

Recovering Substance Abusers and Outreach Workers Deliver Harm Reduction Services Linked to HIV Prevention, Care and Treatment in Zanzibar



Godfrey FR¹, Mauli S¹, Kweka A¹, Meba H¹, Salim A², Mahmood M², Cunningham AE¹, Strachan M¹, Antelman G¹, Mbatia RJM¹

¹ International Center for HIV/AIDS Care and Treatment Programs (ICAP), Columbia University; ² Department of Substance Abuse Prevention and Rehabilitation, Ministry of Health, Zanzibar

BACKGROUND

Zanzibar, Drug Use and HIV Prevention

The islands of Pemba and Unguja are part of the Zanzibar archipelago. Zanzibar is located off the coast of mainland Tanzania and has 1.2 million inhabitants, most of whom are Muslim. In contrast with the Tanzanian mainland, (HIV prevalence 5.6%), the HIV epidemic in Zanzibar is concentrated among risk groups, particularly injecting drug users (IDUs; ZAC, 2008). The overall HIV prevalence in Zanzibar is less than 1%, however it is 16% among IDUs.

Based on documented evidence of increased illicit drug seizures, including heroin, and the island's location within an important drug trafficking corridor linking Asia to Africa, the Zanzibar AIDS Commission warns of a growing number of IDUs. Recent studies have documented high rates of unsafe injecting practices, which increase the fluid exchange between drug users thereby posing greater risks for HIV transmission among IDUs and between IDUs and their sexual partners. Though Islamic cultural and religious influences remain strong, Zanzibar's poverty combined with its dominant tourist economy facilitate entry points to substance abuse and injecting drug use.

A recent survey indicated that 53% of IDUs had been sexually active in the previous month; furthermore condom use is low among this population (<6% 'always'); and 22% reported STI symptoms in the past 6 months (ZACP, 2007). These factors suggest a possible bridge to the general population.

Political Support

The Government of Zanzibar has acknowledged the important role of substance abuse programs in preventing HIV transmission and has pursued progressive policies, including behavioural and biological surveillance. The First Lady of Zanzibar, Mrs. Shadya Karume, has committed herself to HIV prevention among high risk groups, supporting community based organizations working in harm reduction (HR).

Zanzibar is the first African government to support the use of Naloxone for overdose treatment and has invested in drug rehabilitation programs. The government also expects to introduce medically-assisted treatment of opiate drug dependency (using methadone).

United for Risk Reduction and HIV/AIDS Prevention (URRAP)

The International Center for AIDS Care and Treatment Programs (ICAP) has supported scale-up of HIV prevention, care and treatment in Zanzibar since 2004. In 2008, ICAP initiated URRAP, a community-based HR program in partnership with the Government of Zanzibar/ Ministry of Health and Social Welfare and three local NGOs: Zanzibar Association of Information Against Drug Abuse and Alcohol (ZAIADA), Zanzibar Youth Education Environment and Development Support Association (ZAYEDES), Zanzibar Youth Forum (ZYF).

DESCRIPTION

The URRAP program aims to prevent HIV transmission among IDUs and other most-at-risk populations (MARPs), enhance linkages between HIV prevention and care & treatment services, and build the capacity of institutions in Zanzibar to deliver health services. The program relies on a network of several local organizations already working in community based harm reduction (HR) to develop HR materials, messages and radio spots; facilitate linkages for IDUs between communities and health facilities; design and manage monitoring and evaluation systems; and advocate for policies that support HR and HIV prevention services. Peer educators (PEs), many of them ex-IDUs, deliver information on risk reduction, including safer injecting practices. They distribute condoms and bleach kits for cleaning needles, and promote HIV testing. They also refer IDUs to drug rehabilitation services and HIV care and treatment facilities. PEs must be in recovery from substance abuse, demonstrate willingness to engage drug-using social groups and have basic educational skills.

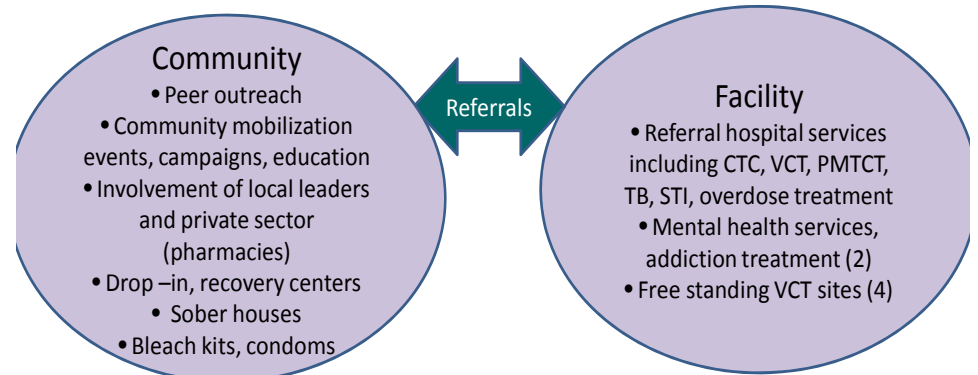
URRAP Program Training

- 28 Master Trainers capacitated to provide HR training and supportive supervision;
- 114 PEs, including 30 former IDUs, trained to provide outreach;
- 15 PEs received specialized outreach training in using drama and music;
- 164 health care workers from voluntary counseling and testing (VCT) and HIV clinics sensitized on HR and provision of HIV services to IDUs.

URRAP Program Model of Harm Reduction Community Outreach and Facility-based Services

Enabling Environment

- Political support & Policy framework
- Administrative, management, strategic planning & funding (ICAP)
- Capacity building with NGO & facility partners & peer outreach workers
 - Training, technical support, M&E
- Support Government of Zanzibar in harm reduction and HIV prevention strategic plan



RESULTS

Between January 2009 and March 2010, a total of 2,447 IDUs received one-to-one harm reduction (HR) counselling. Of these, 232 (10%) IDUs received VCT services; 49 (22%) were HIV positive and 39 (80%) were linked to HIV care and treatment services. Among the 2,447 IDUs who received HR counselling, only 79 (3%) agreed to join a drug recovery program, and 169 (7%) attended a drop-in center after the outreach contact.

These results illustrate the challenge of working with IDU populations. Acceptance of HIV testing is generally low, as is slow uptake of interventions to support drug recovery. However, among those who test HIV positive, acceptance of HIV care and treatment is high. Reasons for not accepting HIV care and treatment among the remaining 19% who tested HIV positive were not reported.

LESSONS LEARNED

Using Peer Educators to Reach IDUs in Zanzibar: Lessons Learned

- PEs are insiders in both the IDU and the Zanzibari cultures.
- Peer support emphasizes the sharing of harm reduction (HR) information within networks of users by leveraging the knowledge, experience and social status of drug users.
- Clear selection criteria are needed to identify PEs. Training and ongoing supervision support is essential.
- Providing PEs with responsibilities and decision-making power facilitates their personal and professional growth.
- Drop-in centers, staffed by PEs, can be an effective HIV-prevention entry point to networks of IDUs.

Challenges

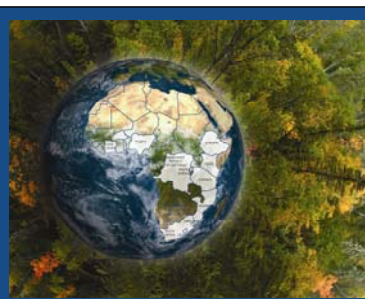
- Slow uptake of VCT services and drug recovery support.
- Intensive training and supervision is needed to ensure adequate knowledge and consistent messaging to combat the myths and rumors surrounding HIV.
- Drug recidivism among PEs: The stress associated with peer level outreach may be a factor.
- Lack of professional status and acknowledgment of peer educators .

Next Steps

- Introduction of medically assisted treatment for drug addiction.
- Continue political and community advocacy for needle exchanges and increased access to clean needles for IDUs.
- Provide further training and support to PEs to promote VCT services to increase uptake of testing and access to HIV care and treatment among IDUs.
- Increased uptake of drug recovery programs by IDUs accessing URRAP program.

ACKNOWLEDGEMENTS

ICAP would like to acknowledge the Government of Zanzibar and the outreach workers for their commitment and support to HIV prevention, and the American People through the President's Emergency Plan for AIDS Relief (PEPFAR) and the US Centers for Disease Control and Prevention (CDC) Tanzania for their technical and financial support to this program.



The International Center for AIDS Care and Treatment Programs (ICAP)

ICAP is a global leader in HIV and public health. Founded in 2002 at Columbia University's Mailman School of Public Health, ICAP supports clinical services, infrastructure, and human resources that address serious threats such as HIV, tuberculosis, and malaria and help strengthen health systems. Supporting more than 1,200 health care facilities across 15 countries, ICAP has helped more than one million people receive critical prevention, care, and treatment for HIV.