Update on Community-based harm reduction services in Nelson Mandela Bay

25/10/2018
Overview

• Background to injecting drug use
• Overview of harm reduction
• Data on Hepatitis
• Summary of services provided by the Step Up Project
• Data from service delivery (January – June 2018)
• Conclusions
Background

• The People Who Inject Drugs (PWID) projects aims to decrease and prevent the spread of HIV, TB and other blood-borne diseases by providing comprehensive harm reduction and HIV prevention programme to the PWID community.

• The use of contaminated injecting equipment has shown high risks of transmission of blood-borne diseases such as HIV and Hepatitis.

• Harm Reduction services started in March 2017 in Nelson Mandela Bay
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 include safe spaces, commodities, health care, or education.

Attempts to:

1. Prevent HIV and hepatitis C infections
2. Prevent overdose
3. Offer guidance and support for infections and co-morbidity
4. Prevent high-risk injecting and unsafe sex behaviours
Viral Hepatitis data Sep 2017 – Mar 2018
Background

• Viral hepatitis is the inflammation of the liver due to viral infection.
• Hepatitis can be caused by heavy alcohol use, toxins, medication, supplements and certain medical conditions.
• The use of contaminated injecting equipment put PWID at risk of diseases such as Hepatitis which is a blood-borne disease.
• There is a vaccination available for HBV but no treatment and there is no vaccination for HCV but direct treatment is available.
• A study done by TB HIV Care in Cape Town, Pretoria and Durban with PWID has shown a high prevalence of HCV in PWID with 29% in Durban and 73% in Pretoria.
• The need of harm reductions services to PWID community is essential in order to prevent the spread and transmission of HCV and HIV.
Methods

- Outreach team educated service users of viral hepatitis B & C.
- Services users were then recruited for viral hepatitis B & C testing.
- Bloods were taken.
- Follow up appointments were arranged for clients who were tested Hep C positive with a Hepatologist.
- Confirmatory tests (HCV VL) were done.
Viral Hepatitis C data among People Who Inject Drugs
NMB Sep 2017 – March 2018

No. of clients tested for hep C: 30

- 22 (73%) were HCV positive
- 12 (55%) were referred
- 1 (33%) were HCV positive confirmatory test
Viral Hepatitis B among People Who Inject Drugs in NMB Sep 2017 – Mar 2018

- Total clients tested for Hep B: 31
- HBV Screening test: 26%
- HBV Pos: 8 (26%)
Conclusion and Recommendation

Conclusion
• There is a high prevalence of HCV among PWID in NMB.
• Health education is provided to the service users on Hepatitis B & C so as to prevent transmission.
• Follow up appointments are arranged for service users that have tested positive for Hep C but due to the fact that there is no treatment available/accessible services users feel discouraged to attend appointments.
• Due to having no treatment accessible/available services users feel discouraged to test.

Recommendations
• Advocacy for Hepatitis C treatment is essential.
Data
People Who Inject Drugs
Nelson Mandela Bay
Jan – Jun 2018
The Step Up project provides*:

- Needle and syringe services
- HIV testing and counseling & referrals, including ART
- Prevention of sexually transmitted infections
- Condom distribution
- Information, education and communication (IEC) material
- Prevention of tuberculosis (TB)
- Peer Educators deliver services to PWID twice weekly
- Prevention and education
- Wound care
- Advocacy and Human Rights
- Sensitivity training (clinics, police, community groups, etc.)

*As recommended by the WHO
### Total number of unique clients reached by gender and race NMB Jan – June 2018 n=361

<table>
<thead>
<tr>
<th>Gender and Age</th>
<th>No. of unique clients</th>
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<tbody>
<tr>
<td>Males</td>
<td>283</td>
</tr>
<tr>
<td>Females</td>
<td>76</td>
</tr>
<tr>
<td>Transmale</td>
<td>1</td>
</tr>
<tr>
<td>Transfemale</td>
<td>1</td>
</tr>
<tr>
<td>Blacks</td>
<td>30</td>
</tr>
<tr>
<td>Indians</td>
<td>5</td>
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<tr>
<td>Coloureds</td>
<td>42</td>
</tr>
<tr>
<td>Whites</td>
<td>284</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
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</table>
Total Unique PWIDs reached by age NMB Jan – June 2018
n=361

<table>
<thead>
<tr>
<th>Age</th>
<th>No. reached</th>
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<tbody>
<tr>
<td>15-19</td>
<td>13</td>
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<tr>
<td>20-24</td>
<td>51</td>
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<tr>
<td>25-29</td>
<td>93</td>
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<td>30-34</td>
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<td>45-49</td>
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<td>50-54</td>
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<td>55-59</td>
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<tr>
<td>60-64</td>
<td>3</td>
</tr>
<tr>
<td>65+</td>
<td>0</td>
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</table>
NEEDLE/SYRINGE DISTRIBUTION AND RETURN RATE NMB JAN – JUN 2018

<table>
<thead>
<tr>
<th>Month</th>
<th>Needles/Syringe Distributed</th>
<th>Needles/Syringe Returned</th>
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<tbody>
<tr>
<td>Jan</td>
<td>4304</td>
<td>58%</td>
</tr>
<tr>
<td>Feb</td>
<td>5502</td>
<td>62%</td>
</tr>
<tr>
<td>Mar</td>
<td>7163</td>
<td>70%</td>
</tr>
<tr>
<td>Apr</td>
<td>9754</td>
<td>80%</td>
</tr>
<tr>
<td>May</td>
<td>9847</td>
<td>76%</td>
</tr>
<tr>
<td>Jun</td>
<td>11298</td>
<td>64%</td>
</tr>
</tbody>
</table>
TB Screens NMB Jan – Jun 2018

- Screened for TB: 177
- Found to be symptomatic: 5
- TB diagnosis confirmed: 4
- TB treatment started: 4
- TB treatment completed: 4
Total number of human violations reported: 7
Confiscation/destruction of injecting equipment: 7
Assault: 0
Falsely arrested: 0
Other: 0
Conclusions

• Successful linkage has improved from 60% - 65% due to the role of linkage officer, even so this needs to improve to meet the 90/90/90 goal.

• Good TB treatment outcome.

• Engagement with the law enforcement has seen a decrease in the human rights violations.

• Constant education on returning used needles with the service users has shown an increase in needles returned from 56% - 69%.

Recommendations

• Engagement with department of health needs to be strengthened to receive clients viral load details.
Thank you!

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Supported by: