

MEWA HIV and Key Population programming

Working With People Who Use Drugs

Presented by:

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Muslim Education And Welfare Association

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Limuru, Kenya

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PRESENTERS PROFILE

- Co-founder Of MEWA Drug Treatment Centre.
- Vice Chairperson of Kenya Harm Reduction Network (KHRN)

PROFESSIONAL TRAININGS

- H. Diploma In Counseling Studies (KAPC)
- HTC Counselor (KAPC)
- Two Weeks In House Training At Tabor Lodge Addiction Treatment Centre – Ireland
- Trained on Outreach Work, Out Patient Treatment and Advance Treatment In Rehabilitation (UNODC)
- Trained on Minnesota Hazelden model of Addiction treatment by Father Bill Whittier 50 years as a Priest in the Archdiocese of St. Paul and Minneapolis, in Minnesota, USA
- More than 15 years experience in working with PWUD

MEWA Back Ground Information

- Established 1986 as Community Based Organisation
- Registered 1993 as a Non-Governmental Organisation.

Mandate:-

- To offer and extend health care services
- To Promote the educational, economical, social and cultural welfare
- To foster fraternal relations both locally and internationally

MEWA Drug Treatment Centre

Established in April 2001

Services provided by MDTC are:-

- **Chemical Dependence Treatment** - Assessment , referrals, detoxification, rehabilitation (residential & outpatient), family support and aftercare support.
- **Training:** peer educators, Teachers, Parents, Prison warders, youths etc.
- **Sensitization:** law enforcers, religious leaders, community elders, youth groups and women groups
- **Awareness programs:** school talks, radio talks and commemorating international days (WAD, TBD, IDADA etc.)
- **Advocacy:** Political leaders and judiciary on decriminalization.

Female adherence shelter

- Free detoxification for FDUs and their children,
- Adherence for individuals with low CD4 count
- Adherence of anti-retroviral, anti-TBs and psychosocial support,
- Provide trainings for parenting skills
- Initiated income generating activities
- Girl child education fund for children of drug dependent individuals to get quality education,
- Identified and enroll female peer educators who act as ambassadors
- Provide sanitary towels
- Provide clothes

SUPPORT FOR CHILDREN OF FDUs

- Provision of free meals, pampers and clothes
- Free socio-medical detoxification,
- Basic and advanced bio-medical care, psychosocial support,
- We attach them to surrogate mothers

Approaches in fighting drug abuse

- **SUPPLY REDUCTION:** Police anti Narcotic, community policy, Psychotropic laws, punitive laws, Prison etc
- **DEMAND REDUCTION:** addiction treatments, prevention methods (health talks, sports activities, awareness campaigns, sensitization, anti drug groups, commemorating IDADA etc.)
- **HARM REDUCTION:** to reduce the adverse health, social, and economic consequences of drug use while the person is still using drugs.

HIV BURDEN IN KENYA



1.6 million

Kenyans were living with HIV in 2013

National HIV Prevalence is 6%

5.6% | 7.6%



191,840

Children (0-14 years) were living with HIV in 2013

NEW HIV INFECTIONS



101,560

Kenyans were infected with HIV in 2013



12,940

children were infected with HIV in 2013



50,530

Women were infected with HIV in 2013



38,090

Men were infected with HIV in 2013

**Kenya HIV Prevention
Revolution Road Map
Count Down to 2030: NACC –
NASCO, June 2004**

Harm Reduction: Aims

- Reduce the spread of infections such as HIV & Hep C
- Reduce risky drug use
- Prevent drug overdose deaths
- Provide honest drug education
- Increase users' contact with services and treatment

Strategies to Reduce Harm and HIV Infection among Drug Using Populations

1. Needle and syringe programs (NSPs)
2. Opioid substitution therapy (OST) with methadone and buprenorphine, including psychosocial support for OST clients, and other drug dependence treatment
3. HIV counseling and testing, including rapid testing
4. Antiretroviral therapy (for PWID who are living with HIV), including adherence assistance

Strategies cont...

5. Prevention and treatment of sexually transmitted infections
6. Condom programs targeted specifically at PWID and their sexual partners
7. Targeted IEC materials and campaigns for PWID and their sexual partners
8. Vaccination, diagnosis and treatment of viral hepatitis (including HAV, HBV, HCV)
9. Prevention, diagnosis and treatment of tuberculosis

Other services for PWUDs

- Sexual reproductive health and rights
- Human rights for PWUDs
- Overdose management
- Advocate for the decriminalization of drug use
- Stakeholders workshops
- PWUDs sensitization meetings
- Radio talks
- Public chief barazas
- Minor wounds treatments
- Referrals
- Prison visits

Interpersonal Relationship



Generated Political Commitment



Attitude change



NSP Collecting discarded needles



SRHR: Stigma and Discrimination Reduction



HARM REDUCTION SAVE LIVES



CONCLUSION

- We will never have a drug-free society
- People will continue to use drugs and get sick & die.
- We can reduce illness, suffering, deaths and other harms that people experience.