

**Harm Reduction in Southern Africa: Strategies used to address drug-related HIV (and Hepatitis C)**  
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**Background of Project:**

The International Harm Reduction Association (IHRA) contacted the Alcohol and Drug Abuse Research Unit at the Medical Research Council in Cape Town to assess which information exists around drug use, injection drug use, HIV and harm reduction in the following 10 Southern African countries:

**Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe**



**Aims of the project:**

- 1) To gather quantitative information from secondary sources and key role-players in the fields of substance use and/or HIV/AIDS.
- 2) To gather qualitative information (including own knowledge and experience) of the current availability and provision of harm reduction in Southern Africa.

**Outcomes:**

- Completed forms for each country.
- Development of a case study on harm reduction (best practice).
- Production of global harm reduction report (by IHRA) with section on sub-Saharan countries.

**Is there a need for harm reduction in Southern Africa?**

While the majority of HIV/AIDS transmissions occur through heterosexual contact, recent studies indicate that substance use has a role to play in this. For example, in Botswana, Weiser, Leiter, Heisler et al (2006)<sup>1</sup> found that alcohol is associated with multiple risks for HIV transmission such as multiple partners, unprotected sex and transactional sex. In Malawi, a rapid assessment conducted found that drug users had multiple partners, did not use condoms and engaged in casual sex<sup>2</sup>. In Cape Town, recent studies found that both adolescents and adult community populations are more likely to engage in risky sex if they are methamphetamine users. Both adult and adolescent methamphetamine users were more likely to have multiple partners and less likely to use condoms<sup>3,4</sup>, while adolescents had a higher likelihood of having been/made someone pregnant and been diagnosed with a STD<sup>4</sup>.

There is also some evidence that injection drug use exists in these countries, and is directly linked to HIV/AIDS. In a recent South African study, Injection drug users (IDUs) engaged in risky drug-use practices such as sharing needles, not cleaning needles and re-using needles a multitude of times<sup>5</sup>.

<sup>1</sup> Weiser, S., Leiter, K., Heisler, M., McFarland, W., Percy-de Korte, F., DeMonner, S., Tlou, S., Phaladze, N., Iacopino, V. & Bangsberg, D. (2006). A population-based study on alcohol and high-risk sexual behaviors in Botswana. *PLOS Medicine*, 3(10), e92.

<sup>2</sup> Bisika, T., Konyani, S. & Chamangwana, I. (2004). *Rapid Situation Assessment of Drug Abuse and HIV/AIDS in Malawi*. Malawi: University of Malawi.

<sup>3</sup> Simbayi, L.C., Kalichman, S.C., Cain, D., Cherry, C., Henda, N. & Cloete, A. (2006). Methamphetamine use and sexual risks for HIV infection in Cape Town, South Africa. *Journal of Substance Use*, 11(4), 291-300

<sup>4</sup> Plüddemann, A., Flisher, A.J., Mathews, C., Carney, T., & Lombard, C. (In press). Adolescent methamphetamine use and sexual risk behaviour in secondary school students in Cape Town, South Africa. *Drug & Alcohol Review*.

<sup>5</sup> Parry, C.D.H., Carney, T., Petersen, P., Dewing, S., Needle, R., Kroeger, K., Treger, L. (in press). HIV risk behavior among injecting or non-injecting drug users in Cape Town, Pretoria and Durban, South Africa. *Substance Use & Misuse*.

### Non-injection and Injection drug use

The most commonly used substance in nine of the ten countries is alcohol. The exception is Malawi, where the primary drug used by patients in treatment is cannabis or 'chamba' (80%). For all of the other countries, cannabis is the second most commonly use substance with the exception of Mozambique, where the percentage of patients receiving treatment for heroin use (33.1%) was only slightly lower than those being treated for alcohol abuse during the last available reporting period (39.1%)<sup>6</sup>. South Africa has a number of substances that are widely available and abused: In Cape Town since 2002 there has been a major increase in methamphetamine use, especially by young people. Heroin is also mixed with cannabis in South Africa and referred to 'pinch', 'unga' or 'nyaope', and mixed with cocaine and household substances in Durban, called 'sugars'<sup>7</sup>.

Due to the lack of existing data, it is difficult to conclude whether injection drug use exists in certain countries. For example, while it has been reported in Angola, Mozambique and Zimbabwe there is no up to date data available on this practice. In Botswana, Namibia, Lesotho and Swaziland there have been no official reports of injecting drug use. The most commonly injected drug is heroin while diazepam is also injected in Angola and Zambia, cocaine and methamphetamine reportedly injected in Mozambique and South Africa, and dipipanone hydrochloride is injected in South Africa. Of those in treatment for heroin use, 40% injected in Gauteng, 18% injected in Mpumalanga and nine percent injected in Western Cape in the last reporting period<sup>7</sup>.

### HIV prevalence: amongst vulnerable populations

With regards to HIV prevalence among those who inject drugs, this information for the most part is unavailable. The exceptions are Malawi, where a recent rapid assessment found that HIV prevalence was 0% amongst a small subgroup of IDUs, and 25.5% for other drug users<sup>2</sup>. In South Africa, a review of previous studies indicates a prevalence rate between five and 20% amongst IDUs<sup>8</sup>. According to Zambia's National HIV and AIDS Strategic Framework, injection drug use accounts for <1% of HIV transmissions. No information is available regarding Hepatitis C except for one study conducted with IDUs in juvenile centres in Cape Town that found that seven percent were HCV positive<sup>9</sup>.

There is also a lack of recent and reliable information on the proportion of prisoners with HIV. While recent country presentations presented at Technical meeting on HIV in prisons in Sub-Saharan Africa<sup>10</sup> and a recent report indicated the prevalence rate to be between 60 and 75% for Malawi<sup>11</sup> and a recent report on HIV and prisons in sub-Saharan African provides reviewed numbers for Zambia (27%) and South Africa (45%)<sup>11</sup>, there are no statistics on the other seven countries.

### Responses: Policies for harm reduction?

- No domestic or international policy that supports or is explicitly opposed to harm reduction exists in any of the countries.
- A demand reduction approach is taken in many countries.

<sup>6</sup> Parry, C.D.H & Plüddemann, A. (2005). Southern African Development Community Epidemiology Network on Drug Use (SENDU): January-June 2004. Parow, Medical Research Council.

<sup>7</sup> Plüddeman, A, Parry, C.D.H & Bhana, A. (2007). *South African Community Epidemiology Network on Drug Use (SACENDU): Alcohol and Drug Abuse Trends: July-December 2007*. Parow: Medical Research Council

<sup>8</sup> Parry, C.D.H. & Pithey, A.L. (2006). Drug abuse and HIV-risk behaviour in South Africa. *African Journal of Drug and Alcohol Studies*, 5(2), 140-157.

<sup>9</sup> Goyer, K.C. (2003). *HIV/AIDS in South African Prisons: In HIV/AIDS in Prison: Problems, Policies and Potential*. Monograph 79. South Africa: Institute for Security Studies.

<sup>10</sup> Malawi Country Presentation. (2007). HIV/AIDS prevention and care in Malawi prisons. Presented at Technical meeting on HIV in prisons in Sub-Saharan Africa, Kenya

<sup>11</sup> UNODC, UNAIDS, World Bank. (2007). *HIV and prisons in sub-Saharan Africa: Opportunities for action*.

- All 10 countries have a national HIV/AIDS Action Framework.
- Only **Angola, Botswana, Namibia, South Africa, Zambia and Zimbabwe** have frameworks addressing harm reduction.
- Only **South Africa, Zambia and Zimbabwe** briefly mention IDUs.

### Harm Reduction Services

#### 1. Needle and syringe exchange programmes

Needle and syringe exchange programmes do not exist in these Southern African countries. A current debate exists around whether or not countries that are already resource poor, and do not have reported rates of injection drug use, should focus on obtaining the political will and developing capacity to start these. It is known that in South Africa at least, pharmacies do provide injection equipment but as mentioned in a recent study: the majority of pharmacies are not open at night when users are more likely to need new needles, and if they do purchase their equipment at pharmacies, staff are likely to be judgmental and see them only as “junkies”<sup>5</sup>.

#### 2. Drug treatment

In general, opioid substitution therapy (OST) is not available in Sub-Saharan Africa. OST is only available in Botswana for detoxification from alcohol, and in South Africa for detoxification from a number of drugs, such as heroin. Methadone is available as high alcohol-content syrup (Physeptone) while buprenorphine is available at a few private facilities<sup>12</sup>. In general, the provision of OST in Sub-Saharan Africa is impeded by legislation prohibiting the prescription of methadone and buprenorphine, a lack of political will, and weakened health care systems in many countries.

Table 1: Drug treatment across 10 countries

Country	Best estimate # of drug dependence treatment sites?	Best estimate # of people in drug dependence treatment?	Best estimate # of IDUs in drug dependence treatment?
Angola	5	1180	0
Botswana	8	992	0
Lesotho	9	63	0
Malawi	7	556	0
Mozambique	5	151	13
Namibia	3	54	0
South Africa	72-120	9412	164
Swaziland	2	223	0
Zambia	3	183	12
Zimbabwe	unknown	unknown	unknown

Table 1 indicates a small number of treatment sites in these countries, with the exception of South Africa which has a high number of accredited, mostly specialised substance treatment sites.

<sup>12</sup> Weich, L., Perkel, C., van Zyl, N., Rataemane, S.T. & Naidoo, L. (2008). Medical management of opioid dependence in South Africa. *South African Medical Journal*, 98(4), 280-283.

### 3. Targeted HIV prevention, treatment and care

Table 2: Budget allocated for HIV/AIDS

Country	Proportion of national budget spent on HIV prevention, treatment and care (US\$)
Angola	14 254 910
Botswana	165 000 000
Lesotho	1 357 875
Malawi	1 357 875
Mozambique	2 564 600
Namibia	38 558 000
South Africa	446 461 994
Swaziland	3 960 517
Zambia	32 000
Zimbabwe	12 052 578

While Table 2 indicates that South Africa and Botswana allocate the most funding to HIV prevention, treatment and care, it is unknown how much of this budget (if any) is dedicated to IDUs. Only South Africa currently has targeted programmes for IDUs, as information and awareness programmes run by government and civil society that address the link between drug use and HIV are in the early stages of implementation.

#### Harm Reduction in Prisons

HIV prevention, care and treatment services are limited in prisons throughout the region. VCT is available in prisons for most of 10 countries but to varying extents. For example in Botswana, VCT is available to most prisoners while there is just one pilot VCT site operating in Zomba Central prison, Malawi. The availability of condoms also varies widely. For example, they are available in some prisons in Lesotho and most prisons in South Africa (676 621 distributed)<sup>13</sup>, but in Botswana, distribution of condoms in prisons is prohibited until release by prison policy, as it is believed that this will promote sexual behaviour in prisons. ART is available in some prisons, such as Botswana (302 people are receiving ART), Lesotho, South Africa (2323 people receiving ART) and Zambia. PMTCT and STI testing and treatment are also reportedly available in Botswana's prisons. In Zambia, a number of NGOs support HIV prevention and care programmes in prisons and in South Africa, there are NGOs and research initiatives that focus on HIV within prisons, which include the provision of harm reduction information for prisoners using drugs.

#### Conclusion: Progress in provision of harm reduction services

- Development of Sub-Saharan African Harm Reduction Network (SAHRN) established in Kenya, 2007
- Research projects are being established that will provide more information and influence services for drug users e.g. International Rapid Assessment and Response Evaluation in Mozambique
- Services are in the early stages of roll-out in some countries e.g. pilot site at Zomba Central Prison in Malawi has started to provide VCT to prisoners
- One drug user organisation exists in South Africa (but uncertain of its level of functioning)

#### Suggestions for increased provision of harm reduction services in Southern Africa

- Need for increased surveillance to add to existing information available on IDUs, and drug users in Southern Africa
- Careful use of resources for harm reduction programmes in poor countries, and learn lessons from other resource-poor countries that have implemented such strategies
- Support from government and other stakeholders to develop legislation (currently criminalizes drug users) and policy supportive of harm reduction
- Change cultural attitudes: Drug users faced with stigma and judgment
- Accessibility of existing harm reduction services: a number are more readily available at private facilities
- Empowerment of drug users: increase number of drug-user organisation

<sup>13</sup> Petersen, V. (2007). *Department of Correctional Services: Annual Report for the 2006/2007 Financial Year*. Pretoria, South Africa