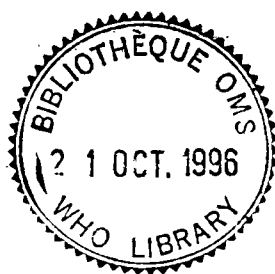


**NATIONAL AIDS PROGRAMME MANAGEMENT**

**A Training Course**

**PREVENTION OF HIV TRANSMISSION  
THROUGH INJECTING DRUG USE**



World Health Organization  
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# CONTENTS

Introduction .....	1
Learning Objectives .....	2
Flowchart .....	2
1.0 Assess the Drug Use Situation .....	3
Exercise A .....	6
2.0 Identify Organizations Involved in Implementing Activities To Prevent Unsafe Drug Behaviours .....	7
3.0 Plan Activities to Prevent Unsafe Drug Behaviours .....	8
4.0 Plan Coordination of Activities .....	11
Exercise B .....	13
5.0 Set Activity Targets .....	15
6.0 Plan to Monitor and Evaluate Activities .....	16
Remember This .....	17
References .....	19



# PREVENTION OF HIV TRANSMISSION THROUGH INJECTING DRUG USE

## INTRODUCTION

This module discusses a third intervention for the strategy to prevent HIV transmission through blood: prevent unsafe drug behaviours. It builds on information discussed in the modules, *HIV/AIDS Problem, Control Activities and Target Populations for Prevention and Interventions and Policies*.

The two interventions discussed in the module *Prevention of HIV Transmission Through Blood* were 1) provide a safe blood supply and 2) provide aseptic conditions for invasive, skin-piercing, surgical and dental procedures.

Injecting drug use accounts for less than 10% of the estimated worldwide HIV infections. But sharing of injecting equipment plays a major role in the spread of the infection in many countries. If a person with HIV infection uses needles and syringes, that person's blood contaminates the equipment. Then, if the needles and syringes are not properly cleaned, someone else who uses them is likely to become infected, because the needle and contents of the syringe are introduced directly into the blood. As a result, injecting drug users tend to become infected rapidly. In some developed and developing countries, studies have shown that over a two-to-three year period, 40% to 60% of the drug injecting population has become infected with HIV.

Like anyone else, injecting drug users who have the HIV infection may spread the virus through sexual transmission and perinatally. In some countries the majority of infected children are born to women who use injecting drugs or to women who have had a sexual partner who injects drugs. Consequently, promoting safer sexual behaviours and condom use among injecting drug users is also vital. Refer to the module *Promoting Safer Sexual Behaviours* for more specific information.

Countries need to determine if a current or potential drug injecting problem exists, then plan HIV prevention activities appropriate to their situation. The manager's role is to interact with the appropriate organizations to assess the drug injecting problem and to coordinate HIV prevention activities.

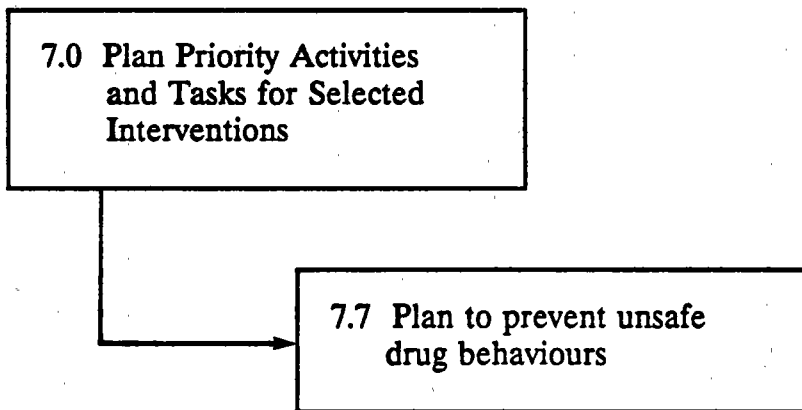
## LEARNING OBJECTIVES

Programme managers decide how much effort to direct toward preventing HIV transmission through injecting drug use. This decision depends on the extent of injecting drug behaviour practised in the country. After completing this module, participants will be able to:

- assess the drug use situation
- plan activities to prevent unsafe drug behaviours
- specify activity targets and indicators to monitor and evaluate activities designed to prevent unsafe drug behaviours

## FLOWCHART

The planning steps on the flowchart which are covered in this module are:



## 1.0 ASSESS THE DRUG USE SITUATION

Assessing the extent and pattern of drug use in a country helps to determine if drugs are currently injected, whether there is the potential for adopting injecting drug use, and the implications for the spread of HIV. Review the modules *Interventions and Policies* and *HIV/AIDS Problem, Control Activities and Target Populations for Prevention* for related information.

Drug use behaviours tend to be hidden, so assessing the extent of injecting drug use through direct contact with users is often difficult. Information on injecting drug use needs to be obtained from a variety of sources in order to get a thorough assessment of the situation. Maintaining confidentiality and establishing trust is essential. A lack of trust among drug users can create problems in attaining adequate information and create a climate where future prevention activities have little chance of success. The manager's role is to make sure these points are considered when information-gathering efforts are designed and when evidence from different sources is weighed.

Questions to consider to assess the current drug use situation in a country include:

1. Does injecting drug use exist in any part of the country?
2. Are non-injecting drugs such as amphetamines, barbiturates, and benzodiazepines used? These have the potential to be injected.
3. If there is little evidence of current drug use or injection, are drugs likely to become available? Are there indications that drugs are being transported through any area of the country? *If so, experiences from many countries show that there is a potential for development of a local drug problem.*
4. What information exists on HIV, Hepatitis B and STD among drug users?
5. What is known about drug injecting and sexual behaviour of drug injectors? Are condoms available and used?
6. What activities are currently being conducted to deal with injecting drug behaviours?

The range and quality of available data to answer these questions will vary. In many countries knowledge about the prevalence of drug use, the types of drugs used, and the patterns of drug use is not immediately available. Different sources of data may have different information according to how drug use is defined or degree of contact with the target population.

## **1.1 Determine sources of data on drug-injecting behaviour**

Drug users themselves are the most valuable resource for information. It is essential to visit areas where drug users congregate. Contact can be made through key people, such as local community workers, who have access to them. Collection of data through surveys, focus groups and in-depth interviews provides information on patterns of behaviour relevant for HIV transmission.

Other sources of information include medical, legal, and social institutions. Information obtained from these sources helps to determine extent, patterns and trends in both the injecting and non-injecting drug population. Using a variety of sources is important because different professionals have different perspectives on drug use. Police know those who are arrested for criminal acts. Treatment centres know those who ask for treatment. These may be different groups.

The following sources can provide data on drug injecting behaviour:

**Drug treatment programmes** provide information about the numbers and characteristics of drug users who seek treatment and the drugs that are currently being used. They may provide contact with drug users who can give in-depth information on patterns of sharing of equipment and sexual behaviours among injectors.

**Health care facilities** include hospital emergency rooms, mental health services, STD clinics and primary health care sites. These may provide insight as to drug users seen for complications stemming from drug use or for unrelated conditions. Although this information may not be systematized, it may provide data on where drug injectors tend to be located or suggest questions for further assessment.

**Pharmacists and shopkeepers** often know if they are selling equipment to drug users and may give insight as to where drug users are located and how often they purchase equipment.

**Police, prisons and other law enforcement agencies** can provide information on drug-related arrests. Because drug use is illegal in most countries, it is important to establish contacts with the police and prison staff and offer them general information about proposed HIV interventions.

**Social service agencies** may have contact with drug users, depending on the nature of social service and social welfare agencies in a given region.

**NGOs** may work in slum areas or run facilities for youth or drug users. NGOs doing other types of work, such as improving maternal and child health, may provide information on drug injecting in a community.

**Traditional healers and religious workers are used in many countries for help with and treatment for drug problems.**

**Journalists or newspaper files may provide information that can be further investigated.**

**Social scientists or medical researchers in universities or independent institutions may have information from studies conducted on drug users and can provide insight into particular patterns and behaviours.**

## **1.2 Assess the injecting drug use situation using qualitative and quantitative methods**

Use both qualitative and quantitative methods to attain data on drug injecting behaviour. This gives a more complete picture of the extent and pattern of the injecting drug problem. Examples of qualitative methods include focus group discussions or interviews with pharmacists or key members of the drug injecting population. Quantitative methods include questionnaire surveys of samples of drug users presenting to treatment.

Information needed from this assessment includes:

- \* Where does drug injecting occur? In what region, city or part of the city?
- \* What are current behaviour patterns? Do people share equipment?
- \* Are condoms and injecting equipment easily available, or are they difficult or illegal to obtain?
- \* Who are potential groups and individuals to work in a local area? Who can gain access to and earn the trust of drug users?
- \* What is the legal situation regarding possession of drugs and drug use paraphernalia? Can injecting equipment be sold legally in pharmacies or markets?



## **2.0 IDENTIFY ORGANIZATIONS INVOLVED IN IMPLEMENTING ACTIVITIES TO PREVENT UNSAFE DRUG BEHAVIOURS**

The programme manager's role is to work with individuals or organizations that are in a position to prevent unsafe drug behaviours. This is especially relevant in regard to treatment. Generally, the manager is not directly responsible for planning drug treatment activities, but needs to work closely with those who are.

Listed below are some organizations that may be involved in planning and implementing activities to prevent unsafe drug behaviours. These organizations may have primary objectives other than promoting HIV/AIDS control. But they are still important resources of information on drug injectors, as indicated in Step 1.0, and potential outlets for AIDS prevention material.

- \* NGOs
- \* drug treatment programmes
- \* hospitals, health care centres
- \* social service agencies
- \* outreach workers

Questions to ask regarding these organizations include:

1. Does the organization reach drug injectors?
2. Do drug injectors trust this organization?
3. Is the organization locally based?
4. What resources does it provide?
5. Is the staff trained to deal with drug injectors and HIV/AIDS?

In summary, after completing these assessments, the programme manager will have:

- \* identified broad geographic areas or sites and population groups to target with prevention activities,
- \* established priorities for sites and populations to target, and
- \* identified available resources, human and financial, for implementation in target areas.

### 3.0 PLAN ACTIVITIES TO PREVENT UNSAFE DRUG BEHAVIOURS

Experience has shown that injecting drug users are able and willing to change sharing behaviours to reduce the risk of HIV infection. Increasing condom use among drug users has proven more difficult to implement than changing injecting behaviours.

Specific activities planned to prevent unsafe drug behaviours depend upon the results found in the assessment of injecting behaviours. For example:

1. If there is little indication of injecting drug behaviour, it may be sufficient to provide information on health hazards of injecting to groups at risk and to train health care workers, pharmacists, police and NGO staff to identify early signs of injecting.
2. If there is injecting drug use, but no sharing of equipment, there needs to be close contact with the drug using community to reinforce non-sharing and to monitor any behaviour changes that may occur.
3. If there is injecting drug use and sharing of equipment, an active programme needs to be designed to encourage drug users to:
  - \* always clean equipment when sharing
  - \* avoid sharing when injecting
  - \* use non-injecting modes of drug-taking.

These efforts characterize the "harm reduction" approach of public health agencies dealing with HIV/AIDS prevention. This approach tries to diminish or minimize the harm faced by people who use injecting drugs. It is based on the recognition that interventions must be developed for people who are currently injecting and are either reluctant, unable or unwilling to stop injecting. The objective is to motivate them to change their behaviours. This is primarily done through promotion of disinfection of injection equipment or abstention from sharing injecting equipment, and secondarily by promoting non-injecting drug-taking. Providing the supplies and skills needed to enable behaviour change is also essential. People cannot be *forced* to change their behaviour, and coercive measures may serve to distance them further from the wider community.

Using a harm reduction approach to prevent unsafe injecting behaviours and promote safe sexual behaviours implies providing drug injectors with the following:

**Knowledge:** information and education about HIV and AIDS, safer sexual behaviours, safer drug use behaviours, where to get clean needles and syringes, where to get condoms

**Skills:**                    how to clean injecting equipment  
                                  how to use condoms  
                                  how to negotiate not sharing  
                                  how to negotiate use of condoms

**Means:**                    bleach (chlorine-releasing compounds) and containers,  
                                  needles and syringes, condoms, access to treatment

Activities are most effective when they combine knowledge, skills and means. Programme managers will need to identify the appropriate combination of activities.

## **EXAMPLE**

The following example shows how knowledge, skills and means have all been addressed in activities to prevent unsafe drug behaviours:

An NGO outreach team distributed condoms, bleach and small containers to injecting drug users (MEANS). The team provided information on how HIV is transmitted sexually and by sharing equipment (KNOWLEDGE), and showed users how to use bleach to disinfect injection equipment (SKILLS). In settings where bleach was not readily available, team members showed drug users how to clean equipment in other ways (SKILLS). Users were told that any cleaning is better than no cleaning; washing with soap is better than just using water, but using clean water is better than nothing (KNOWLEDGE).

In addition to incorporating knowledge, skills and means when possible, activities are most effective if they:

- 1) **Are appropriate to the local situation.** Needle distribution may not be practical, but providing bleach is. Bleach may be unavailable, but soap is accessible.
- 2) **Involve community-based outreach teams in implementing activities.** Peer outreach groups and peer support networks are of key importance for preventing unsafe drug use and unsafe sexual practices among injecting drug users.

Focusing on reducing the harm caused by injecting practices does not replace activities to reduce demand for drugs. Improving availability of appropriate treatment facilities and increased efforts to prevent drug use play an important part in an overall public health strategy. However, "demand-reduction" or "supply reduction" activities generally are not objectives of national AIDS programmes. Demand reduction characterizes the approach of drug treatment agencies and drug control agencies. Supply reduction is the approach

most commonly used by law enforcement and often sponsored or assisted by drug control agencies.

Although these three approaches are often seen as independent and contradictory, they can be complimentary. Ideally public health, drug enforcement and treatment agencies will work cooperatively to prevent HIV/AIDS in current injecting drug users, to prevent progress to injecting for non-injecting drug users, and to avoid beginning of drug use for non-users.

Below are examples of appropriate activities to prevent unsafe drug behaviours and HIV transmission among drug users:

- \* Train outreach workers to teach drug users how to practise safer drug and sexual behaviour.
- \* Train peer educators to counsel injecting drug users to practise safer drug behaviours.
- \* Develop educational materials on HIV and Hepatitis B transmission and prevention methods to give to drug users at drug treatment programmes or through outreach workers.
- \* Train pharmacists to make suggestions about proper cleaning when they sell drug injecting equipment.
- \* Distribute bleach, needles, syringes, and condoms to injecting drug users.
- \* Review regulations or practices which influence preventive activities, such as punitive enforcement practices which keep drug users from seeking health care or treatment. Determine how to address them in collaboration with police and the Ministry of Justice.

## 4.0 PLAN COORDINATION OF ACTIVITIES

### 4.1 Specify organizations or individuals responsible for managing activities and tasks

Review the activities planned for preventing unsafe drug behaviours and specify which organizations need to be involved. Then identify the department or individual responsible for implementing the activities. A table such as the following could be used for this purpose:

#### EXAMPLE

ACTIVITY	ORGANIZATION	DEPARTMENT OR INDIVIDUAL
Distribute educational materials on HIV transmission and prevention	Ministry of Health	Director of Community Services
Distribute bleach, syringes and condoms	Life Services (NGO)	Director of Outreach Services

### 4.2 Establish a timetable to implement activities

The following page contains a sample timetable of some activities to prevent unsafe drug behaviours.

**SAMPLE TIMETABLE: ACTIVITIES TO PREVENT UNSAFE DRUG USE BEHAVIOURS, 1994**

Activity	Tasks	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Procure disposable needles and syringes for HIV prevention	Coordinate needle procurement with donors and suppliers	x	x										
Distribute needles and syringes for HIV prevention activities	Designate 20 centres for distribution	x	x										
	Specify locations for distribution	x	x										
	Meet with responsible individuals		x	x									
	Provide stock		x	x	x	x	x	x	x	x	x	x	x
	Check with centres to determine restocking needs				x	x	x	x	x	x	x	x	x



3. What constraints might hinder implementation of activities?

4. What can be done to overcome or work around the constraints identified above?

**Tell the facilitator when your country group is ready for the large group discussion.**

## 5.0 SET ACTIVITY TARGETS

Choose the most important activities. Specify indicators and set targets for them.

Appropriate indicators might include the following:

- \* proportion of drug treatment staff in region Y trained to provide information on HIV transmission and prevention to drug users
- \* proportion of treatment centres in cities A, B and C with at least one staff member trained in HIV and AIDS
- \* proportion of pharmacists trained to effectively provide information about proper cleaning
- \* proportion of pharmacies providing information to drug users about proper cleaning
- \* proportion of peer educators in cities A, B and C trained to advise drug injectors to practise safer drug and sexual behaviours

## **6.0 PLAN TO MONITOR AND EVALUATE ACTIVITIES TO PREVENT UNSAFE DRUG BEHAVIOURS**

### **6.1 Specify what to monitor**

Determine specific performances to monitor that relate to the indicators and targets selected for evaluation. Some examples include:

- \* street outreach workers tell injecting drug users how HIV can be spread through sharing equipment
- \* street outreach workers show injecting drug users how to clean injecting equipment with bleach or other available means

Examples of quantified outputs of performance to monitor are:

- \* number of outreach workers trained to interact with injecting drug users
- \* number of condoms distributed by street outreach workers
- \* number of outlets where bleach is available

### **6.2 Specify what to evaluate**

Evaluate all activity targets written for preventing unsafe drug behaviours. Additional indicators that may need to be evaluated include:

- \* proportion of health centres with a reliable supply of clean injecting equipment and condoms
- \* proportion of outreach workers with a reliable supply of bleach

## **REMEMBER THIS**

### **ABOUT PREVENTION OF HIV TRANSMISSION THROUGH INJECTING DRUG USE**

- \* **The key intervention for preventing HIV transmission among injecting drug users is to prevent unsafe drug behaviours. Promoting safer sexual behaviours, including condom use, is also essential.**
- \* **All countries need to deal with the problem of HIV transmission through injecting drug use. The degree of emphasis placed on the problem will vary according to the extent of injecting drug use in each country.**
- \* **Countries need to first assess the current or potential injecting drug use situations in communities. Sources of information on drug use include health care facilities, drug treatment centres, law enforcement agencies and NGOs. Using both qualitative and quantitative methods to obtain the data is helpful.**
- \* **The emphasis of national AIDS programmes should be on reducing the harm faced by people who use injectable drugs. It is ideal, however, when public health, drug enforcement and treatment agencies can work cooperatively to prevent HIV/AIDS in current injecting drug users, to prevent progress to injecting for non-injecting drug users, and to avoid beginning of drug use for non-users.**
- \* **Activities designed to prevent unsafe drug behaviours are most effective if they provide knowledge, skills and means necessary to change behaviours.**
- \* **The most important activities need to have indicators and targets specified which are used to monitor and evaluate progress in preventing unsafe drug behaviours.**



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