



Eurosider Project

# ITSESI European Training Manual

Version September 2019



# ITSESI

INDIVIDUALLY  
TAILORED  
SUPPORT &  
EDUCATIONAL  
SUPERVISED  
INJECTION

## Colophon

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## Where does this European Training Manual come from?

The result of getting real-life work practices validated through research.

Drugs users and community health workers (CHW) in France both expressed the need to have their reality of their work around injection practices legitimised and formalised as interventions being beneficial to the health of drug users (DU).

As a result back in 2009, a community-based research study, called AERLI (Accompagnement et éducation à la réduction des risques liés à l'injection), was instigated in France between AIDES, Médecins du Monde and the INSERM research institute. Its aim was to identify how CHW by being present at the moment of injection could improve DU health outcomes.

One aspect of this research was that the CHW were trained implement the research protocol. This protocol also standardised the steps of the

intervention. These were transformed into a training manual.

The results of AERLI<sup>1</sup> published in 2016 proved that interventions at the time of injection reduced risky behaviour for infectious diseases (HIV and Hep C particularly) and also in the long term both as one off and if repeated (ref).

Since then, through training workshops very similar to the one laid out in this manual AIDES has been reinforcing the capacities of its own volunteers and salaried staff as well as from other organisations to implement this intervention adapting. It has also trained staff from other organisations.

From France to Europe.

The EUROSIDER project, a lighter version of the AERLI study, was carried out with the support of EU funding via DG JUSTICE call: JUST-2016-AG-DRUG.

<sup>1</sup> <https://www.ncbi.nlm.nih.gov/pubmed/26234629>

The main objective of this project was to contribute to reducing the risk of HIV-HCV transmission and to better international Hepatitis C policy and practice by studying the transferability of an effective community-based, Individually-Tailored Support and Education for Safer Injection (ITSESI) intervention in four different political and epidemiological contexts.

As one of the deliverables of the project, this training manual resembles the one used during the training sessions implemented during the project.

It has been enriched with the feedback from the trainers in the four target countries Bulgaria, Greece, Portugal and Romania.

An abstract of the project can be found in the annex and further information is available at:  
<https://www.correlation-net.org/eurosider/>

## Who is the training manual for?

This manual has been developed for working with groups of between 6 and 18 participants. It is designed to be used in building skills of teams of peers, volunteers and professionals already experienced and working in the frame of harm reduction programmes and who wish to address the specific needs of counselling to improve injection techniques and other health outcomes such as reducing risk of infections.

As such, the manual offers an ‘add-on’ to initial and other training, building on existing foundations, interventions and services. It is not designed to be a ‘stand alone’ manual. The intervention should be nested in a wider and preferably stable harm reduction programme.

Thus, the manual should be used by trainers who are accustomed to training on Harm Reduction and who are at ease both observing people inject drugs (video) and guiding their participants to do so too.

Finally, the intervention the manual trains for has its roots in person-centred approaches and empowerment models of health promotion. Organisations and participants should be aware of this when deciding to implement the training and providing the intervention it contains.

## Tips to future trainers ITSESI from the Eurosider trainers

### Regarding the participants:

- » Participants need to be aware before the session that its objective is to train them to observe and counsel on real actual injection techniques. They need to know they will be seeing videos of people injecting drugs, and that the training is participative and as much as possible bottom-up, building on what they bring and contribute, rather than top-down and trainer centred.
- » Participants should have extensive professional experience in field/streetwork on Harm Reduction, addiction issues, and come from medical, social or peer backgrounds.
- » Feedback from the suggested needs analysis, or other sources, may indicate the necessity of an introductory session to bring everyone up to speed on safe injecting practices, effects of different types of drugs, types of syringes/ needles etc, overdose prevention, specific issues on transmission of HIV, HCV, HBV etc. The sections on these in this manual are to be seen more as revision than primary instruction.
- » As the successful implementation of ITSESI interventions requires coordination, preparation and understanding throughout the organization, it may be helpful (depending on size and set up) to include in the training one or two people from other, different departments and levels of responsibility. Again their prior knowledge of drug use and harm reduction should be assessed to ensure the diversity helps rather than hinders the goal of the training.
- » During the group activities proposed, it is preferable to create blended groups ensuring a mix of different profiles.

## Regarding the trainers:

- » Trainers should ensure the session takes place in a supportive, non-judgemental and safe environment that will help learning and engagement with and between participants.
- » Trainers should choose a training room or venue that guarantees the privacy and safety of, and has enough physical space for, participants to engage in experiential role-plays and group work.
- » Trainers should preferably have experience in training in a participative manner and on harm reduction.
- » They should ensure that the intervention they are training for will sit within an existing harm reduction programme where injection materials can be supplied.
- » Before the session, trainers should ensure that some background information about the intervention and its origins has been shared with participants
- » Trainers should be fully aware of the specific local and national contexts (eg. Legal and political) and their implications for the participants when it comes to implementing an ITSESI intervention.

- » Trainers should have a clear overview and understanding of the different parts of the ITSESI intervention and how they form a whole, before embarking on the session.

## Regarding the intervention:

- » Both participants and trainers need to be clear that this intervention is about observing and improving injection techniques. As such it is distinct from, whilst complementary to, services such as drug consumption rooms. This distinction may sometimes become blurred during the training
- » Injection is an intimate activity, rather like having sex. They may both take place in public but it is rarer to show how you go about it and ask for constructive input to improve your technique! Treading carefully and sensitively is important.

## Detailed outline of the sections for a smooth running of the training

The main goal of the session is to ensure participants are able to implement ITSESI interventions within the framework of existing Harm reduction programmes and services.

As such, this part of the manual provides a progression and order to follow.

The four day session can be divided into different formats, eg. 2+2 days, 1+1+1+1 and even into half day sessions, depending on the availability and time constraints of the participants.

Each part of the suggested programme (see below) is broken down into sections.

The section by section description of the training comes with four sub-headings: timing, material,

purpose and process. Printouts linked or necessary for that particular section will be found after the description.

Links to videos are also included.

## Suggested programme:

Timing	Day 1	Day 2	Day 3	Day 4
09:30	Presentations, · Expectations · Programme · Appraisal	Summary day 1	Summary day 2	Summary day 3
10:00	Perceptions of roles in the ITSESI intervention	Quality Assurance Team Briefing	Counselling for change I: Some theory	Implementation within the organization
11:15	Break			
11:30	The ITSESI intervention: Steps, knowledge skills and attitudes	Promoting and accepting people to the intervention	Counselling for change II: The post injection interview: · Using the observations	Implementation within the organization
13:00	Lunch			
14:00	Drugs people take, how they are taken, and what do they provoke? Dealing with overdoses	Practical session: the pre-injection interview · Fixing objectives	Counselling for change II : The post injection interview: · Using the observations	Summarising Final evaluation of the session
15:30	Break			
15:45	Veins, arteries and injectable drugs etc.	Observing injection practices (videos) Identifying, prioritising information for feedback	Debriefing with the team Content validation	Closing comments
17:15 17:30	Wrap up Day 1	Wrap up Day 2	Wrap up Day 3	Wrap up Day 4

## Needs analysis

### Process:

- » Send out this short questionnaire prior to the training.
- » It should be returned 10 days before the start of the session.
- » The information can be shared anonymously at the start of the training and the participants can update their expectations and needs at the beginning of the session.

### Questions:

#### » How many years' experience in harm reduction do you have?

- Coordinating and/or organising harm reduction activities: \_\_\_\_\_
- Distributing harm reduction equipment with the drug user population: \_\_\_\_\_

This training session on Individually-Tailored Support and Education for Safer Injection (ITSESI) aims to equip you to:

**Implement ITSESI interventions within the frame of your existing harm reduction programmes**

With this in mind:

» What do you wish to gain from the session (expectations)?

- ☐ \_\_\_\_\_  
\_\_\_\_\_
- ☐ \_\_\_\_\_  
\_\_\_\_\_
- ☐ \_\_\_\_\_  
\_\_\_\_\_

» What do you think you can bring to the session (contributions)?

- ☐ \_\_\_\_\_  
\_\_\_\_\_
- ☐ \_\_\_\_\_  
\_\_\_\_\_
- ☐ \_\_\_\_\_  
\_\_\_\_\_

» What apprehensions do you have about the session?

- ☐ \_\_\_\_\_  
\_\_\_\_\_

- ☐ \_\_\_\_\_  
\_\_\_\_\_
- ☐ \_\_\_\_\_  
\_\_\_\_\_

» ITSESI looks at helping drug users inject more safely. In what ways is it different to outreach work you already undertake and/or safer drug consumption rooms?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

» Finally, is there anything else of importance you wish to share before the session?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# SECTION 1

## Ground rules - Presentations - Expectations - Programme

**Timing:** 30 minutes

**Material:** Flipchart – Markers – Needs analysis information – copies (at least one per participant) of:  
Aims of the training session, Programme overview and Appraisal questionnaire

### Process:

- A) Write the main aim of the training on flipchart and welcome the group.
- B) Establish the ground rules for the session (see below for ideas). Ask participants what they need to feel comfortable and free to talk with the group (10 minutes).
  - Confidentiality (What happens in the training session, stays in the training session)
  - Respect for each other (talking, listening, being punctual)
  - Being non- judgemental
  - Speaking for oneself and not for the others
  - Being gentle and permissive with each other (everyone is learning)
  - Turn off mobile phones...
  - etc

- C) Participants and trainers present themselves one by one giving their name and role in their organization. They can add either: one thing they want to learn, one thing they're bringing to session or one thing they are apprehensive about.
- D) From the Needs Analysis information, display prepared summaries of expectations, contributions, and apprehensions. Update with contributions where necessary
- E) Hand out and go through the Aims for the session and Programme overview highlighting where these needs will be addressed. Identify, if necessary, what won't be covered
- F) Check that participants are OK with timings and proposed activities.
- G) Mark 'parking lot' at the top of a piece of flipchart. Explain this is where questions can be 'parked' during the session, to be dealt with at a later time; It should be emptied before the end of the session.
- H) Explain the Appraisal questionnaire and distribute it. Leave them ten minutes to reply and then collect the answers. They will do this same questionnaire again at the end of the session –where the answers will be given.

## Aims of the training session

### Main Aim of the session

At the end of this session of, Participants will be able to

***Implement ITSESI in the frame of existing harm reduction services.***

### Training objectives

During the session participants will:

- Express and identify their perceived their role in the ITSESI intervention.
- Identify the central aspects of their role in the intervention.
- Identify the central knowledge, skills and attitudes necessary to implement the steps of an ITSESI intervention.
- Categorize the different types of drugs, their effects and identify the associated harm reduction messages.
- Indicate the safest and most dangerous injection sites on a human body and associated harm reduction messages.
- Pinpoint the central components of quality assurance covering all aspects of the intervention
- Identify the contents, place and importance of team briefing and debriefing for the intervention
- Identify the criteria for accepting or not someone to take part in the intervention

- Practice pre-injection interviews, observation of injection and post injection interviews.
- Give feedback based on the practices observed and counsel for change to minimize harm
- Identify how the implementation of ITSESI interventions takes place locally within the organization
- Summarize the knowledge acquired during the session
- Take part in the evaluation of the session

## Programme overview (possible organization)

Timing	Day 1	Day 2	Day 3	Day 4
09:30	Presentations, · Expectations · Programme · Appraisal	Summary day 1	Summary day 2	Summary day 3
10:00	Perceptions of roles in the ITSESI intervention	Quality Assurance Team Briefing	Counselling for change I: Some theory	Implementation within the organization
11:15	Break			
11:30	The ITSESI intervention: Steps, knowledge skills and attitudes	Promoting and accepting people to the intervention	Counselling for change II: The post injection interview: · Using the observations	Implementation within the organization
13:00	Lunch			
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15:30	Break			
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## ITSESI Appraisal questionnaire

### 1. NAME

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### 2. What is the difference between an ITSESI session and injecting drugs in a supervised drug consumption room?

- ☐ There is no difference
- ☐ There is a notion of individual educational aims in ITSESI

### 3. Which of the following would NOT allow someone to access an ITSESI intervention?

- ☐ The person is aggressive
- ☐ The person is pregnant
- ☐ The person does not speak your language

### 4. When could the educational session take place?

- ☐ Immediately after the injection
- ☐ The following day
- ☐ 5 days after the injection
- ☐ After a break for a cigarette/coffee
- ☐ It's optional - there's no obligation to do it

### 5. What are components of the pre-injection interview?

- ☐ Overview of the process and stages
- ☐ Accepted and refused practices
- ☐ The person's consumption history
- ☐ Motivation and objectives of the session
- ☐ Where they intend to inject
- ☐ Advice based on observation of the injection

### 6. Can a couple participate at the same time in an ITSESI intervention?

- ☐ Yes
- ☐ No

### 7. Which drugs may cause an overdose by respiratory arrest?

- ☐ LSD
- ☐ Cocaine
- ☐ Cannabis
- ☐ None of the above

**8. Which products can participants consume during an ITSESI session?**

- ☐ Placebo
- ☐ Their usual drugs
- ☐ A new drug they've never injected
- ☐ Drugs that can't be injected

**9. Which parts of the human body are the safest for injection?**

- ☐ Breast
- ☐ Arm
- ☐ Wrist
- ☐ Legs
- ☐ Back of the hand

**10. During the injection, when MUST the community health worker intervene?**

- ☐ They should never intervene, they are there to observe
- ☐ If the person uses a syringe that has already been used
- ☐ If the person hasn't washed their hands
- ☐ If the person injects in the neck
- ☐ If the person puts their hand in the sharps container

## Perceived roles in ITSESI interventions

**Timing: 75 minutes**

**Material:** Flipchart sheet – Markers – Sticky tape. Copies of IT (for reference)

### Purpose:

Participants will:

- Express and identify their perceived their role in the ITSESI intervention.
- Identify the central aspects of their role in the intervention.

### Process:

- A) Clarify the purposes of the sequence. Explain we want to build on their existing knowledge and understanding.
- B) Divide the group into groups of 3-4. Give a sheet of flipchart to each group. They note their answers to the following questions (if you're short on time: give groups either one or two questions to answer) :
- What appeals to me about ITSEI interventions?
  - What doesn't appeal to me about ITSEI interventions?
  - What opportunities do I think ITSEI interventions offer?
  - What risks do I think ITSEI interventions expose us to?

C) After 15-20 minutes bring the groups together

D) Taking a total of 40 minutes, each group presents its flipchart with time for clarification and then discussion on content

E) Get the group to summarize what was produced, highlighting similarities and common areas, underline the following:

- ITSESI is a specific, proven intervention to help improve drug user's health (HCV, HIV and abscesses etc)
- It is a complimentary intervention to other Harm reduction activities (eg. Needle and material distribution, Drug consumption rooms etc).
- EDUCATIVE is the important word. It is about empowering DUs. It builds on their knowledge and skills.
- There is a protocol that needs to be followed –so there are constraints.
- The intervention is based on observing a person injecting drugs.
- It will reinforce staff's relationships with DU and allow the adapting of discourse and counselling techniques.
- It is a step in the right direction but will require further advocacy (eg. for financing)

## Overview of steps of an ITSESI intervention

1



Pre-injection interview

2



Injection & observation

3



Educational exchange

# SECTION 3

## The ITSESI Intervention: Steps, knowledge, skills and attitudes

**Timing:** 60 minutes

**Material:** Flipchart and markers - copies of the 'major steps', copies of the knowledge skills and attitudes

### Purpose:

Participants will:

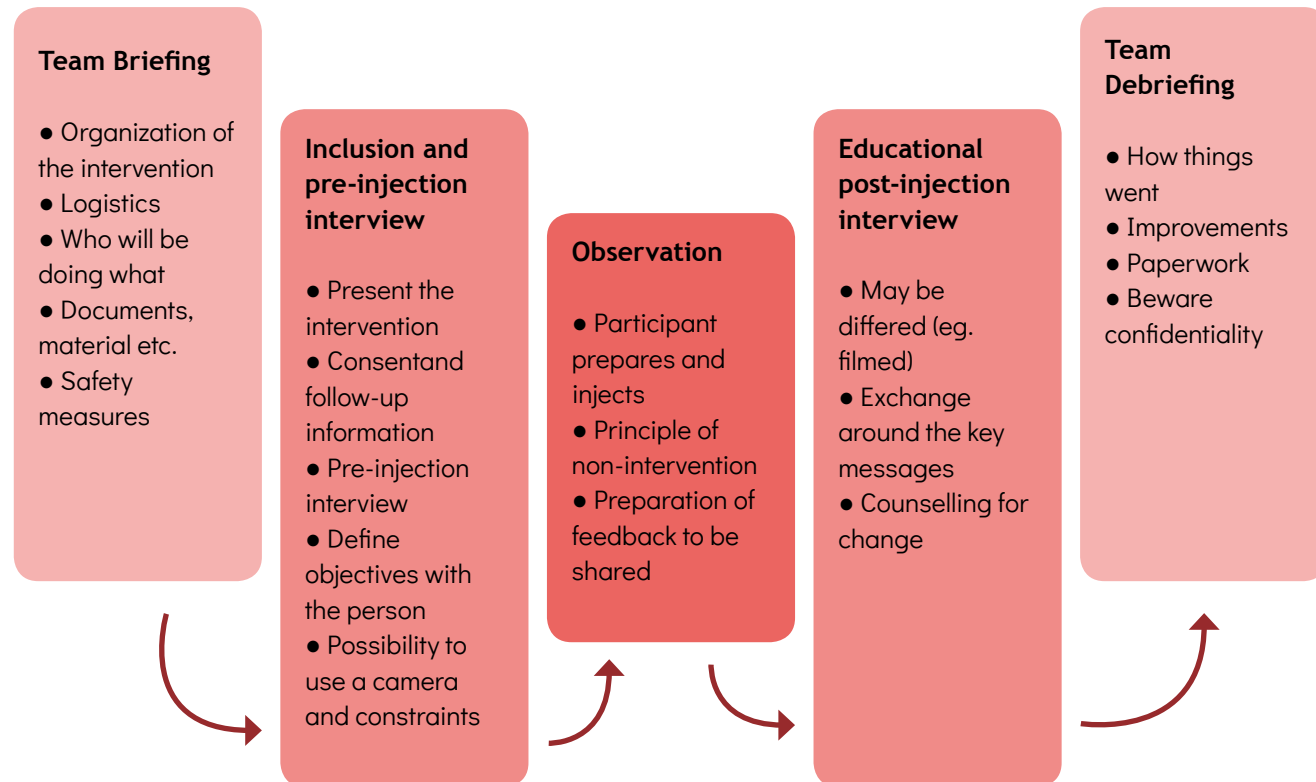
- Identify the steps and central knowledge, skills and attitudes of an ITSESI intervention.

### Process:

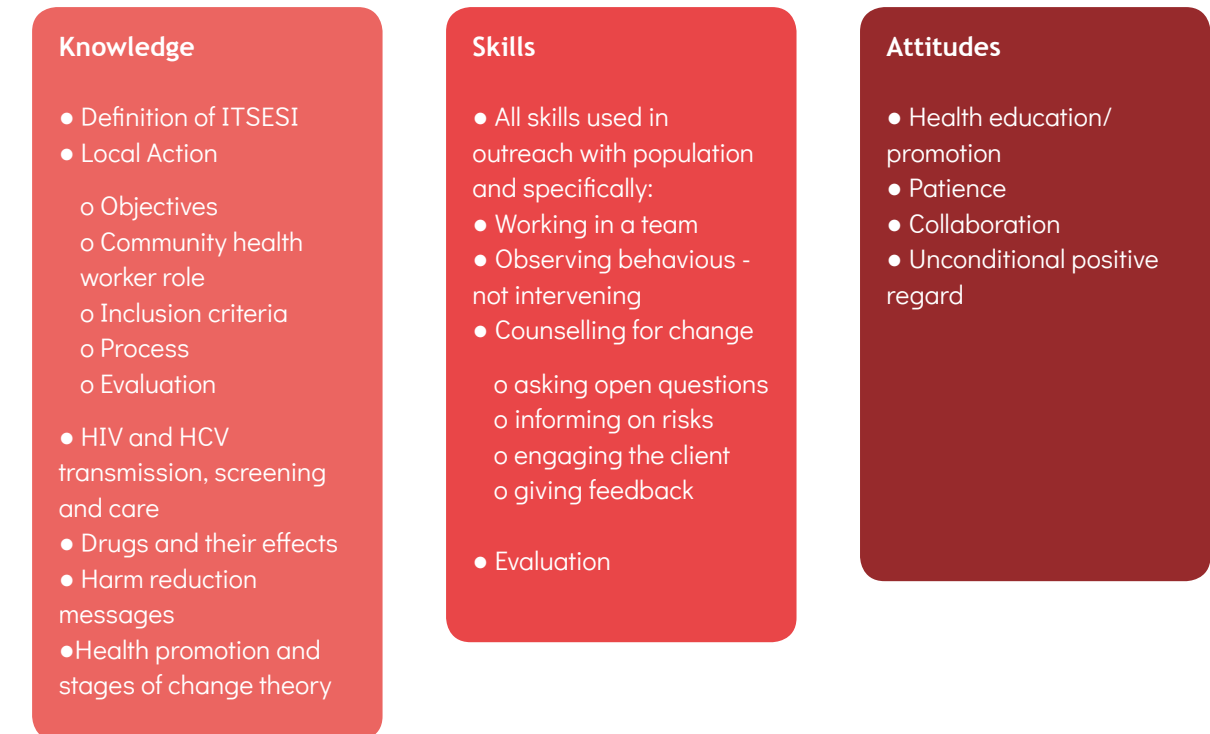
- A) Clarify the purpose of the section with the group.
- B) Hang three prepared flip-chart sheets around the room. Each has a different titles:
  - Attitudes;
  - Knowledge;
  - Skills
- C) Quickly go over the terms with the participants.
- D) Ask all participants to stand up. With markers participants should go to each sheet and note what they feel is necessary for ITSESI under each heading. If someone has already noted what they wanted to say they can put a cross next to it. Allow 10 minutes for this.

- E) Reform the group and take 20 minutes to go over each sheets' contents, clarifying and adding where necessary.
- F) Hand out the Knowledge, Skills, Attitudes table and clarifying where appropriate.
- G) In the middle of a piece flipchart write 'observation of injection'. Brainstorm with the group to identify the steps that precede and follow this. Regroup the information into blocks. Ensure that briefing and debriefing steps appear.
- H) Handout the diagram 'Major steps'.
- I) With the participants highlight the times where the different skills knowledge and attitudes come into play during the intervention.
- J) Highlight the links between this and the previous section.
- K) Remind them that the last day will look at the organisational aspects

## Major steps of an ITSESI Session



## Relevant knowledge, skills and attitudes for ITSESI interventions



# SECTION 4



## Drugs people take, how are they taken and what effects do they have?

**Timing:** 90 minutes

**Material:** Flipchart paper and pens. Copies of the drugs wheel, and table “effects, messages and ITSESI”

### Purpose:

Participants will:

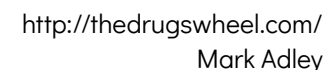
- Categorize the different types of drugs, their effects, how they are taken and identify the associated harm reduction (HR) messages

### Process:

- A) Clarify the purpose of the section with the group.
- B) Hand out the Drugs wheel and comment briefly on its structure
- C) Split the group into 3. Each group will work on a specific question for 20 minutes:
  - Categorizing the effects of drugs and the HR messages that go with them
  - Categorizing the ways drugs are taken and the HR messages that go with them
  - Identify the possible risks linked to the drugs taken during an ITSESI session and how to best deal with them.



- # The Drugs Wheel



- define drug to be taken and effects
- "new" for them is not possible
- one shot, only
- discuss possible effects (up to 48 previously)
- interactions with previous products
- inform about what will happen if there is an OD

# SECTION 5

## Veins, arteries and injectable drugs

**Timing:** 90 minutes

**Material:** Flipchart paper and markers and Copies of : Circulation of blood in the body (optional); the Human Body male and female (optional), Choosing a safer injection site, Possible messages and benefits.

### Purpose:

Participants will:

- Indicate the safest and most dangerous injection sites on a human body and associated harm reduction messages

### Process:

- A) Brainstorm with the group to identify the basics of circulation and differences between arteries, capillaries and veins (oxygenated blood, blood pressure, thickness).
- B) Divide the group in 2. Give blank sheets of flipchart and (if using) outlines of the male body to one group and the female body to the other. Each group must indicate:
  - Areas that are the safest for injection,
  - Areas that should not be used
  - Areas that can be used in certain circumstances.

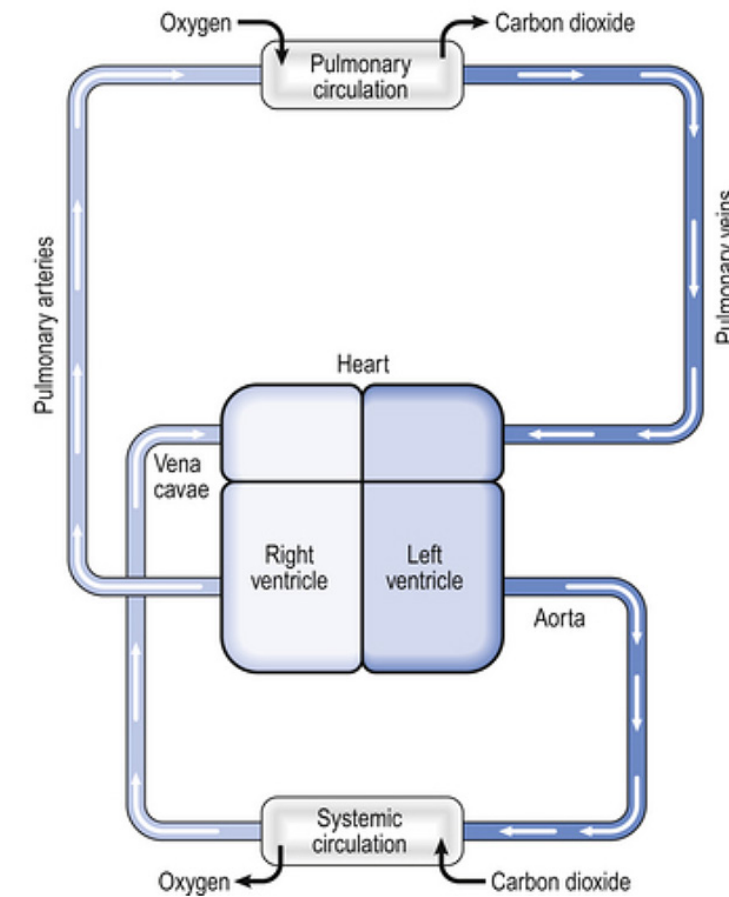
- How to differentiate between an artery and a vein
- Six harm reduction messages and their benefits for the person.

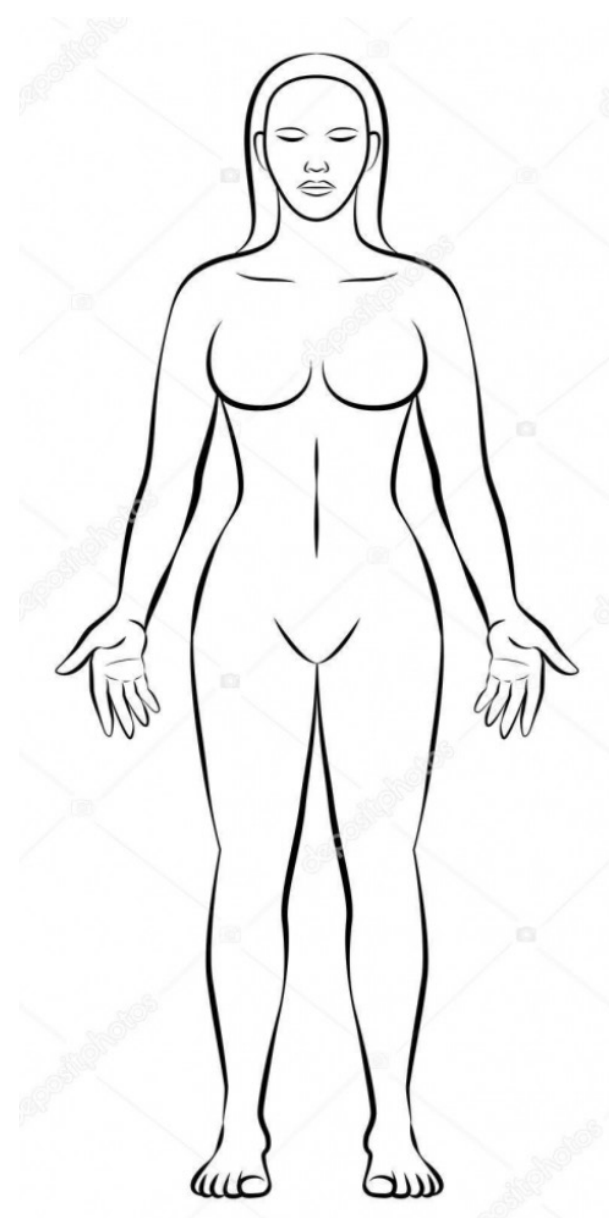
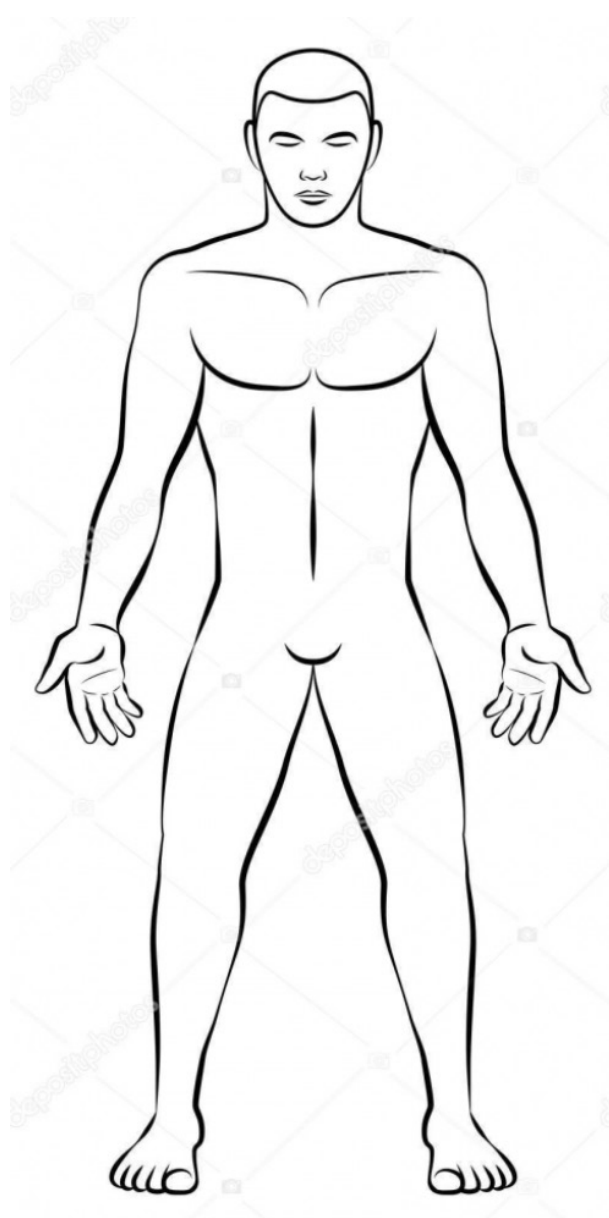
C) After 20-25 minutes bring the groups back to debrief and share.

- First go over the outlines of the bodies and identify similarities and specifics. Underline that the most dangerous areas are not allowed in ITSESI interventions (associated risks are too high)
- Share ways of identifying veins, and making them stand out. (hot water, exercise etc)
- Finally, go over the messages and their benefits to the person. Add important other messages the group may identify

D) Summarise linking the last three sections together and to ITSESI intervention. and how to best deal with them.

## Circulation of blood in the body





## Choosing a safer injection site



**If you are  
injecting drugs:**

Green areas  
are safer.

Try to avoid the  
yellow areas.

Red areas are  
dangerous.

HR message	Benefits to the person
Washing hands and drug preparation area	Avoids bacterial and fungal infections at injection site. Less risk of blood poisoning and abscesses
Using a new needle (not sharing or reusing you equipment)	Maintains vein condition. Limits viral infections
Filtering the product – using new filters	Maintains vein condition Improves the effect of the drug Reduces pain Avoids infections Reduces risks of blood poisoning and abscesses and cotton fevers
Don't lick the needle before injection	Avoids bacterial and fungal infections at injection site. Less risk of blood poisoning and abscesses
Disinfect injection site	Avoids bacterial and fungal infections at injection site. Less risk of blood poisoning and abscesses
Use a cotton swab post injection	Helps healing
Inject towards the heart	Maintains vein condition Improves the effect of the drug Avoids pins and needles in outer limbs
Undo the tourniquet before injecting	Maintains vein condition Avoids bruising
(know how to) Use a tourniquet	Reduces the risk of bruising
Avoid injecting in breasts (women)	Avoids vein thrombosis
Avoid Flushing	Avoids damaging veins. Reduces pain Reduces the risk of bruising and injecting into tissue Flushing does not increase effect of drugs. Reduces the risk of HCV transmission (eg. Detachable needles)
Inject into a vein	Avoids breaking the needle in an artery. Reduces bleeding and infections Improves the effect of the drugs.

Possible messages and benefits (can be added to)

# SECTION 6



## Wrapping Up

**Timing:** 17:15-17:30

**Material:** copies of pre injection interview questionnaires

**Purpose:**

- Identify and share progress during the training session

**Process:**

- A) Separate the group into pairs, or threes.
- B) Each person volunteers (if pressed for time chose which elements to ask about):
  - Something they have shared with the others in the group.
  - Something they have learnt.
  - Something that surprised them.
  - Something that reassured them.
- C) After 5 minutes bring the group back together and ask each pair to share what they have identified
- D) Limit discussion to the content
- E) Ask them to read and familiarise themselves with the questionnaire as 'homework'
- F) Thank the participants for their contributions and close the session



## Pre- injection Interview

Date: \_\_\_\_\_

Personal ID code: \_\_\_\_\_

### Present the framework of the session:

- a) Pre-injection interview and decision to inject.
- b) Injection and observation by the Community health workers
- c) Educational session
  - One sole injection during the sessions
  - Number of accepted attempts to inject to be discussed
  - Community health worker intervention only if used material or danger
  - One person injects at a time (couples or groups)
  - Emergency services will be contacted in case of overdose
  - Zero tolerance for violent attitudes or behaviour
  - Refusal by the Community health workers is possible.

### Community health workers' names:

1 \_\_\_\_\_

2 \_\_\_\_\_

### Is this the first session with this person?

☐ Yes

☐ No

If no, session number \_\_\_\_\_

- Is the session taking place:
  - a) On the premises of the association
  - b) In a mobile unit
  - c) At the person's place of residence
  - d) They are filming the injection to show to the Community health workers later.
- If this is the first session:
  - a) How long have they been injecting drugs? (Specify months/ years)
 

\_\_\_\_\_
  - b) Has the person ever had Hepatitis C?
 

☐ Yes   ☐ No   ☐ Doesn't know   ☐ No response
  - c) Is the person HIV positive?
 

☐ Yes   ☐ No   ☐ Doesn't know   ☐ No response

d) For which infections are they taking a treatment?

- a. HIV
- b. HCV
- c. HBV
- d. No infections
- e. Don't know
- f. No response

e) If they have had HCV do they know the state of their liver?

☐ Yes ☐ No ☐ Doesn't know ☐ No response

f) Do they know their Viral load (HIV)?

☐ Yes ☐ No ☐ Doesn't know ☐ No response

**Motivation(s) for coming to the session:**

- a) Difficulties finding veins
- b) Wish to change consumption habits
- c) Wish to talk about behaviour/techniques
- d) A place to inject

**AIMS/Objectives for the session?**

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**Consumption practice**

- How frequently have you injected over the last six months.

- d) Daily
- e) Couple of times a week. Several times a month
- f) Less than once a month

- Over the last six months has someone else helped you to inject?

g) ☐ Yes ☐ No ☐ Doesn't know ☐ No response

- If yes. AT what point during the injection?

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- Over the last six months have you helped someone inject?

☐ Yes ☐ No ☐ Doesn't know ☐ No response

● During the last month which products have you taken?

- h) Heroin
- i) Buprenorphine
- j) Methadone
- k) Morphine
- l) Other opioids
- m) Cocaine
- n) Crack or free base
- o) Speedball
- p) Amphetamines
- q) Methylphenidate
- r) Benzodiazepines
- s) Ketamine
- t) NPS or RC (Specify)

---

u) Hallucinogens (Specify)

---



● How do you take them?

Product	Oral	Nasal/sniff	Smoke/inhale	Inject
Heroin				
Buprenorphine				
Methadone				
Morphine				
Other opioids				
Cocaine				
Crack or free base				
Speedball				
Amphetamines				
Methylphenidate				
Benzodiazepines				
Ketamine				
NPS or RC (Specify)				
Hallucinogens (Specify)				



- How many injections a day do you usually do?
- How many injections did you do yesterday?
- When was your last injection ? (Hours, days)

**Preparing the session**

- Which product do you intend to inject ?
  - a) Heroine
  - b) Buprenorphine
  - c) Methadone
  - d) Morphine
  - e) Other opioids
  - f) Cocaine
  - g) Crack or free base
  - h) Speedball
  - i) Other (Specify)

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- Where do you intend to inject?
  - j) Arm
  - k) Back of hand
  - l) Legs
  - m) Ankle
  - n) Foot
  - o) Armpit
- What alternatives/strategies may you use if you encounter difficulties?

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- Use of camera to film injection? ☐ Yes ☐ No
- How much do you intend to inject?

---

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- OK for emergency services to be contacted if necessary (name will be given)

• Decision to do the session?

☐ Yes ☐ No

**If no,**

p) Person refuses the framework of the session

q) Injection site not authorised

r) Aggressive attitude

s) Last injection too close to the session

t) Other (specify)

---

---

## Review of Day 1 (sections 1-6)

**Timing:** 15 minutes

**Material:** Post-it or pieces of paper

**Purpose:**

Participants will:

- Highlight elements of content from the previous day

**Process:**

- A) Hand out two post-it to each participant
- B) Ask them to write two points/elements of content from the previous day, one on each post It.
- C) Collect post-its and stick them on the wall, regrouping when necessary
- D) Briefly discuss and link to main aim of the session

# SECTION 8

## Quality Assurance & Team Briefing

**Timing: 90 minutes**

**Material:** Flipchart, markers. Copies of Diagram of quality assurance and guaranteeing security and team briefing overview.

### Purpose:

Participants will:

- Pinpoint the central components of quality assurance covering all aspect of the intervention
- Identify the contents, place and importance of team briefing and debriefing

### Process:

- A) In the centre of the flipchart write “ITSESI session” Ask the group to volunteer an element that will ensure the session takes place in the best conditions.
- B) Using the diagram as a reference, add elements around the session, clarifying what each point means and its importance. Highlight that an ITSESI session requires at least two Community health workers to be present (e.g. for safety and security)
- C) Hand out the diagram and take a few minutes to clarify. (30 mins)
- D) Zoom in on the team Briefing

E) Separate the participants into groups of 4.

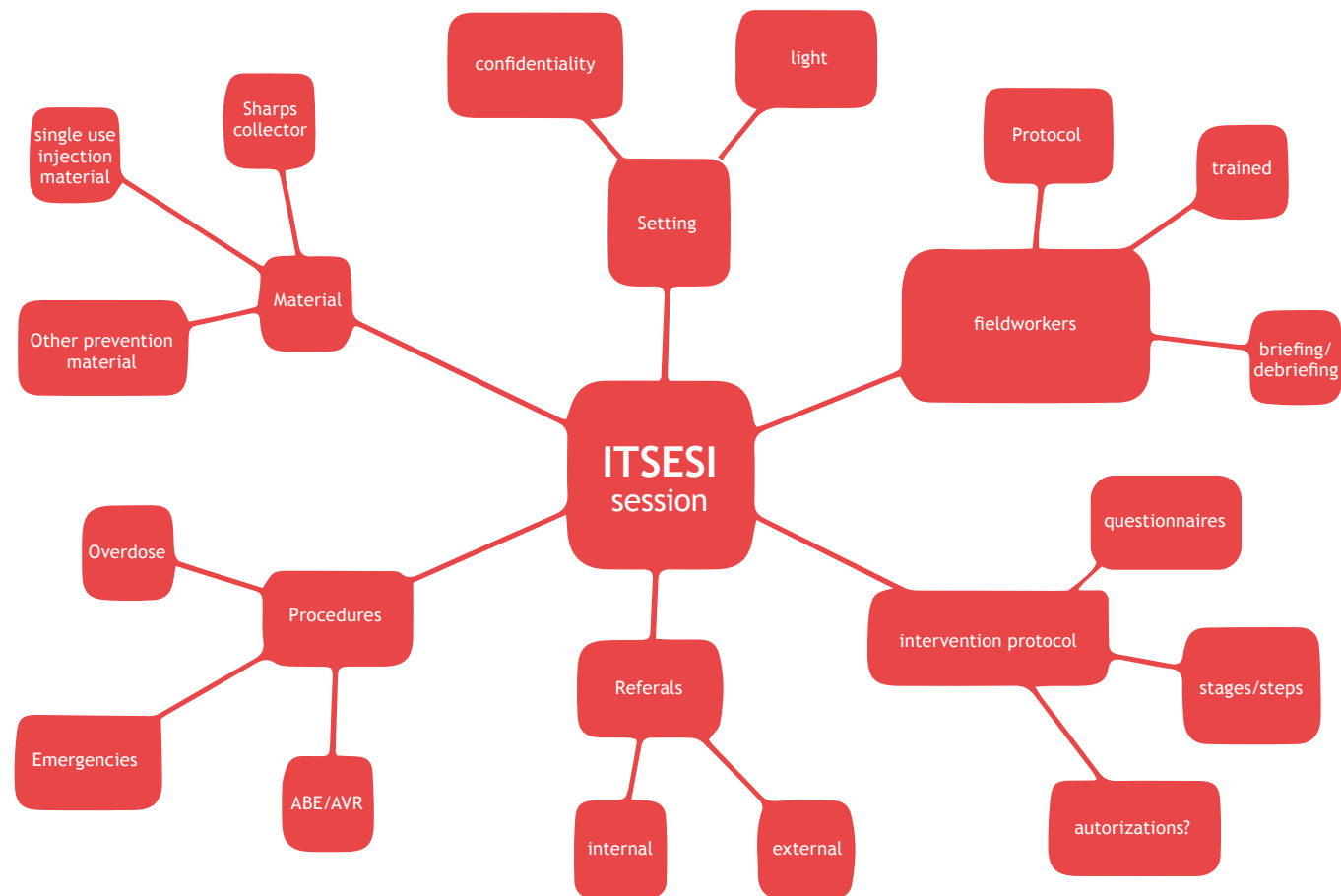
F) Each group draws up a check list of subjects to be covered during a team briefing.  
Giving reasons and which team members are concerned

G) After 15-20 minutes ask the groups to share their check lists

H) Add to the group’s production where necessary

I) Summarise and link to section purposes, highlighting that the briefing time will probably shorten over time as the teams get used to working, however it is an integral part of the quality process –i.e. it should be one of the points in the intervention’s periodic evaluation process.

## Quality assurance and guaranteeing security



## Team briefing overview - suggestions

Subject	Why	Who	When
Preparing all the necessary material	To avoid breaking the session to get necessary materials	The Community health workers (pair)	Before the intervention
Checking everyone (boss, emergency services etc) is aware that a session is going to take place	To ensure safe environment for the team	Team members	Before the intervention
Expressing feelings and limits	To make sure the Community health workers are OK with the intervention/session.	The team and pair of Community health workers	Before the intervention
Time management	To frame the session with the injectors- there is a beginning and an end To ensure there is time for debriefing, putting things away and cleaning To make sure the rest of the team is still present. Possibility to separate questionnaire from observations from educational session.	The Community health workers , other team members	Before the intervention and before each session
Task attribution (reception)	To make things run smoothly between reception and next steps To identify who does the questionnaire and who does the intervention To clarify confidentiality of information	All team	Before the intervention
Task attribution (Community health worker pair)	To identify who speaks, takes notes, leads the counselling. To make things as smooth as possible	The pair of Community health workers observing	Before the intervention
If the person is coming with an appointment. Or if this is not the first session	To personalise and avoid mistakes with the person. Be clear about inclusion criteria. Make sure you have the follow-up documents to avoid unnecessary repetition	The pair of Community health workers	Before the intervention

# SECTION 9



## Inclusion in ITSESI

**Timing:** 90 minutes

**Material:** two sheets of paper with Include and exclude on and copies of the diagram 'inclusion exclusion, refusal'.

### Purpose:

Participants will:

- Identify the criteria for including or not, someone in the intervention

### Process:

- A) Place at each end of the room the signs with exclude and include on
- B) Explain the purpose of this section and remind them of the ground rules
- C) Bring the group together in the centre of the room
- D) Explain that they will have to position themselves according to their responses to questions, they have two choices INCLUDE or EXCLUDE; after each question they will be asked to share some of the reasons for their choices. Beware of judgemental attitudes
  - A very young guy you have often seen at your outreach interventions, says he wants to inject better; He says he is over 18 but you don't believe him.
  - A transgender woman you have never seen before makes you understand she wants to have an ITSESI session because she has problems injecting.
  - During an outreach intervention, a couple where the woman injects the man, want to know if they can participate in and ITSESI.



- E) Either as you discuss each point or at the end, point out what documents are at their disposal to help clarify these situations (e.g. legal constraints & responsibility of the organization, general practice and internal guidelines regarding minors etc) which questions need to be asked (e.g. type of product, and first set of questions from questionnaire, ok for emergency services)
- F) To summarise reproduce with the group's help the diagram 'inclusion exclusion and refusals'
- G) It is likely that questions of equity, discrimination and not helping people will occur. Remind them that it is also possible to refer excluded participants to other HR services.

## 1. NB

- Please adapt the 'inclusion, exclusion and refusals' content according to your local programme/context.
- Bear in mind that the objective is to include rather than exclude people.
- Any changes here need to be reflected in section 19 (content validation) and section 22 (Implementation in the organisation)

## Inclusion, exclusion and possible reasons for refusal



# SECTION 10



## Practical session: Pre-injection interviews & fixing objectives

**Timing:** 105 minutes

**Material:** sufficient quiet spaces for group work. Extra-copies pre-injection interview form (see section 6), sufficient copies of roles 1, 2 & 3

### Purpose:

Participants will:

- Practice pre-injection interviews, observation of injection and post injection interviews

### Process:

A) Situate the pre-injection interview in the overall intervention. In the following role plays the person is eligible and has given their consent. All the roles have been included.

B) Go through the pre-injection interview form. They should have read through this for homework. Deal with any questions, placing some in the parking lot for later (e.g. how to make the ID number) Identify that they need more information to ensure an educational session can take place:

- Motivation of the person: What does the person want to work on? What problems are they encountering with their injection? What do they want to improve? Perhaps they want to talk about their behaviour and habits? Perhaps they are looking for a 'safe' place/setting to inject ...
- Their objectives for this session, help them be as specific as possible (open questions)



- Ask for the person's understanding of the intervention and what is and isn't possible during the session.
- Which products they last took and when. The products they intend to inject. Where they intend to inject. Ensure understanding the conditions of the filming of the injection is possible.
- Fixing a time to do the educational session

C) In the remaining 75 minutes, participants will role play the interviews, using the form as a support ensuring the person is ready to be observed (also via filming) and attend the educational ITSESI session. They will identify the person's motivation and objectives. They should note the objectives they decide on.

D) Each person will in turn be A) A person who wishes to inject (see roles 1, 2, 3); B) A community health worker who will conduct the interview; C) An 'observer' role who give rapid feed back after the interview on how the community health worker conducted the interview.

E) Each interview should be 15 minutes max, and 5 minutes for feedback.

F) Split into groups of three or four. Distribute the three roles to each sub group and let each person read theirs. Before starting.

G) NB. In the groups of four, there will be two observers until the situation with the couple - remind them to centre on the person who will inject.

## Roles: 1

**What you can tell the others in your sub group:** Your name is Jeff, you're a regular at Outreach and get your material here. You've made an appointment this morning at 10. So you can go to work after.

### Background:

You are 25 year old man. You work full-time in a local pizza restaurant. You've been there for about 6 years now. You're single, straight and hook up with girls from time to time.

You are HIV and HCV negative (your last test was about a year ago). You don't know, can't remember if you're vaccinated against HBV.

You inject SUB every day 12 mg in three doses. You started about 8 years ago and take it alone. You also smoke cannabis and sometimes sniff some coke with your friends.

Your last injection was yesterday evening. You inject in your feet. You don't want to be interrupted during the session. You can't stay for the educational session, because you have to go to work, but will come back tomorrow.

**Your motivation** to take part is based on you not wanting your boss and colleagues to find you inject. You have to work in short sleeves. That's why you inject in your legs. Last month you had an abscess in your foot and it made working really difficult and you couldn't talk to anyone about it.

## Roles: 2

**What you can tell the others in your sub group:** Your name is Fred. You met the NGO outside of regular Harm reduction activities, during outreach at the local Gay Club. You've had the same dealer for years and they get you good quality stuff. You're discrete, very discrete, so don't talk much about your injection habits. You've made a special effort to make the appointment at the drop-in centre this evening.

### Background:

You're 41, have a good job working in human resources and you live in the city centre in your own flat. After several years of being in an open-relationship you've recently met a guy you like a lot. He also injects. You continue to be active sexually meeting other guys.

You are HIV positive, on treatment and undetectable. You are vaccinated against HBV and teste regularly for HCV. You doctor doesn't know you inject. You inject 1g of heroine per day in three doses. You started when you were 32. It was your boyfriend who initiated you.

Your last injection was during your lunch break about 1 pm. You intend to inject in your arm. You will come back tomorrow for the educational session

**You're motivated** to take part in ITSESI because you want to talk about your habits. Your new boyfriend also injects and you want to do it together. He doesn't know you're here, but you don't want to infect him, or him to infect you, so you want to make sure of the right techniques.

## Roles: 3

**What you can tell the group:** You are a couple, Marina and Sebastien. You are regulars at the drop in centre and think it would be a good idea to take part in ITSESI.

### Background:

You're Marine 24 years old, do seasonal jobs picking fruit and veg and ask for money on the streets. You live in a truck. You've been with Seb for 2 years. The only contraception you use is withdrawal.

Your last tests for HCV and HIV (6 months ago) were negative; you're vaccinated against HBV.

When you are at festivals you sniff coke and take exta and some NPS. You started injecting coke about 6 months ago when Seb accepted to do it for you. You don't inject, it's Seb who prepares and does the injection. You're consumption depends on if you have the money, but you try not to take drugs at least 2 days a week. You haven't taken anything for more than 48 hours.

Seb will inject you in the arm.

You'll come back tomorrow for the educational session. You're motivated to take part in ITSESI because you want to look after yourself and you don't want any marks on your body.

You're Seb, 35, live off social security and seasonal jobs picking fruit and veg. You live in a truck with Marine. You've been together for 2 years. You're HIV negative (last tested 18 months ago). You have HCV and the last time you had a check-up things looked OK (also 18 months ago). You're vaccinated against HBV.

You started doing drugs 20 years ago and have tried nearly everything. You're now on methadone. You sniff coke when partying, and, when you both have the money to buy a gramme, you inject it. You try not to take drugs at least 2 days a week. You drink alcohol regularly and you've drunk 3 cans of extra strong beer today.

You'll inject Marine in the arm after you've injected yourself.

You'll come back tomorrow for the educational session.

**You're motivated** because you don't want to pass on your HCV to Marine

## Practical session

### Observing injection practices

### Identifying, prioritising information for feedback

**Timing:** 75 minutes

**Material:** 3 copies of observation sheet per participant, videos, video projector.

Links to videos: to be included

#### Purpose:

Participants will:

- Practice pre-injection interviews, observation of injection and post injection interviews

#### Process:

- A) Remind participants of where we are in the process. The pre-injection interviews are done and objectives for the session have been identified.
- B) Go over the observation sheet. It is meant to help the Community health workers and they should acquaint themselves with it (perhaps during team briefing?) Clarify that an observation is on what people do spontaneously, identifying good practice and what needs improvement.
- C) They will see three videos for the roles : Jeff, Fred and Seb and Marine (suggested order). Participants must fill out the observation sheet for the person they interviewed. (Participants may also observe what their own role did). Of course, they can also practice their observation by filling in sheets for

the other characters. The quality of the videos isn't great but may well be similar to what they will work on if videos are used.

- D) Show each video once only (no sound). Observe the group for facial and other reactions to what they are seeing.
- E) After each video allow a short pause to express feelings of what they have just seen. Avoid discussions on practices observed. (highlight the need for debriefing between Community health workers)
- F) After the videos have been shown, divide into 3 groups for 20 minutes, one per character observed/ interviewed. In sub groups they share their reactions, observations and identify priority information to be given as feedback during the educational session. This will help them with the preparation for tomorrow's session. (trainers discuss their feedback based on observation of the group during the videos e.g. concentration, facial expression and movement)
- G) Bring the group back together to debrief from the session and give generalised (i.e. no names) feedback from the trainers. Highlight possible impact these reactions might have on the characters during a session.

# SECTION 11



## Observation sheet

**Personal ID code:** \_\_\_\_\_

This is a standardised checklist that should cover the person's practice and its evolution. The community health worker observes without intervening expect in certain circumstances.

**What were the objectives of the session?**

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Hygiene	Answers	Notes
1. Does the person clear a specific preparation zone :	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• If Yes with what and how.	_____	
	_____	
	_____	
• Is it visibly clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Did the person wash their hands?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• If yes how?	<input type="checkbox"/> Water	
	<input type="checkbox"/> water and soap	
	<input type="checkbox"/> Hydro-alcoholic gel	
	<input type="checkbox"/> alcohol swab	
	<input type="checkbox"/> other (specify)	
	_____	
	_____	
	_____	

Preparing	Answers	Notes
<b>Syringe</b>		
3. What sort of syringe is the person going to use ?	<input type="checkbox"/> new syringe	/!\ *INFO : ONLY NEW syringes may be
	<input type="checkbox"/> syringe with fixable needle	used in ITSESI
<b>Spoon</b>		
4. What does the person use to prepare the mix ?	<input type="checkbox"/> spoon	
	<input type="checkbox"/> Cup (new)	
	<input type="checkbox"/> Cup (used)	
	<input type="checkbox"/> other (specify)	
	_____	
	_____	
	_____	
5. If not 'new cup' do they clean it before :	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• If yes how?	<input type="checkbox"/> Water	
	<input type="checkbox"/> water and soap	
	<input type="checkbox"/> Hydro-alcoholic gel	
	<input type="checkbox"/> alcohol swab	
	<input type="checkbox"/> other (specify)	
	_____	
	_____	
	_____	

Spoon	Answers	Notes
6. Did the person put their fingers in the spoon/cup during the preparation ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Which drug was prepared ?	<div><div></div><div></div><div></div></div>	
8. Did they crush the product before adding water ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• If yes what and how?	<div><div></div><div></div><div></div></div>	
Acidification		
9. Did they add an acid to the preparation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• if yes how ?	<div><div><input type="checkbox"/> lemon (new)</div><div><input type="checkbox"/> lemon (used)</div><div><input type="checkbox"/> citric acid</div><div><input type="checkbox"/> Ascorbic acid</div><div><input type="checkbox"/> other</div></div> <div><div></div><div></div></div>	
• if yes, was the dosage	<div><div><input type="checkbox"/> Adequate</div><div><input type="checkbox"/> Too much</div></div>	



Water	Answers	Notes
10. What sort of water was used for diluting :	<div><div><input type="checkbox"/> physiological Serum –PS (new)</div><div><input type="checkbox"/> physiological Serum -PS (already opened)</div><div><input type="checkbox"/> mineral water</div><div><input type="checkbox"/> tap water cold</div><div><input type="checkbox"/> tap water hot</div><div><input type="checkbox"/> boiled water</div><div><input type="checkbox"/> Other specify</div></div> <div><div></div><div></div></div>	
11. How did they obtain the amount of desired water?	<div><div><input type="checkbox"/> Puncturing the bottle of PS with the needle and syringe</div><div><input type="checkbox"/> Opening the bottle of PS and using the syringe</div><div><input type="checkbox"/> Using the drips from the bottle of PS</div><div><input type="checkbox"/> Using a glass or container of water.</div><div><input type="checkbox"/> Collecting from running water.</div><div><input type="checkbox"/> Other Specify :</div></div> <div><div></div><div></div></div>	
Heating		
12. Did they heat the preparation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	



Mixing	Answers	Notes
13. What did they mix the preparation with?	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>Pre-injection</b>		
17. Did they clean the injection site before injecting ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• If yes, what did they use ?	<input type="checkbox"/> Water <input type="checkbox"/> water and soap <input type="checkbox"/> saliva <input type="checkbox"/> alcohol swab <input type="checkbox"/> other	
18. How did the person select the point of injection ?	<input type="checkbox"/> By sight <input type="checkbox"/> feeling <input type="checkbox"/> other <input type="text"/> <input type="text"/>	
19. Did the person use a tourniquet ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• if yes, Was it their personal tourniquet ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Did they lick the needle before injecting ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Injection	Answers	Notes
21. Which point of injection did the person actually use ?	<input type="checkbox"/> Arms <input type="checkbox"/> hands <input type="checkbox"/> legs <input type="checkbox"/> other	
22. Did they vary the point of injection:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
23. How many veins did they try before injecting?	<input type="text"/>	
• if they had to change injection sites did they clean the new site before injecting ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
• If they change the site where is the new one ?	<input type="checkbox"/> Arms <input type="checkbox"/> hands <input type="checkbox"/> legs <input type="checkbox"/> other <input type="text"/>	
24. Is the site of injection still clean at the time of injection ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
25. Is the bevel of the needle facing upwards ?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Don't know	
26. did they respect the direction of the injection (towards the heart)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
27. Did they flush more than once ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Injection	Answers	Notes
28. How fast did they inject ?	<input type="checkbox"/> Fast <input type="checkbox"/> Medium <input type="checkbox"/> Slow	
29. If using a tourniquet, when did they release it ?	<input type="checkbox"/> Before injecting once in vein <input type="checkbox"/> after injecting	
Post-Injection		
30. If the injection took place, how did they stop bleeding ?	<input type="checkbox"/> applying pressure <input type="checkbox"/> rubbing <input type="checkbox"/> licking injection point <input type="checkbox"/> nothing	
• if pressure or rubbing, what was used ?	<input type="checkbox"/> Dry swab <input type="checkbox"/> Alcohol swab <input type="checkbox"/> finger <input type="checkbox"/> whatever comes to hand (clothing, kleenex etc)	
31. Did the person use a healing cream on the point of injection ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
32. Management of used material	<input type="checkbox"/> destruction of the needle <input type="checkbox"/> use of sharps container <input type="checkbox"/> syringe kept for further use	



Post-Injection	Answers	Notes
33. Did the person clean their preparation zone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
34. Did the person wash their hands?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• if yes how	<input type="checkbox"/> Water <input type="checkbox"/> water and soap <input type="checkbox"/> saliva <input type="checkbox"/> alcohol swab <input type="checkbox"/> other	
General Comments		
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		



# SECTION 12

**Timing : 10-15 minutes**

See activity section 6 or any other rapid evaluation tool

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Timing : 10-15 minutes**

See activity section 7 or any other warm-up/ summary tool

[illegible]

# SECTION 14



## Counselling for change I: Some theory

**Timing:** 60 minutes

**Material:** copies of 'Yannis' and overview of counselling for change

### Purpose:

Participants will:

- Give feedback based on the practices observed and counsel for change to minimize harm

### Process:

- A) Highlight the need for some basic counselling techniques and attitudes that will be used during the 'educational session'.
- B) Hand out Yannis situation and check everyone understands what is requested.
- C) Divide into groups of three or four and work for 20 minutes
- D) Reform the group and share answers theme by theme.
- E) Summarise and highlight that counselling for change requires a collaborative and positive attitude with the person, several tools to help the process, knowledge of risks and prevention and that it takes time.



## Yannis

Yannis has been injecting for several months with friends. He knows he is HIV negative and doesn't have Hep C or B. He shares his material.

At the beginning of the educational session, he says to you: "When I'm here and with you, I don't have any problems with shooting-up but when I'm at home it's more complicated with my friends and all their kit lying around"

**1. What would be your very first words to Yannis after he says this to you?**

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**2. How would you make sure you have understood what he is saying? (techniques and/or examples)**

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**3. How would you work on a strategy with Yannis to change his behaviour?**

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## Overview of counselling for change

### Attitudes

- Collaboration not confrontation
- Guide not direct nor follow
- Person-centered
- Unconditional positive regard
- Permissive, not judgemental
- Empathy

### Counselling

- O A R S
  - Open questions
  - Affirm (starting that you see their point of view, their successes, strengths etc)
  - Reflective listening
  - Summarise

### Change tools

- Motivation, change rulers
- Scales of change (advantages & drawbacks of present with drawbacks and advantages if the change)
- Query extremes (worst thing if you don't change, the best if you do)
- Look forward (imagine life in 5 years time)

### Questions

- What do you think could be the first step?
- How do you think you would go about it?
- What barriers do you think you will come up against?
- How do you think you overcome them?
- etc etc

# SECTION 15

## Counselling for change II: The post injection interview: Using the observations

**Timing:** 135 minutes (can be divided e.g. 75 - 60 )

**Material:** sufficient quiet spaces for group work & copies of the educational session sheets (participants should also have their observation sheets for the character they interviewed and observed)

### Purpose:

Participants will:

- Practice pre-injection interviews, observation of injection and post injection interviews.
- Give feedback based on the practices observed and counsel for change to minimize harm

### Process:

- A) Remind them that all the characters (roles1, 2 & 3) said they would be available for the education session the following day.
- B) Brainstorm with the group to highlight the aim of this interview: to help change behaviour and reduce harm during injection.
- C) Highlight the importance of the content observation sheets here (objectives and comments etc)
- D) Hand out the educational session sheets and run through it.
- E) Allow a short period of time for re-reading the observation sheets and preparing their educational session documents.

- F) Using the same A, B, C method as in section 9, each community health worker conducts the educational session with the character they interviewed basing their comments on their observations and the objective set.
- G) Each interview should last 30 minutes maximum. At the end of each educational session there should a maximum of 10 minutes for observers (role C) to provide feedback to the community health worker on counselling techniques used etc.
- H) Divide into the same groups as the day before.
- I) After the first two interviews, schedule a break.
- J) Once all the sessions have finished, bring the group back to summarise lessons learnt from the exercise difficulties identified and link to the purpose of the section.

## Educational session

**Personal ID code:** \_\_\_\_\_

**How does the person feel (with regard to the injection, and any information give so far etc.)?**

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**What were the objectives for the session?**

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Observations

	What needs a lot of improvement	What needs some improvement	Good practice
Before injection			
Washing hands			
Preparation zone			
Handling of the material and general hygiene			
During injection			
Finding veins			
Changing of injections sites			
Using tourniquet			
Technical aspects of the injection			
Disinfection of the injection site			
After the injection			
Stopping the bleeding			
Washing hands			
Dealing with material			

On a scale of 0 (not at-risk) -10 (completely at risk) how at risk does the person feel:

- During ITSESI \_\_\_\_\_
- In their own environment \_\_\_\_\_

Will the person be able to put into practice what was discussed today?

☐ Yes   ☐ No   ☐ Doesn't know

What might prevent them from putting things into practice?

Will the person transmit the information and skills from today with peers?

Subjects discussed:

- Drug consumption: (quality of products, managing consumption, changing methods) specify

- Complications and risks (sharing, reusing material, viral infections, bacterial infection, veins, OD, PEP) Specify

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- Harm reduction (tailoring messages to person, alternative to injection, filtering, finding a vein, injection sites, peer education, other) specify

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- Sexual and reproductive health (sexual harm reduction, sexual acts, desire & libido, contraception, procreation, violence) Specify

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- Referrals. Specify where
- Medical
- Social
- Legal
- NGO

Date for next session? \_\_\_\_\_

# SECTION 16

## Debriefing with the team

**Timing:** 60 minutes

**Material:** flipchart paper and markers.

### Purpose:

Participants will:

- Identify the contents, place and importance of team briefing and debriefing

### Process:

- A) In groups of 3-4 participants will represent via diagram the role of a debriefing session between Community health workers after a session.
- B) Bring the groups back together after 15-20 minutes to present and explain their diagrams
- C) Summarise with the group highlighting the integral role of debriefing: It allows for on the spot evaluation of the intervention, satisfaction, positive points and difficulties encountered. It is part of a continuous quality improvement process. Highlight its difference from job practice analysis.
- D) Use the group's experiences of the educational sessions to illustrate. (or role play it if you have time)

## Content validation

**Timing:** 16.00-17.00

**Material:** Blank copies of APPRAISAL (see section 1)

### Purpose:

Participants will:

- Identify understanding of the intervention

### Process:

- A) Distribute the questionnaire. It is the same questionnaire that participants filled in at the beginning of the training session.
- B) Participants fill in the questionnaire individually and then give it to the trainers who will correct. (10 minutes)
- C) Each participant meets with a trainer to go over their answers (5 minutes per participant) to identify areas of improvement.
- D) Bring the group together to give general feedback from the answers and link to the following day's session on organization.

### NB

- Please check that correct answers to this questionnaire correspond to the criteria for inclusion, exclusion & refusal that were discussed in section 9

# SECTION 17



## APPRAISAL

Correct answers are in red

### 1. NAME

---

**2. What is the difference between an ITSESI session and injecting drugs in a supervised drug consumption room?**

- ☐ There is no difference
- ☒ There is a notion of individual educational aims in ITSESI

**3. Which of the following would NOT allow someone to access an ITSESI intervention?**

- ☒ The person is aggressive
- ☒ The person is pregnant
- ☒ The person does not speak your language

**4. When could the educational session take place?**

- ☒ Immediately after the injection
- ☒ The following day
- ☐ 5 days after the injection
- ☒ After a break for a cigarette/coffee
- ☐ It's optional - there's no obligation to do it



**5. What are components of the pre-injection interview?**

- ☐ Overview of the process and stages
- ☐ Accepted and refused practices
- ☐ The person's consumption history
- ☐ Motivation and objectives of the session
- ☐ Where they intend to inject
- ☐ Advice based on observation of the injection

**6. Can a couple participate at the same time in an ISTESI intervention?**

- ☐ Yes
- ☐ No

**7. Which drugs may cause an overdose by respiratory arrest?**

- ☐ LSD
- ☐ Cocaine
- ☐ Cannabis
- ☐ None of the above

**8. Which products can participants consume during an ITSESI session?**

- ☐ Placebo
- ☐ Their usual drugs
- ☐ A new drug they've never injected
- ☐ Drugs that can't be injected

**9. Which parts of the human body are the safest for injection?**

- ☐ Breast
- ☐ Arm
- ☐ Wrist
- ☐ Legs
- ☐ Back of the hand

**10. During the injection, when MUST the community health worker intervene?**

- ☐ They should never intervene, they are there to observe
- ☐ If the person uses a syringe that has already been used
- ☐ If the person hasn't washed their hands
- ☐ If the person injects in the neck
- ☐ If the person puts their hand in the sharps container

# SECTION 18

## Wrapping up for the day

**Timing : 10-15 minutes**

See activity section 6 or any other rapid evaluation tool

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

# SECTION 19

## Summary of day 3

**Timing : 10-15 minutes**

See activity section 7 or any other warm-up/ summary tool

[illegible]

# SECTION 20



## Implementation within the organization

### NB

- ITSESI sits in a framework, a project, a programme. Each organisation will have its specific set up and culture.  
This section is therefore an important bridge from training to implementation. It may require the presence of the local programme coordinator to present how things are set up and validate the content. What follows is an outline of how to cover the main aspects that participants need to know.

**Timing:** 120 minutes

**Material:** flipchart paper and markers.

### Purpose:

Participants will:

- Identify how the implementation of ITSESI interventions takes place locally within the organization



## Process:

- A) Explain the purpose of the section.
- B) Divide into 2-3 groups. Allowing max 10 minutes, each subgroup lists:
  - 4-5 points they are sure about in terms of organization, implementation and logistics.
  - 4-5 questions on the implementation within the organization
- C) First go through the points they are sure about, clarifying adding and validating them.
- D) Then go to the questions and see if any have been answered already.
- E) If possible categorise the questions and deal with them in blocks. This could be eg.
  - Inclusion, refusal, exclusion
  - Who does what, who should they contact if there is a problem etc
  - Legal status and protection of information (e.g. what will be done about video recordings etc)
  - Access to material and questionnaires and other logistics.
  - Evaluation
- F) It may be an opportune moment to bring in relevant points from the 'parking lot'

# SECTION 21

## Summarizing

**Timing:** 60 minutes

**Material:** flip chart

### Purpose:

Participants will:

- Summarize the knowledge acquired during the ITSESI training

### Process:

- A) Divide into 3 teams. The teams will ask each other 3 questions on content of the training session.
- B) Each team will identify 4 questions about the training session. The fourth question is a reserve. They must be sure of the answer to their question and what they will accept as an answer.
- C) When teams are ready (10-15 minutes) proceed in rounds, noting the question on the flipchart.
- D) Clarify and validate the answers given



## Emptying the Parking Lot (if necessary)

**Timing:** 20 minutes

**Material:** none

### Purpose:

Participants will:



- Summarize the knowledge acquired during the ITSESI training







### Process:

- A) Pursue the summarizing of the training by emptying the Parking lot.
- B) Take each remaining question in turn and discuss briefly with the participants if it has been answered and check the answer.
- C) If the question remains, and no answer is easily forthcoming, ask if they have identified where and who could provide the answer outside the training session.















Content of the session	 			 
Feelings and comments:				







Rhythm of the session	 			 
Feelings and comments:				









Techniques used and interactivity	 			 
Feelings and comments:				







Facilitation of the session	 			 
Feelings and comments:				



Group dynamics	 			 
Feelings and comments:				

Venue and conditions	 			 
Feelings and comments:				



Overall satisfaction	 			 
Feelings and comments:				



## The EUROSIDER project : Transferring ITSESI

### Abstract

**Background:** Access to needle syringe programs (NSP) and to opioid substitution treatment (OST) is well known to reduce unsafe HIV/HCV transmission practices and seroconversion in people who inject drugs (PWID). However, in certain contexts, this access is limited or inadequate, leading to many drug injection-related complications (e.g. HIV and HCV infections, abscesses, cellulitis and other skin infections). In order to reduce these risks, an individually-tailored educational intervention for safer injection, provided by peer educators, nurses or trained social workers, was designed in France. This educational intervention, entitled AERLI, has already been validated in the French context for harm reduction programs after showing a significant reduction in unsafe HIV/HCV transmission practices and local complications at injection sites. The project proposed here aims to transfer the AERLI intervention (called ITSESI in English) to other contexts (outreach, semi-urban environment, other

countries with less access to prevention and care) and more particularly to study the feasibility and the effectiveness of its implementation at a European level.

**Objective:** The main objective of this project is to study the transferability of an effective community-based intervention to PWID in several political and epidemiological contexts with an aim to reducing the risk of HIV-HCV transmission. This Individually-Tailored Support and Education for Safer Injection (ITSESI) intervention consists in offering educational supervision during all phases of the injection sequence, from pre- to post-injection, and in providing i) tailored education for each risky act, ii) prevention messages related to HIV/HCV risk transmission and iii) information about access to screening and care for HIV and HCV.

### Specific Objectives:

- To assess the local and national context of services in the area of HIV/HCV prevention in 4 European countries
- To implement and evaluate the ITSESI intervention to reduce risks of (re)infection in PWID
- To promote and disseminate tools and training to implement the intervention at a European level.

**Methods:** The project will use mixed methods and implementation science. It will start with a first exploratory step using quantitative data of each local context chosen for the implementation of the ITSESI intervention and some qualitative interviews with key informers. The second step will consist in implementing and evaluating this community-based educational intervention, starting with a training process in the selected contexts. The core intervention will, then, consist in running educational sessions on drug injection, delivering information on HIV-HCV risk practices and on HIV/HCV prevention and care. To confirm the effectiveness of the ITSESI intervention, a 6-month study will be conducted in a sample of 300 PWID in 4 different European countries (Bulgaria: 75, Greece: 75, Portugal: 75, Romania: 75). These PWID will be offered the intervention at least once (up to 3 sessions).

Participants will be followed up for 6 months and interviewed using face-to-face questionnaires at baseline (M0) and M6. The evaluation will also include a qualitative study conducted at M0 and the end of the evaluation using a focus group comprised of field workers, to investigate their experience, perception and possible difficulties related to the intervention. The third step will consist in promoting and disseminating all the tools necessary to transfer the ITSESI intervention at a European level (through the drafting of a handbook, scientific publications, seminars, events directed at policy makers).

**Expected results:** Our findings should: 1) improve understanding of how the intervention can be adapted to a local context; 2) help to assess the feasibility and the effectiveness of this community-based educational intervention on drug injection for difficult-to-reach populations in different contexts, in terms of reducing unsafe HIV/HCV transmission practices, and also provide a greater understanding of field workers' perceptions of and difficulties with this educational intervention; 3) inform how the intervention and related tools can be promoted and disseminated at a European level.

