

Alcohol/Drug/HIV and AIDS Risk Reduction in Kibera Slums, Nairobi



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SUD and HIV/AIDS Risks Factors in Kenyan Slums

- Both HIV and AIDS and Substance Use Disorders (SUD) are higher in slum populations than the national prevalence
- In certain at risk populations, such as female sex workers, both are very high (in our follow up group: over 50% self-reported HIV positive)
- At risk youth in Kibera: 2011 Population Council study on SUD/Risky Sex Behavior: Males: 20-24 year olds drinking : 10.3% (Hazardous); 2.6% (Harmful) and 3.6% (Dependent).

Alcohol Risk Reduction Program and Outpatient Treatment in Nairobi Slum

- **Prevention Awareness Groups (PAG)** is a community based integrated substance abuse–HIV / AIDs prevention program targeting vulnerable populations
- 2008-2011: nearly 600 at risk persons participated
- Pre-, Post-evaluation for all PAG groups; use of the **AUDIT** (Alcohol Use Disorder Identification Test), **DAST-10** (Drug Abuse Screening Test), demographic and questions on alcohol, drug, and HIV/AIDS information
- 2011 follow up with 25 Female Sex Workers (FSWs) and 25 at risk youth from 2008 PAGs

The Objectives of PAG are:

- To create awareness on the dangers of consuming alcohol and drugs among at risk groups
- To increase the participants knowledge about sex, sexuality and reproductive health and develop risk reduction strategies for HIV/AIDS and SUDs (Substance Use Disorders)
- To clarify myths about substance abuse, reproductive health and HIV and AIDs (e.g., alcohol kills the HIV virus)
- To provide life skills for youth on reproductive health and substance abuse
- To act a pre-treatment for those who are chemically dependent and a referral source for those with substance use disorders to SAPTA's outpatient addiction treatment program

Prevention Awareness Groups (PAG)

- **Duration of Program:** The program is made up of **sixteen sessions** spread out within a period of **8 weeks**, where participants meet for two sessions (2 hour) every week.
- **Facilitators:** SAPTA staff with diploma in addiction counseling
- **Training Methodology:** psychoeducational lectures, group discussions, skills training and video presentations. The program also relies on contractual partnership based on reinforcement through provision of food shopping vouchers.
- **Homogeneous groupings of 25 in each PAG:**
 - Female sex workers
 - PLWHAs and those on ART who are abusing alcohol/drugs
 - Out of school youth/at risk youth

PAG Success: Female Sex Workers (three year follow up with 25 FSWs)

- Limited success among FSWs
- Less drinking; fewer blackouts
- More consistent condom use: pre-PAG (40%); post-PAG (96%); three year follow up: (96%)
- But most generally remain in the harmful and dependent drinking categories after 3 years

PAG Success: At Risk Youth

- At end of the two month PAG, they drank less, were more able to stop drinking once they started and failed less in their expected duties
- Sexual Partners in last 30 days

Period	Pre test 2008		Follow up 2011	
	Frequency	percentage	Frequency	percentage
NONE	1	4.0	1	4.0
One	6	24.0	21	84.0
Two	9	36.0	2	8.0
Three	2	8.0	1	4.0
Four	3	12.0		
Uncountable	1	4.0		
Missing	3	12.0		
Total	25	100.0	25	100.0

Intensive Outpatient Program

- Six month program:
 - first two months: intensive sessions: five mornings per week
 - next four months less intensive:
 - third month: couple sessions per month
 - fourth-sixth months: periodic check-in sessions
- SAPTA's approach: AA/NA abstinence based program: chronic disease management

Outpatient Addiction Treatment

- For those who are dependent on alcohol/ drugs they are invited to participate in a free outpatient treatment program
- Free program supported by Ford Foundation (2008-2009) and then in 2010 PEPFAR as part of an operational research with Population Council

Outpatient Treatment: Female Sex Workers

7 out of 13 FSWs started the out-patient program but none of them finished the program

Lack of financial support to stay in program

Outpatient Treatment: At Risk Youth

10 alcohol/drug dependent at risk youth joined and completed the outpatient program

AUDIT Scores: Period	Pre-test 2008		Post test 2008		Follow up 2011	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
0 to 7	1	4	4	16	22	88
8 to 15	6	24	12	48	3	12
16 to 19	3	12	9	36		
Above 20	15	60				
Total	25	100	25	100	25	100

Per Person Costs for Programs

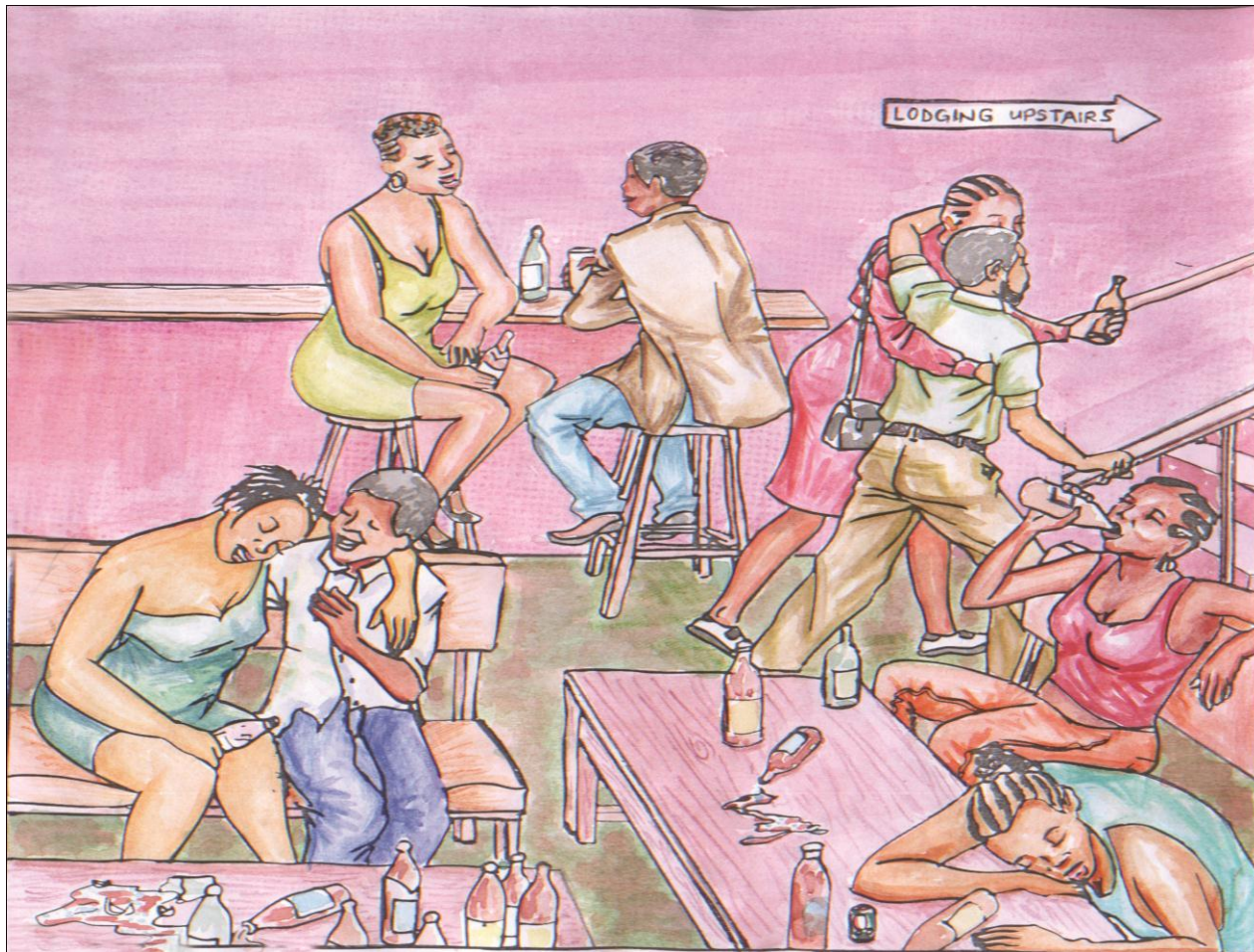
[brief counseling not successful with heavy/alcoholic drinkers; therefore more costs for more interventions]

- PAG (2 months: 16 two hour sessions): \$113 per person (participants given daily “transport” allowance as food voucher: = 37%)
- Outpatient intensive addiction treatment (6 month program: ½ day for first six weeks five days a week; then briefer sessions for second six weeks; monthly sessions for last 3 month) \$ 225 per person

Challenges: Female Sex Workers

- Very significant harmful and dependency (addictive) drinking
- Venue of the sex work: bars and drinking dens
- Low literacy levels
- **Suggested further support systems:**
 - Literacy, life and business skills; Income Generating Activities
 - Financial support during treatment
 - Child care services

FSW Work Environment



Challenges: At Risk Youth

- High rates of unemployment
- For the young women:
 - less educated than males
 - single mothers
- Alcohol dependency among women: more hidden, shame and stigma: Population Council Kibera study: .8% of 1,000 women (20-24 years old) were alcohol dependent

Actions to Address Challenges:

- Female Sex Workers: very high rate of hazardous/harmful abuse and dependency (being an alcoholic) as well as their clients
- Working environment (pubs, beer halls, drinking dens, discos) make it difficult for sustained alcohol abstinence and recovery
- More sustained interventions are needed after either PAG and/or outpatient through involvement in outreach, Income Generating Activities, recovery centers (day care: relapse prevention, skills development (life, literacy and business))

Results and Evaluations

- PAG and Outpatient Treatment effected limited behavior change among FSWs
- PAG and Outpatient Treatment had significant positive effect on at risk SUD youth: in 3 year follow up: all hazardous, harmful and dependent drinkers moved to low risk drinking; reduced sexual partners but had less consistent condom use

Evaluation

- PAG (Prevention Awareness Groups) program needs more rigorous scientific studies but offers promise as an alcohol/drug/HIV/AIDS risk reduction program
- PAG can be effective with alcohol abusing PLWHAs and those on ART (non-FSWs) and at risk youth
- Outpatient treatment can be effective with at risk youth populations

Key Considerations for Replication

- Simpler more graphic messages; health message flipchart approach; localized context
- Need for intensive training program for facilitators of PAG (length of TOT: 2 weeks); 1 week follow-up evaluation-booster session after 1st or 2nd PAG
- Need for standardized evidence based addiction treatment manual incorporating HIV and AIDS prevention/ART/TB/gender violence/female and youth treatment issues

Greetings from SAPTA Staff



SAPTA (Support for Addictions Prevention and Treatment in Africa)

- Specialist Organization for SUD and HIV/AIDS
- **Five Pillars:**
 - Alcohol and Drug Abuse Prevention
 - Addiction Treatment
 - Recovery Services (addiction as a brain disease with chronic disease management)
 - Addiction Training: Diploma, Certificate and Short Courses
 - Research and Advocacy