outreach workers empowers outreach workers themselves by providing an income-generating opportunity. Peer outreach workers accessing women IDU should be supported: Legalizing or formalizing the status of outreach workers can give them authority when working with clients and protect them and their clients in cases where they may be approached by police.

POLICY AND PROGRAMMING IMPLICATIONS

Women drug users need access to harm reduction services that can address obstacles to safe injection for women and to instruction on safe self-injection. This means:

Provide women-safe spaces at functioning male-dominated drop-in-centres, such as a women-only time, a women-only room, and/or women-only support groups.

Provide women-specific services to attract women to harm reduction services, such as a woman doctor, childcare, women counsellor.

Access women with Peer Female Outreach Workers, and equip outreach workers with women-friendly outreach kits, in addition standard harm reduction services.

Address women's barriers to safe injection and provide safe-injection instruction, through outreach, women's support groups, and other women-safe spaces. Provide strategies to address these barriers such as access to gender-based violence services, couples counselling.

UNODC
United Nations Office on Drugs and Crime
Country Office Pakistan

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Preventing Parenteral Transmission (sharing of contaminated injecting equipment) of HIV for Women Who Inject Drugs

08

BACKGROUND

Women who inject drugs are more likely to share contaminated injection equipment than are men and also have weaker access to harm reduction services than do male drug users. This Information Brief provides basic information about women's gender-specific vulnerability to HIV infection via contaminated injection equipment, strategies for addressing the barriers women face to safe injection, and basic tools to support women to inject themselves safely. It also includes links to KEY REFERENCES that are user-friendly on safe-injection instruction.

WHAT ARE THE ISSUES?

Women who inject drugs tend to have riskier injection behaviours than men who inject drugs. **Key Gender-Specific Injection Behaviours** that are important to keep in mind are:

Women tend to share injection equipment frequently:
Women tend to share injecting equipment more frequently than men, and when women are injecting in a group that includes both men and women, women tend to be "last on the needle."

Women tend to share injection equipment with a spouse or intimate partner:
Many women who inject drugs have husbands or intimate partners who also inject drugs. Women drug users may choose to share needles with their husband or intimate partner as a symbol of trust in the context of their relationship. A woman may also be reluctant to ask her male partner to use clean injecting equipment because this implies a lack of trust between them.[1] Women who share needles in the context of an intimate relationship often report using the needle after their partner.[2]

Women are more likely than men to be injected by someone else rather than injecting themselves:
Women who share needles in the context of an intimate relationship often (but not always) report having their partner inject them. (Training Module on Female Drug Users developed by the Eurasian Harm Reduction Network).

Women are more likely to be injected by another person than are male drug users:
Being injected by another person is associated with higher risk of HIV infection (due to higher likelihood of sharing contaminated equipment). Women tend to have smaller veins than men and may be more likely to require assistance injecting. In the context of a marriage or other intimate relationship, a woman being injected by her male partner may be part of their relationship. In addition, women injectors tend to have significantly weaker access to harm reduction services that can teach safe self-injection.

Harm reduction services are critical to supporting beneficiaries to practice safe injection and thereby reduce the likelihood of parenteral transmission of HIV via contaminated sharing of contaminated injection equipment. For women who inject drugs, a number of **Gender-specific barriers to accessing harm reduction services** are important to keep in mind:

Gender-specific stigma about drug use decreases women's access to harm reduction services and injecting equipment: Many women drug users suffer severe societal disapproval and their fear of being exposed as a drug user makes some women avoid drop-in-centres[3] and dislike and avoid buying injecting equipment.[4]

A woman's male intimate partner or spouse may oppose her attending harm reduction services:
In some cases, her partner may want to hide her drug use and he may attend services, such as NSP, himself-bringing supplies back home for his female partner. This practice-while it does serve the useful purpose of providing critical supplies to women drug users-also means that women can be cut off from direct access to services, weakening women's access to and understanding of key HIV messages, as well as to counselling and other important HIV-related services.

[1] MacFarlane Burnet Institute for Medical Research and Public Health, Resource Module for Trainers: Comprehensive Responses for HIV/AIDS Prevention and Care among Drug Users in India. 2006. p. 170
[2] Eurasian Harm Reduction Network, Developing Services for Female Drug Users: Training Module, available for download at http://www.harm-reduction.org/hub/knowledge-hub/ehrn-training-modules.html
[3] Katya Burns, Women, Harm Reduction, and HIV: Key Findings from Azerbaijan, Georgia, Kyrgyzstan, Russia, and Ukraine, International Harm Reduction Development Program, Open Society Institute, October 2009. http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/wmhardred20091001.pdf
[4] Hunter, G.M. and A. Judd. 1998. "Women injecting drug users in London: The extent and nature of their contact with drug health services," Drug and Alcohol Review 17:267-276.

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Harm reduction services themselves may not be female-friendly:
Many harm reduction services have primarily male clients and male service providers. Some women drug users may not be comfortable interacting with male service providers and some women have experienced harassment or assault from male service providers and male drug users. Women drug users also have gender-specific reproductive health, pregnancy, childcare, and experience with gender-based violence such as sexual assault. Many harm reduction services do not provide the gender-specific services that women require and may therefore be unattractive to women. Women drug users may also feel uneasy about coming to a drop-in centre or speaking with a male outreach worker.

EVIDENCE: GOOD PRACTICES

Successfully addressing women's gender-specific vulnerabilities to HIV infection via sharing of contaminated injection equipment requires:

1. Incorporating gender-specific services for women into harm reduction services in order to make the services useful and attractive to women:
Key services that can attract women include:

Providing women-friendly outreach kits that can include tampons, sanitary pads, and female-specific literature, supplies for children, along with needles, syringes, male and female condoms.

Offering secondary needle and syringe exchange (extra needles and syringes for women to pass on to others) on-site and via outreach is a good way to reach female IDU as well.

Having a female doctor available and a gynaecologist

Offering childcare on-site

Providing referral services to female-specific services such as gender-based violence counselling, pre- and post-natal care, child health care, and women's shelters.

Outreach services can also work with women IDU to support women's negotiation skills to engage in safer drug use and safer sex.

Home visits via outreach can also provide opportunities to reach out to female care-givers.

2. Offering services that specifically address women's vulnerability to parenteral HIV infection including simple instructions on safe-injection techniques offered to women in a gender-sensitive manner. Because women are less likely than men to access services that provide information on safe injecting and teach safe injection, it is especially important for service providers to offer safe-injection instruction when women do access services.

Opportunities to instruct women on safe-injection include: via outreach, during home-visits, at women-only drop-in-centres, in women-only spaces or time within drop-in centres

Discuss the gender-specific obstacles women face to safe-injection, such as opposition from an intimate partner and lack of direct access to clean injection equipment, in the context of women's support groups, female outreach and female-safe spaces.

Provide simple instruction on safe injection to women, using the steps below and the reference materials in this section. Below are some simple instructions for reference. ***Please make sure to read carefully the reference materials listed below before attempting to instruct women in safe injection! Simple instruction steps are:***

- Clean your skin before you shoot. Every time. If you don't have alcohol wipes, use soap and water.
- Wash your hands before you use, every time. If you can't wash your hands use gloves or at least clean the tips of your fingers with swabs.
- Mainline (inject into the vein), don't skin or muscle dope! If you have to skin or muscle cut your dope with a lot of water. This will not only help your body to absorb the drug more easily it will also help you to heal faster.
- Try to use a new equipment each time you use. If you have to re-use your own equipment make sure to clean it with bleach, soap and water, or if you don't have those at least warm water.
- Mix your drugs on a clean surface.
- Mix your own drugs and never let your used equipment or anyone else's come into contact with a group mix.
- Cook your drugs until they boil (about 10-15 seconds) this probably won't kill HIV or Hep C but it does help kill bacteria.
- If you "pound" or "wash" cottons make sure to cook them again with extra water.
- Never lick your point before you inject.
- Only use water from clean sources.
- Wipe the injection site once with a new swab.
- Place the tourniquet around your upper arm (or above the injection site). Don't leave it on too long. If you have trouble finding a vein, release the tourniquet and try again.
- Put the needle into your arm at a 45-degree angle, with the hole facing up. Blood will sometimes appear in the barrel when the needle is inserted in the vein.
- Pull back the plunger and blood should appear. If there is still no visible blood in the fit, remove the needle and tourniquet from your arm, apply pressure (using a cotton ball, tissue or toilet paper) to stop any bleeding, take a deep breath and start again.
- When you are sure the needle is in the vein, loosen the tourniquet and slowly depress the plunger. If you feel any resistance or pain, you may have missed the vein and will need to start again.

There are a number of excellent resources on safe injection. Make sure to read them! They are short and user-friendly! These are:

A Guide to Safer Injecting by the Australian Intravenous League. Available for download at http://www.aivl.org.au/?p=60#p=72

A Guide to Cleaning Used Syringes by the Australian Intravenous League. Available for download at http://www.aivl.org.au/?p=60#p=72

Avoiding Arteries and Nerves When You Want a Vein by the Harm Reduction Coalition. Available for download at www.harmreduction.org/downloads/arteries.pdf

The Right Hit by the Harm Reduction Coalition. Available for download at www.harmreduction.org/downloads/hitright.pdf

Taking Care of Your Veins by the Harm Reduction Coalition. Available for download at www.harmreduction.org/downloads/rotate.pdf

Think Sink! Think Light! by the Harm Reduction Coalition. Available for download at www.harmreduction.org/downloads/thinksink.pdf

3. Making harm reduction services accessible to women:
There are a number of strategies that can effectively increase women drug users' access to harm reduction services:

A woman-only drop-in centre:
The Social Awareness Service Organisation (SASO) in Imphal, Manipur, India, established a drop-in centre (DIC) specifically for women in 2006. The DIC has women staff, a woman doctor-who was particularly welcomed by clients, provides referral to women-specific services, offers recreational activities include TV, newspapers and women's magazines, and space for socializing. Women have space to bath and make-up kits are provided. Women received standard harm reduction services including needles and syringes, health check-ups and medicines, clinic-based detoxification, OD management and medicine, counselling. In addition, the DIC provides a number of gender-specific services for women such as referrals to reproductive health services, antenatal care and PMTCT/HIV-related care, as well as support groups for WLHIV, women IDU, SWs, and adolescent girls. The DIC has links to two rehabilitation centres that were persuaded to accept women.[5]

Providing services for women at a drop-in centre that is primarily attended by men:
Drop-in Centres that are already operational and service mainly male drug users can improve female attendance in a number of ways: by providing special times for women only, such as a "ladies night," by providing a separate room for counselling services for women with a female counsellor, by including women on staff, by offering women-only support groups, and by providing on-site gender-specific services for women as described above.

Female peer outreach workers:
Outreach is a critical component of any service designed for female IDU. The key is to meet them where they are-i.e. meet them in the places where they feel safe and comfortable, in their own environment. In some countries there is a belief that peers should not do outreach because this work puts peers at risk of relapse. Peer outreach-FIDU or former FIDU for accessing women IDU clients-is the most effective way to reach vulnerable populations and especially effective for the most hidden and vulnerable populations. In addition, employing peers as

[5]The Social Awareness Service Organisation, Breaking New Ground, Setting New Signposts: A Community-Based Care and Support Model for Injecting Drug Users Living with HIV. The SASO-Alliance Experience. December 2007