Substance use and HIV risk in Uganda

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Introduction

• Substance use, particularly illicit drug and injection drug use, has been underreported in Sub-Saharan Africa, yet evidence indicates that it is an emerging problem (Uganda Harm Reduction Network, 2016; Uchtenhagen A., 2004)

• Uganda is one of two nations in Sub-Saharan Africa where the incidence of HIV is increasing (Kiene S.M., 2017), and little research has studied the risky sexual behaviors and contextual factors of drug use that put substance users at higher risks of HIV infections in Uganda or Africa as a whole

Study Aims

• To assess drug use in individuals living in low income communities of Kampala, Uganda and the associated contextual factors (drug use sites, sexual habits, drug networks) that may contribute to sexual risk behavior and HIV infection

Methods

• Approval for this study was sought from the Institutional Review Board at the Medical College of Wisconsin and Makerere University, as well as the Ugandan National Council of Science and Technology

• This study was conducted from July – August 2018 in Kampala, Uganda

• Eligibility criteria for inclusion in this study were active injecting or non-injecting drug use and being at least 18 years old

• Study team members administered thirty, hour-long qualitative interviews consisting of open ended questions related to current drug use habits, drug use histories, locations where drugs are used and their characteristics, and HIV knowledge and risk behaviors

• Interviews were audio recorded, conducted in either English or Luganda, and transcribed and translated to English when necessary

• Thirty interviews were analyzed for broad themes

Results

Drug Use

• The majority of participants were injecting drug users who primarily injected heroin and cocaine

• Participants primarily used drugs in group settings in slum communities, abandoned complexes, or brothels

• The primary reason for choosing where to purchase drugs for users was security, police avoidance, and drug prices

Injection Practices

• Most injecting drug users noted reusing syringes and sharing injection equipment between users

• Users obtained syringes from drug sellers, pharmacies, or an individual trained to distribute clean syringes in the community

HIV

• Most participants have taken an HIV test when offered, and 16% reported a positive diagnosis

• Most participants had knowledge of the risk of unprotected sex and syringe sharing on HIV transmission

Interview Quotes

“Sometimes we fear police. So we hide. I hide and I go to [the] ghetto, slum, or hidden places and I do my thing there...in hiding.”

“...We need [help]...I take my drugs and go to my bed and sleep,...Those who don’t take any drugs do worse things than us. We are not bad people...”

“My dad found me almost dead there in my room. They even broke the door because I locked myself in the room. I was badly off.”

“I can go and buy the needles...and inject myself. But I don’t know my [HIV] status. And when someone comes and asks for the needle, I give him because he is feeling bad and will use it. In that process we get HIV...”

Conclusions

• Our research corroborates the presence of people who inject drugs (PWID) and non-injection drug users in Uganda, both of which are associated with HIV infection risk

• Most injecting drug users reported having personally experienced a non-fatal overdose or knowing someone who has experienced a fatal or non-fatal overdose, but naloxone to reverse opioid overdoses and methadone medication assisted therapy are not readily available

• While general knowledge on HIV infections appears to be widely known, there is poor access to and uptake of resources to combat HIV infections in drug users, such as access to clean syringes

• Future aims are to continue working with the Uganda Harm Reduction Network to increase access to and enhance necessary interventions to combat substance use and HIV infections

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