

Kenya: BRINGING HARM REDUCTION TO PRISON

Muslim Education and Welfare Association (MEWA) facilitated a Harm Reduction Workshop for Prison Officers in Mombasa, Kenya. The training was in response to the urgent need for harm reduction services within the prisons, where many people who use drugs (PUDs) are held and don't receive medical treatment.

The workshop's aim was to increase access to HIV/TB/Hepatitis prevention and treatment services (such as methadone) in the prisons, encourage human and health rights of PUDs and create a dialogue between law enforcement agencies, Community Service Organisations (CSOs) and PUDs. The facilitators were a dynamic group with representation from the judiciary system, a high court prosecutor, an internal security consultant, CSOs and advocates/programme officers from MEWA.

A Police Chief Inspector took the participants through the conflicting messages in the Public Health Act which provides support and services to PUDs, and the Kenya Statutes which focus on punishing PUDs. The biggest task facing law enforcers is an attitude change and shifting from punitive to alternative sentencing. Community policing should become proactive rather than reactive, where law enforcement agents use a flexible, collaborative approach when enforcing laws. The importance of implementing MAT programmes in prison was also widely discussed – along with the concerns from prison officers that they are being exposed to infections due to a lack of TB segregation units.

The High Court Prosecutor presented the benefits (to both individual and the community) of referring for services rather than prosecuting. Section 29 Prisons Act, Cap 90 states that there shall be a medical officer responsible for every prison (this is not currently the case in all prisons in Kenya). This supports the approach of referring drug related offences for treatment rather than punishing them. There is a section of the law which requires a medical officer to attend to and refer the PWUDs to treatment prior to realignment to courts. The Constitution supports health care services and the question was posed: why are penal institutions failing to provide counselling or even housing PWUDs in specialised units, for effective rehabilitation services? Lastly, there was discussion of the Narcotic Drugs and Psychotropic Substances (Control) Act which clearly gives authority to qualified medical practitioners to dispense methadone. This information came as a surprise to many who realised that the prison medical officers could also prescribe and dispense methadone within the prison.

The group then visited a methadone clinic where they had the opportunity to meet beneficiaries. This was an eye opener for the prison staff who found the methadone programme to be an acceptable alternative to sentencing which could play a pivotal role in improving rehabilitation services for PWUDs with criminal records.

As a result of this tour, it emerged that the Kenya Prison Services were willing to embrace change and collaboration as part of the public service reforms being carried out in the country, and ended up calling for the introduction of treatment facilities and the MAT programme in prison.

At the end of the workshop, the participants had a better understanding of PUD's and the importance of using harm reduction tools. They also discussed redesigning rehabilitation programmes and establishing treatment facilities/MAT programmes within the prisons.

The participants put together a work plan which will form the basis of building harm reduction programmes in penal institutions:

Harm reduction: Harm reduction programmes were widely recommended in the form of staff and inmate training. An emphasis was placed on Train of Trainers to roll out the harm reduction programme to the other 17 penal institutions in the coastal region.

Networking with CSOs: Collaboration with CSOs is greatly needed to prepare exit plans, provide referrals to specialised treatment services and support reintegration and/or employment of PUDs in prison.

Income Generating Programmes: PUDs serving in penal institutions need to be linked to CSOs for support in providing basic skills to offer better employment opportunities. Through collaboration with CSOs and other partners.

Reporting, Monitoring and Evaluation: Information gathering and documentation need to be included when working with PUDs because it is used to identify areas that need intervention. It was agreed that sharing data with the CSOs and other relevant organisations should be introduced.