

Partners of Alcohol / Drug Abusers Equally Susceptible to HIV

- Activity
- Presentation
- Additional Information

Objectives

- **Knowledge**

Providing information about alcohol / drug use and its relationship to HIV.

- **Attitude**

Recognizing alcohol / drug use as high risk factors in HIV transmission.

- **Skill**

Being sensitive to the issues related to HIV and drugs and recognizing the need for intervention.

- **Expected outcome**

Understanding the relationship between alcohol / drug use and HIV and becoming familiar with risk reduction strategies.

- **Lesson plan**

Activity 1 Understanding alcohol / drug use.

Presentation Alcohol and HIV.
 Alcohol and sexual practices.

Activity 2 Understanding drug abuse.

Presentation Drug use and HIV.
 Drug related risk behaviour.

Activity 3 Understanding the terminology of IDUs.

Presentation Treatment services for drug users.

Additional Information on Community based outreach services

Presentation Harm Reduction methods.

Activity 4 Handling sensitive issues.

Activity 1 - Understanding alcohol / drug use

Purpose

To assess participants' knowledge about alcohol and drugs.

Materials needed:

Chart papers with questions written on them.

Pencils, papers.

Time needed 30 minutes.

Methodology Quiz

Steps

1. Divide participants into two groups.
2. Give each a chart paper and a set of questions given below.
3. Ask each group to discuss the answers and make a presentation using the chart paper. Provide 10 minutes for discussion.
4. One representative is invited to present the answers in the plenary session.
5. The facilitator can highlight the significant points and add a few that have been overlooked.

Facilitator's Notes

For the convenience of the facilitator, answers have been provided along with the questions. However, only questions need to be given to the trainees.

1. List the commonly abused drugs
 - a) Alcohol
 - b) Cannabis
 - c) Brown sugar
 - d) Opium
2. The intensity of withdrawal varies depending on a variety of factors. List the factors.
 - a) Kind of drug abused.
 - b) Frequency and amount used.

- c) Method of abuse.
- d) Physical condition.

3. What are the symptoms of alcohol withdrawal?

- a) Tremors
- b) Poor appetite and sleeplessness.
- c) Fits
- d) Delirium tremens (DT).
- e) DT is the severest form of alcohol withdrawal. Rapid heart rate, sweating, high blood pressure and confusion take place. Hallucinations, delusions and agitated behaviour are common. Fever is also present. Seizures may precede the onset of delirium in good health rarely develops delirium tremens during alcohol withdrawal.

4. What are the symptoms associated with brown sugar withdrawal?

- a) Watering of eyes.
- b) Running nose.
- c) Uncontrolled yawning.
- d) Dilated pupils.
- e) Cold turkey - In cold turkey, the patient feels hot and cold in turns and also has goose flesh (hair standing on end). Moreover, watering of the eyes and nose and sneezing give the impression that he has a cold. Hence, the term 'cold turkey'.

5. List the changes in physical appearance, behaviour and other signs which can alert family members about possibility of use / abuse of drugs.

Physical changes

- a) Reddening of eyes due to smoking cannabis.
- b) Puffiness under the eyes.
- c) Slurred and unclear speech.
- d) Unsteady movement.
- e) Poor eating habits.
- f) Poor hygiene.
- g) A number of injection sites on the body.

Behavioural changes

- a) High irritability.
- b) Mood swings.
- c) Vacant look at times.

Other signs

- a) Poor attendance at college / workplace.
 - b) Marked decline in academic / work performance.
 - c) Spending long hours in the toilet.
 - d) Disappearance of articles from home.
 - e) Presence of candles, spoons, syringes, strange packets.
- 6) In addition to physical and mental health problems, what are the other hazards associated with drug abuse?
- a) Safety hazards - Drugs when abused, reduce physical coordination, distort senses and affect judgment. These effects expose an individual to accidents, especially when he drives a vehicle or operates machinery.
 - b) Overdose - This can and does happen, unintentionally resulting in accident or death.
 - b) Street drug hazards - Illegal drugs are often adulterated, exposing the user who is unaware of the drug's properties and potency to unknown hazards.
 - c) Legal hazards - A person in illegal possession of drugs can be fined or imprisoned or both.
7. Mention three or four important symptoms of addiction
- a) Increased tolerance.
 - b) Loss of control.
 - c) Giving up briefly and returning to obsessive use.
 - d) Experiencing withdrawal symptoms.
 - e) Ethical breakdown.

8. What are ethyl and methyl alcohol?

Ethanol or ethyl alcohol is the chemical present in alcoholic beverages. Illicit arrack (locally brewed alcohol) sometimes contains methyl alcohol. Methyl alcohol is poisonous and its consumption can lead to blindness and has been known to cause death.

9. Alcohol and some other drugs increase sexual urge. How can they affect sexual functioning?

Drugs and alcohol reduce inhibition and the user may show more interest in sex. But, due to the direct effect of drugs on the functioning of the body, the sexual performance is weakened. The idea that consumption of alcohol or drugs will improve sexual performance is not true.

Introduction

A healthy immune system serves as the body's first line of defence for diseases. Scientific research conclusively documents that illicit drug use, including heroin, alcohol, amphetamines and marijuana, weakens and suppresses the immune system, impairs human judgement regarding safe sexual behaviour, and facilitates sexually transmitted diseases.

Alcohol and drugs also influence the progress of HIV in the post transmission period. The numerous health problems caused by alcohol and drug abuse added to the lowered immunity status of the HIV positive individual, hastens the process of development of HIV into full-blown AIDS. So, it becomes important to recognize the link between alcohol / drugs and HIV prevention and intervention.

Partners of substance abusers are equally susceptible to HIV and a number of factors affect women's ability to protect themselves from HIV/AIDS.

Lower literacy levels.

Limited mobility.

Limited access to information.

Limited access to appropriate services for sexually transmitted diseases and substance use disorders of their partners.

Lack of economic alternatives.

Attitudes towards sexuality.

Psycho-social, cultural and legal barriers to women's decision making powers and independence.

Alcohol and HIV (Transparencies for Presentation)

- Heavy alcohol / cannabis use can reduce the number of white blood cells which are responsible for fighting infection leading to reduced immunity level.
- Those clinically diagnosed as alcoholics appear to be more prone to bacterial infections and certain forms of cancer.
- The individual's vulnerability to being infected with HIV increases if exposed to the virus.
- In those already infected with HIV, alcohol can speed up the course of the disease.

How does alcohol consumption increase the risk of being infected with HIV through sex? (Transparencies for Presentation)

- Alcohol reduces inhibition and leads a person into high risk sexual activity. One who hesitates to make sexual overtures to a new partner or visit a sex worker may do so with less hesitation under the influence of alcohol.
- Alcohol acts as a depressant, affects perception and motor coordination which interferes with the sexual act. In his desperation to experience satisfaction he may attempt other forms of sexual activity like anal sex. Poor coordination could further discourage condom use as he may find it difficult to use.
- Alcohol impairs the ability to process negative consequences of an action. There is a tendency to overlook risks. Even one who uses condoms routinely may not do so under the influence of alcohol. He may pressurize or force the other to have sex when the other is unwilling.
- Heavy use of alcohol over a period of time impairs sexual performance. After giving up alcohol, a person craves for a sexual relationship but is doubtful whether he will be able to perform. In order to avoid failure in front of spouse, he may visit sex workers to reassure himself of his virility.

Activity 2 - Understanding drug abuse

Purpose

This is an activity to ensure that the facts related to drug abuse and HIV are understood.

Materials needed

Two sets of cards - red and blue

Time needed 20 minutes

Methodology 'Match the cards'

Steps

1. Prepare two sets of cards. Red cards will contain the information listed on the left and the blue cards will contain the details listed on the right.
2. Mix all the cards.
3. Ask each trainee to pick a card. Instruct trainees to move around the room and find the card that matches the message on their cards - one red card with one blue card. In the table below, the information has been listed correctly so that the left box corresponds to that on the right.

Drug use and HIV (Transparencies for Presentation)

The process of preparing and injecting drugs and the various items of equipment used provide many opportunities for transmission of HIV and other pathogens.

- One uses another person's syringe and / or needle after he has used it.
- While pooling their money to purchase drugs, injectors jointly prepare and share drugs.
- Fluids are mixed without actually passing a syringe and/or needle from one person to another.

Injectors prepare their own drugs but use injection paraphernalia, such as water, cookers, cottons, and spoons, that others have used.

Drug related risk behaviors

- The use of illicit drugs results in impaired judgment leading to high risk sexual activity.
- Drug addicts may exchange sex for drugs.
- IV users share needles, syringes, drugs and drug paraphernalia.
- The illicit drugs used by injecting drug users often carry bacterial and fungal contaminants.
- Drug users often have poor nutrition and health practices that increase risk of disease and infection.

A variety of medical complications also occur as a result of injection practice

- Subcutaneous abscesses (pus formation under the skin).
- Cellulites (inflammation of the skin).
- Septicemia (blood poisoning; pus forming microorganisms are present in blood).
- Endocarditis (infection of heart valves).
- Hepatitis (inflammation of the liver).

Activity 3 - Understanding the terminology of IDUs

Purpose

This exercise provides an opportunity to become familiar with the terminology of drug users.

Materials needed

Chart paper

Pens

Pencils

Time needed 20 minutes

Methodology 'What does it mean?'

Steps

1. Prepare a list of words on chart paper.
2. Divide participants into smaller groups and give each team a list.
3. Ask them to write the meaning of each word as used by IDUs.
4. Discuss when they finish writing.

Word	Meaning
Cooker	Drugs like heroin must be dissolved in water and heat is used for this process. The drug is heated and is done in a spoon or a bottle cap, referred to as "cooker".
Cotton	Some drugs are available as powders or tablets. If it is has to be injected, it is dissolved in water and other additives to convert it into an injectable form. Yet the drug may not dissolve completely. To remove the sediment it is filtered through a piece of cotton and then injected.
Registering	To ensure that the needle is in the vein for an intravenous injection, the injector pulls back the plunger to see if blood enters the syringe. This is called "registering" and this process contaminates the entire syringe with blood.

Booting	To make sure that all the drug is completely injected from the syringe into the vein, the injector pulls the plunger many times, drawing the blood and re-injecting it. Booting increases the presence of residual blood in the syringe.
Frontloading	The drug is carefully squirted into the front of each person's syringe that still has the plunger in it but from which the detachable needle has been removed.
Backloading (Piggybacking)	A single sterile syringe can be used to draw up equal amounts of the liquid which can be carefully squirted into the back of each person's sterile syringe after the plunger has been removed.
Shoot, Fix , Boost, Run	To inject drugs.
Rig	Syringe, needle.
Rush	The initial sensation felt when drug is being injected.
Track	Injection mark.
CAT	Combination of Calmpose, avil and tidigesic.
PAT	Combination of Phenergan, avil and tidigesic.
Stick / Uncle	Police.
Kissa	High on drugs.
Condemn	Collapsed vein.
Dhum	Cannabis.

Facilitator's Notes : The trainers should be aware of the terms used in their region.

Treatment services for drug users:

Injecting drug users at risk for HIV infection may be out of contact because (Transparencies for Presentation)

- Services are geographically inaccessible.
- The services are irrelevant to their needs.
- They do not seek help or do not perceive that they need it.
- They fear the consequences of giving up drugs totally.
- They are marginalised by their lifestyles.
- Services are not proactive in seeking clients.

Additional Information

Intravenous drug users (IDUs) have multiple medical and social problems and one-stop shopping would be better for them than the fragmented services. Collaboration between various service providers is critical and efforts are needed for establishing continuum of care. Establishing networks with the Voluntary Counselling and Testing (VCT) Centres, tuberculosis treatment units and the public health centres to treat health problems is very important.

Response to the problem must be based on assessed needs and should be appropriate to the cultural diversity. Special populations like women drug users, young people who inject, prison inmates and street children require interventions tailored appropriately to their assessed needs.

Reaching the Drug Users through Community Outreach services

Drug users are a “hidden” population and majority of drug users are not in any treatment programme. An approach that identifies groups at risk or with established high-risk behaviour and has strategies to influence the course of drug taking behaviour has to be considered. The approach suggested is “outreach”. Outreach HIV-prevention activities are community based and aim to facilitate improvement in health and reduction in risk of HIV transmission for individuals and groups who are not effectively reached through existing services. Outreach was conceived as a means to reach out to people within their own communities or local milieu, outside the usual service settings.

Community based outreach involves (Transparencies for Presentation)

- Identifying and making contact with target populations in their natural environment.
- Establishing rapport with the target populations.
- Providing information about high risk behaviour.
- Promoting safe behaviour.
- Enlisting commitment to behavioral change.

Outreach prevention programmes provide core information on (Transparencies for Presentation)

- Risk behaviour.
- Risk reduction methods.
- Information materials for the literate.
- Referrals.

Risk behaviour: Myths and facts regarding risk behaviour must be addressed. Reviewing behaviour that place people at risk for HIV/AIDS and discussing personal risks can help determine which risk-reduction strategies may be most appropriate for a particular individual.

Risk reduction methods: The hierarchy of safe behaviour must be provided for understanding the various risk reduction strategies.

Hierarchy of risk reduction strategies for IDUs

- Stop using drugs.
- Stop injecting drugs.
- If injecting practice continues:
 - Never re-use or share syringes, water or drug preparation equipment.
 - Use only syringes obtained from reliable sources.
 - Use a new, sterile syringe to prepare and inject drugs.
 - Use sterile water to prepare; otherwise use clean water from reliable source.
 - Use a new or disinfected cooker and cotton to prepare drugs.
 - Clean the injection site prior to injecting with a new alcohol swab.
 - Safely dispose off syringes after one use.

Information material: In addition to verbal messages, it is desirable to provide written information to the drug users who are literate. Printed materials can reinforce the messages given during the outreach contact. Information about local services is also important.

Referrals : Appropriate referrals to medical, psychological and social services to 'at-risk' individuals must be offered by the outreach team.

Repeat outreach contacts

Repeat contact enables outreach workers to discuss prevention messages thoroughly and to reinforce behaviour change efforts. Repeated contacts increase the trust between the outreach worker and the client and this facilitates greater disclosure by the drug users.

Harm reduction methods

1) Needle Exchange Programmes

Needle exchange programmes (Transparencies for Presentation)

- The primary role of needle-syringe programmes is to distribute sterile injecting equipment to IDUs; and remove used and potentially contaminated injecting equipment from circulation, thereby removing the possibility of further use. Bleach is also provided.
- To provide a point of contact with IDUs for dissemination of IEC materials about safe injecting and about prevention of sexual transmission.
- Needle-syringe programmes can also become contact and referral points for counselling, primary health care and drug treatment service.

2) Drug Substitution

Drug substitution is replacing the drugs used by a drug user with another or a similar drug. It may also mean using the same drug but taking it in a different way, for example, sublingual buprenorphine to replace injecting of the drug.

The aims of drug substitution are (Transparencies for Presentation)

- To lessen the risk of contracting or transmitting HIV / AIDS.
- To reduce health consequences due to IV drug use - cellulites, abscesses, hepatitis etc.
- To switch users from black market drugs of indeterminate quality, purity and potency to legal drugs of known purity and potency.
- To minimize the risk of overdoses and other medical complications.
- To switch from an injected to a non-injected substance.
- To reduce hazardous drug use e.g. sharing injecting equipment, poly drug use injecting crushed / filtered tablets.
- To reduce the need for addicts to commit crimes to support their drug habits.
- To maintain contact with drug users.
- To provide counselling, referral and treatment.
- To help drug users reintegrate with the general community.

Activity 4 - Handling sensitive issues

Purpose

This activity enables the trainees to discuss sensitive issues and increase their awareness of the associated discomforts.

Materials needed

Time needed 60 minutes

Methodology 'Role Play'

Steps

- 1) The facilitator divides the group into pairs.
- 2) One of the pair will act as counsellor and the other as client. A small paper with a 'counselling situation' written on it will be passed on to the client in each pair.
- 3) Now the counsellor should try to help the client with his concern / dilemma, by **understanding his feelings and exploring the range of** options.
- 4) After all the pairs have finished, the entire group reassembles and each of the counsellors first, and then the clients, share their experiences with the group.

Caselets

Counselling scenarios:

- a) *I am 18 years old. I drink now and then. Whenever I drink, I celebrate it by having sex with my boy friend. Recently I became aware that one of my classmates had tested positive for HIV. I am very scared.*
- b) *I have been tested positive. My wife does not know about it. I am scared to break the news.*
- c) *I have been told by my sister that my brother.in.law has HIV. He has not disclosed the information to the other family members. Now his very sight upsets me.*
- d) *I have a feeling that my daughter is taking drugs. She has not told me about this. My husband will kill her if he comes to know of it. What do I do?*
- e) *I take calmpose injection with my friends. We also share needles. I don't want to give up this habit. At the same time I don't want to get HIV.*
- f) *My wife is pregnant. I have been tested HIV positive. I came to know of it only recently. I am extremely worried about my wife and child.*

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- g) *I am a recovering IV drug user. I know that I am HIV positive. Since I am their only son, my parents are forcing me to get married. What do I do?*
- h) *Both my wife and I are HIV positive. We have two children aged 3 years and 1 year. I am under treatment and have no means of employment and no savings. My wife too does not earn and neither my family nor hers will support us.*