UNODC-WHO programme on Drug Dependence Treatment and Care

Implementing MAT in Tanzania: Scale-up and moving to take home methadone dosing

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Disposition

1. Introduction
2. Why Implementing MAT in Tanzania?
3. Key Players in MAT pilot implementation
4. Preparations for MAT program
5. The MAT delivery model
6. Current progress summary
7. Challenges
8. Roll out plans
9. Take home doses

Tanzania

- Eastern Africa
- Population: 45m
  - <15 years: 43%
  - Urban pop: 20%
- Ethnicity:95%-Bantu
- Life expectancy: 53yrs
- HIV prevalence: 5.1%
- HIV prevalence

PWUDS 25-55%

Introduction…

- Commonly misused substances in TZ include alcohol, tobacco, cannabis, khat, heroin, benzodiazepines (valium) and cocaine

- Traditionally, national efforts targeted towards supply reduction with little emphasis on the treatment of affected individuals

Introduction…

- **Detox and psychosocial interventions were main treatments in mental health care settings**

- **Majority with Persistent Substance Use Disorders(PSUD), would not accept care in mental health settings due to double stigmas of mental illness and PSUD**

WHY IMPLEMENTING MAT IN TANZANIA?

Heroin Injection Use Epidemic

Heroin Injection Use……….

TIBA

Heroin Injection Use……….

ELIMU
TIBA
UTAFITI

ELIMU
TIBA
UTAFITI

Heroin Injection Use……

- Injection drug use is highly associated with Increased HIV rates among drug using population linked with;
  - Increased sexual risk behaviors
  - Increased risks of sharing injection equipment
  - Increased rates of incarceration
  - Increased rates of criminality

Heroin Injection Use……

- **Early 2000s,injection drug use became apparent following the RSA done in five zones of the TZ country**
  - **(Disbelief abound NOT Tanzanian; foreign behaviours, not our children, not injections, no good food to eat…….)**

- **Increased bio-psychosocial related problems;**
  - **High rates of TB, STI, heroin overdose, family disintegration, psychiatric manifestations, increased rates of criminality and incarceration**

Heroin Injection Use……

- Increased rates of Blood borne infections;
  - (HIV and Hepatitis) among PWID linked with:
    - Increased sexual risk behaviors
    - Increased risks of sharing injection equipment

No country estimates but…

- A conservative estimate (2009) of 25,000 injectors, majority (15,000) residing in Dar es Salaam, TZ

- Mapping - many shooting galleries at different levels
  - Fear of imprisonment abound as only 2.4% have never been incarcerated in prison
  - Sexual violence as an adult (by partner or non partner)

No country estimates but…

- Many galleries showing high levels of risky sexual and injecting practices
  - The higher the number of sexual partners in last 30 days associated with HIV seropositivity

- Needle sharing practices was alarming
  - A survey (2003), all women (n=123), and 20% (n=237) of men shared needles with someone else
  - Practices of “flash blood” and “points” were also reported among injectors

No country estimates but…

- A community based survey among PWIDS in Dar (2006) showed overall 42% (n= 315 males, 219 females) HIV seropositivity
  - HIV seropositivity - higher amongst women (62%) above average national level of 7% in 2004

- Why women ....
  - Sex for drugs?
  - Sex for money to buy drugs?
  - Female sex workers who Happen to use drugs?

Does it matter?

No country estimates but…

- A recently concluded community based study in Dar es Salaam (2011) shows:
  - Overall 51% (n=419 PWIDs) HIV seropositivity
    - But higher (71.4%) amongst women (n=98) above national level of 5.8% in 2010
  - HCV infection overall prevalence rate was 75.5%
    - But higher amongst women (83.7%) – no county data

PWIDs are a bridging population to the general population at large; if we need a handle on the HIV and Viral Hepatitis epidemic,

WE SHOULD ACT NOW

MILESTONE TOWARDS HARM REDUCTION IMPLEMENTATION

Key players in MAT pilot implementation

THE EVIDENCE:

- **Psychiatry and Mental Health ~ 2000 to date**
  - *Muhimbili Hosp and Muhimbili University following RSA in 2001 that established need for treatment and care for PWIDs*

THE POLICY AND COUNTRY PLANS:

- **Drugs Control Commission (DCC) ~ 2000 to date**
  - **Established by Act No. 9 of 1995 for Defining, Promoting and Coordinating the Policy of the Government on Drug Control *through drug supply and demand reduction***

Key players…..

- **Engagement with key stakeholder in treatment: MoHSW**
  - HIV related interventions throughout the country
    - Managing PWUD in their health facilities
      - Managing drugs related mental disorders

Key players in MAT pilot implementation……

- **Tanzania AIDS Prevention Program (TAPP) is PEPFAR funded through MUHAS under CDC**

  - **Aim at HIV risk reduction, Care and Treatment of drug users and their network in Dar through;**

    - **Community IDU program, mobile HTC, MAT**
    - **Contracted four CBOs that provide outreach component of the program and escorted referral to nearby health facilities and Methadone clinics**

Joining Efforts……
(no one person can do it all)

- **DCC, MoHSW and MUHAS/MNH TAPP, TA from University of Texas and Pangaea Global AIDS with funding from PEPFAR/CDC Tanzania**

- **Several non health collaborators and stakeholders advocacy and sensitization meetings/workshops**

Preparations for MAT program

- Advocacy – Local and International
- Proposal to PEPFAR for funding 2007
- Community outreach program 2009
- Sites identifications and Permissions from MoHSW and Local Govt Authorities (LGA)-- (2010)
- Methadone procurement (June-Dec 2010)

Policy Framework

- Different policies/guidelines were developed to focus on the balance between drugs:
  - Supply Reduction
  - Demand Reduction
  - Harm reduction

- The National Strategic Framework for HIV/AIDS Prevention for PWUDs (2012-2016);
  - Evidence-based as recommended by the UN
  - Improving outreach, DIC and Criminal Justice system
  - Alignment with existing policies/guideline
  - Cultural environment, Human rights based
  - Cost-effectiveness and Sustainability

Lobbying and Advocacy

- Public education on drug issues and their prevention strategies
  - Primary
  - Secondary
  - Tertiary

- Sensitization of decision makers (policy and planning)

- Consensus with Law enforcement Agencies

Documents development…..

THE UNITED REPUBLIC OF TANZANIA
PRIME MINISTER'S OFFICE

DRUG CONTROL COMMISSION

OUTREACH SERVICE GUIDE FOR HIV PREVENTION AMONG DRUG USING POPULATION

Dar es Salaam, February 2010

Documents development…..

THE UNITED REPUBLIC OF TANZANIA
PRIME MINISTER'S OFFICE

DRUG CONTROL COMMISSION

MINIMUM STANDARDS FOR HEALTH FACILITIES PROVIDING MEDICALLY ASSISTED TREATMENT OF DRUG DEPENDENCE

Dar es Salaam, February 2010

Documents development…..

THE UNITED REPUBLIC OF TANZANIA
PRIME MINISTER'S OFFICE
DRUG CONTROL COMMISSION

GUIDELINE FOR MEDICALLY ASSISTED TREATMENT OF OPIOID DEPENDENCE IN TANZANIA

Dar es Salaam, February 2010

Documents development…..

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH AND SOCIAL WELFARE

MEDICALLY ASSISTED TREATMENT FOR OPIOID DEPENDENCE

A Clinical Guide For Zonal And Regional Referral Hospitals

Dar es Salaam, May 2010

CAPACITY BUILDING: TRAINING

- Eight UNODC (Treatnet) Master Trainers (2009)
  - UNODC master trainers - Local training for 90 health care providers on drug dependence (2010)
  - Trained 33 Health providers for MAT provision (2010)
  - Health Certifications and Accreditations in process
- Other Trainings
  - Training of 200 Community Outreach Workers from the four CBOs (2010) supported by UT
  - TA and practical training by PGAF (2010)
  - Study sites visits in Vietnam (2011)
  - Trained one addiction specialist at CAMH (2011)
  - Trained Police Officers to support MAT (2011)
  - Attending MAT related workshops/conferences

The Drug dependence Services delivery model

Model adopted : UN approach (WHO,UNAIDS,UNODC)

1. Needle and syringe programmes (NSP)
2. MAT and other drug dependence treatment
3. HIV testing and counseling (HTC)
4. Antiretroviral therapy
5. Prevention and treatment of STI
6. Condom programmes
7. Targeted IEC materials (BCM)
8. Vaccination, diagnosis & treatment of viral hepatitis
9. Prevention, diagnosis & treatment of TB

+ IGA and Vocational training

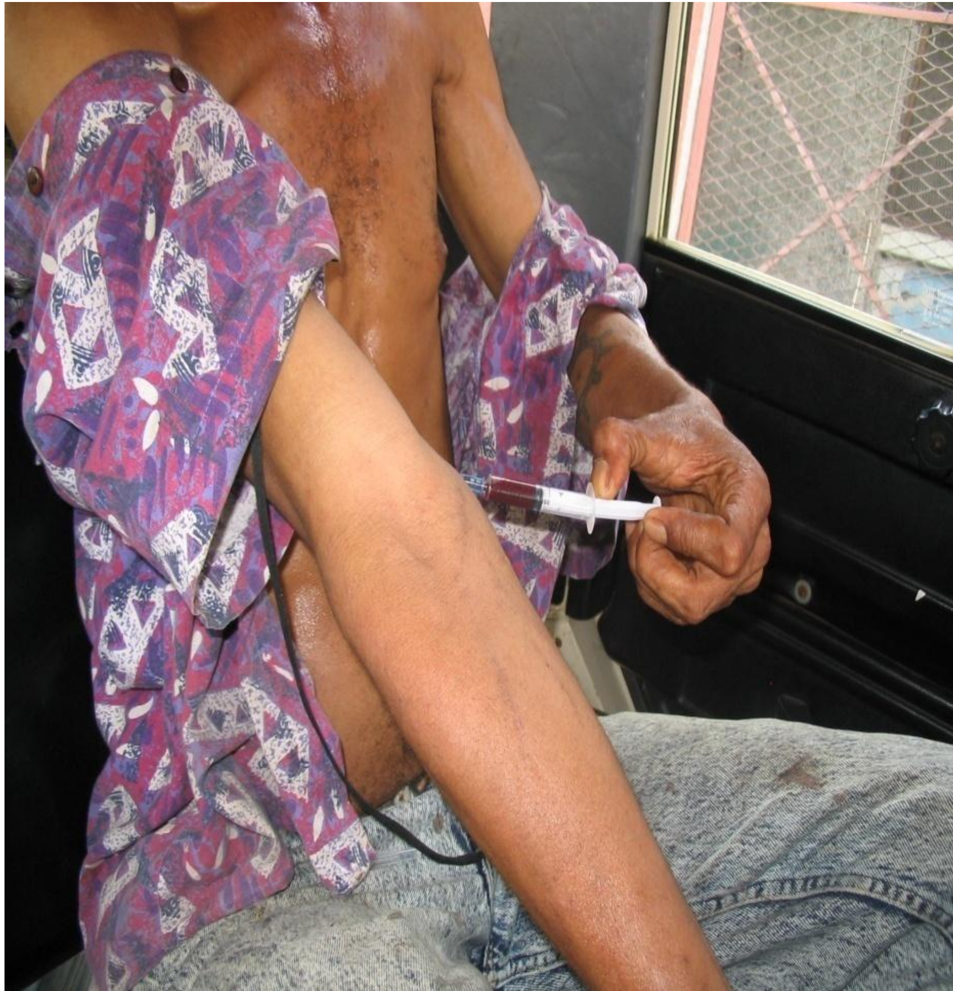
Fears for needle syringe programs

Community Perspectives

- *Teaching children injecting practices (no evidence)*

Politicians Perspectives

- *Safe disposal of sharps related issues (a reality but solvable)*



Controversy!

- NSPs are advocated in the National Multi-sectoral Strategic Framework for HIV and AIDS (2008-12) *– harm reduction strategy*
-
- Current law prohibits carrying any drug and/or drug paraphernalia such as needles and syringes and is punishable for up to 10yrs in jail *- supply reduction strategy*
- Negotiation on-going (law/health) to leverage the approaches for NSP – piloted by TAPP, MdM

The MAT delivery model

The 1st methadone clinic

The 2nd Methadone clinic

KLINIKI YA METHADONE
HOSPITALI YA
MWANANYAMALA

Utilizes Community Outreach Strategy to get to the PWIDS

HOSPITAL: Surgery, psychiatry, O/T gynecology, obstetrics, medical, dental, wounds, CTC, PMTCT, hepatitis, plastics, TB ward

Young age especially women; low addiction scores; low dose of methadone, failure to follow regulations

CBOs Outreach Workers

CBOs run Drop in Centre

Pre

Post

Moralize, Stigmatize and injustice

Family conflicts
Sex work

Police

Courts and prison

TB, HIV, HCV, skin, teeth , STI etc

Community members and police for purposes of reintegration and support

IGA

Schooling

Escorted referral For Health care

Sexual and injection risk reduction

Parenting and SRH

Groups, meetings

PWID Peers

NGO post methadone intervention

Access to Hepatitis/HTC: Mobile clinic

MdM reach out van -NSP

CURRENT PROGRESS SUMMARY

The MAT Official launching….

- 1st site: Feb 2011
- 2nd site: Sept 2012
- 3rd Site: March 2014

From Community program to MAT: Community data

- Total outreach contacts were 8,578 Key population (DU,IDU,MSM,FSW)
  - Female 600 (7%)
- Of these, 1898 (22%) reached were PWIDs
  - Female 200 (8%)
- 1,203 (64%) were enrolled for MAT by end of December 2013
  - Female 155 (13%)

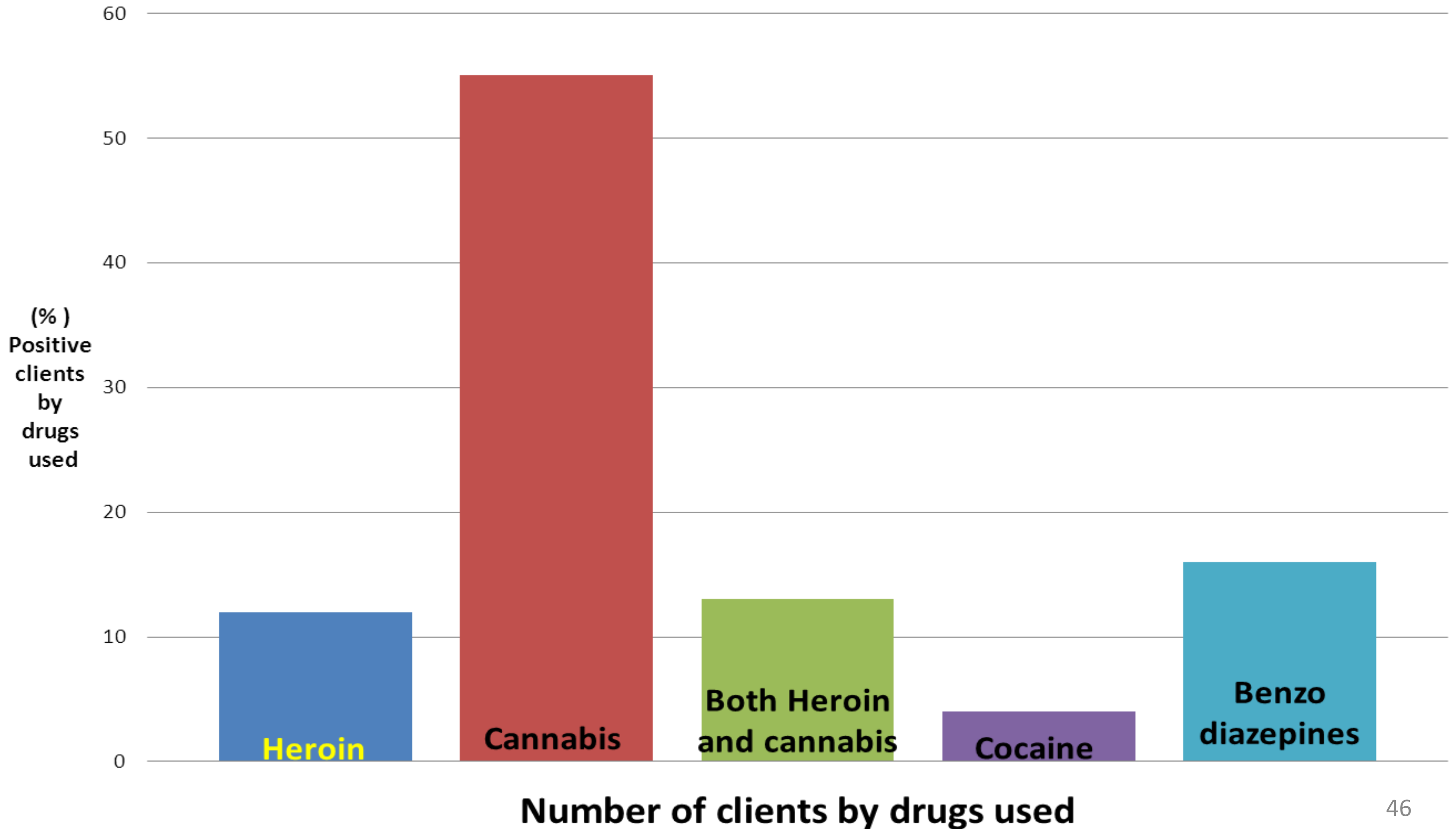
ACTIVITY	2013	2014
NUMBER OF CBOs/MAT sites	7/2	100/3
NUMBER OF CARAVANS	3	3
NUMBER OF SYRINGES DISTRIBUTED/MONTH	25,000	25,000
NUMBER OF CLIENTS ON MAT	518	1203
DCC HAS SUPPORTED COUNTRY DRUG USE MAPPING EXERCISE	PHASE I: STARTED WHOLE COASTAL BELT	PHASE II: 7 REGIONS TO HAPPEN
MOHSW INVOLVEMENT	MIN-MODERATE	- KP GUIDELINES - MAT SCALE UP
TACAIDS INVOLVEMENT	MIN-MODERATE	NMSF III
LAW ENFORCEMENT AGENCIES INVOLVEMENT	LOCALIZED - DAR ES SALAAM	POLICE ACADEMIES LEAHN COORDINATOR
INCLUSION OF TARGET AUDIENCE (TaNPUD)	STARTING	ESTABLISHED
ACT ON DRUG CONTROL AND COMBATING AUTHORITY (DCCA)	IN PROCESS	TO PARLIAMENT 2014

More on MAT data……

- **Retention: Overall 79.5% (n=962)**
  - **Female 85% (n=132)**
  - **175% set target using PEPFAR indicators – # of clients on MAT for 90/7 which was 550**

- **Clients on MAT on program,**
  - **Overall 80% are drugs free**
  - **Those continue using drugs were;**
    - ***See next slide***

Common drugs of abuse by 20% of clients on MAT program



Positive blood screening results for all clients at baseline

POSITIVE STATUS	MALE N (%)	FEMALE N (%)	Total N (%)
HIV	(28.1%)	(61.2%)	(30.7%)
HBV	(31.2%)	(40.8%)	(31.9%)
HCV	(57.6%)	(61.2%)	(57.9%)

Proportion of clients initiated on ART and Anti-TB at MAT sites

- **ART initiation at MAT sites by end of Dec 2013:**
  - **41%** ***(CD4 < 200 criteria used)***
  - **CTC services are provided within MAT clinic**

- **Anti-TB use at MAT clinic by end of Dec 2013:**
  - **11.1%** ***(Gen pop. data = 0.2%)***
  - **Two clients confirmed to have MDR-PTB**
    - ***AFB smear misses 88% of positive PTB; newer technology to identify PTB needed (Gene-Xpert high sensitivity)***

CHALLENGES TO SERVICE DELIVERY

Challenges -system related…..

- Misconception - methadone as another addiction
  - Public health education and evidence from MAT clients
- Supply reduction versus harm reduction
  - Leverage the roles of health providers v/s legislation
- Lack of resources (Needs for Government and funders)
  - Infrastructures – though small space can do a lot
  - Training of addiction specialists
  - Electronic data base for M&E that will be linked to other treatment sites and HIV treatment data

Challenges- staffing related

- Heavy work load with longer hours of services: Seven days a week (needs for renumeration for extra efforts)
- Stringent implementation procedures for clinics: Clients claim we are infringing on their rights
- Safety and security challenges - fear for methadone diversion

Challenges-client related

- **Difficult to conform to treatment agreement plan**
  - *Disturbs smooth running of the clinic, 77% have cluster B Personality disorder exemplified by antisocial and borderline disorders*
- **Costs of daily travelling – min $ 1/day = poverty line;**
  - *Consider mobile methadone services*
- **Once recovery begins, nutritional needs unmet**
  - *Consider sustainable livelihood services and IGA*
- **Women as a hard to reach population, concerns given higher rates of HIV seropositive-status**
  - *Consider female centred methadone services*
- **Stigma related issues**
  - *consider stigma reduction training*
- **Employment, education and housing needs**

Way forward

ROLL OUT PLANS

- Three sites to operate in Dar by end of 2013
  - Success is nearly 100%
  - Anticipate 1200 -1500 clients /site (high volume low threshold)
- Country scaling up plans – very slow pace due to lack of resources to support the plan
  - Government commitment at highest level to immediately scale up the program to other upcountry
  - The current scaling up plan is completed by TWG in December 31st ready for the Government to fund in the next Govt budget
- Special program for women – on pipeline

TAKE HOME DOSES

- Three years PEPFAR funded Pilot intervention
  - Key Populations Implementation Science (KPIS) Initiative
- Implementing mechanisms for the program:
  - Ministry of Health and Social Welfare
  - Drug Control Commission
- Other Implementing partners:
  - Pangaea Global AIDS Foundation
  - MUHAS -Tanzania AIDS Prevention Project

Take home doses…….

- Pre-measured daily doses of methadone will be provided in sealed returnable bottles to the eligible clients who;
  - At least 90 consecutive attending methadone dosing
  - Demonstrate social, cognitive and emotional stability
  - Assume responsibility for compliance to medication
  - Adherent to policies and clinic procedure
  - No current involvement with the criminal activities
  - Stable living arrangements
  - Able to safely store medication out of children's reach

Take home doses…….

- **We envision take home dosing will initially allow for eligible clients to attend three times a week, (will be increased later) hence;**
  - **Facilitate clients' convenience, minimize costs of traveling and allow more IGA engagements**
  - **Increase service capacity by accommodating both PWIDs and PWUDs with limited human resources and infrastructures**

Models to expand MAT access: Multiplier effects of take home doses

	Frequency of attendance	M	T	W	T	F	S	S	Total
1	Daily	X	X	X	X	X	X	X	1500
2	Three times a week Alternating with another group	X	Z	X	Z	X	Z		3000
3	Twice a week Alternating with 2 other groups	X	Z	C	X	Z	C		4500
4	Once a week	X	Z	C	A	B	D	E	10500

Inclusion of SATELLITES as well as PRISON HEALTH CARE settings in scale up plan slated for 2015/2016

Take home doses: Anticipated challenges

- **Low threshold high volume sites and related challenges**
  - ❖ Low retention below 50%
  - ❖ Minimal number of resuming defaulters
  - ❖ Reduced adherence to ART, Anti-TB, Psychotropic and other medications which were supervised under DOT
  - ❖ Reduced contacts with health care providers hence minimal health care provision
  - ❖ Risk of overdose to non methadone users (opiate naïve) persons

Conclusion

Lessons learnt

- Advocacy at highest level is necessary for fruition (PRESIDENTS AND PRIME MINISTERS OFFICES, PARLIAMENTARIANS, COMMUNITY MEMBERS)
- Need a coordinator for drug abuse control-DCC
- Need sectoral joint decision making—MOHSW, TACAIDS, LEA, Academia, NGO, etc
- Inclusion of other sectors has made it easier to maximize effects and move on (GFTAM)
- Morbidity of people who inject drugs is very high need models to increase access for us to get to the 50% of all those affected to turn the tide of the HIV epidemic (ALL)

The difficult route to take but a necessary one (supply reduction) but not the only one ……………

Part of the 201 kg of heroin is inspected at Dar es Salaam port February 4, 2014 after being seized on a vessel sailing between Tanzania Mainland and Zanzibar

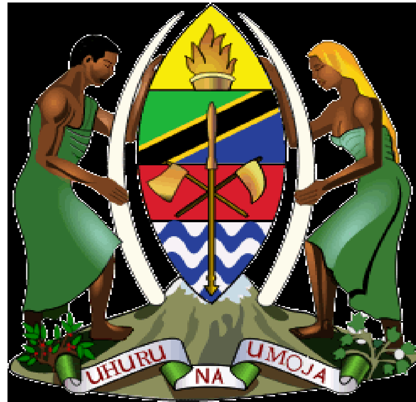
Time for action !

Messages should aim at:

- **Scalable services**
- **None use of drugs**
- **If uses drugs no injection use**
- **If uses injections do not share and use a clean syringe with each injection drug use act**

The Beauty of Harm Reduction…..

Acknowledgements



ASANTE SANA

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