

Access2Care policy brief

Is the promise of methadone Kenya's solution to managing HIV and addiction? A mixed-method mathematical modelling and qualitative study

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

For the full findings of research go to: Rhodes T, Guise A, Vickerman P, Ndimbii J, Ngugi E, Cleland C, Platt L, Kurth A & Strathdee S (2015) 'The promise of methadone: Kenya's solution to managing HIV and addiction?' *BMJ Open*. 5:e007198. <http://dx.doi.org/10.1136/bmjopen-2014-007198>

Background

Kenya is experiencing an HIV epidemic among people who inject drugs, with HIV prevalence recently estimated at 18.3%, and 44% for women.

Methadone, a globally evidenced intervention, is being introduced as part of developing comprehensive HIV prevention and treatment. Methadone acts as a substitute for opiates like heroin (so is called opioid substitution therapy or OST). Methadone works to reduce HIV-related risk from injecting drug use and support engagement in HIV treatment.

There is little experience of methadone in contexts like Kenya. We used modelling and qualitative interviews to assess the potential impact of methadone as a HIV prevention intervention in Kenya. These findings are essential to shape future strategy.

Findings

Planned coverage of methadone leads to slight reductions in HIV prevalence

The modelled impact of OST shows relatively slight reductions in HIV incidence (5–10%) and prevalence (2–4%) over five years at coverage levels (around 10%) anticipated in the planned roll-out of OST. (see Figure 1.)

Higher impact needs higher coverage

There is a higher impact with increased coverage, with 40% OST coverage producing a 20% reduction in HIV incidence, even when accounting for relatively high sexual transmissions.

People who inject drugs talk about methadone as an aid to addiction recovery

Qualitative findings show how methadone is linked to hopes for recovery from addiction, rather than to support HIV prevention and treatment. This reflects an overall shortage of opportunities for drug treatment.

Policy implications

■ Methadone could be an important part of HIV prevention strategy if implemented with high coverage

OST on its own is however insufficient for a comprehensive response; high coverage of needle and syringe programmes and HIV treatment are also needed.

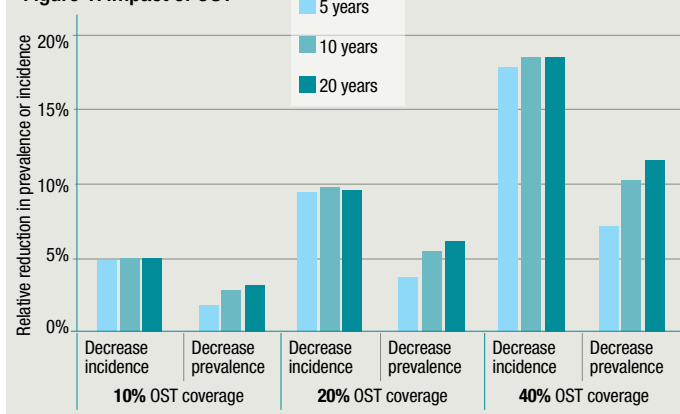
■ Hopes that OST may support addiction recovery may not be met, creating risk for disenchantment and so disengagement for target communities

Caution is therefore needed when communicating the potential for evidence-based interventions such as methadone.

■ Implementation research needs to explore the impacts of interventions and their social contexts

Evidence based interventions will have different effects in different contexts, depending on how they are taken on and adapted. This needs to be a focus for research.

Figure 1: Impact of OST



For more information on this research please contact info@kanco.org

The study was implemented with Nairobi Outreach Services Trust (NOSET), The Omari Project and Teenswatch. The Kenyan National AIDS and STIs Control Programme (NASOP) and the National AIDS Control Council (NACC) were key partners directing strategy and implementation of the study. The International HIV/AIDS Alliance supported the research as a part of the Community Action on Harm Reduction Programme (www.cahrproject.org) funded by the Dutch government, with the London International Development Centre also providing support.