DELIVERING YOUTH-LED PEER EDUCATION

A GUIDE TO FACILITATE YOUTH-LED WORKSHOPS ON SEXUAL HEALTH AND DRUG-RELATED HARM REDUCTION

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THE GUIDE

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DEVELOPMENT OF THE GUIDE

This guide was developed as part of the international 'Educate, empower and engage for healthy lives' project. This guide was developed by a team of young people with personal experience as a young person who uses drugs and/or work with vulnerable young people. The guide was developed by the project team and then piloted in 4 countries (Kyrgyzstan, Mexico, Nigeria, and Portugal). The objective of the trainings, workshops and this guide is to promote healthy behaviours and lifestyle choices among young people who use drugs, or are at risk of using drugs, as well as contributing to the development of better youth policies that impact upon marginalised youth. Some of the activities have been drawn from a previous peer education guide produced by Youth RISE and other resources and activities that have proved effective in other peer education settings.

USING THE GUIDE

The trainer who uses the guide should be a young person, and the group participating in the training should be between 15-25 young people.

The guide presents a full four-day training programme, leaving space on the fifth day to focus on an issue that is specific to your context. The guide is designed to be structured, however also allows flexibility. If you don' think a particular session is relevant to your community, exchange it for something else you think will be more relevant.

On the fourth day, we recommend trainers develop a training specific to the community and participants that are attending. For example, have there been a high number of overdoses in your community and therefore a need for overdose training? Are there laws and policies that require advocacy efforts of young people, and therefore a training on advocacy skills may be appropriate?

The training guide is also based on the following principles:

> **Every person has an inalienable right to make informed choices about drug us and sexual activity through access to accurate education and information and supplies that support safety, such as healthy and safe contraception;**
>
> **Individuals and the relationships they choose must be respected and sexual health and the use of drugs must be addressed through a harm reduction framework; and**
>
> **The promotion of sexual health and minimising of drug-related harm improves an individual's quality of life and helps the individual achieve health.**

Your role as a facilitator

If you have never facilitated a workshop before, don't worry!

One of your main roles as a peer facilitator is to aid the transfer of knowledge among the participants, who are young people sharing similar circumstances, experiences or backgrounds. As a facilitator, you should listen to the concerns of the participants and facilitate discussions whilst also providing accurate information about sexual health, drug use and reducing harm.

The location

When deciding where to have your training, make sure it is in an accessible location that is considered safe by participants.

Before the training, consider:

- Where are you going to have your training? How might this affect participants' experiences? Consider issues of safety, time of day and accessibility of the space.
- Who are the participants in the training? How were they recruited? How many participants are attending? Ensure that the group isn't too large. We suggest a group of 15 to 25 people.
- Consider the age range, geographical location, lived experiences of the participants. Ask yourself – how does this change the facilitation and content of the training?
- What do you hope the participants will get out of the training?

Ensure you have clear learning objectives and share these with the participants at the beginning of the training.

- Will participants receive any resources after the training, such as condensed information? If so, have materials prepared in advance.
- Prepare all training materials (e.g., such as large white flip-chart papers or a chalkboard, food for participants, resource folders, etc.) in advance. It is up to you and your budget to decide what is needed and what works for the group.

- Plan sufficient time for the sessions you want to deliver. You will find time suggestions for each activity provided in this guide.

Before you start, you should know that this guide offers information and practical activities for young trainers who wish to help other young people in their community explore the relationship between drug use and sexual health. In your hands you have a training guide aimed to empower young people to play an active role in the education of other young people in similar situations, in order to prevent unintended or unwanted consequences of sexual activity and/or drug use.

Peer communication is direct and honest, effectively providing information to help young people prevent harms and diseases associated with drug use and unsafe sex. The trainer who uses this guide should be a young person who facilitates a small group of 15 to 25 young people, in a space accessible to and considered safe by participants. The training should be a forum for young people to speak their minds and voice their concerns, and should also be based in the following principles:

In the following pages you will find information and activities in different sections to help you pick and choose what works best for you. We encourage you to incorporate your own resources and knowledge to add to what we have provided. This training guide outlines a five-day workshop. If this format doesn't work for you, change it as you see fit to meet your needs.

One of the main roles of a peer facilitator is to aid in the transfer of knowledge among people who share similar circumstances, experiences or backgrounds, such as age, life experiences, or common activities. In the guide, these people are defined as 'peer groups'. The facilitator is responsible for listening to the concerns of the participants, facilitating discussions and providing participants with accurate information about sexual health, drug use and harm reduction practices.

Peer facilitators must ensure that participants feel safe and comfortable by creating a structure for the training and guidelines for the way participants respond to each other in the space. You, as the facilitator, are in a unique position to inspire and encourage your peers to adopt safer sex and/or safer drug use practices because you share common strengths, language and experiences.

There are many issues to consider before beginning this training. For example, why is this training important, whom does it serve, and, how can it benefit the greater community? Peer facilitators need to have in-depth understandings of the content in the guide, as well as the ability to facilitate meaningful and engaging discussions.

This guide provide you with sample activities and group discussion topics. These tools provide you with prompts, advice and guidance during the training. Keep in mind, the guide provides basic information on the subjects presented. However, you are encouraged to conduct further research and reading, as well as to "think outside the guide" to develop a training programme that meets a group's specific needs.

DAY 1

INTRODUCTION TO THE PEER EDUCATION WORKSHOP

SESSION 1.1 - WELCOME AND INTRODUCTIONS

Objectives	› Introduce participants to the objectives of the workshop › Set ground rules for the workshop › Introduce participants to each other
Time	40 minutes
Facilitator Preparation	Have ready the agenda for the week
Materials needed	› flip chart › markers › Name tags

Get ready

Participants have arrived and the workshop is about to begin! Have everyone sit in a circle or a formation that allows all participants and facilitators to see each other. Ensure that facilitators are mixed with the group, as this is a discussion, not a lecture.

Set guidelines for the training

Remember to set the agenda for the subjects and activities your workshop will pursue. Participants should have a clear outline of the sessions that will be covered in the training, a timeline for the training days, and a list of learning objectives they are expected to achieve by the end of the two days. Let participants know where the washrooms are and where they may securely store their belongings if needed.

Once you've completed introductions and before you begin the actual training, it is important that you and the participants set guidelines for the space. Be clear about the roles of the participants and facilitators. This is a key element in ensuring that participants feel comfortable and safe. Let participants know this is space where they can speak freely about issues related to sex and drug use without fear of repercussion or judgment.

Brainstorm with the participants what they need to feel safe and comfortable during the training. Write their suggestions on flipchart paper and post on a wall in the room. Some possible ideas are:

› Be on time
› Mobile phones on silent

- Respect and have tolerance with everyone's opinions
- Feel free to disagree without being disrespectful
- Confidentiality (anything personal stays in the room)

Ensure all rules are agreed to by all participants and write down the rules on a flip chart and leave them on the wall for the entire workshop.

Conclude this session by sharing the agenda for the week, and explaining how the sessions flow from one to another. Emphasise the importance of keeping on time to ensure all sessions are covered.

Introductions

Ask participants to stand in a circle. The facilitator then asks each participant to introduce his/her self using the following guide: First, each person should mention his/her name and use the first letter of their name to form an adjective that they think describes them (for example Adorable Ann). Ask the participant to then tell the group something they like and something they dislike, and what name he/she would like to be called throughout the workshop. After mentioning the name, ask the participant to write the name on the name tag and clip it to their clothes to make it visible to others.

FACILITATOR PRESENTATION

Objectives	To introduce participants to the country context
Time	1 hour
Facilitator Preparation	Prepare a short power point presentation on the situation in your country
Materials needed	PowerPoint

Prepare and deliver a brief presentation on the situation and context within the country as it relates to HIV, harm reduction, sexual health, policy and young people. Information included in the presentation might include:

- Current prevalence of HIV amongst the population and/or young people;
- Drug use in the country/community;
- Legal and policy context;
- Services available;
- Why youth-specific services important.

After the presentation, lead a discussion on personal feelings, experiences and expectations regarding the context, workshop and their own involvement. Ask the participants why they think HIV/AIDS, sexual health and drug use is an important issue.

SESSION 1.2: WHAT IS PEER EDUCATION?

Objectives	Participants should gain an understanding of peer education
Time	45 minutes
Facilitator Preparation	None
Materials needed	None

FACILITATOR NOTES

Begin the discussion by engaging participants with a word association game. What do they think of when they think of a peer? Continue the discussion by discussing what is peer education? Why do they think it is important? What are the advantages and disadvantages of peer education? What makes peer education work? What makes it not work? What sorts of boundaries do you think you might need to set?

Definitions

A peer is a person that belongs to the same social group as another person. They might have the same age, sexual orientation, occupation, health status etc.

Peer education is a process of carrying out informal or organized educational activities with individuals or small groups of peers over a period of time. Peer education can take place anywhere, in small groups or through individual contact.

Why is peer education- and peer educators- important?

The peer group of a young person has a strong influence on the his/or behaviour and the choices they make. Young people tend to talk with their peers about most subjects, especially sensitive topics or taboo subjects such as sex, drugs and HIV/AIDS.

Peer education programmes are community based, are flexible, are rooted in the realities of individual communities.

Key skills of a peer educator

Some qualities that need to be developed by a peer educator in order to be effective in his/her work:

- Keep up to date with the latest information and knowledge in the area of drug trends, HIV/AIDS, harm reduction and sexual health
- Listen and communicate effectively
- Have a non-judgemental attitude
- Be adaptive, flexible and understanding
- Encourage and provide support
- Lead by example
- Foster trust and respect confidentiality
- Ability to make decisions and encourage others to do so

Explain to participants that over the next few days they will gain knowledge and confidence to educate their peers.

LUNCH BREAK
1 HOUR

SESSION 1.3: RESPECTING DIVERSITY

ACTIVITY: RESPECTING DIVERSITY: 'WHO GETS TO LIVE?'

Objectives	To encourage participants to reflect on and respect diversity
Time	30 minutes
Facilitator Preparation	Prepare cards with different combinations of words
Materials needed	Small cards or Post-Its

This activity aims to make the participants question themselves about their pre-conceived notions about right and wrong, positive and negative traits in people and different kinds of stigma and prejudice that exist over marginalized populations (people living with HIV, gay, transsexual, people who use drugs, etc.) and how it affects the way each of them interacts with or feels about this populations.

Write on the cards or post-its different combinations of well respected and "needed" occupations (for example: doctor, priest, politician, inventor, etc.) and not-well-thought-of traits (for example: homosexual, drug user, living with HIV, indigenous people, etc.) and hand them out so that each participant has one. Each participant will have to role-play that character in a hypothetical scenario where just one of them can survive a catastrophic event (a sinking ship where there is only a boat with one tiny seat; a fire where only one can be rescued) and each one has to advocate for themselves and explain why he or she should survive and why the others shouldn't. If possible, the group should come to an agreement regarding who gets to survive and at the end there should be a conclusion where the participants reflect on the reality that these marginalized populations have to face everyday and how that makes them feel.

The facilitator wraps up the activity by explaining the importance of respecting diversity, particularly as a peer educator.

ENERGISER- FRUIT SALAD

The facilitator divides the participants into an equal number of three to four fruits, such as oranges and bananas. Participants then sit on chairs in a circle. One person must stand in the centre of the circle of chairs. The facilitator shouts out the name of one of the fruits, such as 'oranges', and all of the oranges must change places with one another. The person who is standing in the middle tries to take one of their places as they move, leaving another person in the middle without a chair. The new person in the middle shouts another fruit and the game continues. A call of 'fruit salad' means that everyone has to change seats.

SESSION 1.4: HEALTH AND BEHAVIOUR

Objectives	Participants will be able to articulate the concept that 'information alone does not change behaviour'
Time	30 minutes
Facilitator Preparation	Have the group sit in a circle
Materials needed	None

Have all participants stand in front of their chairs. Introduce the exercise by saying: "To start this exercise, you all need to stand in front of your chairs. I'm going to read some statements. If your answer to one of them is 'no', you have to sit in your chair. As long as you reply 'yes' to the statements, you remain standing.

Once you have sat down, you remain seated, even if your answer to subsequent statements is 'yes'. For example, if the first statement is 'I get regular medical check-ups' and you do not have regular medical check-ups, you have to sit down and remain seated."

Explain two additional rules: *"Sometimes someone has to sit down right away, after the first or second statement. If the order of statements had been different, they might have still been standing. They ask if they can stand up again. But participants may not stand up once they have had to sit down. This might not seem fair, but that is how this exercise works. Also, sometimes someone says, for example,* 'Oh, sure, I get regular medical check-ups. Let's see, I think my last one was in 1992!' *We have to decide together how frequent regular is in this exercise, but it must be reasonable: regular is not once every ten years!"*

Ask the participants to stand up. Then read out the statements from the list below quickly, in a clear, audible voice:

> **I drink regularly at parties**
>
> **I don't smoke cigarettes.**
>
> **I don't smoke weed (cannabis)**
>
> **I stick to legal drugs**
>
> **I never use any drug to excess**
>
> **I get regular medical check-ups**

When everyone is seated, ask the participants what these statements have in common. If no one says it, point out that they are all health and drug-use related behaviours. Explain that while we all might know what is basically in the best interest of our health, we do not always use this information as well as we could. For example, even though we know we shouldn't drink too much, we sometimes drink more than we planned. That second or third shot of tequila might just be calling us too loudly from the bar!

CLOSING/WRAP UP

To help people to reflect on the activities of the day, make a ball out of paper and ask the group to throw the ball to each other in turn. When they have the ball, participants can say one thing they learnt during the day.

DAY 2

SEX AND SEXUAL HEALTH

ICEBREAKER ACTIVITY: WHAT IS SEX?

Objectives	Participants will be able to define sex and describe at least ten reasons why people have sex
Time	45 minutes
Facilitator Preparation	Prepare flip charts or paper in advance. You will need markers for each participant and enough pieces of coloured paper size half an A4 sheet or similar for each participant to have several pieces. It is recommended that you have at least 3 different sets of coloured paper (e.g., set of yellow, set of pink, set of green). Make sure you have tape you can use on the walls (e.g., painter's tape that won't strip the paint on the walls).
Materials needed	› Flip chart › Coloured paper size half an A4 sheet

Instruct participants to brainstorm responses to a series of questions (see below). They should provide concrete ideas or words for each question and should write their answers down on coloured paper, using a new sheet of paper for each response. Instruct participants to write in big bold letters so everyone can read their responses. People may use as many sheets of paper as needed and provide as many answers as required for each question.

Begin by asking one question and give the group up to 5 minutes to respond. Continue like this for each round of questions and answers. While people write, walk around the room and pick up their answers. Stick each answer up on the wall under categories. Put up pieces of paper with the questions written on them to act as column headers (see illustration below). Make sure that you split the answers up by categories in different columns and by subtopics so that you can analyse responses from the group and discuss the brainstorm activity together.

What is sex? Make sure you differentiate between gender, sexual activities, and other uses of the word.

Sex is the biological component of sexuality that allows differentiating men and women. In this guide, sex is understood as a sexual intercourse, in turn defined by a series of actions, simple or complex, that two or more people carry out to obtain arousal, sexual desire, pleasure, and/or procreation. Some examples are anal, oral or vaginal sex.

What are some sexual activities? Activities may include role playing, foreplay, coitus, vaginal sex, anal sex, oral sex, fetishism, and people may engage in activities that are in monogamous or open relationships.

Why do young people have sex? Generate a discussion for participants to analyze the similarities and differences of the experiences of others and bring into the discussion issues of peer pressure and cultural backgrounds.

Now instruct the group to observe their posted responses for a minute or two and facilitate discussion by reading aloud responses that seem most interesting, even if some of them make you uncomfortable or you don't personally like them. You can ask the group "What do you think of all these responses?" and create discussion around the issues presented during the brainstorm. If you don't understand someone's response, you can say, "Tell me more about that," to try to get clarification.

SESSION 2.1: SEX, SEXUALITY, SEXUAL ORIENTATION, GENDER

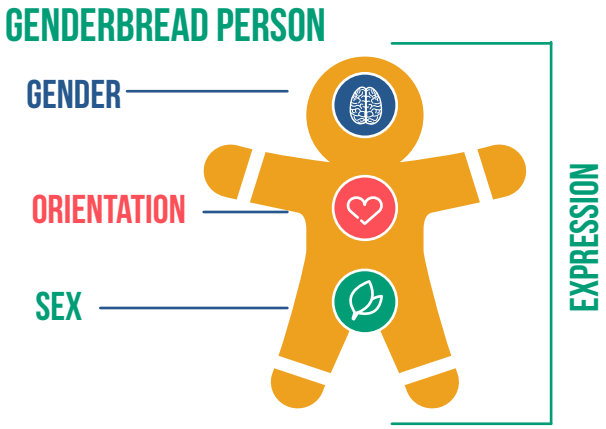
ACTIVITY: "GENDER BREAD PERSON"

Objectives	Create a clear understanding of the concepts and the broad range of different options and choices that a person has regarding their body and sexual life and how to properly address them
Time	45 minutes
Facilitator Preparation	Draw the 'Gender Bread Person' on a flip chart
Materials needed	› A blank flip chart › Markers › A Gender Bread Person poster or big drawing on a flip chart

Using the Gender Bread Person diagram below we will be able to clarify and discuss the differences between gender identity, gender expression, biological sex and sexual preference or orientation.

Place the Gender Bread Person poster folded on a wall next to the blank flip chart, ask the group "What does gender mean?" and write all of the different answers (in a summarized short fashion) on the blank flip chart, in the same way ask the group "What does sexual identity mean?" and write the answers on the flip chart. When there are no more answers among the group, unfold the Gender Bread Person poster and compare the group's answers with what the poster

shows and draw conclusions related to the main differences between the knowledge people had beforehand and how (and if) they changed their understanding after learning about it.



FACILITATOR NOTES- 30 MINUTES

Ensure you have a clear understanding of the different terms used in this activity and that you can communicate these differences to the participants:

- Sexuality is the sum of person's inherited make-up, knowledge, attitudes, values, experience and behaviour as they relate to being a man or woman. Sexuality is the total of who you are, what you believe, what you feel and how you respond.
- Sex refers to one's reproductive system and genitalia; as well as how we outwardly express our sex through gender roles and behaviour as male or female (The word "sex" refers to a person's identity as a male or female). It is an important part of everyone's sexuality.
- Gender is the range of characteristics pertaining to, and differentiating between, masculinity and femininity. Depending on the context, these characteristics may include biological sex (i.e. the state of being male, female or intersex), sex-based social structures (including gender roles and other social roles), or gender identity.

SESSION 2.2: SEXUALLY TRANSMITTED INFECTIONS

ACTIVITY: STI INFECTED CHAIRS

Objectives	Introduce the topic of sexually transmitted infections
Time	45 minutes
Facilitator Preparation	› Arrange chairs (see below) › Write names of sexually transmitted infections on cards
Materials needed	› Chairs › Colour paper cards › Markers › Audio device (could be a cell phone)

With this activity, the group will have a didactic and personal simulated experience around sexually transmitted infections and the different implications they have both at a health and personal level and in a social environment.

Arrange chairs (one less than the number of participants) in a row, one facing one way, the next one facing the other way and so on, place a card on each of the chairs, in five of the cards write the name of a different sexually transmitted infection (syphilis, HIV, Hepatitis C, etc.). Cards are on the chairs and the participants are standing up, put some music and ask them to walk around the chairs until the music stops. When the music stops everyone should try to find a chair and sit down. After that first round the one person that didn't find a chair will stop "playing" and stand on the side. Each of the participants that got

a chair should check the card in their chair. If it has an infection on it, the participant should write down that infection and keep the card. For each round there will be a chair less (and one person less). Starting with the second round the participants that got an infection card should leave the card on the chair where they were seated but keep the copy they made when they first got the card. This will go on for as many rounds as possible or until there are just five participants and four chairs. After this, each participant will tell how many infection cards they got and how this relates to the possibility of getting an infection through sexual relationships.

FACILITATOR NOTES- 45 MINS

In this session you will explore, alongside participants, what the implications of sex may be and, ultimately, how to protect oneself when having sex. There are many good things about sex, such as intimacy and pleasure. Sex also comes with risks, such as the possibility of HIV, other sexually transmitted infections (STIs) and unplanned pregnancies. Knowing how you are expressing your sexuality helps reduce risks, can decrease your worries and increase your sexual pleasure. You have the right to information to help you make informed decisions and understand your sexual health and to health services to help you monitor and take care of your sexual and reproductive health.

Some people have sex when they have been drinking alcohol or using drugs. Being drunk or high can affect people's decisions about sex and safer sex. If someone wants to have sex and may get drunk or high, they can plan ahead by bringing condoms and lube or putting them close to where they usually have sex. This way they won't forget them in the heat of the moment. Sexual partners must be able to freely consent to sexual activity. It is not okay to have sex with someone who is so drunk or high that they are staggering, incoherent or have passed out.

Sexually transmitted infections (STIs)

STIs are infections that are passed during person-to-person sexual contact, such as intercourse, oral and anal sex. If treated early, many can be cured with the use of antibiotics. It's important to get tested regularly as some STIs, such as syphilis and Chlamydia, may have no symptoms. Here are some of the most common sexual transmitted infections and their symptoms.

Name of infection	Symptoms in Females	Symptoms in Males
Chlamydia Symptoms usually appear from 1-3 weeks after infection, but then go away, even if left untreated. Many people never have any symptoms.	80% of females have no symptoms. Symptoms include: › Pain and itching of the vulva or vagina › Vaginal discharge › Pain with urination › Bleeding between periods › Bleeding after sex › Abdominal pain	50% of infected males have no symptoms. Symptoms include: › A discharge from the head of the penis or the anus › Pain or itching at the head of the penis › A burning sensation or pain when urinating

Human Papillomavirus (HPV) / Genital Warts	› There are many different types of HPV. Most are harmless - especially the ones which cause the external warts you can see. There are a few types, classified as high risk, which can cause changes in the cells of the cervix (opening to the uterus) or the cells of the anus and could lead to cancer. For this reason, it is recommended that all women should have a pap smear test every year. Some health officials are currently considering recommending yearly anal pap smears for sexually active gay and bisexual men. › Not everyone who has the wart virus will have visible warts. Warts may appear as wart-like growths or may be flat and only slightly raised from the skin. They may be single or multiple, small or large. They tend to be flesh-coloured or whitish in appearance. Warts usually do not cause itching or burning. › There is an HPV vaccine (Gardasil®) that is very effective at preventing cervical cancer and warts. It is recommended for females age 12-26 and is given as a series of three shots. Some doctors are recommending the vaccine for males, as well.	
Gonorrhoea	Although most women are asymptomatic (without symptoms), for those who do have symptoms, they usually appear within 10 days after being exposed. Symptoms include: › Vaginal or anal discharge with a yellow or greenish colour, depending on what type of sex you have had (vaginal or anal) › Lower abdominal pain, especially during or after sex › Unusual bleeding with cramping › Pain or a burning when urinating	Most men develop symptoms of gonorrhoea within two to five days after being exposed, with a possible range of one to thirty days. Symptoms include: › Clear, yellow or white discharge from the penis or anus, depending on what type of sex you have had (penile or anal) › Pain or itching of the head of the penis; › Swelling of the penis or testicles › Pain or burning upon urination › Frequent urination › Anal or rectal itching › White anal discharge › Pain during bowel movements

Syphilis Syphilis infection occurs in four stages, if left untreated	***Primary Syphilis:*** Symptoms usually show up 2-12 weeks after being exposed. The first sign is often a skin sore called a chancre (shanker). You may have more than one, or you may have chancres and not notice them because they are inside your anus or vagina. Chancres can also appear on your scrotum, penis, vaginal lips, anus or in your mouth. They are usually not painful. The sores will go away after several weeks without treatment, but you would still be infected. ***Secondary Syphilis:*** Most people who have secondary syphilis notice a skin rash covering their body 4 to 12 weeks after infection. The identifying feature of this rash is that it shows up on the palms of the hands and soles of the feet. Often it is not itchy. Other common symptoms of secondary syphilis are swollen glands in various areas of the body, fever, fatigue, patchy hair loss, weight loss, and headache. Since these symptoms are so similar to those of many other health problems, syphilis has sometimes been called "the great imitator." › Additional symptoms during secondary syphilis that are particularly important are syphilis warts and white patches. These warts and patches are highly infectious and can occur in moist areas of the body like the mouth, side of the tongue, anus, etc. › Secondary syphilis symptoms usually last from 1 to 3 months, but sometimes they last longer, and once in awhile the symptoms come and go over a year or two. But even after the symptoms of secondary syphilis clear up, if left untreated, the infection continues in your body. ***Latent Syphilis:*** Latent syphilis causes no symptoms. The infection can be detected only by a blood test. If not treated, latent syphilis continues for life. Many people with latent syphilis never have serious problems, but some progress to the final stage, called tertiary syphilis. ***Tertiary (late) Syphilis:*** About one-third of untreated people with syphilis experience serious damage to various organs and body systems. Tertiary syphilis can appear any time from a year to 50 years after becoming infected; most cases occur within 20 years. The brain, heart, liver, and bones are the most commonly involved organs. Tertiary syphilis can cause paralysis, mental problems, blindness, deafness, heart failure, and death.
Hepatitis B	The severity and type of symptoms vary greatly. Many people do not have symptoms at all. If you do have symptoms, they could include fatigue, flu-like symptoms, nausea, loss of appetite, stomach pain, yellowing of the skin or eyes (jaundice), dark urine, light coloured stool and/or fever. Symptoms usually appear 6 weeks to 6 months after exposure, if at all. There is a hepatitis B vaccine that is very effective at preventing hepatitis B acquisition. It is recommended for anyone who is sexually active.

Info from http://www.sfcityclinic.org/stdbasics/

How to get tested for STIs

STI testing often occurs at your local health centre or hospital and may include a health care provider (e.g., doctor or nurse) taking samples of:

- Blood – Hepatitis, herpes, HIV and Syphilis
- Urine – Chlamydia and Gonorrhoea
- Cells or swabs – Chlamydia, Gonorrhoea, Herpes, Human Papillomavirus
- Fluid, secretion or discharge, when there is active sore or secretion or wart – Gonorrhoea, Herpes, Human Papillomavirus, Syphilis

It is possible to have more than one STI at time so it is essential that you ask to get tested for everything, including HIV.

Provide participants with a list of services in the area if possible.

LUNCH BREAK
1 HOUR

SESSION 2.3: HIV ACTIVITY: WHAT IS HIV? "DRAWING HIV"

Objectives	To have a visual reference of the understanding the participants have about HIV, what it is, how it works and how it affects people
Time	45 minutes
Facilitator Preparation	A clear understanding of the various steps in the HIV cycle
Materials needed	› Flip charts › Markers

Ask the group to split in three or four teams and make a drawing on the flip chart that represents each of the steps of the HIV cycle, what does it look like, how could you get it, the difference between HIV and AIDS, what happens when you contract HIV and the different ways you could pass it on. After all of the teams have finished ask them to pick one of the members to present and explain their drawing, after each team has explained, the facilitator should explain the whole cycle and fill the gaps regarding the information that is missing or incorrect. If there is little knowledge amongst participants on HIV, it may be better to ask them to draw the life stages a HIV positive person goes through.

FACILITATOR NOTES- 45 MINS

You may want to use the information below to prepare a brief PowerPoint with key points.

The **Human Immunodeficiency Virus**, known as **HIV**, is a virus that attacks the immune system, leaving HIV positive people vulnerable to infections and cancers. When someone acquires HIV, they are said to be "HIV positive". This, however, does not necessarily mean that they have AIDS. A person who is HIV positive may be healthy and able to live an otherwise healthy, fulfilling and enjoyable life. People who are HIV positive may not even know they are HIV positive without having a blood test. While the virus cannot currently be cured, antiretroviral therapy (ART) is used to treat the infection. ART consists of the use of at least three antiretroviral (ARV) drugs to maximally suppress the HIV virus and stop the progression of HIV diseases. The use of ART, plus good nutrition and a healthy lifestyle, can help those living with HIV remain well and productive for many, many years.

AIDS stands for **Acquired Immune Deficiency Syndrome**, which has historically been the medical term for the final stage of HIV, when the body no

longer can fight off infections, cancers, and HIV-related illnesses. The virus weakens the immune system, allowing for opportunistic infections. Treatment may become increasingly ineffective and the person may die. An HIV-positive person can acquire AIDS at different stages in one's life, depending on access to health care services, including ART, response to treatment, and other health factors.

How is HIV Transmitted? HIV is transmitted through the exchange of blood, semen (including pre-cum), vaginal fluid, or breast milk of someone who is infected with HIV to someone who is not infected with HIV. It is transmitted through the following activities:

- Unprotected sex (primarily vaginal sex and anal sex – oral sex is very low risk)
- Sharing injection equipment, mainly needles and syringes
- Mother-to-child transmission during the birth process, delivery and/or breastfeeding
- Any blood-to blood exposure (e.g., blood-play, cutting, exposed wounds, etc.)

While the majority of people living with HIV become infected during sexual intercourse, the main modes of transmission depend on the region of the world in which a person lives or is travelling. For instance, in parts of Asia and Eastern Europe, the predominant mode of transmission is through the sharing of needles and syringes for the injection of drugs.

HIV cannot be transmitted through casual contact. HIV cannot be transmitted through saliva, tears, urine or any other body fluid except blood, semen, vaginal fluids and breast milk. It is impossible to contract HIV by:

- Kissing, hugging or shaking hands
- Insect or animal bites
- Sharing eating utensils or drinking glasses
- Sitting on a toilet seat Living with an HIV positive person
- Swimming in the same pool as someone living with HIV
- Touching or coming into contact with someone's tears or sweat

A number of studies of families living with an HIV positive family member have documented that there is no risk of HIV transmission via everyday contact.

If you are sexually active and have unprotected anal or vaginal intercourse (without a condom) and/or share injection equipment, HIV may be transmitted from one partner to the other if one of you has HIV. The only way to be sure about your HIV status and your partners' is to get an HIV test.

Basic HIV prevention strategies include:

- Always discuss HIV status with potential sexual partners and negotiate safer sex – use a condom for vaginal and anal sex.
- Avoid sharing injecting equipment, body piercing equipment or knives used to cut the skin.
- Ensure only new or properly sterilised equipment is used for medical procedures.
- Refer HIV pregnant women to Prevention of Mother to Child Transmission (PMTCT) programmes.
- Follow WHO guidelines for nursing mothers who are breastfeeding and HIV positive (check more at the end of this section).

Barriers methods that prevent the spread of STIs and HIV include:

- *Abstinence:* This is the only 100% effective way to prevent HIV and other STIs, however if you are sexually active there are many ways to practice safer sex.
- Use a *"male" condom* during vaginal or anal intercourse: Condoms are 95-99% effective and are often made up of either latex or polyurethane. They are easily

accessible at most health centres and/or pharmacies.

- Use a *"female" condom*: Female condoms are another effective way to reduce the risk of contracting any STIs and HIV. However, they are often expensive and not always easily available
- Use a *dental dam*: Dental dams are used during oral sex. Although the risk of contracting HIV from oral sex is very low, other STIs may be transmitted easily through oral sex. Dental dams protect from transmitting or contracting any STIs during oral stimulation.

ACTIVITY: USING THE CONDOM

Objectives	By the end of the session, participants will be able to demonstrate how to use a male and a female condom
Time	30 minutes
Facilitator Preparation	None
Materials needed	At least one male and one female condom Cucumber, banana (or something similar in shape)

Have at least one male and female condom; however, the more you have on hand, the better. Condoms may be acquired for free at several clinics and/or community centres. This exercise requires a demonstration. It's important that participants see you put on both a male and female condom properly. When and if possible, every participant should have one male and one female condom and will be able to practice using them with a banana, cucumber or dildo. Make sure you practice this exercise several times before you demonstrate it. Follow instructions below:

How to use the "male" condom

Before you put on the condom:

1. Always check the expiry date on the condom wrapper!
2. Rub your fingers over the wrapper to ensure air is in the package and the condom hasn't dried up.
3. Never open the condom wrapper with your teeth! This could rip or tear the condom.
4. Never use two condoms. This could lead to tearing of the condom, making it ineffective in preventing STIs or HIV.

Putting on the condom:

1. The penis must be erect before placing the condom over the head of the penis.
2. Make sure that the tip of the condom is facing upwards and gently roll it down with your hand to the end of the base of the penis.
3. Gently pinch the tip of the condom with one hand to leave enough room for semen to collect at the tip of the condom upon ejaculation. If you do not pinch the tip when putting the condom on, an air pocket will remain and, upon ejaculation, the force could cause the condom to burst.

Taking the condom off:

1. Roll the condom off the penis making sure that the semen has collected at the tip of the condom.
2. Dispose in garbage. Make sure the garbage is out of reach of children and pets.
3. Use a new condom for the next sex act. Condoms are not reusable!

How to use a female condom

The female condom is a sleeve-like device made of polyurethane. It has a small closed end, and a larger open end. Each end contains a flexible ring. Use this simple step-by-step guide to using female condoms to assure that you are using them properly during vaginal and/or anal sex.

1. Check the expiry date on the wrapper.
2. Ensure that the condom hasn't been opened.
3. Do not open the condom wrapper with your teeth as this might tear the condom.

ACTIVITY- STIGMA AND HIV

Objectives	Explore and challenge stigma against people living with HIV
Time	30 minutes
Facilitator Preparation	Mark each corner of the room as described
Materials needed	› Flip chart › Marker pens

Mark each corner of the room:

++ I would have sex with someone with HIV and I think it is ok
+- I would have sex with someone with HIV but I don't think its ok
-+ I don't think it's ok to have someone with HIV but I would do it
-- I don't think it's ok to have sex with someone with HIV and I wouldn't do it

Ask participants to stand in one of the corners they agree with. Facilitate a discussion and ask participants to talk about why they stood in their corner.

DAY 3

DRUGS

ICEBREAKER ACTIVITY: LITTLE ATOMS

Objectives	Address and break down pre-conceptions about drugs and drug use
Time	20 minutes
Facilitator Preparation	Have a basic understanding of the types of drugs used in the local setting or among the participants
Materials needed	None

People usually have pre-conceptions about drugs, drug use and their own status as drug users. This activity is intended to open the dialogue around what is a drug and why society has to created an us-vs-them mentality that looks down at other people who use drugs, just because of their drug use.

Ask the group to stand in the middle of the room and then explain that they will break into different groups depending on their answers to the questions. The first question will be simple, such as 'who likes dogs and who likes cats?'. So the group would be split and all the people who like dogs will move to one side of the room and people who like cats will move to the other side of the room. Then they have to go back to the centre and split again for the next question.

"Who prefers rock music and who prefers techno?" "Who prefers soda and who prefers water?" "Who takes sugar and who doesn't?" "Who takes coffee or tea and who doesn't?" "Who drinks alcohol and who doesn't?" "Who smokes cigarettes and who doesn't?" "Who consider his or herself a drug user?"

After the last question, you should ask everyone who went to the side that "doesn't consider themselves as drug users" to think about their answers regarding sugar, caffeine, tobacco and alcohol and to realize that all of these are drugs (you could also include as part of the questions sleeping pills, diet pills or some other legal drugs) and that the difference is there legal status and the tolerance most of societies place upon their use. At the end, the group should come to the conclusion that "we all are drug users" and that we need to address things in an honest and rational way in order to learn about the risks and implications of using psychoactive substances.

To continue with the activity, provide participants with the definition of a drug to the participants "Drug: any and all substances that when introduced to an organism modifies/alters its autonomous functions" (Lexicon of Alcohol and Drug Terms [On line] Available at: whqlibdoc.who.int/publications/9241544686.pdf). The definition could be expanded to: "Drug: Any and all substances that, when introduced to an organism, modifies or alters autonomous functions, the mood or the psychological/emotional experience".

SESSION 3.1: DRUGS, TYPES OF DRUGS, AND THEIR EFFECTS

ACTIVITY- WHAT IS A DRUG?

Objectives	Gain knowledge and understanding of the different types of drugs and their effects
Time	2 hours
Facilitator Preparation	Have a clear understanding of the differences between the various types of drugs, such as stimulants, depressants hallucinogens etc...
Materials needed	› Computer and projector for a PowerPoint presentation › Flip chart › Coloured paper › Sticky tape › Marker pens

Instruct participants to brainstorm responses to a series of questions (see table below). They should provide concrete ideas or words for each question and should write their answers down on coloured paper, using a new sheet of paper for each response. Instruct participants to write in big bold letters so everyone can read their responses. People may use as many sheets of paper as needed and provide as many answers as required for each question.

Begin by asking one question and give the group up to 5 minutes to responds. Continue like this for each round of questions and answers. While people write, walk around the room and pick up their answers. Stick each answer up on the wall under categories. Put up pieces of paper with the questions written on them to act as column headers (see illustration below). Make sure that you split the answers up by categories in different columns and by subtopics so that you can analyse responses from the group and discuss the brainstorm activity together.

Questions for the group:

What is a drug? Allow participants to throw out definitions. If they are stuck, say something like, "If I opened the dictionary and looked up the word 'drug,' what do you think I would find."

What drugs do you know? Allow participants to list all the different types of drugs they know including all illicit and licit drugs; different slang names shall be considered. Encourage participants to list substances that aren't often seen as drugs like caffeine, chocolate or alcohol.

What do you think about people who use drugs?

What are some reasons people use drugs? Responses may include reasons such as: To fall asleep, to stay awake, to have fun, because of peer pressure, out of curiosity, to be social, to hide hunger or pain, because of religion or customs, etc.

Classification	Drugs	Effects
Depressants	Alcohol, cannabis, benzodiazepines (Valium, Serepax, Mogadon, Normison), barbituates, GHB, opiates and opioids (heroin, morphine, codeine, methadone, pethidine), some solvents and inhalants	Slow down the activity of the brain and nervous system. They affect concentration and coordination, and slow down a person's ability to respond to unexpected situations. Can cause a person to feel more relaxed.
Stimulants	Mild stimulants Caffeine, nicotine, ephedrine Stronger stimulants Amphetamines (speed, crystal meth, ice), cocaine, ecstasy, slimming tablets, khat	Stimulants speed up the brain's activity. As a result, a person may feel more awake, alert or confident. Stimulants increase heart rate, body temperature and blood pressure. They can also reduce a person's appetite, and cause them to have dilated pupils and difficulty sleeping and to be talkative or agitated.
Hallucinogens	LSD, Acid, Trips, Mushrooms	Hallucinogens describe a class of drugs that produce hallucinations ie seeing or hearing something that is not actually there

FACILITATOR NOTES

You may choose to deliver a PowerPoint presentation using the information above.

Also see 'The Universe of Drugs', a diagram with comprehensive information different drugs and their categories. This great resource was developed by Mexican based youth organisation, Espolea. http://www.espolea.org/uploads/8/7/2/7/8727772/universo-drogas-80x115-fondoblanco-textonegro-en.pdf

In your presentation, you should also explore the reasons why people use drugs (relax, have fun, be part of a group, curiosity, escape from pain) as well as the categories of drug use.

Categories of drug use:

Experimental use: A person tries a few times, usually because they are curious. Most experimental users may not know fully about the risks in taking particular drugs. They can be at risk of harm because their body is not used to the drug and they do not know how they will react to the drug.

Recreational use: A person chooses to use a drug for enjoyment, especially to enhance a mood or social occasion.

Situational use: A person uses a drug to cope with the demands of a particular situation. For example, amphetamines have been used by long-distance truck drivers to help them stay alert and

by athletes to increase their energy. People who have experienced trauma or bereavement often have their doctor prescribe benzodiazepines to help them cope with grief.

Intensive use: A person uses a large amount of drugs over a short period of time, or uses drugs continuously over a number of days or weeks.

Dependent use: a person becomes dependent on a drug after prolonged or heavy use over time. Only a relatively small number of drug users become dependent.

LUNCH BREAK
1 HOUR

SESSION 3.2: WHAT IS HARM REDUCTION

Objectives	To introduce the concept of harm reduction
Time	30 minutes
Facilitator Preparation	PowerPoint
Materials needed	› Projector › Computer › Flip chart › Paper

FACILITATOR NOTES

Begin the session by facilitating a discussion that introduces the concept of harm reduction. You may wish to prepare a PowerPoint for this session.

'Harm reduction refers to policies, programmes and practices that aim to reduce the harms associated with the use of psychoactive drugs in people that are unable or unwilling to stop. The defining features are the focus on the prevention of harm, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs.' (a definition from Harm Reduction International)

We adopt a harm reduction approach in many areas of our life. For example, we wear a seatbelt when driving to prevent harm if we have an accident. We also wear a helmet when riding a bicycle. The emphasis here is on the potential harms associated with driving a car or riding a bike, not necessarily the behaviour itself. Ask the participants to think about other examples in their everyday life that are examples of harm reduction strategies.

The questions we should ask when developing a harm reduction response are:

- What are the specific risk and harms associated with the use of a specific drug? (for example, HIV for people who inject drugs)
- What causes those risks and harms? (sharing injecting equipment)
- What can be done to reduce these risks and harms? (promote safe injecting and provide clean needles to people who inject drugs)

Many harms associated with drug use are in fact a consequence of the illegal nature of drug use. A harm reduction response should also ensure that policies do not criminalise drug use, and as harm reduction advocates we should be challenging policies and practices that maximise harm.

Harm reduction policies, programmes and practices are based on a number of principles, most notably the strong commitment to public health and human rights. Harm reduction approaches are also practical, feasible, effective, safe and cost-effective. There is also strong evidence supporting the effectiveness of harm reduction interventions.

The comprehensive package of harm reduction for people that inject drugs that is endorsed by the United Nations includes:

1. Needle and syringe programmes
2. Opiate substitution therapy
3. HIV testing and counselling
4. Antiretroviral therapy
5. Prevention of sexually transmitted infections
6. Condom programmes for people who inject drugs and their sexual partners
7. Targeted information, education and communication for people who inject drugs and their sexual partners
8. Vaccination, diagnosis and treatment of viral hepatitis
9. Prevention, diagnosis and treatment of tuberculosis

However this is a very limited list and there are many more harm reduction strategies that should be adopted to prevent someone from experiencing harm.

Harm reduction and young people who use drugs: Harm reduction for young people who use drugs has been resisted in many countries and policies that restrict harm reduction access for young people exist in many countries. These policies include age restrictions and parental consent requirements.

For young people, a 'youth-friendly' approach is important to successfully engage young people into services.

ACTIVITY: "DRUG USE CYCLE"

Objectives	To identify how to reduce harm in situations that may pose a risk
Time	30 minutes
Facilitator Preparation	Draw clock on flip charts
Materials needed	› Flip charts › Marker pens

Divide participants into groups of 4. Draw a circle on a flip chart, which will represent the 'Drug Use Cycle'. From this circle, draw rays or axis (simulating the hours on a clock). Each group should receive this drawing.

In groups, participants will go through '24 hours of drug use' and develop a story, tracing the steps a person takes to acquire, take, and recover from an episode of drug use. Participants must also identify situations of potential risk and what harm reduction strategies should be put into place at these times. This includes not only risk of harms associated with taking the drugs, but also the criminal and other harms that must be considered.

Ask participants to come back to the whole group, describe their story to the group and what harm reduction strategies they have used to keep the person safe at every part of the process.

ENERGISER - CLAP EXCHANGE

Participants sit or stand in a circle. They send a clap around the circle by facing and clapping in unison with the person on their right, who repeats the clap with the person on their right, and so on. Do this as fast as possible. Send many claps, with different rhythms, around the circle at the same time.

SESSION (OPTIONAL): HARM REDUCTION FOR PEOPLE WHO INJECT DRUGS

Two sessions are provided below: harm reduction for people who inject drugs and harm reduction for non-injecting drug users. You may choose one of these sessions depending on which one you think is most relevant to your community. If you believe both are necessary, you may choose to deliver one today and the other on day four.

Objectives	To gain knowledge on safe injecting practices
Time	1 hour
Facilitator Preparation	It is important to have a very clear understanding around safer-injecting practices and the impacts of injecting in different parts of the body
Materials needed	› Images of different body parts › Flip charts › Marker pens

HIV Prevention Strategies for people who inject drugs

Safer Injecting Practices

It is important to remember that if someone injects, there are ways to reduce the risks of contracting HIV, hepatitis C and other blood borne infections, experiencing overdose, and damaging veins.

Irreversible damage to the veins may occur where there is:

› Repeated use of the same area of the body for injection
› Poor injection technique Injection with blunt (reused) needles
› Injection with needles that are too large for the vein you are using
› Injection of irritant substances

In the course of conversations about injecting techniques, discuss how service providers should provide information to their clients about the importance of:

› Washing hands and cleaning the injection site with soap and water, or an alcohol swab.
› Preparing drugs for personal use in one's own space, and using equipment that has not been used by anyone else.
› Choosing the smallest possible bore and length needle for the injection site.
› Selecting a suitable vein, introducing the needle carefully by sliding it under the skin, at a shallow angle with the bevel up.
› Injecting with the blood flow, i.e. towards the heart.
› Injecting slowly to reduce the likelihood of drugs leaking into the tissues surrounding the vein and damaging the vein.
› Injecting the hit in two halves with a short break (a few seconds) between to reduce the risk of overdose.
› Pulling back the plunger to identify that the needle is in a vein – a small amount of dark red venous blood should trickle into the syringe. If a tourniquet is used it should be loosened once blood has been drawn into the syringe.
› Not jacking back blood (pulling out and back in) and flushing after a shot as this can significantly increase damage to the vein.
› Removing the needle slowly and carefully.
› Applying pressure to the site with a blood-proof pad, gauze, cotton wool or tissue (bruising is caused by bleeding into the surrounding tissue. Immediate firm pressure will limit the amount of bruising caused).

› Safely disposing of used injecting equipment, including whatever has been used to stop bleeding.

Sites for Intravenous Drug Injection

Neck:
Injecting in the neck is extremely dangerous as there are many arteries, veins and nerves close together. Hitting an artery can result in strokes, while hitting nerves is very painful and can cause paralysis. Part of the risk arises from the fact that for people injecting themselves, injection in the neck requires the use of a mirror. This difficulty may lead injectors to ask others to attempt neck injection for them, thereby increasing the chances of both viral transmission and local injury, and removing all personal control over the process. It may also leave the injector open to at least a manslaughter charge if the person dies — even if the person who died requested the injection.

The common complications of neck injecting may be similar to the usual vein problems, such as cellulite and abscess formation, but have even more devastating effects. An abscess or cellulite in the neck can cause dangerous pressure on nerves or obstruct the airway. What else can go wrong? Accidental injection into an artery means the drug, and any other matter contained in the solution, will go directly to the brain, potentially causing a range of brain problems, including strokes, weakening of the blood vessel wall and nerve damage, including vocal chord paralysis.

Pubis or groin:
Injecting in the pubis is extremely dangerous. Before starting to inject in the pubis area, the injector must first make sure that he/she has no other alternative, and still wants to continue injecting. The facilitator should present all the risks involved with this route of administration (swelling, infection, paralysis, overdose) and explain the difference in the colour of the blood drawn in the syringe before injecting – red for vein (safe), pink for artery (unsafe). Since the pubic region is one of the more sensitive areas of the body, it needs a lot of blood, hence there are many arteries close to the surface in the pubis area, as well as nerves. This makes it one of the "worst" places to use for IV injection. And it really hurts!

Arteries:
Injecting into an artery is extremely dangerous. Injecting into an artery is by mistake - you would certainly never want to do it on purpose! All drug injectors should be warned that they should never inject into a blood vessel in which they can feel a pulse. Arteries carry fresh blood from the heart around body. If an artery is hit there is a risk of stopping the blood reaching the extremities, like toes, feet, legs and fingers. If these areas are deprived of blood they can die and drop off due to gangrene.

Blood clots may also travel to the brain and possibly cause strokes. This usually does not happen at the time of injection, but some time later. Veins, arteries and nerves run alongside one another in a tangled mess. Wherever there's a vein there's a possibility of injecting into an artery.

For those who hit an artery by mistake or otherwise, they should immediately withdraw the needle and not complete the injection. They should put strong pressure on the site for at least 15 minutes and raise the affected limb if possible and use ice around the area to limit swelling. Bleeding may persist. If it does, the person should seek immediate medical care. Gentle massage over the next few days may help to remove toxins from the area, but if any pain is experienced, it will only cause more damage.

Arms:
Injecting in the arms is the least dangerous location. The loss of usable arm veins will leave the injector with stark choices: either to stop injecting and switch to another route of administration, or to move to another site on the body with greater risks. It is for this reason that injectors should be encouraged to do everything they can to

preserve the veins in their arm for as long as possible. It is important that workers seeing clients who are having difficulty accessing veins in their arms discuss with them the plans they have for the time when it becomes impossible. Reinforcing any taboos the client has about moving to more dangerous sites may help prevent or delay transitions to more dangerous routes of injection. If he or she does not have any taboos, you should try to talk to him/her in a more direct and objective way to avoid a lack of trust or rejection. Provide strategies for maintaining vein health (see Safer Injecting Practices listed previously in this document).

Hands:
The veins on the backs of the hands can be highly visible, although they tend to be small and fragile. As it can be difficult to hide the evidence of injecting here, many injectors avoid these sites. Furthermore, if complications such as infection or cellulite occur, they are likely to be much more disabling in the hand than in the arm and lead to severe problems, especially if rings are on the fingers. Fingers should be avoided, as the veins are very small. If clients insist on injecting in their fingers, they should understand the vital importance of removing rings prior to injecting. If a finger starts to swell with a ring in place, it can quickly obstruct the blood flow leading to loss of the finger. The artery that supplies blood to the finger lies just below the vein – if the artery is damaged the finger can die.' The superficial veins of the hand tend to wobble' when people try to get a needle in them, and this can result in more frequent missed hits' and vein damage.

Legs:
The superficial leg veins are unlikely to be viable long-term prospects for injecting. The blood flow in these veins is slow, and if people inject too quickly there is often leakage into surrounding tissue. This can cause infection and further vein damage or it can cause the person to lose their dose. The legs contain many valves, which increases the likelihood of problems, as injecting at or around a valve causes more turbulence, and therefore clotting of the blood. This can damage the valve and further slow blood flow. The superficial veins of the leg tend to wobble' when people try to get a needle in them, and this can result in more frequent missed hits' and vein damage.

As the flow of blood in the leg veins is upwards (i.e. towards the heart) it can be difficult to self inject in the correct direction in the legs, i.e. with the needle pointing up towards the top of the leg. Because these veins are furthest from the heart, and due to gravity, blood flow through the leg veins is slow. If drugs are injected too fast, the veins will be unable to cope with the extra fluid. When this happens, fluid can escape from the vein, around the needle, causing a miss.'

Injecting slowly can reduce this. Healing of injection site damage and resistance to infection are less reliable because the blood flow is slow. Abscesses and other infections are therefore more possible for those injecting into their legs.

Varicose veins form, usually in the leg veins, because of damaged valves. The varicose vein has tight, thin walls and is often raised, stretching the skin. They should not be injected into, as they can bleed profusely because the damaged valves mean that blood can run back down the vein and out of the wound.

Feet: Although some injectors use the veins in the feet, there are several factors that make them an unsuitable choice for anything other than occasional use:

- Venous blood flow in the feet is slow.
- If local infection occurs, this can lead to loss of mobility.
- Injury to the feet may be slower to heal than in other areas, especially in individuals with already damaged circulation.
- Fungal infections of the feet are common for most people. If there is a need to wear shoes his may

encourage or compound problems of infection.

- As with the legs, injections in the feet should be done as slowly as possible to prevent overloading the vein.
- The superficial veins of the feet tend to wobble‘ when people try to get a needle in them, and this can result in more frequent missed hits‘ and vein damage.

ACTIVITY: UNDERSTANDING INJECTION-RELATED RISKS

Objectives	Participants will be able to articulate at least three injection-related risks and present strategies to reduce these risks
Time	20 minutes
Facilitator Preparation	Prepare images of the body (arm, neck, groin, leg, foot, hand)
Materials needed	› Flip chart › Marker pens

Display each of the areas of the body where people may inject as pictures or cut outs. Have enough sets of illustrations for each participant. Ask each of the participants to place the pictures in order of risk, from least risk to greatest risk.

This exercise can be done on the floor or up on a wall, depending on the space you are using for your training. Once all participants have placed the diagrams on a hard surface, verify their answers for accuracy with the information provided in this guide.

SESSION (OPTIONAL): HARM REDUCTION AND NON-INJECTING DRUG USE

Objectives	To provide a clear understanding of the harm reduction principles and how they can be applied to drugs other than those that are injected.
Time	2 $^{1}/_{2}$ hours
Facilitator Preparation	An understanding of the effects and impacts of the substances within the body
Materials needed	› Computer and projector › Internet access › Spread sheets › Cards https://www.youtube.com/watch?v=ARhPe7KRrV4 https://www.youtube.com/watch?v=XvtiDKI3tzQ

ACTIVITY: PLAYING “LOOK ALIKE”

This activity will provide a basic understanding around the different effects that non-injecting drugs can produce and how these effects can impact upon people.

First ask the group about their familiarity with the effects of various substances and if they are willing to portray those effects for the group. The easier substances will be the common ones, alcohol, cocaine,

cannabis, and even coffee. There is a common knowledge of how people act when they've taken too many cups of coffee or one too many drinks/beers/shots (too many sleeping pills, ecstasy pills, cannabis joints or speed lines can also work as examples for people to act upon), so use this common ground to introduce the differences between the depressive effect of alcohol on the nervous system and the stimulant effects of coffee.
(You can play the videos before or after this activity, but it would be better afterwards)

Brainstorming "How to prevent negative experiences with alcohol and drugs"

When the group arrives at a basic understanding of these differences, you can ask for a brainstorming quick intermission where the group starts to throw ideas around how to avoid the negative effects, which should be clear from the previous activity. You can steer the discussion using the well-known harm reduction recommendations such as not mixing with other substances, not drinking on an empty stomach, alternating one glass of water for each drink/beer/shot, not drinking more than one drink per hour and not driving while under the influence. With illegal substances it's important to highlight the lack of supervision in terms of contents, dosage, mixtures, etc.

When you start talking about street drugs, it is important to emphasize things such as "always start with half a dose or less to see how your body reacts to that specific substance", the option of testing kits, for example, for party drugs, and "peer solidarity" while partying, which basically means keeping an eye on and looking after your peers at a party, regardless if they are your friends or not, when you see someone unconscious on the ground you can try and help them or ask for help if it's needed.

Finally, you may want to deliver a brief presentation of the different harm reduction projects, programs, policies and interventions that have been used in different countries around the world to attend and address specific situations involving substances, young people and non-injected drug use (for materials and examples you can check the Trip! Project http://www.tripproject.ca/trip/, Dance Safe http://dancesafe.org/, or the Zendo Project (more focused in psychedelics) http://www.maps.org/zendoproject/Psychedelic-Harm-Reduction-2013.pdf).

In this final section, you can cover the risks in the consumption equipment (straws or dirty bills for inhaling, glass or metal pipes for smoking, etc.) and make the correlation between the risks of contracting HIV, Hepatitis C or other STI's that are usually associated only with injected drug use but that are also present (and can be avoided through the harm reduction practices of using personal clean equipment and taking precautions with the open gates for transmission such as micro-lacerations on the soft skin of the inside of the nose, burns and open wounds on the lips, etc.) in the non-injected consumption practices.

CLOSING ACTIVITY

Divide participants into groups. Pick a drug and explain all harm reduction strategies for that drug in groups.

DAY 4

DESIGN YOUR OWN ACTIVITIES

Day four is your opportunity to create your own session and design your own activities that are relevant and useful to your community and participants. It is your chance to look at an issue in more depth or explore a new topic that hasn't yet been covered in Day 1, 2 or 3.

Some suggested topics to cover may include:

- Harm reduction and non-injecting drug use
- Overdose awareness and prevention
- Advocacy skills
- Party and recreational drug use

It may be useful to use the table opposite to plan out your session and the activities that will be carried out. Also, remember to include enough energiser activities to keep the participants engaged, and leave appropriate time for lunch and coffee breaks!

Objectives	
Time	
Facilitator Preparation	
Materials needed	

DAY 5

PEER EDUCATION IN PRACTICE

This day will be primarily focused on re-capping what has been learnt during the week and participants will practice the delivery of information and education to their peers. We want to make sure that participants are able to respond to real life situations, understand the information presented throughout the week and are able to communicate it clearly and accurately.

SESSION 5.1: COMMUNICATION SKILLS

ACTIVITY: BROKEN TELEPHONE

Objectives	To demonstrate to participants the important elements of communication and how to ensure effective communication
Time	15 minutes
Facilitator Preparation	None
Materials needed	None

Ask ten of the participants to stand in a straight line in front of the class with a distance of at least two foot between each of them. Make up a statement which is a bit convoluted (for example: I like rice but do not like eating it with chicken however my friend likes to eat, I should pay him/her a visit soon) and whisper it to the ear of the first person. Ask the person to whisper it to the ear of the next person until the last person. Then ask the last person to say what she/he heard loudly. After the final statement is said out loud to the group tell the group the first statement that was made and compare the two statements. If the message was distorted or was the same, ask the whole group to discuss the reason for the outcome.

Go on to explain the importance of sending clear messages and making sure the receiver understands the message clearly.

ACTIVITY: COMMUNICATING WHAT WE HAVE LEARNED

Objectives	To assess participants understanding of the topics covered in the workshop and their ability to clearly communicate what they have learned.
Time	2 hours
Facilitator Preparation	Write the following topics on a small piece of paper: › HIV › Sex, sexuality and gender › Drugs, types of drugs and their effects › Injecting drugs and harm reduction
Materials needed	› Computer / PowerPoint › Small pieces of paper › Flip chart › Marker pens › Prizes for best presentation

Break the group up into four groups of five people. Put all the pieces of paper with topics written on them into a hat and ask each group to pull out one. Ask the group to develop a short presentation based on what they have learned about the various topics and give them ten minutes to prepare. One person should then report back to the group, and the group can then assess the ability for the participant to effectively communicate clearly the knowledge gained.

SESSION 5.2: EVALUATION

Objectives	For participants to provide evaluative feedback about the workshop and its activities
Time	1 hour
Facilitator Preparation	Prepare evaluation forms for the participants.
Materials needed	Flip chart Marker pens

Evaluation is the process of collecting information in order to determine if the project has met its aims and objectives. As well as showing if a project had its expected impact it can reveal if it had unexpected outcomes. Good evaluation not only provides an understanding of whether a project is 'working', but also involves people in reflecting on its progress and outcomes, which is essential for taking the project forward. The results can be used to improve practice and may be shared with other projects to inform their work. Importantly evaluation can provide funders with evidence of the project's success and encourage them to continue investing funds.

Some key questions to explore with the participants are whether the workshops objectives were clearly stated, were the activities relevant and interesting, was the information informative and easily understood and how can elements of the workshop be improved.

Before handing out the evaluation forms to the participants which will provide some more in depth feedback around the workshop, it will also be useful to spend 15 mins or so running through general feedback from each day. Using the flip

chart, go through each day and create a list of what the participants enjoyed the most, and enjoyed the least from each day. This will be a useful refresher about the workshops activities and will allow the participants to think more constructively about their experiences of the workshop. Once this has been done, hand out the evaluation forms and the previous exercise will hopefully ensure useful feedback is provided.

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