

HIV and Drug use framework in Kenya and Ghana; A Public Health research and gender audit

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Background

Young women are vulnerable in an ageist and patriarchal African society and young women who use drugs especially live very challenging lives.

Drugs remain a vital component of healthcare delivery and the overall well being of citizens in every nation and more importantly, the availability, access, affordability, safe and effective use of drugs whether traditional or orthodox are also paramount. Even though the latter seems like an area that is easily overlooked in Africa despite existing drug policies on the continent, it is one area that needs and demands attention.

HIV and drug use are global public health issues. An estimated quarter of a billion people, or around 5 percent of the global adult population, used drugs at least once in 2015. Opioids, including heroin, remain the most harmful drug type in health terms. The use of opioids is associated with the risk of fatal and non-fatal overdoses; the risk of acquiring infectious diseases (such as HIV or hepatitis C) through unsafe injecting practices; and the risk of other medical and psychiatric co-morbidities. Cocaine, heroin, cannabis form types of psychoactive substances globally and in West Africa.

In 2016, there was an estimate of 36.7 million people living with HIV globally, and it was also estimated that there are about 5000 new HIV infections every day, with 64% of these infections occurring in sub-Saharan Africa. Within the African context, there are stark differences in the rates of HIV prevalence depending on the region. For East and South Africa, it was estimated that there were 19.4 million people living with HIV in 2016 whereas in West and Central Africa, it was estimated that there were 6.1 million people living with HIV.

At the UN level Goal 3 of the SDGs seeks to

- Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.
- By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.
- Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

All these validate the the interlinkage between drug use and sexual and reproductive health of women and its relevance to the SDGs. It reflects a dedication to address drug use and HIV/Aids.

Goal

The overall goal of the project is to identify gaps that exist as far as women who use drugs are concerned using a public health and human rights approach to bring about social change.

Objectives

- To explore interventions that have been made on drug use
- To collaborate with young women who use drugs and to proffer recommendations to ensure the availability, access to and healthy use of drugs by young women, adolescents and HIV infected persons.

Approach

This is an intercountry project focusing on Kenya and Ghana that seeks to address the linkages and gaps in the use of drugs especially by young women and HIV infected persons by adopting a public health and human rights approach. The research touches on the health of adolescents and young women in general, it presents an insight into the lived realities of adolescents and young women who use drugs and/or have HIV and explores avenues of and for information, interventions and recommendations.

HIV status in the two countries

In Kenya, it is estimated that there are currently 1.6 million people living with HIV, making Kenya the country with the fourth largest HIV epidemic in the world, as of 2016. With a prevalence rate of 6% of the total population, this is an area of concern. Kenya's HIV epidemic affects all sectors of the population including women, men, children and young adults, however there are certain groups of the population that are particularly vulnerable to HIV transmission specifically; men who have sex with men(MSM), sex workers, people who inject drugs (PWID) and women. Although HIV prevalence among the general population has fallen in Kenya, women continue to be disproportionately affected by the epidemic. Young women (15-24) account for 21% of all new HIV infections and the prevalence of HIV in young women is between 4 to 6 times higher than males of the same age. Young Kenyan women are more than 3 times more likely to experience sexual violence which increases their risk of HIV transmission. Additionally, Kenyan women have a lower level of HIV knowledge as compare to their male counterparts.

In Ghana, the situation is slightly different. According to UNAIDS, the prevalence rate of HIV among people aged 15-49 in Ghana is 1.6% as of 2016. Similar to Kenya, the HIV epidemic affects all sectors of the population; however, the HIV prevalence rate is highest among men who have sex with men at 17.5% and among sex workers at 6.9%. Additionally, HIV prevalence in women aged 15 to 49 is 2.1%. HIV prevalence by age group 45-49 is highest at 5.6%, followed by 35-39 at 3.5% with 15-19 being the lowest at 0.6%. HIV prevalence among the young population (15-24 years), a proxy for new infections remained unchanged at 1.1%. In comparison to Kenya, the HIV prevalence rate for Ghana is significantly lower, however, there is still a need to tackle this public health issue.

Public health interventions and programs

53% of the 1.6 million people living with HIV in Kenya are unaware of their HIV status. The situation is similar in Ghana as only 45% of people living with HIV know their status. In an effort to reduce this percentage in Kenya, there have been a number of innovative approaches implemented to encourage testing such as community based HIV testing and door to door

testing campaigns. Additionally, the introduction of self-test kits allows for privacy which allows for groups that experience discrimination to be able to get tested in the comfort of their homes.

The NACC in Kenya has made significant strides in creating operational documents to tackle the HIV epidemic. Some examples of these operational documents are listed below;

- The Kenya HIV Prevention Roadmap
- Strategic Framework towards elimination of mother to child transmission of HIV and keeping mothers alive 2012-2015
- A strategic framework for the engagement of the First Lady in HIV control and promotion of maternal, newborn and child health in Kenya
- National guidelines for HIV testing and Counseling, couples and prevention with positives
- Policy analysis and advocacy decision model for services for key populations in Kenya

The NACC has developed other strategies and policies to address HIV in Kenya including the Youth Communication Strategy, Condom policy and strategy, Male circumcision policy, HIV and AIDS policy at the workplace and the HIV and AIDS prevention and control act.

- Youth communication strategy- The purpose of the communication strategy is to provide a framework to address HIV and AIDS communication in line with the Kenya National HIV and AIDS strategic plan and to assist in the development and adoption of youth friendly HIV and AIDS program
- HIV and AIDS policy at the workplace-The policy sets standards for managing HIV and AIDS in the workplace
- Condom policy and strategy- This policy was developed to improve access to quality condoms at affordable prices through an effective and responsive service delivery system

In the policy space, Kenya passed the HIV/AIDS prevention and control act in parliament in 2006 however it has not been fully enforced yet. The act provides the legislation to protect the rights of people living with HIV. The act makes references to discrimination in the workplace and educational establishments and provides the legal framework to prevent discrimination against people living or people suspected to be living with HIV.

In Ghana, the National AIDS/ STI control Programme released a document listing a number of interventions that focus on limiting transmission of HIV through heterosexual contact and include;

- Promoting abstinence and faithfulness
- Encouraging people to reduce their overall number of partners
- Delaying the onset of sexual activity among adolescents
- Promoting the use and availability of condoms including female condoms
- Strengthening programs for STD control
- Encouraging voluntary counseling and testing

Another focus of the interventions is to reduce mother to child transmission of the HIV virus. A program was launched to test various approaches including counseling, the provision of antiretroviral drugs, medical management and counseling on feeding options. Blood used for blood transfusions are screened for the HIV virus.

The national draft policy was drafted in 1997 by the NACP to create a legal favorable environment for all HIV control and prevention programs and to ensure that persons living with HIV or suspected to be living with HIV are protected and the social and personal consequences are mitigated. Additionally, the national strategic framework was designed to prevent and mitigate the socio-economic impact of HIV/ AIDS on individuals and communities in Ghana. The framework aims to implement a multi-sectoral approach for program implementation, reduce new infections in certain age groups, to increase access to information and services and to reduce the vulnerabilities of affected populations.

Public health interventions and programs for HIV specifically for adolescent girls and women

Women account for 51% of people living with HIV worldwide and nearly one million girls were newly infected with HIV in 2015.

According to the Kenya roadmap, Kenya is currently adopting the combination prevention approach which involves combining behavioral, structural and biomedical interventions that target priority populations and address geographic disparities with regards to the transmission of HIV. Some specific examples are explained below;

- Behavioral interventions- interventions such as changing risk perceptions, addressing multiple partnerships, education on condom use and gender transformative approaches have had an impact on HIV transmission.
- Evidence based approaches- introduction of ARV's for people living with HIV and the promotion of condom use has had an impact on the incidence of HIV
- The elimination of mother to child transmission (EMTCT)- There are 87,000 HIV positive women recorded annually and there are 12,940 new HIV infections among children. However, with the introduction of ARVs and the education of women and pregnant women on the effectiveness of ARVs in the prevention of HIV transmission, currently, 70% of HIV-positive pregnant women are receiving antiretroviral.
- Micro-financing- Cash transfers have been shown to reduce the vulnerabilities of young girls by keeping them in school and reducing HIV incidence due to education and condom use
- ART(Antiretroviral treatment) Coverage- Currently, there is 78% of national ART coverage among adults and 42% national ART coverage among children and there is a 34% population level of viral suppression

With specific reference to women, there has been an increase in the promotion of female condoms as a way of empowering women to engage in safe sex. Additionally, Women fighting AIDS in Kenya(WOFAK) provide services for women and children made vulnerable by HIV/AIDS.

In Ghana however, the only distinguishable program that has been designed for women is the end mother to child transmission through counseling and the provision of ARVs which is a point of concern because in Sub-Saharan Africa, women account for 56% of all new HIV infections among adults.

Intravenous drug use and HIV in Kenya and Ghana

There have been numerous studies that show a link between intravenous drug use and HIV transmission and generally the rate of HIV infection is high for people who inject drugs.

In Kenya, until the 2009 Modes of transmission survey, key populations with a high risk of HIV infection (i.e. men who have sex with men, sex workers and injection drug users) were neglected. The modes of transmission survey showed that injection drug users contribute 3.8% to the national prevalence of HIV and among drug users; the national AIDS council estimates an 18.9% HIV prevalence. However, due to the criminalization of drug use in Kenya, injection drug users have limited access to health care services which has increased the occurrence of HIV and hepatitis in drug users.

Some of the Kenyan laws on drug use can be seen below:

- “The Kenya Narcotic Drugs and Psychotropic Substances (control) Act no 4 of 1994 section 3 and 4 criminalizes possession and trafficking of drugs”
- “The National Drug Control Bill of 2011 that mandates the National Authority for the Campaign against Alcohol and Drug Abuse (NACADA) put excessive focus on prevention and incarceration.”
- “The Principles of Modern Drug Policy (2012) recognizes that drug policies should be balanced, compassionate, and humane.”
- “Section 52 of the Kenya Narcotic Drugs and Psychotropic Substances Control Act no 4 of 1994 provides the Cabinet Minister (now Cabinet Secretary) with the discretion to establish a number of rehabilitation centers for care, treatment and rehabilitation of persons addicted to narcotic drugs or psychotropic substances. Section 53 allows the Cabinet Secretary to set up a special rehabilitation fund to be funded by the government and other sources. Despite these provisions in the law, there are very few government rehabilitation centers”.

In an effort to mitigate the health risks of drug users and their contacts, a harm reduction approach must be implemented. The harm reduction approach involves “a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.¹”

A case study done in 2016 shows that in Kenya, there are currently a few harm reduction programs supported by donors in seven cities. The services include distributing of clean injection equipment, sexual and reproductive health information and services, drop- in centers, HOV and TB counseling and testing and medical assisted therapy (MAT) with methadone. The study also reveals that “since 2012, almost 10,000 PWID out of an estimated 18,000 population have been reached by information, healthcare and needle and syringe exchange services”

Additionally, “in 2011, the Kenyan National AIDS Control Council [NACC] introduced a harm reduction strategy, based on a public health perspective, which aims to get a cost effective HIV intervention off the ground in order to prevent HIV-infection for PWID. This has helped lay the groundwork for strategies and guidelines, e.g. in the adoption of Needle and Syringe Exchange Programs (NSEP) and harm reduction strategies among communities affected by drug use.”

Drug use in Ghana is on the rise, especially among the youth. This has been attributed to high unemployment rates and restlessness.

¹<http://harmreduction.org/about-us/principles-of-harm-reduction/>

In a study done by peacefmonline in 2014, investigations estimate that there are 50,000 drug abusers and “out of the 50,000 drug users in the country, 35, 000 were students from junior/senior schools and tertiary institutions, aged between 12 to 35 years.”² As with all countries, there is evidence that there is a link between intravenous drug use and HIV transmission and this is the same in Ghana.

In Ghana, the recent Narcotic Control Commission Bill of 2014 which has been passed on to parliament has numerous severe sanctions for drug users which go to further criminalize drug users.

Some examples of this include clause 25, sub clause 1-4

- Sub clause 1 states: “A person shall not, without lawful authority or excuse, proof of which lies on that person, smoke, sniff, consume, inject into the body of that person or otherwise administer a narcotic drug the body of that person.”³
- Sub-clause 2 states: “A person commits an offence if the person without lawful authority, proof of which lies on that person. (a). Injects another person with a narcotic drug, or (b). Administers narcotic drug to another person.
- Sub-clause 3 states: “A person who commits an offence under sub-section (1) is liable on summary conviction to a term of imprisonment of not less than five years and a person who commits an offence under sub-clause (2) is liable on summary conviction to a fine of not less than seven thousand penalty unit and not more than ten thousand penalty units and to a term of imprisonment of not less than twelve years and not more than twenty-four years.
- Sub-clause 4 states: “The person shall serve an additional term of imprisonment of not less than twelve years and not more than twenty-four years if the fine is not paid.

Out of the 1 million injection drug users in Africa, Ghana fell below the 10% mark of HIV prevalence in Africa which is an indication that people are sharing injection equipment. In order to tackle this issue, a harm reduction approach must be adopted.

In Ghana, there has not been much progress on implementing a harm reduction approach, however, civil society is realizing the importance and there are conversations being had to discuss the benefits of a harm reduction approach in reducing drug abuse in the youth and thereby reducing HIV transmission.

An audit of Gender responsive interventions for women and girls for drug use

There is lack of interventions for women and girls concerning drug use. This is because women and girls are reluctant to admit injection drug use due to the stigma around “female drug use in Kenya which is often linked (in actuality and in social perception) with sex work”.⁴

According to a case study, there have been some Kenyan CSOs that have successfully engaged women in the peer educator roles and this is helpful for women and girls who find it difficult to admit drug use and ask for support. Additionally, there have been some projects that design “SRH services to fit within state health services. They provide focused referrals, whereby

²<http://www.osiwa.org/wp-content/uploads/2016/09/WAI-Drugs-full-report.pdf>

³<https://www.modernghana.com/news/621885/1/balanced-drug-policies-and-health-the-importance-o.html>

⁴<http://harmreduction.org/about-us/principles-of-harm-reduction/>

social workers accompany clients to state medical facilities and distribute personal hygiene 'dignity kits'.⁵

In Ghana, there is a lack of interventions for women and girls concerning drug use. This due to the stigma associated with female drug use and the lack of interventions overall for both male and female drug users. Where they exist, they are blanketly lumped up in the frame of c.

Despite the lack of adequate interventions, programs and policies concerning women and girls' drug use, a number of activities and projects have been carried out by grassroots organizations and civil society at large even though these are not properly documented. The activities were done to remedy gap in sexual reproductive health and rights of young women.

In Ghana, some of the interventions have focused on sex workers since they use drugs and are prone to the effects of poor sexual and reproductive health.

In addition, sometimes out of financial desperation they compromise on safe sex practices and responsible drug use in order to do sex work. In that quest, they become prone to STI and excessive drug use.

For instance in Ghana sex workers include adolescents and young women who have brothels in Old Fadama and Accra Railways and others work in mutual relationships. Sex work in Ghana is illegal and the law posits that sexual partners must be caught when payment is being done after the act to make it an offense, these particularly makes sex workers and young women who use drug dread admitting drug use and interactions with the law.

Instead of getting help from law enforcement personnel, the situation of police invasion and raids into some communities where it is assumed that particularly sex work is been done and drugs are being consumed poses threats to the lives of the young women, sometimes the arrests are done based on the mere appearance of female sex workers wearing scanty clothes. Even though eventually they are released due to lack of evidence, the police often take monies from the victims or have sex with them before they are released. As often as they are abused by their clients, partners and law enforcement personnel, there is increased vulnerability to contract HIV/Aids and other STI on the part of young women.

There is a clear link between drug use and sex work, for example in the context of Ghana sex workers chiefly smoke Weed chiefly because they live in communities where the drugs are equally used by men, young women and other youth. They also use weed to enable them go about their activities.

Recommendations

- Gender responsive approach to addressing young women and adolescents use of drugs founded on law
- Establishment of friendly health care units and centers for proper redress of challenges face by young women who use drugs
- Capacity building of stakeholders and young women who use drugs communities to form support communities and provide up to date information and modern resources to young women and adolescents who use drugs

⁵<http://harmreduction.org/about-us/principles-of-harm-reduction/>

- Collaborations with young women who use drugs with key stakeholders to conscientise them about their rights, responsibilities and support that exists
- Regard for Civil society organisations by government as partners to collaborate and provide the needed congenial atmosphere for the interaction with young women who used drugs and to promote and enhance their rights.
- Building and adequate resourcing of rehabilitation centres and facilities both human, capital and financial for the effective provision of drugs that will help in the rehabilitation of young women who use drugs
- Inclusion and integration of young women who use drugs into economic opportunities and entrepreneurship initiatives to enhance the economic lives of young women who use drugs.

Conclusion

Overall, the policies, programs and interventions instituted in Kenya and Ghana to combat the HIV epidemic and drug use are not gender sensitive and need to be improved to ensure that adolescent girls and women enjoy their rights. Additionally, there is a lack of gender responsive programs and policies to take care of adolescent girls and young women who use drugs while ensuring that their rights are well respected. This is an area of improvement as we continue to advocate for the rights of women and girls to be prioritized.

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