



South Africa - HIV

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Addiction Technology Transfer Center Network

Funded by the President's Emergency Plan for AIDS Relief through the Substance Abuse and Mental Health Services Administration



Tackling Drug and HIV Syndemics in a Global Priority Setting



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At a glance: **Drugs** in south Africa



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- Lifetime use
 - Alcohol 38.7%
 - Tobacco: 30%
 - Cannabis: 8.4%
 - Other drugs: 2%
 - Psychoactive drugs: 19.3%
- **Higher rate of harms in South Africa compared to other global regions**

Herman AA, Stein DJ, et al. The South African Stress and Health (SASH) study.... S Afr Med J. 2009;99:339-44.

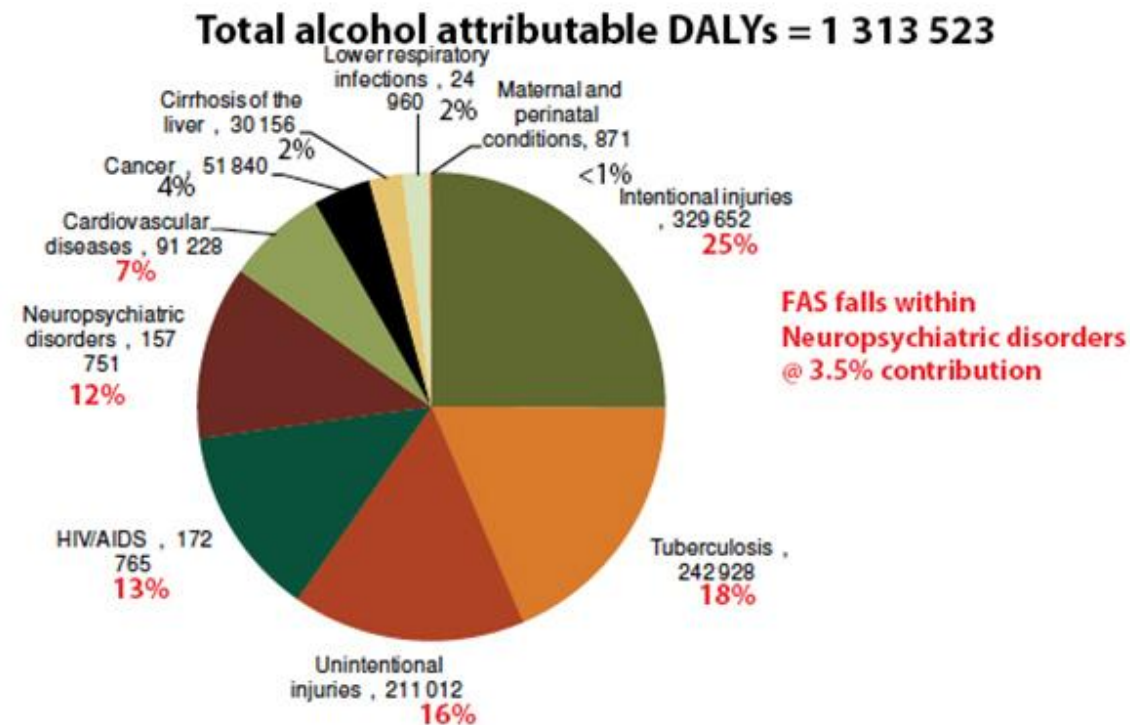
At a glance: **Alcohol** in South Africa



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- 41.5% of men and 17.1% of women reported current alcohol use
- 9% engaged in risky or hazardous or harmful drinking
- Alcohol use disorders: Top three most prevalent lifetime mental disorders in South Africa, at 11.4%.
- Fetal Alcohol Spectrum Disorders are alarmingly high, at 135-207 cases per 1000 people in certain high risk communities



Matzopoulos, R. G., S. Truen, B. Bowman, and J. Corrigan. 2014. "The Cost of Harmful Alcohol Use in South Africa." South African medical journal 104(2):127-32.

Peltzer, K. et al., 2011, Afr J Psychiatry 14(1): 30-37; Herman, A. et al., 2009, S Afr Med J 99:339-344; May, P. et al., 2007 Drug Alcohol Depend 88: 259-271.

At a glance: **HIV** in South Africa

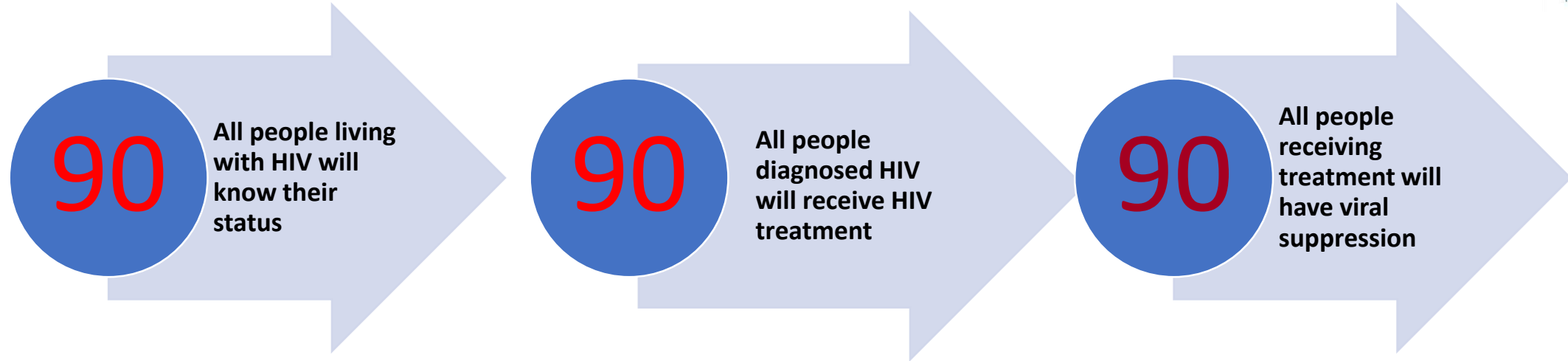


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- **Largest country epidemic** in the world
 - **19%** of the global total of people **living with HIV**
 - **15%** of all new **global infections**
 - **11%** of all AIDS related **deaths**
- In South Africa
 - **7.1 million** people living with HIV (44% not yet receiving treatment) (1.1 million in USA)
 - **270,000 new HIV infections** each year (37,600 in USA)
 - **110,000** AIDS related **deaths** each year (6,721 in USA)

Synergistic Pathways of Risk



- Alcohol consumption associated with greater intentions for unprotected sex

- Alcohol use associated with unprotected sex among people living with HIV

- Alcohol accelerates disease progression through increased viral replication and diminished immune function
- Alcohol use linked to poor adherence and lower use of health services

Objective #1: Develop and deliver evidence-based training



- **Focus on evidence-based training:** Motivational interviewing, etc.
- **Target audience:** front-line treatment providers, supervisors, administrators, policy makers build capacity of alcohol-HIV workforce around integrated alcohol-HIV prevention, treatment, and care



- **Tailored curriculum:** targeting priority populations at high risk for HIV and alcohol use (men who have sex with men, sex workers, adolescents and young people, etc.)

Objective #2: Develop standards of professional practice

- Provide **technical assistance** to help individuals and organizations **develop best practices** for integrated alcohol-HIV prevention, treatment (e.g. screening for problem alcohol use in HIV settings)
- Expand and bolster **curriculum** around alcohol-HIV prevention and treatment in educational settings to **prepare the next generation of providers**



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Objective #3: Develop a cadre of trained providers

- Train the trainer modules with a focus on **task-shifting** to meet the current service gap
- Assist individuals such as policy-makers, government stakeholders, managers and other leaders in methods for **evaluating their environments** including whether policies may need to be changed to encourage the **recruitment and retention** of a skilled alcohol-HIV workforce



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Activities



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- Needs assessment through:
 - Key stakeholder survey
 - Individual organizational interactions
- Engagement with governmental and non-governmental stakeholders
- National advisory board for ongoing strategic input
- Provision of both pre-service and in-service training focused on priority intervention models

Targets



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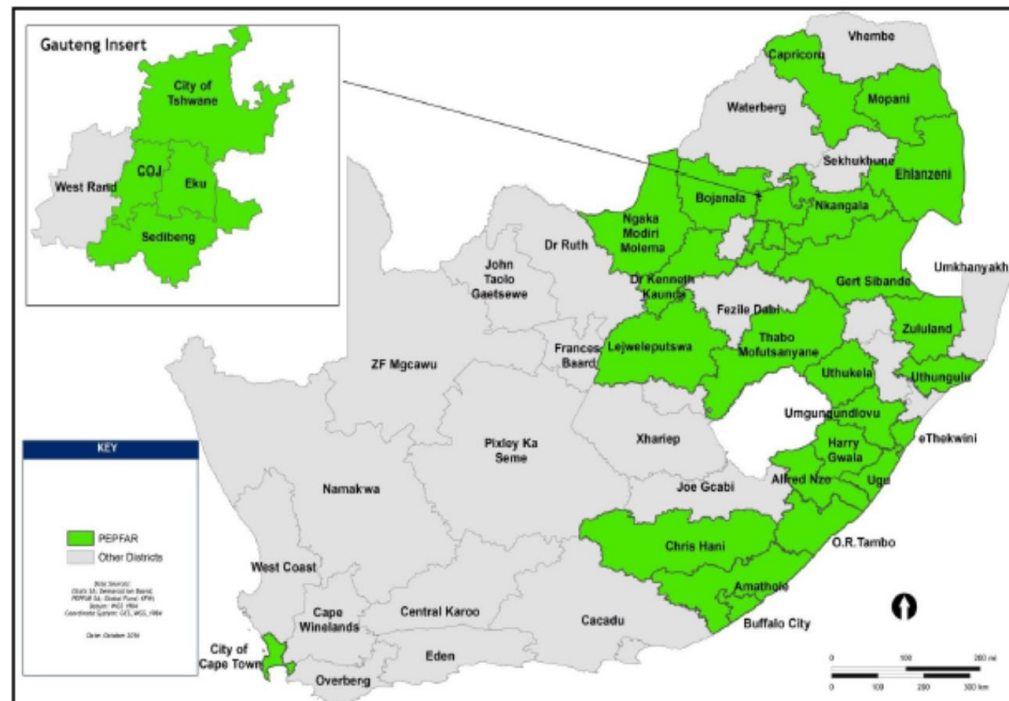


Year 1:
550 individuals

Year 2:
750 individuals

Years 3-5:
1000 individuals each
year

27 Supported Districts - PEPFAR



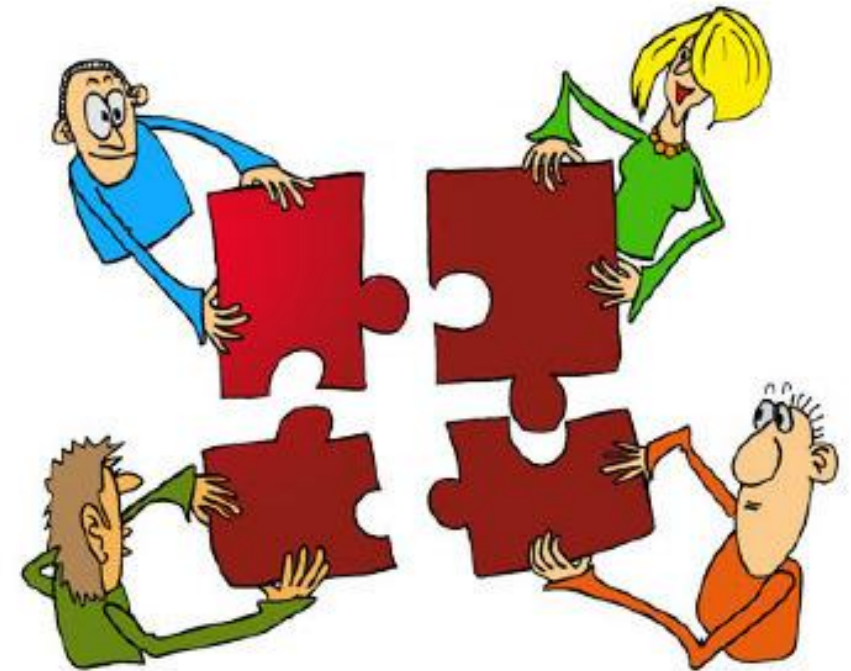
2016-2020 NIDA Strategic Plan



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- **Goal 4: Increase the public health impact of NIDA research and programs**
 - Objective 4.1: Determine the impact of drug use and addiction on individuals, families, peers, and society
 - Objective 4.2: Assess the impact of federal-, state-, and systems-level policies related to drug use and substance use disorders on public health and well-being
 - Objective 4.3: Increase strategic partnerships with the community to improve dissemination and implementation of evidence-based research findings into policy and practice
- **We are keen to partner with NIDA-funded researchers looking to append their research agenda to our work**



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