Reducing hepatitis C injecting and sexual risk behaviours among females who inject drugs in Europe (REDUCE): translating evidence into practice

Group intervention manual

The REDUCE project is co-funded by the European Union's Drug Prevention and Information Programme

Project number: JUST/2010/DPIP/AG/0975 REDUCE

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REDUCING HEPATITIS C RISK BEHAVIOURS AMONG FEMALE DRUG USERS IN EUROPE

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www.thereduceproject.imim.es

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REDUCING HEPATITIS C RISK BEHAVIOURS AMONG FEMALE DRUG USERS IN EUROPE

Developed by Gail Gilchrist
with the REDUCE group

Spain: Marta Torrens, Judit Tirado

Italy: Lucia Di Furia, Cinzia Giammarchi

Austria: Gabriele Fischer, Birgit Köchl, Caroline Hopf

Poland: Jacek Moskalewicz, Katarzyna Dąbrowska

Scotland: Avril Taylor, Alison Munro, April Shaw

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REDUCE Project co-ordinator and partners

The REDUCE project was co-ordinated by the Parc de Salut Mar, Barcelona, Spain. The University of Greenwich (London, England) were sub-contracted by Parc de Salut Mar, Barcelona, Spain to manage the REDUCE project, with partners from Scotland (University of the West of Scotland, Paisley), Poland (Institute of Psychiatry and Neurology, Warsaw), Austria (Medical University of Vienna) and Italy (Agenzia Regionale Sanitaria-Regione Marche).

Project Co-ordinator: Spain

Parc de Salut Mar
Passeig Maritim 88,
08003 Barcelona

Professor Marta Torrens.
Professor of Psychiatry/ Head of Addiction Program

Ms Judit Tirado. *Researcher*

Project Manager: England

University of Greenwich, School of Health and Social Care
Avery Hill Road, London SE9 2UG

Dr Gail Gilchrist. *Principal Research Fellow / Head of the Centre for Applied Social Research*

Project partner: Austria

Center for Public Health, Medical University of Vienna
Kinderspitalgasse 15, 1090 Vienna

Professor Gabriele Fischer.
Professor of Psychiatry/ Medical Director of Addiction Clinic

Dr Birgit Köchl. *Research Assistant/ Clinical Psychologist*

Caroline Hopf. *Research Assistant*

Isabella Leeb. *Research Assistant/ Clinical Psychologist*

Project partner: Italy

Agenzia Regionale
Sanitaria-Regione Marche
Via Gentile da Fabriano, n° 3
Regione Marche -60100 Ancona

Dr Lucia Di Furia. *Medical Manager, Coordinator for Research, Innovation and Training*

Cinzia Giammarchi. *Researcher*

Project partner: Poland

Institute of Psychiatry
and Neurology
02-957 Warszawa, Sobieskiego 9

Dr Jacek Moskalewicz. *Head of the Department of Studies on Alcoholism and Drug Dependence*

Dr Katarzyna Dąbrowska. *Senior Researcher*

Project partner: Scotland

University of the West of Scotland
Paisley Campus, High Street,
Paisley, PA1 2BE

Professor Avril Taylor. *Chair in Public Health and Faculty Director of Research*

Dr Alison Munro. *Researcher*

April Shaw. *Research Assistant*

1. Aims

The REDUCE project was co-funded by the European Union's Drug Prevention and Information Programme (Project number: JUST/2010/DPIP/AG/0975 REDUCE) to:

1. determine and understand the knowledge around transmission of the hepatitis C virus (HCV) and the risk behaviours associated with HCV among females who inject drugs in Europe.
2. develop and test an evidence based group intervention to reduce HCV risk taking behaviours and increase HCV transmission knowledge among females who inject drugs.
3. to disseminate the REDUCE group intervention manual.

2. Background and rationale

The prevalence of HCV continues to rise among people who inject drugs and sharing injecting equipment poses the greatest risk of transmission among this group. While there is no increased risk of HCV transmission in long term, heterosexual relationships; the risk of HCV transmission increases with multiple sexual partners and among women who are infected with HIV or other sexually transmitted diseases. Females who inject drugs report risk behaviours including sharing needles and injecting paraphernalia, having sex with people who inject drugs, having multiple partners, exchanging sex for money or drugs and not using condoms – potentially putting them at greater risk of HCV. Many females who inject drugs rely on others to inject them, often male sexual partners, which may reduce their ability to insist on safer injecting behaviours. Depression among females who inject drugs has been associated with injection-related risks such as needle sharing. Females who inject drugs are more likely than males who inject drugs to have sexual partners who also inject drugs, to inject with and to have been first injected by a male partner, and to borrow needles and injecting paraphernalia from their sexual partner. Therefore, HCV risk behaviours should also be understood in the context of their relationships with male partners.

Gender inequalities, negative mood, intimate partner violence and lack of assertiveness may decrease females who inject drugs ability to negotiate safer interactions in their personal drug and sex networks/ relationships.

HCV transmission and reinfection risks could be reduced if females who inject drugs were aware of HCV transmission risks and were able to assertively insist on and negotiate safer injecting and sex practices.

3. The intervention development

The development of the REDUCE brief group psychosocial intervention was informed by the mixed methods REDUCE study conducted to determine and understand the HCV transmission knowledge and risk behaviours among over 200 females who inject drugs in Europe and a systematic review of effective interventions to reduce HCV risk behaviours and increase HCV transmission knowledge. Qualitative interviews also asked females who inject drugs about the need for such an intervention, whether they would find such an intervention useful and acceptable, and how they would like it to be delivered.

A three session brief group intervention was developed for delivery by a professional (e.g. psychologist, nurse, educator etc.). Permission was sought from original authors of any adapted materials and is detailed throughout the intervention. Each session lasted 2 hours including a 15 minute break. The sessions covered:

- Session 1. Understanding Hepatitis C transmission risks.
- Session 2. Hepatitis C and sexual wellbeing – negotiating safety.
- Session 3. Hepatitis C and emotional wellbeing – reducing negative mood.

4. Testing the intervention

The evaluation assessed whether the three session psychosocial intervention reduced HCV sexual and drug risk behaviours and depressive symptoms, and increased HCV transmission knowledge among females who inject drugs.

4.1 Participants and recruitment

Females who were aged 18 years and older and who had injected heroin or other opiates, cocaine or amphetamines in the previous month were eligible to participate in the intervention study. Participants were recruited from outpatient drug treatment services. After attendance at each session and completion of research interviews, participants received a voucher to compensate for their time.

4.2 Outcome measures

The HCV knowledge transmission questionnaire developed by the REDUCE project was administered to participants at baseline, the end of the intervention and one month post intervention http://www.thereduceproject.imim.es/manual.html. In addition, drug and sexual risk behaviours in the previous month were asked at baseline and one month post intervention. The Patient Health Questionnaire (PHQ-9) assessed depressive symptoms experienced in the two weeks prior to baseline and in the in the two weeks prior to the one month post intervention follow up.

4.3 Intervention delivery

The intervention was delivered in outpatient drug treatment settings by a Clinical Psychologist in Austria, Italy and Spain. In Poland the intervention was delivered by two Health Educators (both attended all sessions), and in Scotland the intervention was delivered by an HIV/HCV Nurse. In addition to the therapist that delivered the intervention, a researcher attended each session to check the fidelity of the intervention delivered against the manual.

4.4 Analysis

Paired t-tests were used for continuous data and McNemar tests for matched pairs were used for categorical data to compare pre and post intervention findings. Intention to treat analysis was conducted to ensure that all participants who began the treatment were included in the analysis, whether they completed all three sessions of the intervention or not. Therefore, if the participant did not complete one or more of the follow up questionnaires, the responses from their most recent assessment were used. Imputation of data was conducted for five cases at the end of intervention assessment (HCV knowledge questionnaire only) and for four cases at one month post intervention.

5. Results

Thirty six participants who had injected in the previous month were recruited to participate in the 3 session intervention: 10 from Austria, 6 from Italy, 5 from Poland, 7 from Scotland and 8 from Spain. The mean age of the participants was 32.19 years (SD 8.31; range 22-56 years).

Compliance and attrition rates are presented in Table 1. 81% (29/36) of participants attended the second session and 78% (28/36) attended the third session. The end of intervention assessment was completed by 86% (31/36) of participants and the one month post intervention was completed by 89% (32/36) of participants.

Table 1. Compliance and attrition rates for REDUCE intervention study

	Number attending each intervention session			**Number completing assessments at each time frame**		
	1[a]	**2[a]**	**3[a]**	Pre-intervention	End of intervention	1 month post intervention
Austria	10	10	10	10	10	8
Italy	6*	5	5	6	5	6
Poland	5	4**	3**	5	5	5
Scotland	7	6	4	7	5	6
Spain	8	4	6	8	6	7

* one participant did not attend session 1 following baseline assessment, but attended session 2 (where the key learnings from session 1 were reviewed) and session 3.

**Sessions delivered individually to participants absent in sessions 2 (n=1) and 3 (n=2).

One month post intervention, four participants had not injected in the month since the intervention. Despite the small sample size, the intervention was effective in significantly reducing some HCV injecting risk behaviours and in increasing HCV transmission knowledge one month post intervention (Table 2).

Discussions with professionals who delivered and participants who attended the intervention determined its acceptability, and identified areas that worked well and those that could be improved. While the intervention was relatively brief (3 sessions), professionals believed that the duration of each session (2 hours) was too long for participants to concentrate and there was not enough time to be able to answer all questions raised by participants. Participants stated that they learned a lot and really enjoyed the interactive parts of the intervention including the video, games and role play exercises. They were less keen on the didactic parts delivered by the professionals. The first session, Understanding Hepatitis C transmission risks, was enjoyed the most, followed by the second session, Hepatitis C and sexual wellbeing–negotiating safety. Participants felt that the strategies taught during the third session, Hepatitis C and emotional wellbeing – reducing negative mood, were not enough to stop them injecting (and taking risks) when they were feeling down.

Table 2. HCV risk behaviours and transmission knowledge: comparison of baseline and one month post intervention results

Significant results	Non significant results
Significant reduction in using spoons or containers for mixing that had previously been used by someone else	No difference in sharing needles/syringes with someone they knew had HCV
Significant reduction in sharing filters, spoons, cookers or water with someone they knew was HCV positive	No difference in using filters that had previously been used by someone else
Significant reduction in using an alcohol swab after the injection	No difference in preparing drugs or rinsing works with water that had already been used by someone else
Significant increase in HCV transmission knowledge	No difference in sharing drugs with another person before or after preparing them
	No difference in using an alcohol swab before the injection
	No difference in the number of all new and unused needles/syringes used to inject, number of times participants had injected with a needle/syringe that had already been used by someone else or number of different people that they had received used needles/syringes from
	No difference in sexual risk taking behaviours
	No difference in depressive symptoms

6. Conclusions and recommendations

The REDUCE brief intervention was successful in reducing some, but not all, HCV injecting risk behaviours and in increasing HCV transmission knowledge among females who inject drugs. However, it did not reduce sexual risk behaviours, potentially due to the fact that the majority of participants were in long term established relationships where condoms were not routinely used; nor did it reduce depressive symptoms. Moreover, the study has several important limitations - it was not a randomised controlled trial, the follow up was short (one month) and the sample size was small. Therefore, these findings should be interpreted with caution.

Despite this, females who injected drugs were interested in the intervention and enjoyed the interactivity of the exercises. The manual may need to be adapted to suit local situations. Out-patient and harm reduction services may find it more feasible to shorten the length of sessions or administer the required session/s – with priority given to enhancing HCV transmission knowledge and reducing HCV injecting risk behaviour, particularly around the sharing of paraphernalia including water, filters, swabs and containers. It may be more feasible to administer the full REDUCE intervention in residential settings such as rehabilitation centres or prisons. We would recommend that sessions be shortened and didactic parts be kept to a minimum in future studies using the REDUCE intervention in outpatient settings. Consideration should be given in the future to using contingency management to increase retention and improve outcomes in psychosocial interventions.

The findings from the REDUCE project highlight the need for a gender sensitive approach to HCV prevention. The costs of successful early intervention compared to the consecutive costs of treatment (from interferon to liver transplantation) highlight the need for successful HCV prevention interventions such as the REDUCE intervention when targeting vulnerable populations.

Group intervention manual

session 1

Understanding hepatitis C transmission risks

Session 1

Understanding hepatitis C transmission risks

Materials:

Attendance register, Name badges, Participant folders, Flipchart and pen, Myths and Facts cards [DUIT], Dye Demo video [DUIT]

Handouts:

- Timetable of sessions
- Risk pyramids
- Hepatitis C leaflets.

Goals:

1. Introduce the REDUCE project and intervention.
2. Build group cohesion.
3. Establish group rules.
4. Engage participants.
5. Increase knowledge about Hepatitis C and transmission injecting risk behaviours.
6. Motivate participants to change their risk behaviours.

Participants will:

- Understand what participating in the intervention requires.
- Feel a sense of group cohesion.
- Increase their knowledge about Hepatitis C and transmission risk behaviours.
- Consider changing their risk behaviour.

Session 1 outline:

1.1. Introduction and welcome *- 10 minutes*
1.2. Group rules *- 10 minutes*
1.3. Myths and facts [*game*] about Hepatitis C *- 20 minutes*
1.4. Injecting risks: cross contamination [*video*] *- 15 minutes*

Break - 15 minutes

1.5. Transmission risks pyramid [exercise] *- 15 minutes*
1.6. Strategies for reducing injection risk *- 10 minutes*
1.7. Deciding whether or not to change your behaviour *- 15 minutes*
1.8. Distribution of leaflet on Hepatitis C transmission risks and local resources *- 5 minutes*
1.9. Close *- 5 minutes*

This column reminds the facilitator of the purpose of each session, the materials required to run the session and the procedures to be followed. Notes to facilitators are also included.

Facilitators should read verbatim the text below [*possible dialogue in italics after each point. These are possible dialogue points and don't have to be read. However, all other information must be shared verbatim with participants*].

1.1 Introduction and welcome

10 minutes

Purpose:
Introduce participants to each other and outline the brief intervention.

Materials:
Name badges, flipchart and pen.

Procedure:
Invite participants to "sign-in", introduce themselves, and write their name on their name tag. Outline the intervention and briefly describe the aim and content of the three sessions.

Thank you for agreeing to participate in the REDUCE intervention. The intervention is taking place simultaneously in five countries in Europe – Austria, Italy, Poland, Scotland and Spain. The aim of participating in this brief intervention is to provide female drug users with the skills and knowledge to reduce the risk of Hepatitis C transmission and infection. My name is (name of facilitator) and I am going to be the facilitator of the three sessions of this intervention. My role is to give you information about how Hepatitis C is transmitted and work together to help you develop strategies and skills to reduce transmission risks.

It is great to see you all here today. I want to run through the aims of the group, go over the group rules, and talk about confidentiality. We will meet every (day of week) for a further two weeks from (time) in (location). Each session will last approximately two hours with a break of 15 minutes. To get the most out of this group it is important that you attend all 3 sessions and that you turn up on time. We

will send you a text message or reminder call the night before each group session to remind you.

In each of the 3 sessions we will learn about Hepatitis C and transmission risks through discussion and activities. We will spend time talking about injecting and sexual risk behaviours for Hepatitis C, discover when we are most likely to take risks and learn strategies and skills to reduce these risks. As you know, this group is part of a research study that aims to look at whether the intervention increases knowledge about Hepatitis C transmission among females and you will be asked to complete a questionnaire at the end of the third session and again 4 weeks later. At the end of the three sessions we will also ask you what you liked and disliked about the group, what worked and did not work for you. This information will be used to improve the content of the group sessions in the future.

Briefly, the three sessions will cover:

- **Session 1**. Understanding Hepatitis C transmission risks.
- **Session 2**. Hepatitis C and sexual wellbeing – negotiating safety.
- **Session 3**: Hepatitis C and emotional wellbeing – reducing negative mood.

Before we begin, I would like to ask each of you to introduce yourself and your reasons for participating in the intervention. To help others in the group remember your name, please can you wear your name badge. You will each be given a folder to keep the handouts and exercises from the sessions.

Note to facilitators:

See possible dialogue in italics after each point. These are possible dialogue points and don't have to be read. However, all other information must be shared verbatim with participants.

Purpose:
Build group cohesion. Increase sense of project ownership.

Materials:
Flipchart and pen.

Procedure:
Invite suggestions for rules and allow group to brainstorm for a short time. Write the ideas that the group comes up with on the flip chart, with similar ideas placed together. Prompt ideas by raising questions or giving examples. After the session, rewrite the rules on a clean piece of paper, and keep the rules posted during each group meeting. The brainstorm should result in at least these bulleted rules.

1.2. Group rules [*adapted with permission from DUIT (Garfein et al., 2007)*]

10 minutes

Since we are going to be spending some time together over the next couple of weeks, it's important to have a few group rules so that everyone can get the most from the programme. We'd like to set up an atmosphere where everyone can learn from each other and feel respected during our discussions. Our time together will be more interesting and valuable if everyone is able to participate without any hesitations. This is our group so we need to come up with some of our own rules that we will all agree to follow. Later, if someone thinks of something that we missed and the group agrees on it, we can add to the rules. What we talk about during the sessions is confidential. That means I will not share what you say with the staff at the clinic. I am required by law however, to tell a member of staff if you tell me that you are planning on harming yourself or another person or if you tell me a child is being harmed or at risk of being harmed. Does anyone have any questions about this? Confidentiality is very important as everyone should feel safe in sharing their thoughts and feelings without worrying about what they say will be talked about outside this room.

- Confidentiality ("privacy").

We will be talking about very private things and we need to respect each other and not talk about the private lives of other group members to our friends and families. You can talk about what you learn in the group, but don't tell others who is in the group. You

don't have to tell the group about your own personal stories or information (such as your age). If you prefer, you can talk about the people you know or people like yourselves. If you share a personal story, you don't have to say it is about yourself.

- Respect.

Everyone's opinion should be respected. This means that there should be no interrupting, whispering, giving funny looks or making fun, put downs, or judgments, threatening or intimidating other group members.

- Appreciate different stages of use and treatment.

People are in different stages of drug use and treatment. Some of you may have chosen to stop using and some of you are still using drugs. The group needs to accept that different people make different choices. You are not required to stop using to be in this programme. ***Note that some programme content includes video and/or discussion of syringes and other injection paraphernalia, and any participants who are in recovery or who are concerned with that have the right not to watch/participate in that part of the session.***

- Right to choose to participate.

You should not feel pressured to participate in a certain activity or answer any questions that make you feel uncomfortable. You should feel comfortable to ask any questions you have.

- Be fit to participate.

You can participate better, without disrupting the group, if you manage your drug use. Be well while you're here.

- The right to ask questions.

You should ask questions whenever you feel that you don't understand something or that you want more information.

- Be on time.

Be here on time so the group don't have to wait for you and you won't miss out.

Note to facilitators:

See possible dialogue in italics after each point. These are possible dialogue points and don't have to be read. However, all other information must be shared with participants verbatim.

This discussion on rules should be framed in a positive manner (e.g. "Let's try to work together to make this project worthwhile for everyone. These are your sessions, let's make the most of them").

OK, here's the list of rules we just came up with. We'll keep this up during all our sessions to help us keep these in mind. If you think of other things that you want to add to the list later, even if it's at another session, bring it to the group and we can talk about it.

1.3. Myths and facts about Hepatitis C (*Exercise*) [*adapted with permission from DUIT (Garfein et al., 2007)*]

20 minutes

There are many misunderstandings, or myths, about Hepatitis C. To make sure that we have the right information, we are going to play a Myths & Facts game.

- I'll read a statement, and you can decide if the statement is true or false. I will then ask you to explain why you believe the statement is true (or false).
- Each card has a "bonus question" that requires more than just a true or false answer. They're harder than the true or false questions, so don't worry if you don't know the answer.

Card 1:

Hepatitis C is an infection caused by a virus that attacks the liver.

TRUE. Around 75 per cent of people exposed to Hepatitis C develop chronic infection, defined as the presence of the Hepatitis C virus in the bloodstream for longer than six months. The remaining 25 per cent will spontaneously clear the infection, but will continue to have detectable antibodies. Clearance of the Hepatitis C virus does not lead to immunity and Hepatitis C re-infection can occur following re-exposure. After 10 to 20 years, chronic Hepatitis C can cause cirrhosis. After 20 to 40 years, it can cause liver cancer.

Purpose:

• Correct misinformation, as needed.

• Establish the informational gist of the bonus questions then guide discussion of the bonus questions to the final point which stresses the importance of prevention.

Note to facilitators:

Discussion prompts are provided to facilitate discussion, and may be covered as time permits.

Card 2:

You can tell if someone is infected with Hepatitis C by how they look?

FALSE. Most people don't show signs of infection with Hepatitis C and most people do not have symptoms. The problem for most people is that they are unaware that they have been infected because of the lack of symptoms.

Bonus question: How do you know if someone has Hepatitis C?

Only way to know is from test results, but It is possible for someone to test negative and get infected later (Have to remember window period: up to 6 months for HCV).

What's the message? Don't assume the person is Hepatitis C negative. Avoid infection by not sharing needles.

Card 3:

Hepatitis C can be transmitted through unprotected sex.

TRUE. Although the Hepatitis C virus is much less likely to enter the body through unprotected sex, it can be passed that way. Avoid infection by using latex condoms.

Bonus question: Why does the HIV virus transmit more easily through sex than the Hepatitis C virus?

HIV doesn't need direct blood-to-blood contact. Hepatitis C does.

The HIV virus can spread through all types of sex (anal, vaginal, oral).

What's the message? Don't assume that the person you are having sex with is Hepatitis C negative. Avoid infection by using latex condoms.

Card 4:

There is a vaccine to protect people from Hepatitis C.

FALSE. There is no vaccine to prevent someone from getting infected with Hepatitis C.

Bonus question: People can get vaccinated against which 2 types of hepatitis?

Hepatitis A and Hepatitis B

What's the message? A vaccination is not available to prevent Hepatitis C virus infection. But you can protect yourself in other ways. Use latex condoms and don't share needles or works.

Card 5:

There is treatment available for Hepatitis C.

TRUE. There is treatment, but there are some important things to understand about these treatments.

Bonus question: Does treatment cure Hepatitis C?

- Effective treatment attacks the virus and prevents it from multiplying but it does not "cure" (or kill off) the virus.

- Effective treatment lowers the amount of virus (viral load) in the body and can slow down the progression of the disease.

What's the message? Currently, treatment for Hepatitis C only cures about 1/3 of the patients.

- The main drug for Hepatitis C is called interferon. Some people with Hepatitis C may receive "combination therapy" (interferon with ribavirin). After 6-12 months of therapy, it cures 30- 40% of the people who complete it. However, it requires 3 injections a week that can make a person feel like they have the flu, and most medical providers require patients to be clean (no injecting or alcohol) for 6 months before they are considered eligible for treatment.
- Even when people are able to get rid of the Hepatitis C virus through treatment, they can become infected again if re-exposed.

Card 6:

Hepatitis C can be transmitted by casual contact such as shaking hands, hugging, or drinking out of the same cup.

FALSE. Hepatitis C virus has to get into a person's blood stream before they can become infected.

Bonus question: Are there other ways besides sharing a needle that can spread Hepatitis C from one person to another?

- Sharing cookers, cotton, or water for preparing drugs.

- Sharing contaminated needles for tattooing or piercing.
- Sharing razors or toothbrushes.

What's the message? Sharing anything that might have even the smallest amount of blood on it from a person with Hepatitis C could cause you to become infected.

Card 7:

If a person who shares injecting equipment tests negative for Hepatitis C, it means that they can't get infected.

FALSE. All it means is that they have been lucky so far.

Bonus question: What can a person who tests negative do to stay that way? [*must explain answer and hint at one of the following, to receive point*]

- Stop injecting drugs.
- Stop sharing needles and any other injection equipment.
- Use condoms consistently and correctly with all sex partners.

What's the message? As long as a person is injecting drugs or having sex with people who have risk factors for Hepatitis C infection he/she will be at risk of becoming infected.

Card 8:

If a person already has Hepatitis C, they can be re-infected.

TRUE. Even if you already have Hepatitis C, another genotype of the virus can reinfect you. You may be told you have Hepatitis C antibodies, these do not protect you against reinfection.

Card 9:

A single or one time exposure is enough to contract Hepatitis C.

TRUE.

Card 10:

No more than a tiny amount of blood (so small that it can`t be seen) is needed to pass on Hepatitis C.

TRUE.

Bonus question: How long does the Hepatitis C virus “live” on a used syringe?

- The Hepatitis C virus can live in syringes for up to 63 days in high volume tuberculin syringes with detachable needles compared to a little more than seven days survival time in low volume insulin syringes with permanent needles.
- Therefore, it is vital to 1) dispose of your used syringes safely, 2) use a new syringe for every injection and 3) never share your

injecting equipment with others to avoid becoming infected or infecting others.

Card 11:

You can get infected with Hepatitis C from re-using your own syringe.

FALSE. It is not possible to get infected with Hepatitis C from re-using your own syringe, unless you've shared your works with someone and it's been cross contaminated. If you yourself are not infected with Hepatitis C then there is no chance of catching it reusing your own syringe.

Purpose:
To re-examine principles of transmission and risky behaviours that participants have been introduced to during pre- and post-test counselling sessions.

Respond to questions. If someone does not want to watch, they can leave the room and return for the group discussion following the video. The facilitator can later explain the content of the video.

Procedure:
1. View video.

2. After video, lead a discussion based on the questions below. See statements in italics for scripts if participants have trouble answering questions.

Have a volunteer define what backloading is; if no one volunteers, the facilitator should define it:

BACKLOADING is a procedure to divide up drugs after they have been dissolved and cooked. As you saw in the video, Sarah drew up drugs

1.4. Injecting risks: cross contamination (*Video exercise*) [*reproduced with permission from DUIT (Garfein et al., 2007)*]

15 minutes

The video we are about to watch includes syringes and other paraphernalia. As we discussed earlier today when we talked about ground rules, if this concerns you, please let one of us know. We support any of your efforts to reduce or stop your drug use and we can find something else for you to do instead if you feel it might be a problem for you to watch this video. Does anyone have any concerns about watching the video or questions at this point?

In order for us to reduce risk behaviours, we first have to make sure that we have our facts straight about how Hepatitis C can be spread. You've all heard that people shouldn't share needles or other injection equipment, now we're going to view a video that shows why.

http://duit.ucsd.edu/video.html

[View video then ask the following questions]

1. What equipment got contaminated? Were you surprised?

Let's break down how some of the items became contaminated and how that could have been avoided.

How did the rinse water become contaminated?

From the used syringe.

How did the dye get into the cooker and cotton?

- From the syringe.
- From contaminated rinse water.

What could she have done differently to avoid cross-contamination?

Possible Answers:

- Split the drugs dry and have each person use their own syringe, water, cooker and cotton to prepare their own drugs (Best Option).
- Used the new needle to prepare the drugs.
- Cleaned the contaminated syringe with bleach.

2. How did the new syringe get contaminated?

Sara backloaded the contaminated solution into it.

Would it have been any safer if her partner drew up their drugs right from the cooker instead?

No, the cooker was already contaminated

3. Was there anything else that got contaminated that could spread Hepatitis C?

Yes, Sara's fingers. If she touched her partner's needle or skin with traces of blood on her fingers, the virus has a small but real chance of getting into her partner.

from the cooker/spoon into a syringe, and then used that same syringe to squirt half of it into someone else's syringe. That's backloading. If the backloading syringe or the cooker, cotton or water has been used before, or if it touches any part of the syringe it backloads into, then virus can be spread from the donor syringe to the receiving syringe or the other way around.

Purpose:

To demonstrate prevalence and incidence of Hepatitis C among injectors as a way of increasing participants' perception of vulnerability.

Thank you all for sharing your observations of the video and your knowledge of how injection equipment can become contaminated during the drug preparation process. Maybe some of you knew that before, or maybe you didn't know, but we hope you learned how important it is not to share ANY injection equipment.

Remember, a single or one time exposure is enough to contract Hepatitis C, and no more than a tiny amount of blood (so small that it can`t be seen) is needed to pass on Hepatitis C.

The video we just saw shows how injection equipment can get infected. Which brings up an important question: how likely is it that people you inject with are infected? And how likely is it that you could get infected, that your works could be contaminated just like what happened in the video? Even if you never share, it's important to think about how common these viruses are, how many other people are already infected, and how easy it could be for you to get infected. With that in mind, about 7 in every ten injecting drug users in (country) is infected with Hepatitis C.

Break

15 minutes

1.5. Transmission risks pyramid [*adapted with permission from DUIT (Garfein et al., 2007)*]

15 minutes

When we're talking about injecting, harm reduction means you don't have to completely stop injecting – if you really cannot stop there are other things you can do, smaller steps that can really reduce your risk of getting Hepatitis C. Some injection behaviours are more risky than others.

We're going to pass out cards that list some specific injection behaviours that may put you at risk of getting Hepatitis C. You're going to create a pyramid by ranking injection behaviours according to how risky they are. Your job is to decide where on this pyramid each card should go. Put behaviours with the highest risk at the top of the pyramid, and put behaviours with the lowest risk at the bottom of the pyramid. Risk is all about blood. Here are two hints for things to think about as you're figuring out if something is higher or lower risk.

1. Is there a chance that there is anyone else's blood, even the tiniest amount of blood, on any injection equipment or anywhere else?

2. Have you done something to eliminate the blood or kill any virus that might be in it?

Creating this pyramid may be a little confusing at first because you don't know what all the behaviours are that are going to go on the pyramid. That's OK, it'll make more sense as we go, and you can move cards up or down on the pyramid as we go along.

Purpose:

To introduce the concepts behind injection (and potential sexual) risk and harm reduction, and apply them to understanding what behaviours are more/less risky than others.

Learning Objective:

Participants will be able to:

- *Identify the presence of blood as the key factor in injection risk.*
- *Explain how actions taken to kill virus in the blood*
- *Correctly rank various injecting behaviours in terms of their level of risk.*

Write "Clues" on whiteboard or flipchart, and below list these two clues:

Procedure:

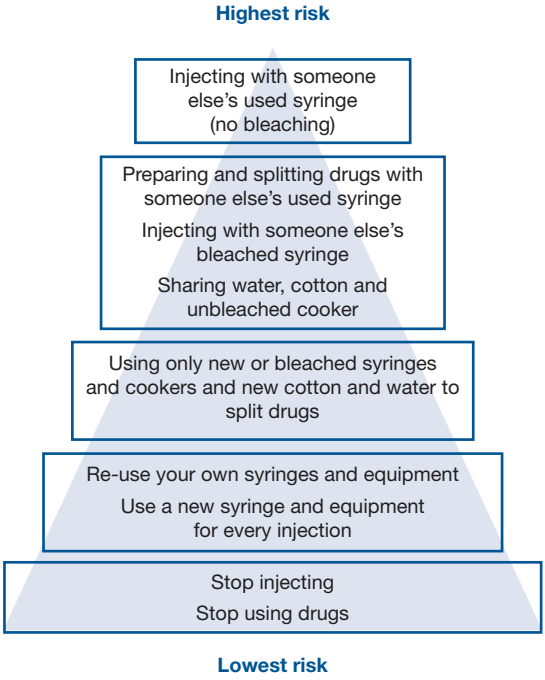
Hand out cards representing the injection behaviours and ask for volunteers to place the cards on the risk pyramid.

Note to facilitators:

You want the participants to be engaged and to learn from this. So don't put yourself in the middle of their learning. If someone puts something in the wrong place, don't move it for them (but if another participant thinks something should be moved, ask them why, see if the group agrees, and if there's consensus, let them move it.) Once all of the cards are up, then the facilitator should resume "teaching" and review what's on the pyramid. General points for facilitators to follow:

- *Let the participants put the cards up themselves without interference or guidance from you.*
- *If they seem confused, remind them of who is at risk. This is about the risk of an Hepatitis C negative person getting Hepatitis C from an infected person. So how risky is it for the negative person?*
- *Allow the group to self-correct.*
- *The facilitator should only build consensus and make sure participants indicate why they put things in the places they do (and*

Rank the risk of Hepatitis C transmission to an uninfected injector from an infected injector.



always encourage them to relate their reasons to whether there is likely to be blood, and if anything has been done to eliminate blood and/or kill virus). If someone in the group disagrees with where someone else put their card, ask them why they disagree and where they think the card should go. Have the group decide right then if the card should go where the first person suggested, or where the second person suggested.

• If the pyramid is correct, little further discussion is needed. Have the group tell you why the top and bottom behaviours are most/least risky: "The highest one, why is that one so risky?" (Answer should describe the likelihood of someone else's blood being present and if anything has been done to eliminate blood/kill virus.) "The lowest one, why is this not risky?" (Answer should be in terms of blood.)

• If there are mistakes in the pyramid, don't review their work just by starting at the bottom and working your way to the top. Do start with what they did right, and give them the opportunity to identify the mistakes themselves. If they still don't identify their mistakes, point out a card that's wrong and ask the group to think about what makes something risky and what that means for where that card should go (in other words, they should figure out why it's wrong and where to put it that would be right).

• Some spontaneous discussion of what less risky activity one might do in place of a more risky activity might occur. That's a good thing. However, we're not going to initiate a discussion of strategies to successfully negotiate less risky behaviours. That will come in second half of the session. Here we mainly want to make sure they understand risk.

Facilitator: Make sure these points are covered:

• Hepatitis C is easier to get through injecting than HIV

• The idea is to avoid any contact with another person's blood.

• Hepatitis C can live longer outside the body than HIV.

Purpose:

Bring the information on injection risk back to the personal level, so that participants relate it to themselves. Make them more conscious of their own injection behaviour.

Procedure:

Lead a discussion about strategies to reduce injection risk using the questions as guides.

Learning Objective:

Participants will be able to focus on their injection risk through discussion of general strategies they have used to reduce risk. Let participants share their strategies of using identifying marks,

placement, etc. Points to cover: Some people label their needle with tape or a pen. Since syringes can get mixed up or someone might use your syringe without you knowing it, it is still safest to only use new syringes that come right out of a sterile wrapper.

1.6. Strategies for reducing injection risk [*reproduced with permission from DUIT (Garfein et al., 2007) and http://www.hiwecanhelp.com*]

5 minutes

Of course the safest way to avoid getting Hepatitis C would be to stop injecting. For people who inject drugs, the greatest risk of Hepatitis C comes from sharing needles with other people. Some ways to lower risk are to use a new needle for every injection, and to use a new needle for preparing and splitting drugs. Also, not sharing equipment like cottons, cookers, and rinse water lowers your risk. Even if you can't use a new syringe every time you inject, having your own personal syringe can greatly reduce the chance that you will come in contact with someone else's blood.

What are some ways you can tell which syringe is yours and which is someone else's?

- Labelling your syringe.
- Use a clean surface to prepare injection this helps to stop the spread of infection and blood-borne virus. Lay the new equipment out on paper to prevent cross infection. Putting the equipment on paper will mean that you have a cleaner surface to prepare the drugs on and you know who the equipment belongs to.

Bleach is not an effective way to kill the Hepatitis C virus that can live in blood that

collects in a syringe. You should always use a new syringe for every injection. The most risky behaviour is injecting with a syringe that someone else just used. Injecting with someone else's syringe gives Hepatitis C a direct route into your bloodstream.

The bottom line is, it is important to look at the steps of the pyramid as steps we can take to reduce the risk of Hepatitis C transmission. Stopping the spread of these viruses is the ultimate goal.

Skin cleaning & abscess prevention [*reproduced with permission from DUIT (Garfein et al., 2007) and http://www.hiwecanhelp.com*]

5 minutes

Wash your hands before you start the injection process as this will help reduce the spread of infection and other health problems. Now, let's spend a few minutes talking about ways to clean your skin when you inject. Cleaning the skin is important to prevent infection, because if someone's blood got on your skin and you don't clean it properly, you could get infected when you inject. Cleaning the skin is also important to prevent abscesses.

First, remember that the skin is your body's best protection against infections. Every time you make a hole in the skin, e.g. by injecting drugs, you create a place where dirt, bacteria, and viruses can enter your body. That's why it is so important that the skin where you are preparing to inject and the equipment you use to inject with are as clean as possible.

Learning Objective:

Participants will be able to explain the correct way to clean the skin with an alcohol pad prior to injection.

Procedure:

Distribute alcohol pads and demonstrate correct use.

Step #1: Wipe back and forth over site until pads no longer appear dirty.

Step #2: With new pad, pressing over site of injection, wipe in circular motion extending continuously outward with larger circles to push dirt and bacteria away from site of injection.

(Note: Wet-wipes can clean

dirt off the skin, but do not kill germs.)

Avoiding abscesses is just one part of a whole set of things that you can do to reduce the harm that can come from injecting.

Use a dry cotton swab for applying pressure to an injection site, not your finger or an alcohol pad. Using alcohol pads on fresh injection sites will cause them to bleed more, not less. Do not use a cotton swab that has previously been used by someone else.

The bottom line is that all your equipment needs to be sterile and free of other people's blood.

1.7. Deciding whether or not to change your behaviour

15 minutes

Purpose:

Increase motivation among participants to change their injecting behaviour and reduce Hepatitis C transmission risk behaviours.

Procedure:

Explain the decisional balance chart and complete the exercise together as a group – weighing up the costs and benefits of changing their injecting behaviour to reduce their risk of transmitting or getting Hepatitis C.

Learning Objective:

For someone to change

When we decide whether or not to change a behaviour, we look at the pros (benefits) and cons (costs) of changing this behaviour.

You decided to take part in this intervention as you wanted to learn more about Hepatitis C transmission among injecting drug users in order to be able to protect yourself and others from getting or passing on the virus. Learning more about how to protect yourself and others may result in you changing your behaviour and possibly the behaviour of others you inject with.

I now want you to think about the pros and cons of sharing injecting equipment. Let's complete the decisional balance chart together, shout out your thoughts as we go around the room.

	STOP sharing injecting equipment (change behaviour)	KEEP sharing injecting equipment (do not change behaviour)
Pros		
Cons		

their behaviour, the costs need to outweigh the benefits. The aim of the exercise is than the decisional balance chart will have more pros that cons in the STOP sharing injecting equipment box, and more cons than pros in the KEEP sharing injecting equipment box.

Remember only you can decide whether to change your behaviour.

1.8. Distribution of leaflet on Hepatitis C transmission risks and local resources

5 minutes

Please take one of these leaflets which describes the Hepatitis C transmission risks from the preparation and injecting of drugs. The leaflet also provides details of needle exchanges and other services where you can seek advice or treatment, and where you can get tested for Hepatitis C.

Purpose:

Distribute country specific leaflet on injecting risk behaviours and Hepatitis C including information on services available.

Purpose:

Review lessons learned from this session and specify the practice activity for next session.

Handout:

Local Hepatitis C transmission risks and available services leaflet.

1.9. Review and close

When it comes to injecting and different injection behaviours, what is the most important thing to think about in rating how risky a behaviour is?

Whether or not someone else's blood may be present.

What's a common problem people run into when they want to be safer with their injecting, and what's a possible solution for that problem?

Any of the equipment and their solutions.

Why is it important to clean your injection site correctly before injecting?

Prevent abscesses.

That was a good review. The bottom line from everything we've talked about today is this: wherever there's another person's blood, even a tiny amount, there's risk. You have to avoid the blood to avoid the risk. Does anyone have any further questions?

Remember as this is a research project, I would really like to get your feedback on this session so that it can be improved if necessary in the future.

What did you like about this session?

What did you dislike about this session?

What would you change about this session?

Thank you all for coming. This is going to be a great group. See you on___ (day of week).

Attendance Log

Name	Session 1	Session 2	Session 3

Timetable of sessions

Session		**Date**
Session 1	Understanding hepatitis C transmission risks	
Session 2	Hepatitis C and sexual wellbeing: negotiating safety	
Session 3	Hepatitis C and emotional wellbeing: reducing negative mood	

Group rules

1. Confidentiality (“privacy”)
2. Respect
3. Appreciate different stages of use and recovery
4. Right to choose to participate
5. Be fit to participate
6. The right to ask questions
7. Be on time

Myths and facts cards

CARD 1:

Hepatitis C is an infection caused by a virus that attacks the liver

CARD 2:

If someone doesn't look sick, it's OK to share needles with them

CARD 3:

Hepatitis C can both be transmitted through unprotected sex

CARD 4:

There is a vaccine to protect people from Hepatitis C

CARD 5:

There is treatment available for Hepatitis C

CARD 6:

Hepatitis C can be transmitted by casual contact such as shaking hands, hugging, or drinking out of the same cup

CARD 7:

If a person who shares needles or has unprotected sex tests negative for Hepatitis C, it means that they can't get infected

CARD 8:

If a person already has Hepatitis C, they can be re-infected

CARD 9:

A single or one time exposure is enough to contract Hepatitis C

CARD 10:

No more than a tiny amount of blood (so small that it can't be seen) is needed to pass on Hepatitis C

CARD 11:

You can get infected with Hepatitis C from re-using your own syringe

Injecting risk pyramid exercise

Please cut out each of these statements for use during the exercise.

Risk of hepatitis C transmission to an uninfected injector from an infected injector

HIGHEST RISK

Preparing and splitting drugs with someone else's used syringe

Injecting with someone else's used syringe (no bleaching)

Sharing water, cotton and unbleached cooker

Injecting with someone else's bleached syringe

Re-use your own syringes and equipment

Using only new or bleached syringes and cookers and new cotton and water to split drugs

Stop injecting

Use a new syringe and equipment for every injection

Stop using drugs

LOWEST RISK

Group intervention manual

session 2

Hepatitis C and sexual wellbeing: negotiating safety

Session 2

Hepatitis C and sexual wellbeing: negotiating safety

Materials:

attendance register, name badges, participant folders, flipchart and pen, group rules, injecting risk pyramid cards, rate the activity cards.

Handouts:

- TALK poster

Goals:

1. Increase knowledge about hepatitis C transmission and sexual well-being.
2. Identify barriers to reducing sexual and injecting risk behaviours.
3. Identify strategies for reducing hepatitis C risk with intimate partners and others.
4. Increase knowledge about hepatitis C transmission during pregnancy and from mother to child.
5. Motivate participants to change their risk behaviours.

Participants will…

- Increase their knowledge about Hepatitis C and transmission risk behaviours.
- Understand why women engage in sexual and injecting risk behaviours.
- Be able to identify and negotiate solutions to safer injecting and sexual practices using the TALK model.
- Increase their knowledge about how Hepatitis C can be transmitted from mother to child
- Consider changing their risk behaviour.

Session 2 outline:

2.1. Welcome and feedback on Session 1 *- 5 minutes*
2.2. Sexual transmission of Hepatitis C *- 10 minutes*
2.3. Pregnancy, motherhood and Hepatitis C *- 5 minutes*
2.4. Rate the risk activity *- 20 minutes*
2.5. Why do women do risky things that can put them at risk of Hepatitis C? *- 20 minutes*

Break - 15 minutes

2.6. Skills building: using TALK to negotiate safer sex and injection behaviours *- 40 minutes*
2.7. Review and close *- 5 minutes*

This column reminds the facilitator of the purpose of each session, the materials required to run the session and the procedures to be followed. Notes to facilitators are also included.

Purpose:
To welcome participants back to the group; to process participants' experiences relating to last week's session.

Facilitators should read verbatim the text below [*possible dialogue in italics after each point. These are possible dialogue points and don't have to be read. However, all other information must be shared verbatim with participants*].

2.1. Introduction and feedback on Session 1 [*reproduced with permission from DUIT (Garfein et al., 2007)*]

5 minutes

Hello, I would like to start by saying how great it is to see you here at the second session of the REDUCE intervention. Thank you for coming back.

Before we start today's session, let's remind ourselves of the group rules we developed and agreed together last week. Who can remember what these rules were? And why we need them? [*read from the rules and redistribute the group rules*].

- Confidentiality ("privacy").

We will be talking about very private things and we need to respect each other and not talk about the private lives of other group members to our friends and families. You can talk about what you learn in the group, but don't tell others who is in the group. You don't have to tell the group about your own personal stories or information (such as your age). If you prefer, you can talk about the people you know or people like yourselves. If you share a personal story, you don't have to say it is about yourself.

Confidentiality means I will not share what you say with the staff at the clinic. I am

required by law however, to tell a member of staff if you tell me that you are planning on harming yourself or another person or if you tell me a child is being harmed or at risk of being harmed.

- Respect.

Everyone's opinion should be respected. This means that there should be no interrupting, whispering, giving funny looks or making fun, put downs, or judgments, threatening or intimidating other group members.

- Appreciate different stages of use and treatment.

People are in different stages of drug use and treatment. Some of you may have chosen to stop using and some of you are still using drugs. The group needs to accept that different people make different choices. You are not required to stop using to be in this programme. ***Note that some programme content includes video and/or discussion of syringes and other injection paraphernalia, and any participants who are in recovery or who are concerned with that have the right not to watch/participate in that part of the session.***

- Right to choose to participate.

You should not feel pressured to participate in a certain activity or answer any questions that make you feel uncomfortable. You should feel comfortable to ask any questions you have.

- Be fit to participate.

You can participate better, without disrupting the group, if you manage your drug use. Be well while you're here.

- The right to ask questions.

You should ask questions whenever you feel that you don't understand something or that you want more information.

- Be on time.

Be here on time so the group don't have to wait for you and you won't miss out.

Note to facilitators:

See possible dialogue in italics after each point. These are possible dialogue points and don't have to be read. However, all other information must be shared with participants verbatim.

Remember, following these group rules is very important as everyone should feel able and safe in sharing their thoughts and feelings during the session.

Last week we focused on increasing our knowledge about Hepatitis C and injecting risk behaviours surrounding transmission. Does anyone have any questions or anything they would like to say about what they learned last session?

Today we will start off by talking about sexual well-being and Hepatitis C and discuss why some women may engage in sexual and/or injecting risk behaviours. We will also learn about how Hepatitis C could be transmitted from mother to child. Then we will learn strategies to negotiate safer sexual and injecting interactions with our partners and others, and then practice these new negotiation strategies.

Does anyone have any questions before we begin?

2.2. Sexual Transmission of Hepatitis C [*material used with permission www.hcvadvocate.org/hepatitis/factsheets_pdf/sexFAQ.pdf*

10 minutes

Purpose:

Make sure all participants understand the basics of sexual transmission and have information they can apply to determine what behaviours are risky.

Learning Objective:

Participants will be able to identify sexual risk for Hepatitis C transmission.

How does sex put us at risk for Hepatitis C? We learned last time that risk of acquiring Hepatitis C requires that HCV-infected blood must get into someone's blood directly from another person's blood that is infected with Hepatitis C. Hepatitis C is not passed on by everyday contact such as kissing, hugging, and holding hands. The information that we have on heterosexual or lesbian long-term monogamous partners is that it is uncommon to pass hepatitis C sexually. A monogamous partnership is usually defined as a person in a relationship for 5-10 (or more) years and who doesn't have sex with anyone else outside of the relationship. In this group the chances of passing on hepatitis C are very low. It is believed that people who have a lot of sexual partners, have a sexually transmitted disease such as herpes, HIV or hepatitis B or any sex that involves blood, are at a higher risk for transmitting or getting hepatitis C through sex. The chances for having blood exposure through anal sex, rough sex, and dry sex are also higher. Sex toys that are shared between partners could also have blood on them. In these cases it is always best to practice safer sex (e.g. using condoms) to prevent giving or getting hepatitis C and other diseases. When a woman is menstruating, it is recommended that (male or female) condoms are used

during sex and dental dams during oral sex. Once a male or female condom has been used, it cannot be reused. A new condom should be used each time you have sex. If cuts or bleeding gums are present, there is a risk of Hepatitis C being transmitted during oral sex. Remember, Hepatitis C is present in blood, and therefore, the greatest risk of sexual transmission is through anal sex.

Both methadone and Hepatitis C treatments can cause constipation, which may lead to an anal fissure, which is a break or tear in the skin of the anal canal. Anal sex can also cause an anal fissure. As a fissure is a tear in the anal canal, you are at increased risk of acquiring or transmitting Hepatitis C due to direct access to your blood. Making changes to your diet can help prevent constipation and make your faeces softer. You can do this by eating a balanced diet with lots of fibre, drinking enough fluid so that you don't become dehydrated and taking regular exercise.

2.3. Pregnancy, motherhood and Hepatitis C [reprinted with permission from http://www.hcvadvocate.org/hepatitis/factsheets_pdf/Wm_pregnancy.pdf]

5 minutes

Purpose:

Make sure all participants understand about vertical transmission of Hepatitis C and the dangers of conceiving while receiving HCV treatment.

Learning Objective:

Participants will be able to determine the risk of vertical transmission of Hepatitis C.

During this session we will discuss pregnancy and motherhood and the risk of Hepatitis C transmission.

The technical term for an infection passing from mother to unborn offspring is vertical transmission. Vertical transmission is uncommon, but it does occur. Among Hepatitis C positive women, the rate of vertical transmission is 4% to 7%. The rate of vertical transmission increases to 25% for women who are coinfected with HIV and Hepatitis C. Hepatitis C vertical transmission risk appears to be higher for those with high viral loads (a higher amount of virus in their blood).

Approximately ninety-five out of a hundred times, a Hepatitis C positive woman will give birth to a Hepatitis C negative baby.

Treatment for hepatitis C lasts between 24-48 weeks depending on the Genotype. Pregnancy should not occur while a patient is being treated for Hepatitis C. This applies both to female patients and female partners of male patients receiving treatment for Hepatitis C. Women should never become pregnant during and for six months after the completion of Hepatitis C treatment. Patients are told to use two reliable forms of birth control during Hepatitis C treatment and for 6

months after treatment has stopped. Current Hepatitis C treatment may cause birth defects and miscarriage.

All major medical guidelines recommend routine testing of children born to Hepatitis C positive mothers. Infants can begin life with their mother's Hepatitis C antibodies but this does not mean they are Hepatitis C positive. Since infants' immune systems take time to develop, testing should not occur until they are at least 18 months old. Hepatitis C positive children usually have little or no symptoms, and disease progression is minimal for the first 20 years of a child's life. Children can be treated with antiviral therapy. The response rate for children is better than the adult rate. Children usually tolerate treatment well, some having little or no side effects. At this point, the long-term effects on adults who underwent treatment during childhood are unknown.

There are no recommendations against breastfeeding for Hepatitis C positive women, including those receiving opiate substitution treatment, unless they are receiving Hepatitis C treatment. There is some risk of Hepatitis C transmission from breastfeeding for Hepatitis C positive women if your nipples are cracked or bleeding. If your nipples are cracked or bleeding, stop breastfeeding until they are healed. **Women should not breastfeed during Hepatitis C treatment.**

Women who start their family first might want to postpone treatment until their children are older. Current Hepatitis C treatment has side effects, such as tiredness and depression. It can be hard to take care of young children if you aren't in good physical and emotional

condition. No matter what age your child or children are, get support while you are undergoing treatment.

2.4. "Rate the Risk" Activity [*reproduced with permission from DUIT (Garfein et al., 2007)*]

20 minutes

One of the reasons it can be easy to know what to do but hard to do it, is that the things people want out of sex can be so important to them that they ignore the risk. They ignore that what they're doing is risky and might get them infected with hepatitis C or sexually transmitted infections or become pregnant when they do not wish to. To actually do the things you need to do to be safer, there are two things that are necessary:

You have to be willing to do it, and you have to be able to do it.

What do I mean by "willing" to do it? Maybe a person doesn't think they need to be safer, maybe they have some reason why they like doing things the way they do, and they just don't want to change things to reduce their risk. Maybe I've been with my partner a while, and I really love and trust him/her. I might say, "Condoms? Why do I need to use condoms, we love and trust each other!" A person who says that is not willing to do the safer thing.

Procedure:

The Rate the Risk Activity involves one set of 9 cards. Each specifies a sexual situation in terms of 3 things: 1) partner type; 2) the specific sexual behaviour; and 3) things that people want out of sex or out of a sexual relationship. The situations are:

Note to facilitators:

The first question ("How risky is this situation?") is the most important point of the exercise. If participants define risk by the type of relationship or the reason for having sex, remind them to look at the risk pyramids. Encourage them to reach the conclusion that it's risky fluids and places that define risk. Try not to state this conclusion for them. Give them the chance to figure it out for themselves.

Some important questions/ topics that could come up here (especially if participants insist on partner type or reason for having sex being what defines risk) and how facilitators might address them:

- *"But if we've been together for this long, s/ he's not a risky partner." [Response: Does the virus know how long you've been together?]*
- *"But sex is about showing you love each other, that's not risky." [Response: Does the virus know why you're having sex? Does the virus know it's about love?]*
- *"But if my partner is negative then it's not risky*

Being able to do it is a little different. You might want to do something but for some reason you can't. I might want to go to Hawaii, but if I don't have a plane ticket, I can't go. It's the same thing with reducing your sexual risk. Maybe I want to do less risky things, or use condoms, but I'm afraid if I do I'll get beaten up, or maybe I just don't know how to talk to my partner about being safer.

The next activity we're going to do will help us think about sexual risk and what people might be willing and able to do to reduce their risk. You will decide how risky certain sexual situations are, and what the person in that situation could realistically do to reduce their risk.

- How risky is this situation? Why?
- What is a safer alternative?
- Would someone in this situation be willing to do the safer behaviour? Why or why not?
- Would someone in this situation be able to do the safer behaviour? Why or why not?

It's not always easy to do the safer thing. Later in this session, I'll teach you a tool to help negotiate safer behaviour.

Rate the risk activity cards

Card 1:
Regular sex partner wants to stop using condoms with his partner because he prefers the sensation and says he is Hepatitis C

negative.

Card 2:
Man wants to have sex after the first date.

Card 3:
Long-term intimate partner, who has been unfaithful and violent towards his girlfriend, wants to have anal sex without a condom.

Card 4:

Client offers to pay sex worker more money for vaginal sex if she has sex with him without a condom.

because there's no virus." [Response: Let's talk about that, how do you know your partner is negative? Did you get tested together? Did s/he just tell you so? Did you just assume? Can you talk about what you need to do to really be sure your partner is negative.]

Let participants go through several examples. If the group does not reach the conclusion that risk is defined by risky fluids and places by the end of the activity, facilitators should clearly state it: Risk is defined by risky fluids and places, not by partner type or reason for having sex.

Learning Objective:

Participants will be able to:

- *Recognise examples of barriers to reducing risk having to do with equipment, withdrawal, relationships and power.*
- *Offer further examples of barriers within these categories.*
- *Recall the content of the dye video as evidence that shows how Hepatitis C can be indirectly transmitted.*

Procedure:

- *First present the risk behaviours from the injection risk hierarchy – holding up the cards that participants used to build the pyramid and specifying problems that get in the way of risk reduction.*
- *Take each behaviour on the injection risk pyramid (i.e., "Injecting with someone else's used syringe (no bleaching)"). Then introduce 3 categories for each behaviour (i.e., equipment, withdrawal, power/ relationships) and have participants specify problems within those categories. Start with an example or two, then ask participants to specify*

2.5. Why do women do risky things that can put them at risk of Hepatitis C? [*reproduced with permission from DUIT (Garfein et al., 2007)*]

20 minutes

We now have learned about behaviours that increase the likelihood of Hepatitis C transmission. Much of this information isn't new to you. But some people have a hard time reducing their risk. Today, let's try and understand what problems get in the way of reducing risk. Once we identify the problems, we can think about solutions.

> *[**Note to facilitator:** Hold up the "Injecting with someone else's used syringe" card].*

Let's look at the most risky drug behaviour: Using unclean needles. By this time, I'd say just about everyone knows that injecting with used, unclean needles risks getting infected with Hepatitis C. I'd also say that probably everybody would want to keep safe. So why do people keep using unclean needles?

Often the problem has to do with equipment. If you don't have a brand new sterile needle and syringe, you can't inject safely.

Another problem that could make it hard is withdrawal. An example of withdrawal making it harder to be safe could be, for example, if you're suffering withdrawal you'll do anything to get a hit.

Another problem has to do with relationships and power. A relationship issue could be if

you feel it's OK to share with your partner – because he/she's your man/woman, you trust them and sharing with your partner is a way of demonstrating that trust. An example of power could be if you bought the drugs with other people and you have to share – you might feel like you don't have the power in that situation to demand to be as safe as you'd like. Another example of power is if you are in a relationship with someone who controls the injecting process and you do not feel you are able to negotiate the use of a clean needle and syringe.

*[**Note to facilitator:** Hold up the "Preparing & splitting drugs with someone else's used syringe" cards].*

Let's move down the risk pyramid. Preparing and splitting drugs with someone else's used syringe. Not everyone knows that these are risky things to do. We went over why these are risky. Who can remember what we learned about why preparing and splitting drugs, and sharing water, cotton and cookers is risky? [*Dye demonstration video – cross-contamination*].

Let's think about preparing and splitting drugs with someone else's needle.

What problems with **equipment** could stop people from reducing this risky behaviour?

Basically the same problems as for "injecting with someone else's used syringe."

What problems with **withdrawal** could stop people from reducing their risk of getting infected?

others.

• Write the examples of problems for each behaviour on the flipchart/ white board. Use three columns, one for each category.

• The problems identified for "Injecting with someone else's used syringe (no bleaching)" also apply to the next level down (i.e., "Preparing and splitting drugs with someone else's used syringe" and "Injecting with someone else's bleached syringe") so you can bring up examples of those problems quickly as a review.

• The equipment problems for "Sharing water, cotton, unbleached cooker" are different only in detail – they have to do with getting new works from a needle exchange programme, rather than getting new needles.

Note to facilitator:

The "problems" and "solutions" parts of this exercise are presented separately. If your group spontaneously starts suggesting solution strategies as the problems are identified, let it happen. Make sure all the problems are identified, and the solutions are appropriate to the problem. Also make sure that you keep presenting the problems in association with risk levels from the pyramid. If the "problems" and "solutions" sections are done separately, "problems" should take 20 minutes, and "solutions" should take 10.

*Write "**equipment**" on white board, this will be the top of the column to list equipment-related problems. Write the examples on the white board in the "equipment" column. Ask if anyone has any other suggestions, and write them down. Additional suggestions may include:*

- *No one has money to buy new sterile needles*
- *No one knows where a nearby needle exchange programme is to get new sterile needles.*

Basically the same problems as for "injecting with someone else's used syringe (no bleaching)."

What problems with **relationships and power** could stop people from reducing their risk of getting infected?

Basically the same problems as for "injecting with someone else's used syringe".

*[**Note to facilitator:** Note to facilitator: Hold up the "Sharing water, cotton, unbleached cooker" card].*

There's another behaviour that's at that level of risk – sharing water, cotton and an unbleached cooker. Why is that risky? (Remember the dye video).

What problems with **equipment** get in the way of reducing that risk?

No one is carrying brand new cookers or cottons.

*[**Note to facilitator:** Hold up the "Reusing your own syringes and equipment" card].*

Let's move down the risk pyramid. Who can remember why reusing your own syringes and equipment is risky?

You don't know for sure that nobody has used it besides you. All of these are the same problems that can get in the way of reducing the risk from reusing your own syringe and works, right?

Right

*[**Note to facilitator:** Hold up the "Using a new syringe and equipment for every injection" card].*

Let's keep moving down the risk pyramid. If you're using brand new sterile equipment to measure and inject drugs, that means you no longer have problems with **equipment**, right?

Right

How about problems with **withdrawal**?

Withdrawal wouldn't put you at risk of infection if everyone had their own brand new sterile equipment to measure and split drugs and you weren't in too much of a rush to use them.

How about problems with **relationships and power**?

These can still be a problem. Even when you have your equipment under control, you may not want to be standing out from your drug using friends/acquaintances. You might still have problems with power that keep putting you in a position that risks getting infected. But if everyone has their own equipment, then you'd be under less pressure.

*[**Note to facilitator:** Hold up the "Stop injecting" card].*

Now we're down to much less risk. If you're not shooting drugs, do you have any problems with **equipment** that make it hard to reduce your risk for Hepatitis C?

No

Problems with **withdrawal**?

Maybe yes, this is one reason why still using can be risky.

Problems with **relationships or power**?

Not really.

*Write "**withdrawal**" at the top of the second column. Ask if anyone has any other suggestions, and write them on flipchart. An additional suggestion may be: Your friend is "strung out" and you want to help.*

*Write "**relationships/ power**" at top of third and final column. Write the examples down. Ask if anyone has any other suggestions, and write them on the white board/ flip chart. Additional suggestions may include:*

- *You feel that you have to share because he/she just gave you drugs.*
- *You want your main partner to trust you.*
- *You want to feel that nothing can come between you and your main partner".*

Write any newly suggested problems in the "equipment" column.

Again, write newly suggested problems down.

Ask if anyone has any other suggestions, and write them all down in the appropriate column. Additional suggestions may include:

No one knows where a nearby needle exchange is to get new supplies.

One by one read 4-5 of the problems already mentioned and written down. Then, continuing to gesture to additional problems that have been written down, but without reading them.

*[**Note to facilitator:** Hold up the "Stop using drugs" card].*

Stopping using drugs is the best way to avoid risk of Hepatitis C through injecting. It should be obvious why people keep doing things that put themselves at risk - because there are problems with equipment, withdrawal and relationships that prevent people from changing their behaviour.

*[**Note to facilitator:** Hold up the "Have sex without a condom" card].*

Why might people have sex without a condom? People may not have access to condoms ("heat of the moment")

How about problems with **relationships and power**? People in relationships may decide and agree not to use condoms. In other relationships men may refuse to have sex without a condom or pressure women into unsafe sex (power). Some women therefore, may have difficulties negotiating safer sexual interactions.

Solutions

Withdrawal

Once you've taken care of the equipment problem, there are still other problems. Let's say you yourself have a clean sterile needle and clean works, but your friend is suffering withdrawal and you really want to help. The only problem is that your friend doesn't have a needle. Of course if you had a good supply of sterile needles and works to hand to your friends, you'd be ok. But suppose you didn't replenish your needles and works early enough. How do you help your friend who's suffering withdrawal? Without taking the chance of someone getting infected?

- Try to obtain a new syringe. You should not pass your used needle and syringe onto your friend.
- Try to manage your drug use so that you always have some extra left over for yourself or someone else.

Relationships and power

You could still be doing things that risk getting infected with Hepatitis C even if you have plenty of clean sterile needles and works. We looked at problems about relationships and power. Can someone help solve those kinds of problems? Let's say the problem is your boyfriend or your girlfriend thinks it should be OK to share – but you have clean sterile needles and clean works and you don't want to share.

What can you say or do to be safer?

"I know you're my boy/girlfriend, and I really love you, but this has nothing to do with you. I just don't want to share, there's just too much risk."

Let's say the problem is that you have clean, sterile needles and clean works, but he just gave you drugs so you think you have to share his works and his needle. But you don't want to take the risk of getting infected.

What can you say?

"I appreciate that you are sharing these drugs with me, but I want to use my own equipment. It has nothing to do with you, it's nothing personal. I just don't want to share because there's too much risk for both of us."

Let's say the problem is that you want to use a condom but your partner doesn´t. But you don't want to take the risk of getting infected.

What can you say?

"I know you're my boy/girlfriend, and I want you to understand that although I really love and trust you, I'd rather use a condom to protect both of us from getting infected and to avoid getting pregnant."

Thanks, this was a great activity. The point of it was to recognize that there are real problems that get in the way of being safer, but also to see that if you think about it and work at it, you can find solutions to those problems. After the break we will find out about how to communicate and negotiate more effectively with your sex or drug partners to reduce risk behaviours.

Break

15 minutes

2.6. Skills Building: Using TALK to Negotiate Safer Sex and Injection Behaviors [*reproduced with permission from DUIT (Garfein et al., 2007)*]

40 minutes

Purpose:

To introduce TALK, a negotiation tool, and promote its utility for reducing sex and injection risk.

Learning Objective:

Participants will be able to identify each element of the TALK model and give examples of applying them with at least one partner type (sex or drug).

Procedure:

First deliver the introduction below, followed by the explanation of what a bottom line is, and the importance of thinking about and knowing what your bottom line is before you get into a conversation. Then explain each letter on the flip chart. Solicit examples for how each letter can be used with steady and casual sex partners and with drug using partners.

TALK model

10 minutes

We have discussed problems that may prevent you from reducing your risk of Hepatitis C infection – problems having to do with equipment, withdrawal, and relationships or power.

We just discussed difficulties in reducing risk of infection through sex – the importance of being willing and able to reduce risk. As some of you have shared, talking about risk reduction with an injecting or sex partner may not be easy [repeat good examples that may have come up]. Sometimes it is also hard because sex and drugs often happen together. So we'd like to give you another communication tool, a tool for negotiating with your sex or drug partners about being safer.

This poster shows the TALK tools. Each letter stands for a different step that will help you be firm without making the other person get defensive or angry. TALK is very helpful to use when you're trying to reduce your own risk of infection, and you need someone else's cooperation. TALK is useful in situations like this:

- When you want to change to a less risky type of sex.
- When you want to ask a partner to use a condom.
- When you want to tell a drug buddy that you aren't going to share works.

People are social creatures. We all get into situations where we need someone else's cooperation. Let's think about what a negotiation is. The difference between discussing and negotiating is that negotiating is all about getting what you want. So you first have to figure out what kind of safer behaviour you want. We think of this as the "bottom line.""Bottom line" is a phrase that means "After all is said and done, this is what I want. And I won't settle for less." An example of a bottom line having to do with safe sex is "I use condoms or I don't have sex." If your bottom line is something different, like "I use condoms with everyone except my main partner," just remember that unprotected sex is very risky no matter who your partner is. And realize you're taking a risk. An example of a bottom line having to do with safe injection behaviour is "I never share my needles or works." If your bottom line is something less than that, realize that you're taking a risk.

Here's the poster showing the TALK tools:

TALK Poster

T:
Timing is everything – pick the right time & places.

A:
Assert what you want.

L:
List your reasons for being safe.

K:
Keep to your bottom line.

Let's go through each of these tools to understand what each one means. I will explain what it means, and I want you to give me an example of how it can be used during sex with steady partners, and with casual partners, and also for when you are wanting to be safer when injecting.

TALK– emphasizes that you have to choose the right moment when you're having an important conversation.

"T" stands for Timing is everything. Pick the right time & place. Remember this is a conversation, so pick a good time to talk. Don't wait for the last minute.

What's a good time to talk to drug buddies?

Bring it up with your drug buddies when you're not strung out (withdrawal) or too high.

Procedure:

Briefly review the TALK tools and lead discussion using questions below. Refer to the TALK poster while talking about each tool. Start the discussion of each point with general questions, and follow up with more specific questions if the participants don't understand the general question or aren't getting it.

Let participants come up with examples. Some of their examples will probably highlight the need for better communication with "I" statements.

A: Assert what you want.

VERBAL

- *I want to start using condoms.*
- *I'm not gonna do it with you unless you are wearing a condom.*
- *I want to protect myself and you.*
- *I'm not going to share my works.*
- *I only split drugs dry.*
- *I'm worried about all the stuff that's out there and I want to be safe.*

Again, let them come up with ideas. Let them define it. If they're right, paraphrase their answer and if they're wrong, highlight what part they got right and correct what they got wrong.

NON-VERBAL

- *Just bring out male condom and put it on him in a sexy way.*
- *Just bring out a female condom and offer to put it on in a sexy way.*
- *Move his or her hands away from your genital area/stop foreplay.*
- *Mark your works and keep them away from everyone else's.*
- *Move your works away from other people's.*

What's a good time to talk to a partner if it's someone you're just starting a relationship with? What about if it's a long term relationship? What about a casual partner?

Bring it up at the beginning of a relationship, before you start having sex. If you're already in a relationship, bring it up before either of you are too horny.

"A" stands for Assert what you want. By assert we mean: Let your friend or partner know what you want to do. Can you think of ways you can let a sex partner know what you want? How about a drug buddy?

It is good to use sentences that start with "I" because if you start sentences with "you," you put your partner on the defensive. For example, listen to the difference between this: "You never do this! And You never do that" compared with "I want to do this… and I want to do that… " Do you see how the first way puts the listener on the defensive? See how the second way gets across the same information without turning the conversation into a fight? Can you think of sentences that start with "I" instead of "you" that you could use to tell sex partners what you want? How about drug buddies?

There's another way to assert what you want, and that's with non-verbal communication. What does "non-verbal" mean? It's body language, it's just doing it instead of saying it. Can you give us an example of asserting what you want non-verbally for safer sex? How about for safer injecting?

"L" stands for List your reasons for being safe. What sort of reasons might you give a sex partner or shooting buddy for being safe?

"K" stands for Keep to your bottom line. This is because you can't talk to your partner or friends about what you want and what you're willing to do unless you know what your limits are. "Keeping to your bottom line" means that you have to think about how much risk you are willing to take when having sex or shooting up, you set a limit and you stick to it. What are some examples of a statement that explains a "bottom line"?

So that's what the TALK tools are. You might have been doing a lot of this already, and it might seem easy to you. Or maybe it's new to you, and you feel like you need some practice before you could really do it. This next exercise will give us all some practice using the TALK tools.

TALK role-play exercise & wrap-up

30 minutes

Now we're going to practice using "TALK" in some situations that people may have. In this exercise we're going to split into two groups, and each group is going to practice using 3 different TALK tools (Assert what you want, List your reasons for being safe, and Keep to your bottom line). Two people in each group are going to play the role of the two sex or shooting partners. Each time they use a part of TALK during their role play, the observers will make a note on the checklist. A facilitator

• Keep a separate set of equipment when injecting don't let anyone borrow or lend you works.

L: List your reasons for being safe.

• I like to use condoms because it makes me feel like I am taking care of myself.

• I am in charge of my health, and I like using condoms / using my own works.

• I just can't enjoy myself during sex unless I'm using protection.

• I just can't enjoy my high unless I'm injecting safely.

• I don't want to get any disease - it's just not healthy for me.

• I don't want to get pregnant.

***K: Keep to your bottom line examples** (in case participants cannot come up with similar ones).*

• I use condoms or I don't have sex.

• If I can't get my steady to use condoms, then it's not worth the risk.

• If I don't even know a date that well, and it's not worth risking sex with him/her unless we can do it with a condom.

- *I don't share needles. Period.*
- *I will always carry my own clean cooker and cottons with me in case I score drugs.*
- *I only split drugs dry.*

will be with each group to help out. Each group will get a chance to practice two different scenarios. You will find that you may need to tailor or change the TALK tools for each situation. As you do the exercise, you should try to come up with your own responses, but you can use the list of examples that we covered before when we were going over the TALK tools. You'll each get 2 minutes to try to convince your partner to be safer during sex or injecting. Look at TALK tools on the wall to remember what each letter stands for.

Role Play Scenarios

Scenario 1

Partner A: You have been talking to your friend about what you have been learning in our sessions. You usually share cookers and spoons with this person. You're about to get high and they pull out a spoon from their kit and begin to prepare like usual. You ask if it would be ok to split the drugs while they are dry so you can be safer and not share the cooker.

Partner B: Your friend has been telling you about the stuff they have been learning as part of a research study they have been participating in. You're about to prepare drugs when your friend all of a sudden wants to split the drugs and prepare it themselves. You begin to think they are scared of catching something from you. You don't see any reason to change the way you've been doing things now.

Scenario 2

Partner A: You and this person broke up six months ago. Sex was always good even when the relationship wasn't, and the two of you never used condoms. You know this person has been with other people in your same circle of friends. You recently went from snorting to injecting and have used a needle that may have been used before. You know you could have gotten infected with something from that needle, so you want to be safe when having sex. You don't want Partner B to know you're injecting.

Partner B: You know that Partner A insists on using condoms when having sex with casual partners so you don't think he/she is at any more risk now than when you two broke up.

Scenario 3 (adapted from modelling session of WWT turn around what they say)

Partner A: You're about to have sex with your steady partner. When you ask him to wear a condom he refuses and gets annoyed. You know that he is often unfaithful to you on several occasions recently. You want to have sex with him but you want him to wear a condom as you are concerned that he might have caught a sexually transmitted infection from one of these women.

Partner B: You do not want to use a condom for sex with your steady partner as you don´t like them and can´t feel much during sex when you wear one. You and your steady partner do not usually use condoms.

Procedure:

Divide participants into 2 groups. In each group select 2 participants who engage in a roleplay dialogue as if they were sexual partners. One sex partner in each group should use TALK tools to negotiate for safer sex. The remainder of the participants should observe and listen for the use of 3 of the TALK tools (Assert, Listen, and Know). Briefly describe to the participants each partner type and have participants select the role-play they want to do. Each facilitator monitors the role-plays of one group of participants. At the end of each role-play, you should get feedback from the rest of their group to sum up (and reinforce and praise) the total number of TALK tools used. When number of TALK tools used. When the larger group rejoins, remember to sum up the smaller groups' role-plays. After the role-play ends, ask observers to say what TALK tools they saw used in the role-plays. If participants have a hard time coming up with TALK examples, add what you

yourselves observed. As always, reinforce the points that participants make.

Hand out TALK tool card.

Scenario 4

Partner A: You're about to score some drugs but you're short of money. Your connection says you can work it out with sex but they don't want to use condoms. You really need to score but you are mostly concerned about your health and the health of your steady partner.

Partner B: You have wanted to have sex with this person for a while and you think you might finally have a chance. You don't think this person would normally find themselves in this situation so you don't think they are at risk to give you anything.

This role-play gave you a chance to practice using TALK tools. Some of you may have noticed that in some situations –usually with steadies– "one liners" are not always going to do the trick. Working through these issues and staying safe with your steady partners may require a lot of communication. TALK tools are a strategy for making sure that conversations go smoothly, without getting overheated. It is important to remind you that people should know their limits –or their bottom line– in case their alternatives for safer behaviour don't work out. That might mean leaving the situation or getting out. Today you started to think about what YOUR limits might be in certain situations. If you think about your limits first, you'll be less likely to do something that threatens your limits.

2.7. Review and close

5 minutes

Purpose:

Review lessons learned from this session and specify the practice activity for next session.

When it comes to sex, what is the most important thing to think about in rating how risky a behaviour is?

Whether or not someone else's blood may be present.

What kind of sex increases the risk of being exposed to blood?

The chances for having blood exposure are higher through anal sex, rough sex, and dry sex.

How common is vertical (mother to child) transmission of Hepatitis C?

Among Hepatitis C positive women, the rate of vertical transmission is 4% to 7%. The rate of vertical transmission increases to 25% for women who are co-infected with HIV and Hepatitis C. Hepatitis C vertical transmission risk appears to be higher for those with high viral loads (a higher amount of virus in their blood).

Is it safe to get pregnant while you or your partner are being treated for Hepatitis C?

No. Women should never become pregnant during and for six months after the completion of Hepatitis C treatment as current Hepatitis C treatment may cause birth defects and miscarriage.

Why do women do risky things that can put them at risk of Hepatitis C?

Equipment, withdrawal, relationships and power.

What does TALK stand for?

T: Timing is everything.
Pick the right time & place.

A: Assert what you want.

L: List your reasons for being safe.

K: Keep to your bottom line.

That was a good review. Today we discussed why women may take risks and how to negotiate with your partner and others to reduce these risks.

Does anyone have any further questions?

Remember as this is a research project, I would really like to get your feedback on this session so that it can be improved if necessary in the future.

What did you like about this session?

What did you dislike about this session?

What would you change about this session?

Thank you all for coming. This is a great group. See you on _____ (day of week).

Group rules

1. Confidentiality (“privacy”)
2. Respect
3. Appreciate different stages of use and recovery
4. Right to choose to participate
5. Be fit to participate
6. The right to ask questions
7. Be on time

Rate the risk activity cards

CARD 1:

Regular sex partner wants to stop using condoms with his partner because he prefers the sensation and says he is Hepatitis C negative

CARD 2:

Man wants to have sex after the first date

CARD 3:

LongBterm intimate partner, who has been unfaithful and violent towards his girlfriend, wants to have anal sex without a condom

CARD 4:

Client offers to pay sex worker more money for vaginal sex if she has sex with him without a condom

Injecting risk pyramid exercise

Please cut out each of these statements for use during the exercise.

Risk of hepatitis C transmission to an uninfected injector from an infected injector

HIGHEST RISK

Preparing and splitting drugs with someone else's used syringe

LOWEST RISK

Injecting with someone else's used syringe (no bleaching)

Sharing water, cotton and unbleached cooker

Injecting with someone else's bleached syringe

Re-use your own syringes and equipment

Using only new or bleached syringes and cookers and new cotton and water to split drugs

Stop injecting

Use a new syringe and equipment for every injection

Stop using drugs

TALK poster


T
Timing
Timing is everything, pick the right time & place
A
Asset
Assert what you want
L
List
List your reasons for being safe
K
Keep
Keep to your bottom line

Group intervention manual

session 3

Hepatitis C and emotional wellbeing: reducing negative mood

Session 3

Hepatitis C and emotional wellbeing: reducing negative mood

Materials:

Attendance register, name badges, participant folders, flipchart and pen

Handouts:

- Depression self-help tips
- Behavioural model of depression
- Depression spiral
- Wallet card – 4 key things to remember

Goals:

1. Increase knowledge about the association between Hepatitis C treatment and depression.
2. Increase knowledge about the potential relationship between risk behaviours and negative mood.
3. Identify symptoms of negative mood.
4. Introduce the behavioural model of depression.
5. Identify strategies for managing negative mood.
6. Develop an understanding of self-talk and how to use it.
7. Motivate participants to change their risk behaviours.

Participants will…

- Increase their knowledge about negative mood and the potential relationship with risk behaviours and Hepatitis C.
- Understand the behavioural model of depression.
- Be able to identify strategies for managing negative mood.
- Develop an understanding of self-talk and how to use it.

Session 3 outline:

3.1. Welcome and feedback on Session 2 *- 5 minutes*

3.2. What is depression? *- 10 minutes*

3.3. Understanding the link between depression and Hepatitis C *- 5 minutes*

3.4. What can we do to change the way we feel? *- 15 minutes*

3.5. The depression model *- 20 minutes*

Break - 15 minutes

3.6. Skills Building: Using Safe-Coping and Self-Talk *- 35 minutes*

3.7. Review and close *- 15 minutes*

This column reminds the facilitator of the purpose of each session, the materials required to run the session and the procedures to be followed. Notes to facilitators are also included

Facilitators should read verbatim the text below [*possible dialogue in italics after each point. These are possible dialogue points and don't have to be read. However, all other information must be shared verbatim with participants*].

3.1. Introduction and feedback on Session 2 [*reproduced with permission from DUIT (Garfein et al., 2007)*]

5 minutes

Hello, I would like to start by saying how great it is to see you here at the third session of the REDUCE intervention. Thank you for coming back.

Before we start today's session, let's remind ourselves of the group rules we developed and agreed together last week. Who can remember what these rules were? And why we need them? [*read from the rules and redistribute the group rules*].

- Confidentiality ("privacy").

We will be talking about very private things and we need to respect each other and not talk about the private lives of other group members to our friends and families. You can talk about what you learn in the group, but don't tell others who is in the group. You don't have to tell the group about your own personal stories or information (such as your age). If you prefer, you can talk about the people you know or people like yourselves. If you share a personal story, you don't have to say it is about yourself.

Confidentiality means I will not share what you say with the staff at the clinic. I am

Purpose:
To welcome participants back to the group; to process participants' experiences relating to last week's session.

required by law however, to tell a member of staff if you tell me that you are planning on harming yourself or another person or if you tell me a child is being harmed or at risk of being harmed.

- Respect.

Everyone's opinion should be respected. This means that there should be no interrupting, whispering, giving funny looks or making fun, put downs, or judgments, threatening or intimidating other group members.

- Appreciate different stages of use and treatment.

People are in different stages of drug use and treatment. Some of you may have chosen to stop using and some of you are still using drugs. The group needs to accept that different people make different choices. You are not required to stop using to be in this programme. ***Note that some programme content includes video and/or discussion of syringes and other injection paraphernalia, and any participants who are in recovery or who are concerned with that have the right not to watch/participate in that part of the session.***

- Right to choose to participate.

You should not feel pressured to participate in a certain activity or answer any questions that make you feel uncomfortable. You should feel comfortable to ask any questions you have.

- Be fit to participate.

You can participate better, without disrupting the group, if you manage your drug use. Be well while you're here.

- The right to ask questions.

You should ask questions whenever you feel that you don't understand something or that you want more information.

- Be on time.

Be here on time so the group don't have to wait for you and you won't miss out.

Note to facilitators:

See possible dialogue in italics after each point. These are possible dialogue points and don't have to be read. However, all other information must be shared with participants verbatim.

Remember, following these group rules is very important as everyone should feel able and safe in sharing their thoughts and feelings during the session.

Last week we focused on increasing our knowledge about Hepatitis C and sexual risk behaviours and on strategies to negotiate safer sexual and injecting behaviours to protect ourselves and others from Hepatitis C transmission. Does anyone have any questions or anything they would like to say about what they learned last session?

Today we will start off by talking about negative mood or depression and consider how this might be associated with risk taking behaviours and Hepatitis C. Then we will discuss how feelings, thoughts, behaviour and the environment are all related and look at what we can do to change the way we feel. We will learn and practice positive "self-talk" which is a way of talking to yourself to really change your attitude and behaviour.

Does anyone have any questions before we begin?

3.2. What is depression? [*adapted from Women's Wellness Treatment, (Gilbert et al., 2006)*]

10 minutes

So as I said we are going to begin by talking more specifically about negative mood or depression. I want you to spend the next few minutes in small groups and discuss the following 3 questions:

What is depression?

What does it feel like to be depressed?

Why do you think people get depressed?

*[**Note to facilitator:** give groups time to discuss, then write responses on flip chart]*

Suggested responses

What is depression?

- *Low mood*
- *Feeling sad / unhappy*

What does it feel like to be depressed?

- *Sad / unhappy*
- *Worthless*
- *Tearful*
- *Suicidal*
- *Irritable*

Why do you think people get depressed?

- *Loneliness / lack of social support*
- *Recent stressful life experiences*
- *Marital or relationship problems / conflict / intimate partner violence*
- *Financial strain*
- *Early childhood trauma or abuse*
- *Alcohol or drug abuse*
- *Unemployment or problems at work*
- *Health problems or chronic pain*

Purpose:
To discuss the concept of "depression" and what makes people depressed.

Learning Objective:
Identify what it feels like to be depressed and some of the causes of depression.

Procedure:
A. Discuss the concept of "depression" and what makes us depressed.

1. Elicit examples from group members.

2. What is depression, what does it feel like to be depressed?: Write list on flip chart.

Reasons for depression:
1. Elicit examples: What causes depression? Why do we get depressed?

2. Write list on flip chart.

3. Elicit a discussion specifically focused that relates negative mood to drug use, risk taking behaviours and/ or relationship conflict.

From your discussions there is agreement that depression is [summarise discussion] and that people get depressed for a variety of reasons including [summarise]. It is clear from what you have said that depression or negative mood is clearly related to your drug use and also to your relationships with your partners and others.

I am now going to move on to discuss the importance of your mood in relation to risk taking behaviours and also the links between depression and Hepatitis C.

3.3. Understanding the links between depression and Hepatitis C [*adapted from http://www.hcvadvocate.org/hepatitis/factsheets_pdf/MH_HCV%20and%20Depression.pdf*]

5 minutes

Purpose:
Make sure all participants understand the links between depression, risk taking behaviours and Hepatitis C.

Learning Objective:
Participants will be able to identify the links between depression, risk taking behaviours and Hepatitis C.

Procedure:
Didactic session.

Depression is common among women and among women who use drugs. As we discussed last week some women may be more likely to engage in drug and sexual risk behaviours when they are feeling low, as they may become indifferent to the health risks resulting from these behaviours. Women who are or have been in abusive relationships are also more likely to experience depression and

engage in risk taking behaviours potentially due to the negative control of their partner.

The prevalence of depressive symptoms is higher among people with Hepatitis C. This could be due to several reasons. Firstly, living with a chronic disease can be challenging. Some people with Hepatitis C report symptoms such as severe fatigue, body aches, and sleep problems, which can also lead to feeling down or depression. Secondly, depression is a common side effect of Hepatitis C treatment. Therefore, it is important to tell your doctor if you have a current or past history of depression or any other mental health problem if you are considering treatment for Hepatitis C. It is especially important to report severe depression, hospitalisation for any psychiatric illness, or any suicide attempts. If you have thoughts of suicide or hurting yourself or others, seek immediate professional help. Sometimes antidepressant medications are used in conjunction with Hepatitis C treatment and many patients state that antidepressants can make a huge difference in their quality of life while they are undergoing Hepatitis C treatment. Finally, some people may feel depressed if the outcome of Hepatitis C treatment does not turn out the way they hoped.

Purpose:
To identify things that women can do to make themselves feel better when they are depressed.

Learning Objective:
Participants will be able to identify effective and less effective strategies for enhancing their mood.

Procedure:
Identify ways in which members try to make themselves feel better when they are depressed (what hinders them from being able to do so)

- *Part of the goal in this component is to draw a connection between pleasant activities and positive mood.*
- *The discussion helps members become explicit about the ways in which they manage/enhance their mood. While women may frequently turn to drugs and alcohol to improve their mood, in addition, they may also have positive strategies they already use; acknowledging this may help women feel more empowered.*
- *Similarly, this is a good opportunity to distinguish between effective and*

3.4. What can we do to change the way we feel? [*adapted from Behavioural Modification for Drug Dependence, (Lewinsohn et al., 1984; Carpenter et al., 2006; 2008)*]

15 minutes

Help for depression can come in a variety of ways. Sometimes mild depression can be improved with self-help measures alone. Prolonged or severe depression usually requires professional treatment. There are many ways to cope with negative mood or depression. However, the more difficult the challenge the more likely we are to use coping strategies that are well rehearsed. This may lead to an increase in the urge to use drugs or other strategies that may be harmful.

I'd like us to begin by thinking about What sorts of things do you do when you are feeling down to "self-soothe" or make yourself feel better? Let's make a list. Think about:

- Activities you really enjoy
- Something you can do frequently.
- Activities you have complete control over. That is, you do not have to always rely on others.
- Activities that are relatively inexpensive.
- Activities that are not upsetting to others, so that they do not result in negative reactions.
- Activities that improve your physical health.

[make a list on the flip chart]

Possible responses

- *Listening to music*
- *Walking*
- *Talking to friends/family*
- *Having a bath*
- *Reading*

OK so now we have identified what sorts of things or activities you can do to enhance your mood or make you feel better [*summarise from flipchart*]. Let's think about:

How does that work for you?

What are the consequences of the behaviour?

[elicit group discussion]

So we have identified that there is a connection between doing things that we enjoy or pleasant activities and positive mood or making ourselves feel better.

Now I want us to think about:

What stops us from being able to do these activities when we feel down?

Possible responses

- *Ourselves*
- *Lack of energy/ lethargy*
- *No motivation*
- *Low self-esteem*
- *Problems concentrating*

You have all identified positive and successful strategies you already use to improve your mood, and you have identified the reasons that you are not always able to do these activities. I'm going to give you out a leaflet

less effective strategies (How does that work for you?) and constructive versus self destructive (safe vs. unsafe – what are the consequences of the behaviour?).

that reminds you of some of the things you can do to try and lift your mood [*distribute Depression Self-help Tips*].

During today's session we will examine the relationship between pleasant activities and positive mood in greater detail and what we can do to improve our mood.

3.5. The depression model [*adapted from Behavioural Modification for Drug Dependence, (Lewinsohn et al., 1984; Carpenter et al., 2006; 2008)*]

20 minutes

Purpose:
To present the depression model and discuss the relationship between their mood and activity level within the behavioural model of depression.

Learning Objective:
By the end of session participants will be able to understand how depression is related to their environment and activity level, and identify the activities that improve their mood.

Handouts:
- *The mood-behaviour triangle.*
- *The depression spiral.*

Procedure:
The model and treatment rationale are directed towards building the perception that the participant has control over her emotional state.

To summarise what we discussed earlier, depression is a state of low mood that may make you feel sad, anxious, empty, hopeless, helpless, worthless, guilty, irritable, or restless. When people get depressed they may lose interest in activities that once were pleasurable, experience loss of appetite or overeating, or problems concentrating, remembering details or making decisions; have sleep problems, loss of energy or tiredness, or aches and pains. Depression may also reduce the motivation needed to make important lifestyle changes.

I would like you to take a few minutes to change your feelings. If you are happy try to feel sad, if you are anxious try to feel calm etc. But I want you to try and do this without saying anything to yourself and without thinking about pleasant things, or doing anything like walking around. [*wait two minutes then ask*] Were you able to do that? [*elicit answers from individuals*]. So you would agree then that it's almost impossible to do. Feelings can only be changed by what we do or where we are. Your mood can be changed by your activities and the situations in which you place yourselves.

We discussed earlier how we can lift our mood by doing pleasant things. I am now going to

explain that to you in a bit more detail. Let's look at the mood-behaviour triangle.

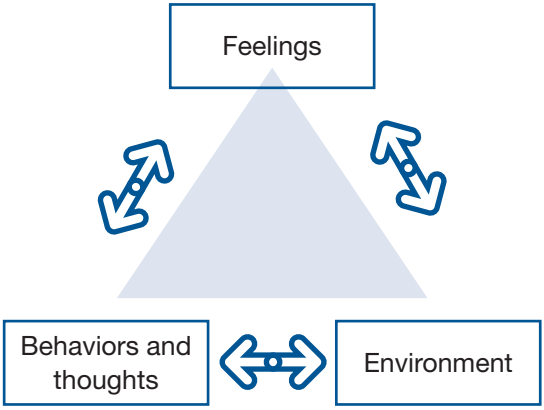
We are going to look at how "feelings", "behaviour" and "environment" all influence each other. It is usually easier to influence our feelings by changing aspects of the environment or our behaviour rather than trying to change a feeling directly. Here there are three things to remember: [*write the following 3 points on the flip chart and ask participants to identify examples*].

1. The environment (when and where can influence how we feel, act, and think).

2. Our behaviours influence the environment and how we feel (behaviour includes the things we do. This can be the activity we engage in during the day or the way we talk to ourselves – positive or negative. These behaviours can effect how we feel and also change the environment. We may notice we are more likely to do certain things or talk to ourselves in certain ways in certain situations. The environmental context can "set the table" for our actions, self-talk, and feelings).

3. Our feelings can influence how we act and think (explain that there are many types of feelings and they can change throughout the day. Our emotions can be pleasant like "I feel happy" or unpleasant such as "I feel sad or I feel angry." We may be more aware of our feelings than the behaviours we are doing).

The mood-behavior triangle.

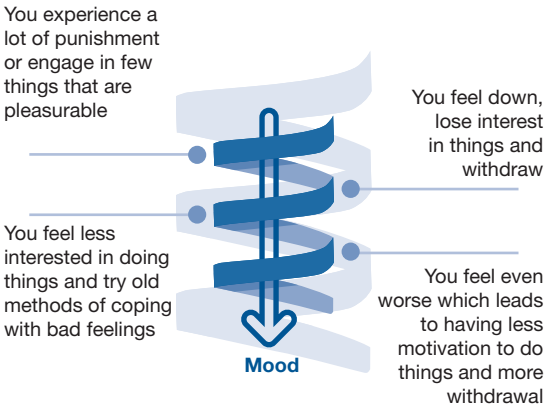


The environment can influence how we feel, act and think.

1. Our behaviors can influence the environment and how we feel.
2. Our feelings can influence how we act and think.
3. Managing your depression will involve making changes in these areas.

Let's look at the depression spiral this becomes even clearer. The depression spiral offers a visual example of how a decrease in a person's activity level can further their depressive feelings and began a cycle that results in further depression and withdrawal. You can see as the positive experiences decrease or negative experiences increase people tend to do less, withdraw, or avoid. This can lead to a downward spiral of feeling depressed, withdrawing, doing less, and feeling more depressed etc. Therefore when you are feeling down you need to break the spiral by changing your behaviour and environment. Low mood affects our energy; our desire to do things, our desire to engage in safer behaviours and our motivation to engage with the world.

The depression spiral.



Thinking about this depression spiral, can you give me some examples of this from your own lives? [*Special attention should be paid to the participants' avoidance and withdrawal responses (sleeping, cancelling going out with friends, ignoring the phone) that removes them from the situations that could possibly stop the spiral*].

Think about the pleasant activities you identified earlier that you said lifted your mood. What sort of things could you try to avoid the depression spiral in the future?

Remember, there are many ways to cope with negative feelings. However, the more difficult the challenge the more likely we are to use coping strategies that are well rehearsed. This may lead to an increase in the urge to use drugs or other strategies that may be harmful to you. Earlier in the session you identified activities that made you feel better when you were feeling depressed, such as seeing friends; going for a walk etc. In the exercise we also discovered how difficult it is to change our feelings and that feelings can only be changed by what we do or where we are.

You need to consider how you can develop a plan to increase pleasant activities in order to change your behaviors and your mood. Remember think about:

- Activities you really enjoy.
- Something you can do frequently.
- Activities you have complete control over. That is, you do not have to always rely on others.

- Activities that are relatively inexpensive.
- Activities that are not upsetting to others, so that they do not result in negative reactions.

Let's take a break. When we come back we will learn about safe-coping strategies and ways to change our behaviour.

Break

15 minutes

3.6. Skills Building: Using Safe-Coping and Self-Talk [*adapted with permission from Women's Wellness Treatment, Gilbert et al., 2006*]

35 minutes

So today we have learned how "feelings", "behaviour" and "environment" all influence each other, and that it is usually easier to influence our feelings by changing aspects of the environment or our behaviour rather than trying to change a feeling directly. Behaviour includes the things we do. This can be the activity we engage in during the day or the way we talk to ourselves. We may notice we are more likely to talk to ourselves in certain ways in certain situations.

Self soothing is a way to comfort yourself, make yourself feel better when you feel upset, mad, sad, etc. We have already spoken about how some women may use drugs to comfort themselves or "self-soothe", that is make themselves feel better when they are feeling down or after a fight with their boy/girlfriend. This can also lead to risky injecting and sexual behaviours.

But there also may be other alternatives, alternatives that do more to promote wellness in your life than using drugs. This last session will focus on safe-coping strategies including positive self-talk.

Let's begin by talking about the things you might do that are safe and healthy and then I'd like for you to talk about the things you might do to make yourself feel better that don't promote wellness or are less healthy.

Purpose:

To identify ways in which participants can soothe themselves in response to distress in their intimate relationships and/or when they feel depressed.

Learning Objective:

Participants will learn to draw a connection between drugs and alcohol use and healthy relationships.

Procedure:

Facilitator will need to define self-soothing first. The discussion helps participants become explicit about the ways in which they care for themselves. While women may frequently turn to drugs and alcohol to self-soothe, in addition, they may also have positive strategies they already use; acknowledging this may help women feel more empowered. Similarly, this is a good opportunity to distinguish between effective and less effective strategies (How does that work for you?) and constructive versus self destructive (safe vs. unsafe – what are the consequences of the behaviour?).

Similar to the previous exercise, I'd like you to work in pairs and think about self-soothing behaviours you might use to comfort yourself, make yourself feel better when you feel upset, mad, sad, etc. However, this time I want you to think about which of these behaviours are "wellness promoting" such as keeping busy or talking to a friend, and behaviours that are "wellness inhibiting" such as using drugs and/or alcohol or getting angry with yourself. I also want you to discuss which strategies work best for you, which are effective and which are less effective strategies.

[Write responses in two columns on flip-chart]

Possible Responses

Wellness Promoting

- *Blocking things out of my mind*
- *Keeping busy*
- *Counting to myself*
- *Going out and enjoying myself*
- *Going to the movies*
- *Listening to music*
- *Yelling and letting it all out*
- *Eating*
- *Smoke a cigarette*
- *Praying*
- *Reading*
- *Socialising*
- *Meditating*
- *Talking to someone*
- *Avoiding certain situations*
- *Exercising*
- *Taking a time out*
- *Cool down and be by yourself (e.g. take a bath)*
- *Positive thinking (glass half full)*

Wellness Inhibiting

- *Using drugs and/or alcohol*
- *Smoke a cigarette*
- *Getting angry at yourself*

- *Taking it out on others (e.g. children, family, friends)*
- *Avoiding, "blowing off" commitments (e.g. not going to treatment, missing appointments, not meeting people you have plans with)*
- *Negative thinking (glass half empty)*

Looking at these two lists, what behaviours have worked well/ less well for you?

Can you tell us what the consequences of these behaviours were for you when you have used them to self-soothe? [*Elicit what worked well/ less well and the consequences of these behaviours*]

Let's now discuss the consequences of these various self–soothing strategies. Some strategies are of the "feel good now, pay later" variety.

What does it cost you to receive comfort?

List your three most used comfort strategies in increasing order of cost. Something costly can lead to negative consequences. Using drugs can result in legal trouble or can impair a woman's judgment leaving her vulnerable to violence, injecting and sexual risk behaviours or negative mood. Cost also involves how much energy the strategy exhausts. Denial is a way to deal with stressful events but can use a lot of energy. Finally cost also has to do with missed opportunities. For example, someone may use a less healthy strategy and therefore be blind to healthier options.

[discuss responses]

I now want to teach you all a simple yet really powerful safe-coping strategy, positive **self-talk**. Actually I am sure that a lot of you already do this and might not even know that you are doing it. As we have previously discussed, negative mood, withdrawal and problems with relationships and power may result in risk taking behaviours and unsafe coping behaviours such as risky or unsafe injecting practices. Now I want to talk about what you say to yourself if you are experiencing a trigger to use drugs or to take risks. How you talk to yourself can really change your attitude and behaviour. And, if you are experiencing an urge to use drugs or are being tempted by a trigger, you need to stay in "I can do it" mode. If a person says to herself "Well, that shows I can't stop sharing injecting equipment. So, I might as well forget about it," she will have trouble continuing her plan to inject safely. Or if she says something like "Oh, I feel terrible. How could I do such a thing? I guess I'm just not worth all the effort," she will have trouble continuing. People are only human and temptation often hits when they are feeling low or vulnerable. You never know when temptation will hit you, so you need to protect yourself - and your partner. But you have to remember all the reasons you wanted to reduce risk taking behaviours: your family, friends, your future goals, and most of all your commitment to your own and others' health and well-being.

Self-talk is identifying the "voice" in your head and having it say positive, supportive statements instead of self-defeating ones. Self-talk should be in the form of "I" statements: for example, "I can go back to not using drugs, I want to".

Some self-talk can be aimed at reminding you what to do:

- I **can** develop a plan to deal with this.
- I **will** think about what I have to do.
- I **will** think about what I can do about this situation/stress.
- I **will** think before I act.
- I **have** a lot of different positive coping strategies to call on to help me through this.

Other self-talk that may work for you is telling yourself kind and comforting statements that you would tell a friend in your situation like:

- You are going through a rough time, but I know you have the power and strength inside of you to stick to your plan.
- You need to put yourself and your goals first, you can tell your partner that you want to use a condom.

Last week we discussed how women may engage in risky injecting practices due to lack of equipment, withdrawal and/or relationships and power. Imagine if you did not have a clean needle and syringe and your partner suggested that you use theirs. You are feeling tempted to share injecting equipment with your partner as you are experiencing withdrawal. How would you use self-talk or think about what you would tell a friend to tell herself if she was tempted to share?

[*Elicit examples of self-talk from participants that they can use. Write down responses*

on flipchart. Summarise and praise range of responses].

Let's go back to some of the situations when you might be more likely to engage in sexual or drug risk behaviours that we mentioned in the first and second sessions.

Let's role play in pairs. What I would like you to do is to practice self-talking yourself through the following situations. [*Have participants practice and ask group members for their suggestions for self-talk. Give specific praise*]

For example:

1. You are feeling really down and as a result are not bothered about the potential risks involved with sharing injecting equipment with other drug users, how can you use self-talk to make sure you do not put yourself at risk?
2. You are really mad/ angry, how can you use self-talk to calm down?
3. Your new boyfriend wants to have sex without a condom and you don't want to, but you are worried that if you don't he won't continue with the relationship, how can you use self-talk to make sure you do not have sex without a condom?
4. You had a big fight with your boy/girlfriend where he/she got nasty, how can you use self-talk to comfort yourself?

[*Elicit examples of self-talk from participants that they can use. Write down responses on flipchart. Summarise and praise range of responses*].

That's great. I hope that during today's session we have identified how "feelings", "behaviour" and "environment" all influence each other, and that to change our feelings and behaviours we need to enhance the pleasant activities we engage in or the way we talk to ourselves. You have identified coping strategies that work for you and can be used to help you avoid risk behaviours in the future.

Purpose:

Review lessons learned from this session and identify participants' experience of attending the intervention.

3.7. Review and close

15 minutes

Can you list the three components of the mood-behaviour triangle?

"feelings", "behaviour" and "environment" all influence each other.

Can you explain the depression spiral?

The depression spiral offers a visual example of how a decrease in a person's activity level can further their depressive feelings and began a cycle that results in further depression and withdrawal. You can see as the positive experiences decrease or negative experiences increase people tend to do less, withdraw, or avoid. This can lead to a downward spiral of feeling depressed, withdrawing, doing less, and feeling more depressed etc. Therefore when you are feeling down you need to break the spiral by changing your behaviour and environment. Low mood affect our energy; our desire to do things, our desire to engage in safer behaviours and our motivation to engage with the world.

What sort of things can you do to try break the depression spiral?

Any response from the list of "tips" or participant identified pleasant activities.

That was a good review. Today we discussed negative mood and depression and how we can use strategies such as self-talk to reduce risk taking behaviours.

Does anyone have any further questions?

Remember as this is a research project, I would really like to get your feedback on this session so that it can be improved if necessary in the future.

[Facilitator to take detailed notes for the evaluation]

What did you like about this session? What did you dislike about this session?

What would you change about this session?

Have your attitudes changed about risk reduction?

Have you changed any of your behaviours following the intervention?

You have all agreed to complete a further questionnaire with the researcher in 4 weeks time, to see how you are getting on. They will contact you to arrange a convenient time to talk to you.

Thank you all again for coming. This has been a great group. Today is the last session, I hope you all found it useful. I really enjoyed working with you these last few weeks. I want to leave you with just 4 more things to remember [*distribute wallet card – 4 key things to remember*], these are:

1. **You can do it** – maintain your motivation in tough situations.
2. **You matter**.

3. **Protect yourself** – avoid risk and negotiate safer solutions.
4. **There are services that can help you**.

Thanks again for your participation, stay safe!

A series of fact sheets written by experts in the field of liver disease

HCSP FACT SHEET

VHC Y SALUD MENTAL

Depression: Self-Help Tips

The information in this fact sheet is designed to help you understand and manage HCV and is not intended as medical advice. All persons with HCV should consult a medical practitioner for diagnosis and treatment of HCV. This information is provided by the Hepatitis C Support Project a nonprofit organization for HCV education, support and advocacy.

Foreword

Depression is a medical illness that affects nearly 10% of the adult population in the United States. People living with hepatitis C (HCV) are at greater risk for depression, especially during treatment. Help for depression can come in a variety of ways. Sometimes mild depression can be improved with self-help measures alone. Prolonged or severe depression usually requires professional treatment. The information in this fact sheet is solely for informational purposes and is not intended to replace medical advice.

Important Note: If you have thoughts of suicide or hurting yourself or others, seek immediate professional help.

Sometimes professional intervention and self-help measures can reinforce each other. The mind and the body are not separate or independent from each other. Your body affects your mind and your mind affects your body. Stress can weaken the immune system and make it harder to resist diseases. Feeling unwell can lead to increased fatigue and more depression. Breaking the cycle of depression usually involves a mind-body approach.

Ways to Help Yourself

Start with Accurate Information

Taking care of yourself begins with building a strong foundation of reliable information. Start by separating fact from fiction. Patients sometimes hear or read something that is incorrect which may inadvertently lead them to believe their health or prognosis is worse than it really is. The Internet is a valuable tool, but not always reliable. Know your sources and do not settle for anything less than the most current and accurate information. Write down questions that you have and bring them to visits with your medical provider so that you cover all of your concerns.

Attend Support Group Meetings

Support goes hand-in-hand with gathering good information. A solid infrastructure of support can provide a variety of resources. For instance, patients not only share their experiences with depression and HCV, they may talk about their resources, how they handle certain medication side effects, and provide helpful tips on managing their illness. Most patients find it valuable to be with others who share the same experiences as they do, where they can be among others without having to explain themselves.

Exercise

Exercise is probably the single most effective selfhelp antidote for fatigue and mild depression. This is hard to fathom, especially if getting out of bed is an ordeal. Like most things, exercise is best practiced in moderation. If you are unaccustomed to exercise, have a complicated medical condition, or are over 50 years old, it is advisable to speak to your health care provider before embarking on this. If you are ready to take this on, start slowly.

Five to fifteen minute intervals, two to three times daily, can fend off relentless fatigue. This is especially true if you can practice this in a relaxing environment, such as at a park. Remember that 5 minutes of exercise is better than no exercise! Resist the all or nothing temptation. Also, resist the temptation to over-exercise.

Balance is the key. When it comes to exercise, there are many activities from which to choose. Walking is perfect because it requires no special equipment

except comfortable shoes. Biking, swimming, dancing, and gardening can be fun as well as therapeutic. Yoga, Tai Chi, Qigong, and Pilates are highly regarded as beneficial activities. As you venture into the realm of exercise, include stretching as part of your regimen. Start slowly and increase your activity according to how your body responds.

Even if you don't want to, go outside and feel the fresh air on your face. The goal is to find a balance of activity that revitalizes you during the day and promotes sleep at night.

Sleep

Inadequate or poor quality of sleep can lead to feelings of daytime tiredness. Make sure you are getting sufficient sleep. The National Sleep Foundation states that the average adult needs seven to nine hours of sleep per night. If you believe that insufficient sleep is a problem, talk to your doctor. Sleep issues are well understood and much can be done to improve the quality of sleep.

Good Nutrition

Try to eat a low fat, high fibre diet. Eat a variety of foods that includes fruit, vegetables, and whole grains. Eating well does not take a lot of effort, but may involve a little planning. There are plenty of healthy food choices available without having to cook from scratch. For instance, toss pre-cut vegetables into soup, a salad, or an omelet. Fast food restaurants now offer healthy alternatives to the usual fried fare. A sandwich made from whole grain bread and piled high with vegetables is simple, healthy, and delicious.

Balance Rest and Activity

Schedule a daily rest period. Rest is like fuel for the body. Just as you plan to put fuel in your car, do the same for your body. Consider resting as a preventative measure and try to rest before you get too fatigued. Those times you feel more energetic, resist the temptation to skip a rest break. This will only lead to increased inefficiency or fatigue later. Balance is the key. Pace yourself, take breaks, plan ahead, and delegate. Ask for help. Create short cuts. Organize your work areas so you can work more efficiently. Break large tasks into smaller ones, and do what you can, as you are able.

Learn to Manage Stress

Too much stress can worsen the symptoms of depression and take a toll on one's health. Avoiding unnecessary stress is easier said than done. There are many types of stress management techniques, such as yoga, meditation, and stress management classes. Some employers, insurance companies, clinics and community services offer stress management classes.

Substance Use

Alcohol, tobacco, excess caffeine and illicit drugs can cause or worsen depression and anxiety. Alcohol is a depressant and is incompatible with HCV. The psychological and physical impact of illicit drug use is well-documented. Tobacco and caffeine are stimulants and can cause increased anxiety. Although quitting the use of these substances can be difficult, it can be done. There is help available for all sorts of substance cessation. Ask your medical provider for available resources in your community.

Positive Thinking

Positive thinking is a learned skill. Performed on a regular basis, positive thinking can replace negative thinking. Positive thinking can be a useful tool in overcoming inertia. Start slowly. Pick a negative phrase or two and turn it into a positive message. For instance, if you find yourself thinking you will never get well, try saying to yourself, "This too shall pass." If you are saying to yourself, "I am never going to learn how to do such-and-such," substitute, "I am a work in progress" or "Even a Stradivarius has to be retuned constantly." Practice positive thinking even if you do not believe it. Over time, positive thinking can become a habit, and can help improve many aspects of your health.

Laughter and Recreation

Finding pleasurable activities that you can participate in may improve your mood and prevent thoughts and feelings that can contribute to depression. Try to pick at least one pleasurable activity and find the time to do it often. Finally, it is worth promoting something that can be infectious: laughter. Having HCV can be painful and burdensome – if we let it. Laughter is not a

cure, but it can lighten the load. Humor has no side effects except perhaps a few laughs. It is contagious, feels good and doesn't need a doctor's order. Prescribe it for yourself today!

Seek Support from Family and Friends

Isolation is the partner of depression and negative thinking. Those who are depressed may remove themselves from social interactions and shun offers of help. Get support even if you do not want it. Depression is a medical illness and you don't have to go through this alone.

Warning:

Those taking HCV or HIV protease inhibitors should avoid St. John's wort.

Disclaimer:

The diagnosis and treatment of psychiatric and other medical disorders requires a trained medical professional. Information contained in this factsheet is intended for educational purposes only. It should NOT be used as a substitute for professional diagnosis and treatment of any mental / psychiatric disorders. Please consult a medical professional if the information here leads you to believe you or someone you know may have a psychiatric or other medical illness. Portions of this FactSheet are excerpts written by Lucinda Porter, RN and Eric Dieperink, MD which appeared in Coping with Depression and Hepatitis C published by the Hepatitis C Support Project. Permission to use granted by the authors.

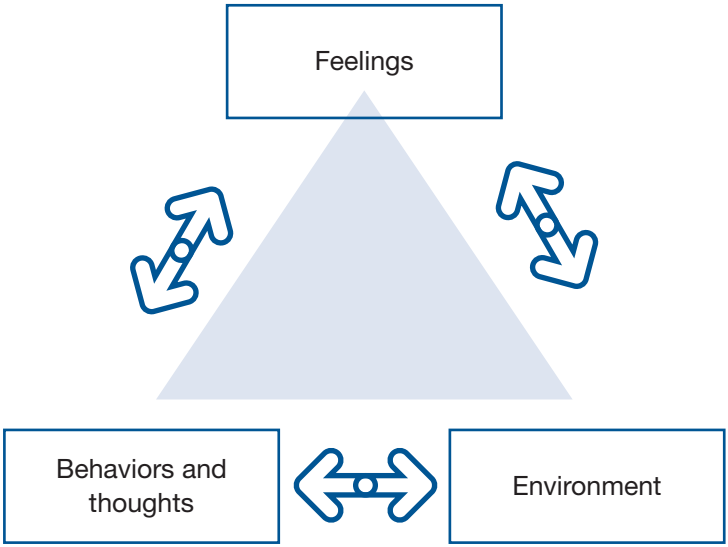
Visit our websites to learn more about viral hepatitis:.

www.hcvadvocate.org

Group rules

1. Confidentiality (“privacy”)
2. Respect
3. Appreciate different stages of use and recovery
4. Right to choose to participate
5. Be fit to participate
6. The right to ask questions
7. Be on time

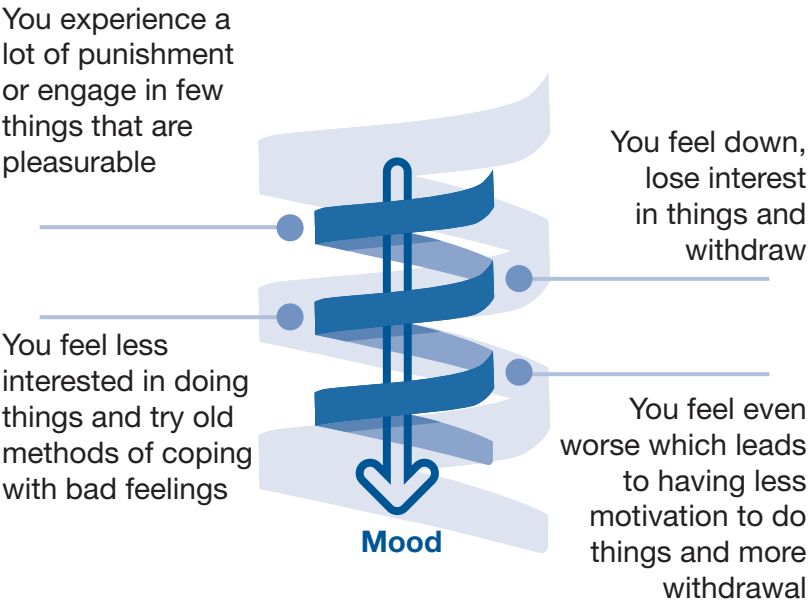
The mood-behavior triangle



The environment can influence how we feel, act and think.

1. Our behaviors can influence the environment and how we feel.
2. Our feelings can influence how we act and think.
3. Managing your depression will involve making changes in these areas.

The depression spiral



4 Key things to remember!

1

You can do it

Maintain your motivation in tough situations

2

You matter

3

Protect yourself

Avoid risk and negotiate safer solutions

4

There are services that can help you

References

Carpenter, K.M., Aharonovich, E., Smith, J.L., Iguchi, M.Y. & Nunes, E.V. (2006). Behavioral Therapy for Depression in Drug Dependence (BTDD): Results of a stage 1a therapy development trial. *American Journal of Drug and Alcohol Abuse*, 32:541–548.

Carpenter, K.M., Smith, J.L., Aharonovich, E. & Nunes, E.V. (2008). Developing therapies for depression in drug dependence: results of a stage 1 therapy study. *American Journal of Drug and Alcohol Abuse*, 34:642-652.

Garfein, R.S., Golub, E.T., Greenberg, A.E., Hagan, H., Hanson, D.L., Hudson, S.M., Kapadia, F., Latka, M.H., Ouellet, L.J., Purcell, D.W., Strathdee, S.A. & Thiede, H. for the DUIT Study Team (2007). A peer-education intervention to reduce injection risk behaviors for HIV and hepatitis C virus infection in young injection drug users. *AIDS*, 21:1923–1932.

Gilbert, L., El-Bassel, N., Manuel, J., Wu, E., Go, H., Golder, S., Seewald, R. & Sanders, G. (2006). An integrated relapse prevention and relationship safety intervention for women on methadone: Testing short-term effects on intimate partner violence and substance use. *Violence and Victims*, 21:657-672.

Lewinsohn, P.M., Antonuccio, D.O., Breckenridge, J.S. & Teri, L. (1984). *The Coping with Depression Course*. Eugene OR: Castalia Publishing Company.

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