

TRAINING GUIDE FOR HIV PREVENTION OUTREACH TO INJECTING DRUG USERS

FIELD WORKER TRAINING



WORLD HEALTH ORGANIZATION
Department of HIV/AIDS

CONTENTS

DAY 1	4
D1.1. Self-expression: Who am I?	4
D1.6. Communicating with drug users I	4
D1.7. HIV/AIDS knowledge test	5
HIV/AIDS knowledge questionnaire	6
D1.10. Anonymous questions	8
D1.X: Evaluation and close	8
DAY 2	9
D2.0. Welcome	9
D.2.1. Who is a drug user?	9
D2.3. Why do people take drugs?	10
D2.7. Needle and syringe use demonstration	10
D2.X: Evaluation and close	12
DAY 3	13
D3.0. Welcome	13
D3.1. Safer-sex arguments	13
D3.3. Communicating with drug users II	14
D3.5. Education messages exercise	15
D3.X: Evaluation and close	15

DAY 4	16
D4.0. Welcome	16
D4.1. Impressions of outreach work	16
D4.2. Problem-solving with injecting risks	16
Handout D8.1 Group A problems	17
Handout D8.2 Group B problems	17
D4.4. Communicating with drug users III	19
D4.5. Referral	19
D4.6. What other agencies do	20
D4.7. What will my friends say?	20
D4.9. My list of relapse triggers	21
Handout D9	21
D4.10. Observation exercise	22
D4.X: Evaluation and close	22
 DAY 5	 23
D5.0. Welcome	23
D5.3. Evaluation and monitoring exercise	23
D5.4. What are the attributes of an effective outreach worker	24
D5.6. Team meeting role playing	24
D5.9. Follow-up and networking	25
D5.X: Evaluation and close	25

EXERCISES

DAY 1

DAY 2

DAY 3

DAY 4

DAY 5

DAY 1

D1.1. SELF-EXPRESSION: WHO AM I?

(25 MINUTES)

Teaching notes

Distribute Handout D1 and ask participants to complete the sentences. Inform them that they will be asked to read out their answers when they are completed. Ask them to be honest. Allow five minutes to complete the questions.

While the exercise is under way, note if any participants are having difficulties (this could be a sign of illiteracy or low-level literacy). If any participants appear to have trouble reading or writing, team them up with stronger readers who can help them. Severe literacy problems can cause problems for the whole training course so trainers should consider whether the participants are suited to this course or whether different training methods should be employed (e.g. with more illustrations and on-the-job training).

After participants have completed the questions, ask them to read their statements out loud. If participants' voices are too soft to hear, ask them to speak up. Encourage each participant by leading applause after each has finished. Inform participants that the training course will require them to give opinions many times and ask them to be honest and to speak clearly so all can hear. Inform them that this is important not just for the plenary discussions but also in small groups.

D1.6. COMMUNICATING WITH DRUG USERS I

(25 MINUTES)

Teaching notes

Look around the group of participants and decide to whom various roles should be assigned (see below). Choose either people who you think will naturally act well in that role or people who may benefit from playing a role very unlike their usual occupation. Try to balance the sex distribution (with half the roles to men and half to women), though this will depend on whether participants of both sexes are present and it may depend on cultural factors. Participants playing religious and parental roles will need to match the sex of the roles.

Distribute a set of cards on which the following roles have been written in large letters:

- ▶ Police/ Public Security/Internal Affairs officer (select whichever is appropriate)
- ▶ Doctor
- ▶ Mother
- ▶ Father
- ▶ Brother
- ▶ Sister
- ▶ IDU friend
- ▶ Drug dealer
- ▶ Priest/ Imam/ Monk/Nun (depending on dominant religion(s): more than one role can be assigned in multi-religious countries)

Finally, select a participant to play the role of an IDU. This should be someone who is articulate and who appears (from the morning sessions) to be particularly sensitive to the needs of IDUs, may have experience with drug use, or is particularly concerned about the way IDUs are treated by society.

Ask the participant playing an IDU to sit on a chair in the middle of the room. Remove all other chairs to a distance of at least two metres from this chair (all other participants may stand and push their chairs against the walls if this helps to create space).

Ask the participants holding other role cards to write one sentence that they think a person in that role would want to say to the IDU. Give them two to three minutes for this task. Then ask each role-playing participant in turn to come up to the "IDU" and, playing the role they have been given, address the "IDU", stating their role and their one sentence.

After all of the sentences have been said, ask all role players to gather closely around the "IDU" and to say their sentence over and over for two minutes (timed by the trainer): this results in a loud cacophony. After this, ask the "IDU" how the exercise felt.

Usually, the "IDU" will:

- ▶ remember most clearly those remarks that were most friendly towards the IDU and/or those remarks that were most emotional; and
- ▶ remember those remarks accompanied by touching.

If useful, also ask the other role players how they felt about playing their role or how they felt towards the IDU within their role. This latter question will often elicit answers like "angry". Lead a discussion among participants about the points brought out by the role-playing. Try to elicit the following points:

- ▶ Any communication to an IDU must compete with all the other communications an IDU receives every day.
- ▶ Health issues are not necessarily the most significant problems an IDU faces each day.
- ▶ Many communications to IDUs are angry and negative.
- ▶ IDUs are likely to mistrust anyone who tries to communicate with them, expecting them to be angry and negative.

If these points do not emerge from the discussion, the trainer should state them.

D1.7. HIV/AIDS KNOWLEDGE TEST

(40 MINUTES)¹

Training objective: To provide trainers with an understanding of the level of HIV/AIDS knowledge among participants

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

- ▶ HIV/AIDS

Techniques: Individual form filling, then discussion in small groups

Teaching notes: Provide Handout D2 to each participant. Ask them to fill out the questionnaires by themselves. Inform them that there will be no negative consequences from getting answers wrong and that some questions have multiple correct answers. After providing 15 minutes to fill in the questionnaire, ask participants to form small groups to discuss their answers but not to change their answers. Then, gather the forms and ask if there were any disagreements in the small groups. Ask what the disagreements were about and lead a general discussion for about 10 minutes.

¹ Source of exercise: Van, 2001

DAY 1

DAY 2

DAY 3

DAY 4

DAY 5

HIV/AIDS KNOWLEDGE QUESTIONNAIRE

Please place cross (x) next to the answers you think are correct.

1. HIV can be transmitted by:
 - a. blood infected with HIV
 - b. having penetrative sex with an HIV-positive person without using condom
 - c. a mosquito bites an HIV-positive person then bites a healthy person
 - d. sharing a syringe with an HIV-positive person
 - e. hugging and sleeping with an HIV-positive person

2. AIDS is caused by:
 - a. HIV
 - b. a parasite
 - c. bacteria
 - d. a, b and c are correct
 - e. fungus

3. In your opinion, a condom is used to:
 - a. prevent sexually transmitted infections
 - b. prevent pregnancy
 - c. prevent HIV transmission
 - d. enhance sexual performance
 - e. ensure cleanliness and hygiene after sex

4. In your opinion, using a condom:
 - a. is necessary for people to prevent HIV and sexually transmitted infections
 - b. encourages people to have intercourse more
 - c. is necessary for men, but not for women
 - d. is an educated action because it shows a person cares for his or her health

5. HIV causes disease by:
 - a. directly infecting organs, which leads to death
 - b. attacking red corpuscles
 - c. attacking the immune system
 - d. causing inflammation of organs

6. AIDS is a period when:
 - a. a person has HIV already but is not identified through testing
 - b. a person has HIV found through testing but does not have any symptoms yet
 - c. there are some symptoms: cough, fever, diarrhoea, loss of weight
 - d. a person has HIV already, has symptoms but is not infectious
 - e. a person's immune system has collapsed from HIV infection, there are serious symptoms and the person is still able to transmit the virus to others

7. An HIV-positive person is:
 - a. a drug user
 - b. a sex worker
 - c. a person who has HIV in the body
 - d. a person who has intercourse with many people
 - e. a person who is close to and usually takes care of HIV-positive people

8. How should we treat HIV positive people?
 - a. Isolate them in a separate place and tell everyone their name and address
 - b. Keep their name and address secret to avoid discrimination toward them
 - c. Inform their families without their agreement
 - d. Let them lead a normal life and have the same rights and responsibilities as other members of society

9. In your opinion, who is more likely to become infected with HIV?
 - a. Men because they are often more self-indulgent than women are and more likely to have multiple sexual partners
 - b. Women because they may be asked to have intercourse during menstruation without condoms
 - c. Women because they are unequal in society and unable to insist on safe sex
 - d. Men because they are more likely to take part in high-risk behaviour like drug use and have sexual relationships with sex workers
 - e. Women because women's reproductive organs have very thin membranes and are easily damaged

10. In your opinion, a good way to prevent HIV/AIDS is:
 - a. Do not let HIV-positive foreigners into our country
 - b. Use a condom correctly when having penetrative sex, use clean needles and syringes when drug injecting or give up drug use
 - c. Test everybody to find all the HIV-positive people
 - d. Isolate HIV-positive people in a separate place so they cannot transmit the virus to others
 - e. Provide education and help people to understand the disease, its transmission and prevention, enhancing their sense of responsibility for self-protection and protection of their families

11. Answer whether the following statements are True or False.
 1. HIV stands for Human Immuno-deficiency Virus (T)
 2. HIV and AIDS are the same thing (F)
 3. Everyone who has HIV looks sick (F)
 4. The only way to detect HIV is with an HIV test (T)
 5. The window period is when you can "see" if someone has HIV (F)
 6. HIV is transmitted through sexual activities and blood contact with someone who has HIV (T)
 7. A mother can give HIV to her child through breastfeeding (T)
 8. HIV is transmitted through mosquitoes (F)
 9. HIV can be prevented by using condoms for sex and not sharing injecting equipment (T)

DAY 1
DAY 2
DAY 3
DAY 4
DAY 5

DAY 1

DAY 2

DAY 3

DAY 4

DAY 5

Testing questionnaire answers

- | | |
|--|--|
| 1. a, b, d | 6. e |
| 2. a | 7. c |
| 3. a, b, c, d and e can all be considered as correct | 8. b, d |
| 4. a, d | 9. No answer is correct in all circumstances |
| 5. c | 10. b, e |

When providing the answers after the test is completed, use this process to stimulate discussion among participants, especially for questions where more than one answer may be correct.

D1.10. ANONYMOUS QUESTIONS

(25 MINUTES)

Teaching notes

Provide one 15 x 20cm card to each participant. Ask them to think about everything they have ever heard or read about HIV/AIDS, not only today but also in previous months and years. Ask them to think about any question they have ever wanted to ask on this topic. Inform them that this session is called "Anonymous questions" and will attempt to answer any questions participants have: the questions are written anonymously in private and will be answered for all to hear. Ask participants to shield their card in some way (some may want to move to another part of the room for increased privacy), to write very clearly any question they have, make sure they do NOT put their name on the card and bring the card face down to the trainer. Inform them they have about seven minutes to think of questions and they can ask as many questions as they like.

Once the cards have been collected, the trainer (or guest lecturer) turns away from the group and shuffles the card back and forth (to ensure participants cannot read the cards while they are being shuffled). Cards should then be placed face down and the trainer or guest lecturer should pick up each card, read the question and provide an answer. Trainers or lecturers should try to keep answers brief and trainers should consider whether some questions would be answered in later sessions of the training course. Some questions will be sensitive or embarrassing and will lead to laughter but each question should be answered honestly and carefully.

D1.X: EVALUATION AND CLOSE

(10 MINUTES)

Teaching notes

Explain that the evaluation form is very important, that this training programme is being used in many parts of the world and that comments by training participants will be used to revise training content and methods regularly. For these reasons, participants are asked to be truthful rather than polite. The forms are anonymous so those participants can give their opinions without the trainers or anyone else knowing the source of the opinions.

Hand out DAILY evaluation forms. Allow sufficient time for all forms to be filled in and collect the forms.

Stress the importance of arriving on time for tomorrow's training.

If a meeting of trainers is held at the end of each day, evaluation forms should be read through quickly and discussed. Daily evaluation allows trainers to pick up on problems that can be addressed in following days.

DAY 2

DAY 1

DAY 2

DAY 3

DAY 4

DAY 5

D2.0. WELCOME

(15 MINUTES)

Teaching notes

Welcome participants to the second day of the training course. Chat generally for a few minutes, asking how they spent the previous evening; perhaps relating a humorous story. Try to elicit smiles from participants.

Following this, an Ice-Breaker exercise or a discussion or both can be held. Use the Ice-Breaker if it is common culturally to start each day with such an exercise or if trainers are concerned that participants are still not comfortable with each other. The discussion can be general, starting with a question such as:

- ▶ “Did anyone think about yesterday’s training sessions last night? If so, what did you think about?”
- ▶ “Does anyone have any questions before we start the day?”
- ▶ “How does everyone feel this morning?”
- ▶ “If your mood was the weather, how would you describe it, including a forecast? Sunny, stormy, blue skies but clouding over?”

Another technique is to provide a recapitulation of the previous day’s training sessions. Trainers can either read out a list of the areas covered, asking if any questions remain or ask participants to recap the most important points made (recording these on a flip chart sheet).

D.2.1. WHO IS A DRUG USER?

(50 MINUTES)

Teaching notes

The imagination sequence below should take about seven to eight minutes. Allow 20 minutes for drawing and 22–23 minutes for discussion.

Ask participants to close their eyes and relax their bodies. Ask participants to follow the facilitator’s verbal guidance and draw a mental picture of a drug user. Using a soft voice slowly read out the following questions:

- ▶ Is the drug user male or female?
- ▶ Is he/she old or young? Roughly how old is he/she?
- ▶ What colour is: his/her hair, skin and face?
- ▶ Is he/she thin? Fat? Tall? Short?
- ▶ Does he/she have a job? If so, what is his/her job?
- ▶ What kind of education has he/she received?
- ▶ Does he/she have a family? What kind of family does he/she live in?
- ▶ Does he/she have any special abilities?
- ▶ Does he/she have friends?
- ▶ Is there someone who often helps him/her when he/she has difficulties?
- ▶ What kind of difficulties does he/she run into when he/she asks for help from others?
- ▶ When does he/she feel depressed?
- ▶ What does he/she do when he/she is upset?
- ▶ Does he/she have any health problems?

DAY 1

DAY 2

DAY 3

DAY 4

DAY 5

Ask participants to hold this picture in their minds as they open their eyes. Distribute blank sheets of paper and at least two different coloured pencils to each participant. Ask participants to draw their mental picture of the drug user alone (if they pictured the drug user alone) or with friends and family, etc. Then ask each participant in turn to come out in front of the group and show his or her drawing. Ask each participant to explain what the drawing represents to gain a clear idea of how the participants view drug users.

The important part of this exercise is not the quality of the drawing (or even what is drawn) but the discussion of what the participant has drawn. During the discussion of the drawings, try to elicit the following points.

- ▶ Drug users include many different people in society from the coffee drinker to the aspirin chewer to the heroin injector.
- ▶ Even among drug injectors, there is a wide range of variation from older men living alone to young women who inject with friends.
- ▶ Most drug users, injecting or otherwise, have friends, families, health problems, other problems and ways of coping with them.

(Source: China-UK HIV/AIDS Prevention and Care Project, 2002)

D2.3. WHY DO PEOPLE TAKE DRUGS?

(15 MINUTES)

Teaching notes

Standing by the flip chart or white board, ask why do people take drugs. If participants start to argue about any point, state that this is a brainstorming session and that you just want a lot of ideas quickly. Record key words for the reasons on the whiteboard/flipchart. After about ten minutes, ask if all of these reasons are relevant to every drug user. When participants disagree, ask why. This should elicit the view that many different types of people take drugs. Lead a discussion on this point for about 15 minutes, examining the issue of stereotyping (refer back to the pictures of drug users) and how stereotyping can lead to false beliefs about the reasons for taking drugs.

D2.7. NEEDLE AND SYRINGE USE DEMONSTRATION

(40 MINUTES)

Teaching notes

Give one needle and syringe (with the needle joined to the syringe in an unopened package), a plastic spoon, a piece of cotton wool (or cigarette filter), a second piece of cotton wool (or alcohol swab) and a plastic cup to each participant. The trainer demonstrates at the front of the plenary group the basic method of injecting powdered drugs. The steps are:

- ▶ Take a small amount of sugar and place it in the spoon.
- ▶ Open the syringe package and remove the needle and syringe. Inform participants that some IDUs use separate needles and syringes and at this point might use one needle for drawing up water and a different one for injecting.
- ▶ Use the syringe to draw up water.
- ▶ Place water in the spoon so that it is about three-quarters full.
- ▶ Use the top of the syringe to mix the water and sugar together while pretending to heat underneath the spoon with a cigarette lighter. Experienced trainers may use a

real cigarette lighter or match to do this but inexperienced trainers and participants may melt the spoons, resulting in a large mess. For this reason, participants are asked to simulate the heating process.

- ▶ Once the sugar is dissolved, place a piece of cotton wool or a filter in the teaspoon.
- ▶ Place the tip of the needle against the filter and use the syringe to draw the liquid up.
- ▶ Replace the cap on the needle. Inform participants that this is done for the exercise simply to prevent needle stick.
- ▶ Simulate the injecting process into one arm.
- ▶ Hold thumb and forefinger around the upper arm and say that normally a tourniquet is used at about this point to help define a vein for injection.
- ▶ Clean the site to be injected with a piece of cotton wool or alcohol swab. Inform participants that this is designed to clean the injection area to prevent abscesses.
- ▶ Then, holding the needle at a 45-degree angle, pointing upwards, place the needle cap on the skin and simulate pressing the syringe plunger.
- ▶ Simulate pulling the plunger back, then pushing it in again. State that drug users often do this and in the process, blood from the vein mixes with the drug and this solution is re-injected. State that at this point the tourniquet is also released.
- ▶ Take the syringe away from the skin, and place your thumb over the injecting site.
- ▶ Take the needle cap off and, squirting into a plastic cup half full of water, demonstrate the process of injecting, pulling the plunger back to bring some of the mixed water and solution into the syringe and injecting again. Do this a few times.

Next, ask the participants to break into groups of four and ask them to practise these steps. Distribute small amounts of sugar (about five spoons full) and a plastic cup of water to each group. Each participant should use his or her own needle and syringe, spoon, cotton wool/filter, cotton wool/alcohol swab. The trainers should walk from group to group correcting mistakes. Allow ten minutes for all participants to do this.

After each participant has practised the basic technique, ask the participants to place the used filters and swabs in a bin, but to keep the other materials. Ask them to go back to their seats (remaining in groups of four) and close their eyes. Read the following scenario:

Imagine that you are an injecting drug user with three of your friends, all IDUs. You are in an abandoned building. While there is no one around at present, there are no locks and no doors on the building so someone could come in at any time. Many people know about this place, including the police. Some acquaintances of yours were arrested here last week and will go to prison or be subject to compulsory detoxification. You have the same materials that you were just given: each person has his or her own needle and syringe, drug, water, cup, filter, swab. But this time you must do the procedure as fast as you can.

The above process is repeated with participants re-using their needles and syringes and other materials with the trainer timing them. Many more mistakes are likely to be made.

Next, ask participants to dispose of filters and swabs. The trainer then goes from group to group, taking one or two or three syringes, cups, swabs, and filters from each group (different variations for each group). Then say:

In real life, it is very rare for all IDUs in a group to have all new equipment every time. Now, with what you have left, repeat the previous process. Police may be coming at any moment and you need to all inject quickly.

DAY 1

DAY 2

DAY 3

DAY 4

DAY 5

The process is repeated with participants negotiating with one another about the use of materials and the trainer timing them. This will usually take much longer than the previous process.

Dispose of all materials and ask participants to go back to the plenary group. Lead a discussion about risk and about possible ways to reduce risks while injecting in a group.

Ensure that the following points emerge:

- ▶ HIV transmission is possible at several points in drug preparation and injecting.
 - ✓ Used needles returning to a common spoon can transmit HIV (even if the same person has kept his or her own needle and syringe).
 - ✓ A needle or syringe used by someone else can transmit HIV. Remember to note that, where a separate needle and syringe is used, HIV can be transmitted via sharing either the needle or the syringe.
 - ✓ Sharing a filter or spoon can transmit HIV.
- ▶ Injecting—even with all the right equipment—in a public place, where a lot of injecting occurs, tends to be done hastily, which increases the likelihood of mistakes and HIV transmission.
- ▶ In real-life situations, IDUs often need to negotiate the difficulty of sharing various materials. Again, this often has to be done quickly, enhancing the chance of health risks such as HIV transmission.

D2.X: EVALUATION AND CLOSE

(10 MINUTES)

Hand out DAILY evaluation forms. Allow sufficient time for all forms to be filled in and collect the forms.

Stress the importance of arriving on time for tomorrow's training.

If a meeting of trainers is held at the end of each day, evaluation forms should be read through quickly and discussed.

DAY 3

DAY 1

DAY 2

DAY 3

DAY 4

DAY 5

D3.0. WELCOME

(15 MINUTES)

Teaching notes

Welcome participants to the third day of the training course. Chat generally for a few minutes, asking how they spent the previous evening; perhaps relating a humorous story. Try to elicit smiles from participants.

Following this, an Ice-Breaker exercise or a discussion or both can be held. Use the Ice-Breaker if it is common culturally to start each day with such an exercise or if trainers are concerned that participants are still not comfortable with each other. The discussion can be general, starting with a question such as:

- ▶ “Did anyone think about yesterday’s training sessions last night? If so, what did you think about?”
- ▶ “Does anyone have any questions before we start the day?”
- ▶ “How does everyone feel this morning?”
- ▶ “If your mood was the weather, how would you describe it, including a forecast? Sunny, stormy, blue skies but clouding over?”

Another technique is to provide a recapitulation of the previous day’s training sessions. Trainers can either read out a list of the areas covered, asking if any questions remain or ask participants to recap the most important points made (recording these on a flip chart sheet).

D3.1. SAFER-SEX ARGUMENTS

(45 MINUTES)¹

Teaching notes

In many situations, the male partner rejects any suggestion of condom use. A condom is often associated with mistrust, feeling uncomfortable, being too complicated to organize, etc.

For this exercise, all chairs will need to be placed around the edges of the room or outside, leaving a large area free of objects. Ask participants to stand in a line facing the trainer. Tell them a series of statements will be read and participants should try to think of arguments against the statement. Each statement tries to persuade someone to have sex without condoms either in professional or in private relationships. Anyone who can come up with an argument in response must shout “Beep Beep!” The trainer calls this person’s name, and they will then make their challenge and take a step forward. The rest of the group stays where they are. This procedure is then repeated for each question. When the end of the room is reached by one of the group, reposition everyone back in the starting place. Proceed until all statements are finished.

¹ Source of exercise: Stover H and Trautmann F. Risk reduction for drug users in prison: Encouraging health promotion for drug users within the criminal justice system. Training Manual. Trimbos Institute, Utrecht, 2001

DAY 1

DAY 2

DAY 3

DAY 4

DAY 5

Beep-beep statements

- ▶ If you really loved me you would do it.
- ▶ Do you think I have a disease or something?
- ▶ It's because I love you that I want us to do it.
- ▶ I want to be very close to you—not even with latex between us.
- ▶ I will withdraw before I come.
- ▶ I won't tell anyone.
- ▶ AIDS is a gay disease—people like us don't get it.
- ▶ Condoms spoil my pleasure.
- ▶ Look into my eyes—do they look yellow or something? I don't have hepatitis or AIDS, you would see it if I did.
- ▶ If you are using the pill, nothing will happen.
- ▶ If you get pregnant, you could use the 'morning-after' pill.
- ▶ I'd feel so rejected if we couldn't do it here and right now.
- ▶ I will pay you five dollars more.
- ▶ Look at this car, my suit—do you think I could have all this with an infectious disease?
- ▶ If you do it orally, nothing will happen at all!
- ▶ *I'm* the one who is at risk, not you. I should be scared of getting infected by *you* but I'm willing to take the chance.
- ▶ I can't father a child—I've been sterilized!

After the exercise, re-assemble the group in their chairs and discuss the responses. Were they realistic? What obstacles could there be to using such arguments? Can participants think of ways of applying these arguments in the future?

D3.3. COMMUNICATING WITH DRUG USERS II

(35 MINUTES)

Teaching notes

In the role-playing, participants are encouraged to do the role-playing together with two people who they do not know so that the exercise also helps participants to get to know each other.

In these role plays, participants break into groups of three with one member in each group playing the role of:

- ▶ outreach worker seeking to establish contact with a drug user;
- ▶ drug user, wary of strangers and not very interested in HIV/AIDS; and
- ▶ observer, who says and does nothing but watches and listens, trying to identify ways that outreach work could be done more effectively.

First, three volunteers are asked to come out to the front of the group to demonstrate the exercise, with a current outreach worker participant (if one is present) playing the role of the outreach worker. Alternatively, the trainer can play the role of the outreach worker.

Then split participants into groups of three and tell them the role-playing continues for three minutes (which the trainer needs to time), after which the roles are switched. All participants have the chance to play each of the three roles so the exercise is run three times. After the role-playing, discussion is encouraged in the small groups (for about five minutes), then in the plenary group (for about ten minutes). The role-playing is not designed to criticize participants' outreach technique but to attempt to understand the roles of both outreach worker and drug user.

During discussions, participants are asked to concentrate on what they felt and discovered playing each of the three roles.

D3.5. EDUCATION MESSAGES EXERCISE

(25 MINUTES)

Teaching notes

Ask all participants to read the first page of Handout D6. Ask them to take a blank sheet of paper and write at least one new catchy saying or slogan based on any of the core prevention messages. Give them 15 minutes for this.

Have each person read out his or her slogan(s). Ask what the next step would be in the development of the slogan for participants' outreach programmes.

The correct answer is that the slogan should be tested with IDUs to see if it is acceptable and interesting to them.

D3.X: EVALUATION AND CLOSE

(10 MINUTES)

Teaching notes

Hand out DAILY evaluation forms. Allow sufficient time for all forms to be filled in and collect the forms.

Stress the importance of arriving on time for tomorrow's training.

If a meeting of trainers is held at the end of each day, evaluation forms should be read through quickly and discussed.

DAY 1

DAY 2

DAY 3

DAY 4

DAY 5

DAY 4

D4.0. WELCOME

(10 MINUTES)

Teaching notes

Welcome participants to the fourth day of the training course. Chat generally for a few minutes, asking how they spent the previous evening; perhaps relating a humorous story. Try to elicit smiles from participants.

Following this, an Ice-Breaker exercise or a discussion or both can be held. Use the Ice-Breaker if it is common culturally to start each day with such an exercise or if trainers are concerned that participants are still not comfortable with each other. The discussion can be general, starting with a question such as:

- ▶ “Did anyone think about yesterday’s training sessions last night? If so, what did you think about?”
- ▶ “Does anyone have any questions before we start the day?”
- ▶ “How does everyone feel this morning?”
- ▶ “If your mood was the weather, how would you describe it, including a forecast? Sunny, stormy, blue skies but clouding over?”

D4.1. IMPRESSIONS OF OUTREACH WORK

(35 MINUTES)

Teaching notes

Participants at the end of Day 3 studied outreach work through a site visit, lectures by outreach workers and/or IDUs and/or ex-drug users, and/or reading case studies and watching videos of outreach work.

Ask participants to form groups of four to five. Ask them to record (on note paper) what they were most impressed by in the outreach programmes visited or discussed during this session, focusing on operational and management issues. Second, ask what was less impressive or what affected them negatively. Third, ask what implications they see for their own outreach programmes from what they learned in this session. Give about ten minutes for this.

Use a whiteboard or flip chart to record the impressions of the groups. Start with the first question about positive impressions: ask one group to read out its impressions and ask the other groups to add any new points from their notes. Do the same for the second and third question. Take more time for discussion of the third question as this is the critical issue: how will the participants use what they have seen or heard in their own programmes?

D4.2. PROBLEM-SOLVING WITH INJECTION RISKS

(45 MINUTES)

Teaching notes

Inform participants that, as was discussed on Day 2, IDUs are interested in injecting drugs quickly and efficiently. To be successful in this, certain conditions must be fulfilled such as:

- ▶ All equipment should be available and at hand.
- ▶ Veins should be easy to inject into.

- ▶ A comfortable area should be available where the drug user will not be disturbed.
- ▶ The drug user should have the knowledge and skill to inject safely.

For drug users, it is very handy to have a repertoire of alternatives available, which can help to limit the risks related to difficult circumstances.

Split the group in half (simply splitting down the centre of the room is sufficient) and call one of the new groups Group A and the other Group B. Give each group a copy of the relevant handout (D8.1 to Group A and D8.2 to Group B). Ask the participants to devise alternatives in each situation, if possible. Give them 20 minutes to do this.

Ask each group to present some of their problems and alternatives, starting with A1, then B1, then A2 and so on. It is not important that all problems and alternatives are reported, so if time is a problem, some can be left out.

As the alternatives are provided, check these against the alternatives below. Finish by stating that IDUs often have choices (though these are often limited) between more or less risky behaviour and that one of the tasks of outreach is to help IDUs to know the least risky behaviour and to encourage this behaviour. Outreach workers to assist IDUs who may be injecting in difficult circumstances should use these problem-solving techniques.

HANDOUT D8.1

GROUP A PROBLEMS

- A1. No clean needles and syringes are available.
- A2. No fresh tap water is available.
- A3. The needle clogs when pulling up a shot of heroin.
- A4. The needle has a barb (burr).
- A5. No spoon is available.
- A6. You hit an artery.

HANDOUT D8.2

GROUP B PROBLEMS

- B1. No bleach is available.
- B2. You have an abscess.
- B3. You have no drugs but you have ten clean needles and syringes.
- B4. No fresh cotton wool or other filter is available.
- B5. You have difficult veins: hard, rolling and lying deep.
- B6. No alcohol swab is available.

Additional ideas for trainers to contribute:

If no clean syringes or disinfectant is available, the most effective way to prevent HIV infection is to avoid using drugs intravenously. What is recommended here is only for situations in which IDUs feel they must inject.

A1: No clean needles and syringes are available

- ▶ Boil needle and syringe for 15–20 minutes.
- ▶ Clean with bleach (2 x 2 x 2).
- ▶ Clean with water ten times immediately after and before use.

DAY 1

DAY 2

DAY 3

DAY 4

DAY 5

- ▶ Use the drugs by smoking.
- ▶ Snort the drugs.

B1: No bleach is available

- ▶ Boil needle and syringe for 15–20 minutes.
- ▶ Clean with water ten times immediately after and before use.
- ▶ Use the drugs by smoking.
- ▶ Snort the drugs.

A2. No fresh tap water is available

- ▶ Use mineral water.
- ▶ Boil water for 15–20 minutes.

B2. You have an abscess

- ▶ Make a compress of wet bandages.
- ▶ See a doctor as soon as possible.

A3. The needle clogs when pulling up a shot of heroin

- ▶ Stop injecting, put the liquid back in the spoon, remove the clot, add some cold water, put on a new needle or use a new needle and syringe.
- ▶ To unblock the needle, warm the needle with a lighter to expand it.
- ▶ Pull up some fresh, cold water and shake the syringe.

B3. You have no drugs but you have ten clean needles and syringes.

- ▶ Stupid question
- ▶ Give the clean needles and syringes to other IDUs.

A4. The needle has a barb (burr)

- ▶ Sharpen it on a glass or matchbox and clean it with a (lighter) flame.

B4. No fresh cotton wool or other filter is available

- ▶ Use the filter of a cigarette.
- ▶ Use whatever is available, such as an alcohol swab, the lining of a coat, etc.
- ▶ Use no filter. Carefully tip the spoon and keep the residue at the other end from where you draw up.

A5. No spoon is available

- ▶ Use the bottom of a can, cleaning it by heating with a cigarette lighter.

B5. You have difficult veins: hard, rolling and lying deep

- ▶ Learn to smoke or consume the drugs some other way.
- ▶ Ask someone else to help you inject.

A6. You hit an artery

- ▶ Immediately pull the needle out and apply pressure for five to ten minutes.
- ▶ Raise the limb.
- ▶ If bleeding does not stop, seek urgent medical treatment.

B6. No alcohol swab is available

- ▶ Clean the injection spot with water and soap.
- ▶ Clean it with water only.

D4.4. COMMUNICATING WITH DRUG USERS III

(60 MINUTES)

Teaching notes

This exercise is carried out in three parts. The briefing should take about 10 minutes, with 30 minutes of role-playing, then 20 minutes for discussion.

Divide the group into two halves. Ask half the group to stand outside the room for five minutes. To the group in the room, state that they will be playing the role of IDUs about to get tested for HIV, while the group outside will play the role of outreach workers. The role-playing will be done in groups of two. Ask the "IDU" group to close their eyes and imagine themselves in the following role:

You are an IDU who has tried repeatedly to stop injecting. You have stopped injecting for three months and the outreach worker, who you know well, has encouraged you in your abstinence. You have a regular sex partner but recently you were away from your hometown for three nights. In that time you had sex with another person and you shared needles while injecting with strangers. You are embarrassed about these activities but you think you should have an HIV test. When the outreach worker comes to see you, bring up in conversation that you want to get a HIV test but do not say why. Try to hide the reasons for wanting a test but give the information if the outreach worker seems friendly and seems understanding.

Then invite the outside participants to return. Inform them that they will have the role of outreach worker and that they will work in groups of two with the inside participants who will have the role of IDUs. If the "IDUs" want to have an HIV test, it is the outreach worker's task to help the "IDU" to do a personal risk assessment.

"IDUs" then select outreach workers and find quiet places to talk. Ask them to return after 30 minutes.

Re-assemble all participants for the discussion. During discussions, participants are asked to concentrate on what they felt and discovered playing their roles.

D4.5. REFERRAL

(30 MINUTES)

Teaching notes

Ask participants to take two blank pieces of notepaper. Ask them to close their eyes and think about being an IDU in their locality. From everything they have read and heard in the past four days (and from their own experiences or knowledge), participants try to place themselves "in the shoes" of an IDU at the local level. How does the day begin? What needs to be done? How will the IDU accomplish what needs to be done? What kinds of problems does the IDU face?

Ask participants to think for a while about this with their eyes closed (about one minute) then to open their eyes and write down on one sheet all the various types of problems an IDU might face in their locality, not just health problems but any problems they think of. Give them seven to eight minutes to complete this list.

Then ask participants to take a second sheet of paper and provide a list of all the agencies in their locality to which an IDU might turn for assistance. Give seven to eight minutes to complete this list.

Ask four to five participants to read out their lists. Most likely, most participants will not know many agencies in their locality where IDUs can find the services they need. Explain

DAY 1

DAY 2

DAY 3

DAY 4

DAY 5

DAY 1

DAY 2

DAY 3

DAY 4

DAY 5

that this is why outreach programmes need a referral database, a list of all the services IDUs might need to access in the locality to meet their health, legal, social and welfare needs. Explain that this database grows out of thinking from the viewpoint of a local IDU and considering what resources are available at the local level.

Outreach managers during the *Programme management workshop* should have developed a referral database. Distribute this to all participants and explain briefly where the agencies are and what they do. Ask them if anything important was missing from the list and add that to the referral database.

D4.6. WHAT OTHER AGENCIES DO

(60 MINUTES)

Each guest lecturer should be briefed before this session so they know what they should talk about. Ask each guest lecturer to talk for about five to seven minutes, describing their agency and what it can do for IDUs. If the agency is a general one (like an STI clinic or a hospital), ask the guest lecturer to speak specifically about whether IDUs can access the services of the agency and whether there are any restrictions on IDUs accessing the agency. For each agency, the guest lecturer should provide:

- ▶ an address;
- ▶ opening hours;
- ▶ contact name and phone number;
- ▶ overview of activities and services of the agency; and
- ▶ any special characteristics relevant to IDUs.

After each guest lecture, allow time for questions from participants. Try to space the guest lectures so that all lecturers have approximately equal time devoted to their agency.

D4.7. WHAT WILL MY FRIENDS SAY?

(30 MINUTES)

Teaching notes

Choose four to five participants and ask them to sit around in a group in the centre of the room. Ask them to pretend to be a group of happy, drug-using friends who have used drugs today and intend to use more drugs. Ask them to act stoned (as if they have taken drugs) but also happy to see their friend, the outreach worker: when the outreach worker comes, they should greet him or her as a good friend and encourage the outreach worker to take drugs with them. Ask them to begin talking in their roles as they wait for the outreach worker.

After this group is assembled and one or two minutes of conversation has passed, ask each of the other participants in turn to approach the group as an outreach worker who does not want to use drugs with them, but wants to provide information and education. When the participant is greeted as a friend and offered drugs, he or she must try to think of a friendly way to refuse and to do the outreach task. Give each participant two to three minutes to go through this process.

After 15 minutes or after all participants (apart from the group of "friends") have gone through this process, re-assemble the full group and ask for the reactions of those playing the outreach workers. Specifically, ask if they felt tempted to join their friends in taking drugs. Also ask if this was a real situation, with the drugs there and the needles and syringes, would they have felt tempted. Allow participants some time to talk about these feelings.

D4.9. MY LIST OF RELAPSE TRIGGERS

(30 MINUTES)

Teaching notes

Distribute Handout D9 to participants. Ask participants to think about the situations that might lead them to use drugs while working and ask them to note down the three situations they think are most likely going to trigger a desire to use drugs. Allow five minutes for this. After filling in the situations, ask participants to form small groups. Ask them to read out their situations in turn and then discuss ways of either avoiding these situations or of avoiding drug use in these situations. Ask them to think of people or organizations that could be useful to them in each situation. Allow about 20 minutes for this discussion. Ask the participants to separate from the groups and to fill in the remainder of the form with their personal plans for relapse prevention. Allow five minutes for this final work.

DAY 1

DAY 2

DAY 3

DAY 4

DAY 5

HANDOUT D9

My list of relapse triggers¹

When I am trying not to use drugs at work, the following situations are most likely to make me feel like using drugs:

1. _____
2. _____
3. _____

If I cannot avoid the above situations, I will adopt the following plan and seek the help of others.

Situation 1.

My plan: _____

People/organizations who can help me: _____

Situation 2.

My plan: _____

People/organizations who can help me: _____

¹ Source of exercise: China-UK HIV/AIDS Prevention and Care Project 2002 STD/HIV/AIDS Prevention and Harm Reduction: A training manual for Public Security and Justice personnel, 2002.

DAY 1

DAY 2

DAY 3

DAY 4

DAY 5

Situation 3.

My plan: _____

People/organizations who can help me: _____

D4.10. OBSERVATION EXERCISE

(50 MINUTES)

Teaching notes

Explain to the participants that they must walk around the building one time and record what they “observe” on a piece of paper. Give the group 15 minutes to walk around and record their observations.

When the group returns have them work in their small groups (five persons by locality) to create a map using flip chart paper that includes all of the group’s observations. Give the small groups 20 minutes to work on this.

Ask one person from the group to present the map to the rest of the group. After all the groups have presented. Discuss the key learning points.

D4.X: EVALUATION AND CLOSE

(10 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 filling out of evaluation forms.

Teaching notes

Hand out DAILY evaluation forms. Allow sufficient time for all forms to be filled in and collect the forms.

Stress the importance of arriving on time for tomorrow’s training.

If a meeting of trainers is held at the end of each day, evaluation forms should be read through quickly and discussed.

DAY 5

DAY 1

DAY 2

DAY 3

DAY 4

DAY 5

D5.0. WELCOME

(15 MINUTES)

Teaching notes

Welcome participants to the final day of the training course. Chat generally for a few minutes, asking how they spent the previous evening; perhaps relating a humorous story. Try to elicit smiles from participants.

Following this, an Ice-Breaker exercise or a discussion or both can be held. Use the Ice-Breaker if it is common culturally usual to start each day with such an exercise or if trainers are concerned that participants are still not comfortable with each other. The discussion can be general, starting with a question such as:

- ▶ “Did anyone think about yesterday’s training sessions last night? If so, what did you think about?”
- ▶ “Does anyone have any questions before we start the day?”
- ▶ “How does everyone feel this morning?”
- ▶ “If your mood was the weather, how would you describe it, including a forecast? Sunny, stormy, blue skies but clouding over?”

D5.3. EVALUATION AND MONITORING EXERCISE

(20 MINUTES)

Teaching notes

Provide three SMART objectives as examples. These should be based on the outreach programme’s objectives. If these are not available, some examples of SMART objectives can be used such as:

- ▶ To reach 1 000 IDUs with information about safer injecting in 12 months in X locality
- ▶ To train 40 peer educators in 12 months in X locality
- ▶ To visit 80% of agencies that provide services to IDUs in X locality in 12 months

Split participants into small groups, with one group addressing each objective. Ask:

- ▶ Who would be able to provide information to answer these questions?
- ▶ How would they collect this information (questionnaire, individual interviews, focus groups, etc.)?

For the reports back and the discussion the trainer should focus on the following issues:

- ▶ Are all relevant sources of information covered?
- ▶ Are the ways to collect the information appropriate (effective, efficient, etc.)?

D5.4. WHAT ARE THE ATTRIBUTES OF AN EFFECTIVE OUTREACH WORKER?

(30 MINUTES)

Teaching notes

Split participants into small groups (with a maximum of six in each group) at random. Provide each group with a sheet of flip chart paper and a marker pen.

Ask the groups to spend ten minutes listing the attributes that they think are needed in an effective outreach worker for HIV prevention among IDUs. After ten minutes, ask them to remain in their groups and to vote on which attribute is the most important and to mark this attribute in some way (underline, put a box around it, asterisk, etc.). This should take about five minutes. Then ask the groups to present their views.

Point out that there are many different attributes that can be useful to programmes. If they are not mentioned, mention the following: experience with drug injecting, an ability to obey work rules, self reliance, skills in communication and listening, knowledge of outreach techniques, HIV/AIDS, risks related to drug use, local services relevant to drug users, etc. These attributes will have greater or lesser importance depending on the specific aims and objectives of participants' programmes. Encourage participants to write down any attributes that they think are important and use these as criteria by which to select outreach workers. Stress that an important attribute is credibility with the specific target group(s) of the programme. The outreach worker must be believed and trusted by IDUs in participants' localities. If any groups had this as the most important attribute, congratulate them.

D5.6. TEAM MEETING ROLE PLAYING

(35 MINUTES)

Teaching notes

Choose five to six participants to come to the front of the group and sit in a circle.

Take one of these participants aside and describe his or her role as follows:

You have been working as a team for a year. You are all ex-drug users. Lately, you have been feeling an overwhelming urge to use drugs. You are not sure why this has occurred but you often meet your old friends and they seem stoned and happy. You are worried that your work is having no effect and you wonder if you should just stop working and go back to your drug-using life. When other team members ask you to tell them your problems, be reluctant, but when they keep asking, reveal your problems and ask for their help.

Return the participant to the group at the front and tell the other participants at the front that they are playing the role of an outreach team at a team meeting. One person has a problem and the other team members need to discover what the problem is and provide advice and assistance. Allow about 20 minutes for the role-playing.

Then ask the participants to re-form the plenary group and ask the "audience" (those participants who were not in the role-playing) what lessons they have learned. If they are not mentioned, ensure that the following points are made:

- ▶ Team meetings have several purposes and are important to the effective functioning of an outreach team.
- ▶ One function is to provide support to outreach workers at risk of relapse or burnout.

- ▶ The best method of supporting team members is to provide positive feedback on their performance and their worth and to offer to assist them (perhaps by accompanying them on outreach).
- ▶ Condemning team members as “weak” or making other negative comments is likely to lead to greater chances of burnout and relapse.

D5.9. FOLLOW-UP AND NETWORKING

(45 MINUTES)

Teaching notes

The exact nature of information provided in this session will be specific to the situation of the trainers and participants. No training course should exist as a stand-alone activity. Wherever possible, it should be integrated with other strategic programme activities such as ongoing meetings, associations, task forces, networks, funding opportunities and so on. This session should provide details of follow-up and networking opportunities in the localities represented by participants. Reference should be made to the WHO CD-ROM and the various materials it contains and to ongoing opportunities for training and skills development.

D5.X: EVALUATION AND CLOSE

(45 MINUTES)

Teaching notes

Hand out both DAILY and COURSE EVALUATION forms. Allow sufficient time for all forms to be filled in and collect the forms.

The close of the training workshop should be handled carefully. While its basic purpose is simply to end the training and allow participants to move on to other activities, it can also provide an opportunity to talk about future training and other activities.

Because participants have worked together for four days, it is important to give them a chance to respond to the training, trainers and each other. Trainers can facilitate this by asking questions. A common approach is to ask each participant to give a final speech. In some settings, participants are allowed to say anything they would like to say. In others, more structured questions are used, such as:

- ▶ Tell us one thing that you think you will use from this training course as soon as you return to your workplace.
- ▶ Tell us one thing that should be changed the next time the training course is run (this question should certainly be included in field tests).
- ▶ Tell us the first three things you will do to start (or improve or expand) your outreach programme.

It is also useful to mention further networking opportunities (for example, if future training courses or workshops are being planned, or through Harm Reduction Networks in the participants' countries and/or regions). Encourage participants to talk to each other in the future, to share successes and problems and to seek each other's advice and assistance.

Distribute certificates (with the names filled in). This is often done in a little ceremony with each person's name being read out, the participant receiving their certificate from the lead trainer or some local notable and the other participants encouraged to applaud.

You may also want to provide your address or e-mail address to allow participants to contact you for further information and ongoing networking.