

Why do people start injecting? – The Access to care study in Kenya

Why do people start injecting is a key question for harm reduction, in Kenya and around the world. Injecting brings with it high risks of HIV, other viral infections, vein and skin damage and increased addiction. Many people start using heroin and other drugs by smoking, chasing or sniffing, and then gradually move on to start injecting. Understanding why people start injecting, after smoking heroin, is a key question in understanding the risk of HIV, and how to either prevent transitions to injecting, or minimise harm associated with them.

In Kenya there are many reasons people have been telling us why they started injecting. The need for a bigger high as their tolerance and addiction grows, the cost of the drugs (injecting is a lot cheaper way of using drugs than smoking or other routes). What seems unique about the Kenyan context, or at least is little documented elsewhere, is how people are moving back and forth between smoking and injecting depending on the amount of money they have, and this is in turn shaped by the overall economy.

A lot of research has linked starting injecting to broader social and structural factors, rather than simply seeing a decision to start injecting as a 'choice' of the individual. Understanding these social and structural factors – the role of other people, e.g. boyfriends pressuring girlfriends to start injecting, or sudden increases in the price of a drug following police raids – is very important because it can lead us to different responses.

The 'war on drugs' is linked with an overall analysis of people's drug use as a 'problem' of the individual to be criminalised; i.e. individuals have chosen to do these 'bad' things, and so should be punished. Exploring the social and structural factors involved is quite different, and fits with a harm reduction approach to drugs. Sometimes, due to many factors, individuals are unable to control their drug use; in this context, it would be unjust to blame an individual, and ineffective to focus interventions that address an individual. For example, simple efforts to educate PWID can be important, but risk focussing blame for drugs and healthcare issues on the individual.

Within our developing research in the Access to care study this issue of why do people transition to injecting is a key focus. Whilst some are transitioning out of curiosity, for many it is an economic phenomena: their decision to start injecting is shaped, and often determined, by their lack of a job, shifts in the price of heroin, or the need to support others, all in the context of physical addiction.

With this increasing understanding we can start to consider possible responses. Existing evidence from elsewhere has shown that preventing transitions can be very difficult. Following this we are exploring what role the existing NSP programme can play. Whilst it may not be possible to change the nature of the local economy (and so global economy it is linked to), we can at least support advocacy around that; and perhaps explore ways of ensuring PWID's lives aren't so insecure and marked by poverty.