

IDU Support Groups and Family Support Groups--Innovations in HIV Prevention Work in the Philippines

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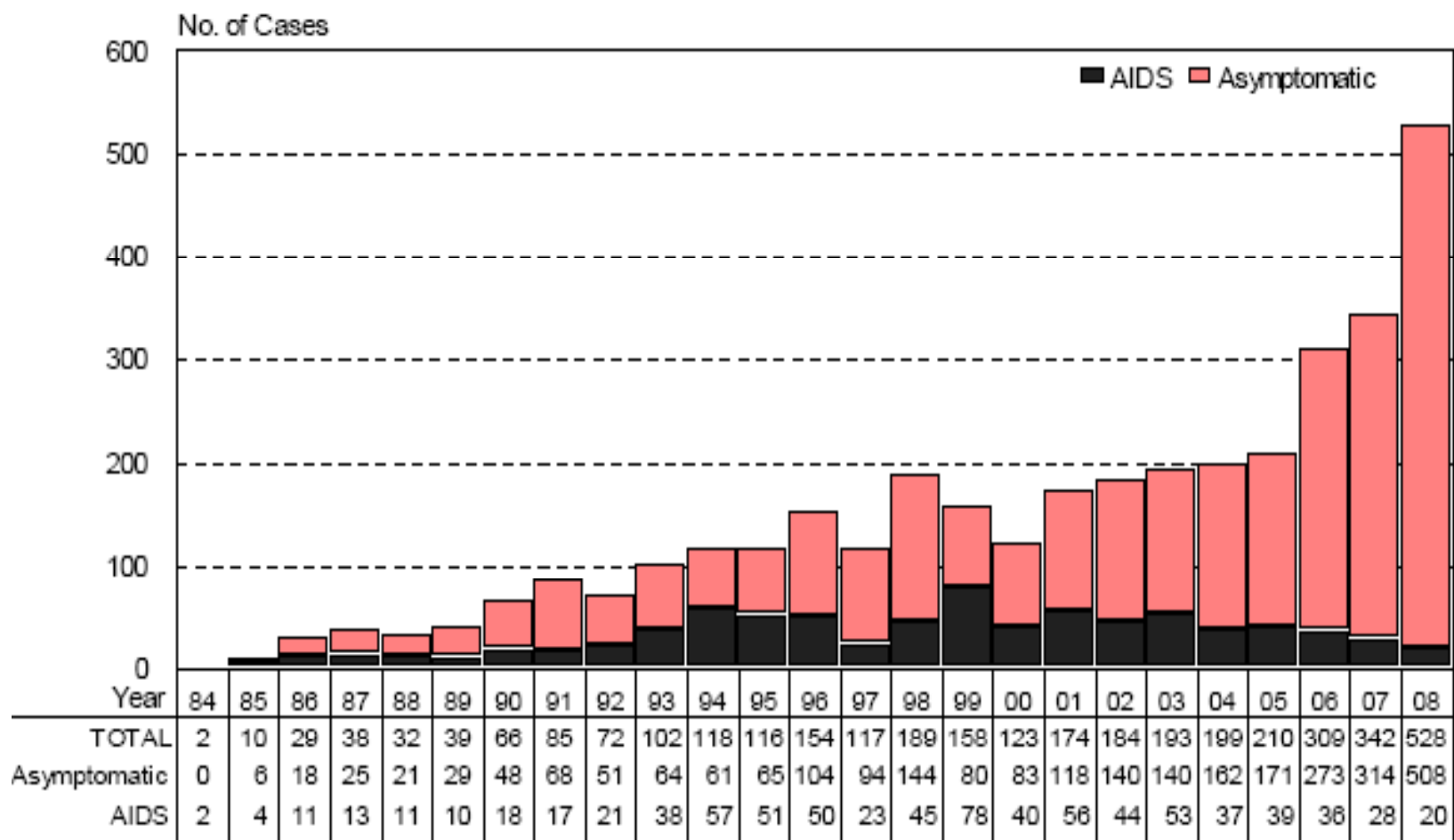
Concurrent Session C 34

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ISSUES: The situation

- Philippines remains a low prevalence country with a concentrated epidemic, prevalence in surveillance populations consistently less than 5%, adult prevalence is 0.01%
- First case detected in 1984, as of end 2008, 3589 reported. Disturbing rise since 2006.
- Injecting drug use not a widespread practice; major ATS transit point and producer (World Drug Report, 2006)

Figure 1. Number of HIV/AIDS Cases Reported in the Philippines by Year, Jan 1984 to December 2008 (N=3,589)



The Situation, 2

- National AIDS legislation (1998) considered good practice
- Strong civil society groups
- Some Dangerous Drugs Act (2002) provisions contradict National AIDS Law

- Scarce data on IDU; Manila has not even had a rapid assessment
- “Pockets” where injecting documented
- Main injectable -- Nalbuphine hydrochloride (Nubain); almost all IDUs polydrug users
- Multiple risk behavior patterns: low levels of condom use, high levels of commercial and casual sex, high levels of needle sharing, low knowledge levels of proper needle cleaning; Hep C rates less than 10% in pilot area

Project and Pilot

- ADB funded with support of the Government of Sweden (RETA 6321);
- Executed through the NASPCP of the DOH, Implemented through PRIMEX.
- Two main outputs:
 - Situation Analysis of HIV and IDU in the Philippines (2008)
 - Pilot project on Harm Reduction in one Philippine city

- Nine month pilot project for HR/HIV Prevention among IDUs in Zamboanga city, Philippines
- Pilot Implemented by local NGO with close collaboration of local health and law enforcement authorities, with TA of consultant team
- No previous interventions utilizing support groups

Southeast Asia Map



Preparatory Work

- Participatory Planning Process with NGO and local partners in Zamboanga city
- IHBSS and Population Estimates done, baseline data gathered
- Study visit to Indonesia
- Intervention package developed and technical support provided.
- No approval for needle and syringe distribution

Basic Activities

- Outreach Posts/"Safe Spaces" - operated by recovering users trained as peer educators
- Advocacy with local authorities
- Referrals for health services, STI treatment
- Information and education sessions of HIV, Hepatitis, STI; condom provision and demonstrations of syringe cleansing and safer injecting
- One-on-one sessions with PEs
- Socialization/village-level activities
- IDU Support Groups
- Family Support Groups

Client Profiles

- 93% clients male, 80% Moslem, 66% had at least a high school education, 58% employed
- Median age of respondents: 28
- Median age at first injecting episode: 19
- 80% pool funds to buy drugs, high levels of sharing during last injecting episode
- 65% use Nalbuphine, 25% ATS

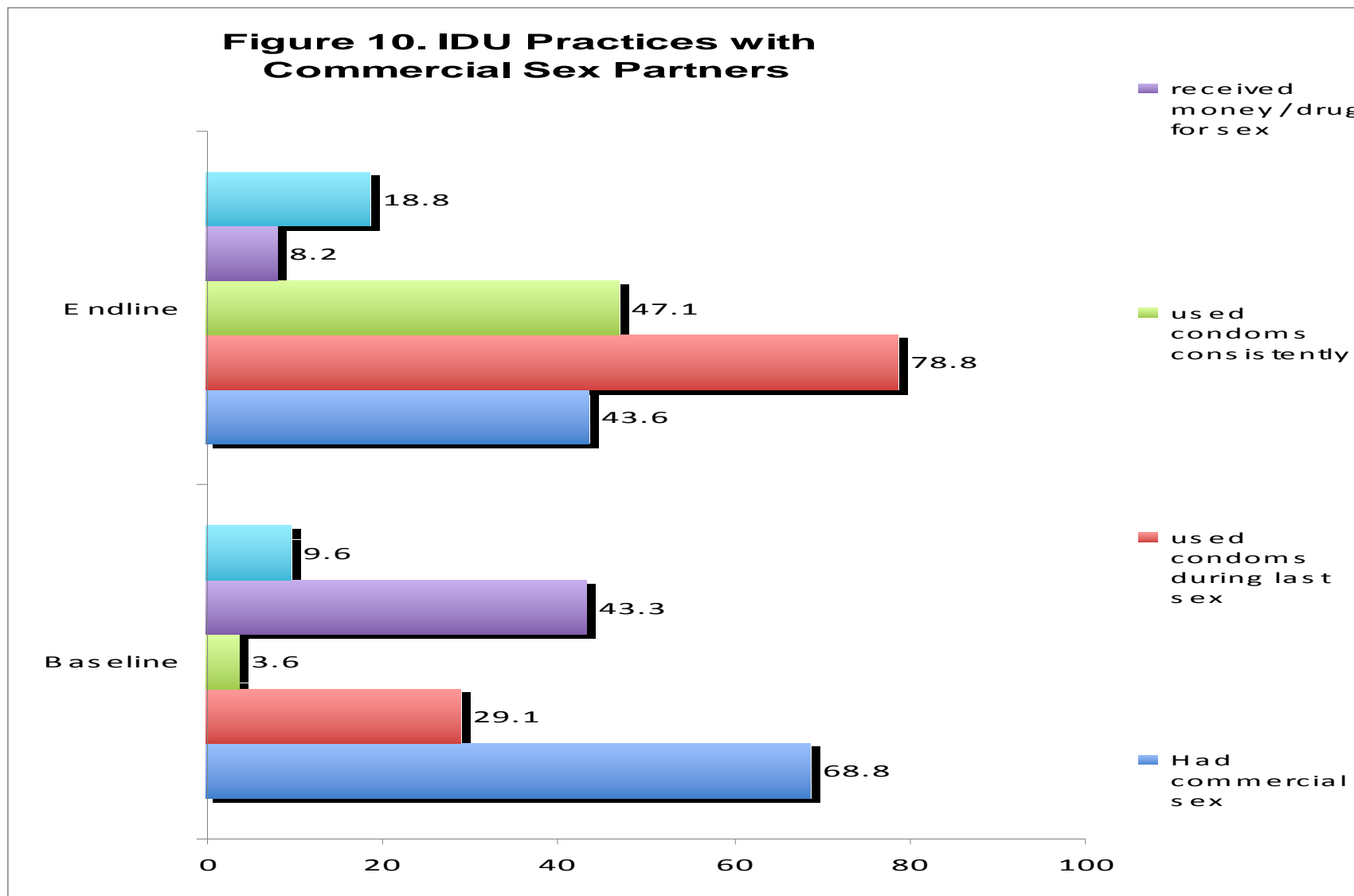
Results

- High levels of coverage--75% of estimated IDU population of 318 reached.
- Two outreach posts established
- Four IDU support groups, two family support groups
- Supportive local AIDS policy developed, included IDUs as MARPs in city Strategic plan

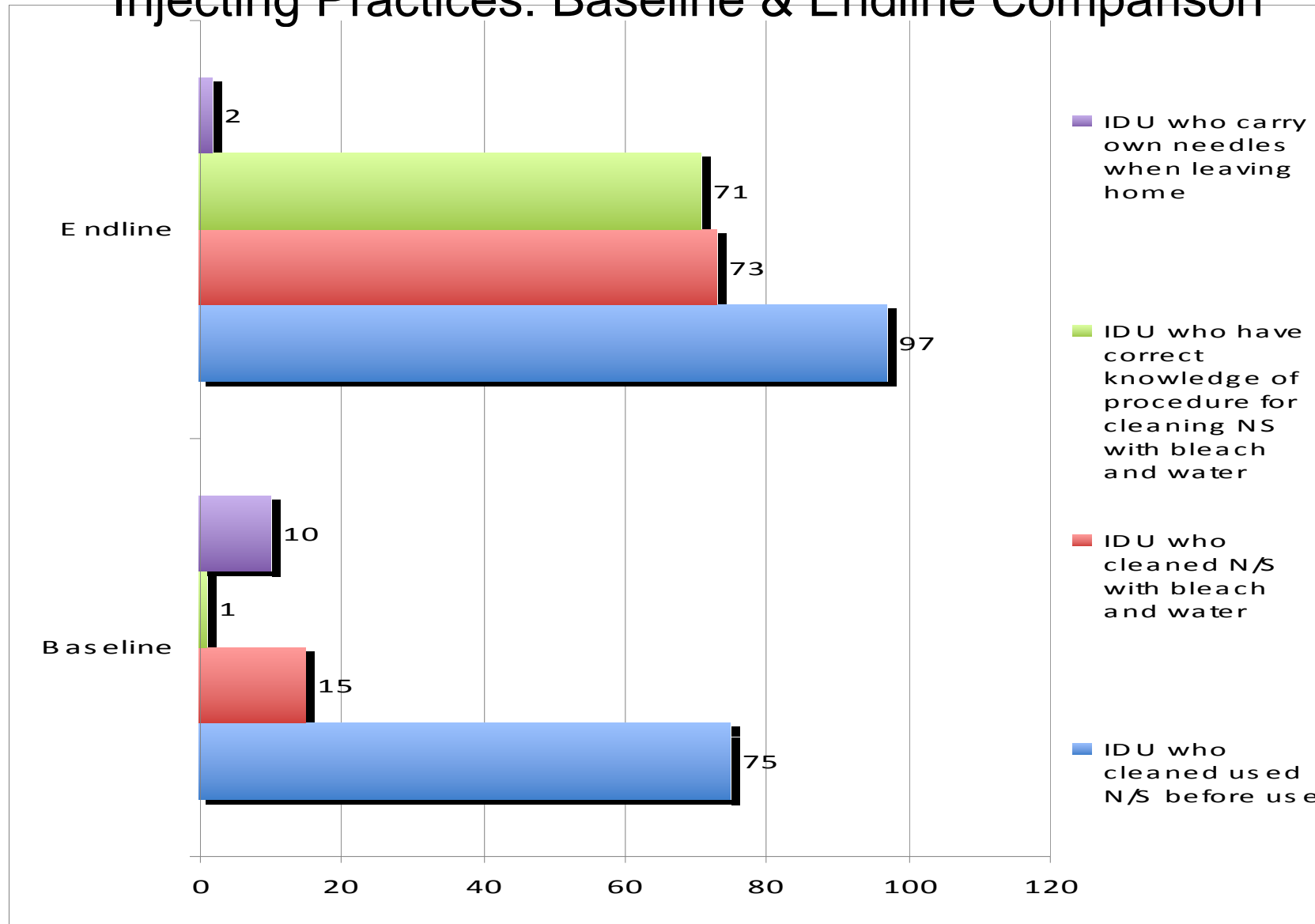
Results

- Changes in knowledge levels (UNGASS composite) as well as in knowledge of proper needle cleansing--but same water wash was still used, and high levels of re-using needles
- Changes in reported risky sexual behaviors

IDU practices with commercial sex partners



Injecting Practices: Baseline & Endline Comparison



Results, 2

- Less petty crime reported by village authorities--status downgraded to “slightly affected”
- Local authorities developed resolutions commending the project and will put in some resources to sustain some activities, like outreach posts and providing employment opportunities
- City AIDS Council Strategic Plan developed
- Guidelines for developing outreach posts and support groups developed

Guidelines for Support Groups formation and maintenance

- What are Support Groups ?
- Why are they needed ?
- Outlines principles and steps to follow
 - Building trust
 - Local village leaders engaged
 - Establishing safe spaces
 - Facilitation
 - Ground rules by members
 - Separate sub-groups can be formed
 - Voluntary, indefinite and flexible
 - Resources for activities and socialization

Challenges

- Positive results may not be maintained for longer term; “drop-out” from support group is not necessarily negative
- Counter the immediate reaction: “See, needles are NOT needed”
- Continue advocacy work with local authorities and dialogue between health and law enforcement officials

Thanks

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