

HIV and Hepatitis Information and Behavioral Skills

Adjunctive Educational Session
for clients receiving 3-S therapy

HIV/Hepatitis Education and Skills Session **[to be provided adjunctive to Spiritual Self-Schema (3-S) therapy]**

Please review 3-S Training DVD #14 prior to delivering this session to your clients. After viewing the DVD training, some counselors may prefer that their clients watch the DVD demonstration of needle cleaning and condom application rather than personally providing the demonstration to clients themselves. If so, the following presentation should be modified appropriately. In certain circumstances (e.g., in group sessions), it may even be appropriate to have the client watch the entire DVD in lieu of presenting the material personally. However, if this is done, it is essential that a counselor be available to answer any questions, provide feedback to clients after practicing skills, and to deliver the post-session quiz.

Sources: Centers for Disease Control and Prevention (CDC) and National Institute on Drug Abuse, NIH Publication Number 00-4812, Printed September 2000; and the Holistic Harm Reduction Program (HHRP) (2002).

Purpose: In accordance with the Information-Motivation-Behavioral Skills (IMB) model of behavior change, the purpose of this single session is to provide study participants with needed Information and Behavioral skills for reducing transmission of infectious diseases, such as HIV and hepatitis B and C.

[Note: If client is known HIV-positive, the script should be modified slightly to emphasize protection of partners against infection, protection of self against re-infection (i.e., super-infection) with medication-resistance strains of the virus, and need for ongoing medical care.]

Materials needed:

1. Visual aids -- to facilitate processing of didactic information visual illustrations are shown to client at the same time that information is being provided verbally to client. These illustrations are available as pdf files at the Training link at www.3-S.us; they may be printed and shown as a flip chart presentation (as shown on the Training DVD #14) or left unprinted and shown to client on a computer screen.
2. Handouts:
 - a. HIV transmission and testing.
 - b. Hepatitis transmission and testing.
 - c. Instructions for reducing the harm of injection drug use and locations of needle exchange programs in the community.
 - d. Instructions for reducing sexual harm with latex and how to negotiate safer sex with partners.
3. Needle cleaning materials (for specifics, see relevant section).
4. Sharps container for needles.
5. Condom selection and application materials (for specifics, see relevant section).
6. Quiz (note: information required for quiz is noted by [**QUIZ ITEM**] in the text).

COUNSELOR SCRIPT

Introduction

Hello [client's name]. My name is [counselor's name].

You are here today for your HIV Educational Session as part of 3-S Therapy.

This session will be different from the other sessions you've had so far, in that I'll be providing you with some specific information and skills for preventing the spread of HIV.

I'm also going to provide you with some information for preventing the spread of hepatitis and other sexually transmitted diseases. I'll be providing you with lots of information to help you live a healthier lifestyle. The information and skills are important, but what's just as important is your motivation to use them.

And that's where your spiritual self comes in! As you know, the foundation of your spiritual self is to do no harm to self or others. So, being on your spiritual path is consistent with getting as much information and skills as you can to prevent or reduce harm.

For this reason, it's very important that you focus on receiving and retaining the information I'll be providing you with today, as it could save your life as well as the lives of others. In your 3-S therapy sessions you've discussed how the spiritual self is open and receptive to new and useful information, but the addict self often just doesn't pay attention. So, it's important during this session that you are mindful and that your spiritual self is fully activated.

In order to help you make sure that your spiritual self is activated, let's begin by doing the meditation in which we concentrate on the in and out breath and focus on your anchor.

We'll do that for 5 minutes. I'll let you know when time is up. Then after that, we'll begin the educational session.

Counselor and client sit with backs straight, eyes closed, and practice anapanasati (meditation on the in and out breath) for 5 minutes. At the end of 5 minutes counselor says "when you're ready, open your eyes and we'll begin the session."

You are in this program because you have stated that you are ready to make healthy lifestyle choices. In order to maintain or improve your physical health, you need to be well-informed about the effects of drug use and unsafe sexual practices on your health, so that you can make choices that will protect your health and the health of others. In this session, we will focus on HIV, hepatitis B virus (HBV), and hepatitis C virus (HCV) because these viruses cause illness and death at exceptionally high rates among drug users, their sex partners, and their children, through mother-to-infant transmission.

Counselor gives client the packet of handouts (see above) that provides all the information to be covered in this session.

I'm going to present a lot of information today and it might be difficult to remember all of it, so I'm giving you this packet of material that contains everything that we'll cover today. This information can also be found in your Spiritual Journal that was given to you by your 3-S Counselor.

Go over the material later today and review it frequently. Remember, you can always make an appointment with me or any of your counselors if you need more information or if you're unsure about something.

HIV Information

Counselor provides information about HIV transmission, testing, and treatment

Let's begin by talking about HIV.

HIV transmission

QUESTION: Do you know how HIV is transmitted?

Counselor assesses client's current knowledge, then provides the correct information.

HIV is not spread by casual contact or insect bites. Only the following body fluids have been proven to spread HIV [**QUIZ ITEM**]

(Show illustration #1)

Blood
Semen
Vaginal fluid
Breast milk

The human immunodeficiency virus (HIV) is passed from one person to another through blood-to-blood and sexual contact. In addition, infected pregnant women can pass HIV to their babies during pregnancy or delivery, as well as through breast feeding. HIV causes AIDS – and most people with HIV infection will develop AIDS as a result of their HIV infection. AIDS is life-threatening because the immune system of someone with AIDS has lost the ability to defend itself against life-threatening cancers and other diseases.

More than one third of all AIDS cases reported in the United States are directly or indirectly associated **with drug use**. It is estimated that over one million people in this country are now infected with HIV and approximately 40,000 new infections occur every year. Being well-informed about HIV is therefore crucial for maintaining your health and the health of your loved ones. You'll find important information about HIV in your packet of handouts. We'll go over this information together now.

Getting tested

QUESTION: Have you ever been tested? If so, when? What was the result?

[**Note:** if client has tested HIV-positive, modify the next section of the session appropriately (e.g., emphasizing the need for ongoing medical care and importance of regular testing for client's partners). If client has never been tested or tested negative provide information concerning the importance of testing and the meaning of test results.]

(show illustration #2)

The period of time between becoming infected with HIV and when antibodies can be detected is called the "window period" [*QUIZ ITEM*]. During this window period, your HIV test result may be negative when in fact you are actually HIV-positive [*QUIZ ITEM*]. **Most people will develop detectable antibodies within 3 months after infection.** The average window period is about three weeks. In rare cases, it can take up to 6 months.

If you test negative, it is therefore recommended that you get tested again 6 months after the last possible exposure (unprotected vaginal, anal, or oral sex or sharing needles) [*QUIZ ITEM*].

It is very important to get tested regularly and to learn your test results because medications are now available that may help you stay healthier longer. The less time that HIV has to multiply in your body, the better your chances for managing the disease and the more likely you can prevent transmission of HIV to your drug and sexual partners and to your children or your partner's children.

Do not confuse HIV testing with prevention. Some people who are not well-informed think that they do not need to change their behavior if they continue to test negative for HIV [*QUIZ ITEM*]. This is not true.

If you engage in any of the behaviors we just discussed with someone who has been infected, you are at risk for infection. There is no way to prevent transmission except through your own behavior. You are in control.

Interpreting your test results

If you test negative:

If you test negative, don't forget the "window period." You may in fact be HIV-positive, but your immune system has not yet developed detectable antibodies. However, if you still test negative six months after the last time you engaged in any high risk behavior, then there is an extremely high probability that you have not been infected. However, do not assume that because you tested negative, that your partner must also be negative. HIV is not necessarily transmitted every time there is exposure. So, for example, you could have had unprotected sex or shared drug paraphernalia with an HIV-positive partner without having become infected on that particular occasion. However, if you engage in high risk behavior again with this person you could still be at risk unless your partner also tested negative 6 months after his or her most recent high risk behavior.

If you test positive:

If you are told that your test is positive, this means that antibodies were found in your blood that indicated you have been infected with HIV. Depending on how much of the virus you have and the strength of your immune system, your doctor may prescribe medications that will help you to stay healthy longer. **There is no cure** [QUIZ ITEM]. If you engaged in high risk behavior any time after you were infected, you could have infected your partners. That's why it is so important for everyone to get tested.

The sooner you know that you have been infected, the sooner you can begin treatment, and the sooner you can stop the spread of HIV to others.

Someone who tests positive for HIV may already have hundreds of thousands of copies of the virus in every drop of blood. This is because every day the virus produces about 10 billion copies of itself. The more of the virus in the blood, the more likely the person is to infect other people. In the last few years a number of medications have been developed that reduce viral load – that's the amount of virus in the blood. Although, the development of these medications represents a major advancement in the management of HIV disease, it is very important to remember that there is no cure.

Some people believe that they don't have to worry about getting HIV any more because they think that it can be cured with medication. This is not true. The truth is that despite medical advances, HIV remains a very serious disease that requires costly, and often complicated, treatment regimens that may slow the disease, but do not cure it.

We'll talk about these treatments now.

Treatment—HIV medications and importance of medication adherence

<p><u>Note to Counselors:</u> Approaches to the treatment of HIV change rapidly. Therefore, this section should be updated and revised as appropriate.</p>
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Individuals who are infected with HIV may have to take a number of different medications, referred to as HAART—which stands for “highly active antiretroviral therapy.” These medications may reduce the amount of virus and slow disease progression, but they do not provide a cure [QUIZ ITEM]. Even if medications are successful and the amount of virus is reduced to undetectable levels in the blood, the virus is still there, it has not been eradicated completely, and it can still be transmitted to others.

In addition, these medications don't work for everyone. Sometimes when they do work, they have unpleasant or intolerable side effects. Some people can't take them because the interaction with their other drugs causes serious problems. Still others find it extremely difficult to maintain the drug treatment schedules, and if they miss taking their medications they are at risk for developing a strain of the virus that is resistant to the medication that they can pass on to other people. That means that the medications won't be effective. It also means that people who are HIV-positive can get re-infected (called “super-infection”) with a strain of HIV that does not respond to medication. **That's why individuals who are HIV-positive need to have the harm**

reduction skills we will be talking about today even if their partners are also HIV-positive [QUIZ ITEM].

So, if you are currently HIV-negative, remember that **if you protect yourself from getting infected in the first place you won't have to worry about following these difficult and costly medication regimens.** If you are already infected, remember that you must take these medications exactly as prescribed in order for them to be effective, and you must continue to protect yourself against re-infection.

You will find all the information we cover today in your packet of handouts from the Centers for Disease Control (CDC). There is a lot to understand and remember, so read them over often. Let's turn now to becoming well-informed about another life threatening disease that is spread by drug use and unsafe sex – hepatitis.

Hepatitis Information

Counselor provides information about hepatitis.

There are five types of viral hepatitis. Hepatitis A, B, C, D, and E.

Today, we will focus our discussion on **hepatitis B and C** because both occur at particularly high rates among drug users. Just like HIV, both of these types of hepatitis are transmitted through injection drug use and unsafe sexual practices [QUIZ ITEM].

Between 1million and 1.5 million Americans have active hepatitis B, and nearly 3 million Americans have active hepatitis C. In your packet of handouts you'll find information provided by the Centers for Disease Control (CDC) about hepatitis B and C.

Let's go over the major points covered in your handouts.

QUESTION: What do you know about Hepatitis B?

Counselor assesses client's knowledge; then provides correct information.

(show illustration #3)

Correct answer:

- Hepatitis B is a serious disease caused by a virus that attacks the liver. The virus, which is called hepatitis B virus (HBV), can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death.
- HBV is spread by contact with the blood or sexual fluids of an infected person **[QUIZ ITEM].**
- Some symptoms of hepatitis B may include fatigue and other flu-like symptoms, and jaundice (yellowing) of the skin and eyes
- HBV **can be prevented** by vaccination -- but you **must take all 3 shots** **[QUIZ ITEM].**

QUESTION: What do you know about Hepatitis C?

Counselor assesses client's knowledge; then provides correct information.

(show illustration #4)

Correct answer:

1. Hepatitis C is a liver disease caused by the hepatitis C virus (HCV), which is found in the blood of persons who have this disease.
2. **There is no vaccine that protects you against hepatitis C** [*QUIZ ITEM*], but some people can be treated.
3. The infection is spread primarily through contact with the blood of an infected person, but may also be shed in genital secretions [*QUIZ ITEM*].
4. It's a lifelong infection that is serious for some persons, but not for others.
5. Most people who get HCV carry the virus for the rest of their lives. Most of these persons have some liver damage but may not feel sick from the disease for many years.
6. People with liver damage caused by HCV may develop cirrhosis (scarring) of the liver, liver cancer, or liver failure that may take many years to develop.
7. Some clinical symptoms of HCV are jaundice, fatigue, abdominal pain, loss of appetite, nausea that comes and goes, and vomiting. However, not everyone who becomes infected gets the symptoms.

Let's review what testing results mean:

[Note: if client has tested positive for HBV or HCV, modify the next section of the session appropriately (e.g., emphasizing the need for ongoing medical care and importance of regular testing for client's partners). If client has never been tested or tested negative provide information concerning the importance of testing and the meaning of test results.]

Meaning of Negative HBV or HCV Results

- Negative test results mean that antibodies to the hepatitis virus were not found in the blood. A negative test does **not** mean that a person is free of the virus. Again, there is a window period to consider. So, if you test negative, you will need to be retested 3 months after your last high risk behavior, as it could take that long for antibodies to be created.
- If you have never been infected with HBV, you are eligible to receive HBV vaccinations. However, for the vaccine to be effective you must receive a series of three shots. If you do not receive all 3 shots, you will not be successfully immunized against HBV.
- Anyone who continues to engage in risky behaviors should be retested in 6 months.

Meaning of Positive HBV or HCV Test Results

- A person who tests positive should get regular preventive medical care, including liver monitoring.
- Sexual partners, shooting buddies, and the children of those who test positive may be infected. They should be tested and become immunized against HBV if they are not infected [*QUIZ ITEM*]. There is no immunization available for HCV.

- A person who tests positive may not have hepatitis symptoms such as jaundice (yellowing) of the skin and eyes, fatigue, and other flu-like symptoms.
- A person who tests positive should not donate or sell blood or donate an organ [*QUIZ ITEM*].
- A woman who tests positive risks passing the virus to her child if she is pregnant.

How To Slow or Prevent Onset of Serious Liver Disease

- See a doctor for additional tests to find out if you need treatment now.
- A doctor will take more blood from you and test it to see if HBV or HCV is damaging your liver.
- A doctor may also perform other tests to see how much damage has already been done.
- Do not drink alcohol [*QUIZ ITEM*]; alcohol contributes to progression of liver disease.
- Almost 6 out of 10 heavy drinkers (58%) develop cirrhosis within 20 years of infection.
- A little more than 1 out of 10 people (12%) who don't drink will develop cirrhosis within 20 years of infection.

Let's go over some **common myths** about HIV and hepatitis:

Facts About HIV/AIDS, HBV, and HCV that are often misunderstood

- You can't get HIV, HBV, or HCV from sneezing, hugging, or coughing [*QUIZ ITEM*], or from food or water; from sharing eating utensils or drinking glasses; or from casual contact. However, do not share toothbrushes, razors, or other personal care articles that might have blood on them.
- You can't get HIV, HBV, or HCV from a dry kiss.
- You can't get HIV, HBV, or HCV from clothes, a telephone, or a toilet seat.
- You can't get HIV, HBV, or HCV from a mosquito bite or other insect bites [*QUIZ ITEM*].

Remember: you CAN contract these viruses through body fluids: blood, semen, vaginal secretions, and breast milk.

Let's talk a little now about how other sexually transmitted diseases and illicit drug use can actually increase your risk of HIV infection and can hasten HIV disease progression.

Other STDs

Can you name some common STDs?

Counselor provides information about the role of other sexually-transmitted diseases (STDs) and the use of illicit drugs in susceptibility to acquiring and transmitting HIV, HBV, and HCV.

Other STDs include herpes, syphilis and gonorrhea. In addition to having negative consequences of their own, these STDs increase your risk for becoming infected with, and transmitting, HIV and hepatitis.

(show illustration #5: STDs and Infectious Disease)

Few people know that having an STD can increase your risk of becoming infected with, and transmitting, HIV. Also, it's important to know that STD treatment reduces the spread of HIV.

People are 2–5 times more likely to become infected with HIV when other STDs are present [QUIZ ITEM].

Furthermore, people infected with HIV **are more likely to infect their partners** if either one of them also has an STD. This is because STDs that cause genital lesions make it easier for HIV to gain entry. Even if the STD does not cause lesions, it increases the number of HIV-target cells in genital secretions and therefore provide HIV with an easy target.

If you are already infected with HIV, having another STD **makes you even more infectious** [QUIZ ITEM] -- you are more likely to spread HIV to someone else.

In addition, having an STD can reduce the effectiveness of HIV-treatment and contribute to **HIV disease progression** [QUIZ ITEM].

So, there are very good reasons for everyone to be tested regularly for STDs. **STD's can be prevented and treated.** Detection and treatment of STDs can substantially reduce HIV transmission [QUIZ ITEM]. So, be informed. Be a positive participant in your own health care.

Drug use and susceptibility to infection

Note: The following section refers to cocaine use; however, it may be modified to be consistent with each client's recreational drug of choice.

Use of illicit drugs makes you more susceptible to infection and reduces the effectiveness of treatment [QUIZ ITEM]. For example, sometimes people smoke crack or snort cocaine rather than inject it thinking that they can't get HIV that way. But that doesn't mean they are safe. Even if they only smoke or snort, moderate and heavy cocaine users (and users of other stimulants) are still increasing their risk of contracting HIV, HBV, HCV, or other STDs.

(show illustration #6: Cocaine Use Increases the Risk of STD Transmission)

Some of the reasons why cocaine (and other stimulant) users increase their risk of infection are:

1. People often have more sex when they use cocaine and other stimulants, and they often forget to wear latex condoms or to ask their partner to wear a condom.
2. Some people sell sex to get cocaine (or other stimulants) or to get money for these drugs. This may mean they have more sex or unprotected sex.
3. Cocaine and other drugs may weaken the immune system, making it easier to get HIV, HBV, HCV, and other STDs.
4. Cocaine and other stimulants often make it difficult to reach sexual climax. This may lead to prolonged intercourse and increased chances for getting cuts and abrasions, which could result in blood-to-blood contact and the transmission of HIV, HBV, HCV, and other STDs.

5. If you are a cocaine user (or use other illicit drugs), you can decrease your chances of getting HIV, HBV, HCV, or other STDs by getting off drugs. If you can't get off drugs, be sure to wear latex condoms or make sure your partners do, and don't share needles or "works."

Other preventable infections

One last point before we talk about how to reduce the risk of contracting these serious diseases -- People who inject drugs are at risk for other serious infections, besides HIV and hepatitis B and C. Use of alcohol swabs to clean the injection site prior to injection has been shown to reduce the occurrence of cellulitis, injection site abscesses, and, possibly, endocarditis among persons who inject drugs.

I think you will find the printed material I have given you (which is also in 3-S participants' Client Workbooks) helpful for remembering what we have covered. Don't forget to read it over and show it to your friends and partners. If your partners have been reluctant to use harm reduction strategies, this information may help convince them that being well-informed can save lives, including their own.

Let's turn our attention now to what you can do to prevent transmission or reduce your risk for infection.

Counselor provides information about drug-related high risk behavior and prevention/harm reduction strategies

******Note: The following Drug-Related Information and Behavioral Skills sections are primarily for clients who currently are, or have ever been, injection drug users, or whose drug- or sexual-partners are, or have ever been, injection drug users. If they are not, you may wish to skip these sections and proceed to the section entitled 'Information on Reducing Sexual Risk'. However, some clients may wish to learn the material that is presented here so that they can teach others how to prevent or reduce some of the harms of drug use (which is one of the between-session assignments on demonstrating compassion and preventing harm in the 12-session version of the manual); there are also 3 questions on this section in the quiz at the end of this session.***

Information: Reducing Drug-Related Risk

QUESTION: Do you know how to protect yourself from drug-related exposure to HIV and hepatitis?

Counselor assesses client's knowledge, and then provides correct information.

Correct answer:

Drug-related harm reduction is as simple as A-B-C

(show illustration #7: ABC pyramid of Harm Reduction)

A = **Abstinence** – Don't Use Drugs.

Because any drug use is dangerous, the only way to prevent the harm of drug use is to abstain from using drugs [*QUIZ ITEM*]. Remember, there is a difference between harm prevention and harm reduction. There is only one way to prevent the harm of injection drug use and that is abstinence.

B = **Buy or obtain your own supply of new needles** – Never share needles or works [*QUIZ ITEM*]. That means no direct needle sharing (using another person's syringe after he or she has used it), and no sharing drugs from the same syringe (e.g., through frontloading or backloading). So, the second best way of avoiding harm is by never sharing needles or works — always buy or obtain new needles [*QUIZ ITEM*]. Research has shown that HIV can live in a syringe for at least 4 weeks. Consider that someone with HIV may have used a needle just once a month ago, and a friend or partner sees it and decides to use it -- that person has now been exposed to HIV or, if already HIV-positive, may have been exposed to another HIV strain or to other infections.

QUESTION: Can HIV be transmitted by sharing a cooker or cotton or other "works"?

Answer: Yes. Don't share any drug paraphernalia. Just because you can't see any blood on the "works" doesn't mean it isn't there.

HIV and hepatitis B and C can also be spread through indirect sharing.

(show illustration #8: Indirect Sharing)

Indirect sharing occurs when fluids are mixed without actually passing a syringe from one person to another. For example:

- Do not put syringes in the same container of water or drug solution
- Do not use a plunger from a previously used syringe to mix the drug solution
- Do not use a used syringe to distribute or return the drug
- Do not draw drug from a shared cotton filter
- Do not return the drug to a shared cooker
- Do not "Beat the cotton" or "scrape the cooker"
- Do not rinse your syringe in other people's water

Remember, it is not enough that you do not share needles, you also need to protect yourself by not sharing anything at all that is involved in shooting drugs.

When we say don't share, we also mean don't re-use your own needles. There are two reasons to always use new needles:

1. It is the best way to be sure a needle is sterile (not contaminated) which reduces transmission of infection (i.e., someone could have used it without your knowledge).

2. Because used needles (even those that have been sterilized) are less sharp, they are more likely to harm or collapse your veins than new ones.

Counselor engages client in a discussion on how to obtain new needles

QUESTIONS:

- Where can you get new needles?
- If you buy a needle on the street that is in a sealed wrapper, does this guarantee it is new?

Counselor engages client in a discussion of practices on the street of rewrapping used needles and passing them off as new. Counselor brainstorms possibilities for acquiring needles based on State laws and local ordinances in effect in each community. For example, purchasing needles in drug stores, going to a needle exchange program.

Needle exchange programs [Counselor: use this material if a needle exchange program is available in your community.]

If you are unable to purchase new needles in a drug store, the best way to be sure you're getting a sterile needle is by using a needle exchange program.

Although you are responsible for changing your behavior, a needle exchange program can provide you with the tools (education, needles, and treatment referrals) necessary to begin making the changes.

If there is a needle exchange program in the client's area, counselor distributes a handout with the locations of program sites. Counselor asks client to identify the site most convenient for him/her. Counselor also asks client to voice any concerns/reservations about using a needle exchange program (i.e., police watch people who use them) in order to correct any misperceptions.

C = Clean needles and works with full-strength bleach.

When you are not abstinent and you don't have sterile, new, needles, the next best way to reduce the harm of your drug use is by cleaning your needles, syringes, and works with full-strength bleach [**QUIZ ITEM**]. I am going to demonstrate the correct method for cleaning your needles with bleach shortly, but first let's talk briefly about drug craving that can be caused by seeing needles and works.

Question: Does the sight of needles cause you to crave drugs?

Counselor assesses client's susceptibility to cue-induced craving in order to provide appropriate therapeutic context for needle-cleaning skills segment of session.

Answer: For some people the sight of needles can cause craving. That does not mean you are weak or that you are about to have a relapse or slip – it is an automatic conditioned response [**QUIZ ITEM**].

(show illustration #9: Conditioning model of craving)

Just the sight of a needle can automatically produce physical and psychological changes, such as rapid heart rate, sweating, and a strong desire for the drug, or craving. Some people say that it feels like a craving monster has been unleashed within them and worry that they will have to use drugs to satisfy and quiet this monster.

Feeling this way doesn't mean that you are weak or that your recovery is threatened. Certainly when you are trying to be abstinent, the sight of needles can be uncomfortable, but there is something you can do to reduce this discomfort. Remember that your conditioned craving response is particularly strong now because every time you injected drugs in the past and experienced the effects of the drug you were increasing the strength of the conditioned response. However, if you repeatedly see a needle and don't use drugs, the association between needles and the effects of drugs will gradually weaken and your craving will eventually be eliminated. This technique is actually used in some drug treatment programs and is called "exposure therapy." However, it does not mean that you should go out and expose yourself to drug paraphernalia with the goal of reducing your craving; that is too risky. When this technique is used in treatment, it is under controlled conditions and in a safe, drug-free, environment. What it does mean is that you can use occasions such as this while you are in treatment to help you to reduce and manage your craving, rather than using it as an excuse to use drugs. You can also use the experience of craving as a warning signal that you are potentially entering a high risk situation, and that you therefore need to do something else, such as engage in a non-drug-related activity.

(show illustration #10: Please don't feed the craving monster)

Starve, don't feed, the craving monster!

Feeding your craving monster by using drugs just makes the craving monster that much fatter and hungrier. However, every time you crave drugs, but don't use drugs, you starve the craving monster, and it will gradually decrease in size [*QUIZ ITEM*]. Furthermore, if you engage in a non-drug-related activity [*QUIZ ITEM*] instead of feeding the craving monster, you will not only decrease your craving in the long run, but you will also increase your ability to cope with other triggers without resorting to drug use. For some people it may take many years to completely eliminate the craving monster, but in the meantime, you can tame it. Remember that just because the craving monster rears its ugly head from time to time, this does not mean that you are weak, or that your recovery is doomed to failure.

Counselor summarizes drug-related harm reduction

(show illustration #11: Don't use drugs...)

Remember, to **prevent** harm...**don't use drugs**. To reduce harm...if you use drugs, **don't inject**. If you inject drugs, always use a new needle. If you don't have a new needle, **clean** your needle properly with full-strength household bleach. If you don't have a new needle, and don't have bleach, don't use drugs [*QUIZ ITEM*].

You now have the information you need to reduce your risk of infection through drug use. Information alone is not enough, you will also need behavioral skills. For example, you will need to know how to disinfect a needle/syringe with full-strength household bleach in the event of a ‘slip’ or drug relapse.

Let’s talk now about how to disinfect needles and works.

Counselor provides behavioral skills training re: drug-related high risk behavior and prevention/harm reduction strategies

Counselor directs client to handout entitled “The ABCs of Reducing the Harm of Injection Drug Use” (also available in 3-S Client Workbook).

Your handout provides step-by-step instructions for cleaning “works” according to the method recommended by the National Institute on Drug Abuse (NIDA) in 1993. This method was based on evidence that bleach must stay in contact with the contaminated surface for at least 30 seconds in order to kill HIV in both clotted and unclotted blood. You may hear about different methods that use shorter bleaching times as more research is conducted. However, to be conservative, we recommend two bleach exposures for 30 seconds each and two rinses. I’ll be demonstrating this method in just a moment.

QUESTION: Have you ever received any education or training on how to clean a needle?

This training is important no matter where you are in your recovery. Even if you are abstinent from all illicit drugs, your decision to live a healthy lifestyle needs to include being prepared. This means even being prepared for a “slip” and knowing how you can reduce the harm that the “slip” will cause you and others. And if you are not yet abstinent, these skills will help you reduce the harm of drug use while you work towards achieving abstinence. What we will be talking about today is how to make injection drug use less dangerous (that is, how to reduce the harm caused by needle use), it will not eliminate the harm of drug use [**QUIZ ITEM**]. Some people find this topic uncomfortable, especially individuals who have achieved abstinence. However, it is very important.

I know that you are in treatment to stop using drugs, and we respect that, and understand that it may be uncomfortable to talk about injecting drugs, but sometimes people in treatment have a “slip”. If that happens, try not to inject drugs, but if you do inject drugs, use a new needle. If, for some reason, needles or works are shared, it is extremely important to know the best way to clean them. Even if you don’t have a ‘slip’ yourself or don’t use needles, it is possible that your knowledge about needle cleaning could save the life of someone else.

(show illustration #12: harm reduction scout with fire extinguisher)

As this illustration shows, you have to be prepared! It may help to think of this as a fire drill; a fire drill certainly does not give people permission to set fires, however, it does prepare them by showing them how to use a fire extinguisher and how to leave the building safely. Remember,

you are not giving yourself permission to use by learning these harm reduction techniques; instead you are showing respect for your health and for the health of others by being prepared in the event that the unexpected happens. That's why we would like everyone in this treatment program to know how to clean needles.

PROTOCOL NEEDLE CLEANING

Materials – on a table place 6 plastic bottles labeled as follows: (1) rinse (2) bleach (3) bleach (4) rinse (5) rinse (6) waste. In addition, there should also be a clock with a second hand, a 1 cc needle/syringe, and a sharps container.

Counselor demonstration of needle cleaning

Counselor will demonstrate how to disinfect a needle and syringe with full-strength household bleach while client observes. Note: Counselor verbalizes the instructions on the client's handout (see Needle Cleaning Procedure below) while demonstrating the procedure. ***Note: At the counselor's discretion, client can be asked to view the demonstration on 3-S Training DVD #14 in lieu of the counselor personally providing this demonstration.***

Needle cleaning procedure:

1. Fill barrel of syringe with water from cup 1 and agitate in order to help loosen and remove any excess dried blood or drug.
 2. Squirt water into waste cup.
 3. Submerge needle and fill barrel of syringe with bleach from cup 2.
 4. Shake/tap needle while bleach is in it to break up clots.
 5. Keep bleach in syringe for at least 30 seconds. Remember: Less than 30, it's still dirty!
- [QUIZ ITEM]**
6. Squirt out bleach into waste cup.
 7. REPEAT Steps 3-6 using bleach from cup 3.
 8. Fill barrel of syringe with rinse water from cup 4 and agitate.
 9. Eject water into waste cup.
 10. Rinse again with rinse water from cup 5.
 11. Eject water into waste cup.

[as a part of step 3, the syringe may be taken apart and the plunger dipped into the bleach in order to improve the cleaning procedure]

Additional tips:

1. Never dilute the bleach because diluted bleach is less effective at killing HIV.
2. Never re-use the bleach or rinse water.
3. Clean your needle before the blood inside it has a chance to dry; dried blood is harder to clean out of the needle.
4. Never put needle into the rinse water bottle; fill disposable cups with clean rinse water.
5. If you are unable to get bleach, do not inject drugs; other cleaning methods are not as effective at killing HIV.

Less effective methods

The following procedures are sometimes used for cleaning needle, and may help reduce your risk of contracting HIV or hepatitis. However, they are not as effective as bleach, and do not kill the HIV virus:

1. Boiling needles for 15 minutes (although this will sterilize equipment, it may cause the plastic syringe to become misshapen and non-functional).
2. Cleaning with water alone or a combination of water and detergent, alcohol, or vinegar.
Remember, these methods are not as effective as bleach, and we do not recommend that you use them.

Client Demonstration of needle cleaning

Counselor asks client to demonstrate the correct procedure for disinfecting a needle and syringe. Counselor observes and rates client's skill using the following criteria:

1. initially rinsed syringe with water
2. drawing bleach completely into the syringe
5. shaking/tapping barrel with finger to agitate contents
6. keeping bleach inside barrel for at least 30 seconds
7. pushing the plunger and ejecting the bleach into a different cup
8. repeating steps 2 through 7 again in proper sequence
9. drawing clean water into the syringe
10. ejecting it into waste cup
11. repeating steps 9-10

Following the demonstration, counselor asks client:

Do you currently have a bleach kit for cleaning needles and works. (If no, counselor should instruct client on how to put one together.)

Note: Any errors made by the client while performing the demonstration are noted and corrected by the counselor.

Concluding remarks regarding needle cleaning

(show illustration #13: The good news ... and bad news ...)

You did a good job. The good news is that if you inject drugs, always use a new or bleach-cleaned needle, you will reduce (but not prevent) the risk of HIV and hepatitis infection. The bad news is that doing this will not reduce the other serious harms caused by drug use – such as financial, legal, emotional, and family problems. So remember, abstinence is your best choice.

Counselor provides <u>information</u> about sex-related high risk behavior and prevention/harm reduction strategies, including partner negotiation skills
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******Note: If you skipped the preceding sections on drug-related risk, pick up the session here, modifying the wording in first few sentences, as appropriate.***

Information: Reducing Sexual Risk

We've been talking about the need to always "be prepared" by knowing how to reduce the harm of drug use in the event that you have a "slip". However, unlike drug use, sexual activity is presumably not something that you are trying to give up, but it may be a part of your life about which you have conflicting feelings. On the one hand, sexual intimacy in a caring relationship can greatly enrich your life; on the other hand, unsafe sexual practices can threaten the health and even the life of both yourself and your partner. Therefore, in addition to being prepared for situations that place you at high risk for drug use, you also need to be prepared for situations in which you are at risk for engaging in high risk sexual activities. That's what we will be talking about now.

(Show illustration #14: harm reduction scout being prepared with latex)

Here's our friendly harm reduction scout (on illustration) again always prepared for any high risk sexual situation he might encounter. This is often the image people have of safer sex—that you need to be protected from head to toe, clean and sterile, as if entering an operating room. It is an amusing image to be sure.

"Being prepared" and knowing how to reduce the harm of sexual activity is a very important part of your decision to create a new and healthy lifestyle for yourself.

QUESTION: Do you know how to protect yourself from sex-related exposure to HIV and hepatitis and other STDs?

Counselor assesses client's knowledge, then provides correct information.

Correct answer:

Sex-related harm reduction is also as simple as A-B-C

(show illustration #15: ABC pyramid of harm reduction – sexual practices)

A = Abstinence.

Experts don't always agree on the relative risks of various sexual activities. They do agree, however, that the only way to completely prevent all harm is to abstain from sexual activity.

B = Don't exchange Body Fluids.

Sexual relations contribute substantially to the quality of many people's lives. Therefore you may have chosen not to be celibate. However, it is important to look at the costs and benefits to you and your partner of being sexually active, and to do whatever you can to reduce the potential harm of sexual intimacy. Therefore, if you decide you are not going to be celibate, the best way to reduce harm would be to engage only in those sexual practices that do not involve the exchange of body fluids.

Examples of safer sexual activities:

- Erotic massage
- Bathing together
- Erotic dancing
- Sharing fantasies
- Phone sex
- Using personal (unshared) sex toys
- Mutual masturbation
- Consensual voyeurism
- Watching, reading erotic material

Always clean lubricant applicators and sex toys after use.

Avoid having erotic activities during a woman’s menstrual period.

Do not consume breast milk.

The first step to having safer sex is being sober. When you are high, you are more likely to take risk.

C = Always use Condoms and other latex protection

QUESTION: If you are going to engage in sexual activity that does involve the exchange of body fluids, what are the “three little words” you should always remember?

(show illustration #16: 3 little words – latex, latex, latex)

Show your partner you care by remembering these three little words—latex, latex, latex [**QUIZ ITEM**]. The best way to reduce the potential medical harm of sexual intimacy is to always use condoms and other latex protection.

- Latex condoms should be used for vaginal and anal intercourse (penis/vagina or penis/anus) and oral sex (mouth to penis – use unlubricated or flavored latex condoms).

Counselor shows client a latex male condom (without nonoxynol-9).
 Counselor shows client a female condom – polyurethane device
 Counselor shows client where to look for the expiration date.
 Never reuse male or female condoms, and never use both at the same time.

- Latex dental dams should be used for oral sex (mouth to vagina, mouth to anus). If you cannot find or afford dental dams, you can cut up a condom to use as a barrier.

Counselor shows the client a dental dam.

- Latex gloves should be used for hand to penis, vagina, or anus, especially if there are any abrasions or broken skin on hands or fingers.

Counselor holds up a pair of latex gloves.

I'm going to ask you a few questions about safer sexual practices:

Counselor assesses client's knowledge about safer sexual practices using the following questions, and immediately provides the current answers:

(show illustration #17: Discussion questions)

QUESTION: Does a man need to use a condom if he does not ejaculate (come) inside his partner?

Correct answer: Yes.

a) Even if the male does not ejaculate (come) inside the partner's vagina, mouth, or anus, infection can be transmitted through the pre-ejaculatory fluid that can leak from the penis prior to ejaculation. So it is very important to place a condom on the penis as soon as the male achieves an erection.

b) Infection can also be transmitted through blood from the vagina or anus. In addition to obvious sources of blood (e.g., a woman's menstrual cycle), there may be hidden sources, such as internal sores or abrasions caused by friction during sexual activity.

QUESTION: Are all condoms equally effective in reducing harm?

Correct answer: No. Only latex condoms reduce the risk of HIV infection. Animal skin condoms such as lambskin, can prevent pregnancy, but they do not prevent the transmission of HIV [*QUIZ ITEM*]. The pores in these condoms are small enough that they do not allow sperm through, thus preventing pregnancy, but are large enough to allow the HIV virus to pass through.

Counselor shows client a sample of both a latex condom and a lambskin condom, and instructs client how to differentiate between the two when buying condoms.

QUESTION: What kind of lubricant should you use with condoms, and why?

Correct answer: Use only water-based lubricant with latex condoms. Oil-based lubricants can damage latex condoms and reduce their effectiveness [*QUIZ ITEM*]. Lubricants can increase sensation and pleasure.

QUESTION: What is nonoxynol-9?

Correct answer: Nonoxynol-9 is a spermicide found in lubricants, contraceptive gels, and on many latex products because it was once thought to provide protection against HIV. However, in August 2000, the **CDC issued a warning against the use of nonoxynol-9.** This was based on the results of research showing that nonoxynol-9 was actually not effective in preventing HIV and may, under certain circumstances, even increase the risk for HIV transmissions. We

therefore no longer recommend the use of lubricants with nonoxynol-9 or condoms with nonoxynol-9.

Counselor shows client different condoms and lubricants so that they can identify the condoms and water-based lubricants with and without nonoxynol-9. Counselors should also review any updates to CDC guidelines.

Note: Spermicides, such as diaphragm jelly and contraceptive sponges, do not kill HIV or hepatitis B or C, so they should never be used instead of condoms.

QUESTION: When should you put on a condom?

Correct answer: Both male and female condoms should be put on/in before any sexual contact. Male condoms should be put on as soon as the penis is erect. Female condoms can be inserted well in advance of any sexual activity. Never open a condom package with your teeth, you can tear the condom [**QUIZ ITEM**].

QUESTION: When should you remove the condom?

Correct answer: A man should pull out of vagina/anus/mouth immediately after ejaculating/coming; hold the condom at the base when pulling out to prevent the condom from slipping off, and carefully "milk" the condom off the penis, and tie a knot in it to ensure that no semen escapes. A female condom should also be removed as soon as possible, wrapped, and disposed of safely.

QUESTION: Do you need to use latex protection even if you are monogamous (have sex with only one person), or if you and your partner are both HIV-positive?

Correct answer: Yes [**QUIZ ITEM**]. Insisting on the use of latex in a monogamous relationship does not imply a lack of trust in your partner's fidelity. Although being monogamous is safer than having multiple partners, if either you or your partner is a drug user, you could potentially infect each other with diseases acquired through unsafe drug use. Even if both you and your partner are HIV-positive, you should still use protection [**QUIZ ITEM**]. HIV can mutate or change readily even within the same person and become resistant to medication, so you never know what you are exposing yourself and your partner to if you engage in unprotected sex or share needles or other drug paraphernalia.

Removing perceived barriers to using latex.

People used to believe that using latex products takes all the fun and spontaneity out of sex. However, you are really only limited by your imagination.

(Show illustration #18: Great lovers use latex)

In a sexual relationship latex products can improve:

- Creativity (increase the pleasure of foreplay with creative use of latex)
- Communication (talk to your partner about their likes and dislikes)

- Caring (show your partner that you care about his/her health)

So don't think of latex as spoiling your fun, think of latex as a way to make you a better lover—a lover whose motto is “No latex, no sex, no harm” [*QUIZ ITEM*].

(Show illustration #19: No latex – no sex – no harm)

Remember, to **prevent** sexually-transmitted diseases...**don't have sex**. To **reduce** the harm of sexual activity...**don't exchange bodily fluids and always use latex protection**. If you don't have latex protection—don't have penetrative sex.

Negotiation Harm Reduction with Partners

Let's talk about how to talk to your partner about using safer sexual practices, how to overcome any objections, and how to make latex more fun.

(Show illustration #20: harm reduction scout negotiating with partner in bed)

As this illustration suggests, waiting until you are about to have sex to discuss harm reduction strategies will probably not work to your advantage [*QUIZ ITEM*]. Despite good intentions to be safe, in the height of passion it may be difficult to come to an agreement. You or your partner may believe that latex reduces sexual pleasure, or you or your partner may doubt that latex use is necessary or that it is effective in protecting your health. You will therefore need to be prepared for responding to your partner's reluctance to use latex. For this you may need negotiation skills and also some ways to eroticize safer sex [*QUIZ ITEM*], so that you can persuade your partner that latex is not only an effective barrier to infection which can protect your health, but it can also actually increase sexual pleasure.

A T-I-P for talking to partners about safer sex:

So how do you ensure a win-win negotiation transaction when it comes to safer sex? No, you don't have to whip out a lengthy harm reduction contract for your partner to sign each time you get into bed as shown in the illustration, but you do need at least 3 things:

(show illustration #21: TIP)

Successful harm reduction negotiation requires mutual Trust, a strong Intention to be safe, and Persuasive ability. Let's go over each one of these:

QUESTION: What role does trust play in successful negotiation?

Answer:

a) There needs to be trust that both parties are concerned about the other's welfare—increase trust by reassuring your partner that you care not only about your own health but also about your partner's health and welfare.

b) Neither person should feel that use of latex reflects a lack of trust. Insisting on latex does not imply that either you or your partner has been unfaithful.

Because you are a drug user, insisting on latex protection means reducing the risk of infecting your partner with diseases you may have acquired through injection drug use. If both you and your partner are drug users, you can reduce the risk of infecting each other with a number of different infections by using latex protection. Even if both you and your partner are HIV-positive, you still need to use latex protection. Whether you are HIV-positive or are currently HIV-negative, you could become infected with other viruses that could further weaken your immune system, and possibly lead to progression of HIV to AIDS. So insisting on latex does not mean that you believe your partner is having sex with other people. It means that you care about protecting your partner and yourself.

QUESTION: Why is the strength of your intention important in negotiation and how can you increase it?

Answer:

- The stronger your intention to protect your health and the health of your partner, the more likely you are to persevere in your negotiations, and to ultimately succeed in reducing the harm of sex to you and your partner.
- The weaker your intention to protect your health and the health of your partner, the more likely you are to compromise, and the greater the likelihood that you will engage in risky behavior.
- You can increase the strength of your intention by learning about the serious consequences of unsafe sexual practices, and the effectiveness of various harm reduction strategies. Then weigh the costs and benefits of using latex —the net benefit (benefits minus costs) is your health and the health of your partner.

Let's talk now about the behavioral skills you need to reduce sexual harm:

Counselor provides behavioral skills training re: sex-related high risk behavior and prevention/harm reduction strategies

Counselor directs client to handout entitled "The ABCs of Reducing Sexual Harm" (also available in 3-S Client Workbook).

SKILLS ASSESSMENT FOR CONDOM/LATEX USE PROCEDURE

Materials: On the table will be placed latex condoms (with and without nonoxynol-9), animal skin condoms, KY Jelly (with and without nonoxynol-9), petroleum jelly, oil, a penis replica, a pelvic model, a female condom, a dental dam, and a latex glove.

Counselor demonstration of condom selection and application

Counselor will demonstrate how to select and use latex condoms and water-based lubricant (both without nonoxynol-9). Note: Counselor directs client to handout (also provided in 3-S client workbook) and while demonstrating selecting and using latex condoms also reviews the ABCs of Reducing Harm with Latex hand-out, as follows: *Note: At the counselor's discretion, client can be asked to view the demonstration on 3-S Training DVD #14 in lieu of the counselor personally providing this demonstration.*

Counselor ...

- Selects latex condom without nonoxynol-9.
- Checks expiration date on condom package.
- Opens condom package carefully so as not to tear condom.
- Selects a water-based lubricant.
- Places lubricant in tip of condom.
- Carefully rolls condom down over penis replica to base.
- Carefully removes condom (counselor states "the male withdraws, holding the condom at the base, immediately after ejaculating").
- Ties knot in condom and disposes of it.

Counselor also demonstrates insertion of female condom into pelvic model by squeezing inner ring and inserting it into the model until it covers the cervix, noting that oil or water based lubricants can be used with the female condom because it is made of polyurethane not latex (but also emphasizing that male and female condoms should not be used together).

Counselor then discusses use of dental dam for oral sex, as well as how to cut a latex glove in half if dental dam is not available.

Client demonstration of condom selection and application

Counselor asks client to select which condom is the most effective in protecting against HIV infection and to explain the choice. He or she will also ask the patient to select the best lubricant for use with this condom and to explain the choice. The patient will then be asked to demonstrate placing the condom on the penis replica.

1. Have you ever received any formal training on how to select and use condoms?
2. Do you have a condom with you right now? If yes, the expiration date will be checked. If expired, no credit will be given for having a condom.
3. On the table are several different types of condoms. Which condom would be the best choice for protection against HIV?
4. Why would this condom be the best choice?
5. Which type of lubricant would be the best choice?
6. Why would that lubricant be best?
7. Imagine that you are with your sexual partner and you have decided to have sexual intercourse. When should the condom be put on the penis?

8. We would like to make sure you know how to apply a condom. Here is the model of the penis. Please use the condom that you selected and demonstrate how the condom is applied to the penis.
9. When should the condom be removed?
10. How should the condom be removed? Please demonstrate.

Client's demonstration will be evaluated by the counselor using the following criteria:

1. Chose the latex condom without nonoxynol-9.
2. Checked the expiration date.
3. Mentioned at least one of the following as a reason for choosing latex condom:
 - HIV can permeate an animal skin condom.
 - latex condoms are more durable.
4. Chose the KY Jelly (without nonoxynol-9) as a lubricant.
5. Mentioned as reason for choosing the KY Jelly : the others were oil-based, and oil weakens the latex which may cause the condom to break.
6. Mentioned that the condom should be applied before any vaginal, anal, or oral contact.
7. Demonstrated the ability to open the condom and remove it without damaging the condom or fumbling.
8. Placed the condom on the head of the penis model and pinched the tip to remove air from reservoir.
9. Unrolled the condom in the correct direction without pulling.
10. Rolled the condom all the way to the base of the penis model.
11. Mentioned that the condom should be removed immediately after ejaculation.
12. Demonstrated how condom should be held at base during withdrawal.
13. Seemed to be comfortable and at ease while demonstrating the condom application.

Note: Any errors made by the client are noted and corrected by the counselor.

Counselor provides session summary, administers a quiz, and makes referral for HIV testing, as appropriate.

Summary of session

Today you have received information that can save your life and the lives of your partners. You learned that HIV and hepatitis B and C can be transmitted by sharing needles and other works and by unsafe sex, and that STDs and cocaine use increase your risk of infection. You also learned that if you have ever engaged in high risk behavior, such as sharing needles, sharing injection equipment, including cooker, cottons, and rinse water, or sharing drugs from the same syringe, or if you have had sex without using a condom, you should be tested for HIV and hepatitis because early detection increases your chances for successful treatment and also reduces the spread of these infections to others. Remember, if you test negative, but have engaged in any high risk behavior in the past 6 months, you may actually have been infected, but the test cannot yet detect it, so you should be retested 6 months after your last risky behavior. We also talked about what you can do to maintain your health and fight disease:

- Stop or at least reduce drug use

- Get tested and treated for STDs
- Get tested for HIV
- If you are HIV-positive, take all your medications exactly as prescribed
- Get tested for hepatitis B and C
- If you are HBV negative, get vaccinated
- If you are HBV or HBC positive, reduce or stop alcohol consumption
- Remember your A-B-Cs of harm reduction – Abstinence is the only way to prevent transmission of infectious diseases. Harm reduction strategies, such as using a condom for sex and cleaning a needle with bleach, reduce your risk of infection, they do **not** prevent it [*QUIZ ITEM*].

Quiz with immediate feedback

Counselor gives client a quiz covering drug and sexual risk reduction (see attached) – responses are entered as data. Counselor provides immediate feedback to client.

Correct answers: 1(e); 2(b); 3(a); 4(d); 5(b); 6(d); 7(b); 8(a); 9(a); 10(d); 11(a); 12(c); 13(d); 14(a); 15(c); 16(d); 17(a); 18(d); 19(c); 20(b).

That ends our session. Do you have any questions?

Testing referral

Would you like me to refer you for testing?

[If yes, refer client to appropriate testing facility.]

Thank you for your time today. I hope the information provided and the skills that we practiced are helpful to you and your partners.

End.

HIV/Hepatitis Educational Session – Post-Session Quiz

1. Which of the following body fluids transmit HIV?

- a. blood
- b. semen
- c. vaginal secretions
- d. breast milk
- e. all of the above

2. HIV can now be cured by taking medication

- a. True
- b. False

3. Hepatitis B and C are spread by which of the following:

- a. blood and sexual fluids
- b. coughing and sneezing
- c. insect bites
- d. all of the above

4. If you test negative for HIV within the ‘window period’

- a. you may actually be HIV-positive
- b. you should refrain from engaging in any high risk behavior
- c. you should get tested again 6 months after your last high risk behavior
- d. all of the above

5. For which of the following infectious diseases is there a vaccine that can prevent people from getting it?

- a. HIV
- b. hepatitis B
- c. hepatitis C
- d. all of the above

6. A person who tests positive for hepatitis B or C

- a. should not drink alcohol
- b. should not donate or sell blood or donate an organ
- c. should tell his or her drug and sexual partners to also get tested
- d. all of the above

7. Having a sexually transmitted disease (STD)

- a. decreases your risk of contracting HIV
- b. increases your risk of acquiring and transmitting HIV
- c. has no effect on HIV disease progression
- d. all of the above

8. Drug use may make you more susceptible to HIV infection and reduce the effectiveness of treatment

- a. True b. False

9. The *best* way to protect yourself from the harm of injection drug use is:

- a. abstinence—don't inject drugs
- b. clean your needle with boiling water
- c. share needles only with friends
- d. none of the above

10. To reduce the harm of injection drug use you should:

- a. always use new needles
- b. if no new needle, clean the needle with bleach
- c. never share needles or works
- d. all of the above

11. Someone who is infected with the HIV virus could possibly become re-infected with a mutation of the HIV virus that does not respond to treatment.

- a. True b. False

12. When cleaning a needle with bleach, you should leave the bleach in the syringe for *at least*:

- a. 5 seconds
- b. 10 seconds
- c. 30 seconds
- d. 10 minutes

13. Craving in response to seeing a needle, syringe, or other "works":

- a. is an automatic conditioned response
- b. is a signal to engage in a non-drug-using activity
- c. will decrease over time if you stop injecting drugs
- d. all of the above

14. Injection drug users should use condoms even if they are monogamous (have sex with only one partner).

- a. True b. False

15. The three little words to remember before having sex are:

- a. I love you
- b. people, places, things
- c. latex, latex, latex
- d. location, location, location

16. Unsafe sexual practices include:

- a. using oil-based lubricants with condoms
- b. using lambskin condoms
- c. opening condom package with teeth
- d. all of the above

17. If your partner refuses to use latex protection for penetrative sex, you should:

- a. refuse to have unsafe sex
- b. suggest oral sex without latex
- c. suggest vaginal or anal sex without ejaculation (no coming inside partner)
- d. none of the above

18. You are more likely to persuade your partner to use latex protection if:

- a. you show respect for your partner's concerns
- b. know how to eroticize latex products
- c. have accurate information about risks and risk reduction
- d. all of the above

19. Safer sex negotiation discussions should begin:

- a. in bed, just before you have sex
- b. after you discover that your partner is HIV-positive
- c. when you are sober
- d. after your partner discovers that you are HIV-positive

20. If both you and your sexual partner are HIV-positive, condom use is unnecessary.

- a. True
- b. False

Score _____

HIV/Hepatitis Educational Session
CLIENT HANDOUT PACKET

HIV / AIDS

The human immunodeficiency virus (HIV) is the virus that causes AIDS. It is estimated that between 650,000 to 900,000 people in this country are now infected with HIV and approximately 40,000 new infections occur every year.

More than one third of all AIDS cases reported in the United States are directly or indirectly associated **with drug use**.

HIV is passed from one person to another through blood-to-blood and sexual contact. In addition, infected pregnant women can pass HIV to their babies during pregnancy or delivery, as well as through breast feeding. HIV causes AIDS and most people with HIV infection will develop AIDS as a result of their HIV infection. AIDS is life-threatening because the immune system of someone with AIDS has lost the ability to defend itself against life-threatening cancers and other infections.

HIV is not spread by casual contact or insect bites. Only the following body fluids have been proven to spread HIV:

- Blood
- Semen
- Vaginal fluid
- Breast milk

Getting tested

The blood tests commonly used to detect HIV infection actually determine whether antibodies have been produced by your body to fight HIV. Antibodies are produced by your immune system in response to infection, so you would only have these particular HIV antibodies if in fact you had been infected.

The window period

The period of time between when you were infected with HIV and when antibodies can be detected is called the “window period.” During this window period, your HIV test result may be negative when in fact you are actually HIV-positive. **Most people will develop detectable antibodies within 3 months after infection.** The average window period is about three weeks. In rare cases, it can take up to 6 months.

It is therefore recommended that you get tested 6 months after the last possible exposure (unprotected vaginal, anal, or oral sex or sharing needles).

It is very important to get tested regularly and to learn your test results because medications are now available that may keep you healthier longer. The less time that HIV has to multiply in your body, the better your chances for managing the disease and the more likely you can prevent transmission of HIV to your drug and sexual partners and to your partner's children.

Do not confuse HIV testing with prevention. Some people who are not well-informed think that they do not need to change their behavior if they continue to test negative for HIV. This is not true.

If you engage in any of the behaviors we just discussed with someone who has been infected, you are at risk for infection. There is no way to prevent transmission except through your own behavior. You are in control.

Interpreting your test results

If you test negative:

If you test negative, don't forget the "window period." You may in fact be HIV-positive, but your immune system has not yet developed detectible antibodies. However, if you still test negative six months after the last time you engaged in any high risk behavior, then you can feel assured that you have not been infected. Do not assume that because you tested negative, that your partner must also be negative. HIV is not necessarily transmitted every time there is exposure. So, for example, you could have had unprotected sex or shared drug paraphernalia with an HIV-positive partner without having become infected on that particular occasion. However, if you engage in high risk behavior again with this person you could still be at risk unless your partner also tested negative 6 months after his or her most recent high risk behavior.

If you test positive:

Depending on how much of the virus you have and the strength of your immune system, your doctor may prescribe some medications that will help you to stay healthy longer. ***There is no cure.*** If you engaged in high risk behavior any time after you were infected, you could have infected your partners or have become re-infected with a strain of the virus that does not respond well to medications. That's why it is so important for everyone to get tested. The sooner you know that you have been infected, the sooner you can begin treatment, and the sooner you can stop the spread of HIV to others.

Some people believe that they don't have to worry about getting HIV any more because they think that it can be cured with medication. THIS IS NOT TRUE. The truth is that despite medical advances, HIV remains a very serious disease that requires costly, and often complicated, treatment regimens that may slow the disease, but do not cure it.

Hepatitis B

Prevent Hepatitis B: Get Vaccinated

Hepatitis B is a serious disease caused by the hepatitis B virus (HBV) that attacks the liver and can be spread to others.

Is hepatitis B a serious problem?

Yes. Each year, thousands of people of all ages get hepatitis B and about 5,000 die of chronic (life-long) liver problems caused by HBV infection. If you have had other types of hepatitis, such as hepatitis A or hepatitis C, you can still get hepatitis B.

How is hepatitis B spread?

- HBV is spread by contact with the blood of an infected person or by having sex with an infected person
- A woman who has hepatitis B can spread the virus to her baby during birth.
- HBV is spread by contact with the blood of an infected person or by having sex with an infected person.

You Cannot get HBV from:

- sneezing or coughing
- kissing or hugging
- sharing eating utensils or drinking glasses
- breast feeding
- food or water
- casual contact (such as an office setting)

How do you know if you have hepatitis B?

Only a blood test can tell for sure. See your doctor if you have symptoms of hepatitis (e.g., tiredness, stomach ache, joint pain, yellow skin or eyes), or if you think you have had direct contact with someone who has hepatitis B.

It is very important that all pregnant women get a blood test for hepatitis B early in their pregnancy, since a woman who has hepatitis B can spread the virus to her baby during birth.

How can you protect yourself from getting infected with HBV?

- **Get vaccinated!**

Hepatitis B vaccine is safe, effective, and your best protection.

- **Practice “safer” sex.**

If you are having sex, but not with one steady partner, use latex condoms correctly every time you have sex and get vaccinated against hepatitis B. Men who have sex with men and drug users should be vaccinated against both hepatitis A and hepatitis B.

- **Don’t share anything that might have blood on it.**

Never share anything that might have blood on it, such as a razor or toothbrush. If you shoot drugs, get help to stop or get into a treatment program. Don’t share needles, syringes, cookers, cottons, water, or rinse cups. Get vaccinated against hepatitis A and hepatitis B.

- **Think about the health risks if you are planning to get a tattoo or body piercing.**

You can get infected if the artist or piercer doesn’t sterilize needles and equipment, use disposable gloves, and wash hands properly.

- **Follow standard precautions.**

If you are a health-care worker, follow standard precautions and handle needles and sharps safely. Get vaccinated against hepatitis B.

Get hepatitis B vaccine if:

- your sex partner has hepatitis B
- you are a man who has sex with men
- you have had a sexually transmitted disease (e.g. gonorrhea, syphilis)
- you have sex with more than one partner
- you shoot drugs
- you live with someone who has life-long hepatitis B
- you have a job that exposes you to human blood
- you are a kidney dialysis patient
- you live or travel for more than six months in countries where hepatitis B is common

Everyone under 19 years old should get vaccinated against hepatitis B!

Is the vaccine safe?

Yes. Hepatitis B vaccine is safe and effective. Millions of people have received the vaccine worldwide since 1982. **You do not need booster shots** after you complete the three-shot vaccine series.

Should you get a blood test after the three shot vaccine series to be sure that you are protected?

Most people don't need to get their blood tested after getting the vaccine. You should get a blood test 1 to 2 months after you complete the series if:

- your sex partner has chronic hepatitis B
- your immune system is not working well (i.e., you are on dialysis or you have AIDS)
- you have a job that exposes you to human blood

Babies born to infected mothers should get their blood tested at 9 to 15 months old to be sure that they are protected.

Source: Centers for Disease Control and Prevention (CDC) and National Institute on Drug Abuse (NIDA), NIH Publication Number 00-4812, printed September 2000.

Hepatitis C

Almost 4 million Americans are infected with hepatitis C virus.

What is hepatitis C?

Hepatitis C is a liver disease caused by the hepatitis C virus (HCV), which is found in the blood of persons who have this disease. The infection is spread by contact with the blood of an infected person.

How serious is hepatitis C?

Hepatitis C is serious for some persons, but not for others. Most persons who get hepatitis C carry the virus for the rest of their lives. Most of these persons have some liver damage but many do not feel sick from the disease. Some persons with liver damage due to hepatitis C may develop cirrhosis (scarring) of the liver and liver failure which may take many years to develop.

How can I protect myself from getting hepatitis C?

HCV is spread primarily by exposure to human blood.

- Don't ever shoot drugs! If you shoot drugs, stop and get into a treatment program. If you can't stop, use a clean needle and works every time and don't share them.
- Practice safer sex. If you have sex with multiple partners, lower your number of partners and always use barrier precautions, such as latex condoms.
- If you are a health care worker, always follow routine barrier precautions and safely handle needles and other sharps.
- Do not share toothbrushes, razors, or other personal care articles. They might have blood on them.

Hepatitis C is not spread by:

- sneezing
- hugging
- coughing
- sharing eating utensils or drinking glasses
- food or water
- casual contact

Hepatitis C Prevention

Could I already have hepatitis C?

Ask your doctor for a blood test for hepatitis C if:

- you received a blood transfusion or solid organ transplant (e.g., kidney, liver, heart) before 1992
- you were treated with a blood product for clotting problems before 1987
- you ever injected street drugs, **even once**
- you were ever on long-term kidney dialysis

Why should I be tested for hepatitis C?

Early diagnosis is important so you can be:

- counseled about how to prevent transmission of HCV to others.
- checked for liver disease and get treatment, if indicated.

Many people who are at risk for hepatitis C are at risk for hepatitis A and hepatitis B.

Check with your doctor to see if you should get hepatitis A and hepatitis B vaccines.

There is no vaccine to prevent hepatitis C.

Source: Centers for Disease Control and Prevention (CDC) and National Institute on Drug Abuse (NIDA), NIH Publication Number 00-4812, printed September 2000.

The ABCs of Reducing the Harm of Injection Drug Use

A = Abstinence

B = Buy or obtain new needles

C = Clean needle with full-strength bleach

A = Abstinence

Because any drug use is dangerous, the best way to prevent harm is by abstaining from drugs.

B = Buy or obtain new needles – Never share needles/works.

Other than abstaining from injection drug use, the second best way of avoiding harm is by always using a new needle—never share needles or works and don't reuse needles even if not shared with others. There are two reasons to always use new/sterile needles. First, it is the best way to be sure a needle is not contaminated. Second, because used needles (even ones that have been cleaned) are less sharp, they are more likely to harm/collapse your veins than new ones.

- **Never** assume a needle bought on the street is new even if it is in a wrapper.
- Besides getting new needles from a drug store, the best way to be sure you're getting a sterile needle is by using **needle exchange programs**.

C = Clean your needle/works with full-strength household bleach.

When you're not abstinent and don't have a new needle, the next best way of reducing the harm of injection drug use is by cleaning your needles/works with bleach.

Procedure:

Needle cleaning procedure:

1. Fill barrel of syringe with water from cup 1 and agitate in order to help loosen and remove any excess dried blood or drug.
2. Squirt water into waste cup.
3. Submerge needle and fill barrel of syringe with bleach from cup 2.
4. Shake/tap needle while bleach is in it to break up clots.
5. Keep bleach in syringe for at least 30 seconds. Remember: Less than 30, it's still dirty!
6. Squirt out bleach into waste cup.
7. REPEAT Steps 3-6 using bleach from cup 3.
8. Fill barrel of syringe with rinse water from cup 4 and agitate.
9. Eject water into waste cup.
10. Rinse again with rinse water from cup 5.
11. Eject water into waste cup.

[as a part of step 3, the syringe may be taken apart and the plunger dipped into the bleach in order to improve the cleaning procedure]

Additional tips:

1. Never dilute the bleach with water; diluted bleach is less effective for killing HIV.
2. Never re-use bleach or rinse water.
3. Clean your needles before the blood inside them has a chance to dry; dried blood is harder to clean out of the needle.
4. Never put needle into the rinse water bottle; fill disposable cups with rinse water.
5. If you are unable to get bleach, do not inject drugs; other cleaning methods are not as effective at killing HIV.
6. Although boiling needles and syringes for 15 minutes between uses can sterilize them, it can also change the shape and function of plastic syringes.

Reducing Your Risk of Infection

- If you inject drugs, you can get infected with HIV, HBV, or HCV by sharing needles, syringes, and other injection equipment that someone else has used.
- Never share any of your equipment. You can also get HIV, HBV, and HCV by sharing cookers, cottons, or rinse water.
- Direct sharing occurs when you use another person’s syringe after he or she has used it.
- Indirect sharing occurs when fluids are mixed without actually passing a syringe from one person to another.
- Routes of indirect sharing include:
 - Putting syringes in the same container;
 - Using a plunger from a previously used syringe to mix the drug solution;
 - Using a used syringe to distribute or return the drug;
 - Drawing the drug from a shared cotton filter;
 - Returning the drug to a shared cooker;
 - “Beating the cotton” and “scraping the cooker”; and
 - Rinsing a syringe in other people’s water.
- Do not put your needle in someone else’s syringe rinse water, cotton, or cooker. HIV, HBV, or HCV can live in blood in all these places.
- Do not share drugs that have been drawn up in a syringe someone else has used.
- Disinfecting used syringes with bleach can reduce the risk of transmission, but a disinfected syringe is not as safe as a new, sterile needle and syringe.

Source: Adapted from NIDA Community-based Outreach Model Manual: National Institute on Drug Abuse, NIH Publication Number 00-4812, printed September 2000.

The ABCs of Reducing Harm with Latex

A = Abstinence

B = don't exchange Body Fluids

C = always use a Condom

A = Abstinence

The only way to completely prevent all harm is abstinence.

B = don't exchange Body fluids

Other than abstaining from sex, the best way of avoiding harm is by engaging in sexual practices that do not involve the exchange of Body fluids (e.g., mutual masturbation).

C = always use Condoms

If you are going to engage in vaginal or anal intercourse or vaginal or anal oral sex, always use a condom and other latex protection.

Important points to remember:

1. The only way to completely prevent harm is abstinence.
2. Safer sex = no exchange of bodily fluids.
3. The first step to having safer sex is being sober.
4. Besides not having sex, the best way to protect yourself against sexually-transmitted diseases (STDs) is by always using latex condoms.
5. Condoms that are kept on all the way through sex help prevent the spread of sexually transmitted viruses, including HIV, hepatitis B and C, and other STDs.
6. STDs often cause genital lesions or sores that make it easier for you to get infected with HIV, and hepatitis B and C, and also make it easier for you to infect others if you are already infected.
7. Use only latex condoms. Condoms made of lambskin, sheepskin, and other natural materials do **not** protect you from getting HIV, hepatitis B or C, or other sexually-transmitted diseases.
8. Always check expiration date on condom package.
9. Store condoms in a cool, dry place; out of direct sunlight.
10. Use only water-based lubricants; never use oil-based lubricants with latex; don't use lubricants or condoms with nonoxynol-9.
11. Use lubricants inside partner and inside tip of condom for increased sensation.
12. Put on condom before any genital contact.
13. Don't open condom package with teeth; you can tear the condom.
14. Roll condom down over penis to base; don't pull it.

15. Pull out of vagina/anus/mouth right after ejaculating/coming.
16. Tie knot in condom and dispose of it.
17. Never reuse male or female condoms, and never use both at the same time.
18. Female condoms are polyurethane, bag-like devices that are placed in the female genital canal to protect it from seminal fluid and blood.
19. Female condoms reduce the risk of acquiring diseases, such as HIV, hepatitis C and B, and other STDs, and of becoming pregnant.
20. For receiving oral sex, men should use nonlubricated condoms, and women should use dental dams (or piece of condom or latex glove or non-microwavable plastic wrap).
21. Use latex gloves for hand-to-genital/hand-to-anal contact.
22. Clean lubricant applicators and sex toys after use.
23. Spermicides, such as diaphragm jelly and contraceptive sponges, do **not** kill HIV or hepatitis B or C, so they should never be used instead of condoms.
24. Avoid having sex during a woman's menstrual period.
25. Do not consume breast milk.

How to Talk with Your Partner about Safer Sex

1. Learn as much as you can about HIV, HBV, HCV, and other STDs. Having more information will make it easier to talk about safer sex.
2. Decide when you want to talk. The best time is not just before having sex or when you are high.
3. Decide in your own mind what you will and won't do during sex.
4. Give your partner time to think about what you're saying. Don't rush.
5. Pay attention to how your partner understands what you're saying.
6. Slow down if you need to.
7. Talk about the times that make it hard to have safer sex. These may be times when you don't have condoms or have used alcohol or drugs. Try to decide what to do at those times so you can both reduce the risk of contracting HIV, HBV, and HCV.
8. If your partner does not want to practice safer sex, ask yourself if this is the type of person you really want to have sex with. When drugs and alcohol are used, be more attentive to prevention behaviors such as using condoms.
9. If your partner gets angry or threatens you when you raise the issue of condoms, seek help from a violence prevention program.

Source: Adapted from NIDA Community-based Outreach Model Manual: National Institute on Drug Abuse, NIH Publication Number 00-4812, printed September 2000.