Orientation on Harm Reduction
One-hour Training Course
Participant Manual

World Health Organization
Western Pacific Region
Orientation on Harm Reduction
One-hour Training Course
Participant Manual
Acknowledgements

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# ABBREVIATIONS

- **AIDS**: acquired immunodeficiency syndrome
- **HIV**: human immunodeficiency virus
- **IDU**: injecting drug user
- **MMT**: methadone maintenance treatment
- **NSP**: needle and syringe programme
- **PLWH**: people living with HIV
- **UNAIDS**: Joint United Nations Programme on HIV/AIDS
- **UNODC**: United Nations Office on Drugs and Crime
- **WHO**: World Health Organization
This training package has been produced for audiences unfamiliar with harm reduction for injecting drug users. It provides an introduction to important concepts in HIV prevention for injecting drug users. The package contains five training modules.

1. Introduction to drugs, HIV and harm reduction
2. Outreach to injecting drug users
3. Drug-dependency treatment
4. Needle and syringe programmes
5. HIV prevention in prisons and closed settings

Please note the following:

- The topic of harm reduction includes information about human behaviour that is sensitive and may be embarrassing for some people. This is normal for this type of training.
- You will not be judged for what you say or write. Please listen to and respect the opinions of other participants.
- Drug users are frequently referred to using derogatory language. Please use non-judgemental language at all times during this training session. For example, the phrase “drug-dependent person” is preferred to “drug addict”.
PRE-TRAINING KNOWLEDGE QUESTIONNAIRE

This questionnaire is designed to assess your knowledge of HIV and harm reduction before and after you complete this training session. Please read each question and circle either “true” or “false”.

1. Drug dependency is a health problem. True False

2. Cigarettes cause more health problems than illegal drugs. True False

3. WHO supports giving syringes to drug injectors. True False

4. Prisoners have the right to receive the same standard of health care that is available in the community. True False

5. Heroin withdrawal can kill people. True False

6. Everyone who uses drugs is a drug addict. True False

7. Outreach workers help drug users into drug treatment services. True False

8. Providing condoms to prison inmates increases sexual activity. True False

9. People who are drug dependent can get sick if they suddenly stop using drugs. True False

10. Providing needles and syringes encourages injecting drug use. True False

11. In Asian countries, HIV spreads in prisons mainly through unprotected sex. True False

12. The stigma associated with drug use is a barrier to people accessing treatment. True False

13. People should stay on methadone for less than one year. True False

14. Some people will inject drugs regardless of the punishment. True False

15. Outreach is best conducted in places where people use drugs. True False
Module 1
Introduction to drugs, HIV and harm reduction
Introduction to drugs, HIV and harm reduction

Training objectives: After completing this module, participants will have increased understanding of drug use, HIV/AIDS and the role of harm reduction in HIV prevention.

This module should take 10 minutes to complete.

Topics:

Drugs: definitions and effects
HIV and injecting drug use
Harm reduction

What is a drug?

• A drug is any substance that alters a person’s mood or behaviour as a result of changes in the function of the brain.

• There are many different types of drugs and most people have used a drug at some time in their life.

Why do people use drugs?

• All societies allow people to use certain drugs, for example, caffeine (in coffee, tea and cola drinks), nicotine (in cigarettes) and alcohol.

• Different people and cultures use drugs for different reasons. An example of a drug that is used for many different reasons is marijuana.
  • Cannabis or marijuana is commonly used recreationally, but it has other uses.
  • In some countries, doctors prescribe it to relieve pain and stimulate the appetite in HIV and cancer patients.
  • In some cultures, it is used in religious ceremonies to enhance awareness.
Drugs and their effects

• Heroin and other opioids
  • Heroin can be smoked or injected.
  • Desired effects include relaxation and pain relief.
  • Adverse effects of heroin use include overdose, stroke and death.

• Amfetamine and methamfetamine
  • Known in street parlance as ice, yaba or crystal.
  • Amfetamines can be snorted, smoked, injected or swallowed.
  • Desired effects include increased alertness and confidence.
  • Adverse effects include violent or irrational behaviour and psychosis. On rare occasions, methamfetamine use has been associated with heart failure.

• Ecstasy
  • Usually swallowed as a pill but is sometimes snorted or injected.
  • Desired effects include feelings of happiness and increased energy.
  • Adverse effects of ecstasy use include hyperthermia, i.e. the body overheating.

• Benzodiazepines
  • Benzodiazepines are widely available legally. Brand names include Valium, Serepax, Temazepam and Xanax.
  • They are usually swallowed as pills but are sometimes injected.
  • Desired effects include sleepiness and lowered inhibitions.
  • Adverse effects include extreme mood swings and overdose, which can be fatal.

• Cannabis (marijuana)
  • Cannabis is smoked or eaten.
  • Desired effects include relaxation, happiness and increased appetite.
  • Adverse effects include increased anxiety and paranoia.

• Cocaine
  • Usually snorted or injected.
  • Desired effects include feelings of happiness, increased confidence and decreased need for sleep.
  • Adverse effects include anxiety, aggression and heart problems.

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1 The opioid class of drugs includes heroin, opium, morphine, codeine, methadone and buprenorphine.

2 “Overdose” is the use of a drug in an amount that produces adverse physical or mental effects. For example, a heroin overdose leads to depressed breathing and heart rate and can be fatal.
Alcohol
- Desired effects include decreased inhibitions and feelings of relaxation and well-being.
- Adverse effects include poor judgement, poor coordination and aggression. At very high doses, alcohol can lead to unconsciousness and death.

Tobacco
- Tobacco is one of the most widely used drugs in the world. It is found in cigarettes and cigars.
- Smoking tobacco is associated with a range of health problems including cancer and heart disease.

Types of drug use
- Lots of people use drugs without becoming dependent on them. Drug use can be “experimental” or “recreational”.
- “Drug dependence” refers to a user’s need for frequent, repeated doses of a drug to make them feel normal. A person can become dependent on a drug if it is taken regularly over a period of time.

Drug-related harms
- Drug-related harms include death, disease and injury. Examples are drug overdose, HIV / AIDS, hepatitis C, smoking-related cancers, mental health problems, accidents and violence related to alcohol use.

HIV and injecting drug use
- Injecting drug use is among the major contributors of HIV spread in many countries, including China, Malaysia and Viet Nam. ¹
- HIV is transmitted between injecting drug users by the sharing of used needles and syringes. Used needles and syringes can contain blood that is contaminated with HIV or other bloodborne viruses such as hepatitis C. A person who uses a syringe that has already been used by someone else risks contracting these illness.

HIV spreads rapidly through the injecting drug user population via needle sharing and unprotected sexual activity. From injecting drug users, HIV can spread easily to non-injecting sexual partners. This includes clients of sex workers.

An HIV epidemic among injecting drug users can easily become a generalized epidemic affecting men, women and children. Preventing HIV transmission among injecting drug users is necessary to protect the entire community.

**Preventing HIV among injecting drug users: demand reduction**

- Demand-reduction approaches to drug use focus on reducing the number of people who want to buy and use drugs.

**Preventing HIV among injecting drug users: harm reduction**

- Harm-reduction approaches to drug use accept that there will always be people who use drugs.

- Harm reduction aims to reduce drug-related harm, not drug use.

**Why should we use demand reduction and harm reduction strategies?**

- When large numbers of IDUs become infected with HIV, the wider community is placed at risk. HIV passes from IDUs to their sexual partners. HIV positive women can transmit the virus to their children. Thus, HIV among IDUs is a problem the whole community should be concerned about.

- Demand-reduction and harm-reduction strategies work to reduce HIV transmission among IDUs. In doing so, they help protect the whole community.
Summary

• Most people use drugs of some sort without any problems.

• Some people who use drugs become dependent on them. This is a medical condition.

• Harms associated with drug use include deaths from overdose and illness, crime and family problems. HIV transmission among drug users and then to the wider community is a major drug-related harm.

• Demand- and harm-reduction strategies can help prevent and reduce drug-related harms, including HIV transmission.
Further reading


Module 2
Outreach to injecting drug users
Outreach to injecting drug users

Training objectives: After completing this module, participants will have increased knowledge and understanding of outreach to injecting drug users for HIV prevention, including:

• effectiveness of outreach as an HIV prevention strategy,
• outreach services,
• why outreach is useful,
• who does outreach, and
• types of organizations doing outreach.

This module should take approximately 5 minutes to complete.

Topics:

What is outreach?

Why outreach?

Effectiveness of outreach as an HIV prevention strategy

Services provided by outreach workers

Who does outreach?

Where does outreach take place?

Subgroups of injecting drug users

What types of organizations do outreach?

What is “outreach”?

• Outreach workers visit areas where injecting drug users (IDUs) gather and provide education about risk reduction and HIV prevention. Many outreach workers also distribute sterile injecting equipment, bleach for cleaning injecting equipment and condoms.
Why outreach?

- It’s difficult for traditional office-based services to make contact with injecting drug users.

- Drug users are wary about approaching health and welfare services. They have had bad experiences such as being discriminated against or reported to authorities.

- Outreach programmes were developed because many drug users in need of assistance would not approach services. Therefore, the services had to go to the drug users.

Effectiveness of outreach as an HIV prevention strategy

- Injecting drug users who use outreach services:
  - inject less often,
  - are more likely to use condoms,
  - are more likely to enter drug treatment, and
  - are more likely to stop using drugs compared to IDUs who do not use outreach services.  

Services provided by outreach workers

- Education and information
  - safer injecting, e.g. not sharing any injecting equipment, correct injecting technique
  - HIV/AIDS and other viruses such as hepatitis B and hepatitis C
  - vein care to help prevent abscesses
  - what to do if someone overdoses

- Essential equipment
  - sterile injecting equipment, including needles and syringes, sterile water for mixing drugs and alcohol swabs for wiping the injecting site
  - bleach for cleaning used needles and syringes
  - condoms

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Counselling and referrals

- drug treatment services
- voluntary HIV counselling and testing
- HIV treatment
- testing and treatment for other sexually transmitted infections and bloodborne viruses
- assistance with housing, medical needs and legal issues

Collection and disposal of used injecting equipment

Monitoring of HIV medication compliance

Emergency medical assistance

Case study: Korsang, Phnom Penh, Cambodia

Korsang runs a drop-in centre and outreach service in Phnom Penh, Cambodia.

Services include education and information about safer injecting, referrals to voluntary HIV counselling and testing, and provision of syringes and condoms.

Staff provide needles, syringes, condoms and information and education while driving around Phnom Penh in a tuk-tuk. They also transport clients to hospital in medical emergencies.

Website: www.korsangkhmer.org

Who does outreach?

Many types of people, with a broad range of skills and experience, provide outreach services:

- social workers,
- counsellors,
- nurses,
- specialist drug and alcohol workers,
- current and former drug users, and
- volunteers.
Case study: The SHAKTI Project, Dhaka, Bangladesh

- Through the SHAKTI Project, injecting drug users are trained to do outreach by staff of nongovernmental organizations.
- IDUs learn about HIV and other sexually transmitted infections and where to refer people for help with medical problems. The workers must agree not to use or carry drugs while working.
- The workers make contact with other IDUs and provide education, injecting equipment and condoms.
- The network of trained IDUs provides outreach services to several thousand drug users in Dhaka every day.

Where does outreach take place?

- Outreach can take place wherever IDUs gather.
  - **Public places where IDUs gather to buy or use drugs.** Outreach workers go to areas of cities that are known for their drug scenes.
  - **In the homes of IDUs.** An outreach worker with a good rapport with a group of users might hold an education session in the home of one user.

What types of organizations do outreach?

- Government ministries, agencies and departments, e.g. ministry of health
- Nongovernmental organizations
- Drug-user organizations
- Drug treatment services with an outreach branch

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5 Stopping HIV/AIDS through Knowledge and Training Initiatives (SHAKTI) is an initiative of CARE Bangladesh.
Summary

• “Outreach” refers to making contact with drug users in places where they gather to buy and use drugs.

• Outreach is widely used around the world and is very effective in educating hard-to-reach IDUs about HIV.

• IDUs who use outreach services engage in fewer HIV risk behaviours.

• Outreach services include education and information, provision of sterile needles and syringes, counselling and referrals.
Further reading


Module 3
Drug-dependency treatment
Drug-dependency treatment

Training objectives: After completing this module, participants will have increased knowledge and understanding of drug dependence treatment, including:

• the meanings of drug dependence and withdrawal,
• the impact of drug-dependency treatment on HIV, and
• models of drug-dependency treatment.

This module should take approximately 20 minutes to complete.

Topics:

Types of drug use
Drug dependence and withdrawal
Drug-dependency treatment and HIV
Pharmacological treatments
Psychological treatments
Therapeutic communities
Self-help and support groups

Drug dependence as a medical condition

• Drug dependence is a medical condition.\(^7\)

• Drug users who are dependent rely on the drug. Without the drug they feel sick. They often want to stop using drugs, but find it extremely difficult to do so.

Drug withdrawal

• “Withdrawal” is the term used for the physical and psychological symptoms that occur when a person suddenly stops taking the drug of dependence. Withdrawal can be very distressing and medical assistance may be needed to help relieve the symptoms.

• Heroin withdrawal, for example, resembles a bad case of influenza. Symptoms include:
  • dilated (large) pupils,
  • runny nose and watery eyes,
  • yawning,
  • chills,
  • nausea,
  • muscle cramps,
  • diarrhoea, and
  • irritability.

• A person who has only been using heroin for only a short time, or only occasionally, probably will not experience many of these symptoms, because he or she is not dependent on the drug. A person who has been taking heroin for a longer period of time, every or almost every day, will experience some or all of these symptoms, because his or her brain has adapted to the heroin.

• Amfetamine withdrawal is different than heroin withdrawal. Symptoms include fatigue, irritability and hunger. These symptoms usually last several days. Amfetamine withdrawal is best managed by with emotional support, lots of water and long periods of uninterrupted sleep. A complication of heavy amfetamine use and withdrawal is psychosis. If the person is psychotic, he or she may need to be hospitalized.

• Remember, a person who is not dependent on a drug will not experience withdrawal. A person who has used amfetamines might experience a “crash”, i.e. feelings of depression or fatigue, but this is not the same as the withdrawal syndrome.

**Drug-dependency treatment**

• Lots of people who use drugs do not want or need treatment. For example, a person who uses amfetamines once or twice a month is unlikely to need drug treatment.

• For people who are having problems with their drug use, such as being unable to stop using even when they want to, drug treatment can help. Some treatments for drug dependency aim for abstinence from all drugs; others aim to reduce harms.

• No single treatment is effective for everyone. A range of treatments should be available.
• Treatment does not have to be compulsory. If effective treatments are easily available in the community, drug users will access them voluntarily.

• Drug dependence is a chronically relapsing condition. Most drug users will need several episodes of treatment.

• Comorbidity, or dual diagnosis, can make treatment more difficult.

How drug treatment and HIV are linked

• Injecting drug use is one of the major forces driving the HIV epidemics in China, Indonesia, Malaysia, Viet Nam and other Asian countries.8

• Studies have consistently shown that drug treatment reduces risky drug injecting behaviour and HIV transmission.9

• Therefore, providing effective drug treatment is an HIV prevention strategy.

• Approaches to drug treatment can be divided into two categories: pharmacological and non-pharmacological.

Pharmacological treatment

• In pharmacological treatments, the drug user is prescribed a medication that has a similar effect to the drug of dependence. This prevents the person from going into withdrawal and reduces cravings. Pharmacological treatments are commonly used to treat heroin and other opioid dependences.

• Methadone maintenance treatment (MMT) involves prescribing high daily doses of methadone, usually for several years. Maintenance allows the client to work, study, rebuild relationships with family and stop injecting drugs.10

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How methadone maintenance treatment works

- A doctor assesses the client and then prescribes methadone.
- The client attends a clinic each day to receive the prescribed dose of methadone. Clinics might be in hospitals or in the community.
- The methadone is taken under supervision as a tablet or liquid.
- Higher doses are more effective than lower doses in keeping people in treatment and reducing heroin use. People who stay in treatment longer have more health and other improvements.

Evidence of effectiveness

- Research shows that methadone maintenance treatment is effective in:
  - reducing illicit drug use and drug injecting,\textsuperscript{11}
  - reducing deaths among heroin users,\textsuperscript{12}
  - reducing criminal behaviour,\textsuperscript{13}
  - reducing the risk and spread of HIV. One study conducted over an 18-month period found that 22\% of IDUs not in treatment contracted HIV, compared to only 3.5\% of those receiving methadone maintenance.\textsuperscript{14}

Case study: Methadone maintenance treatment in China

- In China, eight methadone clinics opened in 2004, with around 1000 IDUs enrolled. One thousand methadone clinics are planned to open by the end of 2009, providing treatment for around 200 000 IDUs.\textsuperscript{15}

\textsuperscript{12} WHO/UNODC/UNAIDS. Op cit. Ref 3.
Other pharmacological treatments for opioid dependence

- Buprenorphine is a tablet taken every second day. It is as effective as methadone and is less likely than methadone to cause overdose.

- Naltrexone is an opiate “antagonist”, which means it blocks the brain’s opiate receptors. A person who takes naltrexone will not experience any effects if they take heroin. Treatment outcomes for people on naltrexone are worse than for those on methadone. Treatment dropout is common. Mortality rates during or following naltrexone treatment are higher than for MMT and may be the same as those for drug-dependent users receiving no treatment.\(^{16}\)

Pharmacological treatment for amfetamine and methamfetamine dependence

- Currently, there is no agreed-upon pharmacotherapy for amfetamine dependence.

Non-pharmacological treatments

- Non-pharmacological treatments include psychological and counselling interventions, therapeutic communities, and self-help and support groups.

Psychological and counselling treatments

- Psychological and counselling treatments focus on helping a person to change his or her behaviour.

- The aim of psychological treatments may be abstinence from all drugs, or it may be to reduce harms associated with continued drug use.

- Relapse-prevention training: a psychologist or counsellor teaches the drug-dependent person the skills needed to avoid relapsing to drug use or to cope with drug cravings.

- Long-term counselling can be useful if the drug-dependent person wants someone to talk to on a regular basis. A client can build up a trusting relationship with a counsellor and discuss their problems in a confidential environment.

Cognitive behaviour therapy: an intensive treatment provided by psychologists. Over the course of 10 to 12 therapy sessions, the psychologist helps the person identify unhelpful thinking patterns that lead to drug use. This therapy is also useful if a person is suffering from a comorbid psychological disorder such as depression or anxiety.

Evidence of effectiveness
- The research supporting psychological treatments is not as strong as for pharmacotherapies.
- A review of opioid-dependence treatment found that psychological therapy on its own is not an effective treatment for opiate dependence.  
- Heroin-dependent clients who receive both pharmacotherapy and psychological treatment have better outcomes than those receiving only one treatment.

Therapeutic communities

- Therapeutic communities are also known as residential rehabilitation programmes. A group of drug users live together and attend daily, intensive therapy and education sessions. Therapeutic communities are based on the idea that a structured, drug-free environment is a good setting for people to work toward addressing the underlying causes of their drug use and drug dependence. Therapeutic community programmes can run for as long as 12 months or as short as one month.

Evidence of effectiveness
- Therapeutic community treatment can result in reductions in criminal behaviour and improved physical and mental health.
- Longer stays in therapeutic communities produce better outcomes. Research suggests a minimum of three months is needed to produce long-term behaviour change.


Self-help and support groups

- In self-help groups, former drug users and those trying to stop come together regularly to deal with their shared problem. The groups are often based on the 12-step approach of Alcoholics Anonymous.

- Self-help and support groups can be run entirely by current and former drug users. No one else needs to be involved.

- These groups can provide a way for drug users to develop new, drug-free social networks.\(^{21}\)

- Evidence of effectiveness
  - A large study of clients attending 12-step-based self-help groups found that attending these groups at least weekly may assist with maintaining abstinence, and that attendance could add to the overall effectiveness of other more formal treatments.\(^{22}\)

Combining treatments

- It is not necessary to choose one drug treatment only. Attending more than one treatment type may improve treatment effectiveness.


Summary

- Drug dependence is a medical condition.

- When a drug-dependent person stops taking drugs, he or she experiences a withdrawal syndrome that may require medical intervention.

- Drug-dependency treatment aims to reduce drug-related harm or to stop an individual’s drug use. Most people will need more than one treatment episode before they stop using drugs.

- Drug treatment can reduce injecting drug use, which in turn helps to reduce HIV transmission. Drug treatment programmes are thus HIV prevention strategies.

- Pharmacological treatments for opioid dependence are effective in reducing drug use, drug injecting and HIV transmission.

- Psychological treatments, therapeutic communities and self-help groups can also help reduce drug use.

- The key point to remember is that drug users need to have access to a variety of psychological and pharmacotherapy treatments to suit their individual needs. Not all treatment types work for all people. Each treatment type has limits in effectiveness.
Further reading


Module 4
Needle and syringe programmes
Needle and syringe programmes

Training objectives: After completing the module, participants will have an increased knowledge of needle and syringe programmes (NSPs), including:

- role of NSPs in the prevention of bloodborne virus transmission,
- services provided by NSPs,
- service delivery models, and
- maximizing the effectiveness of NSPs.

This module should take approximately 15 minutes to complete.

Topics:

Services provided

Service delivery models

Effectiveness in HIV prevention

Improving effectiveness

What are needle and syringe programmes?

- Needle and syringe programmes provide sterile needles and syringes and other injecting equipment to injecting drug users (IDUs).

- In countries with NSPs, it is still illegal to use drugs such as heroin and amphetamines. However, people continue to inject drugs. Therefore, it is important to ensure that they are able to protect themselves from HIV. Countries that introduce NSPs do so to prevent the spread of HIV.

- WHO and UNAIDS support providing injecting drug users with clean needles and syringes.

- Around 50 countries have NSPs (Table 1).
Table 1. Countries with pilot or continuing needle and syringe programmes

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Services provided at needle and syringe programmes

- **Sterile injecting equipment.** NSPs provide clean needles and syringes, spoons, filters, sterile water, tourniquets, alcohol swabs and cottons to help reduce the sharing of used syringes, which can spread HIV, hepatitis B and hepatitis C.

- **Condoms.** They are provided to reduce the sexual transmission of HIV.

- **Information and education aimed at reducing drug-related harm.** Topics include HIV and hepatitis C prevention, safer injecting and overdose prevention.

- **Referrals to other health services.** NSPs refer IDUs to drug treatment and voluntary counselling and testing services.
• **Bins for appropriate disposal of used injecting equipment.** Some NSPs hand out small bins for users to keep with them. All NSPs should have large, hospital-grade bins for clients to throw out their used needles and syringes.

### Types of needle and syringe programmes

- The different types of NSPs are:
  - fixed-site models, e.g. at hospitals or drug treatment agencies;
  - mobile or outreach models;
  - pharmacies; and
  - syringe vending machines.

### What happens when a person visits a needle and syringe programme?

- The drug user approaches the service and asks for the equipment that he or she needs.

- Clients of the NSP should be able to take as many syringes and other items as they want. If there is a limit on the number of syringes that can be taken, make it high—say, 20 or 30 syringes per visit.

- Clients may have some used equipment with them. Bins should be available for clients to throw away their used needles and syringes. Make sure they are strong and of the same standard as bins used in hospitals.

- When handing out equipment, some NSPs collect data from their clients such as the last drug the person injected. It is best not to collect names or other identifying details from clients as this could discourage them from accessing the service.

- NSP staff should be well trained to identify opportunities to provide relevant education and information to clients.
Effectiveness of needle and syringe programmes

- NSPs are effective in reducing HIV prevalence, reducing needle-sharing and reducing drug use. They are also very cost-effective.

Implementing needle and syringe programmes

- It is essential for NSPs to establish good relationships with the police, other public security officials and government departments so that the programmes are able to operate effectively.\(^{23}\)

- The local community may be concerned that an NSP will lead to an increase in drug use and the number of used needles and syringes found on streets or in parks. However, NSPs help to reduce drug use by referring drug users into treatment.\(^{24}\) They also reduce the amount of inappropriately discarded needles and syringes by providing a place to dispose them properly.\(^{25}\)

- For the NSP to be effective, it must be located in an area with a high prevalence of injecting drug use.\(^{26}\)

- NSPs have a greater impact when clients can take as many syringes as they need.\(^{27}\)

- It is important to consult with injecting drug users so that the NSP is appropriate to the needs of local injectors.\(^{28}\)

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\(^{27}\) Ryan J., Yoon D. *Australian and international NSP-related literature review*. Melbourne, Anex Inc., 2002.

Summary

• Needle and syringe programmes provide a range of services including the provision of sterile injecting equipment, information and education, condoms, referrals to other health services, and systems for the disposal of used injecting equipment.

• Needle and syringe programmes are effective in reducing needle and syringe sharing among injecting drug users and reducing the prevalence and transmission of HIV. This helps protect the whole community.
Further reading


Module 5
HIV prevention in prisons and closed settings
HIV prevention in prisons and closed settings

Training objectives: After completing this module, participants will have an increased knowledge of issues relating to HIV in prisons and closed settings, including:
- the importance of HIV prevention,
- risk behaviours for HIV transmission,
- methods for preventing HIV transmission, and
- alternatives to imprisonment and closed settings.

This module should take approximately 15 minutes to complete.

Topics:

Why HIV prevention in prisons is important

HIV risk behaviours in prisons

HIV transmission in prisons

HIV prevention in prisons

HIV care and support in prisons

Alternatives to imprisonment

Prisons and closed settings

- In this section, the term “prisons” is used to refer to all closed settings that drug users may be sent to for punishment or rehabilitation. This includes prisons, compulsory detoxification and rehabilitation centres and labour camps.

Why HIV prevention in prisons and closed settings is important

- The human rights of people in prisons are protected by international law. The United Nations declarations “Basic Principles for the Treatment of Prisoners” and “Convention Against Torture and Other Cruel, Inhuman or Degrading Punishment or Treatment” protect the rights of prisoners and others in closed settings to live in hygienic conditions; to receive adequate food, water and medical care; and to live free from
torture and humiliation. International laws state that a lack of resources is not an excuse for failing to provide adequate conditions and health care to prisoners.  \(^{29}\)

- The WHO Guidelines on HIV infection and AIDS in prisons states: “All measures, equivalent to that available in the community”.  \(^{30}\)

- This means that prisoners and people in compulsory treatment centres should have access to all HIV-prevention measures that are available in the community in your country. For example, if people in the community can get condoms, then people in prison should be able to get condoms.

- Prisons have high turnover rates. Most inmates return to the community at some point. A released inmate who is HIV-positive may transmit the virus to other people in the community, for example, their sexual partners and in turn, their children.

- Case study: Thailand. Thailand’s HIV epidemic demonstrates how an HIV epidemic in prison can spread to the rest of the community. In December 1987, a prison amnesty was declared for the king’s birthday. A number of inmates were released, including some who were HIV positive and/or injecting drug users. HIV spread from them to their injecting partners and sex partners. The prevalence of HIV among injecting drug users attending drug treatment rose from 2% in January 1988 to 27% in March 1988.  \(^{31, 32}\)

### HIV risk behaviours in prison

- HIV prevalence is higher in prison than in the community because many inmates are injecting drug users.

- Even though drug use in prison and sex between prisoners are illegal, prisoners will still use drugs and have sex. Drugs are smuggled into prisons by visitors, prison guards and new prisoners. Injecting drugs, getting tattooed and having sex in prison are HIV risk behaviours.

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• In an Australian study, 77% of inmates reported injecting drugs in prison, 24% reported sexual activity and 41% had been tattooed in prison.\textsuperscript{33}

**HIV transmission in prison**

• HIV transmission in prison has been documented in a number of countries.

• An outbreak of HIV occurred in a Scottish prison in 1993. Prevalence of HIV among injecting drug users was estimated at 29%.\textsuperscript{34}

• Following an outbreak in a Lithuanian prison in 2002, the number of HIV cases in the country almost doubled. In just three months, 284 prisoners in Altyus prison were diagnosed with HIV. The outbreak was a result of inmates sharing needles and syringes.\textsuperscript{35, 36}

**HIV prevention in prison**

• Most HIV transmission in prison occurs via injecting and syringe sharing. Therefore, to prevent HIV transmission, we need to stop people from injecting. If they continue injecting, we need to stop them from sharing needles and syringes.

• HIV prevention strategies that we will consider are:
  • education, including peer education;
  • condoms;
  • bleach;
  • methadone maintenance treatment; and
  • needle and syringe programmes.

*Education and peer education*

• Educational programmes on HIV prevention are delivered in prisons by health workers and/or trained inmates, i.e. peer education.


\textsuperscript{35} Caplinskas S. et al. Extensive HIV outbreak in a Lithuanian prison (manuscript in preparation).

Both individual and group education sessions are effective in reducing injecting drug use and syringe sharing and increasing condom use.\textsuperscript{37, 38, 39}

\textit{Condoms}

- Consensual and non-consensual sexual activity occurs in prisons. You cannot predict who will have sex in closed settings—married men and heterosexual men might.

- Condoms are the most effective way of preventing the sexual transmission of HIV.\textsuperscript{40}

- Providing condoms to inmates does not increase sexual activity.\textsuperscript{41}

- It is easy to make condoms available in prison and other closed settings. A dispensing machine or even a box of condoms can be placed in bathrooms or other common areas where inmates can take as many or as few as they want.

\textit{Bleach}

- Thoroughly cleaning used syringes and tattooing equipment with bleach can help prevent HIV transmission.

- Bleach can be kept with other cleaning materials that inmates have access to. Alternatively, sachets can be provided in bathrooms or other common areas.

\textit{Methadone maintenance treatment}

- Methadone is a medical substitution therapy for people who are dependent on opioids, e.g. heroin.

- Inmates who receive methadone treatment are less likely to inject, die, contract an infectious disease or be reincarcerated.\textsuperscript{42}


\textsuperscript{40} Weller S., Davis K. Condom effectiveness in reducing heterosexual HIV transmission. \textit{The Cochrane Library}, 2, 2005.


Methadone treatment can be provided by the prison medical service.

**Needle and syringe programmes**

- Sterile needles and syringes can be provided on a strict, one-to-one exchange basis.
- Being able to access sterile injecting equipment does not lead to an increase in injecting drug use in prisons.  
  
  43,44
- Reductions in drug use can occur in prisons with NSPs, as drug users have easy access to workers who can provide harm reduction education and referrals to drug treatment.  
  
  45
- Sharing of syringes either ceases entirely or is reduced to isolated cases.  
  
  46
- Because inmates are not sharing syringes, the spread of HIV is reduced. An evaluation of NSPs in two German prisons found that no new cases of HIV were reported after the introduction of the programmes.  
  
  47
- It is often feared that the needles and syringes provided by NSPs will be used by the inmates as weapons. However, there have been no reports of syringes from prison exchanges being used as weapons.  
  
  48
- There are a number of ways to make needles and syringes available in prison: vending machine, medical services and peer educators.

**HIV care and support in prisons**

- HIV-positive prisoners do not have to be segregated from the rest of the prison population. Segregation only increases stigma. Effective HIV prevention and care can be implemented without segregating HIV-positive inmates.
- Wherever possible, the same care and support services that are available to people

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45 Ibid.


living with HIV/AIDS in the community should be available to HIV positive prisoners. This includes antiretroviral treatment, access to adequate nutritious food and access to pain management when needed. All prisoners, not just those with HIV, should have access to education and information about HIV transmission and prevention.

**Alternatives to prison**

- Drug dependence is a medical condition—an illness. Illnesses are best cured by treatment, not imprisonment.

- Keeping people out of prison, where they may be at heightened risk of contracting HIV, is one way of helping reduce the spread of the virus. We need to consider alternatives to imprisonment.

- Alternatives to prison are drug courts and community sentencing.

**Summary**

- HIV among prisoners can spread quickly to the rest of the community.

- Education programmes are useful in reducing a variety of HIV risk behaviours in prison. Condoms reduce sexual transmission of HIV. Bleach can reduce the riskiness of sharing injecting and tattoo needles. To reduce injecting in prisons, provide methadone maintenance treatment. To reduce sharing of injecting equipment, provide sterile needles and syringes through a needle and syringe programme.

- Sending a person to prison does not treat his or her drug dependence. Keeping people out of prison will keep them out of a high HIV risk environment. There are alternatives to prison, such as drug courts and community sentencing.

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Further reading


POST-TRAINING KNOWLEDGE QUESTIONNAIRE

This questionnaire is designed to assess your knowledge of HIV and harm reduction before and after you complete this training session. Please read each question and circle either “true” or “false”.

1. Drug dependency is a health problem. True False
2. Cigarettes cause more health problems than illegal drugs. True False
3. WHO supports giving syringes to drug injectors. True False
4. Prisoners have the right to receive the same standard of health care that is available in the community. True False
5. Heroin withdrawal can kill people. True False
6. Everyone who uses drugs is a drug addict. True False
7. Outreach workers help drug users into drug treatment services. True False
8. Providing condoms to prison inmates increases sexual activity. True False
9. People who are drug dependent can get sick if they suddenly stop using drugs. True False
10. Providing needles and syringes encourages injecting drug use. True False
11. In Asian countries, HIV spreads in prisons mainly through unprotected sex. True False
12. The stigma associated with drug use is a barrier to people accessing treatment. True False
13. People should stay on methadone for less than one year. True False
14. Some people will inject drugs regardless of the punishment. True False
15. Outreach is best conducted in places where people use drugs. True False