



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities

Fakulteit Geesteswetenskappe
Lefapha la Bomo

Department of Social work and Criminology



ASASWEI 2023

Harm reduction a Community-oriented Substance Use

Programme: City of Tshwane. A

Cross-sectional Survey of Stakeholder Perception of harm reduction for substance use management

Dr. Magriet Coetzee-Spies.

magriet.spies@up.ac.za



400 x 400px

Outline

- Introduction
- Community orientated substance use programme (COSUP)
- Global opioid dependence management
- National context
- Statistics
- Opioid overview
- Harm reduction therapy (HRT)
- Values, norms and principles of HRT
- Research methodology: A Cross-sectional Survey of Stakeholder Perception of the COSUP program City of Tshwane
- Summary
- Recommendation
- Reference



Introduction

- Harm reduction arose in response to the criminalisation and forced treatment of people who use drugs in Europe and the UK during the 1980s
- Harm reduction principles were proposed for healthcare settings:
 - humanism
 - pragmatism
 - individualism
 - autonomy
 - incrementalism
 - accountability without termination



Introduction

- During 2016 The City of Tshwane and University of Pretoria's initiated the Community Oriented Substance Use Programme (COSUP).
- COSUP was South Africa's first publicly funded community-based, harm reduction programme
- COSUP is an applied research intervention addressing drug use-related harms through a harm reduction intervention.



COSUP

- Multi-disciplinary teams of community and healthcare providers
- Deliver a range of services including:
 - Health assessment and referral
 - Psychosocial assessments and interventions
 - Needle and syringe distribution
 - Collection and destruction of used equipment
 - Education on safe injecting
 - Counselling
 - Opioid substitution therapy (OST methadone)
 - Drug testing



COSUP



Global opioid dependence management

- Psychoactive substances contribute to physical, mental and social harms
- WHO recommends enabling and health-specific interventions including:
 - needle and syringe programmes
 - opioid agonist maintenance therapy
 - opioid substitution therapy or (OST)
 - naloxone - rapidly reverse opioid overdose
 - removing punitive laws, policies and practices
 - reducing stigma and discrimination
 - empowering communities
 - addressing violence



National context

- Historically South Africa embraced a prohibitionist drug policy and abstinence-based drug dependence treatment
- Drug policy reflects the global shift towards evidence-based public health and social justice approaches
- Increasing recognition of the scope of human rights violations, media stereotyping, stigma and exclusion experienced by people who use drugs and their effects on health service access
- The National Drug Master Plan (2019–2024) forefronts social protection and access to healthcare services.



Statistics

- Data from a private medical aid scheme (n=1,251,458) between 2011 and 2020 - 12% annual increase in the incidence of opioid-related disorders
- During 2020, estimated 82 500 people injected drugs in the country mostly heroin
- Globally 2020, 61 million people used opioids
- In 2022, one in two people who injected drugs was living with hepatitis C, and one in eight was living with HIV
- Potential for harm depends on the nature of the substances, the frequency, dosage, method of use, the characteristics of the person and context in which use takes place



Opioid overview

- Opioid use disorders accounted for 12.9 million “healthy years of life lost” due to premature death and disability and 69% of drug-related deaths
- Heroin - second to alcohol contributing to the largest amount of overall physical and social harm to individuals and society
- Opioid injecting is associated with a high risk of overdose and the transmission of blood-borne viruses, particularly HIV and hepatitis C



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo

Department of Social Work and Criminology

*Human*ITIES 100.
— Since 1919 —

Opioid overview

- Opioids include (e.g., **morphine and codeine**), semi-synthetic opiate derivatives (e.g., **heroin**, hydrocodone and oxycodone) and synthetic analogues (e.g., **tramadol, fentanyl and methadone**)
- Opioids act on opioid receptors in the brain, which depresses breathing, blocks pain and produces a sensation of pleasure
Reduction of the amount of opioids in dependence results in opioid withdrawal syndrome
- Symptoms include dysphoric or depressed mood, craving, anxiety, nausea, vomiting, abdominal cramping, muscle pain, sweating, sleep disturbance, diarrhoea, and pupillary dilation



Harm reduction therapy (HRT)

- Harm reduction an emerging treatment approach since 1980's
- Working with active injection drug users which grew out of a humane, compassionate and pragmatic intervention.
- Aim to engage people who use drugs to work towards health and safety, a movement for *social justice, built on a belief in, and respect for, the rights of people who use drugs*
- A harm reduction approach supports individual goal-setting in the management and treatment of harmful substance use
- Harm reduction support clients to meet their substance use and wellness-related goals.
- Harm reduction includes influencing and advocating for inclusive and non-stigmatising services for people who use drugs



Harm reduction therapy (HRT)

- Traditional approaches are punitive when the emphasis is on abstinence
- Abstinence-focused interventions, unsupportive of opioid substitution maintenance therapy contribute to:
 - people leaving care
 - re-connecting with the illegal drug markets
 - homelessness
 - unemployment
 - poor health
- Opioid dependence treatment approaches that focus on abstinence have suboptimal treatment outcomes
- Most people with opioid dependence resume opioid use within six months of undergoing detoxification



Values, norms and principles of HRT

- Share the values of social work profession
- Self-determination, inclusion, freedom from harm, promoting of public health.
- Client centred starting where the client is
- Strength base
- Regard client as expert facilitating growth
- Support self-efficacy belief in,
- Respect for, the rights of people



Client centred

- Understanding client's relationship with drug =key area for focus
- **Safety** concerns (needle sharing, overdose potential or dangerous withdrawal)
- **Drug** classification (stimulant, opioid, sedative)
- **Route** of administration oral, smoking, snorting injecting
- Drug **combination** potentiate or mask effects
- **Motivation** for use (e.g. alcohol as social lubricant, opiates sooth depression or pain, ecstasy to connect with others, marijuana to quell symptoms of traumatic/stress disorders.
- **Respect** for autonomy and self determination



Research methodology

- **Data collection: 12 COSUP employees** using a purposively designed, 24-question quantitative, a piloted, cross-sectional survey instrument
- Participants (480) were purposively selected, and recruitment took place between November and December 2021
- COSUP stakeholders in relation to their roles and geographic location.
- Survey administered by face-to-face or virtually (Zoom[®], San Jose, California).
- Data were electronically captured and stored on Qualtrics[®] (London, England).
- *Familiarity* with COSUP was assessed on a five-point Likert scale.
- *Perceptions* of COSUP's effectiveness assessed using statements with categorical options (agreed, disagreed or neutral)

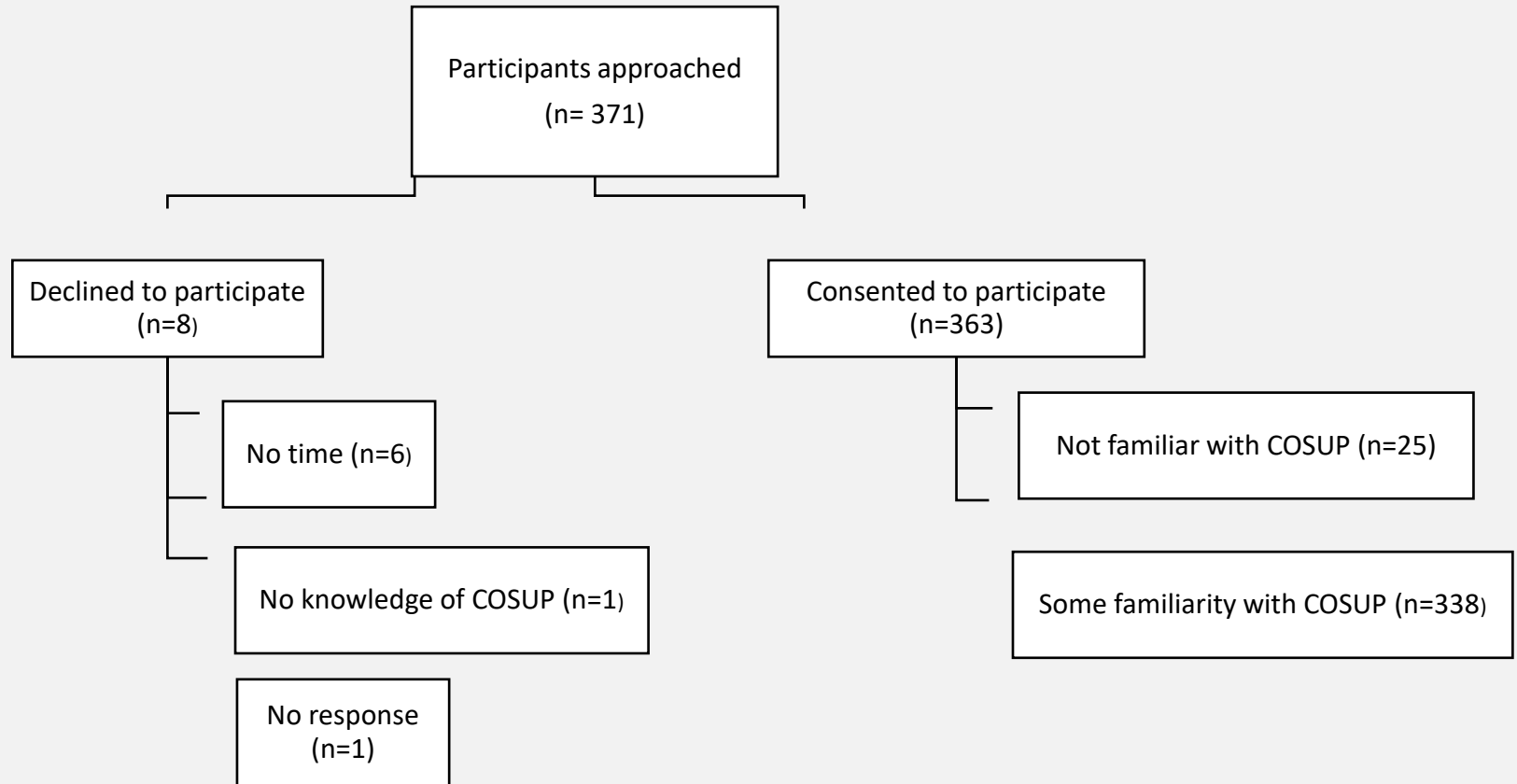


Research methodology

- **Population** comprised four stakeholder segments:
 1. directly involved in COSUP services delivery (medical professionals, social workers and outreach workers)
 2. people in governmental, NGO's or community-based organisations providing services, including local government officials, health and welfare service providers, law enforcement and private security personnel;
 3. family members of COSUP clients; community members living in the vicinity of COSUP sites
 4. Individuals from any segment who were aged 18 years or older were eligible to participate in the study.
 5. Current or past COSUP clients were excluded from the study.



Study participant flow



Research methodology

- Ethical approval obtained from the University of Pretoria's Health Sciences Research Ethics Committee (reference number 310-2020).
- Informed consent was captured via the electronic or paper-based tool.
- The City of Tshwane's Department of City Strategy and Organisational Performance authorised the inclusion of public servants from that department to participate.
- Participation voluntary, no remuneration.



Summary

- Reduction in stigma towards people who use drugs
- Harm reduction, particular OST, go beyond blood-borne infections, to include a reduction in mortality and reduced heroin use and drug-related health risks
- Improved social functioning and client quality of life, positive influence on health and social inclusion, improved family relationships and integration back into community
- increased awareness of drug-related service availability, skills development opportunities and inter-organisational networking in the context of COSUP implementation
- Participants considered harm reduction to address harmful drug use in the city
- Indicated that COSUP should continue and expand



Recommendation

- Social work profession to take responsibility for psychosocial intervention, education, training, policy development as well as prevention strategies with stakeholders on all levels
- Social workers' specialized knowledge, skills and training indicates that they are well equipped to deal with the challenges of substance use
- Social workers should define their role (counsellors) clearly and claim their rightful place in rendering service to people living with substance uses



Acknowledgements

- Research team
- COSUP
- City of Tshwane
- Department of Family medicine, University of Pretoria
- Participants



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities

Fakulteit Geesteswetenskappe
Lefapha la Bomo

Department of Social Work and Criminology



Thank you!

Dr. Magriet Coetzee-Spies

<https://orcid.org/0000-0001-7782-7661>

University of Pretoria, South Africa

magriet.spies@up.ac.za



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo

Department of Social Work and Criminology

*Human*ITIES 100.
— Since 1919 —

References

- Department of Social Development. 2019. "National Drug Master Plan 4th Edition 2019–2024." Cape Town: South African Government. https://www.gov.za/sites/default/files/gcis_document/202006/drug-master-plan.pdf
- Hawk, M., R. W. S. Coulter, J. E. Egan, S. Fisk, M. R. Friedman, M. Tula, and S. Kinsky. 2017. "Harm Reduction Principles for Healthcare Settings." *Harm UNAIDS*. 2022. "Key Population Atlas." Accessed June 6, 2023. <https://kpatlas.unaids.org/>.
- Pauly, B. 2008. "Harm Reduction through a Social Justice Lens." *International Journal of Drug Policy* 19 (1): 4–10. <https://doi.org/10.1016/j.drugpo.2007.11.005>. South African Government, and South African National AIDS Council. 2017. "Let Our Actions Count. South African National Strategic Plan on HIV, TB and STIs 2017–2022. Summary." Pretoria: SANAC. <https://sanac.org.za/about-sanac/the-national-strategic-plan/>.
- Paquette, C. E., S. B. Daughters, and K. Witkiewitz. 2022. "Expanding the Continuum of Substance Use Disorder Treatment: Nonabstinence Approaches." *Clinical Psychology Review* 91. <https://doi.org/10.1016/j.cpr.2021.102110>.
- Seddon, T. 2020. "Prescribing Heroin: John Marks, the Merseyside Clinics, and Lessons from History." *International Journal of Drug Policy* 78 (September 1981): 102730. <https://doi.org/10.1016/j.drugpo.2020.102730>.
- Scheibe, A., S. Shelly, T. Gerardy, Z. von Homeyer, A. Schneider, K. Padayachee, S. B. Naidoo, et al. 2020b. "Six-month Retention and Changes in Quality of Life and Substance Use from a Low-threshold Methadone Maintenance Therapy Programme in Durban, South Africa." *Addiction Science and Clinical Practice* 15 (13): 1–11. <https://doi.org/10.1186/s13722-020-00186-7>.



References

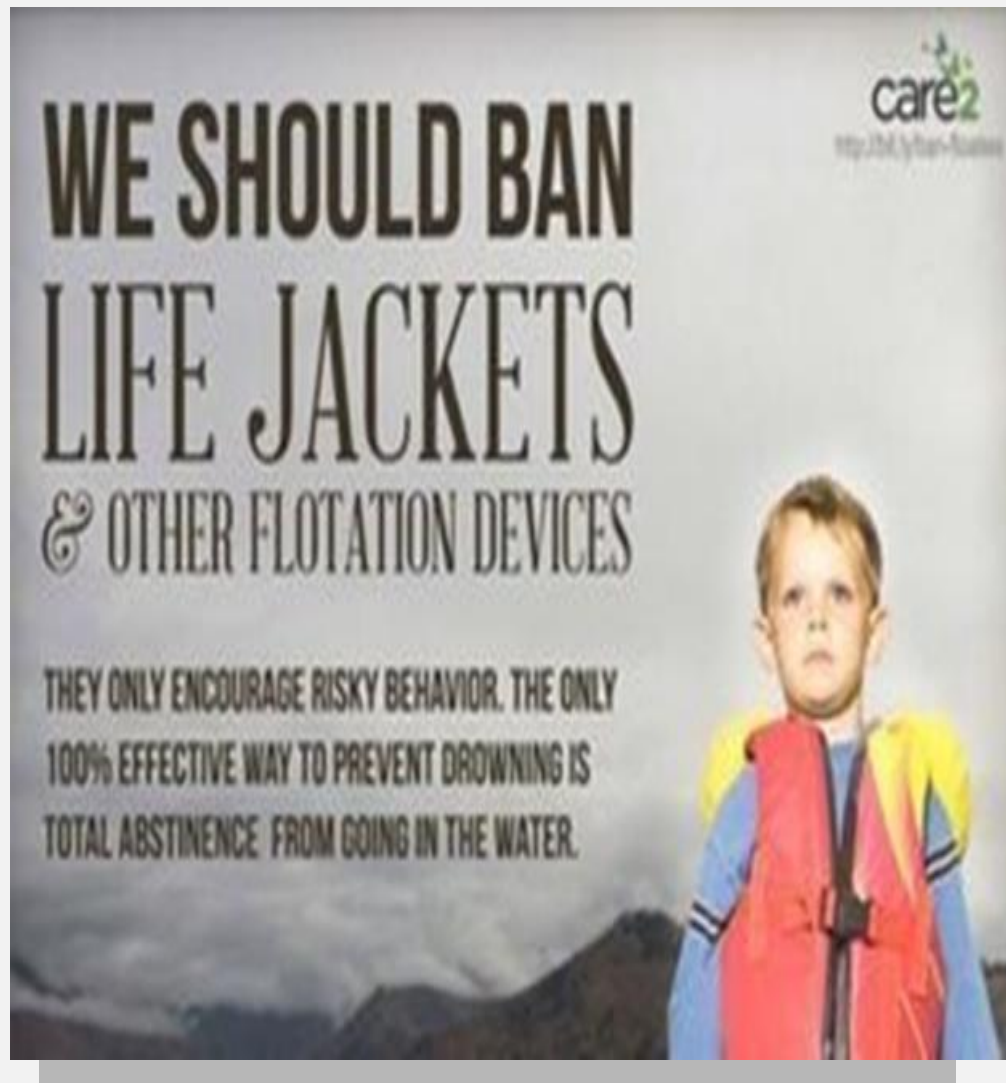
- South African Government and South African National AIDS Council 2017, 67). disorders (Tlali et al. 2022, 5).
- Scheibe, A., S. Shelly, A. Versfeld, S. Howell, and M. Marks. 2017. "Safe Treatment and Treatment of Safety: Call for a Harm-Reduction Approach to Drug-Use Disorders in South Africa." *South African Health Review* 20: 197–204. Statistics South Africa. 2011. City of Tshwane. "Statistics by Place." Pretoria: Statistics South Africa. Accessed March 15, 2023. https://www.statssa.gov.za/?page_id=1021&id=city-of-tshwane-municipality.
- Shelly, S., I. Broughton, A. Mcbide, Z. van Hofmeyer, N. Medeiros, C. van Staden, and D. Oosthuizen. 2017. "Every Single Person Looks at Us Bad." Cape Town: South African Network of People Who Use Drugs. <http://www.stepupprojectsouthafrica.org/>
- Tlali, M., A. Scheibe, Y. Ruffieux, M. Cornell, A. E. Wettstein, M. Egger, M-A. Davies, G. Maartens, L. F. Johnson, and A. D. Haas. 2022. "Diagnosis and Treatment of Opioid-Related Disorders in a South African Private Sector Medical Insurance Scheme: A Cohort Study." *International Journal of Drug Policy* 109 (0): 103853. <https://doi.org/10.1016/j.drugpo.2022.103853>.



References

- UNAIDS. 2022. "Key Population Atlas." Accessed June 6, 2023. <https://kpatlas.unaids.org/>.
- UNODC. 2015. "Afghan Opiate Trafficking through the Southern Route." Vienna: UNODC. https://www.unodc.org/documents/islamicrepublicofiran/publications/sp1/Afghan_opiate_trafficking_southern_route_2015.pdf.
- UNODC. 2022a. Book 2. "World Drug Report." Vienna: UNODC. <https://www.unodc.org/unodc/data-and-analysis/world-drug-report-2022.html>.
- UNODC. 2022b. Book 3. "World Drug Report." Vienna: UNODC. <https://www.unodc.org/unodc/data-and-analysis/world-drug-report-2022.html>. UNODC. 2022a. Book 2. "World Drug Report." Vienna: UNODC. <https://www.unodc.org/unodc/data-and-analysis/world-drug-report-2022.html>.
- Vakharia, SP & J. Little. Starting where the Client is: *Harm reduction guidelines for clinical social work practice*. Clinical Social work Journal, 2016 | *Reduction Journal* 14 (1): 70. <https://doi.org/10.1186/s12954-017-0196-4>
- WHO. 2022. "Consolidated Guidelines on HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment and Care for Key Populations." Geneva: WHO. <https://www.who.int/publications/i/item/9789240052390>
- WHO. 2009. "Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence." Geneva: WHO.
- WHO. 2019. "Opioid Use Disorders." ICD11. 2019. Accessed May 28, 2023. <https://icd.who.int/browse11/l-m/en#/http%3A%2F%2Fid.who.int%2Ficd%2Fentity%2F1120716949>





UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo

Department info here

HumanITIES 100.
— Since 1919 —