

HARM REDUCTION, LAW ENFORCEMENT AND AN ENVIRONMENT FOR ADDRESSING HEPATITIS C, DRUG USER HEALTH AND HUMAN RIGHTS

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1st INHSU Regional Conference on Hepatitis Care in

Substance Users: INHSU 2020 Africa

DCEA-TANZANIA

Outline

- Introduction
- Magnitude of drug problem and HCV
- Current Status
- Challenges
- Way Forward

Introduction

- Harm Reduction
- Law Enforcement
- Environment for addressing HCV {accessible, wide coverage, sustainable}
- Health of a drug User (integrated)
- Human rights

Magnitude of the World Drug Problem

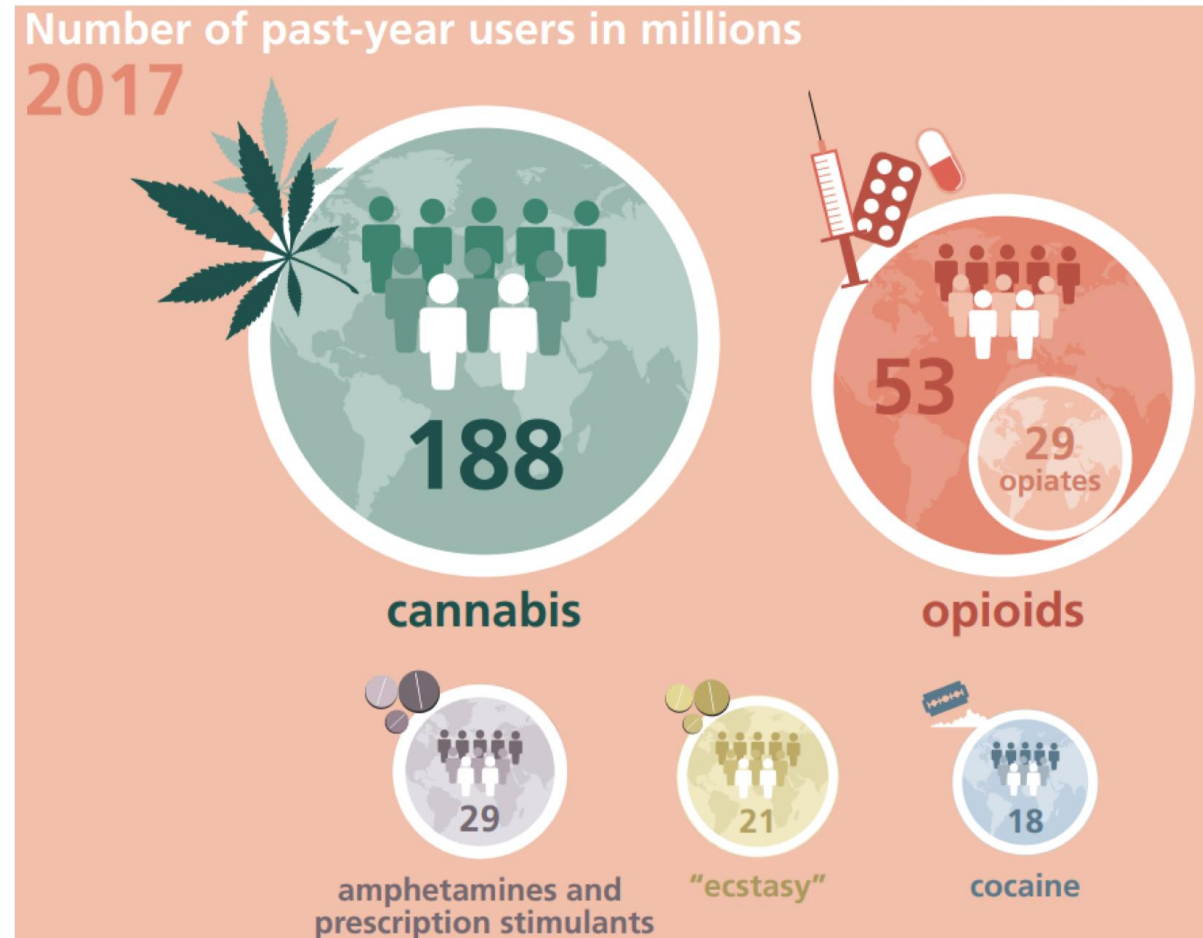
2019 WORLD DRUG REPORT

Challenge: Ministerial Declaration

the abuse, ... of narcotic drugs and psychotropic substances have reached record levels

Among the estimated 271 million past-year users of any drug, some 35 million or almost 13 per cent, are estimated to suffer from drug use disorders, meaning that their drug use is harmful to the point where they may experience drug dependence and/or require treatment.

- Cannabis remains by far the most commonly used drug
- Opioids present the greatest harm to the health of users
- Use of amphetamines, especially methamphetamine, is increasing in parts of Asia and North America



PWIDS Data from 2017 World Drug Report

- There are 10.6 PWIDs Worldwide

- ❖ *1.3 million HIV positive*

- ❖ *More than 5.6 million HCV positive*

- ❖ *1 million co infected with both HIV and HCV*

- ❖ *60,000 AIDS related deaths*

- ❖ *222,000 HCV related to Deaths*

Coverage of Harm Reduction Services

- Globally HCV infection among PWUDS rose by 33% from 2011 to 2015
- Evidence of harm reduction in prevention and treatment of HCV and HIV is Overwhelming
- Yet the coverage of harm reduction programs is woefully inadequate
- Among 108 countries that reported data to UNAIDS only 53 countries
 - ❖ *Africa only 3 out of 47 countries*
- Countries which invested and supported much in Harm Reduction have reduced new HIV and HCV
 - ❖ Portugal
 - ❖ Tanzania, Kenya, Mauritius , Morocco, Egypt

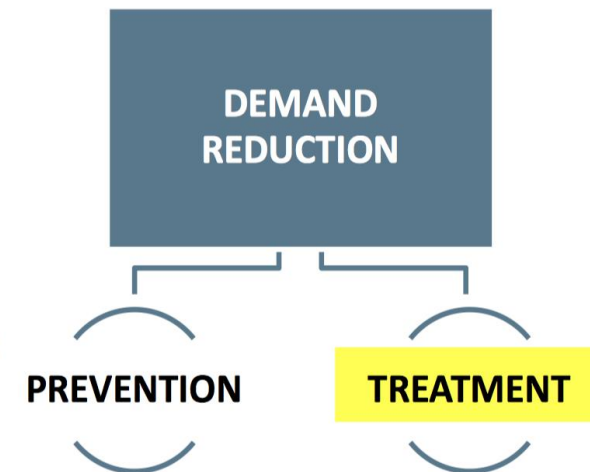
Treatment of drug use disorders, rehabilitation, recovery and social reintegration; prevention, treatment and care of HIV/AIDS, viral hepatitis and other blood-borne infectious diseases

*Recognize **drug dependence** as a complex, multifactorial health disorder characterized by a **chronic and relapsing nature** with social causes and consequences that can be prevented and treated*

HOW TO TREAT DRUG USE DISORDERS

scientific evidence-based drug treatment, care and rehabilitation programmes;

COMMITMENT TO facilitate access to treatment and strengthen capacity for aftercare for and the rehabilitation, recovery and social reintegration of individuals with substance use disorders;



Why some countries do while others don't

- Low level of awareness of drug problem
- Lack of Epidemiological data
- Unsuitable Policy, Laws and Practices
- Stigma and Discrimination
- Lack of services (user friendly services eg women and adolescents)
- Poor cooperation
 - ❖ *Local*
 - ❖ *National*
 - ❖ *Regional*
 - ❖ *International*
- ***Limited Resource***

Tanzania Situation

- Drug Control Commission 1995-2015
- New Law –Act No 5 of 2015
- Launching of Drug Control and Enforcement Authority in 2017
- Establishment of Drug Policy in process 60%
- Scaling up of harm reduction

NATIONAL STRATEGIC PLAN

THE UNITED REPUBLIC OF TANZANIA

**MINISTRY OF HEALTH,
COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN**



**NATIONAL STRATEGIC PLAN
FOR THE CONTROL OF VIRAL HEPATITIS
2018/19 -2022/23**

Gmail Search mail

Compose

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Important

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Categories

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Priority Area 4: Key and Vulnerable Groups (People Who Inject Drugs, Pregnant women, and Travellers needing special circumstances i.e. (people under military assignments or attending international events or travelling to endemic areas, pilgrims etc)

Specific Objective: Enhancing access on viral hepatitis preventive services among Key and Vulnerable Groups

Strategic interventions	Activities
2.5 Ensure that people who inject drugs pregnant women, and Travellers needing special considerations, have access to viral hepatitis prevention services.	2.5.1 To improve access to viral hepatitis screening, testing, linkage to care and treatment for PWID attending harm reduction services and/or in MAT clinics as part of a comprehensive package on harm reduction services 2.5.2 To utilize Needle Syringe Exchange demonstration project in HIV/AIDS Program for prevention of viral hepatitis 2.5.3 Improve access to viral hepatitis prevention services to travellers in need of special considerations(people under military assignments or attending international

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	events or travelling to endemic areas, pilgrims etc) 2.5.4 To improve access to viral hepatitis screening and referral to care and treatment services for pregnant women attending Reproductive and Child Health clinics (RCH)
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Awareness Campaigns at all level

- Understanding the drug problem and its associated consequences
- Need for establishment of Drug Epidemiological Data
- Need for Drug Prevention and Treatment Programs
- Integrated and Balanced Harm Reduction programs using EBPs
 - ❖ Accessibility
 - ❖ Availability
 - ❖ Sustainability
 - ❖ Coverage
- Establishment of suitable policies related to hepatitis C, HIV, TB and health care for people who use drugs, with a specific focus on sub-Saharan Africa
- Eliminate Stigma and Discrimination
- Enhance cooperation at all levels from local, national, regional to International levels

Modified Comprehensive Package

- Needle Syringe Program
- Opioid Substitution Therapy /MAT
- HIV Testing and Counselling
- ARV
- Sexual Transmitted infection
- Condom Distribution
- TB screening and Treatment
- Hepatitis B and C management
- Information Education and Communication
- Overdose prevention

■ **AFTER CARE AND SOCIAL REINTEGRATION**

Meaningful Participation

- People who use drugs
- People living with viral hepatitis
- Health care providers
- Harm reduction Advocates and experts
- Program managers
- researchers, the pharmaceutical and diagnostic industries, and policy-makers
- Law enforcement Agencies and Policy makers

RECOMMENDATIONS

- Every one of us should be an advocate for prevention, treatment and care
- Advocacy to enhance knowledge to policy makers so that suitable national policies and programs are established taking into account the respect for all human rights and fundamental freedoms
- Non discriminatory access to health, care and social services
- Effective establishment and supervision of suitable integrated drug treatment and rehabilitation programs
- Mainstreaming and promoting gender perspectives in drug-related policies and improving access to health and social services
- Promote and implement effective coordination among the justice, education and law enforcement sectors and social service of suitable harm reduction policies and Evidence Based Interventions
- Enhance Local , National, Regional and International Cooperation

ASANTE SANA

**LET US GO AND BE
ADVOCATES FOR CHANGE IN
OUR RESPECTIVE COUNTRIES**