

## Session 2: Peer Mentoring and Injection-related HIV Risk Behaviors

### Objectives

1. To teach the basic concepts of harm reduction.
2. To teach the relative risks of safer injection practices.
3. To teach participants safer injection skills and proper needle disposal.
4. To provide participants the opportunity to practice talking with peers about injection- risk and injection harm reduction strategies through role-plays.

### Materials in Session

- Tape recorder, microphone, and tapes with labels
- Needle Cleaning Video and VCR equipment
- Safe Injection Video (if used at site)
- Group Rules poster (from Session 1)
- “Peer Mentors” poster (from Session 1)
- Myths and Facts poster with cards on it (from Session 1)
- SPEAKK poster (from Session 1)
- Newsprint, markers, pens
- Injection Risk Ladder/Steps velcro attachable behavior cards
- Syringes, bleach, water, and alcohol pad for needle demonstration

### Handouts

- Harm Reduction handout (handed out at end of session)
- Injection risk ladder handout (handed out at end of session)

**Overview**

- I. Welcome Back and Debrief Peer Mentor Homework (15 minutes)
- II. Present Harm Reduction (5 minutes)
- III. Injection Risk Ladder/Steps and Safe Injection Video (20 minutes)
- IV. Clean Needle Demonstration and Video (10 minutes)\*
- V. Practice Needle Cleaning Skill Building (15 Minutes)\*
- VI. BREAK (10 minutes)
- VII. Facilitator Freeze Frame Role-Plays Using SPEAKK (5 minutes)
- VIII. Participant Small Group Role-Plays (25 minutes)
- IX Peer Mentoring Homework Activity (10 Minutes)
- X Wrap-Up (5 Minutes)

## I. Welcome Back—Debrief Peer Mentor Homework (15 minutes)

### Procedure

Group leaders welcome participants back to the group and ask them to share about their peer mentor homework. They briefly touch upon the topics that will be covered in today's session.

*Hello everyone, and welcome back to the second group meeting for the [Project NAME]. Thank you for coming back! Remember in the last session we talked about good peer mentoring and learned peer mentor skills using "SPEAKK." We also talked about Myths & Facts about how you can get HIV, and we did the ribbon activity to show how HIV can spread through a community.*

*At the end of last session we asked you to talk to one of your network members about something that you learned during the last session. Remember, we also wanted you to practice Staying Positive? (Point to "S" on the SPEAKK poster.)*

*Let's go around the circle and share your experiences as well as how it went. Remember our group rule about "honesty and confidentiality." If you didn't do it, we would like to hear about the barriers to doing this and maybe we can help you overcome those barriers. If you had problems talking about the intervention with someone, please share that too.*

### Questions about the Interaction

1. *What actually happened?*
  - *How did you bring up the topic?*
  - *What was their first response when you brought up the topic?*
2. *What went well?*
  - *What kinds of questions got them to talk?*
  - *What techniques did you use to engage them in conversation?*
  - *Did they try to avoid answering any of your questions or information that you were presenting and what did you do to get them to talk?*
3. *What did not go so well?*
  - *What kinds of questions did not get a response?*
  - *Did they try to avoid answering any of your questions or information that you were presenting and what did you do to get them to talk?*

**Note to Facilitator**

Make sure that participants who did not do the assignment talk about why they did not and you and/or the group brainstorm solutions to help them talk to their network members.

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**Transition to Session Topic: Injection Risk for HIV**

*Okay, so it seems that talking to other people about our intervention was [summary of experiences]. We're going to start each session with this check-in to hear about your experiences using SPEAKK with your network members.*

*Today we are also going to start talking about specific ways to reduce HIV risk through injection drug use, and we are going to be talking more about being a peer mentor.*

## II. Present Harm Reduction (5 minutes)

*We want to say a few words about the philosophy that guides this program. It is called the Harm Reduction Approach. This approach recognizes that there are many steps that we can take to reduce the harms that drug use may be causing in our lives. The harm reduction approach is about **accepting** people wherever they are with their drug use and **giving them options** to reduce harm to themselves and others.*

*We know that even when people use drugs, they can still do many things to reduce getting HIV and to improve their lives. Drug users can also do a lot to help themselves and to help other people.*

*Some examples of practicing the Harm Reduction approach includes: refusing to share needles and other injection equipment to avoid getting HIV, cleaning our skin and rotating our injection sites to avoid tracks and abscesses. We can make plans with our friends to avoid and deal with drug overdose. All of these strategies can help to reduce the harms associated with drug use.*

*Harm reduction is based on the recognition that people use drugs for a variety of reasons and that the goal of total abstinence may not be possible for many individuals. Also, relapse can be frequent.*

*As Peer Mentors, we want you to talk to the people that you brought into this program about the Harm Reduction approach and teach them different Harm Reduction strategies.*

*Remember, **good peer mentors stay positive** when talking with others about reducing their risk. We try to help people build on their strengths and avoid making them feel guilty when they fall short of their goals to be safer.*

### III. Injection Risk Ladder/Steps (and Safer Injection Video if used at site) (20 Minutes)

#### Procedure

Begin this section by hanging the blank Injection Risk Ladder poster. Explain that the top of the ladder is the highest risk.

Hand out the **blue** behavior cards, and explain that these are all behaviors related to **injecting drugs**. Ask participants to come up one at a time and place their card on the **left** side of the ladder (labeled in blue), according to how risky they think the injection behavior is.

As each participant comes up, the facilitator should read the card aloud before the person places it on the ladder (to avoid literacy concerns).

If people start to move already placed cards when they are putting up theirs, they can do so and the group can discuss why later. Tell them not to worry if their card gets moved - that's part of the activity.

The group is asked to wait to discuss the answers until after everyone has put up their cards. The group then discusses the placement of each behavior card and moves behavior cards as they see fit. After final placement of the behaviors, group leaders lead a discussion about what people can do to reduce the risk of transmitting the virus.

The procedure above is repeated for the **red** behavior cards, which describe **splitting and preparing drugs**, and are placed along the **right** side of the ladder.

*Notice that we posted the HIV Myths and Facts from our last session. Now that we talked about some of myths and facts about HIV and other harms associated with drug use we want to talk more specifically about the different behaviors that can reduce our levels of risk when sharing needles AND splitting drugs.*

*For this activity, we are focusing on needles. But we also know from our Myths & Facts discussion last time that you can get HIV from dirty cookers, cotton, and rinse water.*

*We are handing around some cards that have injection behaviors written in blue. If you didn't get a card this time, we'll try to get to you in the next activity. Now, please look at this Injection Risk Ladder. Just like a regular ladder, being at the top of the ladder is riskier than being on the first or second step. As you move down the steps, your level of risk decreases.*

*Let's start looking at the **left** side of the ladder, which is in **blue**, and which shows steps you can take to reduce the **risk of sharing needles to inject** [point to heading on top of left side].*

*We'd like you to come up one at a time and place your blue behavior card on the ladder, based on how risky you think the behavior is for spreading the HIV virus.*

*If you need to move someone else's card to put them in the right order, that's fine. Don't worry if someone who goes after you moves your card. That's part of the activity.*

[After all 4 of the blue behavior cards on the left side are posted in correct order, discuss, as follows:]

*At the top is the riskiest injection behavior: Using someone else's needle without rinsing it out. Can anyone tell me why this is the riskiest injection behavior? Right, there may be HIV infected blood in the syringe, which you would then be injecting. The more blood in the syringe the higher the chance of diseases like HIV and hepatitis getting passed on.*

*To reduce some of the harm of using someone else's needle, one option is to rinse out the syringe with water, at least 3 times. It's best if the water is clean and not rinse water, but remember, the Harm Reduction approach is about taking any positive step, no matter how small, to reduce risk. So rinsing your needle out with anything, is better than nothing. The more times that you rinse the better. Each time you rinse, especially with clean water, the lower your risk of becoming infected.*

*Another option to reduce risk even further is to rinse your needle 1 time with clean water, 1 time with bleach, and 1 time again with new clean water. The reason why this is lower on the ladder than just rinsing with water is because bleach kills HIV. After this activity you will see how to properly rinse your needle using water and bleach. One more option to reduce risk is to use a brand new needle every time you inject.*

*We know that if you're feeling sick it may be hard to rinse 3 times. But if you practice you can figure out ways to inject safely even if you're sick. Remember, rinsing 3 times before you inject will really cut down your risk.*

*The very safest behavior at the bottom of the risk ladder is to use a new, clean needle every time you inject. New needles are available at the Needle Exchange Program, and this program is also a good way to dispose of used needles safely [modify to fit site requirements].*

*Now let's look at the right side of the ladder, which is in red. This side shows us ways that we can reduce the levels of risk when we split and prepare drugs [point to heading].*

[Hand out red behavior cards, starting with people who didn't get a card yet.]

*Again, remember that we are focusing on needles, even though we know that dirty cookers, cotton, and water can also place us at risk.*

Now we'd like you to come up one at a time and place your **red** behavior card on the **right** side of the ladder, based on how risky you think the behavior is for spreading the HIV virus.

[After all 3 of the red behavior cards on the right side are posted in correct order, discuss, as follows:]

*Splitting drugs is risky if someone uses a dirty needle to add water to dissolve the drugs or to measure out the shot. What happens is, blood from that dirty needle gets mixed into the drugs that are being injected.*

*One way to reduce this risk is to always use a clean needle for splitting drugs. You can mark or burn this needle and only use it for splitting drugs. We still think this has some risk because the needle might be used without you knowing.*

*To be even safer, you can just split your drugs dry.*

*The point of using the risk ladder is to help you see how you can take steps to reduce your risk. We realize that some behaviors may not be realistic for everyone. When you consider your options, it is important that you develop a plan that is realistic for you.*

*So far we talked about splitting drugs dry or using clean or new needles to split and prepare drugs. Although it's not on our ladder, we also want to mention the risks of sharing a cooker and cotton. Even if you use a clean needle or a new needle to split drugs, if the cooker or the cotton have been used, (and are therefore shared) they may contain trace amounts of blood that could contain the virus. Or, they could lead to other infections, like Hepatitis.*

*Therefore, when you split drugs, you can further reduce your risk by also using a new cooker and cotton (which are available in free bleach kits from the needle exchange). If you cannot get a new cooker, or must share, you can also clean your cooker with bleach and water, because remember that bleach kills HIV. This will decrease the risk for infection from the cooker.*

*At the end of this session, we are going to give you a handout with this Injection Risk ladder to use when you talk with your network members.*

*Now let's watch a video on safer injection.*

## IV. Cleaning Needle Demonstration and Video (10 minutes)

### Procedure

Group Leaders will introduce the video, which demonstrates how to clean a needle, as well as how to dispose of a used needle safely.

When introducing the video, explain that it includes a demonstration of safer injection strategies and at the end it shows how to clean syringes, and that we understand that people are in different places with their drug use, and that some people might be trying to quit or in recovery, and they might be uncomfortable watching this.

### Proposed Video Script

*The first thing to realize is that injection is never completely safe. Any time you put a hole in your arm or wherever, you are taking a risk. But if you follow a few simple precautions, you can keep that risk as small as possible.*

After the video, the group leaders should facilitate a brief discussion, as follows:

*Now that we've seen the video(s) (or demonstration) can anyone tell me when during the preparing and injecting can infection occur? That is, when can someone else's old blood get into your drugs?*

*The video showed equipment that you can get from places like the Prevention Point Needle Exchange sites [modify to fit site's requirements]. Having clean or new equipment is an important part of safer injection. What if you can't get to needle exchange? What are some other things you could use or do? (to tie off? As a cooker? To clean needles? To dispose of used needles? Etc.)*

## V. Practice Needle Cleaning Skill Building (15 minutes)

### Procedure

Group Leaders will introduce the needle cleaning skills practice (including inviting anyone who is uncomfortable to do an alternative activity) and then have participants work in pairs. When observing participants, especially check that they (a) progress through the steps of 1x water, 1x bleach, 1x fresh water, and (b) shake slowly (roll the liquid slowly) on each step. Also instruct them to be careful with bleach so that it doesn't spill (potentially ruining clothing). After they finish, ask them about their experience practicing.

Each person in the pair doesn't have to do it separately. They can walk through it together.

*Any participants who are uncomfortable practicing cleaning needles can work on the "Safer Injection Card Sort" alternative activity in the next room with one of the Group Leaders.*

*Now, before we take a short break, we're going to give you a chance to practice cleaning out a syringe. Remember, often the most important key to success is using the "P" of "Plan Ahead." For many people, waiting until they are sick prevents them from successfully using clean works consistently.*

*If you are uncomfortable with handling works or watching people handle syringes/works, then you can work on a different activity in another room while the group practices this.*

*Before we start, we want to caution you to be very careful handling bleach, because it can ruin your clothing. Especially since we are using syringes without needles, you have to be extra careful the bleach doesn't drip or spill out of the syringe.*

*Now, pair up with a partner and take turns practicing cleaning your syringe. We'll be here while you practice, if you have any questions.*

[After they all have had chance to practice, say:]

*Let's take a 10-minute break, and when we come back, we will practice mentoring others to decrease their HIV risk from injecting.*

## VI. BREAK (10 minutes)

## VII. Facilitator Freeze Frame Role-Play Using SPEAKK with Discussion (5 minutes)

### Procedure

To role model the role-play for the group, one facilitator acts as the "Peer Mentor" and the other facilitator acts like the "Network Member." The "Peer Mentor" facilitator should introduce the activity and the "Network Member" facilitator should lead the discussion about the role-play.

The role-play should take place in a designated area (e.g. indicated by masking tape on the floor) so that when the Peer Mentor wants to "freeze" the role-play or take a time out to solicit participant advice, they can step out of this area.

The facilitator who is the Peer Mentor should intermittently step out of the role-play and think to him/herself out loud so others can observe (e.g. "I need to remember to Actively Listen" or "I need to Know My Bottom Line and stick to it") or to address the group for advice (e.g. "Can you guys help me out? What should I do next?")

**Demonstration scenario:** The Peer Mentor runs into the network member on the street. The network member does not have a needle and asks to use or buy a used needle from the Peer Mentor.

*Now that you have all watched how to properly clean your syringe using bleach and water, we want to spend the rest of our meeting time today practicing how to talk to others about reducing injection risk. We are going to divide you up into small groups and do some role-plays so that you can practice using some of the SPEAKK skills.*

*But first, we are going to demonstrate a role-play for you and give you a chance to comment on how I do as a Peer Mentor. I may Freeze the role-play by stepping out of this box if I need a chance to think or need to ask for your advice during the role-play.*

### Discussion Questions

- 1. What did you notice that the Peer Mentor did well? (As the participants identify good peer mentoring, paraphrase the skills and point to the SPEAKK poster.)*
- 2. What did you notice that the Peer Mentor did not do so well? (Again use the SPEAKK skills poster to frame what the participants are discussing.)*
- 3. If you were the network member, would you have been persuaded by the Peer Mentor to be safer?*



***Note to Facilitator***

If the group seems hesitant to be critical of the Peer Mentor facilitator, the Network facilitator should make some constructive comments.

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## VIII. Participant Small Group Role Plays (25 minutes)

### Procedure

Divide into two groups and each facilitator take a group to opposite sides of the room. In small groups, have each participant role-play with the facilitator or another participant based upon site discretion.

After each role-play, have the small group members comment on how it went using the discussion questions in the Note to Facilitator below.



### **Note to Facilitator**

Allow the Peer Mentor to FREEZE the role-play and ask for advice from the other group members and take time to think through what s/he needs to do next in the role-play. Also, allow the participants to use props such as the risk ladder.

We want to encourage the participants to be thinking through what is happening in the role-play and what SPEAKK skills will help make the interaction more effective.

### **Discussion/Debrief Questions**

After each role-play, ask the following questions:

*For the peer mentor:* How did that feel? Did you feel good about the encounter? What worked well? What might have worked better? What felt uncomfortable or unnatural?

*For the network member:* How did that feel? Did you feel good about the encounter? What worked well? What might have worked better? Would the approach the peer mentor used have made you consider trying to make this positive change in behavior?

*For the observers/facilitator:* What worked well? What might have worked better? What SPEAKK skills did the peer mentor use?

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### **Role Play Scenarios:**

1. A friend uses a dirty needle to split drugs (wet). How would you talk to him about splitting drugs safer.

2. Your friend rinses a used syringe once with water before injecting. What could you do to help him lower his risk?
3. You only have one cooker and plan to share drugs. How could you reduce the risk of becoming infected?
4. You see that someone's needle is jammed up and the person asks to borrow your needle. What would you say to him/her?
5. Your friend shares needles but always rinses 3 times with water. How could you talk to him about reducing his risk.
6. Your friend always wants to share cookers with you and you don't want to share.
7. (Philadelphia) A friend talks about sharing rinse water—not thinking that it is risky.
8. (Philadelphia)—You can't get to the NEP and you don't have bleach. Do you clean with cold water, share syringes, go to a pharmacy? What do you do?

### Procedure

After the small groups are done with role-plays, bring them back together and have the facilitators and group members share their experiences.

*We are glad that you all got a chance to start practicing SPEAKK skills. We know that it can be challenging, but you will have many more opportunities to practice.*

## IX. Discuss Peer Mentoring Homework Activity (15 minutes)

*For today's peer mentor homework, we want to ask everyone to bring up the topic of drug risk in a conversation with your network members.*

*You can use the Injection Risk ladder to talk about ways to reduce the mechanics of getting HIV through sharing needles and splitting drugs. As part of this assignment, remember to Stay Positive, this is a challenging conversation for many people. Also remember to Know your Resources for clean needles, clean water, and maybe some bleach/alcohol.*

*When you come back next time, we can discuss your experiences and how your conversations went.*

*Can you tell us the name or initials of whom you'll be talking to for each of us to write down?*

## X. Wrap-up (5 minutes)

After going over the homework activity, end the session by handing out materials and reminding them about the next meeting time and date:

*Please feel free to take materials from the Resource Table, as well as these hand-outs from today's session (hand out materials from the day's session).*

*Remember, we will be meeting next on \_\_\_\_\_ (day and date)  
at \_\_\_\_\_ (time).*

## HARM REDUCTION

### What it Means:

**"Harm Reduction" is the philosophy that guides this program. This approach recognizes that there are many steps that we can take to reduce the harms that drug use may be causing in our lives. The harm reduction approach is about accepting people wherever they are with their drug use and giving them options to reduce harm to themselves and others.**

**We know that even when people use drugs, they can still do many things to reduce getting HIV and to improve their lives. Drug users can also do a lot to help themselves and to help other people.**

**Some examples of practicing the Harm Reduction approach includes: refusing to share needles and other injection equipment to avoid getting HIV, cleaning our skin and rotating our injection sites to avoid tracks and abscesses. We can make plans with our friends to avoid and deal with drug overdose. All of these strategies can help to reduce the harms associated with drug use.**

**Harm reduction is based on the recognition that people use drugs for a variety of reasons and that the goal of total abstinence may not be possible for many individuals. Also, relapse can be frequent.**

**As Peer Mentors, we want you to talk to the people that you brought into this program about the Harm Reduction approach and teach them different Harm Reduction strategies.**

**Remember, good peer mentors stay positive when talking with others about reducing their risk. We try to help people build on their strengths and avoid making them feel guilty when they fall short of their goals to be safer.**

**Homework:**

*Session 2 – Staying Positive about Injection Drug Risk*

*Harm Reduction, Injection Risk Ladder, and Using New/Clean Works*

I'm going to talk with \_\_\_\_\_ about something I learned today.

If I don't see \_\_\_\_\_ I'll talk with \_\_\_\_\_.

I plan to talk about \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The next session is \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ at \_\_\_\_\_ AM/PM

If you need to speak with someone before the next session you can call \_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_

**Homework:**

*Session 2 – Staying Positive about Injection Drug Risk*

*Harm Reduction, Injection Risk Ladder, and Using New/Clean Works*

I'm going to talk with \_\_\_\_\_ about something I learned today.

If I don't see \_\_\_\_\_ I'll talk with \_\_\_\_\_.

I plan to talk about \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The next session is \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ at \_\_\_\_\_ AM/PM

If you need to speak with someone before the next session you can call \_\_\_\_\_ at \_\_\_\_\_.

# **Using someone else's unclean needle without rinsing**

**Using someone's  
needle after rinsing  
syringe 3 times  
with water.**

**Rinsing needle:**  
**1 time with water**  
**1 time with bleach &**  
**1 time with water**

**Using a new needle  
every time you inject**

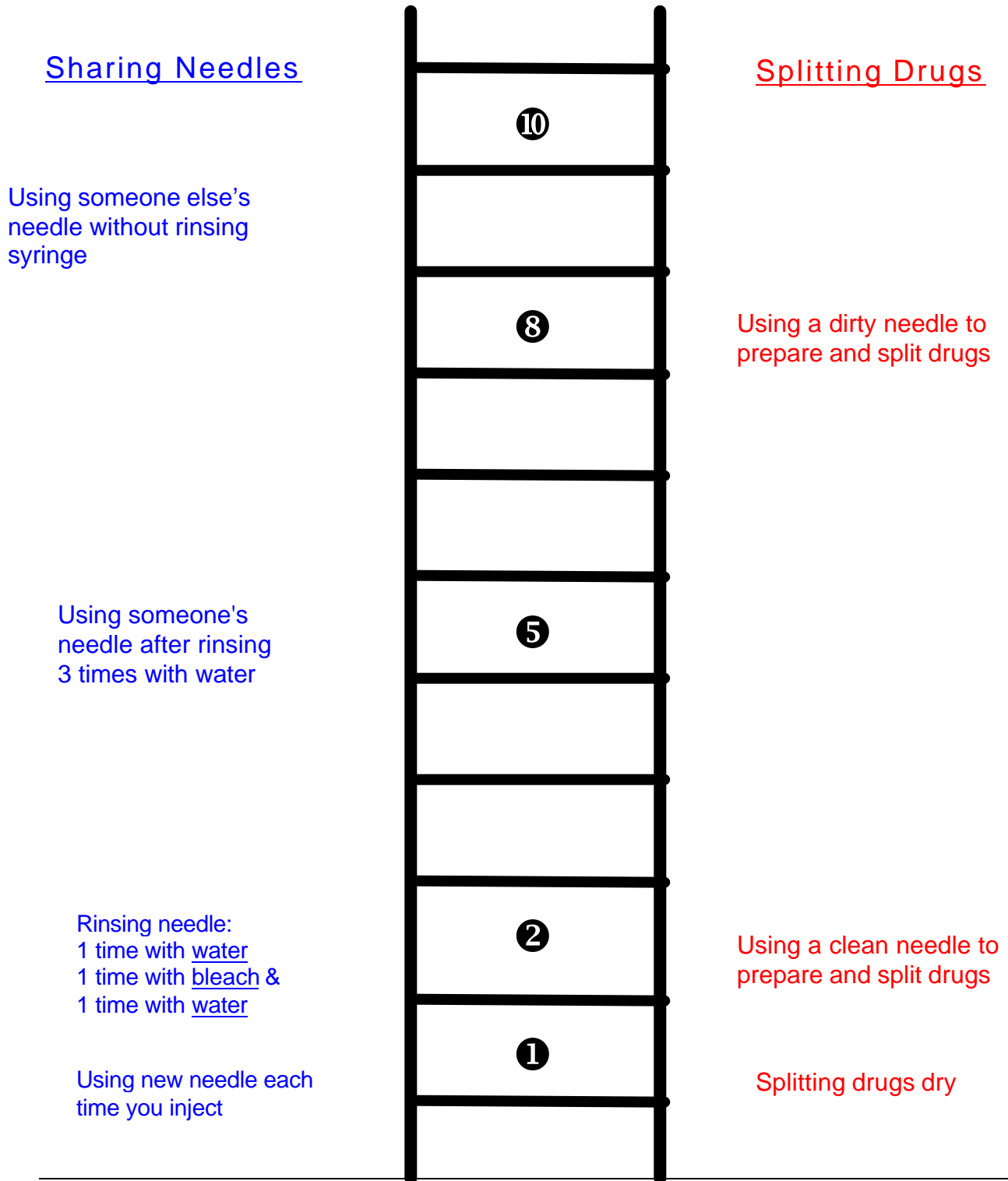
# Using a dirty needle to prepare and split drugs

# Using a clean needle to prepare and split drugs

# Splitting drugs dry

# Injection Risk Ladder

## Levels of Risk for HIV



# Injection Risk Ladder

## Levels of Risk for HIV

Sharing Needles

Splitting Drugs

