Orientation Programme on Adolescent Health for Health-care Providers

Handout for

Module X

Young people and injecting drug use

This Handout provides additional information on Module X (*Young people and injecting drug use*) to health workers who have participated in and completed the *Substance use module* (Module K). Both are optional modules in the Orientation Programme on Adolescent Health for Health-care Providers.

Module X introduces health-care providers (health workers) to a serious health issue among young people that is often little understood, i.e. their injecting of psychoactive substances. The module discusses the factors that contribute to young people's use of substances by injection and the possible consequences of injecting substances. The module also highlights what health workers can do in their clinics and communities to prevent injecting drug use (IDU) among young people and to reduce the harmful results.

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

This handout provides information on the following:

1. Introduction

Injecting drug use (IDU) refers to the administration of illicit drugs by injection, using a needle and syringe, usually into a vein because this gives the quickest effect. Globally, heroin and cocaine are the most commonly injected drugs but injection of amphetamines is on the increase. Injecting drug use has been documented in 129 countries and continues to spread; it is a major public health problem throughout the world regardless of religious persuasion, stage of economic development or political system.

IDU is often initiated at a young age and there is evidence from many countries that the trend among young people is increasing. The age at which a person begins to inject varies considerably, even within a country, depending on factors such as drug availability and social cohesion and norms. Between 65% and 90% of injectors in developing and transitional countries are males aged 15-35 years. Not all injecting drug users are regular injectors and for some young people, injecting may be experimental and a passing phenomenon. However, injectors can experience serious health effects even after only one episode of injecting.

The serious health effects from injecting are due to the drug's toxic effects, impurities or contaminants mixed with the drug, and non-sterile injecting. The most common and widespread adverse health effect of injecting is transmission of viral diseases such as HIV, hepatitis B and hepatitis C. Injecting can also result in a fatal overdose. Other health effects include problems at the injecting site, abscesses, cardiac problems and systemic blood infections.

BOX 1

HIV epidemics among injectors

Globally, most people living with HIV are believed to be between 15 and 24 years old, and most of them are unaware that they carry the virus. Of the estimated 4 million new HIV infections annually, about 40% are aged 15-24 years. While injecting drug use accounts for an estimated 10% of all new HIV infections globally, in many countries IDU accounts for 30-80% of all reported infections.

HIV epidemics that are driven by drug injectors manifest very differently from epidemics in which sexual transmission is the main risk factor. While sexually transmitted HIV may remain virtually invisible for several years, the sharing of injection equipment is a much more efficient mode of HIV transmission and drug-related epidemics therefore spread more rapidly. Once the virus has been introduced into a community of injectors, tens of thousands of HIV infections may occur. Infection levels among injectors may rise from zero to 50-60% within 1-2 years, as demonstrated in different cities around the world. HIV does not stay only in the injecting community but spreads due to risky injecting practices as well as risky sexual activity. This is how HIV is transmitted to the non-injecting sexual partners of injectors and then to the general population.

New HIV infections can be prevented in drug-using populations and the impact of HIV epidemics can be reduced through effective and integrated programmes.

IDU services for young people should aim to prevent those who are not drug injectors from starting; those who are injecting drugs should be advised and assisted to stop or reduce their use; and ways should be found to reduce the harmful effects for young people who do not stop injecting drugs.

Most IDU prevention programmes aimed at young people have focused on prevention in this age group in the general population, but this may have little impact on the actual behaviour of current users. IDU programmes must consider the specific needs of adolescent and young drug injectors and develop interventions specifically targeted at young non-injectors who are vulnerable to start IDU, as well as recently initiated and occasional injectors, and also interventions that promote safer sex between young injectors and their partners.

This module helps health workers to consider how they can assist young people in their community who are already injectors and those who are vulnerable to start injecting. As young injectors are different from adult injectors, IDU services that are available to adults may not be appropriate or

accessible to young people, especially if they are occasional injectors. Thus, a needle and syringe programme may not be appropriate for the occasional young injector who may just want a needle and syringe once in a while. Methadone treatment is not appropriate for young non-dependent drug injectors. Some drug services are not available to under-18-year olds because of laws, local policies and formal and informal guidelines in the service. Young injectors may be reluctant to access adult services because of concerns about privacy and confidentiality. Peer education messages designed for older users may be inappropriate for younger users who, by not identifying with older, dependent injectors, may conclude that harm reduction messages do not apply to them. Young people who are experimenting or only inject occasionally or infrequently may need different messages and services to those required by frequent and regular injectors.

There is evidence that IDU services for young people can be more successful when they are linked with other services that young people want or need. These services can be targeted to the needs of specific groups of young injectors. IDU services must be supported, or at least tolerated, by the local authorities and the community.

This module focuses on IDU among young people (not adolescents only) because many of the issues discussed are important for people 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 and are not a homogeneous group because, for example, a 12-year-old will have different needs or concerns from a 20-year-old, or young people of the same age may differ in their emotional or cognitive development, and male and female young people will sometimes require different interventions. Young people therefore need services that take into account these differences.

NOTE

In this module, IDU (injecting drug use) refers to the activity and not to the persons who inject drugs; the latter are referred to as "young people who inject drugs" or "young injectors".

2. Who is the young drug user?

- Young substance users include many different people in society - e.g. coffee drinkers, cigarette smokers, alcohol (beer etc.) drinkers at social gatherings, occasional smokers of marijuana, the social cocaine sniffer, heroin injectors, and persons who take pain killers.

- Drug injectors also include a wide variety of people. Young injectors can be an adolescent living on the streets and occasionally injecting with his peers, or a young white-collar professional who injects alone at home, or a young woman who injects occasionally with friends, or sex workers who inject daily. Stereotyping of drug injectors can lead to mistakes of who is at risk and also adds to the stigma and discrimination which drug injectors face in society and in accessing health services.

- As other aspects of the life of a young drug injector may appear intact, it is not possible to look at someone and know for sure if he/she is 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 IDU is suspected, it is important for health workers to be non-judgemental in their attitude and discussions with the young person.

BOX 2

Young women and injecting

Globally, more men than women inject drugs. However, drug injecting among girls and women may be more hidden than among males because of cultural factors. Also, a lack of female-specific services may mean that female injectors do not have access to services and are not known. Female injectors may also be more vulnerable because of injecting practices over which they may have less control (e.g. whether they have a choice in sharing of equipment or drugs). They may also be involved in sex work to obtain and pay for their drugs.

3. Why would a young person inject drugs?

What are the factors that influence a young person to inject drugs rather than use them in other ways like smoking, swallowing, etc.? Understanding the many reasons why young people inject drugs can assist health workers to work with them.

Individual factors

- Young people can be easily influenced by others. They may feel the need to imitate the behaviour of a person in the family or friends who inject; or a partner who injects may pressure a young person also to inject.
- Young people often want to try out new experiences and may try injecting out of curiosity, boredom or for experimentation.
- They may not know or understand the risks of using drugs by injection.

Social factors

- Group or gang ritual, peer pressure, and being "cool" can influence the mode of use. Peer group norms are a strong influence on young people.
- Injecting of drugs may be common in some countries and in some sub-cultures, so the young person feels that IDU 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.

Transitional process

- There is usually a transitional period for the change 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 it. This does not mean that in future this person will only inject cocaine. There is a period during which the young person may snort or inject.
- Individuals usually move back and forth irregularly between injecting and other modes of drug use for a variety of reasons, including its availability and cultural, social and economic factors. This transitional process is especially evident among young people.
- Injecting may become the mode of choice after a period of time. Many factors can influence the length of time before injecting becomes the usual mode of use.

Drug availability and cost

- Injecting may be the mode of choice if injectable drugs are readily available in the young person's community or if the available drugs are not suitable for smoking or inhaling (for example, due to low quality, low potency or composition).
- Injecting will be the mode of choice if the effect achieved by injecting a drug is believed to (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 also more likely to use substances in the most economical fashion (due to limited funds).

Characteristics of the first injection

Studies (*1-4*, see below) have identified the following characteristics as being associated with the first injection:

- Around half of first injections occur between the ages of 12 and 18 years.
- It is mostly unplanned.
- It is usually in a public place, not alone, and often occurs in the presence of "experienced" injectors.
- Females are often given their first injection by a sexual partner (usually male).
- Males are most likely to be first injected by a friend.
- The injection commonly occurs while the person is intoxicated with another substance (e.g. alcohol or cannabis).
- If vomiting occurs (e.g. after an opioid), this soon stops and the analgesic effect of the drug may reduce the discomfort; peers then usually inform them that this reaction is short-lived.
- Equipment sharing is common as new and infrequent young injectors may find it hard to access sterile equipment; they also have less contact with the health services and lack money to buy new equipment (if it is not free).
- The adolescent initiate may be told that the equipment was "clean" and may not be aware of how to know if this is true.
- Use of new equipment can be seen as "bad luck".

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1 Cucic V. *Rapid assessment and response on HIV/AIDS among especially young people in Serbia*. Belgrade, UNICEF, 2002.

2 Roy E, Haley N, Leclerc P, Cédras L, Boivin J-F. Drug injection among street youth: the first time. *Addiction*, 97: 1003-1009 (2002).

3 Treloar C, Nakamura T, Abelson J, Crawford J, Kippax S, Howard J, van Beek I, Copeland J, Wetherall A, Madden A. *Risk for hepatitis C: transition and initiation to injecting drug use among youth in a range of injecting user networks*. Sydney, National Centre in HIV Social Research, University of New South Wales, 2003.

4 Wong E. *Rapid assessment and response on HIV/AIDS among especially young people in south-eastern Europe*. Belgrade, UNICEF, 2002.

4. Negative consequences of IDU for young people

Many of the negative consequences of IDU are the same as the negative consequences of substance use in general (see Handout for Module K, Section 1.2).

Consequences that specifically relate to injecting are described below.

Physical consequences

- *Overdose*. Among young people, overdose associated with opioids is one of the leading causes of premature death associated with IDU. Use of cocaine, ecstasy, methamphetamine and other amphetamine-type stimulants can also precipitate life-threatening and sometimes fatal emergencies.
- *Blood-borne infections.* HIV, hepatitis B and C, and syphilis are widespread, serious causes of mortality and morbidity related to injecting drug use.
- *Dependence.* The greater the frequency and amount of a substance used, the higher the risk of harmful use and dependence.
- *Local and systemic bacterial infections.* IDU can result in bacterial and pathogenic infections including abscesses, cellulites and septicaemia, vein damage, and loss of limbs or limb function.
- *Health problems due to adverse living conditions (social and material).* Injectors may lose their jobs because of IDU and their deteriorating social relationships may force them to live on the street or in poor conditions, which aggravate their health (e.g. malnutrition, infections due to inadequate sanitation, pneumonia, frostbite, tuberculosis).

Psychosocial consequences

- *Stigma and discrimination.* Stigmatization of injectors by the family, peer groups and community is due to lack of acceptance of their behaviour. The young injector can also experience discrimination when trying to access services.
- *Legal problems and vulnerability to exploitation.* In most countries there are laws against injecting, possessing or selling drugs, and even possessing injecting equipment. This means that injectors frequently break the law, making them vulnerable to law enforcers or criminal elements who can exploit their vulnerability. Because of their inexperience in obtaining and using injecting drugs, young people are vulnerable and dependent on more experienced injectors.
- *Mental illness.* These are mostly due to the substance and not specific to the method of administration.

5. Why young injectors require special attention

Unique nature of young people

- Young people are often curious and ready to try new experiences.
- Generally, they can be easily influenced by their peers.
- Young people are usually 'healthy' and do not frequently go to health services.
- Many young people are particularly vulnerable to trauma or have experienced violence in their lives (e.g. as young girls, refugees, immigrant and minority youth, child/young person soldiers, forced labour, persons displaced by natural disasters or civil or armed conflict, and street children and young men who have sex with men).

Nature of drug use in young people

- Young people are often poly-substance users, and may accept the most readily available or cheapest drugs. The younger the age at which substance use begins and is established, the greater the likelihood of injecting and poly-substance use and subsequent chronic and life-threatening ill health.
- IDU at a young age is associated with early school-leaving, and also with difficulty in gaining and maintaining employment.
- IDU is often linked to other behaviours that increase the risk of HIV (e.g. unprotected sex, sex for money) or violence.

Consent and confidentiality

- Young people may not seek healthcare if they feel that this is not confidential; health workers should treat them with respect and be non-judgemental.
- The age at which a young person can consent to medical treatment and receive confidential medical care depends on the laws of the country. Young people who are minors may ask a health worker for treatment, advice or condoms. Their parents may not be present for the visit or may be totally absent in their lives (e.g. orphans and those living in the street).
- There are many situations where a health worker will need to decide whether to treat a minor in the absence of parental consent. These are difficult issues which the health worker can discuss with colleagues and supervisors before the situations arise.
- Health workers should be guided by human rights principles: all adolescents have a right to use health services, and the health worker should understand their evolving capacities and increasing ability to make independent decisions, and act in their best interests.

Awareness of risks and attitudes towards risk-taking

- Young people may have limited information on the risks of injecting substances. They may not know about the risks of sharing equipment or the safest way of injecting.
- Young people may enjoy the "thrill" of risk-taking and feel that because they are young and strong, they are also resistant and invincible and that no harm can come to them.
- They may gather with peers and/or older injectors who reinforce the thrill of risk-taking.
- They may not think their drug use is a problem and may believe that they will be able to stop injecting whenever they choose to, with no adverse health consequences.

Access to support services

- Young people may be unaware of their right to health and access to health services. Given their youth "status", they may be denied access to certain services due to policies or legislation.
- Lack of specific, anonymous and free youth-friendly services in some countries can be an important barrier for young people's access to health services. Often youth care services do not accept injectors and IDU services are almost always only open to adults. The young injector needs to feel that the service knows and understands the nature of drug use among young people.
- Young people may find that adult services do not respect their privacy and right to confidentiality, or they may feel unwanted or have had negative experiences at adult services.
- The attitudes and values of health workers and health services - to be non-judgemental, respectful, confidential, professional, and sincere are especially important to young people.
- Young people may still have strong links with their family. If family members are available, it is often beneficial to involve them, if the young person agrees. This may not be possible when there has been violence or abuse in the immediate family and the young person finds no support at home. However, there may be other family members, adults or friends to whom the young person can turn for support.
- Younger injectors may receive less support from peers, family and others to seek or receive help, whereas older injectors may receive more support as they are more likely to have an accumulated problem and a longer history of injecting.
- Young people have less economic security and less access to resources to pay for healthcare or buy supplies.

6. Assessment of young people for IDU

Health workers should consider the following in assessing a young person for IDU:

- During routine visits to health services, all young people should be assessed for substance use which is common. When substance use is disclosed, a brief early intervention can prevent further problems.
- 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 usual way of taking it and if it was ever administered by injection.
- The health worker may suspect that a young person is using substances or injecting if he/she:
  - has clinical symptoms;
  - causes general suspicions;
  - has a social situation that makes them vulnerable to substance use or injecting;
  - tells you about it or because other people have told you;
  - requests clean needles and syringes;
  - has been referred to you.
- When injecting is disclosed, the health worker will need to ask specific questions on injecting (see below).
- Young substance users will often come to see the health worker with different complaints (e.g. depression, headaches, poor school performance, possible pregnancy, STI, injuries). When they feel that they can trust the health worker, they may be able to talk about their substance use.
- A clinical examination should be carried out whenever indicated. During routine clinical examination the health worker should look for evidence of injecting sites.

Specific questions to drug injectors

- What do you inject? (To identify the types of substances injected including combinations)
- How much and how often? (To assess the quantity and frequency of injecting)
- How do you feel if you do not inject for "one day"? (To determine the pattern of use)
- When did you first start injecting? (To determine the duration of injecting)
- Have you had "any injecting-related problems", e.g. local or systemic bacterial infections?
- Have you had any blood tests, e.g. for HIV, hepatitis B and C? When?
- Have you had a vaccination to protect you from hepatitis B? Is it up to date?
- Have you ever shared "equipment", e.g. needles, syringes, swabs, spoons, tourniquets?
- Do you always practise safer sex? Do you use condoms consistently and correctly?

The following questions can help explore a young person's feelings about injecting:

Good things/perceived benefits of injecting

Explore what the young person sees as the "good things":

"What are the things you like about injecting cocaine?"

The answer can give you an insight into what is important for this young person, e.g.:

"I like it because I share good times with my friends."

"I used to snort cocaine but now I inject because it gives me a better feeling."

Less good/not so good things about injecting

Explore the young person's concerns about the "less good things":

"What are the 'not so good things' about injecting cocaine?"

"Can you give me some examples of that?"

The answer can give you an opening to further discussions on the less good things, e.g.:

"I haven't been feeling well lately."

"My girlfriend says she is going to leave me if I don't stop injecting."

Cost of change

Explore what would be different for young injectors if they stopped injecting, or changed to another mode (e.g. snorting) or reduced the frequency of injecting:

"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. to snorting and not injecting?"

The answer can reveal what they imagine would happen if they changed their drug use, e.g.:

"I would have more money for my family."

"I might be able to get a job."

"I wouldn't have marks on my arms which I have to hide with long sleeves."

"I would lose all my friends."

7. Health worker action on IDU in the community

The aim of health worker action, which is focused on preventing IDU and providing services for young injectors in the community, is to:

- prevent young people who are not injecting drugs from starting;
- 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.

Raise awareness about IDU and encourage support for young people

- Raise family and community awareness about IDU and young injectors by discussing the local situation with health worker colleagues, parents, community leaders and other gatekeepers.
- Raise people's awareness and allow them to talk about IDU in their families, workplace and communities. This can contribute to challenging the stigma and discrimination of injectors which is a barrier to seeking help.
- Work with families so that they can learn skills to help them deal with the challenges presented by adolescents and assist in preventing IDU, and also skills that will support them if their adolescents do inject.
- Encourage a supportive family and social environment that can protect young people from starting to inject and help injectors to stop. Some young injectors may have experienced trauma, abuse and separation from family, friends and the community. This can leave them depressed and suicidal with the feeling that there is no reason to continue living. For these young people the health and social network may be especially important.
- Inform the community about the important issues of IDU among young people in order to prevent negative reactions from community members (e.g. "Why should we care about people who inject drugs?"). It is important to have these discussions early enough to prevent a backlash from community members who are opposed to IDU programmes and services.

Contribute to prevention programmes

- Health workers can contribute to community prevention programmes which aim to reduce the supply and demand for injectable drugs.
- The community as a whole, especially young people, should be involved in planning and implementing community prevention programmes. Giving the target community ownership is a key to the success of any initiative.
- Prevention programmes can invite former young injectors to talk to young people about the negative impact of injecting drugs.
- Prevention programmes are needed that are targeted specifically at young people who are not yet injectors but are susceptible, as well as recently started injectors and occasional injectors.
- Prevention programmes should make use of existing networks, resources and links between community organizations and health services, both governmental and nongovernmental.
- Older injectors should be made aware that they may have an influence on whether a young person begins injecting and that they should not encourage them to start IDU.

Provide young people with community links

- Inform young injectors about support services within their community, outreach services, needle and syringe programmes (NSP), peer support groups, referral services, etc.
- Provide the young person with community links and encourage them to seek support.
- Encourage them to ask their family, relations and friends for help, if appropriate.
- Use peers to reach networks that include new injectors and those at risk of injecting.
- Provide links to other health services (e.g. sexual and reproductive health clinics, STI, antenatal care).

Support harm reduction interventions and services for young injectors

- Harm reduction strategies aim to reduce the negative consequences (harm) of drug use rather than stop or reduce drug use itself. These strategies focus on the most immediate and achievable changes that can reduce the threat to the health and wellbeing of the user and of society.
- Harm reduction strategies support and work together with strategies to reduce drug supply and demand.
- Health workers have a role in raising public awareness of the importance and benefits of harm reduction for individuals and the community. Harm reduction strategies are often opposed by community members who think this would encourage substance use.
- Health workers are of key importance in providing harm-reduction and counselling services and in referring young injectors to these services.
- Harm reduction interventions include providing practical information on injecting safely, supplying injecting equipment, and promoting condom use (e.g. access to and correct use of condoms by all sexually active young people, including injectors and their sexual partners).
- Health workers and teachers should work together to encourage young injectors who are students to continue their education.
- Disenfranchised and marginalized young people should be helped to develop a sense of hope for their future.
- Health services should not discriminate against young injectors who are HIV-positive and must provide them with equitable services, including access to antiretroviral therapy (ART) and HIV support services.

8. Harm reduction strategies and young injectors

Harm reduction describes a package of interventions that aim to prevent or reduce a range of harms associated with IDU (e.g. physical harms such as blood-borne infections and social harms such as crime). These interventions are necessary for individuals who do not or cannot stop injecting.

There is strong evidence that Harm reduction strategies are effective in contributing to public health outcomes which benefit both the individual and the community. Harm reduction strategies respect the human rights of individuals who inject. Health is a human right and each individual has the right to access the information and the means to protect his/her health. Harm reduction includes prevention (risk reduction) and treatment strategies.

In developing the services and Harm reduction programmes for young injectors, it is important to ensure that young people have adequate access to these services, and also to ancillary health services. This is particularly important for new and occasional young injectors. Access to treatment and the provision of Harm reduction products can be improved by ensuring that the services are youth-friendly, geographically accessible, appropriate and affordable. Policies are needed that enable programmers to maximize young people's access to these services.

Harm reduction interventions for adolescent and young injectors should consider the different needs of young and older adolescents. Adolescents of different ages need services that are targeted at their different developmental levels. For example, interventions and messages may need to be understood at both concrete and abstract levels of thinking. The period of growth in adolescence marks the beginning of a person's ability to think in an abstract way, do problem-solving, think critically, plan, and control impulses.

There is evidence that effective Harm reduction services are those that are linked to other health and social services which young people need. Stand-alone needle-and-syringe programmes and substitution programmes are unusual. Most operate from within pre-existing services or in collaboration with other health facilities, such as pharmacies or sexual reproductive health services.

The World Health Organization and other international agencies have identified five strategies for the effective prevention of HIV among injectors. These are described below.

BOX 3

Harm reduction:

- is not a soft option on drugs;
- is not a step towards the legalization of drugs;
- does not encourage or condone drug use;
- is not a new method of prevention and treatment for drug misuse; and
- is not in conflict with the objectives of law enforcement.

(Adapted from ESCAP 1999)

Provide information on risk reduction

This is also referred to as 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 about the risks, they can choose to reduce them. Young injectors need information on the risks of IDU (blood-borne infections, local and systemic bacterial infections, overdose), on safer injecting practice (safer injecting sites), and on safe sex (correct and consistent use of condoms). Without this information they cannot reduce their risk.

The information has to be relevant to the young injector's situation, credible (i.e. from a trustworthy provider), understandable (simple language), and presented in an acceptable manner for particular groups of young people.

Health workers can provide information and encourage discussion through the health centre, schools, clubs and youth centres. The information can aim to prevent young people from starting to inject or, if they are injectors, to stop or reduce their risk.

Increase access to needle-syringes programmes

A Needle and Syringe Programme (NSP) includes services that either exchange or provide sterile injecting equipment. NSPs give individuals the opportunity to use clean needles and syringes and so prevent the risk of acquiring or transmitting blood-borne infections. They also allow for the safe disposal of used equipment. NSPs are operated by different agencies (government health services, NGOs and private pharmacies) using various means (e.g. community outreach and fixed-site vending machines). Evidence suggests that NSPs, when linked with other services, are effective (even cost-effective) in reducing needle-sharing and HIV infection rates among injectors.

In the absence of NSPs, as there is no guaranteed safe way of cleaning used injecting equipment, the sharing of such equipment can lead to rapid spread of viruses. Studies have shown that in cities that had no NSPs, HIV prevalence among injectors rose by almost 6% each year. In cities with NSPs, the number of drug injectors and the frequency of IDU did not increase.

However, one limitation of NSP can be that they target self-identified drug injectors and often miss occasional or recreational drug users. This is an important issue because many young people are occasional users. Concerns about confidentiality can also be a barrier for young people to access NSPs. Injecting equipment needs to be easily available through other outlets to reach young injectors (e.g. health centres, pharmacy programmes, vending machines, drug-user network).

In some parts of the world, IDU is one of the fastest growing routes of HIV and hepatitis B and C transmission. In many communities the HIV, hepatitis B and C, and STI prevalence rates are higher among injectors. Although health workers may not be in a position to start a local NSP, they can understand the role of NSPs and support local efforts to begin such a programme.

Outreach services

Needle-syringe programmes are most effective when linked to outreach projects that use peer counsellors and provide other services (e.g. counselling, condoms, STI treatment). These outreach services may be provided by government or nongovernmental organizations.

Injectors are frequently marginalized in society and may not come to routine health services. Outreach takes the services to injectors in the communities where they gather. There is evidence that community-based peer outreach is an effective intervention and is widely utilized.

Outreach services can include education, advice on risk reduction, HIV testing and counselling, skills training, supplies and services to promote behaviour change among injectors, and advice on unprotected sex (e.g. use of bleach, condoms, and STI treatment).

It is often especially hard to reach young injectors and difficult to communicate with them. Research has shown that the effectiveness of communication with injectors depends greatly on who is trying to communicate and where this 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 close in age and experience.

Substitution programmes

Substitution treatment is the administration, under medical supervision, of a prescribed medicine with similar action to the drug of dependence. Substitution is only offered to individuals who are dependent. Substitution programmes can give dependent injectors an opportunity to reduce the risks associated with IDU (e.g. by taking the medicine orally) and to reduce or stop using substances (by gradually reducing the dose of the prescribed medicine).

Substitution programmes have been found to be effective in assisting drug users to stop or reduce injecting. They are primarily for opiate dependence (using methadone and buprenorphine). When injectors enter a programme they 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.

Most young injectors are not dependent. Other treatments and interventions should be thoroughly explored before substitution therapy is considered.

Supportive policies, laws and targeted advocacy

Supportive policies and laws can influence public health interventions, especially among marginalized populations, and at the national level are crucial to foster the development of a local environment that supports safer behaviour among injectors. Policies and legislation that prevent or discourage IDU programmes can lead to further marginalization of injectors and negative public health outcomes. Harm reduction services rely on injectors who have health concerns as a prime motivating factor as well as a desire to live. Like all people, injectors also need a supportive social network and access to health services. Primary healthcare services must be available and accessible to the health needs of young injectors. Health services and health workers must not discriminate against injectors and can be active in promoting equal care and support for injectors in their community.

Service providers in all sectors of society (health, education, social services, etc.) should examine their own views about young people who inject drugs because stereotyping of injectors can lead to false beliefs about the reasons for injecting, which can encourage discrimination against young injectors when they try to access services.

9. Harm reduction messages for young injectors

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 owing to lack of equipment or time, or lack of knowledge, or because they have to inject in a public place and get away quickly to avoid being arrested.

BOX 4

Messages for young people

- Stop or never start using drugs.
- Always use a condom when having penetrative vaginal or anal sex.
- If you have to use drugs, don't inject.
- If injecting, don't re-use the equipment.
- If re-using, use your own equipment.
- If re-using another parson's equipment, clean it appropriately.

Messages for young people

The following messages are for all young people - i..e. those who are not using drugs, those who are drug users, and those who use drugs by injection. The health worker can assist young people to understand the steps that increase their risk of negative consequences from injecting drugs.

- *Stop or never start using drugs*. This is a message for all young people. (Of course, if you know or suspect that a person is already using drugs, then it is not appropriate to say, Never start.)
- *Always use a condom when having penetrative vaginal or anal sex*. This is a message for all young people who are already sexually active or who may soon become sexually active.
- *If you use drugs, use them in any way except by injection.* If you do not inject drugs, you cannot acquire infections through needle-sharing or experience other problems associated with injecting. However, you will experience other problems resulting from the effects of the substance. This message is for a young person who is already injecting drugs.
- *If you continue to inject, use new injection equipment every time*. If you use new injection equipment every time, you cannot acquire viral infections such as HIV through needle-sharing. Do not let other injectors use your needles, cookers/spoons or filters.
- *There is no guaranteed safe way of cleaning needles and syringes*.
- *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 acquire viral infections such as HIV (unless someone else has used your equipment without your knowledge).
- *If you need to re-use any equipment and you must use someone else's (e.g. sharing needles and equipment), clean them by an approved method* (see below, section 9.5). There is still some risk of HIV transmission after needle-cleaning, but cleaning in an approved manner will reduce the likelihood of transmission.

BOX 5

Messages for young injectors: before injecting

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

Messages for young injectors: before injecting

These are the messages the health worker gives to the injector:

- *Choose a safe place to inject*: one that is private, clean, well lit and with running water, if possible.

Make sure you have everything you need within reach: new sterile needle(s) and syringe, new sterile water (or cooled boiled water in a clean glass), new swabs, a clean filter, a clean spoon, and a clean tourniquet.

- *Protect yourself from infection* by always using your own new, sterile needles and syringes. Get these from a needle and syringe programme if possible.
- *Do not share any injecting equipment*. Sharing is not just using a needle or syringe that someone else has used. It is also using the mixing water, cups or pots, spoons or 'cookers'; filters; swabs/ alcohol wipes; tourniquet that someone else has used; or passing these on to someone else. Splitting a large 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. Hand washing is very important to remove viruses, bacteria, and dirt from your injecting environment. If you can't wash your hands, clean them with swabs, using a single wipe for each swab. Rubbing swabs backwards and forwards spreads the dirt and bacteria around. Clean the injecting site with soap and water or alcohol. Use soapy water to wipe down the surface where you will prepare your injection, or lay down some clean paper.

Prepare injections on a clean surface with clean hands. Use clean materials to stop bleeding after injecting. Care and use of clean preparations will reduce the risk of infection.

Messages for young injectors: mixing the drugs

- *Clean the spoon* by wiping once with a new swab and let it dry. Put the drug in the spoon.
- *Use a new sterile needle* and syringe to draw up water from a new ampoule of sterile water (or cooled boiled water in a clean glass). No matter how well it has been cleaned, never allow your used equipment (or anyone else's) to come into contact with a group mix of a drug.
- *Add the water to the spoon and mix*. Use the blunt end of your syringe, which you have swabbed clean with one wipe of a new swab, for mixing.
- *Add the filter to the spoon*. The best filters are a piece of a new swab or tampon or a cotton bud. If you are injecting pills, use pill filters if you can get them; if you can't get them, filter at least three times.
- *Draw the solution into the syringe through the filter to remove impurities*. Remove air bubbles by pointing the needle skywards and flicking on the side of the syringe. Push the plunger up slowly until the air bubbles escape through the end of the needle.

BOX 6

Messages for young injectors: mixing the drugs

- Clean the spoon and then put the drugs in it.
- Draw sterile water into a new syringe.
- Add the water to the spoon and mix with the syringe.
- Add the filter to the spoon.
- Draw the solution up through the filter and remove air bubbles.

Messages for young injectors: injecting technique

- *Use only a safe injecting site* (e.g. veins in the arm or leg, never in the neck or head). Avoid damaged, especially infected, sites. Choose injection sites, by rotation, in order to:
  - avoid bruising and infection, and allow the damaged vein to heal;
  - reduce scarring and thickening of the vein wall which may make future injections difficult.

BOX 7

Messages for young injectors: injecting technique

- Inject in a "safe" site and rotate your sites.
- Place the tourniquet around the upper arm and insert the needle in the vein.
- "Jack back" (i.e. gently pull the plunger till blood enters the barrel, then push to inject).
- Inject slowly.
- Apply pressure over the puncture site for at least two minutes.
- Safely discard the used equipment.

- *Place the tourniquet around the upper arm* (or above the injection site), but not for too long. *Insert the needle in the vein*. If you have trouble finding a vein, release the tourniquet and try again. Running warm water over the injection site will help raise a vein; or open and close your fist a few times in a pumping action. Try not to touch anything that hasn't been cleaned until you have finished injecting. Put the needle into your arm at a 45-degree angle, with the hole facing up. Blood will sometimes appear in the barrel when the needle is inserted in the vein.
- *Jack back*, i.e. gently pull the plunger to let blood enter the syringe; then push all the way down to inject into the vein. It is important to avoid injecting into an artery.

  If you suspect an artery has been hit (blood is bright red), immediately withdraw the needle and apply pressure for 5-10 minutes with the limb raised. If the bleeding does not stop, seek urgent medical help.

  If there is no visible blood in the syringe (because the needle is not in a vein), remove the needle and tourniquet from the arm, apply pressure (using a cotton ball) to stop any bleeding, take a deep breath and start again. When you are sure the needle is in the vein, loosen the tourniquet and slowly depress the plunger. If you feel any resistance or pain, you may have missed or slipped out of the vein and will have to start again. Remove the needle, keep your arm straight, and apply pressure to the injection site for a couple of minutes (using a cotton ball or tissue).
- When the needle is in a vein, *inject slowly* in the direction of the blood flow (towards the heart). This will ensure that the drug is going into the vein and not the surrounding tissue.
- *After injecting, apply pressure for at least one to two minutes*: this will stop the bleeding and reduce bruising and infection. Do not use alcohol swabs when applying pressure as this may interfere with clotting. Cover with clean material.
- *Discard used equipment safely*, especially the needle and syringe. Recap your own needle.

BOX 8

Messages for young injectors: cleaning methods for needles and syringes

- There is no fail-safe way of cleaning used equipment; the only way to ensure safety is to use sterile equipment every time.
- Cleaning of equipment for re-use should only be done in settings where NSP is not available.
- If you are using someone else's needle or syringe, ensure that it has been cleaned immediately after the first use and then cleaned again before re-use.

Messages for young injectors: cleaning methods for needles and syringes

As there is no guaranteed safe way of cleaning needles and syringes, if injectors are going to re-use the equipment it is better to re-use their own and not someone else's. It is also important to advise injectors who keep syringes for re-use to mark/identify them and keep them in a safe place where they cannot be reached or used by other people. The risk that someone else has used their syringe without their knowledge is another important reason for cleaning the syringe again before re-use.

- Re-using and cleaning of equipment should only be done in settings where NSPs are not available.

  Disinfection programmes, in which bleach or information on effective disinfection techniques is provided to injectors, can be used when a NSP is not available. Disinfection programmes most commonly operate where NSPs are restricted by government policy or lacking.
- As 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 else's used needle or syringe is to be used, make sure that it was cleaned immediately after the first use and then cleaned again before second use in order to try and reduce the risk of HIV and hepatitis B and C infection.

  Before they are put into the disposal container, the needle and syringe should be rinsed with clean cold tap water, straight after use. This removes most of the blood, prevents blocking in the needle, and helps to reduce the likelihood of "dirty hits" if the needle and syringe are used

again. Get rid of the rinsed water immediately, so no-one else can use it and contaminate their equipment.

- If you are using someone else's needle or syringe, be sure that it was cleaned immediately after first use and then cleaned again before second use. Injectors should recap their own needles and syringes and put them in the disposal container or a puncture-proof, child-proof container, which has to be returned to the NSP. Do not recap another person's needle and syringe. Use soapy (detergent) water to wipe down the area where the drugs were mixed.

Although there is no fail-safe way of cleaning used equipment, there are situations when injectors may want to re-use the equipment. The following four methods are frequently used. However, there is no firm evidence of their effectiveness.

- **"2 by 2 by 2" method**
  - Draw COLD water (sterile or boiled and cooled) into the syringe and then flush it out down the sink or into a different cup. Do this twice.
  - Then slowly draw bleach into the syringe and shake it for as long as possible (three to five minutes is ideal, 30 seconds is the minimum). Flush it out down the sink or into a different cup. Do this twice.
  - Then draw COLD water into the syringe (as in Step 1) and then flush it out down the sink or into a different cup. Do this twice as well.

- **Soaking in bleach**

  Soak the needle and syringe in either undiluted bleach or a strong detergent and water solution for as long as possible (at least several minutes) and rinse thoroughly with water.

- **Boiling the needles and syringes**

  Boil the needles and syringes for 15-20 minutes. A plastic syringe, when boiled, may become deformed and leak.

- **Washing the needle and syringe**

  Wash the needle and syringe several times (e.g. 10 times) immediately after use with cold water. Do this before the blood and drug solution has dried; this procedure 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.

  Do not re-use swabs, filters, or partly used water ampoules: they could have become contaminated once opened. When you have cleaned up, wash your hands and arms with soapy water. If this is impossible, use single wipes with new swabs instead. Store all your equipment in a clean, safe place.

The above messages need to be reinforced by people in different sectors of society so that they are given to young people and frequently heard by them. The health, education, youth, and law enforcement sectors must work with young drug users to develop and implement credible and consistent drug prevention measures.

10. Important considerations when working with young injectors

There are many challenges to developing a service for young injectors and the fact that injecting of drugs is illegal makes it especially complex. In most countries, interventions for young injectors in particular must take account of sensitive legal and ethical considerations.

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 easy to find. To work with young injectors, health workers need to develop particular skills and personal qualities. To make contact and develop a relationship of trust and respect call for understanding and empathy with the issues and a genuine non-judgemental attitude of the health worker towards young people and their lifestyle.

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, drug injectors may be turned away and refused any services, or forced into treatment programmes or imprisoned.

Ethical considerations may need to be addressed concerning injectors who are under-age. Health workers need guidance on issues of confidentiality for minors and on whether to provide health services to a minor in the absence of a parent's or guardian's consent. Notification of drug use to the authorities and disclosure of drug use by a minor to parents or guardians need to be in line with the country's laws and regulations. Health workers should be guided by human rights principles, i.e. all adolescents have a right to use health services, and health workers should act in the best interests of adolescents, whose evolving capacities and increasing ability to make independent decisions must be understood and respected.

It may be useful to consult the 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 overcome age or other barriers to the access of sterile injecting equipment. Some guidelines require that all who make such equipment available must abide by child protection guidelines, which call for the notification of any 'at-risk' adolescents to the child protection authorities.

Substance users, and especially injecting substance users, frequently face discrimination and stigmas from society in general and also when accessing health services. Health workers who work with

young substance users will need to examine their own values and attitudes to substance use. They will also have to privately consider and review their own personal use of substances. This is necessary to enable them to provide the best possible care and support to their clients and to 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 one part of the strategy to decrease 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 aimed at drug users are promoted. Harm reduction strategies include needle and syringe programmes, drug substitution programmes, and condom promotion.

In addition to a broad range of other problems, 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, which leads to spread of the viruses.

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 based on misinformation.

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. The following conclusions are taken from this report.

BOX 9

Conclusions

- 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 infection among injecting drug users.
- Use of bleach and other forms of disinfection (of injecting equipment) is not supported by good evidence of effectiveness for reducing HIV transmission.
- 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.

See: *www.who.int/hiv/pub/prev_care/en/effectivenesssterileneedle.pdf* for more details.

Source: Evidence for Action Technical Papers: *Effectiveness of Sterile Needle and Syringe Programming in Reducing HIV/AIDS among Injecting Drug Users*. WHO, 2004.

11. KEY MESSAGES

- *The injecting of drugs is a growing problem among young people in many countries.*
  Experimental or occasional injecting is common. 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) and 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
  - Young people are often not aware of the risk associated with IDU
  - They have less access to support and services.

- *There are many challenges to developing a service for young injectors*; they include legal and ethical considerations and concerns about Harm reduction strategies.

- *It is important to assess all young people for IDU* (prevention, early detection, risk reduction) because it is not possible to know who among them is injecting.

- *Appropriate attitudes and values are essential for health workers working with young injectors.*
  They include being sincere, respectful, knowledgeable, and professional and treating the interviews as confidential.

- *Reducing the harm of injecting is important for injectors who do not or cannot stop.*

- *Harm reduction is an evidence-based public health concept, which benefits the individual and* society as a whole.

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Annex 1

Module schedule

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

Sessions and activities	Time
Session 1 **Module introduction**	10 min
ACTIVITY 1-1 Module objectives	
ACTIVITY 1-2 Spot checks	
Session 2 **Young people and injecting drug use**	40 min
ACTIVITY 2-1 Mini lecture: Introduction	
ACTIVITY 2-2 Individual exercise: Who is the young injector? *	25 min *
ACTIVITY 2-3 Brainstorming: Why injecting?	
ACTIVITY 2-4 Brainstorming: What substances are injected?	
ACTIVITY 2-5 Brainstorming: Negative consequences of IDU for young people	
ACTIVITY 2-6 Mini lecture: Why young injectors require special attention?	
ACTIVITY 2-7 Mini lecture by guest presenter: Local situation with young people and IDU *	15 min *
Session 3 **Assessment of young people for IDU**	40 min
ACTIVITY 3-1 Brainstorming: Suspecting a young person is injecting	
ACTIVITY 3-2 Mini lecture: Assessment for IDU	
ACTIVITY 3-3 Role play: Assessment of the young injector	
Demonstration of role play *	15 min *
Extra role play *	20 min *
Session 4 **Health worker action with young injectors**	40 min
ACTIVITY 4-1 Mini lecture: Aims of action with young injectors	
ACTIVITY 4-2 Role play: Action in the clinic using GATHER	
Extra role play *	
ACTIVITY 4-3 Group work: How to contact young injectors *	10 min *
ACTIVITY 4-4 Mini lecture: Action in the community	20 min *

Sessions and activities	Time
Session 5 **Harm reduction and young injectors**	40 min
ACTIVITY 5-1 Mini lecture: Introduction to harm reduction ACTIVITY 5-2 Needle and Syringe Use: Demonstration * ACTIVITY 5-3 Mini lecture: Specific harm reduction strategies for injectors ACTIVITY 5-4 Mini lecture by guest presenter: Local IDU services for young people *	30 min * 15 min
Session 6 **Module review**	10 min
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	
	180 min optional 170 min

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Annex 2

Spot checks

Sessions 1 and 6

SPOT CHECK 1

Why may young people choose to inject substances?

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

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Annex 3

Scenarios for assessment

Session 3: ACTIVITY 3-3

The purpose of this exercise is to use role play to practise the assessment by the health worker of a young injector.

You have been counted into groups of three persons (triad), each given a number 1, 2 or 3. (Please remember your number and your group because they will be the same in the next session).

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

Each triad (group) is given a scenario.

The young person and the observer (number 1 and 3) should now read their scenario.

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. There is a lot for the health worker to remember to ask in this role play.

Slide X3-5 will be displayed and can be used as a prompt.

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 the Greet and Assess components.

The observer will watch the role play. At the end of the role play, he/she will comment on the interview with the other two participants.

You have 2 minutes to prepare, 5 minutes for the interview and 3 minutes to report back in your triad.

Remember to come out of your “role” at the end.

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.

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Annex 4

Scenarios for the GATHER approach

Session 4: ACTIVITY 4-3

The scenario is the same as the previous role play but we have more information on the young person.

If only one role play was completed by your group in Activity 3.3, then stay in the same groups and change roles (health worker, young person, and observer) for this activity, so that another participant has an opportunity to role play the health worker.

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

Numbers 1 and 2 can read the scenario. Take the next scenario on the list:

- If you had scenario 1 (Kenko) before, now take Scenario 2 (Soo)
- If you had scenario 2 (Soo) before, now take Scenario 3 (Boris)
- If you had scenario 3 (Boris) before, now take Scenario 1 (Kenko).

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.