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SCHOOL OF JOURNALISM AND MASS COMMUNICATION

M.A COMMUNICATION STUDIES

**THE INFLUENCE OF COMMUNICATION ON HARM REDUCTION FOR PEOPLE
WHO USE DRUGS (PWUDs): THE CASE OF THE REGIONAL HIV AND HARM
REDUCTION PROJECT**

BY

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REG. NO: K50/12195/2018

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DECLARATION

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This project proposal has been submitted with my approval as the university supervisor.

Signature 

Date: 14th November 2022

PROF. WAMBUI KIAI

DEDICATION

I wish to acknowledge God for the health, strength, and providence to see this project through. I also wish to thank my daughter Ruby who endured my absence pursuing higher education, you remain my inspiration to do better, and I hope I set precedence for you that a woman can achieve what she sets her mind to do. I wish to thank my mother, who calls out the best in me, my greatest example of hard work and resilience. I wish to thank my siblings Eunice, Don, and Mohray for always cheering me on and always being there for me, you made the journey worthwhile. I am also eternally grateful to my friends James, Hannah, Knapek, and Francis for always reminding me that I can do it when I felt overwhelmed. I also wish to thank my dad, despite your absence, you continue to inspire me to do better.

I am also greatly indebted to my supervisor Prof. Wambui Kiai for your patience and invaluable guidance throughout this project.

I also dedicate this book to every person struggling with drug and/or substance abuse, it is never too late to start over, for you get a chance to build new and better.

Abbreviations and Acronyms

DU	Drug User
E.A	East Africa
EAC	East African Community
EAHRN	Eastern Africa Harm Reduction Network
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HRC	Harm Reduction Communication
HR	Harm Reduction
IDU	Injecting Drugs User
IEC	Education Information and Communication
MAT	Medically Assisted Therapy
MOH	Ministry of Health
NACADA	National Authority for the Campaign against Alcohol and Drug Abuse
NSP	Needle and Syringe Programme
OD	Over Dose
OST	Opioid Substitution Therapy
PLHIV	People Living with HIV
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
UNODC	United Nations Office on Drugs and Crime-font size

ABSTRACT

With increasing narcotic drug use globally and in East Africa, harm reduction in relation to drug use is quickly gaining ground as an alternative to addressing and managing the drug use problem. The overall objective of the study was to investigate the role of Communication in the Uptake of Harm Reduction in the case of the East African Harm Reduction Project (EAHRP). The specific objectives were to; study what information was shared under the EAHRP project, study how the messages were packaged and disseminated and how communication influenced the uptake of harm reduction in the region. The target study population were individuals who use /used drugs and were beneficiaries of the project interventions and key informants involved in implementing the project. The study employed the Diffusion of Innovation Theory and An Interactional Approach to Narcotic Addiction Model. The objectives would be met by adopting the research design of a case study where qualitative data would be collected by rigorously interviewing select participants and key informants drawn from stakeholders involved in the project. Content review of select communication products was also be carried out. The analysis of the obtained information revealed that harm reduction messages revolved around supporting rather than punishing People Who Use Drugs (PWUDs), viewing drug use as a disease rather than a crime. The data generally pointed to inadequacies of the traditional punitive responses to drug use recommending harm-reduction as a more effective approach to redress drug use. The study discovered that communication is critical in such a project and should be considered as one of the prerequisites for success in future projects.

Keywords: harm reduction, Health, policy, criminal justice, Drugs, PWUDs, The East Africa Harm Reduction Project

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1.0 Chapter one: Introduction

1.1 Overview

This chapter will present the background information, state the problem and research objectives for this study. It will also highlight the key research questions and why this study is significant, including its scope and limitations.

1.2 Background of the Study

The UNODC (2020), highlights a rise in drug use exacerbated by the COVID-19 pandemic. The report states that the increasing unemployment occasioned by COVID-19 will continue to disproportionately impact the poor predisposing them to drug use, trafficking and even cultivation/farming of drugs to earn a livelihood. The World Drug Report 2019, highlighted that about 35 million people all over the world have drug-use related disorders with only one of seven people receiving treatment. Further, the report highlighted that there were about 269 million PWUDs in 2018, a 30% rise since 2009, with over 35 million individuals suffering from disorders associated with drug use.

Drug use, particularly injecting drug use, heightens the risk of exposure to communicable blood-borne diseases like HIV and viral hepatitis. Both are blood borne viruses which are transmitted through sexual contact or injecting drugs. As such, there is a risk of co-infection (WHO 2019). Statistically, more than 2.75 million people currently suffer from HIV-Hepatitis C Virus (HCV), 1.3 million of which are PWIDs. HBV-HCV co-infection stands at 2.6 million. These co-infections cases are highest in South Asia and Africa regions. Individuals who are HIV-positive who contract HBV or HCV face a heightened risk of chronic- hepatitis, liver cancer and death. HBV also has a high risk of mother to child transmission at birth (WHO, 2020). WHO adds that hepatitis claims 1.3 million lives annually, yet prevention, diagnosis, and treatment remain inaccessible to most PWUDs. UNODC 2021, states that Opioid use alone resulted to a loss of 18 million years of healthy life. The report adds that in 2021, around 275 million people used drugs, a 22% rise from 2010, projecting an 11% in drug use around the world, 40% in Africa alone. PWUDs also continue to

face stigma across board with the existing disconnect between real risks and public perception of the drug use problem.

UNODC 2021 advances that communication of facts about drugs and promotion of science-based interventions is critical to reducing demand and availability of drugs, reporting harm reduction as well as elimination of stigmatization and discrimination and provision of treatment for PWUDS.

Sharing of injectables, transactional sexual encounters to meet their drug use needs, and poor health seeking behaviour predisposes injecting drug users to heightened risk of HIV infection among other blood borne infections. Harm Reduction International (2016), estimated that there are a total of 11.8 million PWIDs worldwide, with 13.1% of them living with HIV. They add that USA China and Russia accounts for almost half of PWIDs globally. Harm reduction for PWUDs comprises addressing the health, economic and social issues affecting PWUDs (HRI, 2016)

The regional HIV and Harm Reduction Project, the first regional harm reduction programme implemented by a consortium of regional implementing partners across the larger Eastern Africa region, sought to introduce and scale up HIV and Harm Reduction services for PWUDs. This project sought to address the policy/legal challenges that guide redressing of drug use in the region. This was through five broad key intervention areas focused on policy including: *Development of national harm reduction policies, Data collection for informed programming, Delivery of interventions for PWUDs, Capacity Strengthening for PWUDs to seek services and articulate issues affecting them with relevant stakeholders to improve the legal, policy and environmental barriers affecting them services, and creating a supportive legal/policy environment.*

Scholars; HRM 2016, MENAHRA (2020) UNODC (2020), Kurth (2020), and Apondi (2016), among other underscore, that communication is critical to the success of harm reduction projects in different contexts. They forward harm reduction communication as a component of the health communication umbrella advancing it as central to the success of harm reduction implementation and institution in different contexts. The International Harm Reduction Coalition (IHRC) states that communication helps create pathways or a platform, where information and hands-on harm reduction techniques are shared, promoting open discussions and reflections on political and theoretical aspects of harm-reduction. It also helps to keep the stakeholders and communities informed with up to date information, documentation of experiences including the struggles and

lessons towards ensuring the history is not erased. MENAHRA (2020), states that communication is critical in promoting harm reduction approach to drug use problem, and as a civic health tactic towards minimizing the problems associated with drug use both to the users and communities.

Multi-faceted communication was used in the EAHRP to address the legal, policy and environmental barriers for harm reduction. This was through advocacy, development of targeted communication products towards addressing the attitudes and perception of harm-reduction for PWUDs in the Eastern African Region. There was also the use of a media mix to share and disseminate information including social media campaigns, newsletters and publications, websites, sharing forums such as conferences and meetings, documentaries, skits and plays through community villages as well as use of traditional media.

This study highlights how communication can impact the success of harm reduction interventions, focusing on the regional HIV and Harm Reduction Project.

1.3 Problem Statement

Drug use continues to rise and proliferate with a projected global rise of 11 % by 2030 and by 40% in Africa (UNODC 2021). 7 in every 8 individuals suffering from drug use related illnesses do not receive appropriate care and/ or information, that ultimately costs lives. Further, harm reduction remains largely misunderstood hence underserved in the African Region.

Drug use and specifically injecting, fuels the spreading of blood-borne infection(s) including HIV/AIDS and Hepatitis due to sharing of injectables and this poses multifaceted challenges including high social and economic management costs (UNODC 2018). East Africa is home to about 260,000 PWIDs, (UNODC, 2019). This is about a fifth of the PWUDs in the African region, a figure that is fast growing. This is attributed to the region emerging as a transit route and the rise in recreational use of drugs. This therefore, is inadvertently fueling the HIV epidemic estimated at 18% in the region, attributed to sharing of injectables and associated high risk sexual behaviors , (Apondi 2016).

Further, studies in Kenya and Tanzania showed that most of PWIDs are infected with HIV before the age of 25 (Avert.org, 2020) and face an up to 22 times higher risk of HIV infection (UNAIDS,

2020), with an 8.3 % prevalence versus 5.3% for the rest of the population. UNODC 2017 advances that the harm reduction philosophy's natural evolution would be its extension to other associated health-risk practices and consequently broader health-care audiences.

Traditional approaches to the drug use problem have been supply suppression (production and distribution) and demand reduction (information on cessation and abstinence). Despite the governments' commitment to these approaches, drug use is still a growing menace (Auma 2016). Harm Reduction for PWUDs is presented as a viable alternative to the drug use redress, seeking to reduce the harmful health consequences for PWUDs and the wider community, by creating a better, legal, policy and service uptake environment for the drug users, who are classified under key populations in the HIV response. UNODC 2021 stated that drug use cost 18 million years of healthy life.

Communication is critical factor in the promotion of Harm-Reduction as an intervention for drug-related health and social problems in society, aimed at minimizing drug use related harms to both the users and communities and contributing to the quality of life of the user in their current state (Auma 2016). The International Harm Reduction Coalition (IHRC) underscores that communication is critical to the institutionalization of harm reduction. It helps create a platform where practical harm reduction techniques and information can be shared. It also promotes open discussions and reflections on theoretical, social and political issues for harm reduction as well as keeping stakeholders and communities informed with up to date information, as well as documentation of experiences including the struggles and lessons towards ensuring the history is not erased.

Despite the centrality of communication to harm reduction implementation, UNODC 2021 gives a direct correlation between the high rates of drug use and the low perception of drug usage risks. This exists due to information gaps on drug use linked harms and risks. Communication is seen as central in promoting science-based interventions for effective policy and practice interventions. Kurth et al 2016), indicates that there are few publications related to PWUDs and associated health hazards such as blood borne infections which have become rampant in Sub-Saharan Africa.

Further, despite harm reduction being grounded on health and human rights as well as legislation in many policy documents as a new approach to managing drug use, it is still largely misunderstood

with limited statistical data being available for informed decision making. This further impedes the realisation of the 2030 global goals of realization of an HIV free generation (UNODC 2021).

This study will look at the role of the role of communication in EAHRP contribution in the understanding and uptake of harm reduction services by different stakeholders. With little or no understanding of harm reduction prior to the project, the project will look at messages shared under the project, how they were shared and who they were shared with, and how the information influenced the uptake of ham reductions services.

Through multi-communication techniques, EAHRP sought to impress on harm reduction stakeholders to adopt and implement harm reduction interventions, and promote mutual accountability for harm reduction. Multi-faceted communication was used to address and challenge the legal, policy and environmental barriers for harm reduction across the region. Considering the novelty of the harm reduction approach in Eastern Africa and low resource settings, and with communication at the heart of implementation of harm reduction projects, the influence of communication in HIV and Harm Reduction has not been investigated in this setting.

This study will therefore look at the use of communication within the EAHR project, in a context that little or no harm reduction was happening and/or understood before the project. It will look at the planning and use of communication in the project as a case study and its influence on the uptake of harm reduction interventions through the life of the project.

1.4 General objective

To study the role of Communication in the uptake of Harm Reduction in the case of the EAHRP

1.5. Specific objectives

1. Study what information was shared with key stakeholders under the EAHRP project
2. Understand how messages/information were, packaged and later disseminated.
3. Investigate how the information shared influenced the uptake of harm reduction in the region

1.6 Research Questions

1. What information was shared-with key stakeholders under the project?

2. How was the information packaged / put together and shared?
3. How did the information/messages shared influence the uptake of harm reduction in the region?

1.7 Rationale and Justification

Harm reduction is a relatively new concept in Kenya and in Africa. For a conservative society, getting harm reduction to be acceptable as an alternative to addressing the drug use problem has been challenging. With the controversy and limited knowledge of harm reduction continuing to challenge the subject, some stakeholders still hold strongly that demand reduction and supply reduction/suppression are the only viable ways of addressing the drug use problem and still view harm reduction as a flimsy excuse to pardoning drug use. The policies in the region still remain largely prohibitive of drug use and thus harm reduction communication is pegged broadly on the public health approach limiting the multi-stakeholder's approach to harm reduction. Further, drug use largely remains a hidden epidemic, and drug users and their communities would rather not talk about it.

Efforts have been made to galvanize a concerted response among stakeholders including policy makers (health, security), policy implementers (police, healthcare workers) the community and drug users to not only consider harm reduction as a viable drug use response and support it, but also adopt it to support the creation of a conducive legal environment for policies to practice harm reduction. Under the EAHRP, the exact role of communication in advancing the harm reduction agenda under the EAHRP project has not been established, compared to older harm reduction movements, such as the Harm Reduction Coalition, implementing and coordinating harm reduction efforts across the globe, forward harm-reduction communication being the product that makes harm reduction happen.

This research looked at the role of communication in promoting the uptake of harm-reduction services in the east African region, the challenges and opportunities and how it can be strengthened to better leverage it. Further it looked at the techniques used to advance harm reduction as a non-judgmental approach to drug use seeking to address the systems that marginalize and isolate users predisposing them unequal access to health, economic and social services. Just like any behaviour change endeavour, communication was critical to this process, yet the contribution of

communication in advancing the harm reduction agenda had not been assessed in the case of the EAHR project.

1.8 Significance of the study

The study was pivotal in highlighting the significance of harm-reduction as an alternative to addressing the drug use problem that is growing fast in the region, and globally. By highlighting the role of communication, programmers could understand effective ways of communication with different stakeholders to help adopt/ effectively implement programs that meet the needs of the drug users in their contexts. The study would also profile the plight of the drug users and the information needs that were identified through the project- the EAHRP. This would help draw lessons on how harm reduction communication can be effectively leveraged to increase support for harm reduction services to reduce the transmission of diseases like HIV among PWUDs. The findings of the research could help define the role of communication in harm reduction programs in spaces where the concept is relatively new, and provide an opportunity for future similar projects to draw insights.

1.9 Scope and limitations

The study explored how communication was used during the Regional HIV and Harm Reduction project, looking at the different facets of communication, their application and the influence in the overall project goal. The study was limited specifically to the regional HIV and Harm reduction project and did not explore other harm reduction intervention projects that might have been ongoing within the region: Uganda, Tanzania, Zanzibar, Rwanda, Burundi, Rwanda, Seychelles and Mauritius. etc.

The study anticipated challenges attributed to general sensitivity of the topic and the stigma on drug users who were to be key Participants. However, the study worked through the key populations project manager to access drug users who were beneficiaries of the project and are still actively championing harm reduction issues to get the qualitative studies.

Given the time lapse between the study and end of the project period, some of the key informants had left the institution and/or the harm reduction arena. The study use a hybrid model to collect

data using both physical meetings and virtual meetings to collect data from key informants. The key informants were contacted through KANCO and all interviews recorded with the consent of the Participants.

1.10 Operational Definitions

The following terms will be used in this study, to convey the meanings as explained below.

People Who Use Drugs (PWUDs) incorporates People who Inject Drugs (PWIDs) and People who ingest drugs. In the study the abbreviation PWUDs will be predominantly used to refer to general use of narcotic drugs with occasional specification of PWIDs to refer to People Who Inject Drugs.

Harm Reduction entail a set of actions or strategies undertaken to lower the harmful repercussions of drug use, premised on social justice and respect of PWUDs.

Harm Reduction Communication is multifaceted communication seeking to promote discussions and information sharing among different stakeholders including PWUDs with the aim of creating a favourable policy and legal environment that recognises harm reduction as an alternate resolve to the drug use problem and that supports the uptake of health services for PWUDs, creation of a better, legal, policy and service uptake environment.

Stakeholders- People, individual, institutions involved or engaged in the course of the project implementation. Some of the stakeholders in the project included PWUDs, Project managers and implementing teams, implementing partners, Policy Makers, Institutions involved in the project implementation among others.

Drugs: refer to chemical substance (s), typically of known structure, which, when administered, produces a biological effect.

Drug Use/ substance use disorder or Drug addiction: A health condition impacting the brain hence behaviour causing inability to control the usage drugs legal or illegal.

Influence: ways in which the project activities and or interventions affected the policy and practice of harm reduction among the different stakeholders.

Uptake: making use of the services available and /or information available to influence decisions and/or take up services provided

CHAPTER 2: Literature Review and Theoretical Framework.

2.1 Overview of the Drug Use Burden

World Drug Report (2021), projected a sharp rise in the drug use problem globally and in Africa by 11% and 40% rise respectively. Further, the World Drug Report (2019), estimated that by 2017, there were about 271million drug users globally, 11.3M among them, were PWIDs. Harm Reduction International (2016) projected that 13.1% of the PWIDs globally were living with HIV. The criminal justice system approach to the drug use that includes incarceration increases susceptibility of PWUD's negatively impacting the access to health services, and significantly proliferating spread of HIV epidemic, Tuberculosis (TB), viral hepatitis-C (HCV) among PWUDs (Global Fund, 2020). PWUDs are denied access to vital health services and support in many places in the world. Such health services include; Antiretroviral Therapy (ART), opioid overdose antidote- Naloxone, Opioid Substitution Therapy (OST), and sterile equipment. Consequently, sharing and re-use of injectable equipment is common posing a risk to both the user and their partners, predisposing them to blood-borne infections as well as overdose and sometimes death. Despite, their heightened vulnerability to health challenges, they operate in a prohibitive environment that makes it difficult to access services, by virtue of criminalization of drug use.

The use of drugs accounts for the rising numbers of People Living with HIV (PLHIV), (UNAIDS, 2020). The report further states that PWIDs are 22 times more vulnerable to contracting HIV compared to the rest of the population. Barryet.al, (2012), forwards that most non-injecting drug users transition to injections and/or concurrently engage in both. Further, substance consumption can differentially predict infection of HIV. Averagely, (1/10) of new HIV infections globally are attributable to sharing of injectables (The AIDS Alliance, 2016). They further estimate that outside sub Saharan Africa, it could be attributable to as high as 25% of all new HIV infections. Avert (2018), notes; sub-Saharan Africa is the most affected by HIV. 6.2% of the globe's population reside in the region and an alarming (54%) of the approximate 20.6 million people infected with HIV globally are in this region. They also continue to record the highest transmission annually.

Despite the growing scientific evidence on the importance of harm reduction for PWUDs, (UONDC,) 2019) notes, research has shown that the HIV epidemic facing PWIDS is preventable and reversible. However, PWIDs seldom access prevention and treatment services for HIV,

because they are stigmatized and discriminated against, making it generally uncondusive and unfavourable for them to seek health care services.

In the sub-Saharan African region, Global Fund programs in Kenya, South Africa Mozambique, Benin, Togo, Côte D'Ivoire Nigeria and Senegal indicated a rise in drug use particularly use through injecting (UNODC, 2019). WHO (2017), stated that PWIDs face greater risk of contracting HCV than HIV with 50% of PWIDs living with HCV globally and between 23% and 39% of all new HCV infections being attributed to use by injection. Further, over 82% of PWIDs living with HIV are co-infected with HCV. Among PWIDs who are living with HIV, an estimated 82% are co-infected with HCV, yet treatment uptake for HCV remains low due to financial, policy, and regulatory barriers (WHO, 2017).

Criminalization of PWUDs furthers stigma and discrimination, hindering access to services and often prevents them from seeking services that could be life-saving, increasing their vulnerability to harm. The criminal justice approach to drug use has led to 1 in every 5 people incarcerated globally being attributed to minor drug offences. Further, this has led to overcrowding of prisons that furthers the health risks (Global Fund, 2020).

Wilson et al (2014), forwards that science has proven that substitution therapy reduces the HIV acquisition risk by 54% among PWIDs and brings about multiple benefits to the society. Harm reduction is considered to have high returns on investment, with the estimated ration of a priority intervention package for PWIDs compared to the cost of HIV per infection averted estimated at \$100 to \$1000.

The KMHP (2015-2030) states that neurological, mental and substance use disorders are rampant, and affect over 25% of the population at some stage in life. The burden of the three is projected to be about 15% of the total DALYs (disability adjusted life years) which stood at 12% in (2002). Further the policy states that about 25% of all inpatients and 40% of outpatients receiving treatment suffer from mental condition(s) with the most general diagnosis being substance abuse, depression, stress and anxiety disorders.

World Data Atlas estimates that the population aged between 15-65 years in Kenya constituted 58.4% of the total population estimated at 47.6 Million in 2019. Besides the heightened risk of vulnerability to blood borne infections predisposed by drug use, associated behaviour (s) such as transactional sex, blood sharing (flash blood) and poor health seeking behaviour exacerbate PWID's health risks in general.

2.2 Harm reduction approach to the drug use problem

Harm reduction is defined as a set(s) of practical strategies and ideas seeking to reduce/lessen the harmful consequences linked to drug use (HRC, 2020). It is also defined as a social justice movement that believes and respects the health and human rights of PWUDs. The Global Fund (2020), terms it as policies, practices and programs seeking to minimize the negative social, legal and health implication of drugs use, laws and policies. They add that it is grounded in human rights and justice focused on positive progressive change by working with the users without judging, discriminating, or coercing them by making their effort to stop using drugs as a prerequisite for their support.

Despite harm reduction's grounding in public health with considerable evidence base continuing to build up through research on harm reduction effectiveness, its effects and intention continue to be questioned (WHO, 2002). There are several schools of thought around Harm Reduction some stating: Harm Reduction does not work; Harm reduction keeps addicts stuck from harms they would otherwise escape through abstinence, others feel it emboldens drug use postulating that, by supporting PWUDs to stay healthy, keep away from problems and stay alive, would make non users to think drugs are safe and be encouraged to start using thus viewing harm-reduction as a wrong signal or message.

Clin (2014), defines Harm Reduction as an encompassing term/word for intervention(s) that aim at reducing the problematic behavioural issues attributed to drug use. Marlatt (1998), adds that harm reduction is a terms mostly associated with substance use, associated with decisions with negative consequences. This may include support of the Needle Exchange Programmes (NSP), in efforts to lower the risk for HIV and other infections.

Marlatt (2002), advances that harm reduction is a user-centred approach that enforces the process of behaviour change even when they are driven to pursue substance use abstinence or stop engaging in other risk-taking behaviours as a treatment goal. He notes, the focus is to reduce "harms" of drug use to both the user and society. He impresses that Harm reduction approaches are therefore user-driven, community-based, and non-judgmental seeking to address the systems that marginalize and isolate users. This is premised in the understanding that users seek substance use treatment services to minimise drug-use related harms and associated risky sexual behaviours, but not necessarily because they are seeking to changing substance use patterns.

Hilton et al (2001), add that harm reduction is not about eliminating drug use, rather minimising social and personal harms as well as the costs linked with HIV spread and drug use. The aim is to better conditions in which drugs are used which often fuel the spread of HIV and blood borne infections, the unequal access to health services and associated economic and social challenges. These challenges include: social and racial discrimination, poverty, violence, unemployment; generally poor mental health and other social and demographic determinants.

Hilton however warns: that one of the biggest challenge in harm reduction is for PWIDs to self-protect against HIV whilst suffering social and physical deprivations as well as facing addiction needs. They add that existence of divergent perspectives around harm- reduction can be problematic and consequential to the success of the initiatives. Ethical, theoretical and practical, complexities do exist, however more research is required to strengthen the harm reduction case and encourage formulation of policies.

Hunt et al., (2001), add that harm reduction refers to principles that underpin policies outlining how societies respond to the drug problems as well as interventions which include Needle and Syringe Programme (NSP), Medically Assisted Therapy (MAT)- which is likened to harm reduction. Hilton (2001), raises the controversy around some of these aspects such as Methadone Maintenance programmes, sometimes seen as the dispensing of illegal drugs in a controlled environment with care programmes, like HIV testing, needle exchanges, vein maintenance among others, being seen as condoning or even encouraging the use of drugs.

Newcombe (1992), looks at harm reduction at varying levels; at the individual, communal and societal levels. He also classifies types of services as health, economic and social. He forward three terms to be used interchangeably with harm reduction: 'harm minimisation,' 'risk reduction' and /or 'harm reduction'. For distinction, (Strang, 1993), advances that reducing harm should ought to be the primary focus. According to (HRI 2002), Harm-Reduction programs goals are hierarchical key of all being to focus on the person and/or community, such that the most important and pressing need is addressed first and therefore achieving the first step towards risk-free drug use or in some cases abstinence.

2.3 Implementation of Harm Reduction

The World Health Organization in 2009 proposed a 9 point comprehensive harm-reduction package for (PWIDs) which included: Opioid substitution therapy (OST), and drug dependent treatments like the Needle and syringe programme: HIV testing and counselling and preventing STDs, Some of the approaches used for prevention of HIV transmission include Condom programming; diagnosis and treatment of TB and viral hepatitis, and Targeted Information, Education and Communication (IEC).

It is worth noting that the scale and implementation of the comprehensive package varies from country to country, regulated by the legal and policy environments. The policy and legal landscape in East Africa has largely been prohibitive of drug use hence harm-reduction, with the perception of drug use as an issue of public health concern slaking across the countries (Auma, 2016)

2.4 The East Africa Region and Drug Use

In relation to drug use, East Africa (EA) is categorized as a transit route given its proximity to the East coast of the Indian Ocean. EA is characterized by a generalized HIV epidemic with the main mode of spread being sexual transmission. However, embedded in the generalized epidemic are pockets of concentrated epidemics across different Key Populations (KP's) including drug users and injecting drug users (UNODC 2019). In addition to the disproportionate infection rates among KPs the challenge is further compounded by limited government commitments and challenges accessing services. In the greater East Africa (EA) region HIV prevalence among the general population varies from as low as 1% in Mauritius, Zanzibar and Seychelles, to about 2% in Ethiopia and Burundi to more than 5% in Uganda, Kenya, and Tanzania (Rhodes & Abdul 2016). In Kenya alone there were 18,327 PWIDs who were among, 1.5 Million PLHIV as at the end of 2016 (NACADA 2019). In 2019, NACADA reported that 4.9 Million Kenyans ages (15 – 65 years) were abusing one of more drugs or substances in 2019, and the prevalence of HIV was at 18.3% versus 5.3% among the general-population.

Country Operating Procedures-(2017), advanced that even though there are tremendous efforts to combat new infections and manage the identified cases in the general population by the regional governments, the HIV prevalence among key populations like men who have sex men (MSM), sex

workers and migrants still lags behind. In addition, there are still significant gender-based and geographical factors driving HIV transmission. In this region, more women (58%) than men are HIV positive. Other affected populations include prisoners, children and young people (aged 15 to 24).

A general overview of the regional policy highlights characteristic stigma and discrimination, punitive laws and policies, criminalization and gender-based violence mostly meted on Women Who Inject Drugs (WUIDs). Further to this are the community and health systems limitations that have resulted in part of KPs being ‘hidden’, largely ignored, rarely heard or seen, by decision makers and key stakeholders. Consequently, this “hidden” key population are unable to access preventive measures and/or treatment and other support services, which are otherwise more widely available and accessible to the general population. (Auma, 2016)

East African countries including Ethiopia, Kenya, Seychelles, Uganda, Tanzania and Mauritius which previously mostly transit countries for variously drugs, are increasingly becoming consumers. Cannabis has 6.6 million consumers globally and is the most widely used drug. (Auma 2016). The INCB (2007) states that heroin abuse is quickly rising in the region. UNAIDS (2017) stated that more than 5 million people live with HIV, a fraction of the PWUDs is unknown.

Countries like as Seychelles, Tanzania and, Mauritius have partly adopted and made some provisions for harm reduction including healthcare services for PWUDs. However, largely, most East African governments remain inclined to a criminal justice approach to drug possession and use. For instance, in Tanzania and Kenya the policy and legal environments still criminalise any possession of syringes and needles. Such practices obstruct access to essential services by PWUDs because of the fear of arrest, stigmatization, and harassment (Auma, 2016). Phelan et al (2013) outline that the unavailability of statistical information and data collation has made it difficult for policy makers and other stakeholders that could have improved access to healthcare services to do so because they don’t figure out the health burden of the same. Hunt (2001) advances that to improve public and/or community understanding of harm reduction communication as critical to advance its discourse among stakeholders.

2.5 Harm reduction policies

MacCoun (1998), forwarded that in political discourses, the tension between preventing a behaviour and reducing the harmfulness is not unique to the debate of illicit drugs.

Supply suppression and demand reduction, have been the long standing approaches to the drug use problem redress, but have been inadvertently reported as pushing drug users away from health services that could improve their wellbeing as well as that of the general public, adversely affecting the fight against HIV. Harm reduction although still highly contested by some stakeholders- is forwarded as a potential route to realization of an HIV free generation as envisioned by various regional and global health goals (HRI 2019).The supply suppression/reduction strategies seek to interrupt the supply and production of illicit drugs, the strategies include: trafficking interruption along the various transit routes, crop destruction for crops from which drugs are derived and introduction of crop substitution as well as ridding precursor chemicals used in various drugs processing such as plant-based drugs as well as the manufacture of synthetic drugs such as ecstasy and methamphetamine (CHR N/D).

On the other hand demand reduction seeks to avert people from wanting or seeking to use drugs. It employs approaches such as; treatment for PWUDs including: detoxification, social rehabilitation and drug substitution therapies, and integration of PWUDs into meaningful social structures and/or creation of economic opportunities recovering drug users.

Auma (2016), adds, traditionally, Eastern African countries have held on to punitive drug policies that criminalise drug use. Consequently, this limits access to health services for PWUDs. Auma notes that many legislators and opinion leaders in the region have not yet understood the shift towards public health approaches for harm reduction. She opines that such a shift would encourage PWUDs to access health care, serving to prevent and reducing the risk for HIV and other blood-borne infections.

Lenton and Single (1998), proposed policy and intervention programmes focused on the reduction of harms related to drug use rather than drugs themselves. They state that where strategies are abstinence focused, strategies should be available to mitigate harm for individuals who don't stop to use. They add that the harm reduction approach that seeks aims at avoiding the exacerbation of the harms from drug use and is distinct from the war on drugs; it treats drug users with dignity, maximising the interventions options. It prioritises achievable goals and is neutral regarding decriminalisation and legalisation.

Newcomb (2010), states that there are two-sides to the drug policy coin: abstentions or demand reduction focused on prevention, which seeks to stop non-users from starting, while supporting

the current users to recover. On the other hand, supply reduction seeks to prevent production and /or distribution of illicit drugs. Risk/Harm Reduction as the third alternative, seek to prevent unsafe drug use minimize the negative consequences of drug use.

Newcomb adds that both demand reduction and supply reduction have been used by nations for decades but research points to great shortcomings for both strategies broadly. Supply suppression is extremely expensive and not cost-effective while demand reduction is marred with many challenges mostly borne from overlooking why people engage or start and continue to use drugs. He adds that it's critical to look at the links between the use of drugs and society such as poverty, unemployment, cultural and political factors. CHR (N/D), highlights that research has shown that drug education program(s) are usually ineffective at reducing or stopping drug use. He adds that while education program(s) may increase people's knowledge and affect their attitude, drug use reduction is rarely achieved, with most programs looking at abstinence as the only measure of success. Demand reduction also looks at community development seeking to address the root causes of drug use, while acknowledging that there are no quick solutions to the long standing social-economic and psychological risk factors for drug use, while drug rehabilitation continues to register high level of relapses. Morton et al (1997) underscores the role of communication in such programs stating it has the capacity to reach remote audiences, change health attitudes and behaviour portrayal of health issues by the popular media, shape social norms, and influence legislative and policy decisions.

Auma 2016 notes, harm reduction as the third alternative to addressing the drug use problem has been proven by research as the most viable and practical option to addressing the drug use problem. Successful harm reduction programs complement both supply and demand reduction strategies. Despite the practicability of harm reduction in addressing the drug use problem, it's often marred with challenges in championing its adoption and implementation globally as it faces multiple and prohibitive legal, policy and contextual challenges. -.

Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988, Article 14 (4) in consideration of harm reduction viability as an alternative approach to drug use stated '*Parties shall adopt appropriate measures aimed at eliminating or reducing illicit demand for narcotic drugs and psychotropic substances, with the view to reducing human suffering*' INCB Report (2007) adds that "*Offence(s) involving the purchase, possession, and/or cultivation of illicit drugs for the offender's personal use, the measures can be applied as complete alternatives*

to conviction and punishment”. Just like many countries Kenya is a signatory of the convention but is yet to fully implement it thus hampering harm reduction efforts. The 2009- Political Declaration by UNODC member states obligation to: develop, promote, review and/or strengthen effective, integrated and all-inclusive, programs to reduce the drug demand, based on scientific evidence including; treatment, social reintegration, early intervention care, and rehabilitation, and associated support services, targeting to promote social and health well-being among communities, families, and individuals. Auma, (2016) advances harm reduction as a concept which by the very nature of challenging the traditional belief of abstinence as a universal treatment goal for substance use has had to bear with lots of criticism.

In 2019, The Greater Eastern African Region through the Legislative Framework of the Eastern Africa Community set a precedence in 2019 by legislating for regional harm reduction through institution of the *East African Regional Policy on Prevention, management and Control of alcohol, Drugs and Other Substance Use Policy*. Different countries in the region have implemented the regional policy to varying extents.

Different stakeholders including policy makers are yet to fully grasp the concept which can be helpful when they are making or amending policy to suit the implementation of the harm reduction approaches. Auma (2016), observes that by the harm reduction concept challenging the traditional belief of abstinence as a universal treatment goal for substance use, it continues to bear a lot of criticism.

2.7 The Regional HIV and Harm Reduction Project

The regional HIV and Harm Reduction project was a three-year grant spanning 2016-2019 with a goal to increase PWIDs access to critical HIV and Harm Reduction Services across Eastern Africa region. This program was spearheaded by Kenya AIDS NGOs Consortium (KANCO). The grant was implemented in 8 countries (Kenya, Uganda, and Tanzania mainland, Zanzibar, Burundi, Ethiopia, Mauritius & Seychelles). The project had three major objectives which include: (i) *Harm reduction policy advocacy*, (ii) *Community systems strengthening* and (iii) *Generation of evidence to support harm reduction policy and practice*, with harm reduction communication being central to the realization of these objectives. The project communication targeted an array of stakeholders including: Policy makers, Health service providers, PWUDs, Communities and project

implementers in appreciation of the multi-faceted nature of the harm reducing players (kanco.org, 2018)

(KANCO, 2018) states over the three years of project implementation, several communication and advocacy campaigns were held targeting the different stakeholders including the *support don't punish* campaign, the first ever regional HIV and harm reduction conference, a host of communication and informational education materials were produced, grooming of harm reduction champions across all cadres speaking and championing harm reduction at different levels including policy makers both at the country and the regional level, use of social and digital media for harm reduction communication harm reduction support declarations etc. The project developed and made use of three strategies: a consultative inclusive concept note, regional project design with supportive implementation designs and a well elaborate and coordinated project management structure (KANCO, 2018).

From the project, several milestones aligned to the project objectives were realised: In terms of policy; a regional policy was developed and was dubbed '*East Africa Community Regional Policy on Prevention, Management and Control of Alcohol, Drugs and other Substance Use*, as well as several other declarations such the *Arusha Declaration for Harm Reduction* and the *Nairobi Declaration on Harm Reduction*. Further, many research and academic pieces emerged especially from the conference, wider mainstream and social media coverage showcasing the realities of drug use and harm-reduction as a practical and viable approach to the drug use problem creating awareness and pushing for policy reforms across the region.

Communication for harm reduction played an important role in bringing together a host of stakeholders including: the community of drug users across the region, East African Community, the National Parliamentary AIDS Committees in member countries, Ministries of Health, CSOs, regional and national drug control entities. The projects communications sought to impress on the need to adopt and implement harm reduction interventions and impress on mutual accountability for harm reduction.

2.8 Harm Reduction and Communication

Auma (2016) observes that communication plays a major role in promoting harm reduction as a public health intervention aimed at improving the over the quality of drug users lives while

minimizing the drug-use related harms for both PWUDs and their community. It also acts as a bridge, acknowledging that while supply suppression works towards addressing the production and distribution of drugs, and demand reduction on cessation and abstinence of drug use, harm reduction considers the current drug user in their entirety and their unique needs in their current state.

The centrality of communication in harm reduction has been advanced by well-established harm reduction movements across the world. The MENAHRA (2020) advances that harm-reduction communication is essential role in the promotion of harm reduction as an approach as a public health issue with all its services. This is in effort to improve the drug users lives quality and minimizing harms emanating from drug use, for them and the larger communities.

Harm Reduction Coalition-HRC (1998), states that harm-reduction communication facilitates the creation of exchange forums where hands-on practical, harm-reduction information and techniques can be shared. Further it promotes open discussions of important theoretical and political issues relevant to the harm-reduction movement; and helps inform the communities on resources available as well as announcement(s) of relevant events.

UNODC (2017) advances that communication is central to harm reduction programming as it involves efforts to change knowledge, attitude(s), belief(s) and behaviour(s), as well as build community solidarity. They add that Information Education and Communication (IEC) materials can add value and complement harm reduction interventions, by being shared from person to person without misrepresentation or loss of the information. This underscores the importance of factual communication about what harm reduction is and what it is not with different stakeholders to help them make informed decisions.

Harm reduction interventions and communication have a long-standing history in the health response, primarily towards minimising negative effects in different causes. Hawk et al (2017) defines harm reduction as interventions that aims at reducing the negative effects or consequences of health-related behaviour without necessarily getting rid of problematical health related behaviour. completely. They underscore that harm reduction although often commonly used in reference to drug use interventions, has an application as a philosophy which is wider than that and is often used to address risky behaviours accompanying drug use. Further, its principles have been applied to other harms like tobacco use, eating disorders, and sex work.

Harm Reduction Coalition (1997), advances that harm reduction communication facilitates the creation of exchange forums where hands-on practical, harm-reduction information and techniques can be shared helps create a forum for the exchange of practical, harm reduction techniques and information, facilitates open discussions of political and theoretical issues of importance to harm reduction as well as informing communities via announcements and other listings about relevant events. They further underscore that Harm Reduction Communication commits to present faithfully the opinions and views of PWUDs, former users, those in recovery and those in drug substitution therapy, outreach workers, and others whose voice has been ignored. They add that the welfare of the drug users (physical, psychological and social welfare) is critical, they underscore therefore that harm reduction communication therefore takes the assumption that the contributors of these discourses carefully select their words, and thus avoids terms such as ‘addict’ in its place using ‘user’ among others to create an environment conducive for learning, sharing and promotion of uptake of positive behaviour.

Harm reduction communication is critical in promoting understanding of addiction as disease. UNODC 2019, terms addiction as a developmental disease that begins in adolescence and childhood. Resolution III, 1972 an amendment of 1961’s convention, states that drug addiction is mostly the result or outcome of an unpleasant social atmosphere where those most exposed to it live. UNODC therefore calls for recognition of drug users as persons who are suffering, affected by multiple challenges and chronic diseases rather than viewing drug use as immoral, criminal, or even as a danger to society to be expelled. They add that the drug use disorders’ pathogenesis, continued use or experimentation with drugs causes many disadvantages including; Lack of proper family bonds (disrupted attachment); Genetic predisposition where one was stressed during pregnancy; Abuse and neglect, not being engaged with school or work and social exclusion or isolation Clin (2006), adds that over 40% of all psychiatric disorders among adolescents begin way before substance use disorder, further exacerbating the psychiatric disorders.

Auma (2016), observes that communication plays a main role in encouraging the embracing of harm reduction approach in public health leading to improved life quality for drug users and minimizing drug-use-related harms. It also acts as a bridge, acknowledging that while supply suppression works towards addressing the production and distribution of drugs, demand reduction focuses on information on cessation and abstinence of drug use, harm reduction considers the current drug user in their entirety and their unique needs in their current state.

The Kenya Mental health policy 2015-2020 emphasises on the need for consideration for the resulting social and health effects of drug dependency on the individuals, the family and the larger communities. Its emphasis on the need to enhance access to quality drug dependency services, through establishment of a variety of services that are culturally sensitive to the different groups affected. The policy notes therefore, that the public health systems has to bear the heavy burden of treatment and prevention of drug use related disorders, underscoring that quality treatment plays a role in dipping the demand for licit and illicit drugs, preventing HIV transmission, relapse, crimes associated with drugs, and incarceration. The policy outlines priority actions including: establishment of a national strategic programmes on prevention of substance use, rehabilitation and treatment; investing more to ensure access to effective care and treatment; capacity building and quality assurance to meet standard guidelines and best practices. And the integration of substance use related care and treatment as well as social welfare system to the continuum of care.

Globally and regionally there are days and campaigns set aside focusing on redressing the drug use challenges such as the ***Support Don't Punish*** campaign marked on 26th June annually, which is a global advocacy campaign that calls for policies on drugs centered on human rights and health. These forums provide an opportunity to share harm reduction messages, highlighting the challenges that PWUDs face, with a call for situational redress. Such campaigns leverage the use of traditional media, social media and influencers who use different platforms to sensitize stakeholders on harm reduction and drumming support for progressive measures for drug use challenges redress.

In Kenya, the National AIDS & STI Control Programme (NASCOP) is part of the Ministry of Health in Kenya that is charged with spearheading the fight against HIV/AIDS and STI (NASCOP) while, NACADA is mandated to champion the harm reduction cause through policy formulation and regulation of alcohol and other harmful substances respectively as well as mass sensitization on the drug use challenges, prevention and redress.

Kurth 2016 et al. highlights a critical communication gap in the region observing that there is limited publication on injection drug use in the sub Saharan Africa, despite HIV continuing to be the most common cause of disability and mortality. Auma (2016) points at the glaring gaps between harm reduction practice and policy, given the limited understanding of harm reduction as

a concept. There are intrinsic social, cultural and political barriers challenging the uptake of harm reduction services and implementation of harm- reduction services despite the growing drug use problem. Harm reduction as part of the health communication thus becomes critical in addressing these barriers and promoting understanding of the harm reduction concept and uptake of services. There is need for better communication of its principles and advantages and distinguishing it as a movement grounded on public health. Communication is also critical in highlighting what harm reduction is and what it's not.

This chapter has reviewed the literature on to the area of study and specifically the role of communication in harm reduction, with communication emerging as a critical in driving the harm reduction discourse. Literature had shown the policy, legal, health and environmental challenges that face both the community of drug users, stakeholders and the lager community and communication being a critical tool to bridge the information gaps among stakeholders for informed decision making and/or support for uptake of harm reduction.

2.9 Theoretical Framework

Harm reduction seeks to minimise the drug-use related harms through policy, legal and practice reforms, approaching it as a public health issue. The uptake of harm reduction is still low, with the policy and legal environments in the region remaining largely prohibitive. Harm reduction communication is a multifaceted and multi-layered communication that seeks to influence the legal, political, practice and uptake of harm reduction among PWUDs. Studies on harm reduction point to the challenges in the uptake of harm reduction due to the stringent legal and environmental challenges that surround drug use especially in Africa and East Africa, however no research had been done on how communication had impacted harm reduction in East Africa and specifically in the HIV and Harm reduce project which registered significant milestones towards cementing harm-reduction in the East Africa. This study used two theories;

2.9.1 Diffusion of Innovation Theory

Diffusion of Innovation (DOI) theory, developed by Everett M. Rogers in 1962, originates in communication-studies, and explains how, over time, an idea(s) or products gain/s momentum and diffuse(s) (or spread/s) through a social system or specific population. The theory advances that

media and/or interpersonal engagements can provide information and/or influence opinion and judgment. Rogers proposes that four main elements influence the spread or uptake of new ideas: the innovation itself, communication channels, time, and a social system, a process that is heavily reliant on human capital. Given the novelty of harm reduction it is considered an innovation in the drug use redress, whose advancement under the project utilized multimedia communication channels and products, permeating at different paces in the different contexts of the project implementing countries with varied levels of adoption/incorporation in the social systems. The Uptake of harm reduction is slowly taking shape, in different contexts, with different stakeholders accessing information about it and its tenets and taking different stands (kanco.org, 2018). The concept of harm reduction as an innovation towards realization of an AIDS free generation, has and continues to utilize different communications strategies to reach out to different stakeholders and the ideas are spreading, permeating different social systems and driven by different bodies, organizations, individual championing the cause (Auma 2016).

Diffusion of an idea could lead to its adoption by people as part of a social system and can take the form of an idea, behavior, or product. Adoption means taking on new behavior that is different from what they had ((Rogers, 1983). Key to adoption is that the person(s) must see the behavior, idea, or product as innovative or new-. and it is through this that diffusion is possible However, Rogers notes that adoption happens at different paces in different social systems, as some people are more apt to adopt the innovation than others hence the concept of early adopters and later adopters and the intermediaries. The spread of harm reduction information has played a role in the adoption and uptake of harm reduction interventions, among different stakeholders and based on the perceived benefit, the adoption has been at different paces (Rogers 1983). Researchers-such as Scott et al (2008) have found that people who adopt an innovation early have different characteristics than people who adopt an innovation later. Therefore when promoting a new idea or innovation to targeted populations, it is critical to understand their characteristics to help tailor your approaches. The theory identified five categories of adopters of innovation that is innovators, early adopters, early majority, late majority, and laggards.

Innovators are people who want to be the first to try out innovations. They are adventurous and seek out new ideas. They are also risk takers and are interested in new ideas and don't need much convincing to take on new ideas.

Early Adopters are advanced as opinion leaders, who enjoy leadership roles and are receptive to change. Innately, they are aware of the need to change and thus very open to new ideas. To effectively engage them Rogers advanced that they need practical strategies that would guide their actions as well as information implementation. Early adopters do not need information to convince them to change. Countries that adopted harm reduction early maybe considered as early adopters. They understood drug use as a problem and were ready to adopt harm reduction to address the drug use problem. Important in pioneering the harm reduction discourses included communication around the same for others to learn. In the greater Eastern Africa region, - countries like Mauritius and Seychelles would be considered as early adopters that have well established and elaborate harm reduction services. These countries have advanced in ham reduction communication, with tailored messages around interventions targeting health service providers, the drug users, policy makers and the general community in effort towards increasing uptake of harm reduction. These countries are considered pace setters in the reduction with communication being critical in driving the harm reduction cause.

Rodgers advances that the Early Majority are hardly ever leaders but they adopt to new ideas faster compared to the average person. However, unlike the early adapters they often need to see evidence of the benefits of the adoption of these ideas, this may be in the form of success stories or evidence of effectiveness. Countries in the region like Kenya who are beginning to appreciate the benefits of harm reduction and learning from other countries could be placed in this category (kanco.org 2018).

The Late Majority are skeptical of innovations or change and may be persuaded by information on the number of successes in the adoption of the innovations. On the other hand, Laggards tend to be very conservative, are very skeptical of any change and are hard to convince to take on innovations. Fear mongering, pressure from the other groups, and use of data and statistics strategies are often used to persuade them.

Rogers advanced that for diffusion to be complete (change adopted), several factors are at play including, levels of awareness on the need for change and the decision to adopt or reject the innovation. Five factors dictate diffusion of innovation: *relative advantage* which is the degree to which innovation is seen as better than the program or product it replaces; *Compatibility* which

has to do with to do with the agreement of the proposed innovation to the values, needs and experiences of a people; *Complexity* the ease of use and understanding of the innovation: *Triability or the ability to experiment* The extent to which the innovation can be tested or experimented with before a commitment to adopt is made; and; *Observability*; which is the degree to which an innovation's results are visible.

Some of the strengths identified under this theory is the appreciation of innovation as a continuous process, the ability to reach new audiences, the embracing of technology and innovation and its use in reaching new audiences, the reputation for quality content, the opportunity to use technology to enhance teaching and learning among others. Observations during the project implementation indicated, different countries were at different levels of adoption of harm reduction. Notable also are the deferent levels of information on harm reduction, in terms of stakeholder's discussions on harm reduction, communication product and the uptake attributed to the differences in communication, understanding hence practice (kanco.org 2018)

Some of the identified drawbacks of this theory include: that the theory has limited evidence of origin in public health which limits its application in explaining adoption of new behaviors or health innovations. Further it overlooks the importance of participatory adoption of public health programs; It overlooks the importance on an individual's social support system in the adoption of a new behavior and it is best suited for advancing new behavior adoption rather than cessation of others-, in relation to uptake of harm reduction, the societal perception of drug use and harm reduction has been seen to play a key role in the uptake. With drug use being primarily a hidden epidemic, drug users rarely have a strong social support system to support their uptake of harm reduction, where in most contexts drug users families and social support are more inclined to rehabilitation. It also overlooks the variables such as conflict of interest, cultural differences, economic differences and poor information that affect adoption (LaMorte 2019).

This theory best describes the state of adoption of harm reduction practice and policy innovation globally, in the region and within countries. Different countries are at different stages with some being far ahead in terms of adoption of policies and creation of conducive environment for the uptake of harm reduction services, while other are still contending with the existence and actual numbers of PWUDs in their countries. In East Africa some countries like Kenya and Zanzibar

are considered regional leaders in harm reduction for PWUDS, while other countries like Uganda are starting up. This would explain the adoption of public health approaches to drug use in some countries while other countries remain highly punitive to drug users, criminalizing drug use under the criminal justice system. Further, as highlighted (LaMorte 2019), cultural, economic, and access to information factors have. Further the theory would specifically the adoption of the East African Community Regional Policy on Alcohol, drugs and Substance Abuse (2019) which was formulated following the project advocacy efforts in the region. Different countries are at different stages of adoption of the policy and its recommendations with some countries adopting some facets of it under the public health interventions

2.9.2 An Interactional Approach to Narcotic Addiction Model

This model was advanced by Asubel D, who impresses on the need to look at the causal factors for drug use within the user's environment and the interaction between them, which he classifies into long term, immediate, and/or other precipitating factors.

Asubel argues that no one can get addicted without access. He underscores that the degree of access to drugs is a critical factor to drug use postulating that, availability of drugs being higher in slums compared to middle class suburbs fuels the use of drugs. He further advances that unavailability during events like World War II when transit was disabled showcases the role of availability/access and drug use. The growing use of drugs in the region is attributed to availability with the East Africa emerging as a drug transit route (kanco.org 2016)

He adds that attitudinal tolerance is a key factor to drug use, this varies across races, cultures, and communities explaining the variances in drug use incidences across the globe-. The study has shown the differences in drug use tolerance, with some contexts being more empathetic on the drugs users through friendlier policies and social support systems

He shares that one of the crucial and influential predisposing factors are the developmental personality traits for which users have adjustive properties. This explains why some substances are more addictive than others as they have stronger psychotropic effects. Key among these effects is euphoria that has greater adjustive impact on inadequate personalities, mostly driven by the need for immediate gratification, explaining the drug (s) of choice by different users.

He states that the contributors of the drug use addiction are genic (polygenic) in origin and are unquestionably further enforced by lower social-class, although recent trends indicate that drug use is also prevalent across the other classes. The euphoric properties give users immediate pleasure and an unearned form of gratification and ego enhancement that can be used as a coping mechanism for the lower class.

The aspect of the sedative effects of narcotic use also account for the minority of addicts who use drugs to calm anxiety and this is common among the elite such as medical practitioners. He also adds the use of drugs among some youth who feel overwhelmed with academic or vocational engagements and may take to drugs for a limited period of time. The final group he shares about, are a small subcategory classified as sociopathic or psychopathic personalities who engage in socially disapproved behaviours to meet their addiction needs, sometimes committing remorseless crimes.

The aspect of availability is a key factor in the East Africa region with research showing that it is emerging as a transit route (Auma 2016). Further, varying levels of tolerance for different kinds of drugs is also depicted by research, amid the increased drug use for recreation, with genetic factors also at play (hri.org 2015). Further, youth at different academic levels have been reported to use drugs for different reasons, as well as the psychopathic use of drugs that has often rendered the relationship between drug users and their communities hostile, has been reported in the region (kanco.org 2016).

Communication under the regional project was used to highlight the relationship between drug use and the causal factors and proposing harm reduction as a viable option in the drug use redress profiling it as a public health care concern. The targeted multi stakeholders and multi-faceted communication sought to create a conducive legal and policy environment to support the uptake of harm reduction services and address the issues fuelling drug use in the region.

Chapter 3: Methodology

3.0 Overview

This chapter presents the process and techniques employed to conduct the study. It consists of research design, research site, target population, sampling technique and sample size, research approach, research method, data analysis and presentation, validity and reliability

3.1 Background

KANCO was the grant principle recipient, and worked with 8 African countries through various organizations in each of the countries for harm reduction advocacy. KANCO key populations programs manager was the primary contact for the data collection. The researcher engaged the Key populations program manager for linkage with the project stakeholders through the East African Harm Reduction network, that is an umbrella body for the harm reduction organizations working in the region and that were involved in the project. The researcher used electronic data collection methods including, emails and virtual meetings for all participants outside Kenya

3.2 Research Design

Kothari (2004), describes research design as the blueprint for the collection, measurement and analysis of data. This therefore looks at the research plan and outlines the execution including the research approach, tools and techniques, sampling, data collection and analysis and interpretation

The study used qualitative approach methods, cross sectional case-study research design to explore the relationship between communications and harm reduction uptake. The qualitative methods which encompassed both in-depth interviews and content analysis of the communication products to provide a rich description of the communication mechanisms and the messages/language were used in communicating harm reduction approaches in the region.

This study looked at what information was shared, how it was shared and the effect on the uptake of harm reduction as documented at the end of the project cycle and also through key informant interviews.

3.3 Research Approach

The study used qualitative approach to investigate the role of communication in the uptake of harm reduction services.

Qualitative methods were used to look at the harm reduction learning journey and explore what information was shared under the project, how it was packaged (put together) and shared and how it influenced the harm reduction discourse in the region among stakeholders. The study undertook in-depth interviews guided by an interview guide to explore participants' perspectives on various harm reduction indicators and communication experiences and the changes that have happened in the course of the project.

The study also undertook content analysis of the projects communication products through a thematic analysis of the content. This involved looking at existing documents and records and having broad themed categories that explored the messaging identifying themes like health, policy, legal and social cultural issues among others. These materials, include: Communication Information and Education (IEC) Materials (IEC), documents and records, newsletter, documentaries, success stories, case studies, social media and mainstream media coverage of harm reduction among others, generated throughout the life of the project. The materials/communication products were randomly selected and analysed thematically per category.

The qualitative approach facilitated the in-depth understanding of the nature of the messages shared, how they were shared and how they influenced the harm reduction discourse under the project.

3.4 Research Site

The research was conducted among the Harm Reduction Partners who were implementing the project through email surveys. This was done through the East African Harm Reduction Network (EAHRN) and the grant principle recipient organization, KANCO. The researcher also carried out a content analysis looking at select- communication products produced under the project, analysing the key messages and themes conveyed by the materials, how they were disseminated and their influence on the uptake of harm reduction. The content analysis constituted a study of documented

accounts of drug users experiences recorded at the end of the grant through electronic and textual representation throughout the life of the project-

3.5 Target Population

Mesa et al., (2016), defines target population as a sample of the population corresponding to the entire set of subjects with characteristics that are needed for the research. The target population for the study was 8 implementing partner organizations. They were reached through the Regional East Africa Harm Reduction Network, an umbrella body that brings together the 8 partners from the 8 regional countries: Kenya, Rwanda, Uganda, Tanzania, Zanzibar, Burundi, Mauritius and Seychelles, involved in the project and representative of the harm reduction stakeholders including PWUDs.

3.6 Sampling Technique and Sample Size

Mesa et al., (2016) defines sampling as the process used to select individuals/sampling from larger sample frame(s). The sample frame therefore represents selectable individuals from the target population using the sampling process applied for the study.

The sampling frame was the implementing partners involved in the implementation of EAHRP which were 8 partners spread across the 8 countries in the larger EA region. Through the East Africa Harm Reduction Network, 4 Participants were randomly selected for the study.

3.7 Research Method

The study was a case study of the Regional HIV and Harm Reduction Project Implemented by KANCO and the 8 regional implementing partners. The three-year project sought to introduce and scale up harm reduction interventions and policy advocacy for a conducive harm reduction environment in the region for PWUDs. Semi-structured interview guides and document analysis were used for qualitative data collection as well content analysis of communication products and processes through the life of the project.

3.8 Data collection methods

The study derived the primary data from interviews. Secondary data was derived from content analysis of documented communication products and processes.

3.9 Population Sampling Procedure and Data Collection

The study used stratified simple random sampling to select participants for inclusion. Out of the 16 implementing partners, the study randomly selected 8 partners, 1 partner from each country: Kenya, Rwanda, Uganda, Tanzania, Zanzibar, Burundi, Mauritius and Seychelles. The sample selection was supported by the East African Harm Reduction Network, an umbrella body for the implementing partners and KANCO the lead implementing partner. The sampling of study Participants was based on the level of involvement in the project activities implementation. -

For qualitative data, the study applied Judgement (or Purposive) sampling. The study deliberately chose who to participate given their involvement in the project, with the support of the project manager at KANCO. The qualitative data was collected through in-depth interviews ,using an interview guide to interview 4 respondents involved in the implementation of the project.

For the content analysis, the data was obtained from the KANCO website and featured the resources and content produced and published on the KANCO website over the lifetime of the project. Other sources of the content analysis data were accessed physically from the KANCO offices. All the available information relating to the implementation of the harm reduction project was considered and represented the sample for content analysis.

3.10 Data Analysis and Presentation

Data analysis entailed editing, classification, coding, and tabulation of collected data. A conceptual analysis approach was used for content analysis, which involved identifying the key themes that occurred in different content sources, their similarities and differences.

The data collected from the in-depth interviews was analysed thematically, starting with coding the data and assigning the codes to emergent thematic areas around drug user experiences, policy changes, among other emerging themes. The themes were broadly categorised into, health, legal, policy, human rights and other cross cutting issues.

Data collected through content analysis was categorised and coded, analysed and thematically analysed.

3.9 Validity and Reliability

Validity is described as the degree/extent to which given instruments measure what they suppose/ asserts to measure (Blumberg et al., 2005), reliability on the other hand refers to ability of devices to continuously supply consistent results of the measured parameter of equal values. (Blumberg et al., 2005).

Stake (1995), notes that researchers using qualitative methods should, be wholly engaged to gather and interpret the meaning making the study. Stake impresses on credibility, open mindedness and trustworthiness of the research. Merriam 2002, impresses that to maintain credibility a researcher should provide copies of the interview transcripts and should be asked to validate the accuracy of the information in them; their supervisors review should be sought. To increase the finding dependability by providing an audit trail audit which in explanation of the data collection methods and analysis as well as increase adaptability by providing in-depth descriptions. To further increase the credibility of the study, multiple data, member checks and detailed explanation of the data collection and analysis methods were used.

3.11 Ethical Considerations

All the data obtained from the study Participants was coded and utmost confidentiality guaranteed. A letter was obtained from the school of journalism to be used during the data collection and assurance of its use as for academic proposes only. The researcher adhered to the principles applying to health communication that is, respect for personal autonomy, and justice and beneficence. Written and verbal consent were sought with all the responded and data treated with utmost integrity.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.1. Overview

This chapter covers the presentation and analysis of the research findings. The study focused on the role of communication in the uptake of harm reduction in the case of the EAHR project. The focus of the study was on the information that was shared, how the information was packaged and disseminated and how it impacted the Uptake of Harm Reduction in the region. To investigate this, the study carried out a content analysis of the communication materials and products developed within the life of the project and conducted interviews with the project stakeholders to understand the role communication played in the uptake of harm reduction, the case of EAHRP.

4.2 Demographic Characteristics

The study targeted to interview eight (8) respondents. Only four (4) actual interviews were carried out, accounting for 50% of the target sample size. The four respondents included two key informants and experts that were actively involved in the implementation of the Harm Reduction project in the Eastern African region, one recovering injecting drug user, and a peer educator that participated in the harm reduction project.

The study also looked at multi-media content and messages developed during the life of the project (2015-2019), thematically analysed based on the key messages, the type/form of communication products and how they were disseminated. The key participants were asked about their involvement in the project and all four were involved in the project implementation at different levels throughout the life of the project. The participants were also asked how communication impacted the project outcomes.

4.3. Information on Messages shared under the project

4.3.1 Awareness Creation on the Harm Reduction Approach to Drug use Redress.

The researcher sought to find out what messages were shared under the project, how they were packaged and disseminated to the various stakeholders.

Regarding the key messages the Participants noted that the messages were towards increasing the knowledge and understanding around the harm reduction concept among the different stakeholders given its novel nature.

Drug use is a relatively old problem in East Africa, which reportedly originated from the coastal towns of Kenya before moving inland. Harm reduction is a new and preferred approach to the drug use problem redress and thus there was lot of effort to promote its understanding among the different stakeholders (Participant 2).

Participant 1 opined that drug use continued to be a stark reality and hence although the traditional approaches still have a place in the redress, there is need to consider safer alternatives like harm reduction to help save the lives of those already caught up in drug use.

Even as the side of control continues to work on ensuring that there is control of access to drugs, what happens for those who are already in drug use, those who are already injecting, and because of the aspect of addiction, they will continue using despite the risks that they may be exposed to (Participant 1).

On this Participant 3 also noted

Understanding of the drug use problem and burden was critical to create appreciation of the harm reduction approach as a viable option in the drug use problem redress, as it addresses the drug use challenges and situations (Participant 3).

4.3.2 Support Don't Punish

All the participants noted that one of the key messages in the project was *support don't punish*. This was the resounding message to all the stakeholders including the communities within which drug users lived, health implementors, policy makers, law enforcement among others. They therefore noted that the harm reduction approach is towards minimizing the health risk that drug users are exposed driven by addiction.

We talked about issues like support don't punish whereby instead of punishing those who are using drugs, you support them by ensuring that you meet them where they are at the moment, and you try and ensure that even in their drug use, they do it safely to ensure that their health is protected. The other one was to governments and to ministries of health to be able to provide the support that is needed, so that people who are using drugs can have access to safe injecting equipment, and make methadone accessible and available for those who want to quit.
(Participant 1)

Participant 3 noted they were involved in the preparation of the information to be shared in the harm reduction project, through coordination of teams to develop the messages. He indicated that

the main message was support do not punish, and availing of commodities for people who use drugs and creating an enabling environment for uptake of harm reduction services.

We needed an enabling environment for doing the work for the people who are injecting drugs, so our message was, we should support them and not punish them. Initially the message was also around availing critical commodities to the people who inject drugs (Participant 3).

They noted that one of the key target audiences were PWUDs and their communities, towards making the environment conducive for uptake of harm reduction services. They underscored that the information was towards bridging the knowledge gap on what drug use is, the challenges and proposing suitable responses key among them being uptake of harm reduction and largely supporting drug users as opposed to punishing them.

The researcher also found that at the heart of messaging was also creation of favourable policy and legal environment for the uptake of harm reduction.

4.3.4 Drug use as a Health not Criminal Issue

Participant 3 observed that the traditional approaches (supply suppression and demand reduction) generally overlooked the overarching health issues associated with drug use such as the heightened risk of HIV transmission due to high risk behaviour like sharing of injectables.

We have had the traditional approaches where by people are arrested when they are using drugs, taken to court and then are incarcerated. The process has mainly been punitive, if we may call it that, and not really looking into the health-related aspects and also the issues around health that are related to the use of drugs (Participant 1).

This corresponds to the works of MacCoun (1998) that state that supply suppression and demand reduction, have been the long-standing approaches to the drug use problem redress, but have been inadvertently reported as pushing drug users away from health services that could improve their wellbeing as well as that of the general public, adversely affecting the fight against HIV.

Participant 3, noted one of the key roles was bringing together partners to start to have a conversation around harm reduction across and within the implementing countries.

They noted that one of the key audiences were PWUDs to raise the health risk awareness among them, including but not limited to HIV/AIDS and Hepatitis B as well as decision-makers including policy makers for resource allocation, favourable policy legislation and implementation.

More work needs to be done. We need to invest in harm reduction in terms of resources, policies, and frameworks (Participant 3).

The Kenya Mental health policy 2015-2020 emphasises on the need for consideration for the resulting health and social consequences of drug dependency on the individuals, the family and the larger communities. This indicates recognition of the drug use problem as a health issue thus the need to address it within the confines of public health policies.

The Participant 1 noted that communication from the project also sought to create a sense of urgency in addressing the drug use problem, from a health lens.

To start looking at the basics of drug use and addiction as a disease more than anything else.
(Participant 3)

4.3.1. Information on Packaging and Dissemination

Participant 1 indicated that the project utilised multiple avenues to share messages on and around harm reduction. They noted, taglines such as “*support, don’t punish*” were used in the simplest terms to get different stakeholders, including policy-makers understand the focus of the Harm reduction approach. The message was packaged as an appeal to stakeholders including governments and ministries of health to provide a conducive environment for drug treatment and harm reduction options including access to clean needles and syringes and medically-assisted therapy.

Participant 1 noted convincing stakeholders like lawmakers and the law enforcement departments to buy the idea of harm reduction required the information to be packaged formally and backed by scientific evidence, which could be used to support the need for harm reduction. Information presented included the state of drug use in the region and the situational analysis of the problem by country as well the approaches used to address the problem.

The information took the form of facts sheets, speeches, presentations in meetings baseline reports, media pieces, documentaries, declarations, blogs, project reports etc (Participant 1)

Participant 2 noted there was use of media, both print and audio in sharing of information. This was used to share the lived experiences of the people who use drugs, and propose harm reduction as an efficient way of the drug use redress. Further expert interviews and discussion forums

engaging on different topical issues under harm reduction were held on TV and radio outlets across the implementing countries. The project leveraged media as an ally in widely disseminating information advancing the harm reduction discourse.

There was that constant push of information and flow of information regarding the harm reduction approach, what is happening and how it is happening to people who use drugs facilitating creating of conversations, then it helps to have a more conducive environment for a harm reduction. (Participant 1)

Social media platforms like Facebook, and Twitter were used to share information and carry out campaigns.

We disseminated, the “support don't punish” campaigns through the social media by developing Facebook and Twitter pages where people sent messages in support and followed. We also disseminated through roadside campaigns organized using big trucks cruising from one town to another to interact with the communities and educate them on harm reduction. The information was also disseminated on media TV by having some of the people participating in in live media interviews and debates as well as letters to the editor to drum support for ham reduction.

(Participant 2)

Harm reduction champions were also identified and utilized in advocacy for harm reduction among peers and in wider stakeholders forums. Each country identified and groomed harm reduction champions who would represent and articulate the drug use challenges in different forums.

Accounts of successful harm reduction projects were shared as case studies and success stories to create hope and expectation from investing in harm reduction. Accounts of stories of hope and reintegration into societies by people who formerly used drugs were used to show that the approach works.

Peer led discussion were also held, to facilitate learning and sharing among drug user such as sensitization of the injecting risks, risky sexual behaviour and practices booting or blood flushing common among injecting drug users The peer model allowed for discussion on what works and made recommendations to the implementors on how to make the project more effective by reaching drug users at their level.

Some of the things we did in the peer meetings was to talk about the risky behaviours around drug user and how we can overcome those. Speaking about this amongst ourselves helped us reflect safer ways of using drugs and also behaviour in general (Participant 2).

Documented accounts of the lived experiences of people who used drugs and/recovering users were documented in the form of short films and documentaries. This was a strategic way of convincing policy and decision-makers of the importance of investing and supporting harm reduction interventions. The harrowing realities of drug user both to the users and those around them helped give the menace a human face and the quest to find effective solutions.

We did a lot of documentaries which were very useful, mostly in terms of advocacy and policy-makers engagement. These documentaries had a human face showing the struggles that people who use drugs go through in their day-to-day lives. (Participant 3)

Respondent 1 also noted that Policies and declaration like the EAC policy on harm reduction, and lead up declarations like the Nairobi and Arusha Declarations on Harm Reduction were also developed and referenced for different discourses advancing harm reduction.

We had policies, declarations, newsletters, routine reports and all kinds of communication products going out, either in emails, websites among others. At the heart of it was sharing as much information, accurate and fitted for different audiences. Consistency was key (Respondent 1)

Information and insights targeting PWUDs was packaged to inform and educate the users on safer use practices and remedies available including Medically Assisted Therapy. These involved peer to peer sessions and health sensitization forums on the health risks associated with drug use and availability of health and harm reduction services near them.

First-hand accounts documentation through documentaries, mass media outlets and routine newsletter of the users experiences were also used to promotes cross learning among drugs users as well as to educate the public on the realities of the users and the risks they face. In a newspaper article for instance, a previous drug user indicated that *"I got so depressed that I got into serious drinking and bhang-smoking."* These messages sought to create an attitude change and create an appreciation of the drug use problem by highlighting the struggles of the user, and also drum support for the support don't punish approach.

Policy information such as declaration and policies and disseminated in different forums. They were used as reference messages for different advocacy forums to support the adoption and uptake of harm reduction. For example, the institution of EAC Harm reduction policy by the EAC, was shared widely among stakeholders but also information therein used in strengthening advocacy in-country as well as enriching the harm reduction discourse. It was also used and referenced in publications and packed for different stakeholders, through blogs, newspaper pieces, social media and websites.

Different platforms such as national assemblies and regional and national advocacy forums, media, peer to peer forums, project stakeholders meeting, marking of important health day etc were also used to share key messages around harm reduction (Participant 2)

4.4 Impact of the Information shared on the Uptake of Harm Reduction in the Region

Participant 1 noted that the communication on harm reduction significantly impacted drug policies in different countries. The information targeted stakeholders involved in the formulation of drug use policies in different countries, encouraging them to consider and embrace harm reduction. He noted that this information saw countries like Uganda, Burundi and Rwanda start embracing the harm reduction approach.

From the positive outcomes, Participant 1 recommended making harm reduction a significant topic of discourse and facilitating a continuous flow of information on harm reduction in a manner that would foster creation of more conducive environments for the use of harm reduction methods.

The harm reduction is a different thinking and approach to drug use compared to the contemporary law enforcement approach but there is need to strike a working relationship and collaboration between the two to foster effective management of the issue of drug use in the region (Participant1)

Considering that East Africa is a region with relatively more conservative people, Participant 1 further cited communication as *the heart of harm reduction* because at a glance, harm reduction presents the drug user from a health lens a different approach from the mainstream illegal perspective, and thus its messages have to be clarified through effective communication.

For the future projects Participant 1 recommended that more coordinated approaches be used so that all stakeholders involved in the project get the main message clearly from the onset.

Regardless of the level, regional, national, or local, maintaining a consistently clear message on harm reduction would be a significant contributor to the success of the approach (Participant 1).

For similar future project he recommended;

I think it's just to have a very well-coordinated approach to ensure that the message that goes out is very clear and then to ensure that the stakeholders who need to get the message are targeted precisely so that you have a very clear direction as to who you need right from the start

(Participant 1)

They further noted that communication impacted the uptake of harm reduction because it made harm reduction *a subject of discussion*, increasing awareness through the constant flow of information, especially on the plight of the PWUDs and PWIDs.

Participant 2, observed that sharing of harm reduction information to the community and gaining the support from key stakeholders significantly contributed to the success of the project. They noted it created buy-in by the governments at country level, very critical to sustainability of the efforts and gains made during after the life of the project. They noted that the project cemented the objectives of the regional project as part of the global support for harm reduction in East Africa by increasing the knowledge on and about harm reduction and thus allowing for different players to support is and crowning it with policy legislation for harm reduction in the region

Like Participant 1, Participant 2 also emphasized on the importance of communication in managing divergent views and building consensus and goodwill among the different stakeholders

The communication through various channels in a positive way, made it possible now for the government to actually fund programs for the people. So, I would say communication has played an important role in shaping the harm reduction policy (Participant 2).

Participant 2 recommended the prioritization of communication in similar projects in the future because of its centrality in the previous project.

Communication would help all stakeholders understand the main goals and objectives of the project. It would also be critical in resource mobilization because donors can only be convinced to support a project if they are aware of its objectives and inspired by constant updates on its progress and successes. For that reason, regular communication is a key predictor of success when all the stakeholders read from the same page throughout the project implementation

(Participant 2).

Participant 3 noted that communication was a critical part of the project from the planning, operationalization and coordination of the project among the implementing partners

This project had everything to do with communication. Communication was the axis that this project was rotating on (Participant 3).

They noted that communication was used to share standard operative procedures and interventions. It contributed to the development of harm reduction policies regionally because it facilitated the assessment of effective interventions to be embraced. Communication also encouraged the uptake of services and significantly improved the operative environment. They further noted that communication helped demystify the controversy around harm reduction by portraying it as health intervention. They recommended that communication be tailored for a specific audience for maximum effect.

Participant 4 opined that communication was crucial in the implementation of the project by bringing together different stakeholders and building consensus on harm reduction implementation across the region.

Communication played a major, major role in the harm reduction program, especially to facilitate acceptance in the country. (Participant 4).

They recommended the prioritization of communication in such projects in the future because it is the process through which such projects can be coordinated between different stakeholders, increasing their chances of success.

Participant 4 noted that the different messages targeting different stakeholders were shared through different channels and mediums, through printed materials, meetings, use of the media, harm reduction champions, peer networks, documented accounts of the lived experiences of the users, declarations culminating to policies and action plans among others.

Communication was the key driver for the project, it was the heart and soul, towards shifting the attitudes and embracing the uptake of harm reduction (Participant 3)

Also speaking on the impact of communication in the project, Participant 2 noted

I think the communication under the project was effective because there was a response towards the call to create an enabling environment.

Participant 3 further spoke on the impact of communication on the project, indicating that

communication impacted harm reduction policy and uptake of harm reduction service. This was particularly important because at the time of the project's inception, the countries in the region were at different levels of harm reduction adoption and communication helped bring them to a level ground in adoption through sharing of standard operating procedures and harm reduction frameworks and getting the different stakeholders to embrace the project approach and fund it
(Participant 3).

Participant 2 further appreciated the role of communication in the project noting;

communication was one of the cornerstones of our successful project from conception and through the implementation. Human stories the stories from their program beneficiaries supported our resource mobilization and was like a mirror for you to see how you're performing
(Participant 2)

The sentiments on the role of communication correlates with Auma (2016) observation on communication as central in promoting harm reduction as a public health intervention, ultimately contributing towards improving the quality of the life of drug users and minimizing harms that are associated with drug use for both PWID's and the community

4.2 Findings from Qualitative Content Analysis

4.2.1 Overview of the approach

From the qualitative content analysis, the information shared broadly cut across four themes: *health, legal, policy, and human rights* with each theme utilizing multimedia channels to disseminate the messages. The researcher looked at multimedia content developed and as it exist in the lead implementing organization website under the project page, as well as available physical communication products developed under the project, analysing the key messages, how they were packaged and how these messages were disseminated. These messages were further broadly categorised into mass media messages; print and audio-visual contents, digital and social media content, meeting contents (speeches etc), promotional content (such as Information Education and Communications Content)

4.2.2 Information on Health

The health information focused on promoting understanding drug use as a health problem, highlighting the risk factors associated with drug use to the user and larger community as well as sensitization of users on safer use practices. The call was towards all stakeholders supporting the cause. The researcher reviewed messages shared in different forums as well as multi-media content developed with health messaging under the project.

In a speech by the then Cabinet Secretary for Health, Sicily Kariuki officiating the First East Africa Harm Reduction Conference noted:

People Who Use Drugs (PWUDs) are an important bridging population for HIV transmission and other blood infections”

Her speech focused on the impact of drug use not only on the users but also the ripple effect of drug use beyond the user to the large communities. While users high risk behaviours such as sharing of injectables and engagement in transactional sex increase their risk for contracting sexually transmitted diseases and other blood borne infections, the risk cascades to the general population acting as a bridging population to the larger population.

The speech further highlighted the pertinent issues around funding for health and multi stakeholder collaborations for health to achieve national and global health goals. To achieve this, she emphasized on the need for a concerted response in which no one is left behind including marginalized populations that include people who use drugs.

To end AIDS by 2030 as envisioned in the global health goals, all marginalized groups including PWUDs need to have access to health services”

Mass media messages including opinions, editorials and media articles were published in the mainstream media highlighting the health plight of drug users. Lucy Maroncha’s 2018 article published in The Standard Newspaper highlights the risky behaviours associated with drug use, and the ripple effect on the families. In the article, Margaret, a user highlights the drug use effect on the user and family, speaking on its impact on her unborn child:

*I got pregnant again and my baby suffered withdrawal symptoms every time I didn’t take drugs
(Margaret, drug user)*

This highlights the extent to which drug use disrupts family wellness. The article further highlighted the realities of engagement in transactional sex that predisposes drug users to multiple challenges including the risk of infection as well as sexual partners violence and sometimes death.

I got into hard drugs like marijuana and heroin and would season it with Valium. I exhausted the shop my husband had kept for me and, in desperation to buy more drugs, I got into serious sex work" (Maroncha, 2018).

The dangers around transactional sex are further highlighted by Kihiu, (2019) in his blog posted, where he notes transactional sex is used in the quest to meet the drug use needs by both men and women who use drugs, which predisposes users to sexually transmitted infections (STIs) are possible.

The Nairobi Declaration on Harm Reduction made during the first East Africa Harm Reduction Conference as well as the Arusha Declaration on harm reduction made during the high-level engagement for harm reduction in Arusha in 2016, impressed on the need to invest more on harm reduction to achieve the envisioned health goals.

Wide spread access to HR services would support reaching universal access targets to support the 90;90;90 strategy. (EAHRC Nairobi Declaration, 2018).

The Arusha declaration on harm reduction recommended the scale up and investing in harm reduction. The declaration made during a High-Level Policy Dialogue Meeting on HIV and Harm Reduction in Eastern Africa, held in Arusha, Tanzania had MPs from Kenya, Tanzania, Zanzibar, Uganda and Burundi who had gathered to discuss policies with regards to Harm Reduction services aimed at delivering health and social services to people who use drugs, as well as creating an enabling environment for these services to be delivered.

In speech during the forum Hon Agostino Neto Kenya noted.

"This meeting offered the means to discuss and have a joint voice regarding Harm Reduction for people who use drugs. It also created a network of policy makers opened to the creation of Harm Reduction related legislation"

Information Education and Communication Materials were also developed with targeted messages around safe use practices, information reflects on different messages such as Viral Hepatitis,

modes of transmission, supporting safe use practices, and advocacy documents focused on supporting different, messages like support don't punish shared on different platforms and forums. Personal accounts of drug users were also documented in documentaries and various print forums and disseminated widely to different stakeholders for various targeted reasons. Health information was also shared pushing for prioritization of harm reduction as a drug use approach embedded in the health structures.

This follows on the UNODC (2017)-is this a policy, declaration? which advances that Information Education and Communication (IEC) materials can add value and complement harm reduction interventions, by being shared from person to person without misrepresentation or loss of the information.

The Harm reduction project brochure outlined the objectives of the project and the overall goal. It also showed the number of the people who use drugs per country as per the time of project start and highlighted the interventions proposed for the users. The brochure was used as part of the information packs in the various engagements across the implementing countries.

4.2.3 Information on Legal and Policy Redress

Information shared on policy and legal issues focused on making the environment more conducive for uptake of harm reduction services. Multi-media content developed as well as conversations in different platforms under the project focused on policy reform as well as legislation for effective drug use redress.

“We call for the scale-up, strengthening and funding of harm reduction services for people who use drugs across Eastern Africa, as well as the creation of enabling policy environments under which these evidence-based services can operate and achieve their potential impacts” Stated the Arusha declaration 2016

The EAC Regional Policy on Alcohol, drugs and Substance Abuse 2019, for example is one of the documents that culminated from the advocacy efforts. It sought to harmonize policy approaches to the drug use problem in the region.

“This policy recognizes that alcohol, drugs and other substance use or consumption is associated problems arising from the complex relationship between the individual consumer and the broader cultural, political, social, economic and physical environment. Therefore, this policy

provides broad framework within which all stakeholders in the region will contribute to the reduction of the negative consequences caused by Alcohol, drugs, and other substances use in the EAC region with specific emphasis on comprehensive prevention, control and management of the harmful effects ... With the aims of the policy anchored on; prevention from initiating alcohol and drug use; control the production supply and distribution of illicit and licit drugs in the region, and management of harmful effects including, Harm reduction for those that are already dependent on drugs. This policy also promotes and protects the health well-being of the citizens of the East African Community.” EAC Policy 2019

There was also focus on the shortcomings of the traditional approaches (demand reduction and supply suppression), in a blog produced under the project by Auma (2018), prohibitive policies are least effective in the management of drug use and harm reduction because addiction is a health issue rather than a criminal offence. In a blog developed under the project she notes:

Despite these efforts, drug policies in the region focus on the criminal justice approach and law enforcement rather than public health rights. “Addiction is an illness that needs to be treated not a crime that needs to be punished.” Auma 2018

The excerpt impresses on the need to relook at the drug use approaches, by looking at addiction as a health problem and tailoring effective redress approaches as opposed to the misplaced efforts advanced by the traditional approaches that use up resources and exacerbate the challenges.

The EAC Regional Policy on Prevention, Management, and Control of Alcohol, Drug, and Other Substance Use (2016) proposed 5 key areas to strengthen harm reduction; data collection to inform harm reduction, development of national harm reduction policies, delivering interventions to PWUDs, strengthening the capacity of PWUDs, and creating supportive legal environments.

The policy further explored regional policies in the region highlighting the challenges they pose to the operative environment of a drug user. From the policy document, the war on drugs is hindered by numerous challenges, among them the unclear mandate, limited capacities, and fragmented approaches of the involved regulatory authorities. Also, the limited allocation of funds to support the initiatives and inadequately scaled-up implementation of drug and substance interventions significantly hinder progress and inhibit positive outcomes for harm reduction and control of substance abuse (EAC, 2016).

At the Arusha high level Forum 2022, MPs Hon Agostinho Neto noted

“These forums are important converting MPs from awareness creation to the point of knowledge”, thus creating a network of policy makers who believe in Harm Reduction.”

Follows on the sentiments advanced by (UNODC 2017) that communication is central to harm reduction programming as it involves efforts to change knowledge, attitude(s), belief(s) and behaviour(s), as well as build community solidarity. They add that Information Education and Communication (IEC) materials can add value and complement harm reduction interventions.

4.3.4 Information on Social-cultural impact of drug use

The researcher found that stigma associated with drug use is still rife meted on the drug user both by the community, systems and also self-stigma. This affects the behaviour of a drug user and informs their choices and behaviour. Most drug users live in shame and hiding, and thus the failure to seek health services least they are discovered. They are also dirty and live in deplorable condition, and hence the preference to stay in their dens.

The content also highlighted the realities of addiction, beyond the use of drug use being illegal some of the resultant behaviours of addiction is engagement in criminal activities and vagrancy to meet the drug user needs. This resulted to alienation and sometimes loss of lives through mob justices, incarceration and consistent battles between drug users and law enforcement. Drugs like Heroin, Cocaine, and Marijuana are expensive and addictive, making many individuals unable to sustain their consumption as they become addicted. In one of the telecast interviews a recovering drug user shared their struggles

I stole from my client's items like phones, watches, and other valuables just to buy the next puff.
(NTV Kenya, 28 Feb 2018)

Documented accounts of the lived experiences of drug users highlighted the consequences of drug use on family and communities. Drug use was highlighted as a cause of family disintegration of the basic units of society. In a newspaper article published in 2018, a user shared his/her experience:

In the confusion of drinking and smoking, my mother took my young son away because as it is with every drunkard, I would leave him unattended as I went out in search of drugs and alcohol.
(Maroncha, 2018).

In the project documentary on Feb 28, 2018 by NTV, a recovered PWUDs narrates how his transformative journey began,

“I needed money for my dose, and I held my mother at knifepoint to give me money, it is at this point I realized I needed help, and Methadone has helped me overcome the drug use problem”

These reflections speak to the impact of the drug use problem beyond the user to their immediate and extended families and the burden the families sometimes have to endure on account of their addictions

At the East African Harm Reduction Conference discussions at the community village (a side event convened by drug user from across the region), shared the experiences with the agenda focusing on the lived experiences of the drug users across the region, the interventions and proposed solutions. The community encompassed active drug users, recovering drug users on Medically assisted Therapy, and other stakeholders. At the village, messages on safe use and availability of Medically Assisted Therapy and support for the user through support for harm reduction interventions were shared.

4.2.4 Information on Human rights for PWUDs

The affirmation of the drug users right to accessing the highest attainable standards of health like every citizens were made through reports, documentations and discussions.

The World Health Organization representative at the EAHR conference, Dr Saade noted in her speech that the continuous usage of the criminal justice approach to deal with substance abuse has overshadowed the health implications, depriving PWUDs the fundamental public health right to accessing healthcare services.

Harm reduction is therefore considerate of the universal human right to access healthcare services for the at-risk populations. According to the OHCHR, the right to health was recognized as a human right in 1966’s International Covenant on Economic, Social, and Cultural Rights. Even the World Health Organization (WHO) to which all the countries in Eastern Africa are members maintains that health is a fundamental human right and all people should have access to the health services they need, when and where they need them (Dr. Saade 2016).

There were multiple accounts of speeches and multimedia content criticism of the criminal justice approach to substance abuse, which predominantly involves arrest, prosecution, and incarceration of PWUDs which significantly compromised PWUDs ability to access quality health thus an infringement of their rights. The push was adoption of harm reduction as a most suitable option in the drug use redress.

4.3 Summary

This chapter presented the findings from the research on the role of communication in the uptake of harm reduction in the case of the harm reduction project. The demographic characterises were presented first followed by the research findings presented according to the research objectives and key thematic areas emerging from the content analysis respectively. It was noted that all the themes identified in the content analysis overlapped with the messages that were shared in the harm reduction project as per the participant discussion. For example, content analysis reinforced harm reduction from a health perspective lens, to prevent the spread of communicable diseases like HIV/AIDS, Hepatitis B and C and STIs common among PWUDs, due to their high risk behaviours, messages that were also clear from the participant interviews. Themes like support “don’t punish” from the study participants responses and the content shared were rife, seen in documented accounts like the policies, declarations and information communication and education materials developed for various campaigns in the project. Therefore, it is worth noting that the key messages in the content analysed largely corresponded with key messages highlighted by the study participant. The packaging of the messages also corresponded with the description of the various communication products described by the study participants shared with different stakeholders to support the harm reduction cause.

CHAPTER 5: SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.1. Overview

This chapter presents a summary of the findings from the study on harm reduction for people who use drugs (PWUDs) that was carried out in Eastern Africa and how the insights can be used to improve the efficiency of future similar projects. The study targeted individuals that were actively involved in the implementation of harm reduction project at the local, national and regional levels. These individuals were interviewed as the primary respondents in the study. The study also featured a comprehensive content analysis of communication products developed and disseminated during the life of the project, to investigate the thematic messages that were shared to the different stakeholders.

5.2 Summary of Findings

Drug use continues to be a growing problem globally and in Africa. The concept of harm reduction is relatively new in the region. Prior to the EAHR project most countries in the Eastern Africa region responded to drug use using traditional approaches like the suppression of production and distribution of drugs, and reduction of demand for drugs by sharing information about cessation and abstinence, enforced by the criminal justice system. These approaches were characterised by arrest and incarceration of individuals found in possession and/or using drugs with minimal health considerations for the drug user.

The punitive approach to the possession and usage of illegal drugs had and continues to alienate the drug users, isolation characterised by shortage of commodities and inadequate access to health services. This predisposes them to high-risk behaviour like sharing of injectables, transactional sex, shortage of drugs leading to high risk behaviour like blood flushing which puts them at risk of contracting blood borne infections and sickness associated with lack of access to drugs like withdrawal and sometimes death. Drug users are also often at cross roads with law enforcement due to illegal activities some of them engaged in to meet their drug use need, including vagrancy and sex work.

Criminalization of drug use alone is therefore not an efficient way of the drug use redress, especially for people that are already addicted as well as those looking to stop using drugs. Harm

reduction as an alternative and more efficient approach to the drug use problem looks at the drug user in their current situation and help them navigate the drug use challenges by minimising the harms they are predisposed to safeguarding the users health, their communities and that of the general population. Studies on harm reduction have shown huge returns on investment, with high social and economic benefit to the community at large.

For harm reduction to work, just like any other health campaign, communication is integral for behaviour change as well as advocacy for better legal and policy environment for the uptake of harm reduction

5.2.1 Harm Reduction information: The Key Messages that were Shared

The first objective of the study was to determine the type of messages that were shared during the harm reduction projects. This was done by interviewing the participants involved in the implementation of the harm reduction project. From their responses, it was clear that the key message from the project was to support people who use drugs instead of punishing them. The "support, don't punish" message was resounding in all the interviews and was shared and customised for the different stakeholders to help create a conducive environment for the uptake of harm reduction.

The targeted stakeholders included policy makers for favourable policy formation and/or review, law enforcement departments to understand drug use as a health problem rather than a criminal offense and support the harm reduction cause, health service providers to provide quality integrated services to drug user, the people who use drugs for safer use and their communities to support them in situ and as they try to find alternatives without punishing them.

The emphasis was instead of focusing on the criminality of possession and the usage of drugs, reducing the associated health risks of drug usage, especially for addicted individuals. The range of support inferred in the key message spans from ensuring that the people who use drugs access healthy options like needles and syringes to making treatment accessible for those that want to quit. The project advocated for the provision of an enabling environment in which people who use drugs in their communities can do so safely while recovering from drug addictions.

At the heart of the message shared was the advocating for creating favourable policies and a legal environment that would encourage the uptake of harm reduction.

Another key message and advocacy issue was consideration of drug use as a health issue and thus accorded the focus extended to public health interventions. In the messages, it became evident that the traditional approaches to dealing with drug use, which involved the arrest and incarceration of people who use drugs seldom considered the health risks associated and offered no viable solution to this health menace. Consequently, drug usage significantly contributes to the proliferation of infectious diseases in society like HIV AIDS and hepatitis B. As such, it was noted that looking at drug use from the perspective of a disease instead of a crime would significantly reduce the burden of infectious diseases in society to which governments and international organizations allocate resources to control.

5.2.2 Packaging and dissemination of the information

The second objective of the study was to identify the avenues and methods that were used to package and disseminate harm reduction information. It was noted that multiple avenues were used to share messages on and around harm reduction. Regardless of the approach, the information was packaged in a manner that would appeal to the targeted stakeholders. Therefore, the choice of packaging and disseminating information significantly depended on the target audience.

Whenever harm reduction messages were shared with law enforcement departments and lawmakers, it was packaged and disseminated backed with scientific evidence to support the need for harm reduction. The information was presented accompanied by facts and statistics on the state of drug use in the region or country and how harm reduction could help address the problem. The research found out that, communication to stakeholders in policy-making capacities featured formal packaging and dissemination of information through fact sheets, presentations in meetings, media documentaries, official reports, declarations and other policies that could be reference as the region considered legislating for harm reduction.

Harm reduction information was further packaged and disseminated using mass media platforms in print and audio-visual formats. Information shared through the media included lived experiences

of people who use drugs and the efficiency of harm reduction approaches in restoring their lives and keeping them healthy. Expert interviews, discussion forums, among other strategies were utilized to share harm reduction messages to the general public through mass media channels like TV . Harm reduction information was further packaged in the campaigns and disseminated on social media, attracting large followership and popularity.

Additionally, the advocates of harm reduction also used the lived experiences of the people who use drugs, packaged in short films and documentaries to share the realities of the drug use problem faced by the users, to impress on the policy and decision-makers on the importance of supporting harm reduction interventions. Giving the problem a human face and sharing the crude realities of drug use played a significant part in influencing the support of harm reduction interventions. Harm reduction information that was designed to target communities and the people who use drugs was packaged and disseminated in a manner that would inform and educate users on safe use practices and the options available for those intending to quit. The information featured available medical-assisted therapies and peer-to-peer sessions support mechanism for the users to stay safe

Finally, information was packaged and disseminated formally as declarations and policies in different forums. Advocacy throughout the life of the project culminated to the development of the East African harm reduction policy setting a precedence for countries in the region to consider favourable legislation for harm reduction. The lead up messaging for legislation and dissemination of the policy was shared and continues to be shared through different platforms directly of referenced in different conversations.

5.2.3 Impact of the Information Shared on the Uptake of Harm Reduction in the Region

The sharing of harm reduction information significantly contributed to the uptake of harm reduction in different countries. The information influenced countries like Rwanda, Burundi, and Uganda to adopt and initiate harm reduction interventions. The process of packaging and disseminating harm-reduction information made for a significant topic of discourse and facilitated the continuous flow of information on the topic. In the process, the sharing of information influenced the perspectives attributed to an observed increase in the uptake of harm reduction services across the region. The sharing of the information also brought a shift among the key stakeholders to look at drug use from the health lens secondary to the criminal perspective.

5.3. Conclusions

5.3.1. Harm Reduction Messages

The study concluded that the key messages from the project revolved around supporting people who use drugs instead of punishing them. The message was motivated by the inefficiency of the traditional approach to drug use in society in which people who use drugs were arrested and incarcerated without being supported to navigate addiction and/or restore their health. With harm reduction being a novel approach, communication was key into change the mindset of community members, policymakers, law enforcers, and other stakeholders regarding the perception of drug use and drug users who were previously regarded as criminals. Instead, the approach aimed at introducing a health dimension of drug use which needed attention, especially because of its relationship with an increased burden of infectious diseases in society associated with the risky practices that people who use drugs engage in. For instance, the sharing of injectables increases the risk for infectious diseases like HIV/AIDS and Hepatitis. Therefore, the key messages were centred around the idea of perceiving drug use as a disease and not as a crime, and designing response strategies and measures around the new perspective.

5.3.2: Packaging and Dissemination of Harm Reduction Information

It was further noted that the packaging and dissemination of harm reduction information was dependent on the target audiences. A mix of communication channels were used to disseminate harm reduction information with the goal of reaching the different stakeholders at their various levels. For policy engagements, the information was heavy on data and research and evidence of the viability of harm reduction as a drug use approach to create a case for investment and legislation for the same, the situation per country were packaged in various communication formats to create a case for the harm reduction discourse. This took the form of formal reports, factsheets, and research articles as well as accounts of lived experiences of the drug users to create face for the problem.

The packaging and dissemination also considered the desired reach of the message. Mass media platforms were used to reach wide audiences for awareness creation and/or support for harm

reduction. This used multimedia messages to wider audiences, some of the products included letters to the editors printed on major newspaper outlets, live TV discourses, documentaries and films etc shared at different forums.

The information targeting PWUDs was packaged in a manner insightful of harm reduction best practices in a way that could motivate them to seek help. It also was shared in a language that met the drug users at their level, and translated in different languages to suit different country contexts.

Standard operating procedures for health care worker and other targeted Information Education and communication materials were printed and displayed at the health facilities to guide practitioners and in different forums where drug users can easily access them.

5.3.3. Impact of Harm Reduction Information

The study discovered that the sharing of harm reduction information with different stakeholders significantly increased the appreciation of harm reduction evidenced by the increased uptake of harm reduction in the region, policy legislation and documented accounts of countries initiating harm reductions interventions and as well as reports of general improvement of the harm reduction uptake environment by the drug users. Championing of the harm reduction discourse amplified the conversation and shifted the focus of drug use from being viewed as criminal to being perceived as a health issue. Dissemination of harm reduction information influenced many PWUDs to seek treatment services because of the perceived support and opportunity to recover from addiction. The approach further triggered the embrace of harm reduction at national level for most Eastern African countries that did not initially have such services like Uganda, Rwanda, and Burundi. Therefore, harm reduction information had the intended impact on communities, PWUDs, governments, and other stakeholders.

5.4. Recommendations

The study findings indicated that the introduction of harm reduction in Eastern Africa presented one of the best opportunities for improvement of population health and overcoming infectious diseases whose risk is exacerbated by drug addiction and associated risky behaviours. Tailored and targeted communication to the different stakeholders, engineered the success of the Eastern African harm reduction project. As a new approach, harm reduction significantly challenged the

perspectives of conservative communities and helped shift the focus and priorities from the punitive approach to embracing and supporting PWUDs. The following are the key recommendations.

Future harm reduction programmes should have a well-coordinated approach that would ensure that the messages are developed and packaged well and disseminated clearly. Regardless of the level, regional, national or local, the message of harm reduction should be consistently clear as one of the key determinants of the success of such a project.

Further projects should invest heavily in communication because it is the soul of such projects. The study revealed that communication through different channels played a critical role in shaping the harm reduction policy. Multi-pronged communication helped stakeholders understand the main goals and objectives and read from the same page in the course of project implementation. A combination of formal and informal communication avenues is recommended to deliver harm reduction information appropriately in a manner that fits the stakeholder needs and characteristics. Tailoring the choice of communication avenues to specific audiences would make such projects more successful.

The researcher also recommends development of a communication curriculum for harm reduction that would help guide organizations in carrying out communication for similar project to standardise the practice, with clear communication indicators for similar project to help evaluate the impact of communication.

5.5 Recommendations for Future Research

Drug use affects a significant portion of the population in Eastern Africa and is a subject in which many studies can be carried out. The following are the key recommendations for future research on harm reduction.

The study recommends a cost benefit analysis of the harm reduction investment to strengthen the case for harm reduction in the African region. This would be helpful in advancing the harm reduction discourse and showing the return on investment for harm reduction against the cost of the criminal justice system to the user and the community. Further post evaluation studies on the overall impact of the project and similar novel project would also help building a case for harm reduction

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9.0 Appendices

INTERVIEW GUIDE

Role of Communication in advancing the harm reduction agenda for People who use drugs: The Case of the Regional HIV and Harm Reduction Project

Interview Guide

Confidentiality Clause: All information shared here will be treated confidentially and will be used for academic reasons

Participants Information

Country (Insert) _____

Institutional Affiliation (Tick where Appropriate)

- Person who Uses Drugs
- Non-Governmental Organization
- Government Agency
- Other (Specify)

Interview Questions

1. What was your role in the implementation of the Project? Please explain your answer
2. What messages were shared under the project and in what form?
3. How were the messages disseminated/how were the message availed to you?
4. Were you involved in the messages development? Is yes, please explain the process.
5. Do you think communication influenced the project outcomes? If yes, how?
6. Do you think communication impacted the following areas? Please explain your answer
 - harm reduction policy,
 - uptake of health services and/or
 - harm reduction operative environment-?
7. What were the biggest communication achievements and challenges if any under the project? Please explain your answer

8. Do you think communication under the project was effective? Please explain your answer
9. What communication recommendations would you make for a similar project (s)? Please explain your answer

Thank you

Appendix 2: Content Analysis Framework

With the researcher having been part of the project implementing team, they have an in-depth understanding and knowledge of the materials that were developed as well as access for analysis. The project communication materials developed throughout the three years will be clustered and analysed thematically as per the table below.

Regional HIV Harm Reduction Project (3 year Project)

		Source	A. Thematic Areas (Key Messages)				
B. Communication products			Health	Legal	Policy	Human Rights	Others
<i>1. Print Media</i>							
i.	Opinion- Editorials on Harm Reduction(OP-EDs)	Science Africa-Kenya Pledges Support for Harm Reduction in Africa https://kanco.org/wp-content/uploads/2018/03/Science-Africa.pdf	Yes		Yes		
		Drugs in Motherhood- The Standard https://kanco.org/drugs-in-motherhood/					Parenting and Drugs Use
		Time for Harm Reduction Legislation https://kanco.org/time-for-harm-reduction-legislation/					
ii.	Legislative Documents (Policies, Bills, Frameworks)	EAC_Regional_Policy_on_Alcohol_and_drugs_2019 https://health.eac.int/publications/eac-regional-policy-on-alcohol-drugs-and-substance-abuse-2019#gsc.tab=0		Yes	Yes	Yes	
		Nairobi Declaration on Harm Reduction http://files.server.idpc.net/alerts/Nairobi_Declaration_EAHRC.pdf	Yes	Yes	Yes	Yes	
		Arusha Declaration on Harm Reduction https://idpc.net/blog/2016/12/the-arusha-declaration-east-african-parliamentarians-pushing-for-harm-reduction-services#:~:text=%E2%80%9CWe%20call%20for%20the%20scale.and%20achieve%20their%20potential%20impacts.%E2%80%9D	Yes	Yes	Yes	Yes	

iii.	Information Education Communication Materials (project Brochure, Thematic leaflets, newsletters)	HIV and Harm Reduction for East African Project Annual Newsletter (2016/17)	Yes	Yes	Yes	Yes	Lived experiences of People who use drugs
		Making History Together: The 1 st Eastern Africa Harm Reduction Conference-Convening to share evidence and Experience on PWUDs- 2018					
		Project Brochure					
iv.	Advocacy Pieces (letters, Declarations, reports, Blogs- (Randomly selected from KANCO's website)	https://kanco.org/policy-wins-cementing-harm-reduction-in-the-eastern- africa-region/		Yes	Yes	Yes	
		https://kanco.org/a-womans-world-the-fight-against-drugs-and-gbv/					Gender, GBV and Drug Use
		Securing a better future for people in Eastern Africa who use drugs https://kanco.org/wp-content/uploads/2018/03/Alliance-Website.pdf					
		Significant Steps have been made in Harm Reduction what remains https://kanco.org/significant-steps-have-been-made-in-harm-reduction- what-remains/		Yes	Yes	Yes	
v.	HR Champions	Mr Twaibu -founder and chairperson of the Eastern Africa Harm Reduction Network and UHRN					
2. Audio Visual media							

i.	Tv Features	NTV-Fight against drugs - Leadership and innovation in Harm Reduction for Africa https://www.youtube.com/watch?v=EHkUoL2Sjo4					
ii.	Documentaries	https://www.youtube.com/watch?v=RCJ7RoFjELc					
3. Social and Digital Media							
i.	Websites	https://idpc.net/events/2018/02/eastern-africa-harm-reduction-conference					
		https://www.hepcoalition.org/en/news/calendar/article/first-eastern-africa-harm-reduction-conference					
ii.	Social Media Platforms	https://mobile.twitter.com/KancoKE/status/969166959177883648					
		https://mobile.twitter.com/KancoKE/status/969148011032039424					
		https://mobile.twitter.com/EAHRNetwork/status/969123428077899776					
		https://mobile.twitter.com/EAHRConference/status/969112634783039488					
		https://mobile.twitter.com/EAHRNetwork/status/969083005275959297					
		https://mobile.twitter.com/EAHRConference/status/968525924496003073					
4. Others							
i.	PWUDs Community Discussions e.g Community Villages	Ist EA Harm Reduction Conference Community Village	Yes	Yes	Yes	Yes	

ii.	Conferences- The 1 st East African Harm Reduction Conference	The First East Africa Harm Reduction Conference https://kanco.org/category/blog/page/2/					
iii.	Research Papers- Conference Abstract book	Ist East Africa Harm Reduction Abstracts Book					

Definitions

- Communications Channels: Platforms/avenues used to share harm information's
- Thematic areas: categorization of harm reduction communications under the project aligned to the project goals towards addressing the health, legal, policy and human rights for People who use drugs in the region.

Coding Framework

Source	What information was shared	Packaging	Who shared	Forum	Level	Specific Coverage
Opinion Editorial 1 (OP-ED1)	Health					
	HIV prevention "People Who Use Drugs (PWUDs) are an important bridging population for HIV transmission and other blood infections."	Speech during conference	CS Health - Kenya	EAHRC	Regional	Kenya
	Resources for health"Ministry of Health will continue to provide financial resources for these interventions"	Speech during conference				
	Law enforcement- need to support drug users	Speech during conference				
	Access to HIV health services" To end AIDS by 2030 as envisioned in the global health goals, all marginalized					
	Access to HIV health services" To end AIDS by 2030 as envisioned in the global health goals, all marginalized groups including PWUDs need to have access to health services,"	Speech during conference	Dr. Saade- WHO	EAHRC	Regional	
	Legal and Policy					
	Prohibitive Policy "Despite these efforts, drug policies in the region focus on the criminal justice approach and law enforcement rather than public health rights. "Addiction is an illness that needs to be treated not a crime that needs to be punished,""					
OP ED 2	Health					
	Risky Behaviour""Be careful Wanjiru, you may contract HIV in your drunkenness and night-business," she would warn"					
	Family Wellness "I got pregnant again and my baby suffered withdrawal symptoms every time I didn't take drugs"					

	Family Planning: In the process of sex work, I became pregnant again. This time, I was so fully engulfed in drugs that I had unprotected sex with a client and my second baby was conceived. I delivered my child when I was active in heroin, among other intoxicants.					
	Mental Health "I got so depressed that I got into serious drinking and bhang-smoking"	Newspaper article	A person who uses drugs	Documentati on of lived experiences	National	
	Family					
	Family Disintergration; In the confusion of drinking and smoking, my mother took my young son away because as it is with every drunkard, I would leave him unattended as I went out in search of drugs and alcohol.	Newspaper article	A person who uses drugs	Documentati on of lived Experiences	National	
	Transactional Sex					
	Risky Sexual Behaviour "I got into hard drugs like marijuana and heroin and would season it with Valium. I exhausted the shop my husband had kept for me and, in desperation to buy more drugs, I got into serious sex work"		A person who uses drugs			
	Legal					
	Vagrancy "I stole from my client's items like phones, watches, and other valuables just to buy the next puff"		A person who uses drugs			
OP-ED 3	Policy					

	<p>Institution of Policy: There is also development of a policy on harm reduction spearheaded by the East African Community Secretariat and regional Harm Reduction partners. The draft policy seeks to address 5 broad key policy areas:</p> <ul style="list-style-type: none"> Data collection to inform Harm Reduction, Developing national harm reduction policies, Delivering interventions to people who use drugs, strengthening the capacity of PWUDs across EAC as well as creation of a supportive legal environment. 	Blog	Project Communications Officer	Website/email/social media	Regional	
Legislative Document 1(LD 1)	Policy					

	<p>Regional Policy; The EAC Regional Policy on Prevention, Management and Control of Alcohol, Drugs and Other Substance use recognizes that alcohol, drugs and other substance use or consumption is associated problems arising from the complex relationship between the individual consumer of alcohol, drugs and other substances and the broader cultural, political, social, economic and physical environment. Therefore, this policy provides broad framework within which all stakeholders in the region will contribute to the reduction of the negative consequences caused by Alcohol, drugs, and other substances use in the EAC region with specific emphasis on comprehensive prevention, control and management of the harmful effects of alcohol and drug use including provision for strategies for the rehabilitation of persons with alcohol, drugs and other substance use disorders. With the aims of the policy anchored on; prevention of the youth from initiating alcohol and drug use; control the production supply and distribution of illicit and licit alcohol as well as narcotic drugs in the region, and management of alcohol and drug related harmful effects including, Harm reduction for those that are already dependent on drugs. This policy also promotes and protects the health well-being of the citizens of the East African Community.</p>	Policy Document	EAC	National Assemblies, EALA, Regional and national Advocacy Forums	Regional	
Declaration (DEC 1)	Legal and Policy					

Legal and Policy Barriers " Working to overcome legal and policy gaps by putting in place a regional harm reduction policy, through the leadership of the EAC and drug control authorities"	Declaration	CSOs, National and County Governments, Academia, Media, HR Organizations, PWUIDs, activists, Public Sector and PWUDs	EAHRC	Regional	
Health					
Acces to HR Services: "Growing East Africa government acknowledgment that wide spread access to HR services would support reaching universal access targets to support the 90;90;90 strategy"		CSOs, National and County Governments, Academia, Media, HR Organizations, PWUIDs, activists, Public Sector and PWUDs	EAHRC	Regional	
Harm Reduction as a Health Issue: Ministries of Health in the region, recognition of PWUDs as a key population group that needs to be focused, evidence-based and a rights-based HIV , TB and infectious diseases interventions		CSOs, National and County Governments, Academia, Media, HR Organizations, PWUIDs, activists, Public Sector and PWUDs	EAHRC	Regional	

	Policy, Health, Financing for HR					
DECL 2	We call for the scale-up, strengthening and funding of harm reduction services for people who use drugs across Eastern Africa, as well as the creation of enabling policy environments under which these evidence-based services can operate and achieve their potential impacts.	Declaration	East African Members of Parliament	Regional High Level Policy Dialogue Meeting on HIV and Harm Reduction in Eastern Africa, held in Arusha, Tanzania	Regional	Regional
Information Education and Communication (IEC 1)	Leadership and Innovations for HR					
	Harm Reducion Dialogue" The 1st EAHRC themed leaderhsip and Innovation for Harm Reduction for Africa, was iamed at stirring and promoting the HR dialogue in the region and togther come up with sustaibale solutions. The conference also sought to discuss the health and policy environement where the crimina justice appraoch to drug use and drug users has often been a barrier to acessing health care"	Newsletter	KANCO and MOH	EAHRC	Regional	
IEC 2	Scope and Coverage					
	Understanding Harm Reduction- Definations	Brochure	KANCO	Regional Partners offices and Forums	Regional	Regional
	Project Scope and Objetcives					
	Policy					

AAAdvocacy Document (AD!)	Regional Policy"26th March 2019 will remain a historic day for the Harm Reduction fraternity and stakeholders in the greater Eastern Africa region and globally . It is the day that the EAC council of Ministers approved the East African Community Regional Policy on Alcohol, Drugs and Substance use! a major and bold step to cementing harm reduction for people who use drugs in the region"	Blog	KANCO	Website/em ail/social media	Regional	Regional
	Drug use as a consequence of broader cultural, political, social, economic and physical environment					
	Drug use as a complex problem "The EAC Regional Policy on Alcohol, Drugs and Other Substance use recognizes that alcohol, drugs and other substances use or consumption is associated with related problems arising from the complex relationship between the individual consumer of alcohol, drugs and other substances and the broader cultural, political, social, economic and physical environment. Therefore, this policy provides broad framework within which all stakeholders in the region will contribute to the reduction of the negative consequences caused by Alcohol, drugs, and other substances used in the EAC region with specific emphasis on comprehensive prevention, control and management of the harmful effects of alcohol and drug use including provision for strategies for the rehabilitation of persons with alcohol, drugs and other substance use disorders"	Blog	KANCO	Website/em ail/social media	Regional	Regional
AD 2	Drug Use and Gender					

	Women and Drug Use; Stigma, marginalization, and gender roles pose barriers to asking for sterile injection equipment and maintaining safer sex practices. Female PWID are more likely to be initiated into drug use by male partners. Women have increased physical vulnerability to sexual transmission of HIV. Women are more likely to have partners who inject drugs than men. Women are at higher risk of gender-based violence and sexual abuse	Blog	KANCO	Website/email/social media	Regional	Regional
	Gender Based Violence					
	WUD and GBV: "While women have been predominantly the face of gender based violence encompassing, physical, sexual, psychological assaults and sometimes murder, there is need for special consideration for women who are in the key population groups as they face a heightened risk of exposure to GBV"	Blog	kanco	Website/email/social media	Regional	Regional
Audio Visual (AU1)- Project	Lived Experiences of the drug users (health and operative environment	Project Documentary				

