Characteristics of women initiated on opioid substitution therapy at primary health care level in Tshwane, South Africa

- 1. Division of Family Medicine and Primary Care, Stellenbosch University
- 2. Division of Clinical Associates, Department of Family Medicine and Primary Care, University of the Witwatersrand.
- 3. South African Medical Research Council
- 4. Department of Family Medicine, University of Pretoria

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Authors: Daniela S. Goeieman^{1,2} (MPhil in Family Medicine student), Robert Mash¹ (Supervisor), Natasha R. Gloeck^{3,4} (Co-supervisor), Andrew Scheibe⁴





Introduction

- Estimated 36 million people living with a substance use disorder,
- Over 400,000 people dying annually,
- 30.9 million healthy life years lost due to disability or premature death (1)

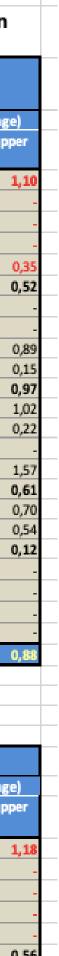
World Drug Report 2023 (UNODC)

and globally, 2021

			Cann	abis			Opioids (opiates and prescription opioids)						Opiates							
	Num	ber (thous:	ands)	Prevak	ence (perce	entage)	Num	ber (thousa	inds)	Preval	ence (perce	ntage)	Num	ber (thous	ands)	Preval	Prevalence (percentage			
Region or subregion	Best estimate	Lower	Upper	Best estimate	Lower	Upper	Best estimate	Lower	Upper	Best estimate	Lower	Upper	Best estimate	Lower	Upper	Best estimate	Lower	Up		
Africa	53 600	32 770	72 180	6,85	4,19	9,22	9 670	6 800	13 000	1,24	0,87	1,66	3 920	1 550	8 580	0,50	0,20			
East Africa	-	_	-	-	_	-	-	-	-	-	-	-	-	-	_	-	-			
North Africa	10 4 10	9 680	12 370	6,57	6,11	7,80	_	_	-	_	_	-	_	-	_	_	_			
Southern Africa	-	_	-	-	-	-	_	_	-	-	-	-	_	-	-	-	_			
West and Central Africa	29 710	15 980	33 090	9,68	5,21	10,78	_	-	-	-	-	-	560	150	1 070	0,18	0,05			
Americas	70 460	68 340	74 130	10,26	9,95	10,79	11 940	11 050	12 690	1,74	1,61	1,85	2 860	2 180	3 570	0,42	0,32			
Caribbean	1 680	1 010	3 670	5,73	3,46	12,56	-	-	-	-	-	-	-	-	-	-	-			
Central America	1 0 3 0	350	1 810	3,12	1,07	5,50	-	-	-	-	-	-	-	-	-	-	-			
North America	57 170	56 660	57 670	17,36	17,21	17,51	10 870	10 200	11 270	3,30	3,10	3,42	2 390	1 810	2 940	0,73	0,55			
South America	10 590	10 320	10 980	3,58	3,49	3,72	880	760	990	0,30	0,26	0,34	420	340	460	0,14	0,11			
Asia	62 000	25 300	95 240	2,00	0,82	3,08	34 290	15 050	45 990	1,11	0,49	1,49	21 610	8 990	29 890	0,70	0,29			
Central Asia and Transcaucasia	1 5 3 0	450	2 530	2,57	0,76	4,25	530	460	600	0,90	0,77	1,02	530	460	600	0,90	0,77			
East and South-East Asia	19 270	8 940	23 740	1,21	0,56	1,49	2 780	1 960	3 560	0,17	0,12	0,22	2 800	1 940	3 590	0,18	0,12			
South-West Asia/Near and Middle East	10 3 10	7 540	12 310	3,05	2,23	3,64	10 790	8 870	13 430	3,19	2,62	3,97	-	-	-	-	-			
South Asia	30 890	8 360	56 660	2,81	0,76	5,15	20 190	3 770	28 400	1,84	0,34	2,58	12 290	2 290	17 240	1,12	0,21			
Europe	29 470	28 120	31 170	5,44	5,19	5,75	3 790	3 570	4 050	0,70	0,66	0,75	3 100	2 900	3 300	0,57	0,54			
Eastern and South-Eastern Europe	4 610	3 320	6 250	2,06	1,48	2,80	1 740	1 640	1 830	0,78	0,73	0,82	1 4 9 0	1 400	1 570	0,67	0,62			
Western and Central Europe	24 860	24 800	24 920	7,81	7,79	7,83	2 050	1 940	2 220	0,64	0,61	0,70	1 610	1 510	1 730	0,51	0,47			
Oceania	3 450	3 380	3 590	12,08	11,84	12,55	680	600	740	2,39	2,11	2,57	30	20	30	0,11	0,08			
Australia and New Zealand	2 470	2 470	2 470	12,21	12,21	12,21	-	-	-	-	-	-	-	-	-	-	-			
Melanesia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Micronesia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Polynesia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
GLOBAL ESTIMATE	218 990	157 910	276 320	4,27	3,08	5,38	60 380	37 080	76 470	1,18	0,72	1,49	31 510	15 640	45 380	0,61	0,30			
		Cocaine ^a						Amphetamines ^b and prescription stimulants						"Ecstasy"						
	Num	Number (thousands) Prevalence (percentage)						ber (thousa		-	ence (perce		Num	ber (thous	1	-	ence (perce	entael		

	Cocaine ^a							Amphetamines ^b and prescription stimulants							"Ecstasy"					
	Number (thousands)			Prevalence (percentage)			Number (thousands)			Prevalence (percentage)			Number (thousands)			Prevalence (percentage				
Region or subregion	Best	Lower	Upper	Best	Lower	Upper	Best	Lower	Upper	Best	Lower	Upper	Best	Lower	Upper	Best	Lower	Upp		
	estimate			estimate			estimate			estimate			estimate			estimate				
Africa	2 250	710	4 700	0,29	0,09	0,60	2 980	750	6 400	0,38	0,10	0,82	2 370	140	9 260	0,30	0,02			
East Africa	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	_			
North Africa	-	_	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Southern Africa	-	-	-	-	-	-	_	-	-	-	-	-	-	-	-	-	-			
West and Central Africa	466	76	1 050	0,15	0,02	0,34	870	50	2 020	0,28	0,02	0,66	-	-	-	-	_			
Americas	11 350	10 390	12 290	1,65	1,51		15 980	13 650	18 170				3 530	3 270	3 830	0,51	0,48	I		
Caribhean	60	60	60	0.19	0.19	0.20					_	_			_		_			

Annual prevalence of the use of cannabis, cocaine, opioids, opiates, amphetamine-type stimulants and "ecstasy" in the population aged 15-64, by region



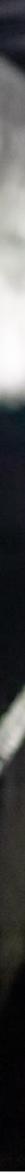
Introduction

In South Africa, alcohol and cannabis prevail, alongside a concerning rise in opioid use disorders.(2)

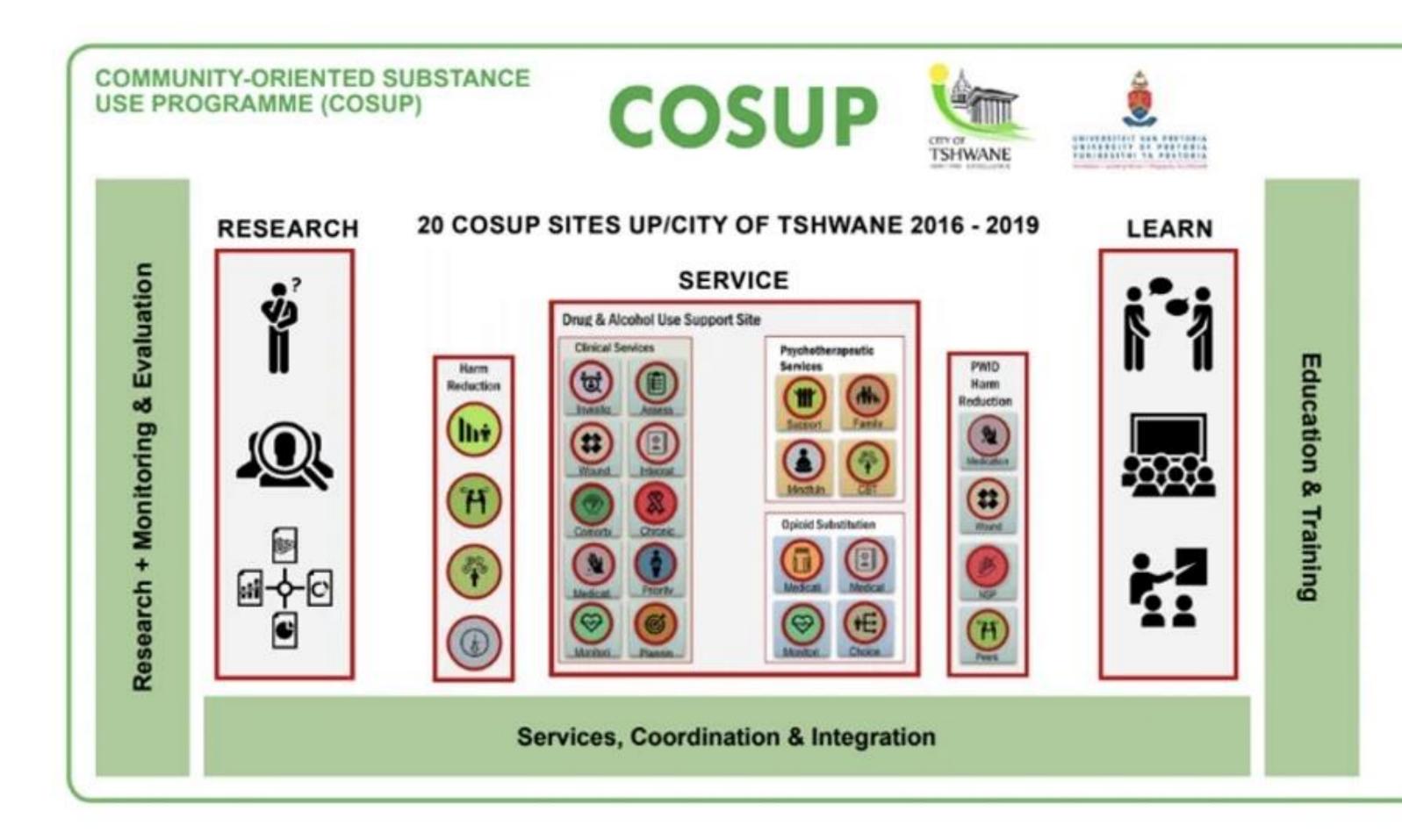
Women who use drugs (WWUD) face

- higher HIV rates,
- intimate partner violence,
- and limited access to gender-sensitive interventions.
- Recruiting WWUD to participate in studies on OST retention and prevalence of HIV and Hepatitis C is challenging.(3,4)





Introduction



Partnership City of Tshwane, University of Pretoria

Purpose

To minimise the health, social and economic impacts of substance use through prevention, identification and resolution of substance use disorders.

Place

20 sites across the city.

Domains of practice

- Ensure harm reduction alignment through engagement with stakeholders
- Assure provision of bio-medical services, especially opioid substitution therapy (OST), needle and syringe services (NSP), and referral for HIV and TB testing (HST)
- Support and enable provision of psychosocial care and social reintegration
- Develop and enhance healthcare professional, student, worker and peer educator capacity to use a harm reduction approach
- Enhance service delivery, improve the quality of health care and support, and manage performance through ICT
- Research implementation and gaps

Aim and objectives

Aim:

To describe the characteristics of female substance users on OST for opioid use disorder at the COSUP, between 2016 and 2022.

Objectives:

- 1. To describe the socio-demographic characteristics of females on OST.
- 3. To determine the factors associated with retention of females initiated on OST.

2. To describe the substance use practice and substance related harms in females on OST.

Methods

• Study Design

Descriptive observational study using existing data collected by COSUP from 2016 to 2022.

• Setting

Community-based COSUP clinics in the City of Tshwane, South Africa, offering OST services.

• Participants

199 adult cis/transgender women (> 16 years old) with opioid use disorder on OST.

Data collection

Data from electronic OST database and paper-based files were used, covering demographics, substance use practice, employment, risk factors, OST details and retention.

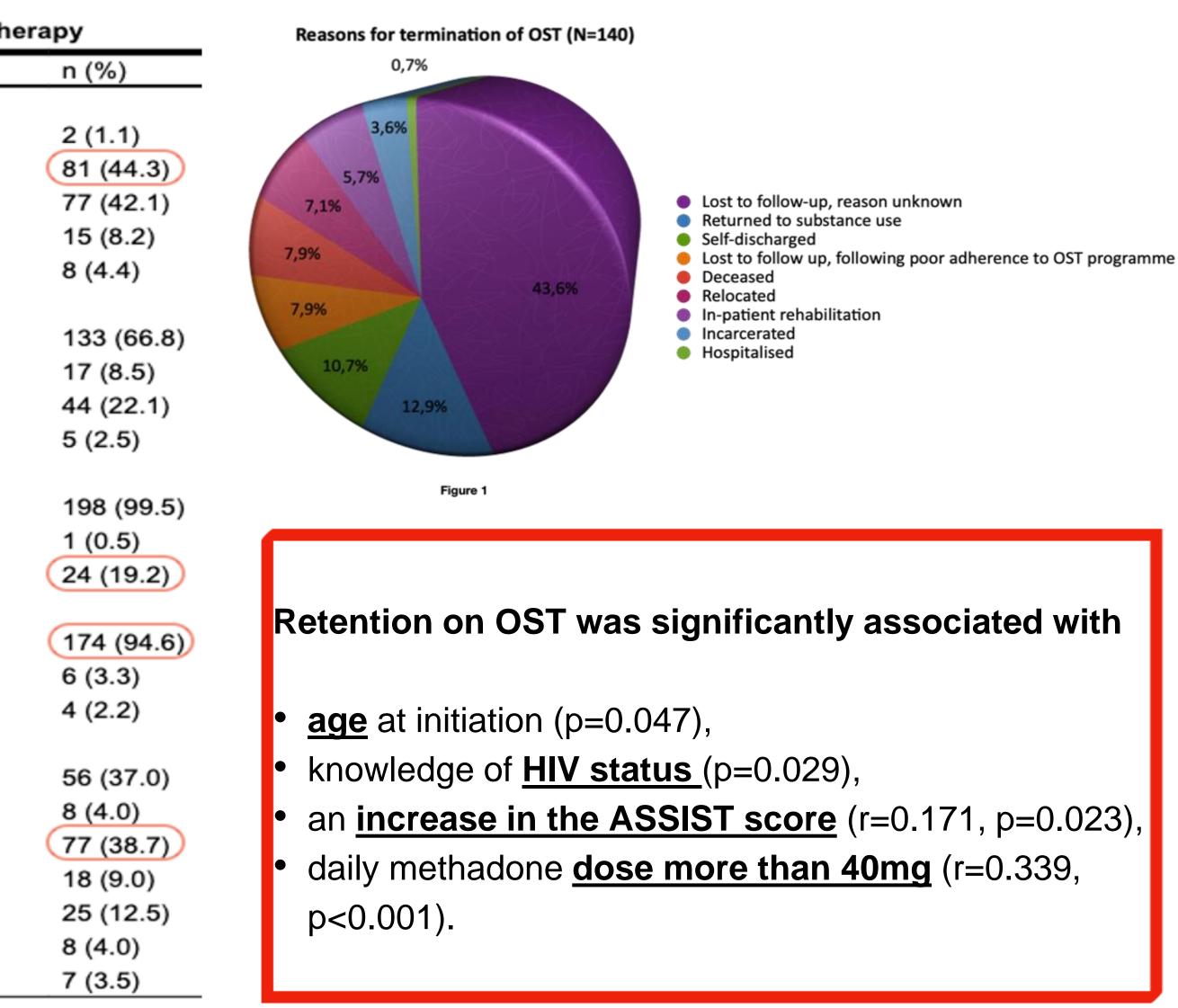
• Data analysis

Data were analysed with the Statistical Package of Social Sciences (SPSS) and associations of variables with retention on OST for > 6 months* were analysed. Poly-drug use was assessed by combining the individual ASSIST scores to create a mean total ASSIST score. Kruskal-Wallis test - assess factors associated with retention (that were not a normally distributed numerical variable) and nominal categorical variables Mann Whitney U test - assess the association with retention across binary categorical variables Spearman's Correlations - assess the relationship between retention and ASSIST scores *COSUP defines retention as uninterrupted OST for 6 months.

Results

Table 1: Characteristics of women upon initiation of opioid substitution therapy

Variable
Age on initiation (N=183)
1619 years
20-29 years
30-39 years
40-49 years
50-59 years
Race (N=199)
Black
Coloured
White
Indian
Gender (N=199)
Cisgender women
Transgender women
Pregnant (N=125)
Employment status (N=184)
Unemployed
Employed
Self-employed
Type of health facility providing OST services (N=199)
Community venues run by non-governmental organisation
Community venues run by University of Pretoria
PHC facilities run by non-governmental organisations/University of Pretoria
PHC facilities run by local municipality
PHC facilities run by provincial government
District hospitals
Regional hospital





Discussion

Summary of key findings

- from non-governmental facilities.
- Lost to follow-up was the primary reason for discontinuation.
- status, higher total ASSIST score, and adequate methadone dosing.

The majority of women on OST were young, unemployed and accessed OST

Factors promoting retention included higher age at OST initiation, knowing HIV



Discussion

Limitations

- Characteristics do not typify women using opiates did not include those who were not accessing OST (e.g. women accessing NSP from COSUP).
- Inferential statistics may have lacked power to compare variables.
- Study design limits the ability to establish causal relationships or draw conclusions about the effectiveness of OST for women with an opioid disorder.
- Did not allow examination of how recruitment and management practices at the various facilities may have influenced the population's characteristics

Conclusion

Implications for Evidence-Based Practice



t₁ shaun shelly reposted NACOSA @NACOSANet

We need to get @HealthZA to provide resources for services in communities, not in facilities where people don't care about people who use drugs. You can do all the sensitization you want, it doesn't work -@shaunshelly from @SANPUD_NPO

10:19 AM · Aug 17, 2023 · 164 Views



GOAL 1: **Break down barriers** to achieving solutions for HIV, TB and STIs

GOAL 2: Maximise equitable and equal access to services and solutions

GOAL 4: Fully resource

and sustain an efficient NSP led by revitalised, inclusive and accountable institutions

Build resilient systems for HIV, TB and STIs that are integrated into systems for health, social protection, and pandemic response

National Strategic Plan for HIV TB STIS 2023-2028

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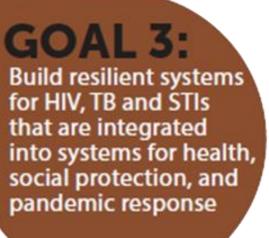






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Acknowledgements

The authors extend their heartfelt appreciation to the women enrolled in OST whose data and stories made this study possible.

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Thank You.