Implementing an innovative harm reduction programme targeting MSM who use recreational drugs

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Background

Recreational substance use has repeatedly been linked to sexual risk-taking in samples of men who have sex with men (MSM) across South Africa. Driven by the need to implement more client-centred care for substance-using MSM, Health4Men, a project of the Anova Health Institute, implemented the first pilot harm reduction programme for MSM in South Africa in 2012 in partnership with Mainline, a Dutch organisation focused on drug use and care for users. Funding was sourced from Aids Fonds. The initial programme design was based on Health4Men’s experiences of providing clinical and mental health services to MSM, including both injecting and non-injecting drug users in Cape Town. At the outset the programme therefore assumed a bio-medical paradigm, which was subsequently challenged.

Programme content

The initial programme included several components, including the following:

• Clinical services such as comprehensive HIV and STI management, basic injecting-related wound management, a psychiatric service and referral to addiction-related services.
• Production and dissemination of MSM-focused harm reduction educational materials including booklets on safer injecting techniques, drug use and ARV treatment, and drug use and sex.
• Community engagement through prominent placement of topical advertisements in gay print media and on digital social networking platforms, and posters displayed in gay social spaces, aimed at increasing awareness of the programme.
• Development of harm reduction packs for injecting and non-injecting MSM.
  o For injectors the packs contained syringes and needles, sterile water, alcohol swabs, filters, a candle and a spoon, booklets on harm reduction and sexual health, plus condoms and sachets of water-based lubricant.
  o For non-injectors the packs contained straws, a plastic card for cutting lines containing contact details in the event of an overdose, chewing gum, booklets on harm reduction and sexual health, plus condoms and sachets of water-based lubricant.
• Training of Health4Men staff and volunteers on harm reduction, undertaken by Mainline.
• Targeting of male sex workers through partnering with an appropriate organisation, SWEAT, who disseminated materials to their clients.
• Research, including a pre-empive online survey promoted to MSM via social media and a biomedical study addressing hepatitis C among drug-using MSM.

Programme review

The programme was initially run from one of Health4Men’s two Centres of Excellence in MSM health, the Ivan Toms Centre for Men’s Health in Woodstock, Cape Town. All clients attending the centre were offered harm reduction packs by medical staff and members of the MSM community were made aware of the availability of such packs, through social media. Recipients of packs were allowed to use pseudonyms.

While research conducted on local MSM drug use patterns had indicated the dominant substance of choice being crystal methamphetamine, non-MSM heroin-injectors became increasingly aware of the service and placed increasing demands on the programme. Requests for opioid replacement therapy became a significant theme at the clinic, the provision of which was beyond the scope of the programme.

A review resulted in the programme transitioning from a clinic-based biomedical model to a comprehensive community-based outreach model reach MSM drug users. MSM peer educators, themselves either injecting or non-injecting drug users, were recruited and trained to extend the programme through their existing social networks of drug users.

Programme reach 2012 - 2014

- 20 peer educators trained in harm reduction and safer sex promotion strategies
- 50 barmen and other staff at gay social venues trained in harm reduction and safer sex promotion
- 3 379 harm reduction packs (2 260 for injectors, 1 119 for non-injectors) disseminated
- 45 200 needles and syringes disseminated
- 46 200 booklets on harm reduction, safer sex and sexual health disseminated

Significant challenges

• A public backlash against the programme from some elements of the LGBTI community, contrary to evidence, denied the realities of significant substance use within sectors of the MSM population and the effects of such use on the local concentrated HIV epidemic. Importantly, such protesters accused the programme of promoting drug use.
• An anticipated demand for harm reduction services by non-MSM opioid-injecting men, indicative of the dire lack of such services targeting the broader drug-using community.
• While recruitment and deployment of drug-using MSM outreach workers provided significant access to hard-to-reach networks, ethical considerations required careful monitoring and consideration of their own personal wellbeing. Outreach workers attended sex parties frequented by MSM to disseminate harm reduction materials and needed clear guidance on managing inter-personal boundaries and role clarity. Because of their own substance use patterns, outreach workers were often absent for extended periods and contact with them was sporadic.

Conclusion

This unique pilot project, targeting members of three overlapping key populations (MSM, intravenous drug users and sex workers), provided an opportunity to explore various dynamics related to implementing harm reduction in a local context. Significant lessons learnt have been shared with other organisations and donors planning to implement harm reduction for the general population in South Africa.

References