

ASSESSMENT OF ACCESSIBILITY OF MEDICINES USED IN THE TREATMENT OF SUBSTANCE USE DISORDERS IN SELECTED HOSPITALS

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ABSTRACT

Background

Substance use disorder is a complex chronic disease that requires a multidisciplinary approach in treatment. Pharmacotherapy is one of the components in the treatment of this condition.

Accessibility to treatment is a universal right and this study sort to assess the accessibility of medicines used in the treatment of substance use disorders in selected hospitals in Nairobi.

Methodology

The study was carried out in two hospitals that provide pharmacotherapy: Mathare Mental hospital and Chiromo Lane Medical Centre in April and May 2015. It was a descriptive cross-sectional study with both qualitative and quantitative components. Data on availability and affordability was collected at the two sites. The WHO performance indicators for health facilities were used to assess availability. Affordability was determined using the daily wage of the lowest paid government worker. Interviews with the key informants were conducted to determine factors that influence the accessibility of the medicines. Analysis of quantitative data involved use of descriptive statistics to determine the frequency, means, maximum and minimum values

for the indicators. Qualitative data analysis involved identifying the key themes that were deducted from the interviews and organizing them into coherent categories.

Results

The percentage of medicines on the KEML that were available in Mathare was 50% while in Chiromo Lane it was 100%. The mean stock out duration was 8 months and 0.5 months in Mathare and Chiromo Lane respectively. More than 67% of the medicines required less than a single day's wage to buy a month's supply in Mathare. In Chiromo Lane all the medicines required more than a single day's wage to purchase. The cheapest medicine required 0.3 days wage to purchase while the most expensive drug required 50 days wage to purchase. Except for one of the key informants who had the protocol, no National guidelines/protocols were used by practitioners for the management of SUDs.

Conclusion and Recommendations

Medicines for the treatment of SUDs had limited availability but were relatively affordable in Mathare. Availability was enhanced in Chiromo Lane, however affordability could be limited. The KEML needs to be updated to include newer and more efficacious medicines. National guidelines for the treatment of SUDS should be developed and disseminated to all practitioners and facilities.