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The *IDUIT Brief Guide* was inspired by *The Smart Sex Worker's Guide to the SWIT*.

ABOUT INPUD

The International Network of People who Use Drugs (INPUD) is a global, peer-based organization that seeks to promote the health and defend the rights of people who use drugs. It works to promote the principles in the 2006 Vancouver Declaration, *Nothing About Us Without Us*, which aim to "enable and empower people who use drugs legal or deemed illegal worldwide to survive, thrive and exert our voices as human beings to have meaningful input into all decisions that affect our own lives." INPUD works to expose and challenge stigma, discrimination, and the criminalization of people who use drugs, as well as their impact on the drug-using community's health and rights. INPUD works to achieve this through empowerment and advocacy at the international level, and supporting empowerment and advocacy at community, national and regional levels.

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Introduction

People who use drugs are heavily affected by HIV, hepatitis C (HCV), and tuberculosis (TB) and are often neglected in countries' and cities' responses to the epidemics. There are effective means to prevent and treat HIV, HCV and TB among people who use drugs, but resources (financial, human and material) are often not adequately invested to make them accessible. The reasons for this are multifaceted and include criminalization, stigma, discrimination and denial of basic human rights to people who use drugs. This *IDUIT Brief Guide for People who Use Drugs* is intended to outline the key concepts of *Implementing Comprehensive HIV and HCV Programs with People who Inject Drugs: Practical Guidance for Collaborative Interventions (the IDUIT)* related to prevention, treatment and empowerment with regard to HIV and HCV, and point to how activists and professionals from among the community of people who use drugs might promote better policy and practice.

Note: As in the IDUIT, the primary focus of this tool is people who inject drugs, because of the particular vulnerability to HIV and HCV associated with injecting practices. Some people who use drugs but do not inject are subject to similar health risks and human rights violations. The term “people who use drugs” is used throughout the publication and is inclusive of people who inject.

For the sake of conciseness, this tool refers primarily to HIV and HCV, though the practices highlighted in the tool can be applied to address a variety of health and rights concerns.

0.1 What is the IDUIT – Implementing Comprehensive HIV and HCV Programs with People who Inject Drugs: Practical Guidance for Collaborative Interventions?

The *IDUIT (Implementing Comprehensive HIV and HCV Programs with People who Inject Drugs: Practical Guidance for Collaborative Interventions)* is an instrument that can be used by policy makers, practitioners and advocates including people who use drugs to promote effective policy and practice. It is a tool that contains practical advice on implementing HIV and hepatitis C (HCV) programs with people who inject drugs. The advice is aligned with UN guidance including the *WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care For Injecting Drug Users* and the WHO’s *Consolidated Guidelines On HIV Prevention, Diagnosis, Treatment And Care For Key Populations*, as well as other evidence-informed guidance. The tool contains examples of good practice from around the world. It is designed to be used by international funding agencies, health policy makers and advocates, public health officials, managers of HIV and harm reduction programs, and civil society organizations including organizations of people who use drugs. It was produced by INPUD and the United Nations Office on Drugs and Crime (UNODC), in close

collaboration with the World Health Organization (WHO), the United Nations Population Fund (UNFPA), the United Nations Development Programme (UNDP), USAID and the President’s Emergency Plan for AIDS Relief (PEPFAR).

The IDUIT is dedicated to the loving memory of one of its co-authors, Raffi Balian.

The *IDUIT* contains the following five chapters:



Published by the United Nations Office on Drugs and Crime (UNODC) and INPUD in 2017, the IDUIT is one of a series of similar publications providing implementation guidance on programming for key populations including the *Sex Worker Implementation Tool (SWIT)*, the *Men Who Have Sex with Men Implementation Tool (MSMIT)* and the *Transgender People Implementation Tool (TRANSIT)*.

0.2 What is the IDUIT Brief Guide?

This *IDUIT Brief Guide* was written for people or organizations of people who use drugs who want to work towards improving the health and upholding the rights of their community. This guide can help you check whether services are provided and advocacy work is carried out in line with evidence-informed UN recommendations and known preferences of people who use drugs. The *IDUIT* is an in-depth and comprehensive publication, and this brief guide highlights its key points. Some content in this brief guide is not addressed in the *IDUIT* but is informed by *International User-Activists' Views on Best Practice in Harm Reduction*, which was completed in 2016 and gives an overview of the opinions and preferences of experts and activists from among the community of people who use drugs who participated in a series of consultations and interviews.

How to use the IDUIT Brief Guide

This brief guide includes checklists and key points that you can use to “diagnose” how well programming in your city or country lives up to the highest standards from the point of view of people who use drugs. You and/or a group of people who use drugs can use these checklists by to judge whether your local or national programming follows evidence-informed and rights affirming guidance.

Once you identify priority problems, think about who has the authority to make the needed changes and how you might communicate with them. You can initiate dialogue about how to improve programming with local service providers, health authorities or policing institutions, human rights NGOs or journalists. You can use this guide, the complete *IDUIT*, the UN guidance referenced above or other materials to back up your arguments of how and why certain changes should be made.

“... judge whether your local or national programming follows evidence-informed and rights affirming guidance”

0.3 Guiding principles for implementing comprehensive HIV and HCV programs with people who use drugs

The *IDUIT* highlights several guiding principles which are cross-cutting and relevant to all aspects of services for people who use drugs.¹

- **Human rights:** The respect, protection and fulfillment of human rights for people who use drugs must be fundamental in all work to address their needs
- **Community empowerment:** Community empowerment is the process whereby people who use drugs address for themselves the health and rights issues they face. This process has been gaining momentum in countries throughout the world and internationally
- **Community participation and leadership:** Participation and leadership of people who use drugs in HIV and HCV programs helps the programs to address their real needs and concerns, builds trust and empowers the community of people who use drugs
- **Acceptability of services:** Interventions must be respectful, acceptable, appropriate and

affordable to people who use drugs, in order to encourage their participation and ensure their retention in care

- **Access to justice:** Access to justice includes freedom from arbitrary arrest and detention; the right to a fair trial; freedom from torture and cruel, inhuman and degrading treatment; and the right to the highest attainable standard of health, including in prisons and other closed settings
- **Access to quality healthcare:** Evidence-based, high-quality health services should be accessible to people who use drugs, and healthcare providers and institutions must serve people based on the principles of medical ethics and the human right to healthcare
- **Health literacy:** Health services should regularly provide accurate information to people who use drugs to help them make decisions about their health
- **Integrated service provision:** To the degree possible, health services should be integrated so that people who use drugs can access services addressing multiple health and social needs easily.

“Access to justice includes freedom from arbitrary arrest and detention”

¹ For more details, see *IDUIT* pp. 21 – 22.

Community Empowerment

1.1 What is Community Empowerment?

Community empowerment enables groups or communities of people to increase control over their lives. Organizations led by people who use drugs have played a central and creative role in the HIV response in many parts of the world, even in the most repressive environments. Even before the HIV epidemic, people who use drugs have been proactive in protecting their health, fighting for their rights and supporting active, caring and committed communities.

Community empowerment means more than the involvement, participation or engagement of communities in new or pre-existing programs: it implies community ownership, and action that is explicitly aimed at social and political change. Community empowerment addresses social, cultural, political and economic determinants that affect health, and seeks to build partnerships with other sectors in finding solutions.

1.2 What Community Empowerment Looks Like

When communities of people who use drugs are empowered, they: come together for mutual assistance

- form a collective identity with common goals and address their collective needs in a supportive environment

- identify their own priorities and the appropriate strategies to address these
- advocate collectively for their rights as people who use drugs and as human beings
- provide and facilitate access to HIV and HCV prevention, care and treatment and support services
- participate meaningfully in all aspects of program design, implementation, delivery, management, monitoring and evaluation (M&E)
- build and strengthen partnerships with government, civil society, local allies and development partners.

1.3 Strategies for Community Empowerment

To take action and support community empowerment, the following activities are recommended:

- Form a community-led group or a formally registered organization. Such groups or organizations can work locally, nationally or internationally to give input on policy and practice
- Form or join an existing network of people who use drugs
- Join and actively participate in existing networks such as harm reduction networks or networks of HIV activists

“... protecting their health, fighting for their rights and supporting active, caring and committed communities”

- Organize group activities at safe spaces (which may be drop-in centres, but might also be members' homes, community centres, church rooms or other public facilities) based on the interests of the group members
- Plan activities for special occasions, such as festivals, holidays or commemorative days
- Invite recognized community activists or peer outreach workers from neighbouring areas to speak at a gathering of local people who use drugs.

Community empowerment can be promoted within programs that provide services to people who use drugs and directly through initiating and strengthening groups or organizations of people who use drugs.

✓ **What to check for:**

- People who use drugs should be actively involved in planning and implementing health, legal and social services including work as legal advocates
- Health and social service providers, police and social services should receive training and sensitization about people who use drugs (preferably with people who inject drugs engaged as trainers) and show positive changes in attitude
- Drop-in centres or safe spaces should be available for people who use drugs
- There should be local and national organizations led by people who use drugs
- Adequate funding should be allocated to groups led by people who use drugs
- Outside organizations should partner with organizations led by people who use drugs
- Representatives from organizations of people who use drugs should be members of national and local coordinating bodies
- There should be public meetings, marches or rallies held to promote the rights of people who use drugs

“... speak at a gathering of local people who use drugs”

Enabling Environment

The “enabling environment” is a context in which the health and rights of people who use drugs can be ensured. It is one in which laws and regulations promote health and rights, human rights violations are tracked and responded to, and stigma and discrimination are prevented and countered.

2.1 Legal issues

Punitive drug policies exacerbate health and rights violations faced by people who use drugs, and can be changed through legal reform efforts.

Common punitive legal policies

These include:

- criminalization of people who use drugs
- the death penalty
- age-related barriers to access to services
- regulations inhibiting needle and syringe programming, opioid substitution programming and/or overdose prevention and response programming.

Legal reform

Legal reform requires carefully planned advocacy work. Laws must be reviewed in light of existing international frameworks which support the promotion of health and rights of people who use drugs.

Some key points to support your arguments for decriminalization include:²

- Within the current international conventions on drugs, criminalization of drug use and possession of drugs for personal consumption is not required
- In 2007 the UN General Assembly adopted a moratorium on executions and called for countries to consider abolishing the death penalty for drug-related crimes
- The International Covenant on Economic, Social and Cultural Rights (ICESCR), the International Covenant on Civil and Political Rights (ICCPR), and other relevant core human rights treaties, enshrine the rights of people who use drugs, specifically in clauses such as:
 - the right to the highest attainable standard of physical and mental health (ICESCR, Article 12)
 - the right not to be subjected to torture or other cruel, inhuman

² For more details, see *IDUIT* pp. 33 – 34.

or degrading treatment or punishment (ICCPR, Article 7; Convention Against Torture, Articles 2 and 16)

- the right to non-discrimination (ICCPR, Article 2; ICESCR, Article 2)
- The United Nations (UN) 2016 *General Assembly Special Session on the World Drug Problem Outcome Document* has a specific emphasis on human rights, gender- and health-focused responses, including to:
 - encourage the voluntary participation of people who use drugs in treatment programs, with informed consent
 - ensure non-discriminatory access to health, care and social services in prevention, primary care and treatment programs, including those offered to people in prison or pre-trial detention
 - encourage alternatives to conviction, punishment and incarceration for drug-related “offences”
 - end arbitrary arrest, detention, torture and other cruel, inhuman or degrading treatment or punishment
 - ensure timely access to legal aid and the right to a fair trial.

2.2 Human rights violations

The human rights of people who use drugs are commonly violated but action can be taken to respond to and reduce such violations. Due to stigma and criminalization, people commonly forget that the rights of people who use drugs are human rights, and therefore extra effort is needed to ensure that those rights are upheld.

Common human rights violations:

Since people (including sometimes even people who use drugs themselves) are often not familiar with which rights are guaranteed, it is essential to recognize common rights violations.

These include:

- denial of health services and social services
- restrictions on employment or access to education
- removal of children from parental custody
- incarceration or detention without trial
- coerced drug treatment (often against their will in “treatment centres”)
- denial or cessation of opioid substitution therapy (OST)
- forced/coerced sterilization/abortion
- physical violence.

Addressing rights violations:

Violations of the human rights of people who use drugs can be addressed by:³

- **Legal literacy and access to legal aid.** This can help ensure that the rights of people who use drugs are upheld. Often people are unaware of their rights, and stigma and economic disadvantage often restrict access to qualified legal aid for people who use drugs. Legal aid services can build legal literacy among people who use drugs and provide legal advice related to specific situations. Legal aid can be made available in low-threshold settings
- **Documenting human rights violations.** Careful documentation can help shed light on the types and sources of human rights violations. Documentation is the first step to redressing human rights violations. Once documented, legal recourse at the local, national or international level can be sought. Documentation can also be used in dialogue with authorities. Tips and strategies for documenting human rights violations include:⁴

- Clarify the objectives of the documentation
 - Identify the key issues or violations that you want to document
 - Take account of what is known already
 - Think about the information you need to collect
 - Identify all potential sources of information
 - Develop a method based on what is needed
 - Get informed consent
 - Develop resources to undertake an ethical and good-practice approach
- Dialogue with institutions involved in human rights violations. People who use drugs and programs that promote their health and rights can systematically monitor police practices and document rights violations and violence. This can be done ad hoc and/or questions can be added to regular surveillance questionnaires. Once problems are documented, legal recourse can be sought or dialogue with policing institutions and training police officers can be initiated.

“Documentation is the first step to redressing human rights violations”



³ For more information see UNDP (2015) *Know Your Rights, Use Your Laws: Handbook for Legal Empowerment of People who Live with or Are at Risk of HIV, their Close Ones, and Service Providers*. New York (NY): United Nations Development Programme.

⁴ For more details, see “Tips and strategies for documenting human rights violations” in the IDUIT Box 2.8, page 41.

Stigma

People who inject drugs are often highly stigmatized. This stigma lies at the root of many of the health problems and rights violations faced by people who use drugs, and manifests at individual local, national and global levels. The stigma associated with injecting drug use is often compounded for women and other sub-populations such as ethnic minorities or lesbian, gay, bi and trans (LGBT) people. It contributes to underfunding of programming for people who use drugs, and facilitates incarceration, discrimination and violence. It is also a barrier to providing effective services. Steps can be taken to reduce stigma.

Common forms of stigma

These include:

- Stigma from individuals – negative views and stereotypes held by individual members of society towards people who use drugs
- Stigma from services/programs – judgemental attitudes of service providers, lack of confidentiality or privacy for clients, lack of informed consent for treatment, or coercive, compulsory or abusive treatment
- Systemic, structural or institutional stigma – punitive and harsh drug control laws and coercive and corrupt law enforcement practices, including violence and extortion; and policies that officially restrict access to

services by people who use drugs

- Self-stigma – the internalization of stigmatizing views and attitudes by people who use drugs
- Stigma by association – stigma directed against family and friends of people who use drugs, or against those who express empathy or support for people who use drugs.

Addressing stigma

Measures can be taken to counter stigma within services or organizations as well as within society at large. Stigma among society at large can be addressed by:

- **influencing the media**, for example by educating journalists and offering awards for good coverage of issues related to drugs and drug policy. It can also be effective for people who use drugs and/or organizations that promote their health and rights to carry out their own public relations or advertising campaigns
- **creating a voice for people who use drugs**, for example by supporting publications (including printed materials, videos or social media) that are produced by people who use drugs
- **advocating with stakeholders**, for example through outreach to community leaders, partnering with NGOs and communicating key strategic messages as necessary

“This stigma lies at the root of many ... health problems and rights violations”

- **campaigns illustrating the contributions of PWID to society at large**, for example their HIV or HCV prevention work or gathering used discarded syringes from neighbourhoods.

Stigma in services or organizations can be monitored and addressed.⁵

✓ **What to check for:**

- Language should be non-judgemental, neutral and empowering⁶
- Privacy of service users should be protected
- Policies and practices should be free of assumptions about service users
- Records about service users should be protected and no more information than what is needed should be gathered and stored
- Full and informed consent should be gained before any medical tests and procedures are undertaken
- Use of the service should be voluntary

- Rules for service access should be fair, put people’s health first, and be drafted with input from service users
- Policies should ensure that service users feel safe in accessing the service and that staff feel safe in delivering services
- All services should be based on the best available scientific evidence of good practice
- People who use drugs should be meaningfully involved in planning, implementing, monitoring and evaluating programs
- Mechanisms for addressing complaints and gathering feedback from service users should be in place
- Staff should be adequately trained and supported for working with people who use drugs
- Services should employ people who use drugs and they should be trained, treated and paid the same as staff who do not use drugs

“Services should employ people who use drugs ...”

⁵ For more details, see “Checklist for a code of good practice to combat stigma and discrimination within a service or organization” in the *IDUIT*, Box 2.17, p. 51.

⁶ See the *INPUD Position Statement on Language, Identity, Inclusivity and Discrimination*.

Health and Support Services

There are a number of services that contribute to the health and rights of people who use drugs.

These include:

- a. Needle and syringe and smoking equipment programming
- b. Opioid substitution programming
- c. Voluntary testing, counselling and treatment (for HIV, viral hepatitis B and C, and TB)
- d. Overdose prevention and management, including community distribution of Naloxone
- e. Sexual and reproductive health and rights
- f. Psychological and social support
- g. Drug-checking programs (enabling users to check the purity and quality of their drugs)
- h. Services addressing the needs of particular sub-populations of people who use drugs.

All services should be provided and should adhere to the principles of client-focused service.

Principles of client-focused services⁷

Services that are carefully designed to meet the needs of people who use drugs will be more effective and will uphold the human rights of people who use drugs. The principles of client-focused services should apply to all of the core services.

✓ What to check for:

- Services should be **appropriate**: They should be effective, high-quality, provided in a timely manner, and address the needs of people who inject drugs in line with international standards, current best practices and guidelines
- Services should be **accessible**: They should be offered at times and places convenient for people who inject drugs. Where possible, services should be integrated (co-located) or closely linked so that a broader range of health services can be accessed in a single visit
- Services should be **acceptable**: Health-service providers should be discreet and respectful, non-judgemental and non-stigmatizing. They should be adapted to the needs of women, youth or other groups that need special considerations
- Services should be **confidential**: Counselling and examinations should take place in private rooms. Confidentiality of personal information must be guaranteed
- Services should be **non-discriminatory**: All clients should be treated fairly regardless of age,

⁷ For more details, see “Client-focused services” in the *IDUIT*, Box 4.1, pp. 104 – 105.

sex, sexual orientation, gender identity, ethnicity, religion, class, occupation and drug use status

- Services should be provided with **informed consent** of clients: Services must be voluntary. All clients must give consent for treatment, based on sufficient and accurate information to make an informed choice
- Services should be free or very **affordable**: Services should be free or affordable, bearing in mind the cost of transport and lost income opportunities for people visiting a service provider
- Services should be **safe**: Programs must have policies to support client safety, particularly in settings where drug use is criminalized

✓ **What to check for:**

- Services should actively attract clients and be easy to enroll in
- Services should offer a range of commodities such as a variety of needles and syringes of appropriate sizes and other materials to enable safer use, preferably free of charge⁸
- Services should engage people who use drugs in the selection and distribution of commodities
- Services should NOT require clients to bring in used equipment in order to receive new injecting equipment, and should instead teach people how to dispose of used equipment safely
- Services should enable “secondary exchange,” i.e. providing enough equipment that people can pass new equipment on to their friends
- Services should offer a range of other education, support and care services or referrals relating to health and social needs
- Needle and syringe programming should be available in prisons

“Access to injecting and smoking equipment is essential for prevention of HIV and HCV transmission...”

Core Services

3.1 Needle and syringe and smoking equipment programming

Access to injecting and smoking equipment is essential for prevention of HIV and HCV transmission as well as overall health promotion among people who use drugs. For many, accessing commodities through these services can be a gateway to other health and social services.

⁸ See “What commodities should an NSP provide?” in the *IDUIT*, Box 3.1, p. 64.

3.2 Opioid substitution treatment

Opioid substitution therapy (OST) programs help promote the health and well-being of people dependent on opioids.

✓ What to check for:

- OST should be free of charge or affordable
- OST should be offered in a welcoming, non-stigmatizing and confidential environment
- OST should be offered in a convenient location and at convenient times (enabling clients to work and go about their daily affairs)
- OST services should provide doses adequate to eliminate need for additional opioids in order to avoid feeling ill (adjusting doses as needed when other medical treatment, such as some antiretroviral medicines, requires it)
- Use of illegal drugs by OST clients should be handled in a non-punitive manner
- People should be able to access the service long term and offered a voluntary option to taper doses
- Tapering doses should never be done without careful thought and discussion with service providers

of additional support that may be needed

- A range of OST medicines such as methadone, buprenorphine and diacetylmorphine (medical heroin) should be offered for clients to choose from
- Once people are stable, take-home doses should be offered as well as documentation needed by clients who travel
- Services, including social integration support should be made available on a voluntary basis
- Services should work with family and friends to create a supportive environment for clients (while maintaining confidentiality)
- Services should address the special needs of pregnant women (including informing about the risks involved with opting to stop OST treatment or illegal opioid use while pregnant, and consideration of the need to increase dosage with weight gain)
- Services should provide Naloxone to first responders, together with training in its administration
- OST programs should offer clients means of providing feedback on how to improve services and to advocate for change when necessary

“Use of illegal drugs by OST clients should be handled in a non-punitive manner”

3.3 Voluntary testing and counselling (HIV, viral hepatitis B and C, TB)

Since people who use drugs have heightened vulnerability to tuberculosis and blood-borne viruses, including HIV, hepatitis B and C, access to testing for these conditions is important.

✓ What to check for:

- Testing for HIV, HCV or TB should be done in line with the WHO's "5 Cs principles":
 - consent
 - confidentiality
 - counselling
 - correct test results
 - connection to follow-up services
- Testing for HIV and HCV should be available outside of medical settings with the assistance of trained outreach workers
- When rapid tests for HIV and HCV are used, clients should be assisted to access confirmation testing in medical settings in the case of positive results
- All testing should be free of charge
- Repeat testing for HIV and HCV (i.e. once every six months) should be offered
- Self-testing for HIV should be made possible (whereby people

are given test kits with instructions for private use)

- Staff of harm reduction services should be aware of the symptoms of TB and able to make referrals to testing and treatment services
- TB screening should be available for people who use drugs living in countries where TB prevalence is high

3.4 Treatment for HIV, hepatitis B and C, and TB

Globally people who inject drugs tend to have tragically low access to treatment for HIV, TB and hepatitis, despite strong evidence that treatment is as effective for people who use drugs as it is for other populations.

✓ What to check for:

- Regulatory barriers that exclude people who use drugs from access to treatment should be removed
- Harm reduction services should help link people to care or offer CD4 testing and/or clinical check-ups in low-threshold settings (preferably to drug user-friendly physicians and clinics when possible)
- Adherence support should be offered for people who use drugs, including support provided by peers

"... people who inject drugs tend to have tragically low access to treatment..."

- OST should be available for people dependent on opioids to support their treatment adherence. The WHO recommends that antiretroviral medicines be provided at OST sites
- Specific fears and concerns of people who use drugs should be addressed in treatment literacy programming
- People who use drugs with experience of treatment should be engaged to provide peer support for treatment adherence and navigating access to medical and social services
- People who drop out of treatment should be given special attention to address their reasons for dropping out
- Measures should be in place to ensure continuity of treatment for people coming into and out of prison
- Services for HIV, hepatitis, TB and OST should be adequately integrated to ensure convenience for patients

3.5 Overdose

Overdose – the leading cause of drug-related deaths – is preventable. Overdose prevention and management programs need to include distribution of and training on Naloxone to people who use opioids and to those who live and work with them, to save lives and empower communities.

“Overdose – the leading cause of drug-related deaths – is preventable”

✓ What to check for:

- Harm reduction programs should offer training on overdose prevention and treatment including identification of overdoses, resuscitation and administration of Naloxone to people who use opioids and their friends and family
- Detoxification/rehabilitation programs, post-release programs for prisoners and providers of services to people who use drugs should offer training on overdose and distribute Naloxone to people who use drugs and their friends and family
- Legal or regulatory barriers to providing or administering Naloxone outside of medical facilities should be removed
- Local myths about overdose should be addressed in trainings and educational materials

- Naloxone should be available in pharmacies
- First responders (fire, ambulance, police) should be equipped with Naloxone
- Law enforcement should be prevented from accompanying emergency services responding to overdose
- Means to check the quality and purity of drugs should be available to people who use drugs. For example, strips designed to identify fentanyl in drugs may help to prevent overdoses. The evidence base for using fentanyl strips is limited, and therefore needs to be explored urgently

staff should be given sensitization training to reduce stigma and improve knowledge of the special needs of people who use drugs. Harm reduction services can refer clients to clinics they know are drug user-friendly. However, sometimes referral is not enough – people may need the costs of transportation to clinical services to be covered or childcare to be provided in order for them to access services.

3.6 Sexual and reproductive health and rights

Addressing the sexual and reproductive health and rights (SRHR) needs of people who inject drugs requires distinct skills and effort both within harm reduction services and in clinical settings. Harm reduction services should offer commodities (condoms, lubricants), basic education about STIs and reproductive health and also support access to clinical services in low-threshold settings. Women who inject drugs often face great stigma in clinical settings, which can deter them from accessing the care that they need. Clinical

✓ What to check for:

- Condoms and lubricants and other means for safer sex should be offered free of charge
- Education about sexual and reproductive health should be offered, as well as means of birth control
- Harm reduction services should address the specific needs and preferences of women, men who have sex with men, transgender people and sex workers
- Clinics that diagnose and treat STIs, provide family planning counselling and services, and provide prenatal care should be knowledgeable about and take into consideration the special needs of people who use drugs. Harm reduction service personnel should refer their clients to clinics and health personnel that they know are “friendly” to people who use drugs

“Harm reduction services can refer clients to clinics they know are drug user-friendly”

- Sexual and reproductive health services should provide education about the effects of drugs on menstruation, pregnancy and breast-feeding in a non-judgemental way. They should address the dangers of opioid withdrawal during pregnancy
- The myth that “drug use equals child abuse” should be opposed
- Possession of condoms should never be used as evidence of engagement in sex work by law enforcement
- Access should be provided to family planning services, measures and commodities
- Sterilization or abortion should never be coerced or forced

3.7 Psychological and social support

Factors including violence and discrimination, poverty, having a criminal record, experience of trauma, and internalized stigma leave some people who use drugs with distinct psychosocial support needs. Harm reduction services should offer guidance and support for access to these services by their clients. Mobilization of people within the community of people who use drugs can promote mutual support.

✓ What to check for:

- Harm reduction services should not assume that every client needs psychosocial support
- Harm reduction services should help people to access available social services
- Access to these services should be voluntary
- Social services should serve people who use drugs without stigma
- Mutual support within the community of people who use drugs should be supported

“Prohibition leads to the unregulated production of drugs, which can lead to inconsistent quality and purity”

3.8 Drug purity checking programs

Prohibition leads to the unregulated production of drugs, which can lead to inconsistent quality and purity. This can lead to major health harms including death. Programs enabling people who use drugs to test their drugs can help people make safer informed choices about what they consume. Though not addressed in the IDUIT, some key considerations are reiterated here.

✓ What to check for:

- There should be ongoing action to advocate for the legalization of drugs. (As one informant quoted in *User-Activists’ Views* highlighted:

“If drugs were legal, we wouldn’t need to test them ... all the information you’d need ... it’d be right there on the label”)

- Drug checking kits on a full spectrum of drugs, including opioids, should be available through harm reduction services or special sites
- Festival operators and club owners should provide drug checking services
- There should be mechanisms in place to respond to outbreaks of tainted/adulterated drugs
- Harm reduction staff should be able to handle drugs for checking without fear of legal prosecution
- Further research on drug checking programs should be promoted

3.9 Addressing needs of women

Many harm reduction programs are male-dominated and may neglect the specific needs of women. Also, women often face stigma even greater than that faced by men who inject drugs, which can inhibit their ability to access services.

“Many harm reduction programs are male-dominated and may neglect the specific needs of women”

✓ What to check for:

- Harm reduction services should employ women
- Harm reduction services should make childcare services available
- Harm reduction services should offer separate spaces or times for women
- Harm reduction services should ensure that sexual and reproductive health and rights services are accessible
- Harm reduction services should provide legal support for mothers facing problems with custody of their children
- Harm reduction services should provide support, counselling and referral for victims of gender-based violence

Approaches to Community-Led Services

Community-led services are preferred by people who use drugs, as they engage the unique knowledge of people who use drugs and build solidarity within the community.

have a positive impact on their lives should be documented to ensure that learning can be built upon and shared

- The confidentiality of program clients and staff must be protected.

4.1 Fundamentals of community-led service

Fundamentals for community-led harm reduction services that help ensure that services meet the needs of people who use drugs include:

- The organization should have a values statement supportive of people who use drugs, and developed with the close participation of people who use drugs
- People who use drugs should hold decision-making positions in the management structure
- The safety and human rights of staff and clients who use drugs must be protected
- The organizational strategy should be responsive to changing needs in the community
- An independent body composed of community members (e.g. drug user unions) should be set up to deal with concerns of the community and engage in treatment advocacy
- The lived experience of people who use drugs and the services that

4.2 Service delivery modes

Drop-in centres

Drop-in centres are a safe space for people who use drugs and also a space where they might access services and develop supportive relationships. Drop-in centres should be designed to provide services for the whole person, by offering (in addition to harm reduction commodities): food; laundry service; showers; sleeping areas; computer access; and childcare services.

Some considerations for setting up a drop-in centre include:

- Drop-in centres should be developed in consultation with the community of people who use drugs, local residents and the wider community
- Advocacy for drop-in centres should be sustained to prevent and address opposition. This can include:
 - building relationships within the community
 - documenting and educating on positive impacts and lack of negative impacts in response to potential fears

“Drop-in centres are a safe space for people who use drugs”

- running public education campaigns

Location and operating hours should be convenient for people who use drugs. Drop-in centres should be safe from intrusion by outsiders and the police.

Mobile peer-led outreach

Mobile outreach (when commodities and support are brought to the places where people who use drugs live and spend time) has proven to be effective in enabling access to services and commodities for people who use drugs who may be unable to regularly access a stationary service for a myriad of reasons. These reasons include the risks related to criminalization, stigma and fear of stigma, and financial constraints. Employing people who use drugs as peer outreach workers enhances the effectiveness of outreach programs because:

- They have a personal investment in providing services to other members of the drug-using community
- They often live in communities, or visit locations, that are inaccessible to outsiders, including workers from traditional service-providing organizations
- They have firsthand knowledge of how to inject drugs safely, and are familiar with drug trends and changing patterns of use

- They are more likely to be trusted by the community to give appropriate, high-quality referrals to services, being consumers of those services themselves
- By instilling trust, they increase the likelihood that people who use drugs will follow up on referrals, adhere to treatments and engage in health-seeking and health-protective behaviours
- People who use drugs are likely to be more comfortable discussing personal details of their lives with someone who has similar experience
- Their common experience may help decrease internalized stigma and increase self-worth and collective solidarity
- They are well placed to provide support to the family and friends of people who use drugs, if requested to do so.

Service integration

Ideally, the full gamut of services commonly needed by people who use drugs would be available in one place – a one-stop shop. Such a facility might have space for a drop-in centre and also offer a full set of medical services (HIV, TB, hepatitis, STI, general medical, OST) as well as peer support and social services.

“Employing people who use drugs ... enhances the effectiveness of outreach programs”

Case management

Case management is an essential service, since the one-stop shop model described above is rarely available. A case manager can help a person navigate their way to accessing services and ease fear of stigma. A person may simultaneously need to access OST, HIV treatment, TB treatment and a housing service, for example. A case manager would assist the client with the often cumbersome paperwork involved in accessing the services but also give the client support, reminding them of appointments and potentially even accompanying them.

Drug Consumption Facilities

While drug consumption rooms are not addressed in the *IDUIT*, discussion of them features prominently in *User-Activists' Views*. Currently there are over 90 safer injecting facilities in ten countries, and advocacy for their startup is ongoing in many cities.⁹ Drug consumption facilities have been found to promote safer use and injection, enhance access to healthcare, reduce overdose and reduce public injecting and publicly discarded used syringes. They have NOT been found to increase drug injecting and/or crime.¹⁰

4.3 Program management

The *IDUIT* provides an overview of program management including assessment, planning, hiring and training staff, program implementation and monitoring and evaluation.¹¹ People who use drugs should be involved in all of these aspects of management. Here we highlight some key considerations for people who use drugs who are or want to get involved in program management and for program managers who aim to involve people who use drugs in programming.

Involvement of people who use drugs in community-led quality improvement

People who use drugs should be involved in the governance structures of organizations providing services. Representation on boards of directors and participation in management can have positive impacts on service quality. The creation of community committees can also be helpful. A community committee is a forum for members of the community to address important issues.

“People who use drugs should be involved in the governance structures of organizations...”

⁹ Harm Reduction International (2016) *The Global State of Harm Reduction*.

¹⁰ Potier C. et al. (2014) “Supervised injection services: what has been demonstrated? A systematic literature review.” *Drug Alcohol Depend.* Dec 1;145:48 – 68. doi: 10.1016/j.drugalcdep.2014.10.012. Epub 2014 Oct 23.

¹¹ For more details, see *IDUIT*, pp. 131 – 149.

Representatives of communities of people who use drugs and committees can:

- Raise important issues affecting program implementation
- Point out problems and solutions to program managers on a regular basis
- Review clinical services
- Provide information on and suggest solutions to structural barriers to access to services
- Review commodity types and distribution
- Serve as communication channels about changes that are being considered
- Share monitoring data with the community.

Other community-led approaches to reinforce quality of clinical services include:

- Obtaining agreement with referral clinics to display patients' rights charters
- Obtaining agreement with senior medical personal to post information in clinics on the right to confidentiality
- Designing ways to share information about reliable services in the community
- Scheduling regular contact (via visits or letters) with the chief medical

officer of a facility to formally report issues and give positive feedback

- Educating the community on patients' rights and community-based monitoring of services
- Formally introducing committee members to health service providers.

Employment of people who use drugs

Employing people who use drugs is recommended as a good practice for harm reduction services, and getting a job with a harm reduction service is a good way for people who use drugs to get involved in improving the health and protecting the rights of their community. A comprehensive resource on employing people who use drugs is [Harm Reduction at Work](#). *Note: the IDUIT is dedicated to the loving memory of one of its co-authors, Raffi Balian.*

Harm Reduction at Work outlines reasons for services to hire people who use drugs:

- Employing drug users demonstrates a program's commitment to improving the health and human rights of people who use drugs
- Employees who use drugs can become excellent role models for other drug users
- People who use drugs are often the most effective public health messengers for reaching other people who use drugs

“Employees who use drugs can become excellent role models for other drug users”

- Hiring people who use drugs provides employers with direct access to valuable knowledge about the needs and practices of their target populations
- Being gainfully employed in jobs that are valued and recognized as socially important contributes directly to improved self-esteem
- Working in a structured environment allows people who use drugs to gain important skills that can facilitate future entrance into other jobs
- Working in community-based projects is integral to increased feelings of belonging and contributing to a community.

Employing and organizing people who use drugs contributes to civic engagement and political responsibility for drug users and the organization itself.



