

# Access to HIV care and harm reduction for people who inject drugs in Kenya

## Findings from qualitative research on community actions in harm reduction

We report findings from research in Kenya led by the Kenyan AIDS NGOs Consortium (KANCO) and the Centre for Research on Drugs and Health Behaviour at the London School of Hygiene and Tropical Medicine (LSHTM). This research was supported by the International HIV/AIDS Alliance's Community Action on Harm Reduction programme, and aimed to understand the access that people who inject drugs in Kenya have to HIV care and HIV prevention services. We interviewed over 100 people who inject drugs, alongside community and policy stakeholders, and observed community settings, for more than a year to develop a detailed understanding of access to HIV care and new harm reduction interventions.

### The situation for people who inject drugs

**HIV is a major public health and human rights challenge** There is a highly concentrated HIV epidemic amongst people who inject drugs in Kenya, with a HIV prevalence estimated at 18% (44% for women who inject drugs).<sup>5</sup>

**People who inject drugs face many health and social challenges** TB, hepatitis B and C, abscesses and damaged veins are all pressing health priorities. Many people who inject drugs also live in severe poverty, with a lack of work, housing and social support creating daily hardship. This is in a context where many in Kenya also live in extreme poverty and hardship.

#### Harm reduction services are being introduced

Community-based outreach organisations have sought to improve HIV care access through supporting voluntary counselling and testing (VCT) services, addiction counselling, assisted referrals to HIV treatment and the introduction of programmes to provide clean needles and syringes.



A needle and syringe belonging to an injecting drug user wrapped in a shoelace tourniquet.

## Summary of key findings

**Scale-up services:** HIV care and harm reduction services, including needle and syringe programmes, are supporting people who inject drugs in Kenya. People are reporting sharing needles and syringes less and accessing HIV care. There are however gaps and limited access for some, and so these services need to be rapidly **scaled up**<sup>1</sup> as well as **strengthened** in their approaches.

**Community outreach needs support:** Community-based outreach services are central to linking people who inject drugs to HIV care;<sup>2</sup> these services need **increased financial and political support**.

### People who inject drugs need comprehensive social support:

People who inject drugs need a range of forms of support in relation to their health and social welfare. In addition to biomedical and behaviour change interventions, such as access to health services, this needs to include **social and structural interventions**,<sup>3</sup> such as programmes to assist with access to work, housing and food.

**Care needs to be community-based:** A key issue is **access**. Even if HIV care is available at clinics and facilities there can be a range of **barriers** to people who inject drugs accessing HIV and social care and drug treatment. These barriers can operate at the level of health systems but also include structural factors which mitigate against help seeking, such as poverty and lack of economic resources, social stigma, and lack of transport. Better referral and social support networks can be enabled through community-based models of care which integrate HIV with other health and social services.

### Improving access to effective drug treatment is essential:

Low threshold access to effective drug treatment is a critical determinant in HIV prevention and to managing community problems of drug dependency. There is high demand for treatment for drug addiction, but treatment options are primarily limited to **rehabilitation**, although **opioid substitution therapy (OST)**<sup>4</sup> is about to start in Kenya. Most drug treatment services are private and **too expensive**, and are also linked to high levels of relapse. Developing unrestricted or low threshold access to OST will be critical.

### Violence and harassment of people who inject drugs needs to be stopped:

'Mob justice' and **harassment** from the police and officials are a threat to the health and wellbeing of people who inject drugs, and indirectly affect the capacity of people who inject drugs to seek help, including through reproducing social stigma.

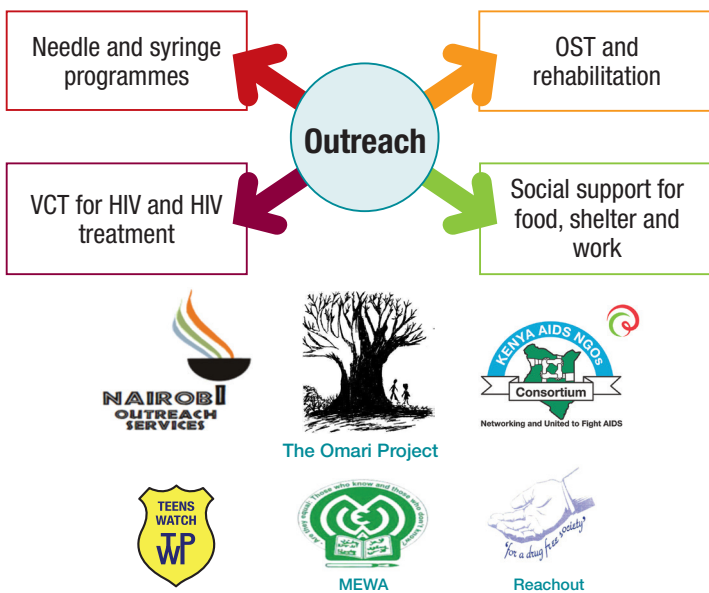
## Harm reduction and HIV care in Kenya

Harm reduction is globally evidenced to support the health and well being of people who inject drugs. Harm reduction is an approach that aims to support people who use drugs to reduce the health, social and economic consequences of drug use; this approach recognises that people may not be able to stop their drug use. This principle is behind the introduction of needle and syringe programmes, OST and increased access to HIV care for people who inject drugs.

Community-based outreach is widely recognised as essential to reaching people who are vulnerable, marginalised and stigmatised; outreach involves delivering services to vulnerable people where they are located. Outreach projects like Muslim Education and Welfare Association (MEWA), Nairobi Outreach Services Trust (NOSET), The Omari Project, Reachout Trust and Teenswatch, with support from KANCO, are leading this community focus to delivering services.

Community outreach projects are a vital link for a range of services for people who use drugs; this includes providing links to counselling, voluntary HIV testing and counselling, antiretroviral treatment for HIV, needles and syringes and drug treatment. Outreach projects are often the only link to health and social care for people who inject drugs. Outreach workers go out in to the community to meet people who inject drugs and support them in accessing care.

### The central role of outreach projects



## Research on harm reduction in Kenya

This research sought to understand the introduction of HIV care and harm reduction services and any related challenges to support their continued scale-up and future success. The study used a qualitative longitudinal design, with data collection at 3 points over 12 months (starting in December 2012) in three sites (Nairobi, Malindi and Ukunda). We interviewed 109 people who use drugs, along with selected stakeholders, and then followed up with 31 people who use drugs in two further waves of data collection. Almost all people we interviewed were current drug injectors, of which 34 were women. We triangulated the interview data with observation data from accompanying outreach workers in the field. Data was collected by both native Kiswahili and English speakers from KANCO, LSHTM, Nairobi Outreach Services Trust, The Omari Project and Teenswatch. Interviews were done in outreach drop in centres, people's homes, or near drug using sites. The findings reported here reflect key themes across our data.

## Research findings and recommendations

### Needle and syringe programmes

Since the introduction of needle and syringe programmes they have been readily taken up by people who inject drugs and accepted by the surrounding community. The introduction of these programmes is reported by people who inject drugs as leading to a rapid and widespread reduction in the sharing of used needles and syringes; global evidence shows that this could have a major impact on HIV prevention<sup>1</sup> if scaled-up sufficiently throughout community networks of people who inject drugs.

“There was a time in the past when there was a problem, when we did not have a sponsor [provider] for the syringe, we could share like two people ... but now when we got the sponsorship for the injection each one of us got his or her own and now the injections one can take care of themselves. We stopped sharing.” **Ismail\***

Needle and syringe programmes are relatively new in Kenya, and are yet to operate at optimum coverage. Sharing continues when supplies are limited, during weekends when official programmes close, and when they don't reach the most marginalised, who are not in regular contact with outreach. A specific challenge is how needle and syringe sharing continues amongst people who are living with HIV who are injecting drugs, reflecting their limited hope for the future in

## The voices of people who inject drugs

### Donald\*

Donald is homeless, and faces a number of challenges linked to this; violence from officials, shortage of food, and ill health linked to a lack of shelter. Despite these challenges he is able to adhere to his HIV treatment with the support of the outreach projects and the flexibility of the clinics.

**HIV care can be a success for people who inject drugs despite the harshest of conditions**

### Donna\*

Donna is living with HIV, and has a partner, but doesn't feel able to tell him that she is HIV positive or that she injects drugs. She is also scared to access treatment, despite her deteriorating health. She earns money through sex work, leaving her vulnerable to rape and violence.

**The stigma of HIV and injecting drugs is a major challenge and women are especially vulnerable**

### Stephen\*

Stephen worries for his health, and tests regularly for HIV. He faces other challenges though; serious abscesses after injecting make him very ill. A shortage of money, food, and violence from the community are other challenges he and others face.

**HIV is just one amongst many challenges people who inject drugs face**

terms of staying alive and maintaining their health and the challenges they face in accessing HIV care. Informally, people who inject drugs are proactively distributing needles and syringes to peers, and also supporting their disposal, providing a basis for peer-based models of distribution.

## Recommendations

1. Resources and commitment from government and donors are needed to rapidly scale-up needle and syringe programmes to ensure a constant supply and access for people who inject drugs.
2. Targeted counselling and support on using clean needles and syringes is needed for people living with HIV who inject drugs; this should also be a key entry point to a comprehensive package of support for access to HIV care.
3. Peer distribution of needles and syringes should be explored to increase access, especially for the most marginalised people who inject drugs (women and young people), and to ensure a constant supply through the week.

## Drug treatment

Many people who inject drugs want to access drug treatment services. There are however few options for drug treatment. The few rehabilitation centres available are private, and expensive, and thus unaffordable to most. People therefore invest their hopes on others' sponsoring the costs of their treatment.



"I'm suffering, I don't know what to do. I'm trying to look for a sponsor so that I can go [to the local rehabilitation centre]. I don't have a family here. I'm just alone." **Martha\***

People who inject drugs also associate the current rehabilitation services with high rates of relapse. This poverty of drug treatment opportunity leads to lowered expectations for the hope of addiction recovery, which leads to an emphasis on self-treatment such as managing lower drug use and home detoxification. In addition, the lack of opportunity for work, following rehabilitation, disrupts the recovery process. Many people who inject drugs hope that the delivery of methadone as part of OST approaches will make a difference.

## Recommendations

1. The introduction of free OST holds promise for the development of easier to access drug treatment for people who inject drugs. It will be important that such programmes develop a low threshold approach and work in combination with syringe exchange and antiretroviral treatment interventions to maximise their HIV prevention effects.
2. There is a need to facilitate easy and affordable access to a range of drug treatment options including OST, social support as well as rehabilitation and detoxification. There is a specific need to also support people who inject drugs' self treatment efforts through greater peer and social support.

\*names used are not those of participants; names have been changed to protect participant confidentiality.

3. There is a need to develop social and structural interventions that can help support individual efforts to modify drug use as well as addiction recovery, including interventions facilitating access to work and food.

## HIV care access

We found that comprehensive HIV treatment and care can be accessed by people who inject drugs, but there are significant challenges for many, based on the severe hardship faced by most people who inject drugs. Many people access voluntary counselling and HIV testing, but then are being lost to regular and ongoing HIV care and treatment. Clinic-based HIV treatment leads to costs for travelling to care, beyond the affordability of most people who inject drugs. People's marginalisation means they also lack basic needs such as food, as well as social support:



"They come with problems from home, they will tell me that I need to eat, I need to do this and this, but then I can only help them with drugs." **Clinical officer**

The limited opening hours and reported abuse from providers at clinics are also challenges, although many people who inject drugs also reported providers as supportive and caring. HIV is also profoundly stigmatised for people who inject drugs, being associated with death and deepening addiction, leading many to fear disclosing status to peers, providers and outreach workers; this fear of further isolation and rejection from an already marginalised position limits the potential for seeking help and accessing care.

## Recommendations

1. Ensure counselling for VCT is comprehensive and that VCT is fully linked to ongoing care through assisted referrals and case management approaches to managing care.
2. Outreach organisations need to have a central role in supporting people who inject drugs to overcome the barriers to facility-based care, through developing more community delivery of HIV care including ART, linked with peer-based approaches to supporting care access, as well as support to travel costs and action to minimise waiting times in clinics.
3. Ensure adequate support – financial, managerial and training – is given to healthcare workers and outreach workers in their work with people who inject drugs, including ongoing training and support in harm reduction, drug use and HIV care for people who inject drugs.

## Violence, mob justice and harassment

People who inject drugs report being the regular victims of violence and harassment. This violence is often in the form of 'mob justice' from community members in response to real or perceived crimes. The police are sometimes able to protect people who inject drugs, or to provide more accountable forms of justice, but are also reportedly linked to violence and harassment of people who inject drugs. The pervasive sense of risk fostered by the threat of mob justice and other forms

of day-to-day violence serves to reinforce a sense of social stigma as well as impacts indirectly on people's capacity to seek help.

“[I] was beaten up by mob justice, and they put a tyre around me and poured paraffin on me, they were looking for petrol but there was no petrol station nearby so they poured paraffin on me. They looked for a lighter or matchbox to light me but luckily there were policemen who were coming ... so when they saw me they rescued me and took me to the police station.” **Peter\***

## Recommendations

1. There is a continued need for sensitising local communities to the needs and experiences of people who inject drugs, with such interventions working closely with community and religious leaders.
2. Advocacy and training targeting the police is needed, along with accountability mechanisms to prevent abuse of power as well as better monitor the prevalence of extra judicial practices.
3. People who inject drugs need to be supported through sensitisation on their rights and in strategies of dealing with the community and police.

## Comprehensive support to address social and structural barriers

HIV is just one of many health and social challenges and people who inject drugs experience this acutely. The combination of day-to-day violence, drug-related health harms such as abscesses and bacterial infections, under nutrition, efforts to generate income, and the exhaustion that can accompany addiction and efforts to navigate it, can all reduce the capacity of people who inject drugs to preserve their health as well as their potential to successfully engage in HIV prevention, treatment and care.

“For now, my health is very poor according to VCT test results, it shows that I'm HIV positive ... (the) factors affecting my health is lack of good food, eating well and a good sleeping place, also as it is I lead a bad life, because I don't even have a job, I don't even have a house, I sleep outside.” **Hamisi\***

### The Access2Care team

The study was implemented by the Kenyan AIDS NGOs Consortium (KANCO) and the London School of Hygiene and Tropical Medicine (LSHTM) in partnership with Nairobi Outreach Services Trust (NOSET), Teenswatch and The Omari Project. The Kenyan National AIDS and STIs Control Programme (NAS COP) and the National AIDS Control Council (NACC) were key partners directing strategy and implementation of the study. The study was funded by Alliance Ukraine and the International HIV/AIDS Alliance through the Community Action for Harm Reduction programme.

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Access to food and work opportunities are key 'enabling' interventions which can support care access and help navigate some of the hardships linked to addiction. The combination of harm reduction interventions for people who inject drugs should not only include access to clean injecting equipment and health services, but also social and structural interventions.

## Recommendations

1. Outreach projects are uniquely placed to help integrate HIV, health and social support services for people who inject drugs, but themselves need greater structural, financial and political support in future health and HIV intervention programming.
2. National and regional HIV strategies should shift towards an 'enabling environment' approach wherein social and structural interventions are critical components of the recommended combination interventions in HIV prevention.
3. A specific need is to develop interventions to enable access to work or income generation projects, food security, social inclusion at the level of local community, and the reduction of social stigma linked to addiction.
4. A further specific need is to maximise low threshold health service access for women who inject drugs.

### Key citations

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