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POLICY BRIEF

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Self-reported stigma and equity of healthcare service delivery for **people living with HIV** who use drugs i**n South Africa**

Key messages

Drawing from the recently completed 2020-2021 Stigma Index 2.0 study [1], this policy brief describes the stigma and discrimination reported by people living with HIV (PLHIV) who self-reported ever using drugs (like marijuana (dagga) or methamphetamines) and makes recommendations for reforms in the current policies and their implementation and practices. The Constitution of South Africa prescribes equal access to healthcare services to all its citizens, including appropriate social assistance if individuals are unable to support themselves and their dependents. The persistent stigma and discrimination at points of care and treatment against people who use drugs compromises the uptake of testing, linkage to care, and retention on treatment along the HIV treatment cascade [2,3]. Efforts to end stigmatisation and promote inclusivity in healthcare service delivery could be considered for PLHIV who use drugs.

Introduction

Social stigmas related to illegal behaviours such as sex work and drug use, coupled with HIV-related stigma, complicate HIV prevention efforts and linkage to the continuum of care [4]. HIV prevention and treatment programmes perceive the practice of drug injection as rare in South Africa, and current legislation (the Drugs and Drug Trafficking Act of 1992) criminalise the carrying and use of drugs [5]. The criminalisation of drugs informs stigma, and thus people who use drugs are labelled as criminals or viewed as unpredictable, violent, disempowered, mentally and physically sick, and unable to exercise agency and self-determination [6]. Consequently, they often experience stigma and discrimination, characterised by violation of rights, harassment, marginalisation, and abuse by some, including those in authority such as the police [6].

Drug use stigma and HIV-related stigma directed at PLHIV makes it challenging to access drug treatment, prevention programmes including needle and syringe services [6], and HIV treatment and care services [7,8]. This impacts HIV treatment uptake and adherence [9], which may have a major impact on the quality of life and overall health outcomes for PLHIV who use drugs. Stigma also impacts access to justice. The current policy landscape is specific to HIV-related stigma and does not recognise drug use stigma. Stigma attached to drug use might not be adequately addressed for PLHIV who use drugs, despite people who use drugs being prioritised as a key and vulnerable group in the National Strategic Plan (NSP) for HIV, TB and STIs 2017-2022 [10] and South Africa's comprehensive National Drug Master Plan (NDMP) 2019 – 2024 [11]. These key national instruments recognise stigma and discrimination as a barrier to accessing healthcare services for key populations. Stigma reduction for people who use drugs is also a priority in the National Human Rights Plan [12].

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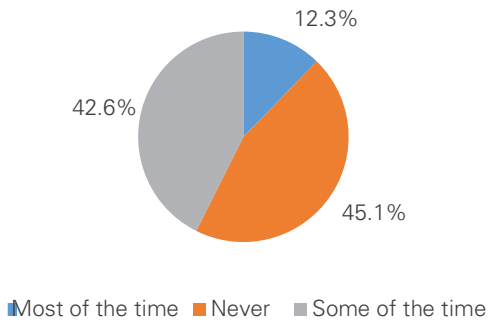
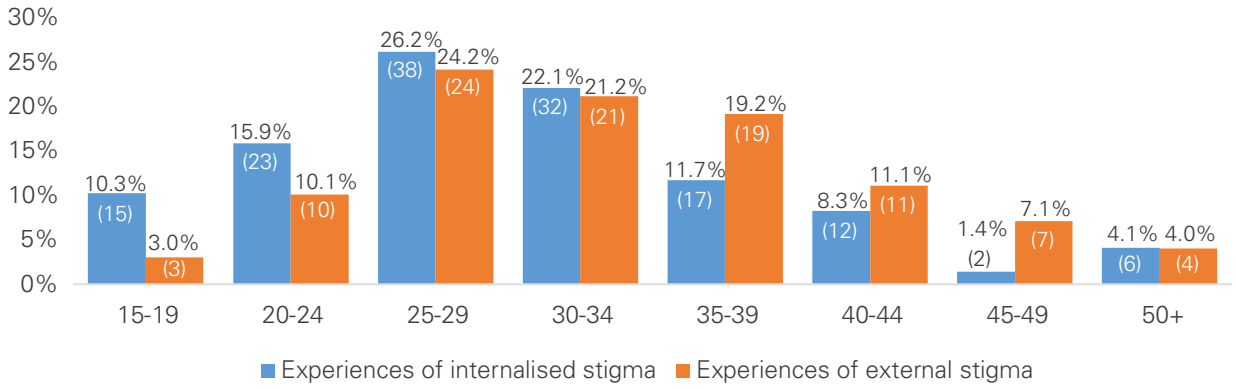
Findings

Figure 1: How often have PLHIV who ever used drugs been able to meet their basic needs in the last 12 months



The Stigma Index 2.0 survey measured internal and external stigma experienced by PLHIV from 2020-2021 in the South African provinces of KwaZulu-Natal, the Free State, and Mpumalanga. External stigma is displayed through attitudes or actions aimed at others including insults, rejection, avoidance, intolerance, stereotyping, discrimination, and physical violence [1]. Internalised stigma occurs when an individual internalises negative attitudes as shame or guilt [1]. Stratified purposive sampling (by district) was used in each province. Among the 3716 PLHIV who took part in the study, 447 (12%) reported ever having used drugs. Of these, 133 (30%) reported ever injecting drugs and 126 (28%) reported ever[2] using other drugs like marijuana (dagga) or methamphetamines. Almost half of the sample who reported ever using drugs were currently unemployed and 12.3% reported that they were unable to meet their basic needs most of the time, while 42.6% reported that they were unable to meet their basic needs some of the time in the last 12 months[2] (Figure 1). Overall, 23.2% of PLHIV who ever used drugs experienced internalised stigma and 15.6% experienced external stigma. Internalised stigma was higher than external stigma in age groups 15-19 years, 20-24 years, 25-29 years and 30-34 years, whereas external stigma was greater among 35+ year olds (Figure 2).

Figure 2: Stigma experienced by PLHIV who ever used drugs



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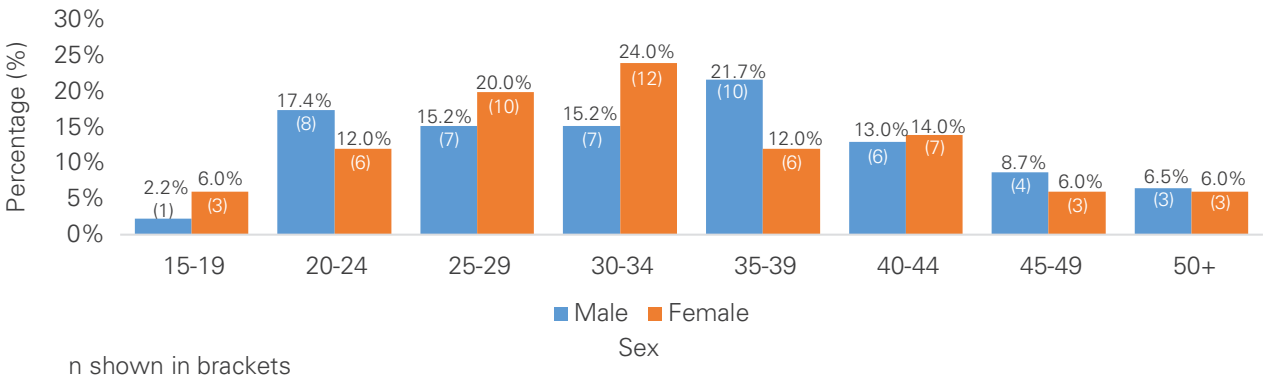
Twelve percent (12%) of PLHIV who ever used drugs had a fear of healthcare workers vs. 8.6% of PLHIV who never used drugs, while 8.3% reported having a bad experience with healthcare workers vs. 6.2 % of PLHIV who never used drugs. Almost 23% of PLHIV who ever used drugs had experienced discrimination at a healthcare facility because of a non-HIV related health issue vs. 15% of PLHIV who never used drugs. A higher proportion of females (15-19 years, 25-29 years, 30-34 years) living with HIV who had ever used drugs reported experiences of external stigma at health facilities compared to males (Figure 3).

Figure 3: External stigma experienced at health facilities when seeking non-HIV related care by PLHIV who ever used drugs



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[1]This is how the Stigma Index 2.0 measures lifetime use of drugs, and it is expressed as *ever used*.

[2]The study did not explore whether stigma and socio-demographic factors were related to *ever used* drugs.

The HIV epidemic among people who use drugs in South Africa

A 2013 rapid assessment in five South African cities among people who inject drugs found an HIV prevalence of 14%, with the highest burden on women (18%)[16]. In sub-Saharan countries, including South Africa, linkage to HIV-related care is low, as limited numbers of people who inject drugs are accessing and adhering to HIV treatment as presented in the HIV treatment cascade [9,13]. People who use drugs are also more vulnerable to tuberculosis (TB) and hepatitis C (HCV) [14].

Clean needle and syringe exchange services are the cornerstone of the HIV response for people who inject drugs [15]. Such programmes promote harm reduction and prevent transmission of numerous viral diseases, including HCV and HIV. However, there is currently no integration of needle and syringe services in the public sector for people who inject drugs and live with HIV.

Opioid substitution therapy (OST) is an effective response to the dual public health problems of injected opioid use and related HIV and HCV transmission [16]. OST programmes treat opioid users with opioid agonists such as methadone or buprenorphine, to curb dependency and reduce related harms, and improve health and quality of life [17]. Evidence supports enhanced retention on antiretroviral treatment (ART) where OST is provided [18]. OST successfully acts as a gateway for people who inject drugs to access other services such as primary health care, screening services for sexually transmitted infections including HIV, HCV, TB, and ART. In South Africa, OST is only available in major cities (namely, Pretoria, Cape Town, Durban, and Johannesburg). Where OST is available one of the main barriers to accessing treatment is the medication cost, as services are not subsidised and there are no generic alternatives [19]. Low financial and political investment in OST programmes, discriminatory treatment from providers, police harassment, and barriers to access all impede successful treatment [19].

Although research has shifted to include people who use drugs, bringing visibility to this often-forgotten key population group in South Africa, gaps still exist. South Africa does not currently have consistent population size estimates for PLHIV who are currently using drugs. It is critical to obtain more data to guide policy makers and programme staff to understand the scope of the HIV problem, plan appropriate interventions, and allocate sufficient resources to address it. Such information will also contribute to addressing stigma/violations against PLHIV who use drugs, based on the Human Rights Plan.

The current policy framework on the protection of the rights of people who use drugs to access health services

The main policy documents that relate to the rights of people who use drugs in South Africa include the 1994 South African Constitution [20], South Africa's Human Rights Plan [12], the NDMP [11], and the NSP 2017-2022 [10]. Goal 5 of South Africa's NSP articulates the objectives aimed at: i) reducing stigma and discrimination against PLHIV and TB sufferers; ii) facilitating access to justice and redress for PLHIV, and those vulnerable to HIV and TB; and iii) promoting an environment that enables and protects human and legal rights and prevents stigma and discrimination [10]. The objectives clearly stipulate that all South Africans have a legal right to access care, including people who use drugs, although stigma remains a barrier to the uptake of care [21]. The NDMP (2019-2024) [11] is equally important in addressing the vulnerabilities of people who use drugs, including people who inject drugs.

Recommendations

The following policy recommendations and interventions are crucial in South Africa to reduce stigma and discrimination against PLHIV who use drugs:

1. Develop and implement campaigns to reduce external and internal stigma for PLHIV who use drugs.

2. Raise awareness of drug dependency among PLHIV as a public health issue.

3. Increase coverage of sensitivity training for healthcare workers working with PLHIV who use drugs, as these providers are essential to promote inclusion and reduce discrimination in hospital and primary care settings. Such in-depth training and improved sensitisation among clinical staff might reduce avoidance of seeking healthcare by PLHIV who use drugs.

4. Increased funding for PLHIV who use drugs-related health care, including harm reduction initiatives such as needle exchange programmes; community-based, evidence-based drug dependence treatment - including OST for people with opioid dependence; and preventative programmes for those at risk of becoming drug-dependent. The Department of Health, working with Civil Society (specifically NGOs specialising in drug use) can expand access to OST to promote care for PLHIV who use drugs.

5. Further studies are critically needed to better understand how drug use impacts stigma-related reports among PLHIV for improved resource allocation.

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Ethics statement

This project was reviewed in accordance with CDC human research protection procedures and was determined to be research, but CDC investigators did not interact with human subjects or have access to identifiable data or specimens for research purposes.

Disclaimer

The findings and conclusions in this policy brief are those of the author(s) and do not necessarily represent the official position of the funding agencies.

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