

Research update 1

Understanding risk

Injecting practices and access to needles and syringes on the Kenyan coast

After initial training in qualitative research, the research team of the Omari Project, KANCO and LSHTM focused on interviews in Malindi, on the Kenyan coast.



This first wave of qualitative interviews were undertaken in a place called Kisumu Ngogo, which comprises around 4,000 small houses (image 1), connected by a series of small paths and alleyways (image 2).



Many people who inject drugs use the empty small houses in Kisumu Ngogo as places to live, sleep, take shelter and use drugs. This is the house where we met 'Peter', a young man who had injected for only three months at the time, and who was desperate to find his way into residential rehab, which he found near impossible given the cost of 8,000 Kenyan Shillings a month (image 3). Peter lived in this house, with three others, a man and his female partner who were both daily injectors and HIV positive, and a young man who preferred to smoke rather than inject his heroin. Peter helped out his HIV positive friend by keeping hold of his ARVs and reminding him when he needed to take them. His friend's partner was very weak when we met her, and possibly also had TB. By the time we met Peter again, two months later, he had managed to secure himself a place in a local

rehab, having generated a small contribution among his friend towards some of the costs for the first month of his stay. His continued treatment at the rehab depends upon his capacity to generate further sponsorship for his stay.



Aside from using empty houses in the area, people will also crouch in the narrow alleyways between the houses, where they are hidden from view. Here is the alleyway where we sat with Elisa and her 'hit doctor' (image 4). She prefers to be injected by him. Although having injected for seven months, she says that she is not that skilled at injecting herself. He carefully scrapes the contents of two sachets of 'white crest' heroin into the barrel of a 2.5ml syringe. Rather than mixing the powder with water, Elisa allows the powder to mix directly with the blood drawn into her syringe. She prefers this, believing it to offer a better hit, though accepting the increased risk of clogging the syringe. Others we have interviewed so far also describe injecting without mixing their heroin with water, in part because they fear the adverse effects of using dirty water, but also because water may not be easily accessible at injecting sites.



Elisa stores her needles and syringes near this alleyway, her favoured injecting site, in a black plastic bag hidden amongst the rubbish (image 5). As she drops it to the ground it merges with the surrounding rubbish. She says this is safe to do unless somebody sees her do it. She prefers not to carry her needles and syringes on her person for fear of trouble with the police. Carrying injecting equipment without a prescription remains illegal in Kenya, and Elisa has so far managed to escape any attention from the police.



Many others, however, routinely carry their needles and syringes with them, as well as sometimes storing them near their favoured places for injecting. John explains that for him the risk of being stopped by the police is outweighed by the benefits of always having a clean set of needles and syringes which prevents syringe sharing at the point of drug sale. He will buy a new needle from a pharmacy at 5 Shillings and use it for up to a week. He takes great care to keep his needle as sharp as possible, though acknowledges that by the time he changes it for a new one it has become blunt, risking vein damage. He will re-use his own syringe barrel for longer, and sometimes for as long as a month. John routinely wraps his needle and syringe in the same way each time. Most other injectors in the area do likewise (image 6). He first wraps paper or plastic around his needle and syringe, and then secures it by with his tourniquet (a shoe lace), before putting it back into the back pocket of his jeans.



Though now less the case than in the recent past, those unable to access or afford needles and syringes from pharmacies, would on occasion have to retrieve used ones. They would access them

from others they knew, the places where people inject, or from local hospitals, including a hospital dump, where waste is stored in yellow bags labelled 'infectious' and 'waste' before its incineration (image 7).



This data from the first few months of data collection is giving clear insight in to some of the risks PWID on the Kenyan coast face. The difficulty of accessing, storing and using needles and syringes is clear, leading to risks of HIV transmission, but also of arrest and imprisonment.