



Differentiated Service Delivery for Key Populations

Virtual Meeting: August 25-26 and 30-31, 2021

People who Use Drugs

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 **icap** Global Health

HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

 **SOUTH TO SOUTH
LEARNING NETWORK**
The HIV Prevention Interchange

Encourage you to read through the notes for more details and referencing

Alternative Approach*

High quality, evidence-based prevention, care and treatment programs.

Entry into treatment should be on the terms of the individual and must never be forced.

Many people who use drugs do not need treatment, and those experiencing problems associated with drug use may be unwilling or unable to enter abstinence-only treatment for myriad reasons.

While abstinence from drug use may be the goal for some people who use drugs this is an individual choice and should not be imposed, or regarded as the only option.



*Adapted from Harm Reduction International- <https://www.hri.global/what-is-harm-reduction>

"Stigmatising language includes, but is not limited to, referring to people who use drugs as 'drug abusers,' 'addicts,' 'a scourge,' 'junkies,' or a 'social evil.'

"Harm reduction is well-evidenced to prevent diseases such as HIV, viral hepatitis and tuberculosis, among others."

Decriminalize- Excerpts from Our Lives:

‘Even if you did nothing wrong, they can search you. Or arrest you. Especially if you are a sex worker. They say, “you must f*ck me because you are selling your p*ssy.”’

“Nothing stops us coming to get syringes. We need them. If you get arrested for theft then you might think, “I’m not going to steal again.” But if you get arrested for needles you will still get needles, because you need them. Having harm reduction equipment is not a crime.”

“You don’t even feel safe. What’s the use? If you go to a police station, they don’t want to help you. You feel lost. Where do you go?”

“I was [arrested] for heroin, but he did not find the heroin on me. He planted it. I went to court and I was detained for a year. He put it on me”



Criminalisation of people who use drugs negatively impacts service delivery, access to treatment, support and a number of other preventable harms. In some cases criminalisation, **increases** the harms that PWUD face, as can be seen by the quotes from our community.

HRI & SANPUD Report; BARRIERS TO HARM REDUCTION
AMONGWOMENWHOUSEDRUGS:
SOUTH AFRICA, <https://www.hri.global/contents/2041>

In Memory of Zinzhle

What is Harm Reduction?

Reducing Harm

- Person driving car: seatbelts, traffic lights, street-lights
- Person having sex: condoms, contraceptive

When we speak of people who use drugs, harm reduction take the form of community involvement, evidence based interventions (Opiate substitution therapy & Needle Syringe Services)



Some examples of how people who use drugs were included:

Conducting and managing the needs Assessment and area mapping

Pilot projects

Commodity procurement (input on NS purchased, what should be in each pack, also guided by WHO standards

https://www.unaids.org/sites/default/files/sub_landing/idu_target_setting_guide_en.pdf)

Program Management

Researchers and assistants

Needle Syringe Services in the City of Tshwane

(Harmless & COSUP*, January – June 2020, 6 Month period)

- Average of **2200** PWID per month
- **356 612** needles and syringes distributed*
- Return rate +**65 %**

Accessibility : **10+ sites** across the city and surrounding areas as well as **mobile services** for higher coverage.

NSS provided in the City of Tshwane

Over 6 month period, January – June 2020, both Harmless & COSUP:

Average of **2200** PWID per month

356 612 needles and syringes distributed, with return rates **more than 65 %** in 6 months (mobile & sites) –

Accessibility is important when providing NSS, in Tshwane, in order to reach this coverage there are 10+ NSS sites across the city and surrounding areas as well as mobile services for higher coverage visits (a bulk of NS distribution is done by peers) and OST is available at some sites.

By expanding services, and building partnerships with other service providers, the 2200 people seen each month have the option to test for HIV, receive and STI screening, and in some cases access Opiate substitution therapy and withdrawal management medication like methadone.

ONGOING ADVOCACY EFFORTS FOR SUSTAINABLE, GOVERNEMENT SUPPORTED NSS

SERVICES, SUCH AS COSUP, WHICH IS SUPPORTED, AND FUNDED BY THE CITY OF TSHWANE.

Additional information:

City of Tshwane is in the Gauteng Province in South Africa, where one of the first NSS sites began.

City of Tshwane Services are provided by Harmless & COSUP*, January – June 2020 (6 Month period)

*SACENDU: SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE - MONITORING ALCOHOL, TOBACCO AND OTHER DRUG USE TRENDS (SOUTH AFRICA): January – June 2020, <https://www.samrc.ac.za/intramural-research-units/atod-sacendu>

COSUP & HARMLESS: Community-based harm reduction and health services for people who use drugs, including people who inject drugs (PWID), are provided in alignment with the World Health Organization's guidelines² and the National Drug Master Plan (2019 – 2024).

** HRI & SANPUD Report; BARRIERS TO HARM REDUCTION AMONG WOMEN WHO USE DRUGS: SOUTH AFRICA, <https://www.hri.global/contents/2041>

Methadone in South Africa is:

- 23 times higher than global average
- 62 times higher than Global Fund programme in Ukraine and Kenya¹

Each treatment in South Africa costs ZAR28,474 (about **US\$1,750**) for the methadone (80mg/day) per year

The global average cost of ZAR1,233 (about **US\$75**)²



1. Global Fund SA Country team, November 2020
2. Before price increased by 5% in December 2019.

The high cost of OST medication in South Africa makes it almost impossible for the number of people that need it to access OST.

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Global Funded supported programs in Ukraine and Kenya access methadone (80mg/day) at US\$28 (R400) per person per year.

The high cost also makes it unsustainable for the not-for-profit sector to continue to provide OST services and makes it unaffordable for the public sector to offer it as part of a primary healthcare package.

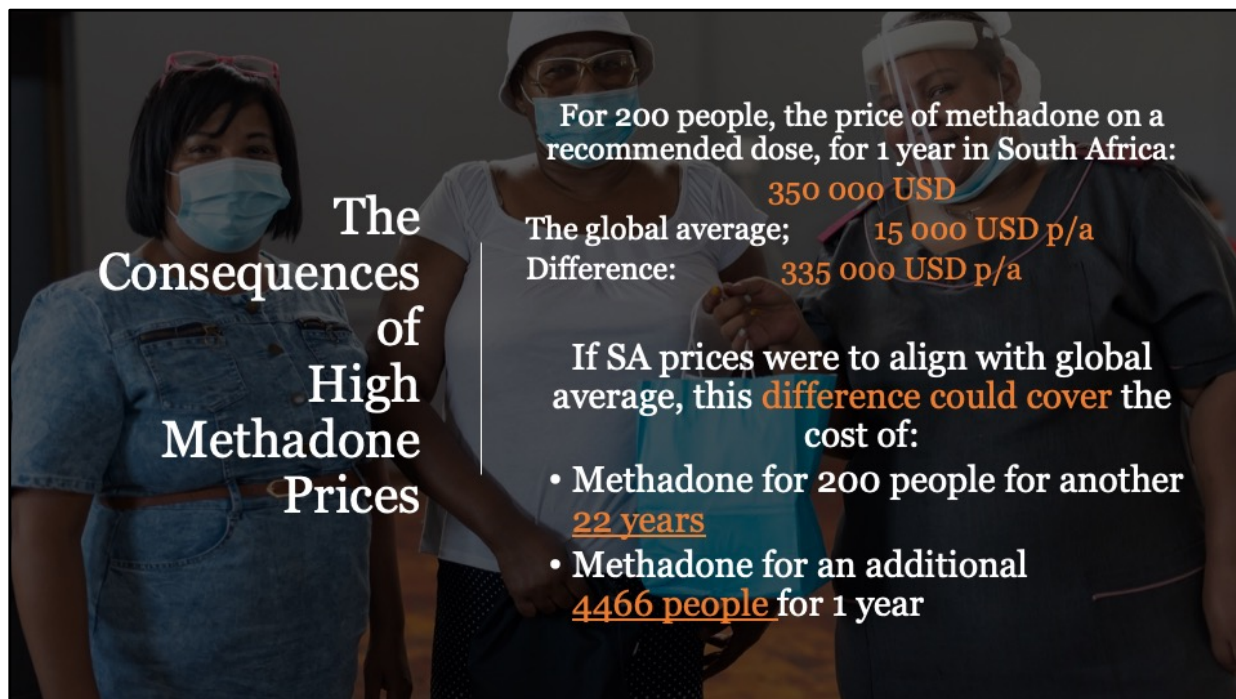
Referencing

1. Global Fund SA Country team, November 2020
2. Before price increased by 5% in December 2019.

2021 Efforts to reduce price ongoing:

- 2 methadone dossiers under review at SAHPRA (will be cheaper than currently)
- Motivation for a DOH methadone tender ongoing

Slide Acknowledgement: Andrew Scheibe, Shaun Shelly, MJ Stowe, Michael Wilson



The Consequences of High Methadone Prices

For 200 people, the price of methadone on a recommended dose, for 1 year in South Africa: **350 000 USD**

The global average; **15 000 USD p/a**

Difference: **335 000 USD p/a**

If SA prices were to align with global average, this difference could cover the cost of:

- Methadone for 200 people for another **22 years**
- Methadone for an additional **4466 people** for 1 year

Bellhaven Harm Reduction Centre is in Umbilo, in the province of Kwa Zulu Natal in South Africa.

Difference: 335 000 USD

If SA prices were to align with global average, this difference could cover the cost of:


Methadone for 200 people for 22 of years or

Methadone for 4466 people for 1 year or

Core running costs and other key interventions like NSS be an additional x amount of people on methadone, or cover the methadone of the same 200 people for x amount of years

Capacitation & skills building for community and more

- Price of methadone: directly impacting the continuation of the centre



What needs to be addressed

1. **Accessibility** – NSS

2. **Affordability** – OST

3. **Involvement** of Community

What Needs to be addressed:

Accessibility

Ongoing funding for NSS & funding made available for Sterile Equipment Services

Affordability

Price of methadone—needs to be acknowledge by pharmaceutical companies and government, NPOs and civil society forums are doing what they can, time for these entities to

Involvement – looking at our capacity, ability and experience and giving us the responsibility that we deserve, rather than basing our worth on what we choose to do with our bodies. Support us, by providing upscaling and skills building in fields that can improve our futures – computer skills, social platform trainings, business

start up and budgeting.

We are People First

Please take the time to watch this video after this session:

<https://youtu.be/rxvHFazYHII>

In memory of our lost soldier Charlene Matafin
13/12/1961-21/08/2021



SANPUD: www.sanpud.org

STAND (film clip, and work in Western Cape)

Sediba Hope Medical Centre, (SANPUD Partner & KP Health Service, Tshwane)

COSUP (Community Oriented Substance Use Program) NSS & OST Program

Harmless Tshwane NSS Program

Incorporated slides from; GNP+, UNODC, SANPUD, partners

Bellhaven Harm Reduction Centre

TBHIV Care, Step Up Programs

Harm Reduction International

INHSU – Connecting with Care Video

SANPUD website : <http://www.sanpud.org/research.html>

Harm Reduction International:

<https://www.hri.global/what-is-harm-reduction>

STAND Social Media details:

Website: www.standaction.co.za

Youtube: <https://www.youtube.com/channel/UCFAcTVafBVPBFqIOImxfY6A>

Instagram: stand_action1

Facebook: <https://www.facebook.com>

Sediba Hope Medical centre: <https://www.sedibamedical.co.za>

Bellhaven Instagram page

https://instagram.com/bellhavenharmreductioncentre?utm_medium=copy_link

TBHIV Care: <https://tbhivcare.org/key-populations-programme/>

INHSU; <https://www.inhsu.org>

Mainline

Aids Foundation South Africa

Global Fund

UNODC: