

Comprehensive prevention programs for people who inject drugs (PWID) and their partners

Assessment of Acceptance of Auto Disabled (AD) Syringes among PWID

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CARE BANGLADESH



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Executive Summary:

Auto-disable (AD syringe) has been used in different context of health intervention. In PWID intervention, its acceptability was not properly assessed in Bangladesh. A mixed method study was conducted, along with a piloting of AD syringe in two settings; Chakharpool, Dhaka and Rajshahi to explore the acceptability of AD syringe among PWID. Quantitative survey with PWID and qualitative interviews were conducted with PWID and program implementers in order to collect data. A group of participants with diverse demographic background took part in the study. Before data collection, participants went through seven days of piloting process of using AD syringe.

Findings suggested that 100% of the PWID heard of, oriented and used AD syringes and 100% of them mentioned that this syringe prevents needle and syringe sharing and HIV transmission. Almost 97% of the participants mentioned that they faced difficulty while using this syringe. 78% of the participants mentioned that the plunger of the syringe breaks so easily. 63% of the participants mentioned that this syringe requires additional cautiousness to load and administer drugs which is why when they are in withdrawal, it is difficult to use. 60% of the PWID mentioned that AD syringe is not suitable for preserving drugs. Apart from that 47% of the participants mentioned that they do not want to use this syringe because there is limited space for using cocktail drugs. During interviews some participants discussed that when they want to use cocktail drugs, they usually load three or four types of different drugs in one syringe to increase the intensity of their feeling. According to them the space in the syringe does not allow this large quantity of drug. 43% of the participants also mentioned that they are not habituated with this new syringe since from the very beginning they have been using the normal syringe which is comfortable to use. Because of this 93% mentioned that they are not willing to use this syringe in the future and do not recommend the program to distribute this syringe.

Introduction:

Background:

Key Populations (KPs) have always been the cornerstone of the HIV program in Bangladesh. HIV prevention programs for KPs were initiated in Bangladesh in the mid-1990s and since then the services have been massively scaled up. The national response for HIV in Bangladesh is based on the HIV epidemiological context, '4th National Strategic Plan (NSP) 2018 – 2022 for HIV (NASP 2016)' and other documents such as the 'Investment Case' of 2016 and projections from the 'AIDS Epidemic Model (AEM)'. The government, in collaboration with NGOs, development partners and self-help groups, has been instrumental in supporting various prevention, treatment, care, and support activities. Most of the intervention programs are implemented through NGOs under the leadership of ASP. These programs are designed to focus on prevention initiatives among PWID, FSW, MSM, MSW, transgender (hijras), and their intimate partners, increase case detection and provide treatment, care and support services to people living with HIV. Geographical prioritization has recently been done in Bangladesh through the 'Investment Case', where districts with larger sizes of HIV positive cases and KPs are prioritized to receive focused attention. HIV testing services (HTS) are provided through the GoB and NGOs. Antiretroviral therapy (ART) and management of opportunistic infections (OIs) components of 'Treatment, care and support' are provided by the GoB. As part of 'Treatment, care and support', community based organizations (CBOs) and networks are engaged in 'Community component' to reach the people including KPs who are living with HIV.

CARE Bangladesh Consortium (CARE Bangladesh, Mukto Akash Bangladesh, Ashokta Punarbashan Sangstha) implementing the PWID project in 13 districts Dhaka, Gazipur, Comilla, Chandpur, Rajshahi, Chapainawabgonj, Dinajpur, Khulna, Shatkhira, Manikganj, Munshiganj Narayanagaj. Total targeted PWID is 14,035 and the project duration is April 2021 to December 2023. The consortium leads 35 (8 CDIC, 4 OST Center, 2 DIC, 21 Outlet) in those districts.

Auto-Disable (AD) syringe has been long discussed in context of HIV prevention program, to reduce injection sharing. The unique characteristic of the syringe is that it automatically becomes disabled after one use; therefore, eliminates the possibility of re-use of the syringe. Although, this kind of syringe has mostly been used in vaccination program, AIDS/STD Programme, Directorate General of Health Services, Bangladesh has taken the initiative to introduce it to HIV prevention program on a pilot basis. As part of this initiative, ASP suggested during the Coordination Meeting held on 30 March 2020, to assess the acceptance level of AD syringe within PWID community, as well as, to explore their experience with this specific health product. The findings from this assessment will support to make informed programmatic decision, in regard to further expansion or modification of the program.

Research question:

For this study following questions have been considered:

1. How acceptable the auto disable syringes is among PWID?
2. What are the reasons for acceptance/non-acceptance of AD syringe?
3. What are the challenges and benefits the program have encountered while distributing AD-syringes?
4. How AD syringe can be incorporated in HIV/AIDS program in Bangladesh?

Methodology:

Study design:

A mixed method study with quantitative and qualitative exploration.

Study site:

The assessment was conducted in two service centers- Chankharpool (Dhaka AI) and Rajshahi. These areas were selected in such a way that all variations of geographical location (Dhaka, outside Dhaka), living condition of PWID (street based and home based), implementation areas of all partners (SR, SSR) and HIV status (positive and negative) are included.

Piloting phase and population:

The piloting of AD syringe among selective PWID was conducted for 5 days in the first week of June 2021. Before the piloting phase, 5 POWs were selected from each DIC who would be distributing the AD syringe and educating PWID about how to use it. All these POW were oriented by PMU staff about the usage of AD syringe prior to the piloting.



Figure 1: an outreach worker conducting orientation of using AD syringe at a spot in Rajshahi.



Figure 2: an outreach worker distributing AD syringe to a PWID at a spot in Dhaka.

In each DIC, 50 PWID (total 100) with diverse demographic status (age, residential status, HIV status, occupation and etc.) were selected as recipients of the AD syringe. They received orientation about the usage and importance of AD syringe. They receive and used the AD syringe for at least 3-4 days within a week (successively or randomly). This process was documented on paper as well for the purpose of analysis.

Sample size and data collection methods:

60 PWID (30 from each site) took part in a survey. Also, in depth interview (IDI) with 12 PWID who received and used AD syringes were conducted in both sites (6 each). Additionally, 4 KIs were conducted from each sites (8 total) with program implementers (POW and PMU staff), along with KIs with 2 policy makers.

Data analysis:

Google form was used to conduct the survey which contain questions related to demography, knowledge related to AD syringe and experience of using AD syringe. Statistical analysis was conducted through Microsoft excel. Qualitative thematic analysis method was employed to identify successes and challenges related to AD syringe distribution. Data from beneficiary, service provider and policy maker was triangulated to get a comprehensive picture in the field. Based on the findings, recommendations were made for programmatic improvement.

Ethical consideration:

Informed consent was obtained from every respondent of the study before conducting the interview. Anonymity of the respondents and confidentiality of their information were held to the highest regard.



Figure 3: A Data collector conducting survey at Rajshahi.

Findings

Demographic profile of the participants:

A total of 60 participants from the 100 PWID who received AD syringe as piloting participated in the survey. Among them 30 participants were from Chankharpul and rest of them were from Rajshahi. Among the participants, 96% of the participants were male and rest of them were female and third gender. When asked about the residential status of the participants, majority of the population responded that they were home based (58%) and 42% responded that they were street based. We found diverse marital status among the participants. 51% of the population were married, whereas both separated and unmarried population were 18% each. 8% of them were divorced.

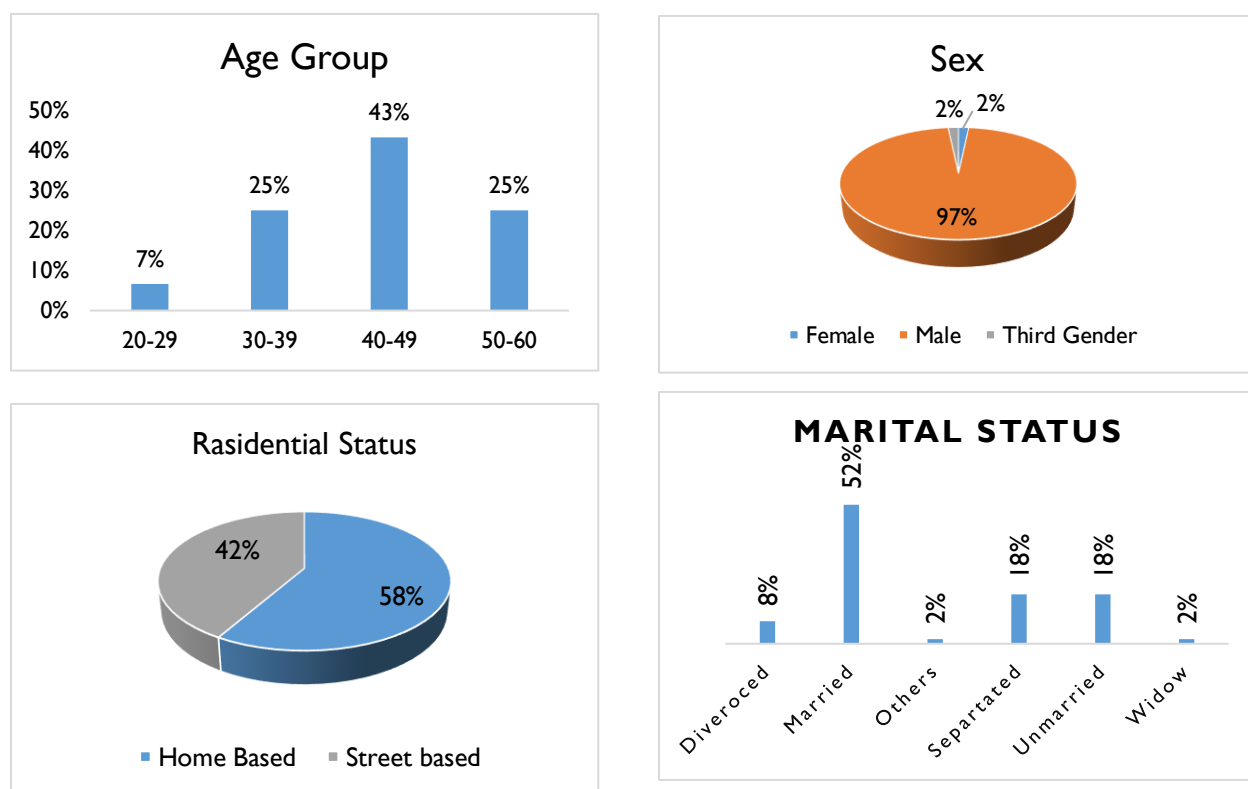


Figure 4: Demographic Info Graphs

Most of the PWID are rag picker (30%) and small business owner (18%). Majority of rest of them are rickshaw puller, auto rickshaw puller.

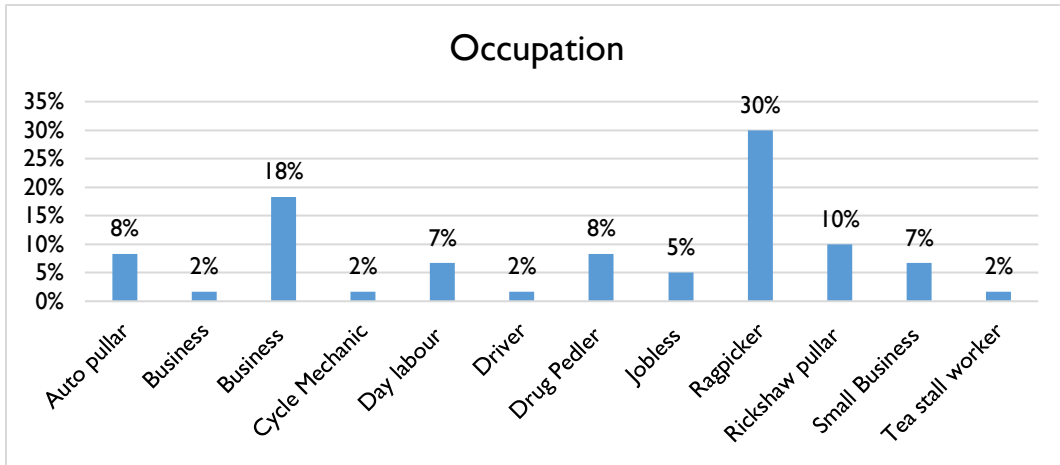


Figure 5: Demographic Info Graph

While asked about their drug using history, a significant portion (37%) of the PWID mentioned that they have been using drugs more than 16 years but less than 21 years. 13% mentioned that they have been using drugs for between 21-25 years and 15% mentioned that they have been into drug for more than 26 years but less than 30 years. Apart from that 30% of the participants mentioned that have been injecting drug for between 6-10 years and 25% mentioned between 11-15 years.

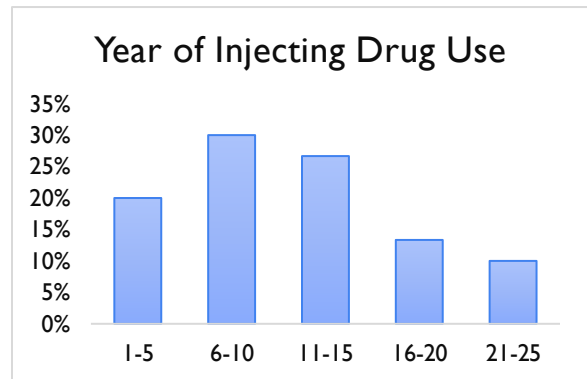
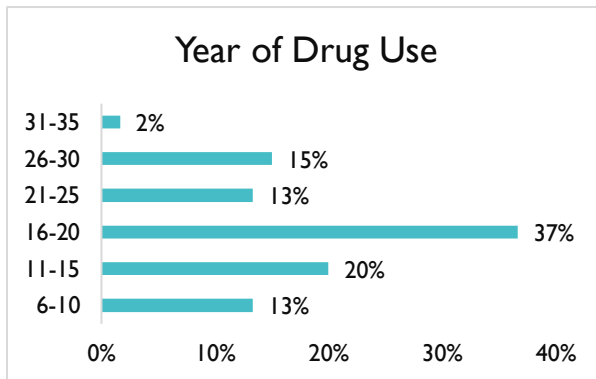


Figure 6: Drug Use History

Information about AD syringe and orientation on AD syringe:

It was already mentioned in the methodology section that all of these participants took part in the piloting of AD syringes and they have used AD syringe for at least 5 days within the piloting time of the AD syringe. This reflected in their response as well. All of the participants informed that they have heard and used AD syringes.

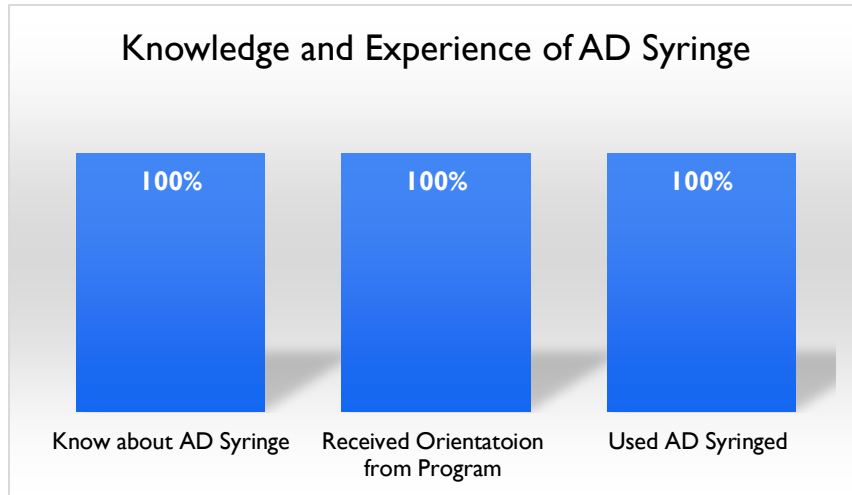


Figure 7: Knowledge and Experience of AD Syringe

Also all of the participants informed that they have received orientation from the outreach workers of the project about the benefit of using AD syringe and the proper way of using AD syringe, including how to load the drug, administer the drug into vein/muscle, and how to safely dispose them. In the qualitative discussion with the participants, it was found that every time they were provided with the syringe, a short orientation was also conducted sometimes in group session and sometimes in one to one session.

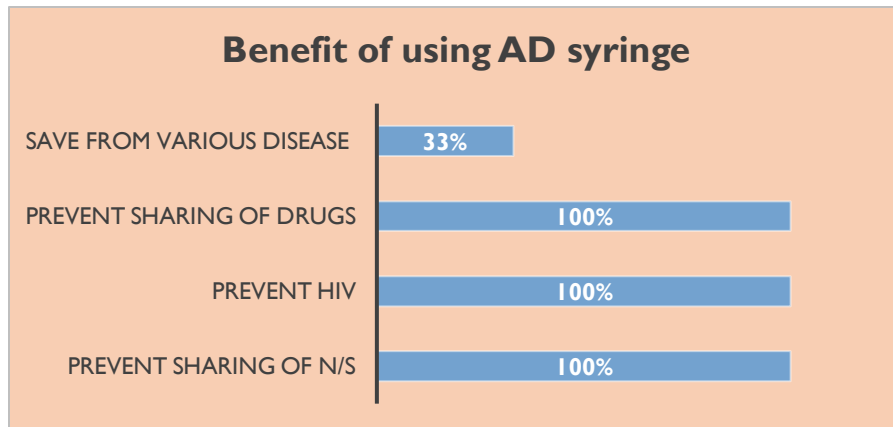


Figure 7: Knowledge and Experience of AD Syringe

The participants were also asked about the benefit of using AD syringe and 100% of them reported that it prevents needle and syringe sharing. 100% of them mentioned that it prevents drug sharing and 100% mentioned that it prevents HIV transmission. At the same time, 33% of the mentioned that it prevents various disease. During qualitative interviews, all of the participants mentioned that since there is no option of using this syringe again after the initial use, it would not be possible to reuse the syringe which help preventing HIV transmission.

In/Acceptability of AD syringe:

During both survey and in-depth interviews, the participants were asked about their experience of using AD syringe and acceptability of this syringes while using injecting drugs. Almost 97% of the participants mentioned that they faced difficulty while using this syringe. The participants who did not face any difficulty were very small in numbers and all of them are home based and from financially well off.

While discussed about the types of difficulty they faced, 78% of the participants mentioned that the plunger of the syringe breaks so easily. During the qualitative interview, they mentioned that before loading the drug into the syringes, they habitually push and pull the plunger to clear the air but in most cases when they push the plunger to the dead end and it sticks there. When they try to pull it, it breaks.

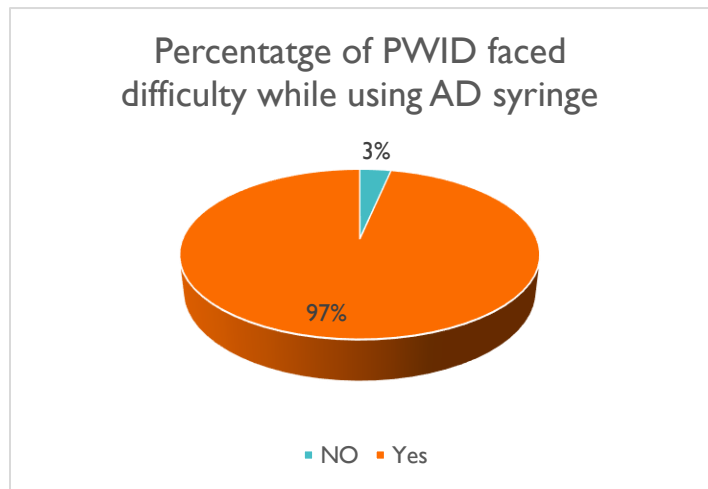


Figure 8: PWID faced difficulty while using AD syringe

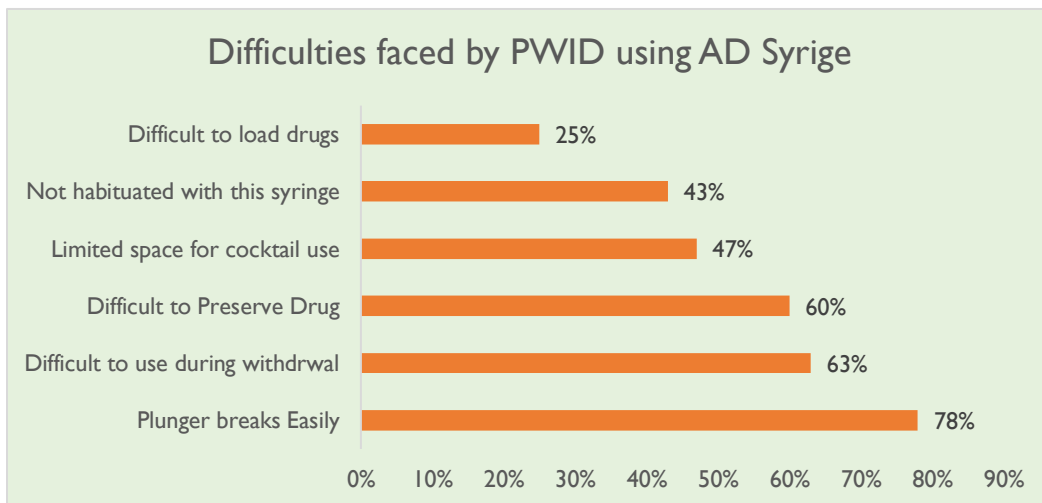


Figure 9: Difficulties faced by PWID using AD Syringe

63% of the participants mentioned that this syringe requires additional cautiousness to load and administer drugs which is why when they are in withdrawal, it is difficult to use. They have to very meticulous while using this syringe and in most cases they were in hurry due to withdrawal and in those cases they do not have the patience to carefully load drug.

While asked about the difficulty, 60% of the PWID mentioned that AD syringe is not suitable for preserving drugs. There is a practice among PWID to use a certain quantity of drug from the syringe and keep the rest for next shot. In this process, they bent or break the top of the needle and rub it on a concrete (road or wall) so that drug does not leak out from syringe. Since this

syringe does not allow user to change the needle, it is not suitable for PWID who wants to use the syringe to preserve drug.

Apart from that 47% of the participants mentioned that they do not want use this syringe because there is limited space for using cocktail drugs. During interviews some participants discussed that when they want use cocktail drugs, they usually load three or four types of different drugs in one syringe to increase the intensity of their feeling. According to them the space in the syringe do not allow this large quantity of drug. 43% of the participants also mentioned that they are not habituated with this new syringe since from the very beginning they have been using the normal syringe which is comfortable to use.

Recommendation

During the quantitative survey, 93% of the participants mentioned that they do not want used this syringe in future because of the difficulty they have face while using this syringe. At the same time when asked whether program should distribute this syringe only, 93% of the participants recommended against this. Same recommendation resonated in the voice of program implementers, especially outreach workers, field trainers and management staff.

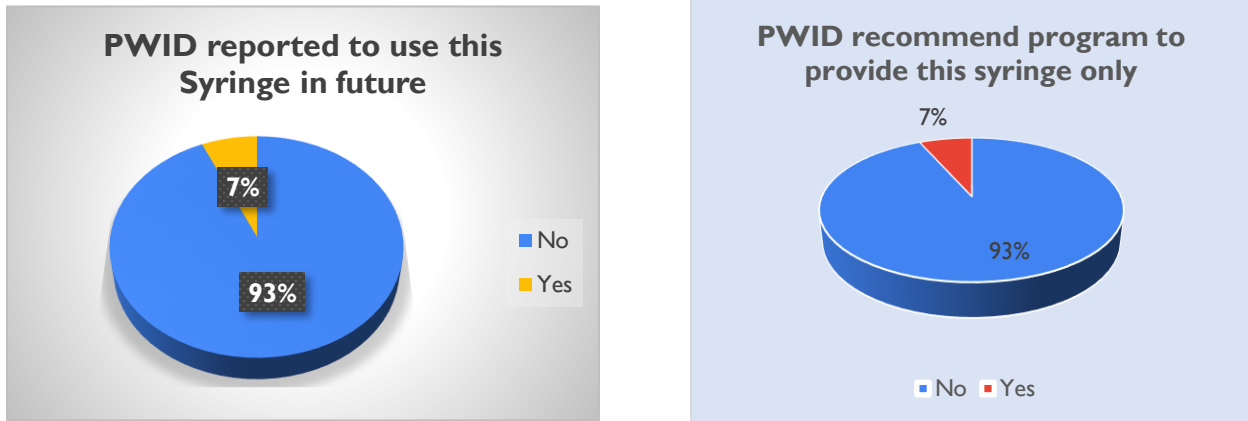


Figure 10: Recommendations by PWID