

## Access2Care policy brief

# A qualitative analysis of transitions to heroin injection in Kenya: implications for HIV prevention and harm reduction

This policy brief summarises findings from in-depth research implemented by the Kenya AIDS NGOs Consortium, London School of Hygiene & Tropical Medicine and School of Oriental and African Studies, University of London, in partnership with the International HIV/AIDS Alliance.

For the full findings of this research go to: Guise A, Dimova M, Ndimbii J, Clark P & Rhodes T (2015) 'A qualitative analysis of transitions to heroin injection in Kenya: implications for HIV prevention and harm reduction'. *Harm Reduction Journal*, 12; 27. [www.harmreductionjournal.com/content/12/1/27/abstract](http://www.harmreductionjournal.com/content/12/1/27/abstract)

## Background

Harm reduction services are being introduced in Kenya to support people who inject drugs. There is a highly concentrated HIV epidemic amongst people who inject drugs in Kenya, with HIV prevalence estimated at 18% (44% for women).

People who smoke or sniff heroin may change their mode of use and transition to injecting in response to a range of factors. The main risks that follow injecting include HIV and hepatitis C transmission from sharing injecting equipment, and overdose. Therefore, if we can prevent or minimise transitions to injecting then we can prevent or reduce the associated harms. Understanding these factors is a priority to support HIV prevention and harm reduction.

## Findings

People who inject drugs link transitions to injecting to a range of social and behavioural factors, as well as particular aspects of the local drug supply and economy. Two core over-arching themes were found.

### 1. Managing markets and maintaining a high

The most common theme focused on cost and the challenges of managing opiate dependence in a context of poverty. For many people, injecting proved cheaper than smoking because the quantity of drug needed to achieve a 'high' or overcome withdrawals is substantially lower.

**The challenge of poverty: unstable drug markets.** Global changes and aggressive counter-narcotics policing at the community level leads to a fluctuating and unpredictable supply of heroin, leading to price rises which affect people who inject drugs' ability to afford drugs.

For more information on this research please contact [info@kanco.org](mailto:info@kanco.org)

**The challenge of poverty: shifting economies.** A key part of the local economic cycle, for many, are the seasonal variations of tourism leading to corresponding availability of money. Low tourist season is therefore a particularly difficult time of the year to get money, and as a result was linked with transitions to injecting.

### 2. Curiosity for the 'feeling' of injecting

For some people, friends, social contacts or intimate partners were a factor in their decision to inject heroin. The social network is an important influence in demonstrating both the intensity of the 'high' and the pleasure that can be derived from injecting drugs.

## Policy implications

### Social and structural interventions, as well as individual and behavioural support

Transitions to and from injecting drug use are shaped by opiate dependence, poverty and the drug supply, police strategies and local economy. Responses to support people who use drugs need to respond to this range of social and behavioural factors. These responses could include:

- Additional support for drug treatment and opioid substitution programmes.
- Greater alignment between police strategy and health and social policy to direct policing interventions that would minimise the harms of efforts to control supply.
- Poverty alleviation and livelihood programmes.

### Community support to people who use drugs

Support for people who smoke, sniff or 'chase' heroin is a priority. Suggested specific programmes include:

- Smoking papers or other commodities with HIV and harm reduction messages.
- Counselling on other routes of administration – e.g. sniffing and chasing – that are less harmful.
- Counselling and support delivered at particular times of the year, such as low tourist season, in response to structural pressures for transitions.

### Policy responses

Findings from this research shaped the development of interventions for people who inject drugs. Following community consultation, clients in specific sites are receiving commodities (foil for chasing and smoking papers), information on transitioning to injecting and counselling by peer outreach workers.