"I can change my life"

Perceptions and experiences of people who use drugs engaging in medication assisted treatment in Kiambu County, Kenya

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Background

In 2020, approximately 284 million people used drugs worldwide, with





Poster No. 45

around 60 million using opioids. The increasing availability of drugs such as heroin, cocaine, and methamphetamine especially in urban areas compound the burden of drug use in Africa. In Kenya it was estimated that in 2021 there were 26,673 people who use opioids, with 3,312 in Kiambu county. The MSF Kiambu people who use drugs (PWUD) project started in September 2019 in partnership with the Ministry of Health. By the end of April 2022, 590 PWUD had been enrolled in the medically assisted therapy (MAT) program with a retention rate of 69.8 per cent. This study was launched to generate understanding of PWUD's perceptions and experiences regarding their daily lives and drug use behaviours, and challenges to their engagement in the MAT program.

Methods

This qualitative research study involved in-depth individual interviews (39), paired interviews (7), and group interviews (15). Purposive and convenience sampling was applied. Participants were selected by PWUD peer educators and LVCT members. Interviews were audio recorded and transcribed verbatim. Transcriptions were coded manually and with NVivo 1170 and analysed using qualitative content analysis. Methodological triangulation enhanced interpretation.

Results

The study found various challenges for PWUD to enrol and remain in the MAT program. Quitting heroin requires personal motivation and 'exit strategies' from the hotspots and dens that PWUD's lives revolve around. Respondents reported the motivation to manage withdrawal with MAT, as expressed by one female participant in a focus group: 'I can change and transform my life'. However, replacing heroin with MAT, 'the medicine', was not sufficient to ensure meaningful recovery. Coping with a change in lifestyle and behavioural patterns, and the need to develop new perspectives on how to deal with 'idleness' were identified as barriers. Structural challenges ranged from accessing the program daily to maintaining a job or finding occupational opportunities.

Ethics

This study was approved by the MSF Ethics Review Board and by the Kenya Medical Research Institute's (KEMRI's) Scientific and Ethics Review Unit (SERU) in Nairobi.

Acknowledgements

We would like to thank all the research participants in Kiambu County who contributed to this study, trusted us and shared their personal experiences regarding their life as active heroin users, MAT patients, peer educators, community health workers and all healthcare workers who engage with PWUD on a daily basis. Also, we would like to thank the MSF teams in Kenya as well as MSF headquarters in Brussels and Vienna for their valuable support. We particularly want to thank the local authorities in Kenya, the ethical committee of KEMRI and the MSF Ethics Review Board for validating this study.

Conclusion

The study revealed the complex challenges PWUD are confronted with when trying to stop using heroin. MAT is necessary but insufficient without engaging with mental, social, economic, and behavioural conditions that push people towards opiate dependency. MAT programs need to be comprehensive and address medical, psychosocial and structural factors, supporting people as they re-build their lives and restore their broken social conditions through occupation and employment. "When you go to MAT, you go to change, and in the process of changing you become idle because of the areas you were used to going to, you now avoid them because the only thing that made you steal is the *arosto* [withdrawal]. And now because you don't have *arosto* you cannot risk yourself anymore, so you try and find genuine work." *FGD active drug users and MAT defaulters*

