

# A hidden epidemic: Engaging people who inject drugs into the HIV care continuum

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# Background

- High prevalence of people living with HIV (PLHIV) in South Africa and KwaZulu-Natal.
- Largest ART programme in the world.
- Recent increase in injection drug use has resulted in a need for addiction services (e.g. needle exchange or medication assisted therapy).
- 21% of PWID in SA are living with HIV, compared to 14% in the general population.
- 74% of general population PLHIV, compared with 40.5% PWID who are PLHIV, access ART services.
- Important to ensure that PWID have access to HIV prevention and treatment services, to continue to support the gains in public health HIV treatment and care.

# Purpose and aims

- Mixed methods research to understand how to access and understand HIV prevention and treatment needs of PWID and engage them into care.
- Aim 1: Pilot the use of respondent driven sampling (RDS) to access PWID in KwaZulu-Natal to:
  - Assess the feasibility and acceptability of RDS
  - Gain a preliminary understanding of this population and its risk for HIV acquisition, morbidity, and transmission
- Aim 2: Assess access to and acceptability of HIV prevention and treatment services among PWID in KwaZulu-Natal.
- Aim 3: Evaluate impact of the criminalization of substance use on PWID and how interactions with the legal system affect health seeking.
- Aim 4: Impact of COVID-19 on the above.

# Methodology

- In-depth interviews with key informants (including healthcare providers, NGO representatives, national and district level)(n=10)
- Respondent driven sampling to recruit PWID into pilot study
  - 3 seed participants, 45 PWID recruited
  - 45 surveys
  - 11 in-depth interviews

# Findings from key informants:

## Access to PWID population

- Via a group/organisation who has a relationship of trust with community
- Use community mobiliser/s
- Non-discriminatory approach
- Provide a stipend/reimburse for time
- Timing of interview – difficulty concentrating

# Findings from key informants:

## Access to SRH services

### Enablers:

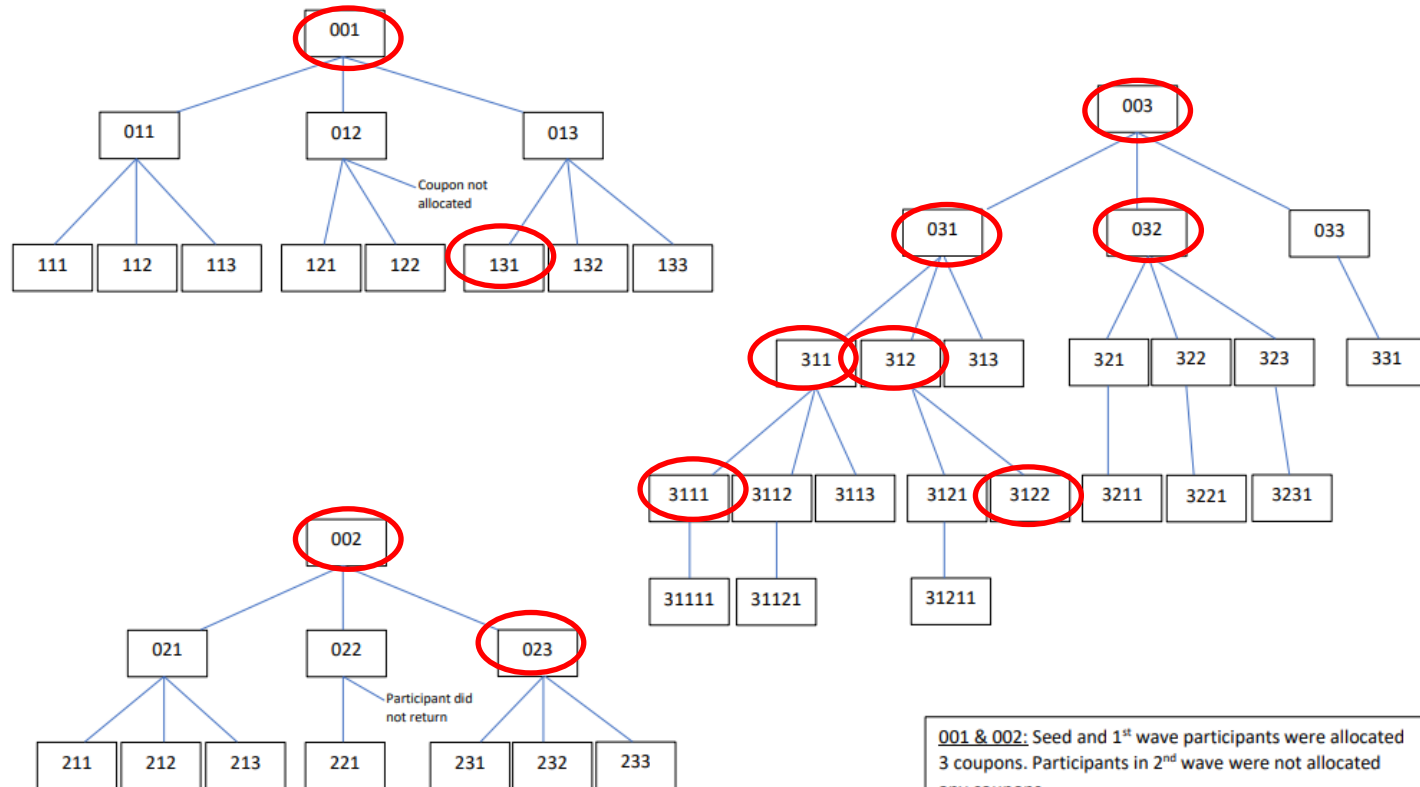
- + National Strategic and Drug Master Plan: mandates that services are offered to PWID under key population spectrum.
- + Some targeted NGO services in eThekweni to access comprehensive SRH and harm reduction services (needle exchange & methadone) and HIV/TB treatment support.
  - + mobile clinics, drop-in centres, outreach
- + *“Taking the service to the community”* and *“developing a relationship”* of trust are key to providing quality SRH services to PWID.

### Barriers:

- Barriers to accessing public sector services, including discrimination and long waiting times.
- Inadequate access to SRH services and needle exchange programs increase risk of STIs, HIV, pregnancy, cervical cancer, and Hepatitis C.
- Food insecurity, lack of storage for treatment, and police confiscation of goods were mentioned as contributing to poor HIV/TB treatment adherence.

# PWID participants: Recruitment representation

## HIDE PARTICIPANTS: RDS COUPON ALLOCATION



**001 & 002:** Seed and 1<sup>st</sup> wave participants were allocated 3 coupons. Participants in 2<sup>nd</sup> wave were not allocated any coupons.

**003:** Participants were allocated up to 3 coupons and interviews were scheduled until 45 participants were enrolled in the study, then coupon allocation stopped.

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○ IDI participants – purposive selection based on wave, gender, risk described, etc.

# Characteristics of PWIDs

Characteristic	Participants n (%) N=45
<b>Demographics</b>	
Median Age (years)(IQR)	★ 28.5 (26.6 – 32.3)
Male	26 (58%)
★ Heterosexual	41 (91%)
Single	17 (39%)
Long term partner but not married and not living together	26 (59%)
Several casual partners	2 (5%)
<b>Education</b>	
Primary education	4 (9%)
★ Secondary education	39 (87%)
Tertiary level	2 (4%)
<b>Employment</b>	
Full time employed	1 (2%)
Employed part time	11 (24%)
★ Unemployed	17 (38%)
<b>Housing</b>	
★ Currently homeless	32 (76%)
<b>Alcohol Use</b>	
★ No alcohol in the past year	29 (64%)
<b>Injection drug use</b>	
Median age at first use (years) (IQR)	★ 22 (19 – 26)
Injecting more than once a day	41 (91%)
Had an opioid overdose (in last year)	10 (22%)



# Characteristics of injection use

Characteristics	N (%)
<b>Most common place acquired needles</b>	
★ Needle exchange or NGO	29 (64%)
Friend / acquaintance	4 (11%)
Pharmacy	1 (4%)
<b>Needle disposal</b>	
★ Needle exchange or NGO	25 (56%)
On the street	8 (8%)
Trash	7 (16%)
<b>High risk injecting drug behaviour</b>	
<b>New / unused Needle use in last 12 months</b>	
Always	14 (31%)
★ Sometimes	22 (49%)
Rarely	9 (20%)
Median number of people shared needles with in last 12 months (IQR)	0 (0 -3)
Median number of people shared other drug-use material with in last 12 months (IQR)	3 (0 – 5)
Median number of people shared drugs with in the last 12 months (IQR)	3 (1 – 4)
★ Used a shared needle in the past 12 months	19 (42%)
Bluetoothing in the last 12 months	8 (18%)
Re-used needle from someone else at last injection	10 (22%)
Bluetoothing at last injection	2 (4%)
Did not dispose of needle at last injection	29 (64%)
★ Injected with known HIV+ individual	6 (13%)

# Health seeking behaviour and access

Healthcare Services	N (%)
Participated in a drug treatment program	27 (60%)
<b>HIV testing and treatment</b>	
Ever tested for HIV <span style="float: right;">★</span>	43 (96%)
Median number of HIV tests in last 2 years	3 (1 – 8.5)
Known to be living with HIV <span style="float: right;">★</span>	15 (35%)
Accessed ART in the last 12 months <span style="float: right;">★</span>	6 (40%)
<b>Hepatitis testing</b>	
Never tested for Hepatitis C	45 (100%)
<b>★ PrEP use</b>	
Interested in PrEP	24 (53%)
Currently taking PrEP	1 (2%)

# Summary of Findings

- High rates of unsafe injection drug practices in eThekweni.
- Low uptake of treatment and prevention services.
- COVID resulted in positive shift to provision and public support of harm reduction and targeted health services in eThekweni.
- Success of targeted services is linked to relationship building and trust, and ensuring that services provided are accessible.
- Sustainability of these services and increasing accessibility are critical for engaging PWID in care.

# Example: COVID as Catalyst in Durban

FEATURE ■

## THE LIGHT SHINES THROUGH THE CRACKS: MANAGING OPIOID WITHDRAWAL AMONGST THE HOMELESS DURING COVID-19 LOCKDOWN

*Shaquir Salduker, Monique Marks, Michael Wilson*

This title is derived from the song *Anthem*, written by Canadian lyricist, Leonard Cohen. An astute philosopher and social commentator, Cohen reminds us that hope can be found in the darkest of places. He reminds us too that we should abandon our desire for perfection in an imperfect, or cracked, world. The Corona virus is one such massive crack. It brought with it many medical complications and mortality. But it also forced many social and psychological changes; some harmful but others much needed.

IT FORCED HUMANITY TO SLOW DOWN AND TAKE A LOOK AROUND, TO NOTICE THINGS IT WOULD ORDINARILY NOT HAVE NOTICED AND TO SEE PEOPLE IT WOULD ORDINARILY NOT SEE. ONE OF THE FORCED CONSEQUENCES OF THE PANDEMIC WAS LOCKDOWN, THE

of dysfunctional family systems and long-term users of substances of abuse. This population grouping is generally considered to be vulnerable. This vulnerability is in regard to a range of illnesses (particularly those that are transmitted) as well as to human rights abuses from other groupings such as the police and other social elites.

Recognising this vulnerability, the eThekweni Municipality in KwaZulu-Natal, together with a group of NGOs and a university, established a team to ensure the homeless were protected during lockdown. This was led by the Deputy Mayor, Belinda Scott. The lockdown presented them with the unique situation where they had to gather the people off the streets and place them in safe shelters so that they did not get infected by this deadly virus and did not become vectors of spread of the infection given that they are a mobile and unregulated body of people. Protecting the homeless population from being infected and from others being infected by them

- Covid-19 as a window for new imaginings and understandings
- Meaningful contact between police and the drug use community (new intimacies and recognitions of humanity)
- Recognition of the need for evidence-based interventions
- Fronting the link between public health and public safety

# Bellhaven Harm Reduction Centre

- Roots in the Covid-19 lockdown levels 5 and 4 – short term OST provided as part of a withdrawal management programme
- 1 June 2020 – low threshold harm reduction centre was opened at Bellhaven Memorial in a municipal owned building
- Partnership between local government, university and civil society organisations
- Formally launched by the Department of Social Development in October 2020



# Services offered

- Daily observed methadone provision
- Needle Syringe Programme provided
- Basic medical services provided by 2 voluntary GPs
- Testing, referral and provision of medication for TB and HIV (roughly 20% clients in total)
- Street based care delivery provided by peers
- Voluntary individual and group psycho-social services
- Women focused services such as pap smears, testing and treatment for STIs, and monitoring of pregnancies

VERY LOW THRESHOLD WITH ALMOST NO BARRIERS TO ACCESS AND AN OVERALL MISSION TO IMPROVE WELLNESS



# A space of innovation, partnership, and evidence generation



- South Africa's first comprehensive peer-led harm reduction centre
- Partnership with eThekweni Municipality- building owned and maintained by the City
- Homeopathic clinic- alternative medicine option for low income and homeless individuals
- Job training and skills development
- Multiple service providers
- Recognised by as a national model for the delivery of community-based harm reduction services
- Research and evidence base learning hub

# Next steps

- Publication imminent in PLOS ONE: Zanoni et al, *High risk injection drug use and uptake of HIV prevention and treatment services among people who inject drugs in KwaZulu-Natal, South Africa*
- Continue with analysis of qualitative data.
- Mixed methods analysis:
  - Look at data on feasibility of RDS as a method of recruiting PWID.
  - Explore impact of the criminalization of substance use on PWID and how interactions with the legal system affect health seeking behaviours.



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