

HIV risk in conflict zones

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New York City September 11th, 2001 substance use following events

Population based survey –study PTSD and major depression following disaster

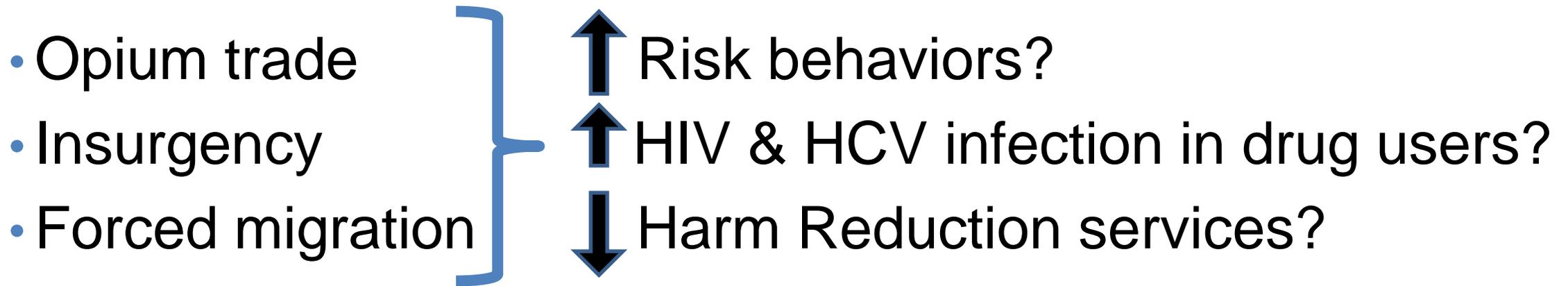
Random digit dial sample of NYC residents

- First 8 weeks:
 - Elevated PTSD and Depression
 - Increase in cigarettes, alcohol and marijuana
- Six to nine months later:
 - Two thirds of PTSD resolves
 - Alcohol and marijuana use return to baseline, cigarette use stays elevated

Street survey of injection drug users in Manhattan:

- No change in drug use even though bridges and tunnels were closed.

Opium Trade, Insurgency, and HIV/AIDS in Afghanistan: Relationships and Regional Consequences



Khashnood, 2010

Call for Harm Reduction programs

Risk behavior data on drug users: two cross sectional surveys, 2005 and 2009, Kabul, Afghanistan

<u>Years</u>	<u>N</u>	<u>HIV %</u>	<u>HCV%</u>	<u>Shared needles.</u>	<u>Used harm reduction</u>
				(ever)	
• 2005-2006	464	3.1%	36%	50.4%*	.002% (n=1)
• 2009	483	2.1%	40%	69.0%	53.0%

Todd et al., 2011

Data from Kabul contrasts with explosive epidemic in Sagordha, Pakistan (51%)
Pakistan 2007, “effective outreach programs need to be developed”.

Emmanuel et al., 2007

Longitudinal follow-up of 385 IDUs in Kabul, 2007-2009

- 385 of original 483 male IDUs completed one or more follow-up visits.
 - HIV incidence – 1.5/100 Person Years (p-y)
 - HCV incidence – 35.6/100 Person Years (p-y)
 - Deaths – 9.3/100 Person Years (mostly overdose)
- Harm reduction service use
 - Baseline use : 60%-70%
 - 18-24 months: 48%-54%.
- Frequency of Changing from injecting to smoking was protective for HCV acquisition (adjusted hazard ratio (AHR) = 0.53)
- Peak periods insurgent attacks not associated with HIV/HCV incidence.

Harm Reduction in a zone of insurgency: 2006 - 2009

2006

- Insurgent attacks - 95
- Harm Reduction – 3 programs

2009

- Insurgent attacks - 175
- Harm Reduction – 5 programs

Risk behaviors during peak conflict periods

Compared risk behaviors during peak conflict periods vs other periods

Odds Ratio (95% CI)

- | | | |
|--------------------|------|---------------|
| • Sharing syringes | 8.53 | (2.58 – 28.2) |
| • STI symptoms | 1.72 | (1.00 – 2.96) |
| • Arrest | 0.61 | (0.40 – 0.93) |
- **Conclusion**—Syringe sharing significantly increased during peak conflict periods amongst PWID in Kabul. Programming should include instruction for coping with conflict and prepare clients for harm reduction needs during conflict.

Harm Reduction in a zone of insurgency: 2006 - 2009

2006

- Insurgent attacks - 95
- Harm Reduction – 3 programs

2009

- Insurgent attacks - 175
- Harm Reduction – 5 programs
- Add services 2007 – 2009:
 - drop-in, motivational interviewing, medical care, HIV/HCV testing, drug treatment, shelter, meals
 - 2009 – add Naloxone

Changes in perceptions and experiences regarding drug use between baseline and follow-up assessments among community representatives ($n = 160$) in Kabul, Afghanistan

Intervention:

- meeting was convened for key government officials, civil society organization stakeholders and available community participants.

Content:

- a presentation of the preliminary study results,
- a panel discussion with drug users and government officials,
- speeches by an official from the Ministry of Public Health and a member of Parliament.
- Local media covered the event and portions of it were televised, potentially reaching community participants unable to attend.

Changes in perceptions and experiences regarding drug use between baseline and follow-up assessments among community representatives ($n = 160$) in Kabul, Afghanistan

Results

- Increasing the availability of drug treatment and providing vocational training remained the most endorsed measures to aid drug users.
- The perceived value of needle and syringe collection and distribution programs, of condom distribution and voluntary counselling and HIV testing programs and of improved treatment program quality increased over time.