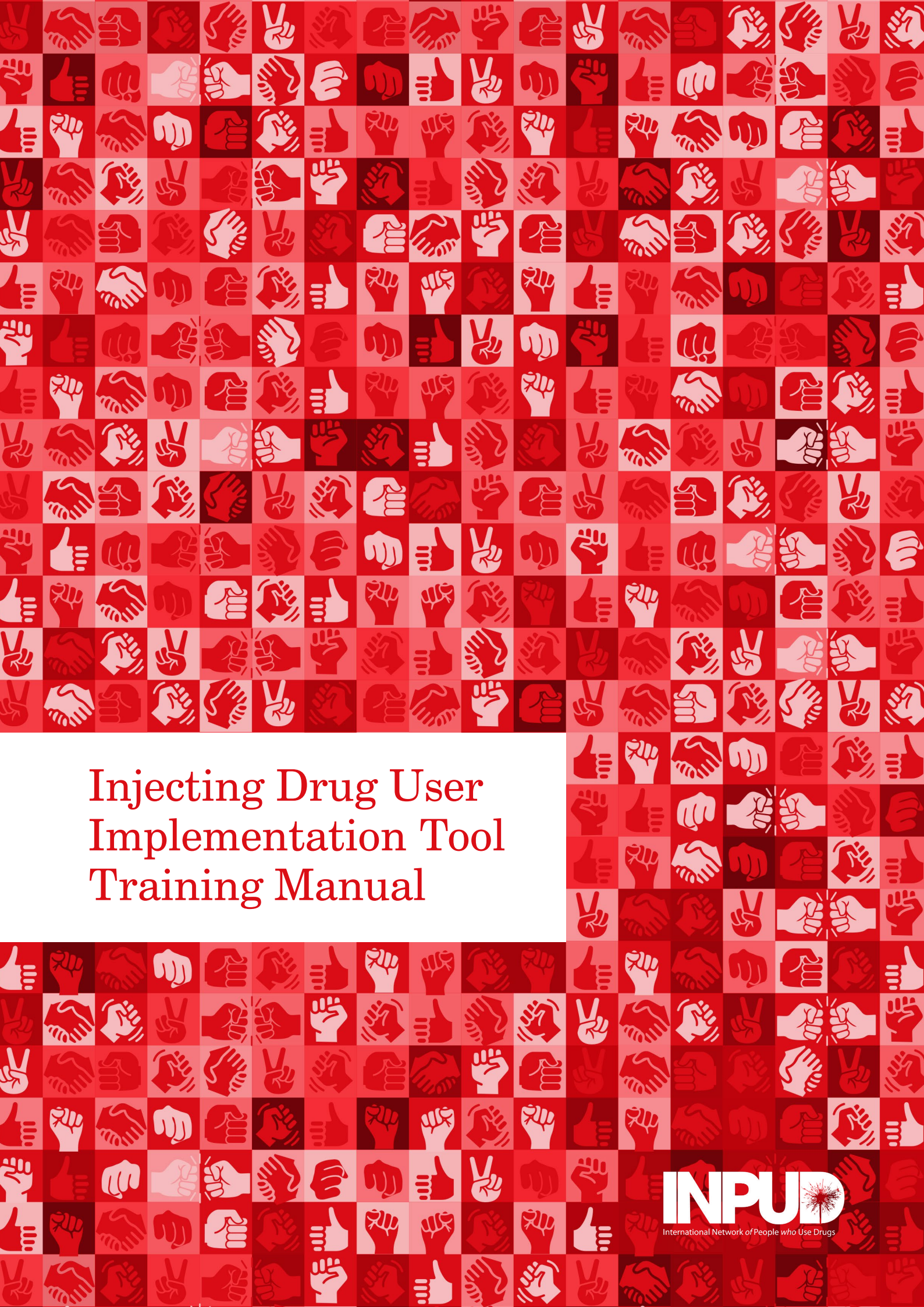


Injecting Drug User Implementation Tool Training Manual

INPUD
International Network of People who Use Drugs

Contents

Day 3

Handouts

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
HBV	Viral Hepatitis B
HCV	Viral Hepatitis C
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
IDUIT	Injecting Drug User Implementation Tool – also known as the guidance document *Implementing Comprehensive HIV and HCV Programmes with People Who Inject Drugs*
IEC	Information, Education, Communication
INPUD	International Network of People who Use Drugs
M & E	Monitoring and Evaluation
MSM	Men who Have Sex with Men
NGO	Non-Governmental Organisation
NSP	Needle and Syringe Exchange Programme
OST	Opioid Substitution Therapy
PLHIV	People living with HIV
PWID	People who Inject Drugs
PWUD	People who Use Drugs
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization
WWID	Women who Inject Drugs

Preface

The International Network of People who Use Drugs (INPUD) is a global, peer-based organisation that seeks to promote the health and defend the rights of people who use drugs. INPUD exposes and challenges stigma, discrimination, and the criminalisation of people who use drugs, and their impact on the drug-using community's health and rights. INPUD is a movement of people who use drugs (currently and formerly) who support the Vancouver Declaration. The Vancouver Declaration sets out the demands of people who use drugs, emphasising that their human rights must be respected and their health and well-being prioritised. INPUD is a global network that seeks to represent people who use drugs in international agencies such as the United Nations and with those undertaking international development work. It believes that people who use drugs should be meaningfully represented in the decision-making processes that affect their lives. INPUD is committed to demonstrating at country level how people who use drugs can constructively contribute to the development and delivery of services for our community.

www.inpud.net

Acknowledgements

The training package and trainer guide have been developed by INPUD.

The manual was inspired by a training module drafted by Andrew Scheibe under the supervision of Dr. Fabienne Hariga, UNODC senior HIV adviser, Monica Ciupagea, UNODC Expert on Drug use and HIV, and Judy Chang, Executive Director of INPUD. Experience of implementing this training in South Africa (July 2017) and Vietnam (August 2017) was taken into consideration when developing the manual. Cuong Nguyen provided comments to enhance the original manual. Shona Schonning adapted the original manual to make the trainings more relevant for people who use drugs. Valentin Simionov, Mick Matthews and Hannah Shephard-Lewis provided valuable comments and contributions.

The training manual would not have been possible without the financial support of FHI 360 – Linkages.

The Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project conducts a range of HIV prevention activities to reduce HIV transmission among key populations (sex workers, men who have sex with men, transgender persons and people who inject drugs) and to improve their enrolment and retention in care.

Introduction

Developed jointly by UNODC and INPUD, in collaboration with other partners, the guidance document *Implementing Comprehensive HIV Programmes with People who Inject Drugs: Practical Approaches from Collaborative Interventions* – otherwise known as the *Injecting Drug User Implementation Tool* (*IDUIT*) – was published in 2016. It describes how to implement effective programmes and services for HIV and HCV prevention interventions for and with people who inject drugs (PWID).

The *IDUIT* is based on previously published United Nations (UN) guidance documents, mainly the WHO/UNODC/UNAIDS *Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users* (rev. 2012) and the *WHO Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations* (rev. 2016).

In addition to the nine key interventions of the WHO/UNODC/UNAIDS Comprehensive Package for HIV and PWID, it includes prevention and management of overdose and sexual and reproductive health and rights (SRHR). The *IDUIT* also covers critical enablers, strategies, activities and approaches to increase the accessibility, acceptability, coverage, quality and uptake of interventions and services for key populations.

It contains examples of good practice from around the world that may support efforts in planning programmes and services, describes issues that should be considered and advises on how to overcome challenges.

The *IDUIT* tool does not seek to ignore the complex policy and legislative environment around drugs and injecting drug use in most countries, nor the need for advocacy to confront the stigma, discrimination and human rights violations faced by PWID. However, it aims primarily to address the question: what can we do now, with the resources we have, in the kinds of environments we face, to prevent the spread of HIV and hepatitis C among PWID?

What is the purpose of the IDUIT Training Manual for People who Use Drugs?

The training manual is designed to support the roll-out of the *IDUIT* through capacity building at regional, country or local level. It has been developed to facilitate the work of trainers in organising and delivering training and workshops on the *IDUIT* to communities of people who use drugs to help them serve their own community in line with the evidence-based and human rights-based approaches outlined in the *IDUIT*, and to interact with a wide range of governmental and non-governmental organisations, including public health and drug policy makers, and harm reduction and HIV programme managers and staff.

1 **Click here to read more**

How to use the IDUIT Training Manual

The *IDUIT* Training Manual is complementary to the *IDUIT* on which it is based. It is therefore necessary for future trainers to first read and familiarise themselves with the original guidance (the *IDUIT* document) before facilitating a workshop.

It is intended as a pick-and-choose menu of activities and content – from which a facilitator can identify and select those that best suit the context, audience and timeframe. The teaching aids and training content will need to be adapted to the local context. It is strongly recommended that at least one of the trainers/facilitators comes from the community of people who use drugs. It is also recommended that a person with expertise on national harm reduction and drug policy will be present as a reference person during the training. Ideally this person would come from a national union of people who use drugs but, if that is not possible, a knowledgeable ally of people who use drugs may be helpful in that role.

How is it Structured?

The trainer manual is structured in chapters that align broadly with the *IDUIT*, and includes content to provide basic information and facilitate dialogue with service providers and policy makers. Key chapters of the *IDUIT* include:

1. **Community Empowerment** – focusing on principles, definitions, and key elements of community empowerment.

2. **Legal Reform, Human Rights and Stigma** – focusing on understanding human rights in the context of PWUD, addressing human rights within programmes, examining stigma and developing programmes to reduce stigma and discrimination.

Key chapters of the IDUIT →

3. **Health and Support Services** – looking at all the essential elements of harm reduction for HIV/HCV, including needle and syringe programmes, covering opioid substitution therapy, SRHR, hepatitis and overdose prevention.

4. **Service Delivery Approaches** – focusing on the design and start-up of effective services, and outlining the service delivery models that can be implemented, such as community-led harm reduction services, peer-led outreach and drop-in centres.

5. **Programme Management** – discussing the principles of programme management, including the benefits of effective management systems, understanding the environment, programme implementation, the practice of community-led monitoring and quality improvement, and issues around hiring and training staff.

Engaging with Policy Makers – an overview of the *IDUIT*, and ideas on how to conduct structured dialogue with policy/decision makers for further engagement and support.

Each Module contains:

- An overview section
  - Aim
  - Learning objectives
  - Expected outcomes
  - List of required materials
  - Overview of module components
  - Reference to relevant section(s) in the *IDUIT*
- Instructions for activities
- Suggested times for activities
- Facilitators' notes
- Handouts.

Materials Needed for the Workshop:

- *IDUIT*
- *The IDUIT Brief Guide for People who Use Drugs*
- Attendance register
- Name tags (optional)
- Flipcharts and marker pens
- Knowledge assessment sheets
- Slide projector
- Slide set
- Quizzes (these are alternative tools, not included as handouts)
- Workshop assessment sheet
- Printout of presentation slides and/or USB drive with training materials (optional)
- Sterile injecting equipment, fit packs (including cotton, water, swabs), smoking equipment and Naloxone.

Considerations for Training Methods

Ensure that adult learning principles are used during the training:

- Treat participants as independent people with valuable experience that should be extensively utilised in the training.
- Allow participants to make their own decisions and to share their experiences.
- Learning should be experiential, participant-directed and interactive.

- Use a variety of training methods.
- Providing small incentives as gifts to recognise the participants' effort, participation and contribution is a good way to encourage them.
- Consider presenting and sharing audio-visual material that you may have access to, like video clips that summarise the context of injecting drug use in your country, as well as the HIV and HCV epidemic among PWID. Include short clips that document harm reduction programmes in your country. However, ensure that identities are protected and that no faces are visible.

Considerations for Planning and Implementing a Policy Dialogue (Engaging with Policy Makers)

The aim of including policy makers in the third day of the training is to highlight the critical role that PWUD play in implementing effective HIV and HCV programmes. This should be a platform for open discussion and sharing between policy makers and the community, where the voices of community members can be heard and their expertise, experience and role recognised.

Throughout the training for community members, group work is designed to enable identification of priority areas for change. The facilitator should take notes of priorities identified, so that participants can choose from among them the ones they may want to discuss with policy makers.

Lessons from Previous IDUIT Training Suggest that Facilitators Should:

- Aim for good coverage from the policy maker side.
  - Depending on the number of policy makers invited to speak, each should have 10 minutes or less to cover key information from their side/sector.
- Adequately support participants from community-led organisations to deliver talking points/presentations as part of the policy dialogue.
  - Include time on the second day of the training to prepare for the dialogue.
  - Enable participants to:
    - acknowledge positive achievements
    - articulate priority changes needed
    - articulate where they can contribute to work being done.
  - Encourage participants to demonstrate positive and receiving attitudes to policy makers to allow for meaningful engagement.

Considerations for Writing a Report on the Workshop

Documenting the outcomes and lessons of completed training workshops can be useful, particularly if the training will be repeated. Useful reports include:

- A brief description of the workshop location, dates, participants and trainers
- Tools used (e.g. agenda, handouts, assessment forms etc.) in relevant language(s)
- Results of the participants' assessments and feedback
- Comments and reflections
- Lessons learned and recommendations for future workshops.

Proposed Workshop Agenda

Day 1	Structural Interventions	
09:00 09:15	Session 1.	Opening, Welcome and Administration
09:15 – 10:00	Session 2.	Introduction, Expectations & Objectives
10:00 – 10:30	Session 3.	The IDUIT: Background, Rationale, Structure and Guiding Principles
10:30 – 10:45	Break	
10:45 – 12:30	Session 4.	Community Empowerment
12:30 – 13:30	Lunch	
13:30 – 14:15	Session 4.	Community Empowerment (continued)
14:15 – 15:00	Session 5.	Legal Reform & Rights
15:00 – 15:15	Break	
15:15 – 16:30	Session 5.	Legal Reform & Rights (continued)
16:30 – 17:00	Session 6.	Recap and Closing

Day 2	Structural and Health Service Interventions	
09:00 – 09:30	Session 7.	Welcome & Recap
09:30 – 10:00	Session 8.	Stigma & Discrimination
10:00 – 11:00	Session 9.	Services *Block 1*
11:00 – 11:15	Break	
11:15 – 12:15	Session 9.	Services *Block 2*
12:15 – 13:15	Lunch	
13:15 – 14:15	Session 9.	Services *Block 3*
14:15 – 15:15	Session 9.	Services *Block 4*
15:15 – 15:30	Break	
15:30 – 16:30	Session 10.	Community Involvement and Leadership in Services
16:30 – 17:00	Session 11.	Selection of Priorities for Discussion During Policy Dialogue

Day 3	Dialogue with Policy Makers	
09:00 – 09:30	Session 12.	Welcome and Recap
09:30 – 11:15	Session 13.	Preparing for Policy Maker Session
11:15 – 11:30	Break	
11:30 – 12:00	Session 14.	Assessment, Feedback and Closure
12:00 – 13:00	Lunch	
13:00 – 13:20	Session 15.	Welcome, Introductions & Overview of the IDUIT
13:20 – 13:50	Session 16.	Overview of Local Policy Context
13:50 – 14:20	Session 17.	Overview of Existing HIV and HCV Programmes with PWID
14:20 – 14:50	Break	
14:50 – 16:15	Session 18.	Facilitated Dialogue: Challenges and Solutions to Enhancing HIV and HCV Policy and Programmes with PWID
16:15 – 16:45	Session 19.	The Way Forward
16:45 – 17:00	Session 20.	Closing and Thanks

Day One

Session 1: Opening, Welcome and Administration

Session: 15 minutes Slide 1–2

Aim: To set the scene for the workshop and manage expectations

Materials Needed

Attendance register

Name tags (optional)

Steps:

- Welcome participants to the workshop.
- Thank participants for their time, reminding them that PWUD have an important role in advocating and implementing evidence and human rights-based policy and practice.
- Introduce yourself and provide some background that is relevant to the training.
- Tell people where the bathrooms are, where catering will be provided and where sterile injecting equipment and Naloxone can be found.
- Request that people complete an attendance form, including contact details for later networking between partners.
- Any other housekeeping information.

Session 2: Introductions, Expectations and Objectives

Session: 45 minutes Slides 3–8

Aim: To understand participants' knowledge and experience and workshop expectations

Learning objectives:

- To facilitate networking between participants
- To understand participants' expectations
- To inform participants about the workshop structure and objectives

Main points: Clarification of expectations, objectives and workshop structure

Expected outcomes:

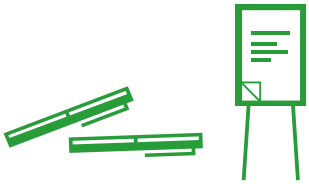
- Establishment of new relationships between PWUD who are active in their communities
- Clarification of expectations and stated objectives and process to achieve these
- Baseline assessment of knowledge relating to HIV and hepatitis among PWUD

Materials Needed

Slide projector

Printouts of the knowledge assessment

Flipchart and marker pens



Session components:

- Introductions and expectations (activity)
- Overview of the agenda
- Assessment (exercise)

Synopsis: 2 minutes Slide 3

Open the training by saying:

- In all parts of the world, PWID are disproportionately affected by HIV and the hepatitis C virus (HCV).
- The main factors contributing to this situation are limited access to evidence-based interventions, particularly needle and syringe programmes, opioid substitution therapy and treatment for HIV and HCV infection in contexts where PWID are criminalised and stigmatised.
- This workshop is based on global normative guidance on how to implement the World Health Organization, UNODC and UNAIDS comprehensive package of HIV services for PWID.
- The *IDUIT* includes details of how to implement, and an extensive reference list for additional information.
- Meaningful involvement of people who use drugs in policy making, programme design and implementation and in community- and individual-level knowledge and behaviour change is central to improving health outcomes for PWID.

Ground rules: 2 minutes Slide 4

Clarify the ground rules that will guide the workshop. Elicit these from the participants.

Introduction of icebreaker exercise:

Details: 1 minute Slide 5

Inform participants that they will take part in an exercise to get to know one another and understand their expectations of the workshop.

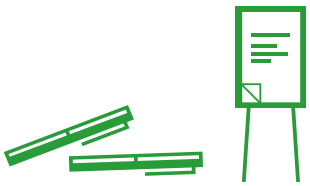
Activity: Icebreaker and expectations

Duration: 20 minutes

Aim: To allow participants to get to know one another and understand their expectations of the workshop

Materials Needed

Flipchart and marker pens



Steps:

1. Ask participants to identify another person in the training that they have not met, or do not know very well.
2. Ask each pair to introduce themselves to each other, including some background on why they got involved with or want to get involved with local or national networks or community groups of people who use drugs or harm reduction services.
3. Each person must also share their main expectations of the workshop.
4. After five minutes bring people back together and ask them to introduce their partner (name and background) and their expectations.
5. Note the expectations on a flipchart.
6. After everyone has presented, review the expectations and discuss them in

relation to the workshop's main objective (listed below).

7. Take note of expectations and tailor the workshop to cover these as far as possible.

Facilitators' Notes

As an alternative activity, or as part of the above activity, request participants to write their expectations on sticky notes, which can be put on the flipchart. They can then be read out, discussed and kept for review during the training.

Workshop objectives:

Details: 3 minutes Slide 6

The workshop has two parts (with the second focusing on policy makers), with interlinking objectives:

Part 1:

- To introduce people who use drugs to the *IDUIT* and *Brief Guide*
- To build capacity around best practices
- To build capacity to use the *IDUIT* and Brief Guide for programming and advocacy
- To prepare community members for dialogue with service providers and policy makers (which will be held on the third day)

Part 2:

- To raise policy/decision makers' awareness of the critical role that the community of PWUD plays in the implementation of effective HIV programmes for PWID

Overview of the agenda

Details: 2 minutes Slide 7

Briefly go through the three-day agenda with participants.

Facilitators' Notes

The facilitator may choose to do a baseline and final knowledge assessment. Whether to do this or not should be determined in line with the purpose of the seminar. For seminars that are more focused on gathering knowledge and opinions of participants, the knowledge assessment can be skipped. If the seminar is aimed more at teaching participants about the content of the *IDUIT*, then the knowledge assessment may have some value in evaluating its success. Should the facilitator choose not to use the knowledge assessment, the content of the evaluation sessions at the beginning of the second and third days of the seminar can be noted and used in the evaluation report.

The same knowledge assessment is used at the beginning and end of the workshop. It is included in the handout section for printing, and is also included below to assist in providing instructions to participants.

Optional activity: baseline knowledge assessment

Details: 15 minutes Slide 8

Aim: To assess participants' knowledge of issues of relevance to HIV and HCV in the context of injecting drug use

Materials Needed

Printouts of the assessment sheets (in handout section of manual)

Steps:

1. Tell participants that they need to answer a short, anonymous knowledge assessment at the beginning and end of the workshop.
2. Hand out copies of the assessment.
3. Tell the participants that:
   - they should not consult with one another during this activity.
   - they have 10 minutes to complete the assessment.
   - they should include their place of birth and favourite food on the form.
   - the assessment is anonymous, but these details help to link the assessments.
4. Collect the assessments after 10 minutes.

Session 3: The IDUIT and Brief Guide: Background, Rationale, Structure and Principles

Session: ◑ 30 minutes Slides 9–23

Relevant section of the *IDUIT*: pages xi-xvii

Aim: To set the scene for the workshop

Learning objectives:

- To increase participants' understanding of the background to, rationale for, and development of the *IDUIT*
- To get a common understanding of the principles guiding HIV and HCV programmes

Expected outcomes:

- Participants will understand why the *IDUIT* was developed and how it aligns with global policy, commitments and targets to end AIDS.
- Participants will have increased awareness of declarations by and demands by PWUD to realise their human rights.
- Participants will become familiar with the interventions included in the WHO/ UNODC/ UNAIDS comprehensive package of HIV services for PWID.

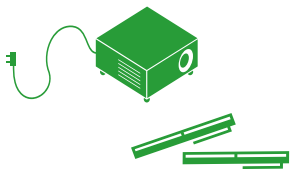
Main points:

- The UNAIDS Fast Track Strategy, the UNGASS Outcome Document and the 2016 Political Declaration on HIV and AIDS highlight the need to support efforts proven to reduce HIV infections among PWID, including those which support legal reform, reduce stigma and empower communities.

- The 2016 Political Declaration recommends that 30% of services be community-led by 2030.
- Most countries are very far from upholding their commitments in relation to the needs of PWUD.
- The *IDUIT* details the process on how to implement guidelines to meet the global targets.
- PWUD can use the *IDUIT* and *Brief Guide* to advocate for improved policy and practice at the national and local level.

Materials Needed

Slide projector



Flipchart and marker pens

Session components:

- Background and rationale (presentation)
- Overview of *IDUIT* (presentation)
- Guiding principles (interactive discussion)

Background and Rationale

Commitments to protect the health and rights of PWUD

Details: 1 minute Slide 9

Governments of countries throughout the world have signed a number of international agreements that express their commitment to protect the health and rights of people, including specifically people who use drugs.

Sustainable Development Goals

Details: 2 minutes Slide 10

In 2015, UN member states adopted the 2030 Agenda for Sustainable Development. There are 17 Sustainable Development Goals (SDGs), including goal 3.3 – to end the AIDS epidemic by 2030 – and others relevant to the health and well-being of people who use drugs.
Click to read more

Commitments to end AIDS and expand community-led services

Details: 2 minutes Slide 11

In the United Nations Political Declaration on AIDS in 2016, countries reaffirmed their commitment to end AIDS by 2030 (including through expansion of access to community-led services, with 30% of services to be community-led.

UNAIDS will soon discuss (during the 42nd meeting of its Programme Coordinating Board) a recommendation that 6% of global funding be allocated to work on these issues.

UNGASS on the World Drug Problem (2016)

Details: 2 minutes Slide 12

In April 2016, countries adopted the UN General Assembly Special Session on the World Drug Problem Outcome Document. It calls for a health-oriented, gender-sensitive, human rights-based response to the world drug problem and commitments to the relevant SDGs. It builds on international conventions that do not mandate the criminalisation of people who use drugs.
Click to read more

UNAIDS Fast-Track Strategy

Details: 2 minutes Slide 13

UNAIDS has a fast-track strategy to promote rapid acceleration of HIV prevention and treatment services. The strategy specifies what percentage of people should have access to key prevention and treatment services by 2021.

UN Guidelines

Details: 1 minute Slide 14

UN Guidelines based on scientific evidence recommend specific interventions for people who use drugs so that countries can live up to their commitments.

WHO Guidelines

Details: 2 minutes

The WHO published guidelines on prevention, diagnosis, treatment and care for key populations which also address:

- reform of laws, policies and practices
- stigma and discrimination
- enhanced community empowerment.

UNAIDS is expected to discuss a recommendation that 6% of global AIDS funding be allocated to addressing social enablers at the 42nd meeting of its Programme Coordinating Board.

You can refer to these commitments and declaration when advocating for support for your work to provide community-led health and social services and promote human rights.

Comprehensive package of services for PWID

Details: 2 minutes Slide 15

WHO, UNODC and UNAIDS published guidelines on the comprehensive package of HIV prevention, treatment and care of PWID. The package of services includes:

1. Needle and syringe programmes (NSPs)
2. Opioid substitution therapy (OST) and other evidence-based drug dependence treatment
3. HIV testing and counselling (HTC)
4. Antiretroviral therapy (ART)
5. Prevention and treatment of sexually transmitted infections (STIs)
6. Condom programmes for PWID and their sexual partners
7. Targeted information, education and communication (IEC) for PWID and their sexual partners
8. Prevention, vaccination, diagnosis and treatment for viral hepatitis
9. Prevention, diagnosis and treatment of tuberculosis (TB)
10. Community distribution of Naloxone.

Most UN documents refer to nine interventions. The tenth (on community distribution of Naloxone) comes from the WHO Consolidated Key Population Guideline (2016).

Declarations by PWUD

Details: 1 minute Slide 16

Community empowerment of PWUD is gaining momentum. Introduce the International Network of People Who Use Drugs (INPUD), established in Vancouver in 2006. Its manifesto and founding document is known as the Vancouver Declaration. It reclaims the right to self-representation and self-empowerment through collective action. It

outlines activists' aim to replace prohibition with policy informed by harm reduction sensibility, which respects the rights and dignity of people who use drugs. Refer participants to the handout on the Vancouver Declaration (2006). Highlight that in 2015 INPUD released a consensus statement developed by people who use drugs. The statement defines their human rights that need to be fulfilled. Additional information is provided on page 8 of the *IDUIT*.

Current state of coverage of harm reduction services

Details: 2 minutes Slide 17

In spite of the commitments governments made and the concrete recommendations on how to achieve them, the needed policies and practices are rarely implemented and PWUD continue to suffer as a result.

- Only 10% have access to NSP.
- Only 8% have access to OST.
- Only 14% have access to ART.
- PWUD are still criminalised.
- PWUD face stigma and discrimination.
- PWUD are often not adequately mobilised to engage in policy dialogue and in providing services.

Facilitators' Notes

Refer participants to page 8 of the *IDUIT* for the Vancouver Declaration and the INPUD website for the INPUD consensus statement on the rights of people who use drugs and their demands.
Click here for read more

The facilitator should prepare a couple of slides on the evolution of the HIV epidemic nationally and its impact on people who use drugs, as well as information on access to and availability of interventions such as needle and syringe programmes and OST. This will help to place the workshop in a country context. The slides included provide an example of global-level information.

Overview of the *IDUIT*

Details: 5 minutes Slides 18–21

Introduction

Details: 2 minutes Slide 18

The *IDUIT* was developed to help governments and communities work to improve health and protection of rights of people who use drugs. It is based on UN guidance and the values and preferences of people who use drugs. It addresses services and also 'critical enablers': law and policy reform; addressing violence; community empowerment. Inform participants that this seminar is being held to help them use the *IDUIT* to promote better policy and practice.

There are implementation tools for other communities, too (1 min Slide 19)

Tools exist that focus on sex workers (referred to as SWIT), men who have sex with men (referred to as MSMIT) and transgender people (referred to as TRANSIT).

Overview of the *IDUIT* structure

Details: 1 minute Slide 20

The *IDUIT* provides guidance on how to implement HIV and HCV programmes with PWID. It targets health officials, managers of HIV and harm reduction programmes, civil society organisations, health workers and communities of PWID. It has five chapters; each one includes:

- descriptions of focal areas
- practical guidance
- case studies
- a comprehensive resource list.

The *IDUIT* Brief Guide for People who Use Drugs

Details: 1 minute Slide 21

- The Brief Guide highlights the key points in the *IDUIT*.
- It was written for people who inject drugs, as individuals or organising collectively.
- It contains checklists to help assess whether service provision and advocacy work are carried out in line with evidence-informed UN recommendations and known preferences of people who use drugs.
- Some content in this Brief Guide is not addressed in the *IDUIT* but is informed by User-Activists' Views on Best Practice in Harm Reduction, which gives an overview of the opinions and preferences of experts and activists from among the community of people who use drugs.

Optional activity: Guiding principles for HIV and HCV programmes

Details: 7 minutes Slide 22

Use the activity below to go through the guiding principles included in the *IDUIT*.

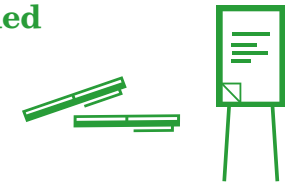
Facilitators' Notes

If time is limited, skip the exercise and present the guiding principles on Slide 22.

Aim: To discuss important principles in HIV and HCV programmes with PWID

Materials Needed

Flipchart and marker pens



Steps:

1. Ask participants to name important principles (i.e. values, beliefs, standards) they feel should guide HIV and HCV programmes for PWID.
2. Write down the suggested principles.
3. For each one, ask participants why they feel their suggested principle is important.
4. At the end of the exercise compare the list with those included in the *IDUIT* (see below and Slide 22).
5. Note and discuss any principles that were missed.

The *IDUIT's* guiding principles:

- Human rights
- Community empowerment
- Community participation and leadership
- Acceptability of services

- Access to justice
- Access to quality health care
- Health literacy
- Integrated service provision

These are explained on page xxi of the *IDUIT*. The important principles of equality and non-discrimination run through its various chapters.

Conclusion: Using the *IDUIT* and *Brief Guide*

Details: 1 minute Slide 23

- They can help you learn about state-of-the-art policy and practice to ensure the health and rights of PWUD. Knowledge is power!
- You can check whether programmes for people who use drugs in your country or city are living up to international standards. The checklists in the Brief Guide will be especially helpful for this.
- You can use the *IDUIT* and Brief Guide to show your government officials, service managers, and police the international standards they should be living up to.

Session 4: Community Empowerment

150 minutes Slides 24–37

Relevant section of the *IDUIT*: pages 1-26

Relevant section of the *Brief Guide*: pages 8-9

Aims:

- To build understanding of why empowerment of PWUD is essential in HIV and HCV programming
- To facilitate the sharing of ideas amongst PWUD about how to stimulate empowerment within their own communities
- To help communities develop arguments to convince national or local officials or service providers that their empowerment is important

Learning objectives:

To increase understanding of:

- key elements of community empowerment
- principles of meaningful engagement in drug policy, outreach and service provision
- establishing effective networks of people who use drugs
- how to use the *IDUIT* to advocate for involvement of people who use drugs

Expected outcome:

Participants will have a deeper understanding of how people who use drugs and organisations or networks of people who use drugs can be empowered to mobilise to improve the rights, health and well-being of PWUD.

Main points:

- Key elements of community empowerment
  - Cooperation between communities of PWUD and other organisations
  - Fostering outreach and service provision led by PWUD
  - Adapting to local needs and contexts
  - Developing organisations of PWUD
  - Strengthening organisations and building capacity
  - Shaping policy and creating enabling environments
  - Sustaining the movement
- The progress of community empowerment should be monitored

Materials Needed

Slide projector

Flipchart and marker pens

Session components:

- Understanding community empowerment (case study and discussion)
- Unpacking the elements of community empowerment (small group discussions and teach-back)

Community empowerment

Details: 5 minutes Slide 24

Community empowerment is much more than the involvement of people who use drugs in programmes. This module explores the different elements of community empowerment and how it affects the social, cultural, political and economic factors that impact on health. Empowerment of PWUD is essential to ensure that PWUD are influencing planning, implementation and monitoring of HIV and HCV programmes. By forming groups and networks, communities of PWUD can do practical things to strengthen their capacity for harm reduction and advocacy.

This session will give participants a chance to reflect on case studies, share their experiences and learn about the model used for community empowerment included in the *IDUIT*.

Part 1: Understanding community

Details: 30 minutes Slides 25–26

1. Divide participants into four small groups by counting from 1 to 4 and repeat.
2. Ask them to discuss in small groups:
   i) What is community?
   ii) What is community empowerment?
   iii) What are the differences between a community-based organisation and a community-led organisation?
3. After 15 minutes, ask the groups to present their answers and discuss.

If needed, show Slide 26 for points from the *IDUIT* on community-led organisations.

- It is crucial to note that community-led organisations (i.e. those led by and for people who inject drugs) are not the same as generic community-based organisations.
- In community-led organisations, power and decision making lie in the hands of community members. In a national or international NGO, power may reside only with limited numbers of the community, or, more commonly, with administrators who are not community members.
- It is the self-determining and self-governing nature of an organisation, and its commitment to pursue the goals that its own members have agreed upon, that makes it a genuinely community-led organisation.

Activity: Case studies around community empowerment

Details: 55 minutes Slides 27–29

Aim: To use a case study of a community-led intervention to draw out and discuss key elements of community empowerment

Materials Needed

Community empowerment case studies included in the IDUIT

Flipchart, paper and pens for each group

Steps:

Group case discussion

Details: 20 minutes Slide 27

1. Divide participants into groups of up to 10.
2. Give each group a few sheets of A4 paper, flipchart paper and pens.
3. Allocate each group a case study.

   The two case studies included in the *IDUIT* are:

   - Organising to shape government policy in Indonesia (box 1.9, page 21)
   - Community advocacy for improved OST in Australia (box 1.10, page 22)

Facilitators' Notes

Consider developing and using case studies from your local context to highlight issues around community empowerment.

4. Invite one group member to read the case study out to their group.
5. Each small group should discuss the questions below and note their answers (Slide 27):
   - What does community empowerment mean to you?
   - What top five things do you feel are essential to empower communities?
   - What do you think makes this case study remarkable?
   - What challenges do you think such a project would face in your context?

  - What do you think could facilitate such a project to succeed in your context?

6. Give groups 20 minutes, then bring them together to share their answers.

Plenary feedback and discussion on community empowerment

Details: 15 minutes Slide 28

1. Select a group to report back to the plenary on its definition of community empowerment. Encourage other groups to share elements that were not included or differ from this.
2. Share the definition below, used in the *IDUIT*.

Community empowerment is a process whereby groups of people increase control over their lives.

It means more than involvement, participation or engagement:

- It implies community ownership, and action that explicitly aims at social and political change.
- It addresses social, cultural, political and economic factors that affect health.
- It seeks to build partnerships with other sectors in finding solutions.

Plenary feedback and discussion on case studies

Details: 20 minutes Slide 29

1. Ask a member of one group to give a summary of case study 1. Ask that person to also share important elements of the case study around community empowerment. Encourage other participants who focused on this case study to add to this.
2. Repeat this process for case study 2.
3. Show the key elements of community empowerment in the *IDUIT*, alongside Slide 29.
4. Compare the lists of elements developed by the groups with this figure. Discuss any elements that were missed.
5. Conclude by linking the elements highlighted in the case study to the *IDUIT* community empowerment figure (below).

Meaningful Involvement

Details: 15 minutes Slide 30–31

Presentation on meaningful involvement

Details: 5 minutes Slides 30–31

- International guidelines recommend that PWID be involved in the planning, implementation, monitoring and evaluation of programming.
- PWUD should be represented in decision-making bodies, such as committees or working groups that plan and evaluate drug policy and health policy relevant to PWUD. It is not enough for them just to be present during meetings.
- PWUD should select their own representatives. Sometimes NGOs or government officials will select people on their own. The people they select may not express the views of the community they represent.
- PWUD should be given opportunities to be educated on international guidance and issues in their own countries as their views are both experiential and evidence-based.
- PWUD should be given opportunities to have facilitated meetings to identify advocacy priorities and prepare to articulate them.
- People from the PWUD community who participate in high-level planning and evaluation activities should be accountable to the people they represent. They can do this by gathering feedback from their constituents and informing them on results of participation.
- It is important to have a national network/union/association of PWUD with funding to carry out secretariat functions for people representing PWUD in high-level meetings.
- It is helpful to have a community advisory board or local PWUD-led organisation or group to be involved in local-level decision making (i.e. to interact with harm reduction service providers).
- Intersectionality: when decisions are made about subgroups of PWUD, for example women who use drugs or MSM who use drugs, it is essential that representatives of those subgroups be involved.
- Involvement in providing services is also essential and will be discussed in more depth tomorrow as we discuss harm reduction services.

Discussion: 10 minutes

Ask participants for feedback on the state of meaningful involvement in the city/country. Ask about strengths and weaknesses. Take notes on flipchart.

Organisations of people who use drugs

Details: 45 minutes Slides 32–37

Organisations of people who use drugs

Details: 2 minutes Slide 32

- Can have important roles to play at the local and national levels in dialogue about:
  - drug policy
  - health and social services

- Organisations of PWUD may exist as:
  - national networks/associations/ unions
  - local formal or informal groups or organisations
- Important considerations for organisations of people who use drugs include:
  - governance
  - project management
  - resource mobilisation
  - developing partnerships

Governance

Details: 3 minutes Slide 33

- Good governance means the responsible management of an organisation's strategic vision and resources. It includes:
- Transparency (i.e. it is easy for the organisation's members and partners to see what, how and why decisions are made)
- Accountability – organisation leadership and/or community representatives gather input from and provide feedback to their constituents (the people they represent). *Emphasise that this relates to the organisation's leadership as well as to people representing the community of people who use drugs on decision-making bodies outside the organisation, such as a national AIDS committee or a local community advisory board.*
- The board (the committee that leads the organisation) should be made up of people who use drugs, and may include allies with the connections and influence that can help the organisation achieve its goals.

Project Management

Details: 1 minute Slide 34

Organisations must:

- develop and follow realistic work plans and budgets that are in line with their vision and mission
- design projects in line with local and international good practices
- ensure that projects are responsive to the needs of their members.

Resource Mobilisation

Details: 3 minutes Slide 35

- Resource mobilisation is not just about fundraising but also involves recruiting volunteers, finding in-kind donations and developing partnerships.
- Resource mobilisation must be in line with the organisation's vision and mission. *Sometimes donors may offer organisations funds to do things that are not of high priority. Taking such money can take valuable staff time away from real priorities.*
- It may be possible to raise funds from members of the organisation, i.e. through a small monthly or annual membership fee. *This enhances a sense of ownership, but the sum should not be so high as to exclude people from joining. A scaled membership fee may be considered.*
- There may be government funding available for services. What capacities do community-led organisations need in order to apply for and manage these funds? What capacities does the organisation need to apply for and successfully manage these funds?

- When funding is inadequate it is important to partner with organisations to engage in budget advocacy (to advocate for state funds) or to advocate to donors to allocate needed funds.

Developing partnerships

Details: 3 minutes Slide 36

- Advocacy work is almost never done by a single organisation, but by coalitions.
- People who use drugs have unique knowledge and perspectives to contribute to partnerships.
- Partners can help enable members of groups of people who use drugs to join committees that oversee health programmes, or provide access to politicians and other officials.
- Partners can help guide people who use drugs who are unfamiliar with formal meeting processes, or with protocol for dealing with officials, enabling them to learn how to participate and engage effectively.
- People who use drugs should seek respectful and supportive allies who value their input and are serious about meaningful engagement.

Possible partners include:

Details: 3 minutes Slide 37

- NGOs that provide harm reduction services
- other community-led and community-based organisations and NGOs
- community-led networks and organisations of sex workers, men who have sex with men, transgender people, young key populations, and people living with HIV
- local women's organisations, faith-based organisations and other community groups or relevant organisations with a focus on gender-based violence, human rights, access to health, access to justice, adult education and skills building, and a range of other social issues and entitlements
- governmental organisations, such as policy makers, law enforcement, health and social services social programmes.

Discussion: 30 minutes

Facilitate a group discussion based on the following question:

- What are the strengths and weaknesses of national and local organisations of people who use drugs?

Prompt participants to address governance, project management, resource mobilisation and partnerships.

Make note of the highest-priority strengths and weaknesses.

Alternatively, the discussion could be guided by the chart of Monitoring Indicators for Empowerment of People who Use Drugs, Table 1.2, page 25 of the *IDUIT*.

Session 5: Legal Reform and Human Rights

90 minutes Slides 38–44

Relevant section of the *IDUIT*:
pages 29–48

Relevant section of the *Brief Guide*:
pages 10–12

Aim: To provide practical advice on how to address human rights issues faced by PWUD, by exploring approaches for legal and policy reform, including ways to monitor interventions to promote and protect human rights

Learning objectives:

To gain an understanding of:

- advancing human rights
- documenting human rights violations
- addressing stigma and discrimination
- developing local programming to reduce stigma and discrimination

Expected outcomes:

- Increased awareness of protection of the rights of PWUD
- Familiarity with different approaches to advance the rights of PWUD

Main points:

- Reviewing and reforming laws and policies
  - Removing criminal sanctions for drug use and possession for personal consumption
- Advancing human rights
  - Access to justice
  - Documenting human rights violations
- The progress of legal reform, enhancing rights and efforts to address stigma and discrimination should be monitored

Materials Needed

Slide projector

Flipchart and marker pens

Session components:

- Introduction to human rights (brainstorm)
- Overview of UN protections of human rights, and human rights declarations by PWUD (presentation)
- Legal reform (case study discussion)
- Advancing human rights (activity)

Introduction

Details: 2 minutes Slide 38

Tell participants that this session will start by exploring their understanding of human rights and reflecting on international conventions around human rights, along with documents and statements introduced earlier concerning the rights of people who use drugs.

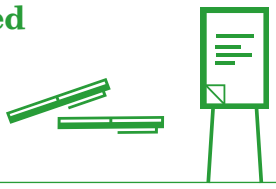
Activity: Human rights brainstorm

Details: 10 minutes Slide 39

Aim: To emphasise that all people have human rights and that these are protected by global and local laws

Materials Needed

Flipchart and marker pens



Steps:

1. Ask people in the larger group to give examples of human rights. Note these down on the flipchart.
2. Ask people why they think rights are important.
3. Ask the group to explain why rights apply to PWUD.
4. Ask participants to give examples of human rights violations experienced by themselves or by someone they know.
5. Based on the answers, encourage the group to come up with a simple understanding of human rights.

Reviewing and reforming policy

Details: 15 minutes Slides 40–41

After the brainstorming activity, emphasise how rights violations commonly affect PWUD, particularly in contexts where drug use is criminalised. The interaction between rights violations and the risk of infectious diseases is well documented, and this combination drives the HIV and HCV epidemics among PWUD.

Reflect on the introduction section, noting that the international conventions around drug use contain flexibilities that allow a country to refrain from criminalising the possession of drugs for personal consumption.

Explain that laws criminalising the use or possession of drugs or of injecting equipment:

- can deter PWUD from seeking services due to fear of arrest and prosecution
- can impede the effectiveness of HIV and HCV responses.

Tell participants that harm reduction refers to policies, programmes and practices that primarily aim to reduce the adverse health, social and economic consequences of the use of licit and illicit drugs.

Explain that while drug possession is criminalised in most countries, several have changed their laws to protect the rights and improve the health and well-being of citizens. Direct participants to the *IDUIT*, where a legal framework for law reform is provided along with several examples of how law reform has taken place.

Present the case study of Portugal (slide 41, page 36 in the *IDUIT*) to document the improved health benefits from law reform. Explain how since 2001 Portugal has used administrative charges for people who use drugs, which includes referral to health, social, legal and other services. Portugal's rate of drug use is lower than the European average and HIV and HCV infection rates have decreased. Even though drug policy reform can go further to protect the rights of PWUD, remind participants that they can still use the example of Portugal in their advocacy work.

Facilitators' Notes

Encourage participants to share their knowledge of law reform in their country or region. If recent developments have taken place, structure discussions around these, noting positive health outcomes in other countries, including Portugal.

Advancing human rights

Details: 6 minutes Slide 42

Explain that there are many ways to advance the rights of PWUD. The *IDUIT* provides descriptions, examples and case studies of how to do this (pages 37-49), specifically relating to:

- increasing access to justice
- documenting human rights violations
- addressing violence and other barriers from law enforcement officers
- ending forced or compulsory treatment
- increased access to health services in detention
- advocating for gender-responsive harm reduction services.

While it is not possible to cover all of these aspects in the training, activities focusing on two of these areas will take place:

1. Increasing access to justice and legal literacy (placeholder on Slide 43, instructions below)
2. Documenting human rights violations (placeholder on Slide 44, instructions below)

Facilitators' Notes

Adapt the activities for the local context, and use local examples where appropriate. You may also wish to adapt their number, depending on the size of the group.

Activity: Advancing human rights

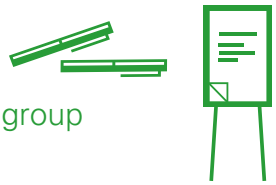
Details: 17 minutes Slides 43

Aim: To provide participants with five case studies illustrating the effectiveness of legal literacy and legal aid in addressing human rights.

Materials Needed

Slide projector

Flipchart, paper and pens for each group



Case examples included in the *IDUIT* (see below)

Steps:

1. Briefly introduce the session, show one case study slide (Slide 43) and talk very briefly about the other four (see *IDUIT* pages 38-40). Refer to summaries below. Each case study shows different approaches that can be successful:
   i. Indonesia: Around 120 people who use drugs have been trained across eight provinces in Indonesia to provide paralegal assistance to their peers whose drug-related cases are before the courts.
   ii. Ukraine: Organisations in Ukraine provide legal services through contracting individual lawyers or law firms. An additional benefit has been attracting new clients who come for the legal services and stay for the HIV prevention ones.

iii. Eastern Europe and Central Asia (EECA): Hand-help.ru is an online resource that provides easily understandable explanations of laws and regulations on drug use in the Russian Federation. A Regional HIV Legal Network was established in 2012, with support from UNDP and co-financing from the European Union. The network operates in nine countries in EECA and has a system to submit complaints online.

iv. Tanzania: Members of the Tanzanian Network of People who Use Drugs (TANPUD) and others in harm reduction programmes carry Know Your Rights cards to use in case of arrest. It has very often been found that the police are less likely to harass people who use drugs who have the card with them.

The card is made up of three basic sections:

a. Rights of the beneficiary (a person who uses drugs or who works with people who use drugs)
b. Responsibilities of the police
c. Responsibilities of the beneficiary.

The card can be used by people who are arrested to show that they know their rights and that the police also have legal responsibilities. It can be found in the *IDUIT* on page 40.

2. Give the groups 10 minutes to review the case study and answer the questions below:
   a. What lessons can be learned?
   b. How could these be applied in your context?
3. Ask the groups to share their responses to the larger group for a brief discussion.

Facilitators' Notes

Hand out and use cards from your context (if they exist) highlighting the rights and protections of PWUD in your country. Consider using this as the basis for the activity and discussion rather than the case studies and cards from other countries.

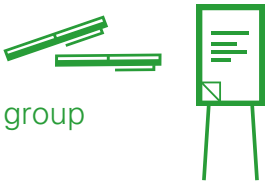
Activity: Documenting human rights violations

Details: 40 minutes Slide 44

Aim: To enable participants to understand how to record and document incidents of human rights violations

Materials Needed

Flipchart, paper and pens for each group



The '6W' guide for documenting human rights violations (*IDUIT*, page 43, box 2.9)

What
What violation occurred? What was the accusation made, the law cited or the weapon used?

Where
The street, building or facility, and the address

When
The time, day, date and year of the incident

Who
Who was the direct victim? Who were the perpetrators? Are there witnesses or other people with direct knowledge of the violation (e.g. medical staff, police, outreach workers)?

Why
Gather assessments or documentation from those most closely involved as to the circumstances, motivations, actions or words that led up to the violation.

How
How did the violation occur, and how did the victim's status as a person who uses drugs contribute to the violation?

Adapted from United Nations Development Programme, 2014, *Know Your Rights, Use Your Laws: Handbook for legal empowerment of people who live with or are at risk of HIV, their close ones, and service providers, UNDP, New York)* and Kaplan, K., 2009, *Human Rights Documentation and Advocacy: A field guide for organizations of people who use drugs, Open Society Institute, New York.*

Steps:

1. Introduce the purpose of the group work.
2. Split participants into three groups.
3. Explain the task: to develop a short case study of human rights violations based on a real event they are aware of or have experienced themselves.
4. Have participants write this up on a flipchart (15 minutes).

Have each group report back to the plenary and assess their case study against the 6W Guide from the *IDUIT*. Stimulate a discussion around this (8 minutes for presentation, critique and discussion per case study). Emphasise that answering each of the 6W questions (what, where, when, who, why, how) is essential to effectively record and document incidences of human rights violations.

Facilitators' Notes

Using the 6W Guide from the *IDUIT* (page 42), go through each case study from the group work, and check that all the 6W questions have been addressed. Facilitate discussion with participants and encourage them to identify what is missing. Further information for you to cover during discussions is found on pages 40-42 of the *IDUIT*.

Session 6: Recap and Closure

Activity: Reflections on the day

Details: 30 minutes Slide 45

Aim: To wrap up the day and summarise key points around the topics covered

Learning objective:

Participants will learn what their main advocacy priorities are

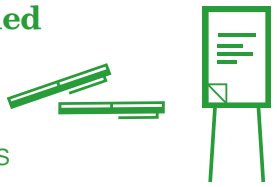
Main point:

Having a limited number of specific advocacy priorities will help PWUD achieve their advocacy goals

Expected outcome:

Advocacy priorities will be identified for further use during the policy dialogue on the third day of the seminar or for use in subsequent advocacy work.

Materials Needed



Flipchart and pens

Sheet of blank paper (A4) for each participant

Session components:

- Group work
- Reporting back from group work and recording priorities for later use

Steps:

1. Break the participants into three groups. Each group will discuss one of the following topics:
   - Legal reform
   - Human rights
   - Community empowerment.
2. Give the groups 20 minutes to decide, based on the day's discussion, which two key priorities they would like to highlight as areas where change is needed during the dialogue with policy makers on Day 3.
3. Give each group three minutes to report back on the priorities they chose.
4. In preparing for the policy dialogue, the facilitator should take note of the priorities they chose for use, and add them to slide 109.

Day Two

Session 7: Welcome, Recap and Planning

Session: 30 minutes Slides 46–48

Aim: To review key lessons from Day 1 and to have a preview of plans for Day 2

Learning objectives:

- Participants will be reminded of key points covered on Day 1
- Participants will identify learning priorities for the day

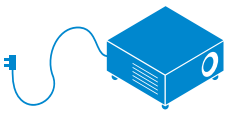
Expected outcome:

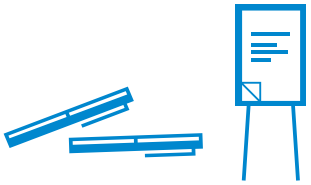
Guidance on the priorities that should be covered as part of the second day

Main point:

Overview of local HIV and HCV services and learning priorities

Materials Needed

Slide projector 

Flipchart and marker pens 

Sheets of plain paper (one per participant) 

Session components:

- Recap (exercise)
- Refinement of agenda (discussion)

Introduction

Details: 5 minutes Slide 46

Welcome people to the second day of the workshop. Complete relevant registration forms. Use the activity below to reflect on important things people learned on the previous day.

Activity: Top 5

Details: 15 minutes Slides 47

Aim: To highlight learning from the previous day

Materials Needed

Plain sheet of paper 

Steps:

- Ask participants to think about yesterday's training. Remind them of the areas covered.
- Give them 5-10 minutes to write down the five most important things they learned yesterday.
- Encourage them to share items on their lists, without repeating points.

Plan for the Day

Details: 10 minutes Slide 48

After the activity, inform participants that today's sessions will cover stigma (a continuation of discussion from *IDUIT*, Chapter 2); health and support services (Chapter 3); service delivery approaches (Chapter 4) and programme management (Chapter 5).

The *IDUIT* provides information on how to implement these activities with or by communities of PWUD. It also includes comprehensive resource lists of more detailed guidance on specific elements. The Brief Guide provides checklists you can use to check whether programmes in your country or locality are living up to international standards.

Inform participants that they will learn about stigma and international standards for health and support services. Note that, throughout the day, their country's achievements will be highlighted alongside the priority changes needed and the community's capacity to contribute to making those changes. The community may want to raise and discuss these points during the meeting with policy makers/service providers on the third day.

Session 8: Stigma and Discrimination

Session: 30 minutes Slides 49–55

Relevant section of the *IDUIT*:
pages 49-55

Relevant section of the Brief Guide:
pages 13-14

Aim: To increase understanding of how stigma and discrimination affect PWUD and outline strategies to address these issues

Learning objectives:

- Participants will gain an understanding of types of stigma
- Participants will develop greater insight into local-level programmatic interventions to address stigma and discrimination
- Participants will learn about strategies to reduce stigma and discrimination in the broader community

Expected outcomes:

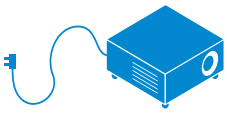
- Increased awareness and understanding of the ways that stigma and discrimination affect PWUD
- Increased knowledge of interventions to reduce stigma towards PWUD

Main points:

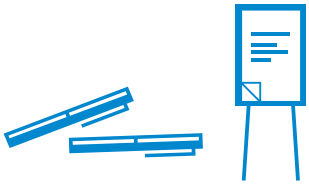
- Involvement of PWUD in local-level programming can be effective in reducing stigma and discrimination.
- Attitudes towards PWUD can be changed through engaging with the media and stakeholders and providing PWUD with a voice.

Materials Needed

Slide projector



Flipchart and marker pens



Handout of anonymous survey

Session components:

- Anonymous survey (exercise)
- Introduction to stigma and discrimination (brainstorm)
- Stigma and discrimination activity

Introduction

Details: 5 minutes Slide 49

People who use drugs regularly experience structural violence in the form of stigma and discrimination. The language, policies and practices of legal, health and educational institutions and the media often create, reinforce and perpetuate this stigma.

This makes it more difficult to reform drug laws or properly resource HIV and HCV prevention, diagnosis, treatment and care programmes for people who use drugs. Stigma can lead to toleration of human rights violations against people who use drugs and is also used to legitimise discriminatory practices.

Explain that this session will explore different dimensions of stigma and cover some practical actions that participants can advocate for or get involved in to reduce stigma and discrimination.

Understanding stigma and discrimination

Details: 5 minutes Slides 50–51

Ask participants to develop a definition of stigma and discrimination. Add to it as needed (Slide 50).

Compare in relation to the UNAIDS terminology guidelines (2015) (Slide 51).

Note that UN guidance (UNAIDS, WHO, UNODC) emphasises the importance of addressing stigma in HIV programming. Reduction of stigma is considered a 'social enabler' or 'critical enabler' together with protection of human rights and legislative reform (as mentioned on Day 1).

What does stigma look like?

Details: 15 minutes Slide 52

Aim: To explore different forms/expressions of stigma

Steps:

1. Introduce the session and explain the aim.
2. Discuss each of the types of stigma, asking the audience for specific examples under each heading.
   a Stigma from individuals – e.g. people locking up their valuables when visited by a person who uses drugs
   b Institutional stigma – e.g. treatment guidelines that exclude people who use drugs
   c Self-stigma (internalised) – e.g.

people who use drugs feeling that they are bad people

d Stigma by association – e.g. stigmatisation of people who work with people who use drugs.

Facilitators' Notes

Write up the types of stigma under separate headings on flipchart paper, and ask participants to add examples under each heading. This can be done on rotation – as individuals or groups. Affix the pieces of flipchart paper onto the wall if it makes the exercise easier. Following the activity encourage participants to explain the examples of stigma they have chosen and why they have been placed under their respective headings. Refer to page 50 of the *IDUIT* for additional information and examples.

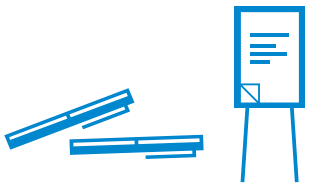
Activity: Brainstorm and discussion on local-level programming to reduce stigma and discrimination

Details: 20 minutes Slides 53–55

Aim: To learn about ways to engage with local programming to reduce stigma and discrimination.

Materials Needed

Flipchart and marker pens



Steps:

1. Ask participants to give examples of how stigma and discrimination can be addressed.
2. Refer back to the classification of stigma used in the earlier exercise (self-stigma, stigma from others, institutional stigma and stigma by association).
3. Facilitate discussion among participants to develop concrete examples of interventions that could be used to reduce stigma and discrimination. Note these interventions and approaches on the flipchart.
4. Encourage participants to think about any interventions listed in the *IDUIT* that have not yet been suggested, including those listed in the background information section below (use Slide 54 to support the discussion).
5. Summarise key points of the session (Slide 55).

Facilitators' Notes

It is not possible to cover everything in the *IDUIT*. Encourage participants to review the case studies and resources provided in the *IDUIT* to address stigma within organisations (page 51) and in the broader community (pages 52–54).

People who use drugs engage in processes to identify their problems, analyse causes, identify priorities and develop solutions. International guidance, including the *IDUIT*, recommends that services engage in this way with people who use drugs because such methods strengthen programme relevance, build life and relationship skills and help ensure the long-term success of programmes. People who use drugs can refer to the *IDUIT* and the Brief Guide when advocating for their involvement in reducing stigma.

Programmes should monitor and evaluate efforts to address stigma, discrimination and violence. Potential indicators and options to do this are provided on pages 54–55 of the *IDUIT*.

Session 9: Health and Social Services

●●●● 240 minutes Slides 56–93

Relevant section of the *IDUIT*: pages 57–94

Relevant section of the *Brief Guide*: pages 15–27

Aims:

- To learn about internationally recommended standards for HIV and HCV services for PWUD
- To evaluate local and/or national services from the point of view of people who use drugs
- To identify priority topics for discussion with policy makers/service providers or for further advocacy or actions by people who use drugs

Learning objectives:

- Participants will learn about key recommendations concerning:
  1. NSPs
  2. OST
  3. SRHR
  4. Services for WWID
  5. HTS and ART
  6. Hepatitis services
  7. Overdose
  8. Drug checking (addressed in the Brief Guide not the *IDUIT*)
- Participants will form opinions on priority areas for advocacy and action by people who use drugs

Expected outcomes:

- Increased awareness of *IDUIT*- and PWUD-recommended approaches to key services
- Identified priorities for further action

Main points:

- NSPs (definition, commodities, good-practice principles, peer outreach workers)
- OST (definition, common medications, process, good-practice principles)
- Hepatitis (epidemiology, definition, prevention, diagnosis, work-up and treatment)
- HTS and ART (definition, counselling, different testing modalities, adherence support)
- SRHR (contraception, perinatal services, condoms and lubrication, sexual assault)
- Overdose (prevention, management, community-led Naloxone distribution)

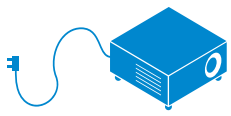
Approach:

Presentation and group work. In each of the four hour-long blocks, present key points from the *IDUIT* on two types of services, followed by group work. In group work, participants will discuss how services in their countries live up to *IDUIT* recommendations, and identify priorities for change. It is recommended to build the four blocks as follows:

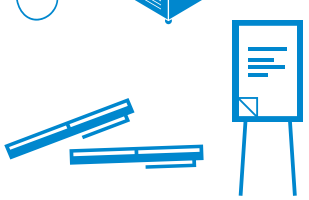
1. OST & NSPs
2. HTS and ART & hepatitis services
3. SRHR & WWID
4. Overdose & drug checking

Materials Needed

Slide projector



Flipchart and marker pens



Session components:

Presentations and group work

Introduction

Details: 5 minutes Slide 56–57

Aims:

- To learn about international recommendations on quality services for people who use drugs
- To identify achievements in the country in relation to international/*IDUIT* recommendations
- To identify priority changes needed to live up to international/*IDUIT* recommendations
- To identify how the PWUD community can contribute to improving quality of and access to needed services

Approach:

1. Presentation of an overview of international standards from the *IDUIT*
2. Group discussion of how this country/city measures up and identification of priority achievements, changes needed, and actions that can be taken
3. Discussion at the beginning of the third day of priorities to be addressed with policy makers/service providers

Key services to be addressed include:

- NSPs
- OST
- SRHR
- Services for WWID
- HTS and ART
- Hepatitis services
- Overdose

- Drug checking (inform participants that drug checking is not covered in the *IDUIT* but is included here because it was a priority identified by people who inject drugs, and is addressed in the *Brief Guide*)

Explain that you will work through the services in four blocks, each covering two of the services. First there will be a PowerPoint presentation on content from the *IDUIT* and *Brief Guide* highlighting the key internationally recommended practices.

Facilitators' Notes

- Depending on whether the participants intend to work at the national level or local level, the facilitator can guide them to hold discussions in relation to the relevant approach to services.
- Be flexible and adapt the day's activities based on the group's priorities and learning needs. Services that are not relevant to the country can be removed from the presentation and discussion.
- Using one flipchart sheet for each service discussed, take careful notes on the key priorities identified by participants, for use at the end of the day when they will select which ones to discuss with policy makers.

Block 1: Needle and Syringe Programmes (NSPs) and Opioid Substitution Therapy

Details: 55 minutes Slides 58–67

Relevant section of the *IDUIT*: pages 62–71

Needle and syringe programmes

Open the discussion around NSPs using the placeholder slide (Slide 58).

Overview

Details: 3 minutes Slide 59

- NSPs are programmes that primarily distribute sterile injecting equipment.
- The provision of sterile injecting equipment through NSPs is highly effective in reducing transmission of HIV and hepatitis B and C.
- NSPs should also have systems in place for returning, collection and destruction of used injecting equipment.
- Strict exchange (requiring people to return used needles and syringes) is not advised.
- Strict exchange is a barrier to effective HIV response.
- Equipment should be provided regardless of returns.
- A system should be provided to increase returns and collection of used equipment in the community.
- NSPs increase access to other health and social services.

NSP commodities

Details: 3 minutes Slide 60

- Sterile needles and syringes (ideally low-dead-space syringes)
- Condoms and lubricant
- Filters
- Sterile water
- Alcohol and cotton swabs
- Spoons
- Puncture-proof containers
- Acidifiers
- Tourniquets

Ideally, NSPs also:

- distribute IEC materials
- provide referrals to quality and relevant health and social services
- have Naloxone available for overdose treatment.

Modes of NSP service delivery

Details: 3 minutes Slide 61

Fixed services	Mobile services
Drop-in centre – a safe place for PWUD to spend time and access services	Mobile clinics – services provided through an automobile that visits different areas
NSP programme centre – initial model for service provision	Outreach/backpack – outreach workers travel the streets providing services and commodities
Pharmacies, vending machines, drug treatment sites, etc	Secondary syringe distribution – people who inject drugs distribute needles and syringes

Drop-in centres – taking care of the whole person

Details: 2 minutes Slide 62

- Food
- Laundry facilities
- Showers/baths
- Comfortable seating area
- Sleeping space
- Computer/internet facilities
- Creche facilities

Best-practice characteristics of NSPs

Details: 3 minutes Slide 63

- low-threshold, easy to access
- offer a range of free commodities
- engage community members in the selection and distribution of commodities
- do not impose the strict exchange of needles and syringes
- do not restrict the number of needles and syringes provided and do not prevent secondary distribution
- offer a range of other support and care services
- have a safe disposal plan to prevent accidental hazards
- offer overdose prevention and management services
- use opportunities to discuss risk reduction with people who inject drugs
- integrated with and refer to other services
- continually assess results to understand the changing needs of their clients.

Opioid Substitution Therapy

Overview: 3 minutes Slide 64

OST is an effective, safe and cost-effective medical treatment. It is proven to:

1. reduce frequency of injecting heroin or other opioids
2. reduce the risk of overdose
3. reduce the risk of transmission of bloodborne viruses such as HIV and hepatitis C
4. reduce criminal activity
5. be effective in encouraging adherence to ART for people living with HIV, and adherence to TB treatment.

OST good practices

Details: 8 minutes Slides 65–66

- OST should be free of charge or affordable.
- OST should be offered in a welcoming, non-stigmatising and confidential environment.
- OST should be offered in a convenient location and at convenient times (enabling clients to work and go about their daily affairs).
- OST services should provide adequate doses to eliminate need for additional opioids in order to avoid feeling ill (adjusting doses as needed when other medical treatment, such as some antiretroviral medicines, requires it).
- Use of illegal drugs by OST clients should be handled in a non-punitive manner.
- People should be able to access the service long-term and should be offered a voluntary option to taper doses.
- Tapering doses should never be done without careful thought and discussion with service providers of additional support that may be needed.
- A range of OST medicines such as methadone, buprenorphine and diacetylmorphine (medical heroin) should be offered for clients to choose from.
- Once people are stable, take-home doses should be offered as well as documentation needed by clients who travel.
- Social integration support should be available on a voluntary basis.
- Services should work with family and friends to create a supportive environment for clients (while maintaining confidentiality).
- Services should address the special needs of pregnant women (including informing them about the risks involved with opting to stop OST treatment or illegal opioid use while pregnant, and consideration of the need to increase dosage with weight gain).
- Services should provide Naloxone and training in its administration.
- OST should be available for pregnant women who are opioid-dependent.
- OST should be available in prison.
- OST programmes should offer clients means of providing feedback on how to improve services and to advocate for change when necessary.

Group work on NSP and OST

Group work: 20 minutes

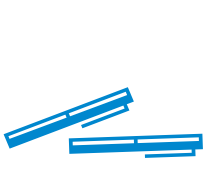
Reporting back: 10 minutes

Slide 67

Materials Needed

Handouts on good practices for OST and NSP

Flipchart and marker pens



After the presentations on NSPs and OST, ask the participants to break into two or four small groups. If there are OST programme clients present, have half the groups discuss OST and encourage these clients to join those groups; if there are none present, eliminate group work on this topic and ask all groups to discuss NSPs. Give the groups 20 minutes to discuss whether local/national services adhere to *IDUIT*-recommended practices. They should prepare to present back for 5 minutes on:

- the 3 main things that are going well
- the 3 main things that need to change
- how PWUD might get involved in promoting change.

Block 2: Testing and Treatment

Details: 60 minutes Slide 68–75

Relevant sections of the *IDUIT*: pages 72–76; 84–86

Open the discussion around testing and treatment using the placeholder:
Slide 68

Overview: 2 minutes Slide 69

- HIV and HCV testing services are an entry point to HIV and HCV prevention and treatment services and are essential to care and life-sustaining treatment for people living with HIV.
- Testing and counselling services can help link people to harm reduction services to prevent HIV transmission, and access treatment for HIV and hepatitis.

Voluntary testing and counselling good practices

Details: 8 minutes Slides 70–71

- Testing for HIV, HCV or TB should be done in line with the WHO's '5 Cs' principles:
- consent
- confidentiality
- counselling
- correct test results
- connected to follow-up services.
- Testing for HIV and HCV should be available outside of medical settings with the assistance of trained outreach workers.
- When rapid tests for HIV and HCV are used, clients should be assisted to access confirmation testing in medical settings in the case of positive results.

- All testing should be free of charge.
- Repeat testing for HIV and HCV (i.e. once every 6 months) should be offered.
- Self-testing for HIV should be made possible (whereby people are given test kits with instructions for private use).
- Staff of harm reduction services should be aware of the symptoms of TB and able to make referrals to testing and treatment services.
- TB screening should be available for people who use drugs living in countries where TB prevalence is high.

HIV and HCV treatment

Details: 2 minutes Slide 72

- Globally, people who inject drugs tend to have tragically low access to treatment for HIV, TB and hepatitis, despite strong evidence that treatment is as effective for people who use drugs as it is for other populations.
- People who inject drugs have lower rates of access to treatment. This is often due to:
  - stigma and discrimination
  - services not being adapted to their needs
  - excessively high drug pricing by pharmaceutical companies and limited will of governments to demand lower prices.

Good practices for treatment for people who inject drugs

Details: 8 minutes Slides 73–74

- Regulatory barriers excluding PWUD from access to treatment should be removed.
- Harm reduction services should help link people to care or offer CD4 testing and/or clinical check-ups in low-threshold settings (preferably with drug user-friendly physicians and clinics when possible).
- Adherence support, including peer support, should be offered for PWUD.
- OST should be available for people dependent on opioids who choose to enrol to support their treatment adherence. The WHO recommends that antiretroviral medicines be provided at OST sites.
- Specific fears and concerns of people who use drugs should be addressed in treatment literacy programing.
- PWUD with experience of treatment for the diseases should be engaged to provide peer support for treatment adherence and navigating access to medical and social services.
- People who drop out of treatment should be given special attention to address their reasons.
- Measures should be in place to ensure continuity of treatment for people coming into and out of prison.
- Services for HIV, hepatitis, TB and OST should be adequately integrated to ensure convenience for patients.
- PWUD should be engaged in efforts to reduce pharmaceutical pricing and increase access to medicines.

Group work on testing and treatment

Group work: 20 minutes

Reporting back: 20 minutes

Slide 75

Materials Needed

Handouts on good practices in testing and treatment

Flipchart and pens

After the presentation, ask the participants to break into two or four small groups. If there are any open-status PLHIV or people living with HCV present, encourage them to lead discussions on treatment in half of the groups. No one should be pressured to reveal their status, but rather they should be welcomed to do so if they want to. If there are no open-status participants present, have all groups discuss testing. Suggest that they discuss whether local/national services adhere to good practices and *IDUIT*-recommended practices. They should prepare to present back for 5 – 10 minutes on:

- the 3 main things that are going well
- the 3 main things that need to change
- how PWUD might get involved in promoting change.

Block 3: Sexual and Reproductive Health and Rights (SRHR) and Addressing the Needs of Women who Use Drugs

Details: 60 minutes Slide 76–85

Relevant sections of the *IDUIT*: pages 48, 76–81

Open the discussion using the placeholder slide: Slide 76

Sexual and reproductive health and rights (SRHR)

Overview: 2 minutes Slide 77

People who use drugs have sexual lives and have the right to choose whether they want to start a family or not. This is why SRHR are important. People who use drugs are people first and foremost, and have the same needs as non-drug users.

SRHR considerations for PWUD

Details: 3 minutes Slide 78

- Condoms and lubricants and other safer sex supplies should be offered free of charge.
- Education about sexual and reproductive health should be offered as well as means of birth control.
- Harm reduction services should address the specific needs and preferences of women, men who have sex with men, transgender people and sex workers.
- Clinics that diagnose and treat STIs, provide family planning counselling and services, and provide prenatal care should be knowledgeable about and take into consideration the special needs of people who use drugs. Harm reduction services should refer their clients to clinics that they know are 'friendly' to people who use drugs.

STI Services

Details: 2 minutes Slide 79

- STI services should meet basic standards of quality and quantity.
- Components of an STI service package:
  - Screening and treatment for common STIs (e.g. syphilis, chlamydia, gonorrhea)
  - Provision of information
  - Enhancing or ensuring partner notification and management
  - Assessment of perception of risk and counselling on safer sex
  - Arrangement of follow-ups
  - Provision of confidential HTS.

Addressing the needs of women who use drugs

Details: Slide 80

1. Unique needs of women

Details: 3 minutes Slide 81

Attention to the needs of women who inject drugs is necessary because of:

- overall higher HIV and HCV prevalence
- gender-based violence
- gender norms (as a barrier)
- 'second on the needle'
- sex work overlaps
- increased stigma and discrimination
- criminalisation of drug use in pregnancy
- child custody
- SRHR violations
- lack of services

2. Addressing the needs of women

Details: 10 minutes Slides 82–83

- Harm reduction services should make safe spaces available to women
- Harm reduction services should employ women who inject drugs and support community mobilisation of women who use drugs
- Sexual and reproductive health services should provide non-judgemental education about the effects of drugs on menstruation, pregnancy and breastfeeding. They should address the dangers of opioid withdrawal during pregnancy
- Prenatal services and post-natal services, including childcare, should be provided
- Women who use opioids should be supported to access opioid substitution therapy
- The myth that drug use equals child abuse should be opposed
- Possession of condoms should never be used by law enforcement as evidence of engagement in sex work
- Sterilisation or abortion should never be coerced or forced
- Survivors of sexual assault should be linked to community-based responses to violence.

3. Mobilisation and empowerment

Details: 10 minutes Slide 84

Develop collectives of women who use drugs

- Spaces to meet
- Discreet advertising
- Organisational support
- Resources for peer education
- Up-to-date information on relevant research
- Engage with the group
- Support sustainability:
  - Stakeholder linkages
  - Funding and training opportunities

At minimum, employ women who inject drugs as volunteers, staff, and/or as managers.

Group work on SRHR and addressing the needs of women

Group work: 20 minutes

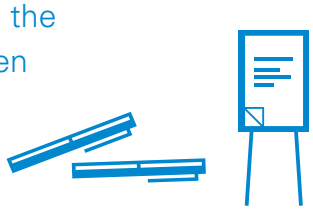
Reporting back: 10 minutes

Slide 85

Materials Needed

Handouts on good practices for SRHR and addressing the needs of women

Flipchart and marker pens



After the presentations on SRHR and addressing the needs of women who inject drugs, ask the participants to break into two or four small groups. Half of the groups should discuss SRHR and the other half should discuss addressing the needs of women. Suggest that they discuss whether local/national services adhere to *IDUIT*-recommended practices. They should prepare to present back for 5 minutes on:

- the 3 main things that are going well
- the 3 main things that need to change
- how WWUD might get involved in promoting change.

Block 4: Overdose Prevention and Management and Drug-Checking Programmes

Details: ● 60 minutes Slide 86–93

Relevant sections of the *IDUIT*: pages 91–93 (overdose programming)

Relevant section of the *Brief Guide*: pages 19–20, 21–22 (drug checking)

Overdose Programming

Open the discussion around overdose programming using the placeholder: Slide 86

Details: 1 minute Slide 87

- Overdose is the leading cause of drug-related deaths and is preventable.
- Overdose prevention and management programmes include the distribution of Naloxone to people who inject/use opioids, and to people who live and work with them, to save lives and empower communities.

Key components of overdose programming

Details: 9 minutes Slide 88–89

- Harm reduction programmes should offer training on overdose, including resuscitation and administration of Naloxone to people who use opioids and their friends and families.
- Detoxification/rehabilitation programmes, and providers of services to people who use drugs, should offer training to their staff on overdose and have Naloxone available. They should also distribute Naloxone to people who use drugs and their friends and families post-release (including prisoners and people exiting detoxification/rehabilitation programmes).
- Legal or regulatory barriers to providing or administering Naloxone outside of medical facilities should be removed.
- Trainings and educational materials should address how to recognise an opioid overdose and how to perform resuscitation on someone overdosing on drugs when Naloxone is not available or suitable to help.
- Local myths about overdose should be addressed in trainings and educational materials.
- Naloxone should be available in pharmacies.
- First responders (fire, ambulance, police) should be equipped with Naloxone.
- Law enforcement should be prevented from accompanying emergency services responding to overdose.
- Means to check the quality and purity of drugs should be available to people who use drugs. For example, strips designed to identify fentanyl in urine may help people identify fentanyl in drugs. Though the evidence base for using fentanyl strips this way is limited, it should be explored urgently.

Programming to make drug checking available

Open the discussion around drug checking using the placeholder: Slide 90

Introduction to drug-checking programming

Details: 2 minutes Slide 91

Prohibition leads to unregulated production of drugs, which can lead to inconsistent quality and purity. This can lead to major health harms including death. Programmes enabling people who use drugs to test their drugs can help them make safer informed choices about what they consume. Drug-checking programming is not addressed in the *IDUIT*, but is discussed in the *Brief Guide*.

Drug-checking programming

Details: 8 minutes Slide 92

- There should be ongoing action to advocate the legalisation of drugs. (As one informant quoted in *User-Activists' Views* highlighted: "If drugs were legal, we wouldn't need to test them … all the information you'd need … it'd be right there on the label.")
- Drug-checking kits on a full spectrum of drugs, including opioids, should be available through harm reduction services or special sites.
- Festival operators and club owners should provide drug-checking services.
- There should be mechanisms in place to respond to outbreaks of tainted/adulterated drugs.
- Harm reduction staff should be able to handle drugs for checking without fear of legal prosecution.
- Further research on drug-checking programmes should be promoted.

Group work on overdose programming and drug-checking programming

Group work: 20 minutes

Reporting back: 20 minutes

Slide 93

Materials Needed

Handouts on good practices for overdose programming and drug-checking programming

Flipchart and pens

After the presentations on overdose programming and drug-checking programming, ask the participants to break into two or four small groups. Half of the groups should discuss overdose and the other half should discuss addressing drug-checking programming. Suggest that they discuss whether local/national services adhere to recommended practices. They should prepare to present back for 5 minutes on:

- the 3 main things that are going well
- the 3 main things that need to change
- how PWID might get involved in promoting change.

Session 10: PWID Community Leadership in Services

Session: 60 mins Slides 94–101

Relevant section of the *IDUIT*: pages 100–124
Relevant section of *Brief Guide*: pages 23–27

Aim: To help participants explore ways they can get involved in harm reduction programming

Learning objectives:

Participants to gain an understanding of:

- ways they can help improve the quality of harm reduction services
- arguments to use in advocating for services to hire PWID
- the potential to start and manage a harm reduction service themselves.

Expected outcomes:

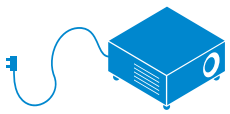
- Participants will be motivated to get involved
- Participants will know about resources that can be used to advocate for greater meaningful involvement and for support of community mobilisation

Main points:

- Fundamentals of community-led harm reduction services
- PWID can help improve quality of services
- PWID should be employed by services
- PWID should be given opportunities to run their own services

Materials Needed

Slide projector



Flipchart and pens

Session components:

- Presentation
- Group work

Open the discussion around PWID community leadership in services using the placeholder: Slide 94

Presentation: 20 minutes

Fundamentals of community-led harm reduction services

Details: 4 minutes Slide 95

Some fundamentals for community-led harm reduction services that help ensure that services meet the needs of people who use drugs:

- The organisation should have a values statement supportive of people who use drugs, developed with their close participation.
- People who inject drugs should hold decision-making positions in the management structure.
- The safety and human rights of staff and clients who use drugs must be protected.
- The organisational strategy should be responsive to changing needs in the community.

- An independent body composed of community members (e.g. drug user unions) should be set up to deal with concerns of the community and engage in treatment advocacy.
- The lived experience of people who use drugs and the services that have a positive impact on their lives should be documented to ensure that learning can be built upon and shared.
- The confidentiality of programme clients and staff must be protected.

Community-led quality improvement

Details: 4 minutes Slide 96–97

- International standards recognise that programmes must engage with people who use drugs in order to maintain and improve the quality of services.
- Services for people who use drugs must be 'real' and responsive to the context, environment and needs of clients. PWID have unique knowledge that should be taken into account.
- Community-led feedback from PWID is the most accurate way of evaluating and improving the quality of services.
- Improving the quality, accessibility and acceptability of programme services requires routinely collecting feedback on the community's experience of services.
- The community's experiences of services can be collected through:
  - community committees. (Highlight that PWID can organise such committees to meet regularly and communicate with the management of services to provide feedback and new ideas. Refer to the handouts for a sample community committee report)
  - special meetings and engagement with community representatives
  - feedback sheets
  - surveys
  - informal discussions with community members who access services.

Arguments to encourage employment of PWID as outreach workers

Details: 6 minutes Slides 98–99

Employing people who use drugs is recommended as a good practice for harm reduction services, and getting a job with a harm reduction service is a good way for people who use drugs to get involved in improving the health and protecting the rights of their community. A comprehensive resource on employing people who use drugs is *Harm Reduction at Work*. (The *IDUIT* is dedicated to the loving memory of one of its co-authors, Raffi Balian.)

Click here to see whole document

Harm Reduction at Work outlines the top 8 reasons for services to hire people who use drugs:

1. Employing drug users demonstrates a programme's commitment to improving the health and human rights of people who use drugs.
2. Employees who use drugs can become excellent role models for other drug users.
3. People who use drugs are often the most effective public health messengers for reaching other people who use drugs.

4. Hiring people who use drugs provides employers with direct access to valuable knowledge about the needs and practices of their target populations.
5. Being gainfully employed in jobs that are valued and recognised as socially important contributes directly to improved self-esteem.
6. Working in a structured environment allows people who use drugs to gain important skills that can facilitate future entrance into other jobs.
7. Working in community-based projects is integral to increased feelings of belonging and contributing to a community.
8. Employing and organising people who use drugs contributes to civic engagement and political responsibility for drug users and the organisation itself.

PWID can run their own services

Details: 6 minutes Slide 100

People who use drugs can run their own services. A good example of a PWID-run programme is the one managed by the San Francisco Drug Users' Union. See handout: Case Example: A community-led drop-in centre in the USA.
The San Francisco Drug Users' Union runs a drop-in centre offering low-threshold services for drug users, provided by drug users. The centre operates in the Tenderloin District, the lowest-income neighbourhood in the city and the one with the highest concentration of people who inject drugs.

The drop-in centre offers services including needle distribution (in conjunction with the state department of public health), Naloxone for overdose, rapid testing for HIV and HCV, wound care, and education. It also provides bathroom access and internet access, both important amenities for people who inject drugs, many of whom live on the streets. It is the largest fixed-site NSP in San Francisco, serving over 350 people each week and exchanging an average of 30,000 syringes monthly. Volunteers and staff are all people who use drugs. Some do street outreach, and a volunteer crew cleans up discarded injection equipment in the neighbourhood. This service has helped build and maintain support for the centre in the wider local community. The drop-in centre is a base for activism too, such as organising marches for drug users' rights. Because the community in San Francisco is quite transient, there is some turnover of staff and volunteers, but this has not affected the centre's ability to provide consistent services. The centre is funded by the state, nonprofit donors and private donations. It is currently open five days a week but is seeking funding to open on additional days.

Group work: ◔ 20 minutes

Reporting back: ◔ 20 minutes

Slide 101

Break the participants into three groups. Ask them to discuss and report back (5 minutes each) on the questions below.

Group 1: Community-led quality improvement

- How do national/local programmes measure up to the recommendations?
- What three things need to change?
- How can PWID promote better involvement in improving programme quality?

Group 2: PWID as staff of programmes

- How do national/local programmes measure up to the recommendations?
- How can PWID promote better involvement in improving programme quality?

Group 3: PWID-run services

- Are there any programmes like the San Francisco Drug Users' Union?
- How could the community advocate for support of a similar programme?

Session 11: Selection of Priorities for Discussion During Policy Dialogue

Session: ◑ 30 minutes

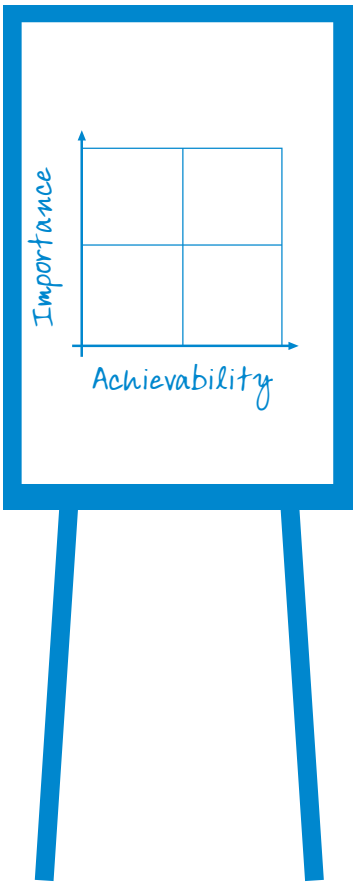
Aims:

- Reflections on the day
- Selection of priorities for discussion with policy makers or for further work by the community of people who use drugs

Materials needed

8 flipcharts with priorities recorded from the day's exercises related to services

A white/black board or flipchart with the visual image below drawn on it



Steps:

1. Explain to the participants that for the next day's dialogue with policy makers, they will have to select a limited number of priorities to raise in the discussion. This exercise will help them identify priorities.
2. Break the participants into groups and assign each group one of the services that was discussed today. Give them the flipchart paper with the three priorities listed for that service (as noted by the facilitator during presentations from group work earlier in the day).
3. Give each group three post-it notes and ask them to write a priority on each one.
4. Explain to the participants that they will be asked to place the post-it note on the board in a spot that reflects both how achievable the change is and how important it is. The higher a post-it note is placed, the more important it is, and the further to the right it is placed, the more achievable it is. In discussing achievability, the facilitator should guide participants to think about how feasible it is for that change to take place within three to five years given the situation in their country.
5. Give each group five minutes to discuss placement of their post-it notes.
6. Ask each group to place their post-it notes on the board and give a brief explanation for the placement. Allow some time for discussion if there are differing opinions among other participants.
7. Once all of the priorities have been placed on the board, focus discussion on the priorities that were placed in the top right quadrant, signifying the most important and most achievable. In plenary discussions the facilitator can guide the participants to consensus on the top three to four priorities they may want to raise in discussions with policy makers.
8. Once the top three to four priorities have been selected, the facilitator should add them to the PPT slide for use during the preparation session for the policy dialogue during the next day (Slide 109).

Day Three

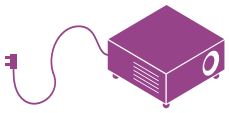
Session 12: Welcome, Recap and Planning

Session: 30 mins Slides 102–103

Aim: To review the plan for the day

Materials Needed

Slide projector



Session components:

- Recap (exercise)
- Refinement of agenda (discussion)

Introduction

Details: 5 minutes Slide 102

Welcome people to the third day of the workshop. Complete relevant registration forms.

Activity – Top 5: 15 minutes

Aim: To highlight and reflect on learning from the previous day.

Materials Needed

Plain sheet of paper

Steps:

- Ask participants to think about yesterday's training.
- Remind them of the areas covered.
- Give them 5-10 minutes to write down the five most important things they learned yesterday.
- Encourage them to share items on their lists, without repeating information.

Plan for the day

Details: 10 minutes Slide 103

After the activity, inform participants that today's sessions will help them prepare for their dialogue with decision makers. Remind them that selections will be made, for discussion with decision makers, of priority positive achievements, priority changes needed, and key actions that the PWID community can take to contribute to positive change.

Session 13: Preparing For a Dialogue With Policy Makers

Session: 105 mins Slides 104–109

Aim: To prepare for a dialogue with policy makers around policy and programming for PWUD.

Learning objectives:

- To develop talking points/presentations about existing HIV and related services for PWID, focusing on:
  - successes
  - unmet needs and challenges
  - potential areas for support and partnerships with policy makers
- To prepare participants to respond to and engage with policy makers strategically

Expected outcome:

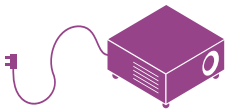
Participants to be prepared to maximise the opportunity to engage with policy makers.

Main points:

- Effective key messages
- Effective engagement strategies and behaviours

Materials Needed

Slide projector



Flipchart and marker pens

Handout

Session components:

- Activity – developing talking points and presentation
- Discussion – tips for successful engagement

Introduction

Details: 5 minutes Slides 104

Preparation for the dialogue session aims to ensure a smooth and effective dialogue. This session includes an activity for participants to develop their talking points/presentation, and discussion around positive engagement with policy makers.

It is important to start the session by indicating that the main objective of the dialogue with policy makers is to highlight the importance of the role that PWID play in an effective response.

Give participants background to the dialogue, outline the objectives and expected outcomes and let them know what information was provided to policy makers.

Go through the agenda and the list of invited and confirmed participants. Where possible, provide information to assist participants to plan for the meeting.

Facilitators' Notes

The facilitator needs to have advance knowledge of the workshop agenda and materials sent to the policy makers, and be familiar with the invited and confirmed participants, along with, if possible, some background to their work and potential areas of alignment. This information should be shared with participants to enable them to prepare for the dialogue session.

Effective preparation

Details: ◔ 15 mins 🖵 Slides 105–106

Focus on your audience's needs. State the benefit of participating in the event – in invitations, agendas and in the introductory welcome on the day. Also explain why the event and your work are important for them.

Prepare for the engagement and for the participants. Understand their priorities, interests, background and any particular policies or programmes that would align with their mandate.

A meeting should be a dialogue. Give stakeholders the chance to react, raise their concerns and provide their perspectives. A workshop format (rather than presentations) is better for interaction.

1. Developing the content of your presentation
    - Focus on your key message and whatever background information your audience needs.
2. What is your key message?
    - Pick no more than three priorities, plus back-ups.
    - If you are at the planning stage of a project, present some idea of where your work will lead.
3. Why is this important for policy?
    - Sum this up in a few sentences – for yourself and for others.
    - Discuss facts/data and stories/ anecdotes for each priority.
    - Identify potential state- or district-specific, real-life implications of policies that are currently being discussed.
    - Think through clearly and carefully why your message is important.
4. What are you asking the policy maker?
    - Make sure you know what exactly you want them to do

Tips

- Write down the questions you want to ask the policy maker.
- Brainstorm responses to questions you may get.
- Discuss ways to follow up after the meeting.
- Establish a rapport/communicate regularly.
- Be friendly and adopt a positive attitude towards policy makers.
- Find out what they want.
- Present solid evidence and get it right (be prepared).
- Be careful about what you say (the person next to you may be in your next meeting).
- Speak clearly and concisely – avoid jargon.
- Avoid arguing.
- Present factual, non-emotive responses if you disagree on a point (avoid negative, aggressive reactions – whether in the form of body language or verbal responses).
- Make your comments personal and provide local context.
- Give material to the policy maker (e.g. one-page organisational overview, business card, contact details).
- Offer to be a resource.
- Be sure to thank everyone.

- Take pictures outside of the office or during the meeting with the elected official, if allowed. Share and use appropriately.
- If a policy maker requests information, respond within a week.
- Cultivate the relationship:
  - Be a source of information and a voice for the issues affecting PWID. Provide information, updates, and feedback regularly to the policy maker's office to strengthen your position.
  - Take advantage of all engagement opportunities, including emails, in-person meetings, site visits etc.

Common Challenges and Questions:

What if the policy maker misunderstands me?

Policy makers meet people every day and do not always feel passionately about all topics. They may not know or understand the core issues affecting PWID. It is important to identify ways in which your issues and priorities might complement theirs. Ask how your organisation could support the policy maker's priorities. If interest still seems limited, shorten the conversation and move on.

What if the policy maker disagrees with my organisation's objectives or request?

First, remember that relationships are the most important part of engagement. Listen and try to understand the policy maker's perspective. Be prepared to respond without attacking. Hard questions are usually not personal and do not necessarily reflect disregard for your issue. Handle these by being prepared, calm, polite, and happy to answer questions.

What do I do if I don't know the answer to a question?

Never make up an answer. It's okay not to know something. Acknowledge that you do not know the answer and that you will find out, and then follow up.

Adapted from:
National Coordinating Centre for Public Engagement, Guide to Working with Policy Makers, available at https://www.publicengagement.ac.uk/plan-it/who-engage-with/policy-makers (accessed 18 September 2017); UNAIDS, ACT 2015! Advocacy strategy toolkit, available at http://www.unaids.org/sites/default/files/media_asset/advocacy_toolkit_en_0.pdf (accessed 18 September 2017); National Association for the Education of Young Children, Mastering Meetings with Policymakers, available at http://www.naeyc.org/content/mastering-meetings-policymakers (accessed 18 September 2017).

Activity – planning for the policy dialogue

80 minutes Slides 107–109, with Slide 109 updated to include priorities from previous work

Aim: To prepare for the dialogue with policy makers

Learning objective:

Participants will learn what issues might be raised to best discuss their priorities

Expected outcome:

Participants will have 'talking points' related to the priorities they have chosen (which can be used in the policy dialogue or in future advocacy work)

Materials Needed

Flipchart and pens for each group

Session components:

- Group work
- Presentation and discussion of group work

Introduction

Use this activity to build on the talking points. Explain that the way in which information is provided, and how responses from policy makers are received, can influence the outcome of engagement. There is value in spending time to prepare to engage positively and use the policy engagement to its full potential.

Steps:

1. Ask participants to join one of the following four groups, in accordance with their knowledge and interest:
   a. Legal reform
   b. Human rights
   c. Services
   d. Community empowerment

   Make adjustments if some groups have too few people.
2. Show slide 109, updated with the priorities identified on Days 1 and 2.
3. Each group should develop talking points for a five-minute presentation and assign someone to lead it, covering their top priority issue and related message. Each message should include:
   - why it is important for the organisation (include statistics, numbers and a story connecting the priorities, the policy maker's priorities/ personal history, and the request)
   - why it is important for policy makers.

   If time permits, they may prepare for a second priority issue.
4. Give each group 30 minutes to prepare their presentations and five minutes to present them.
5. After each presentation, allow for a five-minute discussion with all present about how it might be improved.

Conclusion: 5 minutes

Close the session by revising ways to improve the dialogue. Encourage groups to work on their presentations and to practise the talking points.

Session 14: Assessment,Feedback and Closure

Session: ◔ 20 minutes Slide 110

Options

If the seminar was more aimed at teaching participants about the *IDUIT* than at gathering information and opinions from them about potential changes, then the facilitator may decide to use a pre- and post-test learning questionnaire. Otherwise, feedback should be gathered from participants on the most valued learning points.

Option 1: Pre- and post-seminar tests

◔ 20 minutes

Aim: To assess participants' knowledge of the issues of relevance to HIV and HCV in the context of injecting drug use and to get their feedback on the workshop

Expected outcome:

Information on improvements in knowledge by participants as a result of the training will be available for use.

Materials Needed

Printouts of the assessment sheets

Printouts of the participant feedback sheets

Steps:

1. Hand out copies of the assessment and evaluation sheets.
2. Tell the participants that:
   - They should not consult with one another during this activity.
   - They have 20 minutes to complete the assessment and feedback sheet.
   - They should include their place of birth and favourite food on the assessment form.
   - The assessment is anonymous, but having these details helps link the assessments.
3. Give participants 20 minutes to complete the assessment and feedback.
4. Collect completed forms.

End the session by letting participants know that they are well prepared for the policy dialogue that will start after lunch. Remind them of the importance of starting the session on time.

Option 2: Feedback on most valued learning points

◔ 20 minutes

Activity – Top 5

Aim and learning objectives:

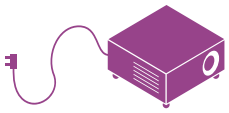
To identify the learning points from the seminar that were most valued by participants

Expected outcome:

Feedback that can be used for reporting on the seminar and for planning further activities

Materials Needed

Slide projector



Sheets of plain paper (one per participant)

Steps:

1. Request participants to think about the whole training.
2. Remind them of the areas covered.
3. Give them five to ten minutes to write down the five most important things they learned.
4. Encourage them to share the items on their lists, without repeating information.

Session 15: Welcome, Introductions and Overview of the IDUIT

Session: 20 mins Slides 111–126

Aim: To set the scene for the policy dialogue and manage expectations

Learning objective: To increase participants' understanding of the value of engaging the community in the HIV response from their perspective

Expected outcome: An understanding of why the *IDUIT* was developed and its potential role to improve HIV and HCV programmes and policy for PWID

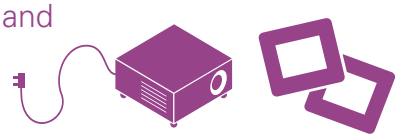
Main points: Overview of objective, background (including global policy context) and rationale

Materials Needed

Attendance register

Name tags (optional)

Projector and slide set



Session components:

- Presentation

Facilitators' Notes

Slides outlining the local HIV epidemic among PWID should be included in the introduction section.

Welcome and administration

Details: 4 minutes Slide 111–113

- Welcome participants to the policy dialogue (Slide 111).
- Introduce yourself and provide relevant background.
- Tell people where the bathrooms are and where catering will be provided.
- Request that people complete an attendance form.
- Ask each person to introduce themselves.
- Go through the objectives of the dialogue (Slide 112):
  - To highlight global and national commitment to preventing and treating HIV and HCV among PWID
  - To introduce policy makers, service providers and others to the *IDUIT*
  - To provide an opportunity to share knowledge and engage around increased support for and provision of recommended HIV and HCV services with PWID
  - To provide a networking opportunity
  - To highlight the critical role that PWID play in the implementation of effective HIV programmes aimed at them.
- Briefly go through the agenda (Slide 113).

Policy Dialogue Meeting	
13:00–13:20	Welcome, introductions and overview of the *IDUIT*
13:20–13:50	Overview of local policy context
13:50–14:20	Overview of existing HIV and HCV programmes with PWID
14:20–14:50	**Break**
14:50 16:15	Facilitated dialogue: challenges and solutions to enhancing HIV and HCV policy and programmes with PWID
16:15–16:45	The way forward
16:45 17:00	Closing and thanks

Background and rationale

Details: 5 minutes Slides 114–119

1. In September 2015, UN member states adopted the 2030 Agenda for Sustainable Development. Goal 3.3 is to end the AIDS epidemic by 2030 (Slide 114).
2. The UNAIDS Fast-Track strategy is aligned with the SDGs and emphasises a five-year window (2016-2021) for rapid acceleration of HIV treatment and prevention services, to end AIDS by 2030. The strategy articulates the '90–90–90' treatment target and a prevention target of reducing the annual number of new HIV infections to 500,000. Things need to be done differently, with investments and implementation of evidence-based interventions to meet these targets (Slide 115).

3. In the UN General Assembly Special Session on the World Drug Problem outcome document in April 2016, member states confirmed support (Slide 116):

   > We reiterate our commitment to end by 2030 the epidemics of AIDS and tuberculosis, as well as combat viral hepatitis, other communicable diseases, *inter alia*, among people who use drugs, including people who inject drugs

4. The outcome document has operational recommendations organised around five chapters. Three of these are most relevant for HIV and PWID (Slide 117).

   Chapter 1: Treatment of drug use disorders, rehabilitation, recovery and social reintegration; prevention, treatment and care of HIV/AIDS, viral hepatitis and other bloodborne infectious diseases

   Chapter 2: Ensuring the availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion

   Chapter 3: Cross-cutting issues: drugs and human rights, youth, children, women and communities

   Click here to see full document

5. Global targets to reduce number of new HIV infections amongst people who inject drugs by 2015 were not achieved. Instead HIV infections amongst people who inject drugs rose by 33% between 2009 – 2015 (Slide 118).

   Sustainable Development Goal (SDG) Target 3.3. and the UNGASS 2016 Outcome Document commit to reducing HIV amongst people who inject drugs by 75% in 2020 and to 90% by 2030.

6. 2016 High Level Political Declaration on Ending AIDS (Slide 119):

   - Adopted in June 2016, the 2016 Political Declaration expresses states' commitment to review and reform laws that reinforce stigma and discrimination. For the first time in a political declaration on HIV and AIDS, there is a list of laws to be reviewed.
   - The Political Declaration commits to building people-centred systems for health by strengthening health and social systems, including for populations that epidemiological evidence shows are at higher risk of infection, and by expanding community-led service delivery to cover at least 30% of all service delivery by 2030.

   Click here to see full document

Comprehensive package of services for people who inject drugs

Details: 3 minutes Slide 120

Ending AIDS and HCV epidemics is possible, but increased access to evidence-based interventions is required.

To prevent and manage HIV infections it is essential that the comprehensive package of HIV prevention, treatment and care of PWID, as recommended by WHO, UNODC and UNAIDS, becomes universally available. The package of services includes (in order of priority):

1. needle and syringe programmes (NSPs)
2. opioid substitution therapy (OST) and other evidence-based drug dependence treatment
3. HIV testing and counselling (HTC)
4. antiretroviral therapy (ART)
5. prevention and treatment of sexually transmitted infections (STIs)
6. condom programmes for PWID and their sexual partners
7. targeted information, education and communication (IEC) for PWID and their sexual partners
8. prevention, vaccination, diagnosis and treatment for viral hepatitis
9. prevention, diagnosis and treatment of tuberculosis (TB)
10. community distribution of Naloxone.

The tenth intervention is from the WHO Consolidated Key Population Guideline (2016).

State of harm reduction services globally

Details: 2 mins Slides 121–122

Globally, we are far from providing universal access to these services. For example, the 2016 report by Harm Reduction International highlights that of the 158 countries where injecting drug use has been documented, less than two thirds are implementing some form of NSP and only half have at least one OST programme. Earlier studies (2010) by the World Bank and other researchers (Mathers et al.) showed that access to ART and services among women who inject drugs was particularly low. The state of services for PWID will be presented later by representatives from and working with the community of PWID.

Overview of the *IDUIT* and training

Details: 5 minutes Slides 123–125

The *IDUIT* builds on other UN guidance documents. This guidance is grounded in an approach to increase accessibility, acceptability, coverage and quality, and update interventions and services, by focusing on critical enablers (law and policy reform; implementation of anti-discrimination and protective laws; availability, accessibility and acceptability of health services; community empowerment; and addressing violence).

Similar toolkits have focused on sex workers (referred to as SWIT), men who have sex with men (referred to as MSMIT) and transgender people (referred to as TRANSIT) (Slide 123).

The development of the *IDUIT* started in 2014. Community and other experts contributed and it was finalised in late 2016. It provides guidance on how to implement HIV and HCV programmes with PWID. It targets health officials, managers of HIV and harm reduction programmes, civil society organisations, health workers and communities of PWID (Slide 124).

It provides guidance on how to implement, and includes five chapters:

1. Community Empowerment
2. Legal Reform, Human Rights, Stigma and Discrimination
3. Health and Support Services
4. Service Delivery Approaches
5. Programme Management

Each chapter includes details, guidance, case studies and a comprehensive resource list (Slide125).

The central role of people who use drugs

Details: 1 min Slide 126

An important focus of the *IDUIT* is to highlight the essential role that communities of PWUD play in implementing an effective HIV response. Community organisations are important in the implementation of health, social and other services. They provide linkages to health services and also should be involved in data collection, analysis, guidance and quality improvement. Meaningful community participation is key from the onset and across all parts of the programme.

Session 16: Local Policy Context

Session: 30 minutes Slide 127 as placeholder + presentations from policy makers

Aim: To provide an overview of relevant policy and policy reform around drug use, HIV and related conditions

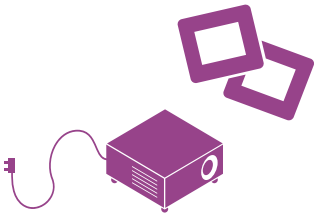
Learning objective: To become aware of existing and planned policy relevant to HIV, HCV and PWID

Expected outcome: Participants understand the policy context, including recent and planned developments

Main point: Overview of local policy context

Materials needed

Projector and slide set



Session components: Presentations

The facilitators should introduce each policy maker and allow them to give their presentation. Request that participants note down any questions and keep them for the interactive dialogue session that will follow.

Facilitators' Notes

Request recent biographies of the participating policy makers which can be read as they are introduced.

Request policy makers to cover latest policies and practice guidance related to healthcare, education and social services for PWID in the country. Request that they also note any future plans in their presentation.

Structure the meeting to allow time for interaction between policy makers and service providers and other participants. Limit the length of presentations by:

1. providing accurate information to policy makers in preparation
2. confirming their allocated time on the agenda;
3. restricting the policy overview session to 30 minutes
4. using a time keeper and time cards.

Session 17: Overview of Local HIV and HCV Programming for PWID

Session: 30 minutes Slide 128
presentations from organisations

Aim: To allow representatives of organisations providing services to PWID, and who were involved in the training workshop, to provide an overview of ongoing HIV and HCV programmes to policy makers

Learning objectives:

- Representatives of organisations led by and/or working with PWID to share with policy makers their experiences and scope of programming
- Current challenges and requests from policy makers to be tabled around HIV and HCV policy and programmes for PWID

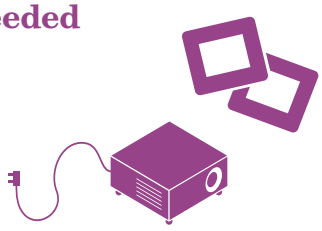
Expected outcome:

- Increased awareness among policy makers of the role that PWID are playing, and have the potential to play, in programme implementation

Main point: Scope and distribution of HIV and HCV services for PWID

Materials Needed

Projector and slide set



Session component:

- Presentations

Facilitators' Notes

Request recent biographies of the participants which can be read as they are introduced.

The facilitators should introduce each representative who will present around HIV and HCV programmes with PWID. Request that participants note down any questions and keep them for the interactive dialogue session that will follow.

To allow sufficient time for interaction between policy makers, service providers and other participants, use a time keeper and time cards (as per the allocated time decided upon the previous day).

Session 18: Facilitated Dialogue

Session: 85 mins Slide 129

Aim: To provide an opportunity to discuss challenges, concerns and issues

Learning objectives:

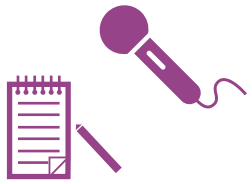
- To provide a platform to highlight challenges and concerns
- To engage around potential solutions

Expected outcome: Clarification of priority issues, with different perspectives being verbalised

Materials Needed

Microphone(s)

Note taker



The facilitator or another nominee should facilitate a discussion between policy makers and participants. A policy maker and presentation panel could be set up, initially to address questions raised during presentations or responses developed.

Once these issues have been addressed, the question-and-answer session should be opened to the floor.

The facilitator should be mindful and guide discussions and implement risk mitigation strategies to keep engagement positive.

Facilitators' Notes

Aim to get a range of questions from people from different parts of the room, and different genders, socioeconomic and geographic perspectives, etc.

Monitor the time to allow for discussion around solutions and the next steps.

Session 19: The Way Forward

Session: ◑ 30 mins 🖵 Slides 130–131

Aim: To provide an opportunity to discuss the next steps for further engagement

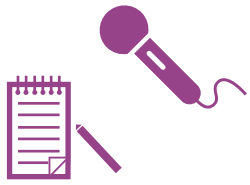
Learning objective: To identify short-, medium- and long-term actions

Expected outcome: A list of activities and plans, noting timeframes and responsible people

Materials Needed

Microphone(s)

Note taker



Session component: Plenary discussion

Inclusion of this session is important. The facilitator should highlight that the training workshop and dialogue is not a one-shot awareness exercise, but should be part of an ongoing process of engagement.

The facilitator should support discussions around the way forward at various levels:

- Policy level
- Service delivery level
- Efforts to mobilise financing of community-led services and empowerment
- Efforts to address structural barriers
- Other priority issues/actions raised during the day (🖵 Slides 130–131).

Facilitators' Notes

If possible, facilitate discussion to assist the identification of actionable steps, as well as responsible people.

Support discussions towards the establishment of a joint working group or task force to further develop engagement plans.

Assist participants in taking note of responsible people and, where possible, a timeframe. Ensure that a note taker is designated to capture important discussion points. Allow for contact details between participants to be shared for future collaboration.

Session 20: Closing and Thanks

Details: 15 mins Slide132

Aim: To end the meeting

Learning objectives:

- To confirm the positive outcomes of the dialogue
- To encourage commitment to ongoing engagement

Expected outcomes:

Participants to leave with a positive sense of the dialogue and understanding of the next steps.

Materials Needed

Microphone(s)

Session component:

- Conclusion presentation

The facilitator should:

- recap the key elements of the day and any commitments made
- confirm whether contact details noted are correct, and obtain consent for information to be shared to enable ongoing engagement
- thank participants for their involvement.

Facilitators' Notes

If possible, give presenters (policy makers, civil society representatives, etc.) a small gift to thank them for participating in the event.

Handouts

Assessment

Questions	True	False
1. The 2016 Political Declaration recommends that 30% of services be community-led by 2030.		
2. PWUD community empowerment is recommended by UN guidelines.		
3. UN guidelines recommend removing criminal sanctions for drug use and possession for personal use.		
4. Attitudes towards PWUD can be changed through engaging with the media and stakeholders and providing PWUD with a voice.		
5. At needle and syringe programmes, strict exchange (requiring people to return used needles and syringes) is not advised.		
6. Opioid substitution therapy can reduce the risk of overdose.		
7. Testing for HIV and HCV should be available outside of medical settings with assistance of trained outreach workers.		
8. PWUD can help their peers adhere to HIV and HCV treatment.		
9. People who use drugs are people first and have the same needs as non-drug users.		
10. The World Health Organization recommends that Naloxone be made available to PWUD so that they can use it to reverse overdose.		
11. UN guidelines recommend that PWID be employed by harm reduction services.		
12. PWUD can and have run their own harm reduction services.		

Training Evaluation Form

Circle one (5 = excellent, 1 = poor)

A. **The facilitators**	**5**	**4**	**3**	**2**	**1**
1. Did you find the training plan clear?	5	4	3	2	1
2. Do you feel like you achieved your own learning goals?	5	4	3	2	1
3. Were the sessions engaging?	5	4	3	2	1
4. Overall rating of facilitator(s)	5	4	3	2	1

5. If you were the trainer, what would you have done differently?

B. **Content and environment**	**5**	**4**	**3**	**2**	**1**
1. Do you feel the level of workshop was suitable for participants?	5	4	3	2	1
2. How was the organisation of the training, structure and content?	5	4	3	2	1
3. How did you find the group work and activities?	5	4	3	2	1
4. How relevant was the content for your work and activism?	5	4	3	2	1
5. How was the learning environment and facilities?	5	4	3	2	1
6. How was your accommodation and food?	5	4	3	2	1

7. What improvements would you make to the training?

C. How has the workshop helped you to use the *IDUIT* guidelines in your future work?

D. What changes will you put in place when you return to work as a result of the *IDUIT* training?

E. Is there anything else you would like to tell us?

INPUD Consensus Statement 2015

The Human Rights of People who Use Drugs

Right 1:	The Right to Rights. People who use drugs are entitled to their human rights, which must be protected by the rule of law.
Right 2:	People who use drugs have the right to non-discrimination.
Right 3:	People who use drugs have the right to life and security of person.
Right 4:	People who use drugs have the right not to be subjected to torture or to cruel, inhuman, or degrading treatment.
Right 5:	People who use drugs have the right to the highest attainable standard of health.
Right 6:	People who use drugs have the right to work, to free choice of employment, to just and favourable conditions of work, and to protection against unemployment.
Right 7:	People who use drugs have the right not to be subjected to arbitrary arrest or detention.
Right 8:	People who use drugs have the right to bodily integrity.
Right 9:	People who use drugs have the right to found a family entitled to protection by the law, entitled to privacy, and entitled to be free from arbitrary interference.
Right 10:	People who use drugs have the right to assemble, associate, and form organisations.

INPUD's Essential Demands

In order to realise the human rights of people who use drugs, the following essential demands must also be realised. This list is not exhaustive; however, the consultations that have informed INPUD's Consensus Statement have demonstrated that these demands at the very least must be met in order to respect and promote the health, well-being, and rights of people who use drugs.

Demand 1:	People who use drugs, and drug use, must be decriminalised.
Demand 2:	Decriminalisation alone is not enough: people who use drugs must have access to legal justice and police protection.
Demand 3:	Those who enforce the law, particularly the police and members of the criminal justice system, must be sensitised to the needs and rights of people who use drugs.
Demand 4:	People who use drugs must not be assumed to be sick, deviant, or criminal.
Demand 5:	Drug-user phobia and drug-shaming must be legally recognised as discrimination and hate speech.
Demand 6:	Violence perpetrated against people who use drugs, both in civil society and at the hands of the authorities, the police, and healthcare providers, must be investigated and prosecuted.

Consensus Statement on Drug Use Under Prohibition: Human Rights, Health and the Law

Demand 7:	Executions and extra-judicial killings of people who use drugs, and for drug-related offences, must end.
Demand 8:	People who use drugs must have access to the highest attainable standard of healthcare, service provision, and harm reduction.
Demand 9:	Harm reduction services must be available accessibly, freely, and comprehensively, and must take into account people's nuanced and variable realities.
Demand 10:	Service and healthcare providers, as well as the police and staff in all closed settings, must be sensitised to the specific needs of people who use drugs.
Demand 11:	Comprehensive healthcare and harm reduction services must be available in all contexts, including closed settings such as prisons and pre-trial detention.
Demand 12:	People who use drugs must be involved in the conception, implementation, evaluation and monitoring of service and healthcare provision. Where possible, service provision must be peer-led.
Demand 13:	Barriers to health must be undermined and dismantled: not only must people who use drugs be decriminalised, but drugs must be produced in a legal and regulated context.
Demand 14:	People who use drugs must not be treated differently from their co-workers on the basis of their drug use. They have the same right to employment as all others.
Demand 15:	People who use drugs are entitled to a stable, non-hostile workplace environment.

Demand 16:	People who use drugs must be able to work without threat of arbitrary termination, discrimination, and harassment.
Demand 17:	People who use drugs must not be subject to arbitrary detention or arrest, arbitrary stop-and-search, compulsory treatment, or forced labour.
Demand 18:	People who use drugs must not have their bodily integrity violated through drug testing, or through being pressured or coerced to terminate their pregnancy or to be sterilised.
Demand 19:	Drug use alone must never justify the invasion or disruption of privacy or of family and/or domestic life.
Demand 20:	People who use drugs must be respected as experts on their own lives and lived experiences.
Demand 21:	Participation of people who use drugs in debate and policy formation must be meaningful, not tokenistic.
Demand 22:	The well-being and health of people who use drugs and their communities must be considered first and foremost in the formation of laws and policies related to drug use.
Demand 23:	Networks of people who use drugs must be able to legally register and be recognised as formal organisations with political legitimacy.
Demand 24:	People who use drugs must be able to organise and network without fear of discrimination, arbitrary interference, or violence.

https://www.inpud.net/consensus_statement_2015.pdf

Needle and Syringe and Smoking Equipment Programming

Access to injecting and smoking equipment is essential for prevention of HIV and HCV transmission as well as overall health promotion among people who use drugs. For many, accessing commodities through these services can be a gateway to other health and social services.

What to check for:

- ☐ Services should actively attract clients. Are they easy to enrol in?
- ☐ Services should offer a range of commodities, such as a variety of needles and syringes of appropriate sizes, and other materials to enable safer use, preferably free of charge.
- ☐ Services should engage people who use drugs in the selection and distribution of commodities.
- ☐ Services should not require clients to bring in used equipment in order to receive new injecting equipment, and instead should teach people how to dispose of used equipment safely.
- ☐ Services should enable 'secondary exchange', i.e. providing enough equipment that people can pass new equipment on to their friends.
- ☐ Services should offer a range of other education, support and care services or referral relating to health and social needs.

List 3 things that local services do very well.

1. _____
2. _____
3. _____

List 3 things that should be improved.

1. _____
2. _____
3. _____

Opioid Substitution Treatment

Opioid substitution therapy (OST) programmes help promote the health and well-being of people dependent on opioids.

What to check for:

- [ ] OST should be free of charge or affordable.
- [ ] OST should be offered in a welcoming, non-stigmatising and confidential environment.
- [ ] OST should be offered in a convenient location and at convenient times (enabling clients to work and go about their daily affairs).
- [ ] OST services should provide adequate doses to eliminate need for additional opioids in order to avoid feeling ill (adjusting doses as needed when other medical treatment, such as some antiretroviral medicines, requires it).
- [ ] Use of illegal drugs by OST clients should be handled in a non-punitive manner.
- [ ] Patients should be able to access the service long-term and should be offered a voluntary option to taper doses.
- [ ] Tapering (reducing) doses should never be done without careful thought and discussion with service providers of additional support that may be needed.
- [ ] A range of OST medicines such as methadone, buprenorphine and diacetylmorphine (medical heroin) should be offered for clients to choose from.
- [ ] Once people are stable, take-home doses should be offered as well as documentation needed by clients who travel.
- [ ] Social integration support should be available on a voluntary basis.
- [ ] Services should work with family and friends to create a supportive environment for clients (while maintaining confidentiality).
- [ ] Services should address the special needs of pregnant women (including informing them about the risks involved with opting to stop OST treatment or illegal opioid use while pregnant, and consideration of the need to increase dosage with weight gain).
- [ ] Services should provide Naloxone to first responders along with training in its administration.
- [ ] OST programmes should offer clients means of providing feedback on how to improve services and how to advocate for change when necessary.

Voluntary Testing and Counselling (HIV, Viral Hepatitis B and C, TB)

Since people who use drugs have heightened vulnerability to tuberculosis and bloodborne viruses including HIV and hepatitis B and C, access to testing for these conditions is important.

What to check for:

- ☐ Testing for HIV, HCV or TB should be done in line with the WHO's '5 Cs principles':
  - consent
  - confidentiality
  - counselling
  - correct test results
  - connection to follow-up services.
- ☐ Testing for HIV and HCV should be available outside of medical settings with the assistance of trained outreach workers.
- ☐ When rapid tests for HIV and HCV are used, clients should be assisted to access confirmation testing in medical settings in the case of positive results.
- ☐ All testing should be free of charge.
- ☐ Repeat testing for HIV and HCV (i.e. once every six months) should be offered.
- ☐ Self-testing for HIV should be made possible (whereby people are given test kits with instructions for private use).
- ☐ Staff of harm reduction services should be aware of the symptoms of TB and able to make referrals to testing and treatment services.
- ☐ TB screening should be available for people who use drugs living in countries where TB prevalence is high.

Treatment for HIV, Hepatitis B and C, and TB

Globally, people who inject drugs tend to have tragically low access to treatment for HIV, TB and hepatitis despite strong evidence that treatment is as effective for people who use drugs as it is for other populations.

What to check for:

- ☐ Regulatory barriers excluding people who use drugs from access to treatment should be removed.
- ☐ Harm reduction services should help link people to care or offer CD4 testing and/or clinical check-ups in low-threshold settings (preferably with drug user-friendly physicians and clinics when possible).
- ☐ Adherence support, including peer support, should be offered for people who use drugs.
- ☐ OST should be available for people dependent on opioids who choose to enrol to support their treatment adherence. The WHO recommends that antiretroviral medicines be provided at OST sites.
- ☐ Specific fears and concerns of people who use drugs should be addressed in treatment literacy programming.
- ☐ People who use drugs with experience of treatment for the relevant diseases should be engaged to provide peer support for treatment adherence and navigating access to medical and social services.
- ☐ People who drop out of treatment should be given special attention to address their reasons for dropping out.
- ☐ Measures should be in place to ensure continuity of treatment for people coming into and out of prison.
- ☐ Services for HIV, hepatitis, TB and OST should be adequately integrated to ensure convenience for patients.

Sexual and Reproductive Health and Rights

Addressing the sexual and reproductive health and rights (SRHR) needs of people who inject drugs requires distinct skills and effort both within harm reduction services and in clinical settings. Harm reduction services should offer commodities (condoms, lubricants) and basic education about STIs and reproductive health, and should also support access to clinical services in low-threshold settings. Women who inject drugs often face great stigma in clinical settings, which can dissuade them from accessing the care that they need. Clinical staff should be given sensitisation training to reduce stigma and improve knowledge of the special needs of people who use drugs. Harm reduction services can refer clients to clinics they know to be drug user-friendly. Sometimes, however, referral is not enough – people may need the costs of transportation to clinical services to be covered or childcare to be provided in order for them to access services.

What to check for:

- ☐ Condoms and lubricants and other safer sex supplies should be offered free of charge.
- ☐ Education about sexual and reproductive health should be offered as well as means of birth control.
- ☐ Harm reduction services should address the specific needs and preferences of women, men who have sex with men, transgender people and sex workers.
- ☐ Clinics that diagnose and treat STIs, provide family planning counselling and services, and provide prenatal care should be knowledgeable about and take into consideration the special needs of people who use drugs. Harm reduction services should refer their clients to clinics that they know to be 'friendly' to people who use drugs.

Addressing the Needs of Women

Many harm reduction programmes are male-dominated and may neglect the specific needs of women. Additionally, the stigma faced by women who inject drugs is often even greater than that faced by men who inject drugs, and this can inhibit their ability to access services.

What to check for:

- ☐ Harm reduction services should make safe spaces available to women.
- ☐ Harm reduction services should employ women who use drugs and support community mobilisation of women who use drugs.
- ☐ Harm reduction services should make childcare services available.
- ☐ Harm reduction services should offer separate spaces or opening times for women.
- ☐ Harm reduction services should ensure that sexual and reproductive health and rights services are accessible.
- ☐ Harm reduction services should provide legal support for mothers facing problems with custody of their children.
- ☐ Sexual and reproductive health services should provide non-judgemental education about the effects of drugs on menstruation, pregnancy and breastfeeding. They should address the dangers of opioid withdrawal during pregnancy.
- ☐ Prenatal and post-natal services should be provided in services friendly to PWID.
- ☐ Women who use opioids should be supported to access opioid substitution therapy.
- ☐ The myth that drug use equals child abuse should be opposed.
- ☐ Possession of condoms should never be used by law enforcement as evidence of engagement in sex work.
- ☐ Sterilisation or abortion should never be coerced or forced.
- ☐ Harm reduction services should provide support, counselling and referral for victims of gender-based violence.
- ☐ Survivors of sexual assault should be linked to community-based responses to violence.

Psychological and Social Support

Factors including violence, discrimination, poverty, having a criminal record, experience of trauma, internalised stigma and others leave some people who use drugs with distinct psychosocial support needs. Harm reduction services should offer guidance and support for access to these services by their clients. Mobilisation of people within the community of people who use drugs can promote mutual support.

What to check for:

- [ ] Harm reduction services should not assume that psychosocial support is needed by each client.
- [ ] Harm reduction services should help people to access available social services.
- [ ] Access to these services should be voluntary.
- [ ] Social services should serve people who use drugs without stigma.
- [ ] Mutual support within the community of people who use drugs should be supported.

Overdose

Overdose is the leading cause of drug-related deaths and is preventable. Overdose prevention and management programmes include the distribution of Naloxone to people who inject/use opioids, and to people who live and work with them, to save lives and empower communities.

What to check for:

- ☐ Harm reduction programmes should offer training on overdose, including resuscitation and administration of Naloxone, to people who use opioids and their friends and families.
- ☐ Detoxification/rehabilitation programmes, post-release programmes for prisoners, and providers of services to people who use drugs should offer training on overdose and distribute Naloxone to people who use drugs and their friends and families.
- ☐ Legal or regulatory barriers to providing or administering Naloxone outside of medical facilities should be removed.
- ☐ Trainings and educational materials should cover how to recognise an opioid overdose and how to perform resuscitation on someone overdosing on drugs that Naloxone will not help with.
- ☐ Local myths about overdose should be addressed in trainings and educational materials.
- ☐ Naloxone should be available in pharmacies.
- ☐ First responders (fire, ambulance, police) should be equipped with Naloxone.
- ☐ Law enforcement should be prevented from accompanying emergency services responding to overdose.
- ☐ Means to check the quality and purity of drugs should be available to people who use drugs. For example, strips designed to identify fentanyl in urine may help people identify fentanyl in drugs. Though the evidence base for using fentanyl strips this way is limited, it should be explored urgently.

Drug Purity-Checking Programmes

Prohibition leads to unregulated production of drugs, which can lead to inconsistent quality and purity. This can lead to major health harms including death. Programmes enabling people who use drugs to test their drugs can help them to make safer informed choices about what they consume. Though not addressed in the *IDUIT*, some key considerations are reiterated here.

What to check for:

- ☐ There should be ongoing action to advocate legalisation of drugs. (As one informant quoted in User-Activists' Views highlighted: 'If drugs were legal, we wouldn't need to test them … all the information you'd need … it'd be right there on the label.')
- ☐ Drug-checking kits on a full spectrum of drugs, including opioids, should be available through harm reduction services or special sites.
- ☐ Festival operators and club owners should provide drug-checking services.
- ☐ There should be mechanisms in place to respond to outbreaks of tainted/adulterated drugs.
- ☐ Harm reduction staff should be able to handle drugs for checking without fear of legal prosecution.
- ☐ Further research on drug-checking programmes should be promoted.

Sample Community Committee Report

COMMUNITY COMMITTEE REPORT [LOCATION]		DATE:
Area	**Issue**	**Proposed Resolution**
Issues with supply, quality or quantity (e.g. needles and syringes, medications) at individual site or across sites	*Community reports that some peer workers who do outreach in the train station do not provide enough sterile needles.*	1. *Outreach coordinator to work with peer outreach workers to provide the number of needles and syringes required by each community member.* 2. *Follow up at train station to ensure change.*
Closure or lack of service availability at referral facilities or through outreach	*Government Clinic on Central Road often will not accept people after 15:00.*	1. *Write letter to health officer documenting problem. Ask NGO director to sign along with community representative.* 2. *NGO health officer and community representative should visit Chief Medical Officer to advocate for compliance with agreement on later opening hours signed in May.*
Service quality problems, e.g. poor treatment at facilities, discrimination in referral services, unresolved problems at safe spaces	*Nurses at Central Road doing initial questioning of patients in a public area, not a private room.*	1. *NGO health officer and community representative should bring this up during visit with Chief Medical Officer to ensure compliance with STI treatment protocol.* 2. *Follow up with community to determine if clinic is compliant with policy.*
Service overlap by other providers that may be causing confusion	*No problems.*	*N/A*
Violence response activities, perpetrators of violence and trends in violence.	*Report on number of incidents was not given at last community meeting at drop-in centre.* *Response team members taking survivors to hospital have not been reimbursed for transport costs.*	*Ensure that community leaders get information from crisis response team members and double-check it with NGO data officer before monthly community meetings.* *Outreach supervisor to check and ensure that reimbursements are made within one week.*
Any other issues...		

The International Network of People who Use Drugs (INPUD) is a global peer-based organisation that seeks to promote the health and defend the rights of people who use drugs. INPUD will expose and challenge stigma, discrimination, and the criminalisation of people who use drugs, and its impact on the drug-using community's health and rights. INPUD will achieve this through processes of empowerment and advocacy at the international level, while supporting empowerment and advocacy at community, national and regional levels. www.inpud.net

INPUD is part of Bridging the Gaps – health and rights for key populations. This unique programme addresses the common challenges faced by sex workers, people who use drugs and lesbian, gay, bisexual and transgender people in terms of human rights violations and accessing much-needed HIV and health services. Go to **www.hivgaps.org** for more information.

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INPUD
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