TRAINING GUIDE FOR HIV PREVENTION OUTREACH TO INJECTING DRUG USERS

World Health Organization
Department of HIV/AIDS

CONTENTS

The case studies provided represent several different settings to allow selection of the situation that is closest to the culture/society/country in which the workshop is being held.

Select at least one case study and copy for all participants.

These case studies are divided into three groups:

Making contact

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PROGRAMME MANAGEMENT WORKSHOP: CASE STUDIES

MAKING CONTACT – THE NETHERLANDS

There are many places where groups of young people gather to listen to music and drink, etc. These can be useful places in which to try to find IDUs. A difficult aspect of working in these scenes is that the outreach worker wants only to reach injectors and does not want to waste time or cause anxiety by addressing non-drug users.

In Amsterdam, the Netherlands, an outreach worker went to a bar every evening when she thought drug injectors might also be there. She always carried a distinctive bag. On the third evening, as she was getting up to leave, she dropped her bag and condoms and needles poured out.

The bar customers helped her gather the contents together and asked why she was carrying all these materials. She explained her role as a needle and syringe programme worker and started a conversation with injectors in the bar.

The Amsterdam outreach organization Mainline advertised itself by placing posters around the city in October 1991. The posters simply said "I'm looking for my mainline", a quote from a Lou Reed song related to heroin use. IDUs immediately understood the reference and wondered what the posters meant. Its first (and continuing) project was to produce a magazine of the same name and distribute it on the streets of Amsterdam. The magazine was filled with articles and news of interest to IDUs and outreach workers mostly distributed it by hand. Handing out the magazine and asking IDUs what they thought of it started a conversation that could then move on to health and other issues.

A circular process of needs assessment, information provision, evaluation and further needs assessment can also be used as a way to make contact. Mainline also issues a newsletter called *IDU PLWHA* throughout the Netherlands on topics pertinent to IDUs living with HIV/AIDS. Outreach workers carry out surveys with *IDU PLWHA* to discover what issues are of most interest to them, then an expert centre of specialist health educators and outreach workers finds the technical information required and translates it into appropriate language for its clients. The newsletter is then distributed by outreach workers together with survey forms asking for clients' views on the content (evaluation) and on other issues that need to be covered (further assessment).

Sources: Brandsmaa R. Stimulating access and compliance to anti-HIV combination therapy for drug users. Paper presented at the *10th International Conference on the Reduction of Drug-Related Harm*. Geneva, 1999.
Burrows D. *Starting and managing needle and syringe programmes: a guide for Central and Eastern Europe/ Newly Independent States.* New York, International Harm Reduction Development/ Open Society Institutes, 2000.
Van den Boomen T. I'm looking for my mainline. *Encouraging peer support among injecting drug users.* Amsterdam, National Committee on AIDS Control, 1993.

MAKING CONTACT – EASTERN EUROPE

In areas where it is hard to gain the trust of IDUs, the process of persuading people to use the service can take a significant amount of time and effort.

In Pskov, the Russian Federation, new needle and syringe programmes were successful in reaching both male and female injectors over 25 years of age who used a range of drugs. However, they had not been able to gain trust among younger IDUs. Both programmes decided to try to recruit drug injectors who could work as volunteers to help the programme reach this group.

Having identified a large group of injectors in the city from the Roma population, an ethnic minority in Russia, the Pskov team also recruited a member of staff who spoke the Roma language.

In Poltava (Ukraine), volunteers from the outreach programme (who were ex-drug users) started by trying to keep up an almost daily presence in the areas where drug users met on another.

The appearance of the volunteers was important; they needed to be tidily dressed to show that they were working and not part of the scene, but not so well dressed that their appearance made users feel inferior to them.

Even with all of these advantages, the volunteers, who were mostly ex-users, still often met with rejection, with users standing up silently and moving away when volunteers tried to engage them in conversation.

An important breakthrough was achieved by volunteers finding friends from childhood or from earlier drug-using periods and explaining their work to these individuals. Slowly, in the first two months, the number of injectors reached rose to 10, then began to increase rapidly.

In both Poltava and Odessa, Ukraine needle and syringe programmes operate in drop-in centres, which are called 'centres of trust', to emphasize that they are safe and welcoming places for IDUs.

Sources: Burrows D. *Starting and managing needle and syringe programmes: a guide for Central and Eastern Europe/ Newly Independent States.* New York, International Harm Reduction Development/ Open Society Institutes, 2000.

MAKING CONTACT–MALAYSIA

The NGO Ikhlas started outreach in Chow Kit, the main drug-using area of Kuala Lumpur, in 1992.

Palani Narayanan recalls the start of the outreach programme:

> We didn't have an office in Chow Kit so we would park the car there and go to the streets and give the IDUs bleach and teach them how to clean their needles: twice with water, twice with bleach, twice with water again. But then we realized this wasn't going to work: he has maggots crawling out of his legs, he is going to die, HIV is so invisible. How could he pay any notice to HIV? He needs something more concrete in front of his eyes.
>
> So what we did during our outreach was incorporate iodine and gauze so that we could do treatment on the street. We also brought biscuits, etc. to give to people on the streets. What is important is to keep going back and maintain a constant rapport with people. Every Monday, Wednesday and Friday, we'd go out and whatever happens you go that day because people are expecting you.
>
> Eventually we set up a base in a small office. People then had a place to rest that was safe. Then you could talk about HIV and AIDS and tell them what it is, how it affects their lives, and how important it is to take this into consideration.
>
> So really what we did was go down to the street and see what people needed. From that time onwards, it has just been a process of finding out their needs and responding to them immediately. All this is done in a non-judgmental manner—that is the main thing.

Sources: Crofts N, Reid G, Costigan G. *The Manual for Reducing Drug Related Harm in Asia.* Bangkok/ Melbourne, Family Health International/Centre for Harm Reduction, 1999.

MAKING CONTACT – COLOMBIA

In central Bogotá 19th Street was a drug-dealing street notorious for violence and high-risk sexual and drug-use behaviour. It was chosen for a small-scale, harm-reduction intervention in 1999, when rapidly expanding heroin production was associated with the first confirmed cases of HIV infection from syringe-sharing in Colombia. The programme was called Programa La 19' or 19th Street Programme, developed under the auspices of the youth-oriented Fundacion Renacer.

Because of frequent harassment by police and danger from thieves and competing rival dealers, the core community members proved extremely wary of outsiders. They were constantly moving and on the lookout for attack or arrest. The outreach worker chose to use a month of 'walk-throughs' to get to know the area and to make himself a familiar figure to the community. Once recognized as non-threatening he began to be approached and to be offered drugs. This was immediately used as a way into conversation, usually starting with, "Thank you, but actually I don't use drugs. I work in health." Trained in first aid and with experience as a health educator and medical assistant in a free clinic, the outreach worker checked for visible health problems, such as wounds, skin or eye infections or split lips from cocaine pipes, to provide advice or treatment from a shoulder bag of medications and dressings. If seen to be seriously underweight from malnutrition, the person could be offered vitamin pills, a piece of fruit and suggestions about nutrition. If the conversation led to the subject of sexual activity, condoms were provided.

Within a few weeks, the outreach worker had gained the trust of gang leaders and dealers, and was actively sought out to provide condoms for distribution to large groups, to deal with overdoses and health emergencies, to give counselling on health risks and to help arrange hospitalizations and access to a subsidized state health insurance programme. Volunteer doctors, nurses, psychologists and a psychiatrist were invited to join outreach rounds and provide specialist attention, and to start creating a network of health care contacts. Some peer leaders began to locate other high-risk injectors and to bring them to be supplied with sterile syringes, distilled water and alcohol swabs. The outreach worker's role gradually developed from a first stage of immediate first aid, through providing counselling and treatment access, up to policy activities such as getting heroin users into Health Ministry meetings to lobby for methadone maintenance facilities.

Source: Ross T. *Programa La 19*. Bogota, Colombia.

OUTREACH METHODS – MOBILE SERVICES

St Petersburg, the Russian Federation

A St Petersburg needle and syringe programme bus is run by the Vozrastcheniye Foundation. It is custom built to provide a range of services. Drug users enter through a front door, where a booth has been set up with built-in bins that hold needles, syringes, condoms and other equipment as well as a large bin into which drug users place their used needles and syringes.

As they wait, clients can look through many different leaflets, which are on display in a rack, taking them away if they wish. If they want to receive confidential psychological counselling, the bus has a comfortable counselling room and, if medical care is needed (usually treatment for abscesses or other injecting damage), there is a fully equipped medical room. Both rooms are accessed from a central passageway.

The bus is parked in three different areas of the city on different days. The schedule is regular so local drug users know which days and for what hours the bus will park in their area.

New Haven, Connecticut, the United States of America

One of the first legal needle and syringe programmes in the United States of America was in New Haven, Connecticut, near the site of Yale University.

Because New Haven is a sprawling city, it was decided that a small van should be used to provide mobile access to injecting equipment. The van had two staff on duty at any one time, mainly for safety reasons but also to ensure that workers had someone to talk to while they were waiting for clients.

When the programme began operations, each client would enter the van, be seated, answer a set of questions (the programme was also part of a research project), give their used equipment, receive needles and syringes and leave.

If the client wanted assistance with any other service, they were advised to go to a centrally located clinic, which had been established to help drug users with psychological, social and medical problems. The clinic served as a base for the project, providing office space, a room for meetings, storage for injecting equipment and parking for the programme's van.

Burrows D. *Starting and managing needle and syringe programmes: a guide for Central and Eastern Europe/ Newly Independent States.* New York, International Harm Reduction Development/ Open Society Institutes, 2000.

OUTREACH METHODS – RULES FOR OUTREACH WORKERS

Ukraine

The following set of guidelines is based on those drawn up by outreach workers in Poltava, Ukraine for their work with injectors:

- Ensure privacy—do not speak to an individual on personal topics when they are in a group with their friends.
- Ensure confidentiality—never talk about one service user to other service users, even if you know they are friends.
- Try to work with group 'leaders'—they may be harder to speak to but, if they listen, they will tell others.
- Never interfere when service users are 'doing business' related to drugs as their minds will be preoccupied and the reaction of the other person to the intrusion may place the worker in danger.
- Form a genuine relationship with service users—feel free to joke and talk about the weather or local news to help people feel at ease, but don't forget that there must be more to the relationship, and part of the role of the outreach worker is to pass on information and advice.
- Always take the time to go deeply into a problem or issue raised by a service user.
- Outreach workers must know their responsibilities and all articles of the Criminal Code concerning drug users.

During the first conversation or later, issues of safer drug use and safer sex can be raised. Outreach workers sometimes do this as a separate activity; usually programme workers do it as they give out needles and syringes. In addition, people carrying out surveys sometimes do this (for a rapid situation assessment for example), where safer behaviour is discussed after the survey is completed.

Source: Burrows D. *Starting and managing needle and syringe programmes: a guide for Central and Eastern Europe/ Newly Independent States.* New York, International Harm Reduction Development/ Open Society Institutes, 2000.

OUTREACH METHODS–STRUCTURED OUTREACH

India

Outreach in Chennai (India) is carried out by ex-drug users, indigenous to the selected communities and familiar with current users and their environment. Outreach is provided one-to-one in private settings, and includes giving leaflets, bleach and condoms; offering support and advice on social and medical problems; and referral to other services.

A structured approach is used. Clients are provided with at least three education/ counselling sessions in private settings:

- Session 1 raises awareness about drugs, HIV transmission, correct techniques for needle and syringe cleaning with bleach, and condom use.

- Session 2 reinforces the messages from the first session, assists clients to identify their own risk behaviours and understand strategies to reduce risks.

- Session 3 provides information about existing services and advice on social and medical problems: clients at this stage are also encouraged to seek HIV antibody testing and counselling.

The Russian Federation

Renewal, a needle and syringe exchange programme (NSEP) in Kazan, the Russian Federation, uses a structured approach to outreach to places where IDUs gather, called *tusovkas*. Once access has been gained to the *tusovka*, outreach workers try to persuade the "host" of this space to participate as a volunteer in the NSEP's activities. This process of persuasion has three main stages: opening, development and support.

Opening is the beginning stage, which aims to win the trust of a site host. Outreach workers go to the space, observe and speak with drug users and the host and decide whether to proceed to the next stage. The *Development* stage aims to involve the site in NSEP activities. In this stage, outreach workers spend many hours trying to gain personal contact with all visitors of the site. They figure out what activities take place at the site and what harm reduction materials and information would be most useful. The outreach workers persuade the host to allow harm reduction activities to be carried out there, including introducing outreach workers to all people connected with and visiting the tusovka, needle and syringe exchange, distribution of leaflets, collection of used equipment, allowing training sessions to be provided for visitors to the site, and receiving information about new sites.

Once it is felt that the host is working well as a volunteer, and all or almost all visitors to the site have been met by outreach work, the site moves into the *Support* stage, in which information and materials are provided for distribution at the site, and outreach workers provide occasional educational/training sessions.

Sources: Kumar MS, Mudaliar S, Daniels D. Community-based outreach HIV intervention for street-recruited drug users in Madras, India. *Public Health Reports.* Vol. 113, June: Supp. 1, 1998. Badrieva L, Karchevsky E. *Building volunteer network: secondary needle exchange, peer education*. Kazan, Renewal, 2001.

OUTREACH METHODS – VOLUNTEER TRAINING PROGRAMME

The United States of America

The Chicago Recovery Alliance in the United States of America uses a structured programme to train volunteers at its needle and syringe programme sites. The first phase is for volunteers who have expressed an initial interest in working for the programme to visit one or more sites to observe the programme's work in action. This serves as a low-pressure opportunity to get to know about the programme without any commitment.

Chicago Recovery Alliance feels that under these circumstances a person can make the best choice as to their level of interest in further participation as a volunteer. Typically, this informal contact leads to an appreciation for the work and either a willingness to join the team or the insight that the person is not ready to join this work at this time.

If it is agreed that the person should work with the programme they enter a formal training phase; this is a period of acquiring knowledge and skills at performing the functions needed at the outreach sites.

An individual assessment is made of each volunteer's ability, experience and interests. The content of their training course is based on this background. Trainees are assessed on the basis of objective measurements of knowledge and observed practice, which enables both the volunteer and organization to know when they have the knowledge and skills to work with service users.

This philosophy goes beyond the initial course and addresses the issues of volunteer support and growth. The Chicago Recovery Alliance involves volunteers in many aspects of the needle and syringe programme's work as well as social functions, ensuring that volunteers are offered further training and assistance to gain work. They also ensure that all volunteers are told of any staff positions that become vacant.

Sources: *Harm Reduction Outreach with Syringe Exchange: Volunteer Management Guide.* Chicago, CRA (Chicago Recovery Alliance), 1997.

METHODS–VIDEO BY IDUS FOR IDUs

Australia

PEIRS, or Peer Education and Information Reaching the Streets, is a project by VIVAIDS, an IDU group in Melbourne, Victoria. It seeks out heroin-injecting young people who buy their drugs from open, street-based markets, and trains these IDUs in basic elements of video production and peer education.

The drug users visit various services and learn about the risks of buying heroin from street markets, risks of injecting, overdose and other issues relevant for drug users. They then make a video, based on their experiences and what they have learned.

VIVAIDS says: "Through the peer education process and the development of peer education resources, they will be learning how to address their own drug use issues and the issues of drug use amongst their peers."

The United States of America

Better World Advertising (BWA) in San Francisco uses a variety of methods and media to reach hidden target groups such as IDUs. BWA has carried out campaigns using human advertisements, such as Bleachman, a man in a costume shaped like a bleach bottle, postcards, posters, miniature slide viewers, key rings and many other media to provide harm-reduction messages to IDUs in various cities in the United States of America.

In Sacramento, California's capital, BWA helped a University of California project to provide a cable television programme for IDUs.

Les Pappas of BWA says social marketing techniques are also useful in gaining support from the public for harm reduction programmes, such as needle and syringe programmes: "If people, including voters and policy-makers, are made aware of and understand the value of needle exchange, they can be informed and supportive citizens...[social marketing campaigns] reach out to large numbers of IDUs with life-saving information…[and] deliver messages to friends and family members of IDUs, as well as to the general public…These campaigns show society what is being done to promote public health and prevent the spread of diseases."

Sources: Funding Application for PEIRS, VIVAIDS. Melbourne, 2001.
Pappas L, Farrell J. Utilizing social marketing to promote needle exchange in New York City. Paper presented at the *11th International Conference on the Reduction of Drug Related Harm,* Jersey 9-13, April 2000.

OUTREACH FOR SPECIFIC PURPOSES – FEMALE SEX WORKERS

The Slovak Republic

The project PROTECT YOURSELF started in Bratislava, the Slovak Republic, with six outreach workers in October 1998. The project's aim is to assist IDUs and female commercial sex workers (CSWs) to reduce their risks of acquiring or transmitting HIV.

Outreach workers spend 24 hours in the street each week conducting outreach with syringe exchange. They walk during certain times in places in the centre of the city, which are easy to access from all parts of the city. Outreach workers offer participants clean needles and syringes and other materials for safer injection, such as alcohol swabs, other swabs, filters, water and citric acid. They discuss reducing drug- and sex-related harms and also give out condoms for safer sex and educational materials, as well as remove used syringes from circulation.

Before the project started, it developed and displayed information posters and provided interviews with newspaper journalists to publicize the project. In addition, the outreach staff talked with drug users about the best places, times and materials for outreach.

In the first month, the project's clients were mostly from the CSWs, who were also IDUs so that outreach workers gave out more condoms than syringes. The CSW/IDUs were more willing to talk to outreach workers than other IDUs since they needed the condoms provided by outreach staff. Because outreach staff were "new on the street," it took time to build trust with drug users.

The process of gaining trust was helped by the fact that outreach workers do not ask to see any form of identification, and all personal information given to outreach workers is voluntary. A personal identification code is developed for each client from codes for his or her sex, first letter of name, year of birth, the number of the district in Bratislava, the name of drug of choice and the house number. Monitoring is carried out for the number of syringes received and given out, amounts of water, alcohol swabs, condoms, citric acid and educational materials distributed.

During the following months the project observed a snowball effect, when initial clients brought their friends to meet the outreach workers.

Source: Jiresova K. Initiation of harm reduction outreach in Bratislava. Paper presented at the *10th International Conference on the Reduction of Drug-Related Harm.* Geneva, 1999.

OUTREACH FOR SPECIFIC PURPOSES – SUBSTITUTION TREATMENT

India

In 1990, in Nizamuddin, New Delhi, the NGO SHARAN began providing assistance to drug users, many of whom were very poor and often ill. In March 1993, the agency began a substitution drug treatment programme, using sub-lingual buprenorphine (in other words, tablets of buprenorphine placed beneath the tongue). The programme's objectives were to provide economic benefits to drug users since the medications were free, to assist drug users in leaving a criminal lifestyle and to reduce infections and risky drug use. The staff comprised a doctor, and two health workers/counsellors who were ex-drug users. Initially, the buprenorphine tablets were provided from a community health centre, which had been established in Nizamuddin.

Realizing the need to be flexible, this programme operated every day, from 8:00 to 13:00 and then from 16:00 to 20:00, in order to suit the needs of working drug users. Despite this flexibility, some drug users were still unable to take their medications. A few months later, in response to the situation, an outreach buprenorphine dispensing unit was started that operated every day of the week (since drug users do not stop taking drugs on holidays). The mobile team consisted of four people, who worked in pairs. Carrying the medications in a plastic bag, they delivered doses to the shanty houses, often having to also attend to other health needs of drug users and their families. Records were maintained in small dairies, and when they returned to the health centre or the office, they entered the names and dose details into a central register, since buprenorphine is a scheduled (controlled) drug, and a doctor's prescription was needed to regularize the doses given out for every client.

Our everyday activities included going to drug users' houses, sharing tea and talking to them, providing information on HIV/AIDS and the risks associated with injecting and sharing injecting equipment, and distributing daily medications. At times the team had long discussions on a range of issues not connected to drug use or HIV, and tried to provide answers to the many legal problems that clients had. For this population, just getting their children admitted into a school for basic education was a momentous task since they had neither the required documentation (ration card, rent bills, electricity bills, proof of residence, etc) nor the means to obtain these documents. A part of the outreach dispensing unit's tasks was to take drug users to hospitals on referrals for health needs.

The clientele of this programme grew from 15 to 35 to 53, until with new funding that became available from the European Union in 1995, the total number of clients rose to more than 1 600 in 1998. The project office moved from a small room to a large drop-in centre with space for indoor games and counselling, a medical room and enough space to fit in 45–50 clients at a time.

Source: Dorabjee J. Centre for Harm Reduction. Melbourne, Australia.

OUTREACH FOR SPECIFIC PURPOSES – PRISONERS

Romania

The General Directorate of Penitentiaries in Romania is concerned that prisoners need access to HIV-prevention and drug treatment services. Since needle exchange or methadone maintenance in prison will require changes to Romanian law, at present the most appropriate strategy is considered to be peer education.

In 2001, one psychologist or sociologist from each of the 40 prisons in Romania was trained in three areas of work:

- activities to ensure effective peer education in prisons: role and responsibility of health educators, vulnerability of prisoners to infections, improving skills in public-speaking, communication, facilitation and presentation;

- activities to increase participants' knowledge of health and personal values; various diseases related to HIV/AIDS, tuberculosis, hepatitis, sexually transmitted infections and drug use; and

- activities to increase participants' knowledge of prevention and harm reduction related to sex, drug use, self-wounding and aggression and tattooing.

After this training, the psychologists and sociologists carried out training of peer educators in the prisons where they worked. Prisoners were encouraged to attend training sessions in which they were also trained in the above three areas of work. After training, it is planned that the prison peer educators will pass on the knowledge they have gained to other prisoners throughout the penitentiary system.

Source: Cucu G. Peer education as a method of harm reduction: Romanian society and the prison system are both confronting an explosive increase in illicit traffic and drug use. Paper presented at the *13th International Conference on the Reduction of Drug Related Harm.* Ljubljana, 3-7 March 2002.

OUTREACH FOR SPECIFIC PURPOSES–STREET YOUTH

The Russian Federation

Humanitarian Action is a project that was set up by Medecins du Monde in St Petersburg in 1995 to provide medical, social and psychological assistance to street children, mostly homeless children and adolescents who are living and sleeping on the streets. Surveys by the organization between 1998 and 2000 found a significant increase in the level of drug and alcohol use among street youth, with heroin becoming the main drug used and injecting becoming more common.

Humanitarian Action widened its range of services and its points of access to help street children deal with these new issues. A team of doctors, nurses, psychologists and outreach workers offer a variety of services and material support seven days a week at two drop-in centres in convenient locations. The main services at the drop-in centres are primary health care, access to free treatment drugs, washing facilities, clean clothes, psychological counselling, testing for HIV and other blood-borne viruses such as hepatitis and sexually transmitted infections, condom distribution, sex education, information on AIDS and drugs, assistance in finding accommodation in shelters, referral for other health care treatment, legal advice, networking between street youth and their parents and, where possible, assisting the child in returning home.

In addition to the drop-in services, a street intervention is carried out six times a week in places where street youth congregate: especially near railway stations. These interventions are carried out by teams of doctors, outreach workers and psychologists and comprise services that meet immediate social and medical needs, building trusting relationships with street youth and encouraging their transition to less harmful environments. An evaluation of the project found that the provision of medical services in a multi-disciplinary team that also includes outreach workers, is a vital factor in the project's success.

Source: Akimov M. The role of drop-in centres for street children in harm-reduction programmes. Paper presented at the *13th International Conference on the Reduction of Drug Related Harm.* Ljubljana, 3-7 March 2002.**Programme management workshop case studies: Outreach for specific purposes—HIV-positive IDUs**

OUTREACH FOR SPECIFIC PURPOSES – HIV POSITIVE IDUs

Brazil

In Rio de Janeiro, a group of three agencies work together to increase the access of HIV-positive IDUs to HIV treatments. The agencies are RJ Harm Reduction Project, Ambulatoria da Providencia and FIOCRUZ.

Drug users are initially contacted by outreach workers through the RJ Harm Reduction Project, which provides education, needles and syringes, condoms and other equipment to help IDUs maintain safe behaviours. Outreach workers encourage HIV-positive IDUs to be referred to Ambulatoria da Providencia for HIV treatments, which are provided free of charge. This agency was founded in 1983 by the Catholic Church to provide medical services to poor people. Because Ambulatoria da Providencia provides a wide range of services, it needs specialist assistance to ensure its HIV services are appropriate. This assistance and laboratory support is provided by FIOCRUZ.

By early 2002, this trio of agencies had provided anti-retroviral treatment to 158 people living with HIV/AIDS (mostly IDUs), with 102 being regularly followed up at the Ambulatoria da Providencia. The principles underlying this programme are:

- comprehensive management of illness;
- comprehensive management of wellness and preventing relapses by promoting well-being and optimism;
- comprehensive management of drug abuse;
- management of additional risks with a broad range of efforts (e.g. voluntary counselling and testing, therapy groups and outreach work);
- continued access to prevention supplies (e.g. condoms, needles and syringes); and
- provision of culturally sensitive education on prevention and care.

Viet Nam

Home Health Care Group and Friend's Home were set up in Ho Chi Minh City by Save the Children (United Kingdom). Outreach workers from Home Health Care Group visited HIV-positive IDUs in their homes, assessing their needs for medical, social and psychological services. Where possible, the agency provided these services in the drug user's home. The agency found that the IDUs with the greatest needs were those without family support and those who had suffered the most stigma and discrimination. For these IDUs, Friend's Home was established as a residential service where IDUs can receive medical assistance, counselling on HIV and drug use and practical strategies for reintegration into their families.

Sources: Malta M et al. Two successful experiences of caring and supporting HIV-infected DU/IDUs in Rio de Janeiro, Brazil. Paper presented at the *13th International Conference on the Reduction of Drug Related Harm,* Ljubljana, 3-7 March 2002.
Crofts N, Reid G, Costigan G. *The Manual for Reducing Drug Related Harm in Asia.* Bangkok/ Melbourne,