

Your Demand Creation Campaign Strategy: People Who Inject Drugs, Clinic

Situation



Audience

This is the target population that you are looking to target, or speak to, with your PrEP communications campaign.

This segment of people who inject drugs (PWID) is stigmatized, discriminated against, criminalized, and often rejected for their drug use. They may exist outside of formal systems and many live on the fringes of society in fear and isolation with their fellow users. They worry about HIV and their health but those are just a few concerns of the many interconnected challenges that they face, of which their addiction almost always takes priority. These factors combined with depression and a sense of hopelessness, for some, make it very challenging to combat even just one issue.

PWID struggle to stay afloat while bearing the heavy weight of drug addiction.



Problem

The core problem you are trying to address.

PWID long for a brighter and healthier future, but their use of drugs has grown into a wave of challenges that keep many of them in a constant state of struggle. HIV is one of their many problems, and for them, addressing their risk of HIV and getting support (especially around PrEP) often require extra seeking and effort, and are usually at odds with caring for their addiction. Even the time queuing at a clinic can be seen as a “cost.”

HIV prevention just adds more weight to their burden.

Strategy



Strategic Idea

The most powerful idea that can address the problem.

PrEP is one step you can take to start living the life you want and deserve.



Support

Reasons that support the audiences' belief in the strategic idea.

- You get to stay in control. The choice to take it is yours. It fits your life, not the other way around, so you get to go on living life the way you want.
- PrEP is protection you can easily start now and on your schedule.
- PrEP keeps you HIV negative, free of the diagnosis that would make your life more challenging.
- When used correctly and consistently, PrEP is proven to greatly reduce your risk of acquiring HIV so you can stay protected from the adversities that come with contracting HIV.



Considerations

- When used correctly and consistently, PrEP is proven to be highly effective in reducing one's risk of acquiring HIV.
- Because PrEP doesn't protect against STIs, it should be used together with condoms.
- PrEP does not protect against pregnancy.

Engagement



Channel Recommendations: Clinic



Printed Materials:

Brochures and pamphlets that offer information and education on safe injecting practices, safe sex practices, and healthcare access, as well as details on relevant programs, may encourage or remind PWID of accessible care. Printed materials can also include innovative formats that may be more attractive, such as stickers or postcards.



IPC:

One-to-one communication using outreach workers, as well as peer-to-peer interventions.¹

In-person outreach should target hotspots where PWID are known to buy (and inject) drugs. One study concluded that PWID typically congregate at outdoor public areas near where drugs are sold.²



Tips for Connecting with Your Audience

Common Interests:

Many PWID enjoy listening to music, watching TV, watching movies, spending time with family, spending time with friends, playing football, and going to the beach.³

Where they seek care and information:

Many PWID visit government hospitals, but when possible, will also seek care from NGO hospitals or drop in centers.³

Some PWID currently get sexual and reproductive health information from community talks, church, mobile doctors, friends, peers, radio and TV, and hospitals or health centers.³ When asked how they think PrEP should be communicated to people like themselves, PWID suggested many of the same channels, added seminars.³

Information that is most credible is that which is endorsed by their community.⁴ However, research suggests HIV is rarely discussed openly among PWID.⁸

Consider intersections with other at-risk groups:

An individual who injects drugs may also be part of another at-risk population—such as MSM, sex workers, and prisoners. Therefore, providers should be sensitive to these co-existing factors. Programs for PWID should also address the specific needs of female PWID, those who sell sex, and PWID from previously disadvantaged communities.⁶

There is interest—and need—for support:

PWID are generally open to healthcare when they can access it in a safe way. Chris Beyrer, president of the International AIDS Society says, “... if you reach out to drug users and provide services to them in a safe and nonjudgmental way, they are very eager and willing participants. If they are given access to safe approaches, they will take them and they will use them.”⁴

PWID generally need a range of forms of support in relation to their health and social welfare. In addition to medical intervention and care, they may need social support, such as assistance with accessing work, housing, and food.⁵

Leverage existing services:

ATTC (Addiction Technology Transfer Center) Networks in SA, as well as OST (opioid substitution therapy) programs may be key resources when planning for rollout of a PrEP campaign for PWID.⁷

More information on PrEP is necessary:

In 2017 market intelligence conducted by OPTIONS in Kenya, many PWID surveyed did not believe there was proof that PrEP worked. Respondents also shared major worries about adherence, including forgetting to take it and not wanting to mix it with alcohol.³ Successful ART counseling strategies may be useful in developing PrEP adherence messaging. These findings show that providing information about PrEP is essential (as it is with any newly rolled-out product). Educating providers and sensitizing all health care workers to PrEP will be important as well.

Keep it simple:

For communications materials used in outreach efforts, such as posters or leaflets, keep the message simple. The easier the message is to grasp, the easier it will be to translate and engage audiences.¹



Recommended Tactics

Train providers in sensitivity and confidentiality:

Discrimination by and hostility from healthcare workers are huge barriers inhibiting PWID from seeking and receiving care.⁸ Providers at all levels should be adequately trained in engaging with PWID with sensitivity, confidentiality, and without judgment. Training methods include courses, mentorship programs, continuous medical education, study tours, and exchange learning visits.¹

Deliver through peers:

Peer distribution of needles and syringes can increase access, especially for the most marginalized people (women and young users). This can also help ensure a constant supply of needed equipment throughout the week.⁹

Educate and inform on PrEP:

Due to low awareness and understanding of PrEP, PWID need comprehensive education about what PrEP is, how it works, how it is effective, and how to take it.³

Foster awareness of risk:

PWID may not accurately understand or perceive their own high-risk activities. It may be helpful to review safe injecting practices and safe sex practices.¹

Make it convenient and accessible:

The opportunity cost of seeking healthcare for PWID may be top-of-mind; therefore, clinics should think of ways to remove anything that might be a barrier in time or money. For example, some clinics have implemented a policy giving priority for PWID within queues when accompanied by an outreach worker. As another example, some clinics or clinic partners organize transportation assistance.⁵

Emphasize community ties:

To build credibility and trust, clinics should form partnerships with roots within the PWID community and among their peers.

Partnerships:

Identify and connect with other organizations and programs that are already engaging PWID, such as peer educator programs, medically-assisted therapy programs, harm reduction programs, support networks, and community-based organizations.

Combine prevention and harm reduction:

In addition to PrEP and condoms, combination prevention approaches have included needle and syringe programs, opioid substitution therapy, HIV testing and counseling, and antiretroviral therapy; these have been found to have the greatest and most cost-effective impact on the HIV epidemic among PWID, as they address convenience and accessibility concerns.⁸

Offer other needs:

Consider also offering access to things that PWID may need or want, such as sterile injecting equipment, mental health services, SRH care, and condoms.



References

1. National AIDS and STI Control Programme (NAS COP). National Key Populations Communication Strategy 2014–2017. http://icop.or.ke/wp-content/uploads/2016/10/KP-Communication-Strategy-2014_2017.pdf Published September 2014. Accessed December 22, 2018.
2. Tun W, Sheehy M, Broz D, et al. HIV and STI prevalence and injection behaviors among people who inject drugs in Nairobi: results from a 2011 bio-behavioral study using respondent-driven sampling. *AIDS Behav.* 2015;19(suppl 1):S24-35. doi:10.1007/s10461-014-0936-3.
3. OPTIONS. OPTIONS Market Intelligence Report: Kenya. https://www.prepwatch.org/wp-content/uploads/2018/11/insights_comms_PWID_kenya.pdf Published November 9, 2018. Accessed January 11, 2019.
4. Green A. How Africa's addicts are being helped to stay HIV-free. *Bhekisisa Centre for Health Journalism.* <https://bhekisisa.org/article/2016-04-20-00-how-africas-addicts-are-being-helped-to-stay-hiv-free> Published April 20, 2016. Accessed January 3, 2018.
5. Guise A, Rhodes T, Ndimbii J, Ayon S, Nnaji O. Access to HIV treatment and care for people who inject drugs in Kenya: a short report. *AIDS Care.* 2016;28(12):1595-1599. doi:10.1080/09540121.2016.1191606.
6. Southern Africa HIV Clinician Society/Wits RHI. Working with Different Groups: Module 3(f), People who Inject Drugs. Powerpoint presentation. Published February 2, 2017.
7. NGO staff interviews conducted for strategic concept testing in South Africa, Uganda and Zimbabwe.
8. UNAIDS. The Gap Report. http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf Published 2014. Accessed December 22, 2018.
9. Hyde L. Achievements and challenges in introducing a harm reduction programme in Kenya. <http://www.cahrproject.org/wp-content/uploads/2016/04/kenya-report.pdf> Published April 2016. Accessed December 22, 2018.