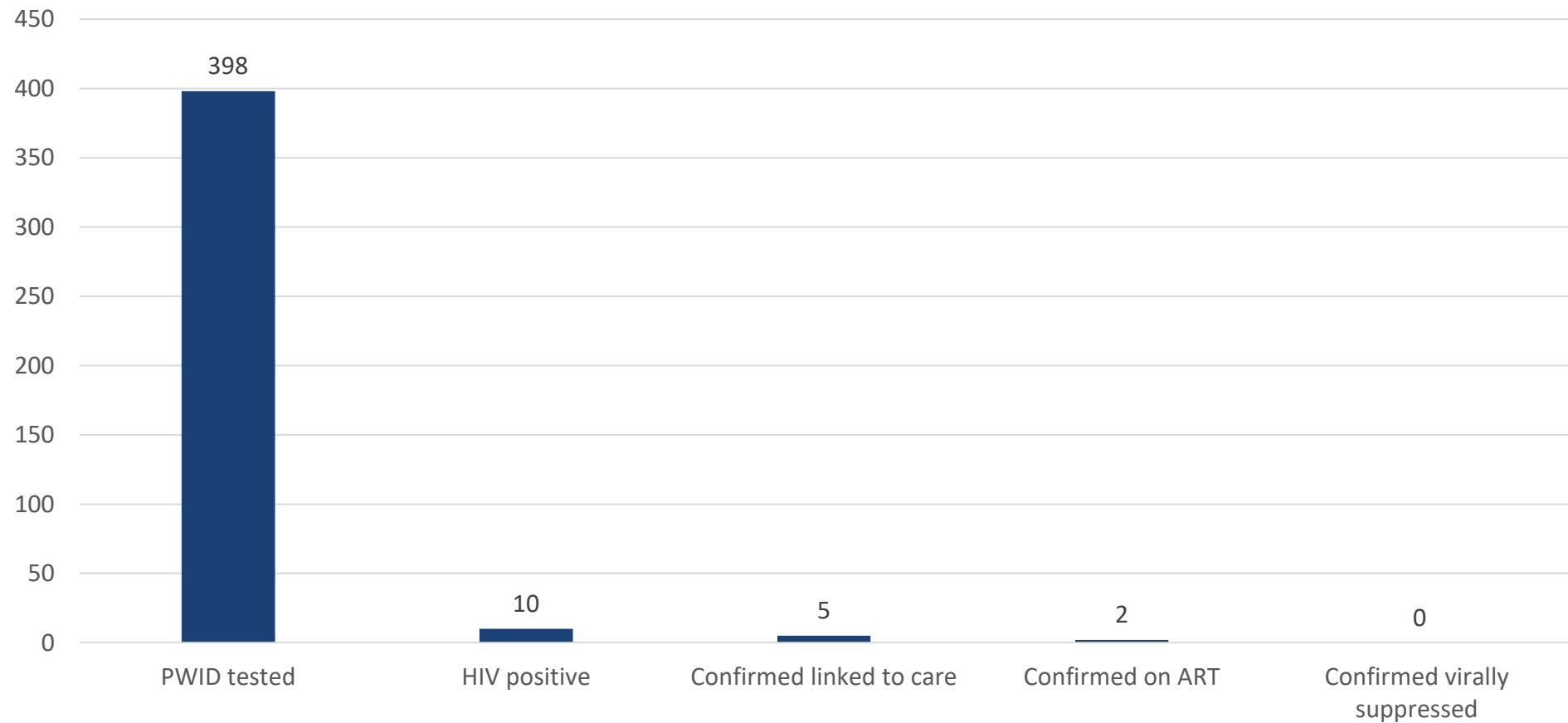
Racial distribution of service users accessing needle and syringe programme (NSP) in Cape Town (2018a, n=700)



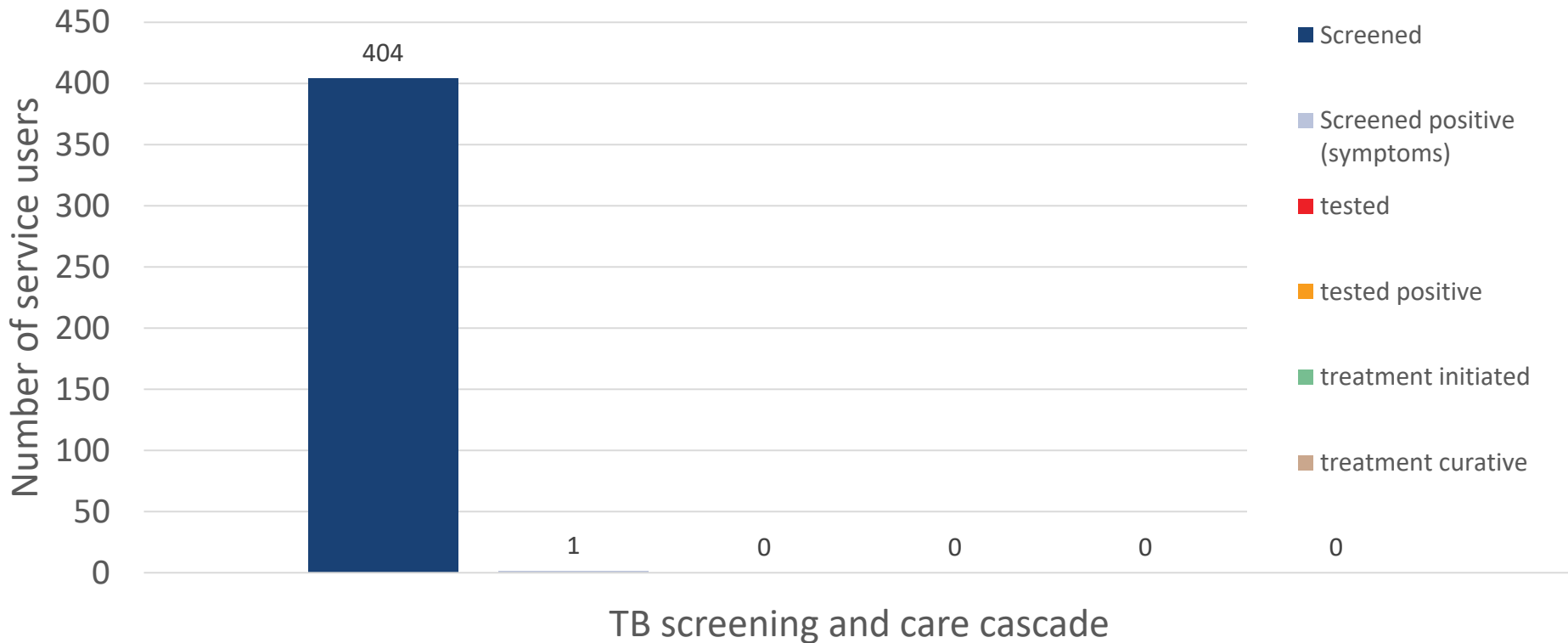
Gender distribution of service users accessing needle and syringe programme (NSP) in Cape Town (2018a, n=700)



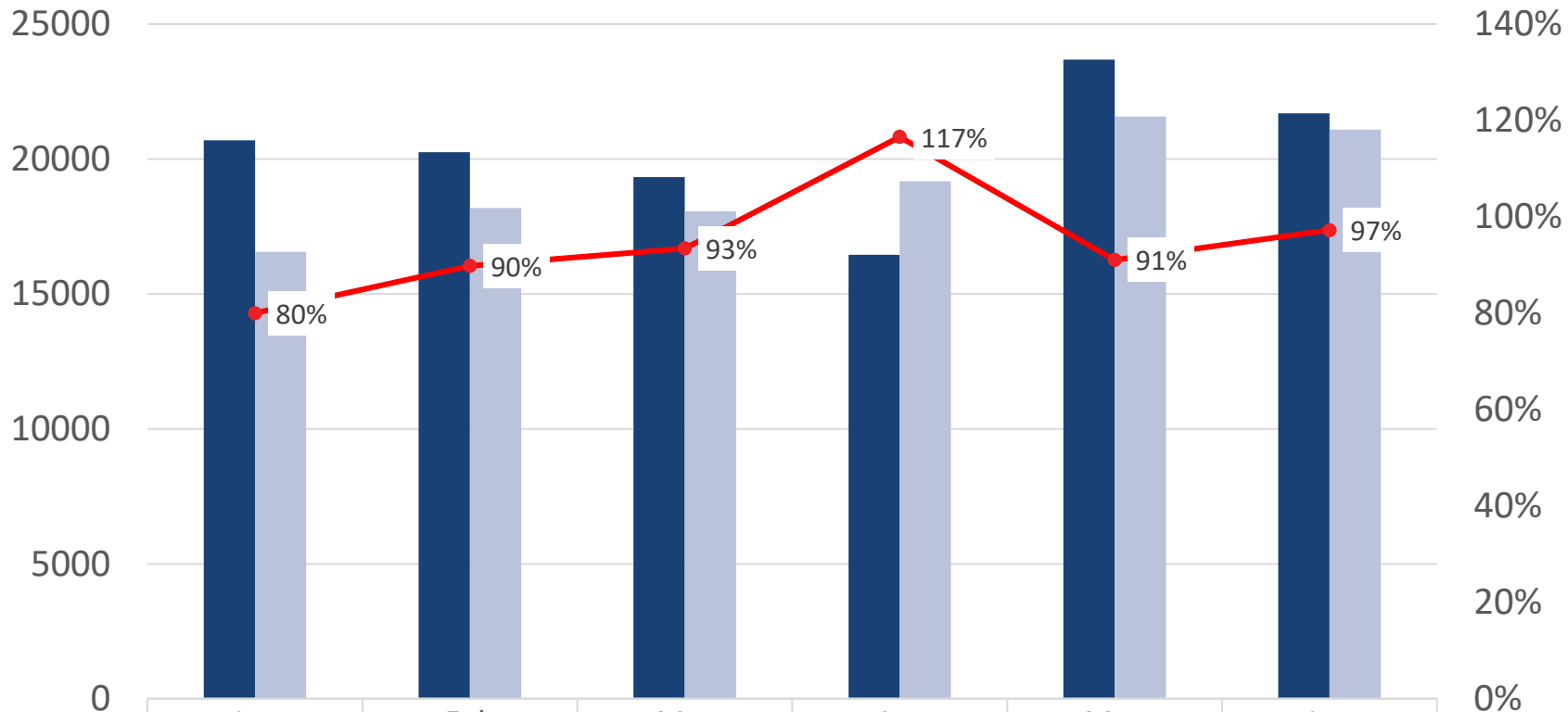
HIV testing and care cascade: Step Up service users (PWID) in Cape Town (2018a)



TB testing and treatment cascade: Step Up service users (PWID) in Cape Town (2018a)

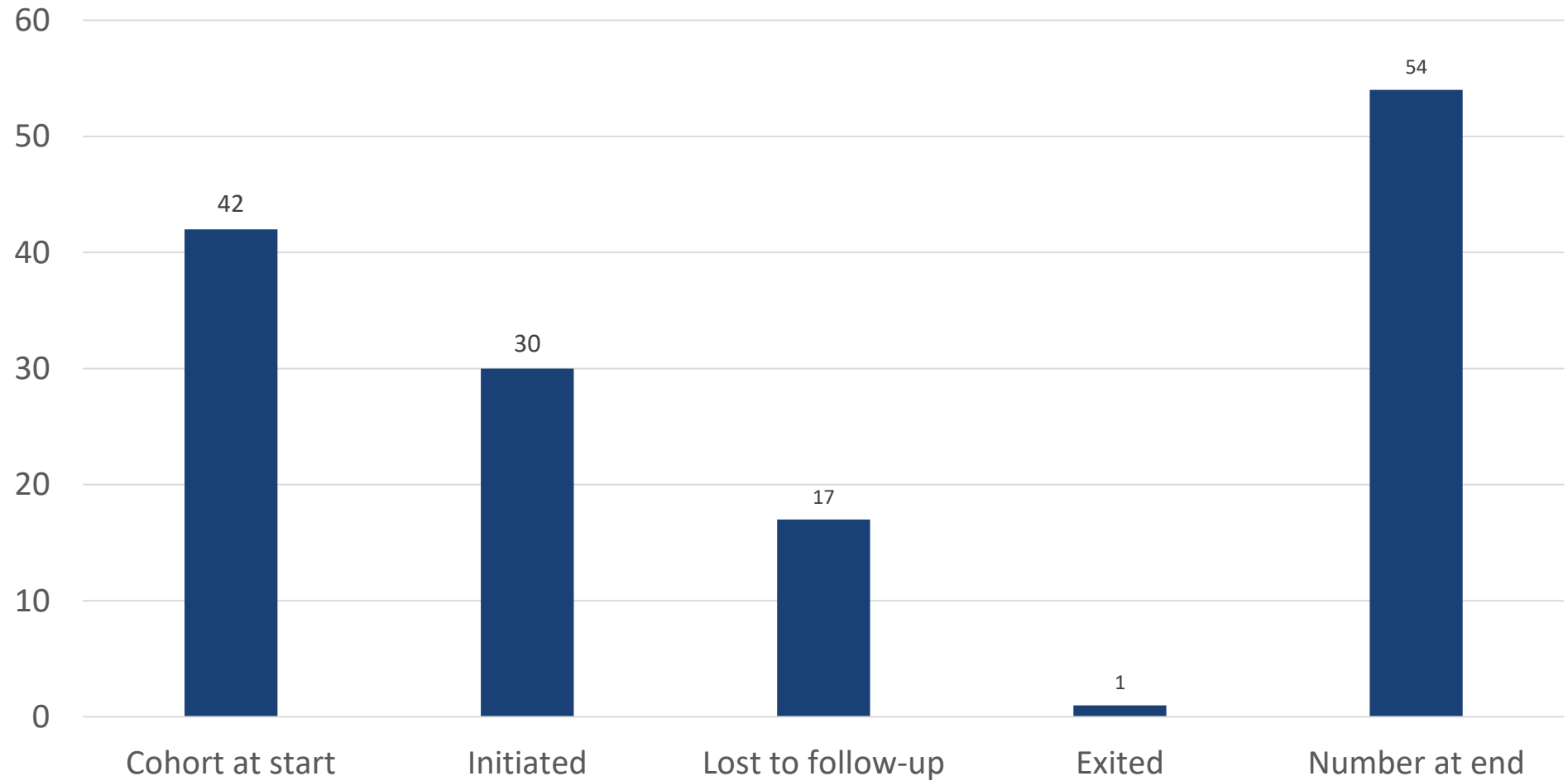


Needle/Syringe distribution and recovery in Cape Town (2018a)

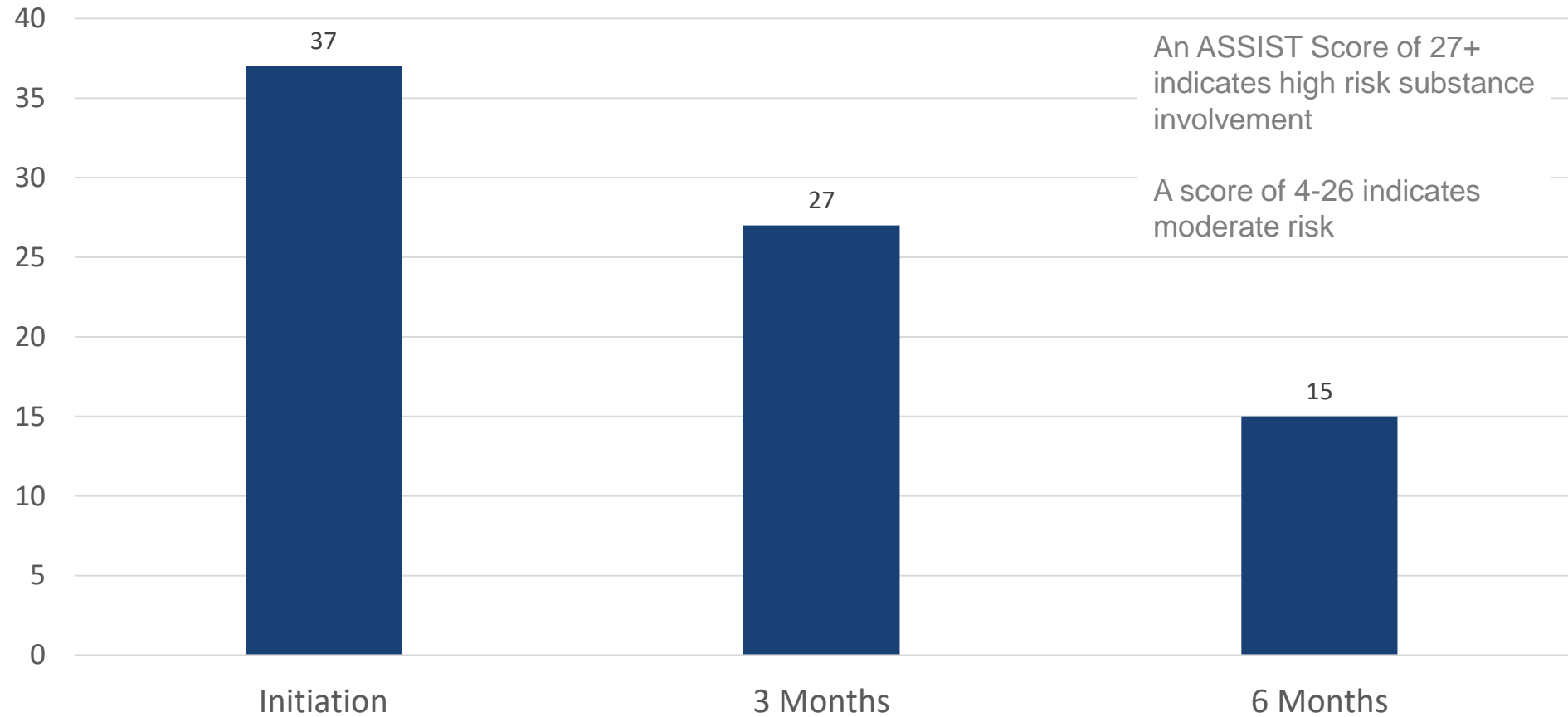


NS Distribution	20695	20248	19326	16447	23686	21690
NS Recovery	16559	18189	18064	19179	21567	21094
NS Recovery rate	80%	90%	93%	117%	91%	97%

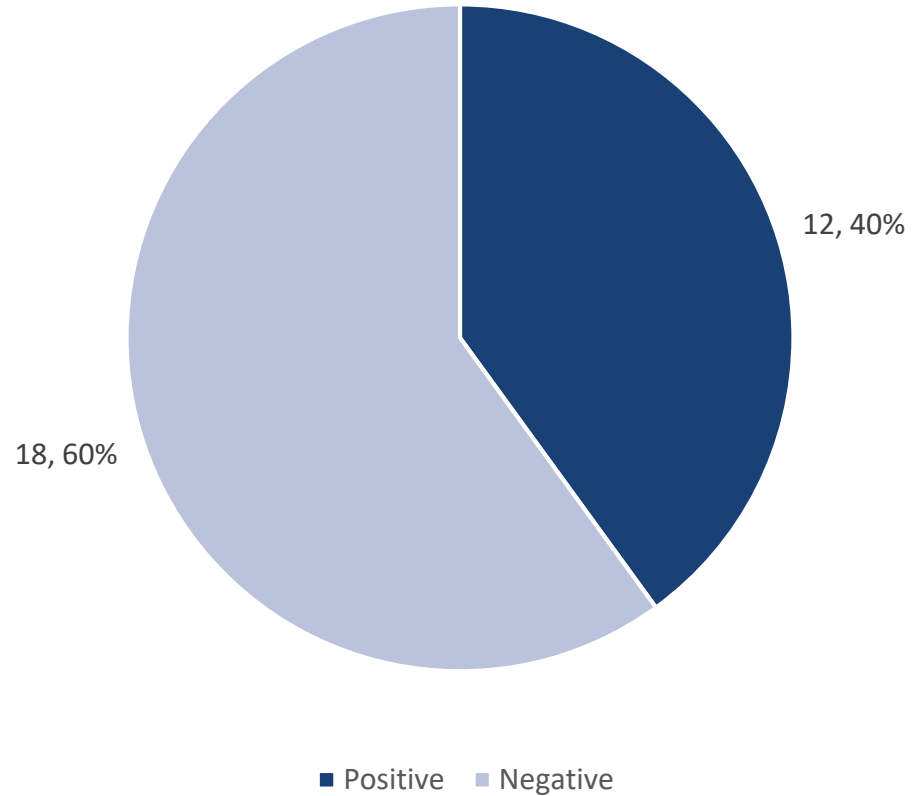
Cape Town OST Pilot Cohort Analysis (2018a)



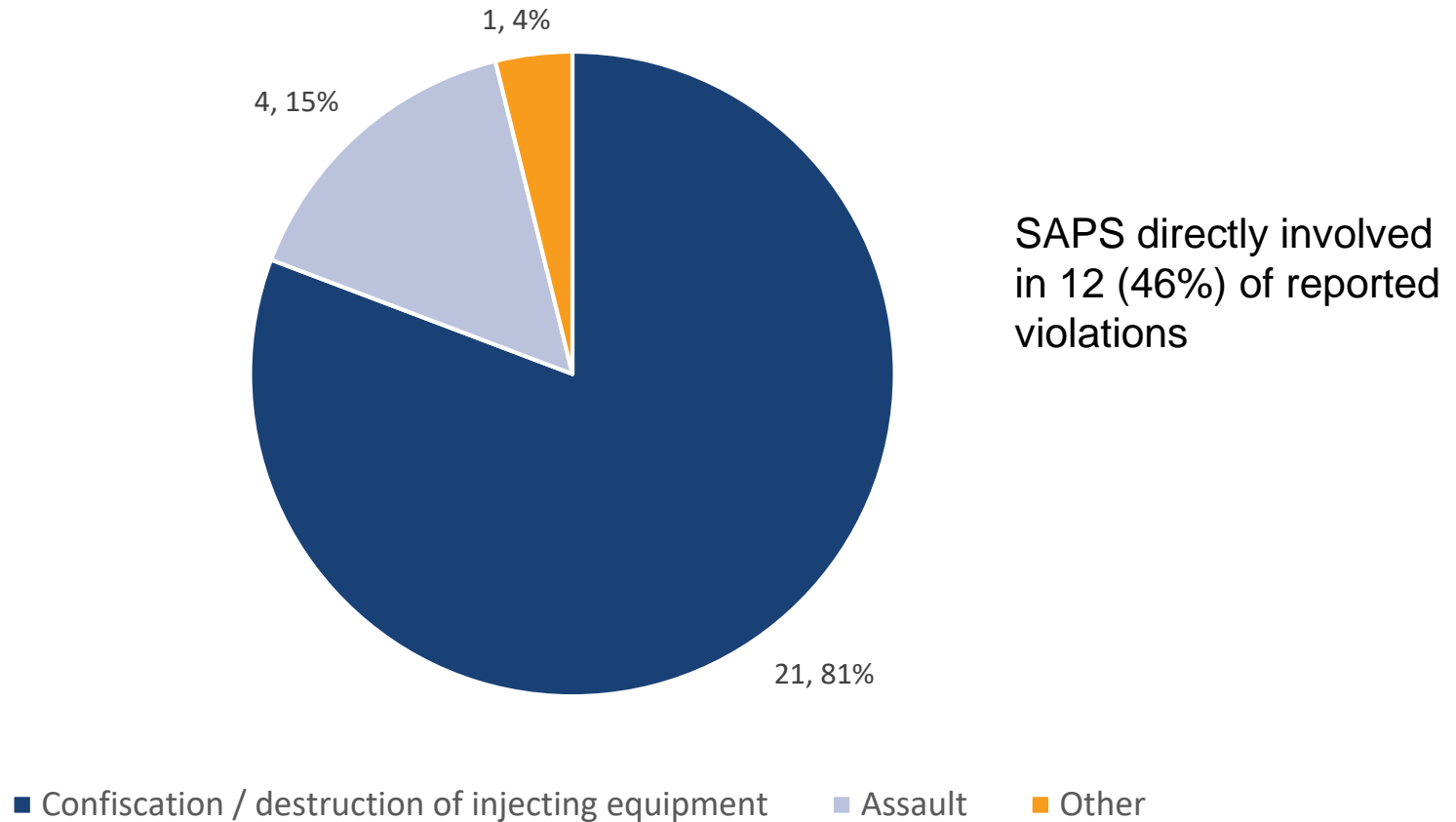
OST ASSIST Scores (Opiate involvement) for clients initiated in 2018a (n=30)



HCV Test Results at OST initiation (Cape Town, 2018a, n=30)



Human Rights Violations against PWID recorded by Step Up in Cape Town (2018a, n=26)



Conclusions

- 700 unique NSP service users in 2018a, of whom 78% between 25 and 39, and 87% male
- 50% of PWID initiated on OST in 2018a tested HCV positive
- HIV: Improved linkage to care and treatment initiation as a result of outreach-based initiation. Now need to focus on identifying positives.
- TB screening yields less than 1% positivity
- The Cape Town site recovers 94% Needle/syringes distributed
- Human rights violations against PWID interfere with attempts to prevent the spread of infections, and the majority of violations are committed by SAPS
- OST adherence linked to substantial reduction in problematic use of opiates in those retained for at least 6 months. Loss to follow-up needs to be better understood and addressed.

Recommendations

- Comprehensive HCV services for PWID are still needed
- HIV and HCV treatment should be provided in such a way as to maximise successful linkage and retention, e.g. community-based treatment, transport to facilities
- More robust TB data needed
- Current N/S return rate is excellent and existing interventions must be sustained
- Efforts to reduce human rights violations, particularly the confiscation of injecting equipment, should focus on SAPS
- OST must be continued and expanded, and retention improved.

References

- UNODC et al., 2017. Implementing Comprehensive HIV and HCV Programmes with People Who Inject Drugs. Practical guidance for collaborative interventions. (IDUIT). Geneva: UNODC.
- WHO/UNAIDS/ UNODC. Technical guide for countries to set targets for universal access of HIV prevention, treatment and care for injecting drug users, 2009.

Thank you!

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Supported by:

