



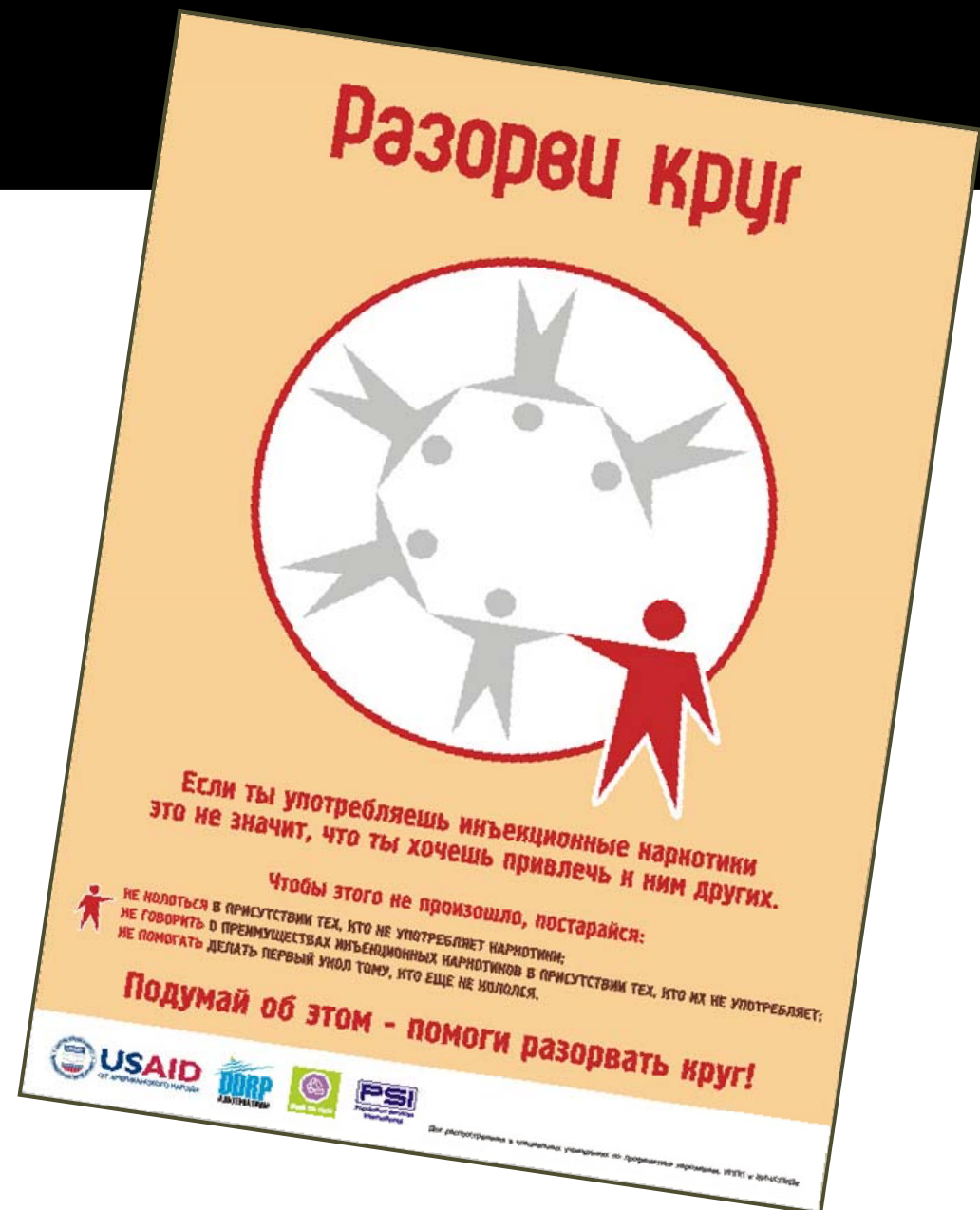
Preventing IDU initiation among drug-curious youth: An attempt to measurably reduce IDU initiation among youth in Central Asia

May 2008
IHRA's 19th Conference
Barcelona, Spain

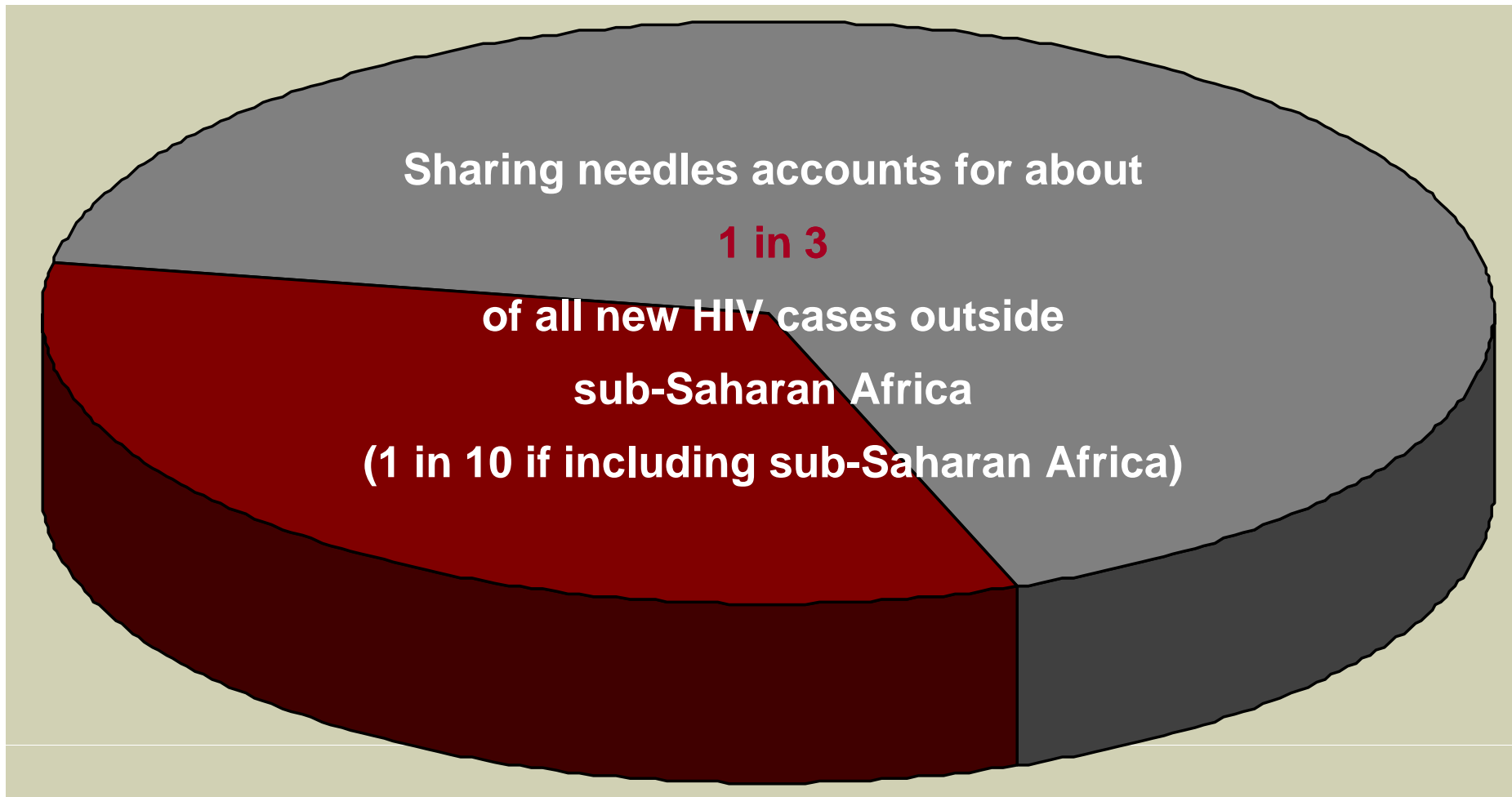
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Break The Cycle

A program designed to reduce youth initiation of IDU in Central Asia with quantifiable indicators of success



One in Three



Source: UNAIDS 2006

Needle Sharing and HIV Risk

Estimated Per-Act Risk of HIV Infection
Per 10,000 Exposures to an Infected Source*

Exposure Route	Risk
Blood transfusion	9,000
Needle-sharing injection-drug use	67
Receptive anal intercourse	50
Needle stick through the skin	30
Receptive penile-vaginal intercourse	10
Insertive anal intercourse	6.5
Insertive penile-vaginal intercourse	5
Receptive oral intercourse	1
Insertive oral intercourse	0.5

Needle sharing

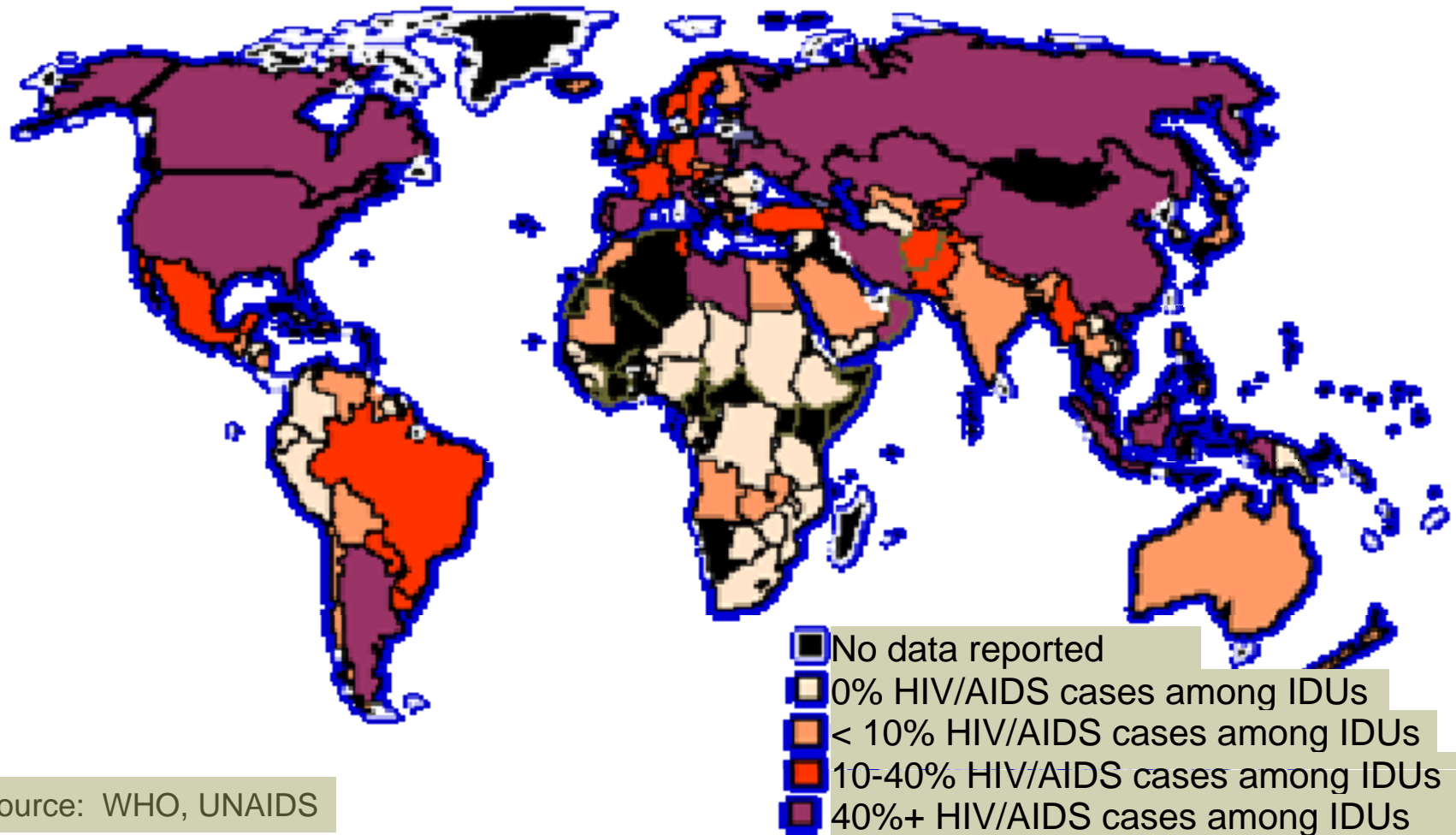
is a 6x more
efficient mode
of HIV
transmission
than

Sex

*Assumes no condom use

Source: CDC 2005 (www.cdc.gov/mmwr/preview/mmwrhtml/rr5402a1.htm)

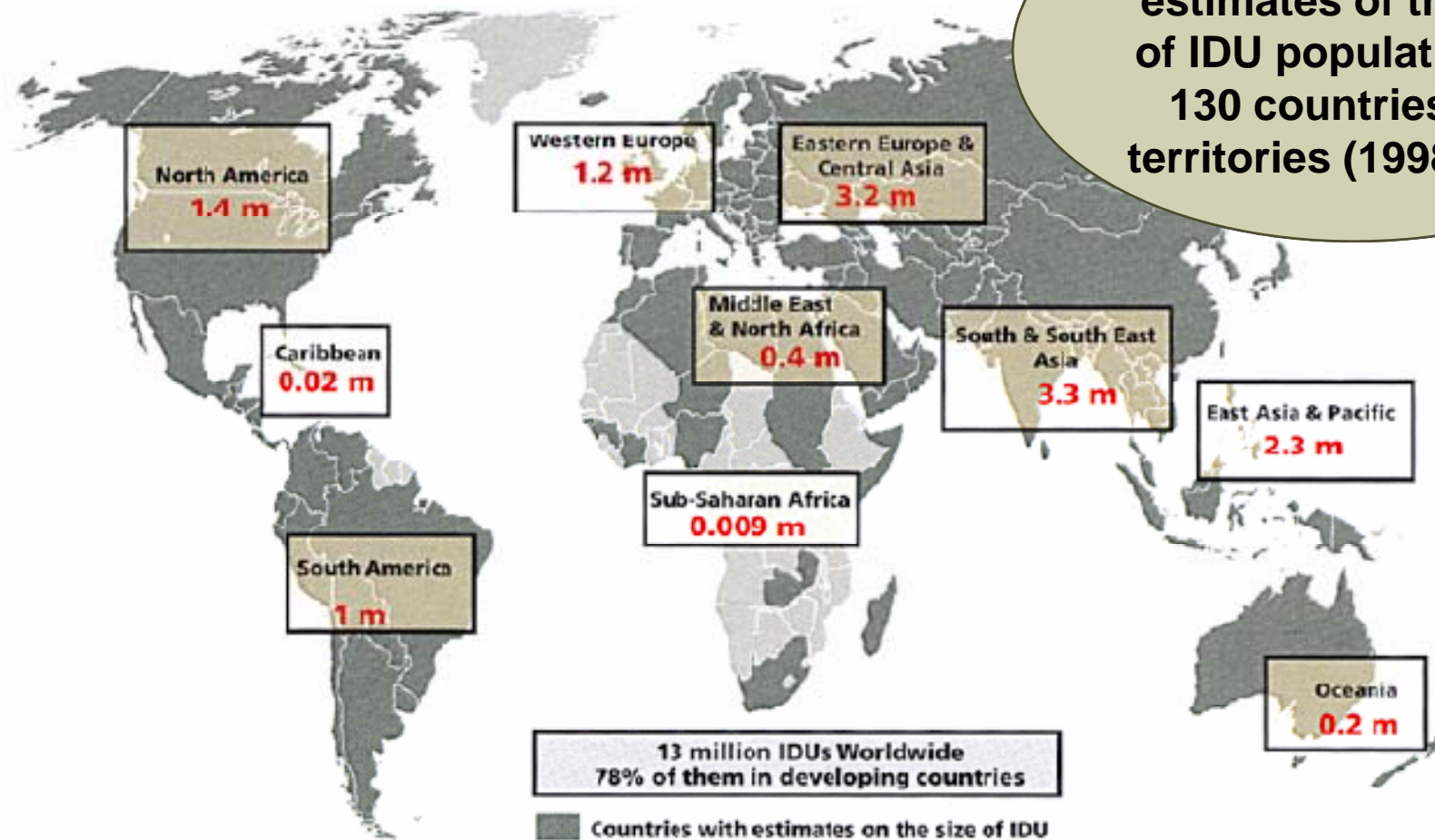
Where Does IDU Drive the HIV Epidemic?



Source: WHO, UNAIDS

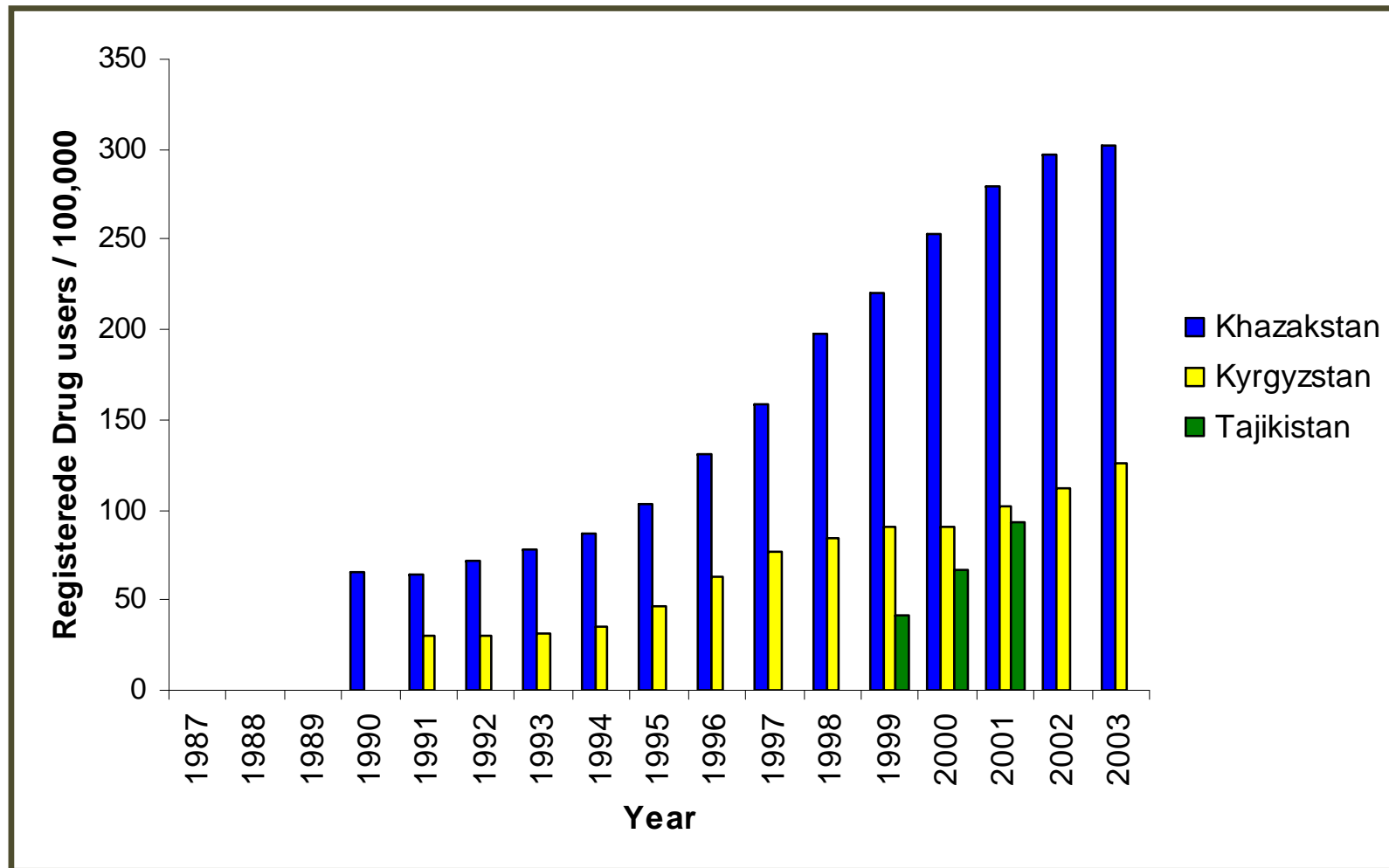
Global Population of Drug Users

High Concentration in Former Soviet Union



Source: Reference Groups on the Prevention and Care and HIV/AIDS Among Injecting Drug Users, 2002

Registered Drug Users in Central Asia 1997-2003



Source: Centers for Disease Control

Injecting Drug Use in Central Asia

- North of Afghanistan (source of 90% of world's heroin)
- Heroin cheap (1 shot = cost of restaurant meal)
- C. Asians tend to be less needle-phobic
- Opiates often used for medication in absence of strong health care system
- Youth often initiate drug use with opiates / injecting
- More than 70% of HIV cases related to IDU
- Overdose and HCV in epidemic proportions



2004: PSI launches project to reduce youth initiation of IDU in C. Asia

The search for an evidence base on reducing IDU initiation

- The WHO had (has) **no recommendations** on how to prevent initiation of (injecting) drug use
- **No well established models** to follow
- Almost **no consultants** with drug expertise willing to provide guidance
- ...yet **billions** are spent each year on drug use prevention programs around the world

Initial Project Design Focusing on “vulnerable youth”

PSI began with a project in 2004

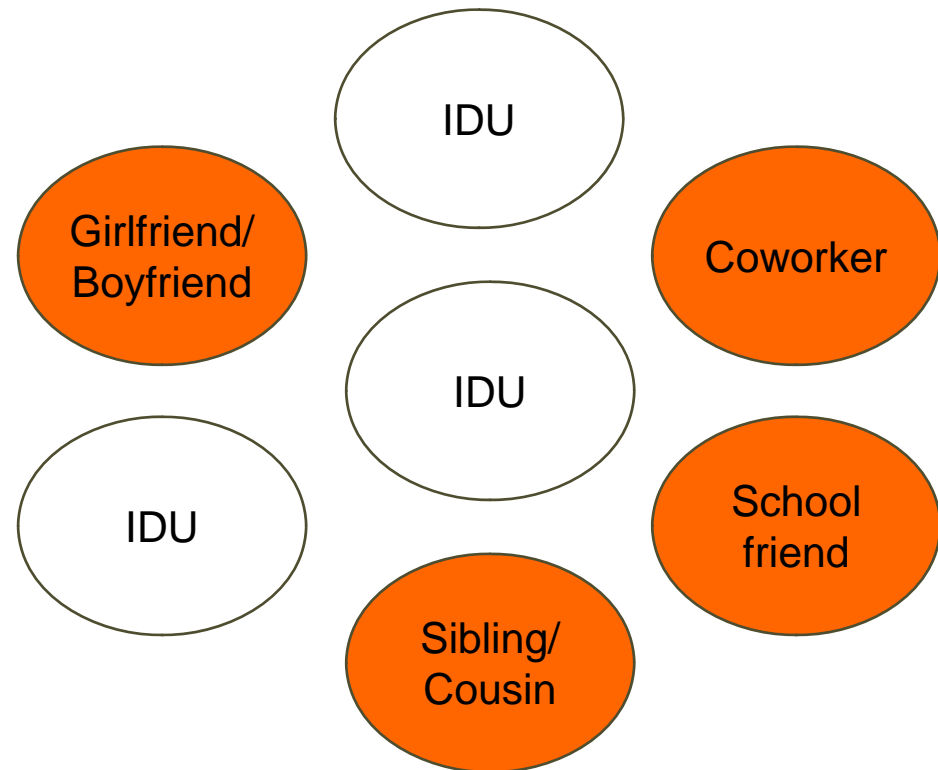
Targeting youth who regularly socialize with IDUs

But the baseline survey resulted in self reported opiate use and/or injecting of less than 1%...

Hence, the *Baseline Indicator Problem*:
No indicator against which to measure success

Most projects ignore this problem and implement (often expensive) projects with no hope of measuring success because “it’s the right thing to do”

Targeting youth at risk of IDU



Back to the drawing board

- **The *Baseline Indicator Problem* forced us back to the drawing board**
- **Without an indicator against which to measure success, we were not willing to proceed**
- **So we looked more carefully at the question: Why are C. Asian youth initiating injecting drugs?**

Why are C. Asian young people initiating IDU?

Proximity

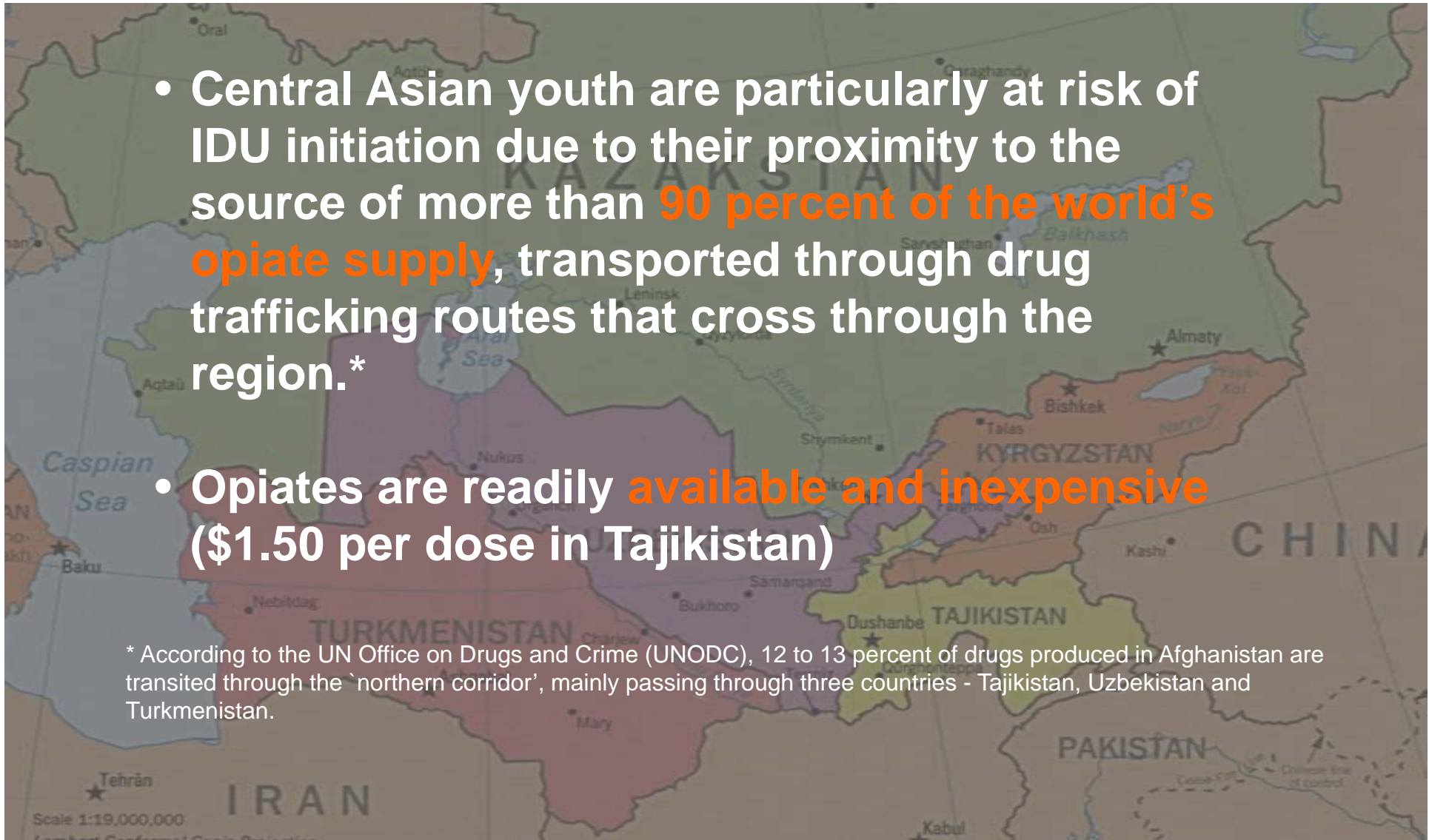


Direction of
Opiate Trade
from
Afghanistan

Geographic Proximity

- Central Asian youth are particularly at risk of IDU initiation due to their proximity to the source of more than **90 percent of the world's opiate supply**, transported through drug trafficking routes that cross through the region.*
- Opiates are readily **available and inexpensive** (\$1.50 per dose in Tajikistan)

* According to the UN Office on Drugs and Crime (UNODC), 12 to 13 percent of drugs produced in Afghanistan are transited through the 'northern corridor', mainly passing through three countries - Tajikistan, Uzbekistan and Turkmenistan.



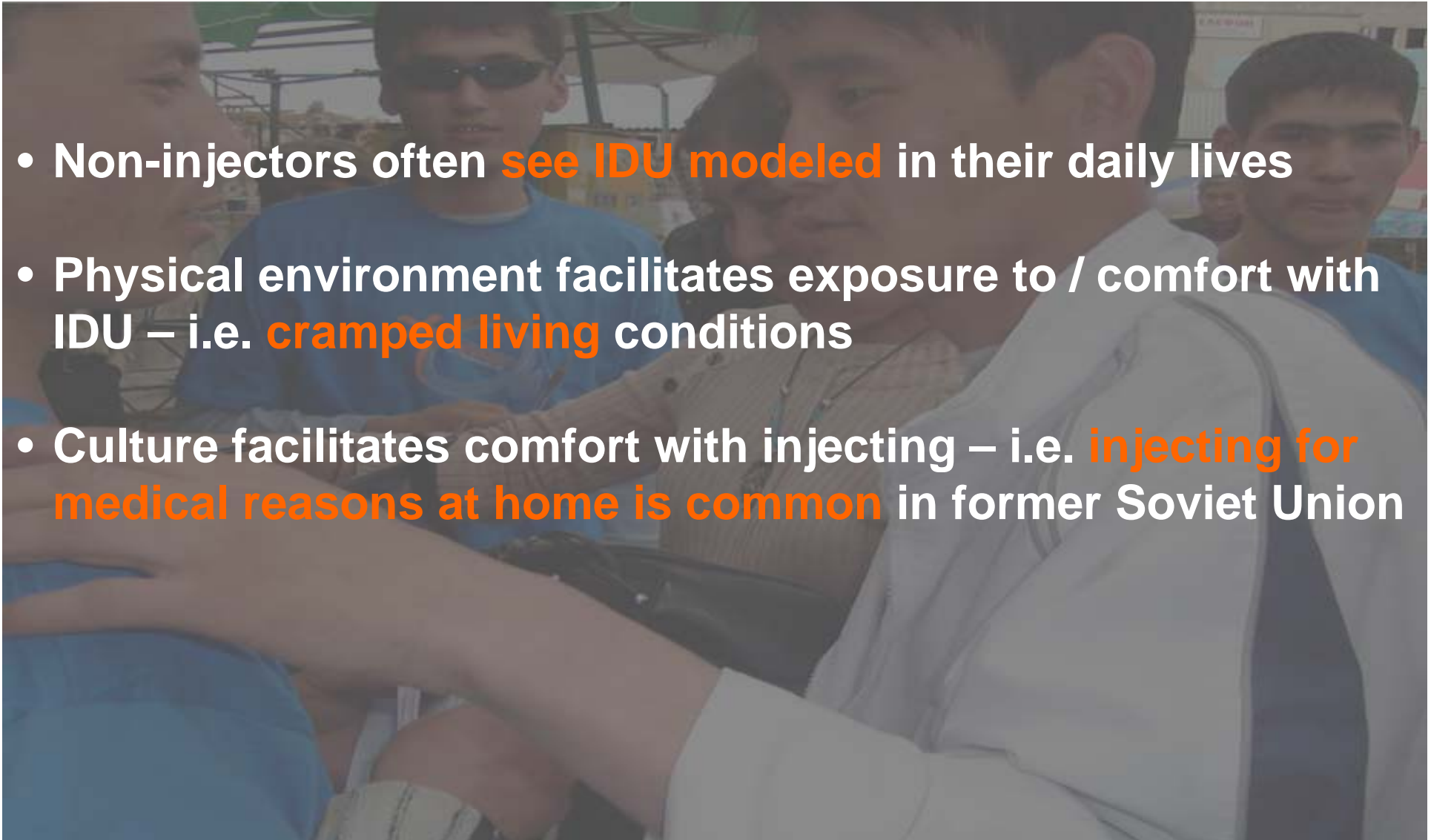
Why are C. Asian young people initiating IDU?

2. Exposure to IDU



Exposure

- Non-injectors often **see IDU modeled** in their daily lives
- Physical environment facilitates exposure to / comfort with IDU – i.e. **cramped living** conditions
- Culture facilitates comfort with injecting – i.e. **injecting for medical reasons at home is common** in former Soviet Union



Why are C. Asian young people initiating IDU?

3. Curiosity



Curiosity

- 
- **Curiosity** was the biggest reported driver of young people initiating.*
 - Hearing about the **benefits of injecting arouses curiosity** in non-injectors.

*Source: Longfield, Robinson, Gray, and Jones. 2004 March. "A Qualitative Assessment of Youth and Adult Perspectives on Drug Use, Heroin, and Risk for HIV/AIDS in Tajikistan and Uzbekistan, Central Asia."

Why are C. Asian young people initiating IDU?

4. Enablers



Enablers

- The majority of IDUs surveyed report that they **received help** when they initiated.
- In most cases, **curious youth pressure the drug user** to help them initiate.

*Source: Preliminary findings from a 2006 study among IDUs in Uzbekistan and Kyrgyzstan

Why are C. Asian young people initiating IDU?

2. Exposure to IDU

Reducing enabling and exposure to injecting were the factors we felt we could reasonably expect to impact on given limited time, resources, and funding. To do this, we needed to work with drug users.

4. Enablers



... and then ...

I met Neil Hunt

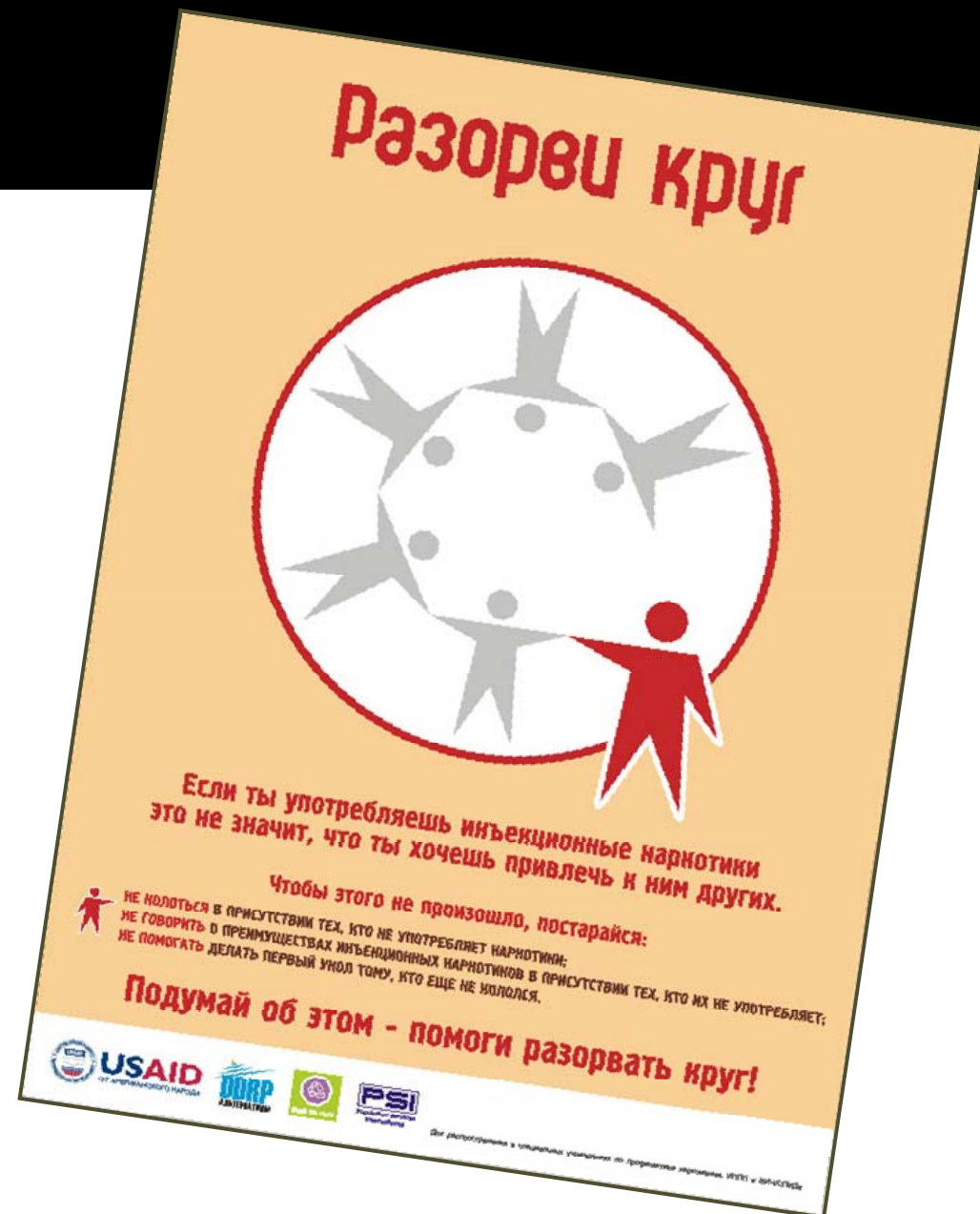
Acknowledgement to Neil Hunt, Jon Derricott, Andrew Preston, et.al. who pioneered the concept in the UK

We found that the factors leading to IDU initiation in C. Asia were very similar to those identified by Hunt et.al. in the UK



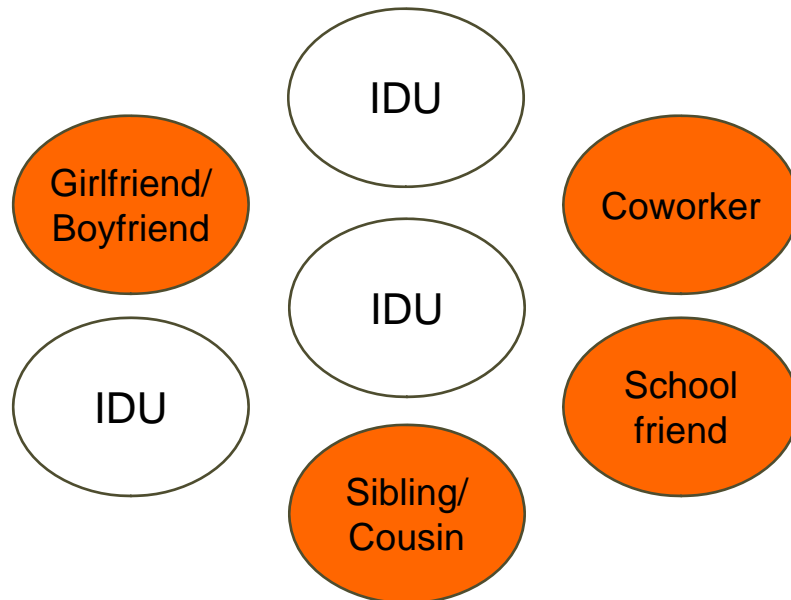
Break The Cycle

Building off Neil Hunt's UK BTC model, we built a program designed to reduce youth initiation of IDU in Central Asia with quantifiable indicators to measure success

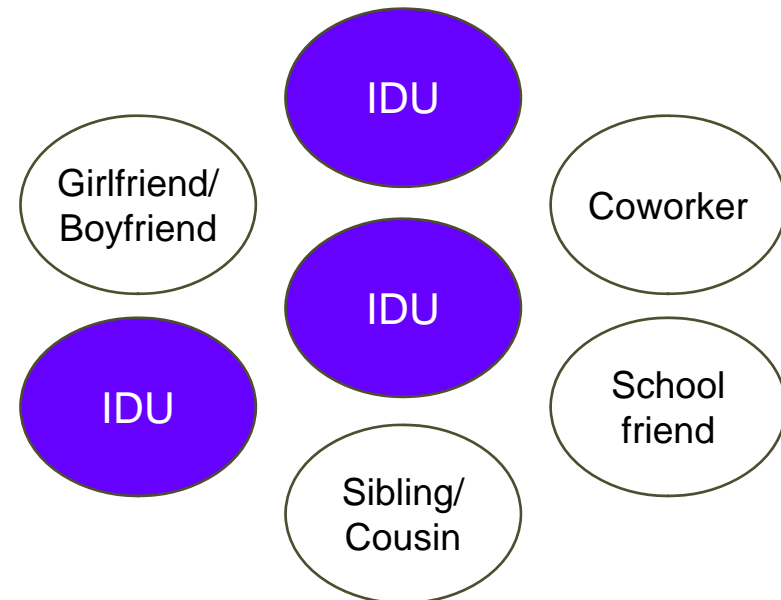


Final Project Design: Dual Target Groups

Targeting youth regularly socializing with IDUs



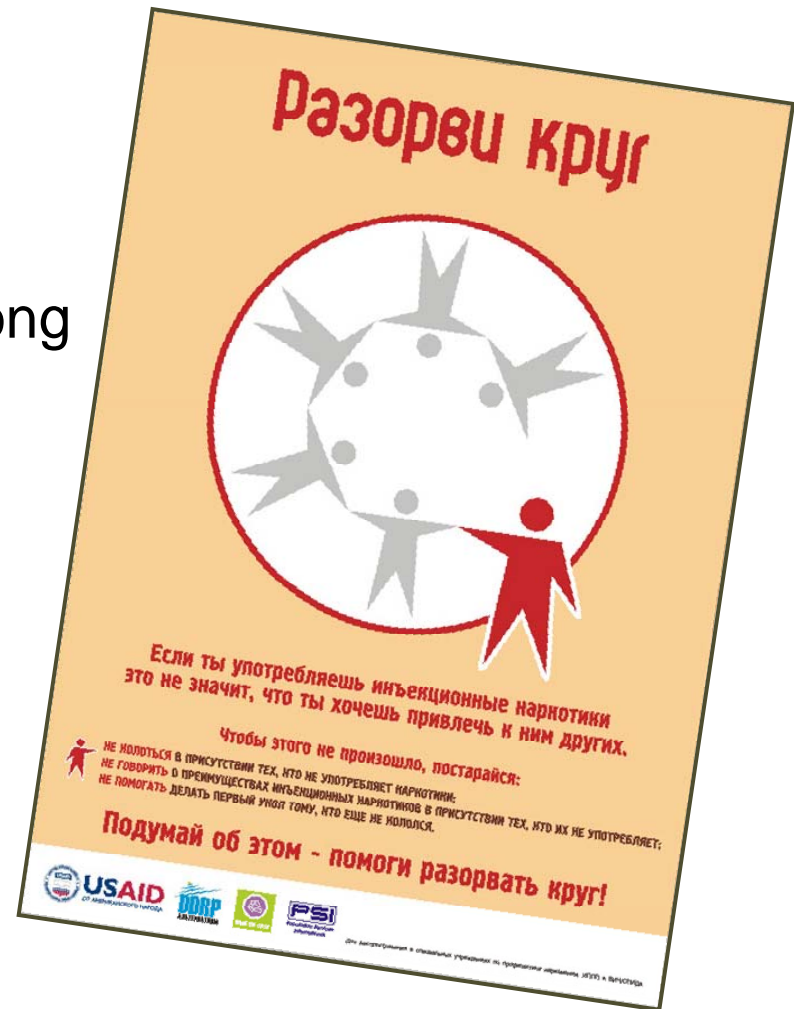
Targeting IDUs who may play a role in IDU initiation



Focusing on specific and measurably behaviors

BTC supports pre-existing norms among people who use drugs to reduce:

- Helping others initiate IDU
- Injecting in presence of non-IDUs
- Talking about benefits of IDU



Focusing on specific and measurably behaviors

BTC supports pre-existing norms among people who use drugs to reduce:

- Helping others initiate IDU
- Injecting in presence of non-IDUs
- Talking about benefits of IDU

Research found these to be **pre-existing norms** among many drug users, making behavior change more realizable

Baseline IDU Survey 2006

Learning to inject is a social phenomenon

IDU Baseline Survey Results (2006)

Indicators	2006 (N=440)
Got help on first injection	85.9%
Usually injects self	76.8%

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*Who are the
"helpers"?*

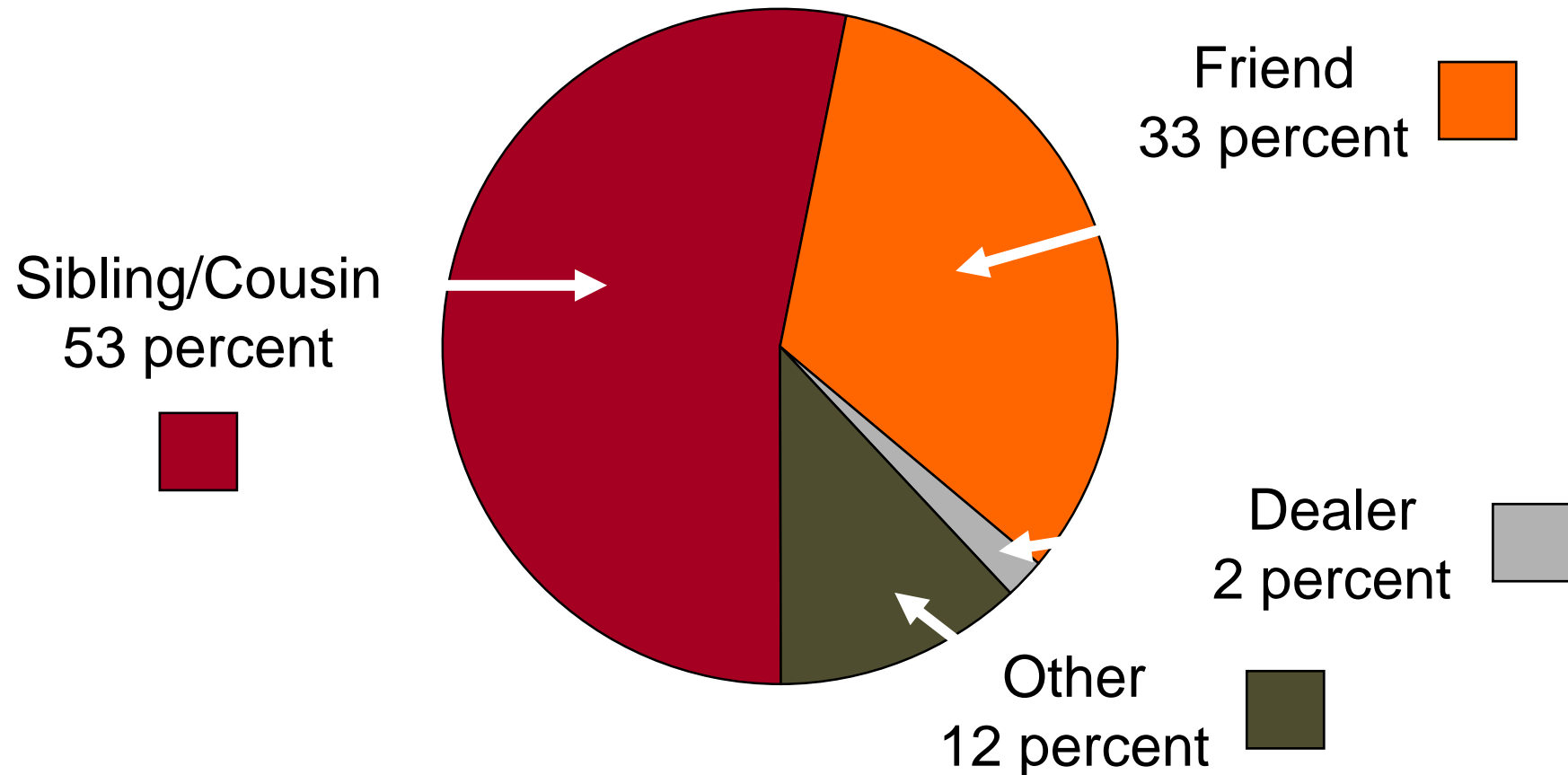


Baseline IDU Survey 2006

Learning to Inject: A Family Affair

First Injection Helpers

Uzbekistan & Kyrgyzstan (N=440)



Baseline IDU Survey 2006

Understanding Helpers vs. Non-Helpers

SEGMENTATION ANALYSIS			
INDICATORS	Helped N=51 (23%)	Did not help N=169 (77%)	Sig.
Was helped to initiate by brother/sister	49	51	NS
Helped by someone to initiate	95	84	*
Injects every day	43	43	NS
When I am dope sick, I will do anything to get a hit	31	48	*
Reached by outreach worker in last 6 months	59	59	NS
In last 6 months, talked to non-IDU about benefits of IDU	49	30	*

To reduce “helping,” [Break The Cycle](#) should:

- Help IDUs develop skills to avoid withdrawal (which leads to risk behaviors like sharing needles and initiating others in exchange for drugs)
- Target IDUs who themselves were helped to initiate, as they are more likely to initiate others

An overview of the Intervention: Break The Cycle in C. Asia (2006-2008)

Intervention Summary

- Worked in Tashkent (Uz) and Bishkek (Kyrg)
- Project implemented 2006-2008
- Drug users closely involved in program design and all trainings
- Project delivered through existing drug services (NSPs, rehabs, etc.)
- Used existing outreach workers (mostly drug users)
- Motivational interviewing used to deliver the intervention
- BTC integrated into other harm reduction topics covered by drug workers
- Building IDU capacity / supporting IDUs to deal with unwelcome request from drug curious youth and to reduce modeling of IDU to non-injectors

IDU Response to the project

- Project very well received by drug users
- Drug users appreciated being supported to deal with pressure from drug-curious youth (overturning the global stereotype of the predatory drug dealer trying to initiate your child into drug use)
- Many drug users willing to help reduce IDU initiation; IDUs not the source of the problem



Preliminary Results

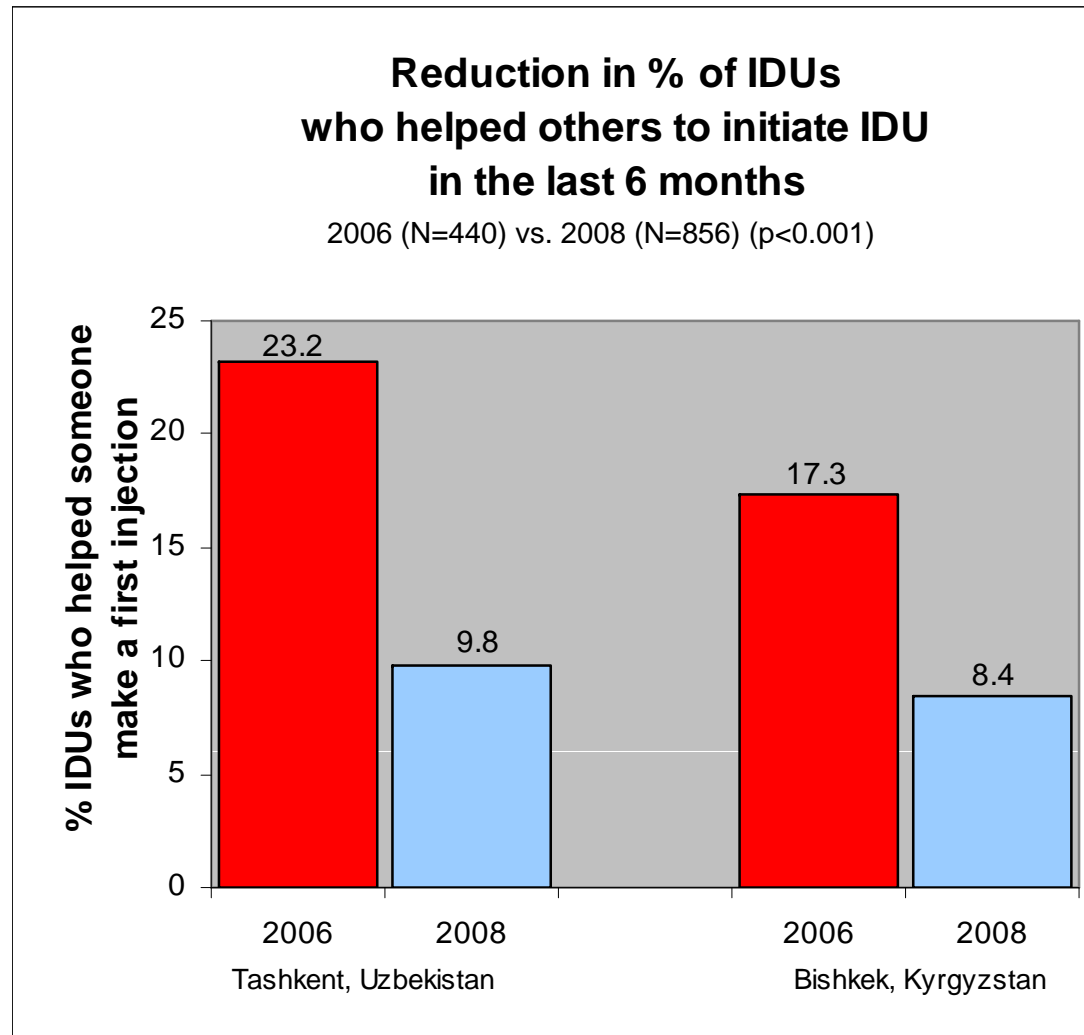
Baseline Survey conducted in 2006

Endline Survey conducted April 2008

Results preliminary

Final report in June 2008

Preliminary Results



Preliminary Results

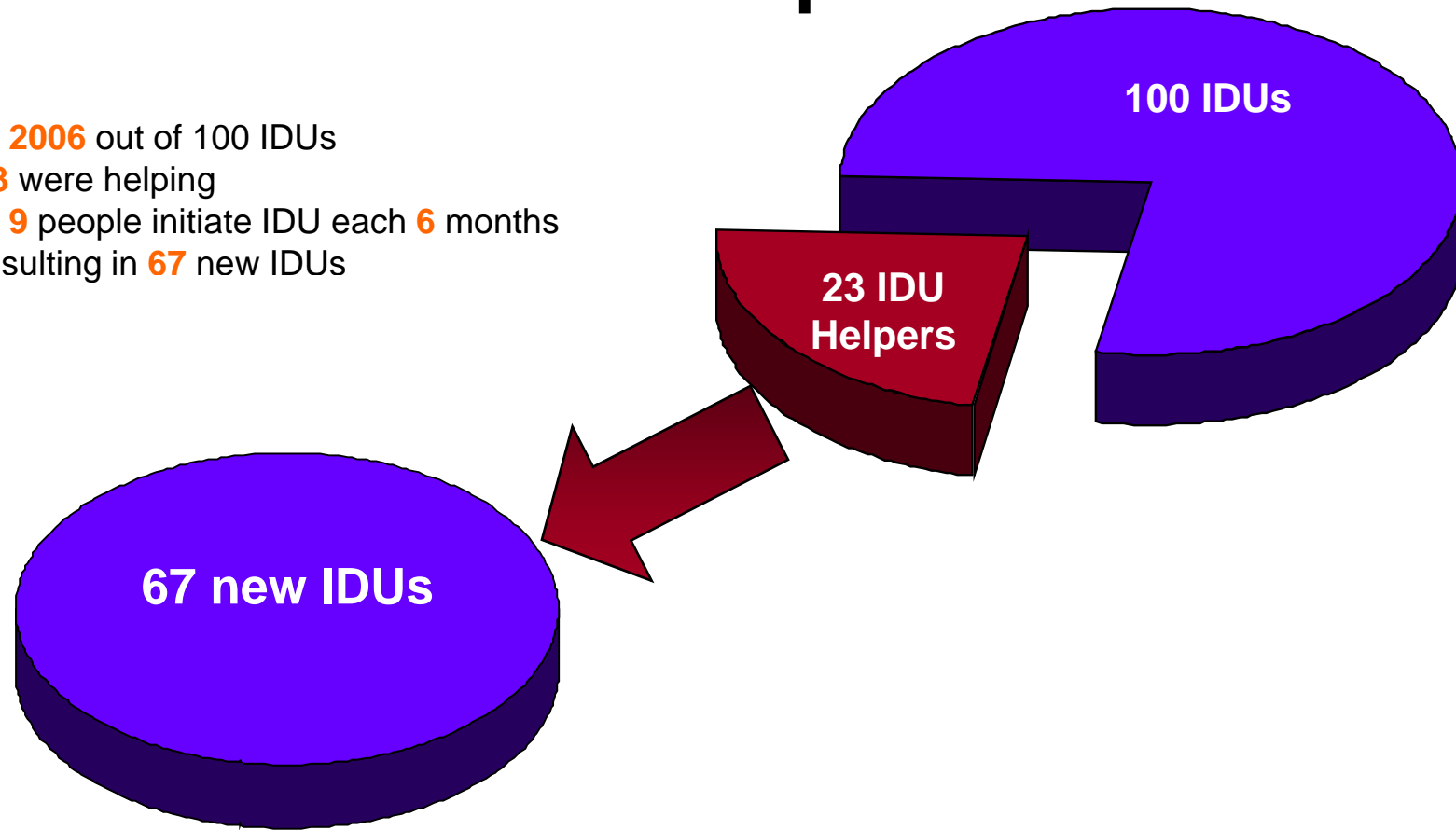
MONITORING TABLE

INDICATORS	2006 N=440	2008 N=856
Helped someone make a first injection (in last 6 months)	23.2%	9.8% (p<0.001)
# of people helped with first injection	2.9	3.3 (ns)

Estimate of new IDUs (Baseline 2006)

IDU Helpers

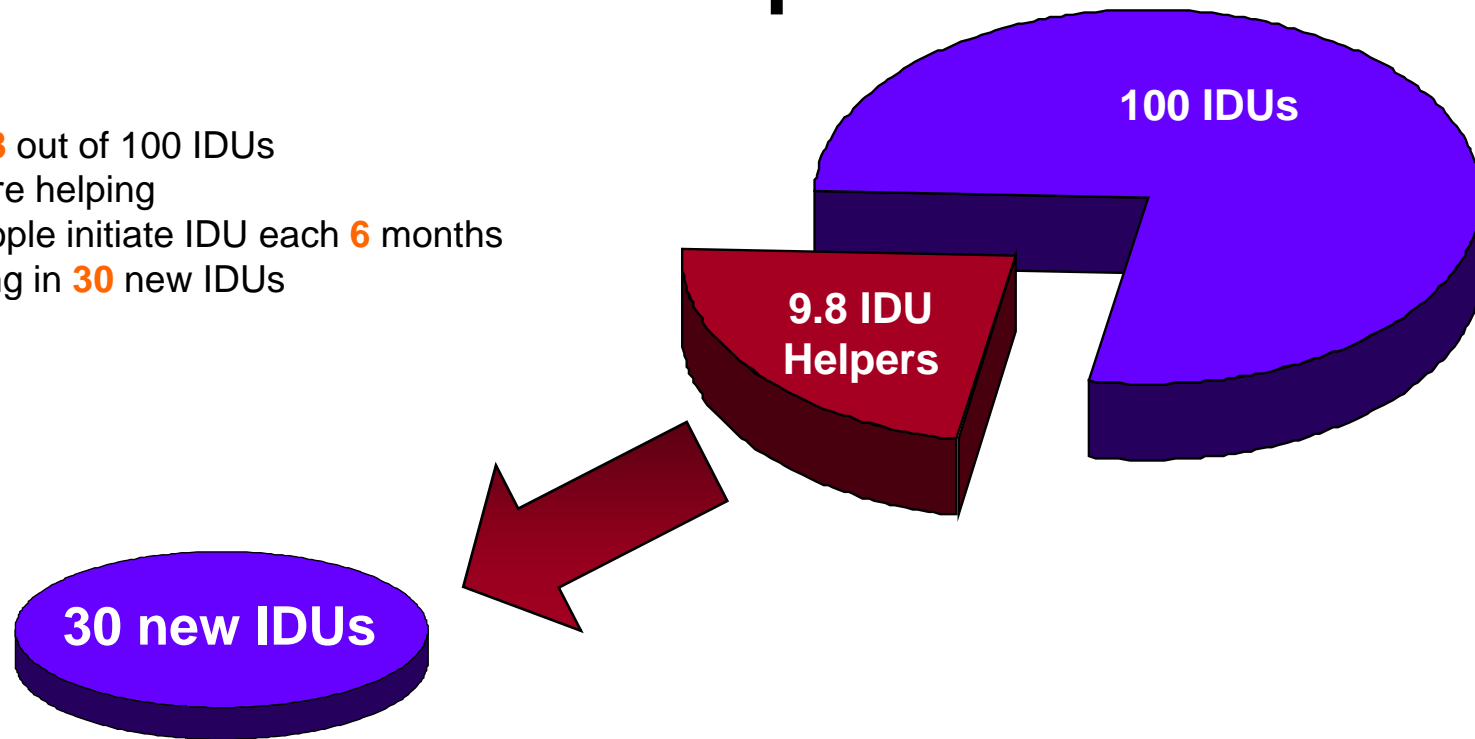
In **2006** out of 100 IDUs
23 were helping
2.9 people initiate IDU each **6** months
resulting in **67** new IDUs



Estimate of new IDUs (Endline 2008)

IDU Helpers

In **2008** out of 100 IDUs
9.8 were helping
3.1 people initiate IDU each **6** months
resulting in **30** new IDUs



Projected Health Impact

Even a small reduction in new IDUs will result in:

- Reduced **HIV** incidence
- Reduced **HCV** incidence
- Reduced **overdose** deaths

Conclusions

- WHO has **no guidelines** on preventing IDU initiation
- Yet drug demand reduction programs receive **large funding** globally, despite on-going lack of strong evidence of impact
- As we build an evidence base on how to measurably reduce IDU initiation, **funding should shift**
- Based on the growing evidence base, WHO should develop **global guidelines** on reducing IDU initiation
- BTC doesn't have to work with all drug users; **even a small reduction** in IDU initiation will result in significant reductions of HIV, HCV, overdose
- The emerging evidence on how IDU initiation occurs gives us data to overturn the **global stereotype of the predatory drug dealer** trying to initiate your child into drug use
- Drug users want to be part of the solution on IDU initiation, and are **not the source of the problem**
- Existing harm reduction programs should consider incorporating Break the Cycle as **a standard component** of harm reduction programs (as is already happening in the UK)
- Break the Cycle should be prioritized for **scale up in E. Europe, Russia, C. Asia, China, SE Asia** where rates of IDU initiation and HIV among IDUs are both high

Acknowledgements

The drug users in Uzbekistan and Kyrgyzstan who helped design and implement the program, and

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The staff of PSI C. Asia

Thank you!

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