

# THE EFFECT OF OPIOID SUBSTITUTION THERAPY ON HEALTH OUTCOMES IN PEOPLE WHO USE DRUG IN SOUTH AFRICA

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## Background:

Illicit opioids cause significant global harm, with heroin a major cause of drug deaths in South Africa. People who inject drugs (PWID) experience high rates of HIV and hepatitis C. Opioid substitution therapy (OST) reduces harm and facilitates access to other health treatments. This study evaluated the NACOSA PWUD program to assess OST's impact on participant engagement and health outcomes.

## Methods:

This study analyzed 2019-2025 data from 5 South African districts to retrospectively evaluate OST's impact on HIV, hepatitis, TB, and mental health treatment. Using statistical analysis, including a multivariable model in a backward stepwise approach set at  $p < 0.05$ , we assess OST's effect while controlling confounders.

## Results:

An analysis of 601,857 visit records yielded 53,381 unique programme beneficiaries. There were 1,625 OST beneficiaries at the end of the period, with the overall OST coverage (3.8%) remaining below standards. The cohort had a young adult age distribution (mean 30.4 SD 5.7 - 36.0 SD 7.7). More females were in PWID OST cohorts (13.9%). OST cohorts had a higher proportion of high-risk (6.5%) and sheltered (7.4%) individuals when compared to non-OST cohorts. The OST program enhanced HIV screening (58.1% vs. 31.1%, OR 3.2,  $p < 0.01$ ), and antiretroviral therapy uptake (95.1% vs. 52.9%, aOR 1.51,  $p = 0.02$ ). OST cohorts had higher hepatitis B (HBV) (55.2% vs. 0.8%, aOR 136.31,  $p < 0.01$ ) and HCV screening (53.7% vs. 0.6%, aOR 149.95,  $p < 0.01$ ), and HBV vaccination (aOR 104.29,  $p < 0.01$ ). OST cohorts showed higher TB screening rates (74.9% vs. 40.5%, aOR 1.71,  $p < 0.01$ ), though low (5%) treatment access. Mental health screening (73.5% vs. 11.9%, aOR 9.55,  $p < 0.01$ ), and counselling services uptake (depression:  $n = 490$ , 41.6%; anxiety:  $n = 283$ , 24.0%) was higher if on OST.

## Conclusion:

OST offered through integrated care significantly improved screening and health outcomes for comorbidities in PWUD. OST access should be scaled up to address local and regional syndemics.

## Disclosure of Interest Statement: *See example below:*

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## Theme

Clinical research

## Key words

Cascades of care/linkage to care ; Harm reduction; Hepatitis B; Hepatitis C; HIV; Opioid Agonist Treatment; Prevention; Tuberculosis

### **References**

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