

# INJECTION DRUG USE AND ITS INTERVENTIONS IN AFRICA: THE FORGOTTEN CONTINENT- Some Examples From Tanzania



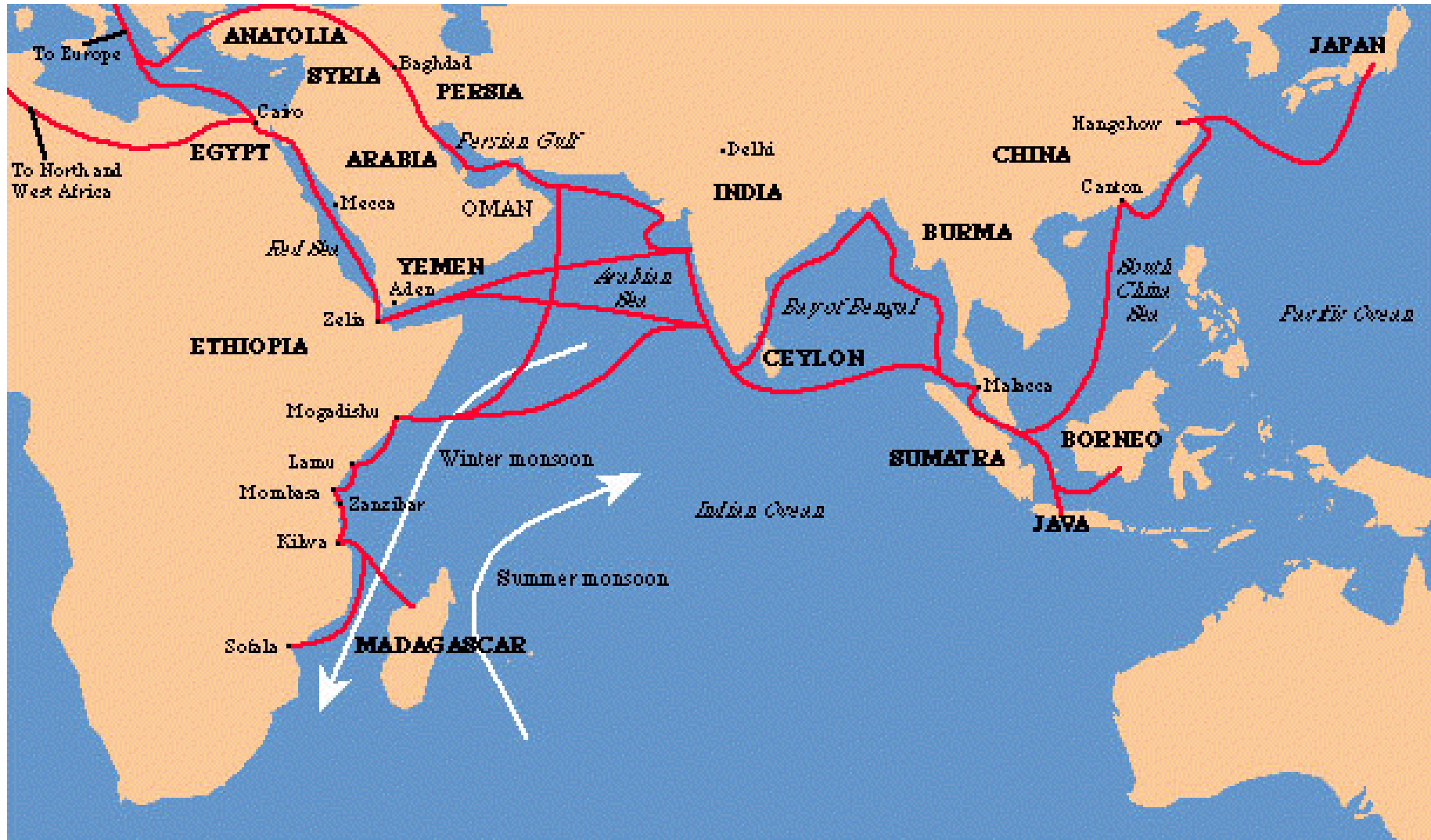
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# DISPOSITION



- ❑ **Trade routes, drug trafficking and HIV subtypes**
- ❑ **Extent of the injection drug use problem in Africa**
- ❑ **Why estimates urgently needed**
- ❑ **Availability of drug treatment services in Africa**
- ❑ **Availability of harm reduction interventions in Africa**
- ❑ **What can be done NOW?**

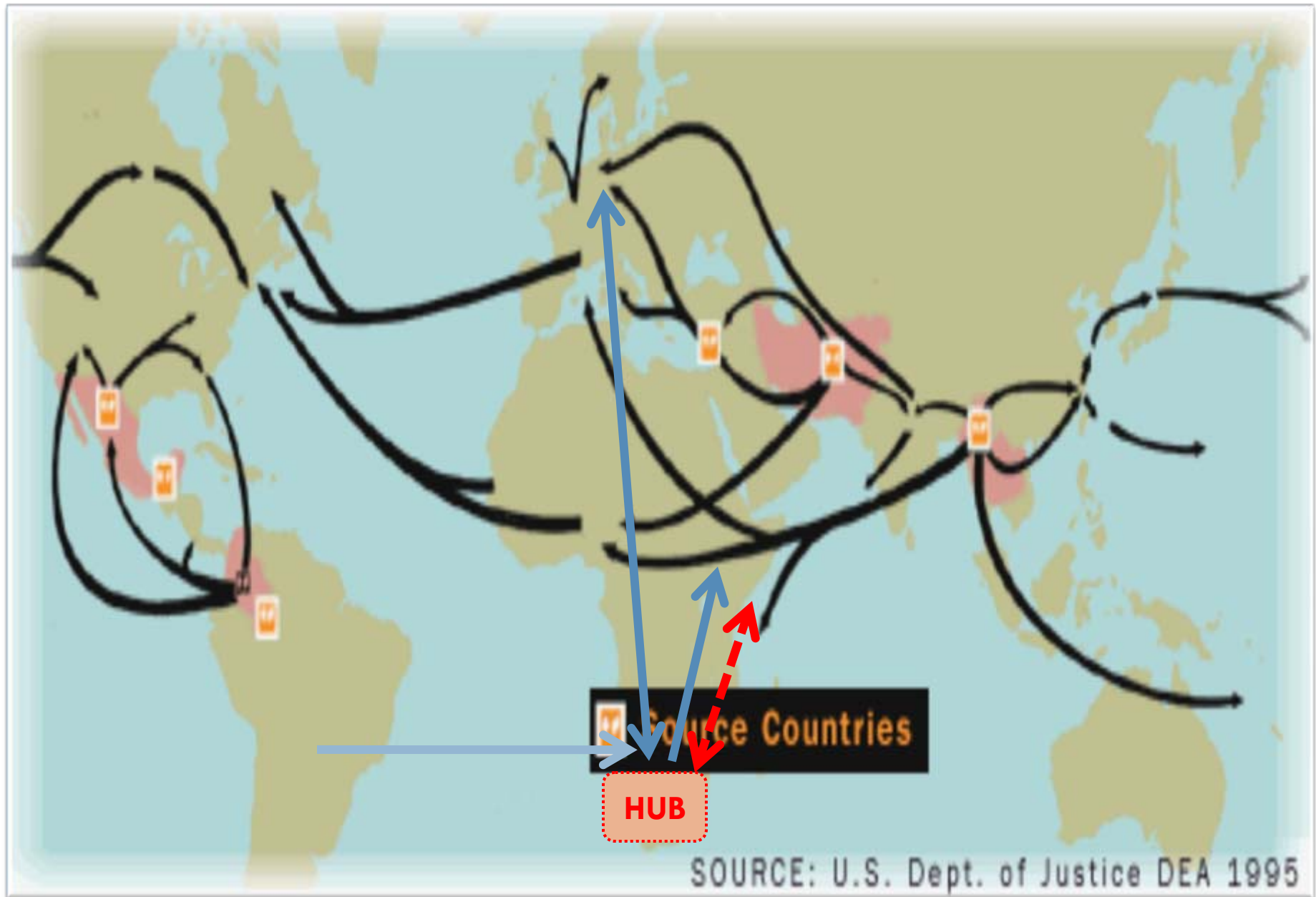
# HISTORICAL TRADING ROUTES



Map from [Baobab Narratives](http://www.baobabnarratives.org/), Harvard, cited January 30, 2006:

<http://www.sfusd.k12.ca.us/schwww/sch618/Travelers/Transportation.html>

# DRUG TRAFFICKING ROUTES



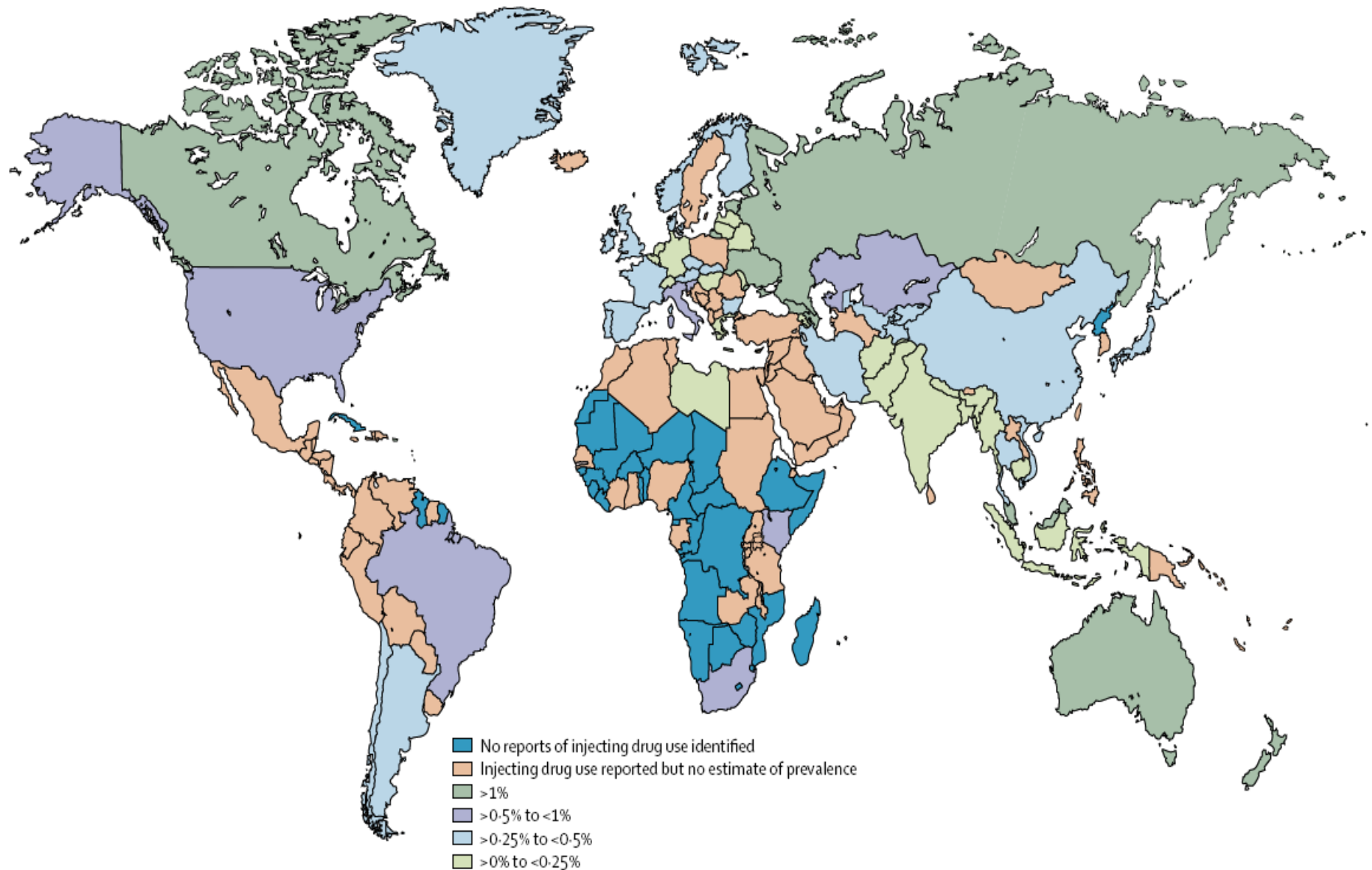
# **HISTORICAL TRADING AND DRUG TRAFFICKING ROUTES THE SAME, DOES IT RELATED TO HIV SUBTYPES?**

- While currently inconclusive as we have not extensively reviewed the subject, we may want to see if links exist between HIV subtypes and moving through the trade/trafficking routes:**
  - ▣ HIV subtypes can at times be very specific for each different route or hub**
  - ▣ HIV subtypes quite homogenous in the US-Mexican border (B subtype)**
  - ▣ HIV subtypes in Brazil kind of patchwork, with some hot spots of C subtype in the south**

# THE CHALLENGE OF HIV SUBTYPES AND ITS ORIGINS IN IDU WORK

- **HIV subtypes circulating among IDUs derived from the same ancestral strain(s)**
  - ▣ **In study done in Pakistan-- investigated IDUs sexual and travel history. HIV-1 strains among IDUs in Pakistan differed from the strains circulating in neighboring India, and were genetically closer to HIV-1 subtype A strains from Senegal, Uganda, and Kenya**
  - ▣ **In study done in Yemen--HIV epidemic showed strains of HIV-1 that have originated in East and West Africa, Europe, and India.**
- **More work urgently needed to track HIV subtypes along the trafficking corridor**

# HOW MUCH INJECTION DRUG USE IS THERE IN THE WORLD AND AFRICA IN PARTICULAR: Mathers et al (2008)



# No country estimates in many countries especially Africa but.....

- **Small studies and situational assessments show IDU is practiced everywhere in the continent but there is denial that it exists.**
- **Mapping exercises show many shooting galleries at different levels of breaking up to move on or building up**
  - ▣ **Possible fear imprisonment as in population of young injectors (18-24year olds) in Dar es Salaam, only 2.4% had never been incarcerated in prison**
- **Sexual violence as an adult (by either partner or non partner) and child sex abuse and incest high in the population of young injectors (18-24years)**

# Small studies.....

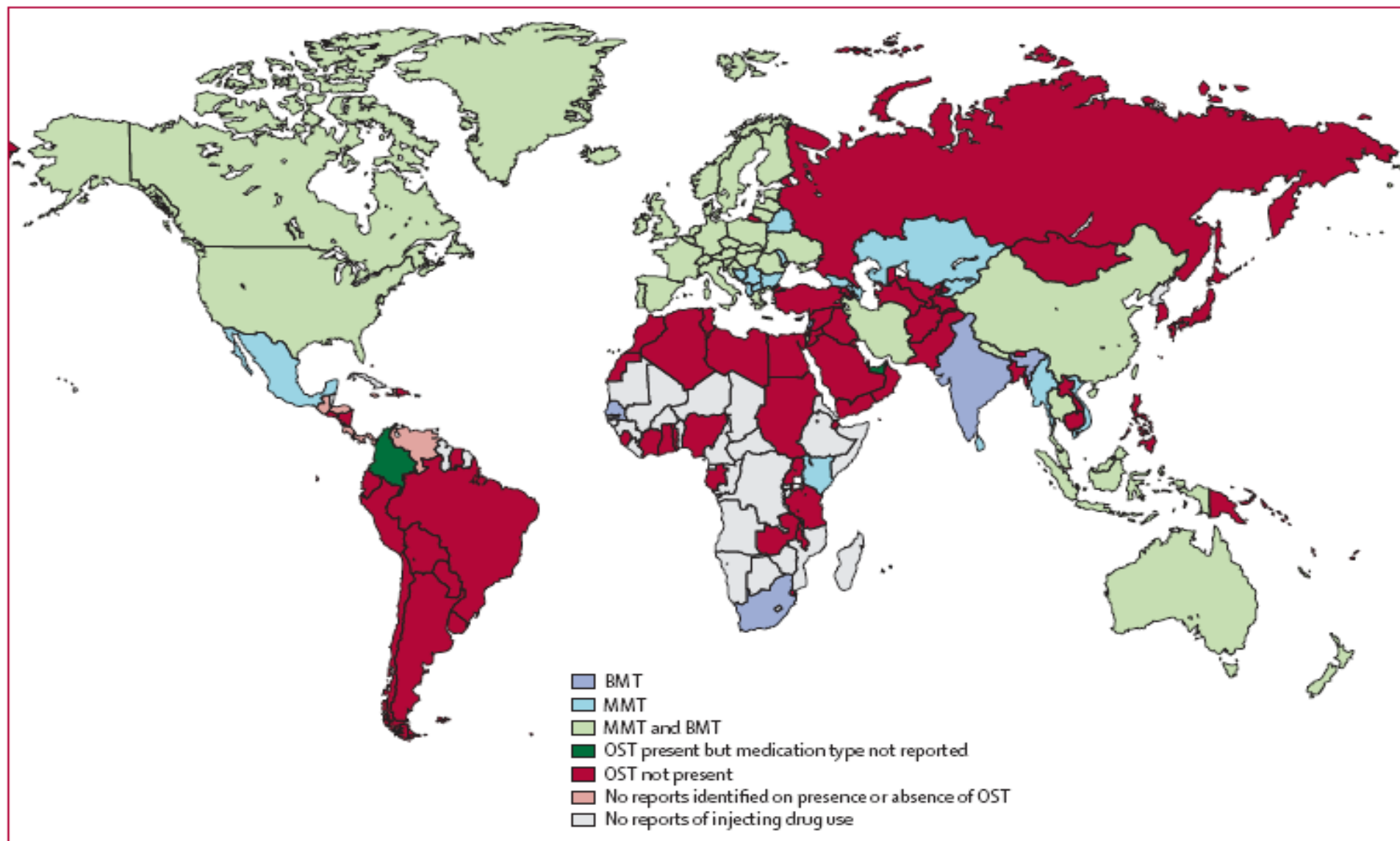
- Many galleries showing high levels of risky sexual and injecting practices (e.g. the higher the number of times person had sexual contact or the higher number of partners had in the last 30 days associated with HIV seropositivity; also use of “flash blood” and “vipointi”)
- Older studies in Tanzania show 42% HIV seropositivity overall but higher in women (>60%) more recent (55%) among the same sex.
  - Sex for drugs?
  - Sex for money to buy drugs?
  - Female sex workers who happen to use drugs?
- Many drug users subject to gender based violence often when attempts made to take away ones “fix”. Often times the needle and syringe with heroin.

Does it matter?

# DO IDU NEED TREATMENT FOR THEIR DRUG USE?

- Among the young injectors, a study using respondent driven sampling to get the sample:
- All IDUS fall within “measures suggesting they are dependent on their heroin use”
- Specifically 62 of 290 had ever tried to quit drugs on their own.
  - 20 of the 62 who tried to quit are HIV+
  - Five who previously knew their HIV positive status had never accessed any HIV care and treatment services

# ARE DRUG TREATMENT SERVICES AVAILABLE: Mathers et al, 2008



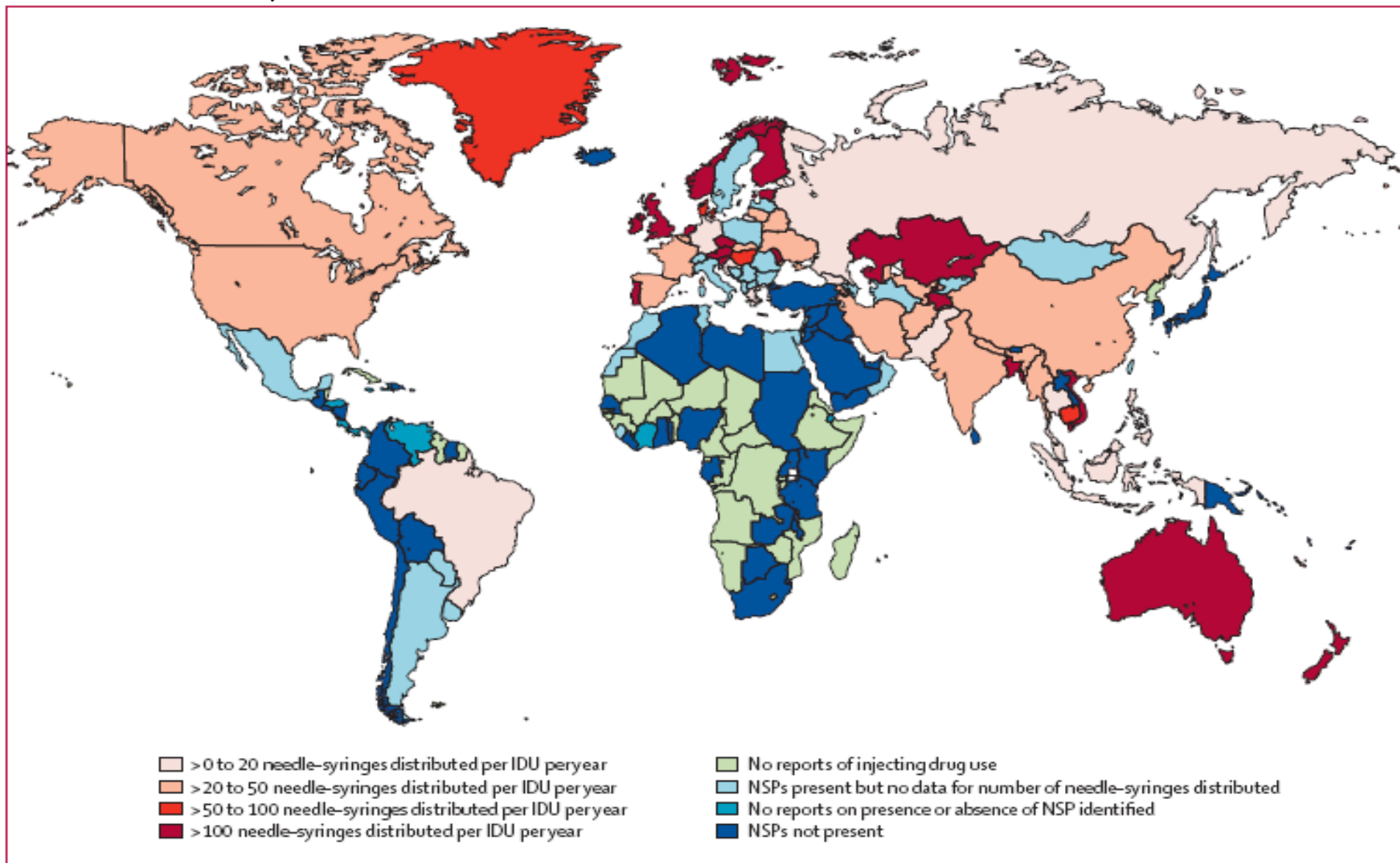
**Figure 3: Availability of opioid substitution treatment**  
BMT=buprenorphine maintenance treatment. MMT=methadone maintenance treatment. OST=opioid substitution therapy.

# WHY IS OST NOT WIDELY AVAILABLE FOR IDU (It is said.....)

- We do not have a problem here at all (denial)
- Illness that people get through their own behaviours; many pressing priorities so why them first? (blame)
- Difficult to give OST need expert centres and specialized teams to offer treatment
- Fear of overdose when one uses methadone and heroin together especially in the absence of naloxone
- Unpredictable persons, cannot be trusted (layered stigma)
- No support services when using Medical Assisted Therapy (MAT)—laboratory work up, who will prepare liquid, if diabetic then what, if imprisoned, if will travel etc (how

# AVAILABILITY FOR NEEDLE SYRINGE PROGRAMMES FOR IDU

Mathers et al, 2008



**Figure 2: Number of needle-syringes distributed in a 12-month period per injecting drug user**  
NSPs=needle and syringe programmes.

# WHY NEEDLE SYRINGE PROGRAMMES NOT EXTENSIVELY AVAILABLE **(FEAR!)**

- Will teach our children bad behaviours of trying to inject drugs (no evidence)



- Safe disposal of sharps related issues (a reality but solvable)



# What can we do now?

- **Policy and Advocacy to garner resources for and to accept to work in IDU related work**
- **Estimates of IDU as a problem and HIV among IDUs**
- **Community Outreach Strategy for IDU**
  - ▣ **Peer delivered HIV prevention for IDUs their injecting and sexual networks (risk reduction counseling and consumables to support the same);**
  - ▣ **Provide bleach and train in cleaning works so as to make them safe**
  - ▣ **Test IDUs for HIV, syphilis, hepatitis, chlamydia, gonorrhea, and TB;**
  - ▣ **Refer IDUs to treatment services for the above conditions;**
  - ▣ **Refer HIV-infected IDUs to practitioners trained to work with HIV care and treatment among IDUs; and**
- **Avail and refer IDUs who request help to drug treatment programs (should be layered to at all levels of care for easy access)**

# The why now?

- Some available HIV subtype data shows that resident countries of origin may be responsible for some cross over of their subtypes to new countries (is it IDU only or also sexual networks)
- Data shows injecting and sexual networks often transit into the general populations
- Data shows need for HIV/IDU care and treatment services are needed now!
- Lets not look for *“where the snake came from first but kill it instead”*.
- **THE TIME FOR INTERVENTIONS FOR IDU FOR AFRICA IS NOW**