

# **HIV AND SUBSTANCE ABUSE**

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## **BACKGROUND**

Studies previously done have shown that substance abuse facilitates the spread of HIV and also complicates its management.

It is essential to acknowledge that drugs and alcohol do in fact work to provide a positive response. They relieve anxiety, decrease fear, enhance feelings of confidence and make the user feel good. Social pressure facilitates the progression from experimentation to occasional use, then to tolerance, then high-risk behaviors or interference with treatment adherence (Stalletal 1986). Nurses find it difficult dealing with HIV and addiction, but through early identification and appropriate intervention may prevent continued and excessive morbidity and mortality.

## **PURPOSE**

To asses if substance abuse and HIV spread are still linked and can the results be useful and applicable to Bulawayo, a Zimbabwean City with a current adult rate of HIV transmission of 21%.

## **METHODOLOGY**

Two research arms were followed, group A of 96 randomly chosen youths (15-24 years) around Bulawayo Suburbs and Group B of 30 youths from Mpilo Central Hospital Opportunistic Clinic with 5 000 adolescents already on ARVs. Each group answered a 20 item questionnaire on HIV and substance abuse in youths.

The questionnaire was structured in a friendly manner and they completed the paper in privacy. This was done to promote maximum disclosure by participants. Youths already on ARVs were regular clients of the researcher, to allow privacy they used their chill-room and this made the researcher to get the best responses in a non-biased set up that could ever be created in this special group.

## **RESULTS**

Due to limited resources as well as lack of man-power, research findings were manually analysed. The results showed that Group A had 65%, 58% youths living in the High density suburbs, 54% lived with both parents. Early sexual debut rate was 6%.

None of the participants practiced unnatural sex. 26% had never been tested for HIV, 15.63 were HIV Positive and of these 87% on ARVs, 37% used drugs, 53% used marijuana and alcohol, only 2.08% on opiates. Access and use of condoms was 47% and under the influence of drugs 8.33% had occasionally experienced unprotected sex and 47% used protection.

Group B showed similar demographic data except that 6,67% were child-headed families.

Early sexual debut rate was 13%, 6.67% practiced 'unnatural sex' and 67% were not sexually active. Of the drugs used in this group 30% were on marijuana and alcohol, 13% sniffed glue, with 33,3% smoking ARVs (Efaviraze), 60% had easy access to condoms. Under the influence of these drugs 13% occasional had unprotected sex and 20% used protection.

### **CONCLUSION**

HIV Positive youths have higher rates of substance abuse, therefore, they have higher rates of transmission risk behavior under the influence of drugs which confirms that substance abuse still helps in the spread of HIV.

### **IMPLICATIONS FOR PRACTICE**

The research expands our knowledge that more psycho-social measures are needed to address the challenges in HIV positive youths in order to create an HIV free generation.

### **OBJECTIVES**

The learner will be able to:

- Determine if substance abuse is a risk factor for HIV transmission amongst adolescences.
- Determine the effects of substance abuse in youths already on ART as this causes poor adherence and defaulters.
- Determine the psycho-social causes of substance abuse linked to HIV spread.