

# The Contribution of the Centre de Prise en Charge Intégrée des Addictions de Dakar (CEPIAD) to Senegal's HIV Program through Harm Reduction (HR) Activities

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## Abstract

The Usagers de Drogues au Sénégal (UDSEN) survey, conducted in Dakar in 2011, showed high rates of HIV and HCV prevalence among injecting drug users (IDUs). The launch of harm reduction activities in 2011, following the UDSEN survey, and the opening of the Centre de Prise en Charge Intégrée des Addictions de Dakar (CEPIAD) in 2015, have led to a reduction in the HIV prevalence rate among injecting drug users, from 5.2% in 2011 to 1% in 2015, and 0.21% in 2022. CDIs who wish to be referred to CEPIAD are directed by the field team. Routine HIV screening is offered to CDIs during CEPIAD consultations, and advanced strategy screening sessions are organized quarterly. All HIV-positive injecting drug users are put on antiretroviral treatment and monitored by CEPIAD's physician or a physician of their choice.

## Keywords

Harm Reduction (HR), IDU, HIV, CEPIAD

## 1. Introduction

According to Harm Reduction International (HRI), which defined the term in 1990, "harm reduction consists of policies, programs, and practices whose primary goal is to reduce the negative health, social, and economic consequences of legal

and illegal drug use without necessarily reducing drug consumption.”

This approach targets active drug users, emphasizing care and prevention strategies to minimize health risks (infections, abscesses, etc.) and social risks (exclusion, precariousness, etc.) associated with the use of psychoactive substances, particularly illicit ones.

In Senegal, harm reduction activities began in 2011 [1], following the UD-SEN (Usage de Drogues au Sénégal) survey conducted in 2011 [2], which revealed the extreme vulnerability of injecting drug users, with an HIV prevalence rate of 5.2% and an estimated 1324 precarious injecting drug users in the Dakar region.

These harm reduction activities were enhanced with the opening of CEPIAD in 2015, introducing a methadone program and a needle exchange program, thanks to financial support from the Conseil National de Lutte contre le Sida (CNLS). IDUs are now recognized as a key population in national strategies and included as priority targets in national AIDS plans.

This article aims to:

- Present CEPIAD and its activities.
- Analyze the impact of CEPIAD’s activities on the HIV program.
- Highlight CEPIAD’s contribution to the fight against HIV in Senegal.

To achieve these objectives, we will first present the activities carried out at CEPIAD. Then, we will present the results obtained from these activities, followed by our commentary before concluding.

## 2. Methodology

### 2.1. Presentation of CEPIAD

The Centre de Prise en Charge Intégrée des Addictions de Dakar (CEPIAD) is a unit of the psychiatry department at CHNU Fann. The first center of its kind in West Africa, it was established to address the various needs of patients with addictions and to provide comprehensive somatic management of the pathologies caused by these substances. The center includes specialists such as psychiatrists, addictologists, pharmacists, infectiologists, nurses, social workers, and mediators, some of whom are from the CDI community.

Since 2021, due to the deterioration of the building constructed in 2014, containers have been fitted out to ensure continuity of work. CEPIAD is open Monday to Friday, 8 a.m. to 4 p.m. Consultations are by appointment only, either on-site at the reception desk or by telephone at 781336840.

### 2.2. Working Methods

This retrospective, cross-sectional, descriptive study was based on records of patients treated at CEPIAD between February 1 and December 31, 2022.

The analysis of the field team’s data involved extracting a database containing exhaustive daily reports of discharges. Additionally, an extraction of the CEPIAD medical database was conducted, using the same anonymous identifier per CDI

employed by the center (January 2015 to December 2022). The estimated size of the CDI population was taken from the results of the UDSEN survey.

### 2.3. CEPIAD Activities

CEPIAD began operations in February 2015. It offers a multitude of services to drug users with 9 components, in line with UNAIDS recommendations [3].

- IEC-CCC in mobile and fixed strategies;
- Single needle syringe program;
- Condom distribution;
- Opiate substitution therapy (OST) for eligible CDs and other addictions;
- HIV screening and antiretroviral treatment;
- Diagnosis and treatment of Hepatitis B and C;
- Diagnosis and treatment of tuberculosis;
- Diagnosis and treatment of STIs.

In addition to these harm reduction activities, we also added several social activities chosen by the patients for their rehabilitation. These include talks, discussion groups, sports, gardening, poultry farming, sewing, art therapy, literacy, soap and bleach making, and food processing.

### 3. Results

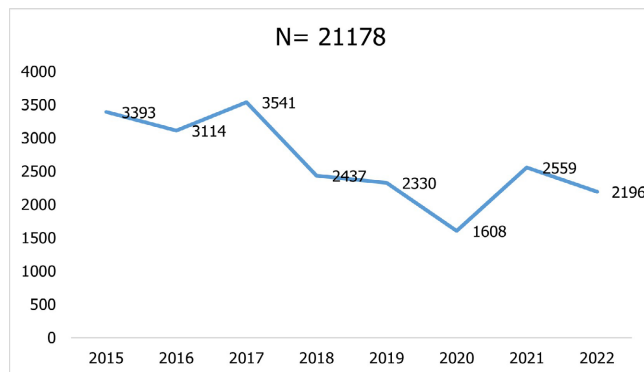


Figure 1. Consultations.

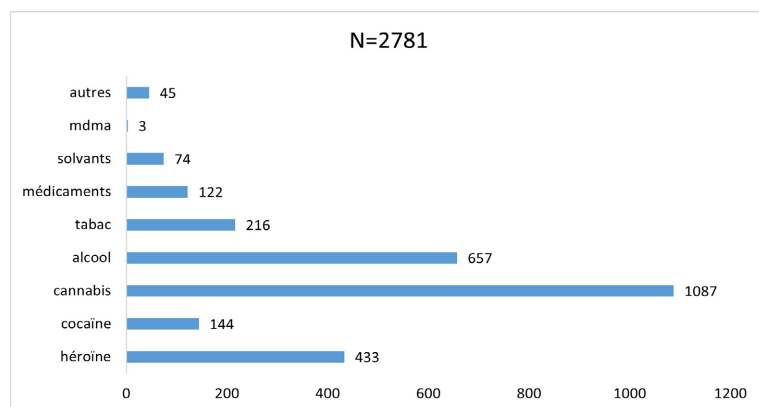
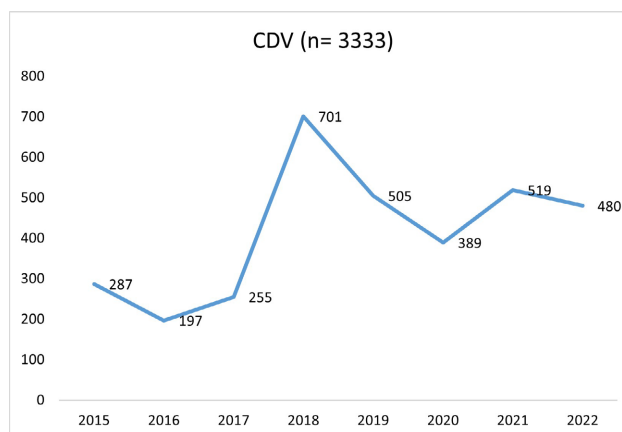
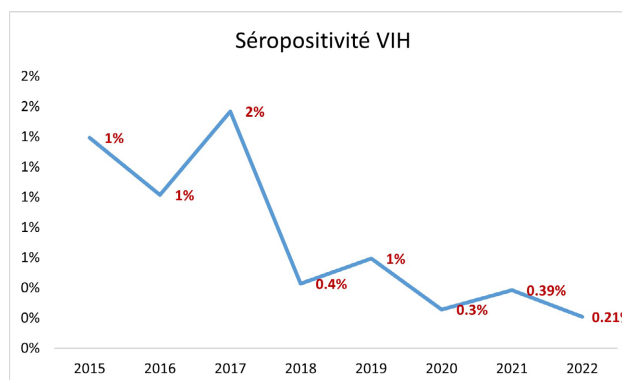


Figure 2. Consultants by main product.

From February 2015 to December 31, 2022, 21,178 consultations were carried out for 2781 drug users, including 577 CDIs (see **Figure 1** and **Figure 2**).



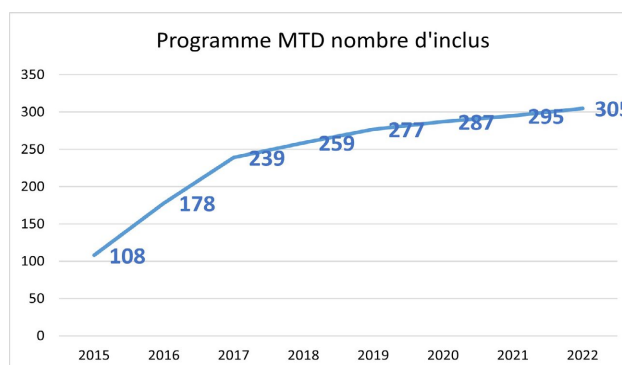
**Figure 3.** Voluntary HIV testing counselling.



**Figure 4.** Trends in HIV prevalence rates.

3333 HIV tests were conducted from January 2015 to December 2022. The HIV prevalence rate decreased from 1% in 2015 to 0.21% in 2022 (see **Figure 3** and **Figure 4**).

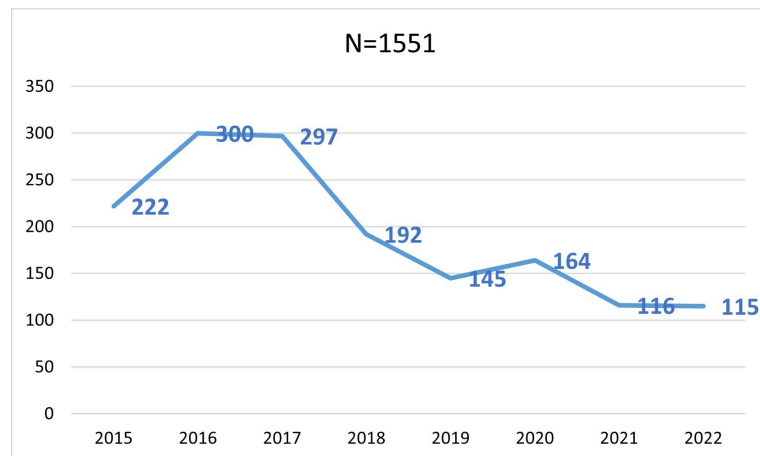
### Methadone Program



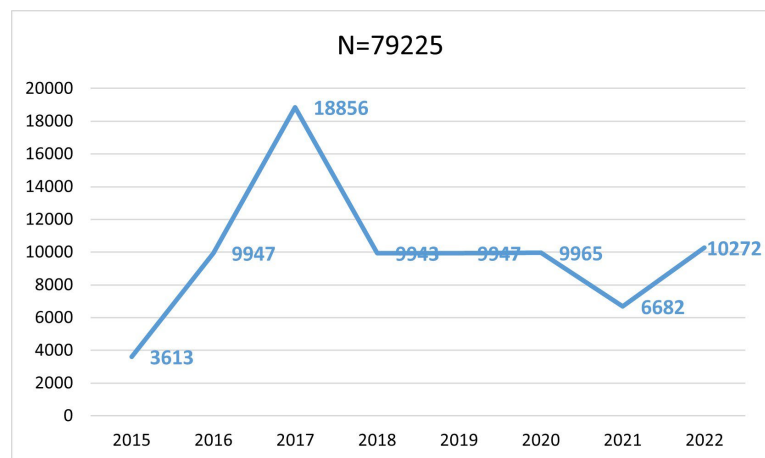
**Figure 5.** Inclusions in the methadone program.

From February 2015 to December 31, 2022, 305 patients were included in the methadone program. During this period, there were 263 discontinuations. As of December 31, 2022, 131 patients, including 5 women, were taking their methadone regularly (**Figure 5**).

Outreach team



**Figure 6.** Evolution of the number of outreach team outings.



**Figure 7.** Number of syringes distributed per year.

The outreach team conducted 1551 outings, with four weekly outings per pair. This resulted in 18,216 CDI contacts and 79,225 syringes distributed (**Figure 6** and **Figure 7**).

#### 4. Discussions

The results show the importance of the work carried out by the CEPIAD team, despite a reduced workforce and declining resources.

Consultation activities started in 2015, peaked in 2017, and then declined due to the deterioration of the building, which forced the team to close the three consultation offices by order of the hospital administration for safety reasons. Currently,

a room previously used as a refectory is being used as a consultation room, pending the installation of containers provided by the CNLS.

This decline in activities was further impacted by the onset of the COVID pandemic in 2020, necessitating a reorganization to ensure continuity of care [4].

CDIs account for 21% of CEPIAD consultants.

Cannabis (39%) is the main substance for which CEPIAD receives referrals, followed by alcohol (24%) and heroin (15%).

Injecting drug use is rapidly expanding in all regions, including Africa. It is estimated that about 10% of HIV infections worldwide are contracted through injecting drug use. In some European and Asian countries, more than half of all HIV infections are attributed to injecting drug use.

Whether injected or not, drugs are associated with behaviors that can increase the risk of HIV infection. For example, the lack of inhibition caused by some drugs can lead to unprotected sex, while states of inebriation can complicate condom use or render people unable to negotiate safer sex. Drug use can also be implicated in rape and sexual abuse.

At CEPIAD, VCT is systematically carried out for all patients, regardless of their reason for visiting the clinic. Screening sessions are also offered every three months as part of an advanced strategy outside CEPIAD.

The inclusion and retention of patients in the methadone program have been significantly impacted. The number of new patients in the methadone program has sharply declined since 2017 and worsened with the COVID-19 pandemic. Additionally, the program has recorded many exits due to various reasons, including treatment dropout, death, travel, incarceration, and loss of follow-up. Efforts are underway to track those lost to follow-up.

One of CEPIAD's successes has been the sharp reduction in HIV prevalence, decreasing from 5.2% in the 2011 UDSEN survey to 1% in 2015 and 0.21% in 2022.

Harm reduction programs significantly impact the prevention of HIV and hepatitis B and C, and they help connect infected individuals with diagnosis, treatment, and care services. In contrast, counseling services or behavioral interventions aimed at convincing people to stop using drugs have failed to curb epidemics of HIV or viral hepatitis [5].

The evidence for the effectiveness of harm reduction programs is indisputable. Harm reduction works. Opiate substitution therapy has been associated with a 54% reduction in the risk of HIV infection among injecting drug users, a decrease in the risk of hepatitis C infection, an increase in adherence to antiretroviral treatment for HIV, a reduction in non-reimbursed healthcare costs, and almost a 90% reduction in the risk of opiate overdose [6].

In Australia, 10 years of needle-syringe programs have reduced HIV cases by up to 70% and hepatitis C cases by up to 43% [6].

## 5. Conclusion

In eleven years, the establishment of the harm reduction field team has reached more than half of the estimated 1324 injecting drug users in the Dakar region at

least once. The provision of new, sterile syringes, inclusion of opioid-dependent injecting drug users in the methadone program, and treatment of other addictions may partly explain the considerable drop in HIV prevalence among injecting drug users. A major asset of the reduction of risk program is that it facilitates access to care for injecting drug users through a referral system. However, the challenge remains to ensure a legal and social framework favorable to harm reduction activities.

### Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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