



Research paper

Heroin shortage in Coastal Kenya: A rapid assessment and qualitative analysis of heroin users' experiences



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ARTICLE INFO

Article history:

Received 3 April 2015

Received in revised form 11 August 2015

Accepted 13 August 2015

Keywords:

Heroin shortage

KENYA

HIV

Medication-assisted treatment

Drug treatment

ABSTRACT

Introduction: While relatively rare events, abrupt disruptions in heroin availability have a significant impact on morbidity and mortality risk among those who are heroin dependent. A heroin shortage occurred in Coast Province, Kenya from December 2010 to March 2011. This qualitative analysis describes the shortage events and consequences from the perspective of heroin users, along with implications for health and other public sectors.

Methods: As part of a rapid assessment, 66 key informant interviews and 15 focus groups among heroin users in Coast Province, Kenya were conducted. A qualitative thematic analysis was undertaken in Atlas.ti. to identify salient themes related to the shortage.

Results: Overall, participant accounts were rooted in a theme of desperation and uncertainty, with emphasis on six sub-themes: (1) withdrawal and strategies for alleviating withdrawal, including use of medical intervention and other detoxification attempts; (2) challenges of dealing with unpredictable drug availability, cost, and purity; (3) changes in drug use patterns, and actions taken to procure heroin and other drugs; (4) modifications in drug user relationship dynamics and networks, including introduction of risky group-level injection practices; (5) family and community response; and (6) new challenges with the heroin market resurgence.

Conclusions: The heroin shortage led to a series of consequences for drug users, including increased risk of morbidity, mortality and disenfranchisement at social and structural levels. Availability of evidence-based services for drug users and emergency preparedness plans could have mitigated this impact.

Published by Elsevier B.V.

Introduction

Heroin shortages, characterized by an abrupt onset, are relatively rare events that create the potential for an increase in risk-taking behaviors; however, the impact on individual behavior remains understudied (Degenhardt, Day, et al., 2005; Degenhardt, Day, & Hall, 2004; Jaffe, 2005). Heroin droughts are associated with overdose due to decreasing tolerance or drug adulteration, poly-substance drug use, engagement in risky injection behavior, change in demand for drug treatment services, and an increase in

criminal activities (i.e. theft, violence; Gibson, Day, & Degenhardt, 2005; Weatherburn, Jones, Freeman, & Makkai, 2001).

The availability of comprehensive HIV prevention programs, including needle and syringe programs (NSP) and medication-assisted therapy with methadone (MAT), along with a supportive harm reduction policy environment are important in the context of heroin shortages (PEPFAR, 2010; WHO, 2013). MAT is effective in treating heroin dependence thereby reducing associated risks including Hepatitis C, HIV and death (Amato, Davoli, Ferri, Gowing, & Perucci, 2004; Gowing, Farrell, Bornemann, & Ali, 2004). By making clean needles and syringes available, NSP decreases drug-related risk behaviors such as sharing of injection equipment (Strathdee, 2001).

Heroin shortages have been reported in the United States during World War II and the early 1970s (Agar, 1978; Schneider, 2008), Australia in 2001 (Degenhardt et al., 2004; Degenhardt,

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Gascoigne, Howard, & Webber, 2002), and England in 2010 (Hallam, 2011; Simonson & Daly, 2011). The Kenyan shortage described here may be the first to be documented in a developing country. Kenya faces an emerging HIV epidemic among injection drug users (Kenya, Ongecha-Owuor, & Oguya, 2011; Kurth et al., 2015). Both heroin smoking and inhaling have been documented in Kenya since the 1980s (Beckerleg, Telfer, & Sadiq, 2006). Heroin trafficking from Pakistan and Iran to East Africa is well established and seaports in Mombasa, in coastal Kenya, are vulnerable to drug trafficking (UNODC, 2012). Kenya has been heavily impacted by a generalized heterosexually transmitted HIV epidemic, however while the HIV prevalence among adults in the general population is 5.6%, over 20% of injectors on the coast are infected with HIV (Kurth et al., 2015; Lyerla, Murrill, Ghys, Calleja-Garcia, & DeCock, 2012). Recent estimates indicate a large and growing population of injectors in coastal Kenya reporting high risk behaviors (Kenya et al., 2011). Despite this high burden of HIV among heroin injectors, access to needle and syringe programs (NSP) and medication-assisted therapy (MAT) were publically unavailable at the time of the shortage.

The heroin shortage in Coast Province, Kenya, which occurred between December 2010 and March 2011, was precipitated a series of events that began with a speech by the former U.S. Ambassador to Kenya discussing drug trafficking, money laundering, use of drug profits by drug barons to influence political processes, particularly in the Coast Province (Michael Ranneberger, November 16, 2010). The Kenyan Minister of Internal Security then named members of Parliament and a Mombasa businessman with suspected involvement in drug trafficking. Attention was drawn to this issue at the local level; demonstrations by local women's groups challenged the government to take action against drug barons supplying drugs to users. The subsequent arrests, mostly of low-level drug dealers and peddlers, pushed higher-level suppliers underground to reduce the possibility of arrest, which in turn reduced the supply of heroin to users (Githongo & Wainaina, 2011; Munyi, 2011). The sudden scarcity of heroin rapidly led to severe opioid withdrawal and demand for treatment by thousands of drug users (Kitimo, 2010). Following the onset of the shortage, the chairman of Kenya's National Campaign Against Drug Abuse requested assistance from the U.S. Office of the Global AIDS Coordinator in carrying out an assessment to document to the consequences of the shortage and make recommendations for introducing evidence-based services for heroin users (Njenga, 2011).

In this paper, we report findings from this rapid assessment conducted in Coast Province, Kenya. We describe, from the perspective of heroin users: the landscape before, during, and after the shortage, including (a) actions taken to get drugs during the shortage and associated challenges, (b) changes in drug use patterns and types of drugs used during and after the shortage, and (c) injection practices and drug paraphernalia sharing that increased risk for blood-borne diseases, including HIV. Findings are used to make recommendations for health and other public sectors in Kenya.

Methods

The rapid assessment was carried out April–May 2012. Rapid assessment methodologies allow for quickly collecting locally relevant data, particularly with hard-to-reach and stigmatized groups. Rapid assessments are a relatively low cost method that engages the local community and target populations and makes recommendations based on local realities, which is useful in influencing policymakers. Like other qualitative methods, rapid assessments do not show magnitude, do not result in statistically significant results, and are generally only rapid in the collection, not analysis stage, as traditional coding practices are used. Additional strengths, weaknesses, and challenges of rapid

assessment are extensively discussed in the literature (Needle, Trotter, Goosby, Bates, & Von Zinkernagel, 2000; Needle et al., 2003; Singer et al., 2005).

Data collection

Field staff were recruited from the University of Nairobi-Manitoba and community-based service organizations (CSO), which have a long-standing relationship with the target population. About 30 staff received a weeklong training on individual and group interviewing, recruitment, safety, and ethical issues and were divided into two-person interviewing teams to facilitate note taking and audio recording.

Data were collected using key informant interviews (KIIs) and focus group discussions (FGDs) at seven sites: Bamburi, Kilifi, Lamu, Likoni, Malindi, Mombasa Island, Mombasa West, and Ukunda. A purposive sampling approach was used whereby CSO field staff used a verbal script to approach heroin users from drug-using communities where drug sales and use occurred. Sampling aimed at exploring a range of heroin user experiences of the heroin shortage, as opposed to sampling the population for empirical generalizations. Eligibility criteria included: at least 18 years of age, fluent in English or Kiswahili, resident of the Coast Province during the majority of the past two years, self-reported heroin or other opiate use (smoked, inhaled, or injected) at least once in the past year, and willing to take part in an audio recorded interview.

Ethical approval was obtained from institutional review boards from the Kenyatta National Hospital and the U.S. Centers for Disease Control and Prevention. Before initiating data collection, all eligible persons underwent verbal informed consent procedures. Separate open-ended discussion guides, which were organized by several domains of inquiry, were used for KIIs and FGDs. The four overlapping domains of inquiry for this analysis focused on: drug use and acquisition, service demand and utilization, extent of community support, and recommendations for needed health services for heroin users. Since discussion guide questions were based on changes over the pre-shortage, shortage, and post-shortage periods, a visual aid was used to help participants refer to the different periods. Transportation vouchers and refreshments were provided to KII and FGD participants. A total of 66 KIIs and 15 FGDs, lasting an hour on average, were conducted.

Data analysis

Audio-recorded KIIs and FGDs were transcribed verbatim in the interview language (Kiswahili) and translated into English for computer-assisted qualitative analysis in Atlas.ti. Analysis was undertaken by the first three authors. We extracted text from the complete transcripts for the four domains. All three analysts undertook multiple reads of these texts before developing a preliminary analysis codebook, which was based on an organizational system reflecting a priori themes investigated during the interviews (Table 1). For each theme, we first identified the context in terms of people, time, and space/settings, events, and actions/consequences. Next we determined probable situations linked to each of the broader thematic foci. Lastly, we identified the landscape (environment) likely to be associated conceptually with each one.

After several careful readings of the extracted text by all three analysts, each analyst was assigned a domain (one analyst was assigned two domains) to independently mark and broadly code meaningful pieces of text. We re-sorted the data by these broad codes as well as the temporal sequence (i.e., before the shortage and during the shortage), created thematic labels representing both emic categories (derived from participants) and taxonomic classification of concepts we interpreted to be related, and

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