Outreach Strategies for Injecting Drug Users

An E-tutorial from
University of Manitoba
for
The Bridge Project
Acquire an understanding of Outreach strategies for IDUs in India under the National AIDS Control Program through this module designed for distant learning with two case studies.

PRE-TEST

Chapter 1: Outreach strategies for Injecting Drug Users.
Chapter 2: Role of peer educators in an Outreach Program for Injecting Drug Users.
Chapter 3: The advantages and disadvantages of recruiting a current injecting drug user as a peer educator in a peer-driven outreach program.
Chapter 4: Outreach strategies to reach spouses/partners of young injecting drug users in India.
Chapter 5: Challenges to scale up outreach activities in a Targeted Intervention for Injecting Drug Users in India.

POST-TEST
Chapter 1

Outreach Strategies for Injecting Drug Users
Outreach strategies for Injecting Drug Users

(a) What is outreach?

In the context of HIV/AIDS prevention, an outreach program is a set of community-based services such as the distribution of needles, syringes and condoms to hard-to-reach IDUs in their own environment and linking them to other HIV prevention services in order to reduce their risk of getting infected with HIV.

The use of outreach programs to connect with IDUs to programs and services which is an essential component of an effective HIV prevention program.

Outreach programs deliver services to IDUs who otherwise may not access them due to apprehensions of discrimination and hostile treatment, or prosecution.
Chapter 1
Outreach strategies for Injecting Drug Users

The steps in Outreach

1. Building rapport with IDUs and general community
2. Delivering services, including referrals
3. Creating an enabling environment
4. Documenting and analysing data
5. Re-planning / re-strategizing outreach
(b) Who forms the Outreach Team?

The Outreach Team is constituted of Outreach Workers (ORWs) and Peer Educators (PEs).

The ratio of ORW to PE is 1:4 and of PE to IDUs is 1:40 in an IDU HIV prevention intervention in India.

In other words, 1 peer educator is to reach 40 IDUs; one outreach worker to monitor 4 peer educators and 160 IDUs.
(c) What are the outreach strategies for Injecting Drug Users in India?

The outreach strategies that are used to reach out to the most vulnerable and hidden IDU/PWID population in India include:

1. Harm Reduction Strategy
2. Commodities and services provided through the Targeted Intervention
3. Linkages provided through the Targeted Intervention
## Chapter 1
### Outreach strategies for Injecting Drug Users

<table>
<thead>
<tr>
<th>STRATEGY 1</th>
<th>Tier 1: Outreach</th>
<th>Tier 2: Opioid Substitution Therapy (OST)</th>
<th>Tier 3 Referrals and Linkages by TI to other services not provided by TI</th>
</tr>
</thead>
<tbody>
<tr>
<td>HARM</td>
<td>Needle /Syringe Exchange Programme (NSEP)</td>
<td><strong>Definition:</strong> OST is substitution of the drug user’s primary drug use with a medically safer drug; and substitution of primary route of use (injecting) with non-injecting route (oral).</td>
<td>Linkages with other HIV services</td>
</tr>
<tr>
<td>REDUCTION</td>
<td></td>
<td></td>
<td>DOTS, ICTC, ART, PPTCT, PLHA networks for home based care and support.</td>
</tr>
</tbody>
</table>
## Chapter 1

### Outreach strategies for Injecting Drug Users

<table>
<thead>
<tr>
<th>Tier 1: Outreach</th>
<th>Tier 2: Opioid Substitution Therapy (OST)</th>
<th>Tier 3 Referrals and Linkages by TI to other services not provided by TI</th>
</tr>
</thead>
</table>
| Outreach, Information and Education Communication (IEC), Behaviour Change Communication (BCC). | OST is a medical intervention in a clinic setting.  
**Objective:** To improve the quality of the life of IDUs by stabilising them, to transform them from the injecting mode of drug administration to non-injecting, in this way preventing HIV and other blood-borne viruses. | Linkages with other key health services  
- Detoxification and rehabilitation centres  
- Psychiatric services with government settings and NGOs. |
# Chapter 1

## Outreach strategies for Injecting Drug Users

<table>
<thead>
<tr>
<th>Tier 1: Outreach</th>
<th>Tier 2: Opioid Substitution Therapy (OST)</th>
<th>Tier 3 Referrals and Linkages by TI to other services not provided by TI</th>
</tr>
</thead>
</table>
| Free distribution and social marketing of condoms. | The **substitution substances** used in India are –
1. Buprenorphine (the major drug used in OST in India)
2. Methadone (used in some places in India)
   Besides the medical treatment, counselling is given to the IDUs on OST. | |

**HARM REDUCTION**
# Chapter 1

## Outreach strategies for Injecting Drug Users

<table>
<thead>
<tr>
<th>HARM REDUCTION</th>
<th>Tier 1: Outreach</th>
<th>Tier 2: Opioid Substitution Therapy (OST)</th>
<th>Tier 3: Referrals and Linkages by TI to other services not provided by TI</th>
</tr>
</thead>
</table>
| HIV counselling for IDUs and their sexual partners. | **OST linkage with other organizations**  
1. Though OST is a medical intervention, health care practitioners lead the programme in partnership with NGOs and CBOs.  
2. Continuum of care for IDUs  
OST should have linkages to drug treatment/rehabilitation services to ensure continuum of care for IDUs. | | |

Chapter 1
Outreach strategies for Injecting Drug Users

<table>
<thead>
<tr>
<th>HARM REDUCTION</th>
<th>Tier 1: Outreach</th>
<th>Tier 2: Opioid Substitution Therapy (OST)</th>
<th>Tier 3: Referrals and Linkages by TI to other services not provided by TI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary health care (STI treatment, abscess management)</td>
<td>3. OST and linkages for IDUs: OST should link IDUs with Drop in Centres, space for group meetings allowing provision to network with each other.</td>
<td>4. OST and other HIV services: ICTC, HIV counselling centres, ART, HIV related care for HIV infected persons.</td>
<td></td>
</tr>
</tbody>
</table>


## Chapter 1

### Outreach strategies for Injecting Drug Users

<table>
<thead>
<tr>
<th>Commodity/Service Description</th>
<th>Services Provided</th>
<th>Structural Intervention</th>
</tr>
</thead>
</table>
| **Needles/Syringe Exchange Program (NSEP)**  
To cover 80% of the IDU population | **Community Outreach**  
Peer educators supported by Outreach Workers (ORWs) engage in communication with IDUs to reduce risk and vulnerability and provide requisite risk reduction materials like condoms and needles/syringes. | **Basic Advocacy** |

**Strategy 2**

Commodities and services provided through the Targeted Intervention
## Chapter 1
### Outreach strategies for Injecting Drug Users

<table>
<thead>
<tr>
<th>Strategy 2</th>
<th>Commodities</th>
<th>Services</th>
<th>Structural Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commodities and services provided through the Targeted Intervention</strong></td>
<td><strong>Free condoms</strong> to 100% of the population</td>
<td><strong>Women Outreach Workers</strong> To reach out to women who have IDU male partners and provide them with self-care and life skills Help them access reproductive health services.</td>
<td><strong>Community Mobilization</strong></td>
</tr>
<tr>
<td><strong>Opioid Substitution Therapy</strong> to atleast 20% of the IDU population</td>
<td><strong>Primary Health Care</strong> For abscess and wound management, and STI treatment.</td>
<td><strong>Drop in Centres (DICs)</strong></td>
<td><strong>HIV prevention counselling</strong></td>
</tr>
</tbody>
</table>
Chapter 1

Outreach strategies for Injecting Drug Users

<table>
<thead>
<tr>
<th>Linkages with other HIV services</th>
<th>Linkages with other health services</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ TB referrals to DOTS</td>
<td>☐ Drug treatment (de-addiction and rehabilitation through drug de-addiction centres)</td>
</tr>
<tr>
<td>☐ ICTC linkages (VCTC, PPTCT)</td>
<td>☐ Psycho social counselling and support.</td>
</tr>
<tr>
<td>☐ ART linkages and Hepatitis C management</td>
<td>☐ Vocational training or income generation activities.</td>
</tr>
<tr>
<td>☐ OI management</td>
<td>☐ Legal and social support services.</td>
</tr>
<tr>
<td>☐ Existing support groups</td>
<td>☐ Reproductive health services for drug using women and for women who have IDU male partners.</td>
</tr>
<tr>
<td>Like NGOs and CBOs</td>
<td>☐ Access to other government department services for acquiring social entitlements (e.g. BPL, nutritional supplements, housing etc)</td>
</tr>
</tbody>
</table>
Chapter 2
Role of Peer Educators in an outreach program for Injecting Drug Users
Chapter 2
Role of peer educators in an outreach program for Injecting Drug Users

(a) Role and responsibilities of a peer educator

- Identify new IDUs in the hotspot.
- Maintain regular contact with existing network of IDUs.
- Distributes commodities to IDUs- needles, syringes, condoms and lubricants.
- Provide education to IDUs regarding HIV, STI, safe injecting and sexual practices.

Peer Educators in Basikwaju Hotspot in Jalandhar, Punjab
Promotes behaviour change by demonstrating how to use condoms and how to inject safely, either in group discussions or one-to-one interactions.

Encourages IDUs to attend health services for prevention, diagnosis and treatment of HIV, STIs, TB at the ICTC, ART centre, TB centre, STI clinics, OST centre.

Collects and disposes used needles and syringes from hotspots/shooting galleries.
Chapter 2

Role of peer educators in an outreach program for Injecting Drug Users

- Prepares the daily reports (field diary and log book) and reports it to ORW.

- Supports IDU members who are undergoing HIV and STI testing.

- Escorts IDU members attending health and other services if required, and assists with follow-up.

- Understand individual vulnerabilities and plan to address those with the assistance of the Outreach Worker.

- Maintain Drop in Centre

- Attend review meetings, trainings, workshops and seminars.

A kit of a peer educator is a bag that contains: needles and syringes, condoms, cotton, IEC, penis model for condom use demonstration.
Chapter 3

The advantages and disadvantages of recruiting a current IDU as a peer educator
Chapter 3

The advantages and disadvantages of recruiting a current IDU as a peer educator

The advantages of recruiting a current IDU as a peer educator

- Possess the ability to influence other IDUs and bring about a behavioural change in them as acceptance by the community is high.
- Non-judgemental towards IDUs since he/she belongs to the same community.
- Ability to facilitate effective coverage through macro and micro site plans.
- Own sense of ownership towards the program.
- Exhibits pro-active concern for IDUs.
- View themselves as advocates for those at risk IDUs and their spouses and partners.
Chapter 3

The advantages and disadvantages of recruiting a current IDU as a peer educator

The advantages of recruiting a current IDU as a peer educator

- Willingness to work to improve individual and collective being of the IDU community.
- Good role model for other IDUs.
- Maintenance of confidentiality is possible.
- Ability to mentor other peers

- A good informant on current drug use pattern and other human rights issues of the IDU community
- An effective link between the service and the community
Chapter 3

The advantages and disadvantages of recruiting a current IDU as a peer educator

The disadvantages of recruiting a current IDU as a peer educator:

- Difficulty in keeping own drug use in check.
- Conflict in maintaining status among peers/other IDUs and the role of a professional health care worker simultaneously.
- Work related stress coupled with the demanding nature of peers.
- Lack of professional status, acknowledgement for work undertaken and measurable outcomes prove frustrating.
Chapter 4

Outreach strategies to reach spouses or partners of young injecting drug users in India.
Chapter 4
Outreach strategies to reach spouses or partners of young injecting drug users in India.

Project ORCHID in Manipur reaches out to the spouses and sexual partners of IDUs by:

- Mobilization of spouses and formation of support groups where they can share their issues, find solutions, support and consolation from one another which enhances their power to overcome their problems.
Chapter 4

Outreach strategies to reach spouses or partners of young injecting drug users in India.

- Life Skill Training is imparted on condom use negotiation, self esteem building, domestic violence, decision making, reproductive health etc.
- Joint meetings with spouses and partners and events like picnic, party, couple day and so on.
- Diagnosis and treatment of STIs in spouses and sexual partners of IDUs. Emphasis is given to prevent, diagnosis and treat STI among spouses and partners of IDUs.

The Manipur Model
1. If the spouses/partners of the IDUs are not reached, they can carry infection from the IDUs into the general population and can act as a ‘bridge population.’

A study in the state of Manipur in India revealed that 45% of the spouses of IDUs who are HIV positive were also infected with HIV (Panda et al. 2000).

It is learnt from program experience that many of the spouses are also engaged in sex work and in extra marital affairs owing to lack of economic support and unstable relationship with the IDU.
Chapter 4

Outreach strategies to reach spouses or partners of young injecting drug users in India.

What are the implications of reaching/not reaching the spouses/partners of the IDUs?

2. The process of transitioning the IDU from injecting to non-injecting mode, to de-addiction, requires the understanding and support from the family especially the spouse or partner.

Spouse counseling is a critical part in the OST, de-addiction and continuum of care.
Chapter 5

Challenges to scale up outreach activities in a Targeted Intervention for Injecting Drug Users
Chapter 5

Challenges to scale up outreach activities in a targeted intervention for injecting drug users

- **The law in the country:**

  In many countries drug use and injecting drugs is illegal. In India under the Narcotics Drugs and Psychotropic Substances (NDPS) Act 1985 consumption of drugs, import, export or transhipment, possession, sale, purchase, transport, import inter-state attracts penalty from 6 months to 20 years imprisonment with a fine from Rs.10,000 to 2 Lakhs.

  This makes the program face resistance from the police and the law enforcement agencies.

- **Stigma and discrimination, barrier to services:**

  IDUs/PWIDS prefer to remain hidden from authorities including law enforcement agencies and the society for fear of criminalization and stigmatization. This in turn makes IDUs/PWIDS to avoid using services that may expose their IDU status.

- **Inability to coordinate outreach activities with individual IDU’s timings:** At the time of organizing outreach activities, it is important to match it with timings when IDUs are available.
Chapter 5
Challenges to scale up outreach activities in a targeted intervention for injecting drug users

- The ratio of peer educators to IDU member is high:
  This results in a relatively high workload for the peer educator, thereby compromising their ability to provide high-quality services.

- Misconception of encouraging drug use: When needles and syringes are distributed to IDUs by the programme, people nurture a misconception that the programme is encouraging drug use.

Retention of peer educators and impact on the program:

  Staff turnover among peer educators is high despite efforts to retain them. Consequently, regular training of newly recruited peer educators needs to be conducted. The high turnover of peer educators interrupts delivery of commodities, dissemination of information and documentation.
Suggested Readings

1. Harm reduction at work, a guide for organizations employing people who use drugs.

2. Webcast on Outreach Strategies for Injecting Drug Users
You have completed the E-tutorial on Outreach Strategies for Injecting Drug Users.

Thank you!