

ORIENTATION WORKSHOP: ORIENTATION TO OUTREACH AMONG INJECTING DRUG USERS

A

INTRODUCTION

The **Orientation workshop** is designed to provide an overview of the usefulness of outreach in addressing HIV/AIDS among injecting drug users (IDUs). It is designed for decision-makers and can be used at conferences, seminars, workshops or other venues at which decision-makers gather. It can also be used in conjunction with the **Programme development workshop** module, if desired, to move immediately from deciding whether outreach is useful in a specific locality to starting the process of implementing outreach among IDUs. The **Orientation workshop** module should be able to be offered in half a day.

Sessions in the module emphasize the need to address HIV/AIDS among IDUs (based on evidence from many countries on the nature, speed and cost of HIV epidemics among IDUs), provide evidence for the effectiveness of outreach and other methods of addressing HIV among IDUs, and assist participants in deciding whether outreach to IDUs should be implemented in their locality. The module also helps participants to plan the next steps in implementing an outreach programme among IDUs (including the planning for workshops on **Programme development, Programme management** and for **Field worker training**).

This chapter provides an overview of the module together with the list of materials needed, preparations needed, and an outline of the sessions in the module. Please remember that all teaching notes and slides for this module are contained in a PowerPoint file on the CD-ROM labelled "Orientation workshop slides".

AIM OF THE WORKSHOP

To provide an overview of outreach to IDUs so that decision-makers can choose whether to implement such outreach programmes in their countries, provinces or local areas.

ACTIVITIES

Lectures, role-playing, case study discussions, small-group work.

MATERIALS

- ▶ Computer projector (for PowerPoint slides) or overhead projector
- ▶ Computer with PowerPoint slides or printed overhead slides
- ▶ Flip-chart paper on a stand at least marker pens (various colours)
- ▶ Optional: whiteboard or blackboard (plus chalk for blackboard or special whiteboard marker pens)
- ▶ Optional: case study video (from CD-ROM)
- ▶ *Handouts* (one for each participant):
 - ✓ *Case studies*
 - ✓ *Evaluation forms*
 - ✓ *Certificates*
 - ✓ *WHO Outreach training guide* (this book and CD-ROM, or at least the CD-ROM)

BEFORE THE WORKSHOP

Arrange everything you will need for the workshop such as venue, materials, catering (if appropriate) for the breaks, etc. Print out **Orientation workshop** slides with **Teaching notes**, and familiarize yourself with the PowerPoint slides.

Also, insert times, venue and other relevant details in the **Orientation workshop** agenda template (on CD-ROM) and make as many copies of this as there are workshop participants; do the same with the **Orientation workshop** evaluation sheets (also on CD-ROM). Choose appropriate case studies (also on CD-ROM) and have these copied so that each participant has a copy: make certain that you choose at least one case study though you may choose to use more than one. You may also wish to use one of the videos included on the CD-ROM in the Case study session (Session A.4). If possible, also copy suitable background materials for participants' further reading after the workshop (see Additional training resources on CD-ROM). **Certificates** (on CD-ROM) should be completed, printed out, copied and signed and the names of participants filled in (ready for distribution at the end of the workshop).

In some settings, it is common practice to provide participants with a copy of all overhead slides: these copies should also be made before the workshop.

WORKSHOP OUTLINE

- A.0 Introduction
- A.1 HIV epidemics among IDUs
- A.2 How to contact IDUs
- A.3 Effective approaches to HIV among IDUs
- Break
- A.4 Outreach case study
- A.5 Action plans for outreach
- A.X Evaluation and close

A.0. INTRODUCTION

(15 MINUTES)

Training objective: To provide participants with an understanding of the workshop's purpose and activities, and introduce participants to facilitators and each other.

Learning objectives: By the end of the session, participants should have increased knowledge about:

- ▶ the training workshop's aim;
- ▶ the workshop's duration, timing of breaks and main topics covered; and
- ▶ their fellow participants.

Key learning points:

- ▶ Decision-makers need information on HIV prevention among IDUs so that they can decide which methods should be used in their localities.
- ▶ This workshop should lead to a decision about the usefulness of outreach in HIV prevention among IDUs in the participants' localities.

Techniques: Lecture, introductions.

Orientation workshop slides: Slide A1

Session approach and content: See the section on workshop methods for introducing participants and Ice-Breaker games.

A.1. HIV EPIDEMICS AMONG IDUs

(20 MINUTES)

Training objective: To motivate participants to focus on HIV prevention among IDUs.

Learning objectives: By the end of the session, participants should have increased knowledge about:

- ▶ the ways in which HIV can spread among IDUs and from IDUs to others;
- ▶ the speed at which HIV epidemics can develop among IDUs; and
- ▶ the impact of IDU-related HIV epidemics on individuals, societies and economies.

Key learning points:

- ▶ HIV among IDUs has been identified in many countries.
- ▶ HIV epidemics can spread very quickly among IDUs.
- ▶ The personal, social and economic costs of HIV epidemics among IDUs can be very high.
- ▶ Every society where injecting drug use has been identified needs to carry out interventions to prevent HIV from spreading among IDUs.
- ▶ HIV spreads from IDUs to other populations (e.g. sex workers).

Techniques: Lecture, discussion.

Orientation workshop slides: Slide A2–A7

Session approach and content: This lecture presentation begins by discussing HIV epidemics among IDUs. The global nature of injecting drug use is explored, and participants should note that injecting illicit drugs has increased rapidly worldwide in recent years. There are personal, social and economic reasons for this increase.

HIV can spread very quickly among IDUs. Explosive HIV epidemics among IDUs have occurred in many cities in the past 20 years, including New York City (United States of America) in 1979, followed by such cities as Edinburgh (Scotland), Bangkok (Thailand), Ho Chi Minh City (Viet Nam), Santos (Brazil), Odessa (Ukraine), Svetlogorsk (Belarus), Moscow and Irkutsk (the Russian Federation), Narva (Estonia), and in the Libyan Arab Jamahiriya in 2002. Explosive spread has also occurred across entire provinces such as Manipur in India and Yunnan in China, and across countries such as Myanmar. In some areas, HIV prevalence among IDUs has escalated from less than 5% to over 40% in a period of less than 12 months. In Manipur, prevalence increased from under 10% to more than 60% in six months. In eastern Europe, where the epidemic only emerged in about 1996, 80–90% of new HIV infections were among IDUs in 2002. The fastest-growing HIV epidemic ever recorded is among IDUs in the Russian Federation.

HIV transmission among and from IDUs occurs in several ways: by sharing of injecting equipment; via drug contamination through certain drug preparation processes and rituals associated with injecting drug use; through high-risk sexual behaviours; through mother-to-child transmission, where the mother is HIV infected; and through needle stick injuries and blood transfusion, particularly where IDUs sell blood. HIV epidemics among IDUs can cause massive epidemics in countries with high numbers of IDUs, which can lead to subsequent epidemics in other sub-population groups where HIV risk behaviours are common. Similarly, it can also trigger expanded epidemics in countries where most HIV transmission is through any one of the sexual routes.

The economic, social and personal costs of HIV epidemics among IDUs are very high and need to be addressed. Because HIV spreads so quickly among IDUs, interventions must be carried out urgently to prevent or reduce massive epidemics of HIV among IDUs.

A.2. EXERCISE: HOW TO CONTACT IDUs

(35 MINUTES)

Training objective: To introduce participants to some of the obstacles to effective HIV prevention among IDUs.

Learning objectives: By the end of the session participants should have increased:

- ▶ knowledge of obstacles to HIV prevention among IDUs;
- ▶ awareness of their own abilities to directly intervene in IDUs' behaviours; and
- ▶ sense of comfort with their fellow participants.

Key learning points:

- ▶ Injecting drug use is hidden and marginalized: it often occurs in the same areas as other criminal activities.
- ▶ Not everyone is comfortable visiting the places where IDUs might be found and talking with IDUs.
- ▶ IDUs may not listen to advice and follow recommendations for changing their behaviour.

Techniques: Small-group discussion, plenary discussion.

Orientation workshop slides: Slide A8

Session approach and content: This small-group exercise asks participants to list the various places where IDUs may be found across all the localities represented in the group. They are also asked whether they would feel comfortable going to all of these places and talking to IDUs about HIV and drug use issues. Then they are asked whether they believe IDUs would listen to messages delivered by participants.

The exercise reveals that it is difficult to reach and communicate with IDUs, and research has shown that the effectiveness of this communication with IDUs depends greatly on who is trying to communicate and where the communication takes place.

A.3. EFFECTIVE APPROACHES TO HIV AMONG IDUs

(25 MINUTES)

Training objective: To provide an overview of the evidence of how effective various methods are in preventing HIV among IDUs.

Learning objectives: By the end of the session, participants should have increased knowledge of:

- ▶ methods used to prevent HIV among IDUs;
- ▶ relative effectiveness of these methods; and
- ▶ the relationship of outreach to other effective methods.

Key learning points:

- ▶ Public health approaches are needed to effectively address HIV among IDUs.
- ▶ Within a public health approach, several specific activities have been shown to be highly effective in preventing HIV transmission among IDUs, especially when they are used in combination with one another. These are outreach, other relevant and credible education, increasing the availability of needles and syringes, drug substitution treatment, e.g. methadone programmes, and condom distribution.
- ▶ While outreach may be limited in effectiveness on its own, it is often the first effective method to be implemented and is vital to the success of HIV prevention among IDUs.

Techniques: Lecture.

Orientation workshop slides: Slides A9–A18

Session approach and content: Effective approaches to HIV/AIDS and injecting drug use need to include a range of public health responses. The Ottawa Charter of Health Promotion is the foundation document of such public health approaches. It calls for:

- ▶ promoting health through public policy;
- ▶ creating a supportive environment;
- ▶ reorienting health services;
- ▶ strengthening community action; and
- ▶ developing personal skills.

Four main groups need to be targeted for the development of personal skills (Ball, 1998):

- ▶ IDUs;
- ▶ sexual partners, families and friends of IDUs;
- ▶ doctors and other health care workers (e.g. psychologists, nurses, social workers); and
- ▶ outreach workers and peer educators.

Participants are shown that the above framework sees outreach workers as vital in effective HIV prevention among IDUs. An effective prevention programme also requires:

- ▶ emphasis on short-term pragmatic goals (e.g. preventing HIV transmission in a specific circumstance) over long-term goals (e.g. complete cessation of drug use)
- ▶ use of multiple strategies to achieve goals;
- ▶ provision of the means to accomplish risk reduction, e.g. condoms and sterile needles and syringes; and
- ▶ involvement of people who inject drugs in the planning and implementation of programmes through recruitment of current drug users.

A typical hierarchy of drug-related HIV risks is as follows:

- ▶ Stop or never start using drugs: if you do not use injectable drugs, you cannot catch infections through needle sharing.
- ▶ If you use drugs, use them in any way but injecting; if you do not inject drugs, you cannot catch infections through needle sharing.
- ▶ If you continue to inject, do not share needles, mixing waters/containers/cookers/spoons or filters with other drug users or use new injecting equipment every time: if you use new injection equipment every time, you cannot catch viral infections such as HIV.
- ▶ If you need to reuse any equipment, use your own injecting equipment every time; if you reuse your own injection equipment every time, you cannot catch viral infections such as HIV (unless someone else has used your equipment without your knowledge).
- ▶ If you need to reuse any equipment and you believe you need to use someone else's equipment (needle or equipment sharing), clean needles by an approved method (see *Handouts* on the CD-ROM for details). There is some risk of HIV transmission after needle cleaning, but cleaning in an approved manner will reduce the likelihood of transmission.

As this risk hierarchy shows, many different groups and activities should be involved in order to reduce the risk of HIV transmission, from drug prevention campaigns to drug treatment agencies to outreach workers and to IDUs themselves.

In 2001–2002, WHO commissioned a series of reviews and policy briefs from the world's leading authorities on HIV among IDUs. Known collectively as *Evidence for Action*, these briefs are being published both as printed documents and online, as they are finished. They show clear evidence that five activities can be highly effective in preventing HIV transmission among IDUs. While each activity seems to have limited effectiveness by itself, when several or all are used at the same time, HIV epidemics among IDUs have been prevented, stabilized and reduced. The five activities are:

- ▶ **Outreach.** The reviews refer to outreach as an approach for contacting drug users in their local neighbourhoods and providing them with education, advice (risk-reduction counselling), testing and counselling and the means (skills and/or products such as needles, syringes, bleach, condoms, sexually transmitted infections treatment) to change their risk behaviours related to injecting drug use and sex.
- ▶ **Relevant, credible education and information.** This is sometimes called information, education, communication (IEC) or behaviour change communication (BCC). It forms an important part of outreach work but can also be carried out in additional ways through the use of leaflets, videos, and a wide variety of targeted and mass media.
- ▶ **Increased access to needles and syringes.** Specifically, the reviews summarize the large body of evidence for needle and syringe programmes (NSP), which sometimes include the exchange of used needles and syringes during the distribution of new needles and syringes.
- ▶ **Drug substitution treatment with methadone and buprenorphine.** For users of opioids such as heroin, drug substitution has also been shown to be highly effective in preventing HIV transmission among IDUs while other drug dependence treatments were found to be less effective.
- ▶ **Supportive policy, legislation and targeted advocacy.** These approaches have contributed to reducing marginalization, so that IDUs can access HIV prevention services.

The **Evidence for Action** reviews found that:

- ▶ Outreach is the most widely used intervention to prevent HIV among IDUs worldwide, with evidence of outreach programmes to address these issues in almost every continent. It is the least costly intervention and often the easiest to begin (compared with large targeted education, needle and syringe or drug substitution treatment programmes). Several studies have shown that outreach can be effective by itself and that it usually plays a major role in a comprehensive HIV prevention programme among IDUs.
- ▶ HIV information, education and communication (IEC) interventions for IDUs are one component of an effective HIV prevention programme among IDUs. These interventions can sensitize both the population in general and people who inject drugs to the potential risks associated with injection, to the availability of counselling and testing facilities, and to treatment and care options. IEC approaches also have an important role to play in outreach work, including peer-education programmes.

Information about HIV/AIDS-related risks and ways of reducing risk may be made available through illustrated leaflets and booklets, as well as through word of mouth.

► NSPs have been found to be most effective when they are integrated with other forms of health care, either within a set of government or nongovernment services from a single provider or as part of a referral network of services. In many countries NSPs are combined with education and outreach programmes to attract IDUs with needles and syringes, abscess management and other prevention supplies, and provide education on HIV and related topics in areas where IDUs live and congregate. IDUs who attend NSPs, compared with those who do not, generally have:

- ✓ lower risk behaviours, especially needle and syringe sharing;
- ✓ fewer new cases of HIV each year;
- ✓ a lower percentage of HIV than IDUs who do not attend NSPs or IDUs in areas where there are no NSPs.

► Policy and legislation can greatly influence any public health intervention especially among marginalized populations, e.g. IDUs. To create a local environment supportive of adopting and maintaining a safer behaviour among IDUs, supportive policy and legislation at national level are crucial. Public policy and legislation that inhibit or discourage implementation of public health programmes, e.g. outreach, HIV/AIDS education and NSPs, can lead to negative public health consequences.

Drug treatment programmes have been found to be effective in assisting drug users to reduce or stop injecting, especially where drug substitution treatments are used. Methadone programmes are the most widely used types of drug substitution treatments but others include buprenorphine, pethidine, heroin, morphine and tincture of opium. Some studies have found that participants in a methadone programme were half as likely to be infected with HIV compared with drug users not participating in a methadone programme.

A.4. OUTREACH CASE STUDY/GUEST LECTURE

(45 MINUTES)

Training objective: To provide participants with an understanding of how outreach for HIV prevention among IDUs has occurred in one context and to allow discussion of the usefulness of outreach in participants' cities, provinces or countries.

Learning objectives: By the end of the session, participants should have increased:

- knowledge of specific characteristics of outreach for HIV prevention among IDUs;
- understanding of the benefits and negative aspects of outreach work; and
- understanding of the usefulness of outreach in their own localities.

Key learning points:

- Outreach is effectively carried out in localities similar to that of the participants.
- Outreach may have negative or problematic aspects.
- Outreach may be useful and achievable in participants' localities.

Techniques: Individual reading, group watching of a video and/or guest lecture, followed by small-group discussion and plenary discussion.

Orientation workshop slides: Slide A19

Session approach and content: At this point, a guest lecture by an outreach worker can be very effective, especially if the outreach worker comes from the same country as or a similar country to the participants. The guest lecture should be short (about five minutes), just describing the lecturer's daily work and allowing about ten minutes for questions from participants. This guest lecture can replace the case studies. If there is sufficient time, both case studies and guest lecture can be used to give participants a more complete picture of outreach work.

The guest lecturer or the facilitator may also decide to use this session to warn the participants that it is very important not to release any sensitive information about the IDUs, e.g. personal identity, drug injecting or hang-out spots and drug-acquiring spots. They should explain that such disclosure is more likely to result in arrest of the IDUs or a police raid of IDU hang-outs, which will cause distrust among the IDUs, drive them further underground and jeopardize the outreach programme activities among the IDUs.

Alternatively, a video can be shown to demonstrate outreach methods. Case studies and videos are included on the CD-ROM.

After the case study or guest lecture, participants are asked whether outreach would be useful for HIV prevention among IDUs in their locality. A discussion is held on this topic as participants decide whether to move on to the final step of the workshop (see below).

A.5. ACTION PLANS FOR OUTREACH

(60 MINUTES)

Training objective: To provide participants with individual action plans to begin the process of developing outreach programmes for HIV prevention among IDUs in their localities.

Learning objectives: By the end of the session, participants should have increased:

- ▶ knowledge of WHO materials to assist in starting outreach programmes and how to access these materials;
- ▶ understanding of their own role in developing outreach programmes in their localities; and
- ▶ understanding of other participants' roles in developing outreach programmes in their localities.

Key learning points: By senior policy-makers and the community:

- ▶ WHO has several training and other materials that can be used to help begin the development of outreach programmes.
- ▶ The development of outreach programmes will require several steps.

- ▶ Important starting points are an understanding of the need for effective HIV prevention among IDUs, and increased knowledge for these groups about effective methods of preventing HIV among IDUs.

Techniques: Lecture, followed by individual planning, then presenting plans to the group and general discussion.

Orientation workshop slides: Slide A20 – A24

Session approach and content: In this session, participants are shown examples of resources available (such as these workshop guidelines) to assist decision-makers in implementing outreach programmes.

Participants are asked to write individual action plans, that are SMART:

Specific: The objective should state clearly what the programme is trying to achieve.

Measurable: It should be possible to measure the objective fairly easily without massive resources devoted to research and evaluation.

Achievable: The objective should be achievable within the available resources (financial, human and other).

Relevant: The objective must be useful to the overall process of working towards the goal.

Time-constrained: The objective should be attainable within a certain time limit, otherwise it is difficult to measure.

After individual plans are completed, each participant is asked to read their plan to the group.

A.X. EVALUATION AND CLOSE

(15 MINUTES)

Training objective: To provide trainers with insight into the effectiveness of their training materials and methods and to offer participants a structured way to comment on the training process.

Techniques: Individual completion of evaluation forms, followed by thanks and farewells.

Session approach and content: Workshop evaluation sheets are distributed and completed by the participants.