

***Phaphama* interventions to reduce both alcohol use and HIV/STI risks**

Presenter:

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Introduction

- **There is considerable evidence that alcohol use contributes to the spread of sexually transmitted infections (STIs), including HIV in Sub-Saharan Africa.**
- **Higher STI prevalence has been found among drinkers in several Southern African countries such as Botswana, Zambia, Zimbabwe and South Africa.**

*p<0.05

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Introduction (contd)

- **Previous research has shown that people living with HIV/AIDS (PLWHA) in Southern Africa are more than two times as likely as uninfected individuals to report a history of alcohol use.**
 - Any alcohol use, AOR 1.8*
 - Alcohol use before/during sex, AOR 1.9*
 - Binge drinking, AOR 2.2*

*p<0.05

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Introduction (contd)

- **Apart from increasing the risk of HIV infection, alcohol users with HIV/AIDS also experience the following:**
 - **ART complications**
 - **Reduced adherence**
 - **Increased toxicity**
 - **Immune system effects**
 - **Increased HIV viral replication in animal models**
 - **Increased co-morbidities, opportunistic infections, mortality**
 - **Heavy drinkers most severely effected**

Introduction (contd)

- **There is evidence of converging epidemics in Southern Africa**
 - **Highest global HIV prevalence (>15%)**
 - **Among highest global alcohol use (~43%)**
- **There is therefore a need for HIV behavioral risk reduction interventions for alcohol drinkers in Southern Africa**

Introduction (contd)

- In this presentation I will introduce a set of HIV risk reduction behavioural interventions known as *Phaphama* (meaning “be wise” or “wisen up”) that have been developed in my work in South Africa during the past 8 years in collaboration with Prof Seth Kalichman of the University of Connecticut in USA.
- One type of *Phaphama* interventions which are collectively called “*Phaphama Alcohol*” are aimed at reducing both alcohol use and HIV risk in different settings.
- Other *Phaphama* interventions include:
 - *Phaphama Men* which addresses both gender-based violence and HIV risk
 - *Phaphama Male Circumcision (MC)* which addresses behavioural disinhibition/risk compensation following MC

RCT STUDY 1:

Phaphama Alcohol for STI patients in PHC Clinics with alcohol drinking problems

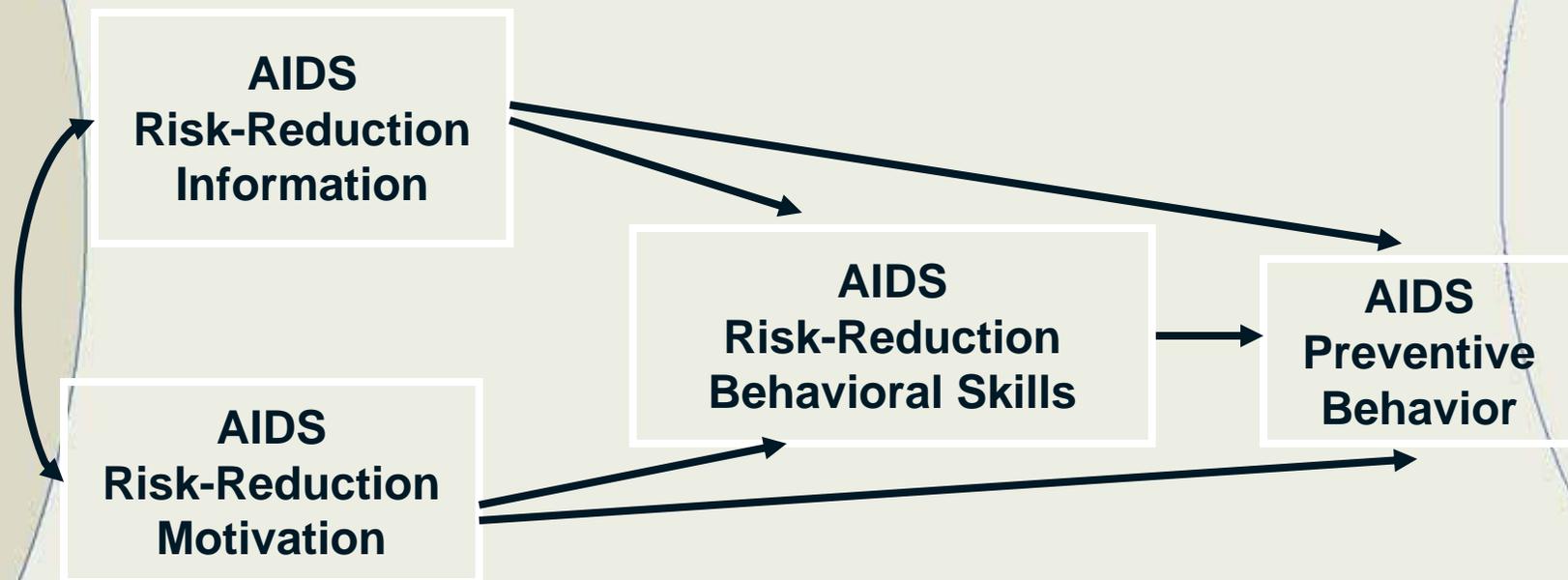
Background

- **In a study that we conducted in Cape Town in 2003, we found that 42% of men and 12% of women receiving STI clinic services reported drinking before sex.**
- **The rate of alcohol use before sex jumped to 61% among STI clinic patients who are problem drinkers.**

Background (continued)

- **We reasoned that HIV behavioural risk reduction interventions for STI clinic patients may therefore require particular attention to alcohol use, especially in terms of drinking in sexual contexts.**
- **We conducted a RCT study in 2004 to test a *Phaphama “Alcohol”* HIV risk reduction counseling intervention for men and women who used alcohol and were receiving STI clinic services in a PHC clinic in Cape Town, South Africa**

The Information-Motivation-Behavioral Skills (IMB) Model



Methods

- **An open randomized control trial (RCT) clinical design was used to test the efficacy of a brief HIV risk reduction counseling intervention for men and women receiving STI clinic services in Cape Town, South Africa.**
- **A 1-hour (brief) *Phaphama* behavioural risk reduction counselling model which we had developed earlier in 2003 was adapted to include a substantial component to directly address alcohol use in sexual contexts.**



One-on-One counselling sessions which fit clinic service delivery contexts

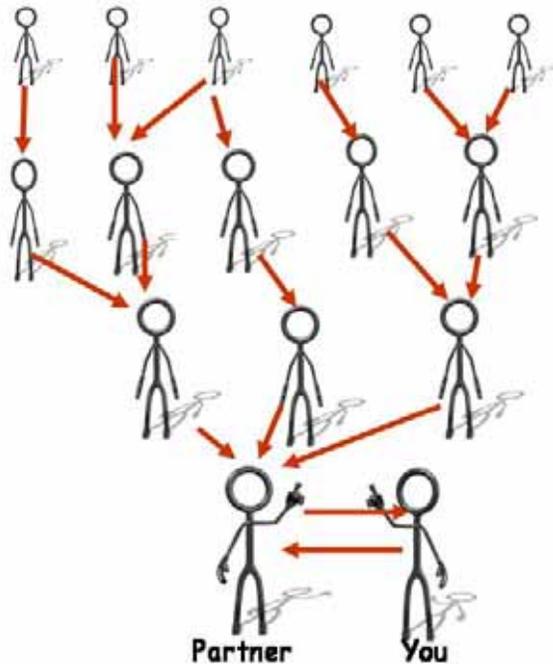
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Articulating the adapted IMB model in intervention components



Information

When you have sex, you can get an STI your partner's past partners and all their partners



How can you tell if someone has HIV-AIDS?

You can only get HIV from.....



Unprotected Sex

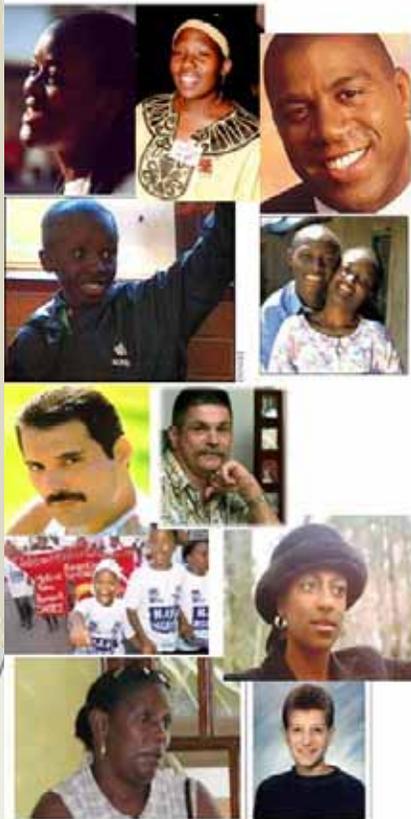


Infected Blood



Infected Mother - to - Child

Destigmatization



People who have HIV-AIDS are just like you and me

You cannot get HIV from...



Kissing



Touching



Toilets



Insects



Food



Sharing Utensils

Motivational Enhancement

How important is it to
you not to get HIV & other STIs?



WHY?

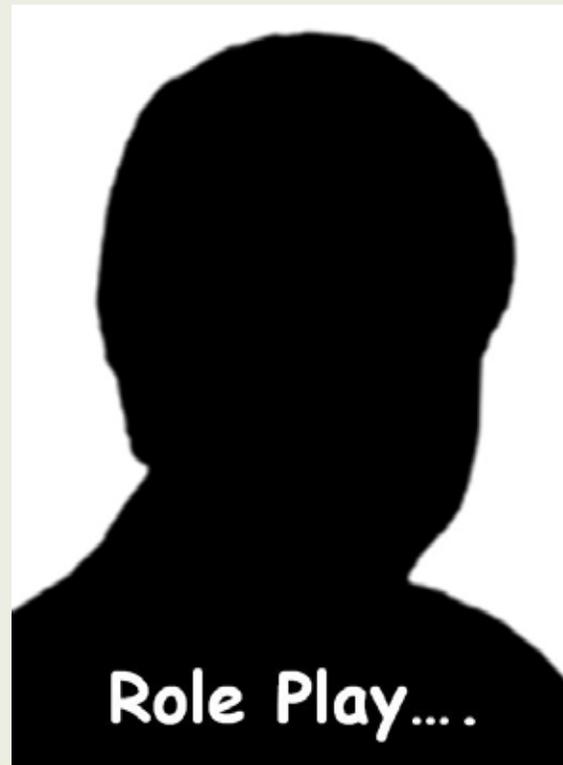
How confident are you that you can protect
yourself from HIV & other STIs?



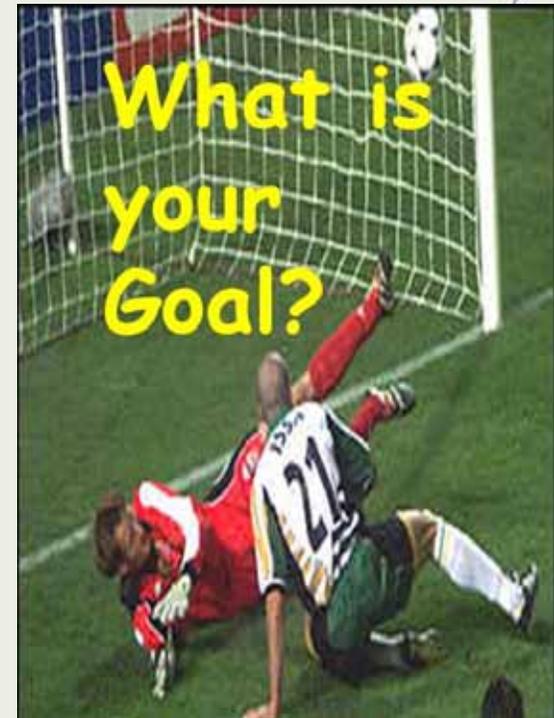
WHY?

Behavioral Skills Building

What about talking with your partner about condoms?



Role Play....



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What are your triggers?

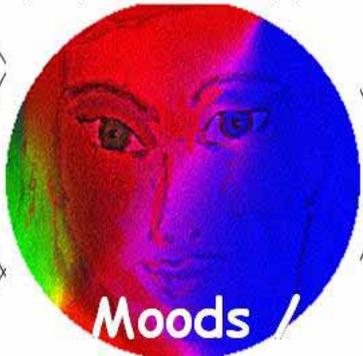
People /
Partners



Place
s



Substances



Moods /
Feelings

NGABANTU _____

ZIINDAWO _____

ZIZIYOBISI _____

YINDLELA OZIVA NGAYO _____

The World Health Organization's (WHO) brief alcohol counseling model

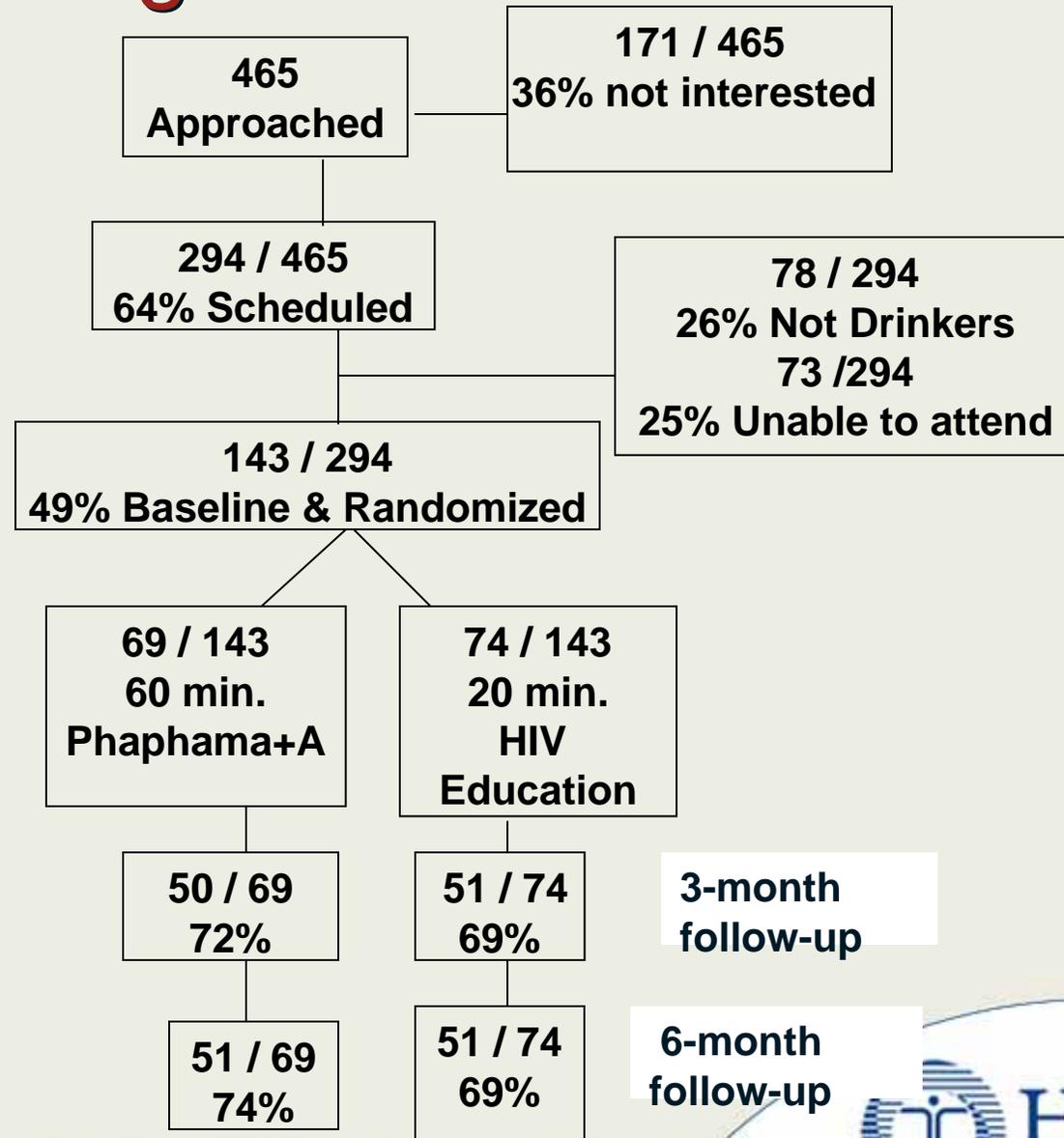
- The model provides feedback to the patient on their alcohol consumption and associated risks.
- Participants are given their Alcohol Use Disorders Identification Test (AUDIT) score and are shown how the score represents the potential hazards of drinking.
- Alcohol risk reduction is tailored to the level of drinking indicated by the AUDIT score using the algorithm suggested by the WHO.
- Decisional balance techniques are used to elicit self-motivating statements for alcohol reduction. Among the personal concerns about drinking examined by the counselor are those associated with increased HIV risk behavior.
- Alcohol use in sexual contexts is specifically discussed in relation to a patient's self-identified risk situations.
- Alcohol use is then integrated into the remaining segments of the HIV risk reduction counseling.
- Beliefs about how alcohol may influence sexual behavior and relationships becomes a central focus of the counseling.

Clinic recruitment



Self admin & interviewer assessments

Study design



Participants

- **122 men & 21 women STI patients in a Cape Town clinic**

- **77% Xhosa-speaking**

- **20% married**

- **5% employed**

- **36% AUDIT* score 10+****

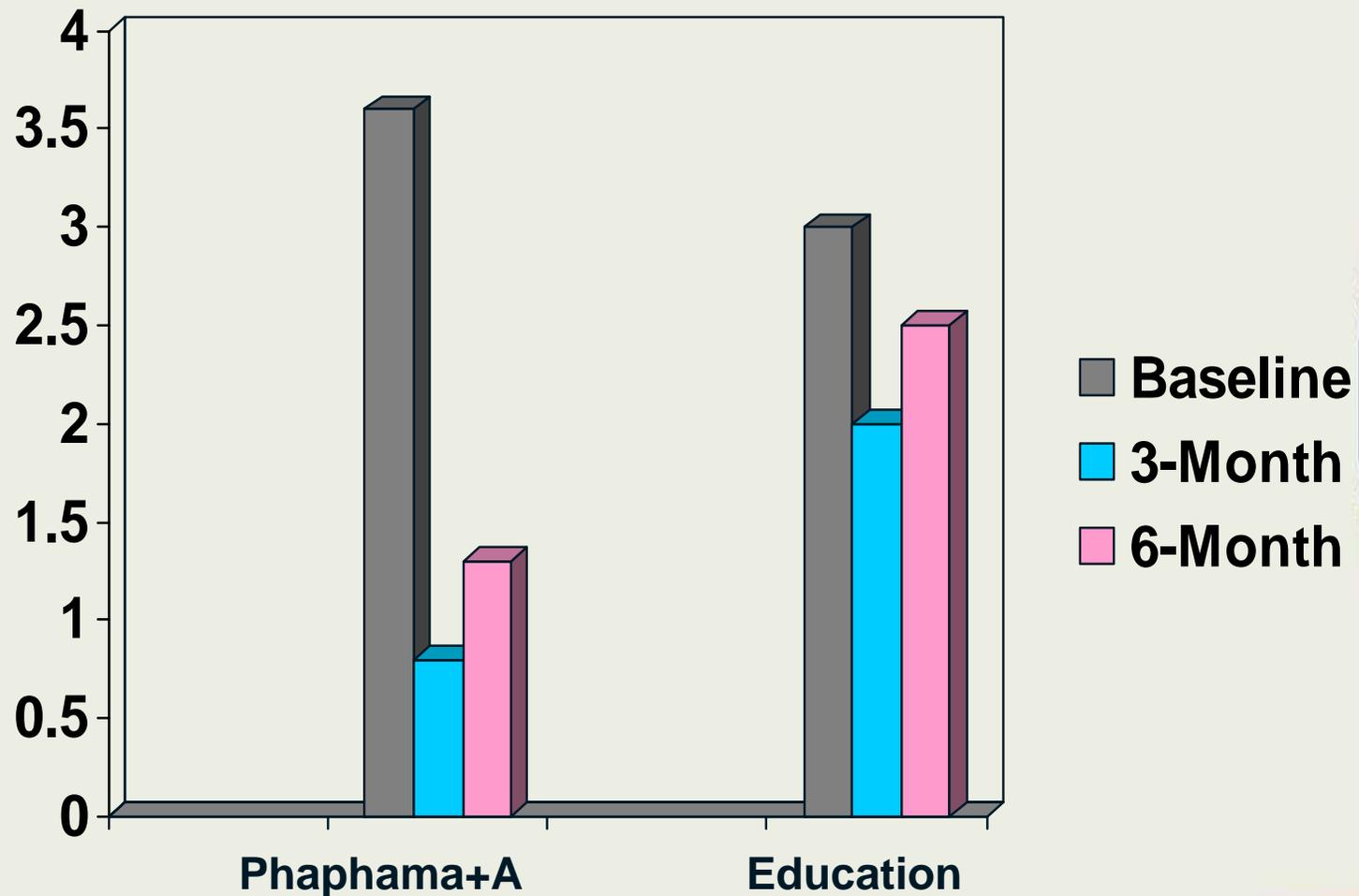
- * Alcohol Use Disorder Identification Test

- ** Scores of 9 or above are used to identify individuals who may be at risk or who are experiencing alcohol problems.

Results

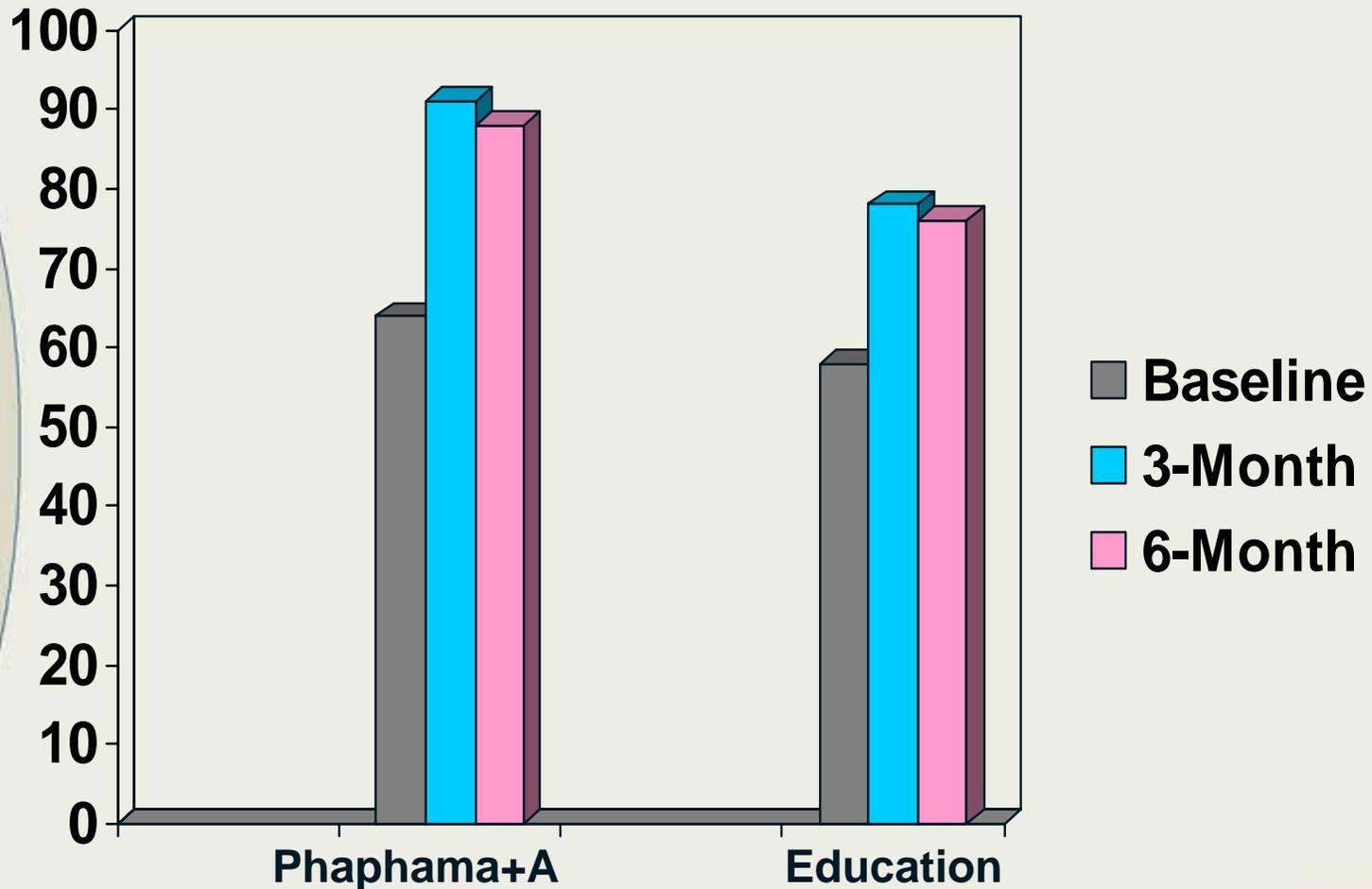
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Results: Unprotected Intercourse in past month



F = 3.9, Cohen's d = .41 for 3-month, and
F = 5.6 Cohen's d = .53 for 6-month
Adjusted for age, gender, education, and baselines
Kalichman et al., *JAIDS*, 2007

Percent condom use in past month

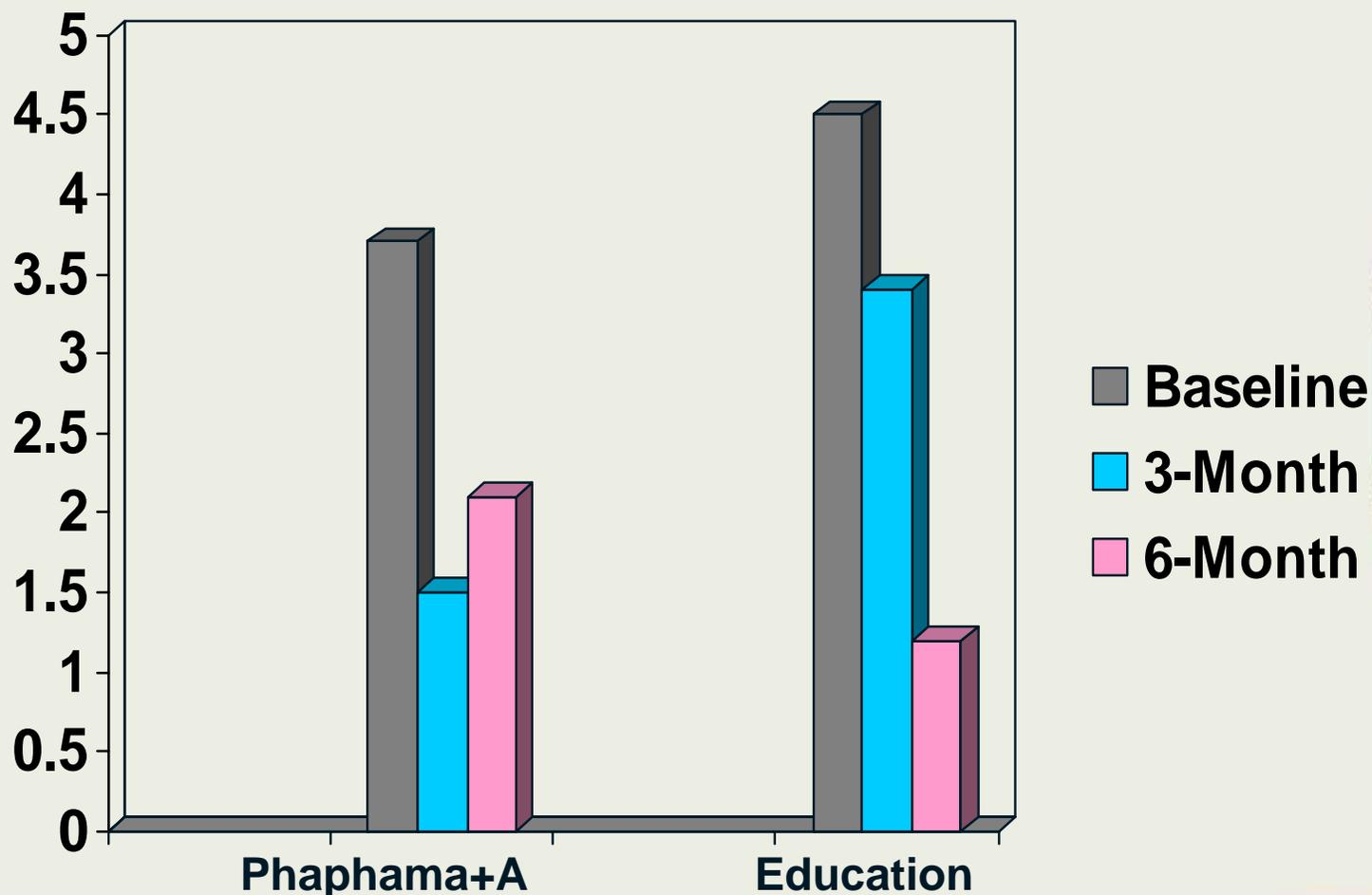


$F = 5.1$, $d = .47$ for 3-month and $F = 5.7$, $d = .54$ for 6-month
Adjusted for age, gender, education, and baselines

Kalichman, Simbayi et al., *JAIDS*, 2007

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Alcohol use in sexual contexts in past month



$F = 6.2$, $d = .53$ for 3-month and $F = 0.1$, $d = .06$ for 6-month
Adjusted for age, gender, education, and baselines

Kalichman, Simbayi et al., *JAIDS*, 2007 that makes a difference

Conclusions

- **The *Phaphama* alcohol brief HIV risk reduction counselling intervention was found to be efficacious as it reduced HIV transmission risks for up to 6 months among STI patients within a clinic setting.**
 - **There was more than a 25% increase in condom use**
 - **A 65% reduction in unprotected intercourse**
- **However, there was only a short-lived reduction in alcohol use in sexual contexts and expectancies that alcohol enhances sexual experiences.**
- **This suggests that the effects may be sustained with structural interventions within communities to reduce alcohol use in sexual contexts and support risk reduction behaviour changes over the long term.**

RCT STUDY 2:

***Phaphama* “Community Alcohol”
for men and women who patronise
informal drinking places (or
shebeens) in community settings**

Background

- **We undertook a survey among 500 men and 500 women living in or around racially mixed township in Cape Town in 2004.**
- **The survey results suggested the need for an HIV prevention programme for both men and women in the community who drink alcohol.**

HIV Risk Factors

Risk Factor	Men %	Women %
Never have used condoms	36	43
2 or more sex partners in past 3-month	44	22
History of STI	17	10
Genital ulcers	9	9

Substance Use

Substance	Men	Women
	(%)	(%)
Alcohol	80	60
Dagga	37	14
Mandrax	10	1

Phaphama “Community Alcohol” Risk Reduction Session

We then adapted the *Phaphama* alcohol for STIs risk reduction model for use in community-based groups.

Used it among groups of 8-12 people and lasted 3 hours.



Phaphama “Community Alcohol” Risk Reduction Session

Information

Local HIV prevalence
Modes of HIV transmission
HIV transmission myths
Continuum of risk behaviors

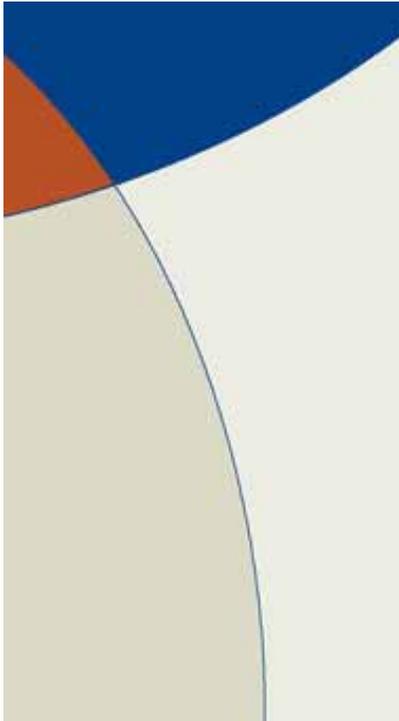
AIDS Destigmatization

Risk reduction values clarification
Risk reduction goal setting

Behavioral Skills Building

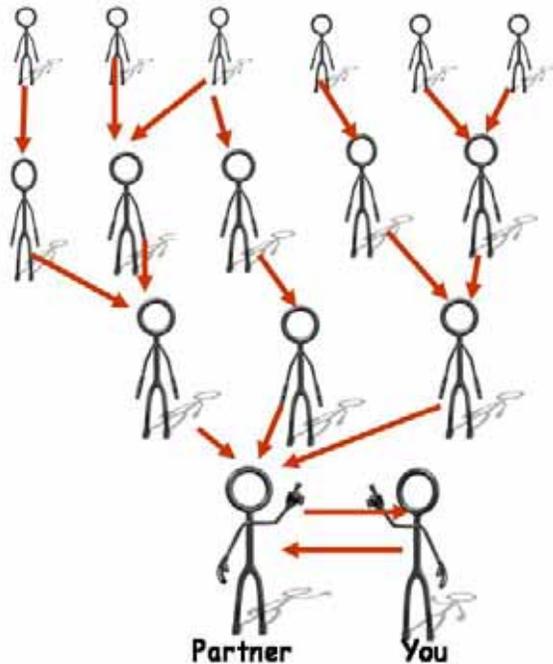
Drinking and risky sex
Examination of risk situations
Identifying risk antecedents
Sexual communication skills
Condom skills





Information

When you have sex, you can get an STI your partner's past partners and all their partners



How can you tell if someone has HIV-AIDS?

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Infected Blood



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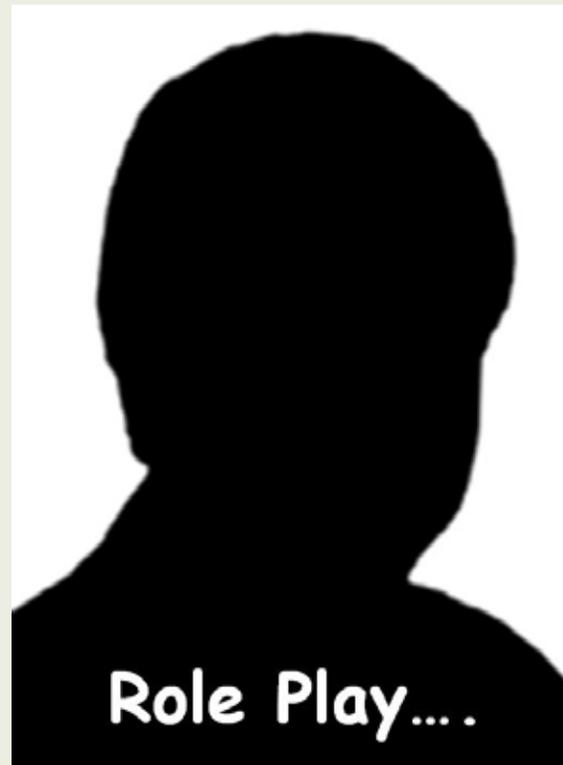
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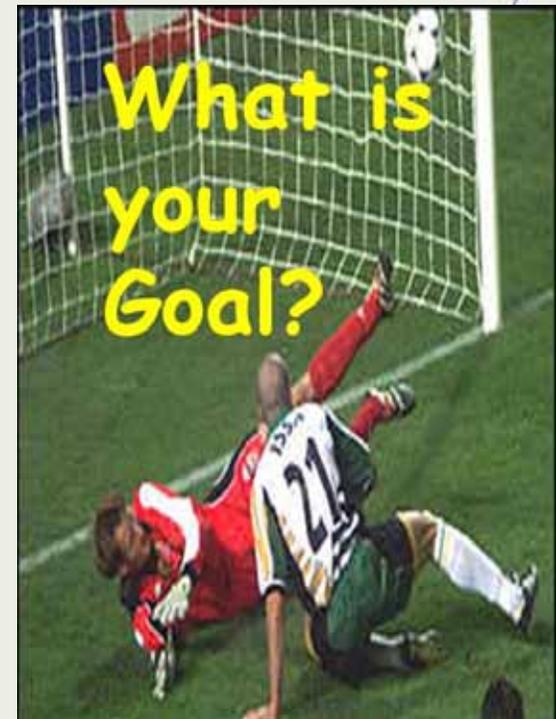
WHY?

Behavioral Skills Building

What about talking with your partner about condoms?



Role Play....



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What are your triggers?

People /
Partners



Place



Substances



Moods /
Feelings

**Recruitment
from the
informal
drinking
places**

Baseline

**3-Hour Phaphama
n=183**

**1-Hour Education
n=170**

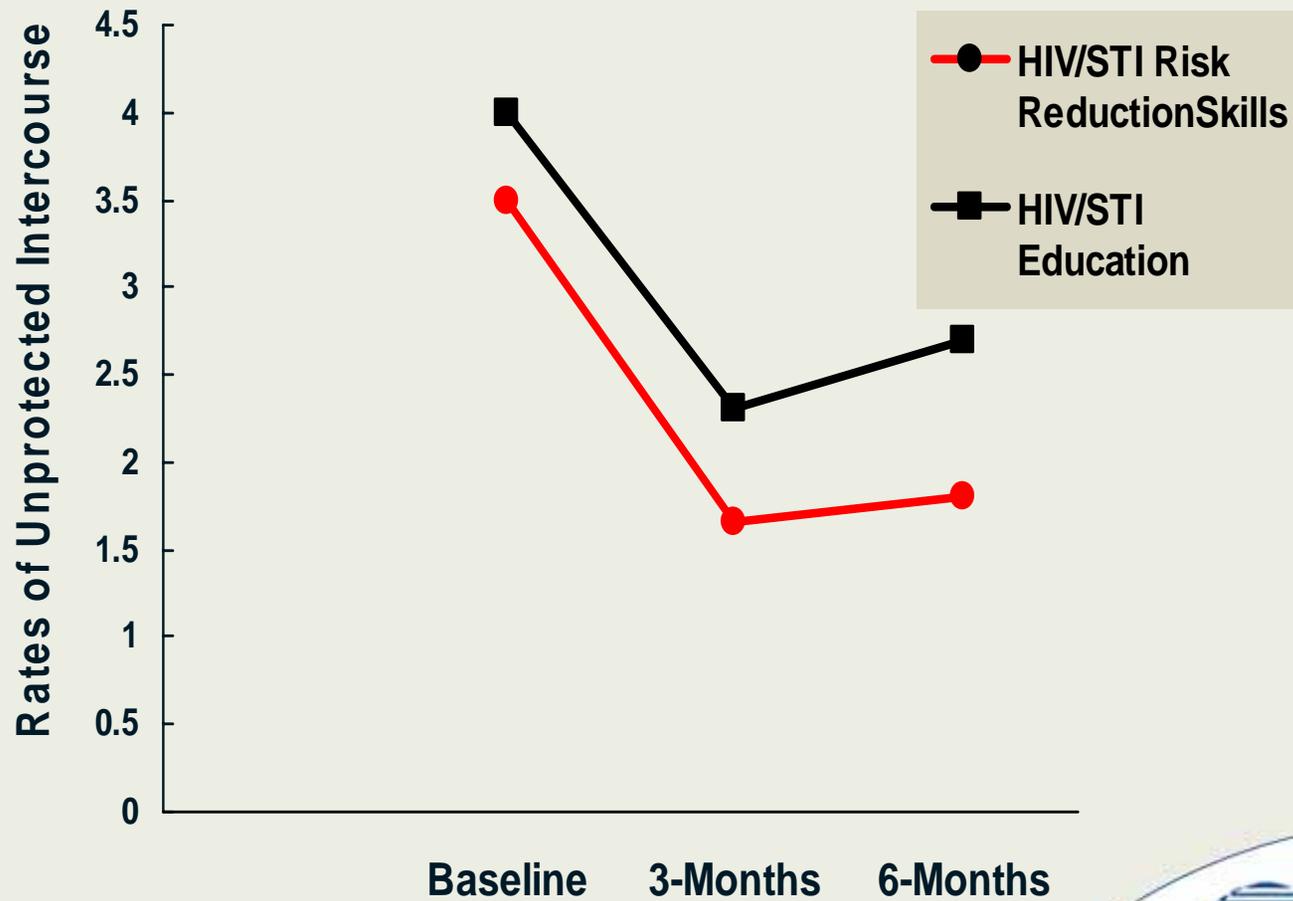
**3-Mon 6-Mon FU
85% 90%**

RESULTS

The 3-hour and 1-hour groups both:

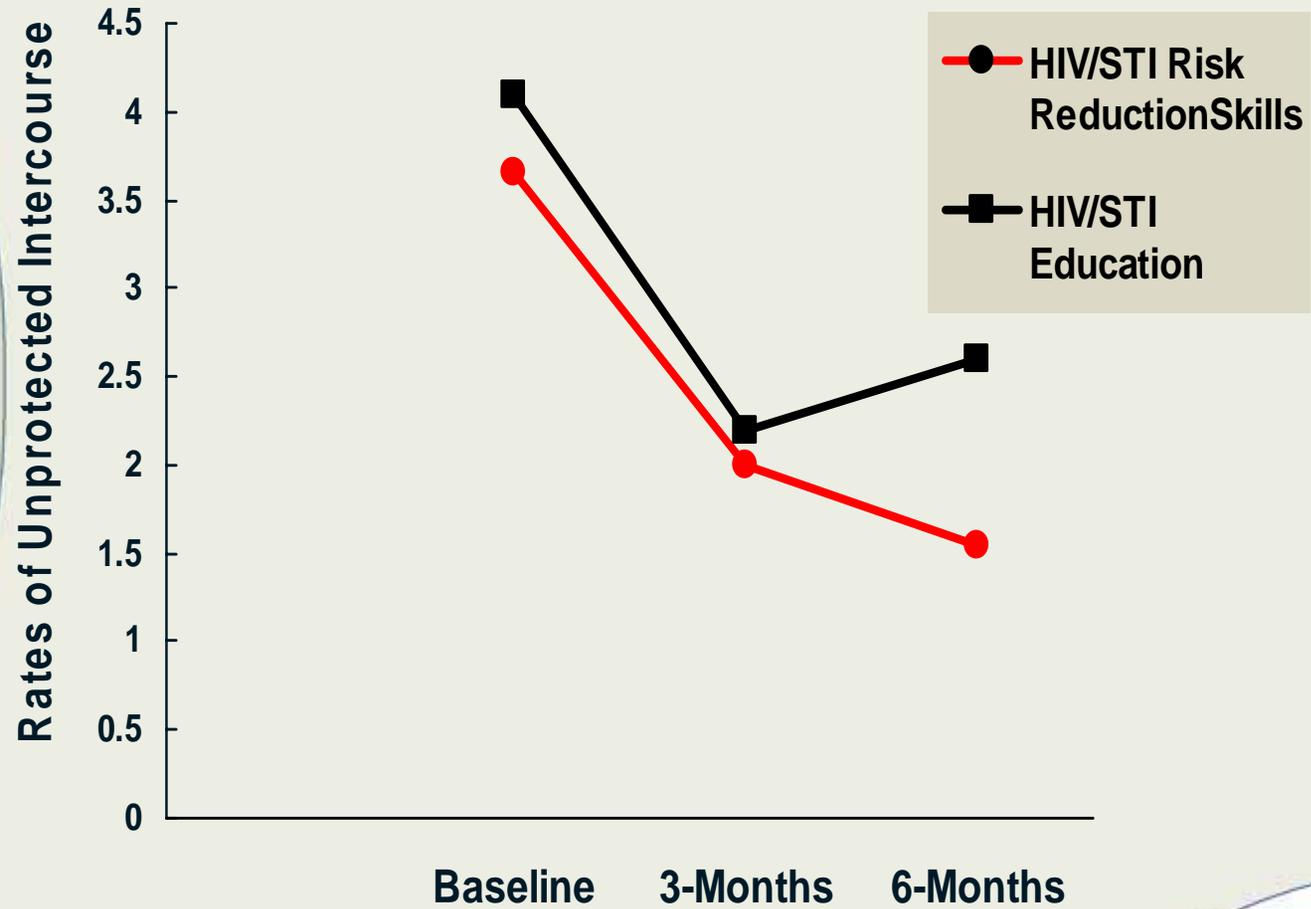
- **Increased knowledge about AIDS**
- **Decreased AIDS stigmas**
- **Improved condom attitudes**
- **Increased motivation to reduce risks**

Unprotected Intercourse in past month



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Drinking Before Sex in past month



Conclusions

- **Alcohol is associated with HIV transmission risks in South Africa.**
- **Skills building workshops for alcohol and HIV risk reduction can be efficacious.**
- **There is a need to expand the intervention to be at multiple levels such as individual, social network and community levels.**

Other *Phaphama* Alcohol studies (1)

- We are currently undertaking another RCT on *Phaphama* Alcohol and Neighbours (for men's networks and communities in which they live) among 12 communities in Cape Town, six for the intervention and six controls.
- Based on the IMB Model as well as also both social cognitive and social networking theories, *Phaphama* Alcohol and Neighbours involves multiple levels of interventions, namely, among the men themselves, their social networks and at community level.
- Men are recruited from informal and formal drinking places (i.e., shebeens) and run through small groups of about 6-7 men each and 10 groups from each community using the revised *Phaphama* Community Alcohol lasting over three 3-hour sessions. In addition, community level interventions such as posters and HIV/AIDS plays are also implemented.
- The study is half-way through its 5 years of implementation.

Other *Phaphama* Alcohol studies (1)

- *Phaphama* Alcohol for HIV-negative people who have just undergone VCT - We recently completed a demonstration project which involved implementing *Phaphama* Alcohol for people who have just undergone VCT and found they are HIV-negative in 13 clinics in Mpumalanga Province.
- We found that *Phaphama* could be implemented successfully using VCT counsellors who are also trained.
- Three months later there was some evidence of both reduction of drinking linked to sex and risky behaviour such as having unprotected sex and not using condoms.

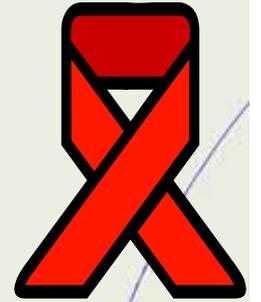
Other *Phaphama* Alcohol studies (3)

- ***Phaphama* Alcohol for STIs RCT Study 2 – we are completing a very large-scale RCT involving 1800 STI patients in three PHC clinics (CT, QT, & Thembisa/Ekurhuleni) to further test the generalisability of the intervention this month.**
 - **Data will be analysed within the next 2 months.**
- **There is a sub-study of some 400 PLWHA who also received *Phaphama* Alcohol for STIs. This will be tested for potential as a positive prevention intervention (i.e., combining both primary and secondary prevention).**
 - **The data will be analysed by September.**

Conclusions

- The *Phaphama* Alcohol interventions have been classified as promising interventions by:
 - USAID's AIDSTAR programme.
 - the Global Health Literature Digest produced by UCSF Global Health Sciences (GHS) (see <http://hivinsite.ucsf.edu/InSite?page=jl-00-00> Part 1.)
- There is clearly a need for more research work of the kind presented here to provide evidence-based interventions that work.
- Above all, there is a need to undertake implementation research to make the link from research into policy and practice ("GRIPP").

THANK
YOU



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