Siyakhana: Preliminary Outcomes of a Stepped-Wedge Trial to Reduce Stigma Towards Substance Use Among Community Health Workers providing TB and/or HIV Care in South Africa.

Bronwyn Myers[1], Kristen Regenauer[2], Tianzhou Ma,[2] Nonceba Ciya[3], Kim Johnson[3],Sibabalwe Ndamase[3],Alexandra Rose[2],Yvonne Ochieng[2], Jennifer Belus[4], Jessica Magidson[2]

[1.]*Curtin enAble Institute, Curtin University, Perth, Western Australia; [2] University of Maryland, Maryland, USA; [3] Mental Health, Alcohol, Substance Use and Tobacco Research Unit, South African Medical Research Council, Tygerberg, South Africa; [4] Department of Clinical Research, University Hospital Basel, Basel, Switzerland.*

Presenter's email: bronwyn.myers-franchi@curtin.edu.au

Introduction and Aims: Substance use (SU) contributes to poor engagement in HIV and tuberculosis (TB) care in South Africa (SA). Yet community health workers (CHWs)—frontline lay health workers who play a central role in engaging people with HIV in HIV/TB care—receive little to no training on how to support TB/HIV patients with SU. These CHWs display high rates of SU stigma, likely contributing to care disengagement among people with HIBV who use substances. This study aimed to test the feasibility and preliminary effectiveness of a training programme ("Siyakhana") for reducing SU stigma among CHWs.

Methods A pilot hybrid type 1 effectiveness implementation trial using a stepped wedge randomized design was conducted. CHWs received 3 days of training comprising SU information, nonjudgmental communication and problem solving skills, and social contact with individuals in SU recovery. The primary outcome, CHW stigma towards SU, was measured using the Social Distance Scale (SDS), completed at baseline, pre-training, and 3- and 6-months post-training timepoints.

Results. Eighty-two CHWs were enrolled; 95% attended all three days of training. Participants had a mean age of 46.8 (SD=8.9), 99% were women, 100% Black African. Using a linear mixed effect model, we identified a significant time averaged effect of Siyakhana training on reducing SU stigma ($\beta=1.05$, SE=0.31, $p< 0.001$). The treatment effect was weakened after adjusting for the effect of time ($\beta=0.19$, SE=0.63, $p>0.05$).

Discussion. Results provide preliminary evidence of the feasibility and effectiveness of Siyakhana training for reducing CHW stigma towards SU in the context of HIV.