

Sibusiso Dlamini's

*Journey through Substance use and Hepatitis C virus
treatment in South Africa*



Sibusiso Dlamini grew up in a rural area outside Tshwane with his widowed mother and two younger sisters.

As the only son in a single-parent household, he was expected to help provide for his mother and younger sisters one day.

He took this role seriously — studying hard and dreaming of a better life for all of them.



Sibusiso kept his grades high at school.

Like many young men in his area, he started smoking dagga (marijuana) and drinking alcohol with friends during high school.

It helped him fit in, even though his family disapproved.



Sibusiso completed and graduated from high school and moved to the city where he enrolled at a University of Technology for a National Diploma in Information Technology. His family was proud of his achievement.

In the city, he made new friends. Life in the city was different from the communal life he had been used to in his community.

After graduating, he found a job in Information Technology (IT). His income helped pay his sisters' school fees and kept the household afloat.



City life was fast and stressful: a demanding job with long working hours, living away from family, and having to provide for his family.

Though hesitant at first, out of curiosity Sibusiso and his friends began to use various substances to cope with the stress of city life.

Injecting drugs offered a stronger high which seemed to help him cope with the demands of work and his new life.



Over time, Sibusiso began needing to use drugs during work to sustain himself through some work days. Following a second warning, he lost his job as a result.

Without income, renting, supporting his family and paying his bills became impossible. Sibusiso was obliged to return to his hometown and the family home.



Everyone was devastated.
His sisters' education was now uncertain, and the feeling of disappointment from himself and his family was heavy.
No one knew how to help him deal with his substance use.

Eventually, he left again—this time for the streets, far away from his family.



Sibusiso found community among others also struggling with substance use.

Fighting for survival was a daily routine on the streets —violence, theft, and exploitation were common, and he witnessed people he cared about being brutally attacked and raped.

Even old school friends avoided him, unable to help or understand what he was going through.



Months passed.

Sibusiso grew thin and weak. He began to feel tired all the time, lost his appetite, and noticed his urine color was changing.

He assumed it was the effects of drugs.



Sibusiso learned about a local harm reduction clinic offering free support to people who use drugs.

Sibusiso visited the clinic. The clinic provided health information on safe drug use and offered him a harm reduction pack and bathing facilities. The clinic staff also introduced him to opioid substitution therapy (OST), which he started immediately.

Each visit to the clinic offered a warm greeting, friendly care, and practical knowledge on how to protect himself and his friends while using drugs.



While on OST Sibusiso noticed that he did not need to inject as often. However the symptoms he was experiencing persisted. Other people on the streets equally experienced similar symptoms. This worried him.

One day, staff at the harm reduction clinic told him about a free mass testing and treatment program for HIV, tuberculosis (TB), syphilis, hepatitis B virus (HBV), and hepatitis C virus (HCV).

Sibusiso convinced four of his friends and all went to get tested.



Sibusiso tested positive for HCV.

Among the friends who got tested was Ayanda, a lady he had grown close to, whom he had also taken to the harm reduction clinic for OST treatment.

Ayanda tested positive for HCV and HIV.

The other friends refused to share their test results.

Sibusiso imagined the additional isolation and stigma that these diseases would bring, especially on the streets where survival was already a daily battle.



A few days after testing, Sibusiso got a call from a clinic to schedule a follow-up visit.

Some of his friends could not be reached by the clinic.

Sibusiso and Ayanda went to the clinic where further tests were performed and they were offered free treatment. They were given a clear treatment plan: one pill a day for three months for HCV, with weekly medication pickups at the clinic.

Ayanda also began lifelong treatment for HIV.



The treatment had little to no side effects. Sibusiso and Ayanda supported each other throughout treatment and grew closer to one another.

During their HCV treatment both felt much better and were very happy and relieved when they completed the treatment.

As prescribed, they took a blood test which confirmed that they were both cured of HCV.



Sibusiso decided to return to his family and brought Ayanda with him. Both were greatly welcomed by his mother and sisters.

His family was very happy to see him. Sibusiso introduced Ayanda as both had decided to get married.

His family was happy to learn that he had recovered.



Though no longer living on the streets, Sibusiso and Ayanda visited people on the streets to check on them and share their story.

Some of them shared that they were experiencing strange symptoms, some of which were familiar to Sibusiso and Ayanda.

Sibusiso encouraged them to seek OST care and get tested for HBV, HCV, HIV, and TB.



Some of the people Sibusiso engaged with on the streets died before they could be diagnosed.

Others who sought care and tested positive for HIV were able to access free treatment. However, those who tested positive for HCV were not as lucky, as HCV treatment costs ZAR 23000 (1290 USD), which they could not afford.

The program which provided free HCV treatment to Sibusiso and Ayanda had shut down.



Over time, Sibusiso and Ayanda both found jobs that enabled them to move into an apartment together and get married.

After several months of job search, Sibusiso found a better paying job as an IT Technician, and was once again able to support his family.

He felt very happy to have regained control of his life and to be able to share his life with Ayanda.

He hoped to be able to share this personal experience with his children one day.



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