National Campaign Against Drug Abuse (NACADA) Authority in Kenya

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

Drug Production Centres and Global Drug Trafficks

950 tonnes of cocaine annually

550 tonnes of heroin annually
NACADA Authority

• 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

• 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
• 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

- 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

- 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

- 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
Women’s Treatment Center in Mathari
Evidence-based Documents

- 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

- 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

- 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

• 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

• 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!