



While South African legislation has been making great steps towards supporting the implementation of harm reduction strategies, most people who use drugs are still largely under-resourced and lack essential services and care. The social inequalities in South Africa further push marginalized communities to substance use and dependence.

This document

This policy brief aims to promote the realisation of health and human rights for people who use drugs in South Africa. It is intended primarily for policymakers and programme managers to inform decisions on policies, programs, and interventions for people who use drugs. The brief outlines the context in which people who use drugs find themselves in South Africa, paying particular attention to the national drug policy framework, drug use and health of people who use drugs, the existence of harm reduction services and peer involvement, the context of human rights, availability of care in prisons, the situation of women who use drugs, and additional social issues and inequalities. Recommendations are provided based on the data gathered and community reviews. The brief is [based on a database](#) built within the framework of the [Love Alliance](#) program.

Policy



The [National Drug Master Plan](#), released in 2020, draws on several other national strategies and presents five fundamental principles: human rights, scientific evidence, 'intersectionality', person-centred approaches, and the inclusion of people who use drugs. It supports harm reduction and is moving away from arresting people who use drugs to focus on manufacturers, distributors, and traffickers. South Africa's [National Strategic Plan for HIV, TB, and STIs](#) aims to reach all key populations, such as people who use drugs and people in prison settings, for which they suggest the harm reduction package, social support and case management, and screening for transmittable diseases. Nonetheless, governmental fragmentation creates inconsistent implementation processes and conflict between departments. Despite a positive policy progression, investments in the health of

people who use drugs are often small and focused on HIV prevention.

Drug use and health



The [most common substances in South Africa](#) include cannabis, methaqualone, methamphetamine, and heroin. Heroin shifted from being primarily soaked to injected in the 1990s, and [heroin trade routes](#) have since moved to increase its availability and affordability. An estimated [75,000 people inject drugs](#), 13% of whom have access to harm reduction services; the remaining 87% likely get equipment from pharmacies, dealers, and hospitals. In a 2016 study, about [half of the users reported using contaminated equipment](#) the last time they injected. Smoking is the most prevalent way of consuming drugs, including a mix of cannabis and heroin (often called [Nyaope](#)) and the increased prevalence of [methamphetamines](#). An estimated 21% of people

For a more comprehensive view on Harm Reduction in South Africa, please visit: <https://sites.google.com/view/lovealliancedatabasedrugs/countries/south-africa>

who use drugs have HIV, and 55% of people who inject drugs have Hepatitis C; there are no accurate estimates for the prevalence of TB. Emergency services frequently discriminate against people who use drugs, and overdoses and drug-related deaths are likely significantly underreported. People who use drugs also die prematurely from other causes, often linked to lacking access to appropriate services.

Harm Reduction



The US President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund has supported harm reduction in the country since 2004. Nonetheless, donor support has been insufficient to enable the [complete WHO package of harm reduction services](#), lacking naloxone and hepatitis services. The South African Government supports only one harm reduction project. In 2019, programs reported a 70-80% exchange rate of used needles. While several opioid agonist therapies and substitution centres have been established, their expansion has been limited due to funding; a recent rollout of Naloxone kits has proven promising. In terms of transmittable diseases, there remains a [high loss of follow-up](#) on HIV-positive individuals. However, South Africa's rehabilitation industry is growing due to affordability and quality of care, although programmatic responses to drug use are either largely unevaluated or poor in quality. Most other harm reduction services offered are outreach-based.

Peer Involvement



Peer involvement has been crucial in establishing harm reduction services in South Africa. [SANPUD](#), the [South African Network of People Who Use Drugs](#), is [actively involved in national and international collaboration](#). [Community Action Groups \(CAGs\)](#) give critical insight into local health needs, and many people involved with CAGs become peer workers in partnered programs. The 2019 [Community Matters](#) report mentions that service beneficiaries highly value peer contributions. 'Micro-planning' models have been implemented by programs funded by the Global Fund to include peer workers in outreach,

although peers are often poorly paid and work long hours. Some peer outreach workers are being trained to [document human rights violations](#). The [Reducing Harms in the Work Environment](#) guide outlined recommendations to foster peer work even further.



Human Rights

People who use drugs in South Africa report persistent and extensive [human rights violations](#). Since healthcare providers often demonstrate dominant moral positions around drug use, stigma and discrimination remain pervasive. Drug testing may be required in schools or at work, and although no one can be forced to take a drug test, not submitting to it can be a reason for disciplinary action. Guidelines to reduce stigma around drug tests ([especially in schools](#)) are in place. The [Prevention Of and Treatment Of Substance Abuse Act 2008](#) draws boundaries around forced rehabilitation for adults and children. An [action plan to counter human rights violations](#) barring people from HIV and TB treatment was also launched in 2019. There is a current [rise in police brutality](#), sometimes opposed by vigilante groups.

Prison



South Africa's [prison conditions are particularly dire](#) and fail to meet the [minimum standards](#), with inmates experiencing overcrowding, inhumane living conditions, and often sexual violence and disease transmission. It is unclear what percentage of inmates in imprisoned for drug-related offences. Aside from a [recent pilot](#) in Durban, prisons have no access to harm reduction-related commodities. [Women, in particular](#), experience dehumanising and discriminatory attitudes. Moreover, [the prevalence of TB and HIV](#) among incarcerated adult males is disproportionately high, with little access to healthcare.

Women who use drugs



An estimated 16-23% of PWID in South Africa are women, and services largely [miss accounting for that presence](#). A 2021 study called

'Sister Spaces' documents the [needs](#) and [challenges](#) of women, as well as offers recommendations for women-centred services, promoting gender equality in programs and services, supporting women suffering from gender-based and intimate partner violence, fostering women's empowerment and independence and meaningfully involving women who use drugs. Their work and recommendations are essential sources for further advocacy.

Social Inequalities



[South Africa](#) has one of the world's highest levels of socio-economic inequality, which often runs along

racial lines. These are mirrored by an [unequal distribution of public health resources](#), although civil society organisations attempt to provide marginalised populations with healthcare. The high prevalence of [childhood adversity](#) and [violence](#) increases the likelihood of substance use problems. Additionally, the correlation between [gangsterism and drug distribution](#) persists, with a disproportionate number of arrests made of people who use drugs rather than distribute them. Health expenditure comes from government support, donor investments, and financing from the private sector, though little of that financing goes to people who use drugs.



Recommendations

Based on data gathered via desk research and critical informants and on the validation meeting with Love Alliance grantees and other key stakeholders from South Africa, we propose the following recommendations:

Advocacy & policy reform

- Advocate for the decriminalisation of people who use drugs, alternatives to arrest in case of drug-related crimes (pre-arrest diversion), domestic funding for harm reduction services, including NSP and OAT, OAT to be covered by medical aid, and for access to Healthcare and Sexual Reproductive Health Rights for PWUD
- Foster CSO's participation in public hearings in Parliament and engagement with the government to discuss Policies and Strategic plans as well as implementation gaps and practical solutions

Awareness raising

- Promote awareness-raising among the police force regarding violence and discrimination against PWUD, especially people who are experiencing homelessness
- Address Stigma and Discrimination through various Community Engagements
- Identify areas where communities have the most minor access/support.

Community-based research and assessments

- Update population size estimates
- Build up on the Department of Health plans of implementing mental health screening that includes substance use screening in households and community health centres
- Implement the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) from the World Health Organisation (WHO) in community health care centres as a way of collecting accurate and updated data on substance use at the com
- Investigate the extent of harm reduction implementation at the community level

Harm Reduction services

For a more comprehensive view on Harm Reduction in South Africa, please visit:
<https://sites.google.com/view/lovealliancedatabasedrugs/countries/south-africa>

- Develop broader harm reduction approaches around polydrug use in current services
- Upscale services and specific interventions for people using stimulant drugs
- Set up harm reduction services in rural communities
- Provide harm reduction in prison settings and peer distribution of Naloxone

Capacity building

- Educate health departments on successful models for national harm reduction implementation
- Sensitize media on how to report on Harm Reduction