



**WORLD HEALTH  
ORGANIZATION**

DEPARTMENT OF  
HIV/AIDS

# FIELD WORKER TRAINING

## Core skills in outreach injecting drug users

**Slides and teaching notes: Training guide for HIV  
prevention outreach among injecting drug users**

# Aim of the course

- To feel confident in **providing outreach** to injecting drug users (IDUs) in **our locality** for HIV prevention

# Workshop rules

- Arrive on time
- Share honest opinion
- Ask questions at any time
- One person speaks at a time
- Make comments to the whole group
- Listen first before reading
- Use 'cards' for anonymous/embarrassing questions
- Personal information shared will remain confidential

# Workshop rules (cont.)

- Work towards resolving conflicts
- Discuss ideas, not person sharing them
- No smoking, alcohol or drug use
- Turn off mobile phones
- No violence
- Feel free to get up for personal needs

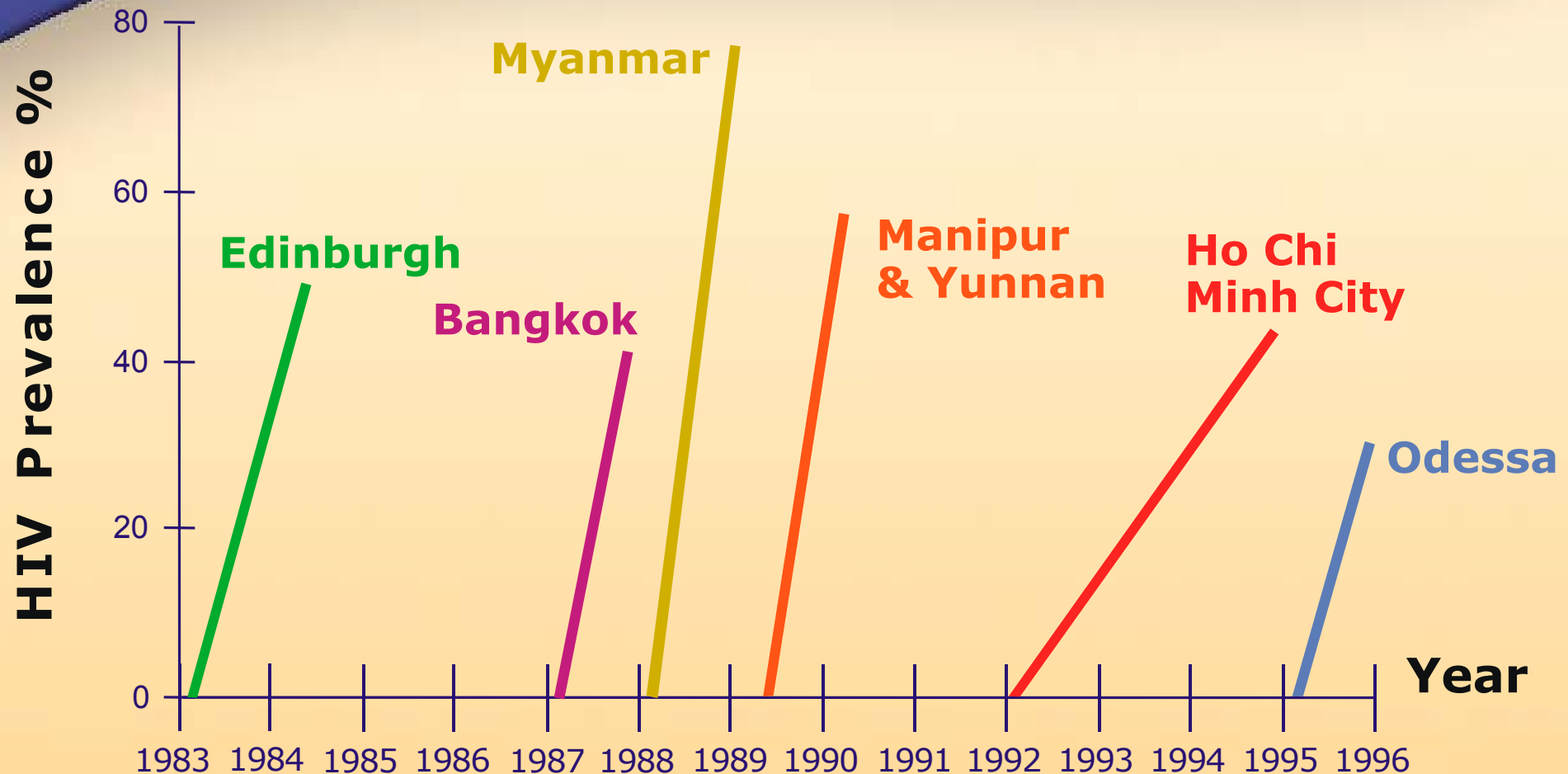
# Outreach Case studies

- Is outreach **useful** for HIV prevention among IDUs?
- Most **important aspects** of outreach work?
- **Negative aspects** of the work?

# HIV transmission among and from IDUs:

- through **sharing** of injecting equipment
- through some drug **preparation processes and rituals**
- through **unprotected** heterosexual (male to female or female to male) or homosexual (male to male) **penetrative sexual act**
- through **HIV-positive mother-to-child transmission (MTCT)**

# Explosive HIV epidemics among injecting drug users



# Principles of effective HIV prevention among IDUs

- Do what is **possible** first
- **Small changes** are easier
- Say the same thing **many times, many ways**
- Give IDUs **info/tools** they need
- Get IDUs **involved**

# Risk hierarchy

- **Stop/never start** using drugs
- If you have to use, **don't inject**
- If injecting, **don't re-use or share**
- If re-using, **use own equipment**
- If re-using others' equipment, **clean it appropriately**

# Elements of effective prevention

- Go **where IDUs** are
- Education from **someone IDUs trust**
- Increased **access** to **needles and syringes**
- Drug **substitution** treatment
- Supportive **policy, legislation** and **advocacy**

# Community-based peer outreach is most widely used and is also very effective

- **...why?**
- **Least costly**
- **Contributes greatly to preventing HIV infections in IDUs and their sexual partners**
- **A major component of a comprehensive strategy**

# Peer education...

**People** who are  
**similar** to each other  
**educate** each other

# Role of outreach

- **Outreach is an effective strategy to reach, engage, and enable IDUs to reduce HIV risks**

# How to contact IDUs?

- Where would you **find IDUs** in your locality?
- Would you feel comfortable **going to** all these places to talk to IDUs?
- Would you feel comfortable **talking to** IDUs about HIV and drug use issues?
- Do you believe IDUs would **listen to** you about behaviour change?

# HIV and AIDS

- Human Immunodeficiency **Virus**
- Acquired Immune Deficiency Syndrome...**clinical condition**
- **“HIV does not equal AIDS”**

# Stages of HIV infection

- **Seroconversion illness stage:**  
brief and soon after the infection
- **Asymptomatic infection stage:**  
can last **months** or **years**, often **no signs of illness**
- **Symptomatic HIV infection stage**
- **AIDS or late severe HIV disease stage**

# HIV tests

## Tests for antibodies to HIV

- ▶▶ **ELISA**
- ▶▶ **Western Blot**
- ▶▶ **Rapid Tests**

**Window period usually 6 weeks,  
but can be up to 3 or 6 months**

# How is HIV transmitted?

- **Some sexual activities**
- **Blood contact**
- **Pregnancy, birth or breastfeeding**

# Sexual transmission

- Through **unprotected (no condom) penetrative vaginal and anal sex** most efficient
- Through **oral sex** also possible

# Risk of sexual transmission

- **Viral load** of the HIV-positive partner
- Presence of **genital infection**
- **Type** of sexual activity
- Risk of sexual activity causing **bleeding or tearing**
- Presence of **blood**
- Other factors

# Risk of blood contact

- **Re-use** of a needle and syringe
- **Sharing** of other injecting materials:  
water, spoon, filter
- Infected **blood and blood products**
- **Surgical** equipment

# Risk of mother-to-child transmission depends on...

- **Viral load** of **HIV-positive mother**
- **Stage** of her **HIV illness**
- **Breastfeeding**
- **Vaginal delivery** (compared with **elective caesarean section**)

# Can HIV be transmitted by

- Air? **NO**
- Mosquitoes? **NO**
- Household or casual contact? **NO**

# HIV prevention

- **Condoms** for **penetrative sex**
- **Stop sharing** of **injecting equipment**
- **HIV treatment** for **HIV+ mothers,**
- **Replacement feeding** for infants, **if not possible, exclusive breastfeeding**

# Condoms

- **Both types are available: Male and female**
- **Effective in HIV prevention**
- **Commonly provided to IDUs by outreach programmes**

# Effective condoms

- **Made to standard**
- **'Use by' date**
- **Can be damaged by heat, light, air pollution**
- **Store in cool, dry place**

# Putting on a condom

- **Check 'use by' date**
- **Open package carefully**
- **Squeeze air out**
- **Roll down over penis**
- **Hold rim at base to remove**

# The term 'drugs' refers to any substance ...

- **In medicine:** with potential to enhance physical or mental wellbeing
- **In pharmacology:** which alters processes of body tissues/organisms
- **In general:** used for non-medical reasons e.g. Illicit drugs

**The term 'substance' refers  
to any substance ...**

**that affects the way people  
feel, think, see, taste, smell,  
hear or behave**

# Types of drugs

- **Stimulants**
- **Depressants**
- **Hallucinogens**

# A 'dependent' person...

- **May develop **tolerance** to certain substance/s**
- **May experience:**
  - Withdrawal**
  - Awareness of compulsion**
  - Narrowing of repertoire (range)**
  - Focus of all interest on drug**
  - Reinstatement or relapse**

# Nicotine...a legal drug

- Pure nicotine can **kill** instantly
- **Stimulant:** no medical use
- Results in **dependence**
- **Very harmful** to health (heart-lung problems...cancer and problems in pregnancy)
- But **'legal'**

# Cocaine

- **Stimulant:** can be used medically
- Results in **dependence**
- **Very harmful** to health (heart, lungs diseases, strokes, seizure, paranoid psychosis, etc.)
- **Illegal**

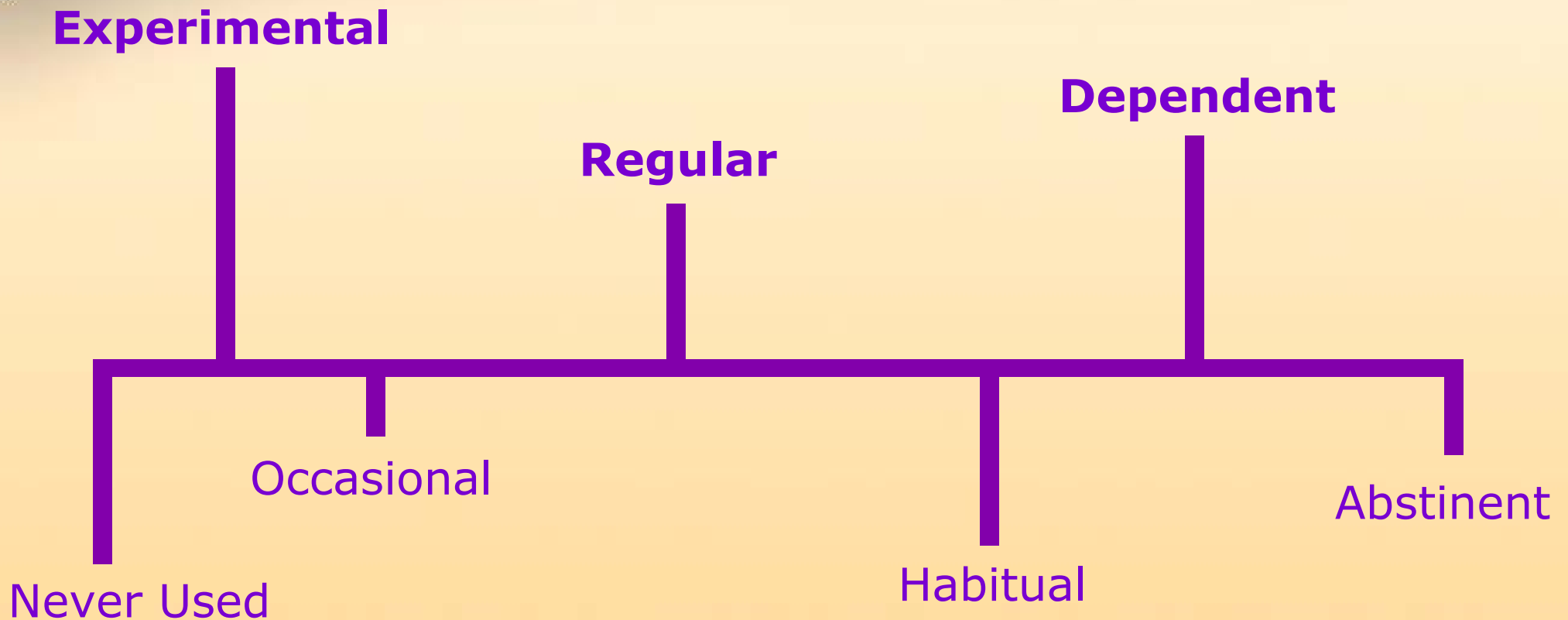
# Heroin

- **Depressant**
- Results in **Dependence**
- **Harmful** for health: Infection, clouding of mental function, clogging of blood vessels leading to complications in lungs, liver, kidneys, or brain
- **Illegal**

# How are drugs used?

- **Smoking**
- **Snorting**
- **Swallowing**
- **Injecting**

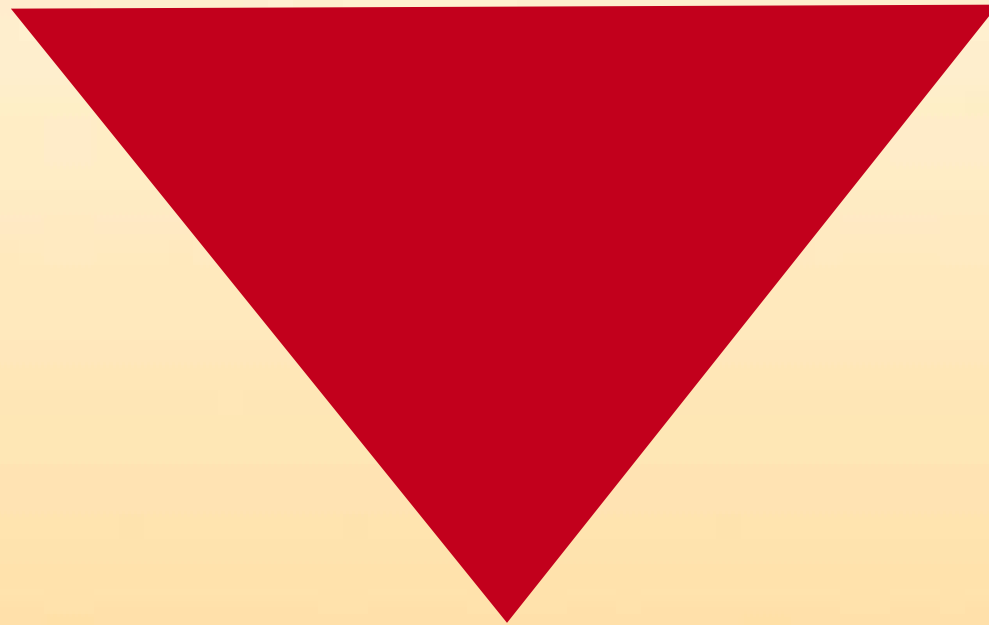
# Continuum of drug use



# Drug use triangle

**Drug**

**Person (Set)**



**Environment  
(Setting)**

# Outreach case studies

- What were the important steps in **making contact** with IDUs?
- What **differences** are there when making contact with IDUs in **your locality**?
- Some ways to **assist** making contact in your locality

# Elements of effective prevention

- **Outreach**
- Relevant, credible **education**
- Increased **access** to **needles and syringes**
- Drug **substitution** treatment
- Supportive **policy, legislation** and **advocacy**

# Community-based peer outreach is most widely used and is also very effective

## ...why?

- **Least costly**
- **Contributes greatly to preventing HIV infections in IDUs and their sexual partners**
- **A major component of a comprehensive strategy**

# Most outreach programmes:

- **Find** and **contact** IDUs
- Providing **information and education** about HIV/AIDS, HIV testing, drug use and services
- Commonly **linked** to NSP, drug treatment, other programmes

# Risks of drug injecting

- **Blood borne infections:** HIV, Hepatitis B and C, syphilis
- **Overdose**
- **Vein damage**
- **Bacterial infections**
- **Loss of limbs/limb function**

# Injection sites

- **Arms**
- **Legs**
- **Trunk (discouraged)**
- **Skin popping (discouraged)**
- **Intra-muscular (discouraged)**

# Making contact with IDUs: Decide...

- Where to **hang around**
- When to **visit** a place
- When to start a **conversation**
- Who to **contact first**
- Whether to be **direct or indirect**
- What can be **offered**
- When to **stop**

# Their space, their rules...

- **Dress** appropriately
- **Speak** appropriately
- **Be non-threatening**
- **Be non-judgmental**
- **Obey** rules

# Ways of making contact

- **Introduce** yourself
- Be **introduced** by others
- **Indirect:** casual chat
- **Direct:** Introduce yourself and your programme

# Gain trust

- **Showing that you are one of them**
- **Always being honest**
- **Become familiar**

# Methods and materials

- **Giving out condoms/syringes**
- **Collecting information:**  
**Completing a questionnaire**
- **Providing information:**  
**Giving out leaflets, newsletters**
- **Organizing activities**

# Safer behaviour

- Providing **situational cue**
- Discussing a **broader framework**
- Engaging in **casual chat**
- Providing **prevention materials**

# Outreach counselling

## Advantages

- Favourable **environment**
- **Timing** can be flexible
- Close to **real-life** situation

# Outreach counselling...

## Disadvantages

- Shortage of **time**
- Lack of **privacy**
- Exposure to **weather**
- IDU might be under **influence of drug**
- Tough for **inexperienced counsellors**

# Aims of outreach counselling

- **Provide accurate information about HIV/AIDS**
- **Personal risk assessment**
- **Risk-reduction counselling**
- **Motivation to reduce risks**

# Core education messages 1

- Always use **condoms** for **penetrative sex**
- Always **use your own** needle and syringe, spoons, pots, swabs, water, filters, tourniquet
- **Do not share** injecting equipment
- Be aware of **infections and overdose**

# Core education messages 2

- Use each needle and syringe **once only**
- Prepare injections on a **clean surface/ clean injection site**
- **Wash your hands** before and after each injection
- **If no new** equipment, **re-use your own**
- **If can't re-use..., clean** by approved method

# Core education messages 3

## Approved cleaning methods

- **2 x water, 2 x bleach for 30+ seconds (shaking), 2 x water**
- **Soak in bleach for several minutes**
- **Boil for 10 minutes**
- **10x with water after and before use**

# Other education messages about...

- **Drug manufacture, purchase, preparation, combinations (cocktail)**
- **Vein care and abscess prevention**
- **STIs and sexual practices**

# Developing new messages

- **Define aim/s with input from IDUs**
- **Research and draft**
- **Check by authority**
- **Focus group/check by IDUs**
- **Re-draft and re-check by IDUs**
- **Produce, disseminate, evaluate**

# Provide education messages:

- **One to one and groups**
- **Slogans and sayings**
- **Leaflets and booklets**
- **Newsletters and magazines**
- **Other: comics, audio tapes, CD-ROMs, videos, television and radio**

# One-to-one education can be...

- **a part of outreach counselling**
- **provided in prisons, treatment centres, hospitals**
- **also pre- and post-test counselling**

# Group education is useful in...

- **Outreach to groups**
- **Training** in peer education, support, leadership
- **Events-based/targeted activities**

# Slogans and sayings is useful for...

- **Constant repetition of the same message, e.g.**
  - **New fit for every hit**
  - **Different spots = no tracks**
  - **Friends do not share**
- **Specific focus: spoons week**
- **Convert slogans into longer talks**

# Leaflets and booklets:

- **Explain/advertise** outreach programme
- **Concise information on specific subject**
- **Helps in making contact and starting conversations**
- **Easy to read with illustrations**
- **But does not replace human contact**

# Newsletters and magazines:

- **Circular:** contact IDUs to contribute, produce, distribute
- **“Voice”** for drug users
- Regular **updates**
- **Expensive** in time, money, manpower
- May be **controversial** if “voice”

# HIV testing...why?

- **Own risk behaviour**
- **Sexual partner's risk behaviour**
- **To make decision about unprotected sex with trusted partner**
- **To decide about pregnancy**
- **To investigate symptoms: e.g. recurring, unexplained illnesses**

# HIV testing issues...

- **Where to test?**
- **Pre-test and post-test counselling**
- **Informed consent/confidentiality**
- **Partner or family notification?**
- **Treatment, care and support**
- **Stigma and discrimination**

# Pre-test counselling

- **Why test is needed**
- **HIV/AIDS, HIV test information**
- **Personal risk assessment and discussion**
- **Implications of positive and negative results**

# Post-test counselling

## If Test-Positive:

- Discuss likely **effects, monitoring, options** regarding health, drug use, **notification**
- Ways of **preventing transmission to others**
- **Confidentiality**

## If Test-Negative:

- Could be in **window period**
- Nevertheless, **reduce risks**

# Relapse among outreach workers...

**Returning** to drug use or  
**starting** to use drugs  
**while doing outreach work**

# Burnout...

**A combination of emotional exhaustion, depersonalization and reduced personal accomplishment**

# Relapse can be related to...

- **Psychological states**
- **Proximity to drug use, drug-using places and drug users**
- **Physical pain**
- **Sudden acquiring of cash**
- **Difficult/unfamiliar situations**

# Burnout can be related to

- **Psychological states**
- **Chronic emotional strain**
- **Gender**
- **Lack of experience**
- **Role conflict and ambiguity**
- **Workload and conflicts between individual and organization**

# Relapse can be prevent by...

- **Organizational rules**
- **Individual preparation**
- **Appropriate supervision**
- **Assistance from other outreach workers**
- **Reward opennness**

# Burnout can be prevented by...

- **Recognizing stages of burnout**
- **Personal planning**
- **Clear, truthful job descriptions**
- **Realistic expectations**
- **Supportive supervision and**
- **Assistance from other outreach workers**

# Stages of burnout

- **Emotional overload**
- **Depersonalization**
- **Final stage**

# Personal planning

- **Needs assessment on self**
- **Have fun**
- **Take own advice**
- **Throw away secrets**
- **Balanced life**

# Generating knowledge

- **Put together** pieces of the puzzle
- **Describe** the picture
- What **statements** would **you make** about HIV and injecting drug use in your city?
- How would you **check** that these **statements are true**?

# Evaluation

- **Process:** monitor implementation and service delivery
- **Outcome:** assess impact and outcomes

# Process evaluation

- **Staff structure**
- **Training**
- **Supervision, intervision**
- **Ways of contacting IDUs**
- **Services provided**
- **Outreach workers' feedback**

# Process evaluation methods

- **Interviews** with managers and outreach workers
- **Project activity diary**
- **Observation** of outreach work
- **Evaluation of recruitment/training**
- **Monitoring of outreach work**

# Monitoring contacts:

- **Contact forms**
- **Field notes**
- **Group interviews**

# Monitoring – Feedback - Change

- **Monitor situation and operations**
- **Feedback at team meetings**
- **Management agrees to changes**
- **Outreach workers implement changes**
- **Ongoing monitoring**

# Supportive supervision

- **Keep it confidential and regular**
- **Can be with individual or group**
- **Address  
problems/fears/mistakes**
- **Be positive, constructive**
- **Prevent burnout/ reduce stress**

# Intervision

- **One person describes a case**
- **Clarifying questions and answers**
- **Different views on worker's professional practice and attitude discussed**

# Team meetings...

- **Create sense of teamwork**
- **Forum to discuss issues**
- **Method of evaluating programme**
- **Forum for intervision**

# Performance appraisal

- **Confidential, regular**
- **Covers basic work issues**
- **Positive/negative feedback**
- **Promotion, awards**
- **Discipline, dismissal**

# Difficult clients:

- **Aggression/threats/violence**
- **Impulsiveness**
- **Verbal abuse**
- **Sexually inappropriate actions, etc.**
- **Lack of responsiveness**
- **Inability to appreciate concern**
- **Inability to take responsibility**

# Dealing with difficult clients:

- **Setting boundaries and limits**
- **Set limits early**
- **Don't break service policies and procedures**
- **Do not personalize**
- **Be consistent**
- **Automatic limits for some clients**

# Dealing with angry clients I:

- **Use active listening**
- **Identify the key problem**
- **Do not take personal offense**
- **Allow the client to speak**
- **Do not debate**

# Dealing with angry clients II:

- **Do not accept** verbal abuse or aggressive behaviour/ threats
- **Pause** to regain balance
- **Build islands of understanding**
- **Apologize** if needed

# Dealing with aggressive clients

- **Prevent**
- **Control**
- **De-escalate**

# Safety procedures and rules

- **Stay safe: work in pairs?**
- **Do not handle** used needles and syringes without gloves
- **Know methods of dealing** with aggressive and violent clients
- **Carry identity cards**
- **Know what to do if arrested**

# Unacceptable behaviour

- **Selling/dealing drugs**
- **Selling project materials, e.g. needles, syringes, condoms**
- **Using drugs (in case of active drug-user peer educators) during outreach**
- **Theft**
- **Violence, sexual manipulation**
- **Pretending to work**
- **Not completing forms, attending supervision, etc.**