



PEOPLE WHO USE DRUGS SUB SECTOR

DOMESTIC FUNDING AND CALL FOR EXPANSION OF HARM REDUCTION & OST SERVICES

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BACKGROUND

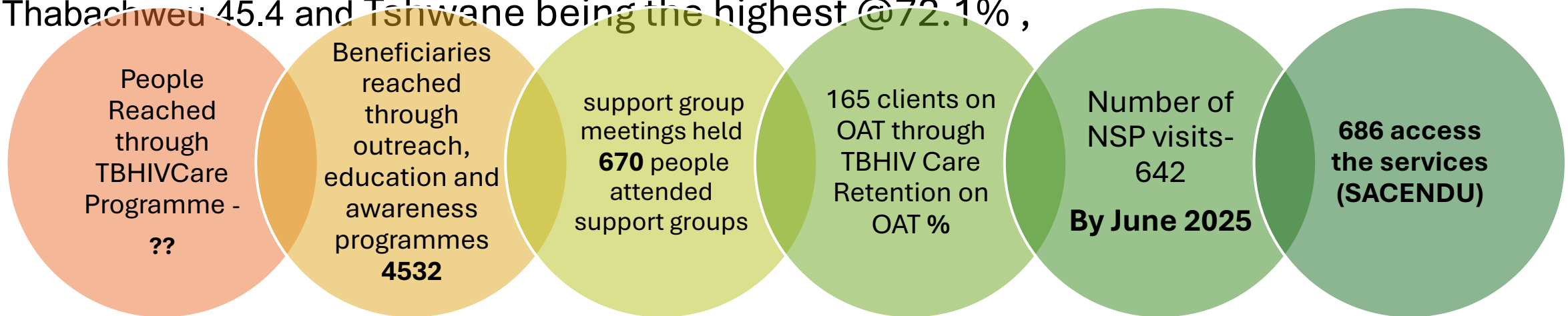
- South Africa is experiencing a rising prevalence of drug use, particularly Opioids (Heroin/Nyaope), Methamphetamines (Tik), Cannabis and Crack cocaine .
- The use is mostly concentrated in Townships, Informal Settlement, Rural areas, where unemployment, poverty and social exclusion worsen vulnerability
- An estimates of more than 10% of the population use illicit drugs in OUR lifetime **(SACENDU, UNODC, HSRC Reports)**
- As a results, this perpetuate infectious diseases, overdose death and stigma among PWUD
- Currently the health and social consequence are severe, particularly for youth and PWUD
- Despite evidence that Harm reduction and OST are cost effective, life saving and rights affirming, coverage remains extremely limited, and unfunded

WHAT IS HARM REDUCTION

- **Harm Reduction Strategies.** Approaches aimed at minimizing the negative health, social, and legal impacts associated with drug use, focusing on practical solutions rather than solely on abstinence.
- **Opioid Substitution Therapy (OST).** A treatment method that involves providing patients with a substitute medication such as methadone or buprenorphine, to reduce withdrawal symptoms and cravings associated with opioid dependence.
- **Public Health Policy.** The study of policies and regulations that govern health practices, services, and interventions, particularly in relation to drug use and harm reduction initiatives.
- **Community-Based Interventions.** Programs and initiatives that engage local communities in addressing substance use issues through education, support, and access to services.

EVIDENCE AND IMPACT

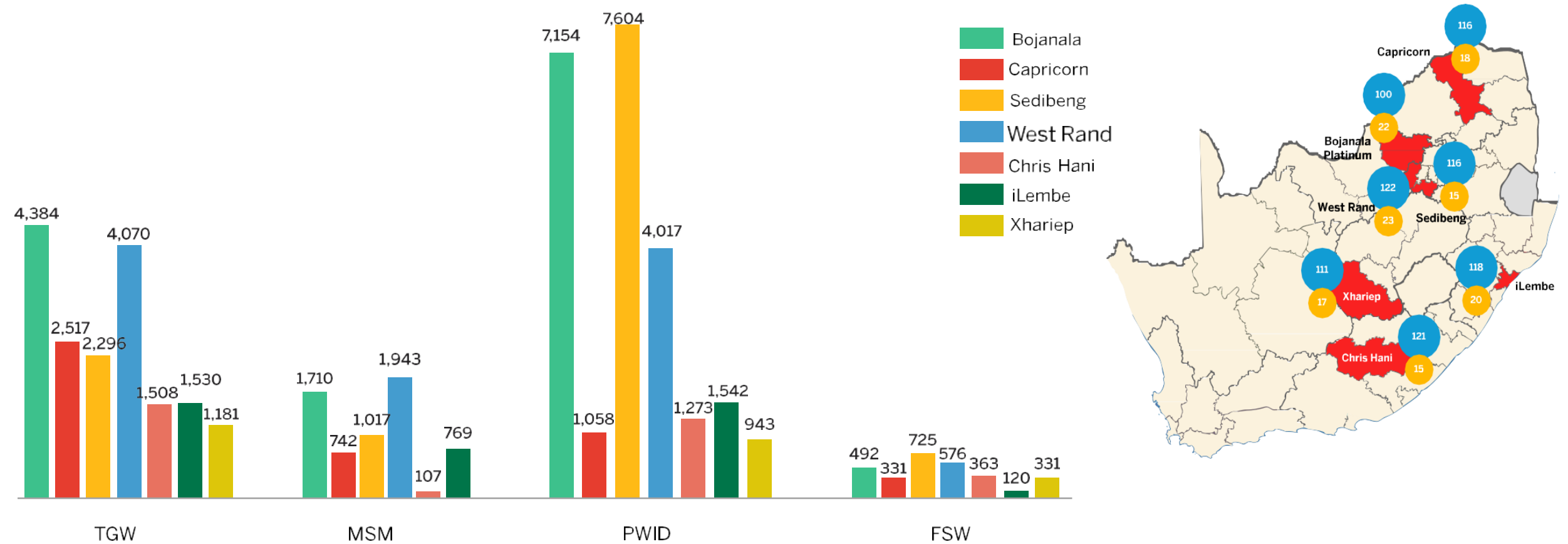
- National estimates suggest there are approximately 82,500 people who inject drugs (PWID) in South Africa, with women comprising between 16% and 27% of this population³.
- A [2023 bio-behavioural survey](#) led by [TB HIV Care](#), across four South African sites documented extremely high HIV prevalence among PWID: with Ehlanzeni: Mbombela 30.3%, Thabachweu 45.4 and Tshwane being the highest @72.1% ,



- This evidence highlights both the scale of drug use and the urgent need for tailored harm reduction to reduces infections, prevents overdose, and connects people to healthcare, yet access across the country remains exception rather than the rule

EVIDENCE AND IMPACT

SANAC BBS Lite and Key Pop Survey from 6-7 Provinces :



- OST reduces overdose and saves lives, by increasing likelihood of staying on ART,
- Reduces viral transmission level and is a cost effective HIV prevention strategy

WHY BUDGET ADVOCACY FOR HARM REDUCTION

Needle & Syringe Programme are one of the most cost effective Public Health Intervention in existence

Opioid Agonist Therapy is cost effective for individual and Society

Combined Harm Reduction Services are significant more cost effective than isolated services

The peer distribution of Naloxone is highly cost effective

Treatment-Drug Consumption Room provide a high return on investment

Inaction, reducing funds or closing services have negative economic consequences

CALL FOR ACTION

We urgently call for:

1. **Programme Sustainability:** it is critical to reduce reliance on international funding and integrating Harm reduction parks and services into Domestic health Care Financing System
2. **COSUP Model** -Advocate for other District to Benchmark from City of Tshwane on COSUP programme
3. **National Scale-Up of OST** – integrate into PHC and district hospitals.
4. Provinces to More investment in Health and Justice
5. **Increased Funding for Harm Reduction Services** – NSP, Naloxone, peer outreach, overdose training.
6. **Policy Reform** – decriminalization of drug use to enable health-based responses.
 - Development of Policy guideline on OSAT and Drug Treatment
7. **Training & Capacity Building** – healthcare workers, police, and communities.
8. **PWUD Leadership & Participation** – To enhance Integrated Partner led Services which ensure meaningful involvement in program design.
9. Accelerate programs “**Know Your Rights**” targeted at Women and Adolescent Young People
10. **Localize DPR Days Post-Retrievals** and empower province to conduct regular clinical file audits.

CALL FOR ACTION

1. Review for:

- Prevention of and Treatment for Substance Abuse Act 70 of 2008
- Drugs And Drug Trafficking Act, 1992 (Act No. 140 Of 1992)
- The Medicines and Related Substances Act No.101 of 1965, as Amended, in particular Pharmacy Act No. 53 of 1974, as amended;

KEY STAKEHOLDERS:

- Government to consider Stakeholders such as TBHIV Care, SANPUD and other PWDU Network as key stakeholders in addition to SANCA for Substance use programme

CONCLUSION

- Harm reduction and OST are **evidence-based, cost-effective, and humane**.
- Scaling up these services is a **public health imperative** and a **human rights obligation**, not an event to tick the Box.
- We need to work together, to ensure **health, dignity, and inclusion** for PWUD in South Africa.
- We invite government to **partner with the PWUD sector** in expanding harm reduction and OST across all provinces
- Funding Community Led organisation for scaling Harm Reduction & Human Rights
- Harm Reduction

THANK YOU

