International Journal of Drug Policy 30 (2016) 43–51

Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo

Research Paper

Generating trust: Programmatic strategies to reach women who inject drugs with harm reduction services in Dar es Salaam, Tanzania

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ARTICLE INFO

Article history:
Received 10 August 2015
Received in revised form 12 January 2016
Accepted 14 January 2016

Keywords:
Harm reduction
HIV
People who inject drugs (PWID)
Gender
Sub-Saharan Africa
Methadone

ABSTRACT

Background: Strong evidence supports the effectiveness of methadone-assisted therapy (MAT) to treat opioid dependence, reduce the risk of HIV transmission, and improve HIV related health outcomes among people who inject drugs (PWID). HIV prevalence reaches 71% in women who inject drugs (WWID) in Dar es Salaam, Tanzania; creating an urgent need for access to MAT. Despite the availability and potential benefits of treatment, few women have enrolled in services. This formative research sought to identify programmatic strategies to increase women's participation in outreach and their subsequent enrollment in MAT.

Methods: We conducted twenty-five, in-depth interviews with patients and their providers at a MAT clinic. Open-ended interviews explored enrollment experiences, with a focus on contextual barriers and facilitators unique to women. Ethnographic observations of harm reduction education at outreach sites and the MAT clinic enriched interview data. *Trust/mistrust* emerged as an overarching theme cross cutting patient and provider accounts of the connective process to enroll PWID in the methadone program. We explore *trust* and *mistrust* in relationship to the interrelated themes of *family loss*, *social isolation*, *vehement discrimination* and *motivation for treatment*.

Results: Narratives delineated both the generation of *mistrust* against PWID and the generation of *mistrust* in PWID against outsiders and medical institutions. In order to enroll PWID in treatment, community base organizations engaged outreach strategies to overcome *mistrust* and connect eligible patients to care, which varied in their success at recruiting women and men. Greater discrimination against WWID pushed them into hiding, away from outreach teams that focus on outdoor areas where men who inject drugs congregate. Building trust through multiple encounters and making a personal connection facilitated entry into care for women. Only PWID were eligible for MAT, due to resource constraints and the higher risk associated with injection drug use. Many women smoke heroin, yet still face high risk of HIV, resulting from low condom use during sex work to fund drug use.

Conclusion: Expanding outreach times and locations, by women peers, could increase women's enrollment in treatment. Allowing women who smoke heroin to enter the program could prevent onward transmission via sex work and reduce the chance of progressing from the lower risk smoking or sniffing to injection drug use.

Background and significance

Injecting drug use has emerged as a critical concern in the HIV epidemic in Tanzania. While HIV transmission continues to occur primarily through heterosexual intercourse, transmission via shared injecting equipment carries much higher risk per exposure,

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http://dx.doi.org/10.1016/j.drugpo.2016.01.012
0955-3959/

making it imperative to reach people who inject drugs (PWID) with prevention and treatment services (Metzger & Zhang, 2010; Sullivan, Metzger, Fudala, & Fiellin, 2005). Port cities along the coast of East Africa have been involved in heroin trade routes between countries that supply in the Middle East and consumer markets in Europe and North America since at least the mid-1980s (Ross, McCurdy, Kilonzo, Williams, & Leshabari, 2008). However, a recent surge in the availability of strong, cheap heroin to urban populations has contributed to growth in injecting drug use in Dar es Salaam (McCurdy, Williams, Kilonzo, Ross, & Leshabari, 2005; McCurdy, Ross, Kilonzo, Leshabari, & Williams, 2006; UNODC, 2013). Easy access to heroin combined with myriad social and economic forces, such as rapid urban migration, lack of employment for youth, and limited mental health care, have further contributed to a rise in injecting drug use (Acuda, Othieno, Obondo, & Crome, 2011; McCurdy et al., 2005). The Tanzania Drug Control Commission estimates that 50,000 people inject drugs nationally (TDCC, 2010). Women's participation in sex work to fund drug use raises the chance of PWID to act as a bridge population, potentially reversing downward trends in HIV incidence and fueling new infections (Bruce, 2010).

In Dar es Salaam, HIV prevalence in PWID has reached crisis proportions. Research estimates that 42% to 50% of PWID in Dar es Salaam are living with HIV (Ross et al., 2008; Williams et al., 2007, 2009), compared to an estimated 6.9% prevalence in the general urban population (Tanzania Commission for AIDS (TACAIDS), Zanzibar AIDS Commission (ZAC), National Bureau of Statistics (NBS), Office of the Chief Government Statistician, ICF International (ICF), 2013). Economic and social inequities create heightened vulnerability in women who inject drugs (WWID), who are more likely to be homeless and experience abuse than their male counterparts (McCurdy, Ross, Williams, Kilonzo, & Lesabari, 2010; Williams et al., 2007). Gendered risk-taking behavior, such as sex work and sharing equipment with other women in communal settings, contributes to a higher burden of HIV disease among women (McCurdy et al., 2010; Williams et al., 2007). In WWID in Dar es Salaam, HIV prevalence is estimated at 71% (Nyandindi et al., 2013).

In response to this crisis in PWID, in 2009 the government of Tanzania established a national strategy to prevent and treat HIV among people who use and inject drugs, including methadone-assisted therapy (MAT) for heroin dependence (TDCC, 2010). Extensive research from a range of settings supports methadone as a long-term, life-saving medical intervention (Bruce, 2010). MAT reduces the morbidity, mortality, and illegal income-generating activities associated with heroin dependence (Ball, Ross, & Dole, 1991). Among people with opioid dependence and HIV infection co-morbidity, MAT can play a critical role in reducing onward transmission and improving health outcomes, in part by enhancing the linkage and adherence to antiretroviral therapy (ART) (Connock et al., 2007; Gibson, Flyn, & McCarth, 1999; Lawrinson et al., 2008; Metzger et al., 1993; Palepu et al., 2006; Uhlmann, Milloy, & Kerr, 2010; Wood et al., 2005). While opiate replacement therapy is recommended as standard of care for people with heroin dependence, the majority of people worldwide who could benefit from treatment remain without access (Sullivan et al., 2005). The leadership from Tanzania's government to address HIV in PWID is critical to improving health outcomes among this marginalized population.

Despite the availability and potential benefits of treatment, few women access harm reduction services in Dar es Salaam. Program evaluation research demonstrated that only about 10% of clients who use harm reduction services, including MAT, in Dar es Salaam are women (Lambdin et al., 2013). Yet weighted survey estimates suggest women comprise up to 30% of those eligible for services (Lambdin et al., 2013). Given the high prevalence of HIV in WWID, engaging them in outreach and treatment services is crucial to achieving the objectives of the national strategy (TDCC, 2010). Currently prospective MAT patients must first receive a referral to the clinic via one of four support four community-based organizations (CBOs) before entering care. Similar to the "poverty of drug treatment opportunity" described by Rhodes and colleagues in Kenya, there is a paucity of treatment in Tanzania compared to the potential need (Rhodes, Ndimbii, Guise, Cullen, & Ayon, 2015.) Thus the MAT program enrolls clients who first have demonstrated commitment to treatment. In order to enroll, patients must complete a multi-step process, beginning with referral to a series of orientation and educational sessions. Outreach becomes the entry way into this process, thus it is critical to increase women's participation in outreach to increase their enrollment in the treatment program.

To our knowledge, no research has been conducted to date around programmatic strategies to address gender inequities in drug treatment in developing country contexts. Yet evidence highlights gender disparities in access to treatment. While MAT has only recently been available in Africa and Asia, early studies from India, Malaysia, China and Vietnam suggest that women enroll in disproportionately lower numbers than men (Armstrong, Kermode, Sharma, Langkham, & Crosts, 2010; Gu et al., 2012; Mohammad, Abu Bakar, Musa, Talib, & Ismali, 2010; Nguyen, Nguyen, Pham, Vu, & Mulvey, 2012). Challenges recruiting and retaining women in drug treatment are not unique to resource limited settings. In a review of the literature on women and substance misuse treatment entry, retention and outcomes, drawing primarily on studies conducted in North America and Europe, Greenfield et al. concluded that women are less likely than men to enter treatment; and those that do, present with more severe addiction and mental health disorders (Greenfield et al., 2007). Socially gendered experiences, such as family roles, domestic responsibilities, economic opportunities, greater stigma, and greater prevalence of sexual violence history, disadvantage women in their fight for recovery (Eiroa-Orosa et al., 2010; Greenfield et al., 2007). Despite documented gender differences in treatment enrollment and retention, literature has rarely addressed barriers and facilitators to treatment entry that are specific to women (Peterson et al., 2010; Wolde, Carrieri, & Shepard, 2010).

To address this critical gap, our formative study employed qualitative methods to identify barriers and facilitators to engaging women in outreach. We selected outreach as a focal point since the treatment program requires a referral to enroll in care and methadone is new in Tanzania, thus disseminating information on available services is crucial to increasing demand for MAT. We approached the study with the intention of identifying strategies to adapt outreach to better engage women that would require minimal additional resource investment. Based on key findings, we delineated evidence-based recommendations to adapt outreach strategies and enrollment policies to increase women's participation in care. Conclusions have implications for MAT program development in Tanzania and neighboring countries with similar epidemiologic and cultural contexts.

Methods

Study setting

This study was conducted at the first publically funded MAT clinic on mainland sub-Saharan Africa, located at Muhimbili National Hospital in Dar es Salaam, Tanzania. With leadership from the Ministry of Health and Social Welfare (MoHSW) and the Drug Control Commission (DCC) and support from the U.S. Centers for Disease Control and Prevention (CDC) and Pangaea Global AIDS, the government of Tanzania established the clinic in February