



# PEPFAR

U.S. President's Emergency Plan for AIDS Relief

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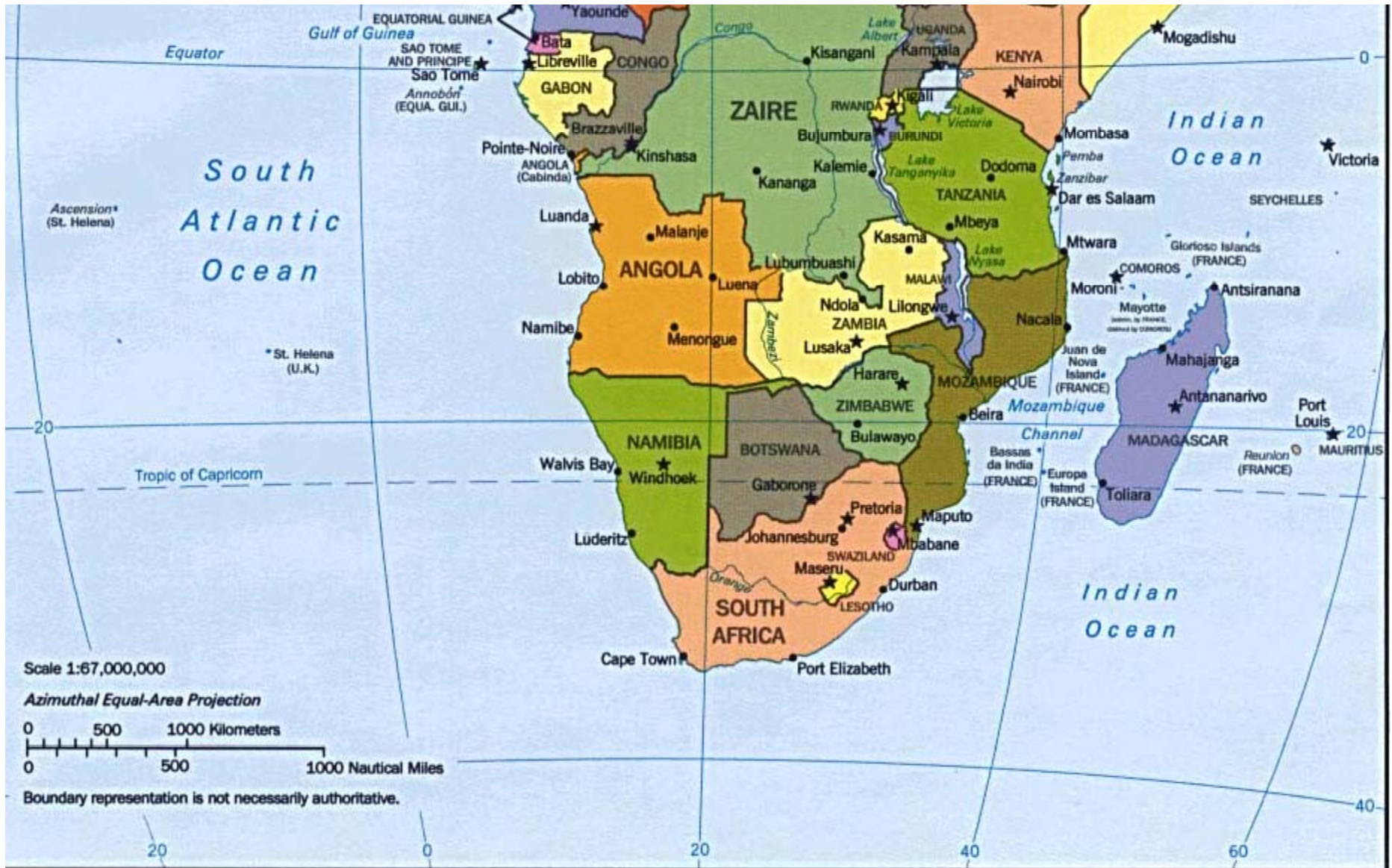
## National Campaign Against Drug Abuse (NACADA) Authority in Kenya

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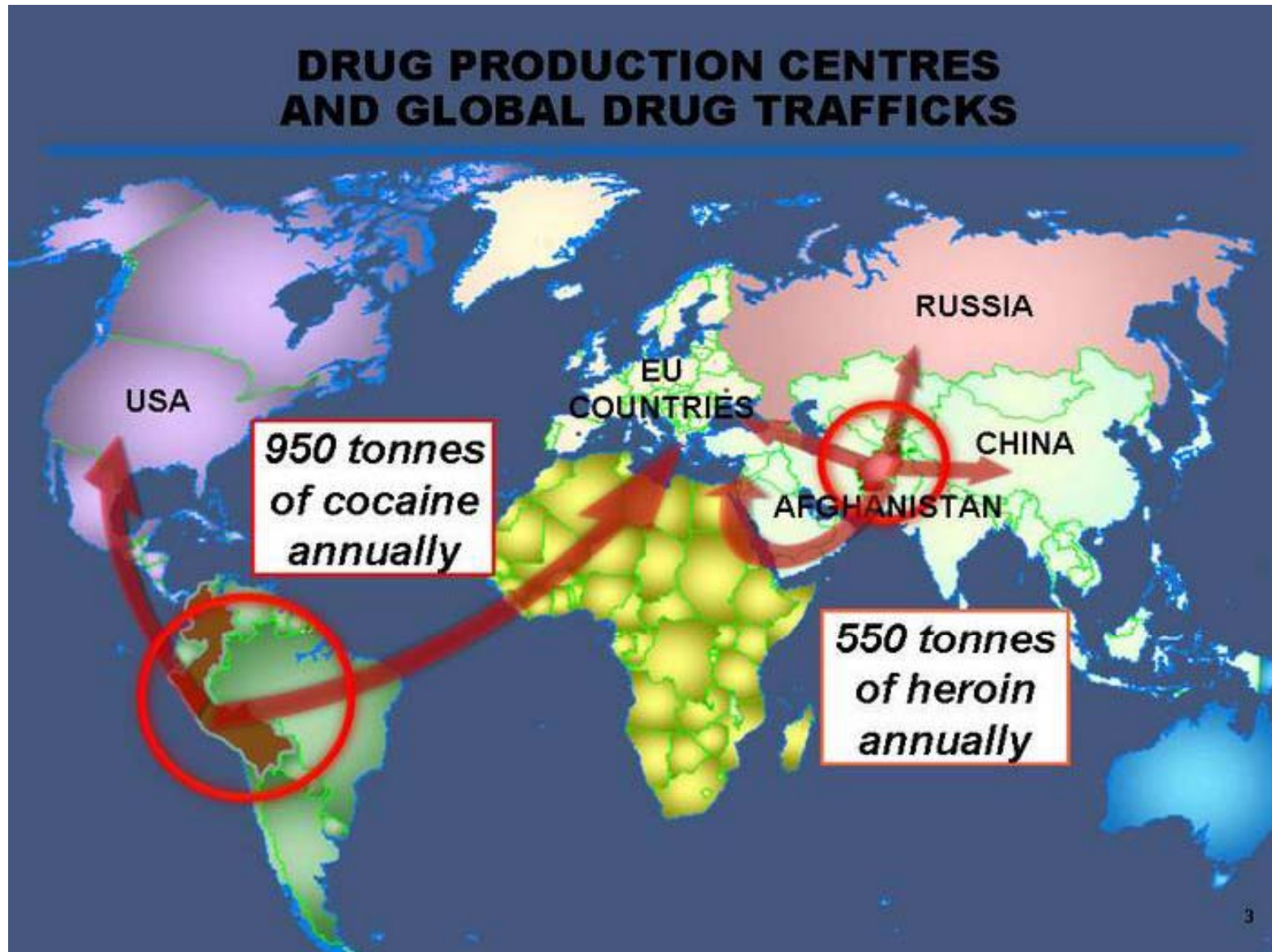
**Center for Substance Abuse Treatment  
Substance Abuse Mental Health Services  
Administration  
U.S. Department of Health & Human Services**



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# Global Drug Trafficking





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## NACADA Authority

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- Federal authority (2006) with mandate is to co-ordinate public education campaigns against drug and substance abuse, collaborate with other stakeholders to curb drug abuse in youth and facilitate the setting up of rehabilitation centers
  - To co-ordinate the implementation of the national action plan on reducing drug abuse
    - To play an effective role in the development, setting up and expansion of drug treatment programs for the rehabilitation of drug dependants
    - Advise on the best practices and licensing of drug treatment programs



## 2009 Household Survey of Drug and Alcohol Use and Abuse in Kenya

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- Quantitative sampling of 4,200 households in 140 cluster areas as well as qualitative interview of key informants
  - Nairobi, Mombasa , coastal islands and providences
  - Focus groups with addicts in rehab, interviews with recovering addicts and treatment programs
- Use of drugs and alcohol
  - 33.6% of all respondents ever consumed alcohol tobacco, glue, tamboo, khat , cannabis (bhang), heroin, cocaine
  - 47.8% of elderly (50 and older) consumed alcohol or drugs
  - 16.9% children (12-17yrs)
  - 61% male
  - 18.9% female
  - 2.6% population used heroin
    - Mainly in Nairobi and Mombasa
    - 3.3% of 18-28 yrs old -5.5% of males and 0.8% females



## Description of Treatment Services

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- There are about **75 treatment centres** in the Country, both private and public. They deal with all drugs, ranging from alcohol, tobacco, khat, bhang, heroin and cocaine.
- HIV is an integral component in drug treatment, hence harm reduction is now an acceptable model of operation



## Geographic Mapping of Injection drug Users

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- National STI/AIDS Control Program and National AIDS Control Council
- June 2012
- 919 IDU spots identified
  - 35% on the coast with 35% of the IDU population
  - 16% in Nairobi with 19% of the IDU population



## Kenya Site Locations for HIV Outreach with Heroin Users

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- Nairobi: Central Transport Route, easy access and trafficking of heroin
  - Estimated population- 3 million
  - Estimated HIV prevalence- 9.9%
  - Estimated heroin addicts -10-15,000
- Mombasa: Major East African commercial port of
- entry, primary access and trafficking of drugs.
  - Estimated population – 1 million
  - Estimated HIV prevalence- 12.8%
  - Estimated heroin addicts-10-15,000





# PEPFAR Kenya Targets

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- Annually reach:
  - 4,000 drug users with outreach
  - 2,000 drug users with HIV testing
  - 750 with care and rehabilitation
  - 200 with antiretroviral treatment for HIV+ drug users
- Work with NACADA to develop drop-in centers for IDU for outreach and HIV testing
- Methadone treatment programs for rehabilitation



# Kenya IDU drop-in centers



# Kenya IDU drop-in center





# Mathari slums



Major East African commercial port of entry, primary access and trafficking of drugs



## Mathari Hospital



**SERVICES PROVIDED**

- MEDICAL EXAMS
- LABORATORY
- ORTHOPAEDIC/ PLASTER
- DENTAL
- DENTAL LABORATORY
- PHYSIOTHERAPY
- MCH/FP/ANC
- DIABETIC CLINIC
- OUTPATIENT
- DRUG REHABILITATION
- EEG
- ECT
- MORTUARY
- VCT

**WELCOME TO  
MATHARI  
HOSPITAL**



# Women's Treatment Center in Mathari





## Evidence- based Documents

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- Ministry of Medical Services
- Standard Operating Procedures for Medically Assisted Therapy for Opioid Drug Users
- National Guidelines for Comprehensive Services for HIV Prevention for Injection Drug Users



## Achievements in opioid treatment

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- 1) Kenya National Guidelines for HIV Prevention and Management of People Who Use Drugs (PWUD)
- 2) Standard Operating Procedure for NSP
- 3) Standard Operating Procedure for MAT
- 4) Draft Policy for HIV Prevention among People Who Inject Drugs
- 5) Draft Policy for HIV Prevention among Most At Risk Populations( MARPS)
- 6) Capacity building of health care workers, law enforcement agencies and civil society organisations.





# Impacts of the Developments

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- Recognition of opioid dependence as an urgent public health priority.
- Decriminalization of opioid dependence
- Acceptance of harm reduction strategies as means of curbing HIV AIDs among people who inject drugs
- Collaborations between governmental and non-governemental organizations in addressing the opioid problem



## Challenges

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- Prevalence of opioids abuse, particularly at the Coast and in capital city, Nairobi.
- High HIV Prevalence among the male IDUs at 17% and even much among the female IDUs at 44.5%
- Limited funding for programs.
- Lack of Monitoring and evaluation of the interventions
- Low uptake of services by PWUDs
- Resistance by certain members of the society, particularly religious leaders who are of the opinion that NSP and MAT is only perpetuating drug use



## Recommendations for the way forward

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- The sharing of best practices with countries that have succeeded.
- The Government's commitment to curb HIV AIDs and drug abuse should be enhanced
- The Vibrant civil societies should be supported
- Institutions of higher learning that can be encouraged to churn out more professionals
- Africa, and Kenya in particular, offers a fertile ground for the expansion of harm reduction strategies. This should be exploited by the American Association of Opioid Dependence



THANK YOU!  
KARIBUNI KENYA!