

Orientation Programme on Adolescent Health for Health-care Providers

Facilitator Guidelines for

Module X

Young people and
injecting drug use

Activities marked with * are optional activities and are not included in the 180 minutes planned for this module. The facilitators' decision to include optional activities depends on the available time and whether the optional activities are covered in other modules in this workshop.

Sessions and activities	Page	Time	Materials and resources
Session 5 HARM REDUCTION AND YOUNG INJECTORS ACTIVITY 5-1 Mini lecture ACTIVITY 5-2 Needle and Syringe Use: Demonstration * ACTIVITY 5-3 Mini lecture ACTIVITY 5-4 Mini lecture by guest presenter *	X-38	40 min	Slides X5-1 to X5-10
		30 min *	
		15 min	
SESSION 6 MODULE REVIEW ACTIVITY 6-1 Review of objectives ACTIVITY 6-2 Review of spot checks and Matters Arising Board ACTIVITY 6-3 OPPD ACTIVITY 6-4 Key messages from Module and closure	X-45	10 min	Flipchart X5 Slides X1-1, X1-2, X6-1 to X6-2
		180 min	optional 170 min

Module checklist

This Module Checklist contains important information that will assist you in planning and running the module. It is recommended that you review this information well in advance.

MODULE ADVANCE PREPARATION

- Collect relevant local data and information on injecting drug use (IDU) by young people (e.g. national and local laws concerning IDU, obligations of health workers working with minors, and their responsibility to disclose illegal substance use and IDU to the authorities). It is recommended that you invite an expert on IDU among young people (e.g. from the Substance Use Programme, Ministry of Health) to make a 5-10 minute presentation in Optional Activity 2-7. Another 5-10 minute presentation can be included in Optional Activity 5-4 from a person working in a substance use programme (e.g. an NGO) to inform participants about services available locally to young injectors.
- Decide whether any optional extra activities will be presented in this module. This will depend on the time available and on the expertise among the group of participants. See the Table of Contents for optional extra activities.
- Check the scenarios to decide if it is necessary to adapt names, situations, substances, etc. to make them appropriate to your country/local area.
- Ensure that the facilitators are clear about their respective roles during their designated sessions.
- Include young people and peer counsellors as participants in the training because their contribution will be very valuable. It is strongly recommended that facilitators meet with the young people before the workshop to ensure that they are well prepared, do not feel intimidated, and feel valued as participants.
- Make sure you have copies of the *Young People and Injecting Drug Use* Handout and other documents for distribution to the participants, who should have a copy of the *Young People and Substance Use* Handout from the previous module in the workshop.
- Ensure that the flipcharts are ready for the group work tasks and that the Mood Meter and the Matters Arising Board are prepared.
- Collect articles from national (or regional) newspapers on injecting drug use by young people, and use them to stimulate discussion with the participants.
- If the needle and syringe demonstration is to be included, identify a volunteer for the demonstration (optional Activity 5-3).
- If the demonstration role play is to be included (optional Activity 3-3), prepare it in advance.
- Ensure that the national programme for the prevention of substance use among young people endorses the workshop contents.

MATERIALS AND AUDIO-VISUAL EQUIPMENT

- **Materials:**

STANDARD

- Handouts (Modules X and K, preferably given to participants the day before)
- Slides
- Prepared Flipcharts
- Mood Meter
- Orientation Programme Personal Diary (OPPD)
- Matters Arising Board.

MODULE-SPECIFIC

- Local data on injecting drug use among young people
- Local newspaper articles on injecting drug use among young people
- Injecting equipment for needle and syringe demonstration (optional Activity 5-3).

Collect articles and advertisements from national newspapers on young people and substance use and show them to the participants to stimulate discussion.

- **Equipment:**

- Computer and projector, slide projector or overhead projector
- Flipcharts with blank sheets
- Sticking tape, pins or glue
- VIPP cards
- Name labels
- Coloured markers
- Notepads and pens.

Module overview

This optional module in the Orientation Programme on Adolescent Health for Health-care Providers (OP) introduces health workers to a serious health issue among young people which is often little understood - namely, their injecting of psychoactive substances.

The module identifies the different types of substances most commonly injected by young people and the local situation of injecting drug use (IDU) among young people. It discusses the factors that contribute to young people injecting, as well as the negative consequences of injecting substances. It also highlights what health workers can do in their clinics and in the communities to manage and prevent injecting drug use among young people.

This module has been designed to be used with the Substance Use Module (Module K), and it is recommended to present it directly after the participants have completed Module K. Material in the Handout for Module K will be referred to at various times, so be sure that the participants and the facilitator have it available. In countries where IDU is a major cause of HIV transmission, it is recommended that participants attend the STI Module and the HIV Module (Modules G and N).

The module focuses on IDU among young people (not adolescents only) because many of the issues discussed are important for persons up to 24 years old. WHO defines “adolescents” as aged 10-19 years and “youth” as 15-24 years. The “young people” referred to in this module are aged 10-24 years.

We recommend that you review Part I of the OP Facilitator Guide, which provides important information you will need before conducting the Orientation Programme. The OP Facilitator Guide also provides detailed information on teaching/learning methods used in the Orientation Programme. It is important that you understand and become familiar with this methodology to ensure successful facilitation and to optimize the benefit to participants from the OP modules.

This module is intended for health workers working with young drug injectors or young people who are susceptible to IDU. It is recommended that young people and peer counsellors should also participate in this module in order to provide their special perspective to the discussions.

It is important that the national programme for the prevention of substance use among young people should endorse the workshop’s contents. It is valuable to have someone present at the meeting who knows about IDU locally and has experience with the drug injecting community, and who could be invited to make a 5-10 minute presentation on the national situation of IDU among young people in optional Activity 2-7. Another guest speaker (e.g. from an NGO) could make a 5-10 minute presentation on the services that are available for young injectors in optional Activity 5-4.

Important considerations when working with young injectors

Services for young injectors aim to:

- prevent young people who are not drug injectors from starting to inject;
- advise and assist young drug injectors to stop or reduce their use;
- implement ways to reduce the harmful effects for young people who do not or cannot stop injecting drugs.

There are many challenges to developing a service for young injectors and the fact that drug injection is illegal makes it especially complex. Because of social stigmas, injectors frequently face discrimination in gaining access to services. Young injectors may already be marginalized and living on the edge of society, or they may be experimenting with injecting and are not easily traced. To make contact and develop a relationship of trust and respect call for understanding and empathy with the issues confronting young people, as well as strong communication skills.

In most countries, interventions for injectors, especially young injectors, must take account of sensitive legal and ethical considerations. The facilitator will need a good understanding of these considerations to effectively lead the IDU module.

LEGAL CONSIDERATIONS

The laws and regulations of a country have a bearing on the development of services for young people. For example, issues like the legal age for the right to confidential medical treatment or consent to medical treatment, the reporting requirements for health workers on illegal substance use, and the purchasing and drinking of alcohol or the purchasing and smoking of tobacco by minors have a direct or indirect influence on young peoples' access to services.

Injecting of drugs is an illegal activity, so it is important that services for injectors take into consideration and meet the legal requirements or restrictions of the country in which the service is being offered.

ETHICAL CONSIDERATIONS

Ethical considerations include respect for the human rights of individuals who inject drugs. In some countries, individuals who inject drugs may be forced into treatment programmes or imprisoned, or they may be sent away and refused any services.

Ethical considerations may need to be addressed with under-age injectors (minors). For example, in implementing a Needle and Syringe Programme (NSP), it is important to “weigh up” the prevention of risk for HIV infection or hepatitis C among injectors against a possibly ill-informed public perception that NSP will encourage injecting drug use among young people.

It may be useful to consult Ministries or Departments of Health, Welfare and Youth, and any relevant Child Protection Agency for guidance. Some countries have developed guidelines that draw upon a child protection framework in order to override age or other barriers to the access of

sterile injecting equipment. Some guidelines require that those who make such equipment available should abide by child protection guidelines, which call for the notification to child protection authorities of adolescents considered “at risk”.

Health workers need guidance on whether to provide health services to minors in the absence of consent from a parent/guardian and with issues of confidentiality for minors. Notification of drug use to the authorities and disclosure of drug use by minors to parents or guardians needs to be in line with the country’s laws and guidelines.

Substance users, especially injecting substance users, frequently face discrimination and stigmas from society in general and when accessing health services. Health workers working with young substance users will need to examine their own attitudes and values in relation to substance use. They will also need to privately consider and understand their personal use of substances. This is necessary to enable them to provide the best possible care and support to their clients and equip them to challenge the stigmas and discrimination in society and healthcare settings.

EVIDENCE BASE FOR HARM REDUCTION

Harm reduction is an evidence-based public health concept. It aims to prevent or reduce negative health consequences associated with certain behaviours. Harm reduction is an important part for decreasing IDU. In relation to drug use, harm reduction is consistent with a public health and human rights approach to the broad range of problems associated with IDU, including prevention and treatment, in which evidence-based strategies targeted at drug users are promoted. Harm reduction strategies include condom promotion, needle and syringe programmes and drug substitution programmes.

In addition, injecting drug use is the cause of the fastest growing HIV and hepatitis C epidemics in some parts of the world, primarily because needles, syringes and drug preparation equipment are frequently shared, so enabling rapid spread of the virus. There is strong evidence that harm-reduction strategies for injectors benefit both the individual and the community. However, in many places the public perception is often contrary to this. There are strong and vocal views that harm-reduction strategies will encourage or condone behaviours that are illegal and socially unacceptable. These views are misinformed.

In 2004, WHO prepared a report to evaluate the evidence on the effectiveness of sterile needle and syringe programmes for HIV prevention among injectors in different settings and contexts, in order to guide public health policy-makers (Evidence for Action Technical Papers. *Effectiveness of Sterile Needle and Syringe Programming in Reducing HIV/AIDS among Injecting Drug Users*. WHO, 2004). The following eight conclusions are taken from this report:

- There is compelling evidence that increasing the availability and utilization of sterile injecting equipment by injecting drug users reduces HIV infection substantially.
- There is no convincing evidence of any major, unintended negative consequences.
- Needle-syringe programmes are cost-effective.
- Needle-syringe programmes have additional and worthwhile benefits apart from reducing HIV infections among injecting drug users.
- Effectiveness of bleach and other forms of disinfection (of injecting equipment) to reduce HIV transmission is not supported by good evidence.
- Pharmacies and vending machines increase the availability and probably the utilization of sterile injecting equipment.

- Injecting paraphernalia legislation is a barrier to effective HIV control among injecting drug users.
- Needle-syringe programmes on their own are not enough to control HIV infection among injecting drug users.

It is not easy to develop and provide services for injecting drug users. This module gives health workers information and an opportunity to understand and discuss IDU issues, with the aim of supporting them in their work.

Session 1

Module introduction



Aim of the session

- To provide an overview of the module and outline the module's objectives.

ACTIVITY 1-1

MODULE OBJECTIVES

Welcome the participants. Read the aim of this session.

Explain that this module builds on the Substance Use Module. Here we will focus on injecting drug use among young people.

Ensure that each participant has a copy of the Handout for this Module X (IDU) and also the Handout for Module K (Substance Use). Remind them that the Handouts provide additional information to complement what will be covered during the module. We will refer to them during the module and the participants are encouraged to read them later.

Tell the participants that the schedule for this module is in the Handout for Module X (Annex 1). Remind them to raise any issues on the Matters Arising Board.

Display the module objectives (Slides X1-1 and X1-2) and read them out, in turn:

<p>Module objectives</p> <ul style="list-style-type: none"> ■ Identify common substances injected by young people and discuss why they may inject ■ Discuss the negative consequences of IDU for young people <p>SLIDE X1-1</p>	<p>Module objectives</p> <ul style="list-style-type: none"> ■ Describe and practise how to assess a young person for IDU during his/her visit to the health service ■ Discuss health worker action with young injectors ■ Discuss the services and harm reduction strategies for young injectors in the clinic and in the community <p>SLIDE X1-2</p>
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Encourage the participants to ask questions and to raise concerns as they arise.

Tell them that this module will focus on young people aged 19-24-years who may also experience many of the same problems as adolescent injectors.

Remind the participants that WHO defines “adolescents” as aged 10-19 years, “youth” as 15-24 years, and “young people” as aged 10-24 years.

Tell them to keep in mind that young people are not homogeneous - the younger ones may have different needs or concerns from the older ones; persons of the same age may differ in their emotional

or cognitive development; males and females may need different management; and experimental, occasional or infrequent injectors may require different interventions from those needed by frequent and regular injectors.

ACTIVITY 1-2

SPOT CHECKS

Ask the participants to turn to the Spot Checks in the Handout for Module X (Annex 2).

TIP FOR YOU

Spot Checks are also given in Annex 1 of this *Facilitator Guide*.

If necessary, remind the participants that the purpose of the Spot Checks is to help them evaluate their gain in knowledge or changes in their attitudes as a result of participation in this module.

Tell them that the Spot Checks will not be collected, graded or checked by any of the facilitators. Ask the participants to complete the Spot Checks to the best of their knowledge. Give them a few minutes to complete this task.

Inform them that you will provide the correct answers during the last session of the module and that you will respond to any questions or comments at that time.

Session 2

Young people and injecting drug use



Aims of the session

- To discuss who injects drugs and the reasons for injecting.
- To identify local substances that are injected.
- To discuss the consequences of injecting.
- To explore why young injectors require special attention.

Read through the aims of the session.

If a guest presenter is coming for optional Session 2-7, inform the participants now.

Explain that in working through this module there will be opportunities to draw on the participants' experience. Encourage them to share their examples as this will enhance everyone's learning.

ACTIVITY 2-1

MINI LECTURE: INTRODUCTION

Remind the participants that, as discussed in the Substance Use Module, there are many ways that substances can be used (e.g. injected, smoked, drunk, or inhaled). In this module we will be specifically focusing on young people who inject substances.

Tell the participants that first we will clarify some terms. Write up on a flipchart:

IDU	= injecting drug use (i.e. the activity)
injector	= a person who injects drugs
young injector	= a young person who injects drugs.

Tell them that in the past, IDU has also been referred to as “intravenous” (IV) or “intramuscular” (IM) drug use, both terms referring to the way the injection is given – into a vein or muscle. The term IDU refers to both ways of injecting, but it is more usual for drug users to inject into a vein because this results in the quickest effect.

Tell the participants that in this module we will not use the acronym “IDU” to refer to people who inject drugs because such persons have other roles and activities in their lives, and so should not be referred to by one of their behaviours.

We will say:

IDU or “**injecting drug use**” for what they do.

And “**young people who inject drugs**” or “**young injectors**” for the persons.

Ask the participants, “*Who can remind us of the definition of a substance?*”

TIP FOR YOU

Definition of a substance: *A psychoactive substance or psychoactive drug, when consumed, can affect the way people see, hear, taste, smell, think, feel and behave.*

Substances are commonly divided into depressants, stimulants, opioids and hallucinogens.

They include medicines, drugs, tobacco products, alcoholic drinks, chemical products and other substances.

ACTIVITY 2-2

INDIVIDUAL EXERCISE (OPTIONAL) - 25 MINUTES:

WHO IS THE YOUNG INJECTOR?

TIP FOR YOU

If there is not enough time to include this activity, it is recommended to show Slide X2-2 and go through the Talking Points. Also ask the participants to look at Annex 7 (Exploring your own Attitudes and Values on Substance Use) in the Substance Use Handout, to read it later, and to consider the questions in relation to IDU.

Ask each participant to have a pen and clean sheet of paper in front of them.

Then ask them to close their eyes, relax their bodies, and follow in their minds the questions that you will now read aloud. They should think of the answer and create a *mental picture* of the young injector.

Read the questions slowly, one at a time, with a quiet and gentle voice. Allow time for the participants to consider a response before reading the next question.

Questions:

- Is the injector male or female?
- Roughly how old is he/she?
- What is the colour of his/her hair? And face?
- Is he/she fat or thin? Short or tall?
- Does he/she have a job? If so, what?
- What kind of education has he/she received?
- Does he/she have a family? In what kind of family does he/she live?
- Does he/she have any special abilities?
- Does he/she have friends?
- Is there someone who often helps him/her when there are difficulties?
- With what kind of difficulties does he/she ask for help?
- When does he/she feel sad?
- What does he/she do when feeling sad?
- What does he/she do when feeling angry?
- Does he/she have any health problems?

Ask the participants to hold this picture of the young injector in their mind as they open their eyes.

Ask them now to draw on the paper this mental picture of the young injector, either alone (if they pictured him/her alone) or with friends and family.

Tell the participants that what is important is not the quality of the drawing or even what is drawn. What is important is the discussion on what they have drawn.

Ask them now to come together in groups of 3 and discuss their drawings. They have 5 minutes to do this.

When the time is up, bring them back to the main group and ask for their thoughts or comments on this exercise.

After some discussion, show slide X2-1 and go through the Talking points.

Point out that the objective of the exercise is to help us examine our own ideas of who is the young injector. Anyone in our society can be a drug user or injector. Stereotyping can lead to stigmas and discrimination.

Talking points

- Young substance users include many people in society - e.g. cigarette smokers or coffee drinkers, persons who drink beer at social gatherings, an occasional smoker of drugs, a person who takes pain killers, and a heroin injector. There are thus many different pictures of the young substance user.
- Among drug injectors also there is a wide variety of people. The young injector can be an adolescent who lives on the streets and occasionally injects with peers, a young professional who injects alone at work, a young woman who injects occasionally with friends, a sex worker who injects daily. Stereotyping drug injectors can lead to false beliefs of who is at risk. It also adds to the stigmas and discrimination that drug injectors face in society and in accessing health services.
- Young drug injectors may have other aspects of their life that are intact. You cannot look at someone and know for sure if they are a substance user or an injector. That is why it is important for health workers to assess for substance use during every contact with young people. If they suspect substance use, it is important for health workers to be non-judgemental in their attitude and questions with the young person.

Who is the young drug user?

- Young substance users include many people in society.
- Among young injectors there is a wide variety of people.
- Young injectors may have other aspects of their life that are intact.

SLIDE X2-1

ACTIVITY 2-3

BRAINSTORMING: WHY INJECTING?

Ask the participants the question on Flipchart X1.

To clarify the question, we are thinking of why he/she may use injecting rather than another mode like smoking, swallowing, etc.

Ask one participant to write the responses on the flipchart.

Why would a young person inject a drug?

FLIPCHART X1

Prompt them with some questions (e.g. *Is the young person already using substances? What leads him/her to the first injecting experience? What factors might encourage him/her to inject?*)

Encourage the quieter participants to respond. Allow some time for the participants to give their views and then bring the discussion to a close.

SLIDE X2-2

Factors that can influence the way a young person uses a drug

- Individual factors
- Social factors
- Transitional process
- Drug's availability and value for money.

Tell the participants that the following slide may summarize the discussion.

If possible, refer back to some of the responses on the flipchart and comments made in the discussion by the participants. Match them with the points on the slide and comment on them. Take care not to criticise or identify individual participants if the discussion on why young people inject was judgemental or not correct. Make general comments (e.g. *"Many people believe..., but evidence/experience shows us that"*).

Tell the participants that this slide shows the four main factors that can influence the way a young person may use a drug. Read the slide.

Say: *We will now consider each of these factors and consider how they may influence a young person to start or to continue to inject drugs.*

SLIDE X2-3

Factors that can influence the way a young person uses a drug

Individual factors:

- Influence of other people
- Curiosity

Show the next four slides and go through the Talking points.

Talking points

Individual factors play a part in deciding the mode of administration:

- Young people can be easily influenced by others. Partner's influence or pressure, or the influence and role model of friends or family who inject may be a factor in deciding to inject.
- Young people often want to try new experiences. They may try injecting as a new mode of administration out of curiosity, boredom or for experimentation. They may not know or understand the risks of IDU.

SLIDE X2-4

Factors that can influence the way a young person uses a drug

Social factors:

- Peer pressure
- Prevalence of IDU
- Knowledge and skills of peer group

Talking points

Social factors can influence IDU, as described below:

- Group or gang ritual, peer pressure, role models and being "cool" all influence the mode of use. Peer-group norms are a strong influence for young people.
- Injecting drugs may be more common in some countries and in some sub-cultures, so the young person feels that injecting is not unusual behaviour.

- The level of knowledge and skills in peer groups regarding alternative ways of drug use has a large impact on the mode of use.

Talking points

Some examples of the transitional process are given below:

- There is a transitional process (a changeover time) from one mode of drug use (e.g. snorting) to a new mode (e.g. injecting). For example, a young person who snorts (inhales) cocaine may one day try injecting cocaine. This does not mean that in future he/she will only inject. There is a transitional process and during this time the young person may snort or inject.
- Individuals can move back and forth irregularly between IDU and non-IDU for various reasons, including availability, cultural, social and economic factors. This transitional process is especially evident in young people.
- Injecting may become the mode of choice after a period of time. Many factors can influence the length of time before IDU becomes the usual mode of use.

Factors that can influence the way a young person uses a drug

Transitional process:

- IDU as a new mode of use
- Irregular IDU use
- IDU mode of choice.

SLIDE X2-5

Talking points

Availability and value for money are factors in deciding the mode of use:

- Injecting may be the mode of choice if injectable drugs are readily available in the young person's community or if the available drugs can only be injected.
- Injecting will be the mode of choice if the effect achieved by injecting a drug is believed to be, or may actually be, of a different quality from using it by other modes. With some drugs, users complain of losing a "high" if the drug is not injected. Young people are more likely to use substances in the most economical fashion because they usually do not have much money.

Factors that can influence the way a young person uses a drug

Availability and value for money:

- Availability
- Value for money.

SLIDE X2-6

Wrap up the discussion by saying:

- There are a wide variety of reasons why young people may inject drugs. Understanding these reasons can assist the health worker to work with young injectors.
- It is important to examine our own views about young people who inject drugs because stereotyping of injectors can lead to false beliefs about the reasons for injecting and discrimination against young injectors when they try to access services.

Refer the participants to Handout X , Section 3 "Why would a young person inject drugs?".

Also ask them to look at Section 3.5 in the Handout "Characteristics of the first injection".

ACTIVITY 2-4

BRAINSTORMING: WHAT SUBSTANCES ARE INJECTED?

Show Flipchart X2 and ask the question.

FLIPCHART X2

What substances are injected by young people in your community?

Invite a volunteer to record the participants' answers on the Flipchart.

Ask them to include any common or street names for the substances.

Drugs identified for injecting may include: depressants (e.g. sleeping pills), stimulants (e.g. amphetamines, cocaine, crack,), and opioids (e.g. heroin, morphine).

Briefly go over the substances on the flipchart and ask if there are any comments before you end this activity.

ACTIVITY 2-5

BRAINSTORMING: NEGATIVE CONSEQUENCES OF IDU FOR YOUNG PEOPLE

Tell the participants that we will now look at the negative consequences of IDU for young people. Stand beside Flipchart K2 (Negative consequences of substance use), which the participants developed in the Substance Use module (Module K, Activity 2.5), and remind them of the activity. Ask them if these consequences can apply to IDU. Go through a few examples and agree with them that they can.

Ask the question: *What could we add as negative consequences of injecting drug use to these negative consequences of substance use?*

When a participant identifies a new consequence, ask them to identify if this consequence is **physical** or **psychosocial**.

Allow time for some discussion. Then write the consequence on the Flipchart using a different colour pen.

If necessary, remind them to consider these consequences in relation to young people.

Ensure that the following consequences are covered in the discussion:

Examples of Physical Consequences of IDU

- *Overdose and dependence*: there may be a greater danger of overdose and dependence with IDU than with other modes of substance use.
- *Blood-borne infections* (HIV, hepatitis B and C, syphilis): also consider vein damage, local and systemic bacterial infections, and loss of limbs or limb function due to the consequences of infection.

- *Health problems due to social and material conditions.* For example, an injector may become homeless because of drug use. Living on the street can make acute conditions more severe (e.g. lack of adequate sanitation can lead to local infections) and cause other health problems (e.g. malnutrition, pneumonia, frostbite, tuberculosis).

Examples of Psychosocial Consequences of IDU

- *Stigmas and discrimination:* stigmatization from family, peer group and the community may occur due to lack of acceptance of the injecting behaviour. The young injector may experience stigmas and discrimination when accessing services.
- *Legal problems and vulnerability to exploitation:* in most countries there are laws against injecting, or possessing/selling drugs, or possessing injecting equipment. This means that injectors are frequently breaking the law, making them vulnerable to law enforcers or exploitation by criminal elements. Young injectors may be inexperienced with obtaining drugs and with injecting, which makes them vulnerable and dependent on experienced injectors.
- *Mental health problems* are more related to the substance than the mode of use.

Tell the participants they can find this information in Section 4 of the Handout.

ACTIVITY 2-6

MINI LECTURE: REASONS YOUNG INJECTORS REQUIRE SPECIAL ATTENTION

Ask the participants: *What are the differences between a 16-year-old who injects drugs and a 36-year-old who injects drugs?*

Encourage a brief general discussion on the differences. Ask questions to stimulate the participants, for example:

- What could be the differences in their pattern of drug use?
- What could be the differences in their lives?
- What would these differences mean for their social support?
- Why does the 16-year-old need special attention?

Examples of responses - The young injector:

- may be at an early experimental stage with injecting drugs and so may find it easier to stop injecting.
- may be at a different developmental level when he/she is more easily influenced by peers or older users.
- may still have the family's involvement and support.

When the participants are ready, put up the next slide.

Why young injectors require special attention

- Unique nature of young people
- Nature of drug use in young people
- Consent and confidentiality
- Awareness of risk
- Access to support and services.

Tell the participants that you will go through each of these points. They can read this in their Handout in Section 5 “Reasons young injectors require special attention”.

Talking points

Unique nature of young people

- In general, young people are more curious and ready to try new experiences.
 - Generally, young people can be easily influenced by peers.
- Young people are generally “healthy”, and so do not frequently come to health services.
 - They may be particularly vulnerable, or have experienced trauma or violence.

Nature of drug use in young people

- They are often poly-substance users, accessing the most readily available and/or cheapest drugs.
- Early IDU is associated with early school-leaving, and having difficulty in gaining and maintaining employment.
- They are often linked to other risky behaviours (clustering of risks), including unsafe sex and selling sex for money.

Consent and confidentiality

- The age at which a young person can consent to medical treatment and receive confidential medical care is regulated by the laws of the country. Young people (minors) may ask the health worker for treatment, advice or condoms. Their parents need not be present or may not be involved (e.g. in the case of orphans or those living on the street).
- There are many situations where health workers will need to decide whether to treat a minor in the absence of parental consent. These are difficult issues that health workers can discuss with colleagues and supervisors before the situation arises. Health workers should consider what is in the best interest of their patient and the evolving capacities of the young person.

Awareness of risk

- Young people may have limited information on the risks of injecting substances. They may not know the risks of sharing equipment or know the safest way of injecting.
- Many young people feel that they are resilient and invulnerable to harm.
- They may gather with peers and/or older injectors who reinforce risky health behaviour.
- They may not think their drug use is a problem and may believe that they will be able to stop injecting when they choose.

Access to support and services

- Young people have less economic security and access to resources.
- They may be unaware of their right to health and access to health services or, due to age and youth “status”, they may be denied access to certain services due to policy or legislation.
- Lack of specific, anonymous and free youth friendly services in many countries can be an important barrier for access to health services for young people.
- The attitudes and values of health worker and the services are important (non- judgemental, respectful, confidential, professional, sincere).

- The young injector needs to feel that the health worker knows and understands the nature of drug use in young people.
- Young people may still have strong links with their family. If family members are available it is often beneficial to involve them, with the agreement of the young person.

ACTIVITY 2-7

MINI LECTURE BY GUEST PRESENTER (OPTIONAL) - 15 MINUTES: LOCAL SITUATION WITH YOUNG PEOPLE AND IDU

Invite the local guest with expertise on injecting drug use and young people to make a 5-10 minutes presentation. He/she can use the following list as a guide to the issues/data for the presentation.

- Data on injecting of drugs in the region/country
- Data on injecting among young people
- Most commonly injected drugs
- Factors contributing to national/local injecting drug use by young people
- Data on health and social problems associated with injecting and young people
- National policies and laws on injecting and harm reduction
- Activities to prevent drug injecting among young people
- Strategies and services to assist young injectors.

Thank the guest speaker.

Allow time for questions from the participants, then move on to Wrap Up.

WRAP UP

Review what has been covered in Session 2.

First, we looked at **who** is the young drug user.

Then go to the flipcharts on the walls and briefly review what has been covered.

- Flipchart X1: **Why** young people inject drugs.
- Flipchart X2: **What** substances are injected in your community?
- Flipchart (from Module K) on the negative **consequences** of injecting drugs.

We also identified the reasons why **young injectors require special attention**.

Ask if there are any questions and respond. Then move on to the next session.



Session 3

Assessment of young people for IDU

Aim of the session

- To discuss ways in which young people can be assessed during routine visits to health services about IDU.

ACTIVITY 3-1

BRAINSTORMING: SUSPECTING A YOUNG PERSON IS INJECTING

Give each participant a VIPP card.

Show Flipchart X3.

FLIPCHART X3

When a young person is in your clinic, what could make you suspect that he/she is injecting drugs?

Ask each participant to write a response on their card. Give them a few minutes to complete this task.

Ask for a volunteer to pin the cards on the flipchart, grouping the same responses together. Go round the room asking each participant to read their response. Stick their cards on the flipchart. Ask the participants to clarify, elaborate or give examples of any responses that are not clear.

Ask if there are any other responses the participants would like to add.

Ask them to write them and stick them on the flipchart.

Responses could include examples of ways the health worker may suspect that a young patient is a drug injector:

- Seeing injection marks on the skin during routine physical examination.
- Being told during pre- or post-test counselling for HIV testing.
- Being told that a young person brought to the clinic as an emergency with an overdose has injected.
- Health worker is an outreach worker and has met the young person in the drug-using community.
- General suspicions.
- His/her social situation.
- Being told by the young person or by someone else.
- Request for clean needles and syringes.
- Referral to you.

Ask for any comments or questions and then move on.

Tell the participants that when the health worker has established or suspects that the young person is injecting drugs, an assessment is necessary.

ACTIVITY 3-2

MINI LECTURE: ASSESSMENT FOR IDU

Tell the participants that you will now give a mini lecture on when and how to assess young people for IDU. Explain that an assessment for IDU usually follows an assessment for substance use and uses the same skills. We will review these skills which were introduced in the Substance Use Module.

Tell the participants that after the mini lecture, they will explore the questions to be asked when assessing a young person for injecting drug use. Then they will have an opportunity to role-play using the same questions.

Show slide X3-1 and go through the Talking points.

Talking points

- As discussed in the previous module, substance use is common among young people. All young people should be assessed for substance use during routine visits to health services. When substance use is disclosed, early and brief interventions can prevent further problems.

Remember, young persons may be reluctant to discuss their substance use and the health worker needs to ask questions discretely and in a sensitive and non-judgemental manner to encourage trust and confidence.

- When substance use is disclosed, the health worker needs to ask the young person about the mode of administration. Questions should include the usual way of taking the substance and if he/she has ever injected any substance.
- When injecting is disclosed, the health worker will need to ask specific questions on IDU. We will discuss these specific questions in this session.
- Clinical examination should be carried out when indicated. As discussed before, young people who use substances will often come to see you with different complaints (e.g. depression, headaches, poor school performance, concerns about pregnancies, STI, injuries). During the routine clinical examination the health worker should look for injection marks.

Identifying injecting drug use

- Routine assessment of all young people for substance use.
- If substance use is disclosed, mode of administration should be identified.
- When injecting is disclosed, ask specific questions.
- Clinical examination when indicated.

SLIDE X3-1

Review of effective listening skills

Ask the participants to open their Handout K at section 3.2 to review the Effective Listening Skills. Read aloud the headings (a to f) one at a time, and ask a participant to briefly explain in his/her own words what is involved in each skill.

Remind the participants that when the health worker uses these techniques, they can help young drug injectors to talk and examine their feelings, as well as explore the facts and circumstances of their situation.

Tell them they will be asked to use these skills in the role play.

Review of asking questions

Ask the participants to tell you the difference between a closed question and an open-ended question. Then ask them for an example of a closed question and change it to an open-ended question, which they may put to a young injector.

Have you injected cocaine for a long time?

Do you like the feeling of injecting?

How long have you injected cocaine?

What is it you like about injecting?

Ask them to look at section 3.3 in Handout K to review Asking Questions.

Specific questions on IDU

Tell the participants that after injecting of drugs has been disclosed, there are some specific questions the health worker will need to ask.

SLIDE X3-2

Specific questions on injecting of drugs: I

- What do you inject?
 - How much and how often?
 - When did you start injecting?
 - Have you had (any injecting related problems)?
 - Have you ever shared equipment?
 - Do you always use a condom?
-
- Have you had any injecting-related problems (e.g. local or systemic bacterial infection)? Have you had any blood tests? Ask about any recent blood testing (e.g. HIV, hepatitis B and C).
 - Do you always use your own equipment? Have you ever shared equipment? Ask about any episodes of sharing equipment (needles, syringes, swabs, spoons, tourniquets).
 - Are you sexually active? Do you always practise safe sex? Do you use condoms consistently and correctly?

Show the following slide and go through the Talking points.

Talking points

- What do you inject? Types of substances injected (including combinations).
- How much and how often? Assess the quantity and frequency of injecting. How do you feel if you do not inject for (e.g. one day)?
- When did you start injecting? Duration of injecting.

Ask the participants why these questions are important. What is the health worker trying to assess with each of these questions? If necessary, get the participants to focus on questions 1-3.

Answer:

- Questions 1 to 3 assess the pattern of substance use.
- Question 4 assesses the health consequences.
- Questions 5 and 6 assess risk behaviour.

Tell the participants we will now review the patterns of substance use.

Review the patterns of substance use

Remind participants of the patterns of substance use that were discussed in Module K.

The patterns of substance use can also be used to assess the injector's use of drugs.

Patterns of substance use

- Hazardous use
- Harmful use
- Dependence

SLIDE X3-3

Ask them to tell you the 4 patterns of use and then show slide X3-3. Ask participants to give a brief explanation of each pattern.

TIP FOR YOU

Hazardous use

Hazardous substance use presents risks of harmful consequences for the user. The consequences may be to his/her physical and/or mental health. In contrast to harmful use, hazardous use refers to patterns of use that are of public health significance despite the absence of any current disorder in the individual user.

Harmful use

Harmful use is defined as a pattern of substance use that is causing damage to health. The damage may be physical or mental.

Dependence

Dependence is defined as a cluster of behavioural, cognitive, and physiological phenomena that may develop after repeated substance use. This occurs when the individual taking the substance has a strong desire to take the substance and cannot control the desire or the use.

Remind the participants that young people are often poly-substance users and injectors, and they may have different patterns of use at different times in their life. They may also simultaneously have different patterns of use for different substances. For example, a young person might be dependent on tobacco, while simultaneously experimenting with cannabis and occasionally injecting amphetamines.

Show slide X3-4 and ask a participant to read the questions.

Ask all the participants: *What are we trying to assess with these questions?*

Answer: Stage of Change of the young injector.

These questions are useful in helping young injectors to explore their IDU behaviour and to think about changing this behaviour.

Change can happen when the young persons see a conflict between their current situation and the situation they wish in their life.

Now go through the Talking points.

Specific questions on injecting of drugs: II

- Good things/Perceived benefits of injecting. What does the young person see as the "good things"?
- Less good/Not so good things about injecting. What are the young person's concerns about the "less good things"?
- Cost of change. What would be different for young persons if they stopped injecting or reduced the frequency of injecting?

SLIDE X3-4

Talking points

Good things/Perceived benefits of injecting

Explore what the young person sees as the “good things”.

e.g. *What are the things you like about injecting cocaine?*

Less good/Not so good things about injecting

Explore the young person’s concerns about the “less good things”.

e.g. *What are the ‘not so good things’ about injecting cocaine?*

Can you give some examples of that?

Cost of change

Explore what would be different for them if they stopped injecting or considered another mode (e.g. snorting) or reduced the frequency of injecting.

e.g. *What would be different in your life if you stopped injecting or injected less frequently?*

What would be different if you changed your mode of using cocaine, e.g. snorting and not injecting?

Review of the stages of change

Remind participants that the Stages of Change model was introduced in Module K. It describes the process of change that a young person may go through in making a decision to change.

Ask the participants to look in Handout K, section 4, to remind them of the stages of change.

Remind the participants that the key to understanding the stages of change model is that there needs to be a match between the stage of change and the action offered by the health worker.

Tell the participants that when applying this model to injectors, one is interested in changes to decrease the risk and changes to decrease or stop substance use.

Tell the participants we will now review the GATHER approach which can be used in an interview.

Review of the GATHER approach

Remind participants of the GATHER approach and ask them to look in their Handout K at Section 3.4.

Ask them to look at the G and A steps and consider what may be different in the health workers’ approach with a young person who reveals that they inject.

TIP FOR YOU

When injecting is revealed, the health worker needs to explore with the young person the risk factors and the pattern of injecting.

Tell the participants: We have now reviewed the skills the health worker needs to carry out an assessment of the young injector. We will now put all this together in a role play exercise. There is a lot to remember, so the following slide will be on view to prompt you, if necessary, during the role play.

During the role play, remember to:

- Greet
- Assess
 - Identify IDU
 - Ask specific questions to assess pattern of use
 - Ask specific questions to assess stage of change.
- Use active listening skills
- Use open-ended questions.

SLIDE X3-5

ACTIVITY 3-3

ROLE PLAY: ASSESSMENT OF THE YOUNG INJECTOR

DEMONSTRATION ROLE PLAY (OPTIONAL) - 15 MINUTES

Before the participants do the role play themselves, you can demonstrate a prepared role play to show how to use effective listening skills to assess a young injector. This will require you (as facilitator) to demonstrate the skills. If you are not confident to do this yourself, plan ahead to invite someone to demonstrate the skills in order to ensure that the participants have a good model to follow.

Explain to the participants that the purpose of this activity is to use role play to practise the assessment of a young injector by the health worker. Acknowledge that there is a lot for the health worker to remember to ask in this role play.

Count the participants off into groups of three persons (1, 2, and 3). Ask them to remember their number because we will use these same groupings in the next session.

Tell them that the number 1s will be the young person, the number 2s will be the health worker and the 3s will be the observer. Allocate each triad (group) a scenario.

Tell the young person and the observer (numbers 1 and 3) to look at Annex 3 (Scenarios for Assessment) in the Handout and read the scenario that has been allocated to them.

The health worker (number 2) does not read the scenario but will understand the situation with their young person during the role play, using listening and assessment skills. In this exercise, do not spend much time on the presenting complaint. Focus on Greeting and Assessment of the young person and stop the interview when you have completed Greet and Assess.

Remind them that Slide X3-5 can be used to prompt the health worker.

The observers (number 3) will watch the role play. At the end of the role play they will comment on the interview with the other two participants in their group.

Remind them to come out of their roles at the end of the role play.

Tell them they have 2 minutes to prepare, 5 minutes for the interview, and 3 minutes to report back in their triad.

These instructions are in Annex 3 of the Handout for participants to read.

TIP FOR YOU

Extra Role Play (optional extra activity: additional 20 minutes)

If time allows, each participant can have an opportunity to role play the health worker. Each group can use a different scenario.

SCENARIO 1

Kenko

You are a 16-year-old boy and have come to the health centre because you injured your knee when playing football. If the health worker asks you, say that you live at home with your parents and older sister. You have a delivery job after school.

You have smoked cigarettes since you were 14 and smoke about 15 every day. You smoke cannabis each weekend and you like the feeling it gives you. You do not drink alcohol. You have been snorting cocaine for the last six months with a group of older boys whom you meet after work. You snort whenever you have the money to pay - about 10 times in the last 6 months. Two months ago the older boys offered to let you shoot up (inject) cocaine. You found injecting was a very exciting experience and you have injected two more times since then. You use a needle and syringe which the boys lend you. You know it is clean because the boys say it is and you have seen them rinse it in hot water. You don't see any problem with trying new drugs. You like to go to parties when you have had cocaine because you have more fun. You do not have a girlfriend and have never had sex yet, but would like to if you had the chance.

SCENARIO 2

Soo

You are a 19-year-old woman and have come to the health centre for contraceptive advice. If the health worker asks you, say that you live with your boyfriend Meeko who is 26 years old. You work in a clothes shop. You smoke cigarettes (about 20 a day) and drink some alcohol most evenings (1 to 3 beers).

You have been injecting methamphetamines for about 1 year, ever since you met Meeko. You inject 2 or 3 times at the weekend. You are worried about your use of methamphetamines and have wanted to stop for 3 months now. You have had some problems with remembering things and concentrating. A couple of times after injecting, you have done things that seem crazy and have felt scared that you are going mad. You did stop injecting for one month but Meeko said you were no fun anymore and so you began to inject again. You have no concerns about your cigarette smoking.

You always use your own equipment and Meeko taught you to clean your needle and syringe carefully. Whenever possible, you get new needles and syringes.

SCENARIO 3

Boris

You are a 23-year-old man and have come to the clinic because you have noticed a discharge coming from your penis. If the health worker asks you, you say that you have no family and live with a group of friends (squatters) in town. You are involved in sex work and make a good living, sufficient to buy the drugs you need, food and drink, and some nice clothes.

You have been injecting heroin for two years. You look forward to and enjoy injecting because you do it with your friends and like the rush you feel when you inject. You have your own equipment, but have sometimes shared needles and syringes with your friends. Occasionally you have bouts of heavy drinking with your friends.

When the time is up, ask the groups to stop.

Ask for comments on the role play.

Now ask them to stay in their groups of 3 and together read through all three scenarios.

Ask them all to look at the three scenarios and quickly answer on a sheet of paper these questions:

- *What is the pattern of use for the young person in each scenario for each substance use?*
- *At what stage of change do you think your young person is at present?*

Give them a few minutes to complete this and then ask a group to respond for each scenario. The responses can be written up as a Table on a flipchart (see below) or given as verbal responses.

Allow for some discussion.

Responses for the Facilitator to the questions for discussion in the group of three after the role play

Kenko

Drug	Pattern of Use	Stage of Change
Cigarettes	Dependence	Pre-contemplation
Cannabis	Hazardous	Pre-contemplation
Cocaine (snorting)	Hazardous	Pre-contemplation
Cocaine (IDU)	Hazardous	Pre-contemplation

Kenko appears to be at the pre-contemplation stage - he sees no problem with his drug use.

Soo

Drug	Pattern of Use	Stage of Change
Cigarettes	Dependence	Pre-contemplation
Alcohol	Hazardous	Pre-contemplation
Methamphetamine	Harmful (experienced some psychological problems)	Contemplation /Preparation

Soo appears to be in the pre-contemplation stage with her cigarette smoking and alcohol use, and in the contemplation/preparation stage of change with her methamphetamine use. She was in the action stage when she tried to stop for a month.

Boris

Drug	Pattern of Use	Stage of Change
Heroin	Dependent	Pre-contemplation
Alcohol	Dependent	Pre-contemplation

Boris appears to be in the pre-contemplation stage with his heroin and alcohol use.

If there is time, you could also ask the following questions. How would your assessment be different if:

- The sex of the young person was different? So the young person was female/male instead of male/female?
- He or she was younger than the ages given?
- Kenko had a family member present?

WRAP UP

Tell the participants that we reviewed and practised a lot of skills in this session on assessment. Look at slide X3-5 and go through the skills.

Tell the participants we will look at the THER part of the GATHER approach in the next session.

Session 4

Health worker action with young injectors



Aim of the session

- To identify actions that the health worker can take in the clinic and in the community with young injectors.

ACTIVITY 4-1

MINI LECTURE: AIM OF ACTIONS WITH YOUNG INJECTORS

Show Slide X4-1.

Talking points

The health worker should assist young people to understand the risks of substance use and the increased risks of IDU, and advise them:

- Stop or never start using drugs.
- If you use drugs, use them in any way except injecting. If you do not inject drugs, you cannot acquire infections through needle-sharing or experience other problems associated with injecting. However, you will experience the negative consequences of substance use.
- If you continue to inject, do not share needles, cookers/spoons or filters with other drug users; use new injecting equipment every time. If you use new injection equipment every time, you cannot acquire viral infections (e.g. HIV) through needle-sharing.
- If you need to re-use any equipment, use your own injecting equipment every time. If you re-use your own injection equipment every time, you cannot catch viral infections (unless someone else has used your equipment without your knowledge).
- If you need to re-use any equipment and you believe you need to use someone else's equipment (needle or equipment sharing), clean the needles by an approved method (we will discuss these methods later). There is still a risk with cleaning needles

Aims of actions with young injectors

Assist them to understand the risks of substance use and the increase in risks with IDU. Advise them:

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

SLIDE X4-1

Tell the participants that these messages need to be given and reinforced by people in many sectors of society so that they are frequently heard by young people. These sectors (health, education, youth, law enforcement, parents and families) need to work together with young drug users themselves, to develop and support credible and consistent drug-prevention campaigns and services for young people.

Review of the (GA)THER approach

Ask the participants to look in Handout K, Section 3.4 for the GATHER approach.

Ask a volunteer to read out the points under the headings for THER.

Ask all the participants: Are there any questions or issues that they, as the health worker, would change in the THER with the young injector compared to the young substance user?

Allow a short time for discussion, then move on to the role play.

WRAP UP

The questions and issues with the young injector would be the same as with the young substance user. In addition, the health worker would need to give information on harm reduction for the young injector.

ACTIVITY 4-2

ROLE PLAY: ACTIONS IN THE CLINIC USING GATHER

Tell the participants that we will now do another role play.

Ask them to stay in the same groups (triads) as in Activity 3.3, but will change roles (health worker, young person, and observer) within their group of 3.

This time the number 1s will be the observer, the 2s will be the young person and the 3s will be the health worker.

Ask the 1s and 2s to turn to the scenarios in the Handout, Annex 4: Scenarios Using the GATHER Approach. We used these same scenarios (Kenko, Soo and Boris) in the assessment exercise. For this role play we have more information on the young person.

Tell them each to take the next scenario on the list, i.e. Scenario 1 (Kenko) before now takes Scenario 2 (Soo), Scenario 2 (Soo) before now takes Scenario 3 (Boris), Scenario 3 (Boris) before now takes Scenario 1 (Kenko).

Ask the participants to go through the interview in their role play using the GATHER approach but focusing less on the G and A this time, and more on the THER, and complete the interview with the young person in their scenario.

Tell them they have 2 minutes to prepare, 5 minutes for the interview, and 3 minutes to report back in their triad.

Ask them to remember to come out of their roles.

SCENARIO 1**Kenko**

You are a 16-year-old boy and have come to the health centre because you injured your knee when playing football. If the health worker asks you, say that you live at home with your parents and older sister. You have a delivery job after school.

You have smoked cigarettes since you were 14 and smoke about 15 every day. You smoke cannabis each weekend and you like the feeling it gives you. You do not drink alcohol. You have been snorting cocaine for the last six months with a group of older boys whom you meet after work. You snort whenever you have the money to pay - about 10 times in the last 6 months. Two months ago the older boys offered to let you shoot up (inject) cocaine. You found injecting was a very exciting experience and you have injected two more times since then. You use a needle and syringe which the boys lend you. You know it is clean because the boys say it is and you have seen them rinse it in hot water. You don't see any problem with trying new drugs. You like to go to parties when you have had cocaine because you have more fun. You do not have a girlfriend and have never had sex yet, but would like to if you had the chance.

You like being with the group of older boys because even though you are younger, they make you feel a part of their gang. You did not know you could get HIV from sharing injecting equipment. You have heard of AIDS and it scares you.

Your family are worried about you. You are close to your older sister and can talk with her easily. Your grades at school are worse than they have ever been. You want to get a good job when you leave school. You like playing football and are good at it but find you often get short of breath. You would like to have some condoms in case you meet a girl who is willing to have sex with you because you wouldn't want her to get pregnant.

SCENARIO 2**Soo**

You are a 19-year-old woman and have come to the health centre for contraceptive advice. If the health worker asks you, say that you live with your boyfriend Meeko who is 26 years old. You work in a clothes shop. You smoke cigarettes (about 20 a day) and drink some alcohol most evenings (1 to 3 beers).

You have been injecting methamphetamines for about 1 year, ever since you met Meeko. You inject 2 or 3 times at the weekend. You are worried about your use of methamphetamines and have wanted to stop for 3 months now. You have had some problems with remembering things and concentrating. A couple of times after injecting, you have done things that seem crazy and have felt scared that you are going mad. You did stop injecting for one month but Meeko said you were no fun anymore and so you began to inject again. You have no concerns about your cigarette smoking.

You always use your own equipment and Meeko taught you to clean your needle and syringe carefully. Whenever possible, you get new needles and syringes.

Meeko does not want to stop injecting methamphetamines and you are afraid that you will not be able to stay together if you try to stop. You know that you want more in your life and you hope to train as a hairdresser one day. You would also like to have children in the future. Your parents are worried about you.

SCENARIO 3

Boris

You are a 23-year-old man and have come to the clinic because you have noticed a discharge coming from your penis. If the health worker asks you, you say that you have no family and live with a group of friends (squatters) in town. You are involved in sex work and make a good living, sufficient to buy the drugs you need, food and drink, and some nice clothes.

You have been injecting heroin for two years. You look forward to and enjoy injecting because you do it with your friends and like the rush you feel when you inject. You have your own equipment, but have sometimes shared needles and syringes with your friends. Occasionally you have bouts of heavy drinking with your friends.

You have been beaten up by customers a number of times. You find that as you get older, you are attracting less business and as a result you take more risks to attract customers. Last week you started offering sex without a condom as a way of getting more business.

You have heard of HIV but do not know much about it. You want to know more. Your friends are the only family you have and they all inject drugs.

TIP FOR YOU

Extra Role Play (optional extra activity: additional 20 minutes)

If time allows, each participant can have an opportunity to role play the health worker.

Ask for any general comments on the role play.

Ask the participants to stay in their groups of three persons and look at all the scenarios again. Ask them to quickly write down as a group, on a sheet of paper, three risk factors that could contribute to the injecting of substances, and three protective factors that could help them reduce or stop substance use - in the lives of these young people.

Responses could be:

Kenko

Risk factors: he uses other substances (smoked cigarettes since 14, snorting cocaine for last 6 months), older peer group that inject, shared injecting equipment, poor knowledge of HIV and risks of sharing injecting equipment, ready to experiment with drugs, failing at school.

Protective factors: he lives with parents, family concerned, positive relationship with sister, has a job, involved in sports and good at football (but noticing shortness of breath), does not drink alcohol, ready to use condoms, wants a good job one day.

Soo

Risk factors: she wants to stay with her partner who injects and who does not want to stop, she uses other substances (cigarettes, alcohol).

Protective factors: she is concerned about her injecting, never shares injecting equipment, has a job, wants a future (profession, children), has tried to stop, parents are concerned.

Boris

Risk factors: no family, sex worker, community he lives in may have easy access to drugs, peer group who inject, has practiced unsafe sex, shares injecting equipment, bouts of heavy drinking, violence.

Protective factors: emotionally supportive peer group, came for treatment for STI, wants to know about HIV (these may show a positive attitude towards health).

If necessary, tell them they can look in the Module K Handout, section 1.4 (Risk and protective factors associated with young people and substance use).

Have a short plenary session as feedback from this exercise.

As a follow on activity, ask the participants to take a few minutes to consider in their own lives 2 or 3 protective factors and 2 or 3 risk factors for substance use. This is an individual activity to be done privately without sharing with anyone. Tell the participants that this exercise can encourage us to look at our own substance use behaviour.

ACTIVITY 4-3

GROUP WORK (OPTIONAL) - 30 MINUTES

HOW TO CONTACT YOUNG INJECTORS

Tell the participants that young injectors may not come to the clinic for a variety of reasons. Research shows that the most successful way to work with injectors is through outreach using outreach workers.

Outreach is when the outreach worker goes to the places where young injectors can be found, in order to provide them with information, supplies and referral. Outreach workers know how to talk with the young injectors and are trusted by them.

This exercise will assist us in thinking about young injectors who do not come to the clinic and how they can be contacted.

Split the participants into five small groups. Give flipchart papers and ask each group to choose one person to write down the answers and one person to present.

Ask each small group to develop answers to the following questions.

Show Flipchart X4.

- *Where may you find young injectors in each of your communities?*
- *Where and how would you locate young female injectors?*
- *Would you feel comfortable going to all these places to talk to them?*
- *Would you feel comfortable talking to young injectors about HIV and drug use issues?*
- *Do you believe they would listen to you if you told them about behaviour change? If no, why not (list)?*

FLIPCHART X4

Tell them they have 10 minutes to answer the questions.

Ask the groups to make a list to explain why, if the answer is no, e.g. list the reasons:

- why it might be uncomfortable for some participants to visit all the listed places;
- why it might be uncomfortable for some participants to talk to injectors about these issues;
- why injectors might not listen to some participants.

After 10 minutes, ask the participants to return to their seats and ask one group at a time to give one answer. Ask the other groups to provide answers that are different from or additional to the other group's answers (so as not to repeat).

Summarize their answers with the following points:

- It is difficult to know where all young injectors, particularly female injectors, may be in any community.
- Not everyone is comfortable visiting the places where injectors might be found and talking with them.
- Young injectors may not listen to advice or follow recommendations for changing their behaviour.
- Research has shown that the effectiveness of this communication with young injectors depends greatly on who is trying to communicate with them and where the communication takes place.
- In many societies and economic contexts women in general do not have equal status as men. Being a “drug injector” is most likely to expose female injectors to severe stigmas, making it even more difficult to reach them.

Conclude the exercise and ask if they have any questions.

ACTIVITY 4-4

MINI LECTURE: ACTION IN THE COMMUNITY

Ask the participants the following questions:

- Is there action in your community that aims to prevent IDU among young people (programmes, pamphlets, posters, campaigns, etc.)?
- Are there special services for young injectors in your clinic/community?
- Who in your community works with drug injectors?
- What services do they provide?
- Where do they provide these services?
- Are there outreach services?

Let the participants discuss what happens in their communities for a few minutes.

Then show the following slide and go through the Talking points.

Talking points

Prevention of IDU

Raise awareness

Raise family and community awareness of injecting drug use and young people (discussing the local situation with parents, community leaders and other gatekeepers). This can enhance the protective factors and minimize the risk factors for young people.

Raising awareness can be an opportunity to inform the community on the important issues of IDU and young injectors. This can prevent some of the negative responses that IDU can raise from community members (e.g. “Why should we care about people who inject drugs?”). Having these discussions early can prevent a backlash from community members to IDU programmes and services.

Contribute to prevention campaigns

Health workers can contribute to prevention programmes in their community with the aim of reducing the supply of and demand for injectable drugs.

Prevention programmes should make use of existing networks, resources and links between community organizations, both governmental and nongovernmental.

Services for young injectors

Provide community links

Referring young people and linking them with support services within their community is very important for young injectors. Give them information about community resources, outreach services, needle and syringe programmes (NSP), peer support groups, referral services, etc. If appropriate, encourage them to ask their family, relations and friends for help.

Support harm-reduction interventions

Harm-reduction strategies aim to reduce the negative consequences of drug use rather than reducing or stopping drug use itself. Health workers have a role in raising public awareness of the importance and benefits of harm reduction for individuals and communities. Harm-reduction strategies are often opposed by community members who think this will encourage substance use. The next session in this module is on harm reduction.

If there is time, give the participants some minutes now to think through and make some personal notes. Ask them to consider what is happening and what could happen in their community to prevent IDU among young people and to provide services for young injectors. They can write these down and use these notes in the last session when they complete their OPPD.

Action by the health worker in the community: IDU and young people

Prevention of IDU

- Raise awareness
- Contribute to prevention campaigns.

Services for young injectors

- Provide community links
- Support harm-reduction interventions.

SLIDE X4-2

WRAP UP

Show slide X4-1 again and remind participants of the aims of the health worker actions.

Remind participants that in this session we completed the interview with the young injector, using the GATHER approach.

We also looked at what services are available and considered which ones could be available in clinics and in the communities.



Session 5

Harm reduction and young injectors

Aim of the session

- To identify harm-reduction strategies.
- To discuss harm-reduction strategies for young injectors who do not stop injecting.

If you have planned for a guest speaker to give a presentation on IDU services for young people in Activity 5-4, tell the participants now.

ACTIVITY 5-1

MINI LECTURE: INTRODUCTION TO HARM REDUCTION

Tell the participants we will first look at harm reduction in general and then discuss the role of health workers in harm reduction for young injectors.

SLIDE X5-1

Harm reduction

Package of interventions to prevent or reduce a range of harms associated with IDU which:

- Is based on evidence.
- Is based on public health and human rights.
- Includes prevention and treatment strategies.

Show slide X5-1 and go through the accompanying Talking points.

Talking points

Harm reduction is a phrase used to describe a package of interventions that aim to prevent or reduce a range of harms (physical harms like blood-borne infections and social harms like crime) associated with IDU. These interventions are necessary for injectors who do not stop injecting.

- There is strong evidence that harm reduction strategies are effective and lead to public health outcomes which benefit both the individual and the community.
- Harm reduction is consistent with a public health approach to a broad range of problems associated with IDU. Harm reduction strategies respect the human rights of individuals who inject.
- Harm reduction includes prevention (risk reduction) and treatment strategies.

SLIDE X5-2

Effective strategies for harm reduction with IDU

- Information on risk reduction
- Increased access to needles and syringes
- Outreach
- Substitution programmes
- Supportive policy, social network and health services.

Tell the participants that the next slide shows a range of strategies in harm reduction.

Talking points

Read through the five strategies on the slide.

Tell the participants that these five activities can help prevent or reduce the harms associated with IDU.

There is clear evidence that these strategies can be highly effective in preventing HIV transmission among injectors. Each activity may have limited effectiveness on its own, but when several or all are used at the same time, they have prevented, stabilized and reduced HIV epidemics among injectors.

Tell the participants that we will go through each strategy and examine:

- Why the strategy is important.
- What the strategy involves.
- Considerations for the health worker when working with young injectors.

Show the first of the following five slides.

Information on risk reduction, also called IEC (information, education and communication) or BCC (behaviour change communication):

- Risk reduction information is important because many young people do not know the risks of injecting drugs. If they know the risks, they may choose to reduce them.
- Young injectors need information on the risks of IDU (blood-borne infections, local and systemic bacterial infections, overdose), information on safer injecting (safer practice, safer injecting sites), and information on safer sex (correct and consistent use of condoms). If they do not have this information they cannot reduce their risk.
- The information needs to be relevant to the situation of young injectors, credible (believable information and from a trustworthy provider), understandable (using plain language), and presented in an acceptable manner for particular groups of young people.

Risk reduction information (IEC or BCC)

- Many young people do not know the risks of injecting drugs.
- They need information on risks of IDU and on safer injecting and safer sex.
- The information needs to be relevant, credible, understandable and acceptable.

SLIDE X5-3

Increase access to needles-syringes programmes (NSPs)

- Injectors share equipment when new needles and syringes are not available. There is no guaranteed safe way of cleaning used equipment. Sharing injecting equipment enables rapid spread of viruses. NSPs give individuals the opportunity to use clean needles and syringes and prevent the risk of acquiring or transmitting blood-borne infections.
- NSPs allow injectors to exchange or receive new needles and syringes. They can also allow for safe disposal of used equipment. NSPs are most effective when linked to outreach projects that use peer counsellors and provide other services (e.g. counselling, condoms, STI treatment). Studies have shown the benefits of NSPs - i.e. they reduced the sharing of injecting equipment with no increase in the number of injectors or the frequency of injecting. (Reference: WHO Training Guide for HIV Prevention, Outreach to Injecting Drug Users).
- However, a limitation of NSP can be that they target self-identified drug users and often miss the occasional or recreational drug users. Injecting equipment needs to be available through other outlets to reach young injectors (e.g. health centres, pharmacy programmes, vending machines, drug-user network distribution).

Increase access to needles-syringes programmes (NSP)

- Sharing injecting equipment enables rapid spread of viruses.
- Providing new needles and syringes reduces sharing of used injecting equipment.
- NSPs may not reach young injectors.

SLIDE X5-4

Although health workers may not be in a position to start a local NSP, they have a role in understanding the evidence that supports NSPs and supporting local programmes or local efforts to begin programmes.

Ask the participants to look at the eight points in Section 3.3 (see above). Tell them that these are the conclusions from a WHO report that evaluated the evidence on the effectiveness of sterile needle and syringe programmes for HIV prevention among injectors.

Ask the participants to read aloud the eight points.

SLIDE X5-5

Outreach

- Injectors may not come to routine services.
- Outreach takes the service to the injectors.
- Young injectors and peer outreach workers.

Ask if there are any questions and respond. Then show the next slide.

Outreach

- Injectors are frequently marginalized in society and may not come to routine health services. Outreach takes the service to the injectors in the communities where they gather. There is evidence that community-based peer outreach is widely used and is a very effective intervention.
- Outreach services can include education, advice (risk-reduction counselling), testing and offering injectors the means to change risk behaviour related to IDU and sex (e.g. skills and/or products such as needles, syringes, bleach, condoms, STI treatment).
- It is often especially hard to reach and difficult to communicate with young injectors. Research has shown that the effectiveness of communication with injectors depends greatly on who is trying to communicate and where the communication takes place.

The outreach worker is referred to as a “peer” or someone familiar and trusted by the “community” of injectors. A young injector may be more willing to listen to a peer outreach worker who is closer to them in age and experience.

Outreach is the least costly intervention and is often the least complicated action to begin offering injectors (compared to large targeted education, NSP or substitution drug treatment programmes). Health workers may begin by getting to know the situation with drug users in their community.

SLIDE X5-6

Substitution programmes

- Opportunity for injectors to reduce the risks of IDU and reduce or stop substance use.
- Effective in reducing or stopping drug injecting.
- Most young injectors are not drug dependent.

Substitution programmes

- Substitution programmes can give dependent injectors an opportunity to reduce the risks associated with IDU (by taking a medicine orally) and to reduce or stop using substances (by gradually reducing the dose of the prescribed medicine). Substitution treatment is the administration, under medical supervision, of a prescribed medicine with similar action to the drug of dependence.
- Drug treatment programmes have been found to be effective in assisting drug users to stop or reduce injecting. Substitution programmes are primarily for opiate-dependence (using methadone and buprenorphine). When an injector enters such a programme they can receive support and counselling to deal with the emotional and social issues that may contribute to their use of drugs. Substitution programmes also aim to reduce the need for criminal activity to finance drug use.

- Substitution treatment is only offered to individuals who are dependent. Most young injectors are not dependent. Other treatment interventions should be thoroughly explored before substitution therapy is considered.

Supportive policy, legislation and targeted advocacy

- Supportive policy and legislation can influence public health interventions, especially among marginalized populations. Supportive policy and legislation at the national level are crucial to enable the development of a local environment that supports safer behaviour among injectors. Harm reduction services rely on injectors having health as a prime motivating factor and having a reason to live.
- Like all people, injectors need a supportive social network and access to health services. Primary health services must be available and accessible to the health needs of young injectors. Health services and health workers must not discriminate against injectors.
- Young injectors particularly need support. A supportive family and social environment can protect young people from beginning to inject and can help them to stop. Some young injectors may have experienced much trauma, abuse and dislocation from family, friends and community which leaves them feeling that there is no reason to keep on living. For these young people the social network may be especially important. The health worker is often the first point of contact for the young injector.

Supportive policy, legislation and targeted advocacy

- Contributes to reducing marginalization.
- Social network and health services.
- Importance of family and social network for young injectors.

SLIDE X5-7

Ask the participants - When you look at these strategies:

- Do you think that supportive policy and legislation are available to young injectors in your community?
- Could they be available in the future?
- Do you think they will never be available?

Tell the participants that harm-reduction information is given in Handout X, Section 8.

Also refer the participants to the reference section at the back of the Handout and to the Evidence for Action papers that are available as printed documents and online at: www.who.int/hiv_aids. These papers present the evidence for harm reduction.

ACTIVITY 5-2

DEMONSTRATION (OPTIONAL) - 30 MINUTES

NEEDLE AND SYRINGE USE

Explain to the participants that this exercise is designed to help them become familiar with the handling of needles and syringes, which will assist them in their work with injectors. If you had planned for this (see Module Advance Preparation), ask your volunteer to demonstrate needle and syringe use.

There is a needle and syringe use demonstration exercise in the *Training Guide for HIV Prevention Outreach to Injecting Drug Users, Field Worker Training D2.7*. WHO, 2004 www.who.int/hiv/pub/idu/hivpubidu/en.

ACTIVITY 5-3

MINI LECTURE: SPECIFIC HARM REDUCTION STRATEGIES FOR INJECTORS

Tell the participants that national policies and legislation have a huge impact on availability of harm reduction services. The following messages provide information on the most favourable circumstances and practice for the injector. However, the reality is that injectors are often unable to go through all these steps due to lack of equipment or time, or lack of knowledge, or because they have to inject in a public place and quickly get away because they might be arrested.

SLIDE X5-8

Harm reduction: Before injecting

- Choose a safe site to inject.
- Always use new, sterile needles and syringes.
- Do not share any injecting equipment.
- Wash hands, clean the injecting site and use clean surfaces.

Talking points

These are the messages the HCP can give injectors:

- Choose a safe place to inject, preferably where there is running water.
- Protect from infection by always using your own new, sterile needles and syringes. Use a needle and syringe programme if possible.
- Do not share any injecting equipment. Sharing is not just using a needle or syringe which someone else has used. It means also using the mixing water, cups or pots, spoons or “cookers”; filters; swabs/alcohol wipes; and tourniquet that someone else has used, or passing them on to someone else. Splitting a larger quantity of drugs from one syringe into others may also be risky.
- Wash your hands with soap and warm water before and after each injection. Prepare injections with clean hands on a clean surface. Have ready clean material to stop bleeding after injecting. Clean the injecting site with soap and water or alcohol. Clean preparations and care will reduce the risk of infection.

SLIDE X5-9

Harm reduction: Injecting technique

- Choose a “safer” site to inject.
- Select sites, by rotation.
- Jack back.
- Inject slowly in the direction of the heart.
- Apply pressure for at least two minutes.
- Discard used equipment safely.

Show the next slide.

Talking points

Facilitator’s should stress that this is the optimum method (best scenario) of injecting.

- Only use safe injecting sites on the body (e.g. arms and legs). Never use a vein in the neck or head. Avoid damaged, especially infected, sites.
- Rotate injection sites to avoid vein damage. This will:
 - allow any damage to heal, create less bruising: bruised sites can lead to infection;
 - reduce scarring, which thickens the vein wall and may make future injection more difficult.
- Jack back: pull the plunger to let blood enter the syringe, then push down to inject into the vein. This is important because it can signal if you have injected into an artery instead of a vein.

If you suspect an artery has been hit (bright frothy blood), 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 in the direction of the blood flow (towards the heart). It will help ensure that drug is going into the vein.
- After injecting, apply pressure for at least 1-2 minutes: this will control bleeding, reduce bruising and risk of infection, and promote healing. Do not use alcohol swabs when applying pressure as this may interfere with clotting. Cover with a clean dressing.
- Discard used equipment safely, especially the needle and syringe.

Ask if there are any questions and respond. Then show the next slide.

Talking points

Tell the participants that re-using and cleaning of equipment should only be acceptable in settings where NSPs are not available.

There is no fail-safe way of cleaning used equipment; the only way to ensure safety is to use sterile equipment every time. If someone's used needle or syringe is to be used, ensure that it is cleaned immediately after first use and then cleaned again before second use.

Harm reduction: Cleaning methods for needles and syringes

SLIDE X5-10

Not recommended: to be done only when NSP is not available

- 2x2x2 method
- Soaking
- Boiling
- Washing

The most effective methods for cleaning needles and syringes in order to try and reduce the risk of HIV- and hepatitis-infected blood are given below. You can ask for volunteers to describe these methods (check that all the points are covered) or go through the Talking points.

- The best method for cleaning is believed to be the “2 by 2 by 2” method:
 - Draw COLD water (sterile or boiled and cooled 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 (3-5 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 before) and then flush it out down the sink or into a different cup. Do this twice as well.
- Soak the needle and syringe in either undiluted bleach or a strong detergent/water solution for as long as possible (at least several minutes) and rinse thoroughly with water.
- Boil the needles and syringes for 15-20 minutes (although plastic syringes, when boiled, may become deformed and leak).
- Wash the needle and syringe several times (e.g. 10 times) with cold water immediately after use - before the blood and drug solution has had a chance to dry. This is likely to flush out most infectious agents. Also, using water or even vodka, wine or beer to flush out the syringe and needle before re-use is likely to reduce the risk.

This topic can be found in Section 9 of the Handout.

ACTIVITY 5-4

MINI LECTURE BY GUEST PRESENTER (OPTIONAL) - 15 MINUTES LOCAL IDU SERVICES FOR YOUNG PEOPLE

Invite the local guest with expertise on IDU services for young people to make a 5-10 minute presentation which could:

- outline the services available to young injectors locally or nationally;
- provide data on young people attending services;
- identify issues and barriers to providing services for young people;
- discuss ways of overcoming these barriers;
- show links between government and nongovernmental services.

Thank the guest speaker.

Allow time for questions from the participants.

Then move on to Wrap Up.

WRAP UP

Remind the participants that in this session we have looked at harm reduction for injectors. We have examined five effective strategies that can prevent or reduce a range of harms associated with IDU:

- Risk-reduction information.
- Increased access to needles and syringes.
- Outreach.
- Substitution programmes.
- Supportive policy, social network and health services.

We discussed harm reduction before injecting, the injecting technique, and cleaning methods for needles and syringes.

If a demonstration was included, say: We had a demonstration of needle and syringe use and a presentation on local IDU services for young people.

Ask if there are any questions and respond.

Then tell the participants that this concludes the presentations in this module and we will now move on to Module review.

Session 6

Module review



Aims of the session

- Review module objectives
- Complete Orientation Programme Personal Diaries
- Review Matters Arising Board and Mood Meter
- Summarize key messages from the module.

ACTIVITY 7-1

REVIEW OF OBJECTIVES

Display the slides with the module objectives. Go through each objective and remind participants of what was covered. Ask participants for any questions or comments and address them.

<p>Module objectives</p> <ul style="list-style-type: none"> ■ Identify common substances injected by young people and discuss why they may inject ■ Discuss the negative consequences of IDU for young people <p style="writing-mode: vertical-rl; transform: rotate(180deg);">SLIDE X1-1</p>	<p>Module objectives</p> <ul style="list-style-type: none"> ■ Describe and practise how to assess a young person for IDU during his/her visit to the health service ■ Discuss health worker action with young injectors ■ Discuss the services and harm reduction strategies for young injectors in the clinic and in the community <p style="writing-mode: vertical-rl; transform: rotate(180deg);">SLIDE X1-2</p>
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ACTIVITY 7-2

REVIEW OF SPOT CHECKS AND MATTERS ARISING BOARD

Ask the participants to turn to their Spot Checks.

Go through each question and ask the participants to give answers.

The answers are given below.

1. Why may young people choose to inject substances?
 - Individual factors (e.g. curiosity, boredom, influence of others).
 - Social factors (e.g. peer pressure, prevalence of IDU).
 - Transitional process: the change from one mode of using a drug (e.g. smoking) to another way (e.g. injecting). There is a time during the change when either mode is used.
 - The drug's availability and value for money.

2. What are negative physical consequences of injecting drugs?
 - Intoxication-related problems (e.g. falls, road traffic accident, drowning), overdose, blackouts, dependence.
 - Injecting-related problems, including blood-borne infections (HIV, hepatitis B and C, syphilis), overdose, vein damage, local and systemic bacterial infections, and loss of limbs/ limb function.
 - Damage to body organs by the toxicity of the drugs (e.g. liver, lungs, nerves, etc).
 - Health problems due to the social and material conditions in which injectors live. For example, an injector may become homeless because of drug use. Living on the street can make acute conditions more severe (e.g. lack of adequate sanitation causing local infections) and cause other health problems (e.g. malnutrition, pneumonia, frostbite, tuberculosis).

3. List FIVE injecting-related questions you could ask when assessing a young injector.
 - What do you inject?
 - How much and how often?
 - When did you start injecting?
 - Have you had any injecting-related problems?
 - Have you ever shared equipment?

4. List FIVE harm-reduction strategies for IDU.
 - Risk-reduction information.
 - Increased access to needles and syringes.
 - Outreach.
 - Substitution programmes.
 - Supportive policy, social network and health services.

Ask a few participants if they would like to share answers that reflect gains in their knowledge and/or changes in their attitudes because of participation in this module.

Turn to the Matters Arising Board. Go through the issues that have been “parked” there. Address any issues that have not been covered during the module.

ACTIVITY 7-3

ORIENTATION PROGRAMME PERSONAL DIARY (OPPD)

FLIPCHART X5

List three important lessons that you learned through participation in this module

List three things that you plan to do in your work for/with young people

Ask the participants to take out their Orientation Programme Personal Diaries (OPPD). This can be a notebook which they have designated as the OPPD.

Put up Flipchart X5. Ask one participant to read it aloud.

Ask the participants to write down in their OPPD three key lessons learnt and three applications that they plan to implement.

ACTIVITY 7-4**KEY MESSAGES FROM THE MODULE AND CLOSURE**

Tell the participants that we will now look at the two final slides to review the key messages from this module.

Talking points

- Injecting drug use is a growing problem among young people in all countries. Around half of first injections occur between the ages of 12 and 18 years.
- Injecting causes many negative consequences. The main consequences are physical (e.g. overdose, dependence, blood-borne infections), psychosocial (e.g. stigmatization, discrimination, problems with illegal activity, mental illness).
- Young injectors require special attention. The reasons for this are:
 - The unique nature of young people.
 - The nature of drug use by young people.
 - Issues of consent and confidentiality.
 - Lack of awareness among young people of the risks associated with IDU.
 - Less access by young people to support and services.
- There are many challenges to developing health services for young injectors, including legal and ethical considerations, and concerns about harm-reduction strategies.

Young people and injecting drug use module

- IDU is a growing problem among young people in many countries.
- Injecting causes many negative consequences: physical, interpersonal and social, and psychological.
- Young injectors require special attention.
- There are many challenges to developing services for young injectors.

SLIDE X6-1

Talking points

- It is important to assess all young people for IDU (prevention and early detection, risk reduction) because it is not possible to know who is at risk of using drugs or who is already using drugs.
- Appropriate attitudes and values are essential for health workers working with young injectors. These include being sincere, respectful, knowledgeable, professional and confidential.
- Reducing the harm of injecting is important for injectors who do not stop
- Harm reduction is an evidence-based public health concept, which benefits the individual and society as a whole.

Young people and injecting drug use module

- It is important to assess all young people for IDU (prevention and early detection, risk reduction).
- Appropriate attitudes and values are essential for health workers working with young injectors.
- Reducing the harm from drug injecting is important for injectors who do not stop.
- Harm reduction is an evidence-based public health concept, which benefits the individual and society as a whole.

SLIDE X6-2

Ask the participants for any comments or questions.

Remind them to complete the Mood Meter before they leave.

Remind the participants that the Handout provides more details on subject areas covered in this module and that it lists additional resources for their interest.

Thank them warmly for their hard work and participation in this module.

Orientation Programme on Adolescent Health for Health-care Providers

Annex 1

Spot checks

Sessions 1 and 6

SPOT CHECK 1

Why may young people choose to inject substances?

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-
-
-

SPOT CHECK 1

What are the negative physical consequences of injecting drugs?

-
-
-
-

SPOT CHECK 3

List FIVE injecting-related questions you could ask when assessing a young injector

-
-
-
-
-

SPOT CHECK 4

List FIVE harm-reduction strategies for IDU

-
-
-
-
-