



Public health progress and harm reduction challenges around consumers

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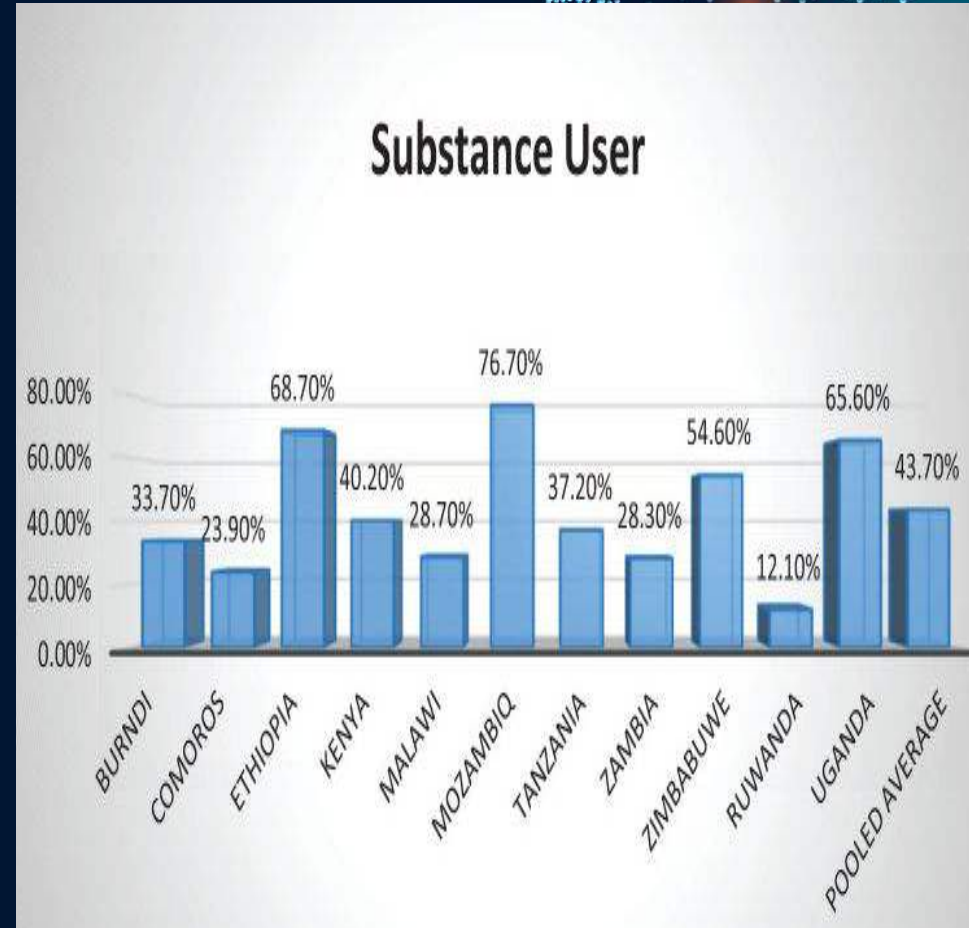
East Africa's SUD Prevalence

East Africa is home to one of the world's highest rates of substance use with a 43.70% prevalence of substance abuse coverage.

In Kenya, people who inject drugs have an HIV prevalence of 18.7%, whereas the general population has a prevalence of 4.9%.

The survey also showed that **10.4% (2,807,569) of Kenyans aged 15 65 years have alcohol use disorders**; 6.8% (1,835,718) have tobacco use disorders; 3.1% (836,872) have miraa/khat use disorders; and 0.8% (215,967) have bhang / cannabis use disorders

The number of people who inject drugs has been rising in recent years and is thought to now be around 36,000 people, of whom 11% are below the age of 18 and 15% are women.



Public Healthcare in Kenya

- Healthcare in Kenya is provided through public, private-for-profit and private not-for-profit facilities. Healthcare services are arranged in tiers (level 1- level 6)
- People who inject drugs are prioritized as a key population in the national strategy plan; needle and syringe programmes started in 2010, with medication-assisted treatment following in 2014.
- Over a period of ten years, Kenya has managed to provide healthcare services to over 21,000 injecting drug users who access needles and syringes and over 9,500 opioid agonist therapy (OAT) clients in 8 healthcare facilities.

WHO recommended interventions

The centres struggle to provide 50% of the complete set of World Health Organization (WHO) recommended interventions which include



Needle & syringe programs



HIV testing services



Antiretroviral therapy

Targeted information, education & communication

Condom programmes for people who inject drugs and their sexual partners

WHO recommended interventions

Opioid agonist therapy



Community distribution
of naloxone.



Targeted information,
education & communication



Prevention & treatment of sexually transmitted infections

Prevention, diagnosis & treatment of tuberculosis

Prevention, vaccination, diagnosis & treatment of viral hepatitis B and C

Successes & Progress



Progress over a decade (2012-2022)

An indicator survey conducted in 2010 in Kenya had limitations due to:-

- **Estimated size of IDUs was not clear-** there was just not enough data or research conducted. The harm reduction movement, and the wider shift toward addressing public health impacts of drug use, has had both specific and diffuse effects on SUD treatment research. There has also been increasing acceptance of non-abstinence outcomes as a metric for assessing treatment effectiveness in SUD research
- **Drug Dependence Treatment not affordable-** The SUD treatment and prevention systems in Kenya are under-resourced. There more calls for utilization of money from taxation of alcohol, tobacco and betting to increase funding for substance use disorder treatment and prevention.
- **The Government policy was against the Needle and Syringe Programme (NSP) and Medically Assisted Therapy (MAT)-** Incarceration in prison and confinement in compulsory drug treatment centres often worsens the already problematic lives of drug users and drug dependent individuals, particularly the youngest and most vulnerable. Alternatives to criminalization and incarceration facilitate access to health services and enable drug use to be treated as a health condition rather than as a crime. Property crimes are reduced, public security is increased and there are improved health outcomes for people who inject drugs.

Progress

- **Low adherence and compliance to ART** -There is irrefutable evidence that new HIV infections drop sharply when people who inject drugs have access to harm reduction and other public health programmes. PWID have reported significant reductions in sharing injecting equipment following NSP
- **Low adherence and compliance to TB services leading to drug resistance / Screening and treatment services for viral hepatitis are not accessible** - improving knowledge through health education, providing strong counseling about drug adherence with more emphasis on continuation phase of treatment and about disadvantage of alcohol intake, and strengthening of patient-provider relationship has helped increase adherence.
- **Low adherence and compliance to STI services-** Multi-prong interventions (peer-led and community approaches) and caregiver treatment literacy has addressed issues contributing to poor adherence, and positioned us to achieve viral suppression.
- **Low access to HTC services-** There is now differentiated service delivery for people who inject drugs which must include harm reduction services in addition to other services that are available to people living with HIV, including but not limited to testing, treatment, and care services. The two essential harm reduction services are needle and syringe programmes and opioid substitution therapy (medication to reduce dependency and prevent withdrawal).
- There is an increase in services provided through drop-in centres, mobile outreach, clinics, peer-led outreach, and community-led services.

Progress

- **COVID 19:** While the reach of the programme more than doubled between 2018 and 2019, it went down during the COVID-19 pandemic. Around 10,000 people have ever enrolled for medication-assisted treatment, with an average retention rate of over 70% in most quartiles, and some quartiles with 98% retention.
- Despite the challenges the pandemic raised, the pandemic also created an opportunity for positive change as many services initiated rapid adaptations such as increased peer-led outreach, provision of food, temporary shelters, personal protective equipment (PPE), information sharing and peer support.
- **Inconsistent supply of both male and female condoms-** Male condoms are available widely, at no cost in the public sector, with expanded access via social marketing and the private sector. The female condom programme is well-established. Although supply of condoms has generally improved over the years, local logistics, tendering and contract issues created condom shortages.
- **Youth:** The next generation of PWUD are natural experts on the emerging trends in drug use behaviour, and can offer unique insights on the realities of drugs and their use, particularly because of their experiential knowledge, connection to the community, and access and literacy with new technologies.

Challenges



Challenges

- **Funding:** Kenya is transitioning from a low-income country to a low middle-income country (LMIC); which has meant that donor support towards healthcare and HIV programming is decreasing at an alarming rate. The transition has already seen dwindling resources available for HIV programming as resources were not increased.
- **COVID 19:** the pandemic has seen many harm reduction services close, reduce operations or have their funding reduced.
- changes in the drug supply, with the proliferation of toxic, illicit drugs together with limited access to drug checking, supervised consumption, in-person treatment and longer periods of isolation which have led to higher incidences of drug overdose and overdose-related deaths
- People who use drugs had minimal access to health services owing to healthcare worker shortages and limited contact with clients during the pandemic
- A lack of trust in healthcare workers and experiences of structural stigma and racism increased during COVID-19

Challenges

- **POLICY & LAWS:** The lack of policy clarity and transparency in political positions regarding harm reduction services.
- Local laws also prevent development and delivery of services to people who inject drugs in the region: in 2020, no countries in the region permitted drug possession and only two had anti-discrimination laws for people who use drugs.
- **Marginalization:** Women experience a number of social problems like stigma, discrimination and rejection by families, spouses and health workers. Youth also face marginalization on the basis of racism, gender discrimination, poverty, ableism, and other positioning face overlapping barriers to services.
- **YOUTH:** Spaces that are meant for young PWUD, but are controlled by older peers, can create aversion and resistance in young PWUD to both access and partaking in services
- Reigning drug policies that criminalize young PWUD are responsible for some of the most severe harms associated with drug use
- Youth engagement efforts on policy often lack clear expectations, equitable work conditions, and they are rarely afforded agency and autonomy over decision-making.

Proposed Public Health Measures



Measures

- Ensure the provision of and secure access to the highest attainable standard of healthcare to key populations in accordance with article 43 and 4th schedule of the laws of Kenya
- Prevent the continued spread of infectious diseases among key populations
- Reduce the infectious disease burden on public health services by offering preventive measures to the key populations
- Protect the community the youth and future generations from exposure to by the way of being infected or affected by the infectious disease
- Provide for the education of public awareness information sharing and building research on harm reduction as a contributory measure to the prevention of infectious diseases
- Inform and educate the public on the harmful health economic and social consequences of the consumption of substances and substance use disorders

Measures

- Adopt and implement effective measures to eliminate the spread of infectious diseases amongst users their families, partners, and the nation at large
- Promote and provide for psychosocial support treatment and rehabilitation of persons with problematic drug use their families, caregivers dependents, and the community in general
- Promote research and dissemination of information on the effects of problematic substance use the health risks that may arise therefrom and the working strategies for treatment and rehabilitation
- Monitor, evaluate and learn from the current protocols in place, and adjust accordingly if need be



Athmani Ezzad sharing his heroin addiction journey during a peer educators review meeting at Manyatta DiCe in Kisumu