

Temeke Medically Assisted Therapy (MAT) Clinic, Ten Years Since its Inception; Achievements, Challenges and Opportunities in Providing Services to PWUD in Temeke Municipal, Dar Es Salaam, Tanzania

Francis Lukuwi Benedict^{1*}, Fridah Tobias Mtui¹, Christina Vitalis Mramba¹ Martin Lucas Kioso¹, Genoveva Peter Luselema¹, Joseph Gasper Kimaro², Otilia Flavian Gwelle³

¹Department of Psychiatry, Temeke Regional referral hospital, Box 45232, Dar es salaam, Tanzania.

²Temeke Regional referral Hospital, P.O.BOX 45232, Dar es Salaam.

³National Institute for Medical Research, Dar es salaam, Tanzania

***Corresponding Author**

DOI: <https://doi.org/10.51244/IJRSI.2024.1109002>

Received: 23 August 2024; Accepted: 29 August 2024; Published: 27 September 2024

ABSTRACT

Temeke MAT clinic in Dar es Salaam is one of the three major clinics in Dar es Salaam Tanzania. The achievements include registering of more than 3,000 People who use drugs (PWUD) in the clinic with the opportunities to have access other medical services including HIV, TB and wound care services as well as psychosocial services such as family reconciliation and financial empowerments. The challenges encountered includes unemployment among the PWUD and limited treatment options to those with viral hepatitis. The strategies to optimize the MAT services including initiation of Take away dose and satellite clinics as well as integration of HIV services into the MAT clinic.

Keywords: Medically assisted therapy, People who use drugs, Viral hepatitis, Temeke Regional Referral hospital, Temeke Mat clinic, Take away dose.

INTRODUCTION

Temeke Medically Assisted Therapy (MAT) clinic was inaugurated on March 28th 2014 at Temeke regional referral Hospital (TRRH), the Government Hospital with the major aim of treating the People Who inject drugs (PWID) so as to reduce the prevalence of HIV, Tuberculosis, Hepatitis B and C, as well as to enable the drug users to become productive members of the society. This was due to the fact that according to the studies done in Dar es Salaam, prevalence of HIV among PWID and PWUD was higher than in general population ranging between 22-43% (Lambdin et al., 2017). Studies among the PWID in Temeke revealed HIV infection to be higher (34%) as well as for HCV (27%) and warranted the urgent interventions (Bowring et al., 2013). The clinic has been actively enrolling the PWUD including those with other medical conditions since then and on 28th March 2024 the clinic was commemorating 10 years since its inception.

Temeke RRH MAT clinic has several stakeholders working in partnership from the beginning. The clinic is funded by Tanzanian Government together with USA Government under PEPFAR. MDH is the implementing partner providing financial and technical support to ensure delivery of standard MAT services. Also, The Drug Control and Enforcement authority (DCEA) is the key partner in providing policies and guidance on service provision. In the beginning the clinic had one community implementing partner which was Medecens du Monde (MdM) later on other partners joined to support; currently we have three local civil society organisations (CSOs). Their main roles are to identify PWUD wanting to join MAT services in the community and prepare them before starting MAT services.

Achievements

The clinic has cumulatively been able to enroll 3,400 MAT clients by the end of June 2024. Currently there are about 1,100 active clients taking methadone as take away dose (TAD) or directly observed therapy (DOT), getting clinical reviews through attending clinic visits and psychosocial support helping them in treatment of heroin use disorder. The clinic has integrated HIV, TB, Hepatitis services but also provide linkage to other physical and mental illnesses like dental, skin, surgical and wound care as a result clinic act as entry point for MAT client to access health services which was not easy to access when they were using heroin due to stigma and neglect.

Considering the main objective of the program was to reduce prevalence of HIV and viral Hepatitis among PWUD data below testifies there is reduction of infection during enrollment over a period of 10 years. The rate of HIV infection among drug users at Temeke municipality in Tanzania was higher compared to the general population which is in keeping with the studies done in Afghanistan (Rasekh et al., 2019) and South Africa (Scheibe *et al.*, 2020) which showed the prevalence being higher than general population. Furthermore, study done in Cambodia found similar high prevalence of HIV more than 10 times of the general population (Tuot *et al.*, 2019). This has led to the justification of intervention measures such as initiation and expansion of MAT clinics together with other harm reduction activities including needle and syringe programs as well as sexually transmitted disease treatment programs.

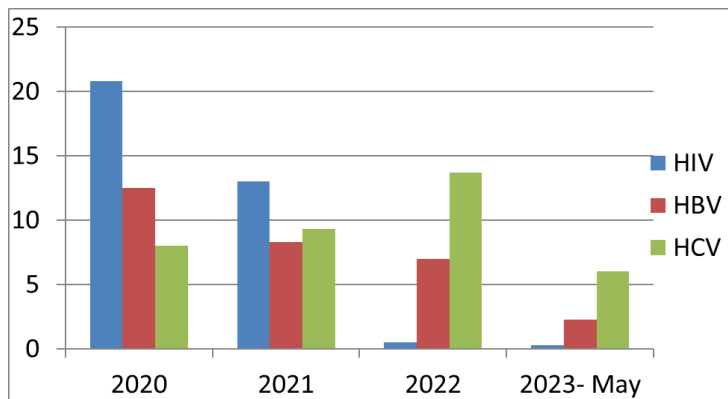


Figure 1: Trends of HIV, HBV and HCV *infections* among newly enrolled PWUD at Temeke MAT clinic for the period of 2020-May 2023 (source: Hospital psychiatric unit data)

Through psychosocial services, creating awareness of substance use disorder to close relatives, some MAT clients have been able to reunite with their families which are one among the important step helping the client come out of heroin use disorder.

The clinic has been able to organize some events such as community HIV and Hepatitis screening, sports bonanza, commemoration of Mental health Day and World Drug Day where PWUD were involved. Family reunion to some clients have been achieved. About 100 clients have become sober (Graduated) by stopping heroin and methadone use completely while others 200 are on tapering schedule.

Temeke MAT clinic has been one of the places for learning harm reduction activities in the country. Several medical and social worker students have been posted to do their clinical field in our clinic. Some health workers and officials from Uganda, Zambia and Mozambique have visited our clinic to acquire knowledge and skills on how to operate MAT clinic.

Challenges Encountered

Large significant proportion of MAT clients are unemployed. Seeing this as one among the challenges clinic and hospital management team in collaboration with the stakeholders implemented a vocation education strategy and was able to enroll 76 clients into Vocational educational training in 2022 -2023 of which 50 completed their studies and are employable. Drop on crime rates on Temeke neighborhood has been reported by the community as some PWUD has been engaged in productive activities.

There are several risks factors associated with higher HIV and viral hepatitis prevalence among PWUD, using drug by injecting and being female have been shown association from studies done in several parts of the world (Rasekh, Naimi and Mousavi, 2019; Tuot *et al.*, 2019). This has been found to be in keeping with our clinics findings which had higher HIV prevalence (60%) among women in its first three years where the prevalence of HIV among females was more than two times compared to male population.

The prevalence of TB among PWUD enrolled at Temeke MAT clinic was also found to be higher (about 18% in 2018) compared to the general population agreeing with most other studies at various facilities reports similar findings(Rasekh *et al.*, 2019)

Another challenge is limited exposure on how MAT clinics are organized in other countries with well performing and advanced MAT services.

Strategies to Address Challenges for Support of Mat Services

Several strategies have been put together to address above mentioned challenges at Temeke MAT clinic. Such strategies include opening of the satellite clinics to attend to the PWUD near their areas. So far our clinic in collaboration with Ministry of Health, municipalities, DCEA and other stakeholders were able to establish two satellite clinics at Mbagala in Temeke and Vijibweni in Kigamboni district in Dar es Salaam. This has brought MAT services closer to where clients live hence minimizing the distance, they have travel to attend clinic. Also take away dose (TAD) has been introduced minimizes the number of days of some clients required to visit to the clinic only once a week hence reducing transport costs. Both initiation of MAT satellite clinics and TAD have proven to be effective way to enhance retention and quality of life of PWUD as well as reduce financial burden to clients just like other studies worldwide indicate (Lagisetty *et al.*, 2017)

Community health education among youth on drug use problems and proper condom use conducted by Temeke MAT clinic is one among strategies advocated by several other studies to ensure reduction of HIV and other viral infections among the PWUD and community at large (Scheibe *et al.*, 2020). Providing vocational educational skills and training PWUD has shown to improve integration to the community and reduce financial burden among clients. However, more effort will be needed to ensure many MAT clients who are in need are getting this opportunity.

CONCLUSION

The ten years services to the PWUD in Temeke municipal community has been well received and several indicators reveal Temeke MAT clinic being a very important component in harm reduction activity in the Dar es Salaam region. It's within the community expectations that the MAT clinic services are expanded to ensure all the clients requiring MAT services are reached and covered.

ACKNOWLEDGEMENTS

Authors would like to thank the members of Department of psychiatry at Temeke regional Referral Hospital for their contribution during formulation of this article

Competing interests

Authors declares that they have no financial or personal relationships that may have inappropriately influenced them to write this information

Ethical consideration

This article followed all ethical standards without direct contacts with human or animal subjects

Author's contribution

All authors contributed to the formulation editing and reviewing of this article

FUNDING

No funding was appropriated for this article from any institution

Disclaimer

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