

SUBSTANCE USE PRACTICES AMONG PEOPLE WHO INJECT DRUGS IN KENYA PREPARING FOR HEPATITIS C TREATMENT

Riback LR¹, Nyakowa M², Musyoki H², Lizcano J³, Cherutich P², Kurth AE³, Akiyama MJ¹

1. Albert Einstein College of Medicine, Montefiore Medical Center, Bronx, NY;
2. Kenya Ministry of Health, National AIDS&STI Control Program (NAS COP), Nairobi, Kenya;
3. Yale University School of Nursing, Orange, CT;

Background:

Despite advances in HCV treatment, ongoing injection drug use (IDU) can lead to HCV reinfection among other adverse health impacts. We aimed to determine baseline consumption behaviors and motivation to reduce IDU among people who inject drugs (PWID) engaged in medication-assisted treatment (MAT) and needle and syringe programs (NSP) in Kenya prior to HCV treatment.

Methods:

We surveyed 95 PWID intended to receive HCV treatment in Nairobi and Coastal Kenya to determine HCV treatment outcomes and correlates of sustained virologic response (SVR) among PWID engaged in MAT or NSPs. We conducted a secondary analysis examining drug practices and motivation to reduce IDU at baseline.

Results:

Participants were predominantly male (85.3%), mean age of 36.5 years (SD=±6.5). While 72.6% were receiving MAT, almost all (95.8%) reported any drug use in the last 30 days. Most participants (n=87, 91.6%) reported injecting an average of 3.1 (SD=±0.9) injections/day on the days they injected in the last 30 days. Average age of first injection was 27.7 years (SD=±6.5). All individuals reporting IDU in the last 30 days injected heroin (100%). During the same timeframe, those reporting IDU also reported smoking marijuana (64.4%), ingesting or chewing bugizi/rohypnol (24.1%), and chewing khat/miraa (9.2%). Many indicated they were ready to reduce or stop IDU (64.2%), 23.2% already reduced or stopped IDU, three expressed some interest, and one did not perceive a need to reduce their IDU despite injecting heroin and polysubstance use in the last 30 days.

Conclusion

Despite high MAT engagement and motivation to reduce or stop IDU, most participants reported IDU in the last 30 days. Many also reported polysubstance use. Models of care that co-locate HCV treatment within existing harm reduction services are essential to promote HCV treatment uptake, SVR, and curb re-infection; however, additional supportive services are needed to promote reduction in IDU and polysubstance use.

Disclosure of Interest Statement:

The project described was supported by the Grant Number R01DA032080 and R01DA032080-05S1 from the National Institute on Drug Abuse of the National Institutes of Health. The sponsor of the study had no role in study design, data collection, data analysis, data interpretation, or writing of the report.