



Section 4: HCV transmission and drug use

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Learning objective of the session:

- » Identify different risks of HCV transmission associated with drug use and provide adapted prevention messages
- » Understand which drugs are used in Kenya and how they are used (different steps of preparation and use)
- » Identify the risk associated with every step of drug preparation/use
- » Reflect on the prevention messages to provide in order to address the risks of HCV transmission

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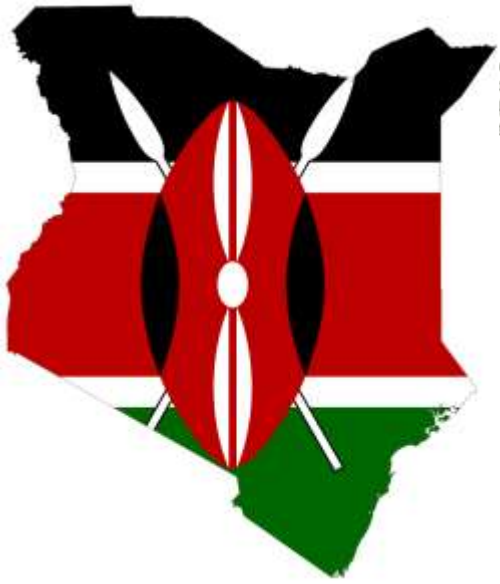
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For this session, a harm reduction intervenant (preferably a peer educator) is asked to present which drugs are used in the local context and how (demonstration).

Participants are asked to identify the risks of HCV transmission associated with every step of preparing and using drugs (facilitator remains participants that HCV is transmitted through blood-blood contact)



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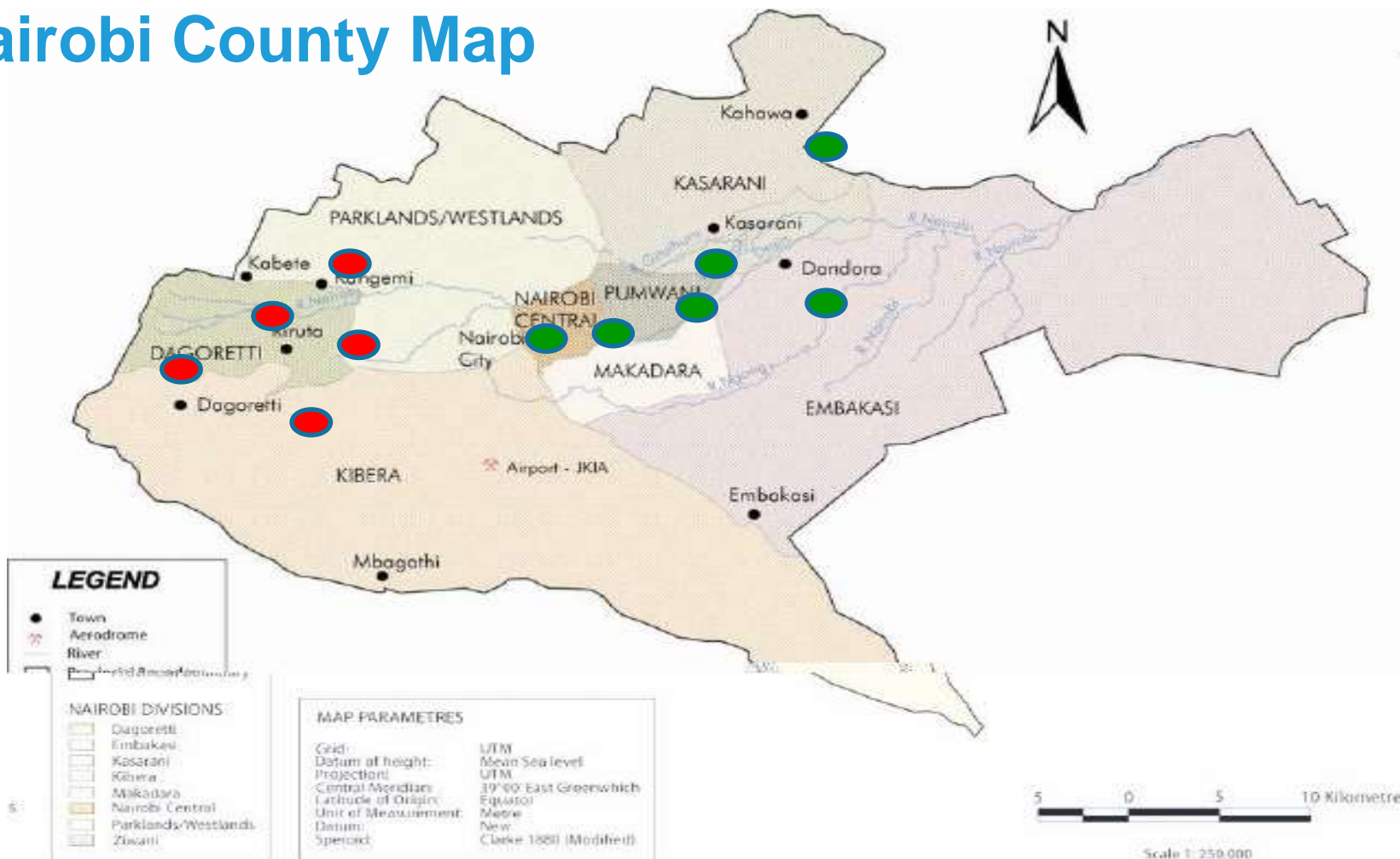


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Drugs and Drugs used Practice and Risk Behaviors In Kenya



Nairobi County Map





Street names and mode of use of common drugs in Kenya.

Type	Street name	Mode of use
Alcohol	Booze ,juice, liquor, brew, tembo, Machozi ya Simba, kiruru	drinking
Amphetamine	Crystal, Ice, speed	Sniffed , swallowed, injecting,
Diazepam	Tap tap, ma c, Tundunguru	swallowing
Cannabis sativa (Bhang)	Pot, grass, weed, boom, herb, blaze, hashish, hash oil, gangster, ngwai, dope, boza, dagga, fry, white snow, pipe/bong (mandrax & bhang), joint/nail/blunt, bomb (tobacco & bhang)	Smoked, boiled, baked
cocaine	snow, rock, crack, speed, coke	Snorting, injecting, smoking (freebasing)
Heroin	Brown sugar, white crest, unga, kichwiri	Injecting, smoking, chasing the dragon sniffing
Miraa or Khat	Muguka, veve, mbachu, mairungi, mogoka, kiruri,	, Chewed, drunk as tea
Tobacco	fegi, mozo, butts, fags, kafera, smoke, sigma, sigara, zale, puff, cancersticks	Smoked, chewed, sniffed
Glue	biere	sniffing



Poly drug use/mixing drugs

Of importance to note is that most drug users are poly drug users. Most commonly mixed drugs are

- I. Cannabis Sativa and heroin –smoked as a concoction
- II. Tobacco and heroin – smoked as a concoction
- III. Sniffing of glue
- IV. Drinking of illicit brews and third generation alcohol
- V. Prescribed antipsychotic drugs – diazepam, largactil and artane
- VI. Some clients have reported use of rohypnol and cocaine though is not common

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Heroin use



Smoking



injecting



Sniffing

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NSP KIT



Remember:

*One Needle, One Syringe,
only One Time.*





Functions of materials

Important materials that should be contained in the kits for safe injection are:

- » Clean and sterile needle and syringes
- » Sterile water
- » Sterile cup
- » Alcohol swabs
- » Dry Cotton
- » Filter
- » Plaster (If available)



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Needle syringe and sterile water

Clean and sterile needle and syringes

Readily available, all contacts are reached at least twice a week. However, instances of sharing and reuse have been recorded.



Sterile water

Unsterile water used, some clients have the habit of reusing an opened water bottle and sharing.

Reuse of the same Syringe in the water 10ml Ampoule – they are afraid to lose residual drug .



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Sterile cup

Sterile Cup

Not used at all, but the top cover of the syringe is used instead. Sometimes reused there is the risk sharing covers.



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Alcohol Swab

- » One alcohol swab provided to use with one syringe
- » Most clients do not swab before injection
- » Most injecting sites are visibly dirty – beneficiaries occupation.
- » Lack of good technique to swab



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Dry Cotton

- » Only four swabs per kit of ten
- » They press themselves with their bare hands or thumb



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- » **Cleaning of hands and the injection site rare**
Using of soap and water to wash your hands is rare
- » Wiping of the injection site with an alcohol swab rare





Risk behaviors: during injection

- » Cases of reuse of needles still
- » Flushing of blood and letting the syringe in situ for long
- » Not washing hands
- » Hardly rotates injecting sites (mostly preferred arms)
- » Using of dirty tourniquet or improvised home made tourniquet .
- » Using of dirty linen clothes and plants as tourniquet .
- » Sharing of drugs

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Collection of scattered N/S

- » Often used N/S lie scattered in fields/hotspots
- » These might prick children or other IDUs
- » or be reused by other IDUs





Collection of scattered N/S

While collecting scattered N/S from the field/hotspots:

1. Thick gloves and tongs used to collect used needles by Ows
2. Needle recapping common
3. Bending of used needles common
4. Use puncture / leak proof containers with proper lid for collection used sometimes challenging due to weather.

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Collection of scattered N/S

- » N/S sometimes put in the puncture proof container facing upwards which can cause accidental injury
- » manual (direct hand) transfer of needles / sharps waste from one container to another witnessed
- » Putting N/S in waste bags



Vulnerability due to illegality, ignorance and lack of skill

- » Since injecting drugs is an illegal act that is perceived to be ‘socially deviant’, IDUs usually inject at places which are hidden from view. Such places are mostly not clean, injecting at such places is associated with risks of acquiring infections.
- » Inability to clean the injecting site properly due to sense of urgency or withdrawal symptoms, increases the risk of infections.
- » Blockage of veins due to overuse leads to IDUs injecting in veins which are dangerous. Injecting in these areas is also associated with risk of excessive bleeding.
- » The most risky aspect however, is the sharing of injection equipments. Injecting is very often a group activity. Consequently IDUs sometimes share their injecting equipment like needles, syringe, covers and other injecting paraphernalia.



Challenges for new injector

- » New injectors need help for the injection (Helpers may be senior users or dealers or ‘site drs’)
- » Helper rarely use spirit swab or hand washing before injection
- » He sometimes helps while injecting himself or after injecting him without hand washing.
- » He helps injecting several users and there is no proper hand washing between person to person
- » New injectors trying for the injection at that time they also need helpers to hold the arm and touch the vein .
- » Sometimes they use sprit swab, paper, leaves or their clothes after injection.



Challenges for new injector

- » Young injectors lack money and pool recourses to buy drugs increasing chances of sharing .
- » Young and new injectors are often shy , do not want to be exposes themselves and tend not to seek medical care.
- » May not understand risks of PWID



Challenges for prevention in Nairobi

- » Facilitating health education talks on site very challenging
- » Most of the users are rarely on site they fear arrest by police.
- » There are no safe houses in Nairobi, shooting dens are constantly raided by police .
- » Using sites include abandoned building which are poorly lit, overgrown bushes , dark small street alleys, Garbage dumping sites .
- » Constant displacement of users from drug using sites .
- » General public suspicious of outreach workers
- » Having a clear message on type of syringe used.



Challenges regarding availability of commodities

- » In case of government crack down, outreach work is stopped , hence lack commodities
- » Cases of burning of commodities by community members and clients
- » Consistency in supply of good quality needles



Possible Risk Behaviors for Hepatitis C

- » New injectors have the risk for diseases transmission through the dealers or 'site Dr' who handle the drugs with blood stained hands after self injection.
- » Sharing of needle and syringe in some area where NSEP services didn't reach or temporarily stopped the activity.
- » Sharing of water for injection in some outreach sites.
- » Sharing of spirit swab or helping injecting without hand washing.

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Other modes of use

- » Smoking – sharing of filter, sharing of cigarette butts
- » Sniffing –
- » Snorting – sharing of pipes



Glue- inhalants

- » Bought from petro stations
- » Mode of use –inhaling
- » Commonly shared amongst peers
- » Harm effects include nose bleeding and rashes around mouth and nose



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- » After the demonstration the trainer facilitates a brainstorming on the different risks of HCV transmission associated with drug use :
- sharing needles and syringes
 - sharing water, cups (mixing recipients)
 - sharing filter, cotton, alcohol swabs
 - injecting others or being injected by someone else
 - sharing sniffing straw



Exercise

- » Participants are divided into groups of 3 to 5. Groups are asked to formulate messages for preventing HCV transmission during drug use not using negative formulations such as « do not... » or « avoid... »
- » Alternative: groups are asked to advise PWID how to protect themselves from HCV transmission in the following situations :
 - buying and sharing drugs with friends
 - needing the help of somebody for injection

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