

Opioid substitution therapy in South Africa: (slow) movements towards equitable access



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In South Africa, opioid substitution therapy (OST) remains inaccessible to the people who need it most. Methadone, buprenorphine, buprenorphine-naloxone and naltrexone are registered but are expensive. Financial barriers remain the most pertinent. Cost of OST is the main reason for patients not continuing on OST at Stikland Hospital in the Western Cape; South Africa's most established public OST outpatient clinic, as patients have to self-fund their medication. General practitioners and psychiatrists working in private practice prescribe the bulk of OST for those who can afford it. And no South African medical aid schemes cover OST. People who are unable to pay for OST essentially have no other options, however ripples of change are taking place in the country's four largest cities.

The Sultan Bahu Treatment Centre in Cape Town was the first OST demonstration project to receive provincial government funding for OST medications. The project's success has led to its expansion and around 200 people have received OST since its inception. In the City of Tshwane, a partnership between the Gauteng Department of Health, the City of Tshwane, the University of Pretoria and OUT LGBT Wellbeing is in the planning stages of OST provision from public and non-profit organizations. With support from Mainline as part of the Bridging the Gaps programme, the project has enabled the development of local training materials and has trained clinicians around OST in anticipation of roll-out. This process has included activities to increase people who use drugs' awareness of OST. In Durban, the Durban University of Technology in partnership with TB/HIV Care Association will launch a public-private partnership that will provide OST to 50 people using a low threshold service delivery model for 18 months. This project will include qualitative, quantitative and economic research methods to evaluate the intervention. The Durban project is also spearheading engagement with law enforcement agencies to shift perceptions around treating substance use disorders and the use of OST. Over the next two years TB/HIV Care Association will start a small OST project in Cape Town and the Anova Health Institute a similar project in Johannesburg. These projects are being funded through Right to Care as part of South Africa's first Global Fund Grant to support HIV prevention interventions for people who inject drugs – together they will provide OST to 120 people for 6 months.

Despite advances in OST programming, relevant policy and OST advocacy lags behind. The South African Addictions Medicine Society has developed local OST guidelines, but no National Department of Health OST Guidelines exist. OST medications are still to be included on the essential drug list for use at the primary care level for maintenance therapy. Researchers, people who use drugs and programme implementers have strongly recommended the inclusion of OST in South Africa's National Strategic Plan on HIV, STIs and TB 2017 - 2021 but whether it will be included with treatment targets and accompanying budget remains to be seen.

Ongoing resistance by public, private and other stakeholders (largely due to misinformation around the effectiveness of OST) continues to stifle support for this globally recommended intervention. Findings from a 2017 cost-effectiveness analysis based on modeled data (at existing OST medication costs) confirm the cost-effectiveness of OST versus current approaches, specifically short-term detoxification, in the South African context. Significant advocacy is needed to obtain clear government support for OST and for government to work towards reducing the cost of OST medications to enable equitable access as was done to allow South Africa to implement the world's largest HIV treatment programme.