



Safer drug use education

RECOMMENDED BEST PRACTICE POLICIES to facilitate knowledge and application of drug consumption practices that reduce or eliminate the risk of transmission of human immunodeficiency virus (HIV), hepatitis C (HCV), hepatitis B (HBV), and other pathogens; drug overdose; soft tissue injuries; and other drug consumption related harms.

- Provide educational interventions targeted toward reduction of injection-related risk behaviours (e.g., needle and other injection equipment reuse and sharing) associated with HIV and HCV transmission, drug overdose, soft tissue injuries, and other drug consumption related harms
- Provide educational interventions targeted toward reduction of crack cocaine smoking risk behaviours (e.g., pipe reuse and sharing) to reduce smoking-related harms, such as injuries to the mouth and lips, associated with HIV and HCV transmission
- Provide safer drug use education in a variety of formats including one-on-one education, workshops and group education, skills-building sessions, information pamphlets, instructional videos, demonstrations, and other formats as necessary
- Provide peer-delivered, brief interventions, and longer interventions to reach a broad range and diversity of clients
- Develop and evaluate programs to train peers to deliver safer drug use education.
- Involve clients in the design and evaluation of educational materials and interventions to ensure message acceptability, relevance, and comprehension. Tailor education for the populations and contexts served by the program.
- Integrate evaluation of educational interventions into programming to ensure desired impact and to build evidence

Key messages

The general lesson from a variety of well-designed studies and reviews is that providing HIV and HCV educational interventions to people who inject drugs leads to reductions in injection-related risk behaviours, such as sharing and reusing needles. Educational interventions may contain combinations of any of the following topics: information on HIV and/or HCV routes of transmission; HIV and/or HCV counselling and testing; information on

injection-related risk behaviours; information on safer injection techniques; information on safer sex practices; self-efficacy and skills-building; and peer training on how to deliver safer drug use education. Few studies have evaluated safer crack smoking educational interventions; additional research is greatly needed in this area.

Guiding principles for designing educational interventions in harm reduction settings may include (Bryan et al., 2009):

- 1) The rationale for the learning or knowledge may need to be explained to the target audience
- 2) Existing problems can motivate people to learn
- 3) Previous experiences must be recognised and incorporated into education
- 4) Modes of content delivery need to reflect the person's background
- 5) The audience needs to be involved in the design and delivery process

Research shows that single-session, brief interventions are sometimes as effective as longer or multi-session interventions. Brief interventions are likely more cost-effective for programs than longer interventions. However, more research is needed to identify what components or processes are essential to make educational interventions effective. There is a wide array of online reports, policies, program descriptions, tip sheets, drug use "recipe cards", and many other materials that address a broad range of safer drug use education topics. However, evaluation of the accuracy and effectiveness of these types of educational materials is typically not available. For programs, this means a need to find a balance between providing services based on the highest-quality evidence versus addressing emerging real-world risks where evidence is lacking. Across Canada, there are likely regional and local variation in the populations served and harms experienced. Therefore, a "one-size-fits-all" set of safer drug use guidelines is not possible. Although programs may want such guidelines for teaching clients the finer details of safer drug use (e.g., how to find a vein), programs may need to tailor or develop their own educational interventions from the materials currently available to best meet the complex, changing, and unique characteristics of their clients.

Reference: Bryan RL, Kreuter MW, Brownson RC. Integrating adult learning principles into training for public health practice. *Health Promotion Practice* 2009 Oct;10(4):557-63.