

# **TRAINING GUIDE FOR HIV PREVENTION OUTREACH TO INJECTING DRUG USERS**

**PROGRAMME MANAGEMENT WORKSHOP**



**WORLD HEALTH ORGANIZATION**  
Department of HIV/AIDS

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# HANDOUT C1

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## For effective outreach counselling

- ▶ Try to find a quiet place.
- ▶ Be/make sure that someone has time and feels like talking.
- ▶ Provide consistent, complete and neutral information.
- ▶ Provide relevant information.
- ▶ Use appropriate language.
- ▶ Do not patronize.
- ▶ Listen carefully.
- ▶ Pay attention to emotions.
- ▶ Show that you understand and care, show interest.
- ▶ Treat people with respect.
- ▶ Support positive changes in behaviour *and* attitude.
- ▶ Do not judge or reject a person in the event of negative change of behaviour.
- ▶ Encourage and support snowballing by:
  - ✓ simply asking drug users to pass on the information to their peers;
  - ✓ discussing how this can be done; and
  - ✓ involving drug users in the making and handing out of information material, etc.
- ▶ Stop a discussion at the appropriate time: do not keep talking when the IDU obviously wants to go somewhere else, or has become bored.

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Source: Trautmann F and Barendregt C. *European Peer Support Manual*. Utrecht, Trimbos Institute/European Commission, 1994.

# HANDOUT C2

## Good injecting technique

This is the optimum method of injecting. When IDUs inject, they are often unable to go through all of these steps due to lack of equipment or time, or lack of knowledge:

- ▶ Prepare for the injection by obtaining new injecting equipment. Needle and syringe, alcohol swab, filter; spoon, tourniquet and any other equipment, which should also be owned by the drug user and should not be shared with anyone else.
- ▶ Clean hands.
- ▶ Use a filter (e.g. cotton wool).
- ▶ Swab injecting site.
- ▶ Rotate injection sites to avoid vein damage. This will:
  - ✓ allow damage to heal, create less bruising: bruised sites can lead to infection;
  - ✓ reduce scarring, which thickens the vein wall and makes future injection more difficult and more damaging; and
  - ✓ avoid damaged, especially infected, sites.
- ▶ Jack back: push the plunger partly down, pull it back letting blood enter the syringe, push all the way down to inject into the vein. This is important because it can signal if you have injected into an artery instead of a vein.
  - ✓ Arterial blood is bright and frothy, compared to venous blood, which is dark.
  - ✓ Arterial blood is under high pressure, and difficult to inject into.
  - ✓ Arteries are deep.
  - ✓ If you suspect an artery has been hit, immediately pull the needle out; apply pressure for five to ten minutes; raise the limb. If bleeding does not stop, seek urgent medical treatment.
- ▶ Inject slowly.
  - ✓ There will be less risk of fatality/overdose;
  - ✓ There will be less wear and tear on the vein;
  - ✓ It will decrease the effect of contaminants; and
  - ✓ It will help ensure that drug is going into the vein.
- ▶ Always inject in the direction of the blood flow, towards the heart.
- ▶ Apply pressure after injecting for at least one to two minutes.
- ▶ Do not use alcohol swabs when applying pressure as this may interfere with clotting.

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Source: KRC (Kirketon Road Centre). *Outreach Training Course Manual*. Sydney, 2001.

# HANDOUT C3

## Core education messages for IDUs

**Sex:** Always use a condom when having penetrative vaginal or anal sex.

**Injecting drugs:** You can protect yourself from infection by always using your own:

- new, sterile needles and syringes;
- mixing water, cups or pots;
- spoons or 'cookers' (used to heat powdered drug and mix it with water);
- filters;
- swabs/alcohol wipes;
- tourniquet; and
- never sharing, lending or borrowing them.

'Sharing' isn't just using a syringe that someone else has used. It is also using:

- a filter;
- mixing water;
- water cup/container; and
- spoon;

that someone else has used, or passing them on to someone else.

Always be aware of the risk of:

- catching infection from others;
- overdose; and
- passing infection on to others.

Where possible:

- Use each needle and syringe only once.
- Prepare injections with clean hands on a clean surface and clean the injecting site.
- Wash your hands before and after each injection.

IDUs should be advised that if they are going to re-use equipment it is much better to re-use their own rather than someone else's. It is also important to advise people who keep syringes for re-use to mark/identify them and keep them in a safe place where they cannot be reached –or used–by other people. The risk that someone else has used their syringe without their knowledge is another important reason for cleaning the syringe again before second use.

If someone else's used needle or syringe is to be used, ensure that it is cleaned. The most effective methods for cleaning needles and syringes to try to rid them of HIV- and hepatitis-infected blood are the following.

## Needle and syringe cleaning

### **The '2 by 2 by 2' method**

Injectors should be advised that all syringes that they think may be re-used should be cleaned immediately after first use. They should then be cleaned again before second use.

The best method for cleaning is to employ the '2 by 2 by 2 method':

- ▶ Draw COLD water (sterile or cool boiled is best) into the syringe and then flush it out down the sink or into a different cup. Do this twice.
- ▶ Then slowly draw bleach into the syringe and shake it for as long as possible: three to five minutes is ideal, 30 seconds is the minimum. Flush it out down the sink or into a different cup. Do this twice.
- ▶ Then draw COLD water into the syringe (as in step 1) and then flush it out down the sink or into a different cup. Do this twice as well.

### **Other cleaning methods**

In addition, you can reduce the chance of infection if you clean the needle and syringe by soaking the parts in either undiluted bleach or a strong detergent/water solution for as long as possible (at least several minutes) and rinsing thoroughly with water.

Injectors can also be advised that boiling needles and syringes for 15–20 minutes will also sterilize them (although boiling plastic syringes may lead to distortions of the plastic and leakage).

If they are not going to go through the full '2 by 2 by 2' procedure they should be advised to do everything they can to reduce the residue of blood in the syringe.

In particular, washing the needle and syringe several times (e.g. ten times) immediately after use with cold water—before the blood and drug solution has had a chance to dry—is likely to flush out most infectious agents.

Failing this, using water or even vodka, wine or beer to flush out the syringe and needle before re-use is likely to reduce the risk a little.

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Burrows D. *Starting and managing needle and syringe programs: a guide for Central and Eastern Europe/ Newly Independent States*. New York, International Harm Reduction Development/ Open Society Institutes, 2000.

# HANDOUT C4

## Dealing with overdose

### **What do I do if I find someone who has collapsed?**

- ▶ Assessment is the most important part of the process.
- ▶ Assess the situation. If you intervene, will you put yourself, others or the victim at risk? Be alert to danger (discarded needles, blood, violence) and deal with it before you proceed.
- ▶ Assess the victim, Does he/she actually need your help? Shake him/her by his/her shoulders, shout his/her name or ask him/her if he/she is okay. Ask him/her to squeeze your hand.

If he/she does not open his/her eyes and respond verbally he or she is unconscious. Call an ambulance and make a note of the time that you did this.

### **Why is it dangerous for people to be unconscious?**

- ▶ They can't protect themselves from injury, assault etc.
- ▶ Their airway can become blocked with their tongue or foreign debris, stopping them from breathing.
- ▶ They may vomit and inhale it into their lungs.
- ▶ They may die from uncontrolled bleeding.
- ▶ Unconscious people need expert medical attention.
- ▶ Unconscious people are unable to keep their airway open especially when they are lying on their back. The tongue drops to the back of the throat and stops air from entering the lungs. Foreign debris in the mouth or nose (e.g. vomit, food and false teeth) will do the same thing.
- ▶ An unconscious person cannot swallow or cough. Coughing and swallowing are vital protective mechanisms for keeping debris out of the lungs.

### **To open and clear the victim's airway:**

- ▶ Roll him/her gently onto his/her side and tilt his/her head back and slightly downwards.
- ▶ Look into his/her mouth, if you can see any loose objects remove them with your fingers.
- ▶ Do not leave the victim unattended.

### **Respiratory management:**

- ▶ An unconscious person needs expert medical attention.
- ▶ Open and clear the airway first.
- ▶ Assess breathing:
  - ▶ Look, listen and feel for breathing (if he/she is breathing, is it enough?)
  - ▶ If the victim is breathing:
    - ✓ Leave him/her on his/her side and continue to monitor his/her breathing until the ambulance arrives.
  - ▶ If the victim is not breathing:
    - ✓ Gently turn him/her onto his/her back and commence expired air resuscitation (15 breaths per minute). Continue until the ambulance arrives.

**Safety:**

- ▶ Always assess risk (to you, others and the victim) before you get involved.
- ▶ There have been no reported cases of HIV transmission to persons doing basic life support.
- ▶ You can catch respiratory infections (colds or influenza, TB), salmonella, viral hepatitis and oral herpes from doing mouth-to-mouth resuscitation.
- ▶ Be blood aware.

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Source: KRC (Kirketon Road Centre). Outreach Training Course Manual, Sydney, 2001.

## HANDOUT C5.1

### 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 C5.2

### Group B problems

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

# HANDOUT C6

## Procedure for dealing with used needles and syringes: Example from Australia

- ▶ Staff must not handle used needles and syringes (called sharps).
- ▶ Loose needles and syringes being returned to an NSP should be placed by the client directly into a 20-litre sharps collector (or other approved sharps container) supplied by HPSU. Loose needles should never be placed into the large, yellow “wheelie” bins.
- ▶ Sharps containers should never be overfilled.
- ▶ All sharps returned in small disposal containers or any other form of container that is not an approved sharps container, must be placed by the client into the 20-litre sharps collectors (or other approved sharps container) supplied by the Department of Human Services (DHS). All sharps containers are to be stored at the needle and syringe programme (NSP) for collection by an approved medical waste service.
- ▶ If staff is involved in the retrieval of inappropriately discarded injecting equipment, the following points should act as a guide:
  - ✓ Wear latex or plastic gloves for protection.
  - ✓ Take the disposal container and lid to the site of the discarded needle and syringe (not the syringe to the container).
  - ✓ If the needle and syringe is difficult to reach, carefully remove rubbish or other material around it to enable easy access to the needle and syringe.
  - ✓ If there is more than one needle and syringe, separate them by using tongs or a stick. Do this carefully. Each needle and syringe can then be picked up individually.
  - ✓ Never recap a needle and syringe, even if the cap is also discarded.
  - ✓ Pick up the needle and syringe by the barrel (plastic end). Do not pick it up by the needle end. Make sure the needle is pointing away from you at all times.
  - ✓ Place the needle and syringe, needle end first, into the container. The container should be placed on a stable surface beside the syringe and not held by hand.
  - ✓ Secure the lid on the container.
  - ✓ Remove the gloves and wash hands with warm, soapy water.

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Source: Victorian Department of Human Services. *Victorian Needle and Syringe Program Operating Policy and Guidelines*, Melbourne, 2001.

## Procedure for dealing with needle stick injury: Example from Australia

In the case of a needle stick injury by a discarded needle and syringe, the following steps should be taken:

- Flush the area with flowing water (or saline if available).
- Do not force or encourage the wound to bleed.
- Do not lick or suck the wound.
- Wash well with soap and water.
- Apply antiseptic on the wound and cover it with a waterproof band aid.
- Seek medical attention for an assessment of the risk of infection and appropriate treatment.
- Notify the NSP Manager or Coordinator as soon as possible.

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Source: Victorian Department of Human Services. *Victorian Needle and Syringe Program Operating Policy and Guidelines*, Melbourne, 2001.

## HANDOUT C7

Distribute WHO Guide on advocacy for effective HIV prevention among injecting drug users.