



UGANDA HARM REDUCTION NETWORK

"Our Lives begins to End the Day we become Silent About things that Concerns Us"

REPORT ON THE METHADONE CLINIC AND NGO'S FOR DRUG USERS IN TANZANIA.

20/11/2012

The study started right from the Hotel with a briefing on what was going to be done on the course of the day of 15th /Nov/2012 and 16th/Nov/2012. We visited the psychiatric department in Muhimbura Hospital which is a Government hospital.

The psychiatric department was the department for Methadone clinic which was the major point for our visit. The clients who come to the clinic for the methadone are always referred by the outreach workers of Harm reduction organizations. We started from the reception where they said all clients who come at the clinic go to register and give in their details including their finger prints, photos to make for them identity cards.

The time we visited the clinic, the reception records keeper told us that they had five hundred ninety six (596) clients in the clinic. Each time they visit the hospital there are always referred to by organizations social workers and those without referrals are not accepted to be enrolled in methadone clinic why they are doing it the want clear follow up the patients on treatment.

We then headed to the next room which was the assessment room which is also called a Neski. This is where we the nurse by the name of John, he told us that in assessment room that's where they assess the new clients and old clients and nurses examines their urine for Heroin HIV/AIDS and a lot of information are being asked from client on how they have been injecting and reasons why they are injecting drugs and how money do they spend on by drugs.

The nurses also look for the new and older needle marks on their bodies. The process takes less than five (5) minutes to get the results of testing. The nurses also ask the clients if they have chronic diseases, the drugs they have ever used in their life time, calculate the money used by clients to buy the drugs so that they feel guilty not to buy the drugs again, they talk to them about the legal damages faced, family and work issues depending on drugs, discuss on the psychiatric issues etc.



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They also talked about the challenges they face which are the following;

- The biggest challenge is that we deal with only IDUS and people have resorted to injecting because the services are for injectors.
- Sharing needles and blood has been common among the drug users is very high among the injecting drug user in Tanzania and this has increased the rate of HIV/AIDS among them as well Hepatitis.
- The clients some time bring other people's urine to test so that they are tested positive to access services of the clinic and this is every big problem among the drug user.
- Over dosage has not been a problem we have had only one case and we need to overcome

The next room was for the psychiatric social worker where the clients go and they discuss with them about risky factors like mixing drugs. The social worker tells the clients to regularly take their dose of methadone. The social worker always talks about the relatives of the clients because the program does not work on the clients who do not have their relative support. They also said that some NGOs deceive on the clients' details which become a difficult issue.

The psychiatric social worker also sends back clients to their NGOs on grounds of missing the methadone dose and they are counselled and later are enrolled back for treatment.

The room which follows after the social worker is the doctor's room. In this room the doctors receive two types of patients e.g. new clients and Continuous clients. On the new clients the doctors take details on how long they have been on drugs and why. They also do the physical examination, prescribe the medications, they also channel them to the departments of the hospital if the client has some other difficulties.

The continuous patients are asked the relation with the methadone, they check for the clients who miss the methadone more than three times to be sent back to the social worker to be reassessed.

They book visits depending on how the clients react on the methadone. They meet the clients mixing drugs on a regular basis. After the process the clients are sent to the pharmacy.



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Once the client reach's the pharmacy for the first time, he or she gets a card for identifying the prescribe drugs they have taken that day. Each dose given to the client is always signed against by a particular client for easy identification of the doze they are taking to avoid the mixture. The pharmacist also get the prescribed medications of the clients for other disease and brig them in one point in order to help the client spend little time in the hospital.

They keep the pharmacy doors close at all time to avoid the hostile clients from intruding inside to destroy. The methadone in the clinic is always colored green unlike the methadone in Namara hospital which is reddish for the security purposes.

We now went to visit the whole clinic with its annex like the occupation therapy, were the drug users form groups and share their views with others in the group. The recovering clients were so much interesting because some of them were found working in the flower gardens actively which shows they really liked what they were doing and happy. They also have the notice board were the clinic and clients communicate to make everybody be on track. They also have clients who volunteer in painting the buildings of the clinic.

The only challenge which they faced was when they started the project and the Hospital officials were not supporting the program because they feared drug users. We then left and headed to one of the NGO which sends the clients to the clinic.

The organization we met was called YOVARIBE. They said that they reach out clients in their places and also teach the community not to isolate the drug users. The outreach workers have one time been arrested in 2010 by police for reaching out drug users. The most drugs used in the area were heroine (opium brown) just because it is cheap.

The organization mainly focuses on IDU's, sex workers and also work in one municipality. They have six outreach workers. The majority of the clients reached are always male drug users. They also said that the local leaders were supportive in the process of what they are doing in the community. The organization also has a social worker who carries out the assessment of the clients to be sent to the clinic. They had sent fifty (50) clients to the methadone clinic when we visited them. They said that their leaders are met through public dialogue and seminars.



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Their also other organization doing the same work e.g. The Blue Cross in Mikucheni which helps out the fishermen drug users. We left and went to the MDM organization. MDM stands for MEDICINE DU MONDE which is in French. In English it means DOCTORS OF THE WORLD. MDM also have some clients who are sex workers and also drug users and most them are HIV positive. They did a research with the regional government of Dar-es-salaam and found out that the region they work in was dominated by drug and it could be seen physically. They started with thirty (30) drug users in Dar-es-salaam, got eight (8) outreach workers, and hired a full time nurse and a full time legal officer. They did not start with giving syringes to the members. They also invested in police by teaching one hundred and fifty (150) officers about drug users.

The organization considered the drug users from the neighbourhood giving them chance since they know very well all the places. They also work with all the NGO 'S which are in the same category so that everybody is on board. The organization also has seven (7) volunteers who help in the smooth running of the work. They have a bus which goes with the outreach team to distribute condoms, syringes with a package. They also have a psychologist who works on mental health.

The following day of 16/11/2012 at the MDM was for observing how the reception and the community room works when the clients have visited the offices. The tour was good and a lot was obtained from it among learning how to manage the drug users for better results.

WHAT WE LEARNT FROM THE STUDY TOUR AS GROUPE

- We learnt that Participation of drug users are very important in the every stage of organization planning, because when they are involve in project they feel they are part of the project and own the project.
- We also learnt that that information sharing is vital among the organizations which has helped to have one voice when a need arise.
- We learnt it is important to involve community leaders, police in dialogues, seminars, helps the community to understand you activities and support the program.
- We learnt different ways of carrying outreach and the strategies they use disturbing condoms and needles and syringes among the drug users.



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- The Tanzanian government is supportive to the drug user's organizations which is not the case in Uganda.

Inclusion the tour was So educative and we learnt lot from it and we expect one day the government of Uganda we accept harm reduction inter versions in the country

Compiled by Wamala Twaibu

Excutive Director

Uganda Harm Reduction Network