

Responding to substance use in multidrug resistant tuberculosis: preliminary analysis of a primary health care substance use management model in Khayelitsha, South Africa

Anja Reuter, Erickmar Rodriguez, Virginia DeAzevedo, Abdul Kader Domingo, Petros Isaakidis, Leigh Snyman, Marcia Vermeulen, Lize Weich, Laura Trivino-Duran, Erika Mohr



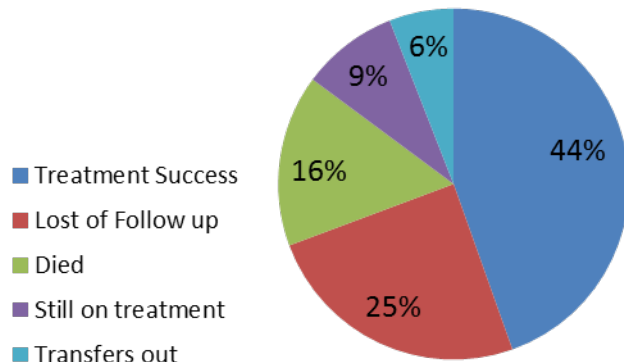
Background: MDR-TB snapshot

South Africa (2017):

- TB remains 1st cause of death
- 151,000 MDR-TB cases x every year
- Treatment success rate +/- 55%
- Lost of follow up rates of 20%

Khayelitsha (Q1 2017):

- 200 DR-TB cases x every year



Background: MSF interventions



Decentralised MDR-TB services at
PHC level



Strengthened regimens
“INJECTABLE FREE”

Self
Administered
treatment

Step
down
facility

Advanced
HIV care



MDRTB
counselling

Treatment
interruption
intervention

Support
groups

Advocacy
patient
leaders

???

Alcohol Use & TB

- Heavy alcohol use constitute a risk **factor for incidence and re-infection of TB**
- Odds ratio of 3.03 (95% CI: 1.84 - 4.99) for **alcohol dependence as a predictor of interrupting MDR-TB treatment***
- **Increased Stigma**
- **Limited resources and access to specialist addiction services & pharmacotherapy (infectiousness)**

Implementation



Intervention could be implemented by any doctor or nurse, counsellor, CCW or other trained Health care worker.

BRIEF INTERVENTION
Based on WHO ASSIST Brief Intervention

Patient Name: _____

Date: _____

5. Can I summarize what we have discussed so far?

Health care worker to summarize

6. What do you want to do about your using alcohol/drugs/smoking?

Tick appropriate

STAY THE SAME

CUT DOWN

QUIT

☐
☐
☐

My goal for my substance use for the next week/month is:

7. Readiness Ruler. *Optional step*

Using the ruler below, on a scale of 1 to 10, how important is it for you to cut down/quit? (circle number)

NOT IMPORTANT

UNSURE

VERY IMPORTANT

0 1 2 3 4 5 6 7 8 9 10

0 1 2 3 4 5 6 7 8 9 10

NOT CONFIDENT

UNSURE

VERY CONFIDENT

Using the ruler above, on a scale of 1 to 10, how confident are you that you can do it? (circle number)

DR-TB SUBSTANCE USE INTERVENTION

PATIENT FLOW CHART

Question 1

(If completing follow-up please cross check the patient's answers with the answers given for Q1 at baseline. Any differences on this question should be queried)

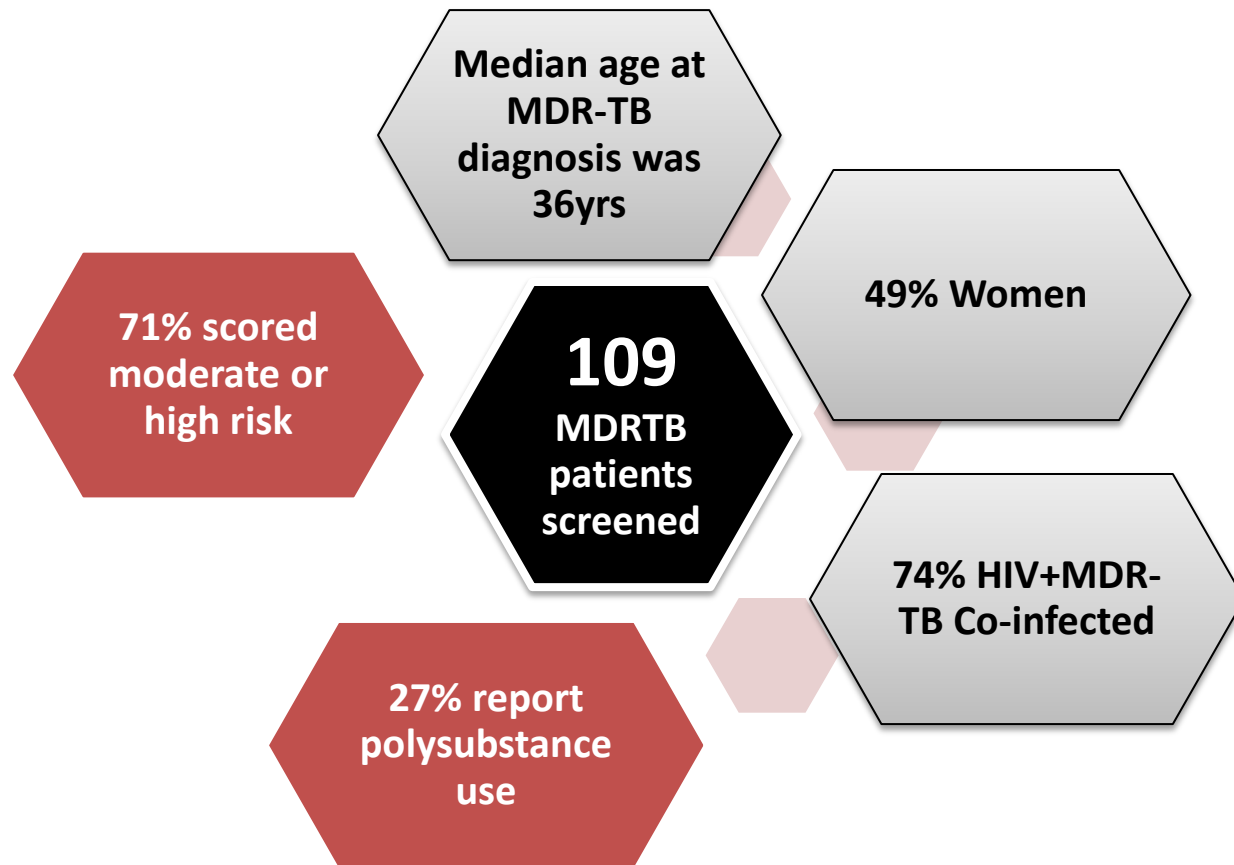
In your life, which of the following substances have you <u>ever used</u> ? (NON-MEDICAL USE ONLY)	No	Yes
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	3
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	3
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	3
d. Cocaine (coke, crack, etc.)	0	3
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	3
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	3
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	3
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	3
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	3
j. Other - specify:	0	3

Methodology

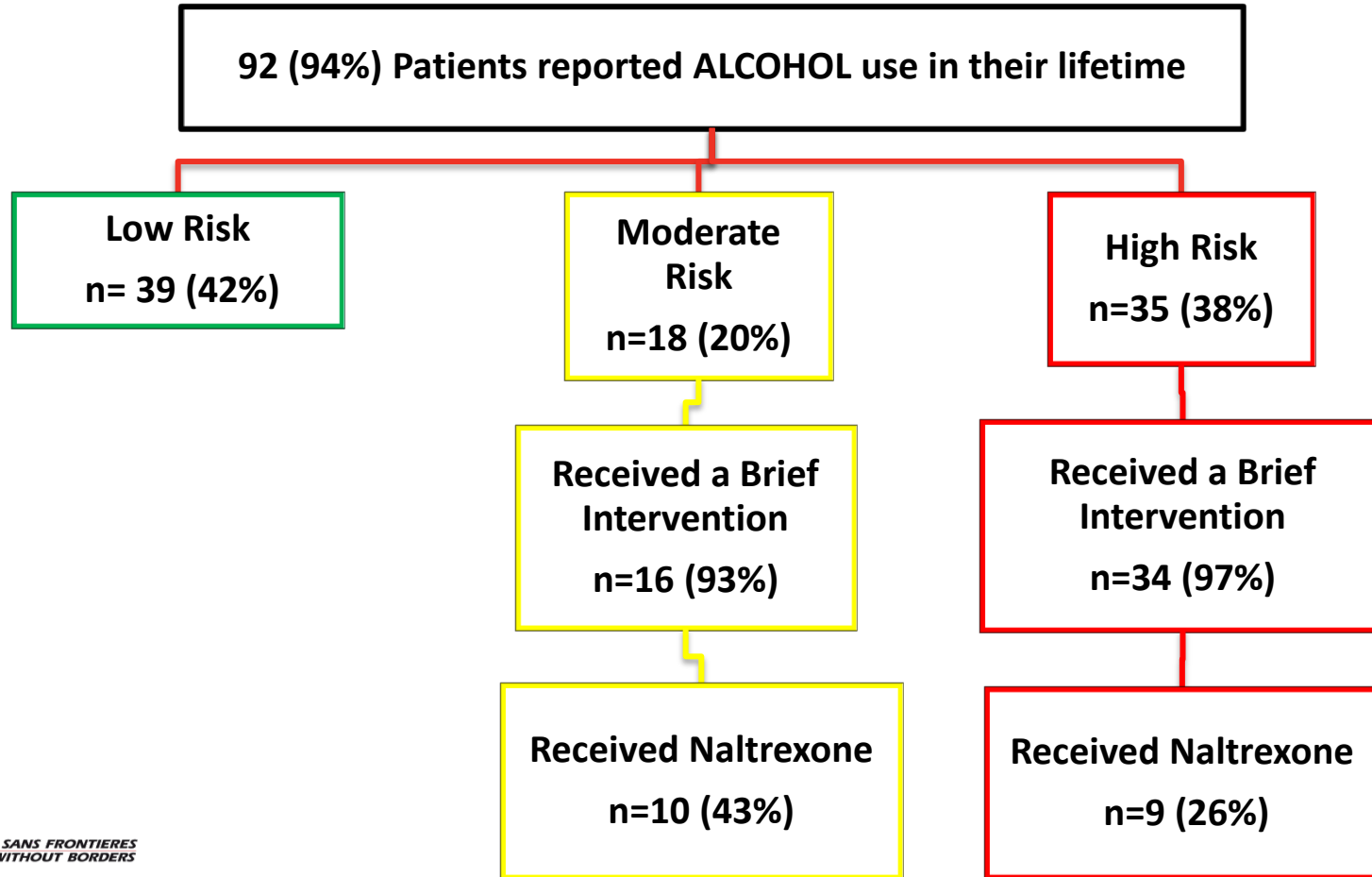
- **Preliminary retrospective data** of all patients with MDRTB presented during **October 2017** and **March 2019** in **Khayelitsha**, South Africa.
- Using the **AUDIT**, **DUDIT** or **ASSIST**.



Early Results







Alcohol Use and Treatment Received



Lessons learned

- Use of **one validated tool** and **adaptation to the context** required

Wine	Beer	Spirits	Traditional Beer (umqombothi)
 1 glass (100ml) = 1 1 bottle (750ml) = 8	 1 can (330ml) = 1	 1 bottle (750ml) = 37	 1 litre = 15-30

- **Motivational Interview training** needed
- **Screening** enhances patient **disclosure** and **motivation**
- **Brief intervention** takes 10-30 min
- **Health Staff engagement** often related with **patient outcomes**
- **Naltrexone** works if patients are motivated



Conclusions

- **Moderate and high-risk alcohol/substance use was common among the MDR-TB patients screened in Khayelitsha.**
- **An integrated patient centered response at the Primary Health Care level, with Screening, Brief Intervention and Referral to Treatment, including pharmacotherapy (naltrexone) and support groups is feasible and could potentially improve MDR-TB outcomes.**

Acknowledgements

- Patients and families affected by RR-TB in Khayelitsha
- MSF Khayelitsha, SA



Making progress possible. Together.

