YOUTHRISE NIGERIA

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Policy Brief

Addressing Barriers to Effective HIV Prevention and Service Delivery Among People Who Inject Drugs in Nigeria

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PITCH Partnership to Inspire, Transform and Connect the HIV response

HEARTLAND ALLIANCE
ENDING POVERTY

BACKGROUND

The use of drugs is not new to Nigeria, but in recent years, the country has moved from being a transit nation[1] to a producing nation ranking as one of the largest producers of cannabis in Africa[2] and with the highest rates of drug trafficking and drug use in West Africa[3] . In spite of this, data on the estimated number of illicit drug use in Nigeria is limited. The available data is fragmented, with one having to rely upon individual or institution research studies which tend to focus on certain drugs, population or region.

According to National Agency For Food and Drug Administration and Control (NAFDAC)[4], the most commonly abused drugs in Nigeria are stimulants, hallucinogens, narcotics, sedatives and tranquilizers. In National Epidemiological Network on Drug Use (NENDU) analysis of drug treatment information in Nigeria, cannabis was declared the most frequently used (36.2%) followed by opiates (28.3%) and alcohol (17.1%). The most common opiates were tramadol -71%, codeine - 15.1%, pentazocine - 9.9% and heroin and morphine representing 3.3% of the opiates declared[5] .With the increase in use of injecting drugs in the country, there is a heightened risk of HIV and other blood born viruses though the sharing of needles and syringes, low risk perception and non-availability of sterile equipment at the time of use[6] . Injecting drugs with a contaminated needle directly into vein is actually a much more efficient way of transmitting HIV than through unprotected sexual intercourse. According to the 2014 Integrated Bio-behavioral Surveillance Survey (IBBSS), the HIV prevalence among people who inject drugs is 3.4%[7]. The HIV prevalence however varies from state to state with Kano state as high as 7% and Cross River and FCT, just over 5%. Although concerns have been raised at the community level that the national data is not a true reflection of the HIV situation among people who inject drugs which is considered to be higher. Female injecting drug users also have a higher prevalence rate than their male counterparts - seven times higher[8] . This is consistent with data globally which states that women who inject drugs face a broad range of gender-related health risks and are less likely to access healthcare services[9] .

Pentazocine %	Heroin %	Ketamine %	Tramadol Injection %	Crack %
27	10	34	4	25

Box 1: Sample data collected from 62 PWID living with HIV and enrolled into ART in 2017 in the FCT showing types of drugs frequently injected and corresponding percentage for each type.

Despite the overwhelming evidence, there is a lack of adequate health services for drug users with policy and actions still punitive than being public health oriented. The WHO, UNAIDS and UNODC recommend a comprehensive package for the prevention, treatment and care of HIV among PWIDs[10]. All nine interventions with the exception of NSP and OST are currently being provided to some degree to people who inject drugs in Nigeria under various HIV programs. This is despite evidence to show that NSP and OST are highly effective in reducing injecting behaviors that put injectors at risk for HIV, improve access and adherence to ART and reduce mortality'[11] . However, the National Agency For The Control of AIDS (NACA) in their 2016 national treatment guidelines for HIV mention OST and NSP as innovative interventions that should be considered as prevention interventions[12].

Box 2:

Text box: A Comprehensive Package of interventions for the prevention, treatment and care of HIV among people who inject drugs has been endorsed widely, by WHO, UNAIDS, UNODC, the Global Fund and PEPFAR. The Comprehensive Package includes[9]:

1. **Needle and syringe programmes (NSPs)**
2. **Opioid substitution therapy (OST) and other evidence-based drug dependence treatment**
3. **HIV testing and counselling (HTC)**
4. **Antiretroviral therapy (ART)**
5. **Prevention and treatment of sexually transmitted infections (STIs)**
6. **Condom programmes for people who inject drugs and their sexual partners**
7. **Targeted information, education and communication (IEC) for people who inject drugs and their sexual partners**
8. **Prevention, vaccination, diagnosis and treatment for viral hepatitis**
9. **Prevention, diagnosis and treatment of tuberculosis (TB).**

Source: World Health Organisation (2014): WHO, UNODC, UNAIDS Technical guide for countries to set targets for universal access to Hiv prevention, treatment and care for injecting drug users.http://apps.who.int/iris/bitstream/10665/77969/1/9789241504379_eng.pdf

This policy brief was primarily informed by discussions generated during a community stakeholders meeting held on the 9th of November, 2017 in Abuja that focused on barriers to effective HIV prevention and service delivery among Persons who injects drugs in Nigeria. Participants at the meeting include people who inject drugs, representatives of high risk men, female sex workers, community influencers and gate keepers. Additional information were drawn from program data generated at the one stop shop for PWID and partners being implemented by YouthRISE Nigeria with support from Heartland Alliance.

ISSUES RAISED

HIV TESTING SERVICES

HIV testing is an essential component towards achieving the first ninety of the 90-90-90 target as set out by UNAIDS of having at least 90% of the entire population know their HIV status[13] . It provides an entry point to HIV prevention, treatment and care services[14]. Participants at the consultation meeting rate HIV testing among PWID to be average. This was based on the knowledge that many of their peers are yet to know their status. Reasons advanced for this, besides the fact that Injecting drug users are a hidden population, include low risk perception, high HIV related stigma among drug using community and concerns about confidentiality of HIV test result. Hence, settings for HIV testing during outreach need to guarantee that individual information will be confidential and kept from 'prying' eyes. It was also mentioned that the use of peer-driven HIV testing encourages PWID to willingly uptake services.

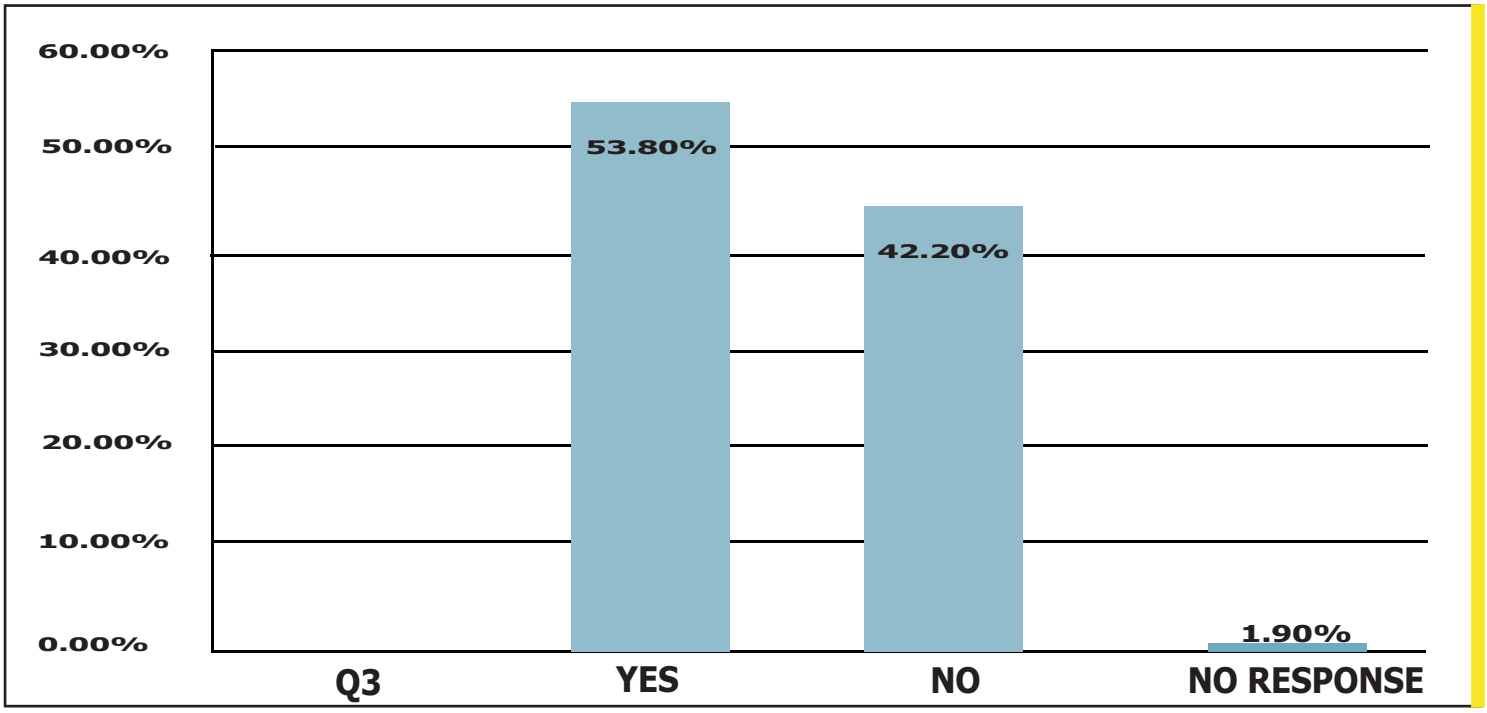
NEEDLE AND SYRINGE

Sharing and constant reuse of needles and syringes are reported to be very high. Mentioned were a number of reasons which can be categorized as structural and behavioral. Structural factors such as not carrying sterile needles/syringes due to fear of harassment by police; lack of sterile needles/syringes in drug dealers' spots or at the point of use; limited access to pharmacy-sold needles/syringes (although needles/syringes are sold at pharmacy shops, sellers often ask questions with frequent purchases which PWIDs find undesirable); non-inclusion of needle and syringe programs (NSPs) in the HIV program. Behavioral issues border on low risk perception, sharing of needles as a sign of trust or brotherhood. Refusing to share needles with those you used may raise a suspicion that you are no longer "clean" and having infections. There are also those who sharing syringes without needles believing such is of no risk.

A new practice was reported which is the sale of pre-loaded injection which makes distribution by the dealers easy and the user not to worry about drug preparation. However, the risk here is that the drug user doesn't really know the

content of what is being used other than what the dealer say it is. Secondly, more than one person often contribute money to buy the drug in a pre-filled syringe and this ultimately mean they are going to share a single injection. The discussion on needle and syringe also highlighted gender issues where the female users are at a greater risk. According to a participant "the female user oftentimes is the last to use a needle, they must obey the command of the man". In addition, because they are not economically empowered "they beg to share".

Box 3:



Response from PWID living with HIV on if they have shared Syringe with another person after knowing their Status

ANTIRETROVIRAL SERVICES

Concerns have been raised about low enrollment rate of PWID into ART services. During the discussion, participants raised some reasons such as proximity of service center and poor health seeking behavior. There is a perception among the PWID community that some narcotic drugs such as tramadol, codeine and crack boost a person's immunity, suppress the virus and therefore initiating ARV is not considered necessary. There is also preference for specialized centers where services a provided in one place and PWID feels welcomed. In the words of one of the participants "We do not like going to public places where someone will tell you you don't dress well or look at you as an addict".

LAW ENFORCEMENT.

The criminalization of drug users is still a major barrier to service uptake. Concerns were raised on how drug users have been a subject of incessant arrest by law enforcement officers. The arrest, torture and extortion they experience make them suspicious of health workers whom they sometimes consider to be informant for law enforcement agencies. Another concern raised was the regular crack down on locations where drug users live or converge. This they say lead to their displacement and service providers find it difficult to follow up on HIV positive clients, especially when such client does not have a phone contact. The discussion also highlighted a need for community based drug treatment services as there are individuals who are willing to quit drug use but desire a voluntary, non-coercive and right-based environment to do so.

Box 4:

One day I was arrested by a Police. The policeman dipped his hand into his mouth to make it wet and dipped it into my pocket and had a greenish color of cannabis. I was arrested, he handcuffed my hand to the back and knock my joints with planks"

CONCLUSION AND RECOMMENDATIONS

In 2014, the UNAIDS set out an ambitious target of ending the HIV epidemic by year 2020 through having 90% of people know their HIV status, 90% of those HIV positive are placed on treatment and 90% of those on treatment achieve viral suppression. The report however clearly mentioned that punitive laws and discriminatory policies against key populations such as people who use drugs can result in poor health outcomes and constitute a barrier to achieving the 90-90-90 target. Findings from the stakeholders' engagement coupled with available program data suggest that Nigeria HIV response need to address key structural barriers to effective HIV programming for PWID. There is also a need to expand HIV prevention and treatment options for the target group.

In this

- Implementation of opioid substitution therapy and needle and syringe program in Nigeria. Both programs have been proved to be effective in HIV prevention and management.
- Prioritize peer-led HIV testing among PWID. This will increase uptake and provide the necessary entry point for the other "90-90" target.
- There is need to look beyond facility-based HIV treatment services for PWID. Differentiated ART model of care, especially that which is community based should be explored and considered a priority for investment.
- Review of the Nigeria drug law to consider drug use as a public health concern. This will avoid making people who use drug a subject of arrest by law enforcement agents. It will increase service uptake and stability of individuals on treatment.

REFERENCES

1. West Africa Commission on Drugs (WACD) report. Not Just in transit : Drug, State and Society. 2013.
2. National Drug Law Enforcement Agency (NDLEA) Annual Report, 2013.
3. General News (March 20, 2013) "Nigeria tops the list of drug trafficking, use in West Africa" 2012 Report of the International Narcotics Board (INCB). News item written by Issa Sikiti da Silva.
4. General News (March 20, 2013) "Nigeria tops the list of drug trafficking, use in West Africa" 2012 Report of the International Narcotics Board (INCB). News item written by Issa Sikiti da Silva.
5. Nigerian Epidemiological Network on Drug Use (NENDU) 2015.*Drug treatment information system in Nigeria: data analysis of 2015 data*.
6. Gilles,R. et al.(2011)Drug use and HIV in West Africa: a neglected epidemic . Tropical Medicine and International Health. volume 16 no 9 pp 1131–1133 September.
7. Federal Ministry of Health. Integrated Bio-behavioral Surveillance Survey. Abuja, FMoH 2014.
8. Federal Ministry of Health. *Integrated Bio-behavioral Surveillance Survey*. Abuja, FMoH 2014
9. **WHO, UNODC, UNAIDS.** ***Technical Guide*** *for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users.* Geneva, WHO, 2009
10. World Health Organisation (2014): **WHO, UNODC, UNAIDS Technical guide** for countries to set targets for universal access to Hiv prevention, treatment and care for injecting drug users.http://apps.who.int/iris/bitstream/10665/77969/1/9789241504379_eng.pdf
11. Platt, L., Minozzi, S., Reed, J., Vickerman, P., Hagan, H., French, C., … Hickman, M. (2017). Needle syringe programmes and opioid substitution therapy for preventing hepatitis C transmission in people who inject drugs. The Cochrane Database of Systematic Reviews, (9), CD012021. Advance online publication. http://doi.org/10.1002/14651858.CD012021.pub2
12. National agency for the control of AIDS. National treatment guidelines for HIV. Abuja, NACA, 2016.
13. UNAID. 90–90–90 - An ambitious treatment target to help end the AIDS epidemic.2018. http://www.unaids.org/en/resources/documents/2017/90-90-90
14. Venkatesh KK, Becker JE, Kumarasamy N, Nakamura YM, Mayer KH, Losina E, Swaminathan S, Flanigan TP, Walensky RP, Freedberg KA.(2013). Clinical impact and cost-effectiveness of expanded voluntary HIV testing in India . PLoS One.8(5):e64604.

YOUTHRISE
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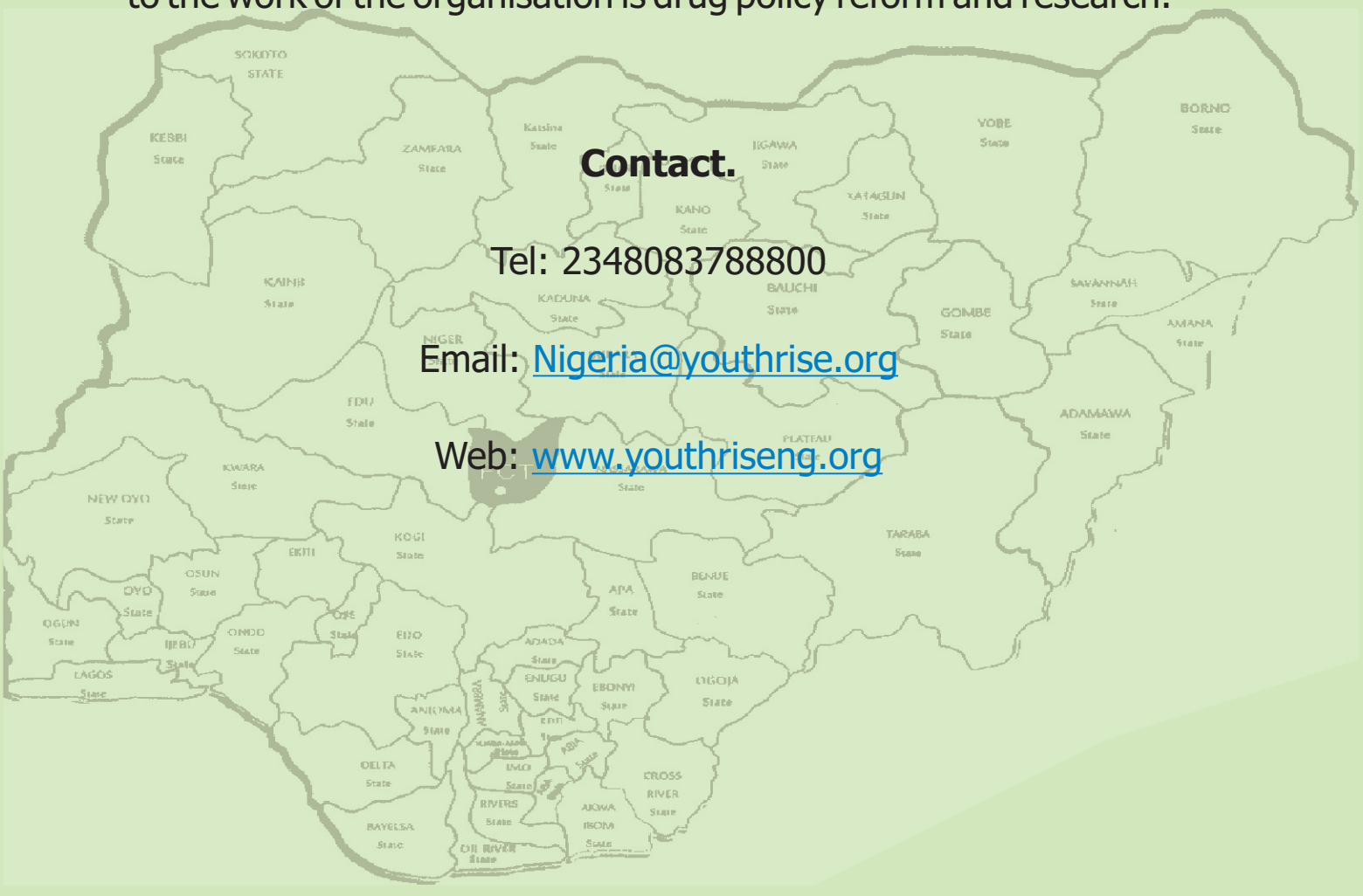
YouthRISE Nigeria is an advocacy and service-based organization established to promote human rights, access to quality health and socioeconomic justice for young people. The organization is a recipient of the UNAIDS Red Ribbon Award,2016. YouthRISE Nigeria work with people who use drugs (both young and old) and empowers them through community engagement for HIV prevention, treatment and care, provision of drug counselling and harm reduction services. Critical to the work of the organisation is drug policy reform and research.



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