

# GDPO Situation Analysis

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### Drug Policy in East Africa<sup>1</sup>

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#### Subject

Traditionally, East African countries have followed punitive drug policies and criminalised drug use. For People Who Inject Drugs (PWID) there is limited access to health care services. Many policy makers in this region are yet to understand the shift toward public health approaches; a shift that encourages drug users to access health care to prevent and reduce the risk of HIV infection. The East Africa Community in collaboration with KANCO (Kenya Aids NGO Consortium) is working to develop a regional policy targeting people who use drugs. If approved, the document will act as blueprint for the region in service delivery for people who inject drugs.<sup>3</sup>

#### Regional Trends

East African countries such as Kenya, Ethiopia, Seychelles, Mauritius, Tanzania and Uganda were traditionally transit countries for drugs, but there is evidence of increasing levels of drug consumption. Cannabis is the most widely used with an estimated of 6.6 million consumers. However, according to the International Narcotic Control Board (INCB) heroin abuse is rising in those countries.<sup>4</sup> In other regional contexts (for example Eastern Europe and Central Asia) HIV prevalence is higher among PWID than the general population. According to UNAIDS (2017) Eastern African countries had 5 million people living with HIV in 2017 but the number of PWID with HIV is not clear.<sup>5</sup>

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<sup>1</sup> This Situation Analysis was produced as part of a GDPO collaboration with Central European University's School of Public Policy (see <http://gdpo.swan.ac.uk/?p=494> for more information)

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<sup>3</sup> Gumba, D. (2018). Drug trafficking - East African states discuss regional policy on drugs. ENACT Africa. Accessible: <https://enactafrica.org/research/trend-reports/east-african-states-discuss-regional-policy-on-drugs>, 05.17.2018

<sup>4</sup> International Narcotics Control Board, Report 2016. Published 2017, 49. [https://www.incb.org/documents/Publications/AnnualReports/AR2016/English/AR2016\\_E\\_ebook.pdf](https://www.incb.org/documents/Publications/AnnualReports/AR2016/English/AR2016_E_ebook.pdf).

<sup>5</sup> UNAIDS (2017). Data 2017. [unaids.org](http://www.unaids.org). Accessible: [http://www.unaids.org/sites/default/files/media\\_asset/20170720\\_Data\\_book\\_2017\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/20170720_Data_book_2017_en.pdf), 05.16.2018

For Mauritius see: <http://www.unaids.org/en/regionscountries/countries/mauritius>, and for the Seychelles: <http://www.unaids.org/en/regionscountries/countries/seychelles>

Some countries such as Mauritius, Tanzania and Seychelles have made provision for harm reduction policies to support healthcare services for PWID, but East Africa governments have largely remained wedded to a criminal justice approach.<sup>6</sup> For example, in Kenya and Tanzania the legal and policy environment continues to criminalise the possession of needles and syringes. Law enforcement practices pose obstacles for PWID to access services including outreach and methadone services due to stigmatisation and the fear of arrest and harassment.<sup>7</sup> A lack of data collation and statistical information has made it difficult to convince policy makers to budget into healthcare access for drug use related infections. Unsafe injecting drug use is something that most high-level policy makers in the region see entirely as criminal and have limited knowledge about.

## Country Specific Trends in East Africa

**Kenya's** epidemiological profiles of key populations demonstrate higher HIV prevalence for PWID. For example, in Nairobi, HIV prevalence among PWID is 18.7%.<sup>8</sup> Kenya currently has no laws supporting harm reduction services, and the carrying of injecting equipment is criminalised leading to risk of arrest for outreach workers and users.

**Ethiopia's** HIV/AIDS Strategic Plan (2015-2020) only identifies female sex workers, truck drivers, migrant/seasonal/daily laborers and prisoners as key population affected by HIV.<sup>9</sup> As a result, no data on HIV infection among PWID have been collected in the country.<sup>10</sup>

**Seychelles** respondent driven survey undertaken in 2011 established that the prevalence of HIV, Hepatitis C and other Sexually Transmitted Infections (STIs) in PWID was approximately 3.8%.<sup>11</sup> In 2016, the government of Seychelles amended legislation the Misuse of Drugs Act 1990 that shift from punitive approach on drug offenses to a more humane drug policy that supports harm reduction services such as education and rehabilitation for drug users in government facilities in all the Islands.<sup>12</sup> The amendment of the legislation resulted in the released of more than 150 prisoners charged for drug offenses.<sup>13</sup>

**Mauritius** endorsed the harm reduction policies such the needle and syringe programmes (NSP) and opioid substitution treatment (OST) as the primary prevention interventions for HIV and hepatitis C prevention since 2006.<sup>14</sup> In 2012, it was estimated that over 50% of PWID accessed to OST and around 50% NSP.<sup>15</sup> However, the Dangerous Drugs Act 2000 criminalises drug use and PWID.<sup>16</sup> Mauritius is identified as one of the countries with

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<sup>6</sup> Harm Reduction International (2016). The Global State of Harm Reduction. hri.global. Accessible: [https://www.hri.global/files/2016/11/14/GSHR2016\\_14nov.pdf](https://www.hri.global/files/2016/11/14/GSHR2016_14nov.pdf), 05.17.2018

<sup>7</sup> Phelan, M., Nougier, M., Bridge, J. (2013). HIV Prevention Among People Who Use Drugs in East Africa. idpc.net. Accessible: [http://fileserv.idpc.net/library/IDPC-Briefing-Paper\\_HIV-prevention-among-PWUD-in-East-Africa.pdf](http://fileserv.idpc.net/library/IDPC-Briefing-Paper_HIV-prevention-among-PWUD-in-East-Africa.pdf), 05.17.2018

<sup>8</sup> Ministry of Health, Kenya (2012). Geographic Mapping of Most at Risk Populations for HIV (MARPs) in Kenya. Integrated Community Online Platform. Accessible: <http://www.icop.or.ke/wp-content/uploads/2016/09/Kenya-mapping-report-NASCOP-and-UoM-2013.pdf>, 05.17.2018

<sup>9</sup> Federal HIV/AIDS Prevention and Control Office (2014). HIV/AIDS Strategic Plan 2015-2020. UN HIV and Health Education Clearinghouse. Accessible: <https://hivhealthclearinghouse.unesco.org/sites/default/files/resources/22292.pdf>, 05.17.2018

<sup>10</sup> Country/Regional Operational Plan (COP/ROP) 2017, Strategic Directory Summary published on April 21, 2017 <https://www.pepfar.gov/>

<sup>11</sup> UNAIDS (2016). Country factsheet: Seychelles. UNAIDS.org. Accessible: <http://www.unaids.org/en/regionscountries/countries/seychelles>, 05.17.2018

<sup>12</sup> Patsy Athanase and Sharon Uranie, 'Seychelles Judiciary Releases 150 Drug Offenders as New Law Comes into Effect', *Seychelles News Agency*, 18 November 2018, <http://www.seychellesnewsagency.com/articles/6286/Seychelles+judiciary+releases++drug+offenders+as+new+law+comes+into+effect>

<sup>13</sup> Athanase and Uranie.

<sup>14</sup> Tim Rhodes and Reychad Abdool, 'Drug Harms and Drug Policies in Sub-Saharan Africa: Implementation Science and HIV Epidemics', *International Journal of Drug Policy* 30 (April 2016): 1–6, <https://doi.org/10.1016/j.drugpo.2016.02.025>. P. 1

<sup>15</sup> Rhodes and Abdool. P.1

<sup>16</sup> National AIDS Secretariat, 'Mauritius People Living with HIV Stigma Index' (Prime Minister's Office Mauritius, 2013). P. 85

significant population with PWID that prevalence with HIV infection in the last few years.<sup>17</sup> In 2011, it was estimated that 51.6% out of 10,000 people who inject drugs had HIV infection.<sup>18</sup>

**Tanzania** has put in place health care policies to support harm reduction services such as NSP in 2010 and OST in 2011 respectively.<sup>19</sup> However, recent arrests of drug users, and threats by government to de-register harm reduction services is limiting access and distribution of health care. Tanzania has a national HIV prevalence of 4.7%.<sup>20</sup> An assessment of risk practices amongst drugs users in Dar es Salaam found that HIV prevalence amongst PWID was 36% for men and 67% for females who inject drugs (FWIDs). HCV prevalence was 28%.<sup>21</sup> The majority of PWID are concentrated in low income pockets of Dar es Salaam.<sup>22</sup>

**Uganda's** National Drugs and Psychotropic Substances (Control) Act criminalises drugs both trafficking and possessions. Drug trafficking can result in life imprisonment while drug procession and/or possession of associated equipment for drug use such as pipe or utensil can lead a person to serve 10 years in prison or minimum fine of 10,000,000 Ugandan shillings (approximately USD 3,000).<sup>23</sup> Only in 2017, the Ministry of Health authorised a pilot harm reduction service to be available in five referral district hospitals in five regions across the country.<sup>24</sup> This has come with no commitment to support policy review for service delivery at a time when emerging evidence shows that there are approximately over 800 injecting drug users in Kampala town.<sup>25</sup>

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<sup>17</sup> AVERT, 'HIV and AIDS in East and Southern Africa Regional Overview', AVERT, 20 July 2015, <https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/overview>.

<sup>18</sup> National AIDS Secretariat, 'Mauritius People Living with HIV Stigma Index'. P. 16

<sup>19</sup> Prime Minister's Office, Tanzania (2013). Tanzania Third National Multi-sectoral Strategic Framework for HIV and AIDS (2013/14-2017/18). Nationalplanningcycles.org. Accessible: [http://www.nationalplanningcycles.org/sites/default/files/country\\_docs/Tanzania/nmsf-iii\\_eng\\_final\\_report\\_2013mail.pdf](http://www.nationalplanningcycles.org/sites/default/files/country_docs/Tanzania/nmsf-iii_eng_final_report_2013mail.pdf), 05.17.2018

<sup>20</sup> CIA (2016). Country Comparison: HIV/AIDS – Adult Prevalence Rate. CIA.gov. Accessible: <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2155rank.html>, 05.17.2018

<sup>21</sup> Médecins du Monde (2011). Assessment of risk practices and infectious disease among drug users in Tanzania. Isuu.com. Accessible: [https://issuu.com/medecinsdumonde/docs/mdm\\_report\\_tanzania](https://issuu.com/medecinsdumonde/docs/mdm_report_tanzania), 05.17.2018

<sup>22</sup> Ibid.

<sup>23</sup> Human Rights Awareness and Promotion Forum, 'The Narcotic Drugs and Psychotropic Substances (Control) Act, 2015 and the Legal Regulation of Drugs Use in Uganda: Analysing the Tension between Criminal Law, Public Health and Human Rights' (Human Rights Awareness and Promotion Forum, October 2016).

<sup>24</sup> International HIV/AIDS Alliance (2017). Breakthrough as Uganda announces harm reduction pilot. Aidsalliance.org. Accessible: <https://www.aidsalliance.org/news/989-breakthrough-as-uganda-announces-harm-reduction-pilot>, 05.17.2018

<sup>25</sup> Uganda Harm Reduction Network (2017). Annual Report. IDPC.net. Accessible: [http://fileserv.idpc.net/library/UHRN%20Annual%20Report%202017%20\(3\).pdf](http://fileserv.idpc.net/library/UHRN%20Annual%20Report%202017%20(3).pdf), 05.17.2018

## **Ways Forward: KANCO**

The Kenya Aids NGO Consortium (KANCO) together with the East Africa Community (EAC) began a process under the Global Fund regional grant to formulate a regional draft policy on harm reduction services for people who inject drugs. If adopted by the intergovernmental organization, East Africa will be the first region on the continent to formulate a harm reduction policy. Health Experts drawn from the EAC member states have held periodical meetings since May 2016 to deliberate on the draft policy, ahead of further consideration and validation by the East Africa legislative assembly.

A comprehensive policy at the regional level such as the EAC would encourage member states to review and update their national laws and create an enabling environment for harm reduction interventions; this would complement the demand reduction and supply suppression approach which is being implemented by the governments in the region.

## **Ways Forward: KANCO**

Eastern Africa continues to have a rise in HIV infections across the population, the epidemic is concentrated among drug users, men who have sex with men, and sex workers. As a response to curb the spread of HIV, there is need for policy makers in East Africa to shift from the single focus of demand reduction to the public health approach. A regional policy supported by governments that focuses on harm reduction services is essential to contain the risk of a new wave of HIV infection.

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