

Targeted Intervention Program for People Who Inject Drugs (PWID) in Nepal

HIV in Nepal is characterized as a concentrated epidemic. More than 80 percent HIV infections are spread through heterosexual transmission. People who inject drugs, female sex workers (FSWs) and men having sex with other men (MSM) are the key populations at high risk. Male labor migrants (particularly those who work in high HIV prevalence areas in India, where they may visit female sex workers), and clients of female sex workers in Nepal can be bridges for transmission of infections from higher risk groups to lower risk general population. As the epidemic is maturing (after the first HIV case reported in 1988), an increased number of infections are being recorded among low risk general men and women. However, the epidemic has never been maintained through heterosexual transmission in the general population in Nepal, rather it has been driven by the infections among higher risk populations and their sexual partners (NSP 2011 -16). As per July 2013, the estimated number of HIV infection in Nepal is 48, 500, and 22,994 cases have been reported (NCASC 2013).

National HIV/AIDS Strategy 2011-2016 has envisioned that Nepal will become a place where new HIV infections are rare and, when they do occur, every person will have access to high quality, life extending care without any form of discrimination. To achieve the national goal for 2016, there is a need to: reduce new HIV infections by 50%; reduce HIV related deaths by 25% by 2016 through universal access on treatment and care services; and reduce new HIV infections in children by 90% by 2016 (NSP 2011 -16).


To reach the national goal and objectives, the Government of Nepal has been conducting a Targeted Intervention (TI) program to reach people who are most at risk since 2011. The TI program is a cost effective HIV prevention model for reaching people who are most at risk of HIV infection. TI program is primarily aimed at preventing HIV, and also providing care, treatment and support services to those for infected. TI program provides prevention services that include activities focusing on: behavior change (through educative sessions, peer education, counseling etc), treatment services for STIs, supply of free condoms or needles and syringes and facilitating an enabling environment to reach and receiving the services.

The Government of Nepal, National Center for AIDS and STD Control (NCASC) is conducting the TI program among different people at risk in Nepal through different NGOs. The Association of Medical Doctors of Asia-Nepal


(AMDA-Nepal) for Migrants, Blue Diamond Society MSM/W and transgender, Namuna Integrated Development Council (NAMUNA) for people who inject Drugs (PWID), National Associations of PLHIV in Nepal (NAP+N) for people living with HIV, and Youth Power Nepal (YPN) in close settings - prison inmates.

As per National targeted Intervention Operational guidelines for PWID, Volume 2, (2010), the following services should be available for PWID in Nepal.

1. Needle and syringe programs
2. OST & other drug dependence treatment
3. HIV testing and counseling
4. Antiretroviral therapy
5. Prevention and treatment of sexually transmitted infections
6. Condom distribution programs for people who inject drugs and their sexual partners
7. Targeted information, education and communication for people who inject drugs and their sexual partners
8. Referral for vaccination, diagnosis and treatment of viral hepatitis
9. Prevention, diagnosis and treatment of tuberculosis.



Government of Nepal
Ministry of Health and Population
National Centre for AIDS and STD Control
Teku, Kathmandu



Factsheet N8: Targeted Interventions among key Populations in Nepal, As of July 2013

People who Inject Drugs, 2013

- Harm reduction program (Needle Syringe Exchange and OST program) are key interventions among people who inject drugs in Nepal.
- NAMUNA and Save the Children supported NGOs are implementing harm reduction services with the support from government of Nepal and its pool partners and the Global Fund.

Indicators	Achievements	
	16 July 2011-15 July 2012	16 July 2012-15 July 2013
Number of districts covered	23	23
Reached through BCC	6,064	11,832
Condom distribution	226,258	535,824
HIV tested and counseled	1,731	4,561
STI diagnosis and treated	2,192	1,111
Needle/Syringe exchange/Provided	159,892	2,033,101
On Methadone	NA	421
On Bupronorphine	NA	550

To reduce drug related harms and control blood born infections (BBI) among PWID, Government of Nepal is conducting TI program for PWID through consultant NGO since 2011 to provide essential package of TI services for PWID. Government of Nepal had started Opioid Substitution Therapy (OST) in 1996 in Tribhuvan

University Teaching Hospital free of cost. Those services are now scaled up to six districts and by 2013. Currently, 421 people are getting Methadone Maintenance Therapy treatment from Government facilities. At the same time, Youth Vision –the leading non-government organization in Nepal is providing Buprenorphine treatment facilities to 550 people from different sites. The OST treatment facilities are available in following sites in Nepal:

SN	Government of Nepal (MMT)	Non Government Organization (BMT) (All sites are run by Youth Vision)
1	Kathmandu- TUTH	Kathmandu
2	Lalitpur- Patan Hospital	Lalitpur
3	Kaski - Western Regional Hospital	Rupandehi
4	Lumbini- Lumbini Zonal Hospital, Rupandehi	Parsa
5	Koshi- Koshi Zonal Hospital	Jhapa, Happy Nepal/Youth Vision
6	Bheri - Bheri Zonal Hospital	
7	Sunsari (Proposed)	
8	Parsa (Proposed)	
9	Jhapa (Proposed)	

In early 2014, the Government of Nepal is scaling up Methadone Maintenance Therapy (MMT) facilities in three additional health facilities. At the same time, realizing the current drug using pattern among PWID in Nepal –called the South Asian Cocktail (mixing three or more drugs together in the one injection) - the Government of Nepal is working to identify the best treatment option as MMT or Buprenorphine Maintenance Treatment (BMT) alone may not be the most suitable options, and there is a need to provide the best appropriate ‘recipe’ for effective control of BBI among PWID. In addition, treatment options to reduce costly relapses of persons on OST are being explored.

Despite many difficulties, the TI program in Nepal is moving towards achieving its strategic goal - universal access to HIV prevention, treatment, care and support for PWID by 2016.

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Economic Impact of OST (Buprenorphine) in the society

In developing countries like Nepal, most of the people are unemployed and they move from one place to another in search of better job. During their migration in search of the better opportunity, they came into contact with different people of different categories. They also join hands with the people who are involved in drug and crime. In this context of Nepal most of the people start to use different types of drugs due to peer pressure, curiosity and to have the taste of the teen age. They start their drug using habit just by using cigarette/Marijuana ultimately they reach in the stage of injecting drugs. At present most of the drug using people of Nepal, use drug in the injected form. Mainly they inject cocktail pharmaceutical drugs and others. In Nepal targeting to the people who inject Buprenorphine, Youth Vision started a OST (Opioid Substitution Treatment through Buprenorphine) since 2007 to replace and reduce the injecting habits of the people who use drugs by providing Buprenorphine sublingual tablets in day care settings at the beginning and now it has extended to residential settings also. The people who are under Buprenorphine treatment are appreciating the contribution of Youth Vision. The program of Youth Vision is preventing the people from the infection of HIV and other blood born disease till they are in

Buprenorphine OST treatment. The people who are under the treatment of Buprenorphine, they are safe from the blood born infections, their health condition are stable, people do not have to involve in stealing and crime to support their habits. At present in Kathmandu on an average, a people who use drugs spent NPR.1,000 to 1,500 for drugs. Buprenorphine treatment is



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really helping those people and their families saving their money on illegal drugs. Because of this, families of the people who use drugs are happier. People, who are under Buprenorphine treatment, they can continue their jobs, business and involved in the income generating activities. The people under OST with Buprenorphine program of YV are saving the cost involved in health, drugs and crime which helps to improve the economic condition of the people who use drugs. The economic condition of the people obviously improved and the people are loved and accepted by the society who is neglected from everywhere.

“Depression and Teenage”

“I heard somewhere that sad is very bad. It’s been really a painful life when sadness occurs. I now feel that my life is really bad, some days it’s some nagging pain and other days I just can’t get out of bed. I can’t change my life because I can’t live by myself and get away from the things in my life and start anew so I started smoking. My parents and other family did not even notice me what is happening with me.”

This is a version of a 17 years old girl who visited me six months back. Everyone feels depressed at times. Illness, the loss of a family member, the breakup of a relationship—these misfortunes and many more are natural causes of sadness and mourning. It is normal to feel depressed about a loss or failure. However, for many people, that feeling of despondency continues for months, years, or, if left untreated, even a lifetime. For such people, depression is a serious illness.

Depression is the most common psychological problem, affecting more than 100 million people worldwide each year. It is estimated to affect about 25 percent of women and 10 percent of men during their lives, and 5 percent of people during adolescence. It has been increasing in recent decades and appears to be starting earlier in life. In Nepal, it is estimated that 4 to 6 percent people are affected by depression. Specially, depression is noticed a serious problem in post conflict Nepal. Center for Mental Health and Counseling –Nepal that had worked in 28 districts of Nepal from 2003 to 2012, found that 27 percent of population out of total 31, 288 mental health problems were suffering from depression. They were 68 percent women and 32 percent men. Another study conducted in Nepal revealed that many parent simply do not recognize the symptom of depression in their adolescent children.

Since the numbers for young people are lower than those for adults, teen depression is often overlooked or misdiagnosed. Its symptoms often differ; too, so many depressed teens are dismissed as simply being “difficult” or “delinquent.” Yet it is a serious problem, particularly when one considers the high rate of depression-related suicide among teenagers.

The causes of depression can be just as varied and uncertain. In the past, it was widely believed that unexpressed feelings—particularly anger—were at the root of depression. However, recent research points to an imbalance in the chemicals that regulate mood in the brain. Heredity, or the passing along of physical characteristics through generations, also appears to play a role, as mood disorders frequently run in families.

A depressive person has a beautiful dream and expectation of life which they often cannot meet or convince to others which then lead to depression. What is certain is that depression must be treated before it seriously disrupts the

lives of the people it afflict. In a loving and non-judgmental way, share your concerns with your teenager. Let him or her know what specific signs of depression you’ve noticed and why they worry you. Then encourage your child to share what he or she is going through. Depressed teens often fail in school, become isolated from family and friends, and may fall into drug or alcohol abuse. Teenage boys may turn their depression into anger directed against society and get involved in dangerous or violent behavior. Teenage girls who suffer from depression may develop anorexia nervosa, a life-threatening eating disorder.



Karuna Kunwar
Psychologist



Depressed people of all ages tend to become socially isolated. This worsens their symptoms and makes it harder for them to get help. They tend to have small social networks and few people they can depend on for support. They often act in ways that keep other people at a distance. Depression is considered one of the most treatable diseases of the mind. There are a wide variety of treatments available today, including psychotherapy and drugs. The treatments are often used in combination.

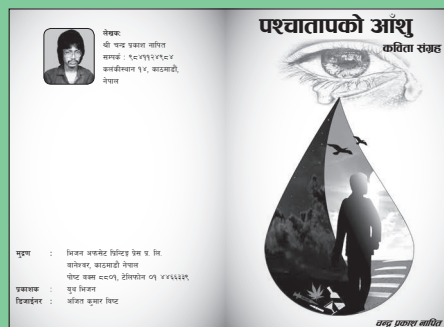
Your teen may be reluctant to open up; he or she may be ashamed, afraid of being misunderstood. Alternatively, depressed teens may simply have a hard time expressing what they’re feeling. If your teen claims nothing is wrong but has no explanation for what is causing the depressed behavior, you should trust your instincts. Remember that denial is a strong emotion. Furthermore, teenagers may not believe that what they’re experiencing is the result of depression. Depression is very damaging when left untreated, so don’t wait and hope that the symptoms will go away. If you see depression’s warning signs, seek professional help. Make an immediate appointment for your teen to see the psychologist or psychiatrist for a depression screening. Be prepared to give your doctor specific information about your teen’s depression symptoms, including how long they’ve been present, how much they’re affecting your child’s daily life, and any patterns you’ve noticed. When choosing a specialist, always get your child’s input. Teenagers are dependent on parents for making many of their health decisions, so listen to what they’re telling you. No one therapist is a miracle worker, and no one treatment works for everyone. If your child feels uncomfortable or is just not ‘connecting’ with the psychologist or psychiatrist, ask for a referral to another provider that may be better suited to your teenager. The best way to tackle the problem is recognizing the warning signals and timely treatment.

Editorial:

OST (Opioid Substitution Treatment) both Methadone and Buprenorphine has shown an improvement of quality of life of drug dependent people in Kathmandu significantly. Though the people who use drugs under OST program are not many, but it is playing big role in decreasing use of heroin and other cocktail drugs as well as decrease in use of needle and syringes and practice of needle sharing which prevented people from risk of HIV and other blood borne diseases. Self evaluation of the program and feedback from the OST clients and their families are very appreciative toward the program but there has been no independent impact study done so far. When we are talking about scaling up of the OST program and enrolling more people in to program one should not forget to evaluate the efficacy and the impact of the program. It is high time for Nepal to have an independent impact study of OST so that we have all the evidence that OST is really making an impact.

Thank You

The Tear of Regret: A True Emotion Published by Youth Vision



चन्द्र प्रकाश नापित, एक त्यस्ता व्यक्ति हुन जो लागूपदार्थ प्रयोगले निम्त्याएको हरेक अस्तव्यस्ताको वावजुद पनि आफ्नो जिन्दगीको धेरै लामो समय दुर्व्यसनमा नै खर्चिदै अत्यन्त दयनिय एवं नारकिए जीवन जिउन विवश भई कसैको सहाराको लागि छटपटी रहेको अवस्थामा युथ भिजनको गोठार स्थित पुनःस्थापना केन्द्रबाट सहयोग स्वरूप उपचार पश्चात अनन्त अन्धकारमय पिडादायक दुर्व्यसनको लतबाट मुक्ति र साथै एउटा नयाँ जीवन जिउने प्रेरणा, आत्मा विश्वास तथा हौसला जगाउँदै र अन्ततः आफू जस्तै कुलतमा फसिरहेकाहरूका लागि एउटा शिक्षा होस भन्ने उद्देश्यले आफू दुर्व्यसनमा हुदाँ भोगेका पिडा तथा अनुभवहरूलाई भावनात्मक शब्दहरूले पिरोल्दै यस पश्चातापको आँशु कविता संग्रहको रूपमा प्रकाशित गर्न समेत युथ भिजनबाट सहयोग प्राप्त गरेका हुन् ।

Harm Reduction: Coverage in Nawalparasi; A highway district

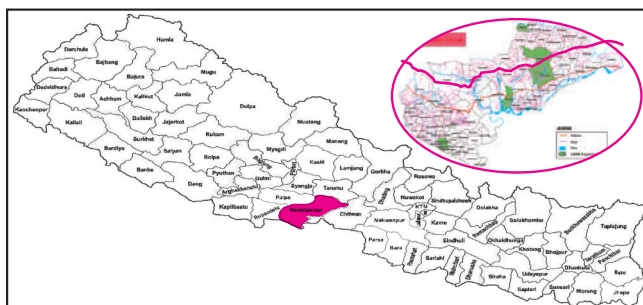
Nawalparasi is one of the districts within Lumbini Zone, Western Region of Nepal. The district covers 2,162 square kilometers with the population of 6, 43,508 according to national consensus 2011. It's a highway district with the midpoint of East West Highway (Mahendra Highway) within it. There are 36 VDCs in "Terai" region, 17 VDCs in "Hilly" region and 20 VDCs in "Bhitri Madhes" region of Nawalparasi with one municipality. This is the only district that shares the porous border with, 2 provinces of India, Bihar and Uttar Pradesh.



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Drug use and high risk behavior among the people who use drugs (PWUD), particularly among injecting drug users, has been emerged as a public health cross cutting issue in this district similar to other Terai highway districts, sharing the porous border with India. As political instability, unemployment, poverty, rapid social change and industrialization, lack of awareness etc is gearing up the drug use among young population; the estimated number of PWID (People Who Inject Drugs) in Nawalparasi is in range of 1543-1812 according to "Mapping and Size Estimation of Most at Risk Population in Nepal-2011" published by National Center for AIDS and STD Control (NCASC).

Youth Vision has been implementing a Comprehensive Harm Reduction Program targeted to IDUs in Nawalparasi, since 15th May 2012 under GFATM/HIV/AIDS program in coordination with Save the Children. The main objective of the project is to provide harm reduction services like NSP, PHC, BCC etc. The project implements its activities under two categories namely targeted interventions for PWID and community interventions for enabling environment to people affected and infected with HIV. Youth Vision has mainly focused its coverage in highway and the border adjoining VDCs of Nawalparasi. It operates from a project management office in Parasi with service outlets DIC in Gaidakot, two exchange centers in Makar and Sunwal with 7 outreach workers mobilized at various VDCs. The total length of 116 km of the East West Highway is covered by the project outreach activities with the coverage area of 23 VDCs and 1 municipality.



The total number of IDUs reached within the period of 15th May 2012 to 15th Dec 2013 is 816 (809 Male and 7 Female). The community acceptance for the HR program, in the district was one of the most hard to deal challenge, which was faced at initial phase of the project. Likewise the hidden nature of PWID, dispersed outreach sites, long distance between management office and the coverage area, lack of referral linkage mechanisms, police harassments to clients were also faced as challenge. Youth Vision has reshuffled its SDPs time to time for making the services easy accessible. The coordination with stakeholders, government bodies, police authority and local community has helped the project get acceptance as well as good referral linkage within and adjoining districts. The update of outreach mobilization strategies has been always an important part of the program to reach the target group. In the past 18 months of the project implementation, YV has been able to establish its services as essential service for its target groups in the district.