TRAINERS GUIDE

Unitaid Safer Injecting Course



About This Trainers Guide

This Trainers Guide accompanies the 'Safer Injecting' course developed as part of the Unitaid-funded Low Dead Space Syringe and Needle (LDSS/N) study in low and middle income countries.

The Trainers Guide walks trainers slide by slide through the delivery of course, supporting the delivery of presentations, guiding the delivery of exercises, and providing you with Trainers Tips as a step-by-step guide to delivering the course set out in the PowerPoint presentation.

The course is designed for peer workers, harm reduction practitioners, outreach workers, services managers and other partners working with people who inject drugs (PWID). The course introduces participants to injecting with a focus on low and middle risk injecting sites.

The course was developed in support of the Unitaid-funded LDSS/N study and is being shared more widely as an open source resource to others working with PWID.

Layout of Trainers Guide

Introduction information

Slide by slide guide:

- Slide title
- Slide number and image
- Description
- Set up note (where required)
- Key Points
- Tips for Trainer

References and resources

INTRODUCTION

Dear Trainers,

Welcome to this Trainers Guide developed to support the delivery of the Unitaid-funded Safer Injecting course. This resource has been developed drawing on global guidelines and community-led training resources. The Trainers Guide walks you slide-by-slide through the delivery of the Safer Injecting course.

This Trainers Guide supports you to deliver this one-day course on Safer Injecting helping to strengthen the skills of harm reduction and outreach worker working with PWID.

The course content builds over four sessions. Each section provides clear presentations with supporting photos. Participants explore these topics further through different exercises, which to open up reflection and discussion. Each section concludes with a summary presentation to review and consolidate learning. The course aims to strengthen knowledge and skills around injecting drug use, low dead space syringes and needles, and safer injecting.

The course and harm reduction commodities reflect the starter pack of LDSS/N being used in the Unitaid-funded study.

Community Involvement - Community Trainers and Participants

Central to the success of this training programme is the meaningful involvement of people who inject drugs. Ensuring community involvement through selection of trainers and participants adds relevance, builds trust, and deepens the training experience for all participants. This should be reflected in the selection of the trainers and participants.

Having trainers with living or lived experience of injecting drug use adds to the perspectives taught on the course. Trainers with lived or living experience may work as outreach workers or staff in NSPs or Drug Consumption Rooms. Others may work for drug user groups or be members of peer education initiatives.

In some areas you will have established community-led trainers with the experience of facilitating training courses and using their living experience as a teaching aid. In other contexts you may need to match more established harm reduction trainers who can partner with local peer workers with living experience of injecting drugs. This model secures the values of community participation now while building a future generation of community-led trainers.

Community trainers possess a unique blend of technical knowledge and shared identity with PWID participants, fostering a safe, respectful, and open learning environment for those PWID participants. This helps overcome fears of stigma and invites an open learning dialogue between the PWID in the course and participants from other backgrounds. Co-training with a trainer with a nursing or medical background can also help model the partnership between PWID and allies.

Importantly, the training is not intended to be delivered in isolation from the community. Involving community partners from different key populations maximises the learning potential and stigma busting effect of the course. It can have strategic values allowing country or local partners to come together to discuss good practice within the local context and dealing with real world constraints.

When some or all of the trainers come from the implementing country, this adds further relevance and country context.

Throughout the Trainers Guide, we indicate the role of the Trainer. Each training team can decide which trainer will lead on each exercise or presentation. In places, we indicate where a PWID Trainer, someone with lived or living experience, could most usefully lead.

Room Set Up and Layout

Option 1 - Semi-circle of chairs with tables for group work set up behind. Allows for participants to sit together as they arrive and then to be sorted into groups for different exercises. Allows for greater tailoring of small group membership for different exercises. However, it takes longer to move in and out of groups.

Option 2 - Group sitting at tables of 6 – 8 people. Having participants allocated to tables helps move quickly into small group work. You can use name places to allocate participants to tables to ensure a mix of skills and experience. You can mix up the groups sitting at each table by switching the name places over to support networking and shared learning.

TRAINER MATERIALS

What will you need? [Below is a list of essential items. Make sure to arrange all the given items before the training]

1. Safer Injecting PowerPoint presentation – downloaded or bookmarked on laptop or on a USB flash drive
2. Plain 'Body Outline' – printed (for session 2) or to be projected onto wall from presentation from slide 14.
3. Laptop, projector and screens. You will need audio if you want to play the INPUD video (slide 29)
4. For Group Ground Rules (slide 7) – sticker / label / badge to indicate that someone does not want to be included
5. Session 2 – circulation system (Pin Point Exercise – slide 14) i) Print out of plain body outline for Pin Point exercise on injecting sites ***or*** ii) Use a projector to project the image onto flipchart paper so you can draw round the outline
6. Post it notes – 3 different colours. The presentation uses green, yellow and orange for low, medium and high-risk areas. Draw a simple picture of a needle and syringes on 5 post-it notes of each colour.
7. For handwashing exercise: i) Glitterbug Potion, alcohol wipes, bar of soap, pump-pack soap, paper towels, cloth towels (ideally one that has been used), access to running cold and hot water, ii) UV torch and charged batteries – test to makes sure the kit is working and carry spare batteries
8. Items for "Taking Drugs by Injection" exercise Session 4: i) 3-5ML syringe and blue needle (traditional oversize equipment), 1ML fixed needle low dead space syringes, 2ML syringe with combination of low dead space needles – 30G yellow, 25G orange 5/8", 25G orange 1", 23G blue 1", ii) Containers for mixing up (harm reduction cookers such as stericups and street options tea spoon, bottle caps, etc iii) Different filter options: cotton, cigarette filters, more advanced filters if these are available.

iv) Water for injection – different water options – glass of water, unopened bottle of water, ampoules of water.
9. Mock "drugs' of different sorts *White powders – cocaine or white heroin* both water soluble drugs not requiring an acid to prepare – options crushed paracetamol tablets or glucose powder *Ampoules of drugs like pethadin, diazepam or* ketamine - glass water ampoules or antihistamine solution can be used to represent diverted pharmaceuticals, *Brown heroin powder* – fluffy brown powder - smokable heroin that needs to be "cooked up" acid to be prepared for injection – option crushed coffee & milk powder *Crack cocaine* – white waxy substance that comes in rocks. Option candle wax can be used to illustrate crack cocaine rocks or strong mints. Cystal meth or ketamine – comes is crystal shards – option rock salt or MSG can be used to illustrate crystal meth or street ketamine. They dissolve in water. These drugs would be prepared without an acid as they are both water soluble. Black tar heroin – sticky dark black substance – option Marmite, Bovril or Vegemite Tailor your selection of drugs to have a water soluble drug, another requiring cooking up with an acid, and an ampoule.

Language

- Specialist language around safer injecting and harm reduction evolves over time.
- Language can unintentionally help reinforce stigma and discrimination against people who inject drugs (PWID) or it can help confirm that people who inject drugs are people first and therefore entitled to human rights. The right to health includes access to harm reduction as an entry point to a wider range of health care services. Using language that confirms your commitment to rights based and person centred health care for people who inject drugs adds to the low threshold welcome provided by harm reduction.
- INPUD's Words Matter document provides a helpful explanation of the choice and use of technical languages around injecting and drug use. https://inpud.net/words-matter-language-statement-reference-guide/

DAY SCHEDULE

TIME	ACTIVITY
9:00 am	Arrive, registration, tea/coffee
9:30 am	Session 1: Introductions, Ground Rules, Introduction Exercise, Reasons for injecting
11:15 - 11:30 am	Morning break
11:30 am	Session 2 - Circulation System, Injecting Drugs, Handwashing and Dirty Hits
1:00 - 2:00 pm	Lunch break
2:00 pm	Session 3: Needles and Syringes Preparing a drug for injecting
3:15 - 3:30 pm	Afternoon break
3:30 pm	Session 4: Administering drugs by injection Safe disposal of injecting equipment Cleaning as a last resort
5:00 pm	Day end

INTRODUCTION TO THE COURSE [Slide 1]

Description

Slide 1 should be projected at the beginning of the day. The Trainer can project Slide 1 at the opening of the course, so participants know they are in the right room.

Set Up Note

- You can add the name and logo of the country partner hosting the event on the title slide. You have an Acknowledgement slide for country partners as Slide 4.



TRAINER INTRODUCTIONS [Slide 2]

Description:

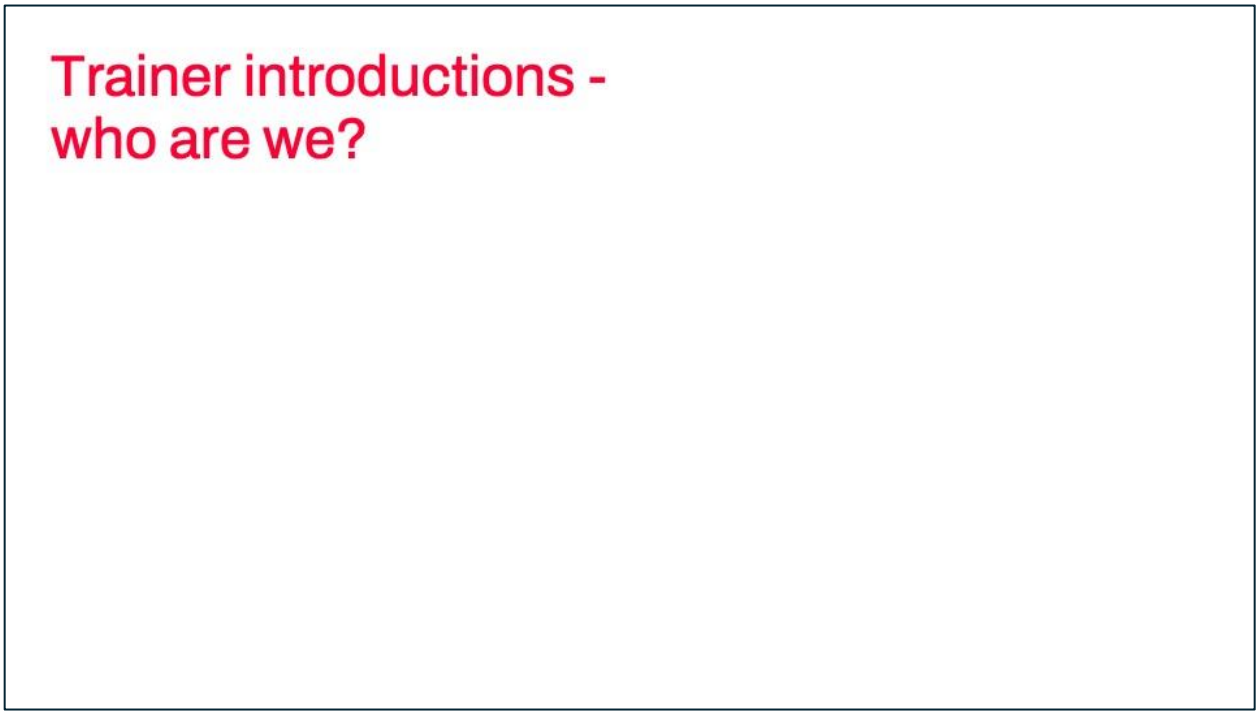
Slide 2 is to be used to introduce the Trainers. You can add details of the trainers and their organisations to this slide. This slide provides a chance to highlight the different expertise of your Trainers:

Introducing Trainers with lived or living experience of injecting drug use helps to highlight the value placed on community expertise within the Safer Injecting course. This serves as an invitation to participants with lived or living experience to share relevant testimony to support group learning.

Similarly, introducing the practice experience of different Trainers can help explain their expertise as a trainer. The Trainer might have experience working in or managing an NSP or Drug Consumption Room. They might have worked as part of an outreach team delivering NSP. They might be a nurse or doctor. Once again this serves as an invitation for other practitioners to share anonymised relevant practice examples.

Set Up Note

- You can add the names, titles and organisational logos of your training team



Trainer Tips

- Introduce trainers and their organisations
- Highlight Trainers with experience working in NSP or delivering NSP on an outreach basis or those with nursing or medical training. Use this to encourage participants with practice backgrounds to share relevant practice experiences.

- Highlight Trainers with lived or living experience and use this as a chance to highlight the value of sharing relevant personal or peer testimony to support group learning.
- Remind participants not to use practice examples that disclose people's identities.

OVERVIEW OF INTERNATIONAL CONSORTIUM PARTNERS [Slide 3]

Description:

Slide 3 shows the logos of the global partners in the Unitaid-funded study into LDSS/N. For courses delivered within the Unitaid study, the Trainer can use this slide to explain the context of the Unitaid-funded Hepatitis C study.



Set Up Note

- If you are a Unitaid site, you could invite a senior guest from your consortium lead or country lead to open the course and explain the context of the Unitaid-funded LDSS/N study.
- If you are not part of the Unitaid-funded study, you can use this to explain the history and credentials of the course

- INPUD host the Secretariat for the Community Advisory Board for the Unitaid Hepatitis C Portfolio. You can find LDSS/N resources on https://inpud.net/global-hepc-community-advisory-board-cab/

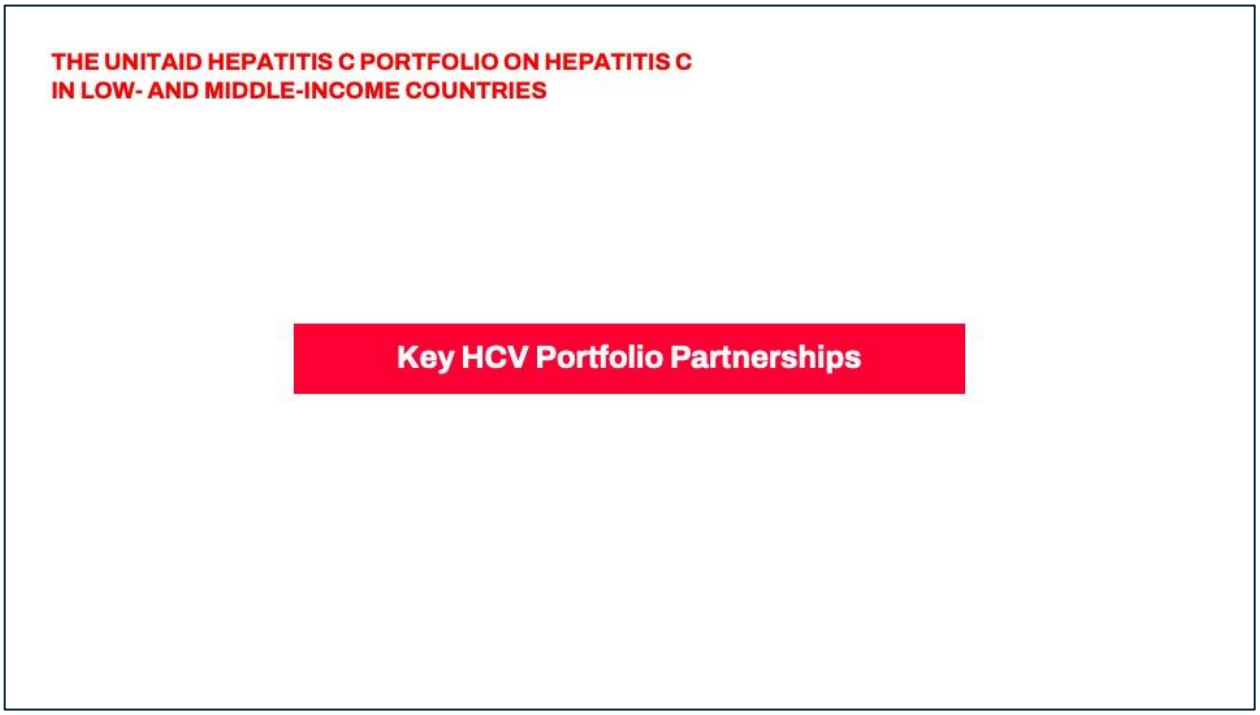
Tips for Trainer

- You can explain that the three consortiums are delivering cross country studies in10 low and middle income countries. This work is already shaping the future delivery of HCV prevention, testing and treatment with people who use drugs (PWUD) in low- and middle-income countries (LMIC).
- It is fund being funded through Unitaid the section of the WHO that supports the transfer of innovation from high to low and middle income countries. The project is being technically advised by the relevant sections of the WHO and will inform future WHO guidelines and technical resources.
- The Safer Injecting course was developed in support of the study into low dead space syringes and needles (LDSS/N).
- The Safer Injecting course is being shared beyond the Unitaid study partners as an open source training toolkit. This will be shared through a virtual train-the-trainers webinar. The partners in the Unitaid funded study are happy to share an open source, high quality training toolkit that promotes UN guidelines, and is community-friendly and accessible.
- Acknowledging the context and study behind the course adds to the credibility of your training and helps participants understand that they are learning about the cutting edge of NSP practice and peer-led harm reduction.
- This discussion of the study context will be most relevant for study partners.

KEY HCV PORTFOLIO PARTNERSHIPS [Slide 4]

Description:

Slide 4 has been included for those delivering this course as part of the Unitaid-funded LDSS/N study. It creates a space to acknowledge the function of the course within the country's journey with harm reduction and NSP. It provides a chance to recognise the organisational partners, and to note the context of the study.



Set Up Note

- Add the logos of your country partners in the Unitaid-funded project. This is a chance to acknowledge your country partners at the start of the training. It helps explain the organisational relationships and the connections between the global and country partners.
- Consider option of senior guest to open the course and explain the context of the Unitaid-funded LDSS/N study or the wider development of NSP.
- You can remove this slide if you are not part of the Unitaid-funded study.
- You could add a slide to describe your country context with NSP.

Tips for Trainer

- Option to invite a key figure in the Unitaid-funded study in your country to speak to this slide. The slide can be set up as a backdrop for someone to provide country context about the LDSS/N study for 5 – 10 minutes. This can help set the scene and add credibility to the course.
- Senior figures may not be able to attend in person, but they may be willing to provide a recorded intervention or to join by video conference.

ACKNOWLEDGEMENTS [Slide 5]

Description:

Slide 5 acknowledges the various partners who were involved in developing the one-day training course on safer injecting.



Trainers Tips

- The slide provides a chance to highlight that different stakeholders came together to design a course for those pioneering NSP in Nigeria. You can also explain how this was achieved with strong community involvement at each phase of development.
- This can help trainers highlight the “Let Communities Lead!” message from the Global AIDS Strategy. It can help you explain the technical value and stigma busting effect of training together with community members. The development of the Safer Injecting course is a good example of the nothing about us without us principle in harm reduction.
- The following back story is shared as reference information for Trainers in case participants ask for more detail about the Acknowledgement Section. The back story is useful to reinforce core principles but sharing this level of detail is an interesting coffee break story rather than a reason to delay moving to the first technical exercise.

The Back Story

The course started out as the Implementation Training for the Nigerian NSP pilot in 2019. Coact and Frontline AIDS supported the Nigerian Federal Ministry of Health Technical Working Group to design and roll out a training course for this pioneering NSP in the first 3 states to pilot NSP in Nigeria with Global Fund monies. The course was delivered as a road show first nationally and then to key stakeholders at the State level. Importantly this included the community-led NSPs and their teams of peer workers who trained alongside public health officials, ministers, doctors, the police, and community leaders.

The course was led by the Deputy Minister of Drug Demand Reduction working alongside a community-led trainer from Coact. The training model and participant mix ensured that the training course was both technically relevant and tailored to the country and state context.

The European Network of People who Use Drugs (EuroNPUD) re-developed the NSP implementation training into two one-day courses – “Safer Injecting” and “Naloxone Saves Lives.” The European Network of People who Use Drugs (EuroNPUD) developed a training toolkit that could be translated and tailored for their multi-lingual network of members. These courses can be found on the EuroNPUD website – www.euronpud.net/resources.

The EuroNPUD Safer Injecting course was used as the foundation for this Unitaid-funded Safer Injecting course. The course has been tailored to meet the needs of low and middle income countries. The course has been further worked up to highlight the specific challenges faced in international development settings - oversize needles and syringes, rushed injecting often driven by heavy criminalisation, and the impact of the different and changing drugs being injected.

The course was designed by a community-led designer from Greece and uses technical photographs from Exchange Supplies, Injecting Advice, and Coact. Coact has a set of non-stigmatising images of needles, syringes, and injecting that are available to partners for use in harm reduction training and peer education.

SESSION 1: INTRODUCTIONS & REASONS FOR INJECTING [Slide 6]

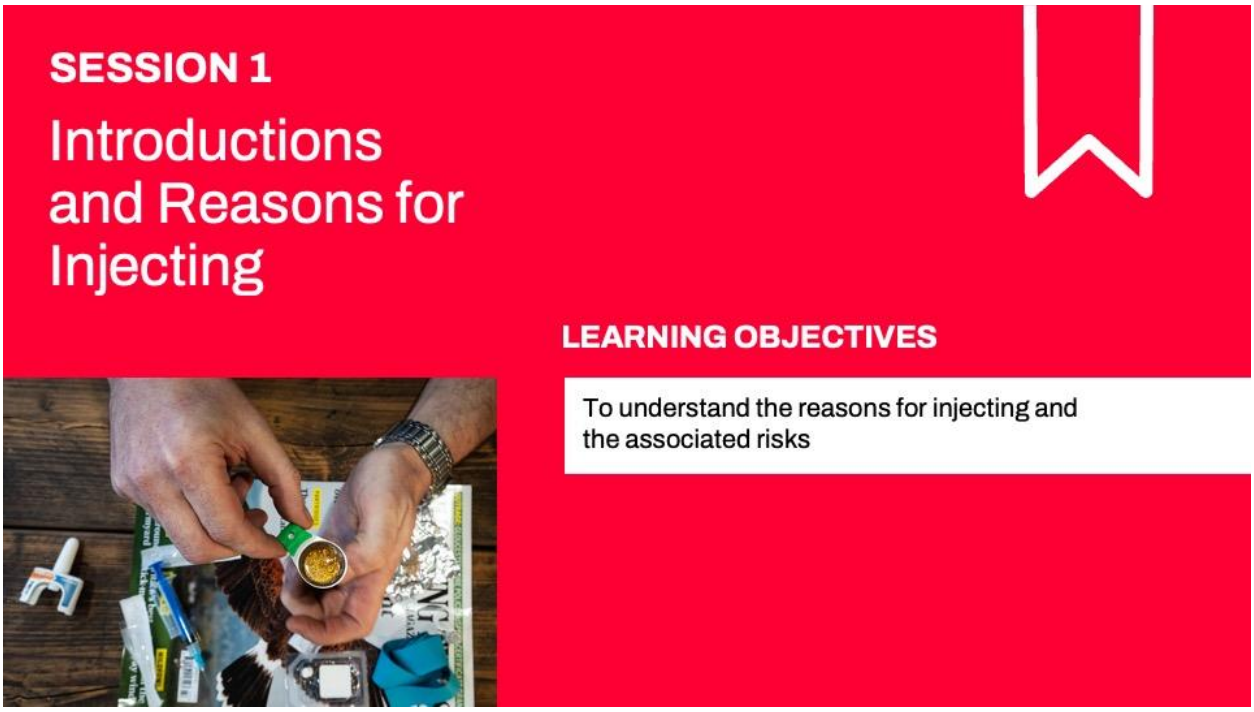
Description

Slide 6 is the cover slide for the first technical session. The session has two parts

(1) introducing the trainers, course and participants

(2) Reasons for Injecting

This slide marks the move from the official introductions and welcomes to the formal delivery of the course led by the co-trainers.



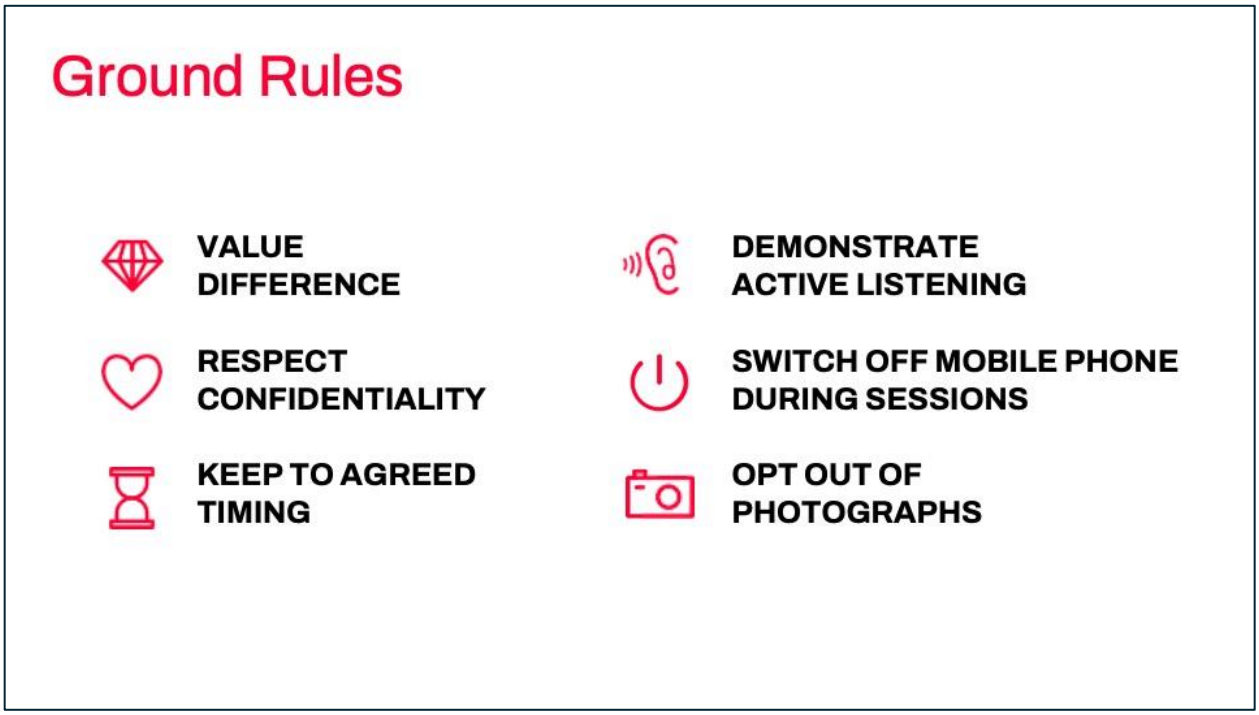
Trainers Tips

- This session begins with introducing the trainers, the course, ground rules, and the participants. This is an important welcome and introduction to each other and the course.
- This opening session sets the tone for the course. It opens discussion between the trainers and participants. It invites participants to share and listen to each other's experiences and values diverse perspectives.
- Protect time for the Why Start Injecting exercise at the end of the session. It is the first experiential exercise that should provide an opening opportunity for community members to share insights arising from their living experience.

GROUND RULES [Slide 7]

Description

Slide 7 sets out ground rules for the day. A core set of ground rules is proposed to the participants for their consideration. The group is invited to explore and agree to these ground rules for the course.



Trainer Tips

- Slide 7 is designed to quickly run-through the course Ground Rules to ensure understanding and agreement. If participants have taken part in previous training courses, they will have seen and possibly developed group rules before. This can use up restricted group work time so this quicker review and sign on model is recommended. The aim is to review and check the group rules with the participants, to test their understanding and build agreement.
- You can invite different participants to take turns in explaining one of the Ground Rules to the group. The participant can read out the Ground Rule and then expand on what it means to them. This helps test understanding to help identify any areas of difference or confusion. The Trainer can reinforce and summarise each participant's feedback and ask the wider group if they are happy to work to these rules.
- Additional Ground Rules can be added to address issues relevant to a country or local context. This might be agreeing breaks to accommodate prayers or adjusting timing to accommodate local traffic challenges.

Key points

Value difference

- We are all different and have different skill levels, knowledge, and experience. The course will be most effective if we can create a judgment-free space.
- Diversity helps us learn from each other and explore a subject from the different insights offered by a mixed group of participants (e.g. people who use drugs, peer workers, managers, etc.).
- Training together helps raise awareness, breaks down stigma, and makes for a more dynamic learning environment.

Respect confidentiality

- The Safer Injecting course draws on community-led experience. The course benefits from PWID Trainers and participants with living and lived feeling comfortable to share their personal or peer testimony.
- We also want practitioners, managers, and other allies to explore their values, technical knowledge and work experiences in a supportive setting. We want participants to feel safe and not to be exposed.
- We also want participants to be able to onward share their learning with peers and colleagues. The Chatham House Rule, also known as the "not for attribution" rule, allows participants in a meeting to use information shared during the meeting, but prohibits them from revealing who made specific comments or identifying other participants. It's designed to encourage open and honest discussion by ensuring confidentiality for speakers and participants.
- Social media posts can help amplify the learning from the course. Particular care should be taken in posting about learning that comes from personal or peer testimony during the course. It is important not to identify which course members are speaking from lived or living experience. Participants or Trainers with lived or living experience can contribute to social media discussions where they can choose how to manage their personal disclosure in a public setting.

Keep to agreed timing:

- The Trainers are responsible for managing the course to time. Part of our contract as trainers is to stick to the agreed start, break and finish times. Encourage participants to come back from breaks on time and protecting time for breaks are both important parts of the contract between trainers and participants.
- It is also important to protect time for discussions by managing the time you spend on presentations, exercises and feedback.
- If you are running out of time, negotiate with the participants rather than pressing on, cutting breaks and / or overrunning. Different countries and cultures have different tolerances and approaches to time management so be guided by your local organisers if you are not from the host country.

Demonstrate active listening

- Active listening involves actively listening, paying attention and developing understanding. Participants should be mindful to wait for their turn to respond or raise relevant points. Try not to talk over one another. The goal is to support dialogue, interaction and understanding between participants.
- Trainers can use reflection, summaries and drawing out questions (tell me more about, expand on that point etc). Model the active listening you want to see from participants as a trainer.
- Protect the space for participants to share their views with the trainers and other participants. A good course is a learning exchange between the trainers and the expert participants. Some participants with less experience of learning in groups may need to be supported to develop active listening skills. They may become excited by the discussion and interrupt or talk over other participants.
- One helpful strategy is the “talking stick”. A bean bag or a soft toy or another object that can comfortably be held in the hand can be designated the “talking stick”. Only the person holding the object can speak. Either the trainer can designate who speaks next guiding who should next be given the ‘talking stick” or the participant can pass on speaking rights by passing or tossing the object to the next speaker.

Switch off mobile phones

- The Ground Rules ask people to remain focused on the training and not to be distracted by interacting with social media or emails during it. However, social media posts can be an important way of building the support and buy-in of other stakeholders in harm reduction. It can also help spread the learning from the course with PWID participants peer groups and harm reduction practitioners’ colleagues.
- Explain again that it is important for participants to be engaged and focused. Putting phones on silent or into airplane mode is an option. Participants can make phone calls, and check their emails, and messages during breaks. If you want to encourage participants to amplify the course on social media, then you may want to let participants take photos on their smart phones or tablets.
- Asking participants to post to social media apps during breaks can help participants remain focused during training sessions. However, this requires you to protect time for adequate breaks, so participants are supported to post on social media.
- You either need to let participants take photos, or you need to have designated photographers who are taking photos that can be shared via an instant message group, so participants have images to post online.

Opt out of photographs

- Sharing photos and video clips on social media apps can help amplify and share the learning and positive messages being promoted on a course. Everyone who is shown in a photo or video clip should fully understand where their images will be posted and linked to what messages.
- Participants who do not want to be photographed or do not want their photos posted on social media should be invited to wear stickers so photographers and those posting on social media can easily identify those participants who do give consent to sharing their images.
- Photo consent forms are at the end of the guide and linked here.

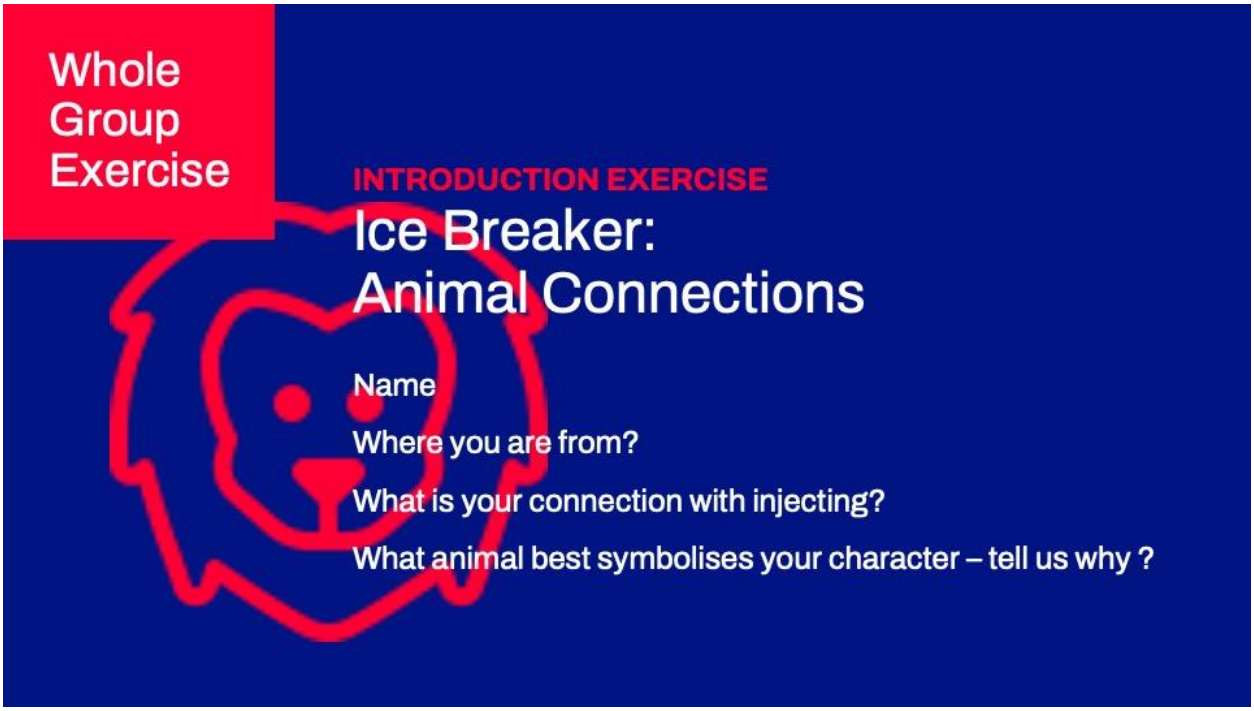
Trainer Action

Check with the group if anyone wants to opt out of being identified or in any photos. Hand out stickers to participants who do not want to be photographed and/or included in social media posts.

Introduction Exercise – Whole Group Exercise [Slide 8]

Description

Slide 8 introduces a whole group exercise to help participants meet each other. Each group member introduces themselves in turn. They provide their name, role and connection with injecting. Participants are then asked to identify an animal that symbolises their character. This is a fun opening exercise that helps participants connect with each other as human being beyond work or community roles.



Trainer Tips

- The trainer will request all participants to share:
  - Name and role,
  - Where are you from?
  - What is your connection with injecting?
  - What animal best symbolizes your character – tell us why.
- It is good for the Trainers to go first to help participants understand how the introduction works.
- The Trainers can think ahead of your animal and a compelling reason why you chose this animal to illustrate your spirit. “I’m a cat – I like to eat and sleep a lot!” “I am a bee – I work hard in a team, I produce sweet things, and I have a sting to defend me and my people if needed!” “I am a dog – I am hard working, loyal and a team player” “I am like bird. I fly freely above enjoying the beauty of the world. I also love to sing!”
- Sometimes it can help to prompt one or two of the organising team, so they have thought about their answer to the animal question. Having 3 – 4 people set up the

exercise and answer each part fully helps the whole group understand and deliver the exercise.

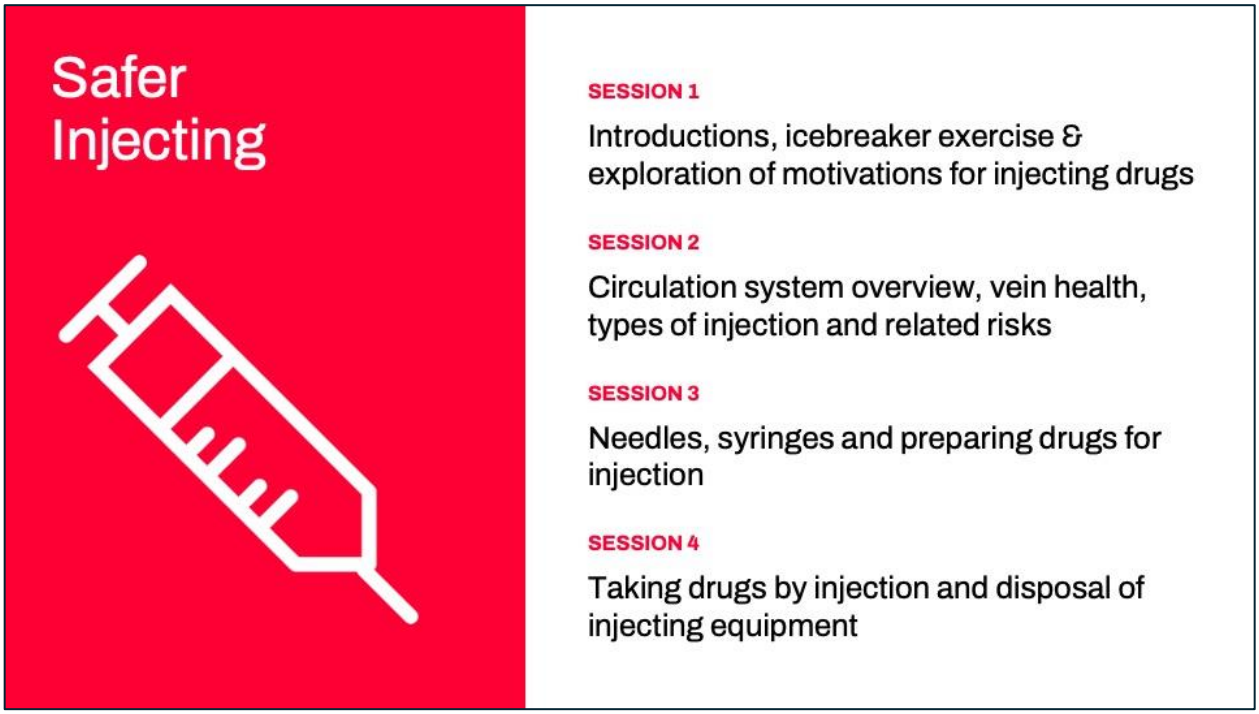
- Sometimes people can struggle to think of an animal, particularly if they are called on early. You can go around the room, let people pass so they can hear other participants' responses. You can then return to people who pass a bit later.
- You may need to prompt some participants to tell the group **why** they picked their animal.
- Give feedback based on what you hear – highlight positive things, "oh you're a hard worker" "you're a compassionate person" "you are someone who stands strong in the face of adversity" etc.
- Create a welcoming, inclusive environment where participants feel safe and connected.
- Allow participants to introduce themselves in a fun, non-threatening way.
- Use the exercise to help the trainer and participants learn more about each other's backgrounds and connections to injecting.

Having established the context through the background overview, initial exercises, and participant introductions, we now transition into the formal segment of this one-day training. This next phase will focus on structured learning, guided discussions, and key thematic areas designed to meet the objectives set forth for today's session.

SAFER INJECTING - Session overview [Slide 9]

Description:

Slide 9 supports the Trainer to introduce participants to the four sessions that will be covered during this one-day training. The course is built around 4 blocks of learning that each last for about 1.5 hours. The course is built on a series of experiential exercises, presentations supported with photographs, and session summaries. Drawing out peer experiences and practitioner reflections is key to the impact of the course.



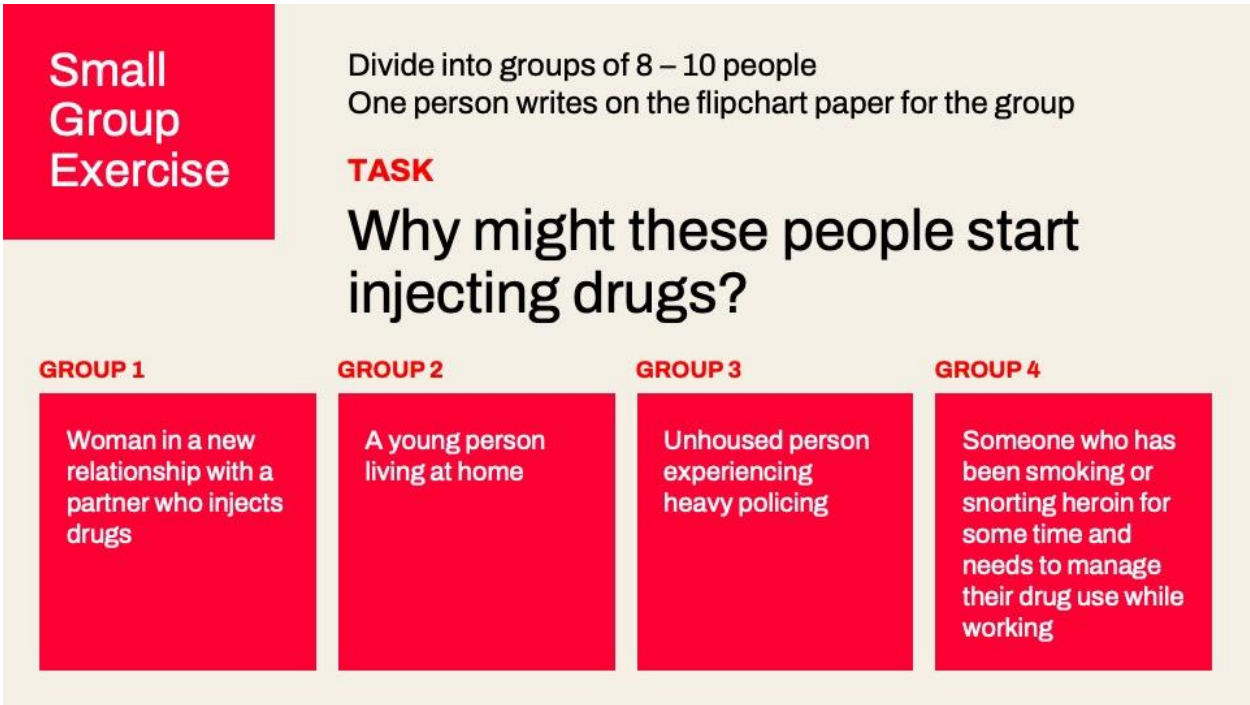
Trainers Tips

- The trainer will request all participants to share:
- Set the scene by walking the participants through the flow of the course using this slide. Emphasize how each session builds on one another so by the end of the day participants have a comprehensive understanding of safer injecting practices.
- Encourage curiosity by mentioning that each session includes practical insights, real-life scenarios, and opportunities for open dialogue.
- Encourage participants to share their personal experiences as PWID or NSP or outreach workers and to ask questions based on these experiences to help ground the course in the country or local context.
- Announcing the sequence of the training course helps trainers negotiate with participants who want to move ahead and discuss topics scheduled later in the course.

SMALL GROUP EXERCISE: WHY MIGHT THESE PEOPLE START INJECTING DRUGS [Slide 10]

Description:

Slide 10 is the first part of an exercise that invites participants to think why people may start injecting drugs. It is designed to build empathy and understanding with people who inject drugs. Participants work in four groups to explore four different scenarios before feeding back to the plenary session and discussing this feedback in a plenary session.



Trainers Tips

- If your group is already sitting around tables in preassigned small groups, then explain the exercise from the front before sharing out flipchart paper and pens to each of the 4 tables.
- If the group is sitting in a semi-circle, then allocate a number to each group member in turn. Start on one side with the number 1. Move round the participants allocating each one a number in turn up to 4 and then starting again. Number round saying you are1, 2, 3, and 4. Then the next person is again number 1. Once everyone has a number then you ask participants to group together in their numbered groups. “All the 1’s, 2’s, 3’s, and 4’s group together. It is good to direct each group to a particular place in the room.

- Give each group a piece of flipchart paper and a different colour pen. This part of the exercise can be allocated ten minutes. Ask each group to assign a person to write and one pen colour and write the scenarios below as given in slide 10.
    - Group 1: Woman in a new relationship with a partner who injects drugs.
    - Group 2: A young person living at home.
    - Group 3: An unhoused person in a heavily policed environment.
    - Group 4: A person who has been smoking/snorting heroin for some time and needs to manage their drug use in the workplace.
- Ask each group to work together for 10 minutes brainstorming reasons for why the person in the scenario allocated to their group started to inject drugs. If the group can see different options or alternatives then then they can list them all as bullet points.
- After 10 minutes of group discussion, the Trainer asks each group to pass their flipchart clockwise.
    - Groups pass their flipchart to the next group clockwise.
    - Each new group reviews the content, adding:
        - [✓] for points they strongly agree with.
        - [?] for unclear points.
        - Additional insights can be written at the bottom.
    - Rotate 4 times until the original groups get their flipchart back, then review comments together.
- End by placing all flipcharts at the front for open discussion and reflection.
- Invite participants to check through any questions with each other. Highlight and reinforce points that received strong endorsement from multiple groups.

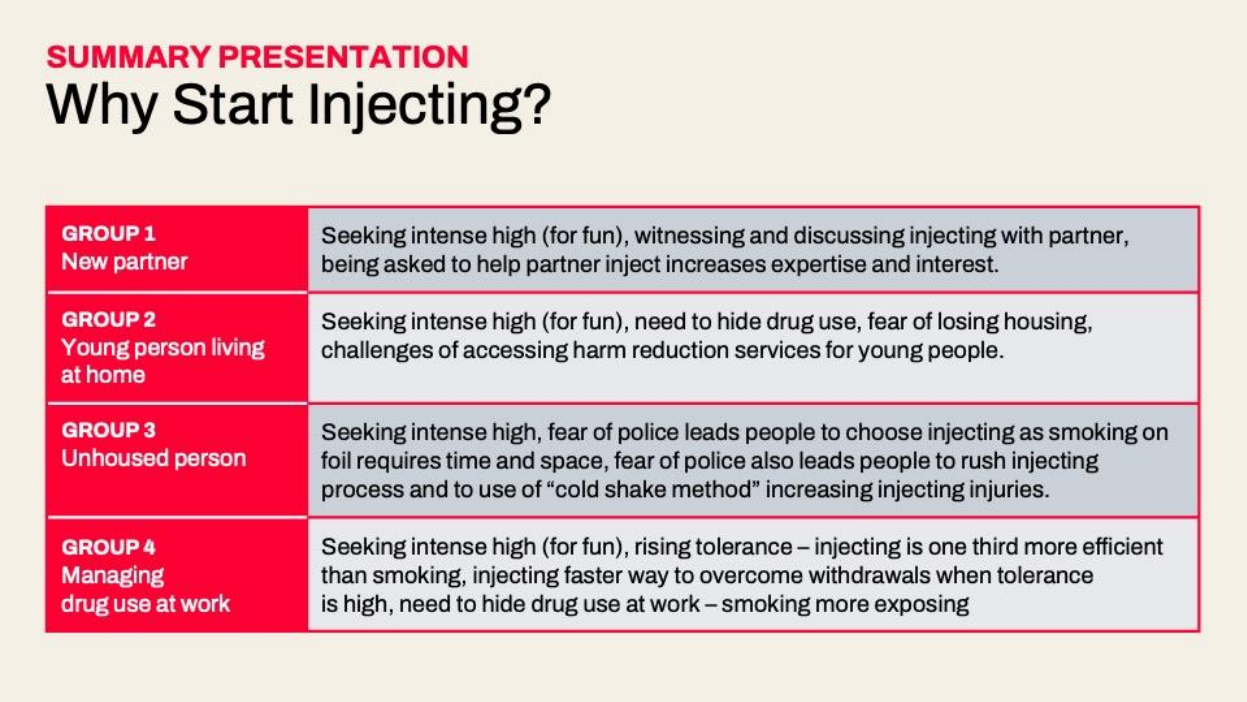
Tips for Engagement:

- Address stigma proactively by assisting participants reframe assumptions (e.g., drug use as bonding vs. coercion) and exploring alternative narratives.
- Encourage diversity of thought of participants by emphasising that there is no "typical" person who injects drugs.
    - Guide conversations around “choice” vs. “need”:
    - Choice: fun, recreation
- Need: dependency, functioning, avoiding withdrawal
- Promote constructive curiosity during the debrief — encourage respectful disagreement and add nuance to discussions. Highlight points that had strong support and draw out discussion in areas where there is confusion and differing views.
- Create a safe space where participants feel comfortable exploring uncomfortable or complex perspectives.

WHY START INJECTING? [Slide 11]

Description:

Slide 11 is a Summary Slide for the exercise. It helps the Trainer reinforce the session learning. It provides a summary of factors linked to the four scenarios. It draws out persona, social, and structural factors like relationships, housing, work environment, and law enforcement.



Key points:

- Group 1 – New Partner: People may begin injecting drugs due to influence from a new partner—often through witnessing, discussing, or being asked to assist in injecting, which builds interest and confidence.
- Group 2 – Young Person Living at Home: Young individuals may inject to seek a more intense high while hiding drug use from family. They often face barriers to accessing youth-friendly harm reduction services and fear losing housing.
- Group 3 – Unhoused Person: For people without stable housing, injecting is often a response to police presence and lack of privacy. Smoking requires more time and space, and rushed injecting increases the risk of injury.
- Group 4 – Managing Drug Use at Work: Those using drugs while employed may choose to inject over smoking due to rising tolerance, efficiency, and the need to hide use. Injecting is quicker and less visible in work settings.

Trainers Tips:

- Review the topics
- Make connections between the summary slide and the work of the small groups to validate their understanding.
- The PWID Trainer can reference personal or peer stories to help deepen participant understanding.

Morning Tea Break – 15 Minutes

Explain arrangements for lunch.

Invite participants to return to the room in time to start again at 11:30 AM or the agreed re-start time.

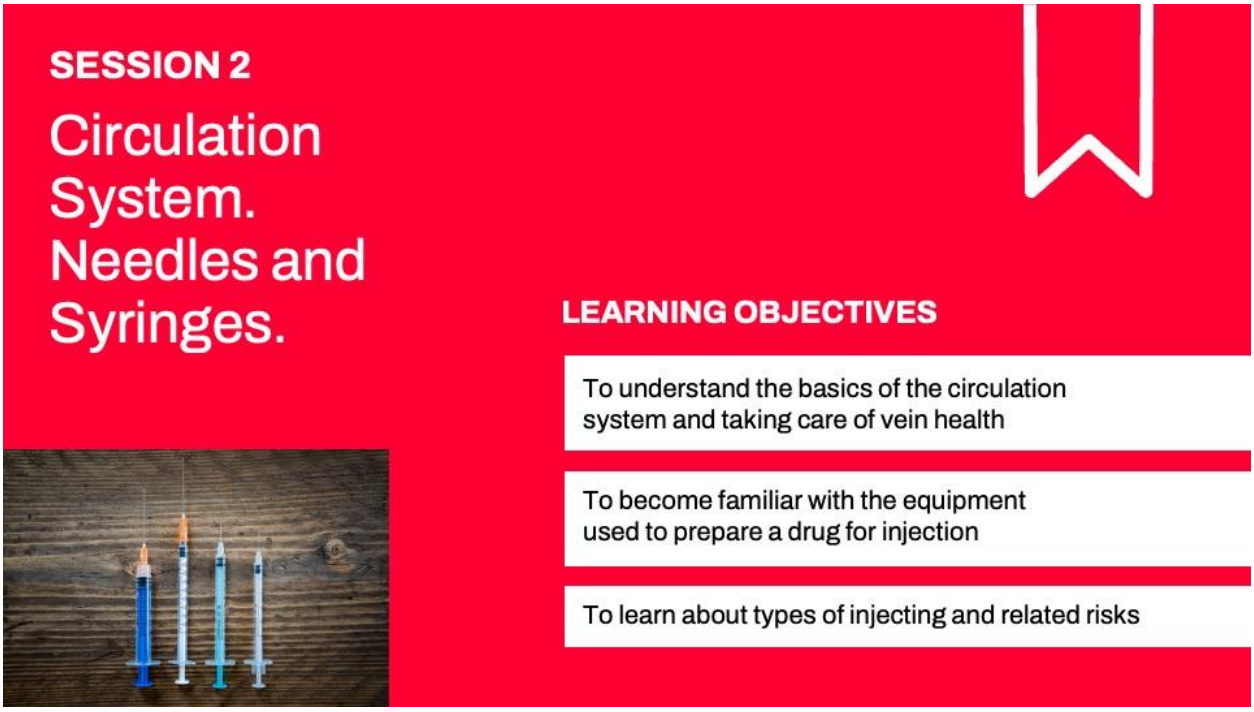
As Trainers model time keeping by being in the training room ready to start ahead of the course re-start time.



SESSION 2: CIRCULATION SYSTEM. NEEDLES AND SYRINGES [Slide 13]

Description:

Slide 13 introduces the second morning session that discusses the circulation system and introduces participants to needles and syringes. The session provides the 3 learning objectives for the session.



Trainers Tips:

- Explain that this session will provide the foundation knowledge about the circulation system, vein health, and needles and syringes used to inject drugs.
- After lunch we will start to look at the process of preparing and administering and injection. The session explores important knowledge that underpins safer injecting.

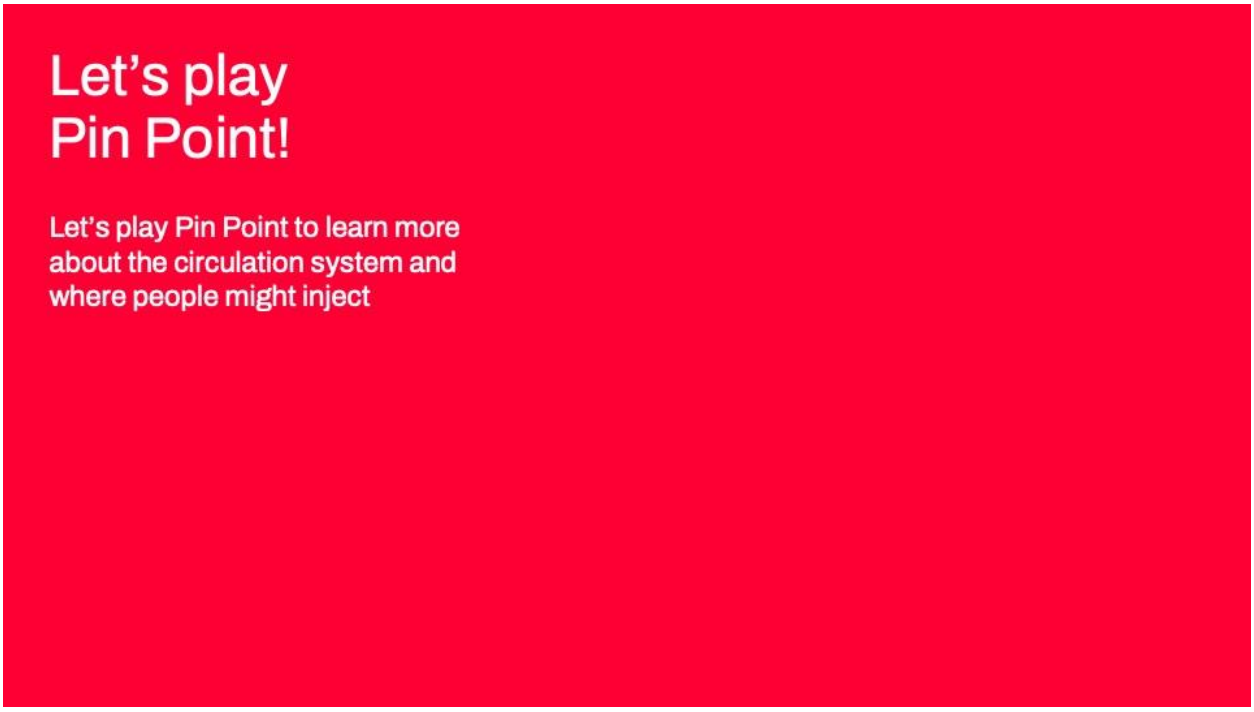
PIN POINT EXERCISE

Description of the Pin Point Exercise (Slides 14 – 16):

The Trainer will invite three participants to come to the front and be the groups representatives. The Trainer will facilitate a plenary discussion that allows the three participant representatives to be guided by the group discussion to stick different colour post-it notes on the Body Outline. The post-it notes will show where PWID can inject drugs intravenously / into the vein. The choice of the different colour post-it notes will allow the group to identify whether the injecting site is low, medium or high risk. The exercise facilitates discussion between participants who can share their different insights and expertise before coming to a group decision about where to stick the relevant coloured post-it note.

The Trainers can reinforce participant knowledge, draw out technical knowledge from doctors and nurses, invite peer testimony from people who inject drugs, and help the group discuss and develop their understanding on IV injecting and the associated risks.

LET'S PLAY PIN POINT [Slide 14]



Description
Slide 15 helps you introduce the Pin Point Exercise. It provides a back drop while the Trainer explains the exercise.

Trainers Tips:

- Invite three people to come to the front of the group as participant representatives.
- Each person will be given a different colour post-it note with pictures of syringes drawn on it.
- The Trainer informs the participants with the post-it notes that they will act on behalf of the group, sticking the post-it note syringes on the body outline based on the guidance of the wider team of participants.
- The aim of the exercise is to identify where on the body people will inject drugs intravenously (into the vein) and whether this is a low, medium or high risk injecting site.
- Each participant representative has one colour of post-it note to indicate different levels of risk:

Use green post-it notes to show low risk

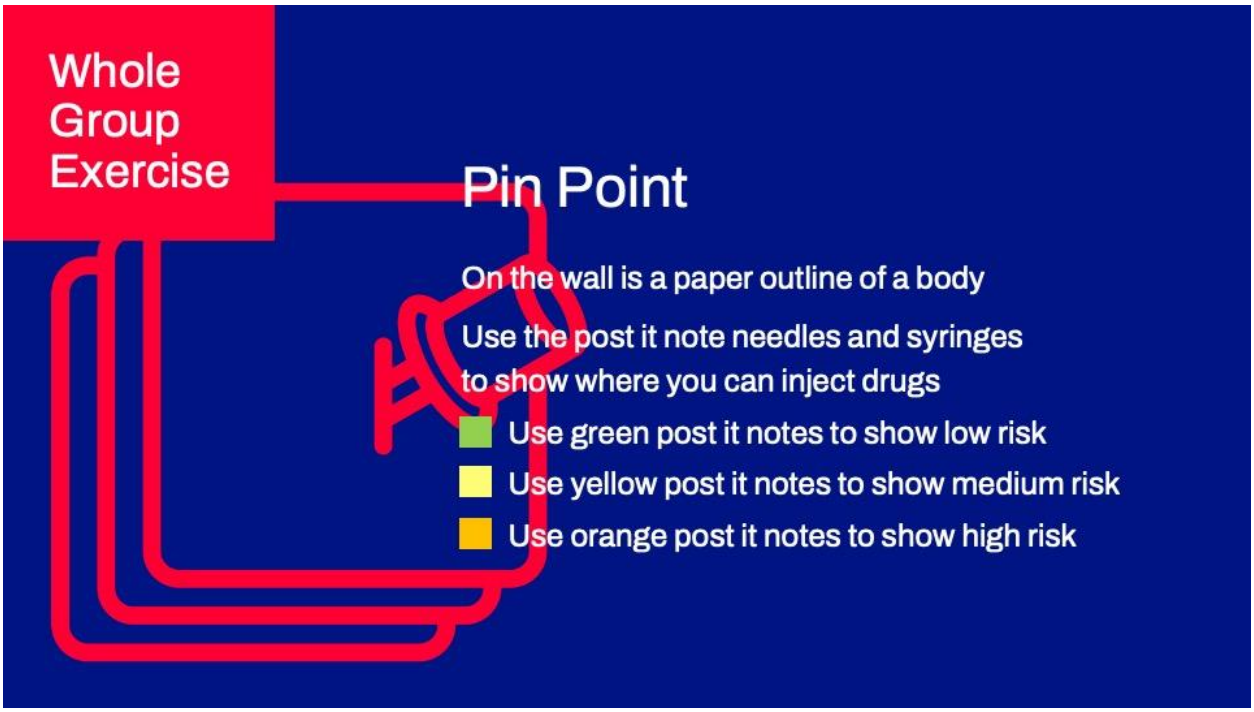
Use yellow post-it notes to show medium risk

Use orange post-it notes to show high risk

WHOLE GROUP EXERCISE: PIN POINT [Slide 15]

Description

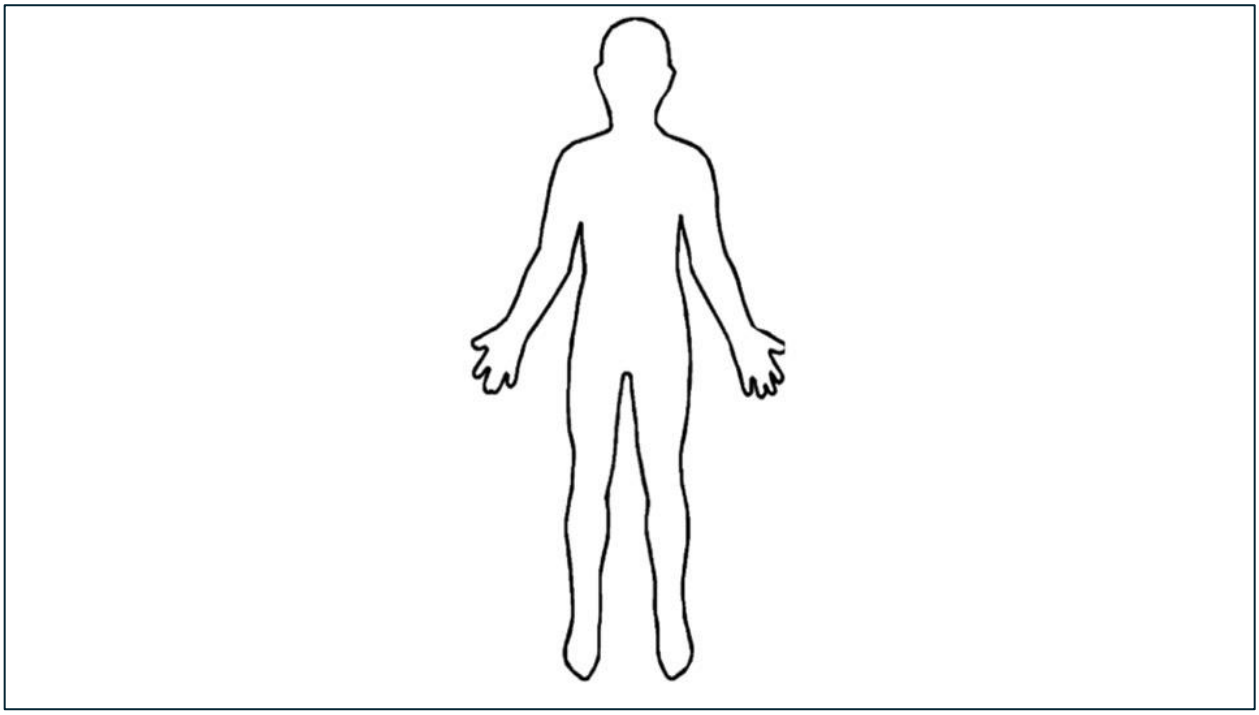
Slide 16 is a supporting slide for delivering the Pin Point Exercise. You have 3 participant representatives each with 5 different colour post-it notes with syringe images. The Trainer will guide participants through this whole group exercise.



Trainers Tips

- Invite the participants to identify where people can intravenously inject – inject into the veins.
- As they identify different places to inject, ask the group if this is a low, medium or high-risk injecting site.
- Ask participants to explain why they think a particular injecting site is high medium or low risk. Help reinforce points or guide learning as needed. You can draw on the technical expertise of doctors or nurses and invite PWID to share their lived or living experience.
- You can highlight that high-risk injecting sites in the neck and groin are close to the femoral artery. They are also deeper and more significant veins.
- PWID may select high risk veins from necessity when lower risks veins have collapsed or from fear of exposure from using veins that will be more visible to law enforcement, the clients of sex workers, partners, employers etc.
- If participants raise intramuscular (into the muscle) or subcutaneous (under the skin) injection, then reinforce that this exercise is about IV / into the vein injecting. You can also commend them for knowing that there are other types of injecting. You can explain that this will be discussed in the summary presentation after this exercise.
- You can explain that the course will focus on low and medium risk injecting. High risk injecting in the groin and neck carries risks that require dedicated training. This baseline training should cover the most common forms of injecting with specialist injecting training being targeted at those choosing to use high risk injecting sites and those working with them.
- Participants may highlight the need to direct the needle towards the heart when injecting. Good practice dictates that the needle should always be inserted in the direction of the heart. If this is highlighted at this stage then validate their knowledge and encourage the participant representatives to pin the post-it note so the post-it note shows the needle pointing in the direction of the heart. You can explain that this will be explained further in a later presentation.

SET UP PIN POINT [Slide 16]



Description

Slide 14 is an aid for the set up work. It can be projected onto flip chart paper stuck on the wall so the Trainer can draw a body outline. There is also a PDF image that you can use for reference.

Set Up Work:

The Trainer will set up the Pin Point group exercise by creating a Body Outline. This can either needs to be drawn on flipchart paper and taped on the wall or the slide can be projected onto a plain flip chart paper so you can draw round it.

The Trainer will have 3 different colour 'post-it' notes (ideally green, yellow and orange). Draw illustrations of needles and syringes on 5 of each colour post-it note.

- Use green post-it notes to show low risk
- Use yellow post-it notes to show medium risk
- Use orange post-it notes to show high risk

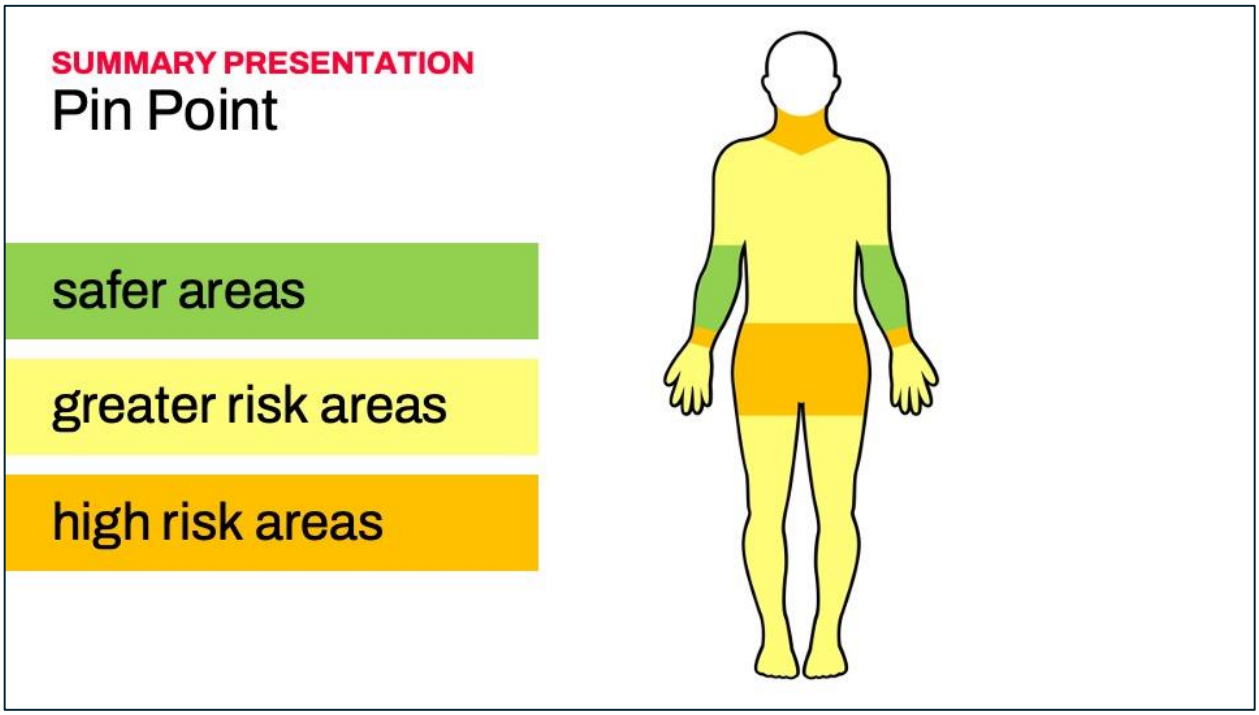


Example – post-it note with needle and syringe image

PIN POINT: Discussion [slide 17]

Description:

Slide 17 is the Summary Presentation for the Pin Point exercise; it helps the Trainer reinforce and summarise the learning from the Pin Point exercise. The body outline now has the low, medium and high risk areas highlighted. This can be compared with the group's results using the body image and post-it notes. This is a chance to reinforce learning and draw out any remaining questions.



Trainer Tips

Set Up the Visual

- Place the body outline on the wall or board.
- Ensure post-it notes (green, yellow, orange) are available.

Explain the Activity

- We're going to play Pin Point to explore where people might inject, and the risks involved.
- Explain the colour codes.

Invite Participation

- Ask participants to place post-it notes on the body outline based on their knowledge or guesses.
- Encourage thoughtful placement by asking - "Where do you think people might inject? What might make that area safer or riskier?"

Debrief Together

- Review each area, linking to the circulatory system and vein safety.
- Use the reference slide (with the colour-coded body) to compare and discuss the accuracy of placements.

Use Your Body as a Training Tool

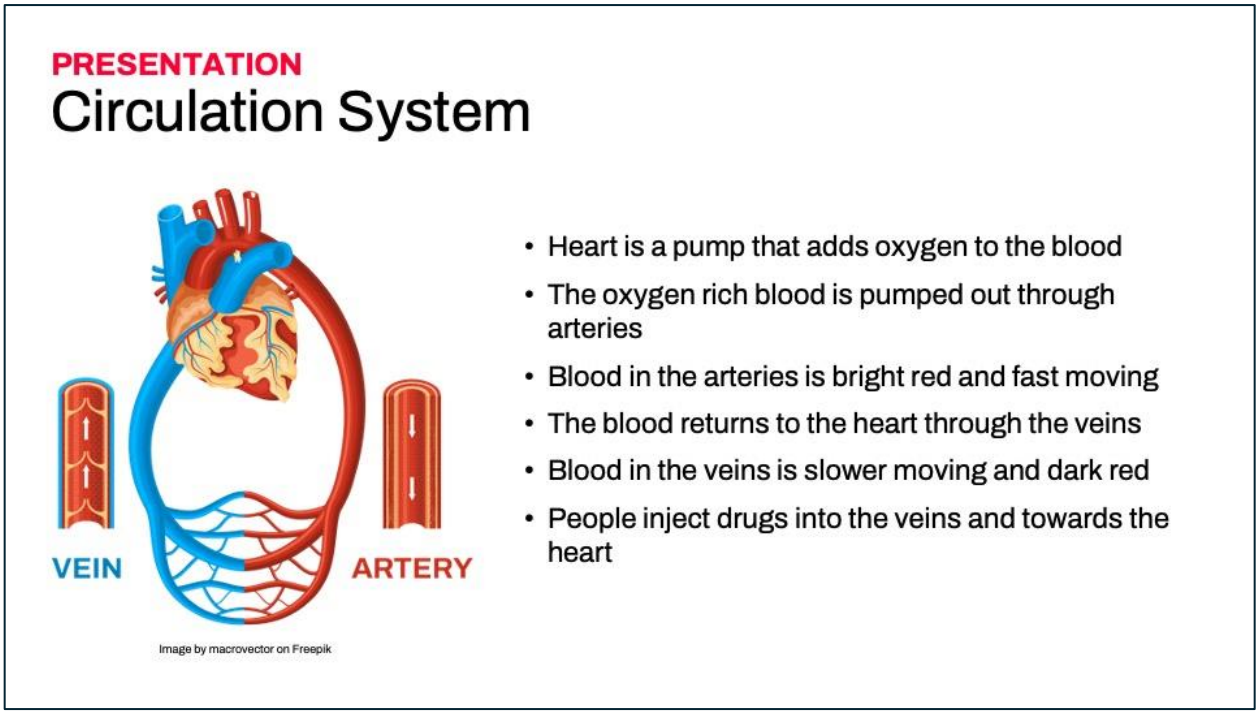
- When demonstrating the different risk areas and the different levels of risk, you can use your body or the body of your co-trainer as a practical way to illustrate injecting sites and associated risks.

GREEN	Low-Risk (Safer areas)	Lower Arm (below elbow) Front of the Arm Inner Arm Inside Elbow (mid-area)
YELLOW	Medium-Risk (Greater-Risk areas)	Legs Upper arms (above elbow) Inside Wrist Torso
ORANGE	High-Risk areas	Neck Groin

CIRCULATION SYSTEM [Slide 18]

Description:

Slide 18 explains how the heart and blood vessels work together to circulate blood throughout the body. It highlights the difference between arteries and veins, showing how blood flows away from and back to the heart. It also explains why people who inject drugs use veins instead of arteries.



Key points:

- The Heart acts as a pump, adding oxygen to the blood and pushing it out through the arteries.
- Arteries carry bright red, oxygen-rich blood quickly from the heart, while Veins return darker, slower-moving blood to the heart.
- The circulation system is designed for a unidirectional (one-way) flow, arteries carry blood away from the heart, and veins carry blood back to the heart.
- People inject drugs into their veins because it carries blood back to the heart where it crosses the blood-brain barrier.

Trainers Tips

Introduce the Circulation System

- Briefly explain how the heart functions as a pump.
- Walk through the pathway of oxygen-rich blood travelling from the heart through arteries and returning through veins.

Use Visual Aids

- Point out the red arteries and blue veins on the diagram.
- Emphasize key differences:
- Arteries = fast-moving, bright red, under pressure.
- Veins = slower-moving, dark red, lower pressure.
- Again use your body or that of your co-trainer to illustrate blood moving away from and back to the heart. You can clench and unclench your fist to show the action of the heart pumping blood at the centre.

Link to Injection Practices

- People inject into veins because the blood is moving slowly back towards the heart. The veins are more accessible and will carry the drugs back with the blood to the heart where it can cross the blood brain barrier and have effect.
- Injecting into arteries can cause serious harm. Blood in arteries is moving at pace – you can give the example of horror or action movies where blood pumps out fast from an arterial bleed. When blood is under this pressure it is very difficult to even attempt to inject.
- If PWID accidentally hit an artery they should immediately withdraw the needle and place their pump of the sites firmly for 5 minutes. Trying to force the drug solution into an artery is both dangerous and would waste the drugs.
- Reinforce: Vein = safer, artery = dangerous.

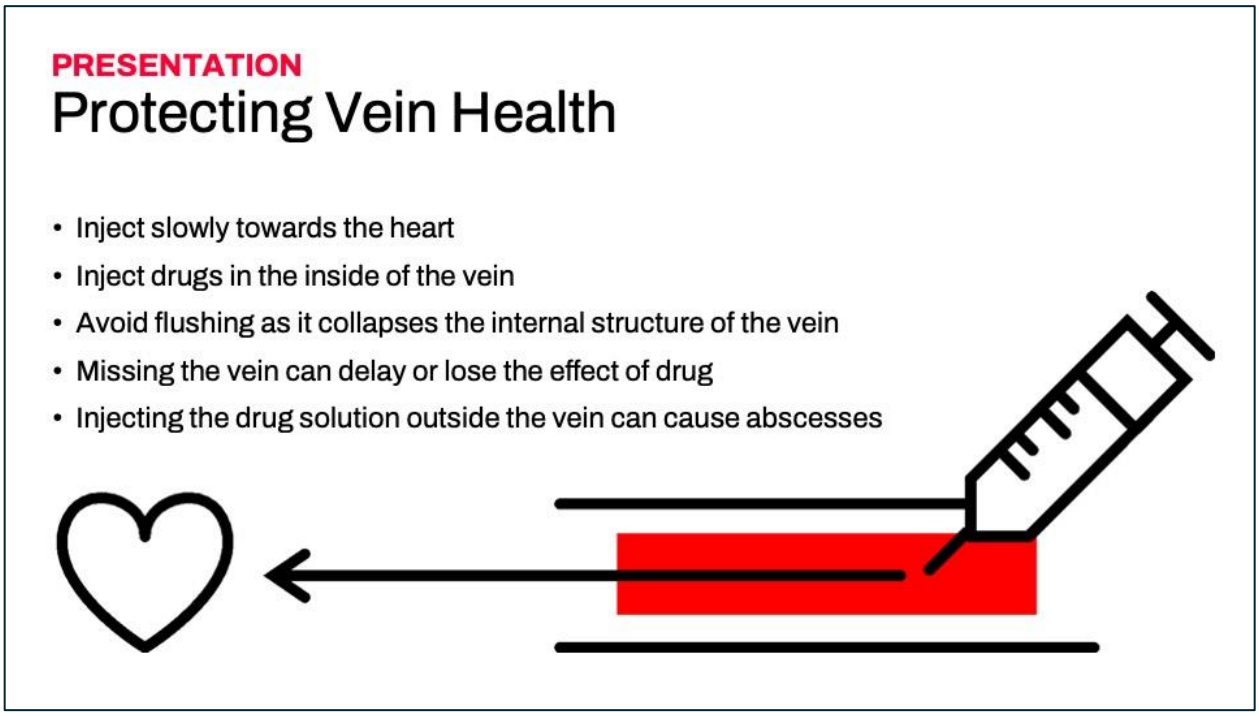
Facilitation questions

- Why do you think people need to know the difference between a vein and an artery?
- What might happen if someone injects into an artery?

PROTECTING VEIN HEALTH [Slide 19]

Description

Slide 19 slide support the ongoing plenary presentation. The slide illustration highlights the importance of injecting 'towards' the heart when injecting into the vein.



Key points:

- Always inject in the direction of the blood flow towards the heart to the drug solution is injected with the flow of the blood. This reduces damage to the internal infrastructure of the vein
- The drug solution should be injected into the vein. Injecting outside the vein will reduce and delay the effect. It also risks causing an abscess as the drug solution can bring infection to an area not supported by the white blood cell based immune system.
- PWID repeatedly flush - pull blood in and out of the syringe – in order not to lose any drugs inside the syringe. Sometimes flushing can be supported by myths that it enhances the drug effect. Flushing can collapse the vein and increase long-term damage to the circulation system. As lower risk veins collapse so PWID move onto to medium and high-risk veins. Protecting vein health with safer injecting strategies is a way to reduce the need to move to more risky injecting sites.

- Missing the vein reduces the drug's effectiveness and can delay its onset. This is because the drug solution will be more slowly absorbed through tissue and muscles. Learning safer injecting helps PWID achieve their desired effect while reducing primary health care risks.
- Injecting outside the vein (into the surrounding tissue) can cause infections and painful abscesses, requiring medical attention. Either injecting above the vein or below the vein (when the PWID pierces the vein through and out the other side) creates an increased risk of soft tissue infection.

Trainer Tips

- Use the diagram on the slide and point out the syringe position and the red vein path. Help participants visualize what "inside the vein" and "towards the heart" means practically. Then go through and elaborate on each bullet point given in the slide:
    - Inject slowly towards the heart: Emphasize that direction matters the most, always inject in the direction of blood flow.
    - Inside of the vein: Highlight that injecting correctly means the drug works faster and reduces potential tissue damage.
    - Avoid flushing: Explain what flushing is (repetitive pushing and pulling of blood into the syringe) which can collapse veins.
    - Missing the vein: Clarify that injecting into surrounding tissue can lead to wasted drug and slower/no effect.
    - Risk of an abscess: Describe what an abscess is and how painful and dangerous it can become.

- Prompt discussion with: "Has anyone heard of or seen what happens when someone misses a vein?" and "What do you think flushing does to the vein?
- Ask participants to share any techniques that they know of and if they have used to protect their veins.
- Normalize safer injecting by reinforcing that protecting vein health is a sign of self-care, which can be an important step towards embracing other positive change.

PWID Trainer Modelling

- The PWID Trainer can help participants understand injecting towards the heart by demonstrating with a capped needle and syringe.
- You can use a capped needle and syringe to show injecting towards the heart and injecting away from the heart.
- First, demonstrate an example of injecting correctly towards the heart before showing a related example of injecting away from the heart. Each time ask the audience if the needle is pointing towards the heart or away from the heart. It is suggested that you show examples for the arm, hand and lower leg.

- The modelling exercise allows the PWID Trainer to demonstrate injecting to and from the heart and to illustrate how PWID can get confused and end up injecting away from the heart.
- Examples are shown with the pairs of pictures below for the arm, hand and lower leg. The pictures are not in the presentation. The picture are shared to help the PWID Trainer model to participants using their body and a needle and syringe (with the cap on for safety).
- With each example, the first picture in each pair shows how to first model injecting practice to participant. First you model correctly injecting towards the heart (first picture in each set). Then you model injecting in the same area but this time you model inserting the needle away from the heart.

Model 1:

Demonstrating injecting in the inner arm towards the heart and injecting in the inner arm away from the heart because the arm is bent.




Model 2:

Demonstrating injecting in the lower leg towards the heart and injecting in the lower leg away from the heart because the leg is bent.




Model 3:

Demonstrating injecting in the hand towards the heart and injecting in the hand away from the heart as the hand is angled to find a fine vein.



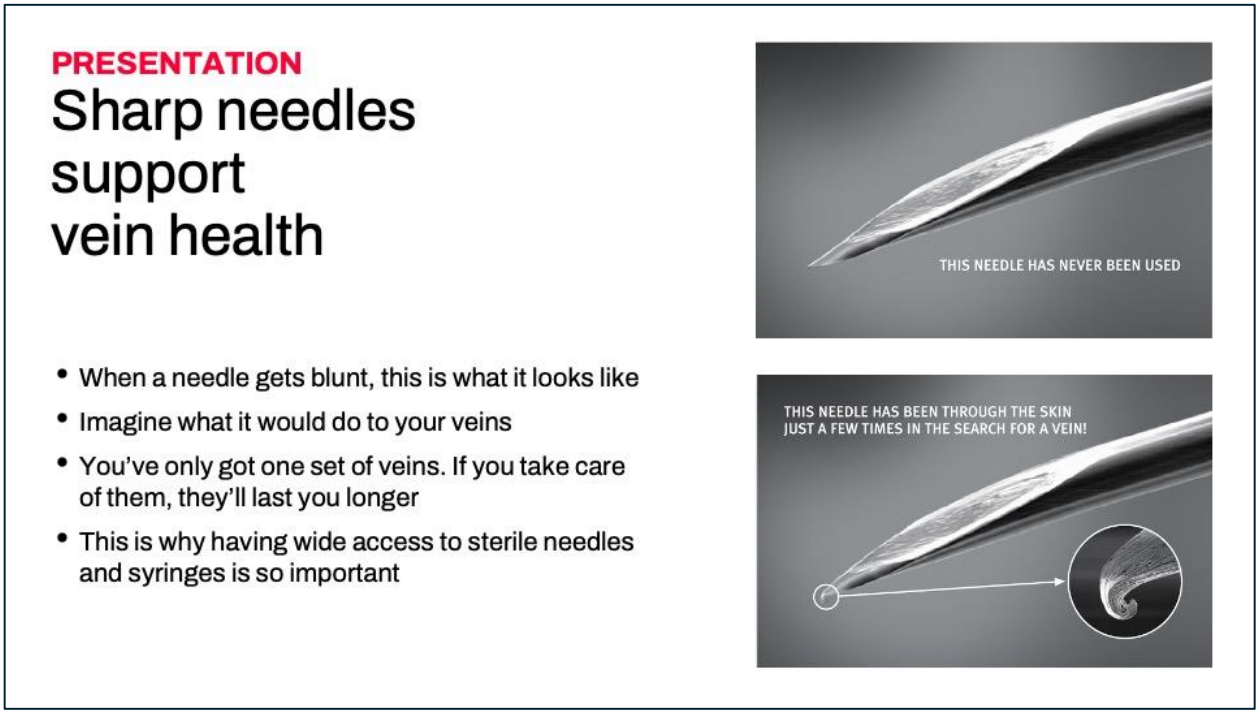
Trainer Tips

- Explain to participants that you are going to demonstrate injecting intravenously – in the vein.
- The task for participants is to identify whether the needle is being inserted towards the heart or not.
- Model the first example showing how PWID correctly inject towards the heart first in the inner arm. As you demonstrate, ask participants “am I injecting towards the heart?”. Ask participants to explain and discuss their answers until they come an agreement that you are injecting towards the heart.
- Now model inserting the needle in the same body part but away from the heart as illustrated in the second picture in the pairs above. Again, ask participants “am I injecting towards the heart?”. Ask participants to explain and discuss their answers until they come an agreement that you are injecting away from the heart.
- Ask participants to reflect on the reasons why PWID might get confused (answers: bending arms or legs, focused on finding small veins, lack of awareness about need to inject towards the heart, etc)
- Ask participants to confirm the negative consequences of injecting away from the heart (answers: collapsing the internal structure of the vein, causing abscesses, increasing scarring etc.)
- Now repeat the modelling and trainer facilitation for the lower leg and finally the hand.

SHARP NEEDLES SUPPORT VEIN HEALTH [Slide 20]

Description:

Slide 20, supports an ongoing interactive presentation now moving from types of injecting to the needles used for injecting. The image taken under a microscope visually compares a new, unused needle with a blunt needle that has been used a few times. It shows how quickly needle tips degrade and the damage that re-using needles can cause to veins.



Key points:

- Used needles become dull (blunt) quickly and can tear or damage the veins, increasing the risk of injury, bruising, and infection.
- Every person who injects drugs has only one set of veins. Therefore taking care of veins by using sharp, sterile needles helps preserve them for longer-term use.
- The comparison images clearly show the wear and tear on a needle after just a few users, reinforcing the need for single-use practices.
- Maintaining vein health through proper injecting tools is far easier than dealing with collapsed or scarred veins later.

Trainer's Tips

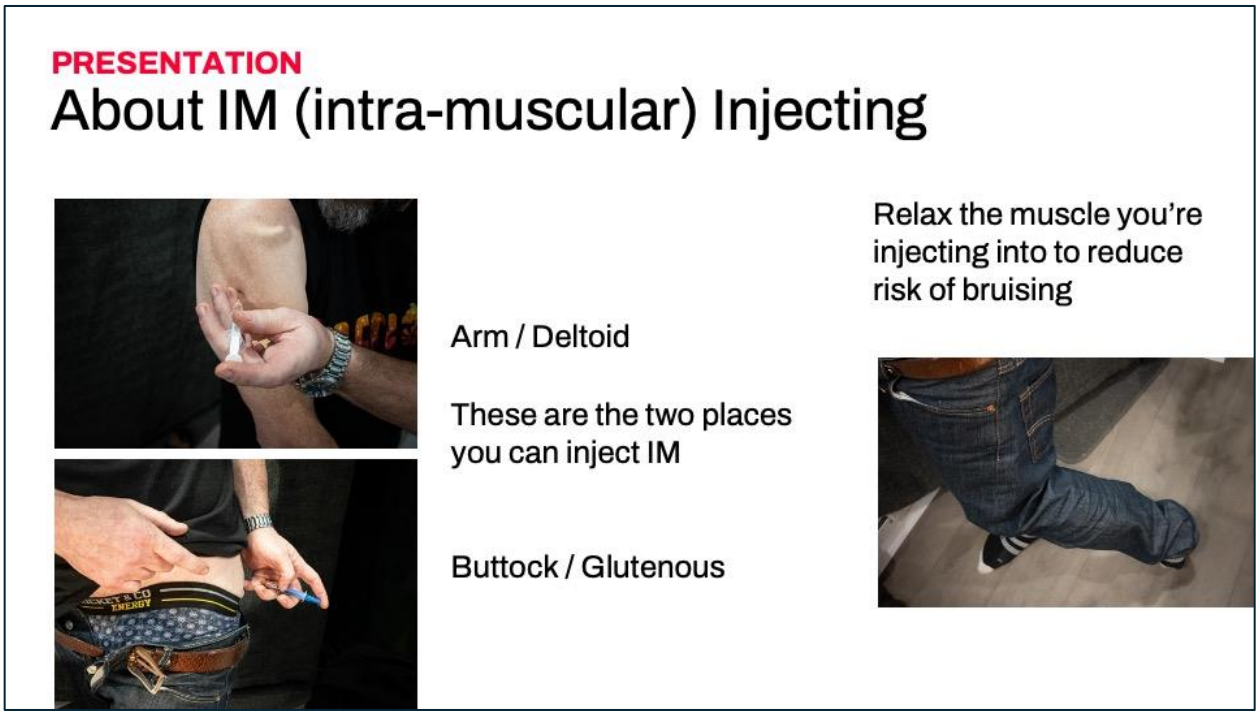
- Highlight the key message that a blunt needle causes more damage to veins than a sharp one, as shown in the image.
- Spotlight the images of the sharp needles and explain how sharp needle slides through the skin smoothly and exit causes less damage to heal.
- Blunt and barbed cause more vein damage and scarring. Explain how blunt needles need to be forced through the skin, maximizing damage and leading in time to vein collapse. Invite PWID participants to share their experiences of using blunt or barbed needles. PWID can talk about their own experience or what they see around them in the community of people who inject drugs.
- Invite community members to share experiences about injecting with blunt needles or how reusing needles can damage veins.
- Explain how in areas with limited access to sterile needles, PWID can re-use needles and syringes 20 times or more and these used syringes can still be sold on for further re-use and sharing. This increases the risk of injury and infection.

ABOUT IM (INTRAMUSCULAR) INJECTING [Slide 21]

Description:

Slide 21 supports a practical presentation of the process of intramuscular injection – injecting into a large muscle. Two common IM injection sites: i) the deltoid (arm) and the gluteus maximus (buttock) are shown on the left pair of images.

The importance of muscle relaxation and injecting slowly to reduce the risk of bruising is illustrated in the picture on the right. If you IM inject too fast you end up with a bruise which can be sore.



Key points:

- The two most common muscles used for IM injection are the upper arm (deltoid) and the buttock (gluteus maximus).
- It is important to relax the muscle before injecting to reduce pain, bruising, and risk of muscle damage.
- Drugs injected into the muscle are absorbed slower than those injected into veins, reducing the risk of overdose and reducing the intense onset associated with IV injection.
- Other PWID may choose IM because they want to have a less intense experience than IV injecting.

- With ketamine the slower onset of IM injection is preferred by people who inject ketamine as IV injection results in being out of it and having little memory of the experience.
- Others may use IM injecting as a back up option when they cannot find a vein. If it takes someone over half an hour to find their vein, they may settle for the lesser effect of IM so they more quickly relieve withdrawal symptoms.
- Muscles do not benefit from the active protection of the white blood cells a key part of the immune system operating in the blood stream. If infection gets into the muscle then this can result in abscesses and soft tissue damage.
- This highlights the importance of sterile injecting practices – hand washing, new kit for every hit, sterilise and filter drugs, swab injection site with alcohol wipe, etc
- The needle selection needs to be long and firm enough to penetrate the skin and insert the drug into the muscle. Normally this requires a 1" / 25mm long needle to reach the buttock. Someone with more body fat may need a longer needle to reach through the body fat and into the muscle (1.25 or 1.5" needle). Usually a 25 gauge needle is firm enough.
- Taking pressure of muscles (e.g. bending your leg slightly when injecting into the buttock or relaxing by shaking out your arm) reduces muscle tension. If you inject with a tense muscle this is likely to result in bruising which is sore.
- Inject the liquid as slowly as possible into your muscle. Injecting too fast can cause internal bruising to the muscle which can be sore.
- Rotate injection sites if to avoid injecting into an already tender area. Give the injection site time to heal.

Trainers Tips

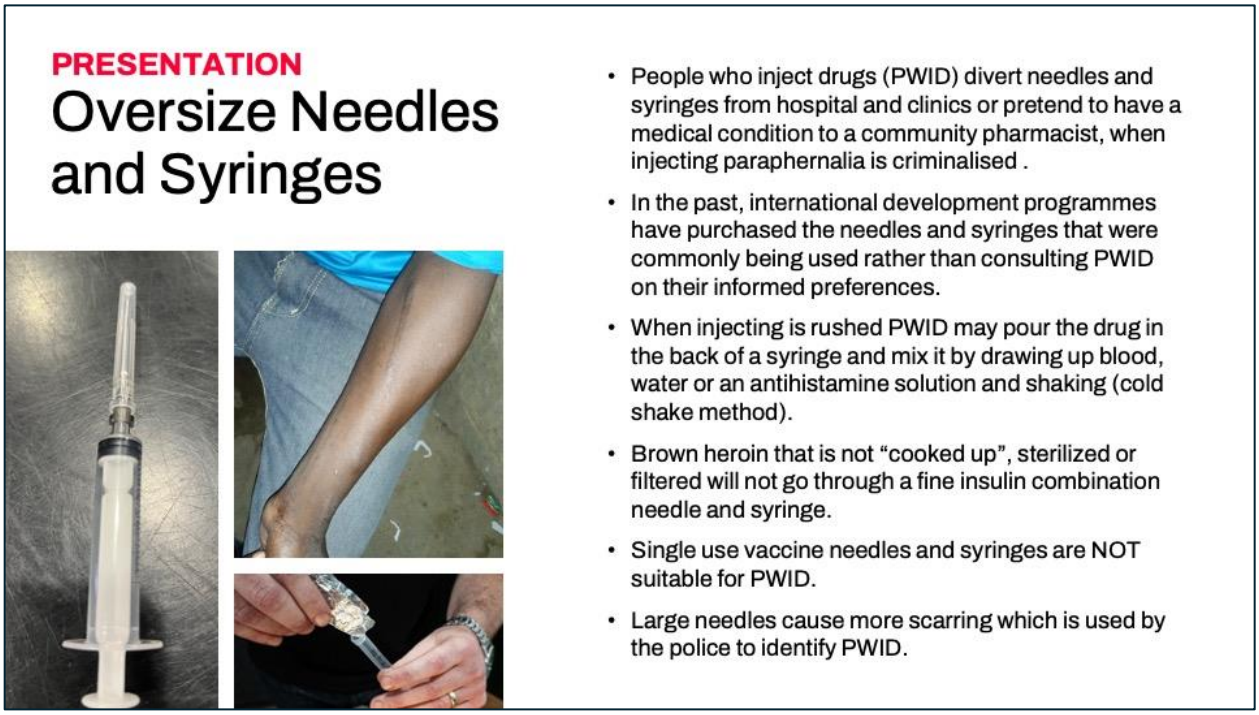
- Explain the difference between IM injection and how it is different from an IV injection. IM goes into the muscle, and IV into the vein. IM provides for a slower onset.
- Ask participants to explain why PWID might choose IM over IV injecting some or all the time. PWID participants can share their own experiences or describe the choices of people from their peer group or clients of their NSP. Of course, no names
- Use the images to point out the deltoid (upper arm) and gluteus (buttock) muscles. Mention the importance of choosing the right location for absorption and safety.
- Highlight the importance of relaxing the muscle. Explain how tensing the muscle can lead to pain or bruising. Show the difference between tensing the arm or buttock muscle and strategies for relaxing the muscle. Do a role-play by demonstrating the correct body posture (e.g., standing on one leg to relax the gluteus muscle) or have a participant show how they might inject (using a dummy syringe or pen).
- Ask participants if they know the risk of infection getting into the muscle? Reinforce hygiene and safety throughout and highlight particular risk.

You can use an orange to simulate the experience of IM injection. It helps participants understand how easily sharp needles penetrate the skin.

OVERSIZE NEEDLES AND SYRINGES [Slide 22]

Description:

Slide 22 continues the reality that in many international development settings PWID have been provided with oversized needles and syringes. PWID have not been historically asked about their values and preferences. This is a key focus of the `Unitaid study. It also reflects PWID being offered the injecting equipment that they had accessed through diversion in a criminalised environment. NSP too often provides needles that are far too large and release more blood into the drug preparation environment. Oversize needles and syringes do more damage to veins. This causes scarring and takes longer to heal. This slide highlights how the first step in upgrading NSP in low and middle income countries is to move from oversize to more tailored needles and syringes that match the needs of PWID injecting different drugs in different ways and in different injecting sites.



Key points:

- Large needles leave more visible scars, which can be used by authorities to identify people who inject drugs. It can also cause long-term vein damage.
- International development programmes often provide equipment based on what needles and syringes PWID were able to access in a criminalised setting.

- The Unitaid study is introducing new methods and learning for consulting people who inject drugs on which equipment best meets their needs given their drugs of choice, local production practices, and people type of injecting method and their injecting site.
- In contexts where procurement systems are still learning about harm reduction and NSP, needles and syringes have been purchased which are not suitable for PWID.
- One-shot vaccine syringes designed to lock after one administration are not suitable for PWID. PWID need to be able to draw back the plunger to get a “show of blood” so they know that they are inside the vein. This is not possible with single shot vaccine syringes.
- One barrier to the introduction of LDDS/N is a practice called the “cold shake method”. It was first documented in Afghanistan in 2015 during the community consultation and has been found across South Asia and other settings that have brown heroin and high levels of criminalisation. The ‘cold shake’ involves pouring brown heroin into the back of 2 – 5ML syringe. Water is drawn up into the syringe and shaken. The brown heroin is a smokable form of heroin. If it is injected without first heating it with an acidifier, boiling it, and filtering it, the resulting drug solution is highly contamination, unsterile, and has particles in it. As a result it is associated with severe injecting related injuries. Preparing brown heroin by the cold shake method maximises risk and makes it difficult to move away from oversize needles. A minimum of a blue 23G gauge needle is needed otherwise the solution blocks the needle. In Afghanistan sometimes an antihistamine liquid ampoule is used instead of water presumably to reduce itching.

Trainers Tips

- It is important to explain the context and challenges that people who use drugs (PWID) face due to criminalisation and lack of access push people who inject drugs (PWID) to obtain inappropriate equipment (e.g., hospital/clinic needles or vaccine syringes).
- Stress on the images of large syringes and scarring, explaining how large needles increase visible scarring—often leading to heavy policing and stigma.
- Emphasize that programs must **consult with PWID** to understand their actual needs instead of assuming what equipment works best.
- Ask Reflective Questions – Why might people who inject drugs end up using over size needles and syringes? What are the barriers to accessing enough sterile and suitable needles and syringes?
- Encourage community members to share stories about the effects of using oversized syringes.
- Keep it conversational and practical and acknowledge the realities and constraints PWID face and validate their experiences and knowledge.

SMALL GROUP EXERCISE: HANDWASHING [Slide 23]

Description:

Practical activity that teaches people about the importance, practical process and challenges of washing hands before preparing and administering a drug by injection. Representatives of the participants will be invited to take part in a handwashing exercise using the 'Glitterbug Potion" that simulates the presence of bacteria and viruses on hands. Participants use different hand-cleaning methods to observe the effectiveness of each technique before preparing to inject. This exercise both teams optimum hand washing strategies while also introducing the concept of "do the best you can given your circumstances".



Key points

- This exercise reinforces the critical role of hand hygiene in reducing infections and improving health outcomes for people who inject drugs.
- The exercise unfolds over four slides – three groups clean their hands using different methods, the effectiveness of the hand washing is tested using a UV light, before a summary slide confirms learning, and an Australian hand washing campaign is introduced.
- The key message is know the best option and then do the best you can in your circumstances.

Set Up Work

- You need a pot of Glitter Bug Potion or Powder. This is a UV cream or powder that is used to simulate bacteria or viruses in the hand washing exercise.
- You need alcohol wipes, access to cold water, a bar of soap and a cloth towel, and access to hot water, soap in a pump and paper towels.
- You need a UV torch for the review of the hand washing exercise.

Trainers Tips – Step 1

- Explain that cleaning your hands before injecting drugs is an important barrier that prevents viruses and bacteria from getting into the drug solution or injecting site and causing infections.
- Invite 6 participants to represent the group in this exercise. You can choose a man and a woman to work together as a pair.
- Apply a small amount of GlitterBug Potion to each person's hands. Let each person rub it into their hands. Explain that GlitterBug Potion or Powder simulates viruses and bacteria.
- Now give each pair a different hand-cleaning equipment:
    - Alcohol wipes.
    - Cold water, bar of soap, and cloth towel.
    - Warm water, pump of liquid soap, and paper towels.
- Emphasize that in real-world settings, especially in low-resource environments, the ideal method might not be available, so we encourage people to do the best they can, however, this exercise provides a chance to test.
- Invite the pairs to work together to do the best they can with the hand washing equipment provided to their pair. If necessary, they can go to nearby bathrooms or kitchen facilities to wash and dry their hands.

SMALL GROUP EXERCISE: THE BIG REVEAL [Slide 24]

Description

Slide 24 illustrates the second part of the hand hygiene exercise. The three pairs return from their hand washing attempts and the Trainer invites them to the front of the group to review their hand washing progress using the UV torch. The lights are turned off and the Trainer shines the UV light on the participants hands showing where viruses and bacteria can be left on the hands. The 'Glitterbug Potion' which simulates viruses and bacteria by glowing under UV light.



Key Points:

- The UV torch reveals glowing areas where hand washing left behind the 'Glitterbug Potion'.
- Turn off the lights for a dramatic reveal that creates an engaging moment that helps reinforce learning outcomes.
- The UV light shows spots where bacteria or viruses might remain on the hands. You will note that the UV light will show that creases in the fingers or hands, under nails, and under rings are all areas where bacteria and viruses can be left behind.
- It allows participants to visually compare which hand-cleaning method (e.g. alcohol wipes, soap vs. water) was most effective.
- Demonstrates the critical role of proper handwashing in preventing infections before injecting.

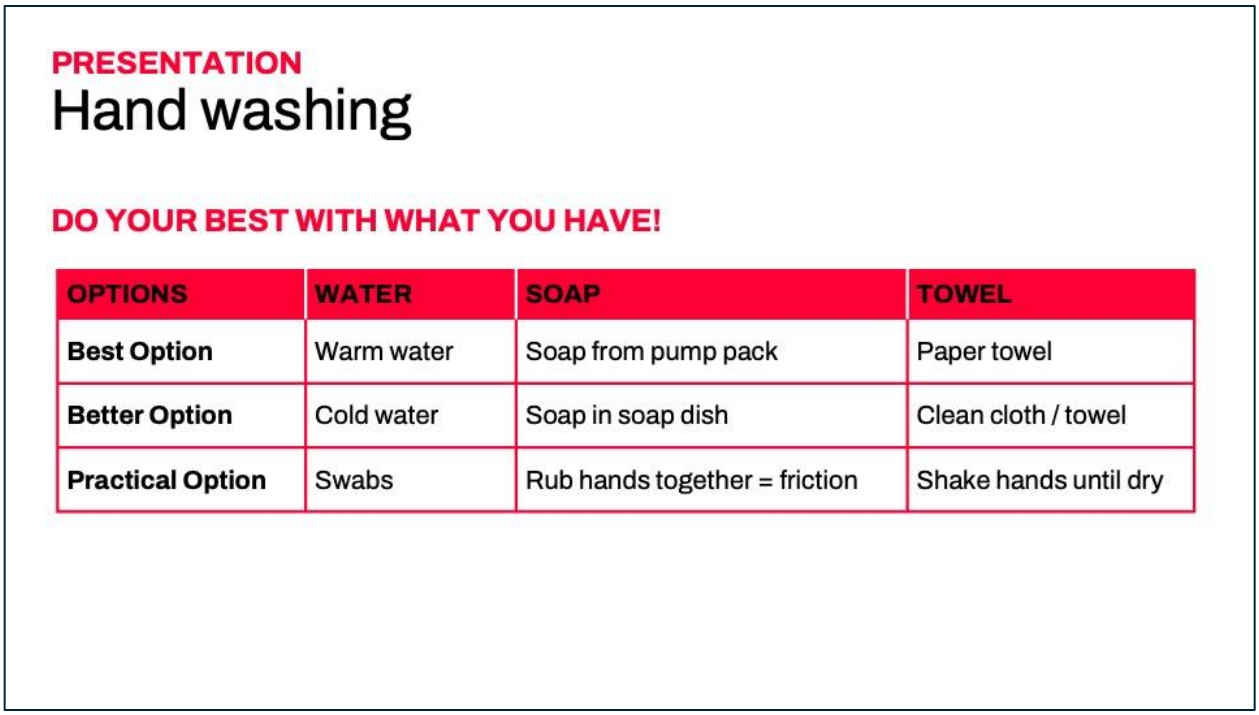
Trainer Tips

- Turn off or dim the main lights to prepare for the UV demonstration.
- Invite the three pairs to come to the front one at a time. Start with the alcohol wipes, then move to the cold water and bar of soap, before concluding with the hot water and liquid soap.
- Shine the UV light on each volunteer's hands to reveal remaining Glitterbug Potion (representing viruses and bacteria).
- Ask: “Which method worked best?” “What surprised you?” Facilitate a quick group discussion.
- Normally each group is more successful. The alcohol wipes provide a practical street option. Some NSPs provide larger hand washing alcohol wipes or anti-bacterial hand gel. These gives PWID more options to practice safer hand washing even in restricted circumstances such as street based drug injection.
- Relate to real-world practice by reinforcing how even invisible viruses and bacteria can remain with poor technique, undermining safer injecting practices.

HAND WASHING – DO YOUR BEST WITH WHAT YOU HAVE [Slide 25]

Description:

Slide 25 is a summary slide that brings together the learning from the exercise. This table outlines the three levels of hand hygiene that were tried during the exercise. The Best; Better; and Practical options for water, soap, and drying methods supports awareness about different hand washing methods while encouraging PWID to do the best they can in their circumstances when they are preparing an injection. This can support planning ahead such as carrying hand washing gel or wipes.



Key points:

- The phrase "*Do your best with what you have!"* reinforces a non-judgemental, empowering tone for safer injecting practices.
- This exercise acknowledges that not everyone has ideal handwashing resources, and encourages PWID to do the best they can with the available resources.
- This exercise helps PWID plan ahead and understand the pragmatic nature of harm reduction.
- It is best not to offer fixed either-or options. Do this or don't do this. The risk is that if PWID can't meet this gold standard they will opt out of any safer injecting options.

Trainers Tips

- Introduce the table given on the slide and explain that not all environments offer ideal conditions, but effective hand hygiene is still possible.
- Walk through the options and briefly explain the "Best," "Better," and "Practical" rows by emphasizing adaptability over perfection.

- Ask participants where they might only have access to the “Practical Option” and how they’d handle it in a real-life scenario.
- Flag the message doing something is better than doing nothing.

HANDWASHING – BEST OPTION [Slide 26]

Description:

Slide 26 supports a presentation about hand washing. This slide provides clear instructions for optimal hand washing, before injecting, using warm water, soap and a paper towel. This is based on and links to the Australian drug user rights network AIVL's campaign. Australia successfully prevented HIV among PWID with comprehensive harm reduction services and they are now pioneers in HCV prevention with PWID. Knowing the best options helps PWID plan ahead so they can do the best they can given their circumstances.



Key points:

- It is important to remove all jewellery (e.g. a watch or bangles) before cleaning hands thoroughly helps eliminate bacteria and viruses, reducing the risk of injecting-related infections.
- Emphasise washing fingertips, between fingers, and creases to ensure that commonly missed areas are cleaned properly.
- A minimum of 10-15 seconds of hand washing is crucial for effective germ removal, especially when visible dirt is present.
- The use of paper towels (instead of shared cloths) prevents re-contamination after washing hands.

Trainers Tips

- Refer to the slide and emphasize this as the *ideal method* when all resources are available.
- Walkthrough the slide step-by-step by reading each bullet aloud while mimicking or demonstrating the steps physically.
- Stress on key hygiene are that are often missed such as fingertips, between fingers, and creases.
- Explain how soap loosens the viruses and bacteria which are then washed away in the running water. Using a clean paper towel reduces the risk of reintroducing viruses and bacteria through a dirty cloth towel.
- Highlight the link in the presentation to the AIVL campaign materials.

DIRTY HITS – CAUSES, EXPERIENCE, PREVENTION [Slide 28]

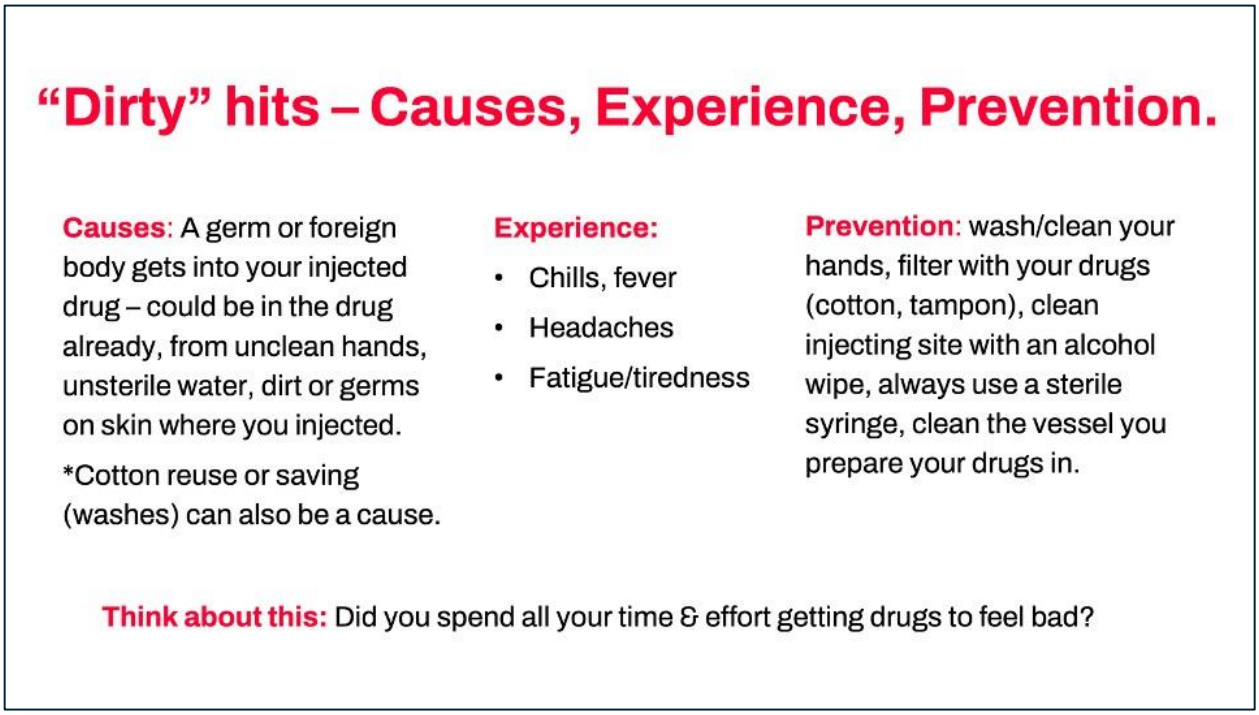
Description:

Slide 28 introduces a peer education strategy with PWID to influence behaviour around hand washing.

The Trainer will explain a 'dirty hit' – a sudden flu-like reaction caused by bacteria entering the blood stream. Instead of the PWID experiencing the expected effects of opioids or stimulants, they instead have an acute unpleasant reaction that often leaves PWID looking for another injection to offset the unpleasant experience.

When talking with PWID about the risks of blood borne virus infections, the risks can seem disconnected and theoretical. Dirty hits immediately tell PWID that they have allowed bacteria into their injection either by not washing their hands, cleaning their injection site, or managing their injecting space. This negative outcome - almost a waste of their injection and often the desire to re-use – is an immediate consequence of not managing hygiene when preparing and administering an injection. This brings an immediate consequence to not spending enough time with hand washing and other safer injecting strategies that keep bacteria out of an injection.

The Trainer will explain the causes, symptoms, and prevention of 'dirty hits', as a strategy to highlight with PWID the importance of hygiene and clean equipment when preparing and using drugs.



Key points:

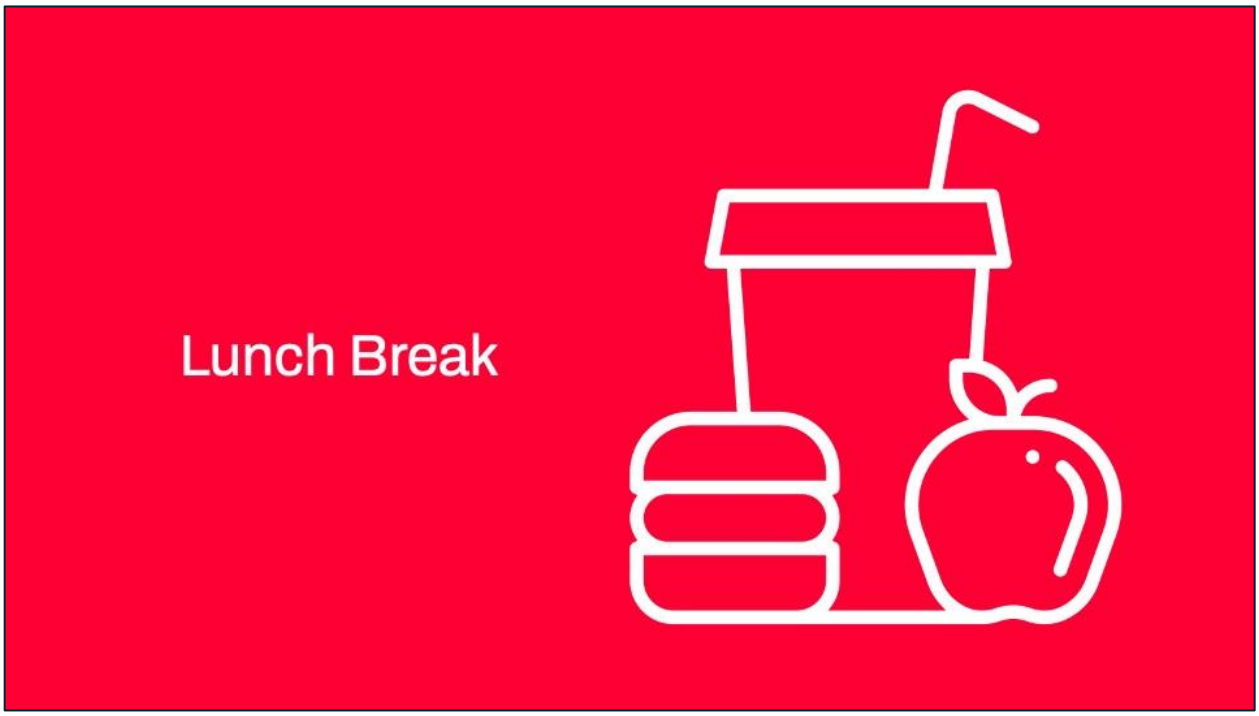
- "Dirty hits" happen when bacteria or contaminants such as pieces of cotton wool from filters enter the bloodstream alongside injected drugs. Common sources include unclean hands, dirty water, cotton caught on barbed re-used needles, or failing to clean injection sites with alcohol swabs.
- Signs of a dirty hit may include chills, fever, headaches, and fatigue, indicating a possible infection or adverse reaction.
- Prevention is possible by washing hands, using alcohol wipes, avoiding reusing needles, and only using sterile equipment and this is a much more immediate reinforcement of this type of safer injecting behaviour.
- The peer education message: *"Did you all spend all your time & effort getting drugs to feel bad?"* encourages PWID to reflect on safer injections to protect their health.

Trainers Tips

- Invite PWID participants to explain what a "dirty hit" is and what is feels like.
- Ask participants to explain the causes of a "dirty hit"
- Invite participants to consider prevention strategies for a "dirty hit"
- Ask participants to think why promoting safer injecting hygiene as a way to prevent dirty hits may have more immediate impact than the risk of preventing blood borne viruses

Slide 28

Description
Holding slide for the lunch break.



Lunch Break – 60 Minutes

Explain arrangements for lunch.

Invite participants to return to the room in time to start again at 2PM or the agreed re-start time.

As Trainers model time keeping by being in the training room ready to start ahead of the course re-start time.

NEEDLES & SYRINGES. PREPARING A DRUG FOR INJECTION. [Slide 29]

Description:

Slide 29 is the cover slide for Session 3. Session 3 focuses needles and syringes and the process of preparing drugs for injection.



Key points:

- The session aims will explain the different types of needles and syringes used by PWID and to explain the development with low dead space syringes and needles being studies in the Unitaid funded project.
- This session will describe and demonstrate the process of

WHOLE GROUP EXERCISE – THE LEG & ARM SHAKER – A WARM-UP EXERCISE [Slide 30)

Description

Slide 30 describes the Leg and Arm Shaker Exercise. It is an ice breaker exercise that can be used as a warm-up or energiser activity when participants are getting sleepy or are in need of movement / engagement. After lunch is a good time to run 'The Leg and Arm Shaker' exercise or you can use it at a moment when the group energy is dropping. It is a fast moving and fund exercise that engages people and gets the moving and breathing together.



Key points:

- This exercise encourages participants to stand up, spread out, and follow physical movements.
- It involves counting aloud while shaking each limb in a specific sequence.
- It will help promote coordination, group participation, and fun though progressive countdown movements.

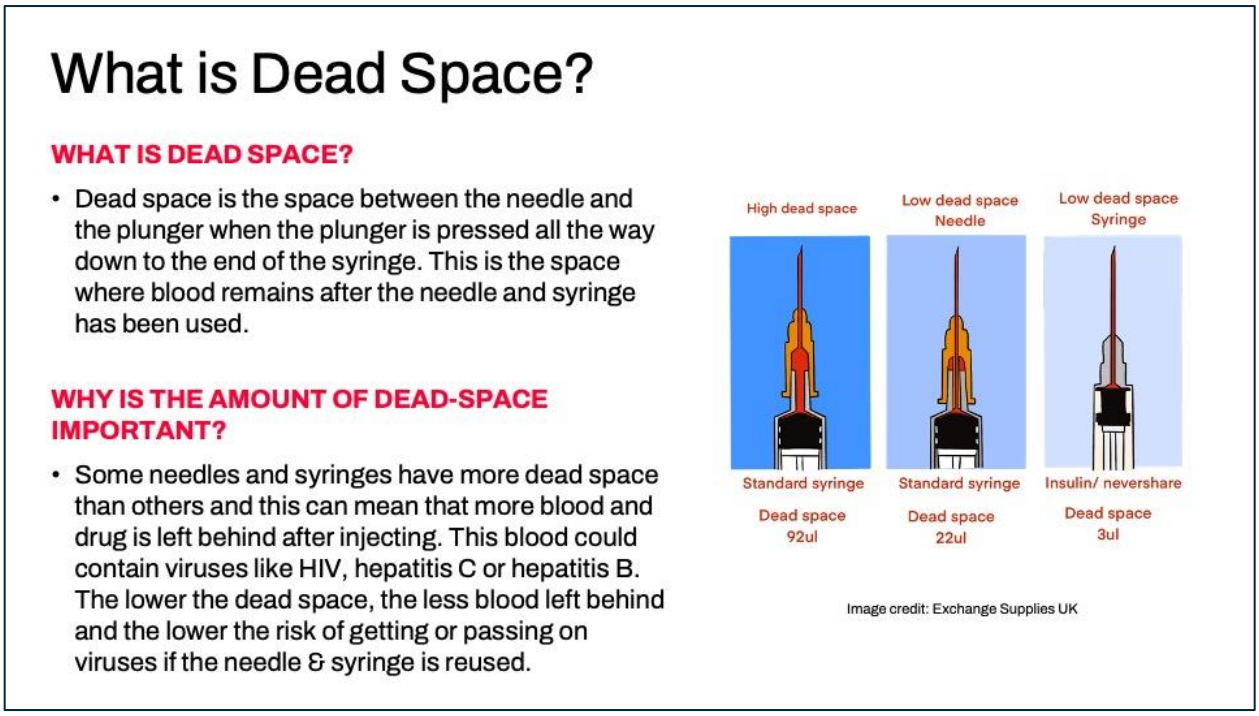
Trainer Tips

- Ask everyone to stand up and find personal space.
- Explain that this is a group countdown movement activity.
- Lead the group through the shakes step-by-step, modelling each movement.
- Start by demonstrating the first move which is first to shake your right hand 5 times in succession. Then shake you left hand 5 times in succession. Then you shake your right foot 5 times in succession. Then you shake you left foot 5 times in succession. Then you explain that you move to repeat this sequence – with 4 x right hand, 4 x left hand, 4 x right foot, and 4 times left foot. The Trainer explains and illustrates how the group will count down together. Demonstrate in front of the group.
- Now invite participants to practice one cycle of 5 x shakes of right hand, left hand, right foot, left foot.
- Once the group has understood the task, stand at the front and ask the participants to follow you while you count down from 5 to 4, 3, 2, 1 with first each hand and then each foot.
- Keep the group moving through the exercise while maintaining a fun and an upbeat tone.
- If the group struggled or got confused the first time, then give them a second chance.
- If the group thinks they could do it better and faster and second time, then give them a second chance.
- This is all good for group energy and bringing movement and momentum to participants.
- Remind participants that the goal is movement and fun, not perfection.

WHAT IS DEAD SPACE? [Slide 31]

Description:

Slide 31 supports a presentation about the concept of 'dead space' in syringes. This is the small volume between the tip of the needle and the base of the plunger once it is fully compressed. The slide compares the amount of dead space in different types of high and low dead-space syringe designs. The slide explains the case for using low dead space syringes and needles with lower dead space significantly which reduces any bloody drug solution that can contain viruses.



Key points:

- Dead space is the residual area in a syringe where blood and drug solution can remain after injection, once the plunger is fully depressed.
- Different syringe types have different dead space volumes
- Standard high dead syringes with a slip lock detachable needle have a higher space which is up to 92 ul (example on left).
- Low dead space syringes (example on right) with a fixed needle and solid plastic connector (like insulin or never-share syringes) retains as little as 3ul.
- Low dead space needles operate with traditional high dead space syringes with part of the plastic connector reducing the dead space to 22ul or less.
- Syringes with high dead space can retain more blood, increasing the risk of transmitting blood-borne infections like HIV and viral Hepatitis B & C if reused.

Trainers Tips

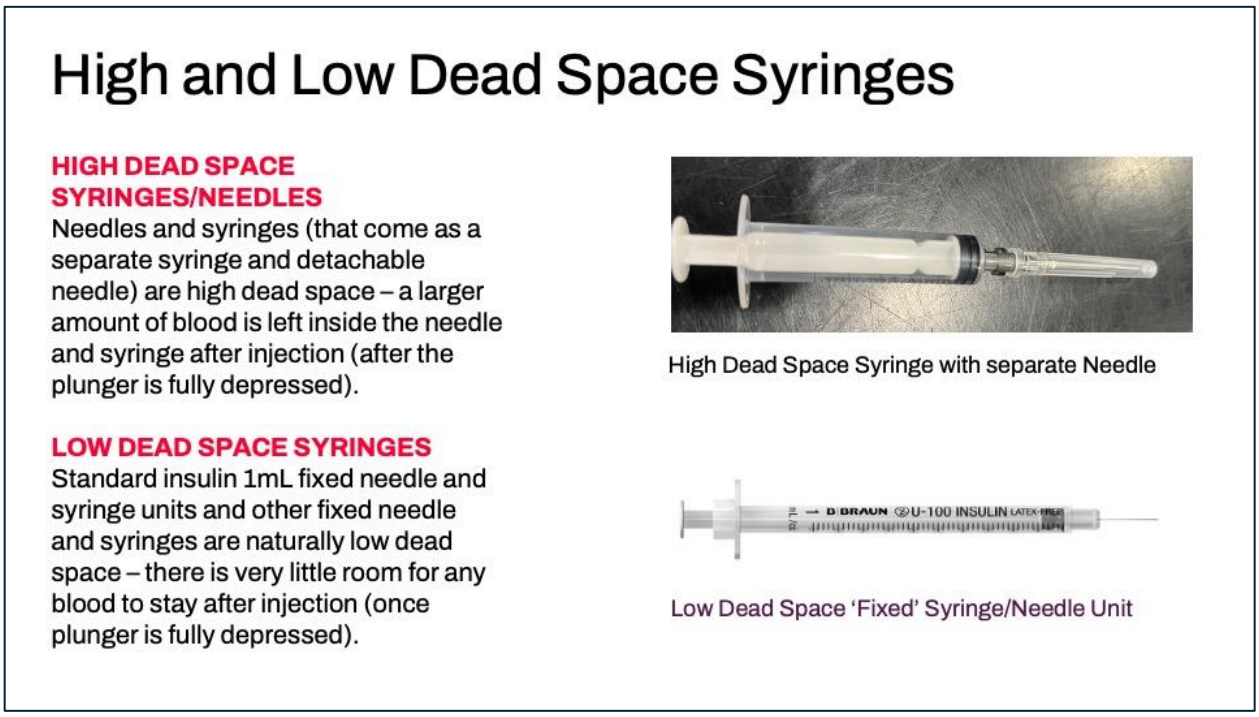
- Begin with example of a traditional high dead space syringe – show on the picture.
- You can also have examples of a 2 – 5ML syringe with slip lock high dead space needle connection. You can draw up coffee or coloured liquid into this needle and syringe. Then expel all the liquid and you will be able to see the coffee or liquid residue inside the slip lock connection.
- Then switch to the example of the LDSS as the lowest dead space option.
- Then return to the example of LDSN in the middle picture.
- You can have a sample of an LDSS / 1ML fixed needle and a 2ML and LDSN and repeat the coffee / coloured liquid exercise to show the dead space.
- Have a safe disposal bin to safely dispose of needles and syringes used during the training course.

HIGH and LOW DEAD SPACE SYRINGES [Slide 32]

Description:

Slide 32 supports a further presentation about high dead space and low dead space syringe. The Trainer highlights how the design and construction of syringes, particularly whether the needle is detachable or fixed, affects the amount of blood and fluid left behind after injection once the plunger is fully compressed. Other types of low dead space equipment will be introduced in the following slides.

Visual examples of both the syringes are provided for clarity of participants. This reinforces your explanation with the diagram in Slide 33.



Key points:

- Syringes with detachable needles, such as standard 3-5 mL syringes, tend to have a higher volume of residual blood and drug due to the gap between the needle hub and syringe barrel even after the plunger is fully compressed. This can be 90uL of liquid. Encourage participants to notice the difference between the different uL with different types of needle and syringe.
- This means there is more bloody drug residue left behind. This means HIV and HCV is more likely to survive inside the needle and syringe for longer.
- Fixed needle syringes, like 1 mL insulin syringes, significantly reduce residual volume because the needle is fixed into the syringe barrel, minimizing the dead space once the plunger is fully compressed. This can be as little as 3uL.
- Low dead space syringes reduce the risk of transmitting bloodborne viruses when syringes are reused or shared, due to minimal blood left behind.

Trainers Tips

- The presentation is straight forward. Draw out comparison between the different types.
- This topic rolls across with two more examples in slide 32 and another example on slide 33.
- You can have examples of the different types of needles and syringes for participants to look at. In some cases, participants will be encouraged to take away samples to reinforce learning. In formal study settings, participants may only be able to give out samples of needles and syringes during the formal study. You can give out and recover samples or show round samples in this type of restricted study conditions.

OTHER TYPES OF NEEDLES & SYRINGES [Slide 31]

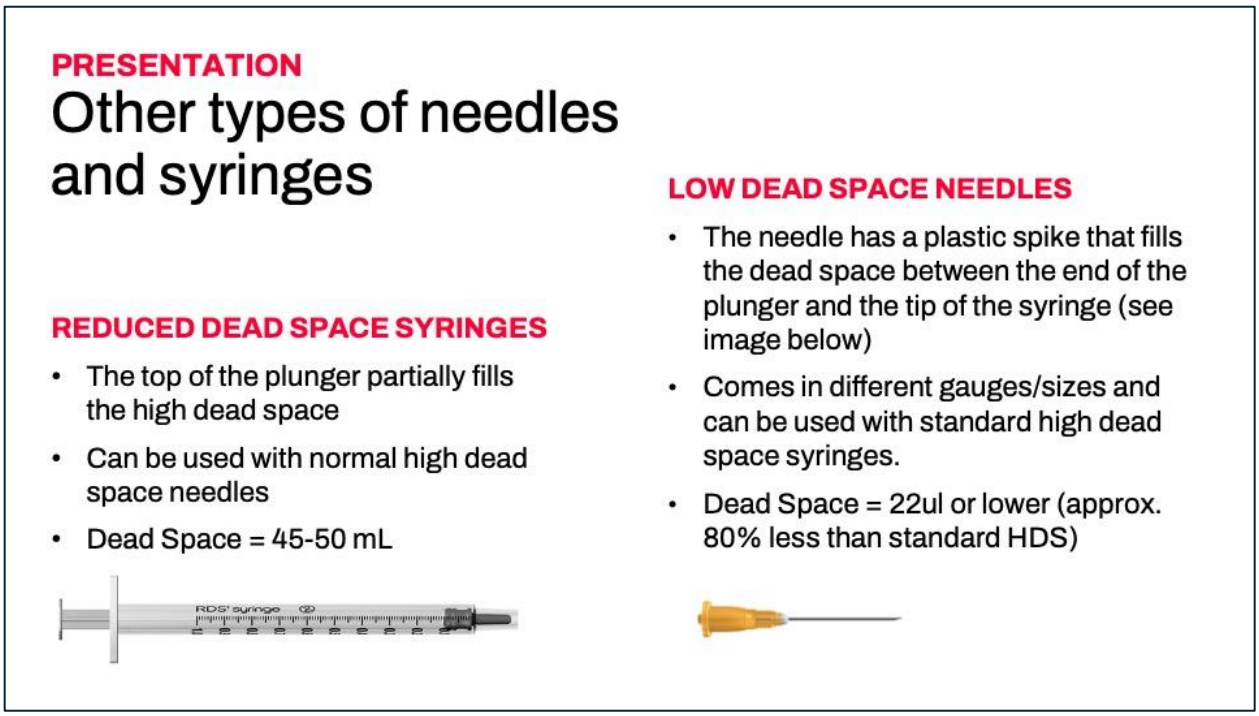
Description:

Slide 31 continues the presentation about types of needles and syringes. The Trainer explains two further types of syringe and needle:

i) Reduced Dead Space Syringes – this technology uses and extended piece of the plunger to fill the dead space. However, it only reduces the dead space by about 50%. It is a stepping stone to another form of LDSS/N which is shown on the next slide.

ii) Low Dead Space Needles were developed by Exchange Supplies. There is a plastic extension to the needle that fills The Exchange Supplies product is called Total Dose. Exchange Supplies is a UK-based social enterprise. Exchange Supplies decided not to patent the Total Dose technology given the public health benefits to sharing the technology. Low dead space needles reduce dead space by 80% on a standard high dead space syringe. The advantage of a LDSN is that is can be used with any size high dead space syringe – 1ML, 2ML, 5ML, 10ML or 20ML. This means different volumes of liquid can be injected in different veins .

Importantly both reduced space syringes and low dead space needles cannot be used together. These two types of technology are not compatible with each other.



Key points:

- *Reduced Dead Space Syringes*
    - Feature a plunger that partially fills the dead space.
    - Can be used with standard high-dead-space needles.
    - Have a dead space volume of 45-50 mL.
- *Low Dead Space Needles*
    - Include a plastic spike that fills the dead space between the plunger and syringe tip.
    - Compatible with standard syringes and available in various gauges/sizes.
    - Significantly reduce dead space to 22 uL or less, which is around 80% less than standard high dead space (HDS) needles.
- *Harm Reduction Benefit*
    - RDS are a step towards another type of low dead space syringe discussed on the next slide.
    - Low dead space needles offer flexibility with multiple syringe sizes that can be used with the existing range of 4 low dead space needles.
- *Warning*
    - Reduced dead space syringes and low dead space needles cannot be mixed together.

Trainer Tips


Continue to draw out comparison between the different types of LDSS/N.


This topic rolls continues from slide 30 and 31.

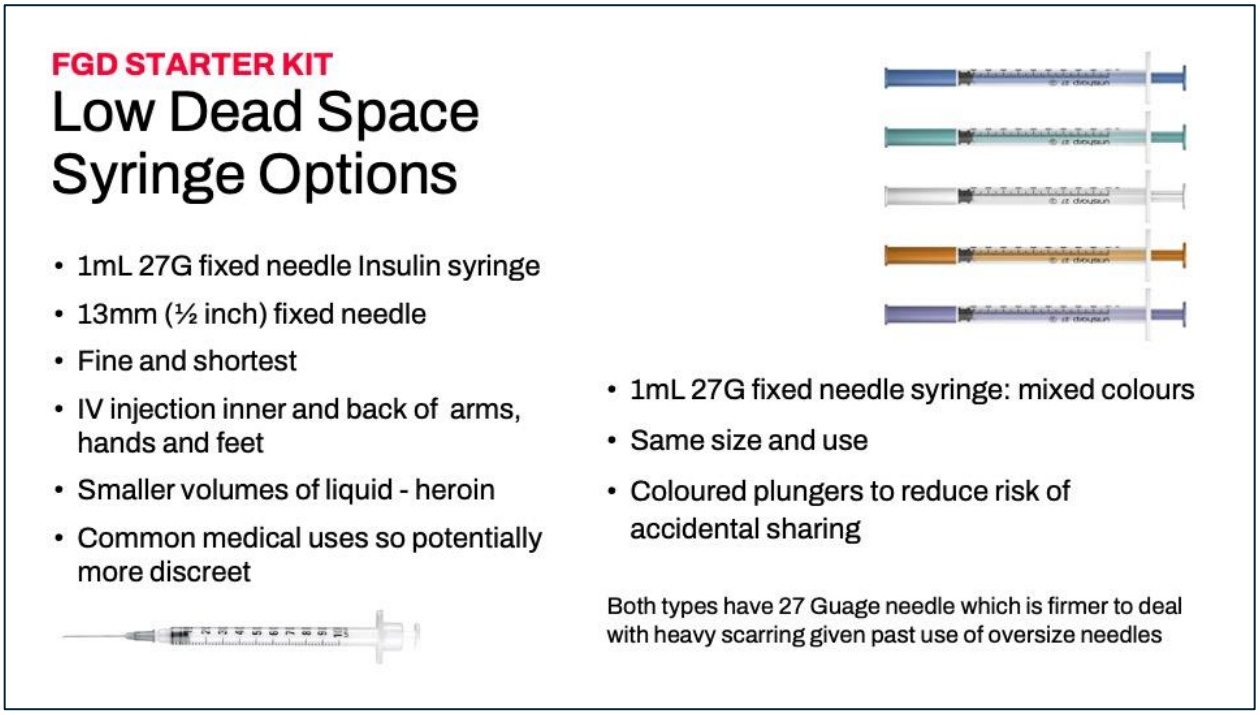

You can have examples of the different types of needles and syringes for participants to look at. In some cases, participants will be encouraged to take away samples to reinforce learning. In formal study settings, participants may only be able to give out samples of needles and syringes during the formal study. You can give out and recover samples or show round samples in this type of restricted study conditions.

LOW DEAD SPACE SYRINGE OPTIONS [Slide 34]

Description:

Slide 34 is the first of a set of 3 slides introducing the range of low dead space needles and syringes being tested as part of the starter kit in the Unitaid low dead space syringes and needles study. The Trainer will explain that this is a baseline set of equipment that was recommended by INPUD and Coact as the community-led technical support partners to the Unitaid-funded study. This first slide highlights the two types of low dead space syringes that will be tested in the Unitaid study.

There are two types of 1ML syringes with a 27 gauge 13mm / 1/2-inch fixed needle. The first are a traditional insulin type LDSS which can be more discreet. The second type are Unisharp specialist fixed needle syringes with coloured plungers to aid identification and reduce the risk of accidental sharing.



Key points:

- The 13mm (½ inch), 27G fixed needle is fine design that is ideal for intravenous use in low risk injection sites.
- The 27G needle is firm enough / high enough gauge needle to penetrate veins that have heavy scar tissue. This assumes that PWID in LMIC may have scarring due to their historic use of oversize needles.
- In many Western settings, PWID will be offered a 29G or 30G fixed needle 1ML low dead space syringe. INPUD and Coact recommended 27G fixed needle LDSS for the study as it is a reliable all round needle.
- The option of an insulin style fixed needle 1ML LDSS provides benefits in terms of managing stigma, discrimination and stigma. Insulin LDSS can be justified as medical equipment for a relative or a PWID can claim to be a diabetic. This offers advantages for people who inject drugs in highly criminalised settings.

- The Unisharp fixed needle syringes come with a mix of coloured plungers. This means if different PWID stick to using a particular colour of syringe during an injecting sessions then if the syringes run out before the drugs, re-using is possible while reducing the risk of accidental sharing among peers. This can be particularly common with the rapid repeated patterns of injecting associated with injecting stimulant drugs.

Trainers Tips

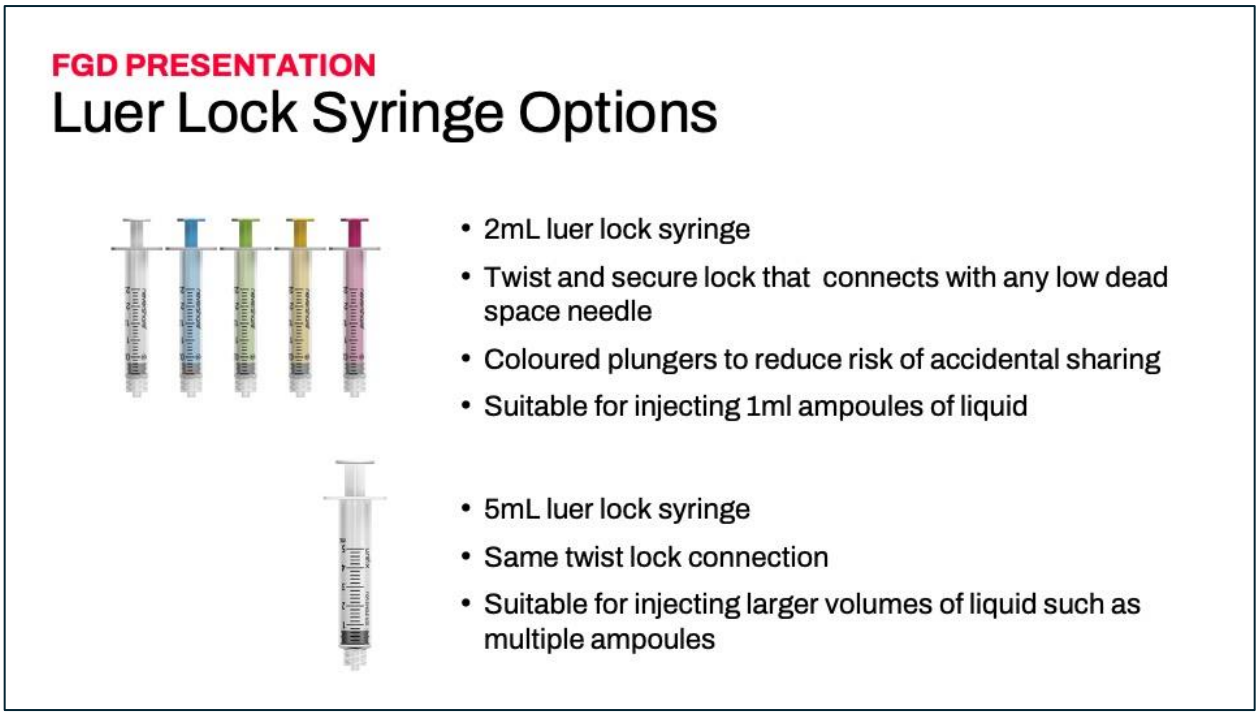

You can show round samples. This can be shared as samples or gathered back in depending on the context of the training, its relationship to the Unitaid-funded study, or


This run through of the Unitiad Starter Kit will be more relevant for study sites and a more general summary for other settings.

LUER LOCK SYRINGE OPTIONS [Slide 35]

Description:

Slide 35 continues to introduce the range of products to be used in the Unitiad-funded LDSS/N Study Starter Kit. The Trainer can highlight the role of the luer lock syringe options - 2mL and 5mL. These syringes feature a twist-and-lock mechanism that ensures a secure connection with low dead-space needles. The 2ML options also have colour plungers that help prevent accidental sharing. The 5ML option will can be used to inject larger volumes of liquid such as 2 – 3 ampoules of diverted medications.



Key points:

- These 2ML and 5ML syringes have luer lock twist lock connections. This helps lock down the needle, secure the low dead space, and avoids the risk of the needle popping off under pressure during administration of the injection.
- The 2ML has colour plungers, which reduce the risk of accidental syringe which the drugs run out before the syringes and PWID need to re-use needles and syringes.
- 2ML are particularly useful in contexts where ampoules are being used. 1ML of liquid from an ampoule will cause a 1ML fixed needle syringe to be at full extension which is cumbersome.
- The 5mL syringe is suitable for larger volumes or multiple ampules, offering flexibility for varied dosing needs.
- In Ukraine 10ML and 20ML syringes were also offered to support the filtering and use of home baked drugs. This shows the importance of tailoring starter kits to local contexts.

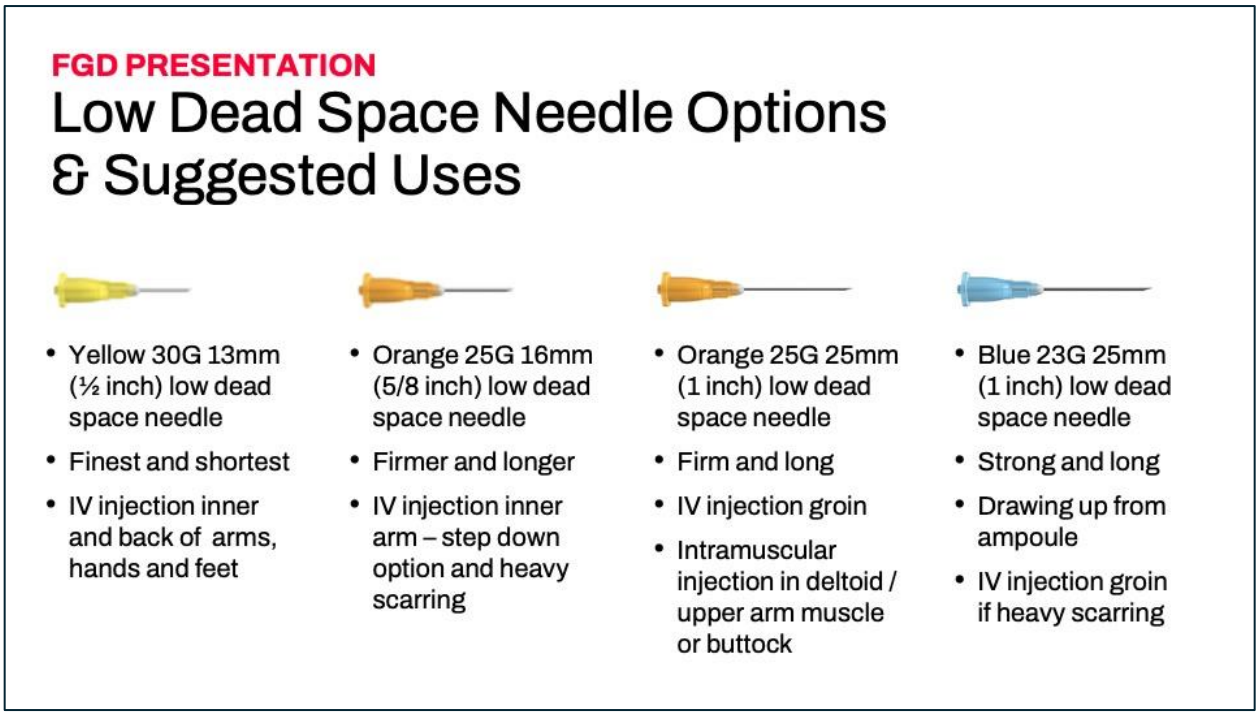
Trainer Tips

- Demonstrate the twist-lock mechanism using sample needle and syringes. Show how the needle twists on with the cap still on then once lock in the cap pulls off ready to use.
- Highlight the difference in volume and how 2ML is suitable for one ampoule of 1ML of liquid while a 2ML will be needed for a multiple ampoules for PWID with higher tolerance.
- Highlight the role of luer lock in securing the needle and ensuring that the needle is properly locked down and achieving the minimum required low dead space.
- Highlight the particular value of Emphasize colour-coding and discuss how it supports harm-reduction strategies.
- The Trainer can ask participants to consider why a PWID might use a 2ML, a 5ML or even a larger size syringe.
- The Trainer can ask participants to consider the value of the luer lock twist connection (lock down dead space, avoid risk of needle popping off and losing the drug solution)

LOW DEAD SPACE NEEDLE OPTIONS & SUGGESTED USES [Slide 36]

Description:

The chart in Slide 36 describes the four types of low dead space needles that will be used in the Unitaid-funded LDSS/N study. The are categorised by gauge, length, and colour. The chart also describes how each needle might be used by PWID in terms of injecting site and other factors. The chart guides informed choice of needle linked to chosen injecting site and role.



Key points:

Colour codes

- Yellow 30G (13mm/ ½ inch) is the finest and shortest needle. It is ideal for intravenous injections in delicate areas like inner arms, hands, and feet to ensure vein health.
- Orange 25G (16mm/ 5/8 inch) needles are firmer and longer. It is suitable for intravenous injection in the inner arm, especially when managing heavy scarring.
- Orange 25G (25mm/ 1 inch) are longer needles for intravenous injection in the deltoid, upper arm, and buttock.

- Blue 23G (25mm/ 1 inch) needles are the strongest and longest. It is good for drawing up liquid from ampoules. Some PWID will use it for IV injection in the groin or IM injection in the buttock, however, many PWID will benefit from stepping down to an Orange 25mm / 1 inch needle which is the same length but a lighter gauge. People with heavy scarring way need such a firm needle. PWID with a lot of body fat may need the firm blue gauge needle. It also comes in a 1.25 and 1.5" version as a LDSN.

Trainer Tips

- Display the slide and walk through each needle type by colour and size
- Explain that gauge (G) is about firmness - how light / bendy or firm / /strong the needle is. You want to use as light a needle as possible. However, it needs to be firm enough to penetrate the skin and any scarring.
- Explain that the length is how deep you need to inject to reach the vein or penetrate the muscle.
- Ask participants to share if they have seen or used any of these needle types. PWID Trainer or participants can share their experience of using oversize verses this optimum equipment.
- Invite with lived or living experience of injecting drug use to explain the factors that informed their choice of needle and syringe.
- Clarify any confusion between intramuscular and intravenous injection sites as required.
- Once again you can show round samples and distribute if allowed.

LOW DEAD SPACE SYRINGES & NEEDLES (LDSS/N) – FOCUS GROUP RESOURCE – video clip (Slide 37]

Description:

The following slide includes an embedded video that is approximately 18-minutes long. The video features Annie Maiden from the International Network of People who Use Drugs (INPUD). In this video, Annie discusses the significance and potential benefits of low-dead space syringes for people who inject drugs in this video. She reinforces key concepts covered thus far, including the definitions and implications of dead space, the distinctions between various needles and syringe types, and the advantages of using low dead-space equipment. The video also offers valuable clarifications to support a deeper understanding of these harm-reduction tools.



Trainers Tips:

- Introduce the video which was developed as a resource for the Unitaid-funded values and preferences focus group discussion.
- You can use the video to reinforce the group learning or the learning of the training team in preparing for the course.
- You can share the course presentation with the embedded resource as a take-home resource from the course.

PREPARING AND ADMINISTERING AN INJECTION [Slide 38]

Description:

Slide 38 outlines the essential considerations for preparing an injection using safer injecting practices. This is an introduction slide that explains the importance of selecting the right needle and syringe for the drug and injection site.



Key Points:

- You should choose your needle and syringe based on what type of injection you are planning. Whether it is intramuscular (IM) or intravenous (IV). In all cases, smaller, finer needles are preferred but the needle needs to be long enough and firm enough to reach the vein or penetrate the muscle.
- When it comes to drug preparation, street drugs like white heroin or cocaine must be sterilised and filtered, brown heroin requires cooking up with an acid so it is converted into an injectable form. It still needs to be filtered after it has been "cooked up" and boiled / sterilised.
- Pharmaceutical drug substances such as Pethidine or Ketamine that come in ampoules in a liquid form are prepared and ready for injection. Sometimes ampoules contain powder and require the addition of sterile water to dissolve the powder.

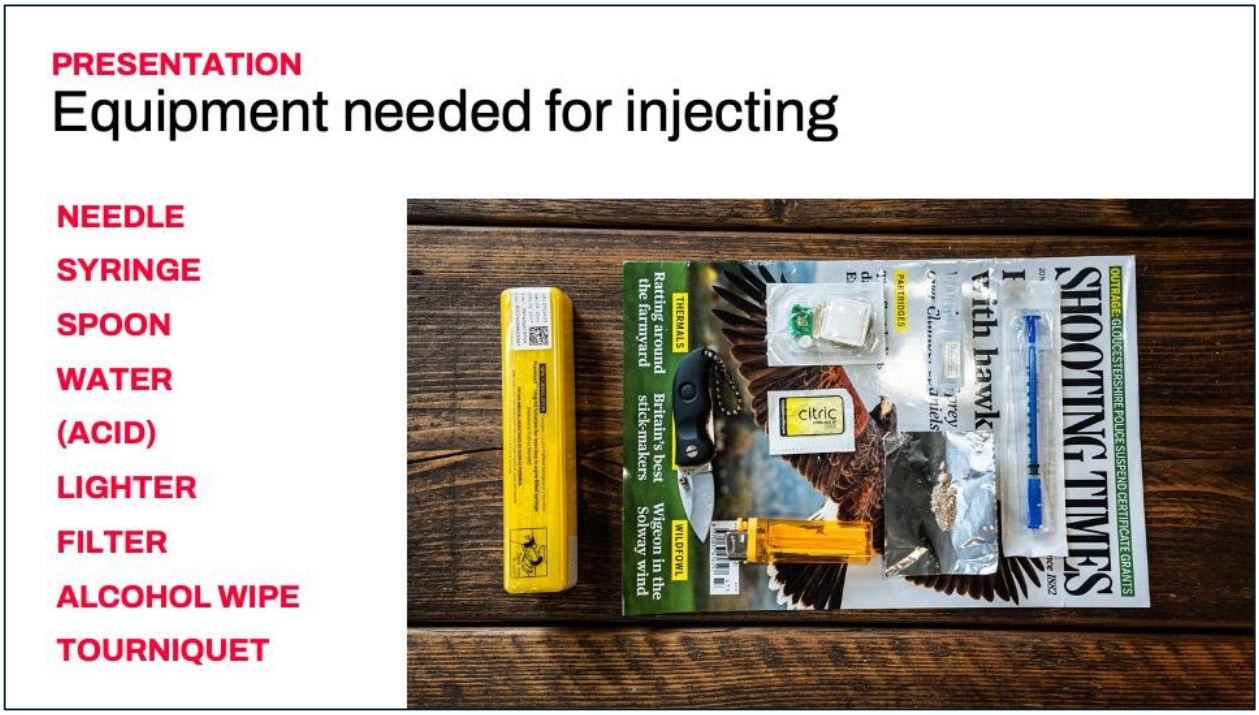
Trainers Tips

- This is the opening slide in a discussion about preparing and administering an injection. You are highlighting top level issues in introducing the topic – choice of needle linked to drug and injecting site.
- Talk participants through different drug preparation methods – acid based drugs like China white or cocaine powder or base drugs like brown heroin or crack that need the addition of an acid to cook up to make suitable for injection.
- Highlight the importance of sterilization and filtration whether or not the drug is suitable for injection or needs to be “cooked up” with an acid.
- Reinforce the learning from the needle and syringe section about matching needle to injection site and the potential use of blue needles for drawing up drugs from an ampoule.

EQUIPMENT NEEDED FOR INJECTING [Slide 39]

Description:

Slide 39 lists the range of equipment required when preparing a drug for injection. Each item is set out on a piece of paper pulled out of a magazine. This creates a Protected Using Space, which is a street version of infection control practice used by nurses. By creating a protected using space with all the equipment needed for an injection, different PWID can use alongside each other without the risk of blood entering someone else's drug preparation space. This allows PWID to use together to support each other around overdose prevention while preventing the accidental transmission on HCV through blood being transferred into someone else's injection preparation space or the sharing of drug paraphernalia.



Key points:

- Highlight the range of equipment required to prepare an injection.
- Highlight the optional nature of the acid. It is not needed for water soluble acid based drugs like China white heroin or cocaine powder. It is needed for base drug like brown heroin or crack cocaine which need to be cooked up with an acid so they are water soluble and able to be injected.
- Explain how a Protected Using Space was developed as a strategy by UK and Australian drug user activists after a conference where they were told to always use together to manage overdose risk and not to use together given the high risk of transmitting HCV when preparing and administering injections in group settings. The Protected Using Space demarks an injecting preparation space giving a PWID control over the equipment that they will use to prepare and administer an injection.

Trainers Tips

- Ask participants to name the different items
- Ask participants to explain the function of the different paraphernalia
- Ask participants to explain why the acid is optional – depends on the type of drug – water soluble or not.

SAFE INJECTING PREPARATION – GOOD PRACTICE [Slide 40]

Description:

Slide 40 is an introduction to safer injecting and the steps involved in preparing a drug for injection. The slide emphasises the importance of cleanliness, organisation, and careful preparation to reduce the chances of infection and injury.



Key points:

- Highlight these key points of good practice – hand washing, clean area, create protected using space, prepare drugs (if necessary with an acid), sterilise and filter, and keep your needle sharp ready for the injection.
- A protected using space was developed by PWID peer educators to adapt nursing infection control practices so more than one PWID can inject in the same space. Using together allows support to manage the risk of overdose while create demarked areas for each PWID to use to prepare their injection.

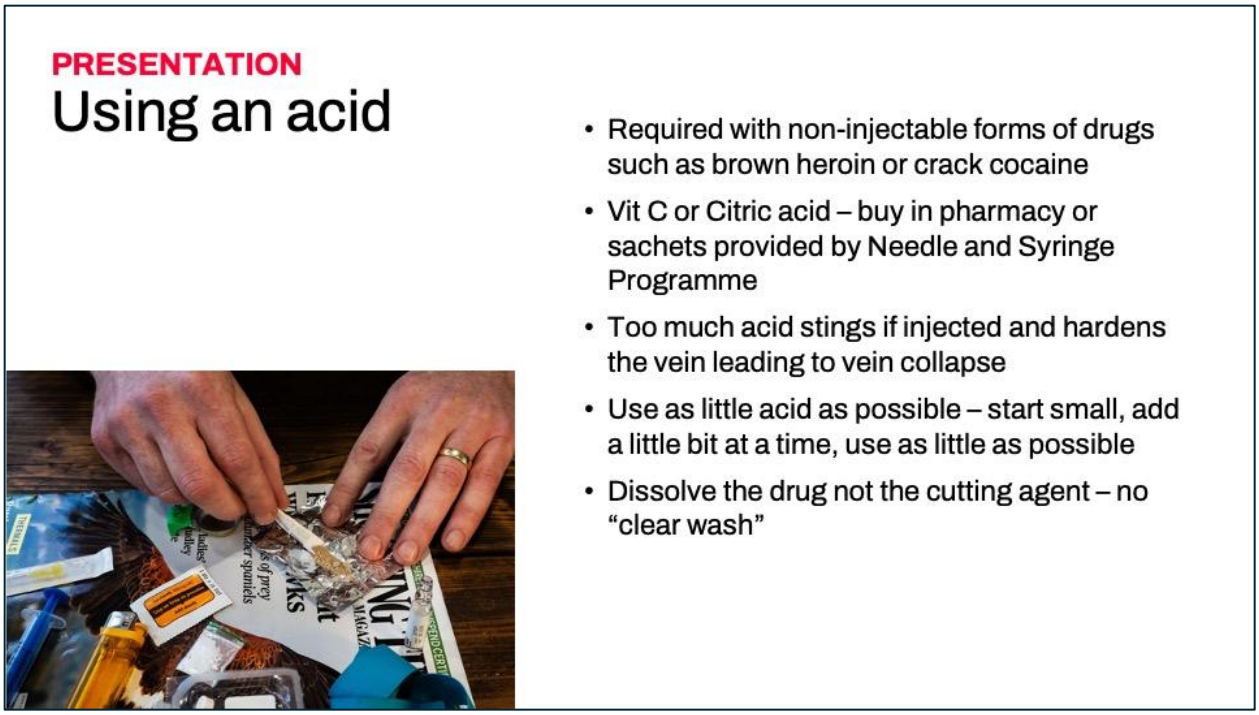
Trainer Tips

- Talk participants through the steps of preparing a drug for injection, clarifying why each one matters (e.g., sterile water reduces bacteria).
- The Trainer can advise participants that we will look at some aspects in more detail - hand washing, use of an acid, selection of water.

USING AN ACID [Slide 41]

Description:

Slide 41 explains when and how to use acid to convert base drugs into an injectable form. It highlights safer strategies for using acids to “cook up” drugs like brown heroin or crack cocaine.



Key points:

- Acid is necessary for drugs like brown heroin or crack cocaine that are not water-soluble substances.
- There are different types of acid that can be used to “cook up” a drug so it can be injected.
- If lemons are left open, a fungus can grow that can affect the lens of the eyes. If PWID have to use lemon juice then they should use a freshly cut lemon.
- Many NSPs provide sachets of citric acid or vitamin C sachets that provide enough acid to prepare an injection.
- Pots or packets of citric and Vit C can be purchased from pharmacies. The risk with posts is that they can become involved in accidental sharing.
- Acid can be added a bit at a time. The goal is to add enough acid to dissolve the drug. With heroin you will see the heroin dissolve when heated with an acid. However, black specks or other spots may still be in the drug solution. Many PWID mistakenly think this is undissolved drugs so they add more acid until all the specs and spots or dissolved. The specs and spots are likely to be cutting agents. Most street heroin is 10 – 20% heroin and then other substances or bulking agents. Adding enough acid to get a “clear wash” means you will have a PH / acid balance similar to vinegar.

- It is recommended to add acid slowly, bit by bit. You want to only add enough to dissolve the heroin. Leave the specs and spots of cutting agent to be gathered in the filter. This reduces the risk of adding too much acid.
- If you miss the vein with a drug solution with too much acid, it will sting and burn.
- Too much acid will cause your veins to harden and collapse over time.

Trainer Tips

 Explain why acid is needed. Brown heroin or crack cocaine are base or smokable forms of the drugs that need to be converted into an injectable form.

 Emphasise on "less is more" and explain how to add acid gradually. You can always add more acid but you can't take it away.

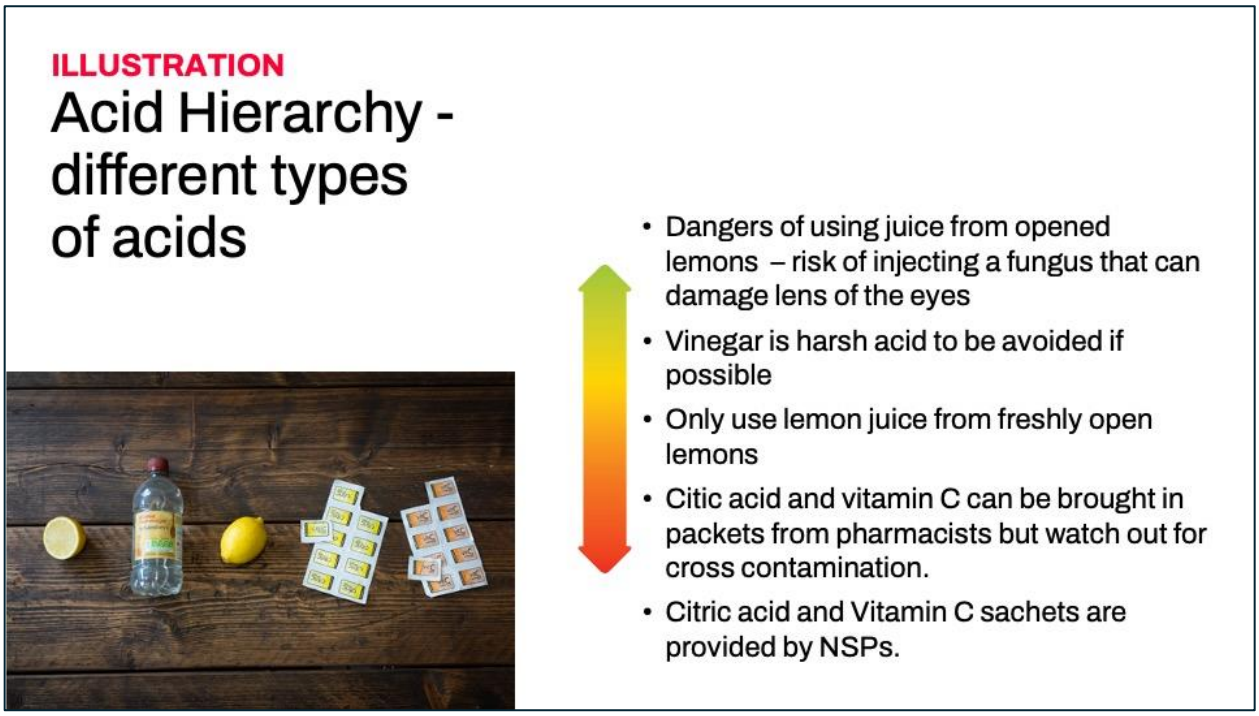
 Clarify the goal which is to dissolve the drug only, not fillers or cutting agents. You do not want to achieve a "clear wash".

 Too much acid is associated with vein hardening and collapse that drives PWID towards high risk injecting sites.

 Important to note that a number of settings (e.g. Nigeria and Columbia) have water soluble forms of heroin that are light brown in colour. This highlights the need to take advice from local PWID or harm reduction workers in planning the course or when designing interventions.

ACID HIERARCHY – DIFFERENT TYPES OF ACIDS [Slide 42]

Description: The trainer/facilitator will talk about the safest type of acid used when preparing non-injectable drugs like brown heroin or crack cocaine for injection in slide 42. This slide highlights a clear hierarchy from most to least safe, helping individuals make informed choices when safer pharmaceutical options may not be available. The emphasis is on harm reduction, encouraging the use of the cleanest, most sterile acids available, and always the smallest possible amount.



Key points:

- The best options are to use citric acid or vitamin C sachets provided by pharmacies or NSPs. Vit C is the less harsh of the two.
- Packets or post of Vit C or citric acid can be purchased from pharmacies but there is a risk that they may become a means of transmitting blood droplets.
- Lemon juice is another way to access Vit C. However, a fungal infection can grow on opened lemons can impact the lens of the eyes of PWID. It is important to
- Vinger can used but this is a particularly harsh acid that should be avoided if possible.

Trainers Tips

- Reinforcing the value of giving out sachets of Vit C in settings where brown heroin, crack cocaine or other base drugs are being prepared for injection.
- Emphasize the importance of using tiny amounts, ‘less is safer’.
- Some NSPs break packets of Vit C into baggies, as a low tech alternative sachets.
- PWID Trainer or participants can be invited to share their experiences of using different acids to prepare a drug for injection.

WHOLE GROUP EXERCISE – WHAT WATER SHOULD I USE TO PREPARE MY INJECTION? [Slide 43]

Description:

Slide 43 is an interactive group exercise to be led by the Trainer. Slide 43 shows a range of options for sourcing water for an injection. The whole group exercise invites participants to think critically about the types of water that may be available when preparing an injection. Through this discussion participants will work out which are the safer and riskier options. This facilitated discussion will lead to listing down the hierarchy of risks from worst to best options.



Trainers Tips

- Invite participants to identify the best option for preparing a drug for injection. The best option is a sterile water ampoule provided by some NSPs and available through some pharmacies.
- Highlight how PWID do not always have access to the best available option. Ask participants to consider which is the next best option.
- Work with the group to identify the best options – sterile water, boiled water, and running cold water from the tap.
- Once you have identified those options which seem safer start asking participants to think which options are most risky – puddle water, open cup of water in drug using space, and saliva.
- There is a misconception that saliva is safe because it is from our bodies. You can draw out this issue by asking participants “Saliva is from our bodies so that must be a safe option to use. What do you think about that?”



You can end by addressing the two medium risk options – unopened bottle water (risk of microplastics being in the water) and hot water from a tap (not designed to be drinking water).

CHOOSING THE BEST WATER FOR INJECTION [Slide 44]

Description

Slide 44 comes from a campaign developed by Exchange Supplies in consultation with Professor Magdalena Harris. It provides a framework for reinforcing learning from the plenary exercise. The particular risks of a shred cup in a drug using space or an opened ampoule are highlighted given the risk of transmitting HCV.



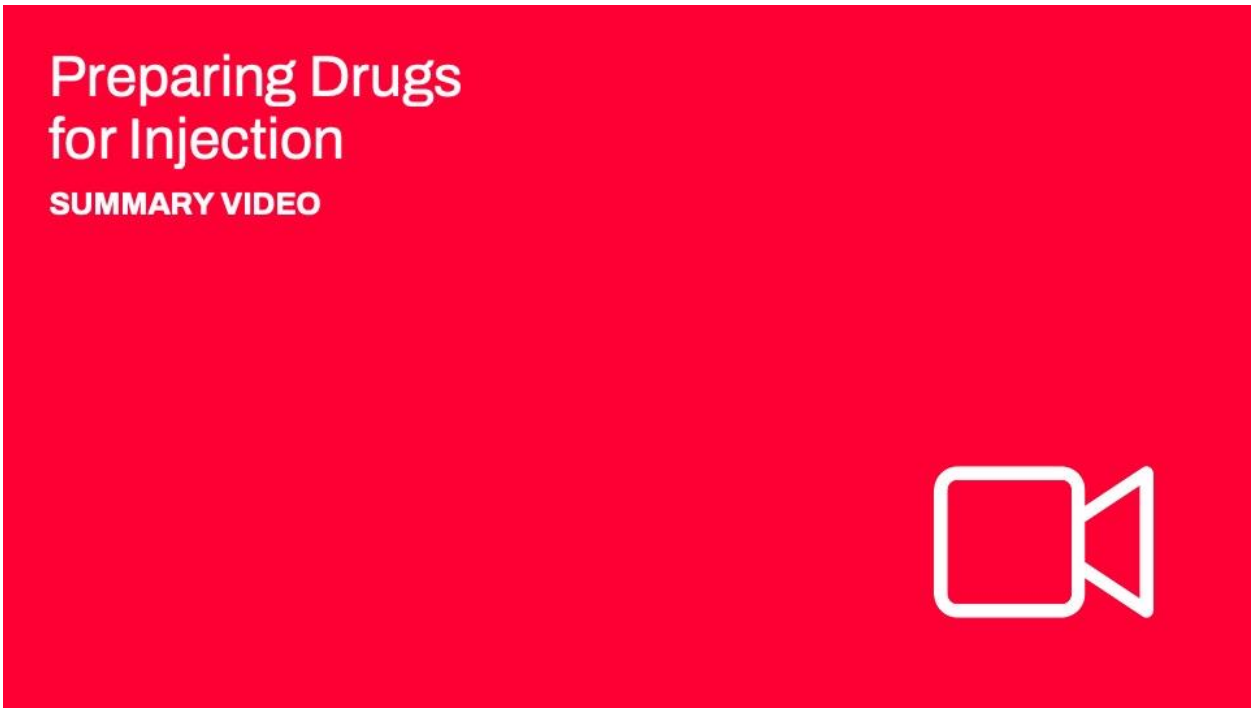
Trainer Tips

- Review the best options – unopened water ampoule, boiled water, col water freshly run from a kitchen tap. Ask participants to consider who might have access to these options and what might be the barriers for other PWID in accessing these best water options.
- Review one set of worst options – shared cup of water or opened water ampoule – ask participants to consider why PWID might end up using these options. Discuss the context and circumstances. What might be protective factors that might help PWID avoid these options.
- Review the other worst options – puddle water, saliva or toilet water. Again participants to consider why PWID might end up using these options. Discuss the context and circumstances. What might be protective factors that might help PWID avoid these options.
- The risk of using too much acid is reinforced. The Trainer can highlight this learning.

PREPARING DRUGS FOR INJECTION – Photo montage video summary [Slide 45]

Description:

Slide 45 is a photo montage video that shows the process of preparing a drug for injection. The photo montage allows the Trainer to narrate the photos reviewing the learning from the exercise. The video clip provides step-by-step walk through of the key steps and lessons shared over this session. The visual representation aims to consolidate learning and avoids a text heavy summary of the learning from session 3.



Set Up

The Trainer is advised to practice narrating the video ahead of delivering this presentation. Once you start the video it needs to run on.

Trainer Tips

- The PWID Trainer will talk participants through the different steps in the process of preparing an injection.
- The photo montage walks the participants through an accessible summary of the learning from Session 3.

Slide 46



Afternoon Tea Break – 15 Minutes

15 minutes break for drinks and refreshments

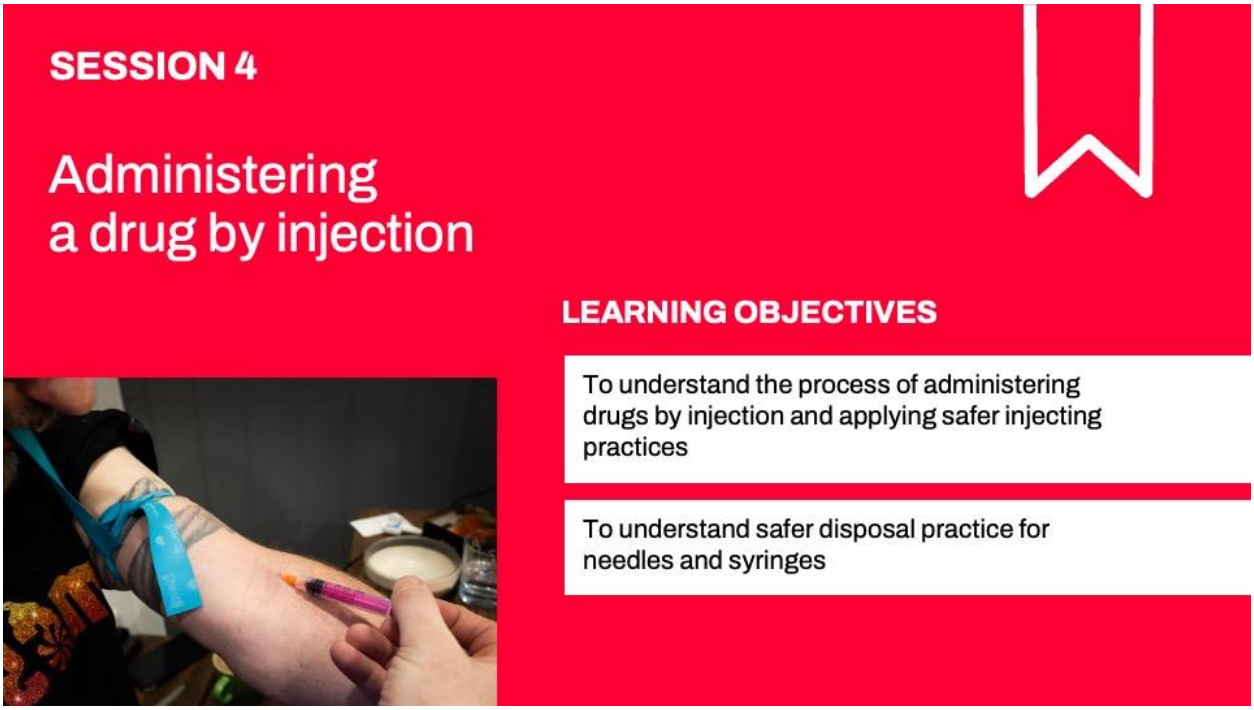
Encourage participants to return ready to re-start at 3:30 PM or the agreed session 4 start time.

As Trainers model time keeping by being in the training room ready to start ahead of the course re-start time.

SESSION 4: ADMINISTERING A DRUG BY INJECTION [Slide 47]

Description:

Slide 47 is the title slide for Session 4. It introduces a session that will look at the process of administering an injection and the process of disposing of used needles and syringes.



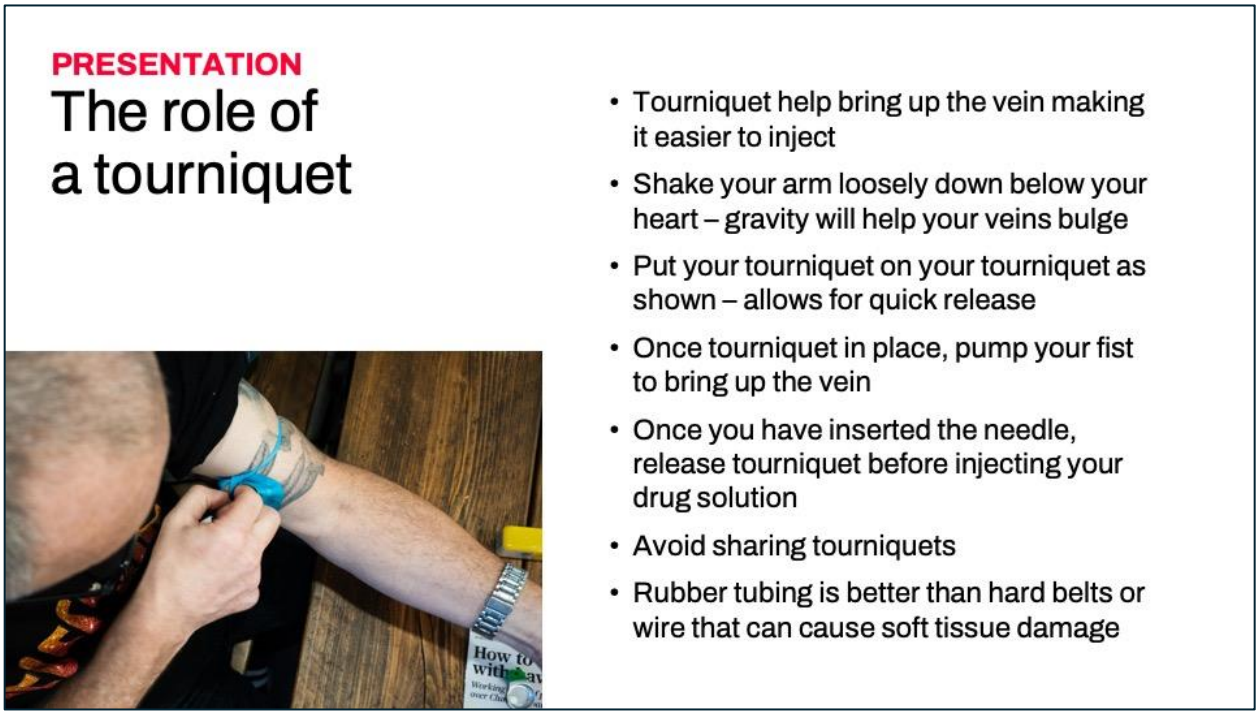
Trainer Tips

- Understand how to prepare and administer drugs via injection in a safer, more hygienic way.
- Learn about proper disposal methods for used injecting equipment to protect both users and others.

THE ROLE OF A TOURNIQUET [Slide 48]

Description:

Slide 48 explains the importance of using a tourniquet. Tourniquets make it easier to inject. There are two ways tourniquets can help. First of all, tourniquets are used to dilate veins, making them bigger so they are easier to find and inject into. Secondly, dilating the veins helps to “anchor” them so they don't roll around as much.



Key points:

- A tourniquet helps raise the vein, making it easier to inject.
- It also helps “anchor” the vein so it doesn’t move around.
- Once the tourniquet is in place youopen and close your fist to help bring up your vein.
- This allows the needle to be inserted, the tourniquet is released before the drug is injecvted. m

Trainers Tip

Explain the function of the tourniquet in helping the vein become accessible.

The next slide will help you explain tourniquet technique.

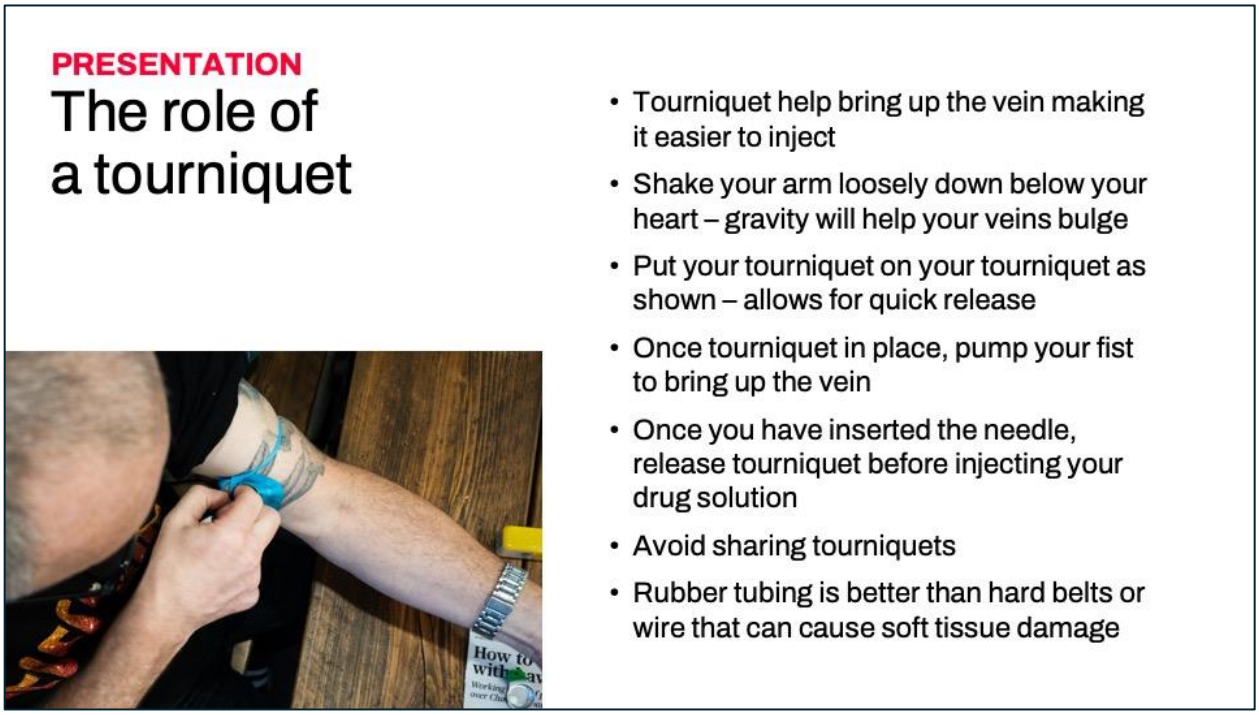
Clarify common mistakes (e.g., leaving it on too long, using unsafe materials like belts or cords).

Discuss the importance of not sharing tourniquets to prevent infection.

HOW TO USE A TOURNIQUET [Slide 49]

Description:

Slide 49 explains how to use a tourniquet. The pictures provide a step-by-step guidance on the correct use of a tourniquet to aid intravenous injection. Proper use of a tourniquet can make veins easier to access and reduce harm during the injecting process.



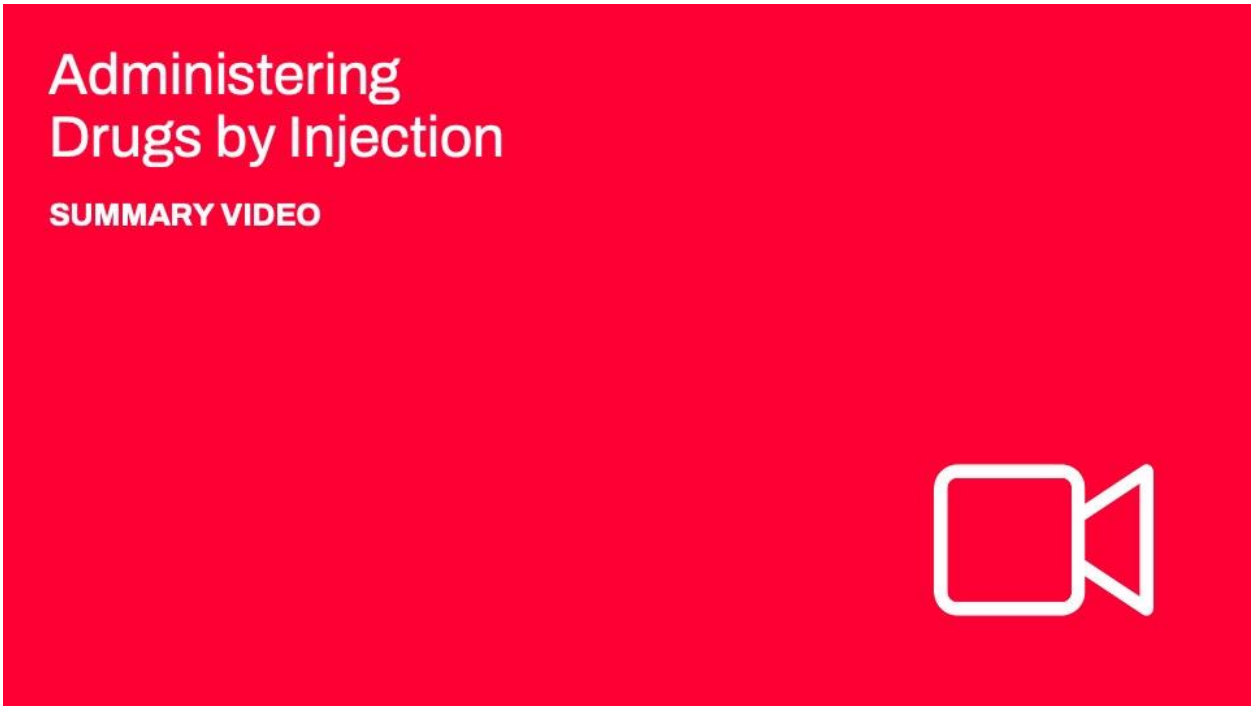
Trainer Tips

- Use a tourniquet and select a suitable vein.
- Demonstrate to the audience the correct use of a tourniquet - https://www.youtube.com/watch?v=jJL8uCVgfVM
- The quick release tourniquet method allows you to apply the tourniquet so you can release it with once hand
- When you release the tourniquent you want to

ADMINISTERING A DRUG BY INJECTION – video clip [Slide 50)

Description:

Slide 50 is another photo montage video that provides a summary of the process of administering an injection. The video montage is designed for the Trainer to narrate explaining and reinforcing the steps in the process.



Set Up

- Practice narrating the photo montage video so you are familiar with the timing.

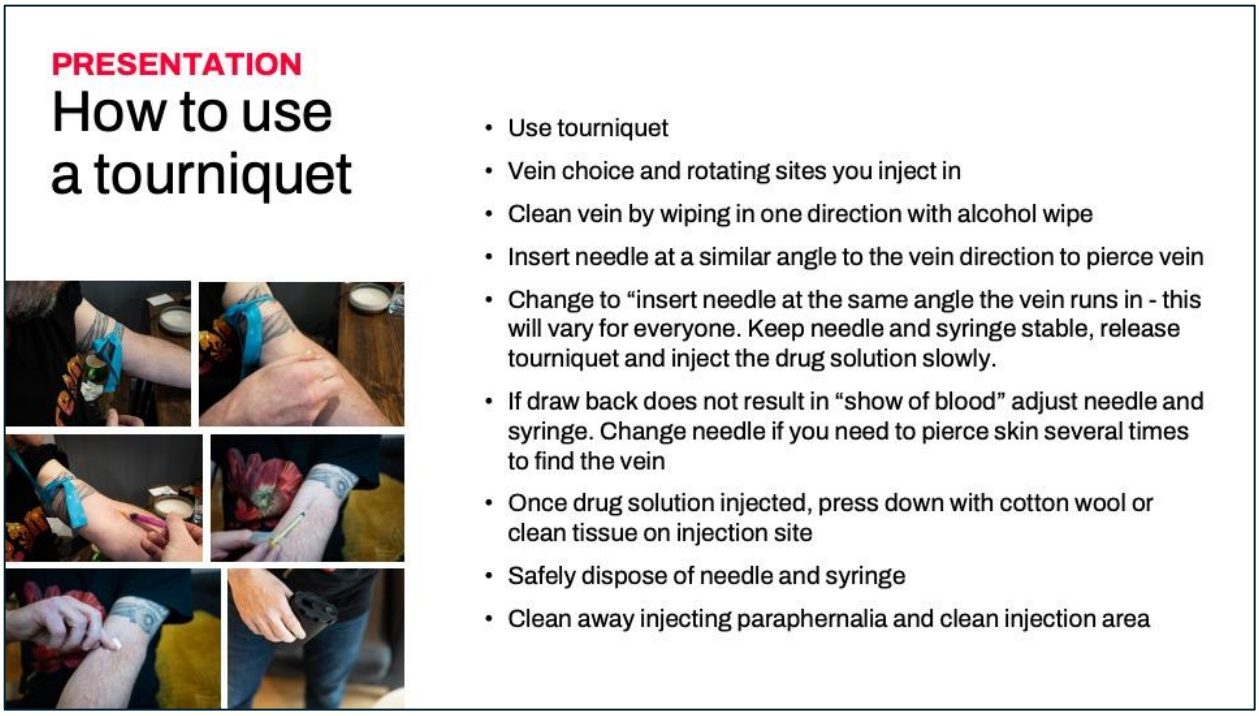
Trainer Tips

- The Trainer play narrates the photo montage video as an interactive model for summarising the session.
- The Trainer will click onto the slide in presenter mode and then click again to start the video.
- If you click on the video while it is playing this will take you onto the next slide.
- Invite questions and answers from participants. This summary presentation is intended to reinforce learning and to draw out any outstanding questions.

SMALL GROUP EXERCISE - TAKING DRUGS BY INJECTION [Slide 51]

Description:

Slide 51 is a reinforcement exercise. It helps participants reinforce their learning about selecting equipment, preparing and administering an injection. Participants will work in teams to identify and gather the appropriate equipment to inject their designated drug. Each group will be given a 'mock drug'. By different small groups focussing on different types of drugs – acid-based water-soluble drugs, base drugs that need to be converted into an injectable form, and pharmaceutical drugs in ampoules – the whole group is able to test and reinforce their knowledge with the 3 main types of drugs being prepared and administered by injection.



Set Up

- Set out the equipment required for the exercise – 5 of each of the following 1ML fixed needle LDSS, 2ML syringe with luer twist lock, low dead space needles – yellow 30 gauge 0.5" / 13mm, and blue 23 gauge 1" / 25mm needles, cookers, acid sachets, alcohol swabs, disposal bins, tourniquet options, and a mix of other drug paraphernalia.
- The 3 teams should easily be able to find adequate equipment to prepare and administer their injection. They will need to find this among a range of other drug related paraphernalia and kitchen equipment.

Key Points

- Participants test their ability to gather the correct equipment to inject their allocated drugs.
- Participants test their understanding of what needles and syringe are require to inject pharmaceutical drugs. Longer needle to draw up ampoule (blue 23 gauge 1" / 25mm needle) and shorter needle to inject in the inner arm (i.e. yellow 30 gauge 0.5" / 13mm needle or LDSS with 0.5" / 13mm needle fixed needle).
- Participants test their understanding of which drugs are water soluble - heroin (China white that can also be a light brown), cocaine powder, amphetamines – and therefore do not need to be cooked up with an acid during the preparation phase.
- Participants test their understanding of which base drugs – brown heroin, crack cocaine – need to be "cooked up" with an acid to convert the drug into an injectable form. They can also test their knowledge of the need to use as little acid as possible and to filter out contaminants rather than dissolving them with extra acid.
- Participants may also raise the injection of pills. The Trainer can confirm that pills can also be injected. They require careful preparation
- If you are working in a setting with home baked drugs then you can adjust this exercise to include home baked drugs and the required equipment.

Trainer Tips

- The Trainer explains the table of needles, syringes, and other drug paraphernalia.
- Each group is given a "mock drug" and the instruction to gather the required equipment to prepare that drug for injection in the inner arm.
- Ask one group to prepare an acid-based water-soluble drug (white heroin or cocaine powder) for injection in the inner arm.
- Ask the second group to prepare brown heroin, a base-drug, for injection in the inner arm.
- Ask the third group to prepare pethadin in a liquid ampoule for injection in the inner arm.
- Step 1 – the 3 teams are asked to select the needles and syringe and other paraphernalia that they will need to prepare and administer their drug for injection.
- Step 2 – the teams return to their own tables. Together they clarify the equipment and the process they would follow to prepare and administer their drug for injection.
- Step 3 – once the team is confident that they have the required equipment and know the steps for preparing and administering an injection, they call over one of the Trainers. The Trainer reviews the equipment choice and the proposed steps, helping to clarify choices and reinforce technical knowledge. The Trainer can help the team

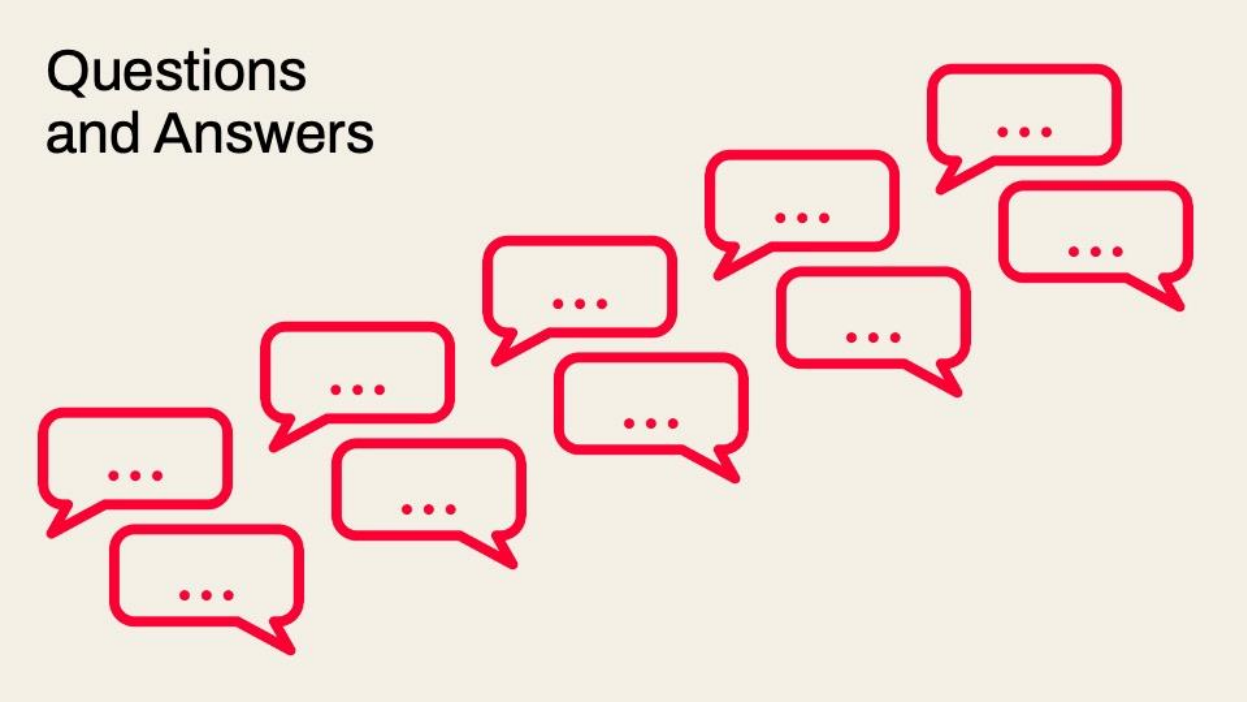
work up their answer so they can nominate someone to demonstrate their solution in the final feedback stage.

- Step 4 – the 3 teams demonstrate their choice of equipment and their process for preparing and administering an injection. If there is a PWID participant in each team, then this is a good chance for someone confident with the process of injecting to demonstrate this technical process.
- The Trainer can help draw out key choices around needle size - to match veins, the use of long needles to draw up from ampoules, switching to a sharp needle after drawing up from an ampoule to avoid risk of the needle becoming blunt from touching the glass, etc.
- The Trainer can ask questions about the choice of alternative needles if the PWID was injecting in different veins.
- The Trainer can ask questions about the choice of syringe size if PWID are injecting 1ML liquid from an ampoule and how this might change if PWID injecting multiple ampoules of liquid.

QUESTIONS AND ANSWERS [Slide 52]

Description:

Slide 52 marks the end of the technical discussion about the equipment and process of preparing and administering an injection. This is a chance for participants to ask any final questions or to clarify outstanding issues before moving on to discuss disposal.



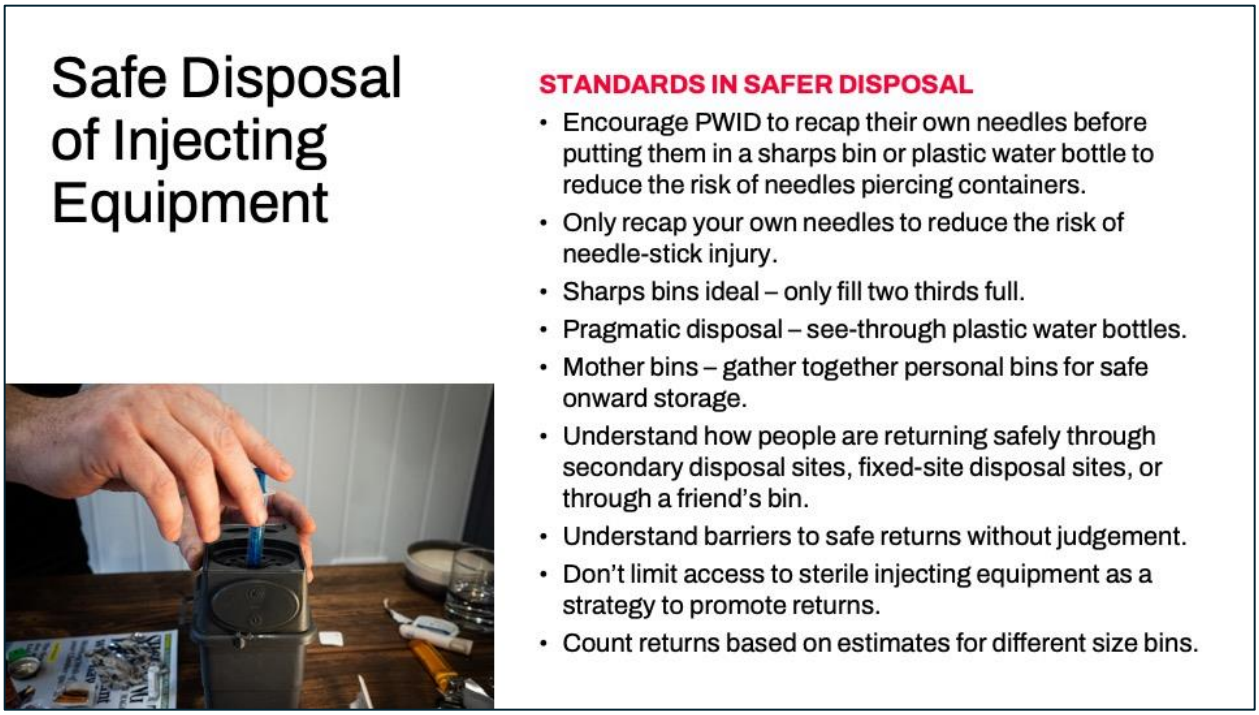
Trainer Tips

- Explain that we are now at the end of the technical discussion about the equipment and process for preparing and administering a drug for injection.
- The Trainer should invite any outstanding questions about the course content.

SAFE DISPOSAL OF INJECTING EQUIPMENT [Slide 53]

Description:

Slide 53 introduces a discussion of the process and standards for the disposal of used needles and syringes. The slide sets out key steps for managing the safe disposal of used needles and syringes.



Key points:

- The slide describes quality standards for the safe disposal of used injecting equipment.
- Once again, the slide provides a hierarchy of options encouraging PWID to do the best they can in their circumstances.
- In highly criminalised settings PWID may feel unsafe carrying used needles and syringes for later disposal.
- Explore the standards and the pragmatic alternatives.
- Help explore quality standards with an understanding of the real-world constraints.

Trainers Tips

Recapping is good practice if it is your own equipment. It reduces the risk of needle stick injuries.

Don't recap someone else's needle. Throw it straight into a bin.

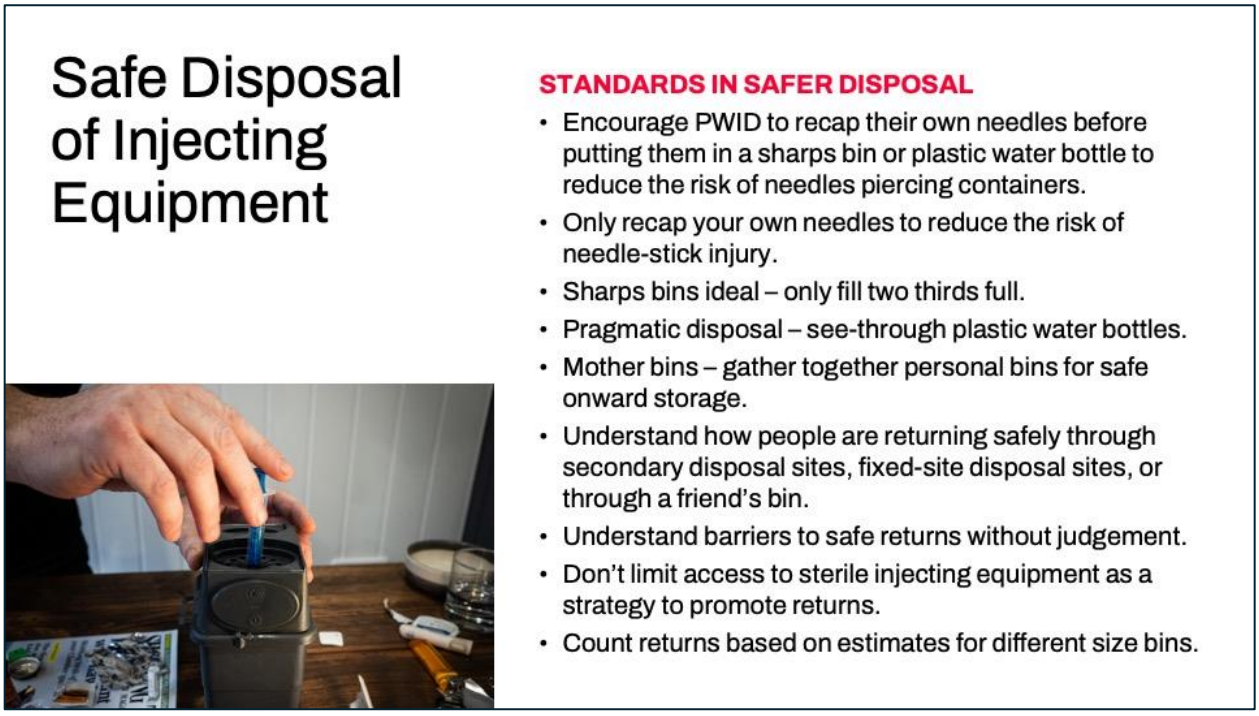
Only fill bins up to 2/3rd full. If overfull there is a higher risk of needle stick injuries and bins are hard to close.

- Remind participants that we stopped using the term “needle exchange” so everyone understood that the supply of sterile needles and syringes should not be capped or restricted. If there are concerns about people onward selling needles and syringes then this should be managed. However, we want to ensure a reliable supply of needles and syringes reaching PWID.

DISPOSAL GOOD PRACTICE [Slide 54]

Description:

Slide 54 supports a presentation about safety protocols for cleaning up discarded injecting equipment. It emphasises the importance of minimising direct contact, using protective tools and equipment, and disposing of needles and syringes through appropriate medical waste channels.



Key Points

- Never handle used injecting equipment directly, always use tools like grabbers or needle-resistant gloves.
- Dispose safely by placing needles and syringes directly into a sharps bin and ensuring they are handled through medical waste systems.
- Bring the sharps bin as close as possible to the discarded litter to reduce the risk of carrying used items across distances.
- Use litter pickers or tongs to collect injecting equipment and avoid using hands.
- Alternatively, you can wear protective Kevlar gloves to pick up drugs litter.
- Outreach workers should wear strong, closed-toe boots to prevent needle-stick injuries when working in areas where people buy and inject drugs and discard used needles and syringes. This is particularly important when conducting community clean-up operations.
- Team members should be trained in safe handling and disposal procedures to minimize risk and support safe community environments.

- Staff should understand protocols for managing needle stick injuries – squeezing the site and washing it with soap and water or clean with alcohol wipes and access to testing and PEP.
- Community clean-up operations provide a chance to assess different drug using hotspots and builds community relations before starting to deliver NSP in a community.
- Running community clean-up operations alongside outreach or mobile NSP can help mitigate the problems for the wider community, particularly in settings that face high levels of criminalisation, so PWID discard used needles and syringes in the street.
- Encouraging PWID to dispose of used needles and syringes in clear water bottles reduces the risks of leaving used needles and syringes in public places. The use of tin cans should be discouraged as this creates a risk for those people who make money from collecting recycling.

Trainers Tips


The Trainer can NSP providers to describe the range of disposal bins provided through their NSPs. This allows for discussion about the connection between smaller bins for personal us, mother bins used to gather in smaller bins, and larger size bins for use in hotspots or other using venues.


The Trainer can invite participants who undertake outreach or run mobile NSP to talk about the equipment that they use for their work. This can help reinforce messages around the use of safety equipment like boots and gloves.

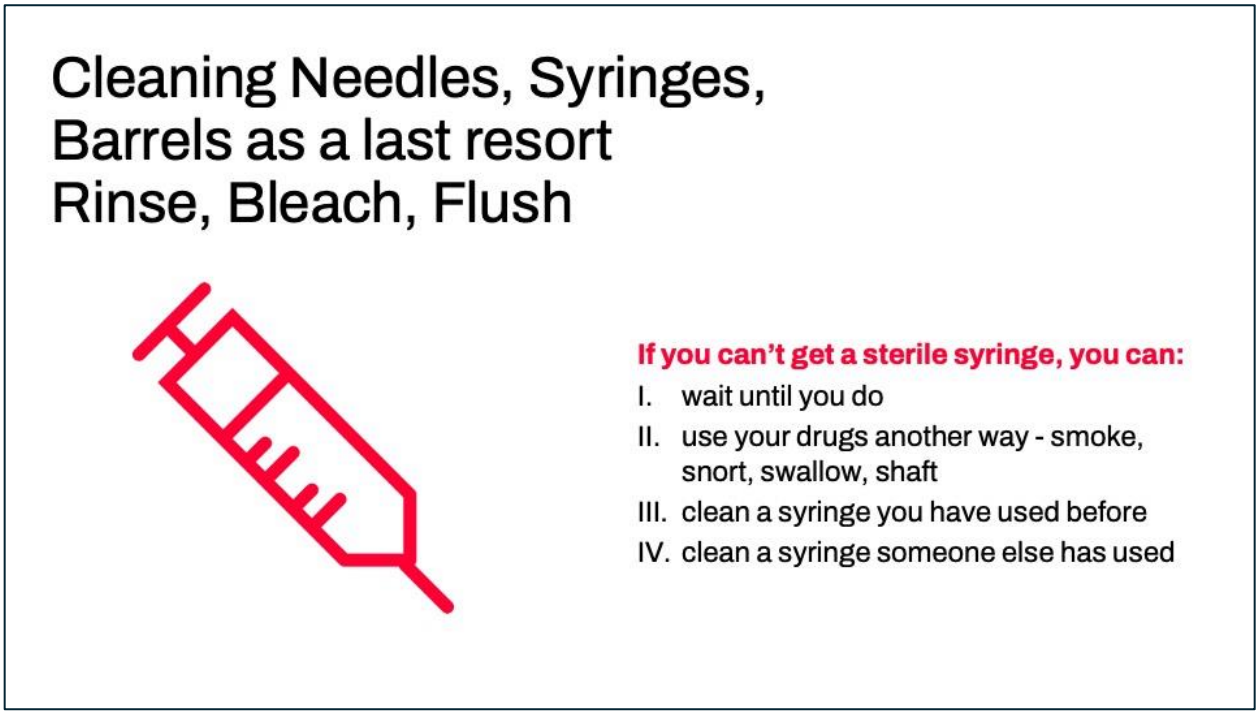

The Trainer can invite participants to explain their protocols for managing a needle stick injury.


The Trainer can connect and remind participants about the standards described in the last slide for safe disposal.

CLEANING NEEDLES, SYRINGES, BARRELS AS A LAST RESORT "RINSE, BLEACH, FLUSH" [Slide 55]

Description:

Slide 55 addressed harm reduction strategies when sterile injecting equipment is not available. It emphasises the importance of using sterile syringes and outlines the hierarchy of safer alternatives, with cleaning as a last resort method. The "Rinse, Beach, Flush" process should only be used when no new equipment is accessible.



Key points:

- Always prioritise using a sterile syringe. This is the safest option and should be a standard practice.
- Some safer alternatives include: i) waiting until a sterile syringe is available, and/or ii) using drugs through the non-injecting routes which could be smoking, snorting, swallowing, or shafting. This is based on the individual's preferences, exposure to withdrawals symptoms, and technical ability (some non-injectable techniques require specialist skills like smoking heroin on silver foil).
- If injecting is unavoidable, then clean a syringe you have used before rather than using someone else's.
- If the PWID only has access to a needle and syringe that has been used by someone else, then cleaning another person's needle syringe carries a higher risk and should only be the *last resort*.
- "Rinse, Bleach, Flush method is the recommended way for cleaning used injecting equipment.

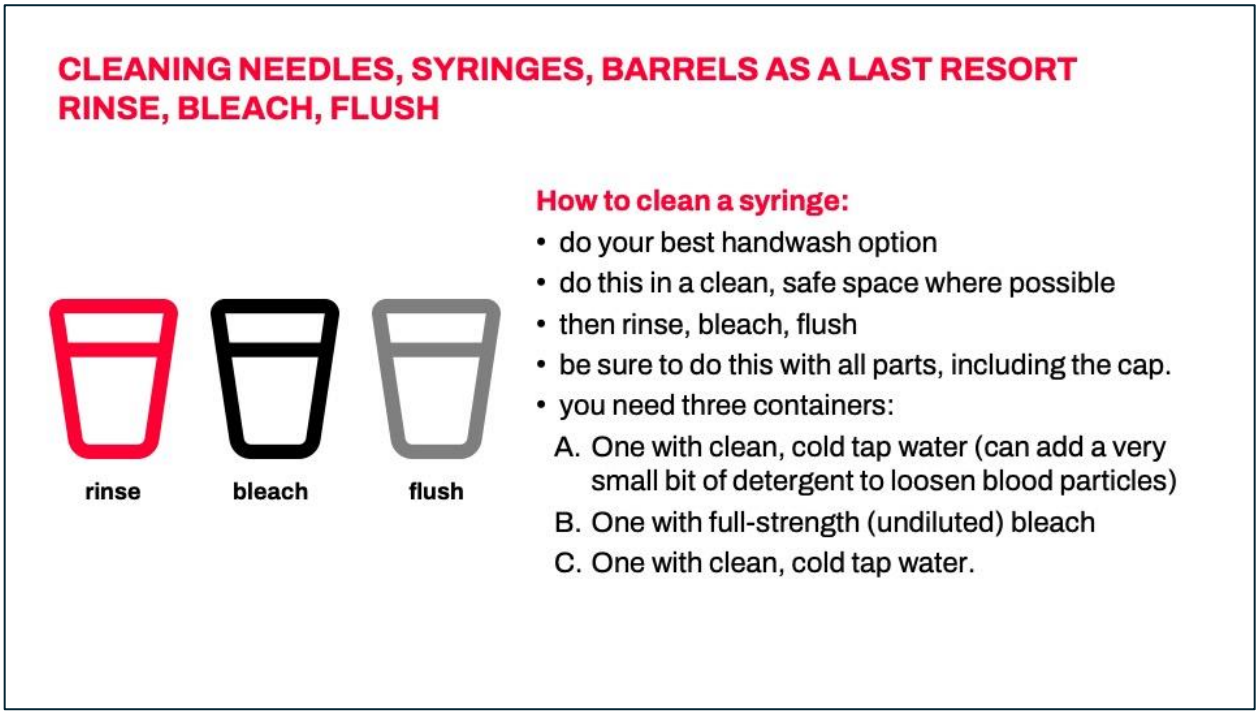
Trainer Tips

- Start with the harm reduction hierarchy, emphasising that sterile equipment is always the safest option.
- The Trainer can invite participants to consider the circumstances where PWID might not have access to sterile needles and syringes – after release from prison, police station, or rehab centre, after being stopped by the police and having equipment seizes, running out of equipment after a long session, sharing equipment with peers, travelling in areas where PWID doesn't know services, etc.
- The Trainer can ask participants to consider barriers to the different options – waiting (withdrawal symptoms, too long to wait, etc), other routes (technical knowledge, access to paraphernalia, etc), and cleaning (access to bleach or chlorine tablets)

CLEANING NEEDLES, SYRINGES, BARRELS AS A LAST RESORT "RINSE, BLEACH, FLUSH" [Slide 56]

Description:

Slide 56 explains the practical steps involved in cleaning used injecting equipment when sterile options are unavailable. It explains how you need to prepare to apply the rinse, bleach and flush model.



Key points:

- Hand hygiene is important as you don't want to contaminate the needle and syringe with blood or bacteria on your hands.
- If possible, choose a clean, safe space/surface to reduce contamination risks.
- You will need 3 containers - 1 cold water (with the option of detergent), 1 with undiluted bleach, and 1 with cold water.

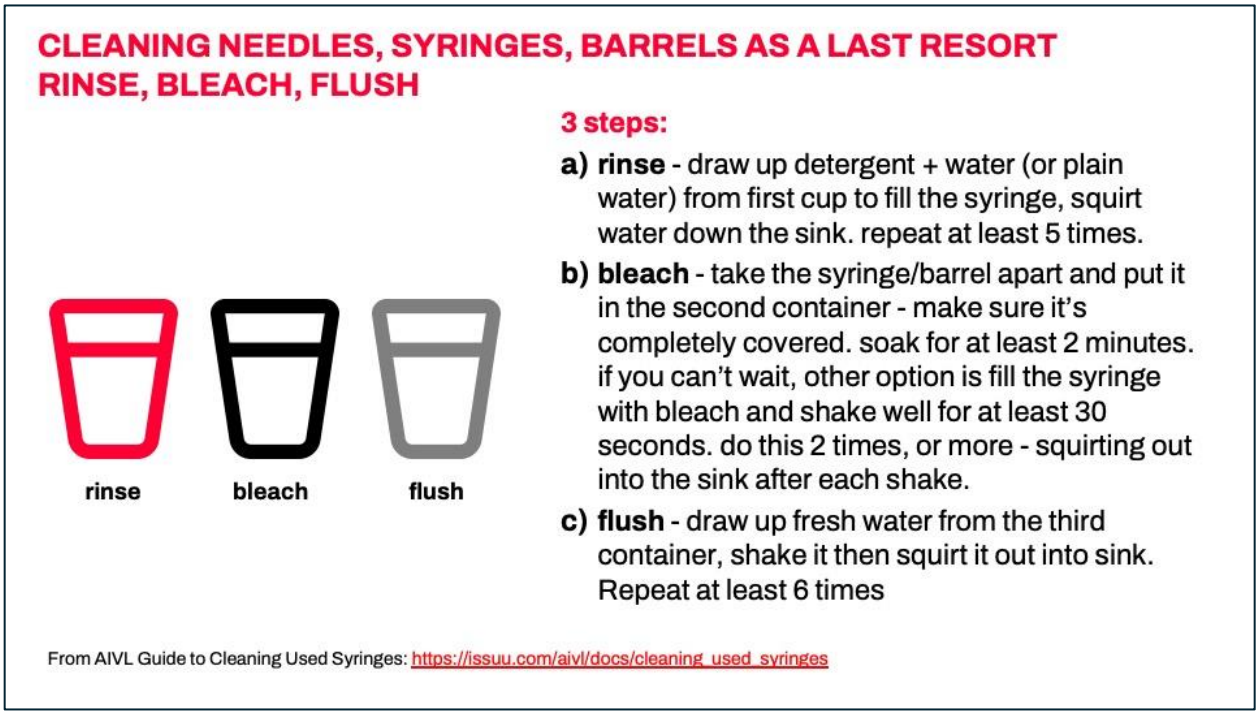
Trainers Tips

- This slide supports a presentation about bleach and teach.
- You need to clean your hands and the space where you will clean your needle and syringe.
- Then you need 3 containers – 1 cold water (with the option of detergent), 1 with undiluted bleach, and 1 with cold water. You can also use dissolved chlorine tablets instead of the bleach.
- Chlorine tablets can be distributed as a back-up plan as they can be carried in PWID wallets and dissolved in water in an emergency.

CLEANING NEEDLES, SYRINGES, BARRELS AS A LAST RESORT "RINSE, BLEACH, FLUSH" [Slide 57]

Description:

This slide offers step-by-step instructions on how to clean used needles and syringes when no sterile options are available. The Trainer describes the "Rinse, Bleach, Flush" method.



Set Up

Review the AIVL campaign leaflet so you are fully briefed on the process of cleaning a used needle and syringe. https://issuu.com/aivl/docs/cleaning_used_syringes

Key points:

- The Trainer reminds participants that this is a back up option. However, coverage targets assume that PWID will have to reuse injecting equipment so it is important to educate PWID about back up cleaning practice.
- **RINSE** (cup 1) – Draw up water (mixed with detergent) and squirt it out into the sink. Repeat at least 5 times to remove visible blood and residue.
- **BLEACH** (cup 2) – Disassemble the syringe and fully submerge it in undiluted bleach for 2 minutes. Another way is to fill the syringe with bleach and shake vigorously for 30 seconds. Repeat this 2-3 times while discarding the bleach between each shake.
- **FLUSH** (cup 3) – Draw up fresh clean water, shake and squirt it out. Repeat at least 6 times to remove all bleach residue.

Trainer Tips

- Talk the participants through the 3 steps of cleaning a needle and syringe.
- Explain the options of rinsing the needle and syringe either with fresh water or water with detergent and
- Explain the options of bleaching the needle and syringe by taking apart the equipment and letting it soak in the bleach for 2 minutes or drawing in bleach and then shaking for 30 second before squirting the bleach out of the needle and syringe and down the sink. Repeat at least twice. Count one thousand, two thousand and up to 30 thousand helps you count seconds to make sure you shake for long enough.
- Explain the need to rinse with fresh cold water and to squirt away. Repeat this process at least 6 times.

COURSE HANDOUTS [Slide 58]

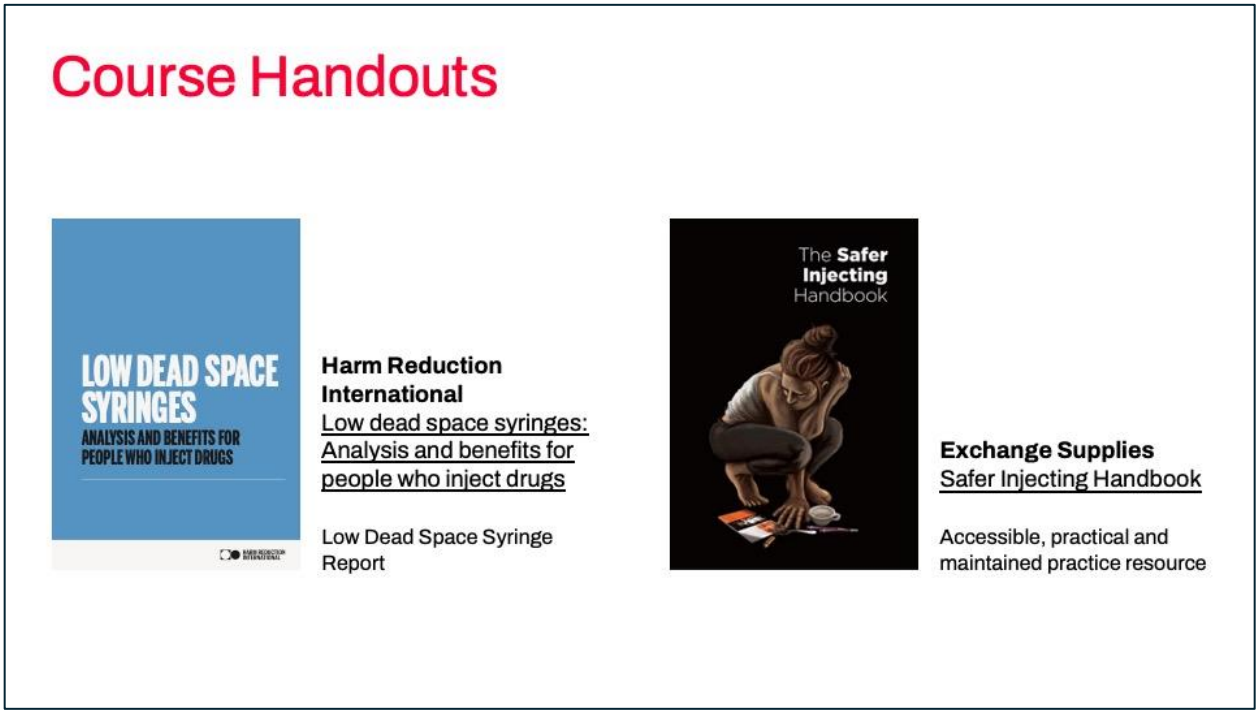
Description:

Two key resources are promoted:

The State of Low Dead Space Syringes and Needles from Harm Reduction Internation which explains more about low dead space syringes and needles and their use around the world.

The Exchange Supplies Safer Injecting Handbook. This resource is regularly updated. It is a comprehensive and practical resource that is helpful for peer workers, harm reduction practitioners, and outreach workers.

A list of resources is shared in the final section of this Trainers Guide as further reading for those leading the course and as trusted resources that you can recommend to participants.



TECHNICAL RESOURCES [Slide 59]

Description:

The European Training Manual was developed from a French safer injecting manual for staff. It was developed into a European wide resource by Correlation the European Harm Reduction Network. The Eurosider project promotes good practice on safer injecting for people working with people who inject drugs. It describes good practice in a setting with well developed and long established needle and syringe programmes.



CLOSING SLIDE" [Slide 60]

Description:

Closing slide for the course.



Trainers Tips

- You can run course evaluation or give out course certificates while showing this slide.

REFERENCES AND RESOURCES

Course Handouts – Safer Injecting & Low Dead Space Syringe Report recommended Slide 59.

Safe injecting Guide : https://cloudfront.exchangesupplies.org/pdfs/P303_10.pdf

Low Dead Space Syringe : https://hri.global/wp-content/uploads/2023/11/LDSS-report_Final.pdf

Technical Resources - recommended Slide 60

https://correlation-net.org/eurosider/

Additional Resources

Low dead space

Annie Madden | Burnet Institute - Low Dead Space Syringes / Needles – Focus Group Resource

https://hri.global/wp-content/uploads/2023/11/LDSS-report_Final.pdf

https://cloudfront.exchangesupplies.org/pdfs/F722_LDS.pdf

https://hri.global/publications/low-dead-space-syringes-analysis-and-benefits-for-people-who-inject-drugs/

exchange supplies brochure on low dead space syringes https://cloudfront.exchangesupplies.org/pdfs/F300.pdf

exchange supplies – low dead space syringe briefing :

https://cloudfront.exchangesupplies.org/pdfs/F722_LDS.pdf

Safer Injecting Techniques

AIVL vein care guide: https://aivl.org.au/wp-content/uploads/2024/03/AIVL_Vein_Care_Guide_2020-FINAL.pdf

AIVL video resources

https://aivl.org.au/resources/vein-care-guide/

https://youtu.be/mRUEWmMO5Fk - AIVL video - how an abscess is formed

safe injecting pamphlet - Peer Based Harm Reduction WA :

https://harmreductionwa.org/wp-content/uploads/2023/12/PBHRWA-A-Guide-to-Safer-Injecting.pdf

Bacterimia – (dirty hit) resource: https://harmreduction.org/issues/safer-drug-use/injection-safety-manual/potential-health-injections/#:~:text=Bacteremia%20is%20when%20bacteria%20entersthe,Bacteremiacan%20be%20fatal!

Syringe / Barrel Cleaning Pamphlet: [AIVL]

https://issuu.com/aivl/docs/cleaning_used_syringes

How much Citric – Exchange Supplies UK video

https://youtu.be/e_hlxbW1v20?feature=shared



NUAA posters Using An Acidifier

journal article - acid use and harm in UK

INPUD Words Matter Reference Guide

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