



CQUIN 5th Annual Meeting

Virtual: November 16-19, 2021

Community Oriented Substance Use Programme
(COSUP)

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18 November 2021



HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

COSUP



COMMUNITY ORIENTED SUBSTANCE USE PROGRAMME



COSUP

**ESTABLISHED IN 2016 IN
COLLABORATION WITH CITY OF
TSHWANE AND UNIVERSITY OF
PRETORIA.**

**HELPS PEOPLE, FAMILIES AND
COMMUNITIES UNDERSTAND AND
MANAGE SUBSTANCE USE AND
RELATED RISKS.**

**COPC
APPROACH**

**HARM
REDUCTION**

WHAT DRIVES US

COMMUNITY-ORIENTED PRIMARY CARE



- **Active partnership between health care providers and health care users.**
- **Designed to begin with individuals and families in their homes and their communities.**
- **Create opportunities to improve health, contain illness and disease**

Harm Reduction

Set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

Movement for social justice built on a belief in, and respect for, the rights of people who use drugs.



**Community Health
Workers**

Peer Educators

Social Workers

**Clinical
Associates**

**Medical
Doctors**

**Referral Organization/
Institutions**

TEAM

COSUP SITE

**16 SITES IN
TSHWANE**

HEALTHCARE FACILITIES

**1 in hospital setting
4 in community clinic
setting**

COMMUNITY BASED

**11
local non-profit
organizations &
churches**

SERVICE PROTOCOL

| STAGE | ACTIONS |
|----------------------------|---|
| Recruitment | <ul style="list-style-type: none">• Referral or walks in |
| Screening | <ul style="list-style-type: none">• Health screening (e.g. COVID)• Peer/CHW outlines COSUP and activities.• Peer/CHW administers ASSIST 3.0. |
| Baseline assessment | <ul style="list-style-type: none">• First contact with social worker• Social worker refers to Clinical Associate (Clin A)• Clin A conducts baseline medical assessment (incl performing or referring for investigations where needed)• Family/Support structures are involved where possible• Social worker and Clin A discuss management options with client<ul style="list-style-type: none">• NSP• OST• Psychosocial interventions• Doctor assesses eligibility for OST or if there are any other medical concerns.• Questions are answered, consent and treatment contracts are signed• The doctor will prescribe the appropriate dose. |

MEDICAL CONSULTATION & MANAGEMENT

Includes

- ▶ **Clinical examination.**
- ▶ **Health promotion.**
- ▶ **Health screening HTS, TB & COVID-19.**

Special focus

- ▶ **Wound care**
- ▶ **Mental health screening**
- ▶ **Referrals were necessary**
- ▶ **Emergency equipment including NALOXONE.**

NEEDLE EXCHANGE PROGRAMME

Service

- ▶ **Peer educators implement & provide service**
- ▶ **Low threshold**

Includes

- ▶ **Provide sterile injecting equipment.**
- ▶ **Use all available opportunities to identify & discuss individual risks**
- ▶ **Safe disposal of injecting equipment.**
- ▶ **Overdose management**
- ▶ **Other support and care service**

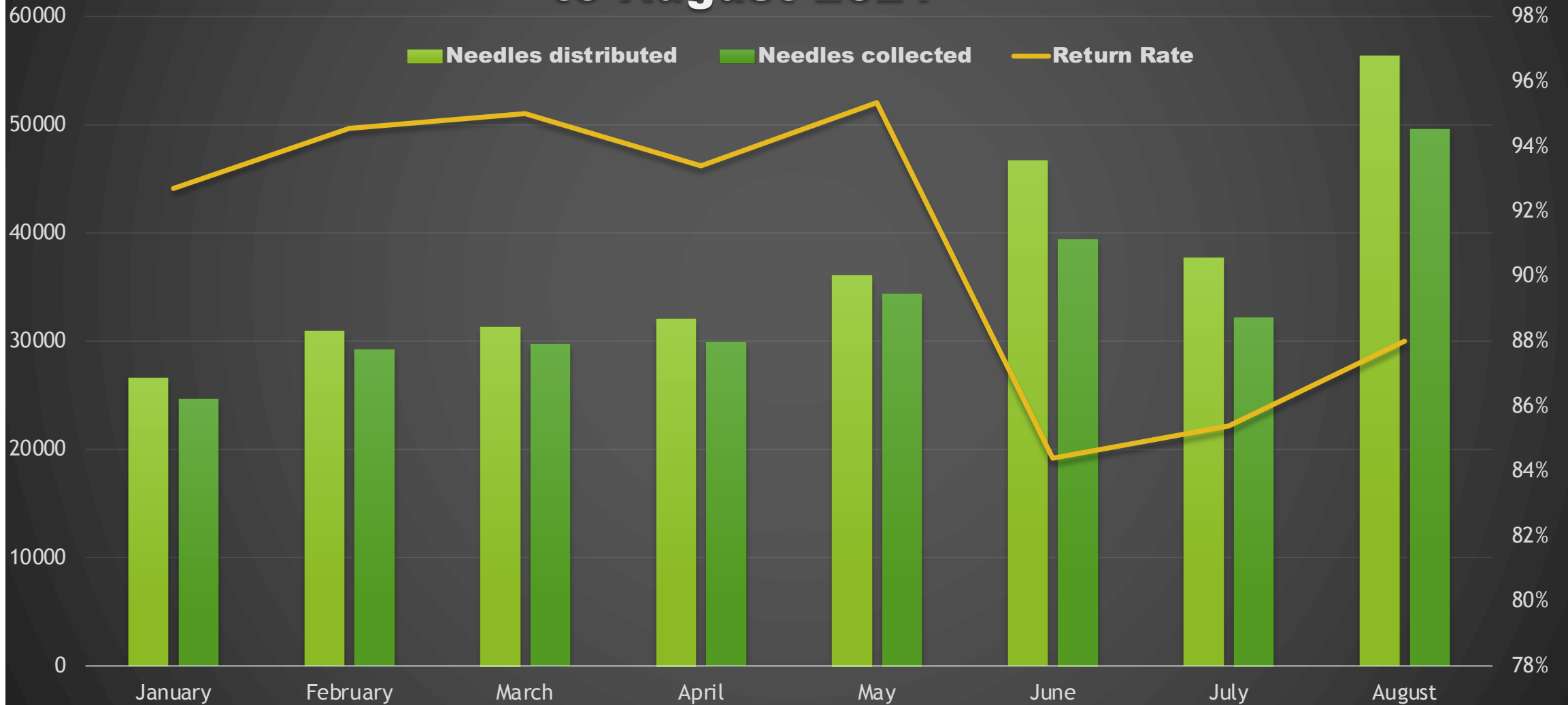
NEEDLE EXCHANGE PROGRAMME

Mode of service delivery

- **Fixed site**
- **Outreach NSP: Peer & CHW go to “Hotspots”**

NEEDLE EXCHANGE PROGRAMME

NSP distribution, collection and return rate Jan to August 2021



OPIOID SUBSTITUTION THERAPY

| STAGE | ACTIONS |
|-----------------------------------|--|
| Obtaining approval for OST | Motivation forms completed OST readiness completed Motivation , OST readiness and prescription sent to COSUP approved clinician to approve motivation Prescription sent to pharmacy → medication delivered to site |
| Initiation | Evaluation for signs of intoxication or withdrawal. (COW scale) First dose given depending on presenting clinical picture |
| Dose adjustment | The Clin A will provide daily observed doses, and in consultation with the doctor dosages will be adjusted as per the SAAMS guidelines over the next 14 days . Should the clients be experiencing discomfort, withdrawal symptoms or appear intoxicated, they will be discussed with the doctor who may authorise a change in dose. Clients follow up daily or as often as possible during the initiation phase. Any concerns to be discussed with the site doctor. |

OPIOID SUBSTITUTION THERAPY

| STAGE | ACTIONS |
|--------------------|--|
| Maintenance | <p>Reached stable dose.</p> <p>Careful consideration needs to be made when deciding to provide take-home dosages</p> <p>Receive daily observed doses for at least 2 weeks as far as possible.</p> <p>Take home dosing:</p> <ul style="list-style-type: none">• Stable dose for at least 2 weeks (preferably 1 month)• Take home doses → for 7 days• Maximum take home supply is 14 days (only in cases where a person is traveling or cannot collect medication for valid reasons).• Other exceptions discussed with the clinical head and chief pharmacist at COSUP.• Must come in person each week to collect or must send a responsible person to collect on their behalf AFTER arranging with Clin A• Encouraged to attend group and individual sessions with the social worker regularly |

OPIOID SUBSTITUTION THERAPY

| STAGE | ACTIONS |
|--------------------------|---|
| Monitoring visits | Client Functioning Questionnaire Quality of life, infectious disease and participation in psychosocial interventions assessment. ASSIST 3.0 to be done every 3 months |

OPIOID SUBSTITUTION THERAPY

| KPI | Description | Aug '21 |
|--|-------------------------------|---------|
| Number of service users on Opioid Substitution Therapy | COSUP-funded currently on OST | 742 |
| Percentage of service users retained on OST | Programme funded clients | 68% |

HIV & TB TESTING AND REFERRALS

| KPI | Description | Monthly Target | Aug '21 |
|---|--|----------------|----------|
| Percentage of OST clients who know their HIV status | Percentage of OST clients who know HIV status* | 95% | 73% |
| Percentage of PWUD who tested positive that started ART | Percentage of OST clients on ART | 95% | 89% |
| TB screening | Number of TB screen test performed | - | 332 |
| *TB positive screens | Number of positive TB screens | | 4 |
| *TB positive screens referred for workup | Number (%) of referrals for TB workup. | - | 4 (100%) |

HIV TESTING AND REFERRALS

Referrals

- ▶ **Site within health facilities**
- ▶ **In community-based site referred to local clinics**

Limitation to ART initiation

- ▶ **Access to laboratory services**
- ▶ **Medication storage on site**
- ▶ **Dispensing license**

Mitigate limitation

- ▶ **Maintaining good stakeholder relationship**
- ▶ **Buddy system**

HIV TESTING AND REFERRALS

Next step

- ▶ **Focus on NSP clients**
- ▶ **Capacitate & accredit peer educators on HTS**
- ▶ **HIV campaigns and events with food & entertainment incentives**
- ▶ **In the process of implementing initiation of ART at all COSUP sites**

PSYCHOSOCIAL SERVICES

Include

- ▶ **Individual Counselling Sessions**
- ▶ **Family Counselling Sessions**
- ▶ **Client Support Groups**
- ▶ **Community Support Groups**
- ▶ **Skills development**

TRAINING & AWARENESS



- ▶ More than a 1000 students get exposed to COSUP annually
- ▶ Medical, OT and physiotherapy students
- ▶ Family medicine registrars rotate at the sites during COPC rotation
- ▶ Local health care facilities
- ▶ Community facilities
- ▶ Non-profit Organizations

THANK YOU

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the right side of the frame, with some extending towards the center. The overall composition is clean and modern.