



Towards a human rights-based drug policy in Tanzania:

A public health approach

October 15th 2014



Picture: Mia Collis

Now the Tanzanian drug law is under revision, it is time for the government to move away from the war on drugs and move towards a rights-based approach. Only this way we will be able to curb the HIV epidemic in the country. The Tanzanian Network of People who Use Drugs (TaNPUD) sees harm reduction as the logical response to many challenges Tanzania faces in terms of drug use and the concentrated HIV epidemic among key populations. For when drug users are supported instead of punished HIV infections are reduced immensely, drug users become active members of society again, and the long term costs of health care and the judicial system go down¹.

TaNPUD

The Tanzanian Network of People who Use Drugs (TaNPUD) was formed in 2010 by a dozen former and active drug users in Dar Es Salaam, Tanzania. Its goal is to advocate for and defend the human rights of people who use drugs, especially access to health services and fair treatment by law enforcement agencies. TaNPUD has more than 100 active members and is currently operational in Dar Es Salaam, Morogoro, Mbeya, Mwanza, Tanga and Zanzibar.

SUMMARY

The current drug law focuses on punishing people who use drugs as well as the ones who are selling it. The rationale behind this is to eradicate drug use in Tanzania, but up to now no country in the world has been able to do that. To instead focus on treating drug use as a public health issue rather than a criminal justice matter has been very effective in countries like Portugal, Peru and Switzerland.

In the past few years Tanzania has given room for harm reduction by welcoming the launch of a needle and syringe program (NSP) and opioid substitution therapy (OST). This was made possible by the existing policy on HIV. The national drug law should support this policy, but is currently working against it. We as TaNPUD ask to correct that law, to start treating drug use as a public health issue and work towards a viable solution to

the drug issue in the country.

Globally

TaNPUd is not alone in this respect. A global organization such as the World Health Organization (WHO) was always focusing on health and lately also the United Nations are moving towards a public health approach when it comes to drug use. The latest HIV prevention guidelines² of the WHO, published in July 2014, are calling for the decriminalization of drug use. The GAP report by UNAIDS³ of July 2014 makes a strong case for non-discrimination and decriminalization of drug use. The West Africa Commission on Drugs (WCAD)⁴ recommends treating drug use as a public health issue and to pursue decriminalization of drug use and low-level, non-violent drug offences.



Picture: Mia Collis

RECOMMENDATIONS

TaNPUd joins in with international voices by recommending:

- To treat drug use as a public health issue, rather than as a criminal justice matter;
- To reform drug laws on the basis of existing and emerging minimum health standards and pursue decriminalization of drug use and low-level, non-violent drug offences;
- To create an enabling environment for drug users to develop health seeking behavior;
- To strengthen law enforcement for more selective deterrence, focusing on high-level targets;
- The spread of harm reduction services such as needle syringe exchanges, drop in centers and methadone services across the country, to start with all major cities.

FOCUS ON THE HIV EPIDEMIC AND DRUG USE

The harm and the reduction

At the International Aids Conference in Melbourne, Australia in July of this year⁵, UNAIDS Executive Director Michel Sidibé was clear: if the world wants to **stop the HIV epidemic** from growing even more than it is, **the rights and lives of the so called key populations have to be respected by all governments**. The WHO defines four groups of people as key populations who are most at risk of contracting HIV: drug users, sex workers, men who have sex with men and prison populations, and many people belong to two or more of these groups.

The guideline states that 50% of all new HIV infections worldwide are with people who belong to one of these four groups.

Meanwhile the highest number of

people living with HIV is in Sub-Saharan Africa, HIV prevalence is 28 times higher among people who inject drugs and most injecting drug users have regular contact with the general population. Added up this makes clear why harassing people who use drugs is counter-productive to curbing the HIV epidemic.

As long as their behavior (drug use) is punishable by law and the cause of intense stigmatization and discrimination, they are unlikely to get tested and treated for HIV, viral hepatitis and TB. All of which they are most at risk of contracting, due to their lifestyle and habits.

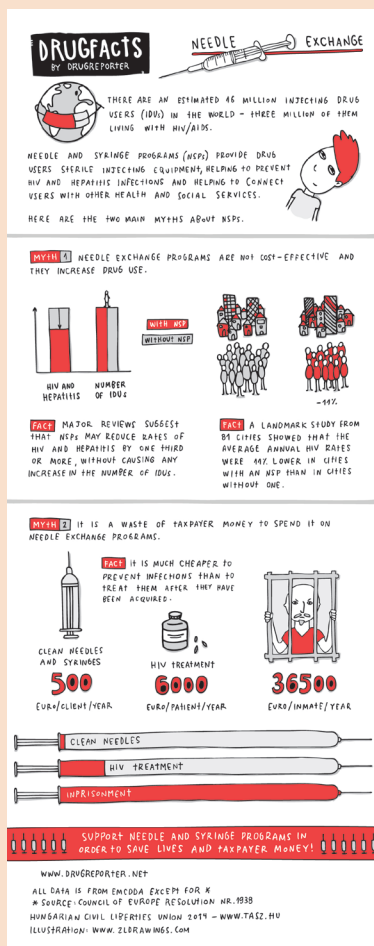
The WHO guideline mentions NSP and OST as minimum harm reduction interventions for substance use if a government wants to curb the number of new HIV infections in a country. They are part of the harm reduction package that includes low threshold services that help to reach

Tanzania current services

Tanzania has an estimated 300,000 people who use drugs, of whom 25,000 - 50,000 are injecting drug users. At the moment only Dar Es Salaam has needle and syringe (5) and methadone programs (3). The 2014 National Guideline for Comprehensive Package for HIV Interventions for Key Populations of the National Aids Control Program (NACP) shows that the methadone program reached 2,530 injecting drug users in 2012, while the needle and syringe program reached 2,933 between August 2011 and March 2012. Research from 2010-2011 showed a HIV prevalence of 51% among injecting drug users, 61,5% among women who inject drugs and HCV prevalence of 76% among people who inject drugs⁸. Seeing these numbers, it is clear why these and more services are desperately needed.

Mapping by UCSF and DCC-PEP-FAR showed drug users in 24 towns in 5 regions of Tanzania⁹. Sightings done by TaNPUd members confirm larger numbers of drug users in cities like Tanga, Mbeya, Arusha and Lindi (among others) who are not reached by any service. More research is needed to get a clear idea on how many drug users are in need of service and where, but outreach work done by TaNPUd indicates that most of the users in these districts and cities have as good as no knowledge about HIV and other infectious diseases. They know nothing about the dangers of needle sharing and have no access to any service what so ever. Their health seeking behavior seems to be at a minimum, due to other priorities and stigmatizing behavior of, among others, medical personnel in community hospitals.

drug users. Together these services aim to reduce harm to the individual and his or her surroundings, and to improve the health seeking behavior of the individual. Ideally harm reduction offers a comprehensive package that not only prevents HIV, hepatitis and TB infections, but also prevents people dying of overdoses, and tackles a number of social problems like exclusion, stigma and police harassment.



Source: drugreporter

Core interventions for HIV prevention, treatment and care among people who inject drugs include:

1. Needle and syringe programmes (NSPs) (priority intervention);
2. Opioid substitution therapy (OST) and other drug dependence treatment (priority intervention);
3. HIV testing and counseling;
4. Antiretroviral therapy (ART);
5. Prevention and treatment of sexually transmitted infections (STIs);
6. Condom programmes for injecting drug users and their sexual partners;

7. Targeted information, education and communication for injecting drug users and their sexual partners;
8. Vaccination, diagnosis and treatment of viral hepatitis;
9. Prevention, diagnosis and treatment of tuberculosis.⁶

In this situation harm reduction is backed up by a governments' drug law that views drug use as a public health issue, enabling police officers to refer drug users to services instead of locking them up without treatment.

Solution?

After the last International Aids Conference in Melbourne of this year, the new 90-90-90 strategy was embraced⁷. It shows a path out of the HIV epidemic, based on the number of people that get tested: if 90% of HIV-infected people know their status, and 90% of them will receive regular and consistent treatment with ARV's, then among those people 90% will achieve sufficiently suppressed levels of the virus in their bodies and they will be unlikely to transmit it to others.

Of the 35 million people living with HIV world wide right now, approximately 19 million don't know their status. A big number of them live in Sub-Saharan Africa and belong to the key populations.

RECOMMENDATION

It is therefore that we ask our national government to commit to the comprehensive package of harm reduction, and to fund all interventions as mentioned in this brief. Because if all key populations get the freedom to live free from stigma and prosecution and get the chance to develop health seeking behavior, this way out becomes possible and the end of our HIV epidemic might be near.

References

1. Harm reduction International (IRH), The International Drug Policy Consortium (IDPC) and The International HIV/AIDS Alliance. (2014) *The funding crisis for harm reduction; donor retreat, government neglect and the way forward*, page 11. London, International Harm Reduction Association (IHRA).
2. World Health Organization (WHO) (July 2014). *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations*. Geneva, WHO.
3. UNAIDS (2014). *The GAP report*. Geneva, UNAIDS.
4. West Africa Commission on Drugs (WACD) (June 2014). *Not Just in Transit. Drugs, the State and Society in West Africa*. http://www.wacommissionondrugs.org/WACD_report_June_2014_english.pdf
5. UNAIDS speech Michel Sidibé (2014). *The last climb: ending Aids, leaving no one behind*. Melbourne, UNAIDS.
6. World Health Organization, Joint United Nations Programme on HIV/AIDS (UNAIDS) and United Nations Office on Drugs and Crime (UNODC) (2012). *WHO, UNAIDS & UNODC technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. 2012 revision*. Geneva: World Health Organization
7. AIDS 2014, 20th International AIDS Conference (2014). *Melbourne Declaration: nobody left behind*. www.aids2014.org/declaration.aspx. Melbourne, International AIDS Conference.
8. National Aids Control Program (NACP), (2014). *National Guideline for Comprehensive Package of HIV Interventions for Key Populations*, Dar Es Salaam, NACP.
9. University of California, San Francisco (UCSF), Centers for Disease Control and prevention (CDC) and The United States President's Emergency plan for Aids Relief (PEPFAR) (2014). *Drug Mapping Report Tanzania*. Dar Es Salaam, UCSF & CDCPEPFAR.

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