1. INTRODUCTION

This change story describes how a youth-centred approach in Durban, South Africa, increased access to harm reduction, HIV and sexual and reproductive health and rights (SRHR) services for young people who use drugs. Before Young, Wild and… Free? (YWF), young people who use drugs (YPWUD) in Durban did not have access to or correct knowledge about harm reduction services. These individuals relied on word of mouth rather than factual evidence as it is difficult to access harm reduction information and services due to stigmatisation, age-related restrictions, and limited knowledge of services. The project extended services into the township areas, outside the city limits, to reach diverse clients with extremely limited knowledge of harm reduction approaches. Findings from the community-based participatory research (CBPR) showed that only 25% of the client group had heard of the term ‘harm reduction.’

The project aimed to increase awareness of – and buy-in for – harm reduction services for young people among parents/caregivers and the wider society, including community gatekeepers, healthcare workers, and young key populations (YKPs) in Durban. It also aimed to reach young key populations (both homeless and those living at home) in the early stages of drug use to prevent them from progressing into problematic drug use and accompanying mental health issues, homelessness, and criminality.

The study aimed to evaluate different experiences, behaviours, needs, barriers, and challenges of young key populations accessing HIV prevention, testing and treatment, SRHR services, and harm reduction services in and around Durban. These insights informed the project implementation plan. The implementation phase consisted of prevention and intervention.
strategies. The goal was to reduce the risk of contracting HIV through unregulated substance use among young key populations, including sex workers, PWUD and LGBTQI+ people between the ages of 16-24 years.

2. THE PROBLEM

The YWF CBPR conducted in Durban, South Africa (2020), concluded that YKPs are disproportionately affected by HIV, sexual and reproductive health illnesses, and problematic substance use. The research demonstrated that YKPs have limited access to harm reduction, HIV and sexual and reproductive health services. The barriers to access include limited knowledge about harm reduction, restrictive laws and regulations on substance use, and most importantly, stigmatisation and discrimination. Studies in South Africa revealed widespread stigmatisation, marginalisation and discrimination of YPWUD from health care providers to educational institutes. Furthermore, YKPs are not familiar with the comprehensive harm reduction practices available in Durban and the country. Based on the YWF research conducted in South Africa, 75% of YKPs were unfamiliar with harm reduction practices such as safe injecting and safe sex. A quote from the research illustrates young people’s unfamiliarity with harm reduction:

“What is that [harm reduction]? Can you explain it in simple English?”
– Young person who injects drugs, Male, 24.

Important national guidelines from the South African government on harm reduction practices are contradictory or not implemented. Existing laws and regulations around substance use restrict users from accessing harm reduction services. Harm reduction services are particularly inaccessible for YKPs. Age limits at health care facilities restrict young people from accessing these services, which means that healthcare workers can provide limited protection and privacy to YKPs. Data from TB HIV Care services shows that only 13% of young people under 24 were able to access South Africa’s harm reduction programme, despite their need for such services.

These findings stress the need for awareness campaigns among YKPs to enhance their knowledge of the harm reduction services on offer and how they can access them.

3. THE CHANGE(S)

The YWF project in Durban was a collaboration between TB HIV Care’s PWUD and sex work programmes, Bellhaven Memorial Centre (a harm reduction centre that provides opioid substitution therapy (OST)), SANPUD (South African Network of People Who Use Drugs), the Gay and Lesbian centre (which caters for LGBTQI+ needs), and TB HIV Care’s programme providing TB-related services for homeless key populations. The team collaborated with eThekwini Municipality’s youth sector, and an organisation called the MAAT Institute, which focuses on providing psychosocial support through Afrocentrism. The Denis Hurley centre provided the space to conduct contemplation groups and some individual counselling sessions. It also provides homeless individuals with daily meals, clothes, medical support and psychosocial interventions. The project’s successes are largely due to these collaborations.

The YWF implementation phase, from January to September 2021, delivered prevention and intervention strategies focusing on YKPs aged 16-24, parents/caregivers of young substance users, healthcare workers and the public. The programme aimed for meaningful change in the lives of YKPs, including family reunification, education on harm reduction and health-related needs, provision of counselling, distribution of hygiene and dignity packs, and referrals to drop-in centres for needle and syringe programmes (NSPs), OST, and HIV testing and treatment.

The project included sensitisation training for healthcare workers, psychosocial support services, and awareness campaigns. New referral pathways led to increased uptake of harm reduction, HIV and SRHR services among YKPs. For example, staff at the Bellhaven Harm Reduction Centre in Durban – responsible for OST and broader harm reduction services for people who use opiates – referred young substance users in need of psychosocial services to the YWF project.

The prevention and intervention strategies increased the demand for harm reduction and sexual and reproductive health services in vulnerable communities. The findings of the youth-led research in Durban, which identified barriers and enabling factors for YPWUD to access these services, informed the design and implementation of the project.

3.1. Prevention strategies
The YWF team conducted awareness campaigns and training to inform the general public and YKPs about harm reduction practices, HIV, sexuality and other youth-related issues. The project delivered 25 awareness campaigns to improve knowledge of drug use and other lifestyle risks among YKPs. Among PWUD and the wider population, it also increased knowledge about available services, stigmatisation and harm reduction practices.

The YWF team conducted four community advisory groups (CAGs) where service users provided feedback on the quality of services and recommendations on service improvement. The project shared information during CAG meetings about services provided under YWF in Durban and how clients could benefit from the project.

The results from the prevention strategies conducted between January and September 2021 include:
- 351 people attended the 25 awareness campaigns (132 being young people aged 16-24).
- 2239 people tuned into the Facebook Live streams on HIV/disclosure, harm reduction/substance use, sexuality. Members of the public and YKPs engaged and asked questions on the topics at hand, increasing their knowledge about harm reduction, HIV, and sexuality.
- 18 sensitisation training sessions were conducted, reaching 184 healthcare workers over the age of 25. These sessions bridged the gap between healthcare workers and YKPs. During the training, the healthcare workers expressed their views on YKPs that hinder them from providing them with adequate services in their communities. By the second round of training, there was a significant shift in mindset. For example, the staff at Addington Gateway Clinic were more receptive to understanding the needs of YKPs, and evaluation shows that they are willing to make changes in bridging the gaps between them and YKPs.

3.2. Intervention strategies
To address the marginalisation of PWUD, TB HIV Care’s psychosocial team, in partnership with Mainline, developed two important interventions specifically targeting YPWUD: contemplation groups and individual counselling. Interactions with the YKPs during the CBPR revealed that appearance and poor hygiene led to their stigmatisation in healthcare facilities and by the general public. TB HIV Care distributed hygiene and dignity packs to alleviate and decrease this stigmatisation. The hygiene packs contained a shower gel, bar of soap, deodorant, toothbrush, toothpaste, disinfectant and cotton wool. The dignity packs included sanitary pads, wipes and lotion.

The YWF contemplation groups aimed to bring change in young key populations by tackling social issues, such as substance use stemming from poverty, child abuse, and neglect. The psychosocial counsellors hosted two cycles of contemplation groups, consisting of eight two-hour sessions. These sessions addressed common social and behavioural challenges such as unemployment, loss of family support and excessive substance use. During the course of the contemplation groups, seven clients got jobs and internship opportunities, and another seven were reunited with their families. All clients who attended the groups were informed about safer injecting practices, and six accessed the OST programme. The total number of attendees was fifty. The contemplation groups made a significant impact on clients and helped several clients to reduce their substance use.

“I have changed a lot in my life because if I did not join this group, maybe I would still be smoking all the money and not buy clothes to wear. This group has made a lot of changes for me.”

– Lindokuhle Ngcobo

“Ever since this group started, I have stopped using drugs, and I see the change in my life.”

– Chris Mirindi

“Groups are essential in our lives because if I wasn’t here, I know I would be in the streets smoking. For me, making time to come to the group helps me smoke less.”

– Simphiwe Miya

Individual counselling sessions played a vital role in helping clients. The CBPR found that more than half (57%) of YPWUD wanted mental health support, but only a minority had received it. The psychosocial team used counselling to support clients to change their thoughts, emotions and behaviour by providing safe spaces to speak privately and confidentially about their needs.
The results from our intervention strategies conducted between January and September 2021 include:

- More than 250 substance users aged 16-24 in vulnerable communities and 15 parents/guardians were reached with individual counselling using a harm reduction-friendly approach to prevent young home-based substance users from progressing to problematic substance users.
- A meeting in August 2021 for both YKPs and their parents.
- Reaching 60 YKPs through CAGs, 65 YKPs through psychosocial interventions (individual counselling sessions and contemplation group sessions).
- Reaching 50 YKPs through 26 contemplation group sessions.
- Distributing 10,780 male condoms and 500 lubricants to young key populations through awareness campaigns and psychosocial interventions.
- Distributing 200 hygiene packs and 109 dignity packs. These packs have given clients a sense of dignity and recognition in their communities.

4. TB HIV Care’s Contribution to the Change

4.1. Using CBPR findings to inform the intervention

In the research phase, Mainline hosted a workshop on CBPR in March 2020. Three youth staff from TB HIV Care attended this three-day course. The goal was to strengthen their research skills to identify gaps in youth-friendly services. During the workshops, the peers learned about systematic research, youth ethics and interviewing skills. Afterwards, they set up a community-based participatory study in Durban, South Africa – which ran from April to September 2020.

The CBPR findings informed the development of the implementation phase; for example, it was agreed that the provision of services in schools would not work due to the different restrictive laws in schools set out by the Department of Education. Based on the CBPR findings and consultations with the research team, the project focused on a preventative and intervention approach targeting young homeless and home-based substance users, parents/guardians and the general public. Activities were tailored to local needs and involved parents, caregivers, guardians, and local healthcare workers. Mainline trained the staff in issues relating to harm reduction, women who use drugs and opioid substitution therapy to upskill TB HIV Care staff members with the necessary knowledge and expertise when working on campaigns and training.

4.2. Prevention strategies

The prevention activities occurred between March and August 2021 and included awareness and education campaigns for young people and the general public. The campaigns focused on drug use, harm reduction, mental health, and existing links with HIV and SRHR services. The prevention team educated the general public, young people and gatekeepers who work as community counsellors in and around eight mapped areas in Durban, and distributed condoms and lubricants for safer sex. In three awareness campaigns, TB HIV Care and the South African National Council on Alcoholism and Drug Dependence (SANCA) educated the youth and the wider public about substance use and rehabilitation. Facebook Live streams and posts and two soccer matches focused on an edutainment approach – informing/educating whilst creating a space for entertainment and interaction with the clients.

The researchers conducted 18 sensitisation training sessions in healthcare facilities in eight mapped areas in Durban. The YWF CBPR-researchers approached various clinics in the mapped communities, where they explained the project and the need for sensitisation training to the operational manager. Despite the initial plans to offer quarterly training, only two training sessions took place in each facility. The research team documented healthcare workers’ opinions about young key populations accessing HIV, SRHR and harm reduction services.
The project team hosted four community advisory groups to disseminate information about the programme and collect input on the project from YKPs. Each CAG had a different focus.

<table>
<thead>
<tr>
<th>CAG</th>
<th>Participants</th>
<th>Focus and outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2021</td>
<td>12 young people (sex workers, people who use/inject drugs and LGBTQI) aged 18-24</td>
<td>Introduced the YWF project, discussed harm reduction, HIV and SRHR services, and documented youth needs. Attendees were also willing to accompany the team to awareness campaigns in their communities to be drivers of change.</td>
</tr>
<tr>
<td>May 2021</td>
<td>12 participants</td>
<td>Held a check-in session for clients who participated in the first CAG and introduced the programme to those who weren’t present for it.</td>
</tr>
<tr>
<td>August 2021</td>
<td>18 participants</td>
<td>The focus of the CAG was on women’s empowerment. The topics discussed were parenting, women’s empowerment, and self-care. Since the CAG, the clients have been empowered through job applications and other opportunities that came their way.</td>
</tr>
<tr>
<td>August 2021</td>
<td>18 participants</td>
<td>Project evaluation from the clients’ perspective and gathering recommendations.</td>
</tr>
</tbody>
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4.3. Intervention strategies

Intervention strategies included psychosocial support for YPWUD and their parents/caregivers, hygiene and dignity packs and referrals to drop-in centres for NSPs, OST and HIV testing and treatment. For individual counselling sessions, the psychosocial team met the clients at convenient locations for individual counselling, assessments and follow-ups. Clients who attended both the contemplation groups and individual counselling sessions experienced the most positive changes, including reunification with family members (7 clients), seeking medical attention (4 clients), reducing substance use, and implementing safer drug using methods. The psychosocial team provided hygiene packs to all beneficiaries and donated clothes from the Denis Hurley Center. Donations from this centre and the psychosocial counsellors’ support brought significant change to all clients who attended the group sessions. The team observed improved hygiene and appearance and positive changes in thoughts and behaviours in the client group. All clients who previously felt ostracised by society and healthcare workers reported enhanced self-esteem.

We know that young key populations who have experienced poor mental health, violence or low level of social support may have lower levels of self-efficacy for health-seeking. The psychosocial counsellors accompanied clients who were not

mentally fit to keep appointments at health facilities to meet their basic health needs. The Denis Hurley Center offers three meals a week to homeless substance users, contributing to adherence as clients could take their medication with a meal. Eight clients are on chronic medication.

5. ANALYSIS

A key factor for success was regular interaction between the psychosocial counsellors and parents. The parents of YWF clients regularly checked on their children via the psychosocial counsellors and occasionally gave the counsellors money, cosmetics or clean clothes to pass on to them. The services offered under YWF reached YKPs that were previously out of reach as TB HIV Care did not provide them with services.

Working with community stakeholders resulted in the acceptance of the YWF project. YWF team members were invited to present at various youth-related events, such as ‘youth day events’, where the YWF team created awareness of the programme and substance use. The sensitisation and awareness campaigns supported the prevention and intervention activities, and advocacy for better access of young key populations to healthcare facilities.

There were a few challenges along the way, including some ethical issues where access to underage substance users was denied due to government regulations. This challenge was addressed by requesting that underaged clients come with a guardian or parents. For practical reasons, TB HIV Care decided to focus on YPWUDs over 18.

At the beginning of the project, awareness campaigns on the importance of harm reduction took place in key mapped areas. Reaching out to random people on the streets turned out to be a risk to the safety of team members. Consequently, with the safety of staff in mind, work was carried out from a fixed site close to a healthcare centre.

The programme demonstrated the importance of psychosocial and mental health support to YPWUDs. The project encountered the following challenges: rapport building was impossible with some young substance users’ caregivers. Some clients were not ready to (re)integrate into society. The lesson was that more time was needed to build meaningful, trusting relationships. Hence the main focus has been to ensure a continuum of care to both young homeless and home-based substance users where possible.

Intersectionality was another significant challenge: men who have sex with other men and who use drugs in a sexual context, sex workers who use drugs and people who inject drugs all need comprehensive and integrated health services. In the CBPR-study and interventions, we encountered clients with specific needs. Some of them live on the streets, with or without parents. It was critical to analyse the different social and behavioural characteristics of these groups to adapt the services to YKPs’ specific needs.

6. LOOKING AHEAD: LESSONS LEARNED AND RECOMMENDATIONS

While hosting awareness campaigns, the YWF team discovered that a need for a young HIV counsellor is vital as some individuals (young people and the general public) wanted to get tested during a campaign instead of going to a public facility.

There is a need for a more concentrated, intimate group to track the health changes and provide a more individualised approach. In the future, we need an approach that focuses more on impact (quality) rather than reaching large numbers of people (quantity).

The impact of the YWF programme would have greatly improved if we had worked hand-in-hand with the Department of Education to reach a wider group of YKPs in schools and other educational settings.

Most YWF clients were homeless substance users. They would always hurry to another site to source drugs, making it difficult for the psychosocial counsellors to open files and interact with the clients. The psychosocial counsellors improvised by using blank paper to note down all the clients’ necessary information. Based on the learning from the project, it is recommended that interventions with young key populations:

- Work closely with law enforcement agencies to ensure safety when conducting awareness campaigns.
- Include the parents/caregivers of substance users.
- Develop an approach that focuses on skills development for young people.

The Denis Hurley Center offers three meals a week to homeless substance users, contributing to adherence as clients could take their medication with a meal. Eight clients are on chronic medication.