HIV/AIDS Risk Reduction and Prevention among Drug Users through Behavioral Interventions in an Urban Setting

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Abstract— *Drug use is a major risk factor in spreading HIV infection. Drug users (DUs) might trade sex for drugs or for money to buy drugs and/or vice versa. Drug use can reduce a person's commitment to use condoms and practice safer sex. Often, substance users have multiple sexual partners. This increases their risk of becoming infected with HIV or another STI. Therefore, changing drug-related behaviors contributes to eradication of transmission of HIV. A behavior change (BC) model, which directly address BCs than merely conducting awareness/training workshops was implemented in Negombo, a tourist destination located in west coast of Sri Lanka where dwellers are vulnerable for drug use and sex trade. BC intervention tools used included low-cost community camps, group, ex-user and one-to-one discussions, brainstorming sessions to demystify myths about drug use and HIV while strengthening target groups. A rapid situation and response analysis was conducted prior to commencing interventions. Interventions concentrated more on 10 specific spots in Negombo. 350 DUs,their families, peers, 170 regular sex partners (RSP) including commercial sex workers (CSW), and neighbors were targeted through interventions. As a result, of BC model 80 quitted drug use, 59 reduced use, 29 changed their behaviors, 21 work as peer educators, 37 directed to STD clinics. 59 relapsed. The interventions with RSP resulted in following; 32 supported DUs to quit, 35 were educated on safer sex practices, 13 requested for condoms. BC model resulted in BCs in DUs, RSP, families and in their localities going beyond awareness and education. DUs and RSPs reduced individual risk behaviors, promoted and practiced safer sex practices (ex: condom use), motivated to get medical assistance for symptoms and suspected exposure to STDs and if engaged in risky behavior, to be tested.Changing behaviors related to drug use itself results in HIV risk reduction and prevention.*

Keywords— HIV/AIDS, Behavior change, Drug Users

I. INTRODUCTION

Heroin is a semi synthetic opiate and it is a depressant (UNODC, 2013).According to the National Dangerous Drug Control Board, there are 45,000 heroin users in Sri Lanka and the estimated number of drug users has been stable over past years (NDDCB, 2013). The National STI/AIDS Control Programme reports that there were 1,845cases of HIV and 491 AIDS cases reported by last quarter of 2013 and during the year 2013,196 new cases of HIV were reported.

Drug use is a major risk factor in spreading HIV infection. Injecting drug use is also risk factor in spreading HIV due to sharing of needles. However, in Sri Lanka the risk of injecting drugs and sharing needles is very insignificant given very low level injecting drug users in the country. The heroin intake is mostly through inhalation also known as "chasing the dragon" among the drug users and only 2% of the heroin users are injecting drug users (Senanayake and Lakmini, 2012). Only one case has been reported as an HIV transmission due to injecting drug use thus far (Senanayake and Lakmini, 2012).

Drug users (DUs) might trade sex for drugs or for money to buy drugs and/or vice versa. Drug use can reduce a person's commitment to use condoms and practice safer sex. Often, substance users have multiple sexual partners. This increases their risk of becoming infected with HIV or another STI.

In order to reduce the risk of HIV/AIDS among drug users and their regular sex partners, it is important to address the issue of drug use, as mentioned above, drug use play big role in unprotected sex. While directing the interventions to stop or free the heroin users from the drug users, awareness on

HIV/AIDS and other STIs and also regularly testing for any kind of STI are of utmost importance.

A behavior change model, which directly address behavior changes than merely conducting awareness/training workshops was implemented in Negombo by Alcohol and Drug Information Centre (ADIC). Negombo is a tourist destination bordered by a lagoon located in west coast of Sri Lanka. Negombo is in the second largest population centre in Sri Lanka which is the Gampaha district. 11% of the population in Gampaha district is concentrated in Negombo having a population of 121,933 (Negombo, 2013). The main occupations of residents of Negombo are fishing and sale of fish. In addition, tourism also provides a livelihood to many as Negombo is a major tourist attraction. One main cause of poverty among this population is heroin use and many social issues arise as the users are involved in illegal activities like stealing, robberies and sex trade. It is identified that there is a high risk of HIV/AIDS and sexually transmitted infections (STIs) too.

II. CONCEPT

There are many myths and beliefs attached to heroin use. The interventions carried out in Negombo were focused on revealing the reality of the heroin use and critically analyzing the factors that promote drug use while addressing the factors that compel users to continue the usage.

Heroin is a depressant (UNODC, 2013). A depressant cannot stimulate the body and generate happy feelings rather it depress the body based on its chemical properties. Therefore there is a discrepancy in claimed, reported or expected experience and the actual behavior of the chemical. Today science has proved that heroin results in the same manner as any depressant.

The methodology described in the third section is aimed to free heroin users from drug use rather than making them quitting or stopping the use. Developing a person to be free from heroin means that even when the heroin is available in his setting that person is not tempted to use heroin. This process is not difficult because as heroin doesnot have a positive enjoyable chemistry in it. This dull chemical effect is turned into a pleasurable experience by the external factors like the group, the activities they do together and related myths. Freeing involves not just removing a person from the drug but also teaching about external factors which facilitate continuation of drug use and developing the person to face the forces that compel him to restart.

III. METHODOLOGY

A rapid situation and response analysis was carried out in Negombo to identify the locations where the intensive interventions needed to target the risk population. As per the analysis, Pitipana, Wella, Mankuliya, Daluwakotuwa, Cannel Road, Dalupotha, Dehimalwatta, Harischandrapura, Jeen Junction and Kadirana were identified as hotspots.

The interventions carried out are based on a socio-psychological approach, which includes the individual and the environment. Its ultimate objective is to free the heroin user from drug use.One key factor in this approach is that it does not make the user paranoid or scared about the drug or the process of being free from the drugs. And also it does not attempt to move the drug user from heroin to another drug. Rather a dialogue is initiated with the user without removing him or her from their environment/setting with the objective of critically analyzing the drug use, the initiation factors, expectations and the actual experience with the user. The process empowers the user to identify the internal and external factors that facilitate the continuation of drug use while making the freeing or quitting difficult for the user.

350 drug users, their families, peers, 170 regular sex partners (RSP) including commercial sex workers (CSW), and neighbors were targeted through interventions. Following activities were carried out as interventions in the community.

A. 10-15 Day Low Cost Camp

This camp is organized for the drug users who are willing to be free from heroin use. It is important to have camp members from the same locality. All the camp members discuss about the factors that compel them to continue the drug use and plan their response towards those once they are back in the community.

B. One to One Discussions With Heroin Users

Field Workers meet heroin users individually in their locations. In these one to one meetings barriers to quit (physical, psychological and social), myths on

heroin use and how to overcome the withdrawal symptoms are mainly discussed. Especially private and sensitive matters related to heroin use and their personal lives are openly revealed by the heroin users in these meetings.

C. Make the Support Environment to be Free

Family members of heroin users (parents, wife, and children etc.), regular and commercial sex partners, community members and leaders of their own community, police, and religious leaders are the main factors of the social aspect. They play a very important supportive role of this treatment concept. Trainings and discussions with them are used to create the friendly and supportive environment for heroin users to quit.

D. Support Groups

Support groups are formed by ex-drug users. Ex-drug users are defined as heroin users who have stopped the heroin intake for minimum of six months. The main responsibility of the support group is to help current drug users in their own community to quit the drug use. The experience of ex-drug users is important in the process of making the current drug users stop the drug use. The main benefit for these support group members–ex users is that the approach strengthens them to continue quitting by helping others.

E. Small Group Discussions with Ex-Drug Users

Ex-drug users were facilitated by ADIC team to talk openly regarding the positive benefits they received after stopping heroin use in the meetings. This process helps everyone to learn positive practices of others which will sustain and boost their efforts of stopping.

F. Group Meetings Mixed with Ex Drug Users and Current Users

Mixing both groups motivate them to share their experiences. Questions about barriers to quit heroin use are answered by the ex-drug users. The current users discuss the questions, problems and doubts they have with the ex-users and the process help them to strengthen their ideas to quit.

G. Brain-Storming Discussions in User Groups

User group discussions were focused mainly on how and what users feel after using the drug and the withdrawal symptoms. In many cases, the reported withdrawal symptoms were different and contradictory although the users have used the same drug at same level in the same social background. Using such examples, users were able to differentiate learned effects of the drug from the subculture and the real chemical effects of the drug.

H. Group Discussions with Vulnerable Groups

Impish youth who are very closely engaging with user groups or living in same drug using community and who are not using heroin are recognized as vulnerable groups. They are at a severe risk to initiate heroin use with the force of their user friends. Changing their thinking pattern regarding heroin use and prevent them of starting heroin use are the main purposes of working with these groups.

I. Increasing the Range of the Happiness and Push Drug Users and Ex-Drug Users towards a Healthy Life

Sports, musical events and other recreational events are organized to make the users realize about many avenue for happiness. And also as an initiative to develop their personalities, responsibility of organizing these events is given to them.

J. Follow Ups

During the follow ups carried out by ADIC team, concerns about stopping use, reducing use, behavioral changes, environmental changes, withdrawal symptoms are discussed and solutions are derived.

IV. RESULTS

Behavior change interventions implemented resulted in BCs in DUs, RSP, families and in their localities going beyond awareness and education. DUs and RSPs reduced individual risk behaviors, promoted and practiced safer sex practices (ex: condom use), motivated to get medical assistance for symptoms and suspected exposure to STDs and if engaged in risky behavior, to be tested. Changing behaviors related to drug use itself results in HIV risk reduction and prevention.

As a result, of behavioral change model employed in Negombo, 80 drug users quitted drug use, 59 reduced the usage, 29 changed their behaviors, 21started working with ADIC team as peer educators and 37 were directed to STD clinics. 59 drug users relapsed. The interventions with RSP resulted in following; 32 supported drug users to

quit, 35 wereeducated on safer sex practices, 13 requested for condoms. Discussions with the field staff provide evidence that quitting or being free from heroin use is not a difficult task as portrait by the society and the drug trade.

V. CONCLUSION

The effectiveness of this approach lies on the fact that it considers all the facets of addiction including chemical and psychological effects. In most instances, the users are attached to the psychological factors like the feeling of belonging to a group rather than the real chemical effect. Therefore changing the behavior of drug use requires changing the internal and external factors that compel the user to continue. Once these factors are addressed, an environment which does not demand drug use is created. This environment supports the users who are not yet empowered to tackle internal factors that promote heroin use to them. Similarly when internal factors are properly addressed, immunity is created within the user not initiate drug use again even in an environment where factors that trigger continuation exist.

Another interesting fact of this approach is that when an immunized and empowered individual is made; it creates a trend of being free similar to the trend which promoted the drug use.
The methodology implemented in Negombo requires less effort and budget as the heroin users are kept in their own locality rather than in a rehabilitation centre environment. Another advantage is that users are empowered and immunized to face the factors that compel him/her to restart the usage once they are back in the community.

This behavior change model can be adopted in any setting where there exist a committed individual or an organization to conduct interventions for a period of one year and then carry out follow ups.

ACKNOWLEDGMENT

The Alcohol and Drug Information Centre (ADIC), Mr. Pubudu Sumanasekara the Executive Director, staff and volunteers need to be acknowledge for their support in carrying out this documentation of an intervention carried out by ADIC.

REFERENCES

NDDCB, (2013). <http://www.nddcb.gov.lk>National Dangerous Drug Control Board. Accessed 16 October 2013.

Negombo, (2013). <http://www.negombo.mc.gov.lk>Negombo Municipal Council. Accessed 16 October 2013.

Senanayake B and Lakmini H, (2012). <http://www.nddcb.gov.lk/Docs/research/Hand%Book.pdf>Handbook of Drug Abuse Information 2007 – 2011. Accessed 16 October 2013.

UNODC, 2013. <http://www.unodc.org/unodc/en/illicit-drugs/definitions> UNODC-Illicit Drugs- Definitions. Accessed 16 October 2013.

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