

Panel
Discussion
Topic

**Comparative Harm Reduction
strategies and innovation:
Looking into the future, what
impact could Harm reduction
have on public health globally
and on the African continent**

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Introduction

- ❑ Harm reduction programs in Kenya began ad hoc in 2012 by CSOs , with NSP in Mombasa and OST by Government in 2014
- ❑ Since then the government has opened 8 centres supporting a cumulative population of 15000. with 55% on OST
- ❑ The average cost of OST is approximately 300 per person per day including transport in Nairobi, may be 250 in Mombasa and Kisumu. The difference is due to transportation costs.
- ❑ HR financing (2021) is estimated at 95% donor money (PEPFAR, GF) and 5% GOK in structural support, out of pocket 0.1%
- ❑ Harm reduction centres in Kenya can be found in the following counties, Nairobi, Mombasa, Kwale, Lamu, Kilifi, Kisumu and Kiambu
- ❑ Needle syringe commodities are found in drop in centres managed by CSO and community based organizations in various centres across the country namely Mombasa, Kwale, Kisumu Nairobi.
- ❑ Other services include psycho-social support, condom distribution, Tb testing and referral, HIV testing and referral (and treatment)

Harm Reduction Values, principles/ strategies used in implementation

Values

Harm reduction is founded on kindness, compassion, and caring

Principles are

Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than ignore or condemn

Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others

Establishes quality of individual and community life and well-being — not necessarily cessation of all drug use — as the criteria for successful interventions and policies

Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing harm

Harm reduction principles

- q Ensures that people who use drugs have meaningful participation in implementation of programs (communities at the centre of implementation)
- q Affirms people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use
- q Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm
- q Does not attempt to minimize or ignore the real and tragic harm and danger associated with illicit drug use

Impact of Harm reduction (in Kenya)

- q Prevention of drug related deaths and overdose fatalities
- q Access to healthcare, social services and treatment
- q Economic value HR vs the criminal justice system
- q Limit acute threatening infections related to unsterile injection use like Hep C, HIV and other blood borne infections
- q Prevention of petty crime and reduce number of young people lost to prisons
- q **Promotes a rights based society and social reintegration-improved QOL**
- q **Reduced cases of violence, gender based violence, and sex based crimes**
- q **reduced female health complications related to babies born to addicted mothers.(teratogens, NAS, low birth weight, small heads, early infant mortality etc)**
- q **Reduction in organized crime, political crimes**
- § Cumulatively reduced HIV prevalence among general population (long term)

Challenges to implementation

- Policy constraints and lack of coordination at National level
- Implementing in scarce resource environment leads to half jobs done, focus on biomedical and neglect psycho-social and behavior change
- Criminalizing environment
- Societal stigma (self stigma) and discrimination
- Healthcare related stigma
- Systematic discrimination – employment and education
- Lack of awareness in the policy makers, family leading to lack of support for reforms
- Lack of domestic funding due to other competing needs like education and healthcare
- Police brutality and human rights violations of PWUD
- Media misreporting leading to negative attitude
- Gender based violence/community violence hinders healthcare access
- Socio-cultural and religious beliefs

What does the future look like with Innovations?

Drug Policy reform

Domestic funding

Diversion and social reintegration

Scale up of harm reduction services to primary healthcare level

Decriminalization for small quantity possession for personal use

Legalization of cannabis for commercial use

Human rights approach to policy and implementation

More research on a socio-cultural approach to stigma and discrimination

Inclusion of healthcare financing in addiction treatment

Inclusion of mental health services in addiction treatment

Community driven approach to harm reduction implementation and research

Multisectoral approach to the drug problem in creating awareness, prevention and treatment, media, workplace, school, church etc.

PEACE
AGILITY

IDEA

HAPPY

JUSTICE

HARMONY

KINDNESS

JOY

GENDER

SMILE

SILENCE



ENDURANCE

HARMONY

HUMAN
BASE

BAD

SHARE

TRUST

VIOLELE

PATTER

VOCAL

