Process and outcomes for South Africa's first low-threshold OST Demonstration Programme

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Project description

• In April 2017, South Africa’s first low threshold Opioid Substitution Therapy Project was launched in Durban. 50 low income heroin users (mostly whoonga) were selected through a rigorous screening process to be part of the demonstration project. All beneficiaries receive opioid substitution therapy, with strict adherence to a protocol which has ethical clearance from the KZN DOH and DUT. The medication used is methadone.

• Objectives:
  - Demonstrate feasibility and acceptability of providing OST
  - Provide low cost psycho-social intervention to enhance self efficacy and wellbeing
  - To document the changes in quality of life
  - To use demonstration project to shift public perceptions
  - To use study findings to enhance approaches used to manage heroin and other substance use disorders in South Africa
Opioid substitution therapy (OST) as critical to harm reduction

• Recommended as part of a comprehensive package by the UNOCD/WHO and UNAIDS

• Structured, medically supervised provision of opioid substitutes (such as methadone and buprenorphine) to substitute opioid usage

• OST supplies illicit drug users with a replacement drug in a regulated context

• Effectiveness well recognised in developed countries; not the case in the developing world

• ‘OST gets users out of the criminal lifestyle and the daily grind of a heroin habit, and allows them to start work on the underlying issues’ (Nick Croft 2015)

• According to the WHO, OST has been proven to:
  • Reduce the use and effects of opiates and reduced rates of relapse
  • Reduce high risk behaviour (and therefore transmission of HIV and other STD)
  • Reduces incidence of deaths from overdose
  • Reduces involvement in criminal activity
  • Reduces financial and other stresses on users and their families – improved quality of life
  • Improves contact with health providers and agencies
Main issues being addressed by the project:

- High and growing prevalence of problematic drug use in Durban, especially in the form of Woonga or Sugars (heroin based)
- Possibility of no effective intervention leading to an onward transition to injecting drug use
- Very poor ‘success’ rates from existing interventions such as rehabilitation centres
- Lack of access to opioid substitutes, especially by those from low income groupings
- Recognition that problematic drug use is an urban safety and urban health issue
Approach:
• Establishment of a demonstration project with a strict medical and ethical protocol
• Demonstration project as a site of research and a platform for advocacy

Measurement Instrument:
• Ongoing qualitative and quantitative research in regard to quality of life changes amongst beneficiaries including change in drug use habits
• Health economic assessment (both micro and macro)
• Ongoing medical assessment via the WHO Assist tool and regular ECG testing
• Task team made up of state and non-state actors who oversee the project and provide ongoing advise
• Partnerships formed with government departments at the local, provincial and national level
## Summary of approaches chosen for the demonstration project and evidence supporting them

<table>
<thead>
<tr>
<th>Low Threshold</th>
<th>High Threshold</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy to enter</td>
<td>Difficult to enrol</td>
<td>Although this is a small cohort, future programs would look to include the most vulnerable of populations who would struggle to enter high threshold programs</td>
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<tr>
<td>Harm reduction orientated</td>
<td>Abstinence only acceptable outcome</td>
<td>The realities of many accessing services may make total abstinence an initial unachievable or desirable goal. To apply a punitive approach would reduce retention. Benefits have shown to be similar in high and low threshold programs.</td>
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<tr>
<td>Urinalysis only at initiation</td>
<td>Regular urinalysis</td>
<td>Regular testing could be seen as punitive and “breaking the trust” even if that is not the intention, which can negatively affect retention in the programme.</td>
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<tr>
<td>Voluntary additional psychosocial services and peer support</td>
<td>Compulsory additional psychosocial services</td>
<td>Additional services, such as counselling have been shown to have little effect on outcomes, but significantly increase complexity and cost of programme. OST should not be held back because of a lack of services.</td>
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</tbody>
</table>
Inclusion Criteria:
• More than 12 months history of heroin/woonga use and scored as High Risk Opioid use of 27 on the WHO ASSIST score
• Confirmed recent use of opioids through urinalysis
• Does not have any pending court cases
• Understands project procedures
• Agrees to be contacted for follow up
• Provides informed consent
• Able to attend the clinic daily
• Stable accommodation which is in close proximity to the centre
• Has resided in Durban for the past 12 months
• Completes the pre-assessment and preparation procedures
• Aged 18 years or over – self report
• Has at least one consistent support person to help maintain motivation and compliance
Pre-screening and Screening

• Potential clients were required to complete pre-screening forms (eligibility information)
• Study staff verified the information, the clients could be called for screening and given appointment date
• If they are not eligible, they would be offered to participate in other harm reduction and psychosocial services.
• The screening process involved evaluation from the professional nurse
Initiation

• Participants attended a follow-up visit where their results were provided to them.

• Those deemed eligible proceeded to see the doctor who reviewed their ECG/laboratory results, provide additional counselling around OST, Obtain informed consent.

• Doctor to see the patient every 2 -7 days and adjust the dosage as clinically indicated.

• Once participant is stable, he/she is put on a maintenance dose.
Key Project Outcomes

• 3 clients are back in school (1 high school and 2 in college)
• 11 clients are actively employed
• Most of the clients have reintegrated with their families
• Most of the clients are prioritising better hygiene, health and wellness
  • Vegetable garden
  • Access to ARVs
  • Soccer team
• Drug user network
• Beneficiaries are involved in a number of community projects
• Clients are working with a psycho-social team to develop their own personal goals
• Take home doses
Challenges experienced in the project

• Preselection – Eligibility (accommodation)
• High rate of theft in the early stages (massive decline)
• Aggressive Behaviour – referred to psychiatrist
• Occasional skipped doses for those who cannot make it to the centre
• Incidents of arrests, participants charged with possession of heroin or cannabis
• Change in key project staff (Nurse and doctor)
Key Learnings

• OST definitely works in a local South African setting – radical improvement of quality of life

• OST radically reduces the harms associated with problematic heroin use

• Low-threshold models of OST intervention are most appropriate in a South African context

• Psycho-social services have proven to be very important in the recovery process, but should be voluntary

• Social cohesion is critical to having good retention rates